

BARRIERS IN TEACHING LSE IN THE LERIBE DISTRICT AMONG TEACHERS

by

REFILOE MATHAKAMPHASA MOOROSI

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Supervisor: Prof Elza Thomson

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DECLARATION

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ABSTRACT

Zero new infections, zero AIDS related death and an HIV free generation is an attainable reality. But it is an attainable reality that requires the involvement of every member of the society. This is because the pandemic is touching every sector of human life. Without cure thirty years later, this calls for the world to identify their strong areas and utilize it to reach to the ultimate goal.

Young people, have the power in their hands to take the world to the next level of an HIV free world. All they need is proper guidance, accurate information, enhancement of their skills for manage the pandemic. Life skills education (LSE) is an adult-led, educational platform created for young minds to get them involved in the management of the disease. LSE, focus mainly on HIV education and skills development. Some of the major skills are communication skills, negotiation skills, self esteem and interpersonal skills.

These skills and others are necessary for young people in postponing the age their first sexual debut. They also come handy when negotiating safe sex, assessing their vulnerability and most importantly in decision making. Other skills such as empathy, anger management and other focus more addressing issues such as discrimination and stigmatization. Despite all the merits of this program LSE there has been a decline in the number of schools offering the approach. Most schools have been removing it from the school curriculum. This is where the research problem identified: What are the barriers of teaching LSE among teachers in the Leribe District? The research establishes the causes that have led to the exclusion of LSE. It looked into attitudes and opinions, the influence of the community on LSE. Based on the nature of the study, the mixed approach was used. This method, a combination of the qualitative and quantitative method has an advantage over the two as it has a combined effect of their strengths. Simple random selection was used for the research. The study found that lack of training and others were the major challenge faced by the LSE teachers. Recommendations were made which would help in successful re-implementation of the program.

OPSOMMING

Geen nuwe infeksies, geen vigsverwante sterftes en 'n MIV-vrye generasie is 'n haalbare realiteit. Dit is egter 'n haalbare realiteit wat die betrokkenheid van elke lid van die samelewing verg, aangesien die pandemie elke sektor van menslike lewe raak. By gebrek aan 'n middel teen dié siekte 30 jaar sedert dit die eerste keer aan die lig gekom het, rus die verantwoordelikheid nou op die internasionale gemeenskap om hul sterkpunte te bepaal en aan te wend om die einddoel te bereik.

Jongmense hét wat dit verg om ons na die volgende vlak van 'n MIV-vrye wêreld te neem. Ál wat kortkom, is behoorlike leiding, akkurate inligting en die versterking van hul vaardighede om die pandemie te bestuur. Lewensvaardigheidsopvoeding (LVO) is 'n opvoedkundige platform onder volwasse leiding wat geskep is om jongmense by die bestuur van die siekte te betrek. LVO konsentreer hoofsaaklik op MIV-opvoeding en vaardighedsontwikkeling. Van die belangrikste vaardighede is kommunikasie, onderhandeling, selfvertroue en interpersoonlike skakeling. Met hierdie én ander vaardighede kan jongmense hul eerste seksuele ervaring tot 'n latere ouderdom uitstel. Dit is ook nuttig in die onderhandeling van veilige sekspraktyke, die bepaling van hul eie kwesbaarheid en, bowenal, besluitneming. Ander vaardighede, soos empatie, woedebestuur, ensovoorts, konsentreer weer op kwessies soos diskriminasie en stigmatisasie. Ondanks die meriete van die LVO-program, is daar egter 'n afname in die aantal skole wat dit aanbied. Trouens, die meeste skole skrap dit uit die skoolkurrikulum. Vandaar die navorsingsprobleem wat in hierdie tesis aan bod kom: Wat verhinder onderwysers in die Leribe-distrik om LVO te onderrig? Die navorsing bepaal die oorsake vir die uitsluiting van LVO. Dit verken houdings en menings sowel as die invloed van die gemeenskap op LVO. As gevolg van die aard van die studie is 'n gemengde navorsingsbenadering gevolg. Hierdie benadering hou die voordeel in dat dit oor die sterkpunte van sowel die kwalitatiewe as kwantitatiewe metode beskik. Eenvoudige ewekansige seleksie is vir die navorsing gebruik. Die studie bevind dat 'n gebrek aan opleiding een van die hoofuitdagings is waarvoor die LVO-onderwysers te staan kom. Aanbevelings word gedoen wat sal help om die program met welslae weer in te stel.

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TABLE OF CONTENTS

CHAPTER ONE- INTRODUCTION	10
1.1 Introduction.....	11
1.2 Background of the study	12
1.3 Motivation of the research project	12
1.4 Problem statement.....	12
1.5 The general Objective of the study	12
1.6 Research methodology	12
1.7 Limitations of the study	13
1.9 Conclusion	14
CHAPTER TWO - LITERATURE SURVEY	
2.1. Introduction.....	15
2.2 Stigma and Discrimination.....	15
2.3 Lesotho.....	16
2.4 Demographic.....	18
2.5 Lack of Knowledge.....	21
2.6 Education and HIV	22
2.7 Conclusion	26
CHAPTER THREE - RESEARCH METHODOLOGY.....	27
3.1 Introduction	27
3.2 Problem Statement	27
3.3 Objectives of study.....	28
3.4 Research Approach.....	28
3.4.1 Justification of the method.....	28
3.5 Survey tools.....	29
3.6 Sampling	29
3.7 Conclusion.....	30
CHAPTER FOUR- REPORTING AND DISCUSSION OF RESULTS	31
4.1 Introduction.....	Error! Bookmark not defined.
4.2 general distribution of participants	Error! Bookmark not defined.
4.3 Training.....	Error! Bookmark not defined.

4.4 Syllabus	32
4.5 Teachers perception	Error! Bookmark not defined.
4.5.1 The need for LSE	Error! Bookmark not defined.
4.5.2 Gender issues	Error! Bookmark not defined.
4.6 Management support.....	Error! Bookmark not defined.
4.7 LSE and the Community.....	Error! Bookmark not defined.
4.8 Conclusion	Error! Bookmark not defined.
CHAPTER FIVE CONCLUSIONS AND RECOMMENDATIONS.....	40
5.1. Introduction	40
5.2 Training	41
5.3 Syllabus	42
5.4 Management Support	42
5.5 Monitoring and Evaluation.....	42
Conclusion	43
REFERENCE.....	45
ADDENDUM 1	47

LIST OF FIGURES

Fig 4.1 Age distribution of the participants.....	31
Fig 4.2 training of participants.....	32
Fig 4.3 syllabus.....	34
Fig 4.4 rural and urban communities.....	37

LIST OF TABLES

Table 4.1 where the participants live.....	31
Table 4.2 syllabus.....	33
Table 4.3 acquiring Knowledge.....	36

ACRONYMS

AIDS.....Acquired Immune Deficiency Syndrome

EPSEM.....Equal Proportionality Selection Method

GOL.....Government Of Lesotho

HIV.....Human Immunodeficiency Virus

LDHS.....Lesotho Demographic Health Survey

LSE.....Life Skills Education

MOET.....Ministry Of Education And Training

NAC.....National Aids Commission

RNA.....Ribonucleic acid

STD.....Sexually Transmitted Disease

STI.....Sexually Transmitted Infections

TB.....Tuberculosis

CHAPTER 1

INTRODUCTION

1.1 Introduction

“Failing to protect the children, the world risks its future”, the John Hopkins University Bloomberg School of Public Health (2001). Though the statement was made by the university, this is the world outcry and reality during this era of the HIV pandemic.

HIV is a micro-organism that has macroscopic impact on human nature, affecting all sectors of life. It adversely affects people as individuals by ripping off their ability to protect themselves against the invasion of diseases. From the individual the impacts go to the family, the society and the community at large. It has a multi dimensional impact on all people irrespective of age, status, and race or otherwise. But young people are the most hit age group. It is at this age group where there are higher levels of infection. UNAIDS shows that, around forty percent of all new HIV infections are in young people. Apart from young people being infected, they are also negatively affected by the impacts. It is the young people who go through the trauma of caring for parents on their deathbeds and carry the burden of the stigma of their parents’ illness. It is these very young minds which have to find ways of living in their child headed families. All of these will compound themselves making it difficult for the child to have normal childhood and develop into a responsible citizen of this world.

It is likely that the child will develop anger, depression and low self esteem. All of this can possibly lead to the child dropping out of school, early marriages, substance abuse and teenage pregnancy among others making the child vulnerable to HIV infection. So the impacts of HIV in young people in themselves are the driving force to more infections. This forms a vicious cycle that has to be stopped for the existence of man and continuity of life.

Since there is no cure currently for the disease and the only solution to the problem is by prevention and mitigation of the impacts. There are three main modes by which HIV is transmitted and all of them can be traced back to human behavior. So, by modifying certain human behavior would result in successful prevention of HIV. Especially among young people as they hold the key to the future.

Life skills education (LSE) is a program aimed at young people to manage the impacts of HIV and also prevent infection in this population. It is not a new program; it has been advocated for over twenty years, Yankah E and Aggleton P (2001). A lot of literature and research show that life skills education is an effective tool in management of HIV, Life Skills Education in South Asia-UNICEF (2005). The aim of the program is to equip young people with necessary skills to face their day to day challenges. And the

current challenge young people are facing is the HIV pandemic and its impacts. Hence, the paper discussion will be on life skills education in young people in relation to the HIV pandemic.

The young people discussed in the paper are the adolescents, people of age 10 -19 years (WHO on www.searo.who). These are the people whose lives are characterized by a number of changes, physical change, psychological, sexual and emotional. Adolescents are at the experimenting stage of the lives where they want to discover more. As Nasheed (2008) indicates that it is at this stage that peer pressure and the sense of acceptance among peers becomes important. Furthermore, WHO shows that most of premature death in adults is a result of behavior initiated at this stage. This shows the criticalness of behavior interventions at this stage in protecting life.

1.2 Background of the study

The research study is based in the Leribe district found in the northern part of the country (Lesotho). The district is resting on the foothills of the Thaba-Putsoa range. It has the highest prevalence of HIV in the country at 30%, HIV Prevention Response and modes of Transmission Analysis, (March 2011). The study looks into LSE in high schools in the district as LSE has been advocated for in the prevention and management of HIV in young people. There are 32 high schools involved in the teaching of LSE. The results are intended to effectively promote LSE in the ministry.

1.3 Motivation of the research project

LSE is a valuable tool in the management of the HIV pandemic in young people. It is at this stage that prevention can be effective. Young people need appropriate information of HIV, how it is transmitted and how it can be prevented. They also need to know how one can live healthy while living with HIV, support systems available. Again, it is at this stage of development that young people need to define and identify themselves in their communities. This one of the roles of LSE.

But it has come to the observation of the researcher that despite the fact that no other permanent solution has been found to the pandemic; there has been a constant decline in the number of schools offering LSE in the district. Most schools are dropping the program from their school curriculum. When the program was introduced all schools were supposed to be offered from class four in primary to the third grade at high school for LSE is an important tool in HIV management.

Where HIV is a challenge to mankind there is a need for young people to develop the skills to adapt. Preparing the young people to be leaders of tomorrow they need the skills to succeed despite the impacts of the disease. The country must be able to produce resilient young people ready to join the labor market.

1.4 Problem statement

The problem statement is:

What are the barriers behind the teaching of Life skills Education among high schools in the Leribe district?

1.5 The general objective of the study

Life skills education is not a new subject other countries have been offering it but in Lesotho it is relatively new. The aim of including LSE in school curriculum was to develop skills in young people in school to prepare them to face and manage the challenges brought about by the HIV pandemic.

The goal is to investigate the cause behind the decline in number of schools offering LSE in the Leribe district. It is also to develop recommendations that will assist in effective implementation of the program.

1.6 Objectives of the study

The following objectives have been identified:

- To identify attitudes of teachers towards LSE. LSE is a program that discusses sex and sexuality which is considered to be a taboo in most communities. The attitude of the teacher and readiness for openness is important in effective teaching of LSE
- To evaluate the support provided by the school management team towards the teaching of LSE. This plays a vital role in the implementation of any program in the school. It is this team that allocates budget, draw the time table and even develop the school curriculum. When the support of this team is restricted the chances of success of the program is limited.
- To establish problems faced by the LSE teachers regarding HIV education. These problems can be from different angles; it could be lack of skills on the teacher's side, the way the program was introduced or even the syllabus.
- To assess socio-cultural barriers towards the learning of LSE among the learners. Naturally a human being is a social animal that is shaped by its socio cultural practices. LSE is about behavior change and people's behavior can always be linked to their community.
- To develop strategies to promote LSE and make recommendations to the authorities

1.7 Research methodology

The research is focused in the high school found in the Leribe district. The population is that of high school teachers which started offering LSE in 2007. The participants were selected from the list of LSE

high school teacher employing the random selection method. This is made up of both male and female teachers.

A survey method was employed to conduct the research by using questionnaires to establish knowledge, attitude and perception of the teachers towards LSE. The attention was given to the relevance of the syllabus to the national need from the teachers' angle and the ease of interpreting the syllabus.

Questionnaires were distributed to the selected to the participants. They were then collected a month later. Out of the twenty, two never returned, one the participant reported missing. This means there was a response rate of 85%, which is a good rate considering the distance between the schools.

1.8 Limitations of the study

In the research it is assumed that all barriers related to LSE education are school based. But, practically this is not the case as there are some other factors come from the community. To minimize this, the sampling catered for both rural and urban schools. This will help in identifying if the location of the school and type of community has any major influence on LSE.

It is also assumed that the learners were taught LSE at their primary school. This is in accordance with the regulations of the ministry of Education and Training (MOET). Nonetheless it is a possibility that some of the learners have not being exposed to LSE before. It can be anticipated that the attitude of learners who have been exposed to LSE will differ from those who have been exposed to the program before. This might have effect on the teachers' response on the learners' attitude towards LSE and that of the learners.

The survey tool used, the questionnaire in itself has some limitations. The tool requires the participant to respond the outlined questions. This limits the amount and quality of information that could be gathered from the participant. To reduce the weight of this limitation the researcher has included open ended question to give participant an opportunity to elaborate on key issues.

1.9 Outline of chapters

The chapters are outline in the following manner throughout the paper:

Chapter one: This is the first chapter that introduces of the research to the reader. It briefly discusses the concept understudy; the research problem is defined and also discussed in this chapter. This chapter is also an introduction of all other chapters that follows.

Chapter two: This deals with all the relevant literature to the issue discussed. It starts with a brief description of the current situation of the pandemic globally, then shifts to the pandemic in Lesotho which

the country in which the research is conducted. The paper also discusses fuelling factors behind the spread of HIV in the country.

The focus of the paper is on LSE which is program designed to empower young people in managing HIV pandemic. An in depth discussion its impacts on their development and the challenges it poses to this population. It also equips them skills necessary in dealing their ever changing world as a result of the pandemic. Then it relates this to the role of the school and teachers the prevention of the disease and mitigation of impacts.

Chapter three: The research methodology, this addresses all stages taken by the researcher in conducting the research. It starts from the sampling of the population, the selection method, survey tools. The credentials of the method employed together with the weaknesses are discussed in this chapter.

Chapter four: In this chapter, data analysis is elaborately explained. The research findings are discussed in this chapter

Chapter five: It is in this chapter where conclusions based on the research are drawn and discussed. Recommendations are also presented in this chapter.

1.10 Conclusion

There is no cure for HIV and pandemic is disrupting normal living systems by infecting and affecting young productive lives that the economy of every country depends on. Good, effective programs are the only solution the world has to manage the impact of the pandemic. Young people, at their development stage are the ones more affected by the pandemic in many ways, they are the highest among new infections, they carry the burden of caring for ill loved ones, they also play double roles in child headed families but they also hold the key towards an HIV free generation. This brings complications to the already unstable population driving them to substance abuse, teenage pregnancy and others which further fuels the spread. Hence to manage HIV and its impacts, to unlock the powers of this young people it is best to equip young minds with accurate and appropriate knowledge and skills to deal with these challenges and come out victorious.

CHAPTER TWO

LITERATURE SURVEY

2.1. Introduction

HIV has changed the face of the earth for the past thirty years, causing havoc and disrupting normal social settings. Technically, HIV erodes the body's ability to defend itself against diseases. HIV is not only a health problem but also a development problem as it reverses production by high mortality rate of productive lives, demotivation of people and increased absenteeism due to HIV related illnesses. This requires people at individual and society level and heads of governments to come up with strategies to help people to adapt to the burden brought about by the pandemic. HIV, it is a viral disease that attacks and destroys the human immune system and without medical interventions leads to a condition, AIDS. Viral diseases are not new to mankind, their history of viral infections date as early as 412 BC by the Hippocrates, as documented by Adam (2009). Since then millions of lives has been lost due to different outbreaks of viral diseases in different communities.

The virus has claimed millions of lives worldwide and over thirty million people are living with the virus. Almost 7000 are being infected daily, however, the world is working towards a zero infection but at present there are 25 million infected individuals according to (UNAIDS 2011, WHO 2012) since it was discovered over thirty years ago; This number is low as compared to the number of people killed by the influenza pandemic that started in Europe during the period of the First World War. Adam (2009) indicates between these periods of one year, twenty to forty million lives were lost as a result of the influenza pandemic. In terms of mortality rates, the influenza pandemic claimed more lives in one year, but the HIV pandemic may have a lower mortality rate but complexity of the virus makes it difficult to estimate accurately. Whiteside (2002) shows HIV has a long wave which makes it difficult to measure its impacts. HIV takes years to develop from the asymptom to symptom stage. The period varies with individuals and other contributing factors.

2.2 Stigma and discrimination

Stigma and discrimination is another factor that distinguishes this disease from others types of infections. This in itself divides people, breaking the social fabric even further. Family ties are being broken where members blame those infected for bringing the curse into the family. In 2000, the husband of Mpho Motloun killed Mpho and her parents and left a note writing HIV positive AIDS on her body and Gugu Dlamini were also killed after disclosing her status (UNESCO Courier at www.unesco.org). This two, stigma and discrimination have been in the history of the pandemic from inception. It dates back in 1981, when then AIDS was diagnosed and concluded in the US among the already marginalized population of

gay men; was seen as certain people's disease. In Lesotho the first reported case of an infected person, 1986 was of a foreigner, once again it meant it was other people's disease. It was even perceived by other individuals as a punishment.

Besides stigma and discrimination the pandemic is hitting harder on poorer populations making the management even more difficult and this compounds the problem even further. There is adequate evidence poorer populations are more vulnerable to HIV than their wealthier counterparts at any level. Sub-Saharan countries at regional level which also happen to be economically disadvantaged have the highest number of people living with HIV than any region in the world. The United Nations Population Fund website in *Poverty & HIV/AIDS in the Caribbean (2009)* highlighted "HIV/AIDS accompanies poverty is spread by poverty and produces poverty in its turn".

Hence this inter-relationship between poverty and HIV still stigmatize the disease even further. The issue of stigma and discrimination is not only about negative labeling of the condition but also hinders progress towards the management of the pandemic. Until every individual takes the responsibility and deal with the perception that HIV is for certain people then prevention measures are likely to be more effective. Konkel R. (2010) argues there is a vicious cycle between the two entities, poverty and HIV. Though the former President of South Africa, Thabo Mbeki took too many steps further by arguing poverty causes AIDS, it is a well known fact that HIV is responsible for AIDS but the relationship between the two cannot be overlooked.

2.3 Lesotho

Lesotho, like all other poor countries is no exception but has to live under the wrath of this pandemic. The country has the Human Development index of 160 out of 187 as classified by UNDP, but ranks number three amongst countries with highest HIV prevalence (www.bbc.co.uk). Lesotho's poverty is deepening causing 40% of the population to be ultra poor. It has a population of around 2 million (UNAIDS, Bureau of Statistics) with about 75% of the Basotho living in the foothills. According to Lesotho HIV Prevention and Modes of Transmission Analysis (2009) 85% of this population mainly practices subsistence farming and 70% of the population living below the poverty line. Even though the MDG report of 2012 shows a poverty level falling in the Sub-Saharan African region, this is a case for Lesotho as the newly appointed Prime Minister Thomas Motsoahae Thabane, declared food crisis for the year with about 750 000 being affected (www.wfp.org). This is a result of the two years of poor food production due to erratic rainfall. There were periods of drought which were followed by floods, making it difficult for farmers to work their fields.

Apart from climatic change, production in Lesotho has been negatively affected by the HIV pandemic. High mortality and morbidity rate meant fewer people to tend their animals and monitor crop production as the country has not been spared the drying out of young productive lives. The life expectancy has dropped to 41 years; NAC (2011) is of the opinion farmers are dying young, leaving the fragile young and old to work in the fields. Lesotho boasts one of the highest prevalence of infection in the world, with one in four people are living with HIV (www.avert.org, www.unicef.org). It had a prevalence of 23.6% in 2009 as recorded by UNAIDS with 270 000 young people living with the virus, 18000 deaths as a result of the pandemic Epidemiological Fact Sheet on HIV and AIDS (2008). The country has a population of about 2 million and of that 60 are infected with HIV daily and 40 die as a result of HIV related illness. Kimaryo et al (2004) at reports a 60% of all out going patients are with HIV related illnesses. Again, Lesotho has one of the highest maternal mortality rates and has also failed in reducing child mortality towards meeting the Millennium Development Goals (MDG), increasing infant mortality rate from 72 deaths to 91 per 1000 (World Bank country data at www.worldbank.org).

HIV has not only killed Basotho, but has also harmed the economy of the country. HI virus first case was reported in 1986 which was five years later after the first world case was documented in the United State in 1981. The number of new infections has been steadily increasing thus putting Lesotho among countries with the highest prevalence. In 1991 the prevalence was below 5% but five years later it had moved above 20%. Since then the prevalence has stabilized at around 23% according to the Ministry of Health and Social Welfare MOHSW, (2007). His Majesty King Letsie III has declared the pandemic as the national disaster (Kimaryo et al. 2004) the number of orphans has also been on the rise, leaving children with the responsibility of being caretakers. This again has increased the number of school drop-outs, hinder development, deepening poverty and continuing the vicious cycle between poverty and HIV. Van Niekerk and Kopelman (2006) define AIDS as “a long wave intergenerational disaster”, infecting one generation but its impacts affecting generation after generation.

It is therefore of paramount importance that Lesotho, like all other countries had to come up developing and implementing effective strategies to manage the pandemic. Lesotho is a small country completely landlocked by South Africa; it depends economically on South Africa. South Africa has the highest number of people living with HIV in the world (www.unaids.org, National Strategic Plan on HIV, STI and TB, 2011). There is constant movement of people between the two countries in search for job opportunities by the Basotho, mainly men who work in the mines. There are also Basotho men and women, who work outside the mining sectors, some temporarily employed in agricultural sector in particular during the harvesting season. This kind of movement in itself is one of the driving forces behind spread of the virus in the country. This is due to people leave their partners behind in search of

work and start new relationships away from home. LDHS 2004 in UNAIDS 2009 supports this by showing men who spends 20% of time away have a prevalence of 20% while those who do not stay away have a prevalence of 18%; establishes the relationship between mobility and HIV.

The distribution of the pandemic is not uniformly spread throughout the country. It varies with the ten administrative districts namely, Mokhotlong, Butha-butha, Leribe, Berea, Mafeteng, Mochale's hoek, Quthing, Qachas'nek, Thaba-Tseka and lastly Maseru which is also the capital town. The four districts, Butha-butha, Leribe, Berea and Maseru lies on the foothills and the other districts are in the mountainous part of the country. Leribe of all the ten districts has the highest prevalence, at 30% above the national prevalence, even higher than the capital city Maseru which at 24% (UNAIDS, 2009). There is also greater disparity amongst the population according to rural and urban areas with urban areas boasting higher prevalence, with 29.1 in urban areas while rural areas have 21.9 % in 2004 (Lesotho Demographics and health Survey).

2.4 Demographic

This HIV disparity is not only regional but it also varies with gender and age. In 2009, 28 000 children were living with HIV, the age with the highest prevalence being 30-40 year olds. Kimaryo et al (2004) shows there is a "window of hope" at the age 5-14 where the prevalence is almost zero; is part of the population which holds the countries future to an HIV-free generation. Reaching this population with effective strategies could help in preserving the HIV negative status of this population. This is one area where life skills education is necessary to equip this age group to live and survive in the challenging world of HIV pandemic.

This is also practical considering that this population contributes 61.1% of the country population (www.undp.org). This means a large population of the country is still at the period where appropriate behavior change could bring desirable results. Again this is school going age population which could use their status as students to influence their none-school going peers. While there are still a school going populations means the HIV education and messages can reach a larger group of individuals all at the same time, at the school setting.

Though HIV infects people with no boundaries, women are more susceptible to the virus than men. This is because biological structure means women receive and keep the body fluids for longer, whereas men do not receive. This increases the woman's chances of getting the infection. There are also major socio-cultural norms that increase women's vulnerability to HIV in Lesotho. According to the trends in HIV prevalence in the country according to education standards, the prevalence is higher among those without

education as compared to those with education NAC (2009). This would bring one to conclude the level of education is major contributor but this is not the case when it gets to gender issues. In Lesotho there are more educated women than men, at all levels (www.trc.org.ls). Lesotho has seen a positive change towards bridging the gender gap which according to UNDP the ranking is based on the administrative positions held by women. Lesotho ranks in the top ten, number 8 with developed countries such as Sweden and Denmark (www.undp.org.ls). This is further supported by African Economic Outlook which shows that qualified women now have same opportunities as their male counterparts in securing administrative posts.

Despite that women hold senior positions at the world of business, they do not hold those positions in their societies. According to the Lesotho Times of 1st September 2011, the then Prime Minister of Lesotho stated the inheritance laws which states that boys are the only successors in chieftaincy have to be reviewed. The Lerotholi law shows that a woman is minor irrespective of age or status. Before marriage the woman is under guardianship of the father which would be transferred to the husband upon marriage. It is this law and others that instills an attitude of inferiority in women. Women feel obliged to have sexual intercourse with their partners even when it is risky because it is their duty. Women find it difficult to negotiate for condom use in the relationship.

The former Prime Minister Dr Pakalitha Mosisili made a statement that such laws need to be revisited, but the statement was made five years after the Married Person Act 2006 was passed. The act was meant to empower women by giving them equal rights as their partners in their marriages. It was meant to address the issue of equality between the two sexes, but even after that society still considers women to be inferior. But the case of Senate Masupha Versus Lepoqo Masupha shows the low status of women in the society. This is done at the highest level of leadership, Senate House, the upper house of legislation where she could not have a seat as she could not inherit the chieftaincy because she was a woman and according to section 10 of the Chieftaincy act states it is the eldest son who could be the successor. This low status of women has also been internalized in women, Green & Chikwanha in NAC (2008) conducted a survey and showed women too are in support of such customary practices, 40% of the women agreed that this is how it has been and should stay that way by being subservient to men.

Despite the advancement in other MDG, Lesotho's greatest challenge is still HIV is which is also hindering achieving other MDG. Lesotho has failed in the maternal health care and this could be directly linked to the HIV pandemic. There is an average of more women living with HIV than man. This is a global pattern and Lesotho is no exception here. Of the 250 000 Basotho adults living with HIV, 150000 are women. This is as reported by the UNAIDS- Lesotho factsheet in 2008 update. Hence, education

levels are a contributing factor within a specific gender not at national level but generally gender roles is stronger and stretches to the national level.

The law dictates women are minors put them in a disadvantaged position which increases the vulnerability to HIV. It increases gender based violence because men do not see their women as their partner. The issue of gender based violence instills fear in women, making it difficult to refuse sex even when it is risky. It also does not give room for suggesting condom use. Apart from that forced sex is likely to be dry, which in itself increases the women susceptibility to the infection.

Besides women, young people are also another population whose existence is threatened by the pandemic. These are the people who are in serious danger but also have the powers to halt the disease. It is the young people who hold the key to dream of the world of the three zeros, zero new infections, zero discrimination and zero AIDS-related deaths. The young people have the energy and dreams of the future. It is the young people who drive to reach the regardless of the situation they could find themselves.

UNFPA argues young people are at the center of the HIV pandemic, while UNAIDS in Hope for Tomorrow, considers young people holding the key into solving the mystery of HIV:

“Young people are the key in the fight against AIDS. By giving them the support they need, we can empower them to protect themselves against the virus. By giving them honest and straightforward information, we can break the circle of silence across all society. By creating effective campaigns for education and prevention, we can turn young people’s enthusiasm, drive and dreams for the future into powerful tools for tackling the epidemic”.

Kofi Annan, October 2002

Young people are the ones who contribute more to the new infections worldwide. UNAIDS (2003) reports a 42% of new infections contributed by young people; infection rate of over 6000 daily, these are the people between the ages 15-24. This very same age group is carrying the responsibility of the economy and development of their countries. They are either at school where they are being trained and prepared for the workplace or they are already employed, young with dreams and goals. It is hence this pandemic is hindering development even recovery. With this is the concern and outcry of the world. More and more young productive lives are being cut prematurely by the pandemic.

2.5 Lack of knowledge

One of the greatest shortfalls of this population, despite they are the key players in the pandemic is lack of knowledge. Hope for the future indicates over a half young people in a survey conducted by UNICEF could not identify a single mode of transmission of HIV. This shows young people have little knowledge of HIV and how it is transmitted. There are a number of reasons why they do not have sufficient knowledge on the pandemic. The first one lays on the nature of the disease, from the medical point of view. The virus HIV is a very minute object or organism. It takes the character of an organism by reproducing while inside a living object, but outside a living organism a virus is just a protein molecule enclosing a genetic material according to the RNA Science for Lesotho (2006). The nature of the virus in itself is complicated but the HIV is more intricate because HIV keeps on mutating. Apart from that it is unlike other virus such as the influenza virus or chicken pox, HIV attacks the killer cells which are key to the immune system. This is from a biological point of view which maybe is insignificant to the ordinary citizen infected or affected by HIV. But this is important to the medical team which is responsible to develop a cure for HIV.

HIV from a behavioral perspective is mainly transmitted through sexual intercourse and contaminated needle among drug users. In Lesotho and other sub-Saharan region HIV is mainly transmitted through unprotected sex NAC (2008) reports 95% of all infections are through unprotected sex. This mode of transmission makes people shun upon the disease, stigmatizing it further; develops a wall of silence around the pandemic. There is a great degree of silence surrounding HIV that needs to be broken down, for appropriate information to be disseminated. , President Jacob Zuma for instance public announced he took a shower after having unprotected sex with an HIV positive woman thinking the shower will “clean” him. In USA 20% of the participants in a survey conducted at an STI clinic believed oral contraceptives could protect them against HIV (Crosby et al in Prospects 2002).

Denial and fear surrounding HIV is another threat to the management of the pandemic. Young people even when they have the necessary information about HIV, because of the denial and one’s self risk perception could result in risky behavior (Hope for the Future, 2003). Young people are not the only ones going through denial about HIV thus bringing disastrous results. President Thabo Mbeki went to a point of suggesting that AIDS could be caused by poverty and bad nourishment, thus preventing the roll out of ARV drugs. Though it has been scientifically proven HIV leads AIDS if left untreated, poverty is one of the driving forces behind the pandemic. It is this type of wrong information that needs to be cleared from young people to promote behavior change which will help in curbing the spread of the pandemic. The silence has to be broken and young people be given a platform where they could learn about HIV.

The pandemic has demanded people and heads of governments responds with strategies to educate people to adapt to the burden brought about by the pandemic. Research points out more than one strategy is needed to achieve the goal of zero new infections, zero death and zero discrimination, but an HIV free generation is possible and attainable as in the Deputy President of South Africa speech on the AIDS day 2012. UNAIDS also advocates for this, an HIV free generation is a dream to the world but also a possibility; with proper management of the pandemic according to Sidibe, the Executive Director of UNAIDS (2008) and Kimaryo et al, (2004) takes it further by showing Lesotho too has an opportunity over the pandemic: the window of hope, young people between the age of five and fourteen who are not infected. Reaching out to young people with appropriate information and skills will provide hope for the future with necessary ammunition to manage the pandemic and prevent further infections.

2.6 Education and HIV

The education sector as the body entrusted with enlightening people. It is in the countries interest to educate young people about sex and sexuality before they start participating. Some start as early as before 15, reaching out to them could help in postponing their first sexual debut and or make informed decisions to protect them when they do start having intercourse. Hope for the Future (2003) argues studies have shown by providing young people with HIV appropriate information would encourage safe sex.

This is because the education sector has trained personnel, the teachers whom Coombe (2000) shows are the most appropriate persons to promote HIV as they are educated hence they are most likely to understand and grasp the concept of HIV. Training teachers on HIV education, it is possible they will grasp it and easily transfer it to the learners. The teachers also have the appropriate skills in delivering information as they are trained in the area. They also have the skills and techniques to develop and arrange this information as based on the age and needs of the society. As much as HIV is a universal problem, the driving forces behind the pandemic differs with societies, in developing countries poverty and low education levels could heavily contribute towards the pandemic while in developed countries the pandemic could driving by injecting of drugs. This shows there is a need for curriculum developers to draw the curriculum that caters for the needs of its society. Boler and Aggleton (2005) indicated the assumption that all young people think alike, have the same needs would be detrimental towards any program in the management of HIV pandemic. The teachers are in touch with the communities of the learners, in consistent company of them and they understand their learners' needs more.

Apart from their familiarity with their students teachers because of their training can help in breaking the silence code surrounding the pandemic. HIV is mostly transmitted through sexual intercourse, UNAIDS (2008) reports 95% of new infections are as a result of this behavior. By inclusion of Life Skills education

in a school curriculum means learners will be exposed to a topic that is hardly discussed at home. This will also help in breaking the silence surrounding the pandemic. UNFPA (2001) Preventing HIV in Young People points out, this platform gives room for open discussion on sex and sexuality which helps in delaying the onset of sexual activity. This deals directly with one of the drivers of the pandemic identified in Lesotho. As NAC (2011) states early sexual debut is a greatest threat to the management of HIV in Lesotho.

Schools have access to large number of young people depending on the level of the center. At high school, most of the learners are at adolescent stage, while others are at early adult stage. This according to all studies, it is this age group that holds the key to the future. So reaching out with effective strategies to this population, would be appropriate and efficient.

The school has a social responsibility towards the community to ensure a balanced living environment. Like any other business, its existence, growth and development depends on the community in its environment; for it foundation schools get their supply from the community and the parents. Hence, for the sole purpose of existence the school has to be actively involved the management of the HIV pandemic. In a community with high prevalence, high incidence, and high mortality rate the education system of the community is bound to suffer. High levels of absenteeism should be anticipated as a result of either learners themselves being ill with AIDS related disease or taking care of ill parents and relatives. The stigma and discrimination too could be another extra load brought about by the pandemic on the young developing minds.

High levels of drop-outs should be another motivation to encourage the schools to take the leading hand in the management of HIV, as it is another problem faced during the era of HIV. This once again is a result why learners dropping out of school to care for their loved ones. High mortality rates mean more orphans who may not be able to continue with their studies due to financial problems or lack of parental guidance.

The shifting of expenditure is yet another threat to the education system. AIDS, which is a result of HIV infection, is characterized by a number of illnesses which without the infection the body's immune system could have managed (WHO, 2012). This demands constant visits to health care centers and medication, there is also a special diet to be considered to build the body against further infections. Apart from that, constant illnesses could result in the loss of jobs; hence there will be less money coming into the family to buy but more going out due to medical expenses. The need for medical attention will mean less money being spent on education needs.

In some cases, the learners enrolment may not change but the nature of learners in an HIV era are different from the pre era. The stigma and discrimination too could be another extra load brought about by the pandemic on the young developing minds. This is because the HIV apart from the all the issues has a traumatizing impact on people. High mortality and morbidity in the family would have psychological impact on growing minds which would have adverse effect on their learning. These coupled with other impacts have demotivated the learners, dropping child performance badly and affecting the performance of the school in general.

Millions of young productive lives being lost with no cure, Government sectors falling apart, the future may look bleak and hopeless. But in that mist of uncertainty and helplessness MDG Report (2012) showed a decline in the number of new infections in the world and Lesotho has not been an exception. Between the period of 2008 and 2011, Lesotho has seen a decline in the new infections. This can be attributed to a number of behavior change initiatives that have been taking place in the country since the His Majesty the King declared HIV a national disaster (Kimaryo et al, 2004). NAC reports a decrease of 16% between these periods. This is an indication there is hope for the country, but more effective and efficient strategies are needed to be implemented if Lesotho is to achieve the international declaration of zero new infection to drive to an HIV free generation.

One of the strategies Lesotho came up with to address the HIV problem through the Ministry of Education and Training (MOET) was first the integration of HIV/AIDS education into other subjects such as science and geography during 2001. This is in line with Article 28 of the Convention of the Right of the Child (1998) which states the parties shall take measures to protect the child. Again it caters for the curriculum must be directed towards the needs of its society; HIV is an issue to the Basotho young people which requires immediate attention. The Government of Lesotho therefore has the responsibility to protect the child from HIV and its impacts. In 2007 Life Skills Education (LSE) was introduced as a standalone subject. In 2009 the MOET, made it compulsory for all high schools in the country to offer LSE from form A to form C this is normally learners of age 13-16. According to UNAIDS (2009) few have already started having sex while it overlaps with Kimaryo's (2004) "window of hope".

LSE is a program targeting school going youth where it is meant to empower young people with skills to avoid risky behaviors (LSE syllabus, 2007). There are a number of skills to develop and they vary with societies as the modes of transmission differ among young people and the needs of this group of people also differ. Partners in Life Skills Education (1999) indicated in the UK LSE was meant to develop skills among these population to prevent child abuse, in Zimbabwe HIV and USA substance abuse and violence:

“Children and young people everywhere should be informed about HIV/AIDS,.....the effects, when they are at risk of infection and how they can protect themselves....they need to know how to negotiate safe sex.....”

Hope for Tomorrow (2003)

This is the message carried in the LSE syllabus, to equip learners with skills to face demands and challenges brought about by the HIV pandemic. It is a participatory subject when learners are given a platform to discuss their fears and concerns about the pandemic thus addressing the issue of breaking the silence surrounding the topic. During their discussions, they are developing communication and negotiating skills which they will need to negotiate safe sex with their partners.

One other skill necessary is developing empathy, HIV has brought a great degree of trauma and pain in societies, it is essential for fellow learners to show empathy to those infected and affected. There is also a problem of stigma and discrimination so empathy will help addressing these two factors. Apart from that, empathy will help in addressing the gender inequality issue where boys perceive themselves to be superior over girls and other social practices that real men have multiple partners, or that men are the sole decision makers. It is these cultural practices that possibly fuel the spread of HIV in young people.

LSE also creates a stage for the adult-child interaction which is necessary for information dissemination. This information is necessary for making informed decisions; young people are at a critical stage of experimenting with sex and sexuality. They have a right to the knowledge which will guide them towards making appropriate decisions.

2.7 Conclusion

There are other core life skills such as assertiveness, self esteem and peer pressure resistance according to the MOET (2007) which are necessary during the HIV era; are meant to help young people to carry the burden of HIV. Unfair weight of responsibility is being rested on children where they are faced with double roles. Being a child but having adult responsibility of taking care of dying parents and heading families and while still growing towards maturity. Apart from these young people they have to protect themselves against infection and be able to live with those already living with HIV. Again, to save the world from the pandemic and generate the HIV free generation despite this valuable role played by LSE, most schools have removed the program from the school curriculum. That is why it is necessary for the research to find reasons behind this by employing suitable research methods.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The literature discussed in the previous chapter indicates the importance of LSE in the management of the HIV pandemic in the absence of cure. The aim of this paper is to establish barriers that are faced by the LSE teachers in delivering their lessons and this was attained by employing an appropriate method to conduct the research to get to the answer.

According to Christensen L.B, Johnson R.B & Turner L.A (2011), a survey is used establish when the researcher wants to establish people's opinions, attitudes and believe towards a certain concept. Since in this paper the researcher wanted to establish the reasons why there is a decline in the schools that offer LSE despite the fact that HIV is still a challenge to the young people.

The survey was carried out in a form of self-administered questionnaire which were delivered to the LSE teachers. The questionnaires were to be collected by the researcher after a month but other participants took longer than anticipated to complete the questionnaire. Of the twenty, questionnaires handed out, eighteen were not recovered. The first questionnaire unrecovered the participant explained to have posted it but was in posting. This is one of the weaknesses of self-administered questionnaires as compared to interviews. The other one the participant decided to decline and not participate in the survey.

3.2 Problem statement

A school is the center of development and progress in the community it lies within. It is entrusted with educating its community. Since there is no cure for HIV, but new developments are being made, the school has the mandate to disseminate information on this developments. Apart from that the pandemic has destabilized the school system by increasing number of drops among others due a variety of reasons including a shift in expenditure at household level, morbidity and mortality. The country is in need of strategies to curb the spread of HIV and its impacts. This is more important in young people as they are at the center of the pandemic but despite the need there has been a continuous decline in schools offering LSE.

The question is what are the barriers in the teaching of LSE among high school teachers in the Leribe District?

3.3 Objectives of study

To identify attitudes of other teachers towards LSE: LSE is a program that discusses sex and sexuality which is considered to be a taboo in most communities. The attitude of the teacher and readiness for openness is important in effective teaching of LSE

To evaluate the support provided by the school management team towards the teaching of LSE: This plays a vital role in the implementation of any program in the school. It is this team that allocates budget, draw the time table and even develop the school curriculum. So, if the support of this team is little the chances of success of the program is limited.

To establish problems faced by the LSE teachers regarding HIV education: These problems can be from different angles; it could be lack of skills on the teachers' side, the way the program was introduced or even the syllabus.

To assess socio-cultural barriers towards the learning of LSE among the learners: Naturally a human being is a social animal that is shaped by its socio cultural practices. LSE is about behavior change and people's behavior can always be linked to their community.

To develop strategies to promote LSE and make recommendations to the authorities

3.4 Research approach

There are two basic methods, namely qualitative and quantitative. To conduct the research, the researcher chose the method of mixed approach.

3.4.1 Justification of the method

This method combines the two approaches. Each of the two has its strengths and weaknesses but the most determining factor lies in the nature of the research. In support of this Dawson C, (2002) neither is better than the other, they are just different and one has qualities that the lacks which will be compensated. The qualitative approach is characterized by establishing more detailed information as the research is carried out in a natural environment employing open ended responses, interviews, and other methods where the participants have room to express themselves without any constraints. This is one of the strengths of this approach the researcher was interested in. to get in-depth, rich information from the teachers.

The findings from a quantitative approach have the strength of being mostly objective. As such, they can be used to generalize, thus addressing the needs of a larger population. Going back to the research

question, the researcher wants to find barriers among a population of LSE. The population was sampled; but the results will be of the population and not the sample only.

Again (www.xavier.edu) Ohio shows qualitative research looks for social interactions while quantitative is more effective in establishing the cause and effect, with the intent to answer and explain why something happens. This research is exploring the opinions and attitudes of teachers towards LSE, and how school management affects the success of the programs and to find if the type of community has any influence on the teaching of LSE.

One of the highlighted advantages of the combined method is its ability to utilize the strength of the two approaches while minimizing their weaknesses. Due to this reason the researcher found it necessary to combine the two methods to maximize the standards of the paper. The researcher found the mixed method more appropriate for the research as it explains why things happen, why there is a decline in schools offering LSE and does the type of a community affect the teaching of LSE.

3.5 Survey tools

Questionnaires were used for the survey. Questionnaire is a set of questions drawn by the research to collect the data. Usually questionnaires are used in quantitative research, but were adapted so that qualitative data can be collected. The questionnaire was made up of both closed-ended and open-ended questions. The aim was to use the closed-ended questions for the quantitative data. The open-ended questions were for the qualitative part of the research as it enables the researcher to collect in-depth information. The method of mixed method under concurrent embedded strategy allows for data collection for both approaches simultaneously using one tool. Creswell J.W (2009) indicates the data collected can be used side to side to respond to the objectives of the research.

The questionnaire was developed by the research and piloted before they were administered. Questionnaires were distributed to the participants' school for nearby schools. Six of the questionnaires were hand posted to the schools, but others hand to be posted through the Education office where they were collected by the school principals to the LSE teachers. Most of the posted questionnaires took longer than anticipated with the participants. Two of the unreturned questionnaires were also from the posted batch.

3.6 Sampling

From the population made up of teachers in high schools that offers LSE in Leribe, the researcher recruited twenty participant form the group. Different schools have different number of LS teachers,

depending on the size of the school. Some schools have one while others have two, none of the participating schools have three or more. The schools were first coded using the numbers, the first school being one. Then depending on the number of LSE the school has. For the schools that had three teachers which was the maximum were coded as 1A, 1B and 1C.

The method used for sampling was simple random selection. This is the method a researcher opts for when an accurate representation of the population is needed (Christensen 2011). This is an equal probability of selection method (EPSEM). EPSEM gives every participant same opportunity to take part in the research irrespective of age, sex or any other variable.

Rakotsoane F.C & Rakotsoane M.A (2006), shows that it is a calculable probability, meaning in a population where there is 70% of children and 30% of adults, it can be calculated and anticipated that the sample will be made up of 70% children and 30% adults. That is why Christensen et al (2011), it is a true reflection of the population. Hence using this EPSEM means schools that have more than one LSE teacher, have a greater chance of being represented because it has a greater representation. Due to the small size of the population, LSE teachers in Leribe the researcher used the hat model to select the twenty participants.

3.7 Conclusion

After the twenty participants were selected, questionnaires distributed and collected. The data was kept in a safe place for analysis. From the twenty participants, two came from one school. The researcher does acknowledge that two teachers from the same school have the same working environment; and because of the complexity of the environment and human nature the same situation can be interpreted different by people thus affecting their attitudes. This was a result of the selection method used, which is the simple random selection.

Mixed method gives results gives the detailed information but again with the strength of quantitative allowing the researcher to make a generalization. It is after the interpretation of the data that led the researcher to the answer to the research question; what are the barriers in teaching LSE among teachers in the Leribe district? The data is interpreted in the next chapter.

CHAPTER FOUR

REPORTING AND DISCUSSION OF RESULTS

4.1 Introduction

The results in research report reflects how the respondents reacted to either questioning or completing a questionnaire. The results are reported against the background of the problem statement and the formulated objectives of the study. The problem that has been identified relates to: What are the barriers preventing the successful teaching of Life skills Education among high schools in the Leribe district?

The following objectives relate to:

- To identify attitudes of teachers towards LSE. LSE is a program that discusses sex and sexuality which is considered to be a taboo in most communities. The attitude of the teacher and readiness for openness is important in effective teaching of LSE
- To evaluate the support provided by the school management team towards the teaching of LSE. This plays a vital role in the implementation of any program in the school. It is this team that allocates budget, draw the time table and even develop the school curriculum. When the support of this team is restricted the chances of success of the program is limited.
- To establish problems faced by the LSE teachers regarding HIV education. These problems can be from different angles; it could be lack of skills on the teacher's side, the way the program was introduced or even the syllabus.
- To assess socio-cultural barriers towards the learning of LSE among the learners. Naturally a human being is a social animal that is shaped by its socio cultural practices. LSE is about behavior change and people's behavior can always be linked to their community.
- To develop strategies to promote LSE and make recommendations to the authorities

4.2 General distribution of participants

As discussed in the last chapter, the sampling method used was simple random sampling. Figure 4.1 shows the age distribution curve of the participants.

Figure 4.1

Age distribution of participants

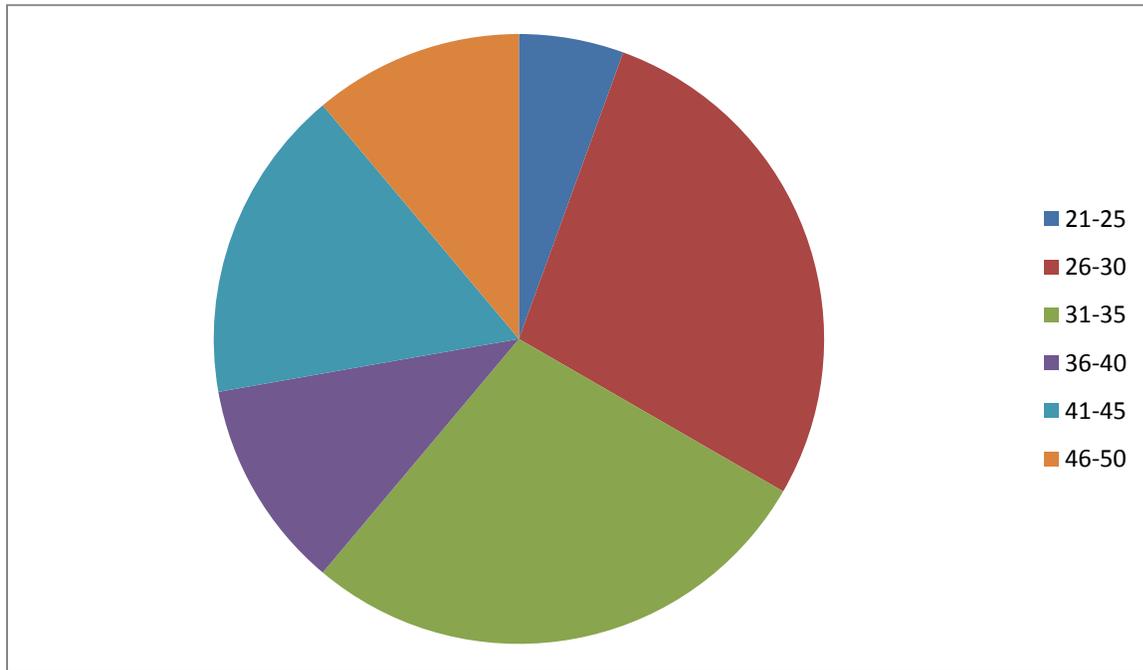


Figure 4.1 clearly displays the majority of the participants belong to the age 26-35. This indicates LSE is mostly allocated to this particular age group.

Table 4.1

Where do the participants live

		Gender distribution			
		M	%	F	%
location	rural	4	22	5	17
	urban	2	11	9	50
total		6	33	14	67

Generally there more females than males in LSE, 67% of the participants are females. Since the sampling method used was simple random selection whose probability is calculable, the researcher concludes that more teachers are in LSE (table 4.1).

4.3 Training

Figure 4.2 show the number of trained participants, also based on the gender.

Figure 4.2
Training of participants

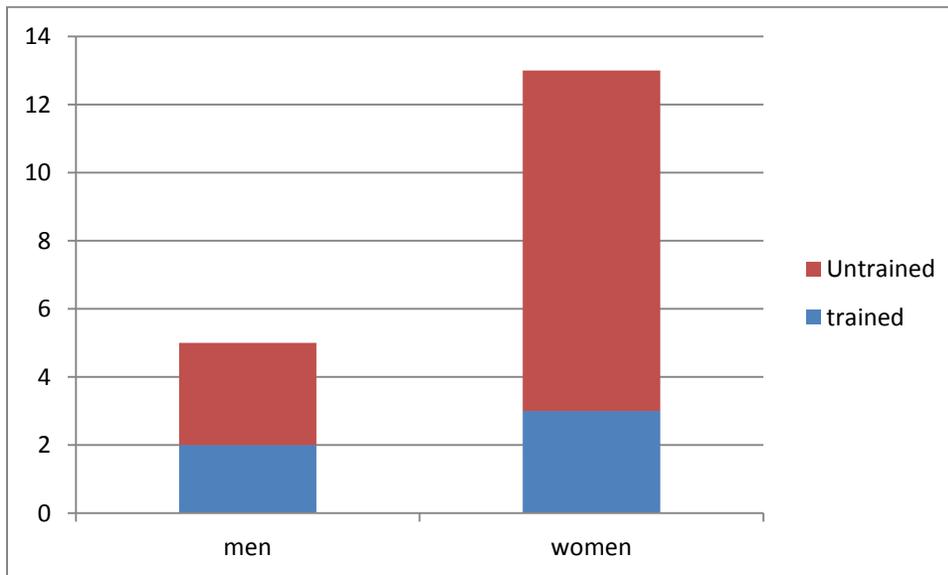


Figure 4.2 illustrates there are more females being trained than males. Apart from that most of these female teachers lacks the training; half of males receive raining. However, due to the lack of training LSE teachers lack the necessary information to share with their learners. Lack of information in HIV is one of the fuelling factors of the pandemic identified in literature.

Training also affects the methodology of teaching. LSE needs the full engagement of learners; teachers who are not trained in related matter are faced with a challenge of developing appropriate teaching methods before going to class. This lack of training is one of the barriers that hamper the success of LSE in schools.

4.4 Syllabus

Table 4.2 shows the measure of relevance of the LSE syllabus in the implementation of the program, (LSE) in schools. The syllabus is the important tool in guiding teachers towards the national goals. Hence its relevance and ability to be understood is of great importance for its effectiveness.

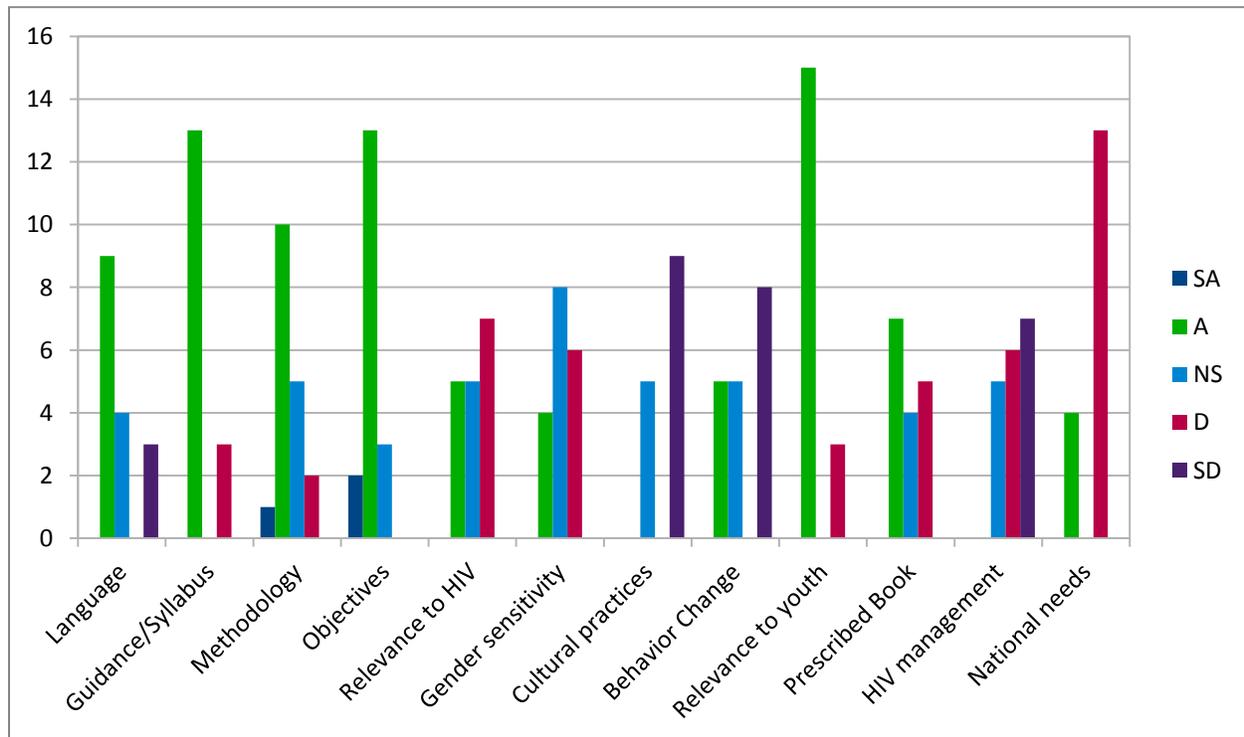
Table 4.2
Syllabus

Item measured	SA	A	NS	D	SD
Clarity of the language used		9	4		3
Level of guidance		13		3	
Involvement of the child	1	10	5	2	
Objectives of the syllabus	2	13	3		
Addressing the HIV issue		5	5	7	
Gender sensitivity		4	8	6	
Cultural practices			5		9
Observed behavior change		5	5		8
Relevance to young people		15		3	
With the prescribed textbook		7	4	5	
Effective in management of HIV in Lesotho			5	6	7
National needs		4		13	

The main purpose of the LSE syllabus is to give teachers a direction towards developing the necessary skills among learners needed in the management of HIV. The young people are the ones who hold the key to an HIV-free generation. From table 4.2, 72% finds the syllabus not being effective tool in the management of the pandemic in the country, with 39% feeling strongly about this. The issue pertaining behavioral change was also raised with 72% indicating they have not observed any behavior change.

Moreover, only 28% of the teachers do agree that the syllabus does guide them towards developing those skills in their learners. The syllabus is not clear to a lot of teachers and there are some loopholes in it especially in addressing HIV and sexuality. In addition, it does not relate directly to LSE particularly on matters that affect the youth on daily activities. In general there is a high percentage of “not sure” response which implies lack of technical knowledge on objectives of LSE. The general perception of the respondents on areas of development by NCDC to improve the syllabus should answer Basotho needs and focus on their practices. The culture of Basotho their norms must be incorporated into the syllabus. Also, include the dynamisms of the current world and new technologies.

Figure 4.3
Syllabus



Other areas of the syllabus, such as the language, level of guidance, the appropriateness of the teaching methods and relevance to its audience, learners; teachers are finding the syllabus to be a useful tool. Most of them agree while others strongly agree that it is guiding 72% agree, 50% feels it is clear while only 17% feels it is not clear (figure 4.3).

4.5 Teachers perception

The teachers supported the notion according to the following:

4.5.1 The need for LSE

All the respondents agreed it is necessary to educate young people about HIV and sexuality. Fifty percent of the respondents noted teachers (schools) are responsible for educating the youth while 39% argues it is the responsibility of the parents. The remaining 11% of the responsibility is given to the Government and other organization. This is in line with the literature review where it is discussed that schools have a major responsibility in the management of the pandemic.

Furthermore, 95% of respondents are 10 years or under as the suitable age to start the education process while 5% said 18year olds should be exposed to relevant information. Most of the participants indicate

the appropriate age as the beginning of the adolescents. This is supported by studies which show that preventative strategies are more effective when implemented before young people first sexual debut. There were 5% arguing the young people should only be exposed to issues surrounding sexuality when they get to the age of 18 because this is the age they start being sexually active. It is quite clear the majority of the teachers believe adolescent stage is more appropriate but in total all the participants do agree the information has to reach young minds before becoming sexually active.

4.5.2 Gender issues

Teachers show there is no difference between the males and females participation in LSE classes. Again, most of the participants argue LSE should not only be taught by female teachers, 67% advocates for a shared responsibility among teachers. This is different from what is observed in Figure 4.2 where a large percentage of LSE teachers are female. The reality shows more female in LSE but teachers argues differently; differences can be attributed to either the management attitude. It is the management that deals with class allocation, so if they feel LSE is more suitable for female teachers then it is likely there will be more of them; despite the teachers' attitudes. Alternatively, it could be a result of one of the weaknesses of the questionnaire where participants may feel compelled to give answers they think the researcher is expecting, without stating the true facts.

Furthermore 88% of the participants think LSE should be taught by young people; figure 4.1 which show the distribution of participants according to age. This puts more emphasis on the attitude of teachers towards LSE that it is suitable for a particular group of people; young teachers.

Lastly, the majority of teachers find LSE too demanding as compared to other subjects. Most of the participants indicate the following major challenges: it is too practical, needs people with experience but most importantly lack the teaching material.

4.6 Management support

The support of the management of the school is summarized in table 4.3. The numbers are stated in percentages for easier comparison.

Table 4.3
Acquiring knowledge

	frequently	satisfactorily	seldom	Not at all
Internal workshops				83
Funding for external workshops		50		44
Teaching materials	5		28	67
Value		17	61	22

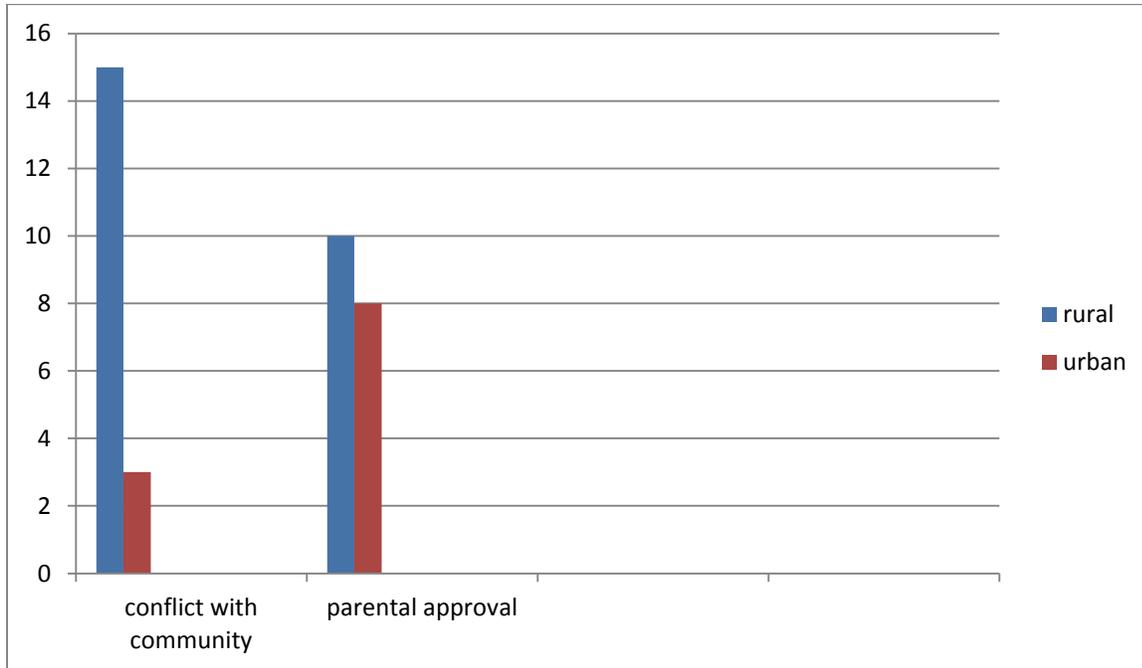
Most of the participants' responses points to the 'not at all' section or 'seldom' section except in the case of funding. It is also necessary to note the majority of the participants mentioned they only attended one workshop. This was discussed under the training section. Again there is limited teaching material to assist teachers to expose learners to relevant information; shows there is minimal support from school manager.

4.7 LSE and the community

Table 4.4 illustrates the relationship between LSE and the community. The findings were based on teachers with the community being the variable; urban and rural.

Figure 4.4

Rural and urban communities



There is an indication of a notable difference between the two communities in the rural and urban areas. The participants feel the community plays a vital role in the implementation of LSE, with rural areas posing a greater challenge. In urban area there is less resistances, this could be credited by having access to media channels which aids in breaking the silence surrounding the pandemic. This changes the culture and attitudes of people towards sex and sexuality thus reducing the friction. There are higher HIV incidences in urban areas than in rural areas; hence the urban community has the responsibility to relax some of their culture. Parental approval is the same for both communities in either urban or rural.

4.8 Conclusion

Generally there are more young female teachers in LSE. This describes there is an attitude towards who should teach LSE, based on age and gender. This is despite teachers show the gender issue not important in LSE. For this reason it can be argued this is a result of the management perception not teachers, because the management is the one responsible for class allocation.

Lack of training is a serious problem hindering the effectiveness of the program. A small percentage of teachers have the appropriate skills to manage LSE. Both the GOL, MOET, NCDC and school bodies are not providing workshops for the teachers for support and also as part of in-house training.

The syllabus is clear and understandable but is not directed toward the main purpose. Teachers feel the syllabus is not responding to the national needs by addressing the HIV issue. This makes the syllabus to lose its meaning thus discouraging to the implementers (teachers).

Management support is another problematic area. Besides those teachers are not trained, the syllabus does not address the problem, the school managements are also failing to supply teaching with necessary teaching aids. There are no internal workshops to compensate for the unqualified human resource.

Lastly, there is no distinct effect of the community on the teaching of LSE on parental approval. Most parents are willing to have teachers educating their children about sex and sexuality. Once again this is in line with the literature and the findings of the research focusing on these issues.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

There is no cure for HIV; millions of lives are being lost at same time disrupting those that are left behind. The disease affects human life in all sectors of society and communities and throughout all levels. It has shifted the focus of Governments from economic growth and development to address to the impacts of the pandemic. This has also hampered some of the achieved of some of these MD goals.

In Lesotho, the child mortality rate has increased instead of declining. But not all is lost, because on the brighter side the new infections have declined, thereby showing Lesotho has a potential to get to the HIV free-generation. The problem that has been identified relates to: What are the barriers preventing the successful teaching of Life skills Education among high schools in the Leribe district?

The following objectives relate to:

- To identify attitudes of teachers towards LSE. LSE is a program that discusses sex and sexuality which is considered to be a taboo in most communities. The attitude of the teacher and readiness for openness is important in effective teaching of LSE
- To evaluate the support provided by the school management team towards the teaching of LSE. This plays a vital role in the implementation of any program in the school. It is this team that allocates budget, draw the time table and even develop the school curriculum. When the support of this team is restricted the chances of success of the program is limited.
- To establish problems faced by the LSE teachers regarding HIV education. These problems can be from different angles; it could be lack of skills on the teacher's side, the way the program was introduced or even the syllabus.
- To assess socio-cultural barriers towards the learning of LSE among the learners. Naturally a human being is a social animal that is shaped by its socio cultural practices. LSE is about behavior change and people's behavior can always be linked to their community.
- To develop strategies to promote LSE and make recommendations to the authorities

Conclusions will be presented indicating the objectives have been achieved and thus provide a solution to the formulated problem statement.

5.2 Training

The researcher recommends that the GOL through MOET provides for formal training for LSE teachers. One of the best ways to get to the HIV free generation is by providing the current generation with adequate information on how to prevent being infected by the virus. This prevention is not only about new infections but includes re-infection for those already living with the virus. Appropriate and accurate information is the main tool in dealing with the pandemic. The importance of accurate information cannot be overemphasized. Acquiring this necessary information by young people is one of the best strategies that will empower their teachers through formal trainings.

In Lesotho there are two teachers training institutes, Lesotho College of Teachers (LCE) and the National University of Lesotho (NUL). None of these two produces teachers specialized in LSE. LCE offers LSE as an auxiliary and NUL does not offer it at all. It can therefore be argued that even at the highest educational planning of the country LSE is not a priority but HIV is declared to be of great concern. The MOET needs to introduce LSE as a standalone program in its institutes so that qualified teachers can be equipped with the necessary tools.

Training will also equip teachers with effective participatory methods for behavior change needed to bring about the desired performance change. LSE unlike other courses needs the participation of the learners, as it is a platform where young people can freely discuss topics about sex and sexuality; issues that are otherwise considered as taboo. Teachers need to know how to create an environment that will permit this kind of behavior where topics can be discussed and still feel comfortable.

LSE is a program targeted at developing skills in young minds that will enable them to make informed decisions. This is one of the strategies aimed at encouraging young people to delay the first sexual debut and when they do start having sex to practice it with protection. Since this is about young people their involvement is of imperative value; conventional teaching methods will not be appropriate, LSE is meant to give young people a platform to discuss, explore and learn more about sex and sexuality. Again, in nature young people have energy and are inquisitive and LSE should give them room for investigating the necessary that will protect them from getting unnecessarily infected with the virus. That is why the teaching methods should be participatory and child centered.

5.3 Syllabus

It is recommended the National Curriculum Development Center (NCDC) the body responsible for drawing the syllabus and other stakeholders revisit the syllabus and draw a course outline that is focused on the HIV pandemic and associated skills to cope. This again goes back to the issue of training of teachers, if they feel the syllabus does develop skills among learners but these are not relevant to the HIV,

then the fault might not lie in the syllabus but in the inability of the teachers to relate the skill to the pandemic. A teacher might find the skill necessary in other departments of life such as the economic sector without realizing that expertise in itself develop other need such as self-esteem in the learner. That is why it is critical for teachers to be trained, so they could approach the skills development in a holistic manner.

However, from the research results the majority of the teachers are satisfied with the overall structure of the syllabus on issues such as teaching methods, appropriateness to the target group.

5.4 Management Support

There is a need for greater involvement of the management to make LSE a success. Management support is of imperative importance in the realization of any program. It is the management at school level that allocates the time from the school time-table. Again it is the school management making the necessary funding available needed for workshops and teaching materials. Hence their support is basic to LSE, but the school management can support to a certain level. Moreover the school management support would be a direct result of the support from the higher body, which is MOET.

MOET has been entrusted by the country to administer the education system to develop responsible citizens of the country. One of its tasks is to place qualified teachers to different areas of learning and child development in persuasion of attaining the national objectives and with regard to LSE the national objective is to have zero new infections, zero HIV related death and zero discrimination. None of teachers training institutes is able to produce the qualified teachers but it is still the responsibility of MOET to have skilled educators. It is therefore recommended that MOET provides scholarships for teachers to engage in LSE training outside the country. Then these LSE specialists will hold school based workshops for their peer educators. Concurrently MOET should provide workshops and training seminars for LSE teachers.

5.5 Monitoring and evaluation

HIV has been around for over thirty years but LSE is new in Lesotho intended to manage the pandemic in the country with more attention directed at young people. If the GOL would want the LSE program to be implemented effectively then there is a need for MOET to have monitoring and evaluation (M&E) programs in place. These programs would help MOET to identify the strengths, weaknesses of the program. There is a need for the country to justify the necessity of a program such as LSE and this could only be done after monitoring and evaluation. M&E would also help in identify opportunities and threats to the LSE. Apart from that, M&E would also help MOET to notice in time when schools ignore the program and remedy the situation on time. Some of the problems unveiled in the research that has lead to

the decline in schools providing LSE could be dealt with and sorted out had MOET been aware. This will help MOET to respond quickly and attend to the needs of the school towards the continuity of LSE.

5.6 Conclusion

Most of the recommendations are directed to the school management, MOET and NCDC. The MOET is the body that is responsible for all educational activities in the country. It is MOET that introduced LSE hence it becomes imperative for MOET to take a leading role. It should provide formal and non-formal trainings. The NCDC, the body that is in charge of the development of the syllabus also has the mandate to revisit the syllabus. The school management has a directorate to implement the curriculum, but they too need support be furnished with information on the benefits of LSE.

Young people in conclusion are the ones who hold the key to an HIV free generation. They are the future and have the energy and drive to take the world to a zero incidences, zero HIV related deaths. It is because of this energy they have that had led them to being inquisitive and experimental, always testing phenomenon in the world. This attitude will drive the world into the future; however, it is this same character of being experimental that could expose them to harmful situations especially when they are not knowledgeable. Therefore, young people do have the skills to survive and effectively manage the HIV disease but lacks the know-how. Adults have an advantage with accurate knowledge because of their past experiences and their mental development; there is a likelihood of training.

There are two scenarios present namely, young people with their energy and enthusiasm, mature people with knowledge. By merging the two LSE was developed; room created for young people to learn together, about issues surrounding sex and sexuality. This learning takes place in an adult-led environment with age suitable information using appropriate techniques. Apart from that, LSE is a youth orientated program aimed at developing the skills in young people to manage and cope with the changes brought about by the pandemic. It does not teach them any new skills but improves on the skills they already possess. It is aimed at assisting young people to which could be used to effectively manage the HIV pandemic at its core. It is at this stage that a preventative strategy, if properly implemented would result in the world's achievable dream of an HIV free generation.

LSE a combined effort between young and old people to manage the HIV pandemic; drive towards the attainment to the MDGs. by reducing number of new HIV infections would automatically reduce child mortality rates and improve maternal health, two areas where Lesotho has failed to progress in the MDGs. Therefore LSE is not only a tool to manage the disease but also another strategy towards attending to other national needs such as poverty and gender equality.

However, schools bodies have delegated this task to their institutions but have been failing to implement the program. Those schools implementing the program in the beginning have gradually beginning to withdraw it from their school curriculum for a number of reasons. One main reason is lack of training, which limits the amount of accurate knowledge the teachers have acquired. These less knowledgeable teachers of HIV/AIDS are likely to find LSE as a burden and would thus lack the right teaching methods; all of this weakens the efficiency of LSE. There are other identified barriers in the research namely, the lack of management which is from all levels at school and Government level. Eventually it is the duty of MOET to see to it that LSE is put back into the school curricula and this can be done by supporting schools and teachers by providing trainings and funding.. M&E would also be important in the implementation of the program.

It is possible to manage the pandemic but most importantly every individual of the society must contribute. LSE together with other strategies could make the HIV pandemic a problem of the past. The strength of LSE is that it focuses on the population of people contributing to the highest new infections, so by implementing effective management strategies at this stage would bring the desired result of a zero new infections and HIV free generation.

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ADDENDUM 1—QUESTIONNAIRE

The aim of the research is to identify barriers in teaching Life skills education (LSE) among high school teachers in the Leribe district. You are asked to complete the questionnaire, this is not a test hence there is no wrong or right answer. This is a voluntary exercise and you are not compelled take part but contribution will be highly appreciated. All the information will be treated confidential. Please do not write your name.

PARTICIPANT # _____

General information,

1. Age: _____

2. Gender: _____

Please tick the appropriate box with \surd

3. Type of school: high school secondary school

4. Location of the school: rural areas urban areas

5. Highest qualification: Diploma Degree other specify _____

6. For how long have you been teaching LSE?

Class taught: A B C (tick all if applicable)

Information on Training and teaching materials
--

1. Did you get any formal training for LSE? Yes No

2. If yes, where
.....

3. If no, how did you develop the necessary skills for teaching LSE?
.....

4. Who provides the teaching material? Ministry School Own

5. What type of teaching material is provided?
.....

6. How often do you attend training workshops?
.....

7. Who provides the workshops?
.....

Please continue to the next page

Support by the school management

1. Is your school still offering LSE? If no, explain when and why it was stopped the school management.

.....

2. On the scale of 1 to 4, how would you rate the support of the management?

4= frequently (no improvements needed), 3= satisfactorily (minor improvements needed), 2=seldom (major attention required) and 1= not at all

	1	2	3	4
Does the school provide internal workshops for LSE teachers?				
The school provides all the funding for external workshops				
The school provides all teaching materials, e.g. textbooks and syllabus				
The school has allocated enough time for LSE, 2 lesson per week				
Does the management of the school recognize the value of LSE?				

In few lines below, please summarize the attitude of the school management towards LSE

.....

Please continue to the next page

The syllabus

1. Please grade the relevance of the LSE syllabus

5=strongly agree, 4=agree, 3= not sure, 2= disagree, 1= strongly disagree

	1	2	3	4	5
The language used in the syllabus is clear					
The syllabus is guiding to the teacher					
The methods used are participatory-child centered					
I know and understand the objectives in the syllabus					
The skills to be developed in learners are clear and directly related to HIV					
The syllabus is gender sensitive					
The syllabus is in line with the cultural practices of Basotho					
The attitudes of my learners have positively changed towards gender equality, e.g. boys understand that they can sweep in class					
The syllabus is suitable for young minds					
The textbooks and syllabus go hand in hand					
The syllabus is effective in managing HIV in the country					
the curriculum answers to the nations needs					

2. At which areas would you want the National Curriculum development Center to improve on the syllabus? Make suggestions

.....

Please continue to the next page

Teacher's perception

1. Do you think it is appropriate to teach young about HIV and sexuality education?
2. If the answer is yes, whose responsibility is it?
3. If no, why not?
.....
.....
4. What is the appropriate age for young people to do LSE, why?
5.
6. Between boys and girls, who are more open when discussing when discussing issues related to HIV and sexuality? Boys girls both none
7. LSE should be taught by women only; agree disagree
8. LSE should be taught by young people: agree disagree
9. LSE should be taught by people in certain departments
10. Do you feel like LSE is more demanding than other subjects, please explain
.....
.....

LSE and the community

Is there in any way that you feel LSE is against the culture and norms of the community? Please elaborate
.....
.....
.....

Do you think parents/guardians approve of LSE? Please explain
.....
.....

Please continue to the next page

Conclusion

If you were to write a letter to the ministry of education about challenges faced by LSE teachers, which points would you include? And what would be your recommendations?

Points

Recommendations

Thank you for your participation