

**THE ROLE OF LIFE ORIENTATION IN ADDRESSING
HIV/AIDS IN KWAZULU-NATAL SECONDARY SCHOOLS**

by

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DECLARATION

I declare that ***The role of Life Orientation in addressing HIV/AIDS in KwaZulu-Natal secondary schools*** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

CB Vethe

February 2011

Signed.....

DEDICATION

This thesis is dedicated to the memory of my late mother, Josephine, u-Mamteshana Vethe, who always believed in my abilities.

SUMMARY

The Department of Education is promoting HIV/AIDS education programmes in the public schools of South Africa, particularly through the subject Life Orientation. Therefore, this study investigates the role of Life Orientation in addressing HIV/AIDS in KwaZulu-Natal secondary schools.

Different role-players were evaluated to ascertain their attitudes and beliefs about Life Orientation and HIV/AIDS. The examination of different role-players was undertaken to establish the significance of their attitudes and beliefs on the success or failure of the Life Orientation based sex and HIV education programmes in the schools.

An attempt was also made to find a relevant definition of the subject Life Orientation that contains the meaning and the purpose of the subject. Teachers were found to be uncertain about an appropriate definition that carries the meaning of Life Orientation; hence they tend to define it by its components such as Life skills, physical education, decision-making, HIV education and others.

The study also sought to establish the impact of sex education embedded in Life Orientation on the fight against HIV/AIDS. Sex education was examined to determine whether it encourages or reduces youth sexual activities.

In order for teachers to be able to use Life Orientation content to drive sex and HIV education programmes, it had to be ascertained if they were informed or not about HIV/AIDS. The questionnaire carried out an extensive assessment of teachers' knowledge, attitudes and their personal stance on HIV/AIDS. This study established that training of teachers in both Life Orientation and HIV/AIDS provides them with knowledge which enables them to positively handle sex and HIV education programmes in the classroom. It was for this reason that the study made recommendations with regard to training and support

programmes to ensure that teachers are adequately equipped for effective implementation of the subject Life Orientation in the National Curriculum Statement.

KEY TERMS:

- Life Orientation;
- HIV/AIDS;
- sexually transmitted infections;
- HIV transmission and infection;
- safe and unsafe sex;
- puberty and adolescence;
- gender roles ;
- sexuality;
- abstinence;
- comprehensive sex education;
- drug abuse

LIST OF ACRONYMS AND ABBREVIATIONS

UNESCO:	United Nations Educational, Scientific and Cultural Organisation.
UNAIDS:	Joint United Nations Programme on HIV/AIDS.
NIDA:	National Institute on Drug Abuse.
STI:	Sexually Transmitted Infection.
AIDS:	Acquired Immune Deficiency Syndrome.
HIV:	Human Immunodeficiency Virus.
SAS:	Statistical Analysis System.
DNA:	Deoxyribonucleic acid.
RNA:	Ribonucleic acid.
HEAIDS:	Higher Education HIV and AIDS Programme.
UNISA:	University of South Africa.
HoD:	Head of Department
SMT:	School Management Team

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CHAPTER ONE

CONTEXTUALISATION AND FORMULATION OF THE PROBLEM

1.1. INTRODUCTION

This chapter focuses on defining the subject Life Orientation with an aim to establish how it could be utilized to address HIV/AIDS in the secondary schools of the Province of KwaZulu-Natal. Awareness of the problem, aim and the need of the research will be elaborated on with the purpose of demonstrating that more research-based information is needed for teachers and subject advisors to effectively utilize the content of the subject Life Orientation to fight the spread of HIV.

Life Orientation acknowledges the multi-faceted nature of the human being, as well as issues like human rights, gender, the environment, all forms of violence, abuse, sexuality and HIV/AIDS (Department of Education, 2003a: 10).

The above quotation highlights the relevancy of the subject Life Orientation in addressing social issues affecting human lives, such as drug abuse, women and child abuse, sexual transmitted infections, teenage pregnancy and HIV/AIDS. According to the Draft Subject Assessment Guideline for Grade 10-12 of the subject Life Orientation (Department of Education, 2005:7), the focus of the subject is on managing one's life in a well-informed and responsible manner. The Life Orientation policy statement also (Department of Education, 2003a: 12) states that one will well manage him/herself better if he/she has achieved and maintained personal well-being. However, preliminary investigation suggested that Life Orientation educators had not optimally implemented the subject to fully address the threat of HIV/AIDS to secondary school learners.

In addition, Rooth (2005:250) maintains that another major contributing factor to not optimally implementing the subject Life Orientation is that most of teachers have no prior training in the content and methods to teach the subject. As a result, these teachers are uncomfortable with topics such as sex and sexuality.

1.2 BACKGROUND

Literature (African Pulse, 2006) reports that HIV/AIDS education is integrated into South Africa's National Curriculum Statement through the subject Life Orientation. The subject Life Orientation, particularly learning outcome one: personal wellbeing,

“addresses issues related to the prevention of substance abuse, diseases of lifestyle, sexuality, teenage pregnancy, sexually-transmitted infections including HIV/AIDS, and the promotion of personal, community, and environmental health”
(Department of Education, 2003a: 11).

This means that Life Orientation promotes good health in the broadest sense to develop physical, mental, and social well-being. This provides a sustainable channel to address the HIV/AIDS problem in KwaZulu-Natal secondary schools.

Research (African Pulse, 2006) reveals that the highest infections in South Africa commonly occur between the ages of 20 and 30, which suggests that transmission takes place between the ages of 15 and 20, which are secondary school-going years. In addition, the time lapse between HIV contamination and the appearance of the first AIDS symptoms give teenagers to have the impression that they are invulnerable to the infection (UNESCO, 2003).

Studies conducted in Africa, (Engleberg, Meijer and Tiendrebéogo, 2003:1), reveal that a significant number of adolescents become sexually active between the ages of 10 and 15, without having the necessary knowledge and skills to protect themselves from HIV. Despite progress made by countries such as Uganda, studies (Engleberg *et al.*, 2003:1) conducted in most African countries still show that HIV epidemic continues to spread at a frightening rate, especially among young people. The studies further indicate that this early experimentation with sex is more prevalent among poor urban women. Programmes aimed at raising awareness of young people, both in and out of school often fail to acknowledge such early sexual activities; they begin addressing these issues only after children have already become sexually active (Engleberg *et al.*, 2003:1-2).

Although the young people are hardest hit by the HIV epidemic, they also present an opportunity to create an AIDS-free generation (Engleberg *et al.*, 2003:6). That is, young people are more open to change than elders are. In addition, schools now offer a Life Orientation curriculum that covers topics such as HIV/AIDS prevention and adolescent reproductive health.

Therefore, this research aims at encouraging Life Orientation teachers to equip secondary school learners (Grade 8-12) with knowledge and skills to enable them to stay HIV-negative through making informed and responsible decisions when considering a sexual relationship.

1.3. WHAT IS THE SUBJECT LIFE ORIENTATION?

According to the Department of Education, (2003a: 9), the subject Life Orientation is defined as the study of self in relation to others and to society. It applies a holistic approach in that it deals with social, personal and physical growth and development of learners (Department of Education, 2008: 7). Life Orientation prepares learners for life and its responsibilities and possibilities. It also deals with

health and reproductive life, problem solving and informed decision making which will all enable learners to live meaningful and successful lives in a society faced with problems, such as HIV/AIDS.

The subject Life Orientation discusses concepts such as puberty, adolescence, male and female reproductive organs, sexual behaviour, and many more life related issues (Department of Education, 2003a: 24). Therefore, if teachers effectively deal with these abovementioned concepts, HIV infections among learners may be minimised.

Christiaans (2006: 25) defines the subject Life Orientation as a unique subject, which contains the content of the subjects that were non-examinable in the interim syllabus for South African schools, applicable from 1994. These subjects were Religious education, Civic education, Health education, Physical education and Guidance.

1.4. AWARENESS OF THE PROBLEM

The researcher is a Provincial coordinator for the subject Life Orientation in KwaZulu-Natal Department of Education. The researcher, through preliminary investigation and interaction with teachers and subject advisors, learnt that more research needs to be conducted. This research will investigate how the subject Life Orientation can be used to teach learners about their physical development, relationships, sexuality, sexual transmitted infections and myths surrounding the whole question of HIV/AIDS prevention and coping skills. Given the fact that Life Orientation is a compulsory subject in the curriculum, it actually means that every learner in the country, including KwaZulu-Natal, will be exposed to it, therefore, more research-based information needs to be developed as a means to fight HIV/AIDS.

1.5. PROBLEM STATEMENT

Available literature (Selikow, Barnes and Evian, 2005: 61) reveals that there is still no vaccine to prevent HIV infection, and there is no cure. Therefore, the best way to prevent the spread of HIV virus from one person to another is to protect oneself from getting the virus in the first place.

According to UNESCO's *Criteria for appraisal of teaching/learning material for HIV/AIDS prevention in school settings* (2003), most of HIV infections occur through sexual intercourse, which means that there is a need for sex and HIV/AIDS education programmes in schools. Such a programme could ensure that sex education starts before teenagers become sexually active. It is also vital that the school transmits correct information on 'HIV/AIDS through the subject Life Orientation. The research has also confirmed that schools are the most important source of information on HIV/AIDS for children (African Pulse – the need, 2006: 1).

It is therefore important to explore how the subject Life Orientation may be used to make young people aware of the high risk of HIV infection should they become sexually active during adolescence. That is because sex in this case usually involves casual partners (Kaaya, Fisher, Mbwambo, Schaalma, Aero, and Klepp, 2002: 157).

The subject Life Orientation, if taught well, can make learners aware of contemporary social issues such as STIs (sexually transmitted diseases and HIV/AIDS (Department of Education, 2003a: 17). Therefore, if the subject is approached in the right manner, it may also provide skills, knowledge and values to help infected and affected individuals to cope better with HIV/AIDS.

The research will attempt to answer the following questions:

- What is the role of the subject Life Orientation in addressing HIV/AIDS in the KwaZulu-Natal secondary schools?
- Is it possible for teachers to encourage sexually active learners to behave responsibly by applying the skills they received from Life Orientation (training)?
- What is the role of sex education embedded in the subject Life Orientation in a fight against HIV/AIDS?
- What are HIV and AIDS?
- Who is most at risk of getting HIV/AIDS?
- Why are millions of people still being infected?
- What makes HIV so deadly (its tenacity)?
- Does sex education encourage the youth to engage in sexual activities?

Responses to the above questions would help the researcher to ascertain participants' perception and knowledge on the following:

- Their Life Orientation knowledge and training.
- Their opinion of Life Orientation implementation and teacher/learner attitudes towards it.
- Personal understanding or knowledge of HIV/AIDS.
- Personal involvement in HIV initiatives.
- Personal views on a person's sexual lifestyle.
- Personal views on attitudes about HIV/AIDS and sex education.
- Their confidence in HIV and sex education.

1.6. AIM OF THE RESEARCH

The aims of this study are to:

- Evaluate educators' awareness and understanding of HIV/AIDS.
- Evaluate educators' perceptions of and regard for the subject of Life Orientation.
- Investigate educators' ability to utilise the subject Life Orientation to equip learners in dealing with HIV/AIDS and health challenges.
- Investigate benefits of introducing the subject Life Orientation into the new National Curriculum Statement.
- Review the learning outcomes and assessment standards of the subject Life Orientation that are relevant to HIV/AIDS education.
- Investigate how Life Orientation teachers can assist learners to understand their physical, emotional and cognitive development, which will contribute to the manner in which they deal with issues such as lifestyle, sexuality, STIs and HIV/AIDS (Department of Education, 2003a: 11).
- Strive to establish how the four focus areas of the subject Life Orientation can be used to provide secondary school learners with skills, knowledge and values to stand firm against HIV/AIDS (African Pulse – the need, 2006).

To achieve research aims four focus areas of the subject Life Orientation will be analysed to determine how they are systematically designed to equip secondary school learners with the knowledge and skills to deal with social problems such as crime, poverty,

discrimination, violence and HIV/AIDS. These focus areas are personal well-being; citizenship education; recreation and physical activity and careers and career choices,

Maree and Ebersohn (2002: 5) maintain that teachers are the first line of defence after medical professionals in a fight against HIV/AIDS. They have to use the focus areas of Life Orientation to teach safe and responsible sexual behaviour as well as a healthy lifestyle as part of HIV/AIDS awareness. Teachers are expected to provide skills to affected and infected learners to deal with HIV/AIDS trauma. To do so, teachers need a large quantity of recent research-based information, which is the reason this study was undertaken.

This research further investigates the role that schools can play through Life Orientation in advocating HIV/AIDS prevention, treatment and coping skills. It will deal with the objectives of the subject Life Orientation in relation to HIV/AIDS.

Literature related to Life Orientation will be reviewed in this study. Selected literature, particularly relevant to sexual education and HIV/AIDS will be critically studied and analysed. The results of the research will be used to suggest how sexual education, through the subject Life Orientation, could be made more effective – that is, how learners could most effectively apply skills, knowledge and values acquired from the subject as opposed to merely being equipped with such knowledge, skills and values.

1.7. THE NEED FOR RESEARCH

Available literature (Kelly, 2000: 82) reveals that the youth is at a high risk of getting HIV. This is caused by the fact that young people search for self-knowledge. They adventurously search out novelty and new partners with minimal fear of STIs (Selikow *et al.*, 2005: 55).

If the HIV/AIDS problem in KwaZulu-Natal is not dealt with efficiently in schools, it might lead to decline in learner enrolment (Kelly, 2000: 64). Learner decrease might impact negatively on the economy of the country as it could leave teachers jobless. For example, Ramiah (2006: 1) quotes De Lange, Greyling and Leslie (2005), who reveal that most of the young people in the largest hospitals in South Africa are either HIV positive or have AIDS. Maree and Ebersohn (2002: 3) anticipate that enrolment in schools is going to drop because HIV-positive mothers die young with fewer newborns. They further maintain that children will die of HIV/AIDS complications and those who are orphaned, or carers for younger orphaned children will not go to school. Furthermore, affected learners will drop out of school.

African Pulse (2006): *How is the African Pulse helping to mitigate the problem?* maintains that:

“HIV/AIDS education is fully integrated into South Africa's schooling through the Life Orientation curriculum, which provides a ... sustainable channel for prevention”.

This therefore calls for a research-based strategy to make use of the subject Life Orientation in addressing HIV/AIDS related challenges in KwaZulu-Natal secondary schools.

1.8. THE RESEARCH METHOD

1.8.1. Literature review

Smit (1993: 9) maintains that literature study is an integral part of the planning and execution of a research project. Literature study serves as a framework upon which empirical study can be contextualized. A literature study was conducted in order to examine the subject Life Orientation and the gravity of HIV/AIDS nationally and internationally.

Available studies researching an introduction of Life Orientation in the New Curriculum Statement were also reviewed.

This research used the library as the source of information. The researcher has a membership card from the local city council library and as a UNISA student; he had access to the UNISA libraries. Besides obtaining books from libraries, relationships were established with librarians who indicated willingness to assist with the information from pamphlets, journals, published documents, unpublished sources and many others.

Information on the subject Life Orientation was mainly obtained from Department of Education policy documents and other publications. The researcher had an access to Department of Education information because he is the Life Orientation specialist in the KwaZulu-Natal Department of Education. Besides departmental documents, the researcher has an access to latest Grade 10-12 Life Orientation textbooks since he is involved in the screening of new textbooks. Additional information was obtained from other universities on interlibrary loans in the form of completed research studies.

For HIV/AIDS information the researcher frequently visited the UNAIDS website and registered with the online organisation called *The Body Health Resources Foundation* which was formed to improve the quality of life of people affected by or infected with HIV. The Foundation's mission is to provide education for people at risk of HIV, those living with HIV, and those who provide health care to people with HIV (The Body: 2007).

This organisation sends the researcher latest information by e-mail on HIV/AIDS on a weekly basis. Links were also established with KwaZulu-Natal Department of Health, local key stakeholders in fight against HIV/AIDS, such as Partners in Community Sharing (PICC) and Khululeka Support Group based in Pietermaritzburg.

In chapter two, a selection of available literature on the subject Life Orientation's contribution to address HIV/AIDS in secondary schools will be reviewed.

1.8.2. Empirical research

Quantitative and qualitative research methods (mixed mode) were used in the empirical study. A questionnaire was designed and administered to a sample of secondary schools in the Province of KwaZulu-Natal. Analysis of questionnaires produced findings that were used to structure questions for qualitative study.

The research investigates the envisaged impact of the subject Life Orientation in dealing with the spread of HIV/AIDS among secondary school learners (Theron and Dalzel, 2006: 397). HIV/AIDS is a contemporary social problem (Department of Education, 2003a: 17) which needs social interaction to arrive at a possible solution. This study required an interview with educators who teach the subject Life Orientation and subject advisors as well as community organisations and life skills specialists to share their experiences in their fields of work about the link between the subject Life Orientation/life skills programmes and HIV/AIDS. Therefore, the qualitative method became relevant in that it focuses on how people perceive, interpret and report on a certain event from their own viewpoint (Burns, 2000: 11).

This research also sought the opinions of Life Orientation educators and subject advisors based on their experience on how the HIV/AIDS problem can be addressed in secondary schools. In fact, this needed one to creatively and critically explore the theme (Leedy, 1993: 140). Schumacher and McMillan (1993: 14) maintain that: "*Qualitative research presents facts in a narration with words*", which is relevant when dealing with a social problem such HIV/AIDS. In order to effectively address HIV/AIDS problems, people need to be afforded an opportunity to share their diverse experiences about the disease.

Further, the findings of this research had to contribute to the way in which the subject Life Orientation is taught in order to address HIV/AIDS in KwaZulu-Natal secondary schools. Therefore, one needed a research method, which is relevant to teaching, as Hoepfl, (1997) notes:

"...qualitative methodologies are powerful tools for enhancing our understanding of teaching and learning, and that they have gained increasing acceptance in recent years".

All these reasons made a qualitative approach the preferable one among the relevant methods for this study.

A set of structured and unstructured interview questions were set against which participants were interviewed. An interview allows the participants to verbally describe their personal experience of the research problem, which the researcher then has to interpret. This is in line with what Eisner (1991: 36) says:

"Qualitative research reports are descriptive, incorporating expressive language and the presence of voice in the text".

Data for the research was drawn from educators who teach the subject Life Orientation in the Province of KwaZulu-Natal as well as the subject Life Orientation subject specialists. The KwaZulu-Natal Department of Education comprises of four regions and twelve districts. Districts are further divided into wards in which schools are situated.

The sample selected had to be representative; therefore one subject advisor from each of the three regions was selected. Two subject advisors from the fourth region were selected. Five teachers in the Province were selected as participants of the qualitative research. Finally, two rural and one urban township and farm secondary schools

were randomly selected. After analysing the collected data, recommendations were made as to how the subject Life Orientation should be used to address challenges of HIV/AIDS in KwaZulu-Natal secondary schools.

For the quantitative study, questionnaires were handed to two hundred (200) teachers from all twelve districts.

The data collected was then interpreted, analysed and presented. Findings were used to suggest the recommended role of the subject Life Orientation in addressing HIV/AIDS in KwaZulu-Natal secondary schools.

1.9. CLARIFICATION OF CONCEPTS

It is imperative to define concepts that will be referred to in this study. Therefore, this section defines concepts in the context of this research.

The subject Life Orientation is a new subject in the National Curriculum Statement, which was implemented in Grades 10-12 for the first time in 2006. Department of Education (2003a: 9) defines the subject Life Orientation as the study of the self in relation to others and to society. It is a subject concerned with the personal, social, intellectual, emotional, spiritual and physical growth and development of young people.

One of the subject Life Orientation's focus areas, *Personal Well-being*, addresses social issues such as the prevention of substance abuse, diseases of lifestyle, sexuality, teenage pregnancy and sexually transmitted infections including HIV/AIDS (Department of Education, 2003a: 11).

Learning outcome refers to a statement of an intended result of learning and teaching. It describes knowledge, skills and values that learners should acquire by the end of each education band (Department of Education, 2003a: 7).

Assessment standards are criteria that collectively describe what a learner should know and be able to demonstrate at a specific grade. They embody the knowledge, skills and values required to achieve the learning outcomes (Department of Education, 2002: 61 and Department of Education, 2003a: 7).

Secondary school in this study refers to a school comprising of grades eight to twelve. In the Province of KwaZulu-Natal, there are three types of secondary schools. The first type has grades eight to ten. The second type has grades ten to twelve while the third type starts from grade ten to grade twelve.

Physical development entails growth of the body and changes in the proportions between different parts of the body (Gouws *et al.*, 2008: 6). Some of the signs characterizing physical development in both males and females are mentioned under adolescence below.

Adolescence is a period between the beginning of puberty and adulthood. It is a developmental stage in life during which the genitals mature and become capable of reproduction. This period is marked by enlargement of penis, testes and prostate glands in boys and vulva, vagina, uterus and ovaries in girls (Gouws *et al.*, 2008: 14-15). It is during this stage of development that both boys and girls develop an interest to the opposite sex. Mwamwenda, (1995: 49) states that adolescents are characterized by the development of a strong sexual drive, which results in them engaging in frequent sexual intercourse with more than one partner. For girls adolescence arrives between the ages of 9 and 16, and for boys between the ages of 11 and 18 (Department of Education, 2003a: 69).

Comprehensive sex education is a programme that comprises education about all aspects of sexuality (Collins, Alagiri and Summers, 2002: 4). It covers information about physical development, sexual orientation, sexual pleasure, values, decision making, communication, dating and relationships. Comprehensive sex education acknowledges that young people as they grow will become sexually active and need to be armed with relevant information (Collins *et al.*, 2002: 1).

Comprehensive sex education also teaches about birth control methods such as contraception, abstinence and condom use. It also covers sexually transmitted infections, such as HIV, as well as abortion. Comprehensive sex education advocates that young people should be given a full range of information regarding skills to make responsible decisions about relationships, sexual intercourse and sexuality so that they can protect their health and well-being (Collins *et al.*, 2002: 14).

Safe sex will refer to engaging in sexual activity by people who have taken precautions to protect themselves from STIs such as HIV (Med Help, 2008). Safe sex simply means that there is no risk of transmitting HIV or any other STI from one person to another. These precautions may be to use condoms, kissing, touching, massaging, hugging, non-penetrative sex and masturbation.

Unsafe sex in this research will refer to having unprotected sexual activity without taking safety precautions such as using a condom (Stanford and Evian, 2005: 10). The sexual activity can be through oral, anal, or vaginal sexual intercourse.

Sexual relationship will refer to a relationship involving penetrative sex. Penetrative sex refers to incidents when a penis is inserted to a vagina or anus. Buchel (2006: 16) indicates that many young African women, including learners, are forced into sexual relationships for financial gains. Many of these women stated that their first sexual experiences were forced entry during which they suffered vaginal injuries.

Abstinence in this study refers to voluntary restraining from any forms of sexual intercourse to prevent pregnancy and sexual transmitted infections including HIV.

STIs are diseases that are passed from one person to another through sexual contact (Stanford and Evian, 2005: 8). The sexual contact can be through oral, anal, or vaginal sexual intercourse.

HIV is a virus that causes AIDS. According to Selikow *et al.* (2005: 9) HIV is an acronym for Human Immunodeficiency Virus. **Human** means that the virus only attacks humans. **Immunodeficiency** means that the virus attacks and damages the immune system, which is responsible for protecting and healing the body from diseases. This causes the body's defence system to be deficient. **Virus** indicates that HIV is a virus. The HI virus is a fragile infectious agent that can only survive and replicate inside living cells (Stanford and Evian, 2005:10).

AIDS is a shortened form for Acquired Immune Deficiency Syndrome. AIDS is a disease caused by infection with HIV. HIV attacks and destroys the body's immune system. This renders the body's defence system too weak to fight opportunistic infections.

Immune system is the body's defence mechanism. It produces antibodies that reject anything that is foreign to the body (Stanford, Mather and Evian, 2005: 32). The purpose of the immune system is to detect and kill foreign and infectious agents or germs that invade the body. The HIV virus invades immune systems to cause HIV infection.

HIV transmission in this study means transfer of HIV contaminated body fluids from one person to another. Evian and Kalichman (2005b: 10-12) maintain that HIV transmission to men can happen through the urinary opening at the tip of the penis, or sores, blisters and ulcers caused by STIs. On the other hand a woman can get HIV by having anal or vaginal intercourse with a man who is infected with the virus.

HIV positive refers to a person whose blood is found to be containing HIV antibodies to confirm the infection (Evian and Kalichman, 2005b: 47).

HIV negative refers to a person whose blood is found not to have HIV antibodies at the time of the test (Evian and Kalichman, 2005b: 42). If a HIV test is done soon after the infection, when the body may not have produced HIV antibodies, the result may be HIV negative.

Window period is the time during the early stages of infection when HIV antibodies are not yet identifiable in the blood (Vilakazi, 2005: 13). An infected person will be very infectious during this phase.

CD4 cells are T-Helper cells, which are the prime targets of HIV (Stanford *et al.*, 2006: 35). The CD4 cells are responsible for organizing the body's overall immune response to foreign bodies and infections.

Drug abuse is the excessive use of any chemical substance (Steyn, [editor] 2004: 156-158). Abuse of drugs could also indicate using a chemical for a purpose other than the one for which it was manufactured. Under influence of abused drugs, people feel relaxed and may do things they normally would never do, such as having unplanned sex (Steyn, [editor] 2004: 159).

1.10. STRUCTURE OF THE RESEARCH

This thesis includes the following chapters:

Chapter One: Introduction and a background to the research, statement of the problem, motivation for the study, research method and research techniques. The definition of concepts like the subject Life Orientation, HIV/AIDS and related concepts will be done in this chapter.

Chapter Two consists of available literature on both the subject Life Orientation and HIV/AIDS.

Chapter Three: An investigation of the subject Life Orientation as a vehicle to drive HIV/AIDS awareness strategies and coping mechanisms in KwaZulu-Natal.

Chapter Four: Research methodology and design, data collection procedures, procedure for data analysis and conclusion.

Chapter Five: Data analysis and interpretation.

Chapter Six: Conclusions and recommendations (for the role of the subject Life Orientation in making secondary school learners aware of and successfully dealing with the challenges of HIV/AIDS).

CHAPTER TWO

SUBJECT LIFE ORIENTATION: ITS POTENTIAL IN THE FIGHT AGAINST HIV/AIDS

2.1. OUTLINE OF THE CHAPTER

This chapter will review selected literature on the subject Life Orientation/life skills and HIV/AIDS. Relevant literature will be consulted and analysed. This chapter will also explore the impact of emotional literacy, self-concept, social competency and life skills education embedded in the subject Life Orientation in the fight against HIV/AIDS (Department of Education, 2003a: 11). Sex education will be investigated since literature (Schaalma, 2002: 201) reveals that first sexual intercourse can be delayed through the use of sex education programmes. Therefore, to delay early initiation of sex educators need to be trained in sex education. Gallant and Maticka-Tyndaleb, (2004: 1337) maintain that in other countries training has helped to increase acceptance and changed attitudes regarding teaching about HIV/AIDS and sex education

Different definitions of the subject Life Orientation will be reviewed and discussed. The chapter will also briefly examine the four learning outcomes for the subject Life Orientation in Grades 10-12. Concepts relevant to this study such as abstinence, contraceptives, particularly condom use, adolescence, drug abuse, comprehensive sex education, sexuality, sexual relationships and sexually transmitted infections will be investigated.

2.2. INTRODUCTION

The devastating effect that HIV/AIDS proves to have in secondary schools is one of the biggest challenges to those who are involved in

the fight against this pandemic. The education sector is highly threatened by HIV/AIDS. The education sector is also a very useful tool in the effort to establish an environment where HIV-infected people could be supported and attempts to prevent new infections be made (Avert, 2008). Since schools provide the most cost-effective and efficient way to reach young people, all attempts should be made to take advantage of the new subject Life Orientation to address HIV/AIDS challenges in the secondary schools in KwaZulu-Natal.

This chapter will discuss the subject Life Orientation with regard to it being a new empowering subject which will help to forge a smooth transition from youth to adulthood. Available literature on Life Orientation's contribution to address HIV/AIDS in secondary schools will also be reviewed in this chapter. The chapter will further examine various sources of information on the HIV/AIDS pandemic. Also basic information on how the disease is spread, what it means to be HIV positive and to have AIDS will be discussed.

Any other available literature which has a bearing on this research will be consulted and critically analysed. The following aspects will receive the necessary attention:

The definition and explanation of concepts such as the subject Life Orientation, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) and related concepts.

Related concepts are:

- sexual transmitted infections;
- HIV transmission and infection;
- safe and unsafe sex;
- puberty and adolescence;
- gender roles;

- sexuality;
- abstinence;
- comprehensive sex education;
- drug abuse and more.

All these issues and concepts will be explained in the context of this research.

2.3 THE SUBJECT LIFE ORIENTATION

In Curriculum 2005, (Department of Education, 1997: 3), the specific outcomes for the subject Life Orientation show the potential for it to be an empowering learning area/subject, as learners would be enabled to:

- Understand and accept themselves as unique and worthwhile human beings.
- Use skills and display attitudes and values that improve relationships in family, group and community.
- Respect the rights of people to hold personal beliefs and values.
- Demonstrate value and respect for human rights as reflected in ubuntu and other similar philosophies.
- Practice acquired life and decision-making skills.
- Assess career and other opportunities and set goals that will enable them to make the best use of their potential and talents.

- Demonstrate the values and attitudes necessary for a healthy and balanced lifestyle.
- Evaluate and participate in activities that demonstrate effective human movement and development.

The subject Life Orientation is a new compulsory subject in the new National Curriculum Statement that forms part of the Human and Social Sciences field of learning comprising of Religious Studies, Geography and History. The subject Life Orientation is the study of the self in relation to society and to other people (Department of Education, 2003a: 9). It deals with the personal, social, intellectual, emotional, spiritual and physical development of young people, and how these elements are interrelated in life (Department of Education, 2008: 7). The broad aim of the subject Life Orientation is to prepare learners for responsible citizenship and a healthy and productive life (Coetzee, R. 2006: xi). It equips learners to solve problems, to make informed decisions and choices, and to take appropriate action to enable themselves to live meaningfully and successfully in a rapidly-changing society (Department of Education, 2003a:9).

2.3.1. Purpose of the subject Life Orientation

The Department of Education (2003a: 9-12) defines the purpose of the subject Life Orientation as follows:

- It equips learners to engage on personal, psychological, neuro-cognitive, motor, physical, moral, spiritual, cultural, socio-economic and constitutional levels, to respond positively to the demands of the world, to assume responsibilities, and to make the most of life's opportunities. It enables learners to know how to exercise their constitutional rights and responsibilities, to respect the rights of others, and to value diversity, health and well-being. The subject Life Orientation promotes knowledge, values, attitudes and skills that prepare learners to respond

effectively to the challenges that confront them as well as the challenges they will have to deal with as adults, and to play a meaningful role in society and the economy (Department of Education, 2003a:9).

- The subject Life Orientation prepares learners to be successful by helping them to study effectively and make informed decisions about their sexual lifestyle, subject choices, careers, and higher education opportunities.
- It also helps learners to exercise their rights, as well as their civic and social responsibilities, in order to contribute to society and to environmentally-sustainable living, while respecting the rights of others (Department of Education, 2003a:9).
- The subject Life Orientation also fosters self-awareness, social competencies and the achievement of a balanced and healthy lifestyle. It addresses changes during puberty and adolescence, responsible sexual behaviour, risky adolescent behaviour and attitudes regarding a range of issues including substance abuse and personal safety, which are contributory factors to the spread of HIV/AIDS among the youth. It helps learners to make informed decisions about and to nurture personal, community and environmental health; and exposes learners to and encourages them to participate in recreational and physical activities to enhance well-being (Department of Education, 2003a: 10).
- In addition, the subject Life Orientation acknowledges the multi-faceted nature of the human being, as well as issues like human rights, gender, the environment, all forms of violence, abuse, sexuality and HIV/AIDS. For organisational purposes and to avoid duplication, these issues are located

in one of four focus areas but integrated across the Assessment Standards (Department of Education, 2003a: 10).

At this juncture it becomes imperative to examine the main focus areas of the subject Life Orientation to establish how these attempt to achieve the purpose of the subject Life Orientation.

2.4. EXAMINATION OF THE FOUR FOCUS AREAS OF THE SUBJECT LIFE ORIENTATION AND HOW THESE ADDRESS HIV/AIDS

2.4.1. Learning Outcome one (Personal well-being)

Research (African Pulse, 2006) has shown that most children enter the education system HIV negative, but a great number leaves school HIV positive and many more become HIV positive shortly after leaving school, that is, between age twenty and thirty. This calls for a need for schools to proactively influence the learners' lifestyle before they start intimate relationships. Educators should show learners that there is always room for behavioural change. Learning Outcome One can help to change the course of the HIV pandemic, that is, inhibit the spread of HIV because it stresses and focuses on positive personal well-being. This learning outcome can further HIV/AIDS awareness and disseminate information on how HIV is transmitted and the effective ways to prevent it.

In an interview (Vethe, 2006) as well as Molete (2006) suggest that teenagers face many challenges today, but their greatest challenge is to become the persons they are meant to be rather than what peers want them to be like; to develop character, rather than being victims of the negative influences of their peers and environment. Most of them are fully aware of the existence of HIV/AIDS, but they still like to say "sex is cool" just because they believe that's what everybody does and it is what is expected of them by their peers (conformity). Molete is the

provincial coordinator of the Department of Education: Free State Province for the subject Life Orientation.

Molete (Vethe, 2006) further states that Learning Outcome One empowers learners not only with knowledge including the risk level if they are sexually active, counselling and testing for HIV and dealing with the news that one is HIV positive but also with skills to be assertive, to make responsible and informed decisions regarding sexuality and lifestyle choices. With this knowledge they realise that abstinence relates to all irresponsible behaviour including sexual relationships. They also understand that sex is a gift from God meant for two responsible adults who are committed to each other, respecting, caring for and loving each other. This requires emotional maturity which they will develop as they grow up. This Learning Outcome guides learners through a gradual process of attitude change, building character and changing behaviour. Such a change comes from the heart and the values acquired are therefore internalised and turn out to be guiding principles in the learner's life, e.g. the ability to say 'NO' to sex. It is in this process that young people learn that achieving and maintaining personal well being means a new heart, new values, a willingness to let go of old attitudes and behaviour and finding a new purpose in life. This Learning Outcome is expected to produce young South Africans who will be responsible and be able to conquer themselves and the world with its challenges like HIV/AIDS.

2.4.2. Learning Outcome two (Citizenship education)

Practising responsible citizenship is about an understanding that one is an individual forming part of a society. This Learning Outcome teaches that HIV is not a challenge facing only people, who are infected, but it is a social issue; it also affects people around the infected ones (Department of Education, 2003a: 11).

This outcome challenges young people to question the relevancy of their own place in the HIV/AIDS pandemic and they will realise the need for a life of service in order to make a difference in the lives of others and make a conscious decision to help others, e.g. those who are infected and affected by HIV/AIDS. It is through this Learning Outcome that learners gain knowledge about HIV/AIDS and Human Rights, how to access HIV/AIDS information, the AIDS information help desk and enquire about a national treatment programme for HIV/AIDS. They practise decision-making skills; that is, getting involved with people and their environment. They gain skills in supporting and protecting the people who disclose their status and acquire the values of responsibility, respect, openness, social justice, equality and ubuntu (humanity). They will learn and understand their right to disclose or not to disclose their status and respect other people's rights to disclose or not to disclose. This will also ensure that people who are infected and affected are not discriminated against. It will also help to deal with prejudices and stigma (Vethe, 2006).

2.4.3. Learning Outcome three (Recreation and physical activity)

This Learning Outcome is expected to contribute to addressing HIV/AIDS in KwaZulu-Natal by making learners understand the benefits of participating in sports or in any recreational activity. Persons infected or affected by HIV/AIDS are aided to deal with it psychologically; that is by reducing the level of stress. It will also help on the physical side by encouraging them to exercise daily or maintain a good fitness program which will keep their bodies healthy (Vethe, 2006).

This points to a need for a good and positive lifestyle in all spheres of life. Physical activity will provide balance to an HIV infected and affected person in all human dimensions (i.e. emotional, social, intellectual etc.) and this is one of the many ways of dealing with the pandemic.

Another element is that of diet. Sport emphasises diet as a good way of enhancing good performance; this is in line with the emphasis on nutritional care for the person who is HIV positive (Department of Education, 2003a: 13).

2.4.4. Learning Outcome four (Careers and career choices)

Learners will be introduced to real life challenges in the careers of their choice; e.g. the impact of disclosure of HIV status on work-related relationships, the harm that could be brought to the economy of the country by people who are constantly ill and absent from work. It is a challenge for learners to choose careers that are in line with promoting awareness, getting involved in making a difference in the lives of infected and affected people as well as in innovative careers, where they work towards a cure or best treatment for a person with HIV (with the knowledge that at this point there is no cure for the virus). Teachers could encourage and motivate learners to follow careers along these lines; learners in turn will realise the challenges that lie ahead in the business sector to promote the wealth of South Africa (Department of Education, 2003).

The above review of the learning outcomes indicate that the subject Life Orientation sets out to guide, support and help learners to become responsible citizens. Educators play an important role in presenting the subject Life Orientation effectively in the classroom.

2.5. THE ROLE OF EDUCATORS IN THE IMPLEMENTATION OF THE SUBJECT LIFE ORIENTATION

Preliminary investigation indicated that the teachers of Life Orientation had not optimally implemented the subject to fully address the threat of HIV/AIDS in the secondary schools. Literature (Rooth, 2005: 66) indicates the importance of educators in the implementation of change in education. It also acknowledges that the success of a curriculum

depends on the readiness and preparation that has gone into developing necessary skills for educators to implement such a curriculum in the classroom situation. This statement confirms that educators are the key curriculum change agents. Rooth (2005: 66) quotes Hargreaves (1994) who further stated that:

“...the teacher is the ultimate key to educational change and school improvement... Teachers don’t merely deliver the curriculum. They develop, define it and reinterpret it too. It is what teachers think, what teachers believe and what teachers do at the level of the classroom that ultimately shapes the kind of teaching that young people get”.

Curriculum transformation in South Africa led to the development of a new subject called Life Orientation as a direct response to concerns such as health, environmental and safety issues, the HIV/AIDS pandemic and youth risk behaviour (Ngwena, 2003). Therefore, in order to develop educators who match Rooth’s quotation mentioned above, the National Department of Education in South Africa, since 2005, had to embark on an ongoing training to capacitate educators to efficiently teach the new National Curriculum Statement and new subjects such as Life Orientation.

Training was meant to transform the kind of teachers that were created by the former apartheid Education Departments to the kind of teacher envisaged by the new curriculum (Department of Education, 2000: 3). Curriculum planners viewed all teachers as main contributors to the transformation of education. They also believed that effort put into the training of educators would enable them to fulfil the various roles outlined in the Norms and Standards for educators. The Revised National Curriculum Statement Grades R-9 (General) visualises teachers as professionals who are:

- qualified,

- competent,
- dedicated and caring,
- mediators of learning,
- interpreters and designers of Learning Programmes and materials,
- leaders,
- administrators and managers,
- scholars,
- researchers and lifelong learners,
- community members,
- citizens and pastors,
- assessors, and
- subject specialists (Department of Education, 2002: 9).

Therefore, with the calibre of educators as described above, curriculum planners envisaged that the new curriculum, with new subjects such as Life Orientation, would be able to produce learners who would be imbued with the values and act in the interests of a society based on:

- respect for democracy,
- equality,
- human dignity and
- social justice as promoted in the Constitution.
- access and success in lifelong education and training of good quality,
- an ability to think logically and analytically, as well as holistically and laterally,
- transfer of skills from familiar to unfamiliar situations (Department of Education, 2002: 8).

James-Traore *et al.* (2004: 2) maintain that teachers are a very important link in transmitting information about sex and HIV/AIDS to learners. However, their attitudes and experiences may affect their opportunity to best employ the subject content to teach about, sex and HIV/AIDS education.

2.6. THE ANTICIPATED IMPACT OF SEX EDUCATION EMBEDDED IN THE SUBJECT LIFE ORIENTATION ON THE FIGHT AGAINST HIV/AIDS

2.6.1. Introduction

Secondary school going children are more likely to be affected by HIV/AIDS than any other age group in the society, but they also offer a window of hope in stopping the spread of HIV/AIDS if they have been reached by Life Skills Programmes embedded in the subject Life Orientation, more so than any other group of people (Engleberg, Meijer, and Tiendrebéogo, 2003: 1). It is therefore important that Life Orientation teachers are provided with relevant training on sex education so that they can well inform young people how they can avoid HIV/AIDS before it is too late (Kelly, 2000: 37).

Avert (2008) reveals that:

“Studies have shown that HIV prevalence of an area is likely to decrease as education increases, that primary education can half the risk of infection amongst young people and that reduced vulnerability to HIV is observed in people with secondary or higher education. Schooling increases earning power, self-confidence and social status, allowing young people to take greater control over their sexual choices”.

It shows that teachers play a pivotal role as sources of accurate information about HIV/AIDS and are people with whom secondary school learners discuss sensitive issues about sexuality. Teachers are usually the only adults other than their parents or caregivers with whom they interact daily (James-Traore *et al.*, 2004: 3). This indicates that teachers can be instrumental in imparting life skills to young people. They can also serve as models for a healthy lifestyle, but to meet this huge challenge facing them to address the HIV problem, they need a curriculum that allows them to execute their responsibility and the subject Life Orientation provides such curriculum.

In addition, an advantage of sex education attached to the subject Life Orientation concerns values. Many scholars believe that a good education system without positive values is as dangerous as a bad education. Subject statement document for the subject Life Orientation points out that learners who have been exposed to the subject will:

“demonstrate an understanding and appreciation of values and rights...in order to practice responsible citizenship...and sustainable living (Department of Education, 2003a: 16)

Literature (Morena, 2004: 3) reveals that a rapid spread of HIV/AIDS among the youth is caused by a lack of the necessary knowledge and correct attitudes. Therefore, the subject Life Orientation is expected to close that knowledge gap and contribute to a change of attitude regarding risk behaviour.

According to UNESCO (2003), the subject Life Orientation is designed so that it arms young people with the knowledge and skills they need to make informed and healthy decisions regarding sexual relations. The subject Life Orientation is also designed to encourage and enable learners to define their own attitudes and values, to become aware of them, to critically analyze different situations and choices so as to anticipate the consequences of their choices on their future. The Life

Orientation programme is based on the belief that efficient education for HIV/AIDS prevention is possible. What is needed is to give learners an opportunity to:

- acquire the available educational knowledge about HIV/AIDS;
- make own choices that support healthy behaviour regarding HIV/AIDS; and to
- develop and practice skills that support those choices they have made (UNESCO, 2003).

In addition, as most of HIV infections occur through sexual intercourse, it is imperative to develop a programme covering sex education. It is also important that sex education starts before young people become sexually active because first sexual intercourse at an early age usually carries a very high HIV infection risk as it involves casual and experimental sex (UNESCO, 2003).

2.6.2. The role of communication in preventing sexually transmitted infections and HIV

The subject Life Orientation is expected to increase communication among learners about HIV/AIDS in the classrooms. Gallant and Maticka-Tyndale (2004: 1346) in their *School-based HIV prevention programme for African youth study* maintain that this is considered as an important first step towards prevention of HIV/AIDS since such communication exposes youth to information and encourages a dialogue about risks and options.

Gallant and Maticka-Tyndale (2004: 1346) in their study show that communication leads to change of behaviour. Communication was found to have increased between youth and parents, peers, other community members, and even boyfriends and girlfriends, between the latter two specifically about sexual risks. The subject Life Orientation is geared towards reinforcing that dialogue within classrooms,

staffrooms, and school yards as well as in the communities. Communication can capacitate learners with negotiation and refusal skills when pressured to engage in sex.

Swana (2001:14) argues that for any child to behave in a sexually responsible manner at the adolescence stage, depends on the amount of communication that took place at home when he was small. This indicates that the family is in a unique position to guide young people into becoming responsible sexual adults by imparting accurate information about sex, which is likely to lead to formation of responsible sexual decision-making skills.

However, studies (Miller, Kotchick, Dorsey, Forehand and Ham, 1998) have shown that parents avoid or don't want to discuss issues of sexual development with their children until they reach puberty. But when the puberty stage comes they are unable to talk to them.

According to Subject Assessment Guideline Grade 10-12 (2005a: 23), grade eleven learners are expected to participate in community services that address contemporary social and environmental issues such as HIV/AIDS. In the light of communicating sex education, this statement refers to changes during puberty, adolescence, responsible sexual behaviour, risky adolescent behaviour and attitudes regarding a range of issues including substance abuse, human rights, gender roles and all forms of violence against women, abuse and sexuality. Learners need to be exposed to discussions about these concepts so as to gain necessary coping skills. Therefore, communication will break silence on any kind of abuse, especially substance, woman and sexual forms, which have a direct bearing to the spread of HIV.

Therefore, the Life Orientation educator should create a solid relationship with learners so that they can talk to them about almost anything. Although teachers are known, in this regard, to be carriers of accurate information, they should also learn to listen as well. Communication is a two-way process, which involves both talking and

listening. Young people at adolescence find themselves in a situation where nobody wants to listen to them. Teacher and parents bombard them with criticism without listening to what problems they are faced with. According to Tlhabane (2004:57), a gesture to show willingness to listen by teachers will encourage learners to open up and share even their innermost problems.

Therefore, establishing open communication would enable teachers to enlighten learners with concepts that would have been difficult to discuss such as information about sexuality.

2.6.3. Comprehensive sex education programmes

2.6.3.1. Introduction

Given the latest technology and communication options, media development of today and the desire for freedom of expression, open discussions about sex will continue to take place. Open discussions put a growing pressure on those who have a responsibility to bring up young people such as parents, church, government, non-governmental organisations and schools for positive, well-planned and thorough sex education for all young people, beginning at an early age (Naran, 2001: 34).

It is not disputed that sex education begins with abstinence, which is encouraged for young people who are not ready for sex for religious reasons and give support to those who choose to abstain for whatever social or personal reasons. However, the best sex education programme will have to address the basic facts on how their bodies function as well as how to protect themselves against unplanned pregnancy and sexually transmitted diseases and HIV. Studies (Gallant and Maticka-Tyndale 2004: 1347) reveal that discomfort among teachers and parents to talk about teen sexuality obstruct any sex education programme that work best in preventing HIV and

unplanned pregnancy of young people. To agree on what adults would like young people to be taught will not necessarily assist in addressing the HIV/AIDS problem. That is, socially and politically palatable – rather than effective – curricula may serve the interest of adults, and not the young people for whom it is intended (University of California: 1997).

2.6.3.2. What is a comprehensive sex education programme?

Comprehensive sex education is a programme that comprises education about all aspects of sexuality (Wikipedia, 2010). It covers information about physical development, sexual orientation, sexual pleasure, values, decision making, communication, dating and relationships. Sex education programmes are grouped into two categories, which are comprehensive sex education, that is, abstinence-plus and abstinence-only until-marriage (Collins *et al.*, 2002: 1). The comprehensive sex education programme begins by emphasising the benefits of abstinence but also teaches about other methods to prevent STIs and pregnancy such as contraceptives and condom use.

Comprehensive sex education is a programme that advocates that young people should be provided with a full range of information regarding skills to make responsible decisions about relationships, sexual intercourse and sexuality so that they can protect their health (Collins *et al.*, 2002: 14). A comprehensive sex education programme focuses on risky sexual behaviour and provides basic facts about avoiding risks of unprotected sex (Engleberg *et al.*, 2003: 3). It also acknowledges social pressures that young people experience to have sex.

“What do teenagers do when they haven't been given accurate information about sexual risks? They have oral sex, or even anal sex, instead of vaginal intercourse. In particular, many teenagers don't see

oral sex as incompatible with abstinence, even though oral sex can transmit several STDs. Abstinence-only education sometimes encourages students to abstain from sex without ever telling them what sex is. In contrast, comprehensive sex education may encourage teens to make more informed decisions before participating in alternative sexual behaviours that, without enough information, they may falsely assume are safe” (Boskey, 2010).

Therefore, all those who are involved in bringing up children; including teachers, parents and curriculum planners have a duty to consider a programme which is effective to achieve its goals, that is, keep young people from contracting STIs and HIV and preventing unwanted teenage pregnancy.

Kirby (2003) suggests that an effective sex education programmes:

- should focus on reducing sexual risk-taking behaviour,
- are based on psychosocial theories that identify psychosocial sexual risk and protective factors,
- give a clear message about avoiding unprotected sex (i.e. avoiding sexual intercourse or always using condoms or contraception),
- provide basic and accurate information about risks of unprotected intercourse and methods of avoiding intercourse or using condoms or contraception,
- address social pressures on sexual behaviour,
- provide modelling of and practice in communication and refusal skills,
- use teaching methods to involve participants and help them personalize information and
- incorporate behavioural goals, teaching methods, and materials

that are appropriate to the age, sexual experience and culture of the learners.

2.6.3.3. Conclusion

In spite of their differences, both abstinence-only advocates on one hand, and comprehensive sexuality education supporters on the other hand, share common goals which are the prevention of STIs, HIV and unintended pregnancies. Collins *et al.* (2002: 8) reveal that where comprehensive sex education programmes have been used, delays in sexual initiation, reduction of sexual partners, and awareness in contraceptive use have been achieved.

2.6.4. Abstinence

According to a press release of the World Health Organisation (WHO) (1993), the belief that sex and HIV/AIDS education may encourage sexual activity in young people is a powerful barrier to the introduction of HIV/AIDS prevention programmes for young people. The WHO indicates that teaching about contraceptives and use of condoms is perceived by many communities as encouraging young people to experiment with sex early in their lives. The research reveals that this misconception has resulted in most schools and communities promoting only abstinence to prevent HIV infections among the youth.

The abstinence approach to sex education has been propelled by a belief that comprehensive sexuality education somehow stimulates teenagers to engage in sexual activity (Collins *et al.*, 2002: 14). This view suggests that schools should teach sexuality only in terms of fear and disease. It is imperative to point out when that young people have sexual intercourse they become casualties of pregnancy, sexually transmitted infections and HIV if they are denied information on how to protect themselves. According to Dailard (2003: 4-5) abstinence, like any other STIs, HIV and unwanted pregnancy prevention strategy can

never be regarded as 100% effective. Dailard (2003: 5) reports that in a study presented at the 2003 annual meeting of American Psychological Society found that over 60% of college students who had pledged virginity during their high school years had broken their vow to remain abstinent until marriage.

It is also important to note that one lives in a pluralistic society. That is, different people attach different meaning and interpretation to abstinence. The meaning of abstaining depends on the point of view of a particular individual. Some adolescents accept certain forms of sex without penis into the vagina and believe to be abstaining. For example, some do allow caressing of female breast and genitals, genital stimulation, mutual masturbation to orgasm, allowing the penis between the thighs of a female, licking the clitoris and sucking the penis as well as anal penetration. These adolescents do all these because their interpretation of abstinence is avoiding vaginal penetration (Rice, 1992: 377-378). Some of these sexual activities can be classified as high risk since they do not prevent HIV and sexual transmitted infections. All they prevent is unwanted pregnancy.

The subject Life Orientation seeks to move away from the traditional view of relating to sex as a bad thing. Life Orientation is in line with the view of the international community that has repeatedly agreed that young people's developmental needs, including those relating to sexual and reproductive health, need to be met. Life Orientation stresses that young people need skills to make informed decisions about their sexual life. Therefore, in order to be able to make such informed decisions, Bergman *et al.*, (2004:37) suggest that have access to information and services in order to make healthy, informed decisions about their sexual and reproductive lives.

"This is particularly important for young people who risk contracting diseases and having unwanted pregnancies because they do not know how to protect themselves. People with access to contraception, reproductive health services and quality maternity care can exercise control over their

own sexuality, decide when and if they want to have children, how many and with whom..." (Bergman et al., 2004:10).

According to Kaiser and Lopez (2000:36), some schools and their communities continue to limit the type of information that should be given to the youth. Most schools and their communities allow teachers to cover only safer-sex practices and the use of condoms instead of a complete productive health programme.

The National Department of Education, through the subject Life Orientation has brought about a significant development. There are more peer educators and youth-to-youth educators. A learner trained as a peer educator can be a very effective way of getting vital and relevant information to other learners since he/she relates more closely to them (Ross, Dick and Ferguson, 2006: 110).

2.7. WHAT IS AIDS?

In order to understand what the impact of HIV/AIDS could be in KwaZulu-Natal Secondary schools, it is necessary to have a look at what AIDS is and what causes it, and how is it transmitted. AIDS or Acquired Immune Deficiency Syndrome is caused by a virus called the Human Immunodeficiency Virus which is globally abbreviated as HIV. What is unique about AIDS is that it is acquired, which means that it does not just develop on its own. One acquires the HIV virus from outside his/her body (Evian and Kalichman, 2005a: 35).

HIV is found in the blood or fluids of the infected person. The virus is commonly transmitted through sexual intercourse. It can also be transmitted from mother to child, during pregnancy, childbirth and breast feeding (Barnes and Evian, 2005: 14). HIV can also be spread by sharing injection needles or by blood transfusion if such blood was not tested for HIV when it was donated (Stanford and Evian, 2005: 12).

Research (Kelly, 2000: 17) reveals that an infected person can lead a healthy and normal life for several years without knowing that he/she is infected. It is during this stage where an infected individual can pass the virus to others if he/she engages in unprotected sex. Evian and Kalichman (2005b:10-12) maintain that vaginal fluids of a woman who has HIV contains a high concentration of the HIV virus endangering a man with whom she engages in unprotected sex. The virus can enter the man's body through the urinary opening at the tip of the penis, or sores, blisters and ulcers caused by STIs. On the other hand a woman can contract HIV by having anal or vaginal intercourse with a man who is infected with the virus. During anal or vaginal intercourse the HIV infected man releases semen into a woman's vagina or anus and that woman can eventually be infected with HIV. Nourse (2000) states that the HIV virus can also be transmitted through anal sex between two men.

Vilakazi (2005: 13-14) quotes Whiteside and Sunter (2000) who summarises how the virus is passed on to another person. They maintain that:

- In order for the infection to occur, the virus has to enter the body and attach itself to host cells.
- HIV attacks a particular set of cells in the human immune system, known as the CD4 cells, which organize the body's overall immune response to foreign bodies and infections. These T-Helper cells are the prime targets of HIV.
- In order for a person to become infected the virus particles have to enter the body and attach themselves to CD4 cells and macrophages. Once the virus has attached itself to the surface of the cell it penetrates the wall. Thereafter it is safe from the body's immune system and cannot be destroyed by the body's defence mechanism. Inside the cell, it copies its RNA into DNA. The copied DNA integrates easily into the company of the host's

genes and by manipulating the proceedings of the nucleus causes the cell to churn out new HIV viral proteins. These are reassembled into viruses, which break out of the cell. In the process the cell is destroyed and the viruses go on to infect more CD4 cells. Thus the immune system of the infected people is gradually weakened until they fall prey to a host of diseases, which their bodies would normally fight off.

- During the early stages of infection, the antibodies to the virus may not be identifiable. This is called 'window period'. An infected person will be very infectious during this phase. Equally at this time, a person may experience a short bout of illness. The cause is the rapid multiplication of the virus and correspondingly rapid response from the body. During this stage, the viruses and the cells which they attack are reproducing rapidly and are being destroyed as quickly by each other. Eventually, the virus is able to destroy the immune cells more quickly than they can be replaced and slowly the number of CD4 cells decreases.
- In a healthy person, there are 1200 CD4 cells per micro litre of blood. As the infection progresses, the number will fall to about 200 or less. At this point, new opportunistic infections begin to occur, and a person is said to have AIDS. The infection will increase in frequency, severity and duration until the person dies. It is therefore the opportunistic infections that cause the syndrome referred to as AIDS.

There is no way of seeing if one is infected with HIV until one does a blood test. A person whose blood is found to be containing HIV is called HIV positive (Vilakazi, 2005: 12).

2.8. THE UNIQUENESS OF THE HIV/AIDS PANDEMIC

Stanford and Evian (2005: 10) maintain that the uniqueness of HIV/AIDS is that, although it does not spread very easily from one person to another, it has managed to spread across the world in less than two decades. Literature (Stanford and Evian, 2005: 14) reveals that the HIV virus is the weakest virus; yet it kills millions of people all over the world. It is the weakest in that, unlike other ordinary germs that cause TB or flu, the HIV virus cannot live for a long time outside a person's body in the open air. Even inside the human body it does not survive for much longer than a few days unless it attaches itself to the living cells, which is why the virus has to enter the body and attach itself to host cells (Vilakazi, 2005:13). Further, the weakness of HIV is evident in that a person can live and feel well for a number of years while other viruses such as a flu virus can cause the infected person to be sick within a few days.

Stanford and Evian (2005: 14) also maintain that what makes such a weak virus to be deadly and spread all over the world is the fact that, at first, an HIV infected person can look and feel well for more than five years without knowing that he or she is infected unless he/she has an HIV test done. This is called the asymptomatic stage since an infected person shows no signs of the disease. It is at this stage that unprotected sex is dangerous because a person can spread the virus without knowing he or she is infected. It can, therefore, be concluded that the strength of HIV lies in its weakness.

One can assume that the uniqueness of HIV is that in the beginning an infected person can continue to live a normal life, spreading it to his/her sexual partners if he/she does not use a condom, whereas with other diseases such as influenza and others; he/she often immediately becomes too sick to engage in any sexual activity. Above all, unlike other diseases, HIV/AIDS carry a stigma which makes even those who are aware of their positive HIV status to keep it a secret in fear of being socially isolated (Stanford and Evian, 2005: 12).

One can conclude that, although there are other ways in which HIV is transmitted such as mother to child, sharing needles and blood transfusion, the sexual contact is the most common; this is why Life Orientation teachers need to concentrate on sexual education in order to address HIV/AIDS in KwaZulu-Natal secondary schools.

Commonly associated with HIV/AIDS are STIs, which need further attention.

2.9. SEXUALLY TRANSMITTED INFECTIONS AND HIV

Sexually transmitted infections are diseases that are contracted through sexual contact. The sexual contact can be through oral, anal or vaginal intercourse. The aim of discussing sexually transmitted infections in this chapter is to examine how they facilitate HIV transmission. It is for this reason that the signs and symptoms of some sexual transmitted infections are briefly discussed. This may also help Life Orientation teachers with accurate information as they deal with sexual issues and HIV prevention in their schools. Studies (Devenish, Funnel and Greathead, 1992: 196) discuss signs of a number of sexual transmitted infections for both males and females. The following are some of the sexual transmitted infections and their symptoms that could contribute to HIV infection: herpes, Chlamydia, warts, gonorrhoea, syphilis and hepatitis B.

- Herpes is caused by viruses and it is chronic and incurable. Its symptoms are flu, mouth sores, itching and burning of genitals. Thereafter small blisters appear on the genitals and mouth.
- Chlamydia is a bacterial infection that can be cured with antibiotics. Symptoms are nausea, fever, severe stomach pains, and burning pain when urinating and discharge and bleeding between periods for girls. Boys usually have a white drip from the penis. This disease can cause both males and females to be unable to have children (Vilakazi, 2006: 18).

- Warts are caused by viruses. Symptoms for boys are rash or lumps in the genital area while girls have the same symptoms in and around the vagina (Devenish *et al.* 1992: 196).
- Gonorrhoea is a bacterial disease which is treatable with penicillin. The symptoms are a thick yellow or white discharge from the vagina or penis and pain or burning when urinating. The genitals are reddish, itchy and sexual intercourse is painful. Girls may develop painful periods or cramps in the lower abdomen (Vilakazi, 2006: 18 and Devenish *et al.* 1992).
- Syphilis is a bacterial disease which is treatable with antibiotics. Its symptoms are reddish brown sores on the mouth, genitals or scrotum. This is followed by body rash, fever and sore throat. Weight or hair loss and signs of flu are indicators.
- Hepatitis B damages the liver permanently. Its symptoms are jaundice, nausea, tiredness and dark yellow urine (Devenish *et al.* 1992: 196).

All these sexually transmitted infections and more cause open sores on the affected area which increases the risk of contracting HIV if it comes into contact with the body fluid of an HIV infected person. Therefore young people should be made aware that sexual transmitted infections symptoms must be treated by a medical doctor or a sister in the clinic as soon as they notice them.

Drug abuse among secondary school learners is another serious problem as it is often associated with risky sexual behaviour that leads to infections with STIs, HIV and unwanted pregnancy.

2.10. DRUG ABUSE

Children at secondary school-going age are eager to experiment with anything they are exposed to. Out of curiosity, peer pressure, influence of celebrities and media; young people end up using drugs (Steyn, [editor] 2004: 153).

Drug abuse contributes to the spread of HIV in many ways. People who use drugs become addicted. Once addicted, they become dependent on them. Some addicts engage in unprotected sex for money to buy drugs. Research (NIDA, 2004) found that using drugs can interfere with one's judgement about sexual behaviour which may result in engagement in unplanned and unprotected sex.

Therefore, if drug abuse interferes with judgement; it impedes decision making which places youth at the risk of infections.

2.11. MAKING DECISIONS ABOUT SEXUALITY

Sexuality is an important part of the human developmental process. It refers to various aspects of life such as sexual behaviours, hormones, sexually transmitted diseases, sexual dysfunction, sexual gratification, sexual intercourse and one's sexual orientation (Steyn, 2004: 67).

One of the characteristics of a well life-orientated person is an ability to make good and informed decisions in life. Most of the decisions that one makes at adolescence are likely to have impact in one's adult life (Rice, 1992: 236-237).

Secondary school learners are vulnerable and exposed to new feelings and pressures of which they have no experience. They are at a stage where many values and perceptions are formed around sexual relationships and HIV/AIDS. In the previous chapter it was suggested that HIV transmission occurs between the ages of fifteen (15) and

twenty (20) years. It is for this reason that studies on HIV prevalence indicates that the highest infection rates in South Africa are between the ages of 20 and 30 (The African Pulse, 2005). Therefore, Life Orientation educators are charged with the responsibility to equip young people with knowledge and life skills to enable them to make informed and responsible decisions when considering a sexual relationship.

Mwamwenda (1995: 45) states that both adolescent boys and girls are generally interested in matters relating to sex and display an impression that they know more about the subject (sex) in order to impress their peers. The truth is that most of them do not have adequate knowledge about sex as they claim.

2.12. ADOLESCENCE

It is imperative to look at human development during the period of adolescence so as to discover factors contributing to the kind of relationships they engage in. Mwamwenda (1995: 40) views adolescence as a fascinating, interesting and challenging period of human growth characterised by rapid physical, emotional, social, physiological and psychological changes.

Both males and females begin to experience signs of sexual maturity coupled with sudden physical development and change in some parts of their bodies. Their bodies also begin the secretion of hormones that accelerates physical growth. In girls this growth is marked by enlargement of breasts, vagina, labia and clitoris, pubic hair emerges, hips and pelvis become wider and menstruation commences (Mwamwenda, 1995: 66).

Boys' development is marked by an increase in muscular strength and height. Testes grow bigger, pubic hair appear, length and thickness of the penis increase. These developments are accompanied by the first signs of beard, a deeper voice, regular erections, which indicates a

strong desire for sex and craving for ejaculation (Gouws *et al.*, 2008: 14-15). The latter is developed further in this section with the aim to explore reasons why adolescents engage in sex.

It is also important to note that developments experienced at adolescence make both boys and girls to experience strong sexual desires and therefore liable to experiment with sexual intercourse. A danger with adolescent sexual experimentation is that it is usually casual, unplanned and unprotected, with more than one partner and therefore risky (Kelly, 2000: 34).

Finally, adolescence is also characterised by efforts to search for and consolidate one's self-identity. The search for identity often expose adolescents to peer pressure which leads to engaging in a group's accepted behaviour such as immature sexual relationships.

2.12.1. Sexual relationships of adolescents

Adolescent sexuality is characterised by unequal gender relations in which conditions for sex are adamantly imposed by a male partner, giving a young woman no opportunity to discuss or practice safer sex (Coombe, 2001: 7). It is also characterised by male dominance and misconceptions of cultural gender inequality in relations that lead to unsafe sex, coercion and violence against women (Vilakazi, 2006: 21). It is commonly defined by violence and hostility towards gender equality, particularly in the domain of relationships. Many girls have in one way or another experienced some kind of sexual assault or rape (UNESCO, 1999: 35). Violent and coercive male behaviour, combined with young women's limited understanding of their bodies and of the mechanics of sexual intercourse, directly affect their capacity to protect themselves from unwanted sexual intercourse, from HIV and other STIs, and pregnancy (Smart, 1999: 28).

Research also reveals that the number of adolescents who have sexual intercourse at a younger age has dramatically increased. However, it is not clear whether these adolescents' sexual relationships are accompanied by any intimacy, love and commitment. A sizeable number of adolescents engage in sexual intercourse without any affection (Rice, 1992: 375).

Adolescents have different motives to engage in the act of sex. Their motives range from emotional needs that have nothing to do with sex, such as easing loneliness, acceptance by peers, masculinity for males or femininity for females, bolstering self-esteem, anger and boredom (Menston and Buss, 2007: 481-485). One can conclude that adolescents' sexual relationships are often means to satisfy feelings that are non-sexual in nature such as a need to be accepted by peers as discussed above.

It is therefore, imperative for Life Orientation educators to make young people aware that to use sex in order to cope with other personal challenges creates further problems. The researcher, through working with high school learners, has discovered that adolescents put themselves under enormous pressure to fulfil their masculinity or femininity and other emotional desires other than just sex. When the effort does not result in the intended fulfilment they become depressed and sexually dissatisfied. This may result in the development of immature and unsatisfactory relationships, which is a habit one can carry into adulthood.

2.13 CONCLUSION

This chapter discussed the subject Life Orientation with regard to it being a new subject that can help to forge a smooth transition of youth to adulthood. Available literature on the subject Life Orientation that contributes to address HIV/AIDS in secondary schools was reviewed. The chapter further examined various sources of information on HIV/AIDS pandemic. Basic information on how the disease is spread,

what it means to be HIV positive and to have AIDS was discussed. Other concepts that were examined were the role of communication in preventing sexually transmitted infections and HIV, comprehensive sex education programmes, sexual relationships of adolescents, sexually transmitted infections and HIV, drug abuse etc.

Chapter Three will discuss the subject Life Orientation as a vehicle to drive HIV/AIDS programmes in the secondary schools.

CHAPTER THREE

THE SUBJECT LIFE ORIENTATION AS A VEHICLE TO DRIVE HIV/AIDS EDUCATION PROGRAMMES

3.1. OUTLINE OF THE CHAPTER

This chapter will investigate the content of the subject Life Orientation and relevant role players in HIV/AIDS education programmes. Selected literature relevant to this research will be consulted and analysed with the purpose of exploring key issues, such as the definitions of HIV and AIDS; the role of sex education embedded in the subject Life Orientation in reducing the spread of HIV/AIDS, who is most at risk of getting HIV/AIDS and why millions of people are still being infected with HIV. Relevant learning outcomes and assessment standards of Life Orientation will be reviewed in order to establish how the subject is designed to contribute to a fight against HIV/AIDS.

In the province of KwaZulu-Natal the majority of secondary schools comprise of Grades 8-12, therefore, this chapter will review and discuss Grades 8-12 Life Orientation content. This will be achieved by selecting and briefly analysing Learning Outcomes and Assessment Standards that directly or indirectly address HIV. Although all Learning Outcomes of the subject Life Orientation have an impact in the fight against HIV/AIDS in one way or another, the focus will be on a select few.

3.2. INTRODUCTION

Literature (Rooth, 2005: 9) indicates that learners in South African secondary schools are facing complex challenges of living in an increasingly demanding and rapidly changing society. They have to make informed decisions about their health and well-being,

relationships, sex, as well as dealing with lifestyle diseases such as STIs and HIV/AIDS. But the Health Promotion learning outcome of the National Curriculum Statement in grades 8-9 addresses this challenge by providing learners with skills to demonstrate informed, responsible decision-making about health and safety (Department of Education: 2002: 37). This is an indication that the educational programmes embedded in the Life Orientation curriculum have a potential to respond to many of these challenges faced by adolescents.

Tables 3.1 and 3.2 below provide an outline of the Life Orientation curriculum and its correlation with Reproductive Health and HIV/AIDS education. These tables summarise the Learning Outcomes and Assessment Standards of the subject Life Orientation that address HIV education in one way or another.

Table 3.1: (Grades 8 and 9 Learning Outcomes and Assessment Standards that link with HIV education)

Life Orientation	Grade 8 Assessment Standards	Grade 9 Assessment Standards
<p>Learning Outcome 1 Health Promotion:</p> <p>The learner will be able to make informed decisions regarding personal, community and environmental Health.</p>	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> • Critically analyses the causes of common diseases in relation to socio-economic and environmental factors. • Describes what a healthy lifestyle is in own personal situation, as a way to prevent disease. • Demonstrates informed, responsible decision-making about health and safety. 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> • Critically evaluates resources on health information, health services and a range of treatment options, including HIV/AIDS.
<p>Learning Outcome 2 Social Development:</p> <p>The learner will be able to demonstrate an understanding of and commitment to constitutional rights and responsibilities, and to show an understanding of diverse cultures and religions.</p>	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> • Discusses violations of human rights and plans counter-strategies. • Critically evaluates changes in cultural norms and values in relation to personal and community issues. 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> • Debates issues with regard to citizens' rights and personal choices. • Critically discusses social relationships in a variety of situations. • Critically investigates issues of diversity in South Africa and ways in which to promote understanding of diverse cultures.
<p>Learning Outcome 3 Personal Development:</p> <p>The learner will be able to use acquired life skills to achieve and extend personal potential to respond effectively to challenges in his or her world.</p>	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> • Analyses and discusses factors which influence self-concept formation and self-motivation. • Reflects on appropriate behaviour in different kinds of interpersonal relationships. • Explains how self will cope with depression, crisis or trauma. • Discusses appropriate ways to initiate, sustain and end relationships. • Draws up an action plan to apply problem-solving skills in a personal context. 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> • Analyses and reflects on positive personal qualities in a range of contexts. • Critically discusses own rights and responsibilities in interpersonal relationships. • Responds appropriately to emotions in challenging situations. • Explains what has been learned from a challenging personal interaction by critically reflecting on own behaviour. • Critically evaluates own application of problem-solving skills in a challenging situation.

Source: Department of Education. 2002

“Sex and HIV education programmes that are based on a written curriculum and that are implemented among groups of youth in schools, clinics, or other community settings are a promising type of intervention to reduce adolescent sexual risk

behaviours that place youth at risk of HIV (Kirby, Laris and Rolleri, 2006:1).

Research on Reproductive Health and HIV education programmes (USAID, 2007) indicate that a written curriculum based approach does increase knowledge about HIV/AIDS, change of young peoples' attitudes, enhance sexual decision-making skills, and change of behaviours to prevent HIV infection and unplanned pregnancy among secondary school youth. The advantage of the written curriculum based Reproductive Health and HIV education programmes is that learners are tested for the awarding of marks. This causes learners to take the programmes more seriously.

In order to establish how the content of the subject Life Orientation can contribute to HIV/AIDS education programmes, one needs to investigate its background.

3.3. BACKGROUND TO THE SUBJECT LIFE ORIENTATION

"... Life Orientation is a new subject in the Grade 10-12 South African school curriculum, it draws on the core of the non-examinable subjects previously known as Religious or Bible Education, Civic Education, Health Education, Family Guidance, Vocational Guidance and Physical Education in Report 550. It is also an interdisciplinary subject in that it integrates knowledge, values, skills and processes embedded in various disciplines such as Sociology, Psychology, Political Science and Human Movement Science" (Department of Education, 2008: 7).

The subject Life Orientation evolved from a number of subjects, disciplines and deliberations. It draws its knowledge areas from the

previously non-examinable subjects and other disciplines. Like the subject Life Orientation, these subjects addressed a number of issues including sexual education for young people, focusing more on morality; establishing a sense of identity, sense of responsibility for health as well as self-management. However these knowledge areas were compromised as it depended on individual schools and the availability of a willing teacher to offer these subjects. Where they were offered the acquired knowledge of learners was never tested.

This situation makes it imperative to briefly analyse and discuss these previously non-examinable subjects. One should also note that for the purpose of this study only those non-examinable subjects that are relevant to this research will be discussed. Another reason for looking at the subjects whose components formed the subject Life Orientation is the fact that it is new in South Africa and not much academic research has been done on it. This leaves one with minimal literature on the subject Life Orientation to explore. It is for these reasons that some of the subjects that gave birth to the subject Life Orientation are briefly discussed in this research. These subjects were: Religious or Biblical Education, Civic Education, Health Education and Guidance.

3.3.1. Religious or biblical education

Although Religious Education, was meant to provide solutions to everyday problems that people face, according to the preface of Morgan and van Wyk (1986), its main purpose was to deepen the biblical knowledge of learners. It did allow learners to discuss various topics and exchange opinions, but with the emphasis that the Bible remains the final word of authority. Religious education only favoured Christianity and discriminated against other religions, both in theory and practice. It did not recognize neither appreciated a variety of other social teachings. According to De Wet, Nel, and De Wet (1991:6-8) Religious studies/education dealt with social development, moral education as well as personal development. However, sexual education for young people focused more on morality and less on

physical contact as young people were always told that sex before marriage is sinful, that condoms cannot be trusted because sperm and the HIV virus can pass through the latex condoms and also that they should abstain from sexual practice until marriage (AVERT, 2009). One can conclude that religious education did focus on some of the issues addressed by the subject Life Orientation but only from a biblical perspective. It highlighted the Bible as the only solution to social challenges.

3.3.2. Civic education

Jennings (2003) quotes Hargreaves and Earl (1990) who suggest that adolescents need to:

“Adjust to some profound changes: physical, social, emotional and intellectual; grow towards independence (while still needing security in many personal relationship); gain experience in decision-making and take responsibility for these decisions; develop a positive self confidence through achieving success in significant events; progressively develop a sense of “ Who I am?” and of personal and social values which become part of that person’s life; establish their sexual identity; experience social acceptance, and gain affection and support among peers of the same and opposite sex...” (Jennings 2003: 102).

Just like the subject Life Orientation in the National Curriculum Statement, civic education programmes played a significant role to enable young people to establish a sense of identity. Civic education programmes presented young people with an opportunity to develop decision-making skills. Such skills were developed through projects or classroom discussions and by relying on learners’ curiosity.

3.3.3 Health education

Health education was aimed at developing in young people a sense of responsibility for health conditions for themselves as individuals and as members of families and communities. In the case of communicable disease control, health education commonly includes an appraisal of what is known by a population about a disease, an assessment of habits and attitudes of the people as they relate to spread and frequency of the disease, and the presentation of specific means to deal with such diseases. Health education does not only teach prevention and basic health knowledge but also helps to change everyday habits of young people with unhealthy lifestyles. This change does not only affect the immediate recipients of health education but also future generations will benefit from improved and properly cultivated ideas about health that will eventually be established with widely spread health education. Besides physical health prevention, health education can also provide more help to people to deal in a healthy way with situations of extreme stress caused by being affected by diseases such as HIV/AIDS (Wikipedia, 2009).

3.3.4 Guidance

“Guidance, vocational guidance and guidance and counselling were used interchangeably for the concept of school guidance in South Africa. ...the separate education departments with their distinct syllabi, differing implementation dates and the influence of ancillary and support services, together with the obfuscation of the term ‘guidance’, led to a range of practices, understandings and levels of delivery. In line with global trends, guidance in South Africa was marginalized as a non-examination subject and had low status at schools, even though there was a universal urgent need for this subject” (Rooth, 2005: 69).

Guidance was always offered in South African schools but was never examined. This indicates that there was no way of knowing that learners could apply skills learnt in the subject. It also led to it being neglected and in some cases completely excluded from the school curriculum. Guidance dealt with concepts such as self-management which literally meant self-control. Byrne (1977:271) maintains that guidance is concerned with a person's quality of living and is thus designed to assist individuals to maximize that quality through development of skills for good decision-making. This is in line with the assessment standard of learning outcome one (1) of the subject Life Orientation which maintains that learners will be able to:

“Apply various strategies to enhance self-awareness and self-esteem, while acknowledging and respecting the uniqueness of self and others. Concepts: self-awareness, self-esteem, personal strengths and weaknesses, self-development strategies, respect for self and others”
(Department of Education 2008: 27).

According to the interim core syllabus for Guidance grades 1-10, like the subject Life Orientation, Guidance had to deal with diverse issues such as sexuality education (Department of Education, 1995). Just like its successor (the subject Life Orientation) it supported holistic development of learners and equipping them with skills to address social problems such as AIDS. It also addressed issues pertaining to unwanted pregnancy, STIs, sexual abuse, sexual orientation and coping skills to deal with such issues. Nevertheless, Mbokazi (1999: 10-11) warns that for the subject Life Orientation to be effective and efficiently offered, the problems that School Guidance has encountered in the past, that is, being rejected by both teachers and students due to it being prescriptive and largely not relevant to the needs and experiences of the learners (Department of Education, n. d.) will have to be considered and attended to.

3.3.5 Conclusion

This section investigated the previously non-examinable subjects from which the subject Life Orientation evolved to establish their efficacy in the manner they addressed social challenges pertinent to secondary school learners. It was evident that, like the subject Life Orientation, these subjects addressed a number of issues including sexual education of young people. Establishing a sense of identity, sense of responsibility for health, morality, as well as self-management were among their focus areas. However these knowledge areas were compromised as it depended on individual schools and availability of a willing teacher to offer these subjects. Where they were offered the acquired knowledge of learners was never tested as they were non-examinable subjects.

3.4. THE SCOPE OF THE SUBJECT LIFE ORIENTATION

The introduction of the subject Life Orientation in the National Curriculum Statement was intended to guide and prepare learners for life and its social challenges. Life Orientation equips learners with skills to understand social, environmental and reproductive health issues in order to deal effectively with adolescent pressures that contribute to risky behaviour that may lead to teenage pregnancy, sexual transmitted infections and HIV/AIDS. The subject Life Orientation in grades 8-12 has learning outcomes that address social issues facing young people every day. These learning outcomes are health promotion, social development, personal development, personal well-being and citizenship education (See Tables 3.1 and 3.2).

3.4.1. Health promotion

Health Promotion Learning Outcome suggests that many social and personal problems are associated with lifestyle choices and high-risk behaviours. It further comments that sound health practices, and an

understanding of the relationship between health and environment, can improve the quality of life and well-being of learners. The subject/learning area Life Orientation addresses issues relating to nutrition, safety, violence, abuse and diseases such as HIV/AIDS and STIs (Department of Education, 2002: 5).

3.4.2. Social development

In the learning area/subject Life Orientation young people learn about issues such as violations of human rights, such as child and women abuse which at time leads to HIV transmission, as a social problem and skills to counter such behaviour. In a transforming and democratic society like South Africa, personal development needs to be placed in a social context so as to encourage the acceptance of diversity and commitment to democratic values. Discrimination on the basis of race, HIV status and gender remains a challenge for learners in the schools. To address these issues, the subject Life Orientation deals with human rights as contained in the South African constitution, social relationships and diverse beliefs, cultures and religions (Department of Education, 2002: 6).

3.4.3. Personal development

Through the learning area/subject Life Orientation learners acquire life skills to achieve and extend personal potential to respond effectively to challenges they encounter. They learn appropriate ways to initiate, sustain and end relationships (Department of Education, 2002: 37).

3.4.4. Personal well-being

The content of the subject Life Orientation enables learners to engage effectively in interpersonal relationships, community life and society. Personal and social problems associated with lifestyle choices persist in secondary schools. The learning outcome Personal Well-being

focuses on self-concept, emotional literacy, social competency and life skills in general. It deals with the realities of peer pressure, factors influencing quality of life, and the dynamics of relationships. This learning outcome addresses issues related to the prevention of substance abuse, diseases of lifestyle, sexuality, teenage pregnancy, sexually-transmitted infections including HIV/AIDS, and the promotion of personal, community, and environmental health (Department of Education, 2003a: 11).

3.4.5. Citizenship education

According to this Learning outcome the subject Life Orientation teaches learners to Identify and participate in community services that address contemporary social or environmental issues such as HIV/AIDS, indicating how it harms certain sectors of society more than others (Department of Education, 2008: 28). Teachers and subject advisors indicated that there is hope that exposure to diverse religions that foster peaceful co-existence in a multi-religious society (Department of Education, 2005) will help young people learn to live positively with people infected with HIV without stigmatization.

Table 3.2: (Grades 10-12 Learning Outcomes and Assessment Standards that link with HIV education)

Life Orientation	Grade 10 Assessment Standards	Grade11 Assessment Standards	Grade 12 Assessment Standards
<p>Learning Outcome1 Personal well-being: <i>The learner is able to achieve and maintain personal well-being.</i></p>	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> Apply various strategies to enhance self-awareness and self-esteem, while acknowledging and respecting the uniqueness of self and others. Explain different life roles, and how they change and affect relationships. Explain changes associated with growing towards adulthood and describe values and strategies to make responsible decisions regarding sexuality and lifestyle choices in order to optimise personal potential. Describe the concepts 'power' and 'power relations' and their effect on relationships between and among genders. 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> Explain that relationships can influence and are influenced by own well-being. Explore characteristics of a healthy and balanced lifestyle, factors influencing responsible choices and behaviour in the promotion of health, and the impact of unsafe practices on self and others. Analyse gender roles and their effects on self, family and society. 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> Discuss the importance of initiating, building and sustaining positive relationships with family and peers, as well as in the workplace and the broader social context. Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them. Investigate how unequal power relations between the sexes are constructed and how they influence health and well-being, and apply this understanding to work, cultural and social contexts.
<p>Learning Outcome 2 Citizenship education: <i>The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the Constitution in order to practice responsible citizenship, and to enhance social justice and sustainable living.</i></p>	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> Explain the value of diversity, and discuss contemporary contributions of individuals and groups in addressing discrimination and violations of human rights. 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> Participate in a community service that addresses a contemporary social or environmental issue, indicating how it can harm certain sectors of society more than others (e.g. HIV/AIDS, environmental degradation). 	<p><i>We know this when the learner:</i></p> <ul style="list-style-type: none"> Evaluate own positions taken when dealing with discrimination and human rights violations, taking into account the Bill of Rights.

Source: Potenza and Waller, (2006: 13)

There is a significant amount of knowledge, skills and application of quality teaching of Life Skills and HIV/AIDS that is integrated into the subject Life Orientation which, according to the preliminary study, translate into positive response from learners in the secondary schools of KwaZulu-Natal. The Life Orientation educator in Vryheid District reported to the researcher that her school achieved a hundred percent

no pregnancy for the first time in 2008 because of HIV educational programmes infused in the subject Life Orientation and a support received from the subject advisor in the district. This indicates that:

“It is within the ambit of Life Orientation to strengthen the protective factors that can equip learners with the skills to make informed and responsible decisions, reduce their risk behaviour” (Rooth, 2005:9).

The fact that it is within the scope of the subject Life Orientation to teach decision-making skills, necessitates vigorous and relevant training and support on Life Orientation teachers and subject advisors to facilitate an effective HIV/AIDS education programme in the Province of KwaZulu-Natal. Capacitating both educators and subject advisors will enable them to understand their roles in utilizing the subject Life Orientation to drive HIV education programmes.

This can be viewed as an indication that in order to drive HIV/AIDS education through the subject Life Orientation there are relevant role players who are a prerequisite. Those are the subject advisors, Life Orientation educators and the Department of Education. It is deduced that, in order for teachers to make an effective contribution to drive HIV education through the subject Life Orientation they need to ask the following questions:

- How can the teaching of the subject Life Orientation in the schools help to empower learners with necessary knowledge, skills and values?
- How can the subject Life Orientation change the mindset of those infected and affected by HIV/AIDS?
- How will the communities of the Province of KwaZulu-Natal benefit from the subject Life Orientation?
- How can the content of the subject Life Orientation help reduce the spread of HIV/AIDS in KwaZulu-Natal?

3.5. ROLE PLAYERS IN THE SUBJECT LIFE ORIENTATION HIV/AIDS PROGRAMMES IN THE SCHOOLS

The KwaZulu-Natal Department of Education is structured so that at each level of curriculum implementation there is an official placed for that purpose. In the classroom curriculum implementation is the responsibility of the teacher, the cluster coordinator in the cluster and the subject advisor at the district level. A peer education programme was also introduced to train some Life Orientation learners to convey HIV/AIDS information to other learners.

3.5.1. The role of Life Orientation subject advisors

The Department of Education developed policies and programmes to impart the requisite skills to teachers so that they may feel confident to teach about HIV/AIDS and issues of sexuality. However these policies and programmes may not yield desired results if teachers are not trained on how to implement them. It is the professional duty of the subject advisor to train and support teachers on curriculum matters. In KwaZulu-Natal in particular a subject advisor:

- Conducts regular school visits to monitor curriculum implementation,
- Facilitates correct interpretation of curriculum policies,
- Organizes and conduct workshops on curriculum policies,
- Facilitates and support the functioning of the subject teachers,
- Assists teachers in selection of relevant textbooks,
- Manages the implementation of the subject in a district etc (KZN Department of Education, 2008: 14).

3.5.2. The role of Life Orientation educators

“Teachers are often the main adults other than family members with whom young people interact on a daily basis. In an era of HIV/AIDS, teachers play an even more critical role of being a source of accurate information and a person with whom young people can raise sensitive and complicated issues about sexuality” (James-Traore et al., 2004: 3).

HIV/AIDS is a health-related issue on which health workers have more professional knowledge but they do not have necessary training to transmit knowledge to young people as educators do. Unlike educators, health workers also do not spend much time with learners which makes it difficult for learners to confide their sensitive issues. This indicates that teachers need to become more diligent in discussing HIV/AIDS in the context of human development, sexuality, and pregnancy prevention. Teachers also need to know how to protect their own health and the importance of not putting any of their students at risk through their own behaviour such as having sexual relationship with students (Department of Health, 2000: 8).

The subject Life Orientation is the key subject to address the social challenges that face the youth of South Africa such as HIV/AIDS. It was developed to enable learners to survive in the world that is full of challenges. However the vision of the subject Life Orientation can never be realized without the expert support of educators. The role of educators in making the subject Life Orientation an effective vehicle to drive HIV/AIDS programmes includes an ability to develop work schedule and appropriate lesson plans. Besides planning lessons, the subject Life Orientation teacher needs to have other qualities such as:

- *A calling to become a counsellor;*
- *A love for learners;*
- *An interest and concern for learners;*

- *Friendliness towards learners;*
- *Reasonable conduct;*
- *Level headed conduct;*
- *Humility towards learners;*
- *Openness and a sense of humour* (Tlhabane, 2004: 54).

However, according to Rooth, (2005: 270-271) educators may not be able to play their role of using the subject Life Orientation as a vehicle to drive HIV/AIDS programme if they teach according to their values rather than what the curriculum dictates. Rooth maintains that some educators avoid teaching sexuality education because it is against their tradition. If they avoid teaching sex education, they cannot teach HIV/AIDS effectively,

“Neither can they equip their learners with the necessary information to make responsible lifestyle decisions” (Rooth, 2005: 270).

The personal values of educators do apparently affect teaching of the subject Life Orientation, particularly where the subject Life Orientation educators see themselves as more responsible to teach values and morals than the content of the subject.

What educators need to know is that HIV is acquired from another person who is infected with it. The physical contact that two people have, except for rape cases, begins with a simple relationship. Therefore HIV/AIDS education requires the subject Life Orientation educators to be willing to address sexuality if they want to positively contribute to the fight against the spread of HIV/AIDS.

3.6. BENEFITS OF INTRODUCING THE SUBJECT LIFE ORIENTATION

“The introduction of Life Orientation at school is a vital tool that empowers learners as they face the many obstacles of life. The fighting of HIV/AIDS will be no exception, if learners are adequately empowered with skills of life. The learners will be able to take the skills they acquire in Life Orientation to their communities and villages where many of the people cannot read and write” (Morena, 2004: 8).

Literature consulted (Morena, 2004: 2) indicates that of all the learning areas/subjects, it is through the subject Life Orientation that learners can be best empowered. It is seen as a hope with which most of the problems that face the youth, including HIV, can be addressed. The subject Life Orientation is the means to spread information about HIV/AIDS to learners in a comfortable environment and in a way which is appropriate to their age. The following are other benefits attributed to the introduction of the subject Life Orientation in the National Curriculum Statement:

- According to Rooth (2005: 281) evidence of successes in the subject Life Orientation offset the problems encountered as the findings convey that Life Orientation educators and learners recognise the worth and need for it. Rooth (2005: 281) found that learners’ preferred topics, such as self-concept enhancement, HIV/AIDS, careers and human rights, indicate that the subject Life Orientation is relevant to their needs, as these issues, among others, are addressed in depth in the curriculum.
- The subject Life Orientation enables learners to make informed, morally responsible and accountable decisions about their health and the environment (Department of Education, 2000: 4).

- Van Niekerk, (1991:80), maintains that in the absence of a cure, education is the only defence we have to fight HIV and schools can make an important contribution towards the prevention of HIV/AIDS since almost every young person attends school. This gives education a great opportunity to discuss HIV, and help young people to protect themselves from becoming infected, getting sick and dying.
- Rooth (2005: 62) states that the subject Life Orientation enables learners to promote their and others' health, develop their potential, equip themselves with life skills, and be informed decision makers who are goal-directed and willingly interact in the community for the benefit of all.

The subject Life Orientation has the potential within the school curriculum to play a role in the fight against HIV/AIDS if all the relevant stakeholders, that is learners, parents, teachers and communities at large can join hands to address the frustrations brought about by this disease. Together they can strive to establish how the content of the subject Life Orientation might help reduce the spread of HIV/AIDS in the secondary schools and surrounding communities. Work together on how Life Orientation could change the attitude of those infected and affected by HIV/AIDS (Morena, 2004: 3). If the subject Life Orientation is well presented in the schools it could ultimately benefit the communities outside the school.

3.7. SUMMARY AND CONCLUSION

This chapter discussed the previously non-examinable subjects from which the subject Life Orientation evolved to establish how they addressed social challenges that secondary school learners were facing. Although the research found that these subjects addressed a number of issues including sexual education of young people, establishing sense of identity, a sense of responsibility for health, morality, as well as self-management, not all schools offered them.

Where they were offered there was no uniformity between schools. The acquired knowledge of learners was never tested as they were non-examinable subjects.

The scope of the subject Life Orientation was also discussed. Particularly, learning outcomes that have a bearing to this research such as health promotion, social development, personal development, personal well-being and citizenship education were briefly analysed.

The role players in the implementation of the subject Life Orientation were discussed to see what kind of support they need in order to make the subject Life Orientation a success in delivering HIV education in KwaZulu-Natal secondary schools. The role of both subject advisors and educators was explained.

Finally, the research also attempted to investigate the benefits of introducing the subject Life Orientation as a means to drive HIV education within the curriculum.

Chapter Four will introduce the research design and methodology.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

In this chapter the research methods used, the approach of the research process, the data collection techniques, methods to analyse data and limitations of the research are discussed.

Aims and objectives of this research (paragraph 1.6) were developed to guide the investigation of the role of the subject Life Orientation as a means to assist teachers to equip secondary school learners in the Province of KwaZulu-Natal to be more aware of and deal effectively with the challenges of HIV/AIDS. The research seeks to explore the extent to which educators are aware and able to use the subject to help learners deal with HIV/AIDS related challenges. It also investigated benefits of introducing the subject Life Orientation into the new National Curriculum Statement. These aims and objectives guided the structure of the research tools. Research tools took the form of questionnaires, researcher's observations, structured and unstructured interviews and focus group interviews.

“An attempt was made to view the subject Life Orientation as experienced from the participants' viewpoint to try to understand their actions and decisions from their own positions” (Rooth, 2005: 141).

In view of the above quote, data for the research was drawn from educators who teach the subject Life Orientation in the Province of KwaZulu-Natal, as well as Life Orientation advisors over the period of two and a half years. The research aimed at establishing whether

teachers were aware of the impact the subject Life Orientation has or can have in a fight against HIV/AIDS. The research problem (paragraph 1.5) influenced the research approach used.

4.2. RESEARCH APPROACH

The researcher realized that an investigative study needed more than one approach of investigation. After preliminary investigation and a rigorous literature study, a multi-method approach of qualitative and quantitative methods, that is, questionnaires, focus group interviews and observations were used in this thesis. To advance the understanding of the human response to social problems, Babbie and Mouton (2001:275) recommend that a combination of research methods adds richness to educational research. Triangulation of all these methods was used in order to establish how teaching of the subject Life Orientation could be reviewed to manage HIV/AIDS situation in the secondary schools.

4.2.1. Triangulation

According to Gray (2004:282), triangulation means using different data collection methods in one research, for example, the combination of qualitative and quantitative research. This helps the researcher to determine whether the data is indicative of what it appears to be indicating.

Literature (Carley, 1981:174) in social sciences agrees that a data collection method used alone may not produce reliable and valid results; methods best generate good results when used in combination.

Triangulation is seen as one of the best ways to build up validity and reliability of research findings (Babbie and Mouton, 2001:275). A combination of research methods and researchers in the same study

can add to the richness of the data and partially overcome the deficiencies that arise from using only one method or researcher (Babbie and Mouton, 2001:274).

Through the use of several techniques such as questionnaires, observations and interviews, or more than one researcher, a researcher can arrive at acceptable and reliable conclusions. LeCompte and Preissle, (1993: 158) maintain that:

“The complexity and variability of human life in its natural habitat mandates that those who study it must collect rich and diverse data on whatever they study”.

Mouton (1996: 156) argues that the research method used in most cases does affect the results; therefore a combination of methods promotes validity and reliability of the results of research. The fact that participants in the qualitative method give different interpretations of the same aspect necessitates triangulation so that the findings can be corroborated by comparing data produced by different methods to enhance validity of findings (Christiaans, 2006: 98). Further, a single approach may not succeed in dealing with human beings in their full complexity. It is for these reasons that Schulze (2003: 12) believes that using both qualitative and quantitative methods can enhance the grasp of the breadth, depth and richness of human life.

On the other hand, Fielding and Fielding (1986:31) raise a concern that using multiple methods does not ensure validity but it may increase the possibility of errors. However, in this research, different methods were used to complement one another.

In this research using qualitative data combined with observation and insights added a significant element to the initial quantitative data and literature review.

4.2.2 Preliminary investigation

The purpose of the pilot study is to examine the feasibility and effectiveness of the intended investigation (De Vos, 1998: 182).

Before commencement of this study, a preliminary investigation was carried out to develop the research proposal and instruments to be utilized to evaluate the impact of the subject Life Orientation on sex and sexuality education as a means to combat HIV/AIDS in the KwaZulu-Natal secondary schools.

The pilot study was conducted amongst all twelve districts of KwaZulu-Natal, but in a small scale. The Life Orientation educators were selected randomly from all the twelve districts of KwaZulu-Natal. A pilot study took the form of focus group interviews, observation and a set of open ended questions. One of the questions was:

How do you think learning outcome 1: *personal well-being*, will help in making grade 10-12 learners more aware and deal with HIV/AIDS in KwaZulu-Natal?

The same question was repeated with learning outcomes two, three, and four of the National Curriculum Statement: Life Orientation Grade 10-12.

4.2.3 Literature review

Literature study is like opening a live and critical conversation with other speakers about a given topic (Henning *et al.*, 2004:27). In this research, the literature study took the form of library books, scientific articles, curriculum policy documents such as Life Orientation and HIV/AIDS from Government as well as online sources. The literature review was used to contextualise the study to argue the subject of the

research, as well as to identify the position of the research topic in relation to the available literature (Henning *et al.*, 2004:27). It was through the literature study that the researcher gained a more solid understanding of the research topic and recent knowledge of issues related to the research topic (McMillan and Schumacher, 1993: 137).

Literature and curriculum policy documents relevant to this research were consulted and analysed with the purpose of exploring the subject Life Orientation and HIV/AIDS. Different definitions ascribed to the subject Life Orientation were reviewed and discussed. In chapter three a brief examination of the four learning outcomes for Life Orientation in Grades 8-12 were reviewed. Concepts relevant to this study such as abstinence, contraceptives particularly condom use, adolescence, drug abuse, comprehensive sex education, sexuality, sexual relationships and sexual transmitted infections were also investigated. The literature study provided the base for the quantitative method in the form of a questionnaire.

4.2.4 Quantitative approach

“Quantitative research is a means for testing objective theories by examining the relationship among the variables. These variables, in turn, can be measured, typically on instruments so that numbered data can be analysed.” (Creswell, 2004:4).

Quantitative research assists the researcher with the statistical summarised information regarding respondents' understanding and perceptions of the research problem (McMillan and Schumacher, 1993: 41). The responses to the questions are predetermined by the instrument rather than by the respondent's own expression. Data is analysed using known set procedures or programmes. The meaning is derived from the statistical procedure employed (McMillan and Schumacher, 1993: 41).

In this study the quantitative research method provided the researcher with the level of understanding his respondents have on the research problem to the extent that necessary adjustments in questioning were made for the qualitative approach which was later used.

In this research three types of techniques to collect data quantitatively were used. They are: structured observation, standardised interviews and questionnaires (McMillan and Schumacher, 1993:42).

a. Structured observation

During structured observation a researcher observes some phenomenon and records the results of his or her observation (McMillan and Schumacher, 1993:42-3). As he or she is observing, the researcher has a predetermined specific behaviour that is anticipated for recording and reporting against.

b. Standardised interviews

Standardised interviews involve direct interaction between the interviewer and the respondent. The interviewer has a set of standardised structured questions that were prepared in advance. To respond the interviewee will have to choose from the predetermined alternative answers (McMillan and Schumacher, 1993:43).

c. Questionnaires

Questionnaires employ different instruments designed to elicit a response to written questions (McMillan and Schumacher, 1993:43). The researcher designs structured questions and answers to select from. The subject will have to respond by choosing an answer from the given list.

In this research the quantitative method provided the researcher with the statistical evidence that the level of understanding of the role the subject Life Orientation can have to combat HIV/AIDS in KwaZulu-Natal secondary schools varies from one person to another.

The questionnaires were used as the core method of investigation because a questionnaire is a practical tool to collect information that can be quantified (Rooth, 2005: 156). The questions sought to establish educators' understanding and perceptions of both the subject Life Orientation and HIV/AIDS.

Analysis of the questionnaire provided the researcher with the statistical data as to the number of educators who display some understanding for both the subject Life Orientation and HIV/AIDS as subjects as well as the extent to which the subject Life Orientation impacts to awareness or HIV/AIDS education in the secondary schools. The results also revealed that some of the Life Orientation educators were not that knowledgeable about HIV/AIDS and how it impacts on HIV/AIDS related awareness campaigns.

The results of the questionnaire were then used as basis to develop questions for the qualitative approach.

4.2.4.1. Reasons for using the questionnaires

According to Evalued (2006) the main advantages of questionnaires are as follows:

- Questionnaires offer an objective means of collecting information about people's knowledge, beliefs, attitudes, and behaviour.

- They can be used for sensitive topics about which respondents may feel uncomfortable to speak to an interviewer.
- A large sample of the given population can be contacted at relatively low cost.
- Respondents have time to think about their answers, as they are not usually required to reply immediately.
- They assist to establish respondents' understanding of the research topic and serve as basis for further research methods.
- The format is familiar to most respondents.
- They are simple to administer.
- Information is collected in a standardised way.
- And are usually straightforward to analyse.

4.2.4.2. Limitations of questionnaires

Evalued (2006) names the following disadvantages of questionnaires:

- An instrument developed in a different time, country, or cultural context may not be a valid measure in the group you are studying.
- If you omit a question, you cannot usually go back to respondents, especially if they are anonymous.
- It is sometimes difficult to obtain a sufficient number of responses, especially from postal questionnaires.

- Respondents may ignore certain questions.
- Questionnaires may appear impersonal.
- Questions may be incorrectly completed.
- They are not suitable to investigate long, complex issues.
- Respondents may misunderstand questions because of poor design and ambiguous language.
- They require follow-up research to investigate issues in greater depth and identify ways to solve problems highlighted.

4.2.5. Qualitative approach

“Qualitative research has an interpretive character, aimed at discovering the meaning events have for the individuals who experience them and the interpretations of those meanings by the researcher”
(Hoepfl, 1997:4).

In the light of the above quote, this study also required an interview with educators who teach the subject Life Orientation, subject advisors and life skills specialists to share their experiences in their fields of work about the link between Life Orientation/life skills programmes and HIV/AIDS. This research investigated teachers' and subject advisors' view of the impact of the subject Life Orientation on the spread of HIV/AIDS among the secondary school learners in KwaZulu-Natal. Therefore, a qualitative approach became relevant in that it focuses on how people perceive, interpret and report on a certain event from their own viewpoint (Burns, 2000: 11). The subject Life Orientation is new in South Africa as a result not much literature has been published. This compelled the researcher to mostly depend on subject specialists for

information. Qualitative methods can be used to better understand any situation about which little is yet known (Strauss and Corbin, 1998:11)

Rooth (2005: 141) quotes Babbie and Mouton (2001) who argue that qualitative research differs from quantitative research according to the following core characteristics:

- Research is conducted in the natural setting of social actors.
- The focus is on process rather than outcome.
- The participant's perspective is emphasized.
- The primary aim is in-depth descriptions and understanding of actions and events.
- The main concern is to understand social action in terms of its specific context rather than attempting to generalize to some theoretical postulation.
- The research process is often inductive in its approach, resulting in the generation of new hypotheses and theories.
- The qualitative researcher is seen as the 'main instrument' in the research process.

This study was characterized by these above features in that:

- The research was conducted in a natural setting/environment (Garbers, 1996: 288): the schools were situated in the Province of KwaZulu-Natal: for example, Obonjeni, Othukela, Ugu, Umzinyathi and Sisonke Districts (rural), Vryheid and Amajuba Districts (farms) and Pinetown and Umgungundlovu Districts (urban and township).

- Events were studied as they occurred with the focus on process (McMillan and Schumacher, 1996: 372) that is, as the subject Life Orientation was taught and experienced by educators and learners, and the researcher had an opportunity to observe some of the classroom teaching.
- An attempt was made to view the subject Life Orientation as experienced from the participants' viewpoints (actor's perspective) to try to understand their (teachers and subject advisors of KwaZulu-Natal) actions and decisions from their own positions (Rooth, 2005: 141).
- The actions of participants in the research were described in detail, with attempts to understand the actions in terms of the participants' own beliefs (In-depth descriptions and understanding) and
- an attempt was made to understand events, actions and processes in their context (ideographic motive). Hence, the broad context was taken into account (Booth, 2005:141-142).

This research also sought to find out from Life Orientation teachers and advisors, as insiders, (Babbie and Mouton, 2001: 49-53) how they suggest, according to their experience in the subject, the HIV/AIDS problem can be addressed in the secondary schools. In fact that needed participants think creatively and critically (Leedy, 1993: 140). Schumacher and McMillan (1993: 14) state that:

“Qualitative research presents facts in a narration with words”.

This is relevant when dealing with a social problem such as HIV/AIDS in which respondents have to narrate their personal views, observations and understanding of the situation. The qualitative

approach afforded respondents an opportunity to share their diverse experiences about the disease.

Further, since the findings of this research will attempt to contribute in improving the implementation of the subject Life Orientation to address HIV/AIDS in KwaZulu-Natal secondary schools, one needed a research method, which is relevant to teaching. For this reason Johnson (1995: 4)

"...notes that qualitative methodologies are powerful tools for enhancing our understanding of teaching and learning, and that they have gained increasing acceptance in recent years".

A set of structured and unstructured interview questions were set against which participants were interviewed. Interviews allowed the participants to verbally describe their personal experience of the research problem, which the researcher then had to interpret. This is in line with what Eisner (1991: 36) says:

"qualitative research reports are descriptive, incorporating expressive language and the presence of voice in the text".

In this research three types of techniques to collect data qualitatively were used, namely: observations, individual and focus group interviews.

a. Observation

"...the observational method relies on a researcher's seeing and hearing things and recording these observations, rather than relying on subjects' self-

report response to questions or statements”
(McMillan and Schumacher, 1993: 256).

The researcher, during his routine class visits, observed teachers during Life Orientation lessons with a purpose to understand the teacher-learner interactions regarding sex issues.

Paton (1990) in Hoepfl, (1997: 7) maintains that observation can lead to deeper understanding than interviews alone, because it provides a contextual knowledge about the occurrence of the events, and may enable the researcher to notice things that participants themselves are not aware of or not willing to disclose or discuss.

It is imperative to note that indications were that where the class visits were unannounced, discussions were more reflective of the participants' thinking and understanding. Whereas with the announced visits the researcher sensed an element of trying to impress him by participants and this might count as a limitation to the observations.

Rooth, (2005: 159) concurs that:

“A weakness of observation is that people who are aware of being observed, may act differently from how they usually act, leaning towards a more socially accepted mode of behaviour or in accordance with the observer's expectations, or by reacting in some way”.

However, observation did not affect the research finding since it was not used as one of the main research methods but only to enrich the already collected data.

b. Individual interviews

In this research individual interviews were used as follow-up to respondents' responses to the questionnaires to further investigate their responses (McNamara, 1999). Individual interviews involved direct personal contact with the respondents who were asked to respond to questions relating to the research problem, that is, the role of the subject Life Orientation in fighting HIV/AIDS (Bless and Higson-Smith, 2000: 104). Individual interviews utilized open-ended questions that allowed for individual variations in responding (Hoepfl, 1997: 7). Sampling for individual interviews is explained in 4.3 below.

“With qualitative research interviews you try to understand something from the subjects' point of view and to uncover the meaning of their experiences” (Kvale, 1996).

As a result, in this research individual interviews allowed the Life Orientation teachers and advisors to convey to the researcher how they perceive the role of the subject Life Orientation in addressing HIV/AIDS from their own perspective and in their own words. This was in line with what Evalued (2006) records by saying that interviews:

- are useful to obtain detailed information about personal feelings, perceptions and opinions,
- allow more detailed questions to be asked,
- usually achieve a high response rate,
- allow respondents' own words to be recorded,
- allow for the ambiguities to be clarified and incomplete answers followed up,
- enable wording to be tailored to respondent's understanding and precise meaning of questions clarified,
- prevent interviewees from being influenced by others in the group and

- may render some interviewees less self-conscious in a one-to-one situation.

c. Focus group interviews

“A focus group is a group interview used to ascertain how a group that is representative of a target population reacts to something presented to them”
(Rooth, 2005: 157).

Focus groups are interviews of about six to ten people at the same time in a same group (Mcnamara, 1999). McMillan and Schumacher (1993: 432) suggest that focus group interviews provide the researcher with more valid data rather than an individual. A group presents collaborative information regarding their understanding of the problem. Evalued (2006) adds that focus groups:

- are useful to obtain detailed information about personal and group feelings, perceptions and opinions,
- can provide a broader range of information and
- offer the opportunity to seek clarification.

The researcher is a Life Orientation subject specialist who conducts curriculum workshops from time to time. He has learnt that teachers give their optimal participation in group discussions; hence he employed focus group interviews.

Focus group interviews were conducted to validate some of the responses provided by participants during the individual qualitative interviews.

4.2.5.1. Advantages of using the qualitative method

In this research the qualitative approach was used in order to enrich the initial quantitative approach (Hoepfl, 1997: 3). The qualitative approach was used to ensure that the information which was not quantifiable, such as unstructured interviews, observations, reflections and focus groups which were based on open-ended questions, receive the necessary attention. It also allowed educators to define the subject Life Orientation the way they understood it. A qualitative approach ensured that educators express their understanding of the role of the subject Life Orientation in dealing with HIV/AIDS and related challenges such as abstinence, contraceptives particularly condom use, adolescence, drug abuse, comprehensive sex education, sexuality, sexual relationships and sexually transmitted infections. The flexibility of a qualitative approach allowed the researcher to probe teachers' values and attitudes concerning the subject Life Orientation and the sensitive concepts they have to confront in the Life Orientation classroom

An article titled: *Discuss the advantages and disadvantages of qualitative and quantitative research methods in the context of management research*; (n.d.) maintains that advantages of qualitative research are that:

- It provides depth and detail which one may not get in a standardized questionnaire.
- It allows the researcher to describe existing phenomena and current situations.
- It attempts to avoid pre-judgments, that is, the goal is to try to capture what is happening without being judgmental by presenting people on their own terms and from their perspectives so that the reader can see their views.

- Openness can generate new theories and recognise phenomena ignored by most or previous researchers and literature.
- It is useful in examining the totality of a unit – a holistic approach

All these reasons make a qualitative approach to be a relevant method for this study.

4.2.5.2. Disadvantages of using the qualitative method

According to anonymous (2006), the qualitative method has the following disadvantages:

- It is dependent upon researcher's personal attributes and skills,
- fewer people are usually studied and
- it can be very subjective as the researcher often includes personal experience and insight as part of the relevant data which makes objectivity impossible.

In addition:

“A qualitative researcher must have the ability to maintain logical flow of argument without the clear markers that are often available in quantitative research” (Garbers, 1996: 376)

The above statement implies that qualitative research appears to be more demanding than quantitative research.

4.3 RESEARCH PROCESS

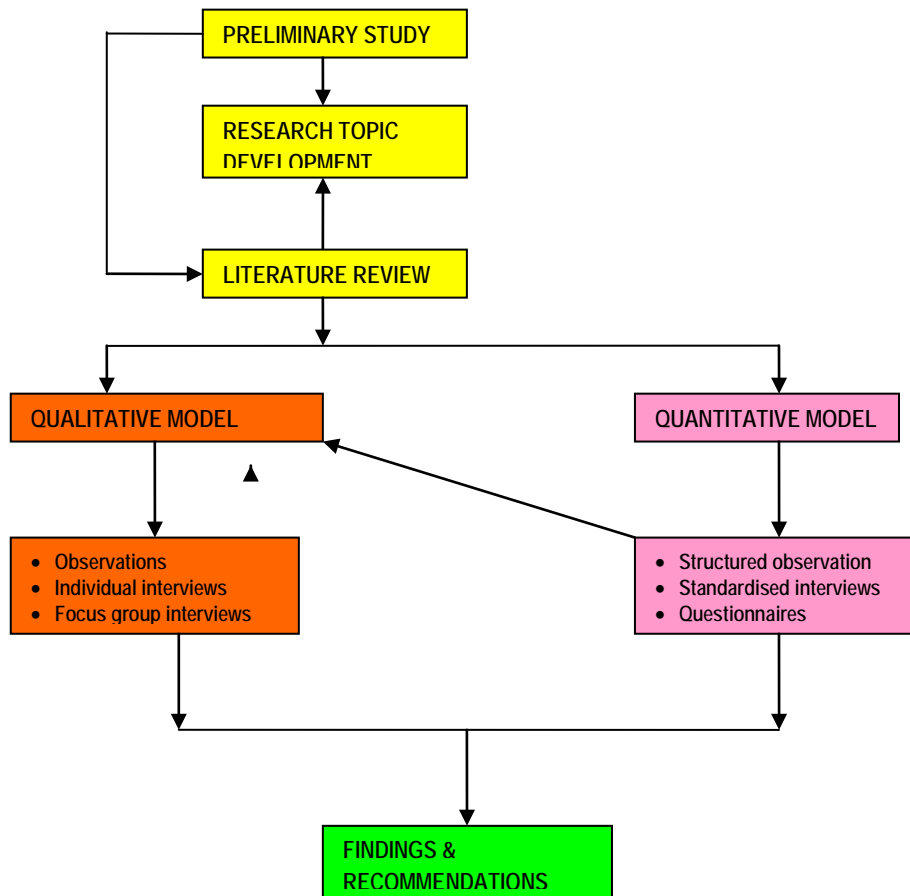


Figure 4.1: Flow Diagram of the Study

The research started with a preliminary investigation which assisted in formulating the research topic and designing the questionnaires. That was followed by an extensive literature study. The questionnaires, structured and unstructured interview questions were used to obtain data. These questions were handed to the subject Life Orientation teachers, subject advisors and other relevant stakeholders for their understanding and perceptions regarding the impact of the subject Life Orientation on HIV/AIDS awareness in the secondary schools.

At the time of this research the KwaZulu-Natal Department of Education comprised of four (4) regions and twelve (12) districts. Districts are further divided into wards in which schools are situated.

Therefore, data collected had to be representative. To ensure the coverage of the whole Province, it is imperative to spell out the whereabouts of some furthest districts where data was collected.

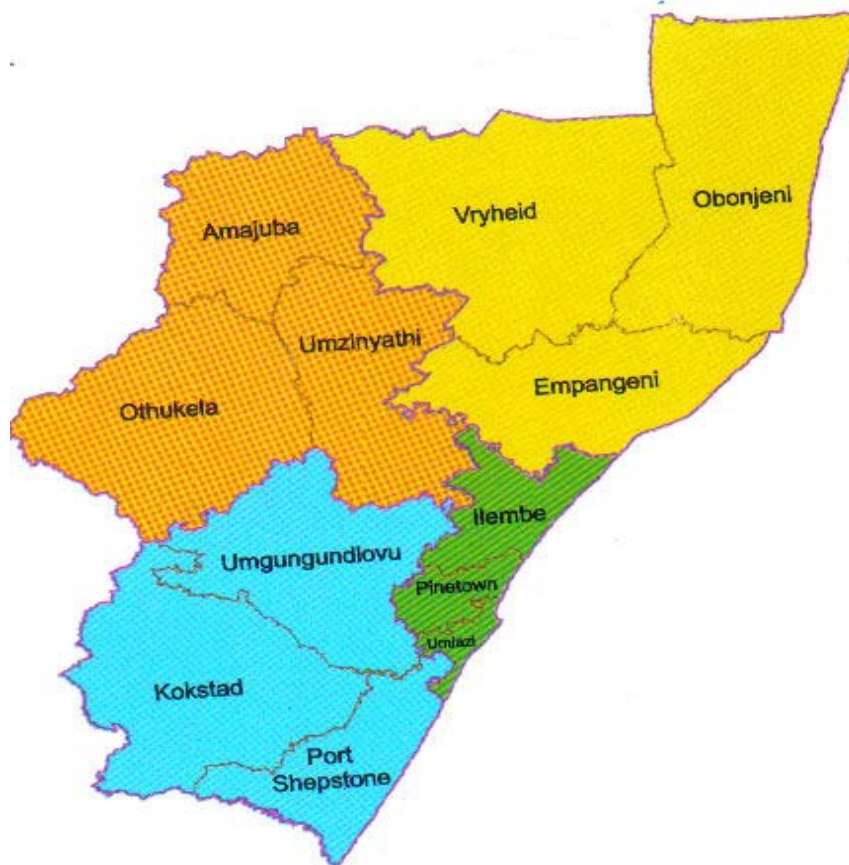


Figure 4.2 Map of KwaZulu-Natal showing areas for research investigation

These districts are as follows: Amajuba district stretches from inland to the border of Mpumalanga Province; Vryheid district to the border with Mpumalanga and Swaziland; Obonjeni District to the border of

Mozambique; Othukela extends to the border of the Free State; Umgungundlovu District extends to the Lesotho border while Sisonke District (Kokstad) shares the border with both Lesotho and Eastern Cape and in the South, Ugu District (Port Shepstone) is situated along the Eastern Cape border.

Data based on qualitative individual interviews was collected as follows: Five (5) teachers across the four regions were selected to participate in this research. Two (2) educators from rural districts and one (1) educator each from farm, urban and township districts were selected to participate in the individual interviews. Rural schools were represented by 40% of the interviewees while farm, urban and township schools were 20% each. This selection was informed by the fact that the majority of schools are in the rural areas. Selection of subject advisors followed the same criteria. One focus group interview of six (6) teachers was held. These observations, individual and focus group interviews were audio-recorded and transcribed for analysis.

Questionnaires were handed to two hundred (200) teachers in all the districts. Of the two hundred questionnaires only one hundred and fifty eight (158) questionnaires were received from the participants. That is, 79 % of the sample.

Questionnaires in the eight (8) districts were administered by the Life Orientation subject advisors while the researcher administered it in the ninth district. A sample of questionnaires is attached as appendix F.

The research attempted to answer the following questions:

- What is the role of the subject Life Orientation in fighting HIV/AIDS?
- Is it possible for teachers to convert learners to responsible sexual behaviour using skills they received from Life Orientation (training)?

- What is the role of sex education embedded in the subject Life Orientation in the fight against HIV/AIDS?
- What are HIV and AIDS?
- Who is most at risk of getting HIV/AIDS?
- Why are millions of people still getting infected?
- What makes HIV so deadly (its tenacity)?
- Does sex education encourage the youth to engage in sexual activities?

As stated in Chapter One, these questions were asked to explore teachers' Life Orientation knowledge and training, their opinion of Life Orientation implementation and teacher/learner attitudes in their schools. Personal understanding of HIV/AIDS and their perceptions about involvement in HIV initiatives were also investigated. Their personal views on a person's sexual lifestyle, attitudes about HIV/AIDS and sex education as well as their confidence in HIV and sex education were also examined.

The data collected was interpreted, analysed and presented in Chapter Five. Findings were used to suggest the recommended role of the subject Life Orientation in addressing HIV/AIDS in KwaZulu-Natal secondary schools. Suggestions emanating from the findings about implementation improvement of the subject Life Orientation were also put forward.

4.4 THE DATA ANALYSIS

Both qualitative and quantitative data analysis procedures were used. Data was analysed to determine the role of the subject Life Orientation in addressing the HIV/AIDS problem in the KwaZulu-Natal secondary schools according to educators' perceptions, understanding and point of view.

4.4.1. Analysis of the quantitative research methods

4.4.1.1 Analysis strategy

The questionnaire queried:

- biographical details of the respondents (Appendix F, section 1),
- general Life Orientation approach in the secondary school environment (Appendix F, section 2),
- how informed respondents are about HIV/AIDS (Appendix F, section 3 q1-17), and
- perceptions relating to various aspects of HIV/AIDS (Appendix F, section 3 q18-61).

The sections of the questionnaire were designed to link up with the research aims and objectives of the study. Aims and objectives of the research (Paragraph 1.6) are to:

- evaluate educators' awareness and understanding of HIV/AIDS;
- evaluate educators' perceptions regarding the subject Life Orientation;
- investigate educators' ability to utilise the subject Life Orientation to equip learners in dealing with HIV/AIDS and health related challenges, as well as to
- determine the significance of introducing the subject Life Orientation into the New Curriculum Statement.

The percentages of participants who responded to different questions were calculated. This indicated how many respondents in the research gave a particular response to each question.

4.4.1.2 Steps in the analysis strategy

The following steps in the analysis strategy were followed:

- One-way frequency tables and composite one-way tables.
- Scale reliability testing/item analysis on HIV/AIDS perception.
- Dimensions (sections 3) and calculation of perception scores.
- Correlations between stewardship-dimension scores.
- Non-parametric approach: Two way frequency tables and Pearson's chi-square tests (or Pearson's exact tests).
- Parametric approach: Analysis of variance.

This was in an attempt to respond to the research questions as stated in 4.3 above and to address the research aims and objectives that are spelled out in 4.4.1.1.

4.4.1.2.1 One-way frequency tables on the biographical characteristics

One-way tables on the biographical attributes of gender, race, Life Orientation training and personal HIV/AIDS knowledge were calculated. The frequency distributions were used to describe the sampled population. The one-way frequency distributions also acted as a guideline in identifying biographical attributes to be considered in further analysis as probable influences that might affect respondents' perceptions of the various HIV/AIDS aspects probed in the questionnaire.

Biographical variables considered for inclusion have to comply with the requirement of response-representativeness per category of the biographical variable. It was for this reason that where practical, classes of the sampled population found not to be representative were condensed into fewer classes to facilitate representativeness. That is because if representativeness is not taken into account, analysis results may be biased and result in unreliable findings (Babbie, 1990: 93). For example, race-categories such as Sepedi, SiSwati and SeSotho were sparsely populated. These categories were condensed into 'European' and 'African' heritage categories in an effort to effect more representative classes (table 5.1).

4.4.2. Analysis of qualitative research methods

“Qualitative data analysis is primarily an inductive process of organising the data into categories and identifying patterns (relationships) among the categories” (McMillan and Schumacher, 1993: 479).

LeCompte and Preissle (1993: 158) maintain that qualitative analysis is guided by data collected rather than categories that are predetermined prior to the data collection. It is seen as a discovery analysis since coding is developed and categories emerge as data are being selected, compared, synthesised and interpreted in order to provide explanations to the research problem. This exercise takes the form of looking into the words, sentences and paragraphs in order to make sense of the data. Henning *et al.* (2004: 127) maintain that:

“When using qualitative data analysis as a means to explain or make sense of the enquiry, we do not use as evidence the frequencies or quantities with which something from the data in a systematic, comprehensive and rigorous manner”.

Qualitative methods accept the complex and dynamic quality of the social world. The subject Life Orientation is new in the National Curriculum Statement; therefore, very little is known about its anticipated role to impact on HIV/AIDS programmes. Qualitative methods are appropriate to better understand most problems about which little is yet known (Hoepfl, 1997: 3). Qualitative methods may also be used to gain new perspectives on a phenomenon about which much is already known or to gain more information that may be difficult to explain quantitatively (Strauss and Corbin, 1990: 17). That is, qualitative methods are appropriate in situations where one needs to first identify the categories which the researcher has determined quantitative procedures cannot adequately explain. The qualitative method uses open-ended questions which support discovery of new information or solutions to a problem (Hoepfl, 1997:9).

4.5. LIMITATIONS OF THIS RESEARCH

“Educational research is constrained by ethical and legal considerations in conducting research on human beings, the public nature of education, the complexity of educational practices, and methodological limitations” (McMillan and Schumacher, 1996: 23).

The research had limitations, which will be taken into account when explaining the findings.

Sampling and the size of the sample were also possible limitations. Schools, as research sites, are complex. They involve teachers, learners, administrators and parents. The fact that only educators were sampled could be a limitation to the findings. Size of the sample also becomes a limitation in that the research investigates the subject Life Orientation and the role it is expected to play in HIV/AIDS education. In addition the subject Life Orientation is nationally implemented yet the data was only limited to the provinces of

KwaZulu-Natal. However, small samples of data were obtained from other provinces such as Free State, Gauteng and North West Provinces, but because they were small, these samples were not discussed in the analysis of data as well as in the findings of the research. Nevertheless, indications were that the data from these other provinces were similar to the overall research findings.

The researcher realized that there could be instances where teachers would have wanted to give a good impression of the subject Life Orientation. Also trying to portray a positive attitude towards Life Orientation, as well as claiming to support the inclusion of HIV/AIDS education in curriculum, could have masked their true attitudes. Some teachers could have withheld their beliefs when discussing sexual issues as they were aware of what was expected from them. They could pretend to be liberated from conservative community values that regard any talk about sex as a taboo and reflect only what they think to be educationally correct.

This study researches the role of the subject Life Orientation in addressing HIV/AIDS the latter forming a small part of social issues. This poses a challenge in that the subject Life Orientation addresses various other social issues other than HIV.

Part of this study investigated HIV/AIDS, which is treated as legally confidential in South Africa. As a result, some of the confidential information shared by respondents could not be recorded in this study for ethical reasons, which imposed a limitation in reporting.

4.6. ETHICAL ISSUES

In this section research ethics are discussed;

“with particular reference to ethical principles, protection, anonymity and confidentiality, voluntary

participation, beneficence as well as analysing and reporting” (Rooth, 2005).

It was against this background that the researcher ensured that ethical issues were identified and addressed in the most appropriate manner and the participants were informed that:

- The data collected will be dealt with in a manner that ensures confidentiality of the data and the identity of the participants (Gay, 1987: 95- 96).
- Confidential data would be retained only for the purpose of the research until the study is completed.
- Since the participants of the study were all employees of the Department of Education, written permission to conduct research was obtained from the KwaZulu-Natal Department of Education (Appendix C).
- A written informed consent form to be signed by each participant was designed (Borg and Gall, 1989: 86), (Appendix G).
- Participants took part in the study on voluntary basis.
- Participants were informed of their right to withdraw whenever they felt uncomfortable during the research process.

4.7 SUMMARY AND CONCLUSION

The research methodologies to collect data used in this study were defined. Both qualitative and quantitative methodologies were used to collect and analyse data for this research. These methodologies were combined to ensure valid data concerning the role of the subject Life Orientation in addressing HIV/AIDS in the secondary schools of KwaZulu-Natal.

Questionnaires, observations, individual and focus group interviews in both a structured and unstructured form were used to collect data which were later analysed and interpreted.

Two hundred schools were used for sampling and selection of educators to complete the questionnaires. One hundred and fifty nine (159) schools participated in the questionnaires. From the same schools five educators for the individual interviews and ten educators for the focus group interviews were used for this study. In addition five subject advisors also participated in the individual interviews.

Ethical issues of the study were identified and addressed accordingly.

The research findings that were obtained from the empirical study described in this chapter will be outlined in Chapter Five.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

5.1 OUTLINE OF THE CHAPTER

In this chapter, the findings of this study are discussed. It reports on the perspectives of educators and subject advisors on the impact of the subject Life Orientation on HIV/AIDS awareness in the Secondary Schools of the Province of KwaZulu-Natal. The report is divided into two parts. The first part reports on the analysis of the questionnaire while the second part reports on the individual interviews, focus group interviews and observations.

5.2 ANALYSIS AND INTERPRETATION OF DATA

The purpose of data analysis and interpretation is an attempt to make a connection between the research problem and the collected data (Mouton, 1996: 161). Data analysis and interpretation is a process, which shapes the final product of a research (Merriam, 1988: 124). Data analysis is also an attempt to find solutions to research questions.

The analysis of data presented in this chapter addresses the following research questions as mentioned before (Paragraphs 1.5; 4.3):

tenacity

- What is the role of the subject Life Orientation in addressing HIV/AIDS in the KwaZulu-Natal secondary schools?
- Is it possible for teachers to positively influence learners sexual behaviour by teaching skills through Life Orientation (training)?
- What is the role of sex education in a fight against HIV/AIDS?

- What are HIV and AIDS?
- Who is most at risk of getting HIV/AIDS?
- Why are millions of people still being infected?
- What makes HIV so deadly (its tenacity)?
- Does sex education encourage the youth to engage in sexual activities?

The analysis strategy developed for the present study to address the research questions is described in section 5.2.1. The analysis results and interpretation of the various steps are then presented in subsequent sections in this chapter.

All analyses were performed using the SAS statistical software package, version 9.1.3. Some references used in the analyses are listed below.

According to Mouton (1996: 161) data analyses usually involve two steps, namely, categorisation of data collected into manageable units, and, identification of patterns and themes in the data. The analysis strategy described in section 5.2.1 was structured on these principles.

5.2.1 Data analysis of the questionnaires

The analysis strategy involved the following quantitative analysis steps:

- One-way frequency tables and composite one-way tables (Initial exploratory phase).
- A non-parametric approach in which two-way frequency tables and Pearson's chi-square tests, or Pearson's exact tests were utilized (Comparative phase).

- Scale reliability testing on HIV/AIDS perception-dimensions and calculation of perception scores and
- Finally, a parametric analysis of variance.

The quantitative findings, obtained from analyses described as the exploratory phase of the analysis strategy, are presented in sections 5.2.1.1, 5.2.1.2 and 5.2.1.4 as one-way or composite one-way tables, and are followed by a brief description of findings derived from the table/s.

Section 5.2.1.3 presents the analysis results and deductions of the comparative phase of the analysis strategy. Analyses and deductions centre on two-way frequency tables and chi-square tests.

Sections 5.3, 5.4 and 5.5 present and describe analysis results of the advanced phase of the analysis strategy, namely scale reliability testing, analysis of variance and Bonferroni multiple comparisons of means tests.

In addition, it is imperative to note that the questionnaire contained multiple response questions as well and that the grand total for the frequency tables associated with these questions often exceed the sample size of 158.

The analysis strategy furthermore categorised the questionnaire items into the following themes (Paragraph 4.1.1):

- Biographical information of the respondents (5.2.1.1 and Appendix F section 1).
- Life Orientation implementation, training, knowledge and teacher/learner attitudes towards it (5.2.1.2. and Appendix F section 2).

- How informed respondents are about HIV/AIDS (5.2.1.3 and Appendix F section 3).
- Perceptions relating to aspects of HIV/AIDS (5.2.1.4, 5.3 and Appendix F section 3).
 - Personal involvement in HIV initiatives.
 - Views on a person's sex lifestyle.
 - Personal views on attitudes about HIV/AIDS and sex education.
 - Confidence in sex education regarding HIV.

In the following paragraphs each theme will be highlighted and briefly explained. Then a relevant table will be presented followed by a descriptive analysis.

5.2.1.1 Biographical information of the respondents

To be able to describe the sample and to evaluate representativeness of the sample, the questionnaire obtained biographical attributes of the sampled population (Table 5.1).

Table 5.1: One-way frequency tables for biographical attributes

Table 5.1: One-way frequency tables for biographical attributes				
q1: Gender				
Q1	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
female	60	38.22	60	38.22
male	97	61.78	157	100.00
missing = 1				
q2: Race				
Afrikaans	5	3.21	5	3.21
English	29	18.59	34	21.79
SePedi	1	0.64	35	22.44
SiSwati	1	0.64	36	23.08
SeSotho	4	2.56	40	25.64
Xhosa	5	3.21	45	28.85
Zulu	106	67.95	151	96.79
Other	5	3.21	156	100.00
missing=2				
q2: Race (categories condensed)				
European	34	22.52	34	22.52
African	117	77.48	151	100.00
Missing=7				

Table 5.1 describes the sampled population of this study. Out of 200 questionnaires that were distributed to potential respondents 158 (79%) responded and were included in the survey. A response rate of 79% could thus be reported.

The sample was somewhat skewed with respect to gender with 38% female and 62% males being included. The sampled respondents had a substantial African male (77%) component. The ethnical frequency distribution indicated that 23% of the respondents were classified as European and 77% as African. The sample was also dominated by Zulu speakers (67%), followed by English speakers (18%) and a couple of smaller ethnic groups (13%).

It is important to note that not all respondents responded to each and every question on the questionnaire. Those questions without

responses are reflected as 'missing value' in some of the tables of this report.

5.2.1.2 Life Orientation implementation, training, knowledge and teacher/learner attitudes towards it

This section investigates respondents' Life Orientation knowledge in relation to its anticipated impact to combat HIV/AIDS in the secondary schools of KwaZulu-Natal (Paragraph 2.6).

Table 5.2: Educators trained to teach Life Orientation

Table 5.2: Educators trained to teach Life Orientation q5				
Q5	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
yes	91	59.48	91	59.48
no	62	40.52	153	100.00
TOTAL	153	100		

Table 5.2 indicates that nearly 60% of the respondents had received training in Life Orientation training. Approximately 40% of the respondents received no training, which is a concern for effective implementation of the subject Life Orientation.

In fact, the preliminary study found that some of the untrained educators tend to focus on curriculum aspects that they are comfortable to teach. Therefore, having many untrained educators teaching the subject Life Orientation would mean that sex and HIV education may not get a fair share of teaching. In addition, the literature study found that, due to their traditional background, most educators find it difficult to teach these two concepts and this could be further worsened by having a high percentage of educators (40%) who are not trained to teach the subject Life Orientation.

Table 5.3: Labels used for Life Orientation

Table 5.3: Labels used for Life Orientation in secondary schools q1.4		
Labels used for Life Orientation	Frequency(of 158 in each category)	Percentage (%)
Civic education	28	4.7
Family guidance	58	9.7
Health education	77	12.8
Life skills	130	21.8
Religious education	45	7.5
Physical education	85	14.2
Counselling	72	12.2
HIV/AIDS education	91	15.3
Other	11	1.8
Total	597	100.0

Table 5.3 provides a breakdown of how educators define the subject Life Orientation in their schools.

Life skills (21,8%), HIV/AIDS education (15.3%), physical education (14.2%), counselling (12.2%), and health education (12.8%) prove to be the labels most often used to refer to Life Orientation in the secondary schools sampled. The dominance of Life Skills in the responses may imply that in the schools the subject Life Orientation is not understood as a multifaceted subject (Department of Education, 2003a: 12).

Another reason could be that there is a content overlap between the subject Life Orientation and Life Skills. In addition, educators have been using the term life skills prior to the introduction of the subject Life Orientation in the National Curriculum Statement.

It raises concern that the subject of Life Orientation is given labels other than Life Orientation. This could have a carry-over effect from educators to learners who could then also perceive the subject Life Orientation through the eyes of their educators. The research

assumption in this instance had been that most of the respondents would have selected the option, 'other-specify', and then have specified 'Life Orientation'.

On the basis of the findings the researcher speculates that by labelling the subject Life Orientation as 'Life Skills', 'Physical Education', 'HIV/AIDS education', 'Counselling' and 'Health Education' indicates that teachers teach aspects of the subject Life Orientation that relate to their label for the subject. This would imply that they do not teach all the content of the subject Life Orientation, which might negatively affect the effective role that the subject of Life Orientation should play against the spread of HIV.

Table 5.4: Concepts included in the subject Life Orientation by educators and advisors

Table 5.4 Concepts included by LO educator in Life orientation (q1.7 and q2.2)		
Concepts	158 Educators in each category	Percentage (%)
Physical development	134	14.3
Sexual trans. Infections	128	13.6
HIV/AIDS	140	14.8
Sex educ./drugs	103	11.0
Adolescence	115	12.2
Sexuality	108	11.4
Sexual relationships	116	12.4
Sexual intercourse	74	7.8
Other	21	2.2
Total	939	100

Table 5.4 shows that except for the listed issues of 'sexual intercourse' (7.8%), and 'other' issues (2.2%), frequencies indicated that the listed concepts were included on a more regular basis (between 11.0% and 14.8% of the time) in the subject Life Orientation, especially, HIV/AIDS (14.8% of the time). Except for 'other options'

and 'sexual intercourse', percentages furthermore proved to be more or less in the same value range which indicated that educators paid the same attention to the various concepts. This concurs with interview results where one educator responded that:

'more than teaching HIV/AIDS, if you are teaching kids about sexuality, about things like looking after your body, about abstinence. Those kinds of things can help in a fight against HIV/AIDS'.

Table 5.5: Who else teaches Life Orientation (q 1.6)?

Table 5.5 Who else teaches Life Orientation by LO training received		
Staff that teach LO	educator N	%
Principal	5	3.2
HoD	22	14.4
All educators	13	8.5
Life orientation educator	77	50.3
Guidance educator	11	7.2
Counselling educator	18	11.8
Other	7	4.6
Total	153	100

Table 5.5 indicates that Life Orientation educator (50.3%) and the Head of Department (HoD), (14.4%) proved to be the people that most often teach Life Orientation.

It is imperative to note that in the schools the subject Life Orientation falls under the Human and Social Science department with History, Geography and Religious Studies, which is also a new subject in the National Curriculum Statement. The HoDs are not Life Orientation specialists but are mostly History and Geography specialists who received training for their respective subjects, not the subject Life Orientation. In 5.7.4.2 below, about 20% of educators cited SMTs as a

threat to effective implementation of Life Orientation because they lack the subject knowledge.

In addition, subject advisors reported that in the workshops conducted at the beginning of each year about 10% of those who attend are new subject Life Orientation educators (Paragraph 5.7.10.5). This gives an indication that only about 40% of educators are trained and retained as Life Orientation teachers.

The worst-case scenario is where the subject Life Orientation is taught by *all educators* (8.5%). This concurs with what was cited by subject advisors that in some schools no educator is assigned to the subject Life Orientation but educators take turns to teach the subject regardless of training and knowledge of the subject (5.7.10.5).

Table 5.6: Learners’ attitude as perceived by Life Orientation Educator

Table 5.6 Learners’ attitude as perceived by LO educators (q1.10 and 2.4)		
Attitude	Capacity	
Frequency Row Pct	Educator perception of learners	percentage
Learners interested in Sex/HIV education	126	15.6
Aware of sexually transmittable infections	96	12.4
Claim awareness of sex-HIV link	92	11.4
Understand unsafe sex – HIV	103	12.8
Drug abuse affects judgement	90	11.2
HIV spread aggravated by traditional gender roles	41	5.2
Abstinence is best prevention	69	8.7
Gain skills, relationships	60	7.5
Develop healthy lifestyle	71	8.9
Reduce pregnancy	52	6.2
Other	6	0.1
Total	806	100

Table 5.6 depicts educators’ perceptions of learners’ attitudes to sex related issues. A substantial proportion of the 158 educators surveyed

(15.6%) indicated that *Sex and HIV/AIDS education interest learners* (Appendix F section 2 q10.1). The attitudes reflect that a relatively small proportion of respondents (5.2%) indicated that learners ascribe the spread of HIV/AIDS to traditional gender roles.

The above findings should be evaluated against the fact that the sample used in the research described in this dissertation had a substantial African males (77%) component (Table 5.1) which could have had a biased effect on the findings.

The above statement is confirmed by Stanford and Evian, (2005: 32), who state that women, because of their traditional lower status in society, have no choice in their sexual relationships and may not refuse unprotected sex even if they want to do so. The statement by Stanford implies that African males, even when educated, still endorse traditional male driven sexual relationships.

If this is a true reflection of how learners regard gender roles in relation to the spreading of HIV, those who have a stake in sex and HIV education must be concerned.

Table 5.7: Regard of other educators for the subject Life Orientation (q1.8 by q5)

Table 5.7		
Regard of other educators for subject of Life Orientation (q1.8 by q5)		
Value of LO as rated by other educators	educators:	
Frequency Row Pct	Total	percentage
Most important subject	30	19.7
Contributes towards positive change	49	32.0
Contributes but other subjects are more important	45	29.4
Adds no value	10	6.5
It is a waste of time	10	6.5
Undecided	7	4.6
Other	2	1.3
Total	153	100
Frequency Missing = 846. Exact probability [Chi-sq=6.0526] = 0.4233		

The low overall total in Table 5.7 indicates that few participants responded to these questions. Some educators (32%) indicated that the subject Life Orientation *does contribute to learners' change to positive behaviour*. Twenty nine point four percent of the responses indicated that although *it does contribute to learners' change of behaviour, other subjects are more important*. On the other hand, there were a small proportion of participants (6.5%) who felt that the subject Life Orientation was a *waste of school time, while some educators (6.5%) indicated that it added no value to learners' behaviour*. The concern is that such attitudes may lead to learners valuing the subject negatively.

Table 5.8: Challenges Life Orientation educators experience in secondary schools (q1.9 and 2.3)

Table 5.8		
Challenges experienced by LO educators at secondary schools (q1.9 and 2.3)		
Challenges	Capacity	
Frequency Row Pct	Educators:158	%
No support PDEO	69	9.18
No support HOD, SMT	68	9.04
Staff undermine LO	113	15.03
Counsellor, not teach/advise	71	9.44
Overcrowding, LO classes	124	16.49
Teaching time limited	153	20.35
Learners/ staff, not serious	100	13.29
No challenges	29	3.86
Other	25	3.32
Total	752	100
Frequency Missing = 2092		
Probability[Chi-sq=18.8186] = 0.0159*		

Table 5.8 reveals that to the majority of respondents (20.35%) the most important challenge seems to be that the subject Life Orientation has a limited teaching time. Other challenges are overcrowded classrooms (16.49%) and staff/educators of other subjects (15.03%) who undermine the subject Life Orientation. The danger is that the

attitude of undermining the subject Life Orientation might be passed on to learners.

5.2.1.3 Participants' HIV/AIDS knowledge

This section deals with how knowledgeable respondents are about HIV/AIDS issues, (Appendix F: q1-17). Participants' HIV/AIDS knowledge indicator (table 5.2) for biographical attributes was utilised to determine how many respondents are informed or not informed about the HIV/AIDS issues. Detailed information regarding respondents' HIV/AIDS knowledge is attached as table 5.9a (Appendix I).

Table 5.9: Participants' HIV/AIDS knowledge indicator

Table 5.9 Section 3: Participants' HIV/AIDS knowledge indicator(q1-17)				
	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Not informed	17	10.76	17	10.76
Relatively informed	116	73.42	133	84.18
Informed	25	15.82	158	100.00

Table 5.9 indicates that seventy three percent (73%) of the Life Orientation educators were relatively knowledgeable on HIV/AIDS issues, 16% proved to be well-informed and 11% were not informed at all. It is a concern that after more than two decades since the discovery of HIV, there are some sections of the society that are still not informed about HIV. One can infer from this indicator, '*why millions of people are still getting infected*' (Paragraph 1.5) with HIV.

5.2.1.4 Participants' perceptions in relation to aspects of HIV/AIDS

Perceptions regarding the following dimensions of HIV/AIDS are discussed in this section. They are: personal stance and involvement

of respondents with HIV/AIDS (Appendix F: q18-28), perceptions related to personal sex life of the respondents (Appendix F: q29-37); perceptions on attitudes about HIV/AIDS and sex education (Appendix F: q38-48); confidence-levels related to AIDS rapport building in classroom (Appendix F: q50-61) and perceptions on ease of engagement or interaction with the learners on HIV/AIDS issues (Appendix F: q62-71). The questionnaire items covering these aspects comprised of five groups of questionnaire items on a five point rating scale. Rating levels included *agree, strongly agree, undecided, agree and strongly disagree*. However, in order to allow for an easy comparison of values, tables discussed in the chapter are condensed to *agree, undecided and disagree*. Detailed tables are attached as table 5.9a (Appendix I).

Table 5.10 as well as the other tables in this section represent composite one-way frequency tables. Respondents were requested to answer subsets of questionnaire items and these subsets of one-way tables are each presented as a composite table of one-way tables.

Table 5.10: Personal involvement in HIV initiatives (q18-28)

Table 5.10: Personal stance on and involvement in HIV/AIDS (q18-28)							
HIV/AIDS Issues	Agreement rating						Total
Frequency Row Pct	Disagree	%	Undecided	%	Agree	%	
Tested for HIV	13	8.22	2	1.26	141	89.34	156
Change sexual behaviour	23	13.55	10	6.32	120	75.94	153
Discuss HIV with family	7	4.43	6	3.79	142	89.87	155
Discuss HIV with friends	11	6.96	10	6.32	134	84.81	155
Include HIV courses taught	10	6.32	8	5.06	137	86.70	155
Discuss HIV educ. with friends	15	9.49	11	6.96	128	81.01	154
Suggest more prominence HIV education	15	9.49	14	8.86	121	76.58	150
Partake in HIV community activities	12	7.59	9	5.69	130	82.27	151
Partake activities, change Government policy	23	14.55	20	12.65	106	67.08	149
Discuss sex/ sexuality in class	14	8.86	12	7.59	127	80.37	153
Discuss HIV/AIDS in class	11	6.96	4	2.53	138	87.34	153
Total	154	9.15	106	6.29	1424	84.56	1684
Frequency Missing = 54							
Probability [Chi-sq=83.0455] = <0.0001***							

Table 5.10 indicates that the general stance of Life Orientation educators on HIV/AIDS involvement, as evaluated against the subset of survey statements, proved to be overwhelmingly positive (84.56% of the responses in total were positive), since the majority of responses fell within the 'agree' dimensions of the agreement rating scale. Similar perceptions were evident from interviews on how respondents view involvement in HIV/AIDS. For example, one educator responded:

"definitely, because I feel as an educator, may be, they (learners) listen to you more ...eh... may be you can have a greater impact than them listening to their friends in the playground, listening to their peers and getting wrong information, rather get it from their teacher".

The probability associated with the composite table furthermore indicated that respondents' agreement level differed significantly on some issues of *stance and involvement*. The probability associated with the Chi-square statistic of 83.46 is less than 0.0001, which indicates statistical significance on at least the 0.1% level of significance.

The significant differences in agreement level, for example, reflect in the statement on involvement in protest actions, etc, (*'partake in activities to change government policy on HIV/AIDS'*). Some (15%) of the respondents indicated that they were not in agreement or undecided whether they would partake in such actions. In this particular instance the proportion of *undecided* responses were substantially higher (13%) than for most of the other statements posed.

Table 5.11: Perception of personal sex life (q29-37)

Table 5.11: Perception on personal sex life (q29-37) Row percentages included							
Sex life issues	Agreement rating						Total
Frequency Row Pct	Disagree	%	Undecided	%	Agree	%	
A man has final word at home	130	82.27	6	3.79	18	11.39	154
Care of the sick is a woman's work	131	82.91	6	3.79	16	10.12	153
In a marriage rape cannot take place	124	78.48	8	5.06	22	13.92	154
A woman should not initiate intercourse	107	67.72	25	15.82	21	13.29	153
A woman who participates in foreplay may still say no	30	18.98	27	17.08	96	60.75	153
Man decides on the type of sex	128	81.01	11	6.96	14	8.86	153
A woman with condoms is promiscuous	125	79.11	15	9.49	15	9.49	155
Violence permitted if a woman refuses	139	87.97	3	1.89	13	8.22	155
Intercourse should be stopped at a partner's request	43	27.21	26	16.45	86	54.43	155
Total	957	69.1	127	9.2	301	21.7	1385
Frequency Missing = 37 Probability [Chi-sq=499.6983] <0.0001***							

The total-frequency distributions included in Table 5.11 indicate that a general disagreement rating (69.1%) perception was recorded by respondents on the statements describing *personal sex life*.

It is important to note that most of the disagreement statements of appendix F: question 29-37 are positive ratings except for question 33 (*If a woman is participating in 'foreplay' with a man (e.g. touching, kissing), she still has the right to say 'no' to sexual intercourse with him*) and 37 (*You should always stop sexual intercourse if your partner asks you to stop, even if you are already sexually aroused*) in which agreement statements are positive ratings.

Table 5.11 depicts that 27% of respondents disagree with the statement that *you should always stop sexual intercourse if your partner asks you to stop, even if you are already sexually aroused*. It also seems that some (17%) are uncertain whether *a woman after participating in 'foreplay' with a man still has the right to say 'no' to sexual intercourse with him*. This can be attributed to the fact that 77% of respondents are African males. Hence antenatal clinic HIV prevalence estimates for 2008 depicts 40% for KwaZulu-Natal compared to 15% in the Western Cape (Nicolay, 2008: 1). Nicolay, (2008: 4-7) further recorded that in 2008 KwaZulu-Natal reported 366 new infections compared to the lowest of 19 new infections in the Northern Cape.

The question arises as to whether the high prevalence rate could be linked to the initial findings of this section in which the influence of the African male, which constituted 77% of the sample, becomes clear. This seems to reflect that the right to say 'no' to unwanted attention in KwaZulu-Natal is not strongly reflected.

Table 5.12: Perceptions of attitudes towards HIV/AIDS and sex education (Q38-49)

Table 5.12: Perceptions of attitude on HIV/Aids/ sex education q38-49							
Attitudes on HIV/sex education	Agreement rating						Total
Frequency Row Pct	Disagree	%	Undecided	%	Agree	%	
It 's OK to request boyfriend to use condom	10	6.46	3	1.94	142	91.62	155
It's OK to request husband to use condom	11	7.1	10	6.45	134	86.45	155
Sex education encourages sexual activity	116	74.83	15	9.68	24	15.48	155
Sex education should be very basic	59	38.31	19	12.34	76	49.35	154
Inappropriate to teach sexual ethics	116	77.33	15	10.00	19	12.66	150
Schools should discipline sex harassers	16	10.32	5	3.23	134	86.45	155
No objection to HIV students in class	13	8.44	5	3.25	136	88.31	154
Uncomfortable with HIV colleague	119	76.78	5	3.23	31	20	155
Comfortable to hug HIV friend	13	8.39	8	5.16	134	86.45	155
Proud friend takes stance on HIV	6	3.9	10	6.49	138	89.61	154
AIDS activism has no place in schools	107	71.33	18	12.00	25	16.67	150
No free condoms in my institution	85	57.04	22	14.77	42	28.18	149
Total	671	36.5	135	7.3	1035	56.2	1841
Frequency Missing = 55							
Probability [Chi-sq=989.7598] < .0001***							

Table 5.12 shows there is a general agreement rating perception on the statements describing attitudes towards HIV/AIDS and sex education issues (56%). The statistical significance attached to the chi-square statistic of 989.67 (< 0.1%) furthermore indicates that respondents' agreement perception differed significantly on some of the statements made in this regard. Disagreement was reported on statements regarding sexual education encouraging sexual activity, inappropriateness of teaching sexual ethics, feelings of discomfort with HIV/AIDS colleagues, AIDS activism at schools and free condoms at schools.

A substantial number of teachers (49.35%) responded positively to the questions, *if schools offer sex education they should just teach the basic biological facts about sex*. This attitude seems contradictory to the Life Orientation content and may therefore negatively affect successful implementation of the subject. The content of the subject Life Orientation, as set out by the Department of Education (2003a: 11), addresses issues relating to sexuality, teenage pregnancy and sexually transmitted infections including HIV/AIDS. This study also has established that best sex

education comprises of education about all aspects of sexuality (Paragraph 2.6.3.2). It covers information about physical development, sexual orientation, sexual pleasure, values, decision making, communication, dating and relationships (Paragraph 2.6.3.2).

Table 5.13: Perception of confidence to build rapport with learners on HIV/AIDS issues (q50-61)

Table 5.13 Perception of confidence to build rapport with learners on HIV/AIDS issues (q50-61)							
HIV/AIDS issues	Agreement rating						Total
Frequency Row Pct	Disagree	%	Undec ided	%	Agree	%	
Integrate HIV with curriculum	9	5.97	6	3.97	136	90.07	151
Convey accurate HIV/AIDS info	6	4.00	8	5.33	136	90.67	150
Improve student's HIV/AIDS tolerance	3	2.05	13	8.90	130	89.05	146
Teach sexuality positively	4	2.67	11	7.33	135	90.00	150
Answer sex/sexuality questions	6	4.08	19	12.92	122	83.00	147
Sex: Manage cultural differences	3	2	22	14.67	125	83.33	150
Assess student's HIV knowledge	4	2.70	10	6.70	135	90.60	149
Find recent HIV info internet	10	6.67	13	8.67	127	84.66	150
Select reliable Internet HIV info	8	5.33	27	18	115	76.67	150
Support HIV/AIDS students	3	2.01	16	10.74	130	87.25	149
Support HIV/Aids colleague	7	4.70	53	35.57	89	59.73	149
Motivate future teachers, support HIV	10	6.62	47	31.13	94	62.25	151
Total	73	4.0	245	13.7	1474	82.3	1792
Frequency Missing = 104							
Exact Probability [Chi-sq=289.6008] < 0.0001***							

The total frequency row in Table 5.13 shows a general overwhelming agreement-rating perception. 82.3% of the responses indicated some level of agreement on the statements describing *rapport building confidence*.

However, some contrasting agreement perception statements are depicted in the report. Significant contrasts are illustrated in the fact that, although overall agreement perceptions were expressed on all statements, participants (85%) responded positively with regard to confidence to *teach about sexuality in a positive and affirming way*, whereas in

Table 5.12 above about 49% participants responded that *if schools offer sex education they should just teach the basic biological facts about sex.*

Table 5.14: Perception of ease of interacting with learners on crucial HIV/AIDS issues. (q62-71)

Table 5.14							
Perception of ease of interacting with learners on crucial HIV/AIDS issues. (q62-71)							
HIV/AIDS issues	Agreement rating						Total
Frequency Row Pct	Disagree	%	Undecided	%	Agree	%	
Unprotected sex: HIV transmission	9	6.25	9	6.25	126	87.5	144
Protection against HIV infection	4	2.79	7	4.90	132	92.31	143
Queries: anal/oral sex	18	12.59	33	23.08	92	64.33	143
Cultural differences, sexuality	6	4.23	21	14.79	115	80.98	142
Dying and death	11	7.75	19	13.38	112	78.87	142
Bereavement and loss	11	7.86	15	10.71	114	81.43	140
Student disclose, HIV experience	5	3.50	12	8.39	126	88.11	143
Colleague disclose, HIV experience	4	2.80	4	2.80	135	94.40	143
Share own HIV experience, colleague	5	3.52	10	7.04	127	89.44	142
Total	73	5.70	130	10.10	1079	84.20	1282
Frequency Missing = 140							
Probability [Chi-sq=98.2882] < 0.0001							

Table 5.14 shows comfortability of respondents to discuss crucial HIV/AIDS issues with learners. The totals-frequency distribution included in table 5.14 indicates that a general, overwhelming agreement-rating (84.2%) perception was recorded on the statements describing ease of interacting with learners on HIV/AIDS issues.

However, the statistical significance attached to the chi-square statistic of 98.2882 (< 0.1%), furthermore indicated that respondents' agreement perceptions differed significantly on some of the statements of the construct. Significant differences are illustrated in the fact that, although overall agreement perceptions were expressed on all statements, respondents were significantly more reserved with regards to *queries on anal and oral sex*, on the one hand in which case a greater proportion of *uncertainty* was indicated (23%) and on the other on *colleagues' disclosure of sexual experiences*, in which case a significantly greater proportion of agreement was expressed (94.40%).

A similar agreement perception (80%) is recorded on *a student talking to you privately about their experiences with HIV/AIDS*. One would have expected that respondents would express *disagreement* because *agreement* means comfortably discussing a student's or colleague's private experience in class with learners.

5.3 SCALE RELIABILITY TESTING

The findings on perception in the preceding section, section 5.2.1.4 gave a general overview of perceptions regarding certain aspects of HIV/AIDS. More information can be extracted from the data by calculating a perception score for each HIV/AIDS aspect for each respondent. The perception score for each respondent is calculated as the mean agreement rating for each question within the subset of questions that describe an HIV/AIDS aspect, such as 'perception regarding personal sex life'. The HIV/AIDS-aspect score obtained in this way then represents each respondent's perceptions on the various aspects of HIV/AIDS. Before these scores are, however used to investigate perceptions in greater depth in further analyses, the reliability of the calculated scores for the various aspects of HIV/AIDS have to be established. If internal consistency reliability can be established for each HIV/AIDS aspect, it implies that the calculated scores truly measure what they purport to measure.

Scale reliability testing was therefore conducted on the agreement ratings of each subset of questionnaire items which describe an aspect of HIV/AIDS (5.2.1.4 and table 5.15). The principle of scale reliability testing is elaborated on in Appendix I.

Table 5.15: Scale reliability testing

Table 5.15 Scale reliability testing							
Summary results of scale reliability testing conducted on the perception constructs defined. Cronbach alpha coefficients, questionnaire items describing each perception construct, construct mean scores and standard deviations are reported .							
Perception construct	dimension/ included	Questionnaire items		Cronbach alpha coefficient	Grand mean perception score	N	Standard dev. mean score
		included	excluded				
Personal stance on HIV/AIDS	q18-28	-		0.93	4.21	156	0.79
View on personal sex life	q29-32 q33n q34-36 q37n	-		0.77	1.91	156	0.65
Attitude: View of attitude on HIV/Aids/ sex education	q38-39, q40n, q42n, q43-44, q45n, q46-47, q48n	q41		0.74	4.18	156	0.59
Perception of rapport building confidence	q50-61	-		0.93	4.14	153	0.61
Perception of ease of learner interaction in HIV/AIDS	q62-71	-		0.89	4.15	145	0.69
A question-item with a 'n' suffix (q33n for example) indicates that the rating scale for that particular item has been inverted to comply with assumptions of scale reliability testing.							

Cronbach alpha coefficient all proved to be greater than 0.7. Scale reliability was thus indicated for all constructs. This implies that all questionnaire items within a particular construct contributed towards explaining the particular aspect of HIV/AIDS. This result further implies that perception scores, which were calculated for each respondent as the mean agreement rating response to all questionnaire-items associated with a particular aspect of HIV/AIDS for each respondent, can act as reliable indicators of the perception of respondents to each aspect of HIV/AIDS investigated.

In Table 5.15 the mean scores indicated in the third to last column serve the purpose of reflecting the general perception trend expressed by respondents regarding each construct. For example the general score mean for the aspect of *rapport building confidence in class* was calculated as 4.14, and for *view on personal sex life* as 1.91. This implies that respondents expressed an 'agreement' rating or positive confidence level regarding HIV/AIDS rapport building in the class, but

a disagree mean-rating, or negative perception towards the personal sex life concept presented to them

5.4 ANALYSIS OF VARIANCE

Once the internal consistency reliability of the various HIV/AIDS perception constructs had been established (Table 5.15) separate analyses of variance were performed on each of the sets of perception construct scores to identify biographical effects that significantly affected respondents' perceptions on aspects of HIV/AIDS.

Table 5.16 summarises the results of the analyses of variance. The biographical attributes of gender, race, if participants have Life Orientation training, whether sex is discussed in the class, whether HIV/AIDS issues are addressed in the class and HIV/AIDS knowledge were entered into each anova model to evaluate the statistical significance of their effects on respondent perceptions.

Table 5.16 firstly verifies (in column 2) that general significance was established for each anova model on at least the 1% level of significance. Attention could subsequently turn to the statistical significance of the individual biographical effects. Significance of these effects as established in the various anovas is indicated in columns 4 to 9 of Table 5.16. A significance legend is included in the table (Appendix F section 3).

Table 5.16: Analysis of variance

Table 5.16								
Analysis of variance (anova) summary results table indicating significance level of identified biographical attributes								
Each row of the table represents a separate analysis of variance performed on HIV/AIDS perception scores. The constructs are listed in the first column of the table. The general anova F statistic and associated probability is listed in the second column of the table. F-probabilities associated with the individual biographical attributes and F statistics are reported in columns 4-9 of the table.								
Construct	General statistic (F-prob.)	Obs. analysis (Obs. Missing included)	Significance attached to biographical effects to identify influential biographical in anova					
			Gender q1	Training, LO q5	Race q2	HIV knowledge q1-q17	Discuss sex q27_1a	Discuss HIV/AIDS q28_1a
Stance: View/ involvement with HIV/AIDS	6.85 (<0.0001)***	135 (158)	0.4566**	0.0313*	0.3675	0.0002***	0.3130	0.0690 [?]
Viewp: Perception on personal sex life	3.24 (0.0034)**	135 (158)	0.1820	0.3573	0.0259*	0.0322*	0.4713	0.5938
Attitude: View of attitude on HIV/Aids/ sex education	3.49 (0.0031)**	135 (158)	0.1165	0.1871	0.2157	0.0523*	0.2182	0.6548
Confidence: Rapport building re HIV/AIDS class	2.80 (0.0097)**	133 (158)	0.9208	0.6792	0.1864	0.0030**	0.4126	0.6300
Relax: Comfortability, interaction learners HIV/AIDS issues	2.98 (0.0065)**	125 (158)	0.3570	0.1055 [?]	0.0744 [?]	0.0051**	0.7227	0.9588
Significance legend: [?] : 10% level of significance * : 5% level of significance ** : 1% level of significance *** : 0.1% level of significance								

The F-probabilities associated with the biographical attributes reported in columns 4 to 9 of Table 5.16 indicated that:

- How knowledgeable respondents were on HIV/AIDS proved to have a statistically significant effect on perceptions of all perception aspects of HIV/AIDS.
- Gender and training in Life Orientation furthermore proved to have a statistically significant effect on respondents' stance and involvement with HIV/AIDS issues (The effect of discussion on HIV/AIDS in the classroom was statistically significant on the 10% level of significance).

- The effect of race in addition, also significantly affected respondents' perceptions on personal sex life.
- Training in Life Orientation and race (although on the 10% level of significance) furthermore had a statistically significant effect on respondents' perception of how comfortable they felt in interacting with students on HIV/AIDS issues.

From these result it is crucial to note that Life Orientation training and HIV/AIDS knowledge had a statistically significant impact on how educators approach HIV/AIDS related issues.

The nature of the impact is described in Table 5.17 in section 5.5, which reports on the findings of the Bonferroni Multiple Comparison of means tests. These tests could be conducted on the perception category-means of biographical attributes that had been identified as significant in the analyses of variance described in this section.

5.5 BONFERRONI MULTIPLE COMPARISONS OF MEANS TESTS AND GENERAL DEDUCTIONS

In the preceding analyses of variance results, the analyses only identified those biographical attributes that significantly affect perceptions on the various aspects of HIV/AIDS. Bonferroni Multiple Comparisons of means tests, subsequently conducted, determined the nature of the effect that the biographical attributes exerted on perceptions. In other words, how the biographical effects influence perceptions.

In Table 5.17 the results of the Bonferroni multiple comparisons of means tests are reported. The rows of the table indicate the aspects of HIV/AIDS on which perceptions were evaluated. That is, stance on involvement with HIV/AIDS, perception on personal sex life, attitude on HIV/AIDS/sex education, rapport building about HIV/AIDS in class and

comfortability to interact with learners about HIV/AIDS issues. The columns list biographical effects such as Life Orientation training, race, HIV knowledge and educators who discuss HIV/AIDS with learners in class. These had been identified as significantly effecting perceptions in the preceding analysis of variance. The body of the table contains the mean perception scores for each aspect of HIV/AIDS. These perception scores are arranged according to the categories of the biographical attributes identified as significant.

Table 5.17: Perception score means of biographical effects on perceptions regarding aspects of HIV/AIDS

Table 5.17					
Table of perception score means arranged according to categories of biographical effects identified as significant influential effects on perceptions regarding aspects of HIV/AIDS					
Bonferroni least significant differences are indicated for each biographical effect. Category mean scores of a biographical attribute suffixed with different small letters indicate means that differ significantly from one another.					
Construct	General statistic (F-prob.)	Category-mean perception scores for the biographical attributes indicated as statistically significant influential affects on the perceptions of the various HIV/AIDS aspects/ constructs.			
		LO training q5	Race q2	HIV knowledge q1-q17	Discuss HIV/AIDS q28_1a
Stance: View/ involvement with HIV/AIDS	6.85 (<0.0001)***	yes: 4.42 a no: 3.92 b	-	i: 4.37 a ri: 4.31 a ni: 3.27 b	yes: 4.30 a no: 3.71 b
Viewp: Perception on personal sex life	3.24 (0.0034)**	-	Europn: 1.65 a African: 2.04 b	i: 1.94 a ri: 1.88 a ni: 2.49 b	-
Attitude: View of attitude on HIV/Aids/ sex education	3.49 (0.0031)	-	-	i: 4.30 a ri: 4.21 a ni: 3.73 b	-
Confidence: Rapport building re HIV/AIDS class	2.80 (0.0097)**	-	-	i: 4.17 a ri: 4.18 a ni: 3.49 b	-
Relax: Comfortability, interaction learners HIV/AIDS issues	2.98 (0.0065)**	(10% sign. level) yes: 4.28 a no: 4.02 b	(10% sign, level) Europn: 4.37 a African : a.11 b	i: 4.12 a ri: 4.27 a ni: 3.54 b	-
Significance legend: ? : 10% level of significance * : 5% level of significance ** : 1% level of significance *** : 0.1% level of significance					

Table 5.17 indicates that on '*stance on HIV/AIDS* construct, distinctly more positive dispositions were reflected by respondents:

- who were '*relatively*' or '*well informed*' on HIV/AIDS issues as opposed to those who were '*not informed*' with mean perception scores of 4.37 and 4.31, and 3.27 respectively.
- who *discussed* HIV/AIDS with their learners as opposed to the groups that does not discuss HIV/AIDS with the mean score of 4.30 as opposed to 3.71 for the latter.
- who '*had the subject Life Orientation training* as opposed to respondents who did not receive *Life Orientation training* with perception mean scores of 4.42 and 3.92 respectively.

Generally, respondents reflected a rather negative viewpoint on the issue of '*personal sex life*', but perceptions were significantly more so for:

- '*European race*' group educators as opposed to '*African race*' group educators with mean perceptions scores of respectively 1.65 and 2.04.
- And for '*HIV/AIDS informed*' and '*relatively informed*' groups as opposed to '*not- HIV/AIDS informed*' group with perception mean scores of 1.95, 1.88 and 2.49 respectively.

For the '*attitudes on HIV/AIDS and sex education*' construct perceptions in general were positive, but again significantly more so for:

- '*HIV/AIDS informed*' and '*relatively informed*' as opposed to the '*HIV/AIDS not-informed*' response group with perception mean scores of 4.30, 4.21 and 3.73 respectively.

The same perception trend reported in the previous paragraph on *attitudes on HIV/AIDS and sex education* was established for the '*perceived-confidence-to-build- HIV/AIDS -classroom-rapport*' construct with significantly more positive perceptions expressed by the:

- HIV/AIDS *informed*' and '*relatively informed*' as opposed to the '*HIV/AIDS not-informed*' with perception mean scores of 4.17, 4.18 and 3.49 respectively.

Respondents' perception of their '*HIV/AIDS -classroom-interaction-comfortability*' proved to be positive in general with, significantly more positive perceptions expressed by the:

- '*HIV/AIDS informed*' and '*relatively informed*' as opposed to the '*HIV/AIDS not-informed*' with perception mean scores of 4.12, 4.27 and 3.54 respectively.
- *European race*' group educators as opposed to '*African race*' group educators with mean perceptions scores of 4.37 and 4.11 respectively and
- Who '*had the subject Life Orientation training*' as opposed to respondents who did not receive '*Life Orientation training*' with perception mean scores of 4.28 and 4.02.

5.6 SUMMARY OF QUANTITATIVE RESEARCH FINDINGS FROM THE ANALYSES OF VARIANCE AND BONFERRONI TESTS AND CONCLUSIONS

In general the results suggest that prior HIV/AIDS knowledge plays a vital role in respondents' view on HIV/AIDS related issues. The more knowledgeable respondents are, the more positive their approach and understanding of HIV/AIDS issues. Race and the subject Life Orientation-training also affected some perceptions of HIV as did classroom discussions of HIV/AIDS.

Except for the race attribute, all attributes mentioned in the previous paragraph relates to Life Orientation training or HIV/AIDS knowledge. The implication of this to the study would therefore be that HIV/AIDS awareness and Life Orientation training create positive perceptions towards HIV/AIDS issues.

Finally, analysis of the questionnaire provided the researcher with the statistical data as to the number of educators who are informed about Life Orientation and HIV/AIDS as subjects, as well as the extent to which the subject Life Orientation impacts on awareness or HIV/AIDS education in the secondary schools. The results also revealed that some of the educators who teach the subject Life Orientation were not knowledgeable about it and how it impacts on HIV/AIDS awareness campaigns.

The results of the questionnaire were then used as basis to develop questions for qualitative approach with the purpose to corroborate the result of the questionnaire.

5.7 DATA ANALYSIS AND INTERPRETATION OF THE INTERVIEWS

The reasons to use interviews as a method of data collection were explained in Paragraphs 1.8.2 and 4.2.5. The interviews enabled the researcher to obtain information on the perceptions and understanding of Life Orientation educators and subject advisors about the research problem; the role of Life Orientation in fighting HIV/AIDS in secondary schools of KwaZulu-Natal. The researcher opted for open-ended questions to allow the respondents to freely express their perceptions and understanding of the research problem (Paragraph 4.2.5.1).

5.7.1 Introduction to the interviews

According to van Den Aardweg and van Den Aardweg (1988: 121) an interview is a goal directed attempt by the interviewer to obtain valid and reliable information from respondents. To obtain such information the researcher conducted semi-structured interviews with five educators, four subject advisors and one focus group interview. The researcher found that the information from the focus group corresponded to the individual interviews findings. Therefore, these results are not presented.

Interviews of the educators and subject advisors are analysed and interpreted separately. However where applicable, findings on both educators and subject advisors were analysed in an integrated fashion also as with results obtained from the questionnaires.

5.7.2 Interview with Life Orientation educators

The researcher explained the purpose of the interview to each of the educators before commencement. The sequential structure of questions and approach to questioning were also explained. Interviewees were then afforded an opportunity to ask any question if they had a concern before the questions were administered.

5.7.3 Life Orientation knowledge and training

5.7.3.1 Life Orientation defined

Respondents' definition of the subject Life Orientation indicated that educators place emphasis on different aspects of the subject. One was expecting a dominant use of the definition used by the Department of Education (2003a: 9; 2008: 7; 2010: 6) which defines Life Orientation as *the study of self in relation to others and to society*; however,

respondents used certain aspects of the subject Life Orientation to define the subject such as decision-making (40%). The majority of participants (60%) defined the subject Life Orientation as a life skills development subject. It is imperative to mention that the main concept in the definition of Life Orientation is the 'study of the self'. This simply means knowing who you are (self-identity).

However, there was an indication in their definitions that their perceptions of the subject Life Orientation were more than the aspects they articulated. This is part of what educators said:

Respondent A

Life Orientation is what it says; to orientate pupils about life, to teach them life skills, to empower them, to enable them to live their lives successfully, to teach them how to handle problems or conflict; to basically build them up as persons.

Respondent E

I think Life Orientation is a very broad subject, I think it encompasses a lot of stuff. I think it is a very important subject.

Although educators displayed some level of understanding of what the subject Life Orientation means; the fact that some believe it is intended for preparing the Grade twelve learners (educator C) is a concern.

Respondent C

Life Orientation is a subject whereby we as teachers get the opportunity to teach learners about life in totality, especially in Grade twelve when they get ready to face life outside.

This may imply that Life Orientation does not receive the required level of teaching in the lower grades. As Chapter One suggests, literature (African Pulse, 2006), points out that HIV transmission often takes place between the ages of fifteen (normally before grade 12) and twenty. Again in Chapter Two, it was pointed out that sex education should start before young people become sexually active because usually having a first sexual intercourse at an early age carries a very high HIV infection risk.

Therefore, if relevant Life Orientation skills are not imparted to learners in the lower grades, the subject may lose its impact on helping to combat HIV/AIDS in the secondary schools.

5.7.3.2 The Role of Life Orientation in fighting HIV/AIDS

All educators interviewed maintained that until the subject Life Orientation was introduced, HIV and sex education was never addressed in their schools. In order to ascertain if educators were aware of the role the subject Life Orientation can play to curb HIV, a question was asked in this regard. Educators agreed that the subject Life Orientation provides learners with information about HIV.

Respondent D

Life Orientation is to actually inform and let the learners aware that there is HIV/AIDS. So it is an information package.

Educators' perception of the role of the subject Life Orientation in fighting HIV raises some concerns about how the subject is taught in the schools. A high percentage (60%) of the respondents stated that the subject Life Orientation is an informative subject. This tempts one to suspect that in some schools the subject Life Orientation lessons are more of an information dissemination session than a teaching and

learning environment where learners can gain necessary skills to deal with HIV/AIDS.

Nevertheless, some educators (40%) did indicate that from the subject Life Orientation learners can learn how to avoid infections (STIs and HIV), deal with infected people in terms of taking care of them and how to cope when parents have died of AIDS. This is what one educator had to say:

Respondent E

Life Orientation can play a big role in fighting HIV. I think one of the problems, often kids feel like, "HIV/AIDS, we do not want to hear about it again"; more than teaching HIV/AIDS, if you are teaching kids about sexuality, about things like looking after your body, about abstinence. Those kinds of things can help in a fight against HIV/AIDS.

In conclusion, the varying nature of educators' responses concurs with the preliminary study results. Preliminary investigation suggested that Life Orientation educators had not optimally implemented the subject to fully address the threat of HIV/AIDS to secondary school learners (Paragraph 2.5).

5.7.3.3 The influence of Life Orientation in changing the mindset about HIV/AIDS of sexually active learners

Responses to the above question indicated that educators have fragmented knowledge of some assessment standards of the subject Life Orientation. The question was based on learning outcome one: Personal Well-being, of Grades 10-12 which states that:

"We know this when the learner is able to explain changes associated with growing towards

adulthood and describe values and strategies to make responsible decisions regarding sexuality and lifestyle choices in order to optimise personal potential” (Department of Education, 2008: 27).

The same document (Department of Education, 2008: 27) provides concepts to be covered in order to achieve this knowledge area. Educators interviewed pointed out that there is not much that can be done to change the mindset of the sexually active children because they are stubborn. Educators maintained that girls place their trust on their boyfriends. Regrettably, what they do not realise is that:

“Trust may help a relationship to blossom, but it doesn’t protect young women from HIV infection” (World YWCA, 2006: 34).

Educators also say that girls believe that their boyfriends “won’t do that (infect) to them”.

Respondent A

The mindset of the children is very difficult to educate them and let them know how important to always have protected sex. They are very rebellious; very stubborn; they feel it won’t happen to them. They have that kind of attitude.

The researcher acknowledged the difficulties that were put forward by educators, but he further probed what could be done to protect those learners from HIV infection using the content of the subject Life Orientation. The responses from respondents remained the same except for one educator who suggested that encouraging having one partner would protect such learners from both STIs and HIV infection. Whereas the reality has always been that:

“Simply being faithful to one partner is an ineffective strategy for avoiding HIV infection because it does not take into account that one partner may already be HIV positive, and that one partner staying faithful, does not prevent high-risk sexual behaviour in the other” (World YWCA, 2006: 34).

However, 20% of respondents showed insight into the role the subject Life Orientation can play to change mindset of learners about HIV. The educator suggested teaching learners about choices and decision-making. This response proved to be in line with the assessment standard quoted above on which the question was based.

Respondent E

One of the very important things with young people today; we need to teach them that they have a choice. Choices are very important. Often people become victims of things; they fail to realise that they have choices, while they can make choices in every area of their lives. But also in terms of their sexuality and sexual behaviour even teaching them that sex is not just a physical act, there is so much to it. There are also safe alternatives to sex such as masturbation.

The response of this educator indicates that there are few educators who are knowledgeable about the content of the subject Life Orientation. Their knowledge can be used to put a fight against HIV. However, responses by 80 % of Life Orientation educators interviewed suggest that the implementation of the subject Life Orientation on its own will not yield the desired result unless something more is done. A recommendation in this regard will be made in Chapter Six.

5.7.3.4 The anticipated impact of the subject Life Orientation on STIs, decisions about sexual relations and drug abuse

Similar to the responses on how the subject Life Orientation can be used to change the mindset of sexual active youth about HIV, educators showed different levels of understanding regarding how it can impact on STIs, sexual relationships and drug abuse. Educators feel that learners should be correctly taught to achieve assessment standards that deal with lifestyle diseases (Department of Education, 2008: 27). Educators indicated that:

Respondent D

We have already been able to see this impact in classrooms where learners have become knowledgeable and are able to talk about STIs and are able to identify some of these diseases and know which ones are contracted through unprotected sex.

Educators believe that if the subject Life Orientation can impart knowledge to learners about STIs and how they are contracted, it would have a great impact on decisions they take regarding sexual relationships.

It is imperative to note that educators pointed out that before the subject Life Orientation was implemented, they could not talk to learners about any sex-related topic. But since the subject Life Orientation was implemented:

Respondent C

Most learners are aware of sexual activities that may lead to pregnancy and STIs. Learners are free to talk to their educators and seek advice regarding involvement in sexual relationships and ask teachers' questions about dangers of unprotected sex.

5.7.4 Life Orientation implementation and learner attitudes towards it

5.7.4.1 Learner attitude towards the Life Orientation content

Perceptions of Life Orientation educators (60%) generally indicate that learners enjoy the subject, though some parts, like democracy, study methods and careers might be boring. Learners seem unsure whether they should take it seriously or not. Although they engage in good discussions in the classroom, when it comes to preparing for examination they do not perform well. This could be attributed to the fact that some regard it as half a subject.

Respondent A

As soon as you talk about sex, pregnancy and relationships, everybody wants to contribute and have their say and give their opinion about the topic. Most of them have an attitude that Life Orientation is an amusement subject.

Another respondent confirmed that when sexual issues are discussed learners positively contribute. But what becomes a problem is that some teachers start teaching sexual issues too late, at grade 12 while some learners start dating and having sex at grade 10.

Respondent C

If a child has been having sex for almost two years, and you come at grade 12 and you say stop this it will ruin your life, the child might want to stop but the problem is that she is already addicted to sex.

This implies that some teachers only start teaching sex education at grade 12 whereas the curriculum introduces sexuality at grade 7 (Department of Education, 2002: 40).

However, respondents remarked that learner attitudes are dependent on how passionate the teacher is about Life Orientation.

5.7.4.2 The benefits of effective implementation of Life Orientation

Respondents argue that if the subject Life Orientation is effectively implemented, there is hope for South Africa to produce better citizens who are able to think critically before making decisions in their lives.

Respondent C

Definitely, Life Orientation plays a very big role because nowhere else in the school curriculum is the opportunity for children to learn about life. Everything is content-based and curriculum based. At least in the Life Orientation they learn about life and how to live life and make choices.

Educators believe that the subject Life Orientation provides learners with the crucial information which no other subject could have provided. One educator commented that:

Respondent A

Surprisingly, I am always amazed how little children know. Sometimes you make a statement and some children would say they didn't know that before. We even have incidents of girls getting pregnant and they don't know how they got pregnant. Girls in grade eight and nine who got pregnant, they have no idea exactly what it was that got them pregnant.

Respondents (60%) agree that effective implementation of the subject Life Orientation can reduce the spread of HIV and teenage pregnancy which causes a high dropout rate among the girls. However some

respondents (20%) indicated that what threatens effective implementation of the subject Life Orientation is a negative attitude displayed by the school management teams (SMTs) who have no knowledge about it. They regard it as a filler subject. If a teacher does not have a full timetable, the school management teams give him/her Life Orientation regardless of the teacher's knowledge and interest in the subject. This concurs with the questionnaire findings presented in 5.2.1.2 above (table 5.5.). Some (20%) argued that the subject Life Orientation is not examinable, which undermines it and makes it less effective. Such a statement indicates that some teachers do not consider the internal examination of the subject Life Orientation as an authentic assessment. The subject Life Orientation is examined only internally (Department of Education, 2008: 6).

5.8.4.3 Successes of Life Orientation implementation in schools

Life Orientation educators (40%) regarded the fact that educators are trained and retained as Life Orientation teachers as a proof of success in their schools. Others (20%) mentioned a change of attitude among learners as a success in their schools although they could not specify the area of such attitude change. Some (20%) indicated that between 2005 and 2010 learner pregnancy had dropped from forty (40) learners per year to two (2) learners in May 2010. Others (20%) indicated that they observed a drastic drop of learners who abuse drugs.

It is imperative to mention that a very high proportion of respondents (40%) emphasised the fact that teachers are trained in the subject Life Orientation as a success in their schools which is not a measure by which to judge the success of a curriculum. A successful curriculum can only be judged by what learners are able to demonstrate as an indicator for behavioural change (Department of Education, 2003a: 7).

5.7.5 Participants' HIV/AIDS knowledge

5.7.5.1 HIV and AIDS defined

On this question respondents confirmed the quantitative findings that Life Orientation educators are informed about HIV/AIDS (5.6). They may not articulate their knowledge in scientific terms but their responses signalled that they are aware of the differences between HIV and AIDS stages. They also overwhelmingly (80%) indicated that HIV is the first stage and is mainly transmitted through sexual intercourse and AIDS is the last stage marked by a drastic drop of the CD4 count which renders the body too weak to fight opportunistic infections (Paragraph 2.7).

5.7.5.2 The age most at risk of HIV infection

Life Orientation educators interviewed overwhelmingly pointed out that people who are most at risk of HIV infection are adolescents and young adults (12- 25 years). Most of the respondents (80%) attributed the HIV risk of this age group to the young people being sexual active. This study has found that adolescents become sexually active between the ages of 10 and 15, without the necessary knowledge and skills to protect themselves from HIV (Paragraph 1.2).

Respondent A

The younger group is infected because of lack of knowledge. They don't understand. When the teenage hormones kick in they are not worried about protected sex, they are worried about their boyfriends and satisfying their feelings.

Some (20%) speculate that some young people deliberately get themselves pregnant in order to be eligible for child support grant. This irresponsible behaviour, they argue, exposes them to HIV

infection.

5.7.5.3 Physical vulnerability of women to HIV infection

Secondary schools' Life Orientation educators expressed different perceptions on this question. Some (40%) argued that both men and women have an equal risk of being infected with HIV. They very strongly disagreed that women are physically more vulnerable to HIV infection than men.

Respondent A

No I don't think so, if you are sleeping with somebody who is HIV positive whether it's a man or a woman, you stand the same risk of getting it... I don't think women are more vulnerable.

Others (40%) agreed with the perception that women are physically more vulnerable to HIV infection than men, although some men can also be vulnerable:

Respondent E

...if men are... engage in an anal sex, sort of homosexual sex then they are (vulnerable).

They argued that women's vulnerability can be attributed to their sexual organs.

Respondent E

Mmm... I think when you look at our sexual organs, they are not the same. With the woman it's a hole and it's warm. You know, and that warmth and that being closed is advantageous enough, you know, to let the virus to sit in and multiply...

This seems to concur with the findings of the questionnaire, which found that 56% agreed that *women are physically more vulnerable to HIV infection than are men* (Appendix I, Table 5.9 a).

5.7.5.4 Why are millions of people still getting infected with HIV?

Life Orientation educators (60%) indicated that HIV awareness campaigns are not reaching rural areas, and those that are taken to rural and townships are not presented in the language of the people. Respondents cited the poor and people with lower education as a population at risk of HIV infection. Most of these people reside in the rural areas, townships and informal settlements. Therefore, any programme which is presented in a language other than their home language is likely to fail.

Participants also presented denial as the main reason for the spread of HIV infection. These respondents argued that young people start experimenting with sex at a very young age and want to believe it will not happen to them. Respondents also raised a concern that young people like to attend night parties where liquor is abundantly used and end up engaging in unprotected casual sex under the influence of liquor. Others (20%) cited poverty and illiteracy as a reason people still get infected with HIV. On the other hand, there was also an opinion (20%) that people do have the necessary knowledge about HIV, but fail to make responsible decisions.

Respondent E

...because in as much knowledge you have but if you are not 'going to' choose to do things differently, choices you make are making you.

5.7.5.5 *The reasons why AIDS kills millions of people*

Life Orientation educators (60%) indicated that the HIV virus has led to millions of deaths because it is commonly transmitted through sexual intercourse. These educators argued that almost everyone who has reached sexual maturity age engages in sex. They also argued that other diseases such as lung cancer often attack smokers whereas non-smokers have a limited chance to contract it.

Respondent A

I would think it's just because of the number of people having sex...everybody is doing it. I mean, all adults are doing it, teenagers are doing it. It's just like lot of people are having sex.

Another argument (20%) was that HIV tricks the immune system to help it multiply while some (20%) were undecided. It is imperative to note that participants disagreed with the view that HIV is the weakest of the known viruses.

Nevertheless, the weakness of HIV is evident in that an infected person can live and feel well for more than five years without knowing that he or she is infected while other viruses such as a flu virus can cause the infected person to be sick within a few days (Paragraph 2.8). Therefore, if an HIV infected person engages in unprotected sex he or she will infect more people who may also pass the 'baton' without knowing.

5.7.6 Participants' HIV/AIDS attitudes

5.7.6.1 The significance of becoming involved in HIV/AIDS community projects

All the participants showed an interest in becoming involved in HIV/AIDS community projects. They all indicated that the role they would like to play in such projects is educating people about myths and realities of HIV/AIDS.

5.7.6.2 The role of Life Orientation teachers in providing support to learners experiencing personal crises related to HIV/AIDS

Teachers in many countries acknowledge the difficulties these heavily traumatised children experience in learning. They are aware that minds of these children are locked in a state of prolonged shock and that they are in need of counselling and support (Kelly, 2000: 51).

All Life Orientation educators sampled unanimously agreed that children infected and affected by HIV/AIDS need support. Educators (20%) acknowledged that *learners experiencing personal crises related to HIV/AIDS* feel lonely, stigmatised and often suicidal. Educators (40%) believe that support gives such learners hope; hence some of the schools have established support groups managed by a Life Orientation teacher.

Respondent A

Life Orientation teacher don't have a chance in that matter (supporting learners) because of the content of

the subject she is teaching. As a Life Orientation teacher you will always have to (be involved).

5.7.7 Views on personal sex lifestyle

5.7.7.1 The women's right to say no to sexual intercourse

Different opinions were expressed by participants. Some (60%) agreed that *a woman can participate in kissing and touching and still has a right to say no to sexual intercourse* while others (40%) disagreed. Of the other side 20% argued that married women cannot say no to sex to their husbands.

Respondent C

If you ask me, according to my religion, it is correct for a woman to do the kissing and foreplay and she does not have a right to say no to her own husband if he is requesting for sex; it is religiously not acceptable. Unless you have reasons both known to you and your spouse, like maybe you are fasting, but other than that no ways. But learners can say no.

It is imperative to note that this participant emphasised that being a Christian compels one to sexually submit to her husband. This seems to imply that some Christian women consider it compulsory to have sex with their husbands irrespective of risk except for religious reasons such as fasting.

Another 20% argued that it is better not to engage in foreplay if one knows she is not going to have sex.

Respondent E

To that I think its bit of complex question because I think may be for women that kind of a thing its easier to start engaging with then withdraw, you know, from it but for men, I think like, we are different; women are emotional men are, like more physical. So I don't know, I think it is actually unfair may be for women to get men all stimulated and then, you know, withdraw. It is not fair.

The second one seems to imply that some women believe that it is wrong for a woman to arouse a man and refuse to have sexual intercourse with him. This suggests that some women think that once they have aroused the man it makes the man entitled to have sex with them. And it is worrying to notice that some women are more concerned about men's sexual feelings than their safety.

5.7.7.2 Views about women who always carry condoms

All Life Orientation educators interviewed agreed with the idea of *women who always carry condom* but for different reasons. Some (20%) mentioned that if one knows she is going to sleep around they are correct to carry condoms. Others (40%) argued that one never knows when she is going to have sex with somebody; therefore, carrying a condom would ensure that, should if it happens that they are exposed to a sexually arousing situation, they will engage in safe sex. Other Life Orientation educators (20%) indicated that it is good for women to carry condoms in case they are exposed to rape. They may be able to offer a rapist a condom to protect them from STIs. Finally, others (20%) stressed that some people carry condoms and fail to use them.

It is a concern that all the Life Orientation educators interviewed recommend carrying of condoms by women for different reasons. They

do not mention this as a sign that women are taking control of their sex life with their primary partners.

5.7.8 Confidence in HIV and sex education abilities

Life Orientation educators sampled claimed to be confident to teach HIV/AIDS and sex education. They are now able to discuss issues like safe sex with learners.

5.7.8.1 The role of sex education in reducing the spread of HIV

Educators pointed out that most of the HIV infections among the youth occur through experimental sexual intercourse. This necessitates the need for sex and HIV/AIDS education programmes in schools to apprise learners of how their bodies respond to certain stimuli and how to avoid such situations. Life Orientation educators concur with the literature (Paragraph 1.5) that sex education programmes should start before teenagers become sexually active because once they start experiencing sex, it becomes difficult to make them stop.

5.7.8.2 The role of Life Orientation skills in encouraging sexually active learners to behave responsibly

Life Orientation educators (20%) argued that *it is possible for educators to positively influence learners' sexual behaviour* but that cannot only be attributed to skills received from Life Orientation alone. Teachers, as role models, their individual knowledge and skills also determine the quality, effectiveness and impact of education they impart to learners.

Engleberg *et al.*, (2003: 38) state that the role model stories are generally an excellent way to personalize risk information, assuming adolescents can identify with these models. Another teacher remarked:

Respondent C

Talking from experience and looking at one's life, if you have been involved in more than one or two sexual partners in the past, your sexual life is no longer the same because you always have these flashbacks, you know what I'm saying, and those are things you don't want to deal with in life. If you are fair enough to share that information with learners it would benefit them.

5.7.8.3 The influence of sex education on youth sexual behaviour

All the secondary school Life Orientation educators sampled disagreed with the statement that *sex education encourages the youth to engage in sexual activities*. Life Orientation educators (40%) explained that learners engage in unprotected sex without considering negative consequences. Some (20%) indicated that sex education makes learners aware of such consequences and helps them make informed choices.

Respondent A

No, no, sex education just empowers them to make the right decisions, it doesn't mean that you are teaching them about sex they are going to go out and have it.

Educators argued that there is no known evidence that *sex education encourages the youth to engage in sexual activities* or hasten the onset of sex, increase the frequency of sex and increase the number of sexual partners. To the contrary:

“Sex and HIV education programmes delay the onset of sex, reduce the frequency of sex, or reduce the

number of sexual partners” (Collins et al., 2009: 9).

5.7.8.4 Discussing sex with learners in class

Life Orientation educators (60%) say *it is correct to discuss sex with learners in class* as long as only facts about consequences are highlighted not the details of the act of sexual intercourse. Some (20%) argued that it is correct only if learners are made aware of the functions of their sexual organs but not the actual act of sexual intercourse because their culture is against that. On the other hand, others (20%) insisted that learners must be given all the details, especially those who have not started having sexual feelings such as details about arousal.

Respondent C

Why hiding? You know, I had a child at the age of 18 because sex was not discussed in class. If I had a teacher from grade 10 who was teaching me, telling me about sex, believe you me I would stayed without a baby until I finished my whole school, but because I was not told I never had knowledge. I ended up having a baby out of ignorance.

This argument corroborates with Paragraph 5.7.4.2 above that some learners, especially young girls do not even remember what got them pregnant. They do not differentiate between intensive foreplay and actual penetrative sex. This implies that young girls are missing a certain level of details on sex education. If imparted, such information could protect them from infections and unplanned pregnancy, which results from unplanned penetrative sex.

5.7.9 The Life Orientation subject advisors' interviews

The interviews of the subject Life Orientation advisors were intended to validate the findings of the educator interviews. They investigated the:

- perceptions of the subject advisors about the Life Orientation educators' subject knowledge, implementation and training,
- their perceived personal understanding of HIV/AIDS issues and
- their stance of HIV/AIDS issues.

5.7.10 Life Orientation knowledge, implementation and training

5.7.10.1 Life Orientation Defined

There seems to be differences between the definitions of the subject Life Orientation as given by both advisors and educators. Educators could not give a definition that is encompassing of what Life Orientation really is. Instead, educators provided some aspects of the subject Life Orientation as its definition (Paragraph 5.7.3.1). On the other hand, the subject advisors (50%) gave definitions that show a more comprehensive understanding of the subject. This is how one advisor defined Life Orientation:

Advisor A

I see LO as a holistic development of a learner, simply put, knowing who you are and being able to know how you will interact within your community and society and at the same time being able to take care of yourself in terms of your physical needs and also having a goal and mission in life in terms of your career.

It is worrying that the people (teachers) who are described as the first line of defence after medical professionals in a fight against HIV/AIDS (Paragraph 1.6) have difficulty in demonstrating sufficient knowledge of the weapon (Life Orientation) for such fight.

5.7.10.2 The Role of Life Orientation in fighting HIV/AIDS

The subject advisors (25%) interviewed, emphasised that in the subject Life Orientation learners gain relevant life skills that are necessary for making responsible decisions. The subject advisors argued that in the subject Life Orientation learners learn about the power of being able to make choices. They learn to say no to unplanned sex (Department of Education, 2008: 27).

Advisor C

I think that this knowledge that learners gain here is a very important skill because it's not only about sexuality education but it's about knowing yourself and having the ability to make right choices.

Some subject advisors (25%) argued that the subject Life Orientation helps to develop learners' positive self-identity. Subject advisors also argue that a learner who has learnt to appreciate his or her identity cannot easily be manipulated or coerced to unprotected sex that may lead to HIV infection.

5.7.10.3 Teachers' attitudes towards the Life Orientation content

Respondents (50%) maintained that *of teacher attitude towards the Life Orientation content* is significantly influenced by a number of factors. On the one hand there are educators who have some background knowledge of Life Orientation content such as the former Guidance and Physical education subjects, as well as those who

studied Psychology. Those educators have a passion for Life Orientation.

Advisor A

Those who have the background that comes from Guidance, Physical education and Psychology embrace the subject very willingly and realise the importance of the subject content and the depth.

On the other hand, there are educators who are forced by the school management teams to teach the subject to make up for the shortages in their timetables or because of their incapacity to teach other subjects.

Advisor B

In the beginning LO was given to those whose subjects have been phased out like Afrikaans and those who drink a lot.

This comment is similar to the findings above (Table 5.5 and 5.7.4.2) which indicate that the disregard for the subject Life Orientation of the school management teams is a concern that needs the necessary attention.

5.7.10.4 The benefits of effective implementation of the subject Life Orientation in the Secondary schools of KwaZulu-Natal

Respondents (75%) pointed out that *the benefits of effective implementation of the subject Life Orientation in the secondary schools* would be considerable if teachers were doing what is expected of them in terms of the learning outcomes and assessment standards of the subject.

Advisor D

I wish that I was a learner again learning all of these things, because the choices I have made in my life would have been very different from where I am now. And I would have been so knowledgeable about so many things because it's really a life skills subject. That is why benefits would be very vast and our learners would be so empowered if we were doing the right thing (effective implementation).

As much as subject advisors agree on possible benefits that Life Orientation could produce if it was implemented effectively, they are concerned about the attitudes of the school management teams. They reiterate what was said by educators that Life Orientation is regarded as a filler subject (Paragraph 5.7.4.2). Some subject advisors (25%) indicated that one of the reasons the school management teams undermine the subject Life Orientation is because it is internally assessed. More effort and allocation of best teachers, especially at grade 12, are focussed on externally assessed subjects.

5.7.10.5 Successes of Life Orientation implementation in the districts

Most of the subject advisors (50%) remarked that due to a high number of schools they are servicing, it is impossible to visit all the schools to see the extent of success. Of these subject advisors 25% indicated that the school management teams marginalise Life Orientation because of its being 100% internally assessed in all the grades. This results in a high educator turn-over and placement of the least experienced educators to teach the subject Life Orientation without the necessary support from the school management teams. The subject advisors (25%) indicated that there are schools where no educator is assigned to the subject Life Orientation but educators take turns to teach the subject Life Orientation regardless of training and knowledge of the subject.

5.7.11 Personal understanding, knowledge and stance on HIV/AIDS

5.7.11.1 The age most at risk of getting HIV

The Life Orientation subject advisors interviewed pointed adolescence to young adulthood (13-30 years) as a *stage in which young people are most at risk of getting HIV/AIDS*. Respondents (25%) cited sexual experimentation as a reason for this. Life Orientation subject advisors agree with the educators that young people become sexually active when they are still too young and ignorant about safe sex practices (Paragraphs 1.2 and 5.7.5.). Another 25% cited searching for identity as another risk factor. As they search for their identity, they also search for the 'right partner' and this leads to short term relationships resulting in a rapid move from one partner to another.

5.7.11.2 Physical vulnerability of women to HIV Infection

Life Orientation subject advisors overwhelmingly agreed that *women are physically more vulnerable to HIV infection than are men*. Of the advisors interviewed 75% expressed that mainly because of their biological make up, women are more susceptible to HIV infection than men. This is in agreement with some educators who said that women's vulnerability can be attributed to their physiology (Paragraph 5.7.5.3 and Appendix 5.9a). However, it is imperative to note that with educators there was a high proportion (40%) that believed men are as vulnerable as women are (Paragraph 5.7.5.3).

5.7.11.3 Significance of Life Orientation teachers to provide support to learners experiencing personal crises related to HIV/AIDS

Respondents (50%) indicated that it is correct for *Life Orientation teachers to provide support to learners experiencing personal crises related to HIV/AIDS*. Subject advisors agree with the educators who indicated that “*Life Orientation teacher don’t have a chance in that matter*” (Paragraph 5.7.6.2).

Advisor A

Well I think it is good for the LO teacher to be involved in the learners who do experience problems because the teacher knows the bit more than another teacher at the school... in terms of content and knowing about AIDS itself. So, eh; ja and I think the teacher would be of far more help than someone who has no idea of how this child is experiencing things.

Some advisors (25%) say the Life Orientation teacher has an advantage of understanding children’s behaviour because of subject content her or him shares with them on daily basis. In addition, Life Orientation educators sometimes share confidential information with learners, which opens up learners to them.

5.7.11.4 The role of Life Orientation skills in encouraging sexually active learners to behave responsibly

The Life Orientation subject advisors interviewed expressed their confidence in the impact that Life Orientation has on changing learners’ behaviour. Subject advisors (25%) reported that in some of their districts there has been a significant decrease of teenage pregnancy which was also cited by educators (Paragraph 5.7.4.3). However, in order to enhance this significant impact, Life Orientation

subject advisors (50%) cautioned that educators will need to overcome their traditional beliefs that regard speaking about sexually related matters in the classroom, especially about condom use as immoral. Teachers also need to know how to relate to learners of different ages, build trust, show better communication skills and be good listeners.

5.8 SUMMARY AND CONCLUSION

This study sought to establish whether educators were trained to teach Life Orientation. The findings of this study showed that the majority of the Life Orientation educators have received the training to teach the subject according to National Curriculum Statement requirements. However, a challenge is that trained educators are not always retained to teach Life Orientation (Paragraph 5.2.1.2). This rapid turn-over deprives teachers an opportunity to accumulate experience in Life Orientation teaching.

The manner in which teachers define, described and label the subject Life Orientation determines how they understand it. This research found that Life Orientation educators failed to present a common understanding and definition of the subject Life Orientation. They mainly described the subject Life Orientation as Life skills, HIV/AIDS education, physical education, counselling and health education (Table 5.3). This raised the suspicion that these educators may be teaching only the aspects of Life Orientation that relate to how they describe, define and label the subject.

The success of any subject depends on teachers who teach it. If relevantly trained teachers are assigned to teach the subject Life Orientation, learners will surely benefit. Whereas if untrained teachers without a passion for Life Orientation are assigned to teach the subject, it will be neglected. In this regard the study found that the Life Orientation educators and heads of departments proved to be the people who most often teach life Orientation. However, this research also found that heads of departments are mostly not Life Orientation

specialists and are not trained in the subject (Table 5.5). Finally, some schools were found to be using all educators to teach the subject Life Orientation without any subject training and knowledge.

This study also tried to establish the interest attributed to the subject Life Orientation by both educators and learners. The report of the data collected also depicted that, according to Life Orientation educators and advisors, learners are interested in the Life Orientation content, especially sex and HIV/AIDS education (table 5.6). But there was also an indication that there are learners who have an opinion that HIV spread is not aggravated by traditional gender roles. The research also established that some educators regard Life Orientation as a waste of time. This poses a significant threat to effective implementation of Life Orientation to address HIV/AIDS because during observation by the researcher such teachers were found to be teaching other subjects instead of Life Orientation.

Life Orientation educators are facing a number of challenges that need to be addressed for Life Orientation to achieve its intended outcomes. The findings were that Life Orientation often has limited teaching time and is undermined by other staff members and the school management teams (Table 5.8).

In order to determine how teachers can be assisted to use Life Orientation content to combat the spread of HIV in the secondary schools of KwaZulu-Natal, their level of knowledge about HIV/AIDS had to be established. Findings showed that the majority of educators are relatively informed about HIV issues. However, there was a small proportion of educators who proved to be uninformed about HIV issues.

The next chapter discusses the research findings and recommendations derived from those findings, to help promote the successful implementation of the subject Life Orientation to address HIV/AIDS in KwaZulu-Natal secondary schools.

CHAPTER SIX

RESEARCH FINDINGS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter, the findings of this research which is the investigation of the effective implementation of the subject Life Orientation are presented. The chapter also provides recommendations based on findings suggesting how Life Orientation should be positioned to address HIV/AIDS in KwaZulu-Natal secondary schools. One is mindful of the fact that recommendations of this study are based on one province (KwaZulu-Natal) and that is alluded to in the limitations section of this chapter.

6.2 LITERATURE STUDY FINDINGS

Literature study made the following findings:

- According to literature consulted Life Orientation is defined as the study of self in relation to others and to society (Paragraph 1.3). The research also found that Life Orientation content is geared to imparting the understanding of 'self' in relation to concepts like puberty, adolescence, reproductive health, sexual behaviour and many more life related issues. It is also designed to encourage and assist learners to define their own attitudes and values, to critically analyse different situations and choices so that they can anticipate the consequences of their choices on their future.
- The education sector can play a significant role in the effort to create an environment where HIV infected people could be supported and an attempt to prevent new infections could be

made. Schools provide the most cost-effective and efficient ways to reach young people (Paragraph 2.2).

- It is within the scope of the subject Life Orientation to underpin factors that can help to equip learners with skills to make informed and responsible decisions and reduce their risky behaviour (Paragraph 3.4.5).
- Life Orientation exposes young people to refusal skills, negotiations and dialogue about risky behaviour (Paragraph 2.6.2).
- The rapid spread of HIV amongst the youth is caused by a lack of knowledge and correct information, and Life Orientation is expected to close that gap.
- Young people are open to change, which make them a window of hope to a HIV free generation provided they are afforded the life skills embedded in the subject Life Orientation (Paragraph 2.6). Literature reveals that the success of this is dependent on developing the necessary capacity for educators to implement the Life Orientation curriculum (Paragraph 2.5).
- Different people attach different meanings to abstinence. As a result, some young people accept certain forms of sex to be abstinence if there is no penetration, such as caressing of the breast and genitals, genital stimulation, mutual masturbation to orgasm, allowing the penis between the thighs, oral sex as well as anal penetration and believe it to be abstinence (Paragraph 2.6.4).
- Comprehensive sex education delays the initiation of practising sex and reduces the number of sexual partners. It also increases safe sex practices like condom use. The discomfort of teachers and parents prevent them from talking about teen sexuality and

sex education programmes that may work best in preventing HIV and unplanned pregnancy (Paragraph 2.6.3.1).

- HIV in South Africa is mainly transmitted through heterosexual intercourse (Paragraph 2.7).
- Sexually transmitted infections and drug abuse contribute and facilitate the spread of HIV (Paragraph 2.9; 2.10).
- The HIV is the weakest virus yet it kills millions of people. Its weakness of not making one sick immediately becomes its strength which enables it to spread undetected for a long time unless a blood test is done (Paragraph 2.8).

6.3 EMPIRICAL STUDY FINDINGS

6.3.1 Findings on Life Orientation implementation, training, knowledge and teacher/learner attitudes towards it

6.3.1.1 Life Orientation defined and labelled

The analysis in Chapter Five established that educators do not all have the same understanding of the subject Life Orientation. The way they defined and labeled the subject Life Orientation indicated how they understand it. Educators labeled the subject Life Orientation as Life skills, HIV/AIDS education, physical education, counselling and health education respectively (Table 5.3). Educators' definition of Life Orientation was comprised of different aspects of the subject, which somehow is indicative of the concepts of the subject Life Orientation that they teach (Paragraph 5.7.3).

It raises concerns that the subject Life Orientation is given other labels rather than being called Life Orientation. This may cause learners to also regard it the same way educators do.

This study also found that some educators believe that the subject Life Orientation is a subject intended for preparing the Grade twelve learners for the future. This may imply that Life Orientation does not receive the expected level of teaching in the lower grades.

On the other hand, the study found that the subject advisors' definitions showed understanding of the subject Life Orientation (Paragraph 5.7.3.1). This seems to indicate that the Life Orientation knowledge that should be transmitted to teachers through the subject advisors does not reach them. Whereas, it is the teachers who need to fully understand the subject Life Orientation in order to realise its role in fighting HIV/AIDS.

6.3.1.2 The role of Life Orientation in fighting HIV/AIDS

The preliminary investigation suggested that Life Orientation educators had not optimally implemented the subject to fully address the threat of HIV/AIDS to secondary school learners (Paragraph 2.5). This opinion was also confirmed by the empirical study of this research in a way they define it.

The research revealed that a high number of educators regarded the subject Life Orientation as an informative subject. This implies that in some schools the subject Life Orientation lessons are more of an information dissemination session rather than a teaching and learning experience where learners can gain necessary skills to deal with HIV/AIDS and related challenges (Paragraph 5.7.3.2).

On the other hand, the subject advisors claim that the subject Life Orientation imparts relevant life skills to learners, which are necessary for making responsible decisions. The subject advisors maintained that in the subject Life Orientation learners learn about the power of positive self-identity and being able to make choices. Subject advisors stressed that learners who have learnt to appreciate their identity

cannot be easily manipulated or coerced to unprotected sex that may lead to HIV infection.

There seems to be a gap between the way educators and advisors perceive the role of Life Orientation in fighting HIV/AIDS. This is a concern which needs to be addressed to enable teachers to use Life Orientation skills to influence learners to behave responsibly.

6.3.1.3 The influence of Life Orientation skills on encouraging sexually active learners to behave responsibly

Regarding the influence of Life Orientation to encourage sexually active learners to behave responsibly, educators expressed different opinions. This study found that some educators believe that the subject Life Orientation contributes to furthering responsible sexual behaviour, while others attributed such change to teachers' individual knowledge, experience and skills to impart effective learning to learners (Paragraph 5.7.8.1).

On the other hand, Life Orientation subject advisors expressed confidence in Life Orientation for having the potential to change learners' behaviour. Subject advisors attributed a significant decrease of teenage pregnancy, which was also cited by educators, as the success of Life Orientation (Paragraph 5.7.4.3). However, according to subject advisors some educators are victims of their traditional beliefs that consider speaking about sexually related matters in the classroom as immoral.

Another barrier for Life Orientation to influence learners to assume responsibility for their own sexual behaviour was found to be their individual attitudes towards the subject.

6.3.1.4 The learner and educator attitudes towards the Life Orientation content

The findings were that learners enjoy the subject although they seem unsure whether they should take it seriously or not. Educators based this argument on the fact that learners engage in good discussions in the classroom, but when it comes to preparing for examination they do not perform well. They attribute this to the fact that some learners regard Life Orientation as a lesser subject since it is internally assessed (Paragraph 5.7.4.1).

On the other hand, subject advisors maintained that teacher attitude towards the Life Orientation content is significantly influenced by a number of factors such as a lack of background knowledge of Life Orientation content which was covered by previous curriculum subjects. Those who have a background of the subjects such as Guidance and Physical and Health education showed some passion for Life Orientation.

There were a small proportion of educators who were found to regard the subject Life Orientation as a waste of school time. They claim that it adds no value to learners' behaviour (Table 5.7). This is a concern because learners may internalise such negative attitudes about the subject.

It is imperative to note that positive attitudes can result from effective implementation of Life Orientation.

6.3.1.5 The benefits of effective implementation of the subject Life Orientation

Regarding the benefits of effective implementation of the subject Life Orientation, the majority of educators cited the decrease of the spread of HIV and teenage pregnancy. However, this study also found that

effective implementation of the subject Life Orientation is also threatened by negative attitudes displayed by the school management teams (SMT) who regard it as a filler subject. This was confirmed by subject advisors who revealed that more effort and the allocation of the best teachers are focussed on externally assessed grade 12 subjects (Paragraph 5.7.10.4). The findings were that if a teacher does not have a full timetable the school management teams give him/her Life Orientation regardless of the teacher's knowledge and interest in the subject.

The study also found that some educators argue that the subject Life Orientation is not examinable, and that causes it to be undermined in the schools. Such a finding indicates that some teachers do not consider the internal examination of the subject Life Orientation as an authentic assessment. Nevertheless, some educators believe that the subject Life Orientation provides learners with the crucial information which no other subject could provide.

6.3.1.6 Successes of Life Orientation implementation in the schools

This study found that a very high proportion of participants cited the training received by teachers in Life Orientation as a success in their schools. It is imperative to note that training cannot be used as a measure to judge the success of a curriculum. Curriculum success can only be judged by what learners are able to demonstrate as an indicator for behavioural change (Department of Education, 2003a: 7).

However, the study also found that a small proportion of educators attribute a drastic decrease of learner-pregnancy in the schools to the introduction of Life Orientation.

6.3.2 Findings on participants' knowledge about HIV/AIDS

In order to ascertain educators' ability to utilise Life Orientation to fight HIV/AIDS, this study had to first establish their knowledge about HIV/AIDS and related issues.

6.3.2.1 HIV and AIDS defined

The study found that Life Orientation educators are informed about HIV and AIDS (Paragraph 5.6). They may not be articulating their knowledge in medical terminology but their responses signalled that they are aware of the differences between the stages of HIV and AIDS. They overwhelmingly pointed out that HIV is the first stage of infection which is mainly transmitted through sexual intercourse. They are also aware that AIDS is the last stage which is marked by a drastic drop in CD4 count that renders the body weak to fight opportunistic infections (Paragraph 2.7).

Educators' HIV and AIDS knowledge creates a hope that they might also be aware why it kills so many people.

6.3.2.2 The reasons why AIDS kills millions of people

The research found that Life Orientation educators maintain that the reason AIDS kills millions of people is because the HIV virus is mostly transmitted through sexual intercourse, which almost everyone who has reached sexual maturity age has.

...everybody is doing it. I mean, all adults are doing it, teenagers are doing it. It's just like lot of people are having sex.

This study also found that educators disagree with the fact that the HIV is the weakest kind of a virus, which allows those who are infected with it to spread it to other people for many years without knowing unless they do a HIV blood test.

Another finding was that denial also contributes to continual HIV infection. Respondents argued that young people start experimenting with sex (Paragraphs 2.6.1 and 2.12) at a very young age and believe that they will not be infected. There is also an indication that young people like to attend night parties where liquor is abundantly used and end up engaging in unprotected casual sex under the influence of liquor.

6.3.2.3 The age group most at risk of getting HIV

Regarding the age group most at risk of getting HIV, the research found that people who are most at risk of HIV infection are adolescents and young adults (12- 25 years). This was attributed to the fact that this age group is sexual active and usually experiments with sex. This study also found that adolescents become sexually active at an early age without the necessary knowledge and skills to protect themselves from HIV (Paragraph 1.2).

Another finding was that young people are in a process of searching for identity. As they search for their identity, they also search for the 'right partner' and this leads to short-term relationships resulting in a rapid move from one partner to another, which exposes them to high risk of infection.

6.3.3 Findings on participant's attitudes about HIV/AIDS

6.3.3.1 Involvement in HIV/AIDS initiatives

The findings in Chapter Five suggest that educators are interested in becoming involved in HIV/AIDS community projects. The Life Orientation educators sampled indicated that their involvement is crucial in supporting children who are infected and affected by HIV/AIDS. They also acknowledged that learners experiencing personal crises related to HIV/AIDS are feeling lonely, stigmatised and often suicidal. Therefore, educators believe that support gives such learners hope, which is why some of the schools have established support groups managed by Life Orientation teachers.

6.3.3.2 Views on personal sex lifestyle

Regarding views on sex lifestyle, findings presented different opinions. The findings were that a large number of people believe that women have no right to refuse sexual intercourse with their husbands. This view was more evident among the Christian female educators. This implied that there are women who cannot protect themselves from HIV because they feel obligated to have sex with their husbands.

The study also found that some women believe that it is wrong for a woman to arouse a man and refuse to have sexual intercourse with him. This suggests that some women think that once they have aroused a man it makes him entitled to have sex with her. The implications are that some women are more concerned about men's sexual feelings than their own safety.

Finally, the study also found that educators agreed with the idea that women should always carry condoms in case they are exposed to a sexually arousing situation or rape so they can engage in safer sex. However, when these educators were asked if they personally carry

condoms, the indications were that they do not. This implied that the knowledge and beliefs they have does not translate into practice. In addition, it was surprising to note that a variety of other reasons are cited by women for carrying condoms rather than it being a sign that women are taking control of their sex life.

6.3.3.3 Participants' stance on HIV and sex education

Life Orientation educators suggest that a sex education programme should start before teenagers become sexually active because once they start experiencing sex, it becomes difficult to convince them to stop (Paragraph 1.5; 5.7.8.4). They also argued that teachers must discuss sex with learners in class provided that those learners are of an appropriate age. This may prevent a situation where young girls do not even know what got them pregnant. The study found that some girls do not differentiate between intensive foreplay and actual penetrative sex.

However, there were a small number of educators who were found to believe that if schools offer sex education they should just teach the basic biological facts about sex.

In conclusion, empirical study revealed that Life Orientation subject advisors and educators seem to disagree in many instances, yet they should be speaking with one voice. It is a concern that some crucial viewpoints regarding Life Orientation practice is articulated better by the subject advisor rather than by teachers who deliver the subject in the classroom.

6.4 RECOMMENDATIONS

6.4.1 Life Orientation implementation

The results of the study indicate that Life Orientation implementation is likely to be negatively affected by the manner in which teachers understand, interpret and define it. Therefore, these recommendations are suggested with the hope that they will assist educators to effectively teach the subject Life Orientation in a way that will contribute to the fight against HIV/AIDS in KwaZulu-Natal secondary schools.

6.4.1.1 Life Orientation defined

According to the Department of Education (2003a:9; 2008:7 and 2010:6), Life Orientation is defined as the study of self in relation to others and to society. The understanding of Life Orientation as the study of the self may lay a foundation for learners to relate better to external factors such as HIV, society and others. In order to understand 'the self' teachers will have to encourage learners to discover their physiological and emotional strengths, weaknesses, vulnerabilities and opportunities.

Recommendations

The definition of the subject Life Orientation needs to be grasped by teachers in order for them to first understand the meaning of the phrase '*the study of the self*' before other concepts such as others, society as well as HIV are introduced. That may enable them to impart the same understanding to learners. That will also help learners to first understand themselves before exploring the outside world.

A concerted effort should be made, through educator training, to present all the components/aspects of the subject Life Orientation such as life skills, physical education, career guidance, social issues, human rights, health education, sex education, HIV/AIDS and many others. That will make these components to be understood as an integral part of the subject Life Orientation This may also help to prevent a situation where some educators only teach certain aspects of the subject Life Orientation (Paragraph 5.2.1.2).

Defining the subject Life Orientation correctly will ascertain its pivotal role in addressing HIV/AIDS in the secondary schools.

6.4.1.2 The role of Life Orientation in addressing HIV/AIDS

Literature study (Kelly, 2000:35) depicts that, even in the countries that are heavily affected by HIV, most primary school children still remain HIV free. They are the window of hope for the HIV-free generation provided that educators teach them relevant Life Orientation content and skills to protect themselves from lifestyle diseases like HIV. That is why it is suggested that sex education programmes should start before teenagers become sexually active because once they start experiencing sex it becomes difficult to make them stop (Paragraph 6.4.2).

In the subject Life Orientation, children first and foremost learn about themselves (Paragraph 5.7.3.1). They learn about physical development and the hormones that their bodies begin to secrete to accelerate physical growth. These changes are marked by enlargement of breast, vagina, labia and clitoris and hips and pelvis becoming wider as well as appearance of the first menstruation in girls. In boys testes grow bigger; penis thickens and increases in length and regular erections, which results to strong desire for sex and craving for ejaculation (Paragraph 2.12). To make a difference in the fight against HIV, learners have to be made aware of the effects of physical

development leading to these new feelings and pressures they experience.

Recommendations

The education system must ensure that the content of the subject Life Orientation comprising physical development must be emphasised. All those who are involved in Life Orientation practice such as teachers must ensure that the developmental stages discussed above are taught to all learners before they start emerging.

Life Orientation content dealing with these physical developments must be taught to all secondary school learners rather than to grade 12 as the findings suggested (Paragraph 5.7.3.2).

In addition, for Life Orientation community projects, learners must be encouraged to help in the AIDS hospices in order to become aware of the realities of people living with HIV/AIDS. Maybe that can make them realise the effects of irresponsible sexual behaviour.

6.4.1.3 Can teachers to convince sexually active learners to behave responsibly using skills they received from Life Orientation?

Life Orientation content exposes learners to changes associated with growing towards adulthood and describes relevant strategies to make responsible decisions regarding sexuality (Department of Education, 2008: 27). However, responses of educators revealed that they are uncertain about some aspects of the Life Orientation curriculum. Their responses indicated that teachers lack some Life Orientation knowledge and skills. Educators maintained that learners' minds cannot be changed because they are stubborn (Paragraph 5.7.3.3).

Recommendations

It is, therefore, recommended that educators should be assisted to upgrade their qualifications in Life Orientation with higher education institutions that offer courses such as the Advanced Certificate in Education. That may capacitate educators with relevant Life Orientation content and new approaches in dealing with learners' behaviour.

The Department of Education should plan and conduct training workshops to deal with Life Orientation content for all educators. These workshops should include the members of the school management teams whom the research found are regarded as a threat to successful implementation of Life Orientation (Paragraph 5.7.4.2).

Reports of educators who have successfully used Life Orientation to change learners' behaviour must be published in the departmental monthly news letter. This may include stories where a teacher claims to have reduced learner pregnancy (Paragraph 5.7.4.3).

Life Orientation teachers must be organised into a professional forum which meets on regular basis to discuss subject challenges. In these meetings educators with the success stories must be given an opportunity to address the forum on how they approach Life Orientation lessons.

6.4.1.4 What is The Role of Sex Education in the fight against HIV/AIDS?

This study found that young people lack information on sexual and reproductive health from the schools. As a result this leads to young people engaging in unprotected experimental sexual intercourse from which most of the HIV infections occur (Paragraph 2.6.1). For example, instead of vaginal intercourse, many teenagers engage in an

anal and oral sex thinking that doing so means abstaining from sex (Paragraph 2.6.3.1). This study also found that introduction of Life Orientation and sex education programmes in the National Curriculum Statement has provided the knowledge and skills that young people need to protect themselves from unplanned pregnancy, STIs and HIV (Paragraph 5.7.8.3 and UNAIDS, 2008:11).

Recommendations

Life Orientation teachers should be provided with relevant in-service training on sex and HIV education so that they can well inform young people how they can prevent HIV infection and unplanned teenage pregnancy.

Teacher-training institutions must develop effective and innovative teaching methods to address sex and HIV/AIDS education in the classroom.

This study also found that educators refrain from speaking about sex-related issues in the classrooms (Paragraph 5.7.11.4). Therefore, Life Orientation content must be planned in such a way that it compels teachers to teach and assess learners on topics such as sexuality, condom use, contraceptives and heterosexual relationships.

Comprehensive sex education programmes should be put in place in secondary schools to address physical development, sexual orientation, sexual pleasure, values, decision making, communication, dating and relationships. Comprehensive sex education provides young people with a full range of information regarding skills to make responsible decisions about relationships, sexual intercourse and sexuality. It focuses on risky sexual behaviour, provides basic facts about avoiding risks of unprotected sex (Paragraph 2.6.3). Enforcing it may help young girls who cannot differentiate between intense patting

and penetrative vaginal sex since some *don't know how they got pregnant* (Paragraph 5.7.4.2).

6.4.2 Participants' knowledge about HIV/AIDS

6.4.2.1 What are HIV and AIDS?

The research findings indicate that Life Orientation educators are relatively knowledgeable about HIV and AIDS (Paragraphs 5.2.1.3 and 5.7.5.1). They seem to have a sound definition of what HIV and AIDS are. However, in spite of the teachers' knowledge of HIV and AIDS, the findings indicated that young people and women are still highly at risk of HIV infection (Paragraph 5.7.5.2). This is an indication that educators' HIV and AIDS understanding does not translate to effective awareness.

Recommendations

This study found that HIV/AIDS is unique in that it is acquired, which means that it does not just develop on its own. One acquires the HIV virus from outside his or her body (Paragraph 2.7).

Therefore, an understanding of what HIV and AIDS are is not enough to curb it spreading. An effort has to be made to acquaint both adult and young people of how HIV is transmitted so that they can take control over their safety. This can take a form of training of both Life Orientation teachers and others disseminating scientific information on HIV/AIDS. This study found that teachers are the first line of defence after medical professionals in a fight against HIV/AIDS (Paragraph 1.6). It is for this reason that they should have scientific information to play their role against HIV/AIDS.

Training of teachers on HIV/AIDS must include the following aspects:

- Exploring the HIV virus and how it invades the immune system.
- The silent stage of HIV infection.
- How the HIV virus replicates inside the body.
- How the healthy immune system works.
- What aided the rapid spread of HIV/AIDS in South Africa.
- How STIs contribute to the spread of HIV.
- How to use a condom properly.

6.4.2.2 Who is most at risk of getting HIV/AIDS?

Young people were cited as most at risk of HIV infection because they have newly found sexual desires and display experimental sexual behaviour (Paragraph 5.7.5.2). Women were also cited as another group that is vulnerable to HIV infection because of their social status and physiological structure of their genitals (Paragraph 5.7.5.3).

However, some respondents expressed a very strong disagreement to women being physically more vulnerable to HIV infection than men, saying that both men and women have an equal risk of being infected with HIV. One would fear that such perception might be carried over to learners.

Recommendations

The disagreement statement discussed in the last paragraph points to the fact that the war against HIV/AIDS is still far from over if there are still people who disagree with the scientific proven facts such as vulnerability of women and experimenting young people to HIV infection (Paragraphs 1.7; 2.5; 2.6.1; 5.7.5.2 and 6.3.3).

Therefore, the Department of Education must commission the

establishment of in-school and out of school awareness campaign on socio-economic, cultural and physiological factors that make women and girls more vulnerable to HIV. This campaign must focus on the following:

- Make women and young girls aware of their vaginal structure and its susceptibility to HIV infection if they have unsafe sex.
- Asymptomatic sexual transmitted infections that are sometimes concealed in a vagina.
- Unequal gender relations that place women at an inferior position in society.
- Encouraging young girls and women to pursue their academic studies in order to move away from the lower socio-economic position in society and gain independence from men.
- Educating men and boys to respect women and girls as equals and help them defend themselves against unwanted and violent sexual advances.
- Empowering women and girls with refusal skills against coerced sex.
- Putting school policies in place to protect girls from sexual abuse by boys and male teachers.

6.4.2.3 Why are millions of people still being infected?

This study found that HIV awareness campaigns are not reaching rural areas, and those that are taken to the rural areas and townships are not presented in the language of the people (Paragraph 5.7.5.4). This study also found that most of the poor and people with lower education are at risk of HIV infection. Most of these people reside in the rural areas, townships and informal settlements. Any programme which is presented in a language other than their home language is unlikely to make a positive impact. It was also found that denial is another reason for the continual HIV infection. Especially young people who start experimenting with sex and abuse drugs at a very young age and

believe they will bypass infection.

Recommendations

- Schools must advocate HIV awareness campaigns that involve parents, teachers and learners in their localities.
- Deliberations on HIV must be made in the language of the local people to ensure a good grasp of the information.
- HIV/AIDS activists who live openly with AIDS must be invited to address the school community in order to deal with denial of the reality of HIV among teachers and learners.

6.4.2.4 What makes HIV so deadly (its tenacity)?

The findings were that the HIV virus has led to millions of deaths because it is commonly transmitted through sexual intercourse which is practised by almost everyone who has reached sexual maturity age (Paragraph 5.7.5.5).

The study also found that the strength of HIV lies in its weakness (Paragraph 2.8). HIV virus is too weak to enter a person's body and immediately make him or her sick. HIV positive person can live and feel well for more than five years without knowing that he or she is infected with the virus. This enables HIV positive people who engage in unprotected sex to spread the virus to more people who will also pass it to others without knowing. This means that during the early stages of HIV infection a person may look completely healthy. A blood test is the only accurate way to tell if a person is infected with the HIV virus.

Recommendations

Since HIV is commonly transmitted through sexual intercourse schools should:

- Offer age appropriate HIV/AIDS and sex education before learners reach sexual maturity stage.
- Train some learners as peer educators to assist in HIV education.

Since it is not always easy to tell if someone is HIV positive schools the community should take a leading role in HIV awareness campaigns. Such campaigns should focus on:

- Voluntary counselling and testing.
- Encouraging adherence to universal precautions practice when dealing with physical injuries and illnesses.
- Abstinence and/or proper condom use.
- Educating people about the silent stage of HIV infection.
- Information on the way the virus replicates inside the body.

6.4.3 Participants' attitudes about HIV/AIDS

6.4.3.1 Does sex education encourage the youth to engage in sexual activities?

Regarding the influence of sex education on sexual behaviour of the youth, this study found that there is no known evidence that sex education encourages young people to engage in sexual activities or hasten the onset of sex neither does it increase the frequency of sex and the number of sexual partners. Sex education provides the youth with relevant information to protect themselves from unplanned pregnancy; STIs as well as HIV since this study found that some young girls do not even know what got them pregnant (Paragraph 5.7.8.4). However, some educators strongly argued that sex education should mean making learners aware of the functions of their sexual organs but not the details about sexual intercourse because the culture is against that (Paragraph 5.7.8.4).

Recommendations

Although findings indicate that there is a need for sex education in schools, the question of cultural values poses a challenge to its effective implementation in the classroom. To address these challenges it is recommended that:

- Custodians of culture must be consulted when planning sex education programmes to get their inputs and approval for the level of the language to be used in sex and HIV/AIDS education.
- Regular seminars on sex and HIV/AIDS education must be organised in order to enhance educators' knowledge and skills to teach these topics.
- Parents must be involved in sex and HIV/AIDS education programmes of their children. If necessary, they should be provided with the content of the programme so that they are prepared when children ask for help.
- Learners must be given homework assignments on sex and HIV/AIDS education that require communication with parents.
- An educational page must be established in the Department of Education website for teachers to exchange their experiences and challenges regarding sex and HIV/AIDS education.
- Educators must be encouraged to use the correct names of the sexual organs during the lesson to avoid ambiguity.
- Cluster meetings must be encouraged for teachers to share their best practices.

6.5 SUGGESTED STRATEGY FOR USING LIFE ORIENTATION TO ADDRESS HIV/AIDS IN THE SECONDARY SCHOOLS

This study made interesting findings regarding the role that Life Orientation can play to address HIV/AIDS in the secondary schools of KwaZulu-Natal. However, dealing with HIV/AIDS as a pandemic should not rest on one subject; Life Orientation, but should cut across all the subjects. In addition, it should be considered that the main purpose of the subject Life Orientation is to impart life skills to learners. Children begin learning life skills in their home language from their parents; therefore Life Orientation should build on that foundation. This is why this study recommends that the language to teach the subject Life Orientation and HIV/AIDS education should be the home language.

It is not disputed that HIV/AIDS education should be covered by the subject Life Orientation; but only as a springboard to it being incorporated in all the other subjects in the National Curriculum Statement. This means that for the subject Life Orientation to play a role in reducing the spread of HIV there is a need for curriculum to decentralise the issue of HIV/AIDS awareness and prevention in the schools.

To elaborate on this point further: Mathematical subjects, Geography, Life Sciences, Business Studies, Economics, Tourism and Languages will be briefly discussed for the relevant HIV/AIDS content areas they can best deliver, then later areas to be emphasised in the subject Life Orientation will be presented.

Mathematical subjects can contribute to HIV/AIDS education by posing problems such as:

- Knowing that one particle of HIV is 100 nanometres in size (Heads, 2008: 9), calculating the possible number of HIV

particles in a single drop of blood with the purpose to highlight the risk of any HIV contaminated blood.

- Working out the future projections of HIV prevalence using current statistics of the number of people that are infected each day.

Geography can address HIV/AIDS education through:

- Studying the role of population issues and dilemmas such as human movements, search for employment, conflicts, refugees and gender issues (Department of Education, 2003b: 27).
- Investigating the impact of HIV/AIDS on population dynamics, environmental quality, socio-economic disparities, hazards and disasters, poverty and resource management (Department of Education, 2003b:12).
- Discussing the role of wars, displacement of people from rural to urban and informal settlement (Department of Education, 2003b: 32).

Life Sciences can contribute to HIV/AIDS education through:

- studying the source and impact of HIV/AIDS pandemic in society,
- investigation of diseases,
- understanding of the structure of the cells and
- micro-organism such as viruses and bacteria (Department of Education, 2003c:25).
- Exploring the biological composition of the HIV virus,

- different types of cells in the body and
- the immune system.

Business Studies and Economics can contribute to HIV/AIDS education through investigation of:

- the impact of HIV/AIDS in the labour force,
- the effects of HIV/AIDS in workplace productivity and
- negative effects of HIV/AIDS on provincial and national economic growth.

Tourism can contribute to HIV/AIDS education through:

- Exploring human trafficking and HIV.
- Identifying the regions of the world that pose a risk for visitors because of HIV prevalence.
- Exploring the risk of using sex workers' services and sexual violence that can lead to infection.
- Investigating South African Airway's policy of HIV testing before applicants may be eligible to become a flight attendant or a pilot.

Languages can contribute to HIV/AIDS education through:

- Effective debating of social and environmental issues.
- Demonstrating sensitivity to human rights and social, cultural, environmental and ethical issues such as gender, race, disability, age HIV/AIDS and other diseases (Department of Education, 2003d: 34).

- Enabling learners to identify manipulative and persuasive language (Department of Education, 2003d: 40). This the language usually used by male partners to gain sexual advantage over girls or women.

In addition, the success of effective sex and HIV education in other subjects also relies on the Department of Education taking a bold step of directing both authors and publishers of textbooks to incorporate HIV information in their publications.

The role of Life Orientation

This study recommended that the subject Life Orientation should be used as a foundation on which HIV/AIDS education programmes are bases in schools. The literature (Department of Education, n. d: 4) also revealed that life skills and HIV/AIDS education programmes are an integral part of Life Orientation. This means that unlike in the other subjects, Life Orientation should include all the aspects that in one way or another contribute to HIV/AIDS education in the schools. However, schools are cautioned against the practice of some Life Orientation educators who teach only HIV/AIDS education; it becomes counterproductive as learners become bored with HIV/AIDS education and stop listening, which makes them even more at risk (Rooth, 2006: 291). Therefore, in Life Orientation teaching about sex and HIV/AIDS education should include relationships, awareness, prevention, living with HIV/AIDS, treatment, STIs, teenage pregnancy and gender issues.

It is also imperative to note that HIV is only the end result of a problem that commonly starts with a normal relationship between two people (Paragraph 3.5.2). This study found that adolescent relationships are characterised by unequal gender relations where conditions for sex are determined by a male partner, giving a young woman no chance to discuss or practice safer sex (Paragraph 2.12.1); therefore learners, especially girls, need to be equipped with skills to distinguish between a healthy and unhealthy relationship.

The following must clearly feature in the Life Orientation practice:

- Life Orientation projects must expose learners to AIDS hospices in order to become aware of the realities of people living with HIV/AIDS.
- Life Orientation teachers must forge working relations with the local support groups in order to make use of HIV/AIDS activists to address learners about living with HIV.
- Information on HIV/AIDS must be presented in both first additional and home language to ensure effective grasp of the basic information.
- This study found that condom use is the most effective method to reduce the risk of HIV infection during sexual activity. Therefore, the consistent and correct use of condoms must be taught to learners to prevent STIs and HIV infection. That should include checking the date of expiry, opening the wrapper and putting the condom over an object simulating an erect penis and safe removal after ejaculation.

This research found that in some schools learner pregnancy was reported to have significantly dropped since sex and HIV/AIDS educational was introduced in the subject Life Orientation (Paragraph 3.4.5 and 5.7.4.3). This achievement was also attributed to the project piloted at 12 schools by the KwaZulu-Natal Department of Education in 2008. The project dealt with teenage pregnancy. Since teenage pregnancy just like HIV, is commonly an outcome of unprotected sex, a project that can reduce the rate of learner pregnancy is expected to do the same with spread of HIV infection.

This project was aiming at reducing learner pregnancy, HIV infection and promoting abstinence and regular condom use among learners. It exposed learners to challenges of child bearing and being a teen parent. But it was never implemented afterwards. This study

recommends that this programme should be implemented in all the secondary schools of KwaZulu-Natal as a formal task for grade 11.

Guidelines for the modified version of the programme

A project simulating taking care of a baby can be introduced.

- Learners must keep journals to record their experiences during the project.
- Parents of the learners must be involved in this project in order to supervise the learner at home.
- Learners must undergo pre-project interviews intended to establish their views about:
 - Abstinence,
 - Initiating a sexual relationship,
 - Contraceptives,
 - Condom use,
 - Pregnancy and
 - Having a baby.
- A baby toy which is a size and weight of a newborn baby must be handed to both boys and girls to carry and look after for two weeks.
- Babies should never be left unattended at all times (24 hours a day).
- Acceptable intervals must be set aside for feeding, bathing and dressing the baby.
- The baby must always sleep with the learner-parent.

- At the end of the project learners must undergo a post-project interview to establish if there has been any change in their views about the question posed at the beginning of the pre-project interview.
- During the project, lessons must focus on Learning Outcome One and Assessment Standard Two: Explore characteristics of a healthy and balanced lifestyle, factors influencing responsible choices and behaviour in the promotion of health, and the impact of unsafe practices on self and others (Paragraph 3, table 3.2).

Finally, external examination for Life Orientation must be introduced at grade 12 to motivate both teachers and learners to treat the subject with the same respect and seriousness as enjoyed by other subjects. This may also compel teachers to teach Life Orientation aspects that they normally avoid teaching and assessing.

6.6 LIMITATIONS OF THE STUDY AND RECOMMENDATIONS FOR FURTHER RESEARCH

6.6.1 Limitations of the study

This section merely recapitulates limitations and constraints of this research. A more detailed account on limitations of the study is discussed in Chapter Four.

This study only used educators and subject advisors as a sample and that could present limitations to the findings. In addition the subject Life Orientation is nationally implemented yet the data was only collected in the provinces of KwaZulu-Natal which limits generalisation of findings to the rest of South Africa. However, it should be mentioned that some of the districts included in the sample are at the borders of other countries and provinces which exposes the

participants to the influence and social behaviour of those other areas (Paragraph 4.3).

Some teachers could have withheld their beliefs when discussing sexual issues as they were aware of what was expected from them. They might have pretended to be freed from conservative community values that regard any talk about sex as a taboo and responded in the manner they thought was expected from them.

This study researches the role of the subject Life Orientation in addressing HIV/AIDS, the latter being a small percentage of social issues in this subject. This limits the scope of Life Orientation to one aspect instead of addressing various other social issues that are part of the subject.

Finally, the study also investigated HIV/AIDS, which is legally treated confidentially in South Africa. As a result, some of the confidential information shared by respondents could not be recorded in this study for ethical reasons, which presented a challenge when reporting.

6.6.2 Recommendations for further research

Since the subject Life Orientation is new to the National Curriculum Statement, the researcher found that there is not much literature published on the subject (Paragraph 4.2.5). This necessitates a need for further research to develop Life Orientation literature. In addition, HIV/AIDS seems to have enjoyed more research than the subject Life Orientation. This research found that there is a gap between HIV/AIDS knowledge and application of such knowledge as people are still getting infected. The following topics are, therefore, recommended for further research on the basis of the findings of the study:

- The impact of educators' traditional values on teaching of Life Orientation content.

- The impact of the introduction of Life Orientation on learner pregnancy.
- The role of teacher attitudes in effective implementation of Life Orientation.
- School Management Teams: an investigation of their attitudes towards the subject Life Orientation.
- The role of sex education in a fight against HIV/AIDS.
- An investigation of learner attitude towards the subject Life Orientation.
- Effective implementation of Life Orientation: an investigation of the benefits.
- Empowering Life Orientation teachers with HIV/AIDS knowledge.
- The role of substance abuse in unsafe sexual practices.
- A need for Life Orientation training: an investigation of the situation in underperforming schools.

6.7 CONCLUSION OF THE STUDY

The subject Life Orientation is a new subject in the National Curriculum Statement, intended to create an opportunity to study one's self in relation to others and to society, but teachers are still not clear about their definition of the subject. Life Orientation content is meant for imparting the understanding of 'self' in relation to concepts like puberty, adolescence, reproductive health, sexual behaviour and other life-related issues. It is also designed to encourage and assist learners to define their own attitudes and values, to critically analyse different

situations and choices so that they are able to foresee the consequences of their choices on their future.

It is within the scope of the subject Life Orientation to equip learners with skills to make informed choices to live a healthy and risk free life. The impact of sex education content embedded in the subject has a potential to make a beneficial difference to the lives of secondary school learners in dealing with HIV/AIDS and other social issues. However, the effective implementation of the subject Life Orientation to address sex and HIV related issues is not yet evident. Its successful implementation seems to be hampered by the discomfort of some teachers to talk about sexuality as well as a negative attitude of the school management teams (SMT) who regard Life Orientation as a filler subject.

Up to this stage, there are still factors that contribute to the spread of HIV, yet they do not prominently feature in the HIV prevention programmes. One such factor is abstinence. As much as it became part of a popular ABC (Abstain, Be faithful and Condomise) strategy, less is being said about how to successfully abstain from sexual activities. This was found to leave learners with wrong impression that abstinence only refers to refraining from vaginal penetrative sex. This also leaves young people to explore other sexual methods that they believe to be abstinence. Some of these activities are high risk, namely oral sex, rubbing the penis between the woman's thighs and penile-anal penetration. The study made it clear that if teachers are still uncomfortable to discuss these matters, HIV will continue to take advantage of young people who remain ignorant of some aspects of sexual risk behaviour.

Teachers are important stakeholders in the fight against HIV in the schools as they spend most of the time with learners. Although HIV/AIDS is a health related issue on which health workers have more professional knowledge, they do not have the necessary training to impart knowledge to young people as educators do. This makes the

school an important tool in the fight against HIV infection among the youth provided that teachers are well-equipped through the subject Life Orientation.

There is an urgent need to train Life Orientation teachers in sex and HIV education to help to stop the spread of the virus. Findings in Chapter Five revealed that HIV and Life Orientation-training enhances teachers' positive approach in dealing with sex and HIV/AIDS related discussions in the classroom.

It is also evident that school subjects, including Life Orientation, are the best vehicles to drive sex and HIV education programmes. Sex and HIV education programmes that are based on the curriculum are an effective intervention to reduce sexual risk behaviour. That is because learners take anything that is part of the curriculum very serious as they know it is likely to be assessed for awarding marks.

Finally, if the subject Life Orientation does not get the necessary attention to support educators as recommended it might face a challenge to achieve its purpose and lose face among other subjects. However, if it were to be effectively implemented, there will be enormous benefits for the fight against HIV/AIDS and other social challenges faced by the secondary schools of South Africa.

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