

The views of primary caregivers on HIV/AIDS life skills education programme implemented in schools

BY

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DECLARATION OF ORIGINALITY

I hereby declare that this dissertation, unless specifically indicated to the contrary in the text, is my own work.

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Submitted with the approval of the supervisor, Professor Vishantie Sewpaul

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ABSTRACT

Social workers are faced with the huge challenge of HIV and AIDS. The increasing number of HIV infected people requires professional intervention. The National Integrated Plan is currently the strategy that social workers apply in service delivery. It offers a range of services such as soup kitchens, food parcels, homework supervision, administration of anti-retroviral drugs and foster care placement to children infected and affected by HIV/AIDS. The bulk of the work facing social workers includes orphans, infected and affected children and child headed households. HIV and AIDS affect the education system in the sense that school going children are infected and affected by AIDS.

The life-skills HIV/AIDS programme offered in schools is the strategy that the education system can effectively use to deal with the scourge of HIV/AIDS. Life-skills HIV/AIDS programme offers educators, children and parents the opportunity to learn about preventative measures, factors that contribute to HIV/AIDS and childhood development. Primary caregivers need to learn about basic facts of HIV/AIDS.

This study was a qualitative descriptive study to understand the views of primary caregivers on life – skills HIV/AIDS offered in school. The conceptual framework, which underpinned the study, was the eco-systems approach. The data was collected via in depth interviews with 10 respondents where an interview guide questions was used. The interview sessions were tape-recorded and transcribed.

The outcomes of the study revealed that most primary caregivers were of the idea that their children should be taught life-skills HIV/AIDS in schools. The primary caregivers felt that this programme would assist them in understanding numerous behaviours that their children exhibit that predispose them to HIV infections. The findings of this study are tentative in view of the limitations identified in the study.

TABLE OF CONTENT

Declaration of originality	(i)
Acknowledgements	(ii)
Abstract	(iii)
Table of content	(Iv)-(vii)

CHAPTER 1: INTRODUCTION

1.1 Research topic	1
1.2 Introduction	1-2
1.3 Definition of AIDS	3
1.4 The problem statement and rationale for the research	3-6
1.5 Conceptual framework guiding the study	6
1.6 The eco-systems approach	7
1.6.1 The primacy of relationships	7
1.6.2 Self-organizing network	7
1.6.3 The role of diversity	8-10
1.2 Research purpose and objective	11
1.3 Methodology	11-12
1.4 Research design.	12
1.10 The sample method and procedure	12-13
1.11 Data collection	13-14
1.12 Qualitative validity and reliability	14-15
1.13 Ethical issues	15
1.14 Data analysis	15-16

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction	17-18
2.2 Childhood development and gender construction	18-21
2.3 Adolescent development and sexuality development during adolescent	21-22
2.4 Social development of adolescents	23-25
2.5 Emotional and personality development	25-27
2.6 Sexual development	27-28
2.7 Parental rights versus adolescent's privilege	28-29
2.8 Transmission and prevention of HIV/AIDS	29-31
2.9 Factors contributing to the spread of HIV/AIDS.	31
2.9. (1) Sexual violence	31-32
2.9. (11) Drug abuse	32-33
2.9. (111) Teenage pregnancy	34-35
2.9. (1V) Socio- economic conditions that contribute to the spread of HIV/AIDS	35
2.9.IV Poverty and unemployment	35-42
2.10 Department of Education's response to HIV/AIDS.	42-46
2.11 Sexuality and HIV/AIDS education	46-49
2.12 Life skills offered in schools	50-53
2.13 The social impact of HIV/AIDS on children	53-59
2.14 (1) Psycho- social aspect of HIV/AIDS	59-60
2.14 (11) Family intervention model	60-61
2.14 (111) Crisis, Trauma and counselling.	61-62
2.14 (1V) Adaptation, bereavement and recovery	62-63

CHAPTER 3: METHODOLOGY

3.1 Introduction	64
3.2 Research design	64-66
3.3 The choice of research area	66
3.4 Data collection	67
3.5 Interviews	67-69
3.6 Sampling procedures	70-71
3.7 Ethical consideration	71
3.7(1) objectivity and integrity	72
3.7 (11) The fabrication and falsification of data	72
3.7 (111) Ethical publishing practices	72
3.7 (1V) Rejection of any form of plagiarism	73
3.7 (V) The right to privacy in the right including the right to refuse to participate in research	73
3.7 (V1) The right to anonymity and confidentiality	73
3.7 (V11) The right to full disclosure an out research	74
3.7 (V111) The right not to be harmed in any manner	74
3.8 Data analysis	74-76
3.9 Limitation of the study	76

CHAPTER 4: SECTION 1: PROFILE OF RESPONDENTS

4.1.1 Introduction	77
4.1.2 Respondent no 1	77-78
4.1.3 Respondent no 2	78-79
4.1.4 Respondent no 3	79
4.1.5 Respondent no 4	80
4.1.6 Respondent no 5	80-81
4.1.7 Respondent no 6	81-82
4.1.8 Respondent no 7	82-83
4.1.9 Respondent no 8	83- 84
4.1.10 Respondent no 9	84-85
4.1.11 Respondent no 10	85-86

SECTION 2: DATA ANALYSIS

4.2.1 Knowledge about elements of HIV/AIDS	86-90
4.2.2 Knowledge about life skills HIV/AIDS in schools	90-93
4.2.3 Teaching and learning of life skills in schools.	93-97
4.2.4 Discipline vs children's rights	97-101
4.2.5 Child abuse	101-104
4.2.6 HIV/AIDS and trauma	104-106
4.2.7 Substance abuse by learners	106-110
4.2.8 Construction of male and female sexuality	111-112
4.2.9 Migrant labour	112-114
4.2.10 Poverty and unemployment	114-117
4.2.11 Kinship Carers	118-119
4.2.12 Child Headed – Household	119-121

CHAPTER 5: CONCLUSIONS

5.1 Introduction	122
5.2 The context of HIV/AIDS within the eco-systems approach	122
5.2.1 The ontogenic level	122-123
5.2.2 The micro systems level	123
5.2.3 The exosystem level	124-125
5.2.4 The macro system level	125-130

CHAPTER 6: RECOMMENDATIONS

6.1 Introduction	131
6.2 Employment	131
6.3 Social security	131-132
6.4 HIV/AIDS policy	133-134
6.5 Development of community care centres	134-135
6.6 The role of social worker	135
6.6.1 Dissemination of information	135
6.6.11 Empowerment	135-136
6.7 Gender construction	136

REFERENCES

References	136-151
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CHAPTER ONE

INTRODUCTION

1.1 RESEARCH TOPIC

The views of the primary caregivers on the HIV/AIDS Life Skills Education Programme implemented in schools.

1.2 INTRODUCTION

This chapter includes the rationale, the objectives of the study and the methodology that was utilized. The HIV/AIDS epidemic is a topical issue internationally. The phenomenon of HIV/AIDS is associated with stigmatization, negative attitudes and social exclusion for those who are infected and affected by the disease. Furthermore HIV/AIDS is associated with certain beliefs and myths that cause the infections to increase at a higher rate. HIV/AIDS is a complex social problem, academic problem, medical problem and economic problem occurring in all sectors of society worldwide.

Van Dyk (2001) contended that HIV/AIDS and other sexually transmitted diseases are often more common in economically depressed communities where high levels of unemployment force men to migrate to the cities, where the traditionally low status of women force them to sell their bodies for sexual purpose in order to obtain money to survive, where living conditions are calamitous and access to health services is either intermittent or non-existent where ignorance, illiteracy and poor education and alcohol abuse are widespread. Scott (2000) asserts there are reasons why sexual behaviour is a feature of South Africa Society and reasons given include poverty, overcrowding, single-sex hostels, unemployment, and migrant labour and low education standards.

UNAIDS (2004) indicates that Southern African countries, are already losing staff essential for government to deliver vital public services, and HIV/AIDS is exacerbating this crisis. In addition to that young people (15 –24 years old) account for half of all new HIV infections worldwide and more than 6000 contracts the virus each day (UNAIDS, 2004). The age indicated above is for school going children and this confirms that schools are a high-risk environment for HIV/AIDS contractions.

Van Dyk (2001) asserts that the role of the school, religious and civic organisations cannot be underestimated in the fight against AIDS. Our children should be empowered with Education and lifeskills not only so that they can prevent themselves from being infected, but also so that they can have an opportunity to learn to become compassionate, caring members of the society that will be struggling with the aftermath of HIV/AIDS.

The process of education and learning is the key to social, cultural and political participation, personal and economic empowerment. This has led to the development and implementation of the National Policy for HIV/AIDS for learners in Public schools and for students in Further Tertiary institutions (Education, 1999). The National HIV/AIDS policy calls for each school to put in place their own HIV/AIDS implementation plan and set up health advisory committee comprising of school governing bodies, parents, educator's, health workers and social workers. The duties of the health an advisory committee is to design and develop school HIV/AIDS policy, which will ensure a safe the school environment, educate all role players so that they have expertise to deal effectively with children and other educators who might be HIV positive. The HIV/AIDS pandemic denies children their rights to basic education. The implementation of schools HIV/AIDS policies will ensure that the human rights of educators and learners are promoted and preserved. Furthermore the policy states that no educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV/AIDS status.

1.3 DEFINITION OF AIDS

Van Dyk (2001) defined AIDS as the acronym for Acquired Immune Deficiency Syndrome. This disease is acquired because it is not a disease that is inherited. It is caused by a virus (virus or the human immunodeficiency or HIV), which enters the body from outside. Immunity refers to the body's natural inherent ability to defend itself against infections and disease. Deficiency refers to the fact that the body's immune system has been weakened so that it can no longer defend itself against passing infections. A syndrome is a medical term, which refers to the set or collection of specific signs and symptoms that occur together and that are characteristic of a particular pathological condition.

Although we use the term disease when we talk about AIDS, AIDS strictly speaking, is not a specific illness. It is really a collection of many different conditions that manifest in the body (or specific parts of the body) because the HIV virus has so weakened the body's immune system that it can no longer fight the pathogen (or disease- causing agent) that invades the body. It is therefore more accurate to define AIDS as a syndrome of opportunistic diseases, infections and certain cancers that each or all has the ability to kill the infected in the final stages of the disease (Van Dyk, 2001).

1.4 THE PROBLEM STATEMENT AND RATIONALE FOR THE RESEARCH

UNAIDS, the joint United Nations programme on HIV/AIDS says in its report on the Global Aids Epidemic that South Africa has an estimated 5.3 million people living with HIV/AIDS, 2.9 of whom are women. India is not far behind with almost five million HIV/AIDS victims. Peter Piot, executive director of UNAIDS, in the 15th International Aids conference in Bangkok in Asia contented that rates of infections are on the rise in many countries. In 2003 alone an estimated three million people in

Sub – Saharan Africa became newly infected, most alarming new epidemics appear to be advancing unchecked in other regions notably Eastern Europe and Asia.

South African HIV/AIDS specialist Nomaswazi Hlatswayo said in Bangkok, HIV/AIDS rates among pregnant women attending antenatal clinic had multiplied 10 times from 2.4% in 1993 to 26.3% at the end of 2003. The number of children with HIV by the end of 2003 had risen to 230 000 from 190 000 at the end of 2003. The HIV/AIDS epidemic in sub- Saharan Africa has already orphaned a generation of children. Presently over 11 million children under the age 5 years living in sub-Saharan Africa have been robbed of one or both parents by HIV/AIDS. Seven years from now the number is expected to grow to 20 million (UNICEF, 2003).

Schennker, Sabar, Friedman & Friedman (1996) state that one of the main consequences of the AIDS epidemic on the education sector is a decrease in the demand for education due to absenteeism and rising number of orphans and school drop outs. A reduced number of classes or schools and shortage of educators will affect the supply of education and the quality of education will be affected.

The Department of Education is losing educators, learners and parents due to HIV/AIDS. The culture of teaching and learning is profoundly affected and subsequently the goal of the Department of Education, which is to provide quality education, is grossly affected. In 1999 the Department of Education and Culture launched a National HIV/AIDS policy for learners in Public schools and students and Educators in Further Education and Training Institutions to respond to the crisis of HIV/AIDS. The policy is in line with the National Strategy for Children infected and affected by HIV/AIDS (Department of Education, 1999). The policy is based on the principles of human's rights, non- discrimination, inclusivity and universal precautions. The policy states clearly that a continuing HIV/AIDS education programme should be implemented in all schools for all learners, educators and staff and allows for special measures in respect of learners.

The researcher's interest in conducting this research is based on impressions that most parents and primarily caregivers in rural areas are illiterate and are reluctant to engage in sexual dialogue among themselves and with their children. Formal sex education in schools has not been available because it has been regarded as an immoral subject and parents continuously blame educators for teaching children sex education. Parents and educators co-operation has been minimal on sexuality education and this eventually leads to children being neglected, not given adequate support and necessary information when challenges around sexuality and sex arise. Our society has still not learnt to deal with the subject of sexuality in a more responsible and open manner. Smith (1991) argued that there is so much conflict regarding sexual matters and that AIDS has firmly slotted into these social insecurities, which contributed to discrimination, stigmatization and blame.

Peer group relationships become increasingly important in schools. It is generally accepted that adolescence is the time during which young people negotiate and explore their sexual identities and are prone to risk-taking behaviour (Newman & Newman, 1995; Zastrow & Kirst-Ashman, 2001; Hyde & DeLamater, 2000; Morrell, Moletsane, Abdool Karim and others, 2000 quoted by Sewpaul & Raniga, 2005.). The proportion of teenagers who are having sexual intercourse has increased over recent years, with the age of first intercourse becoming younger (Hyde & DeLamater, 2000; Van Dyk, 2001). According to Van Dyk (2001) in a survey of six provinces in South Africa, 10% of respondents reported having had sex by the age of 11 or younger. In the province of Kwa-Zulu Natal 76% of girls and 90% of boys were said to be sexually active by the age 16 years. My professional intervention with learners in all grades on sexual abuse, incest and teenage pregnancy reveals that the years of sexual initiation begin very early due to incest and sexual abuse. Girls appear to be more vulnerable to HIV/AIDS infections than boys due to cultural and biological reasons.

The school occupies a central position in the community, which influences cultural, emotional and physical development. The school also is the extension of the home

and should continuously be in partnership with parents, caregivers and the wider community, in order to ensure that the learner receives effective Education. Livingstone (cited in Sathisparsad, 1997) highlighted the mutual goals of social work and education as the following: Social workers and educators are both concerned with the optimum development and growth of children in the society. It is quite essential for social workers and educators to join hands and deal co-operatively on HIV/AIDS life skills Programme. School social work is one of the role players in the implementation of HIV-AIDS life skills programme.

When considering HIV/AIDS Life-Skills Education Programme it covers sexuality education, child abuse, substance abuse, relationships, coping with pressures, decision-making and human rights and responsibilities. Life-Skills education is ability, which helps the individual to meet challenges of everyday life. The Programme has already been implemented at school level in all grades and in all provinces in South Africa.

1.5 CONCEPTUAL FRAMEWORK GUIDING THE STUDY

Very few studies have been conducted on investigating the views of primary Caregivers about HIV/AIDS life skills programme. Woelfendale (1992) mentioned that parents are supporters, service givers and custodians. Parents are engaged in continuous life long learning and assist in observation of their children's behavior. Parents are also viewed as 'educators' of their children, policy makers, and school partners and are part of advisory school governing board members. The implementation of school programmes should be jointly planned with parents as co-workers and co-educators. The main conceptual framework guiding this study was the eco-systems approach, which is discussed below.

1.6 THE ECO –SYSTEMS APPROACH

According to Mattaini & Meyer (2002) the eco-systems approach provides the framework for thinking about and understanding the networks in their complexity. It emerged from two sets of ideas namely ecology and general systems theory. Ecology is the science concerned with the adaptive fit, or the organism and their environment and the means by which they achieve a dynamic equilibrium and maturity. The ecological ideas denote the transactional process that exist in nature and thus serve as a metaphor for human relatedness through mutual adaptation. General systems theory is the general science of wholeness that describes sets of elements interaction, or the systemic interconnectedness of variables, such as people and their environment. It is an organized conceptual framework in which otherwise unconnected elements are integrated into a synthetic view and fall into place.

According to Mattaini & Meyer (2002) the systems thinking consist of the following characteristics:

1.6.1 The primacy of relationships.

The primacy of relationships means that reality does not consist of a collection of objects, but rather an inseparable web of relationships. Hierarchies in the systems thinking of this kind consist of levels of networks rather than dominant hierarchies. This level of organic interdependence is core to contemporary systems thinking. Social work is part of the web, the client is part of the web, the work they do together will be supported, opposed or both by transactions elsewhere in the web.

1.6.2 Self-organizing network.

This involves patterns of transaction that constitute the network that organized by the network itself and that establish their own self-constructed boundaries. The boundary of such a network occurs as a natural result of its organization.

1.6.3 The role of diversity

Diversity is regarded as the key to ecological stability and balance in ecology. A diverse ecosystem will also be resilient, the more complex the network is, the more complex its pattern of connections, the more resilient it will be. The transactional focuses, in which all processes are addressed to the person in the environment, distinguish social work from other professional disciplines such as psychiatry or psychology. It implies that individuals and their environment are always actually or potentially adaptive to each other, and that intervention can be carried out in their spheres of the case or directly in the transactions and can be expected to affect other spheres. The eco-systems perspectives has enabled social workers to enhance the psychosocial focus through the lens that does not separate the person in the environment but requires that they be seen in their transactional reality.

It is the psychosocial focus that is important as a distinguishing feature of social work that it has become its identified purpose to address the psychosocial matrix of which individuals, families, groups and communities are constituents. Furthermore the ecosystem perspective is a way of seeing case phenomena (the person and the environment) in their interconnected and multilayered reality. It is the a way of placing conceptual boundaries around cases to provide limit and define the parameters of practice with individuals, families, groups and communities. It can be pictorised as an eco- map which a boundary that clarifies for the practitioner the case system as the focus of work. Because no person can be understood apart from his or her defining social context, the eco-map present the field of elements in which the person is embedded. The use of the eco- map makes it impossible to separate the person and his environment in one's perception of the case phenomena.

Morales & Sheafor (1995) state that the practice of the social work involves a focus on the interaction between a person, couple, family, group, organization and community and environment. The ecosystem model of practice would help to promote social worker's understanding of the psychosocial problems experience by special population, incidents,

prevalence, intensity and harmless of sexism, ageing, racism and class discrimination and the social environment in which special populations struggle to survive

According to Morales & Sheafor (1995) state that Bronfenbrenner in 1977 originally developed the ecological model utilizing four factors, individual, family, social structural and socio-cultural, affecting human development. At a later stage minor modifications were made on two items namely socio- cultural is changed to culture, and socio structural to environment- structural factors. The five factors are described as follows:

INDIVIDUAL: the focus is on the bio-psychological endowment that person possesses, including personality strength, level of psychological development, cognition, perception, problem solving skills, emotional temperament, habit formation and communication and language skills. It is important to be knowledgeable about the person`s attitudes, values, cultural belief, life style, skills and abilities, their views of the whole world and how they cope and respond with physical and psychological stress and problems

FAMILY: the focus is the nature of the family life style, culture, and organization, division of labour, sex role structure, and interactional dynamics. Within cultural context each family is unique. It is therefore important to know its values, beliefs, emotional support, capacity, affective style, traditions, rituals, overall strengths and vulnerabilities, and how it manages internal or external stress.

ENVIRONMENTAL- STRUCTURAL: the focus is on negative and positive impact the environment had on the people or communities. It is believed that many problems of the affected oppressed groups are caused by the economic and social structure.

HISTORY: the historical roots and experience of males and females in a particular society will affect the nature of interaction with agencies and their representatives.

Bor, Miller, Goldman (1992) found relevancy in systems theory and HIV/AIDS education as indicated

- 4.1.1 Behaviors and problems occur in a context. This involves the communication including ideas about context (what is being said) and process (how it is said and what being is conveyed). The prevention of HIV/AIDS is a multi- intersectional programme that involves everyone and some form of communication and interaction around the HIV/AIDS issues.
- 4.1.2 There is reciprocity in relationships. If someone is infected with the HIV/AIDS virus it will have an impact on the next of kin, on the parent if it is a child and on the school because it will deteriorate the school progress. Relationships between people are punctuated by beliefs and behaviours, normally new ideas or beliefs can lead to different behaviors for some people may tend to consult medical doctors, some traditional doctors and some therapists.
- 4.1.3 Problem occurs at a particular developmental stage of the individual for example death; birth stage and acquisition stage and these threaten the stability of the family.
- 4.1.4 Problems often occur when reality is denied. Parents may deny reality about HIV/AIDS, hence this will impact on the school programme due to lack of co- operation.

The systems theory viewpoint is quite comprehensive since it includes elements of society, family, and parts of families, persons and the relationship between these elements at all levels. It involves all systems and subsystems in the environment. It also includes systems like the family, church and entertainment organizations for example sports and culture. The people in systems model deal with the kind of life skills people need to pursue developmental task and involve them in, contribute to, and cope with various social systems of life.

1.7 RESEARCH PURPOSE AND OBJECTIVES

The key research question were:

- 5.1 To explore whether primary caregivers are aware of HIV/S Policy.
- 5.2 To explore the views of primary caregivers in discussions on sexuality with their children.
- 5.3 To explore what primary caregivers are thinking about HIV/AIDS policy offered in schools.
- 5.4 To assess whether primary caregivers are involved in the implementation of the HIV/AIDS school policy.
- 5.5 To explore whether primary caregivers understand their role in the HIV/AIDS Policy.

1.8 METHODOLOGY.

This study utilized qualitative research method and procedure. Leedy and Ormrod (2005) assert that the term qualitative research encompasses several approaches to research that is, in some respect, quite different from one another. Yet all qualitative approaches have two things in common. Firstly, they focus on phenomena that occur in natural settings that is in the real world. Secondly, they involve studying those phenomena in all their complexities.

One advantage of qualitative research was the fact that the respondents were understood in terms of their own definitions of their world or experiences. Qualitative research seeks

to understand human behavior through observing and interacting with people in order to try to understand the world as they understand them.

Mounton (2001) states that the aim of qualitative research is not to explain behavior in terms of universally valid laws or generalization but rather to understand and interpret the meaning and intentions that underline every human action. Qualitative research do not therefore seeks to test theory through formulation of a hypothesis.

1.9 RESEARCH DESIGN.

McKendricks (1989) defines research design as an overall plan or strategy by which questions are answered or hypothesis tested. For the purpose of this research, the researcher utilized the descriptive research design. Ahuja (2001) defined research design as a planning strategy of conducting research. It plans as to: what is to be observed, how it is to be observed, when /where it is to be observed, why should it be observed, how to record observations, how to analyse interpret observations, and how to generalise. Furthermore research design is a detailed plan of how the goals of research will be achieved. It is research that allows research participants to describe experiences and knowledge in their own words.

1.10 THE SAMPLE METHODS AND PROCEDURE

Wellman & Kruger (2001) mentioned the advantages of the probability samples as enabling us to indicate the probability with which samples deviated in the differing degrees from the corresponding population values. The advantages are as below:

- It is possibly to study large number of people scattered in wide geographical area. Sampling will reduce their number.
- It saves money and time.
- It saves destruction of units.
- It increases accuracy of data.

- It achieves greater response rate.
- It achieves greater cooperation from respondents.
- It is easy to supervise few interviewers in a sample but difficult to supervise a large number of interviewers in the study of total population.
- The researcher can keep a low profile.

To ensure greater representation the population for the study involved both male and female participants in Zululand Region of Department of Education. The study population was characterized by age, religion, and gender. The sample was drawn from two high schools in Mahlabathini circuit namely Mbilane high school and Mahlabathini High school. Random selection of the sample was done and research participants had a known chance of being selected as Babbie (2001) maintains, “ sometimes it is appropriate for you to select your sample based on own knowledge of the population, its elements and nature of your research aims. The criterion for including the participants was a systemic random sampling. The sampling procedure was performed by randomly selecting 10 learners from the class attendance registers of learners in grade 8a and grade 8c. Five learners were identified from each school. The parents of 10 identified names of learners constituted the sample for the research. The sample was obtained through the permission of the District Manager, the school principals and school governing body members. The letter of request was directed to the above-mentioned authorities for permission to conduct the research.

1.11 DATA COLLECTION

Data were collected in Zulu language and transcribed into English and this process was time consuming. Appointments for home visits were telephonically made. Parents of learners were visited at their homes. Semi-structured interviews were used in personal interview. The researcher personally conducted the interviews. Interviews were conducted between mornings 08h00am to 06h00pm depending on the appointments made telephonically with the interviewee. The in -dept interviews were conducted in different settings. Mouton and Marais (1990) asserted that the aim of qualitative interviewing is to

provide a framework for a subject to speak freely in his or her own terms about a set of concerns which the researcher brings to the interactions and whatever else the subject may introduce. Generally a researcher has an idea of what basic issues he or she wishes to cover in the interview.

The key research questions were as follows:

- To what extent do parents have information about HIV/AIDS education policy/
- What are the views and thoughts about HIV/AIDS policy?
- In what ways and to what extent do parents discuss issues of sexuality with their children?
- What role can parents play in the implementation of HIV/AIDS school policy?
- Have parents been invited to participate in the implementation of HIV/AIDS?
- What are the factors that parents think could be best used to prevent high levels of sexuality in schools?

1.12 QUALITATIVE VALIDITY AND RELIABILITY.

Validity of research is one of the concern in qualitative research. Validity considers the content, construct, research instruments and research procedures. It considers questions pertaining to how the research was conducted, questions pertaining to relationship with data and questions pertaining to contextual validity. The reliability of data will be enhanced by proper documentation of methods of data collection and through reliable recording of data.

Possible precautions that may arise during interview sessions were taken into consideration. In- depth interviews were structured in such a way that there is no prejudice or bias. Furthermore continuous clarification was given when questions arise, given the fact that a number of parents are illiterate and elderly people. Most parents in rural areas still don't consider the teacher-child-parent involvement and networking as important. They believed educators should perform all educational duties and activities without their participation, this could be a limitation.

1.13 ETHICAL ISSUES.

Ethical issues always need to be considered when dealing with sensitive issues such as HIV/AIDS and sexual behaviour. In view of the highly sensitive area of investigation, the research process itself might raise psychological discomfort for participants. Ethical concern was considered. Confidentiality and respect for privacy was maintained, participants were informed to allow for greater level of freedom to express themselves without fear. The researcher's personal interest in the study and the researcher's own value system was considered (Moore & Rosenthal, 1993 cited in Babbie, 2001). In this study the researcher is directly implementing HIV/AIDS lifeskills programme in schools therefore understands cultural and moral values around the subject.

1.14 DATA ANALYSIS

Barite (cited in Leedy & Ormrod, 2005) asserts that the central task during data analysis is to identify common themes in people's description of their experiences. After transcribing interviews, the researcher typically takes the following steps (Creswell, cited in Leedy and Ormrod, 2005).

- Identify statement that relates to the topic. The researcher separates relevant irrelevant information and then breaks the relevant information into segments.
- Group statements into meaning. The researcher groups the segments into categories that reflect the various aspects of the phenomenon as it is expected.

- Seek divergent perspective. The researcher looks and considers various ways in which different people experience the phenomenon.
- Construct a composite. The researcher uses the various meaning identified to develop an overall description of the phenomenon as people typically experienced it.

Data analysis begins while the interviews are still underway and after the interviewing is complete you begin a more detailed analysis of what the interviewees told you (Rubin & Rubin 1995). The inductive approach involving development of themes, patterns and categories from the data utilized. The themes and concepts were formulated and build towards an overall explanation. The categories of all materials from all interviews and concept were grouped together. Comparative materials were developed across categories to discover connection between themes. The analysis of data was complete when the interpretation of findings was developed and linked up policy and social development.

This chapter dealt with the purpose and the rationale underlying the study, conceptual framework guiding the study and the definition of the key concepts. The next chapter reviewed relevant literature to the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews some relevant studies in the area of sexuality education and HIV/AIDS. This section highlights the programmes for intervention in schools and social work management in the arena of HIV/AIDS.

South Africa is currently among the most highly affected HIV/AIDS countries in the world. There is an estimated 5.2 million people who are infected and the bulk of these people are aged between 14-25 most of whom are school going children who are the future of our young democracy (UNAIDS, 2004). The HIV/AIDS epidemic is shattering children's lives and reversing many hard won children's rights that the children are entitled to have (Smart, 2003).

AIDS threaten more than the capability of a household to function as an economic unit and the entire social fabric of the family is potentially disrupted or dissolved (Smart, 2003). At the community level, the growing demands on communities as a result of the HIV/AIDS epidemic are multiple and multifaceted. The Department of Education views schools as the central point of communities, thus it wants schools to lead the way and manage a coherent response to the suffering caused by HIV and AIDS. The coherent response should consist of a partnership between the Department of Education, other Departments, Non Government Organizations and Faith based organizations.

Young people, as a group, are universally regarded as an important target audience for all educational activities aimed at promoting healthy attitudes and behaviours. This view is founded on the basic assumption, strongly supported by both common sense and pedagogical theory and research, that children and young people are much more likely to learn and change, than adults (Posel, 2003). Young people are vulnerable to HIV infections, and the highest rates of HIV infections are known to occur among

young people between 20 and 29 years of age, many of whom probably contracted the virus during their teens (Isaksson, 1996).

2.2 CHILDHOOD DEVELOPMENTS AND GENDER CONSTRUCTION

Bennett (2006) argued that cultural formation in South Africa, through the immense turbulence of our 19th century years saw the displacement, death, and destruction of many people previously living in semi-collectivity. People do not share the same deep histories of sexuality, which can readily connect contemporary South Africans to pre-18th century (Bennett, 2006).

Historically, young people were educated about sexuality from a young age according to a set of agreed principles. Issues of body changes, menstruation and relationships were discussed with older relatives or sisters known as (Amaqhikiza”). The task of “Amaqhikiza” was to teach, guide, exercise sexual control and restrain female adolescents in the transition from childhood to adulthood. Young men and women are often drawn and gather to celebrate special ceremonies marking off the childhood stage. Older women often check the vaginas of adolescent females to ensure that full penetrative intercourse is not taking place. This process is virginity testing and is often carried out in ceremonies for example, the reed dance known as “Umkhosi womhlanga”. Currently there is a debate in the public domain, which revolves around virginity testing and human rights. Some people believe that virginity testing infringes the principles of confidentiality, decision-making, choices and a female’s right to bodily integrity, whilst some people believe that virginity testing is a traditional practice that promotes respect, good morals and values and protects teenagers against teenage pregnancy and sexually transmitted diseases. Virginity testing places young girls at risk of HIV/AIDS infection in societies where, the myth of having sexual intercourse with a virgin is believed to cleanse HIV/AIDS.

Gupta (2000) asserts that the traditional practice of virginity testing for unmarried girls that exist in many societies, paradoxically, increases young women’s risk of infection because it restricts their ability to ask for information about sex out of fear that they will be thought to be sexually active. In addition, in a culture where virginity is highly valued, research has shown that young women practice alternative sexual

behaviours, such as anal sex, in order to preserve their virginity status, although these behaviours may place them a greater risk of HIV (Gupta, 2000). It is very important that young girls are taught to be vocal and engage in discussions pertaining to sex with their partners. There is a need to break the culture of silence about sex through information sharing, empowerment sessions and discourse around sexuality so that women and young girls can begin to negotiate sex with their partners. This will enable partners to understand and decide on the wide range of choices for safer sex practices.

Women's subservience and marginalization in different areas of development constitute the inability to talk about and exercise their rights to decision-making and information. Gender inequality is perhaps the main problem area impacting on HIV/AIDS prevention. Ankrah (2000) argues that when crucial gender differences and power differences in sexual relationships are not addressed explicitly, people cannot use the knowledge they have or the methods available to protect themselves against the transmission of HIV. Fester (2006) further argues that despite several international and local instruments including the Beijing Platform for Action 1995 and the Convention on all forms of Discrimination against Women and the Draft protocol on the Rights of Women, sexual rights are limited to health and reproductive rights. However, the average person in South Africa has no conception of the content of these instruments and cannot access these rights.

In the context of South Africa, where apartheid once prevailed, sexuality orientation for children was based on masculinity and femininity. The sexual construction was aligned with the gender of the child in terms of household tasks, behaviours, and cultural rituals. Masculinity means that young males are assigned to power, leadership, and technical activities. Mankayi and Shefer (2005) conducted a case study of a young man in the South African military. The focus was to explore the multiple ways in which the participant constructed his masculinity and how this intersected with his sexual practice in relation to the dominant discourse on gender and sexuality. The findings were that in the discourse on male sexual practices, men are positioned as looking for certain things and one of them is having sex and a lot of it with many women if possible. This might imply that men are stuck and cannot change or lose this obsession with having sex; they are trapped by their nature, biologically driven sexual needs, passion and desire. Another implication is that

women will have to accept it as inevitable that men are victims of their biological desires and needs and that woman cannot do much else but tolerate it, instead of trying to change. These findings are likely to increase the probability of HIV/AIDS contraction and further indicate that there is a need for teaching men more responsible sexual behaviours that would prevent the continued spread of HIV/AIDS.

Parents socialize and teach children behaviours that would depict or be associated with a particular gender. The female counterpart is socialized to grow up with a caring and loving attitude. Female children often play with dolls and perform household chores. At an early age female children are not involved in any decision-making practices and in most instances somebody should think for them. The male counterpart is socialized to grow up being aggressive and hostile, this behaviour is reinforced by encouraging boys to play with guns and weapons. Boys are exposed to the technical world at an early stage, for example driving cars and bicycles. Boys are included in decision-making process of the family with the aim of instilling leadership skills that would assist in managing their own families when grown up. This practice has promoted gender inequality in different levels of our society. A number of initiatives to address gender inequality have been in place for example taking a girl child to the workplace programme, hence encouraging girls to choose any male dominating careers.

In traditional societies previously in many ethnic groups male children were allowed to attend schools because of the belief that they have to be economically independent while female children were denied these rights. Historically, the illiteracy level were very high among female children, given the fact that female children were not allowed to attend school and are supposed to produce children and later be housewives. In South Africa it is clear that there is rhetoric of gender equality and choices about sexual orientation, but the reality largely remains a patriarchal system (Fester, 2006).

When exploring issues of sexuality, the impact of colonialism including the impact of Christianity cannot be underestimated. Ideas about the appropriate conduct of heterosexuality, the pervasion of homosexual behaviour, the formation of the family, no polygamy, no public displays of seduction or desire, no sexual liaison outside of sanctioned marriages, no same sex play suggest dominance no polygamy, so public

displays of seduction or desire, no sexual liaison outside of sanctioned marriages, no same sex play suggest dominance of colonial values (Bennett, 2006). Lesbians and Gay activist organizations and the National Coalition for Gays NSD Lesbians have been vocal and criticized the Marriage Act No 25 of 1961 as still in favour of heterosexual practices to homosexuality and contextualised the current practice as against principles of equality, respect, freedom and human dignity (Bennett, 2006). The Constitution of South Africa No 108 of 1996 states that the state may not unfairly discriminate directly or indirectly against anyone on any grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. This has led to the full legal recognition of homosexual marriages and provided lesbians and gays with equal legal protection. South Africa is the first country in the continent to legalise homosexual marriages. Homosexual marriages have been afforded with equal rights as heterosexual marriages in terms of the Civil Union Act No 17 of 2006. The promulgation of same sex marriages has been criticised by a number of faith-based organisations on the basis that it will fail to consider the heterosexual family values for example child-rearing practices by parental system. The Social Welfare services will be faced with a challenge on foster care and adoption placement. The main challenge will be the credibility of gay parents to raise a child on their own. Gay parents will have to be equipped with parenting skills to enable them to deal with issues around parenting.

2. 3 ADOLESCENCE DEVELOPMENT AND SEXUALITY DEVELOPMENT DURING ADOLESCENCE

Museen, Conger, Kagan and Houston (1990) defined adolescence as a Latin verb “adolescere”, which means to grow into adulthood. Adolescence has traditionally been seen as a period of storm, and stresses with dramatic upheaval of the emotions (Steinberg, 1999 cited in Sanrock, 1996). It begins with the onset of puberty and ends with the assumption of adult responsibilities. Its onset may involve abrupt changes in social demands and expectations, or a gradual transition from previous roles. “Puberty” refers to the first phase of adolescence, in which sexual maturation becomes evidence. It begins with hormonal increase and manifestations such as

gradual enlargement of ovaries in females and testicular cell growth in males (Museen, Conger, Kagan and Houston, 1990).

Santrock (1996) asserted that the nature of peer relationships undergoes important changes during adolescence. In adolescence, teenagers typically prefer to have a smaller number of friendships that are more intense and intimate. Cliques and crowds, usually take on more important roles in adolescence, as adolescents begins to hang out. It is important for adolescents to know how peers see them. Adolescents can perceive situations differently for example some will enjoy social inclusion with their groups; for others, social exclusion could mean stress, frustration and sadness (Santrock, 1996).

Blo (cited in Balk, 1995, p. no. 336) defined adolescence to be a period of time necessarily characterised by turnout of stress. Furthermore adolescence is characterized by five stages of adolescent development namely:

- a. Pre-adolescence is described as the developmental phase following the latency period and preceding the onset of puberty.
- b. Early adolescence: Lessened identification with parents and an increased identification with peers.
- c. Adolescence proper – is the period of time referred to as middle adolescence, Blo considered disengagement from parents, and development of distinctive, mature identity to characterise this period.
- d. Late adolescence – individuals accept that striving towards an ideal ego is real and a journey without end. Ambiguity and approximation becomes acceptable and more importantly, are understood as a realistic assessment of human existence. A stable character formation is achieved among distinct developmental challenges. Sexual identity – from gender identity gender construction develop due to culture messages, how males, females supposed to behave. Sexual identity is a very necessary procedure for development. For all teenagers the process of establishing one's own sexual identity does not transpire during the teenage years when it is supposed to, it will likely occur at some future time".
- e. The last stage is the formation of a stable psychic character structure.

2.4 SOCIAL DEVELOPMENT OF ADOLESCENTS.

The social development of the adolescent is of utmost importance and lays the foundation for the establishment of future relationships. Peer interactions mostly occur outside the home, where adolescents play, go to places where socializing take place. Peer influences could have both a negative and a positive impact. Negative impact may include feelings of being rejected and overlooked by peers and can lead to some adolescents feelings lonely, hostile and abusive. Such rejection and neglect by peers can be related to an individual's subsequent mental health and criminal problems and interpersonal problems (Santrock, 1996). Positive impact may include positive attitudes about life, ability to communicate positively with others and good interpersonal relationships. Social isolation or an inability to plug into a social network can be linked to many different forms of social problems and disturbances, ranging from delinquency, problem drinking to depression (Kupersmidt & Coie, 1990, Simons, Conger & Wu 1992, cited in Santrock, 1996). Peers can further introduce adolescents to alcohol, drugs delinquency and other forms of behaviours that adults view as maladaptive. In my professional experience, I have observed that peers can introduce adolescents to alcohol, drugs, delinquency and other forms of maladaptive behaviours. Positive and healthy peer relations are therefore necessary for normal social development.

Adolescents have a strong desire to be with their peers and to become independent. Adolescent relationships sometimes are strained by choices with regard to life issues and life styles i.e. choice of church, dress, etc and sometimes these choices are not in line with the choices of parents, as parents prefer to choose a certain lifestyle for their children; this normally creates conflict in the parent-child relationship (Seiker & Hoffman, 1991). Peer conformity comes in many forms and affects many aspects of adolescents' lives. Adolescents conformity occurs when individuals adopt the attitudes or behaviours of others because of real or imagined pressure from them – it can also be negative or positive. Parents may teach or coach their adolescents in ways of relating to peers that help them develop strategies to deal with peer pressure (Seiker & Hoffman, 1991).

Social knowledge and social information processing is important for the social development of the adolescent (Santrock, 1996). It is therefore important for adolescents to learn appropriate strategies for making friends at school. Santrock (1996) suggested the following information for discussion and sharing with adolescents.

- Initial interaction – learn about friends, their names, and favourites
- Be nice, kind, considerate
- Pro social behaviour – honesty, trustworthiness, tell the truth and keep promises,
- Respect for self and others – respect others, good manners, be polite, courteous, listen to what others say, enhance your good relationships, be clean, dress neatly and be at best behaviour.

Gottman and Parker (cited in Santrock, 1996) described the importance of friendships among adolescents.

- Companionship – friends provide the adolescent with familiar partners – someone who is willing to spend time with them.
- Stimulation – provides friends with interesting information, excitement and amusement.
- Physical support – time, resources, and assistance.
- Ego support – provides expectations of support, encouragement and feedback that help adolescents to maintain a good impression of themselves.
- Social comparison – information about where adolescents stand and whether adolescents are doing okay.
- Intimacy and affection – it provides warmth and a close, trusting relationship with another individual that involves self-disclosure.

Harry Stack Sullivan 1953, (cited in Santrock, 1996) as a most influential theorist, highlighted the importance of adolescent friendship as a dramatic increase in psychological importance and intimacy of close friends. Sullivan further believed that the need for intimacy is intensified during early adolescence and is motivating teenagers to seek out close friends. He felt that, if adolescents fail to forge close

friendships, they would experience painful feelings of loneliness coupled with a reduced sense of self worth (Harry Stack Sullivan 1953, cited in Santrock, 1996).

Adolescents in each period in life present developmental challenges and difficulties that require new skills and responses. Adolescents must confront two tasks: firstly, achieving a measure of independence or autonomy from their parents, and secondly forming an identity, creating an integrated self that harmoniously combines different elements of the personality (Harry Stack Sullivan 1953, cited in Santrock, 1996).

2.5 EMOTIONAL AND PERSONALITY DEVELOPMENT

Brammer, Abrego and Shostrom (1996) assert that emotional and personality development stage is characterized by transition from the concrete operations of middle childhood to formal operational thinking. An adolescent is preoccupied with self-concept and tries to attach the meaning of his or her own self-identity. Furthermore, an adolescent is likely to become more introspective and analytic and their behaviour may appear to be egocentric. Cognitive development also plays an important role in the emergence of a well-defined sense of identity (Brammer, Abrego and Shostrom, 1996).

Craig 1992 (cited in Duminy & Preez, 2000) asserts that person-centred theory is significant in emotional and personal development. This theory asserts that the innate positive growth, potential and self-actualising power of the organism. The self-concept is the person's picture of him or herself and the self-evaluation of this picture. The self is a construct typically defined as the "the individual's dynamic organization of concepts, values, goals and ideas which determine the way in which he or she should behave" (Craig, 1992, p. no. 99). The concept self is a life long learning of self starting from birth and differentiating steadily through childhood, adolescence and adulthood. The development of a self-concept is influenced by an individual's needs for positive reinforcement from his or her parents or primary caregivers (Brammer, Abrego and Shostrom, 1996 p. no. 79).

Gestalt therapy is a process that helps people live more through increasing self-awareness, assuming more responsibility for satisfying their needs, becoming more

aware of their environment, and increasing their ability to give and receive from others (Craig 1992 cited in Duminy & Preez, 2000).

Gestalt therapy shares the same views as Rogers with person-centered theory that includes the expanding of one's awareness, accepting personal responsibility for which one is, and unifying or integrating the sometimes-conflicting dimensions of the client. In gestalt therapy the goal is to increase growth and autonomy through an increase in awareness or insight. Adolescents carry with them a sense of who they are and what makes them different from everyone. The adolescent's self-understanding becomes more introspective. Self-understanding is a social cognitive construction; understating of the self is the adolescent's cognitive representation of the self, the substance and content of the adolescent's self-conceptions, involves a number of aspects (Seiker & Hoffman, 1991). In this stage more adolescents begin to think in more abstract and idealistic ways. Piaget's theory of cognitive development indicates that the adolescent will develop abstract idealistic labels for example feelings that I am a human being, pretty looking, who cares about me (Seiker & Hoffmn, 1991). Piaget's theory of cognitive development illustrates how adolescents develop more positive images about themselves and how people around them perceive them.

Adolescents are more likely than children to understand that one possesses different selves, depending on different roles or the particular context. Adolescents will use a number of concepts to describe themselves, for example, moody, and ugly, attractive, bored, and caring. They develop the cognitive ability to detect these and consistencies in the self as they strive to construct a general theory of the self as part of their personality (Damon, 1991; Harler and Monsour 1992 cited in Santrock, 1996). Given the contradictory nature of the self in the adolescent, it is not surprising, that the self fluctuates across situations and across times. The self continues to be characterised with instability until it constructs a more unified theory of the self. Adolescents are self-clarification and for obtaining option (Damon, 1991, Harler and Monsour 1992 cited in Santrock, 1996). Adolescents can make self-evaluations in many domains of their lives, i.e. academic, athletics, expresses opinions, work cop-operatively in groups, give commands or directives, maintain eye contact with intimate friendship (Craig 1992 cited in Duminy & Preez, 2000).

Eric Erikson's theory of identity crisis suggested that adolescents are faced with a crisis where they ask, "Who I am? Who I am about? and What I am going to do in life?" this is called Identity vs. identity confusion (Seiker & Hoffman, 1991). Erikson further states that during adolescence, adolescents are faced with development challenges, they try to find out certain issues and in their attempts to explore issues, they might be successful or not. Furthermore adolescents are faced with many new challenging roles, i.e. vocational and romantic issues. It is important that adolescents achieve identity. Erikson's theory of an identity crisis is criticised by other theorist for the development of an integrated sense of identity as a long, complex task. It is important that parents are empowered with parenting skills because they are important figures in the adolescent's development of identity and further parents should encourage children to participate in family decisions.

Emotional and personality period of development is marked by peer pressure among adolescents. Duminy & Preez (2000) asserted that in spite of the adolescents' conformity to the group in certain respects, he or she does not necessarily adopt the group's concept of wrong or right. The adolescent builds up his own individual moral code, but it is a mistake to think that this individual code is a completely arbitrary code completely unrelated to the common code of morality (Duminy & Preez, 2000). The variation we notice represents a shift of responsibility from the parent to himself. The adolescent now assumes responsibility of his own deeds. At this stage, adolescents want to be independent and make choices on their own. Also, in this respect, the urge to prove as an adult comes to the fore and this urge may sometimes make the adolescent do some foolish things in order to prove his independence (Duminy & Preez, 2000).

2.6 SEXUAL DEVELOPMENT

Duminy & Preez (2000) asserted that sexual development is marked by an increased interest in numbers of the opposite sex. In addition, this new interest is of a predominantly romantic nature and is accompanied by a strong desire to win the approval of members of the opposite sex. Normally most adolescents go through a homosexual phase and move on to the stage of heterosexual affection that is

characterized by romantic idealism, which constitutes a major part of the love life of the adolescent.

Zulu (2002) conducted a study at Vulindlela Township in Empangeni, on a parents effectiveness program to improve parent-adolescent relationships with a sample of 25 parents and 25 adolescents. The study revealed that 94% of parents had taught their children about sex. The study indicates that the majority of parents had never taught their children about sex. The study indicates that the majority of parents have knowledge, skills and had their children about sex. It was found that it is very important to teach children sex education whilst they are still young. Parents need to acquire relevant information for advice and guidance on issues pertaining to child development and sex.

Howard & McCabe (cited in Miller, Card, Paikoff, & Peterson, 1992) evaluated a hospital-based outreach educational programme that has been successful in helping youth from low-income families postpone sexual involvement. The programme had two components: human sexuality and postponing sexual activities. An educational series for young teens had been implemented in a local public school system by Henry W. Grady Memorial Hospital in Atlanta, Georgia. The positive findings from the evaluation led to the permanent adoption of the program by the hospital and the school system. The postponing Sexual Involvement Education series is now being disseminated throughout the United States as a abstinence model for young teens.

2.7 PARENTAL RIGHTS VERSUS ADOLESCENTS' RIGHTS

The needs and rights of adolescents have recently received much attention and parents have become confused over the distinction between rights, privileges and responsibilities in the family. Parents have a right to discourage their adolescents from associating with questionable friends. Resentment, bitterness, and misunderstanding usually follow, which makes forbidden friends more desirable (Van Pelt, 1984 cited in Desmond, Ritcher, Makiwane, and Amoateng, 2003).

An adolescent must feel free to select his or her own friends. Adolescents have different needs, urges and motivations and parents need to be aware of the diverse

interests of their children. However, it is a parental prerogative to interfere in extreme abnormal behaviour. Parents have a right to set standards concerning their adolescent's appearance and behaviour. Parents have got a proactive role of creating and maintaining a warm, strong and supportive relationship and avoiding coercive behaviour (Van Pelt, 1984 cited in Desmond, Ritcher, Makiwane, and Amoateng, 2003).

2.8 TRANSMISSIONS AND PREVENTION OF HIV/AIDS

The transmission of HIV/AIDS is a major challenge for the global world, governments and all stakeholders that are mandated to prevent the spread of HIV/AIDS. Despite advocacy campaigns and training on HIV/AIDS, there are growing numbers of people infected with HIV/AIDS. Heterosexual transmission is currently the leading cause of infection (Spadea et al cited in Schenker, Sabar-Friedman and Francisco, 1996). To date there is no vaccine for HIV, therefore the only way to prevent infection by the virus is:

- People should abstain from having sex
- Use latex condoms, and these should have water lubricants
- Practice masturbation
- Having open relationship where each one disclose their status or previous behaviour

Burns (2000) assert that for women with HIV around the world one of the main issues is mother to child transmission. Pregnant positive women normally want to know the level of risk of transmission to the fetus and what can be done to lessen the risks; they also want to discuss and have information about sexual health (Burns, 2000). In Africa, the gap in HIV prevalence between women and men continue to grow because women are being infected at an earlier age (Global AIDS report, 2004). Posel (2004) asserted that several studies found that communication between men and women about sexual reproductive health is minimal and non-existent. Poor communication between partners on issues around sex might lead to failure to discuss preventative and safe sex practices. The role of good communication between men and women

needs to be improved through different programmes and dialogue that will effectively promote open channels of communication.

Ferguson, Quinn, Eng, & Sandelowski (2006) conducted a study on the gender ratio imbalances and its relationship to risk of HIV/AIDS among African American women at historically black colleges and universities in North University and Merrifield state Universities with 31 African American student. The study revealed that students consistently identified the gender ratio imbalance and the existence of more women to men on campus as a key element of the dating environment that increased women's risk of HIV infection. The primary consequences of these gender ratio imbalances were (a) men having multiple female sexual partners and women complying with men's condom use preferences. The study indicates how dating and gender ratio imbalances in tertiary institutions contribute to HIV/AIDS contraction among female students. These could have future serious negative consequences when students are gainfully employed. One possibility is that female learners will die immediately once employed or might get sick thus, negatively impacting on work production.

The transmission of HIV/AIDS among children could occur at school level when children play and get wounded. Playing with blood exposes children to HIV infection and wounds that are not properly managed might also put children at risk of HIV infection (National Policy on HIV/AIDS, 1999). In an attempt to prevent transmission of HIV/AIDS in schools the National Policy on HIV/AIDS (1999) provides universal precautions, which assumes that in a situation of potential exposure to HIV, all persons are potentially infected and all blood fluid, should be treated as such. Universal precautions include the following:

- “All open wounds must be covered securely with a non-porous or waterproof dressing or plaster.
- Cleaning and washing should always be done with running water. If running water is not available, use containers to pour water over the area to be cleaned.
- All persons attending to blood spills, open wound should wear protective gloves.
- If blood has contaminated material it should be sealed in a plastic bag and sent to an appropriate disposal firm” (Department of Education, 1999, p. no.17)

It is important that parents and caregivers engage in consistent application of universal precautions at homes and places of safety, so that they are in better positions of protecting their children against HIV infection.

Unprotected sex with an infected partner increases HIV infection. The virus enters the body through the lining of the vagina, vulva, penis, rectum or mouth during sex. Other cause for HIV infection can be related to learners who indulge themselves in alcohol and drugs as HIV is transmitted through needle sharing amongst injection drug users, while alcohol use reduce responsibility and increase sexual risk taking behaviour. Women can transmit HIV to their babies during pregnancy and birth.

2.9 FACTORS CONTRIBUTING TO THE SPREAD OF HIV/AIDS

There are several inter-locking factors that contribute to the spread of HIV/AIDS.

2.9.1 Sexual violence

Sexual violence against females is seen as one of the factors contributing to the spread of HIV/AIDS. South African girls are often victims of sexual violence in their schools and at homes where they experience rape, sexual abuse, sexual harassment and assault by male learners and teachers (Human Rights Watch, 2001). The researcher in implementing a child protection programme has observed that girls who encounter sexual violence at school are raped in toilets, empty classrooms, hallways, in hostels and dormitories. The school visits in South African schools conducted by Humans Rights Watch in 2001 revealed that girls loose interest in schoolwork, many are transferred to other schools and other simply leave school due to sexual exploitation. Professional interviews conducted with parents of girls who were victims of sexual abuse, revealed that children became depressed, disruptive and anxious. In most instances, parents felt helpless and hopeless because they could not handle the trauma and stress associated with the ordeal experience by their daughters. Depressed parents sometimes, do not report the cases of sexual abuse and could not support their daughters who are victims of abuse.

The Department of Education in South Africa has recognized the problem of teachers who sexually abuse female students and in its warning against sexual misconduct, has introduced new school guidelines on HIV issues (Department of Education, 1998).

The guidelines note the prevalence of the problem and call on teachers to refrain from sex with students because of the dangers of HIV transmission and because having sex with the learner betrays the trust of the community (Human Rights Watch, 2001).

Many myths about HIV/AIDS prevail in South Africa and other countries. Numerous people with tribal backgrounds believe that having intercourse with a virgin or young child, including infants can cure HIV/AIDS (Perlman, 2005). Rape of this kind leaves the child destroyed physically and emotionally and has increased the number of HIV/AIDS infections. Most of these cases are underreported due to victimization. Victimization often causes a lot of social and psychological stress and trauma to people who report cases. My experience of working with sexually abused children has taught me that many victims of violence suffer effects of violence in silence and this has a direct impact on the abused child, who will continue suffering in silence. There might be a risk of HIV/AIDS transmission through sexual abuse. This has resulted in the establishment of the draft guidelines on the management of the child educators with strategies and referral procedures on cases of child abuse (Department of Education, 2004).

2.9. 11 Drug abuse

Drug abuse in both rural and urban schools is on the increase and this includes primary and secondary schools. Substance abuse is another source of HIV/AIDS transmission among the youth in schools. Auerbach quoted by Keeton in Sunday Times on 11/07/04 states that HIV infection often starts in social networks, where people gather for fun and entertainment. When people are drunk they act irresponsibly and that increases the chances of engaging in unprotected sex. In response to this challenge the National Department of Education developed a Drug Abuse Policy Framework in 2002 that is currently implemented in schools. The Drug Abuse Policy Framework is consistent with the National Drug Master Plan 1999 – 2004 that was developed by the Department of Social Development National Drug Master Plan (1999-2004).

Sathisparsad & Taylor's (2005) study on social work intervention in rural schools is significant in that 63% of the respondents view substance abuse as the main problems in schools. Presently rural schools are experiencing a high number of learners abusing

drugs and alcohol during and after learning periods. The study among high schools surveyed in Cape Peninsula found that white learners are most likely to drink heavily (defined as five or more drinks in one setting at least in the past 14 days). Black African females were least likely to drink heavily (Global status report, 1999). Another study of white students in 200 schools found 10% were drinking on two or more occasions a week (Global status report, 1999). This has a negative impact on the teaching and learning process. Most schools are faced with the dilemma whereby educators become fearful and cannot teach drunk learners because they are dangerous and out of control. Malaka (cited in Sathisparsad & Taylor, 2005) argues that rural schools are left without resources and that a bulk of services targets only urban schools. The researcher's professional interaction with learners at Masondeza High School at Obonjeni area enabled her to establish that the reason given for the abuse of drugs is that immigrants sell drugs & alcohol with low prices to learners. Furthermore drug lords who cross over Lebombo and Lavumisa borders use learners to sell drugs. In most cases the availability of dagga in the neighbourhoods exposes learners to drug abuse and the most available drug is dagga and Zulu beer with a car water battery.

Zimmerman, Cynam, Milich, Martin et al (1999) studied risky sex behaviour and substance use among young adults. In the sample of 13-19 years olds, they found that substance use among teenagers and college students has also been related to risky behaviour. Respondents admitted to the fact that they are engaging in riskier behaviour during sexual encounters when they use alcohol or other substances compared with encounters when they did not use alcohol. Sexually transmitted infections were one of the consequences noted in this age group.

Madlala (2004) conducted a study on drug abuse and teacher effectiveness. The study was carried out at Nseleni and Mevamhlophe High Schools. 100 educators were targeted for the study and revealed that the majority of parents (73%) were of the opinion that many parents in rural areas are ignorant about drug abuse. Contributing factors to this could be the lack of information due to no or limited access to media such as radio, television, libraries and newspapers.

2.9 111 Teenage pregnancy

Teenage pregnancy in schools is escalating at an alarming rate. In the researcher's group work practices with learners, learners reported that teenage pregnancies are planned with the motivation of applying for the child support grant. Teenage pregnancy is another risk factor of HIV/AIDS due to the practice of unprotected sex as well as through mother to child transmission. Given the fact that, every child has the right to education in terms of the South African Constitution, learners could not be expelled from school but have to be supported. The National Department of Education has developed draft guidelines for the management of learners who are pregnant; these guidelines are in line with other legislation, i.e. the Choice of Termination of Pregnancy Act of 1997. The draft policy focuses on causes and the consequences of teenage pregnancy and looks at ways in which the education system can effectively accommodate and support pregnant learners (Department of Education: Draft Guidelines On The Implementation Of The Code Of Conduct For Learners Concerning Learners Pregnancy As Contemplated In Section 8 Of The South African Schools Act No. 84, 1996. April 2006).

Hunt, Baird 1999 (cited in Christie & Ramsey, 1996) suggest that teenage females need to understand that they are at a higher risk of HIV infection than teenage males for the following reason: having sex with males infects females more easily with sexually transmitted diseases and HIV/AIDS, as the mucous membrane of a teen's vagina and cervix are highly susceptible to HIV. It is advisable that any teenage female who chooses to have sex needs to insist on protection and needs regular gynaecological examination. Burns (1999) argues that the effects of engaging in unprotected sex poses dangers of sexually transmitted diseases and the social, mental, economic and physical suffering particularly of women and is associated with unwanted and unplanned pregnancies, prompts even many socially conservative people to tacitly accept the need for innovations in our sex education programmes.

A study conducted by Loia-Nuahn (2004) on social support of pregnant adolescents in 2004 at King Edward hospital VII, St Mary's Hospital, R.K. Khan Hospital, Addington Hospital and Prince Mshiyeni Hospital in Durban revealed that the majority of pregnant teenagers were between the ages 16 and 19 years of the total of 100 participants. 71% were at school at the time that they fell pregnant, whilst 29%

were not in school. At the time of the study 41 of the 71 respondents were still in school, while 30 of 71 had dropped out school due to the pregnancy and financial constraint. The majority of the pregnant teenagers were in grade 8 and 12, 96 % were unemployed, 77% were single parents and either living with their parents, grandmothers, guardians or partners. Given the high percentage of teenagers falling pregnant whilst at school, this indicates that there is an urgent need for parents and educators to plan strategies that would eliminate and combat teenage pregnancy. Inter-department forums should collectively address the escalating problem of pregnant teenagers.

2.9 IV. SOCIO-ECONOMIC CONDITIONS THAT CONTRIBUTE TO THE SPREAD OF HIV/AIDS.

2.9 (IV) POVERTY AND UNEMPLOYMENT

South Africa is faced with high levels of poverty and unemployment. Poverty and diseases are widespread in South Africa and major factors in the rapid spread of HIV/AIDS, and subsequent opportunistic infections (Walker, Reid and Cornell, 2004). Guthrie (2003) defined poverty as multi-faceted and it can be linked with hunger, unemployment, exploitation, and lack of access to clean water, sanitation, health-care and schools. In addition poverty can be about vulnerability to crisis and homelessness. The term poverty can be considered to have a cluster of different overlapping meanings depending on what subject area or discourse is being examined for example poverty like evolution or health, is both a scientific and moral concept (Gordon & Spicker cited in Bradshaw & Sianbury, 2000).

The effects of HIV/AIDS on rural communities have been increasingly devastating and have strained the scarce financial and emotional resources of poor rural communities. Poverty and unemployment have been the root causes of HIV/AIDS infections in various ways. According to the Mail and Guardian report (2006) high unemployment and poverty rates have clouded South Africa's economic gains since the end of apartheid in 1994, and are seen as the main reason for the country's high

rate of violent crime, as well as a possible future source of social instability (<http://www.mg.co.za>).

In 1997 a Participatory Poverty Assessment (PPA) was undertaken in South Africa. The poor characterised their poverty as:

- *“Alienation from kinship and the community:* The elderly without care from younger family members were seen as ‘poor’, even if they had an old-age state pension (which provided an income which is relatively high by local standards). Similarly, young single mothers without the support of older kin or the fathers of their children were perceived to be ‘poor’.
- *Food insecurity:* Households where children went hungry or were malnourished were seen as living in poverty.
- *Crowded homes:* The poor were perceived to live in overcrowded conditions and in homes in need of maintenance.
- *Use of basic forms of energy:* The poor were regarded as lacking safe and efficient sources of energy. In rural communities, the poor, particularly women, walk long distances to gather firewood.
- *A lack of adequate paid, secure jobs:* The poor perceived lack of employment opportunities, low wages and lack of job security as major contributing factors to their poverty.
- *Fragmentation of the family:* Many poor households were characterized by absent fathers or children living apart from their parents. Households may be split over a number of sites as a survival strategy” (<http://www.southafrica.info/doing/business/economy/development/unemployment>).

The survey mentioned above gives us a broader picture of how people perceive themselves as poor and factors contributing to poverty. There are wide ranges of factors that are associated with poverty that contribute to HIV/AIDS. The migration of unemployed people from rural areas to urban areas with the aim of securing jobs has put their lives at high risk of HIV infection. Migrating labour has occurred in South Africa for decades. The major movement was from rural areas to Johannesburg, specifically to work in gold mines. Securing jobs in gold mines was the primary source of income for many people in South Africa. Most of them were not skilled and not competent for jobs and found it difficult to secure jobs on arrival in cities. Failure to sustain life in cities exposed and put their lives at risk of cohabiting, prostitution and of becoming sex workers. The migrant labour system was characterized by poor working conditions, occupational health risks, overcrowding and unhygienic conditions that resulted in poor nutritional status and lowered immunity, which made people susceptible to disease, like tuberculosis and HIV/AIDS (Walker et al., 2004).

The movement of people to cities shifted the traditional parental practices and family preservation practices to single parenthood and child neglect. Parents had to stay apart and thus leaving the burden of child rearing to one parent, mainly the mother. This practice was against the family preservatives model, which emphasises the cohesion and integration within the family. The family unit is trusted with the practices aimed at educating, informing and controlling sexuality and behaviours of members. Family disintegration creates and exposed family members to risky behaviours that are immoral, and could lead to irresponsible sexual behaviours that could lead to HIV/AIDS transmission. Altman (2004) asserted that as young people pour into rapidly growing cities across the third world, they are exposed to new media images, through cinema, television, and above all, Internet, which offer radically different ways of imagining sex and gender arrangements and identities. The separation of parents could lead to the emergence of new relationships and “hidden” marriages. It promotes polygamy that could cause HIV/AIDS transmission spread easily among partners. The researcher’s professional experience whilst working in Zulu traditional communities, where polygamy is practised observed that with the death of the father, (who is the breadwinner) the wife is compelled to opt for the second marriage to the brother of the late husband as negotiated by the parental in-laws. The partners in this new marriage do not contemplate the possibilities of the cause of the death of the

deceased husband and do not negotiate safer sex practices. This leads to multiple deaths in the family and the escalating number of orphans.

The HIV/AIDS pandemic mainly affects poor households because breadwinners get ill and die. Many families suffer financial problems because of the medical costs and funeral expenses incurred when people are ill and dying due to HIV/AIDS. Walker et al, (2004) asserted that the financial impact of HIV/AIDS on households is as much as 30% more than those from any other disease on average. Naidu (2004) conducted a study on the economic impact of HIV/AIDS on urban households. The researcher used 33 HIV economic studies that have been conducted around the world. The finding indicated that there are hidden costs for morbidity and mortality that need to be quantified and that the costs of health care and funerals are high in affected cohorts, as expected due to frequency of illness or death not necessarily because there are cost differences as a result of whether a household member has HIV/AIDS or not. Another finding indicates that the affected household re-organises itself in terms of household size, composition and structure as well as through transfers, income from grants and other non-market sources. Surviving members are socially, economically, and psychologically affected and the needs of the surviving members should be taken into account (Chirambo & Caesar, 2003).

The researcher's professional work with juvenile offenders taught her that street children are both the cause and victims of social crime, for example theft, mugging and burglary. Given the fact that street children are vulnerable and are at risk, in most instances street children are raped, assaulted, kidnapped, and forced to prostitution by adults. Chirambo & Caesar (2003) asserted that the children move to cities because of high rural poverty levels and this trend is likely to increase as the epidemic escalates. A large influx of orphaned children into urban slums will exacerbate socio economic conditions.

A sharp division between the rich and the poor characterizes South Africa. This clearly indicates the different levels of inequality in the South African economy. There is first and second economy. The first economy is characterised by the rich who live in posh suburbs and second economy is characterized by the poor who live in deep rural areas and without access to infrastructure and basic services (Ndebele,

2006). In most metropolitan cities wealthy suburbs exist alongside poor informal settlements, indicating the sharp division between the rich and the poor. The dualistic-development thesis model emphasizes the notion of a world of dual societies, of rich nation and poor nations. It embraces the concept of dualism, which represents existence and persistence of increasing divergence between rich and poor nations and the rich and the poor people on various levels (Todaro & Smith, 2006).

The Public-Choice theory also known as the new political economy approach argues that government can do nothing right (Todaro & Smith, 2006). The Public Choice theory assumes that politicians, bureaucrats, citizens, and states act solely from a self-interested perspective, using their power and the authority of government for their own selfish end. Citizens use political influence to obtain special benefit from government policies e.g. import licence or rationed foreign exchange that restricts access to import resources. In addition, politicians use government resources to consolidate and maintain positions of power and authority (Todaro & Smith, 2006). The Public Choice theory views that people experiencing poverty is a result of the government officials and politicians who practise corruption and fail to deliver the services to poor people.

Walker et al (2004) argue that sex has become something to be exchange for material goods for others; it is the way of acquiring commodities. Women and young girls engage in transactional sex, which is a range of sexual relationships in which there is mutual exchange of material for sexual services (Walker et al, 2004). The Common Wealth secretariat (2002) asserted that poverty and forces of prostitution are sexual slavery where people do not have control over their reproductive lives. In the child protection forums the researcher often attends, one issue that was discussed was child prostitution. It is a disturbing fact that in many towns and cities in South Africa children as young as 12 years old are exchanging sex with truck drivers so that they can have pocket money for school. The child protection forum is currently planning strategies for interventions that would ensure that children's rights to protection are adhered to.

Women are the victims of poverty and subject themselves to sex for economic gains. Parrenas (cited in Altman, 2004) defines feminisation of poverty as more women than

men living in poverty. Furthermore, it is characterised by women's low income, divorce, and resolution of divorce cases by a judicial system that leaves women with no money to provide adequately for their children (Santrock, 1995). Parrenas (cited in Altman, 2004) argues that the feminisation of poverty has become an international phenomenon as a result of pressure to adopt neo-liberal economic policies that have thrown millions of women in search of poorly paid and badly protected jobs. Furthermore, the economic development for some women, means that millions of women become economically independent and are able to imagine new ways of living that involve a quick spread of marriage by choice, of women controlling their own reproduction, of single women building lives for themselves, of extensive changes in dating and extra-marital sex.

Bower, Mishra, Reback & Lemp (2004) asserted that poor, non-white women are at high risk of contracting and transmitting HIV/AIDS and are struggling with multiple social and economical problems. These women have difficult in accessing and using of health care, and they are at risk of unintended pregnancies and sexually transmitted diseases (Bower, Mishra, Reback & Lemp, 2004).

In my experience of working with children who are sexually abused and teenagers who are pregnant, it appeared that most victims of child abuse are from poverty stricken families, and cases of abuse are under reported because perpetrators financially support victims and their families; this factor also makes children to be vulnerable to HIV/AIDS. Cornia & Danziger (1997) states that the daughters of the poor are more likely than those of non-poor to become young single parents, thereby producing child poverty in the next generation. Furstenberg & Maynard (cited in Cornia & Danziger, 1997) argues that teen parents are less likely to marry, to complete high school, less likely to have good employment prospect and likely to have long spells of poverty and welfare dependency than women who delay child bearing.

In one school situated in K section at Ulundi area where Redistribution and Development Plan houses are built, 48 cases of sexual abuse have been reported and are currently under investigation. Most parents in this area are unemployed and some left children on their own while they live in squatter camps in Gauteng Province. In

another school situated in a deep rural area where poverty is rife, the school principal is under investigation for impregnating a number of young girls in their early teenage stage. This has been occurring over a long period of time, at one stage the community forum policing intervened but were bribed with a large amount of money and dropped the charges against the perpetrator. These cases were also under-reported for a long time because parents were reluctant to protect their children because of income and financial support from the principal (the perpetrator). The perpetrator is reported to be sickly and currently four young girls are having his children. The causes of his sickness are unknown but there might be a possibility of AIDS related sickness, which could increase the chances of HIV/AIDS virus transmission to the girls.

Resources Aimed at the Prevention of Child Abuse (RAPCAN) (1997) stated that child sexual exploitation is one of the consequences of high levels of unemployment in poverty stricken areas. Parents set their children for sexual favours to neighbours, friends and relatives in exchange for clothing, food or money or for the financial benefit of the adult. The following testimony was taken from a young girl in a township in Cape Town. Her teacher alerted RAPCAN to abuse. This is what she told:

"After my step daddy raped me, I heard the door close but a few minutes later a man came in. He never said anything to me; He just raped me like my step-daddy did. I screamed for Mamma but never came. I was afraid. Some men came did the same thing to me. I don't know how many were there that time. After they were gone, my mother took me and washed me below. She gave us all food and then came to sleep with me on my blanket. I could hear her crying in the night. After that, lots different men came on different nights and we had plenty of food most days. My mother still looks for a job everyday and she has promised me that when she finds a job she will have enough money for all of us".

Poverty has forced children to child labour, due to the unemployment of parents and death of parents. UNICEF (2003) stated that Sub Saharan Africa has a higher proportion of children working than any other region, with 29% of children aged 5 to 14 who are economically active. As their parents fall progressively sick from HIV/AIDS, children generally must take on an increasing number of responsibilities.

Girls take responsibility for more household chores. Boys often take over agricultural tasks or bring in income by working as street vendors.

Adult death will reduce labour force for example in Tanzania it is estimated that by 2010 the labour force is expected to shrink by 20% because of AIDS. The impact on skills loss will be greater and that will lead to the need to sustained investment in training (Mantell, Divittis & Auerbach, 1997). Mantell, Divittis & Auerbach (1997) stated that the losses stress on the production side of the economy and demanded increased spending for health and welfare. The health and nutrition costs are the most visible and direct costs of epidemic. Aids treatment consumed the large share of health spending. Aids increases demand on welfare spending, the increased number of orphans indicates the need to increase the spending on social security (Mantell, Divittis & Auerbach, 1997).

2.10 DEPARTMENT OF EDUCATION'S RESPONSE TO HIV/AIDS

In response to HIV/AIDS, the Government of South Africa developed the National Integrated Plan for children infected and affected by HIV/AIDS in 2000, which is a joint strategy by the Department of Health, Education and Social Development (The integrated strategy for HIV infected and affected children, 2000). The strategy was adopted by Cabinet and mandates the National Departments of Health, Education and Social Development as the lead departments to implement the strategy by supporting provincial departments to provide programmes for voluntary counselling and testing, life skills education and community-based care and support interventions (Kelly, Parker & Gelb, 2002). According to Badcock - Walters (2002) the overall goal of the Integrated Plan for children infected and affected is to ensure access to an appropriate and effective integrated system of prevention, care and support. This goal was to be achieved through four main programmes. Programme 1: Community-based care and support, Programme 2: Strengthening voluntary counselling and testing initiatives, Programme 3: Life skills & HIV/AIDS education in primary and secondary schools and Programme 4: Community outreach and community mobilization.

At National level of the Department of Education, the previous National Minister of Education, Kader Asmal introduced the National Policy on HIV/AIDS for learners

and educators in Public Schools and Students and Educators in Further Education and Training Institutions in 1999 (Department of Education, 1999). The policy is the only strategy that aims at assisting the schools and tertiary institutions to deal effectively with the scourge of HIV/AIDS. The Minister of Education published the National Policy on HIV/AIDS because the Ministry acknowledges the seriousness of the HIV/AIDS epidemic. The Ministry is committed to minimize the social, economic and developmental consequences of HIV/AIDS for the education system, all learners, students, and educators and to provide leadership to implement an HIV/AIDS policy. The HIV/AIDS policy seeks to contribute towards promoting effective prevention and care within the context of the public education system (Department of Education, 1999).

This policy seeks to contribute to promoting effective prevention and care within the context of the public education system with regard to HIV/AIDS. It deals with the protection of learners who are affected and infected by HIV/AIDS and the provision to implement universal precautions as well as a Life skills programme for pre-primary, primary and secondary school learners. The life skills programme forms part of the Life Orientation Learning Area as is outlined in the Revised National Curriculum Statement. The programme includes the Following:

- “Providing information on HIV/AIDS and developing life skills necessary for the prevention of HIV transmission as well as basic first aid principles.
- Emphasizing the role of drugs, sexual abuse and violence, and sexually transmitted diseases in the transmission of HIV, and empowering learners to deal with these situations.
- Encouraging learners to make use of health care, counselling and support services offered by community services organisations and other disciplines.
- Teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotype around HIV/AIDS.
- Cultivating an enabling environment and culture of non-discrimination towards people with HIV/AIDS.
- Providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of

condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions" (Department of Education, 1999, p. no. 19).

The policy on HIV/AIDS life-skills provides for the establishment of a possible Health Advisory Committee in each school that can offer support and guidelines to the school. Posen (cited in Franklin; Steiner & Boland, 1995) asserted that as the AIDS epidemic continues to grow the responsibilities of the schools are two fold: Firstly, to provide appropriate education to children with HIV/AIDS in an atmosphere that is supportive of their special needs and conducive to learning. This requires that the schools have a clearly defined written policy regarding the placement of these children that is sensitive to both social and physical impact of HIV/AIDS and that teachers and other school personnel be educated about HIV/AIDS and the effects on children. Secondly, the responsibility of the school is to provide a curriculum designed to prevent the spread of HIV/AIDS infections. The curriculum must serve to develop and foster risk-reducing behaviour.

Between November 1995 and March 1998 the provincial Department of Education in KwaZulu Natal initiated a Life Skills and HIV/AIDS Education Programme, which was implemented in secondary schools in South Africa as part of the National HIV/AIDS programme. It was felt that one of the most effective ways of launching such a programme would be to make it part of the normal school curriculum and, in 1999, the decision was taken to extend the programme to primary schools (Strategic plan for KwaZulu Natal Province, 1999).

On the inception of the HIV/AIDS unit at Provincial level, it was centralized to one unit of the Department namely the former Psychological Guidance and Special Education Services (PGSES) Directorate, and since 1 April 2006, the Special Needs Services (SNES). This unit has been in charge of the training of educators and learners on life-skills and sexuality in various phases, namely, foundation phase, intermediate phase and senior phase. Bennet (2006) asserted that an adequate response to the threat of HIV/AIDS requires both a systemic and sustainable management response; the parallel address and improvement of appropriate curricula

in sexual and reproductive health education; and relevant material development, in order to effect behaviour change. The introduction of sexuality within teaching spaces demands re-engagement not only with conventional ideas about culture, trade, sexual orientation or gender, but also with the figure of the teacher whose body becomes a key zone of sexualised contestations about knowledge production (Bennett, 2006).

The SNES (Special Needs and Education Services) directorate is also responsible for the Care and Support programme which is aimed at empowering educators and learners on basic counselling skills, early identification of children in need of care and support and referral to relevant Departments, should the need arises. In 2004, the management of the Department reviewed the strategy and reached a decision to mainstream HIV/AIDS issues to other relevant Directorates, i.e. teaching and learning services, school governance, and human resource and development (Strategic plan for KwaZulu Natal Province, 1999). The school governance component is responsible for the training of school governing bodies. The teaching and learning services are responsible for the training of educators and infusing life-skills in life-orientation learning area. Furthermore, this is implemented in line with the Revised National Curriculum Statement 2003, which emphasizes the learner-educator interaction, and activity based approach as designed to promote problem solving and critical thinking. The psychological and guidance, special education services are responsible for peer-education and care and support. The human resource directorate is training the employees of the Department of Education and is responsible for developing a workplace policy on HIV/AIDS.

All school and institutions are expected to formulate a HIV/AIDS school based policy, which states clearly how the school intends to implement the HIV/AIDS policy. It indicates how different components of the school align and integrate with the policy. The following main components are recognised in mainstreaming HIV/AIDS, namely, the School management team, the curriculum section, the school governing body, sports and recreation and the health advisory committee. All these structures should be aligned with the principles of Inclusive Education as outlined in Education White Paper 6 (Department of Education, 2000).

The HIV/AIDS school based policy should take cognisance of the following:

- HIV/AIDS prevalence in the school and community
- Providing care and support for learners
- Protecting care and support for educators
- Providing the quality of education
- Managing a coherent response

2.11 SEXUALITY AND HIV/AIDS EDUCATION

Sexuality education is the lifelong process of building a strong foundation for sexual health and it takes place on a daily basis in homes, schools, and faith-based institutions and through the media (Seicus report, 2001). Bennett (2006) asserts that when it comes to thinking about sexuality within an academic space of teaching and learning, the gap between personal encounters with knowledge and academic trajectories is alarming. Most of us have learned about sexuality through intimate, confused and complex negotiations with gender, transgression, compliance, vulnerability, pleasure and terror (Bennett, 2006). It is therefore critical to provide sexuality education that learners can easily engage with and address their confusion around issues of emotional, sexual and physical development.

Wallies (2002) asserts that the process of education and learning is the key to social, cultural and political participation, personal and community economic empowerment, and national development. Furthermore anything that threatens or diminishes the role of education, directly impacts and reduces personal, community and national development and in fact, reverses previous gains as HIV/AIDS represents the largest single threat to this education process.

All over the world, education is identified as having a critical role to play in teaching people about sex, sexuality and the prevention of HIV/AIDS (Peter, 2002). Van Rooyen (1992) mentioned education and prevention as vital strategies for social work activities in AIDS related service delivery. Part of the researcher's professional intervention has been the training of educators, parents and learners with regard to the Life Skills & HIV-AIDS programme. A number of awareness campaigns had been conducted that aimed at engaging people in HIV-AIDS dialogue, providing vital

information, and attending to individual cases. This embraces the development and accessing of material that a client can utilize for different basic needs.

Van Rooyen (1992) emphasises resources linking and networking as another effective activity that social workers apply when working with HIV/AIDS clients. This involves referring clients to other agencies for professional intervention on issues that are not within the social worker's scope. This embraces the multi disciplinary approach by various professional towards HIV/AIDS interventions. The integrated strategy for HIV infected and affected children (2000) emphasises the integrated approach to service delivery on issues of HIV/AIDS.

Support group facilitation and community-based interventions are important activities that should be established to empower communities so that they positively respond to challenges posed by HIV/AIDS. In Sub-Saharan countries the community-based interventions and Faith-based Organizations have embarked on fighting the war against HIV/AIDS. In Ghana members of the Catholic Church are combating AIDS on several fronts, in education and prevention, counselling, medical care, home based care and economic support for people with Aids and their families (Maville & Tiphonnet & Navaud, 2001).

In Botswana and Zimbabwe, the ministries of education and funding partners initiated the pilot projects to equip parents and teachers with skills to communicate with the youth on sexual and reproductive health matters (UNICEF, 2003). People living with HIV/AIDS must be more involved as educators, and counsellors in their communities as well as in making and implementing sound and humane public health decisions that would ensure a better quality of life and care for them.

Sexuality education helps young people to understand the changes that their bodies are going through and information about the choices they have, as they become sexually active. It allows young people to engage in discussions about who they are and what they want in their lives (Planned Parenthood Association, 2000). Sexuality education helps young people make healthy choices about sexual behaviour. If assimilated properly it can play an important role in preventing pregnancies, HIV/AIDS, and sexual abuse.

According to Isaksson (1996) AIDS education should rest on four pillars which include learning to know, learning to be, learning to do and learning to live together. To respond to the challenges posed by the HIV/AIDS pandemic, those responsible for education will have to accept the fact that this is an educational problem and accordingly, develop action plans and guidelines on appropriate curricula and teacher training programmes. Pool, Kamali & Whitworth (2006) conducted an evaluation study on a school programme for HIV prevention. The study reveals that the school based education programme improves teachers' knowledge but it does little to improve students' knowledge and risks perceptions. The study indicates the necessity of seeking innovative approaches, which will strengthen teachers' efficacy in informing students about sensitive issues such as those related to sexual behaviour.

There are a number of interventions implemented in schools to highlight and raise consciousness about HIV pandemic. Dalrymple & Jaffe (1996) initiated Dram Aide, a research project in schools in KwaZulu Natal, and succeeded in participatory workshops on AIDS and sexuality, open day presentations and the presentation of a prepared play by 4 team members. Furthermore parents were interviewed on open day presentations and they found that parents have learned that they need to guide children on sexual matters. Other findings indicated that:

- The range of Dram Aide work opened vividly silenced areas so silent that there is no public discussion or public acknowledgements of their existence such as male rape in prison, and teacher – pupils' education.
- The lives of all Dram Aide staff have been enriched through participation in the project.
- Drama Aide has increased secondary school students, school personnel and community participants' knowledge of HIV/AIDS, influenced attitudes and beliefs about sexuality and increased responsible behaviour.

Lesemann (cited in Schenker et al, 1996) has successfully carried out similar plays or game programmes and if offered Sexagon game that deals with sexuality, love and relationship in stricter and broader senses. Game players who are encouraged to

develop communicative skills so those sexual situations can be handled effectively aim the Sexagon play at creating awareness of sexuality.

Martinez & Prats (cited in Schenker, 1996) developed the “AIDS knowing helps” programme that workshopped educators and adolescents on topics addressing education for prevention, sexuality and AIDS. Research conducted on the effectiveness of the AIDS knowing help programme indicated that the majority of educators (95.5%) considered that “AIDS knowing” helped create awareness about the AIDS problem and (80%) of teachers believed that the experience has had an impact on the understanding of HIV and on preventative measures.

Strydom (2003) conducted study in North West Province with the aim of assessing the attitudes and information needs of high school learners on various aspects of HIV/AIDS in order to recommend for the prospective programmes to educate adolescents and to influence their attitudes. Twenty-five secondary schools from 360 schools were selected as representative of the 12 educational districts. The questionnaires were distributed to 300 adolescents at secondary schools in the North West Province. The findings of the study were that 58% of respondents said that sex education is lacking. 85% of adolescents felt strong that they need information on HIV/AIDS by way of television, the government (75%), and the school and parents (58%). In the section determining the measures to combat the problem of HIV/AIDS, the largest number of respondents (193) mentioned the use of condoms every time you have sex, whilst the idea of workshops and the spreading of knowledge received 131 responses. The lack of knowledge of ways to combat the problem received 93 responses, having one-sex partner 72 responses and the idea of the empowerment of women received 12 responses. This could mean that there is a continuous need to spread the knowledge and information among learners and parents.

The researcher’s personal opinion is that young men should be involved in all local, national and international activities relating to prevention, impact on alleviation and care of people with HIV/AIDS. Furthermore, conducting HIV/AIDS campaigns in places where men frequently gather, for example beer halls and shebeens, has shown to be effective, especially when are persuaded to protect their children and families.

2.12 LIFE SKILLS OFFERED IN SCHOOL

The New Dictionary of Social Work (undated) defines life skills as the capacity of the individual to successfully cope with the demand of daily living and the human environment interaction with the view to need gratification, the realisation of values as well as the achievement of an adequate level of social functioning in specific life phases and circumstances. Chirambo & Caesar (2003) asserted that the promotion of life-skills among young people with parental involvement is essential towards assisting young people to develop positive images about themselves.

Empowerment of young boys and girls with sexual and reproductive health information long before they are sexually active, should include discussions on gender roles, gender based violence, sexuality, relationships and shared responsibility for HIV prevention as well as care of people living with HIV and AIDS. Chirambo & Caesar (2003) further argue that life skills education should embrace sexual and reproductive health, and the rights of boys and girls should reinforce already existing moral and religious attitudes and values and should be fully integrated into primary and secondary school curricula. Similarly the Planned Parenthood Association South Africa developed training manuals and trained teachers on life skills and sexuality; they later developed a Parent Education Programme aimed at providing parents with knowledge and skills to be confident sex educators of their children. To ensure effective school curricula, parents need to be empowered with knowledge and skills to help their children with homework and to talk to their children about responsible sexual behaviours (Chirambo & Caesar, 2003).

Peer education is an approach whereby peer representation from a group or proportion actively attempts to inform and influence the minds of other peers (Planned Parenthood Association South Africa, 2000). In the school environment learners are chosen to receive the peer training based on their personality, responsible behaviour and their positive abilities and young people trained as peer educators become experts on subjects relating to their peers, and take action as advisors and information providers.

The primary aim of life skills programmes is to enable learners and educators to understand how HIV is transmitted and how infection can be prevented, to make informed and responsible choices regarding their own health and of others, and to apply standard precautions and first aid principles to protect themselves (Edward and Louw, 2000).

The programme empowers learners to make informed decisions affecting their own lives, human reproduction and sexually transmitted diseases. Learners are empowered on the following skills namely leadership, assertiveness, how to resolve conflict, building of self image, empathy and dealing with emotions and feelings, goal setting and making your own learning resources (Planned Parenthood Association, 2000). Peer learners are expected to cascade the contents of their training to fellow students and to act responsibly by influencing other learners positively.

Skripak & Summerfield (cited in Schenker, et al, 1996) report that the capacity of teachers to provide instructions about AIDS and other health related problems with knowledge and comfort may be limited due to lack of education. The need for a comprehensive in-service training programme for educators is based on the fact that teachers need an understanding of special educational, social, psychological, and the medical needs of learners. Educators may be expected to confront educational and psychosocial issues among children whose parents are HIV positive. Schenker, et al, (1996) further suggest that to prevent the spread of any disease, teachers must be knowledgeable and be skilled in using correct infection control guidelines in and around the classroom and be expected to provide HIV/AIDS education and to answer students questions about HIV/AIDS in a manner that is developmentally and culturally appropriate.

The primary source of HIV education in elementary and secondary schools has involved traditional classroom instructions in which administrators, counsellors, school nurses and teachers present information to students (Wass, Miller & Thornton, 1990 cited in Coalition of National Health Education Organization). Using classroom teachers as primary information sources has two distinct advantages: teachers are generally aware of the school context and often have established credibility with their students, which can transfer to associated cases of the institution. The major difficulty

using school faculty to provide Aids information is that teachers generally do not have skills to teach health related information, nor time to learn, design and teach material outside their area of expertise (Coalition of National Health Education Organization).

The secondary school programme is embedded in broader life skills programme and concentrates on skills such as decision-making, self respect, communication, self-esteem, reproductive health, tolerance, respect and understanding different cultures, encourage culture of abstaining from or postponing sexual activity and changing lifestyle. Van Dyk (2001) assert that the basic requirements of successful HIV/AIDS education should be integrated into the existing school curriculum either as part of other health-related subjects, or within one or more subject areas such as biology, science, social science, mathematics and religious studies. HIV/AIDS education should begin as early as the junior primary school. At this age the child's behavioural patterns have not yet been established and they are very receptive to the principles that govern healthy behaviours. For primary school learners a more diverse programme was developed, teaching learners in general health and hygiene, self-respect, self-esteem and to protect themselves from exploitation and abuse. The HIV/AIDS programme is essentially a curriculum-based programme (Van Dyk, 2001).

The expected role of the educators has changed since the adoption of Inclusive Education and needs to be expanded to fulfil multiple roles in order to offer additional support to learners. There needs to be almost a "lay" caregiver, nurse, a social worker, mentor and pastoral care giver. The National Education Policy Act, 1996 refers to the changing role of educators and identified seven roles as mediator, interpreter and designer of learning programmes and material, leader, administrator and manager, citizenship and manager, assessor and subject-phase and discipline specialist. Educators are trained to respond positively to current social and educational challenges with particular reference to women and children abuse, drug abuse, poverty alleviation and HIV. Educators are equipped with basic counselling skills and the emphasis is on working in partnership with other professional services and to utilize referral procedures on serious cases (Department of Education, 1999)

A Care and Support Manual was developed to address the needs of children affected and infected by HIV. This manual examines the ways in which the school and all other supporting structures can contribute to ensuring that children infected and affected by HIV are cared for in schools and supported according to their specific needs (Louw, Edwards, and Orr, 2000). The manual embraces emotional and spiritual support.

The study conducted by Sewpaul and Raniga (2005) on social work intervention in the arena of HIV/AIDS in the context of the school, revealed that educators had benefited in the training sessions where they participated. Some specific benefits were:

- “It increased their knowledge and understanding of the National School HIV/AIDS policy.
- The information shared during the workshop sessions clarified the roles and functions of schools in handling and dealing with HIV/AIDS.
- It helped them to give support to pupils that were HIV positive.
- It clarified the difference between HIV and AIDS, and helped them understand what the term “window period” means.
- It answered some misconceptions that they had regarding HIV/AIDS” (Sewpaul and Ragina, p.no. 20)

2.13 THE SOCIAL IMPACT OF HIV/AIDS ON CHILDREN

In a country where households, communities and government structures and services have been systematically disrupted by long years of apartheid, unemployment and poverty, the increasing of number children orphaned by the HIV/AIDS pandemic has brought the country’s child welfare system to its knees (Sonja, cited by Mvulase, 2003). As of July 2002, an estimated 885 000 children under the age 18 years lost their mothers through death as a result of AIDS, and this figure was projected to escalate to over 1.8 million in 2005 (Mvulase, 2003). In Mozambique in 2006, there was an estimated 99,000 children under 15 living with HIV/AIDS, with approximately 80 per cent below the age of five years. In actuality there are currently

600,000 orphans in Place of restoration. It is now estimated that by the year 2010 South Africa will be home to 2.7 million orphans. Given the above frightening figures it is clear that the time to change is now. In addition it is important to help the African communities learn about the disease and how they can change their behaviour to stop these staggering numbers.

The social impact of HIV/AIDS is the result in illness and death of individuals and has the consequent effect on the family, community and broader society (Mantell; Divittis; & Auerbarch, 1997). Obviously critical to the impact will be the people who fall ill and die in terms of their roles in the family and community. The death of the adult male, who is an income earner, will affect the family's access to resources and the death of an adult female may result in children receiving less care and being taken out of school (Mantell, Divittis, & Auerbarch, 1997).

Children are affected not only as orphans, but they become caregivers for dying parents, siblings, classmates of learners infected and affected by HIV/AIDS, are witnesses to the death of friends from the painful illness of HIV/AIDS. HIV/AIDS undermines not only a child's right to life and health but also the right to family and to protection, and often to shelter, education and food (Ewing, 2003).

In Mozambique as in many other parts of the country challenges facing orphaned and vulnerable children are as follows:

- Difficulty in accessing basic services such as health, education, food, legal, financial and psychosocial services.
- A very limited choice of livelihood strategies and means of generating income.
- A tendency to rely on negative coping strategies, such as early marriage, commercial sex or harmful forms of labour.
- A heavy responsibility, particularly for children who are heads of household, for the survival and well-being of other members of the household (http://www.unicef.org/Mozambique.HIV/AIDS_2580.html).

When parents get sick, children suffer emotionally as they are expected to care for and support their parents at home. Children become caregivers for their dying

parents and sometimes cannot practice universal precaution accordingly and that might cause some siblings to succumb to HIV. Eventually this could lead to surviving children suffering from multiple bereavement of their family members. The death of parents and siblings leads to separation of children. In my therapeutic intervention with orphans, I have observed that separation of siblings and child headed household leads to depression, anger, guilt and fear for the future. In a survey of older children of people living with HIV/AIDS in Uganda, 26% said that their attendance at school declined, they needed to stay at home to care for sick parents, had increased household responsibilities and failing household incomes (Unicef, 2003). Another study conducted by Mukoyogo & Williams (cited in Harber, 1991) found that maternal death resulted in orphaned infant and children having three time greater risks of dying. For children who are bereaved there are few more devastating experience in life than the loss of a parent. For the children living in AIDS affected families, the trauma of bereavement may have been experienced several times with the loss not only of parents but frequently after a protracted illness but also of one or more siblings. The studies indicate that children suffer academically and have to assume the roles of being caregivers and family heads.

All children have the same basic needs and that includes food, clothing, shelter, health care, education, socialization and emotional support. Children who are separated from parents either by death or sickness are more likely than other children to be at risk of numerous problems. Firstly, AIDS means that children have to watch their parents go through a long period of gradual deterioration and wasting and, since many people die at home, even young children are faced with the responsibility for nursing terminally ill fathers and mothers (UNICEF, 1991). Secondly, children who have lost one parent to AIDS often lose the second parent shortly afterwards thereby compounding the effects of bereavement (Barnette & Blakie, 1994). Thirdly, the secrecy and stigma surrounding HIV/AIDS means that parents are less likely to call on wider family help fearing that the nature of illness will be revealed, thereby putting more responsibility on their children. Finally, stigmatisation puts AIDS orphans at greater risks of being rejected or abandoned by their kin if the cause of the parent's death becomes known (UNICEF, 2003).

Mukoyogo & Williams (cited in Harber, 1998) have identified a number of ways in which children are at risk in terms of their health and welfare long before either parent dies. Mukoyogo & Williams (cited in Harber, 1998) describe a gradual deterioration in the economic security of the family, as a breadwinner becomes sick and unable to work. This increases the rate of dropping out of school because parents are unable to afford the fees and other expenses. A process of role reversal then begins in which the child tries to find ways of supplementing income and adopts a caring role for a parent. As parents become sicker there is a progressive deterioration in the standard of health care and nutrition, which they are able to provide for a child.

Interventions to help children who are orphans are implemented by Government Departments and Non Government Organisations. The following organizations intervene with various projects to assist children in need of help. The Children Helping Children Working Group encourages the participation by relatively privileged local primary schools that raise awareness of HIV/AIDS, eradicate prejudice and provide practical help to children affected by HIV/AIDS. Once a term the school collect items for sick children (such as vitamin enriched sweet, lip ice, face cloths, toilet soaps etc), which are then distributed to home base carers and to the organization, Children in Distress Network (CINDI) who are caring for sick children via the Thapelo Project. Numerous concerts, fundraising events and drama productions are also held throughout the schools. Grief often resulted in overwhelming emotions, i.e., fear, anger, sadness and guilt (CINDI). "In January 2005 the CINDI Network Members worked with Orphan's Angel Network and distributed 9 500 school uniforms to individual children whose attendance at school was jeopardised by their inability to buy school uniforms. This project was known as the CINDI Singatha School Uniform Project, Singatha means, "to support or embrace one who is vulnerable and sad" in isiZulu" (<http://www.cindi.org.za>).

The above-mentioned community initiatives assist orphaned children meet educational needs and that contribute to effective learning process. In addition community support enables children to develop positive behavioural reactions. As grief is often denied or ignored children may develop one or more negative

behavioural or psychological reactions. Such children often under-achieve at school while others seek solace in drugs, alcohol, and sex thereby increasing their own risk of becoming infected by HIV/AIDS (Mukoyoung & Williams cited in Harber, 1998).

One particularly important consequence of orphanhood in some parts of Africa is the risk that children will lose their rights to claim inheritance to land and property. Problems in this regard may well begin once the male head of a household dies, as widows often lose their rights to land and property due to the absence of laws which protect women, lack of access to legal services and assistance or traditional customs and practices which disadvantage them (Lusaka workshop, 1994).

One project for the orphans in the Rakai district in Uganda, reported that in 40% of families looking after orphans, the children entered their guardians home with no resources of any kind (Unicef, 1991). Many children in Africa face the prospect of being unable to complete their education due to poverty. One study in Zambia found that the proportion of orphans who were not enrolled at school in an urban setting was 32% compared to 25% of non - orphans. The situation was even worse in the rural areas where the rates for orphans not attending school were as high as 60% compared to 48% of non-orphans. Girl orphans in Uganda have been found to be especially disadvantaged; this is attributed to the lower value placed upon female education, plus expectations that girls will assist in household duties and adopt caring roles (Konde-Lule et al, 1995 cited in Harber, 1998).

Singh (cited in Mvulane, 2003) argues that placing children in kinship care is also a major concern because of poverty; children are often left in the care of elderly caregivers that are struggling to cope and often in need of care themselves. Furthermore in a country where almost 20% of all adults are infected with HIV, relatives of children orphaned by AIDS pandemic are often very reluctant to take them because of stigma attached to the disease (Singh cited in Mvulane, 2003).

Thurman, Snider, Boris, Kalisa, Mugarira and Brown (2006) conducted a study with the aim of characterising the psychosocial aspect of well being among youth-

headed in Gikongoro in Rwanda through examination of social support and marginalization. A total of 692 interviews were completed with youth headed households aged between 13-24 who are beneficiaries of basic needs. The study revealed that 16% of youth reported that there was no one they felt they could go to with a problem. In times of need 24% felt relatives would help them, while 57% felt neighbours would offer assistance. Most youth reported significant caring relationships: 73% reported access to trusted adults who offer them advice guidance and most indicated close peer relationships. Many youth felt rejected by community support: 86% felt rejected by the community and 57% felt the community would hurt rather than help them. The findings indicate the vulnerability of youth headed households and the scarce resources to assist in meeting the basic needs of children. The percentages of respondent who felt they experience rejection and abuses were very high and that showed how the community members perpetuate and contribute towards abusing children heading household rather than protecting and supporting them.

The community based care and support projects are emerging in areas where child headed households are on an increase. The objective of community based care and support projects are to ensure that orphans' holistic needs are met inside the facility. It includes a wide range of services for example nutrition, school homework and life-skills programme. An impact study of home / community based care and support project namely Nseleni Drop-in-Center, Ndumo Drop-in-Center, Moyeni Drop-in Center and Bhambayi Drop-in-Centre was conducted by Health and HIV Research Unit commissioned by Department of Social Welfare and Population Development. The study revealed that a lot of work has been done in Drop-in-Centres to meet the needs of HIV and AIDS orphans and other vulnerable children. However, there was variation in levels at which the Drop-in – Centres were functioning. Nseleni Drop in Center was providing home – based care services between 35 and 57 number of orphans and vulnerable children and terminally ill people were reached. The rest of Drop-in-Centres were functioning fairly well providing home-based services to 70% numbers of orphans. The evaluation also noted the strength of the Drop-in-Centres projects namely; the commitment and dedication of project managers and staff; support from local schools, churches, committees and community; capacity to raise funds and collect

donations and dedication from caregivers who travel long distances on foot. The study proves that there is a great commitment and responsibility among various stakeholders to attend to the plight of orphaned children and infected children.

2.14 SOCIAL WORK MANAGEMENT OF HIV/AIDS

2.14.1 PSYCHO-SOCIAL APECTS OF HIV/AIDS

HIV/AIDS is a life threatening disease that impacts on the well being of those affected and infected. Physical, health, psychological, and social well- being are interrelated and impact on one another and problems in one area have identifiable effects on the other areas (Mancoske & Smith, 2004). Wring (cited in Lynch, 2000) asserted that the psychosocial model is the combination of two aspects, namely the psychological (internal), where challenges are often caused directly by social (external) changes .The reaction that one has psychologically has influence of the social behaviour .The systems approach requires the examination of interactions at all systems levels that include individuals, family, groups, organisation and communities. People living with AIDS are faced with numerous challenges including denial of being infected, emotional adjustment, relationship problems, suicidal feelings, uncertainty about future. Dilley, Pies and Helquist (cited in Mancoske & Smith, 2004) asserted that common needs of HIV positive people centre on managing stress, low self-esteem, social isolation, disclosure, and family interactions. The researcher's point of view is that social workers in their professional intervention have to apply a number of strategies that help clients to deal effectively with their situations and help with coping strategies.

Social workers in their daily intervention implement a generalist practice model that is based on the eco-system approach .The generalist approach calls fore core functions such as gathering of data, assessment, planning, case advocacy, providing a treatment plan and appropriate termination of service (Mancoske & Smith, 2004). This requires Social workers to understand people with HIV/AIDS within the context of their environment. A bio-psychosocial model is useful to the general data gathering process. The bio-psychosocial model facilitates the

organisation of useful data in developing a working assessment and planning with clients for intervention. It affords an opportunity to identify potential barriers to functioning, strengths, support and leads to a more in –dept interview (Mancoske & Smith, 2004). People with HIV/AIDS socially interact with family members, at work related settings, people in church, educators at school, and in various social settings. A clear understanding of the environment also calls for being aware of resources cope with their problems (Mancoske & Smith, 2004).

Another useful model for professional intervention is the case management model. Sowel & Grier 1995 (cited in Mancoske & Smith, 2004) describe the case management model as a client focused process that augments, and coordinates existing services. One goal of case management is to optimise functioning by providing quality services in the most efficient manner to individuals with multiple complex needs. The second goal of case management is related to cost containment, with the anticipation that the provision of case management services will reduce the use of expensive in-patient care, allowing resources to be allocated in an efficient manner.

2.14.11 THE FAMILY INTERVENTION MODEL

The family focused HIV/AIDS intervention model shares characteristics such as the focal family member, family change agent, intervention technologies, intervention deliveries and intervention setting (Mancoske & Smith, 2004). Social worker apply the family intervention model to engage in prevention services or to provide vital information to the teenagers about postponement of sexual intercourse among the youth. Parents are equipped with skills and information so that they will be able to talk to their children. The family change agent assist the social worker in empowering family members to assist other members within the family. Intervention technologies are a wide range of methods that are employed to bring about changes in the client system. This could be knowledge and skills building activities that are necessary to bring about behavioural changes. Intervention deliveries are people who bring changes, it could be facilitators, peer facilitators or trained community members. Intervention setting is the venue where the intervention takes place; it could be the school, home, office, etc. The

setting should be convenient enough for both the social worker and the client; it should be safe and secured.

It is important to incorporate the structural approach, when intervention within a family therapy setting. Munichin's structural approach emphasises the structural changes as the main goal of therapy, which acquires prominence over the details of individual change, and the attention paid to the therapist as an active agent in the process of restructuring the family (Colapinto, 1982, p 112 cited in Becvar and Becvar, 1996). The structural approach gives the practitioner a concrete map about what should be happening in a family if it is to be functional, it provides maps about what is awry in the family if it dysfunctional (Becvar and Becvar, 1996).

2.14.111 CRISIS, TRAUMA AND COUNSELLING

The critical role of social workers is to raise consciousness of people so that they opt for voluntary counselling and testing. Discovering that a person is HIV positive brings a lot of pain, stress, depression and isolation. In most cases, people living with AIDS, suffer social isolation, stigma and rejection, However, speaking out is dangerous, people have been killed, kicked out of their families and treated as invisible and non existent by their families. Some feelings and thought of HIV positive people indicates different reaction upon disclosure of HIV positive status, A young man describe emotionally how he felt when he learned he had AIDS.

“I don't know it was just a second: I wanted to cry, but I couldn't cry. I wanted to scream but I wasn't able to scream neither. All I could see passing through my mind was my mother, my sister, my family, my career, I, and everything was over”(Department of Education, 2004.p.no.15)

A nine year- old girl decided she could not keep her secret any longer, “I have AIDS and I didn't tell people because I was afraid I was going to loose my friends, but I knew I couldn't live with that secret anymore” (Department of Education, 2004.p.n.30)

People must be able to speak of their conditions, their problems, their hopes and future plans. Hoff (cited in Van Rooyen, 2000) defined counselling as an act which would 'not only provide individuals with the facts on AIDS but also provide individuals with psychological support necessary to cope with implications of HIV infections. "Counselling is the most important social work activity aimed at assisting clients to cope with the Aids-related challenges" (Van Rooyen, 2002. p. no.59). An investigation into the extent and nature of AIDS related Social Work education in South Africa revealed that 64% of the literature sampled, agreed that counselling is an important Social Work activity.

Brief therapy is a useful approach on social work intervention; it is defined as a short-term treatment to a group or family and the therapeutic intervention in which the helper deliberately plans both the goals and the duration of contact (Well cited in Ferreira, 2003). The social worker will try to find the most direct, faster route to help the client by focusing on the specific life difficulties, which he/she wishes to solve, and together with the client, formulate specific outcomes to be achieved at specified time frames. When a person experiences death and loss of the loved one on account of HIV/AIDS, brief therapy assists in provision of immediate help and relief from emotional pain. There may be some cases of loss and trauma that are not suited for brief therapy and the social worker may have to work according to a long-term plan in dealing with such a case.

Crisis intervention may be carried out to assist the client to reach the same mode of functioning that was present before the crisis happened. Crisis intervention is primarily supportive and helps to restore the competency of the client once again and focuses distinctively on the individual or family in an acute emotional distress situation (Wells cited in Ferreira, 2003).

2.14.IV ADAPTATION, BEREAVEMENT AND RECOVERY

Adaptation, bereavement and recovery from loss of a person are areas that the social worker will have to work on. According to Bowlby (cite in Potgieter, 1998), grief is, essentially separation anxiety. He views bereavement as an unwanted separation from an attachment figure. Parker's theory of adaptation considers the

normal reaction to bereavement as an unwanted separation from an attachment figure. Parker's theory of adaptation considers the normal reaction to bereavement to be a period of grieving, marked by distress and impaired functioning followed by recovery. By recovery he means the preplanning of a new, independent level of functioning (Potgieter, 1998).

It is imperative for the social worker to assist the bereaved family by applying Parkers' four stages of the grief process. The first stage is centered on searching behaviour; it is marked physiologically and emotionally by anxiety. In the second stage, the loss becomes more real to the person. On an emotional level, he or she realizes that the loss is definitive. The intellectual knowledge, emotional acceptance, and behaviour become congruent. The full recognition of the loss leads to the third stage, which is disorganization and despair. The person becomes depressed and withdrawn. In the fourth stage, the bereaved person constructs a new model of the world with which he or she restores predictability and control over his/her life (Potgieter, 1998).

Jackson, 1995; Wass & Corr; Vogel 1995; Wolf 1973 (cited in Franklin, 1995) gave common guidelines for telling children about death, summarised as follows:

When children are informed of death they anticipate loss and react with emotional shock, denial, disbelief and numbness. It is important to guide a grieving child with support and a caring attitude. Active playing is children's way of working through trauma. Another common way of reaction to death is aggressive behaviours and an unwillingness to be separated from parents. Parents and caregivers need to be aware that children will express a fear of losing someone special, unusually clinging behaviour, anxiety and be afraid of going out. Furthermore parents needs to facilitate discussions about death and plans for the future.

This chapter reviewed a number of studies and theories that are associated with the current study. Previous studies on themes relevant to the study were highlighted and compared and contrasted. The next chapter is the methodology that was utilized in the study.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter entails methods and processes used to gather data from the interviews. The discussion on this chapter was based on the qualitative research methodologies, which further elaborate on qualitative research designs collection of data, sampling procedure, data analysis and limitation of the study.

3.2 RESEARCH DESIGN

This study is a descriptive research study. Leedy & Ormrod (2005) asserts that the qualitative research encompasses several approaches to research that are, in some respect, quite different from one another. The research design was based on the eco systems approach with the aim of understanding various systems' viewpoints on life skills HIV-AIDS policy. Qualitative approaches have two things in common firstly, they focus on phenomena that occur in natural settings that is the real world; secondly, they involve studying those phenomena in all their complexity (Leedy & Ormrod, 2005).

Ahuja (2001) defined research design as a planning strategy of conducting research. It plans what is to be observed, how it is to be observed, when /where it is to be observed, why is to be observed, how to record observations, how to analyse/ interpret observations, and how to generalise. Furthermore research design is a detailed plan of how the goals of research will be achieved. The descriptive qualitative research can reveal the nature of certain situations settings, processes, relationships systems and people (Ahuja, 2001).

Black and Champion, 1976: 76-77 (cited in Ahuja, 2001) stated the functions of research design as described below:

Firstly research design provides blueprint: The researcher is faced by many problems like what sample is to be taken, what is to be asked, what method of data collection is to be used. Research plan minimises all these problems of the researchers because all decisions are taken beforehand. Secondly the research design limits boundaries of research activity: This refers to determining whether only one selected cause out of many causes is to be examined, only or few selected hypotheses are to be tested, only attitudes of students of one educational institutions are to be studied. Since the objectives are clear and the structure is also provided, systematic investigation is possible. Lastly research design enables investigation to anticipate potential problems: The researcher studies other literature and learns new approaches, e.g. he gets an estimate of personnel required such as investigation, cost, possible measurements of problems.

Struwig & Stead (2001) assert that the characteristics of qualitative research are as follows:

- **The participants' and researcher's perspectives**

Qualitative researchers are very interested in understanding the issues being researched from the perspective of the research participants (not "subject" which would imply that they have a reactive, inferior role in the research process).

- **Contextualism**

Human behaviour does not occur in a vacuum. It is necessary to provide a comprehensive description and analysis of the environment or social context of the research participants. Contextualism emphasises the various macro and micro contexts of the individual and how these contexts dynamically interact with one another. The historical context of the individual may also be important to the researcher. Contextualism is closely aligned to holism, which examines social environments in their totality.

- **Process**

Process research examines interrelated events along a temporal or developmental continuum. It is necessary to understand how prior events play a role in the individual's

thoughts or behaviours. Social events are not static and therefore understanding change and process is imperative.

- **Flexibility and the use of theories**

Qualitative researchers prefer to begin research in a relatively open and unstructured manner and may be hesitant to rely excessively on theory to provide a framework of what to research. It is argued that such an unstructured approach encourages you to be sensitive to unexpected events and that too much reliance on theory or prior research may influence your understanding and interpretation of events.

Peshkin 1993 cited in Leedy & Ormrod 2005, p. no. 134-135) asserted that qualitative research studies typically serve one or more of the following purposes:

- *Description.* They can reveal the nature of certain situations, settings, processes, relationships, systems, or people.
- *Interpretation.* They enable researcher to (a) gain new insights about a particular phenomenon, (b) develop new concepts or theoretical perspectives about the phenomenon, and/or (c) discover the problems that exist within the phenomenon.
- *Verification.* They allow a researcher to test the validity of certain assumption, claims, theories, or generalizations within real-world contexts.
- *Evaluation.* They provide a means through which a researcher can judge the effectiveness of particular policies, practices, or innovations.

3.3 THE CHOICE OF RESEARCH AREA

The study was carried at Ulundi, which is North of Kwa -Zulu-Natal. The schools that were selected for the purpose of the study are under Vryheid District. Vryheid district is both rural and semi - urban in nature. Mbilane High School is in section C of Ulundi and Mahlabathini is in rural area of Ulundi. The reason for the choice of the area is because the researcher is implementing the policy in schools in Vryheid schools and these schools has been engaged in the number of HIV/AIDS programmes.

3.4 DATA COLLECTION

Data was collected in Zulu and transcribed into English and this process was time consuming. Appointments for home visits were telephonically made. Parents of learners were visited at their homes and in their workplace during lunch times. Semi-structured questions were used in personal interviews. The researcher personally conducted the interviews. Interviews were conducted between mornings 08h00am to 06h00pm depending on the appointments made telephonically with the interviewee. In-depth interviews were conducted in different settings. Mouton and Marais (1990) asserted that that aim of qualitative interviewing is to provide a framework for a subject to speak freely in his or her own terms about a set of concerns which the researcher derives brings to the interactions and whatever else the subject may introduce. Generally a researcher has an idea of what basic issues he or she wishes to cover in the interview.

Each participant was consulted individually. The interview began with biographic information of the interviewee and the explanation of the objectives of the research. The following set of questions that were formulated as a guide in the interview process was asked from the interviewees.

- To what extent do parents have information about HIV- AIDS education policy?
- What are the views and thoughts of primary caregivers about HIV-AIDS policy?
- What role can parents play in the implementation of HIV- AIDS policy?
- Have parents been invited to participate in the implementation of HIV-AIDS school?
- What methods do parents think could be used to teach sexuality and prevent sexuality disorders?

3.5 INTERVIEWS

3.5.1 CHARACTERISTICS OF INTERVIEW

Leedy and Ormrod (2005) stated the following as the guide towards the successful interviews:

- Identify some questions.
- Make sure your interviews are representative of a group.
- Find a suitable location.
- Get written permission.
- Establish and maintain rapport.
- Focus on the actual rather than on the abstract or hypothetical.
- Do not put words in people's mouth.
- Record your responses.
- Keep your reactions to your self

Black and Champion 1976:354-355 (cited in Ahuja, 2002) pointed out the following characteristics of the interview as follows:

- Personal communication: There is a face to face contact, conversational exchange and verbal interactions between interviewer and the respondent
- Equal status: The status of the interviewer and interviewee is equal
- Questions are asked and responses received verbally.
- The interviewer and not the respondent records information.]
- The relationship between the interviewer and interviewee, who are strangers to each other, is transitional.
- The interview is not necessary limited to two persons. It could involve two interviewers and group of respondents, or it could be one interviewer and two or more respondents.
- There is considerable flexibility in the format of the interview.

Interviews can yield a great deal of useful information; the researcher can ask questions related to any of the following (Silverman, 1993 cited in Leedy and Ormrod, 2005. p. no. 146):

- Facts (e.g. biographical information)
- People's beliefs and perspectives about the facts
- Feelings
- Motives
- Presents and past behaviours
- Standards for behaviour (i.e., what people think *should* be done in certain situations)
- Conscious reasons for actions or feelings (e.g. why people think that engaging in a particular behaviour is desirable or undesirable).

Silverman 1993 (cited in Leedy and Ormrod, 2005) provided some general rules and recommendations for interviews as follows:

The researcher should dress in more or less the same way as the respondents. Obviously, there may be resistance among residents of a squatter camp if interviewers arrive there all dressed up. Likewise, business people consciously or unconsciously may be offended and tend to be less co-operative if interviewers arrive at their offices wearing jeans and worn-out takkies. They should at all costs avoid any indications of affiliation with some or other group or organisation, for example, a Blue Bulls rugby tie or a political emblem.

Although interviewers may be dressed discreetly, factors over which they had no control, such as their sex, race, physical appearance and background, may affect the respondents' responses. Consequently, interviewers should be careful not to engender resistance (among the respondents) against them.

There is often the danger that the respondents may view the interviewee as an intruder. Especially in the South African context, white interviewers should be mindful of the possibility that black respondents may regard them as intruders, and vice versa. All these factors may cause respondents to provide biased or even false information.

3.6 SAMPLING PROCEDURES

A sample is the portion of people drawn from a large population. Population refers to all those people with the characteristics, which the researcher wants to study within the context of a particular research problem. A sample will be representative of the population only if it has same basic characteristics of the population from which it is drawn (Ahuja, 2002).

The researcher made use of purposive sampling. Grade 8 learners were intentionally chosen for the study because learners in grade 8 are aged 13 and 14 years old and that is the period of sexual development and learners start to explore sexuality issues. Mahlabathini High School and Mbilane High School were chosen for the study. Mahlabathini High School is based in Section C of Ulundi and Mahlabathini High School is located at a rural area at Ulundi. Both these schools are operating under Vryheid District Office.

The letter requesting the research to undertake a research was written directed to the Circuit Manager who then approved it and communicated with identified schools.

Telephone conversation with principals took place for appointments. The first meeting was conducted with Principal of Mbilane High School, who then requested the class educator to assist the researcher in selecting the learners of grade 8.

The systemic random sampling was used to select five learners in grade 8 A and five learners in grade 8 C. Classroom registers for children enrolled in grade 8 in 2005 was used for selection of learners. Learners were randomly selected for further assisting in identifying their parents as the respondents of the study. The briefing session with 10 learners was conducted, the aim of briefing was to inform them about the objectives of the research and to cascade the information to parents. Learners also provided the researcher with their parent's telephone numbers and directions to their homes. During

interview process the tape records and field notes were taken and kept. The duration for the interviews was 1 hour to 1h30 minutes.

Systemic random sampling allows each member of the population to have the same chance of being included in the sample and each sample of a particular size has the same probability of being chosen. Two things are necessary to draw a systemic random sampling. First, we should identify all the units of analysis in the sampling frame separately and give them consecutive numbers. Secondly, the mechanism we use to choose the units of analysis should assume that each number has an equal chance of being selected.

3.7 ETHICAL CONSIDERATION

The research process was carried out in a professional and ethical manner. The letter was written to the Department of Education, Vryheid District, asking the permission to interview parents of learners in the selected schools. Permission was granted to carry on with the study. School principals and educators were also informed of the study and a verbal consent was obtained from them. A group of identified learners were addressed about the objectives of the study and were asked the contact details of their parents and the directions to their homes. Learners were asked to communicate the information to their parents. Telephonic conversation with parents of learners was conducted, asking permission to conduct the study. Verbal consent was obtained from the parents and arrangements were made for home visits.

Participants were assured of confidentiality and that the identity of the respondents would not be divulged.

Dooley (2003) identified the below principles of professional ethical conduct in research process.

3.7.1 OBJECTIVITY AND INTEGRITY IN RESEARCH

Researchers should at all times strive to maintain objectivity and integrity in their conduct of scientific research. This implies the following:

Adherence to the highest possible technical standards in their research, teaching and practice. Since individual researchers vary in their research modes, skills and experience, they should always indicate the limits of their findings and the methodological constraints that determine the validity of such findings, at the conclusion of a research study. In practice or other situations in which scientists are requested to render professional or expert judgements, they should represent their areas and degrees of expertise accurately and justly. In presenting their work scientists are obliged to always report their findings fully and not to misrepresent their results in any manner. To the best of their ability, researchers should also disclose details of their theories, methods and research designs that might be relevant to interpretations of research findings.

3.7.11 THE FABRICATION OR FALSIFICATION OF DATA

Scientists should not, under any circumstances, change their data or observations. The fabrication or falsification of data, as it is called, is regarded as one of the most serious transgressions of the scientific code of ethics.

3.7. 111 ETHICAL PUBLISHING PRACTICES

The ethics of publishing involves the following specific issues:

Appropriate ascription of authorship to a publication

Rejection of any form of plagiarism

No simultaneous submission or manuscripts

3.7 (IV) REJECTION OF ANY FORM OF PLAGIARISM

One of the key ethical principles of scientific publication is that one must acknowledge one's sources. This means that one should refer to any source that has been consulted, either directly (through a quote) or indirectly, and that has made a significant contribution to one's own work.

3.7 (V) THE RIGHT TO PRIVACY INCLUDING THE RIGHT TO REFUSE TO PARTICIPATE IN RESEARCH

In an increasingly public and transparent world scientists have to be extremely watchful in respecting subjects' right to privacy. The right to privacy is expressed more concretely in the following "rules". People:

Have the right to refuse to be interviewed.

Have the right to refuse to answer telephonic or e-mail questionnaires.

Have the right to refuse to answer any question.

Should not be interviewed at mealtimes.

Should not be interviewed at night.

Should not be interviewed for long periods.

3.7 (VI) THE RIGHT TO ANONYMITY AND CONFIDENTIALITY

Informants have a right to remain anonymous. This right should be respected both where it has been promised explicitly and where no clear understanding to the contrary has been reached. The conditions of anonymity apply to the collection of data by means of cameras, tape recorders and other data gathering devices, as well as to data collected in face-to-face interviews or in participant observation.

3.7.V11 THE RIGHT TO FULL DISCLOSURE ABOUT THE RESEARCH (INFORMED CONSENT)

Dooley (2003) asserted that informed consent often plays a key role in deciding approval for research. The aim of the investigation should be communicated to the informant as fully as possible. Human subjects must be informed as to what will happen and their signed consent should be obtained, in addition to obtaining the permission of the ethics committee. The script you read to them will also explain steps to keep responses anonymous, any risks or discomfort, benefits, the possibility of quitting, researcher's and supervisor's names, and the possibility of receiving a summary of the results.

3.7.V111 THE RIGHT NOT BE HARMED IN ANY MANNER (PHYSICALLY, PSYCHOLOGICALLY OR EMOTIONALLY)

The process of conducting research must not expose the subjects to substantial risk of personal harm. Informed consent must be obtained when the risks of research are greater than the risks of everyday life. Where modest risk or harm is anticipated, informed consent must be obtained. Experimentation of any kind usually contains a greater risk of potential harm to subjects.

3.8 DATA ANALYSIS

Data analysis in a qualitative research is a process that is less discrete than that found in quantitative research. Data analysis methods enabled you to organise and bring meaning to large amount of data. Before attempting to analyse the data, ensure that all the fieldnotes, interview transcripts, and documents are available and complete. There should be no missing data. The interview transcript should be typed verbatim and rephrased to be grammatically correct (Struwig & Stead, 2001).

Data tabulation: If data is analysed using qualitative data analyses software, the data should preferably be typed on a word – processing program and saved on an ASCII file.

This file may then be imported into the qualitative data analysis software. Some researchers prefer to analyse data using hard copy transcript. Once raw data are in place, you need to decide on a procedure to organise the data into themes or categories. Data coding means that the information is grouped into themes by using codes and codes are labels that assign units of meaning to the information obtained (Miles & Huberman 1994 cited in Struwig & Stead, 2001). Codes may be used to study brief actions, more durable activities, interview transcript of participants, the participants of people in a setting, the relationship between people, or entire setting (Lofland, 1971 cited in Struwig & Stead, 2001).

Barrit, 1986 (cited in Leedy & Ormrod, 2005) asserts that the central task during data analysis is to identify common themes in people's description of their experiences.

Creswell, 1998 (cited in Leedy and Ormrod, 2005) asserts that after transcribing interviews, the researcher typically takes the following steps

Identify statements that relate to the topic. The researcher separates relevant from irrelevant information and then breaks the relevant information into segments.

- Group statements into meaning. The researcher groups the segments into categories that reflect the various aspect of the phenomenon as it is experienced.
- Seek divergent perspectives. The researcher looks and considers various ways in which different people experience the phenomenon.
- Construct a composite. The researcher uses the various meanings identified to develop an overall description of the phenomenon as people typically experienced it.

Data will be analysed by the development of themes and sub theme. Each participant introduced the new themes that developed to other sub themes. The interview covered the following themes:

Child abuse

Poverty

Discipline – co-operative

Life skills

Traditional methods of discipline vs. modernised method

HIV-AIDS

Substance abuse

Teenage pregnancy

Informal kinship Carers

Child- headed household

Once the collected data are in a suitable form, you are ready to interpret them for the purpose of drawing conclusions that reflect the interests, ideas, and theories that initiated the inquiry. The analysis phase will pursue both the descriptive and explanatory aims.

3.9 LIMITATION OF THE STUDY

Two interviews were conducted inside the car due to the fact that participants were interviewed during lunchtime outside their work place. Some participants are working in cities and could not be found as planned. Another limitation was based on the topic of research as it relates to HIV/AIDS; some respondents could not express themselves freely because HIV/AIDS is still considered as a sensitive and stigmatised issue. Respondents were hesitant initially to be taped- recorded, respondents were not sure of how information will be utilised and how the information they provided would be interpreted and could put them in the position of accounting about what they said in an interview. Financial constraints were another limiting factor for the study. Travelling expenses and telephone costs had financial implication for the study.

This chapter dealt with the methods and processes utilized by the researcher to gather data from the respondents of the study. The criterion for selection of the respondent, which is the systemic random sampling, was discussed. The next chapter presents the profiles of the respondents and the analysis of data collected from the respondents.

CHAPTER FOUR

SECTION 1

ANALYSIS AND DISCUSSION OF RESULTS

4.1.1 INTRODUCTION

This chapter begins with the presentation of the profiles each of the participants in the study and followed by the analysis of data collected from the participants. Data analysis entailed the development of themes and sub – themes. Themes that have emerged are Knowledge about basic elements of HIV/AIDS, Knowledge about life- skills offered in schools, Teaching and learning of HIV/AIDS life- skills in schools, Child abuse, HIV/AIDS trauma, Discipline and co-operative discipline, Migration labour, Poverty and unemployment, and Substance Abuse.

4.1.2 RESPONDENT NO 1

Zabanguni: She was a woman of 59 years of age. She resided at Ntendeka under Mpungose tribal authority. She was a maternal grandmother of the child who was enrolled at Mahlabathini High School. The biological mother of the learner was married to another man and left the learner in the custody of the grandmother who was a pensioner. The grandmother was staying with her husband who had suffered two attacks of stroke and was in a critical condition during the interview. The maternal grandfather was also a pensioner and the family survived with the pension income of both grandparents.

The discussion with her highlighted a lack of discipline in schools and at home as the causal factor for anti - social behavior among children. She had experienced problems of grandchildren who don't want to oblige to her family rules. She reported that government policies also are in favour of children' rights as opposed to parent's rights. She perceived children's right in conflict with the traditional methods of nurturing a child in a family unit. She made mention of how they were raised in the Zulu culture as the "head girls".

Duties of the Zulu head girl were to teach the youngsters respect, preservation of culture and cultural practices, body changes, issues of sexuality and relationships.

Zabanguni was of the opinion that the government of today is presenting a number of challenges, which parents fail to resolve because of democratic changes in the country. In olden days children were active listeners and complied with the rules and orders of adults whereas nowadays children have the rights to say no to adults.

4.1.3 RESPONDENT NO 2

Nokhwezi: She was a widow aged 49 years. She resided at K 47 section, in houses built under redistribution and development policy. Her husband died in 2003 due to illness and left her with 13-year-old daughter. The only son in this family committed suicide in the toilet inside the house and the motives for the death are still not known but the family presumes that suicide was caused by family witchcraft. She had worked for the local medical practitioner for more than 10 years and could not sustain her job because of being terminally ill. She has been in and out of hospitals and during our interview session, she appeared to be very weak as she was from the hospital.

When asked about the disability grant application, it appeared that she had never attempted to apply due to the requirements for the application stipulated by the local health workers. The local health worker indicated that she does not meet the requirements for the application of the disability grant.

The discussion with her indicated that she was aware that life skills HIV-AIDS was taught in schools and she fully supported the initiative of the school to talking and advising her child. She had never attended school meetings because of ill health and employment. She always relied on a neighbour, who had to represent her on parents meetings. She encouraged parent – child interactions about sexuality and HIV-AIDS. Traditionally young women used to masturbate and that helped them to avoid sexual intercourse with male counterpart.

Participant's feedback clearly showed that professional intervention is essential and the researcher intended to assist her with the application of the disability grant, help her to cope with the loss of her husband and son and lastly her own illness. Three weeks from our interview, I made telephone calls to plan for professional intervention and learned that she had died about a week ago.

4.1.4 RESPONDENT NO 3.

Londeka: She was a 30 years old mother of three children. She was not married and lived with her own children at Thokoza informal settlement. The biological father of the children deserted the family and stayed with another girlfriend. She was unemployed and earned a living by selling alcohol. She mentioned that selling alcohol to learners was a major problem in her business. She was selling alcohol in the streets, which had a bad reputation because it had been known in the area for sell drugs such as dagga and mandrax and alcohol. The father of the children was financially irresponsible and was not supporting the children with their basic educational and social needs.

The participant had never attended any formal life- skill education. The interview process indicated that the respondent was not attending school meetings and often gets information about HIV-AIDS over the radio. She had not received any workshop on HIV- AIDS. She insisted on the fact that as rural women, they cannot talk to their children and could only discuss issues around sexuality once the girls start to menstruate. They advised children for two days on how they should behave, respect their bodies and should not talk to boys when they are on menstruation periods and not to eat certain food.

The respondent depends solely on educators to teach HIV- life skills in schools because parents failed to talk to their children. She had never attended the school governing body meetings and depends on her sisters for parental representation and for information discussed.

4.1.5 RESPONDENT NO 4.

Mbali: She was a 35-year-old married woman with four children. She resided at Nkonjeni locality at Ulundi. She was working as a chef at St Francis Hospital and her husband was working as a taxi driver in Ulundi. The family was financially stable. She had two children before marriage and two children in the current marriage. She revealed that, she was often in conflict with her husband and their relationship was stressful mainly because of the husbands' aggressive behavior. She was experiencing domestic violence. She was knowledgeable about HIV-AIDS and obtained the information over the media and friends. She reported that working in the hospital exposed her to people living with AIDS.

She revealed that her consciousness on HIV-AIDS was raised when the man working for department of health in the Legislature building at Ulundi raped her 7-year-old child. She became more aware about issues involved when the child was raped and the court procedures that are followed. It appeared that that the family was highly traumatized by the fact that their child was sexually abused. She even went to the extent of testing her child for HIV and the child was found HIV-negative. She has been through a lot of psychological trauma and has never received therapy. The child went for therapy sessions with Social Workers but strange behaviors emerge at certain times.

According to her, she learned a lot from the ordeal, and the risk involved when a child has been raped. She foresees the need for parents and learners to take responsibility for their children and information, awareness campaigns should be promoted at community level and school level.

4.1.7 RESPONDENT NO. 5

Nhlanhla: He was a 45-year-old married man with five children. He resided in B South section at Ulundi. He worked as an information technology operator at Pietermaritzburg. His wife was a clerk at the Department of Health at Ulundi.

He highlighted the belief system prevailing in many traditional communities, which separate the views of children from those of adults. Parents are not supposed to talk about sexuality with their children and children end up left alone to explore the world on their own without parental guidance.

The participant did receive formal training on HIV-AIDS from a training institute outsourced by his Department. He is expected to cascade the information through training and counselling to other staff members and develop an employee assistant programme at work. He has already started training staff members and the group is reported to be fully participative and responds very well.

The participant was not aware of HIV-AIDS policy offered in schools but was aware that his children are taught HIV at school. The children at home often talked about life orientation lessons and sometimes they sang songs and poems about HIV. The participant also expressed concern about how learners behaved despite numerous efforts to raise consciousness on HIV. The major problems highlighted are substance abuse and teenage pregnancy. He strongly believed that the high rate of teenage pregnancy was caused by the child support grant. The participant was observing this problem in his neighborhood and it affected the teaching and learning process because learners have to take parental duties at an early age and some are HIV Positive.

4.1.7 RESPONDENT NO 6

Nokuthula: She was a married woman of 38 years. The participant lived at Mbilane at Ulundi. She was not working because of retrenchment. She was married with five children and she was an aunt to the learner. The child's parents are both deceased.

The discussion revealed that Nokuthula had received HIV/AIDS information through experts who always came from different Departments and trained learners about HIV-AIDS life skills. She was at an advantage because her house is next to the school and

could manage to hear the information from the HP system. Mostly the information was disseminated to learners was about child abuse and life-skills and universal precaution. She insisted that children must be knowledgeable about basic principles on HIV prevention such as wound management, avoidance of blood, and usage of gloves. She always supervises and assists her children with homework and was familiar with life orientation lessons offered in schools.

Nokuthula is of the opinion that parents should play a major role in child rearing practices .The parents laid ground rules for child nurturing and discipline. Some of the rules guiding the family entails not allowing children to come home at late hours and don't allow them to participate in parties. The participant believed that setting boundaries for children always prevents them from engaging in anti- social behaviors, for example, alcohol abuse, teenage pregnancy and rape. Nokuthula constantly reminded her children about the importance of respect of their bodies and that they should abstaining from having sex whilst still at school and that the major focus should be directed to their studies for future success.

4.1.8 RESPONDENT NO 7

Gugu: She was a 38-year-old woman who resided at section D in Ulundi. Gugu was employed as an educator employed by the Department of Education. Gugu was married and blessed with two children. She was the an aunt to the child. The child's biological mother was unemployed and the participant took responsibility of taking care of him and her younger sister. The family had just discovered that the child 's younger sister is HIV positive.

The respondent has been on a number of HIV/AIDS workshops organized by Department of Education for learners and educators. She taught HIV Life skills workshops in different phases in her school. According to her observations learners were responding well to the training programme. She also elaborated on a number of other challenges educators often encounter when teaching HIV life skills among learners in a school

environment, for example teenage pregnancy, substance abuse, child abuse, neglect and poor parental discipline and poor co operation between educators and parents on issues affecting their children. The school had introduced a health advisory team and presently it is not properly formed and functioning. The reasons for failures were lack of commitment from members of the team and professional workers are scarce, and always busy with other activities. Individual cases of children in need of professional intervention are referred to appropriate departments.

She further cited the shortage of educator's guide for educators and activity books for learners when implementing life skills - HIV/AIDS education in school as a major problem in some schools. It was the responsibility of the Department of Education to supply schools with the material for effective teaching and learning as well.

She stressed the need for each and every family to develop family policy that would encompass universal precaution principles for example, handling of blood and wounds if children play. The policy should entail rules for behavior management, discipline and sexuality education. Practices for developing a child in all aspect of life should be guided by the family policy.

4.1.9 RESPONDENT 8

Sbongile: She was a 32-year-old mother of one child and resided at C-section in Ulundi. She was unmarried and was working at Dunns shop as an account clerk at a shop in Ulundi. The learner is her only child. The family stayed with the grandmother and extended family.

She has not had formal training on HIV/AIDS. The participant is aware of how HIV is transmitted and prevented. She has witnessed a number of relatives being sick and dying of HIV and AIDS. She often engaged her child on issues of sexuality but had often been supported by her biological mother, who was perceived to have a good personality and was socially and psychologically mentally developed and capable of teaching children

about life skills and sexuality at home. Themes that often emerge as Sbongile and her daughter talk involved good and bad relationships and, the strength in spirituality and effects of wrong decision- making in life. The children in this family are highly involved in church activities and church involvement was believed to be the safe place for child development.

The grandmother always attended school meetings and was aware of life- skills HIV – AIDS policy offered in schools but the mother of the child is not aware of what is entailed in the policy.

4.1.10 RESPONDENT NO 9

Muzi: He was a 42-year-old married man. He was blessed with four children. He lived at C-section in Ulundi and spends most of the time in Mandeni, where he was employed as a labourer at Sappi forestry firm. Muzi lived at Mandeni with his wife and the younger child. The three children lived at Ulundi without parental guidance and supervision. Bongani, the first child was responsible for the social and educational needs of the siblings.

The respondent indicated that, he had never received HIV/AIDS training but was aware of the basic elements of HIV/AIDS. The information he had was acquired through informal discussion with colleagues, friends and the media. The participant visited the children once a month and on payment days and this affected the parent – child relationship because there is no quality time spent on parenting and psycho- social development needs of children. The respondent agreed that sexuality education offered in schools is a valuable source of counseling and child support in different challenges. Muzi had never talked to his children about sexuality and HIV/AIDS and was informed by his children that life skills HIV/ AIDS are taught at schools. The participant had never attended school governing body meetings due to work commitment and was of the opinion that life skills HIV/AIDS should be taught at school.

The participant relied on his 16-year-old son for heading the family during parental absence. Fortunately the children behaved very well and were in good terms with the neighbours but siblings' rivals often occur, which was a normal practice to all children. The family communicates telephonically to update each other about problems and life in general. The participant was aware of the responsibility that the eldest son had to carry and the stress of heading the family but economic factors put much pressure on him to work far from home.

4.1.11 RESPONDENT NO 10

NONHLANHLA: She was a 39-year-old unmarried woman and a mother of three children. She lived in Ulundi and is employed as a waiter in the hotel at Carlton center in Gauteng Province. She looked for the job because the biological father of her children refused to pay for the maintenance for children. The attempts to secure the maintenance in the Department of Justice were in vain. The children stayed with her 80-year-old grandmother who was suffering from sugar diabetic illness and needs constant medical care and support.

The respondent visited home twice in a period of month due to financial constraints. The interview was conducted during her home visit. The participant highlighted that there was an urgent need for sexuality education in schools and was of the opinion that teaching learners about HV life skills would prevent them from contracting HIV/AIDS. Given the fact that she was working away from home and was unable to respond promptly to the educational needs of her children, life- skills HIV/AIDS will provide the basic human values to children. Nobody at home attended parents meetings in her absence and she only attended parents meeting if she was available.

She was aware that life orientation is a subject that entails human behaviour and aimed at teaching children good morals and behaviour. She saw and heard of how children misbehave at home and at school. In Gauteng province, children don't respect adults and

indulged in drug and alcohol. We also experienced a growing number of teenage pregnancies and child abuse especially in squatter camps.

She had never received formal training on HIV/AIDS. She had basic knowledge on HIV/AIDS in the clinic where her younger sister regularly attended and was on ARV treatment. She died two years ago from HIV/AIDS related illness.

Section A has been focusing on the profile of respondents and section B focused on the analysis and discussion of data

SECTION 2

DATA ANALYSIS

4.2.1 KNOWLEDGE ABOUT BASIC ELEMENTS OF HIV/AIDS

Two of the participants received formal training in different courses organized by their employers. One participant was trained by his company (Fairebreeze Company) with the intention to train other staff members and develop an HIV/AIDS wellness programme. One parent received training in the Department of Education with the purpose of acquiring skills and knowledge for teaching learners in the classrooms. 8 participants received information over the media, clinics and in non-formal discussions. The information the participants have gained is preventative in nature and useful for treatment processes and policy development. Participants are knowledgeable about how HIV/AIDS is contracted, through sexual intercourse, mother – to – child transmission and needle sharing. Information on HIV/AIDS prevention mainly condoms and abstinence was known by participants. Participants had learned that nutritious food is vital for boosting the low immune system. Participants had been encouraged to bring along their partners for HIV/AIDS voluntary testing. Here are few illustrations of the interviews:

Nokuthula is a married woman of 38 year old. She is blessed with five children residing at Mbilane are in Ulundi, she reports:

“I am so lucky because my home is next to the school and I got information about HIV/AIDS over the microphone, when people from health Department visited the school. Officials from the Department of Health advised learners on various issues associated with AIDS. Advises were based on prevention and treatment of HIV/AIDS and awareness on different types of child abuse. Learners were informed about care and support of people infected and affected by HIV/AIDS. Furthermore learners were told that the exposure of blood when playing or when a child has been injured might transmit HIV/AIDS how it could be prevented. The information I received was very useful and important for myself and children”.

Nhlanhla is a married man aged 45 with five children residing in B- North section in Ulundi, he reported:

“I am working for a Information Technology Company based at Ulundi. My department had sent me in Pretoria for a workshop on HIV/AIDS for a period of two weeks. We learned a lot on the nature of HIV, transmission, preventative measures, ARV’s and developing a workplace policy. I was tasked to spearhead the implementation of the workplace policy on HIV/AIDS and any other related problems. I am in the process of formulating a workplace policy based on the guidelines and procedures obtained in the workshop”.

Gugu is a married woman aged 38, and the mother of two children residing in D-section in Ulundi, she said:

“I always attend educator workshops on HIV/AIDS life –skills organised by Psychological, Guidance and Special Education Services. The workshops I had attended equipped educators with skills to deal and manage the scourge HIV/AIDS within the school environment. The workshops provide educators with methods of curriculum

development and implementation and the establishment of health advisory committee that will ensure that the multi sectoral approach is adopted and monitored”.

It appeared that there is no formal training where parents are continuously trained on HIV/AIDS. There are gaps in terms of information dissemination to all stakeholders supporting the schools and community. There are a number of different methods, which can be used to educate the public about the dangers of HIV. The following method could be used:

- “Motivation is very important, as people need to know that what they are learning about the epidemic is personally relevant to them. They need to know that they are potentially vulnerable to be affected by HIV/AIDS if they do not take steps to protect themselves.
- Empowerment is also crucial to people’s ability to protect themselves. They must be in a position where they are able to take control of their sexual behavior or methods of drug use.
- Condoms should be available. There is little point in teaching people about the need to practice safer sex if they are unable to access condoms.
- Needles and injecting equipment need to be made available in the same way, regardless of legislation prohibiting drug use.
- Medical supplies are also crucial to putting AIDS education into action.
- Testing facilities are also a priority. When a person has a positive HIV test they can be educated how to protect their partners from infection and how to live well with HIV”(Siecus report. 2001, p. no. 5)

A qualitative study into existing adolescent sexuality and perceptions of stakeholders (Parents, teachers, Healthworkers) was conducted in 1999 in Piet Retief, Mpumalanga province found that the intersectoral structures were not effective as desired because of the following findings:

- Limited infrastructure, human and financial resources.

- The short – lived nature of various initiatives as a result of the high mobility of both the community and the initiators, and the lack of co– ordination, ownership and sometimes a motivated key person to spearhead initiatives.
- The inappropriate and inadequacy of some informational efforts.
- A lack of effective communication between adolescents and other stakeholders. Particularly teachers and parents and to lesser extent health workers.
- A lack of support for adolescents to engage in responsible health behaviour (Department of Health and Welfare, 1999, p. no.15)

In spite of extensive advocacy campaigns to HIV/AIDS, campaigns to promote voluntary counselling and testing and the knowledge parents have on HIV/AIDS through the media, televisions, mass rallies the infections in HIV/AIDS is alarming and increasing.

The knowledge on HIV/AIDS that parents have is supposed to make a difference in terms of the number of new infections. Further the knowledge should assist in initiating community support programmes that would impact on the decrease of HIV/AIDS. We hope that parents who have been informed about basic elements of HIV/AIDS will be in the better position to practice safer sex, protect their children from abuse and HIV infections. The results of the study indicate that government’s structure fails to implement programmes that are sustainable to support parents and learners. Coordination of services directed to adolescent’s sexualities should be primarily the responsibility of parents at homes and when children are at school educator’s carry out that responsibility jointly with parents.

The study conducted by Fako (2006) on social and psychological factors associated with willingness to test for HIV infections among young people in Botswana indicated that willingness to test for HIV/AIDS was negatively associated with being sexually active and having a number of partners. Indicators of family, coherence, psychological bonding and personal adjustment such as common residence among parents, emotional support from family attachments to parents, happiness with life in general and satisfaction with life as a student were associated with testing. This implies that although people might

have relevant knowledge on HIV/AIDS challenges pertaining to the utilisation of knowledge still persist. People are resisting testing for HIV/AIDS and making informed decisions about their lives.

4.2.2 KNOWLEDGE ABOUT HIV- LIFE SKILLS IN SCHOOLS

Three participants had knowledge on HIV- life skills offered at school. Parents and caregivers of learners were informed at a school governing body meeting, this was the introduction of HIV life skills and how educators intend to execute the HIV life skills programme in schools and promotion of awareness campaigns. One participant had participated in the commemoration of the school HIV/AIDS week where children displayed their knowledge on HIV/AIDS in various activities and the programme for the day was reported to be very significant to HIV/AIDS pandemic. The interview revealed the following details:

Zabanguni, a 59-year-old woman residing in Ntendeka under Mpungose tribal authority reported:

“I always participate in each and every meeting organized by the school. I was in the school meeting when the educators informed parents about teaching HIV/AIDS as a lesson. Parents were informed about the outcomes of teaching HIV/AIDS as the only method of instilling skills to the learners that would manifest acceptable behaviour among the children. The principal was also complaining in the meeting about children who do not want to comply with the rules and regulations of the school. I always feel pity for him because these children are not respecting us, learners do as they wish”.

Nokuthula, a 38 year old married woman reported:

“Parents were invited to attend the celebration of HIV/AIDS in the school and I participated fully. We were informed about sexuality education, principles of universal precautions, and roles of different departments in fighting against HIV/AIDS. Children had prepared activities relevant to the theme of the day and the following programmes

were observed namely music, poems, traditional dance, and posters were displayed on the walls”

Gugu, a 38-year -old woman reported:

“The Department of education had sent me in a number of HIV/AIDS life skills workshops so that I educate learners and parents and other stakeholders. The information I received was relevant and useful and I manage to integrate it to the Life Orientation subject. The information had broaden my knowledge on HIV/AIDS in other aspects associated with HIV/AIDS”

Nokwezi, a widow aged 49 years residing at K section in Ulundi said:

“I do not have first hand information from the school because I am unable to attend the school governing body meetings because of my health status. My neighbours assist me with school information. The neighbours attend school governing body meetings for their children and my child. The sources of information that educators teach learners HIV/AIDS and that nurses always come and teach HIV/AIDS are my child and my neighbours”

Londeka, a 30-year-old mother of 3 children reported:

“I don’t attend school meetings because I am working here. No one attends the meetings for my children. At one stage I attended the school progress meeting for my children because the educators wrote me a letter and expressed her concern about the slow progress of one of my child. Regarding HIV/AIDS I have never attended meetings where it was discussed but I often hear my children talking about it”

Mbali, a 35-year-old woman reported:

“I know that our children are taught HIV in schools but I have never been informed in any school meeting. Our children keep on telling us about new subject that we were

never learned during our times. I only attend school meeting when I am off duty. My children always want assistant with their homes works and HIV/AIDS is part of those home works”

Sbongile, a 32-year-old woman reported:

“I am aware that HIV/AIDS and Life skills are taught in schools. It is a good idea because it assists parents in child development. I have never attended any school meeting in the school because my mother attends for all our children and shares with us the information she received”

Muzi, a 42-year-old man reported:

“I have never participated in any school meeting or functions because I am working in Mandeni. I have heard my friends, colleagues and my children that one of their subjects is Life orientation and talks to HIV/AIDS. Parents were invited to attend the celebration of HIV/AIDS in the school and I participated fully. We were informed about sexuality education, principles of universal precautions, and roles of different departments in fighting against HIV/AIDS. Children had prepared activities relevant to the theme of the day and the following programmes were observed namely music, poems, traditional dance, and posters were displayed on the walls”

The development theory views that failure to secure adequate knowledge and skills in developmental milestones as the major factor for behavioural problems in later adolescent and adult life. The knowledge parents have about HIV/AIDS will assist them in the prevention and managing reactions associated with HIV/AIDS. The knowledge and skills will provide parents practical methods of teaching their children about risky behaviours and HIV/AIDS.

Most respondents do not attend parents meetings for a number of reasons and the following reasons were highlighted:

- One participant was very sick and depended on the assistance of neighbours for schoolwork and meetings.

- One participant was selling alcohol so as to earn a living and therefore depends on her sister for school meetings
- Another respondent reported that his children never informed him of the meeting where HIV/AIDS policy was discussed.
- Some participants are aware that HIV/AIDS is taught at schools and they get this information from the learners.

The reasons given above indicate that parents are not cooperative on issues affecting their children. Parents should involve themselves on issues raised by educators for the development of their children. Parental absenteeism in school meetings is the major challenge facing Department of Education and it calls for the innovative strategies that would make parents to realise the seriousness and the importance of investing for the future of their children.

4.2.3 TEACHING AND LEARNING OF LIFE SKILLS HIV/AIDS IN SCHOOLS

Nine participants fully agreed that educators should teach their children sexuality education and life skills HIV/AIDS education. They highlighted that the role of educators is very important in changing the attitudes and mostly the behaviour of children.

Nokwezi, a widow aged 49 years residing at K section in Ulundi said:

“During our times we were never informed about sexuality education and body changes in schools. Our parents often talked about it when we reached puberty stage and there were no continuous discussions and dialogues about issues on sexuality. It is the good idea that the schools are teaching it now”.

Londeka, a single mother aged 38 with three children residing at Thokoza area in an informal settlement reports:

“Teaching children about HIV/AIDS in schools is good because almost everybody talks about HIV/AIDS, in radios, televisions, and their parents and caregivers and relatives are infected and children observed parents and relatives in prolonged sickness and eventually die. Children sometimes end up being caregivers to terminally ill parents”.

Mbali, a 35-year-old mother of four children residing at Nkonjeni reported:

“Teaching children about sexuality education is the good idea because educators are regarded as secondary caregivers, when we are not at school as parents educators play a vital parental role. I’ve heard my daughter that she has already been prepared for menstruation stage by life orientation educator. I’ve also talked to her about and warned her about falling in love with boys because she might get pregnant”.

Zabanguni, a 59-year-old woman and grandmother residing at Ntendeka under Mpungose tribal authority said:

‘I think it is very important to teach our children about HIV/AIDS. The policy for Department of Education should not exclude parents because mostly parents obtain information about HIV/AIDS from our children and we end up with scanty and irrelevant information and workshops for parents would be best option to empower parents. This will ensure that we all have on the same level of understanding information affecting all of us. Education of parents will change perceptions that infected people have been bewitched; this perception had caused conflicts in most families”.

Nokuthula, a married woman aged 38 years residing at Mbilane in Ulundi said:

“Teachers when teaching should focus more on life skills and good behaviour especially from age 13 years and upwards because that is the developmental stage where problems related to sexuality emerge. The teenage stage is critical stage for children due to peer pressure, boys often come home at night, abuse alcohol and drugs and teenage pregnancy”.

Gugu is a woman of 38 year old residing in D section in Ulundi reported:

"I've taught my grade 6 and 7 HIV/AIDS life skills and care and support programme. My experience in teaching HIV/AIDS as a Life Orientation educator has been an eye opener to me and very empowering to learners. Learners are aware of preventative measures such as usage of gloves, that they are not allowed to sharing of razors and needles, and not allowed to expose blood".

A qualitative investigation of adolescent's knowledge, attitudes and perceptions regarding sexuality was conducted in 1999 by the Department of Health and Welfare in Piet Retief, Mpumalanga province. The study revealed the following:

- Most had never received sexuality or AIDS education as part of school programme.
- Those who received such information at school said that it occurred once only and was provided by the external people who might have been from health services.
- Health and Social Workers discuss child abuse with recent awareness campaign.
- At one school a visiting group discussed AIDS prevention in a way which the pupil perceive as moralistic and which they did not appreciate
- In some subjects, sexuality related information was given. Pupil who took biology receives some information on reproductive system, and relationships were sometimes addressed in biblical class.
- Most pupils were unlikely to talk to their parents about sex. The majority of adolescents (estimations varied from 80% to 95%) were sexually active. Some started very early, at about 13 years of age, and others waited until they were 16 or 17 years old.

The above-mentioned study is an indication that life- skills programme in schools has not been effectively implemented. The high increase in the number of adolescents who are sexually active could possibly mean that, learners are not knowledgeable about the consequences and risky behaviours associated with being sexually active. Another possibility could be that there is no parent and children communication on life-skills.

The findings of the study indicated that parents would like their children to be taught HIV/AIDS education. HIV/AIDS education will increase and facilitate parent and children discussions on sexuality. Furthermore, HIV/AIDS education will increase the level of knowledge and information on parents and children so that children will be able to make informed decisions regarding sexuality issues.

Mathews, Boon, Flisher, & Schaalma (2006) studied the factors influencing whether high school teachers implemented HIV education. The sample of 579 schoolteachers from secondary schools in Cape Town was interviewed in the study. The study revealed that 70% had implemented HIV/AIDS education during 2003 and female teachers were more likely to have implemented than males (74% vs 58%). The teacher characteristics associated with teaching HIV/AIDS were previous training, self-efficacy, and student beliefs about controllability and outcome of HIV/AIDS education and their responsibility. The existence of a school HIV/AIDS policy, a climate of equity and fairness, and good school community relations were the school characteristics associated with teaching HIV/AIDS. This study demonstrates the value of teacher training and school policy formulation on HIV/AIDS education. 90% of parents in the current study agreed that their children should be taught HIV/AIDS life skills in schools; this requires the commitment and sense of will from educators to successfully fulfil the wishes and thoughts of parents.

The behavioural and cognitive - behavioural approaches emphasize studying behaviour in its most simple forms through the medium of animal experiments. Early behaviourists were concerned with changing overt dysfunctional behaviour in their clients through principles of classical and operational conditioning (Brammer, Abrego & Shostrom, 1996). Bandura (1969, 1971) (cited in Brammer, Abrego & Shostrom, 1996) pioneered the application of observational learning or modelling to the modification of behaviour. Perry and Furukawa (1986) have reviewed the application of modelling to a variety of counselling and this includes social learning skills, assertive training, alleviation of fear related to the surgery, and treating phobias. Another group of theorists have applied

learning principles to influence covert behaviour. The cognitive-behavioural therapist including Ellis, Mahoney and Meichenbaum believed that the internal dialogue or self talk of clients play a major role in their behaviour. Behaviours and emotions are viewed as resulting from cognitive process and correcting dysfunctional beliefs changes maladaptive behaviour and emotions. Cognitive approaches have been used to teach people coping with stressful life events.

The social learning theory plays a major role in understanding the learning processes associated with child development. The social learning theory views that each and every behaviour is learnt, learning life skills will involve acquiring skills and imitating behaviour from the adults and peers. Social learning theory will speculate that that life skills are learnt behaviour and have to be reinforced by caregivers and parents. Parents who have an understanding of life skills will be in a better position to rear their children in a safe and protective environment.

4.2.4 DISCIPLINE VS CHILDREN'S RIGHTS

Three participants mentioned that a number of problems emerged since the abolishment of corporal punishment in South Africa. Parents are failing to instil appropriate behaviours and guide their children towards responsible and well-governed children. Parents are regarded as people who are primitive and imposing to children very old parenting styles. When children control themselves, they fail to gain and maintain respect for adults and are perceived as living in modernity period. Children are perceived to have more rights than adults. When children misbehave parents believe that children's rights were implemented to eliminate or minimize powers of parent and elements of parenthood.

Zabanguni, a 59-year-old woman and grandmother residing at Ntendeka under Mpungose tribal authority said:

“The principal is complaining in the school governing body meetings about children who do not want to listen to the rules and regulations of the school. I always feel pity for the principal because these children are not respecting us, they do as they wish”.

Sbongile, a 32-year-old mother of one child residing at C-section reported:

“Children do not want to listen to us as parents and educators. We as parents give necessary guidance and advices to our children and send them to church at early ages of their lives so that they grow up being children of God and God-fearing children. Despite all that, they disappoint us. Our children do all sort of bad things that we are not proud of. We cannot beat or whip children with sticks because we are reported to the police for punishment”.

Muzi, a married man of 42 year old and blessed with four children residing at C section in Ulundi said:

“It is difficult to teach our children good methods of behaviours because they always have a number of questions and answers and if anything goes wrong in their lives or if children misbehave they tell parents that they are entitled to children’s rights and it becomes a problem to institute discipline measures”.

This is the story told by Mbali, a 35-year-old mother of four children residing at Nkonjeni area in Ulundi:

“My husband’s brother who is the Director at the Department of Education disciplined verbally his cousin who stole cans of beer when he was preparing for his wedding. The cousin committed suicide after that verbal discipline concerning the stealing of beer. Nobody in the family beat him and the disciplinary measure was based on positive behaviour modification. Reasons for the suicide are still unknown but the family members believed that the cousin never wanted to be scolded.

The discussions from the interviews indicated that parents and educators experienced difficulties when disciplining children. Corporal punishment is banned at homes and schools. Educators complained that there has been no legitimate replacement of corporal punishment; as a result it is very difficult for them to exercise control and maintain order in schools. The Department of Education has introduced a co-operative discipline policy in schools. The policy is aimed at bringing together different specialists that would attend to cases of children in conflict with law and school rules. This policy is so far not been successful in its implementation due to the fact that there has been no clarification on role-playing by multi sectoral team.

Manaka – Mkwanzazi (1997) conducted a study on perceptions of physical child abuse in the Zulu family. The sample consisted of children in intact homes and their parents, and children in care and parents of children in care. A total of forty child and adult respondents were interviewed using in-depth interviews. The findings indicated that many parents use physical punishment as a primary method of disciplining children and the danger of physical punishment, however, lies in its potential for physical abuse. Further most parents (in care and in intact homes) verbalised shared perceptions of their own upbringing. The study further revealed that in Zulu culture, children could be physically punished not only by their own parents, but also by their peers and elders in the community if they did wrong. Parents did not agree with non- punishment. Parents in intact homes, however, stated that even if a child has been punished, he or she should be able to come to the parents and be shown love.

Another study was conducted by Zulu (2002) at Vulindlela Township in Mpangeni, on parent effectiveness program to improve parent adolescent relationship with a sample of 25 parents and 25 adolescents. The study revealed that 14% of parents disciplined their children using negative reinforcement (without fear and with corporal punishment). 18% of parents gave their children at least two warnings and followed by corporal punishment if the same behaviour was repeated. 16% of parents used corporal punishment. 50% of parents sat down and talked with their adolescents and they gave them advice and told them the dangers of bad behaviours.

Mbambo and Msikinya (2003) gave an African perspective on the challenges of parenting in the arena of children's rights and modernity; the vibrant debate took place among the group of grey haired men at Mpukunyoni Tribal Court in Zululand. This is what was discussed in the group:

“The government has taken over our role as parents, the eldest of the group says”

Another man said, “Do you know that these days if you discipline your child, the child, your own flesh and blood will get you arrested”

Another elder said “ today's children are disobedient “ it is all because of these rights. We never had rights as children. We were taught to listen to parents. We were disciplined, we were beaten up for doing wrong. We did not talk back to our parents. Even if we were working, we brought money back home and our parents would decide on our share. Our parents were right and knew best. Nowadays, children drink, refuse to work or go to school, they demand money; they beat their parents up all in the name of rights (Mbambo & Msikinya, 2003, p. no. 59). The above narrative is an indication of parents who are in a dilemma of parenting and who feel that their parenthood had been robbed by children rights.

The above-mentioned studies clearly indicate that parents still use and believe that corporal punishment is the ideal method of correcting problem behaviour. Educators on the other hand believe that teaching children good morals, values, life skills and discipline should be grounded by parents at home and be reinforced and emphasized by them at school. The formation of an educator, learner and parent relationship is vital for mutual understanding of the behaviour of the learner and mutual agreements pertaining to the nature of discipline to be instituted.

According to the proponents of the theory of change, understanding how to solve problems requires understanding how problems are created and maintained. It is their

belief that ultimately the attempted solution becomes the problem and that it is this so – called solution that must be changed if the problem is to be solved (Becvar and Becver, 1996). The theory of change described how the therapist facilitates change and client creates a new context in which old, problem – saturated stories are deconstructed and new solution focused stories are authored by clients and therapist through mutual interaction and feedback (Becvar and Becver, 1996). This occurs in the process of respectful dialogue in which situations may be perceived differently and thus are reframed.

Parents need to be engaged in dialogue to recognize alternative methods of discipline and to recognize children’s rights. Engaging children in a therapeutic relationship that would facilitate dialogue around issues that are challenging and facing children is a vital process.

4.2.5 CHILD ABUSE

One participant explained with tears how an employee of the Department of Health sexually abused her 7-year-old girl. That experience had taught her to engage in talks with other women in her church about child abuse and HIV/AIDS.

The participant elaborated on the processes involved and the trauma she endured in the case of child abuse management as follows:

This is the story told by Mbali, a 35-year-old mother of four children residing at Nkonjeni area in Ulundi:

“My eight year old girl was sexually abused by a neighbour, who was employed by the Department of Health. The girl was staying with her paternal aunt in section D at Ulundi. This man gave her lift from school and raped her at his home. We have been through the court processes and went to HIV/AIDS testing and my child was tested HIV negative and I thank God for that. Social Workers from Pinetown also assisted with

counselling. This ordeal has been traumatic to the whole family and it taught me lot information and I have gained very painful experience. I have decided to return my child back to my custody. I have decided to teach other parents in my church about the importance of child abuse prevention”.

Nonhlanhla, a 39-year-old woman and mother of three children residing at C-section reports:

“We are so shocked by the number of children and older persons who are raped each and every day. We hear it over the radio news and there is a belief that having a sexual intercourse with a virgin will cleanse HIV/AIDS. It is not safe for our children in the neighbourhood and at schools.

Nokuthula, a married woman of 38 year old residing at Mbilane in Ulundi said:

“I am applying a very strict parenting method because I want to protect my own children against drugs, sexual abuse and HIV/ AIDS. Here at home my children are not allowed to leave the house after four afternoons because we want to protect them from drugs, sexual abuse and HIV/AIDS. In this neighbourhood we have experience sexual abuse of a teenage that was in a party”.

Child abuse is currently the major focus of much public concern all over the world but parents and caregivers start to acknowledge child abuse as a problem when they personally experience abuse within their family members. Prevention and early intervention on child abuse cases is very important for prevention of contracting HIV/AIDS, sexually transmitted diseases and teenage pregnancy. Child neglect is another factor of child abuse highlighted in the discussions or interviews. Children are left on their own, without parental supervision and parents often visit or come once in a month. The study on Child Sexual abuse in sub Saharan Africa conducted by Lalor (2002) found that 5% of the sample are predominantly penetrative sexual intercourse during their childhood and concluded that 8% of children in high HIV- incidence countries in

Southern Africa will experience penetrative sexual abuse by HIV/AIDS infected partner before 18 years of age.

Larsen, Chapman and Armstrong 1998 (cited in Pierce & Bozalek 2004) described the work of a team at Eshowe Hospital KwaZulu-Natal. Ninety-nine cases of child sexual abuse were encountered there between 1985 and 1995. The results from 91 of these cases are presented (87 females and 4 males). In many (34%) cases, the perpetrator was not identified. The large category of known perpetrators was neighbour/acquaintance (41%), with fathers accounting for about (6%) of perpetrators and other family members accounting for another 6% of perpetrators. Most worrying, a large number of children (65%) were suffering from sexually transmitted diseases (STD).

Madu and Peltzer (2000, 2001) surveyed 414 secondary school students from Northern Province, South Africa (ages 14- 30 years) with a mean age of 18.5 years regarding their experiences of contact sexual abuse before age 18, with an adult or person at least 5 years older than a child or a person in a position of power. The study reveals that students were experiencing contact sexual abuse before the age of 18 years. Usually, the prevalence rates for all ethnic groups are high, 336 sampled blacks found 172 numbers of reporting contact sexual abuse and with 51.2%. 51 sampled whites had reported number of 39 sexual abuse cases (76.5%) and 10 sampled coloureds had 9 reporting contact sexual abuse with (90%). Sixty-five of the 414 respondents (15%) had experience of oral, anal, or vaginal intercourse or had fingers or objects placed in their anus or vagina. Sixteen respondents (3.86%) indicated that the sexual intercourse was done by force. The researchers attributed this abuse to parents (migrant workers), high numbers of stepfathers, unaccompanied or street children, and poverty (enabling entrapment of children with the lure of gifts).

The crux of feminist's views is that sexually abusive behaviour is fundamentally male behaviour (Dale et al 1996, Macleod, Saraga, 1991 cited in Hoghughi, Bhate, Graham, 1997). Male dominated society renders women and children powerless and portray them

as possible and desirable sexual victims (Hoghughi, Bhate, Graham, 1997). Males grow to see themselves as superior and in control of female's lives.

Becvar and Becvar (1996) analysed the systems theory by describing what is happening in a system and therefore ask such questions as, which are members of the system? What rules and roles form the boundaries of the system and distinguish it as separate from other system? What are the characteristic patterns of interactions in this system? We attempt to define the degree of openness or closedness of these boundaries that is how freely is information able to be transmitted into and out of the system? We look at the balance between stability and change. The systems theory acknowledges that the history is providing an important part of the context of a system and the main focus is on the present and here and now rather than on the past.

The family systems perspective views the family experiences as the factor that shapes and sustains abusive behaviour. Family interactions and relationships determine and shape acceptable and unacceptable behaviour in the society. As members of the family grow and develop, maintenance of stability in a functional manner may require that the system allows for change at various points in a family's life cycle. Changes that would bring positive and negative behaviours may be anticipated in a family. The chaotic families are characterised by frequent crisis, children's relationships are poorly defined, boundary setting is inadequate, and feelings are inadequately defined. Rigid families are where patterns of family are rigid with inappropriate parental expectation, severe punishment, poor communication and excessively strict rules about sexuality (Hoghughi, Bhate, Graham, 1997).

4.2.6 HIV/AIDS AND TRAUMA

This category is drawn from an interview with a woman, who was very sick and as she discussed her health it appeared that she has numerous symptoms, which are HIV/AIDS, related. The respondent mentioned the following symptoms, constant headaches,

diarrhoea, heavy weight loss and ulcers. Her husband died after a long sickness which they associate it to the belief that other family members bewitched him.

The parent was interested and looking forward to securing the disability grant. According to her it is rumoured in the area that it is difficult to secure a disability grant, and due to that speculation, she was discouraged to apply for the disability grant. She cited how she has been in and out of hospital for a long time.

Nokwezi, a widow aged 49 and a mother of one child residing at K- section

"I am very sick and I will try to talk but I am not well, I've been in and out of Magwaza Hospital in Melmoth. The problem currently is the meningitis and I am taking treatment for it. I have lost my husband last year due to lung infections and family conflict started because family members bewitched my husband. Even my son committed suicide inside the toilet shortly after visiting the extended family."

The participant also suffered a lot of stress and trauma associated with the death of both her husband and son and was battling along in life. During the course of the interview the respondent was frail and was from the hospital. When asked the causes for her sickness, she reported running stomach, a migraine and heart failure. There is a strong belief that the extended family members bewitched the family. The relationship between the respondent and the in-laws was broken due to disagreements over the cause of death. The plans for subsequent intervention failed due to her death. The death of the husband of the respondent and the death of the respondent might be possible that they died of HIV/AIDS, based on the fact that symptoms that affected the respondent are AIDS related. This family was categorised as experiencing high levels of stress. In an attempt to understand the appropriate intervention to the above-mentioned case, the stage model would be appropriate.

4.2.7 SUBSTANCE ABUSE BY LEARNERS

Substance abuse category refers to learners who buy liquor from the respondent and high incidents of children drinking alcohol and disrespect adults. The respondent highlighted the fact that learners buy liquor from her after school hours. Learners are reported that they utilize injections when taking drugs and this might lead to learners sharing one needle and that could increase the possibility of HIV/AIDS infection.

Londeka, a 30-year mother of three children residing at Thokoza area in an informal settlement reported:

“The main problem I have seen with learners, they come during break-times and after school to buy alcohol that we are selling. Some do return to school and some don’t. We sell alcohol because we want money to support our families.

Nonhlanhla, a 39-year-old unmarried woman reported:

“In Gauteng province, children don’t respect adults and indulged in drug and alcohol. We also experienced a growing number of teenage pregnancies and child abuse especially in squatter camps.

Nhlanhla, a 45 -year -old married man reported:

“I am concerned about the manner or children behaved despite numerous efforts to raise consciousness on HIV. The major problems we as parents encounter are substance abuse and teenage pregnancy. Once they are drunk they do all sort of wrong things. Our children do not want to comply to our family rules”

South Africa, like other parts of the continent is experiencing the major challenge of learners taking alcohol and drugs in and out of schools. The level of alcohol and drug intake is frightening due to the fact that the high numbers of children taking alcohol and drugs are primary schools. This raises serious concerns about poor academic

performance and the doomed future of these children. It has been generally speculated that, street vendors sell alcohol and drugs mainly dagga and mandrax to learners.

A qualitative investigation of adolescent's attitudes towards smoking and alcohol and drug use was commissioned by Department of Health and Welfare services in Piet Retief in 1999. In –depth interviews were conducted with adolescents and the study revealed the following:

- They had weekend parties where alcohol was used extensively. Beer and wine were considered 'un – cool" although girls were more likely to drink these beverages than boys. Boys preferred whisky, brandy, cane, vodka and also some cocktail mixes. Alcohol was bought from sheebens and liquor stores or taken from parent's supplies without parent's knowledge. Alcohol was sometimes smuggled during school functions, was used to forget problems with parents because it "knocks me off quickly", because it makes me easier to ask for or force sex, because of peer pressure and because of boredom.
- Nearly all boys (estimated 80% and more) and many girls smoked at parties. Dagga, at R10.00 a small plastic (or R6.00 a matchbox, was readily available and also smoked.
- No real education was received on alcohol, smoking or the use of dagga and other substances (Department of Health and Welfare, 1999, p. no. 20).

Mthembu (1989) conducted a study that was aimed at identifying the perceptions of alcohol by black adolescents at Esikhawini Township in Mpangeni. The study was conducted in two secondary schools with 180 participants. The findings of the study revealed that both sexes of adolescents are comfortable in drinking among people of the same sex. Both of the sexes showed positive attitudes about drinking:

1. Drinking alcohol is for relaxation.
2. Drinking alcohol is part of holiday activity.
3. Drinking alcohol is fashionable

4. Drinking alcohol makes friendship with opposite sex
5. Drinking makes one to be clever
6. Drinking alcohol associated with rich

The majority revealed that the excuses for drinking alcohol were

- Lack of communication with parents
- Overcrowding at home
- Lack of recreational facilities

Morojelke, Brook, Kachieng (2005) conducted a study on the perceptions of sexual risk behaviours and substance abuse among adolescents in South Africa. The study examined the South African adolescent's belief and attitudes regarding drug use, sexual risk behaviour and relationships between two behaviours. The results revealed that males in particular reportedly refrained from condom use to avoid dampening the pleasure of sexual intercourse and engaged in sex with multiple partners due to the perceived thrill of the behaviour. Female's main reasons for engaging in sexual risk behaviour were reportedly due to their desire to please their sexual partners and their inability to say no to males sexual advances for fear of being rejected or beaten. Some girls were believed to deliberately refrain from condom use to fulfil a desire to conceive.

The theoretical explanation of behaviour of adolescents abusing alcohol is attributed to the attachment and ecological theories. Klaus and Kennel (cited in Manaka –Mkhwanazi, 1997) describe attachment as a unique relationship between two people that is specific and endures through time and bonding and on the other hand refers to an affectional attachment between mother and infant and it promotes survival. According to the attachment theory formulated first by Bowlby (1973) an infant is genetically programmed to behave in ways that have the probable outcome of contact with his caregiver. The human infant will feel more secure and protected when close to his caregiver. The infant forms attachment with a biological mother and later with other people in his or her environment.

Attachment theory views adolescent alcohol abuse as the failure of developing and maintaining attachment between the parents and children. This would further mean that an alcoholic adolescent grew up in abusive and neglected family where parenting functions were not fulfilled and where children were not supported and nurtured appropriately. This could imply that there has been no bond or connection in terms of the provision of developmental needs of the children. Hione, Brandon, & Schofield (1999) asserted that the attachment theory provides for the conceptual tool that helps to classify and make sense out of behaviour. Furthermore, the attachment theory views the connection underpinning the organising role.

The ecological theory examines the dynamic interactions between the individual and the environment. The central premise of the ecological model is that the individual and the family are intertwined in a social and cultural environment, which exerts influences upon their functioning and development.

The ecological framework views the alcoholic behavioural problems from the systems perspective, that the alcoholic adolescent interact and connect with peers, family members and the poor relationships among sub-systems. Bronfenbrenner, Garbarino 1980, 1977, (cited in Belsky 1984) asserted that the micro -system includes the parent and child in the situation. The micro- system is a factor that contributes to behaviour within an immediate environment of the child, which includes the nature of the family setting, the nature of the spousal relationship and the antecedent's incidents that may trigger instances of abuse. At this level he describes what takes place in the context of the immediate household. Many influences that may cause child abuse are often found in the family. Belsky (1984) however felt that Bronfenbrenner's (1979) model fails to account for the individual differences that parents bring with them to the micro-system in which their children develop.

Meso- system characterised by child and parent in dyad are embedded, including network of relationships and institution where parents and child are socialised.

Macro- system is an overarching structural element within which the meso-system and exo- system exist. Belsky (1984) asserted that the macro-system consist of the larger cultural fabric in which the individual, family and the community are extricably interwoven. The use of alcohol and substance abuse has been widespread in our society on the family level and in schools. At the school level abuse of alcohol is a major problem that has influence on anti-social behaviour, crime and high failure rate.

The systems theory had been criticised for failing to pay attention to gender- related issues in theory and practice. Nicholas and Schwartz (cited in Becvar and Becvar, 1996) criticised the systems theory on the following grounds that firstly it failed to consider the larger context when describing the family dysfunction. Secondly it failed to adhere to the notion that all parties to the problem have contributed equally and thus share equal responsibility for that problem. Thirdly continuing to view mothers as the source of pathology in families and lastly assuming a neutral stance vis-a –vis families. Advocates of the feminist perspective have suggested the inclusion of discussions of gender-related issues in therapy, self-disclosure regarding the therapist’s biases, and an emphases on the strength of women, their individual needs, and the ways in which women may be empowered (Avis 1988, cited in Becvar and Becvar, 1996).

The findings reveal that a woman is selling alcohol to learners. It is important to make women realise that they play a crucial role in the upbringing and social development of children. Empowerment of women on effects and causes of substance abuse will assist in teaching children the appropriate behavioural practices. Parents need to play a proactive role in preventing selling of alcohol to children by reporting to relevant authorities people that are selling alcohol to under age children or school going children. This could be effectively addressed in community policing forums, because this is regarded as an offence.

4.2.8 CONSTRUCTION OF MALE AND FEMALE SEXUALITY

The new South Africa has given every citizen of this country the right to freedom, which is based on values and norms of all cultural groups. The human rights approach has advocated for the equal rights for males and females. The participants revealed the following:

Zabanguni, a 59-year-old woman and grandmother residing at Ntendeka under Mpungose tribal authority said:

“Historically in a Zulu traditional home or village, girls and boys were raised in a way older people believe it was good than in nowadays. Girls use to have a Headgirl (Iqhikiza) who use to teach young girls about sexuality and bodily developments and virginity testing was practiced in the whole village”.

“Boys also had a structure called (izinsizwa) responsible for the nurturing of boys until adulthood. Now the country is regarded as a modernized society sorely where all those cultural practices are no longer practised by the youth of today.”

A case study conducted by Mankayi and Shefer (2004) asserts that sexuality is constructed differently within historical, social and cultural contexts, which frame sexual identities and practices. Furthermore sexuality has been a focus of construction of masculinity, which has inadvertently marginalised men and boy’s experiences and vulnerabilities and created a blame discourse in which women are viewed as responsible for the spread of and mitigation of HIV/AIDS. Mankanyi and Shefer (2004) suggests that discourse analyses will assist in identifying alternatives, challenging discourse that might assist men and women in developing more appropriate sexual practices, particularly within HIV/AIDS which demands a more responsible sexual behaviour towards stalling the continued spread of HIV/AIDS.

Women on the other hand are also different from men and have active sexual desires and potential for sexual fulfillment, which emerges through the construction of male sexuality as dependent on women's responsiveness. The case study suggests a paradigm shift towards re- thinking and re- construction of sexualities and gender and facilitates equitable, safer and mutually pleasurable relationships of intimacy between men and women (Mankanyi and Shefer, 2004).

Presently there is a debate around the ethical grounds of virginity testing, as manifested by the recent parliamentary announcement to cease the practice, as it is believed to be in conflict with human rights. In northern Kwa- Zulu Natal virginity testing is practised in various forms of cultural celebrations or ceremonies, for example the Reed dance at the King's royal residence in Nongoma.

Feminist theory views that the socialisation and gender stereotypes in formative years of boys and girls as factors that determine gender imbalances in human development. Boys and girls are taught to identify themselves in masculine and feminine roles. Patriarchal values view males as superior and grant greater privileges to boys. Boys will be encouraged to pursue academic careers that include physical science, maths and economic studies whereas girls will be encouraged to choose helping and caring professions and choose biology, geography and history studies.

In contrast some argue the human development is seen as driven by broader socio-historical and cultural forces (Wersh, Rio, Alvarev 1995 cited in Meares & Fraser, 2004).

4.2.9 MIGRANT LABOUR

Two of the participants were employed far from Ulundi. The absence of parents has an impact on the academic and social development of the children. The movement of parents to cities for economic reasons compromise their parental responsibilities including child nurturing and academic support. Separation of parents from their children also diminishes

the family values and norms. In one interview it transpired that parental responsibility shifted to older siblings

Muzi, a married man blessed with four children and residing at C-section said:

“I could not find job here in Ulundi and manage to secure job in Mandeni. My children are left alone; my wife and my last child are here with me. I only visit them once a month during my payday. My eldest son is responsible for the family in my absence. He is in grade 10 at Masibumbane high school.”

Nhlanhla, a 45-year-old man with five children and residing in B South section at Ulundi said:

“I am working as an information technology operator at Pietermaritzburg. My wife is a clerk at the Department of Health at Ulundi. Working in Pietermaritzburg is financially strainful because I had to pay for the expensive rent in the flat I am presently occupying and transport cost are very expensive”.

“Nonhlanhla, a 39-year-old and a mother of three children residing in C section in Ulundi said:

“I live here in Ulundi and I am employed as a waiter in the hotel at Carlton centre in Gauteng. My mother is taking care of them in my absence. I normally visit home on bimonthly end and on holidays”.

Posel (2003) conducted a survey, which aimed at exploring the coverage of labour migration in four national questionnaires in South Africa namely the Project for Statistics on living standards and development (1993), the National Census 1996 and 2001, the October Household Surveys (1995-9) and the Labour Force Survey (200-1). The survey concluded that circular or temporary labour migration has been an integral part of South Africa’s history and economic development. Posel (2003) suggested that whether and

how this migration is changing (e.g. in response to dropping of influx control, increasing unemployment and the rising incidence of HIV/AIDS) and the implication for the rural households access to resources are surely important questions to examine.

4.2.10 POVERTY AND UNEMPLOYEMENT

Six respondents were unemployed and still live below poverty line. Poverty has been the main factor depriving them in many ways of exercising their rights. In South Africa poverty levels have grown because of industrial retrenchments. Compared to high growth rates in the 1960s and early 1970s, the two decades from 1973 had seen a steady decline in South Africa's economic growth, decreased nett investment, rising unemployment, falling average real wages, and high levels of poverty and inequality. Physical and social infrastructure – housing, health, education, sanitation, water, electricity, and welfare- for the majority population was dismally inadequate (Gumede, 2005). The National Government has initiated strategies aimed at alleviating poverty, inequality, unemployment and stagnancy (Gumede, 2005). A number of programmes have been in place to address and alleviate poverty in South Africa. The RDP programme was introduced as a mechanism for poverty alleviation. The Department of Social Welfare implemented the poverty alleviation programme. The ASGISA (Accelerated Shared Growth Initiative for South Africa) is another strategy that is aimed at poverty reduction and economic growth and development. The strategy is aimed at assisting previously disadvantaged groups that involve women, youth and disabled people to initiate businesses, to engage them in Arts and Culture, Construction and tender system.

Six of the respondents were totally unemployed whereas 3 of them were employed but earned poor salaries. One participant could not work because of ill health. Two participants were recipients of the old age grant, which could not be distributed fairly to the needs of the whole family, one participant was unemployed but survived by selling traditional beer in the streets, and the family survived because of the income from selling beer. The participants revealed the following:

Nokhwezi, a 39-year-old woman and a widow residing at K section said:

“I was very ill and have been in and out of hospitals. I was working for Doctor Mashiyane and could not carry on with my domestic work because I was too weak. I’ve been an in-patient at Kwa – Magwaza hospital. At the present moment I am not working and have never tried to apply for the disability grant because of many stories that circulate around my area. Somebody told me that I do not qualify for a grant and I have not made any attempts to apply for a grant.”

Londeka, a 30 years mother of three children residing at Thokoza area in an informal settlement reported:

“I am selling Zulu beer in the streets so as to support my family. Sometimes my beer is not purchased and I cannot get money on that day and sometimes I make the profit of R50 per day, which is not enough for the survival of my children. The father of my children deserted the whole family and lives at Melmoth.”

Muzi, a married man with four children and residing at C-section said:

“I am working for Sappi Company at Mandeni and the salary is too little but is better than not working at all. I often visit children during month ends and ensure that food, clothes and schools needs are met. I am staying with their mother because she has to cook, clean and wash for me.”

Job migration is another measure towards alleviation of poverty and it contributes to child neglect. Job migration has affected a number of families during the apartheid era. Some parents have left children and are employed as labourers in Mandini Industrial areas. Children are left on their own and older children are expected to assume the parental responsibilities in the absence of the natural parents. Other respondents are employed and perform jobs that earn them little income. The area where the research was conducted does not have industrial areas. Another respondent relocated in Mandeni

and worked in Sithebe Industrial area. His wife also lived with him. This has led to the rise in job migration where people leave their households and seek jobs in towns and cities. Job migration has diminished the values of the family given the fact that children have to grow on their own without parental supervision and care.

The false-paradigm model to development would attribute poverty and underdevelopment to faulty and inappropriate advice provided by well meaning but often uninformed, biased, and ethnocentric international expert's adviser from developed countries, agencies and multinational donor organization. The False-Paradigm model assumes that the experts offer sophisticated concepts, elegant theoretical structures, and complex econometric models of development that often lead to inappropriate or incorrect policies (Todaro & Smith, 2006). The false-paradigm model attributes unemployment and poverty to international experts who draw up policies for the country without knowledge or experience of the ideal South African situations.

Social reaction model to poverty emphasizes that for many millions poverty and social exclusion are the consequences of social barriers and these barriers are institutionalised in much contemporary social policy and administration and built upon foundation of hostile, social attitudes, individual prejudice and discrimination. Becker (1997) suggested that to conceptualise poverty, there is a need for rejection of dominant paradigm that construct poor, as a group, which are different to the non-poor. We need to conceptualise and understand that poverty of individuals within these groups as consequences of social reaction, social attitudes, institutional structure, barriers of professional practice which label people with little money and little power as different, which then devalue them, deny their equal rights, opportunities and push them to being poor.

These theories take the view that society, in its attempt to organise its social, environmental, economic and political spheres, creates poverty or makes certain kind of people more vulnerable to it. This would mean that certain groups in society such as racial minorities, may become impoverished because they are deprived of equal opportunities for education, job, and income or women, because they generally receive

less pay and have fewer chances of advancement, or individuals who cannot advance in their jobs and thereby acquire better earning and living standards.

The basic premise of conflict theory is that opposition between various groups in society causes poverty. There are those who have and want to maintain their wealth, power, privileges and other rewards at all cost. Individuals or groups of individuals become impoverished because they are prevented by those who own such desirables from acquiring them. Some hold the view that male dominance is responsible for the high level of poverty among women, and that attitude towards the disabled are what cause the high poverty rate among such members of society (Bezuidenhout, 2004)

The study on poverty, livelihood and food security strategies employed households in two villages located in the Eastern Cape and was conducted by Fraser, Monde and Averbek (2003) found that the depth of poverty was severe and household food security was under threat due to the fact that poor households spent more than 50% of their income on food alone. Improving food security by developing agriculture is the strategy that should be given a priority because most rural households have some knowledge of farming and access to some agricultural resources (Fraser, Monde, and Averbek, 2003).

It is the responsibility of parent to financially support their children so that their basic needs are met. The findings of the study reveal that some parents are not employed and some earned little income and find it difficult to support their children. It is important to link unemployed people to community leadership so that they can have information on different programmes offered by different Departments towards poverty alleviation initiatives. It is the responsibility of Departments that are custodians of community development to market their services to the unemployed and provide capacity building. Parents need to realise that their participation in poverty alleviation programmes will generate their financial resources and be in a better position to support their children. When the basic needs of children are met, we anticipate that children will be educated and be financially independent and that will break the cycle of poverty within families.

4.2.11 KINSHIP CARERS

Three respondents stay with their relatives. These children are placed in the custody of blood relatives due to inability of biological parents to cater for their basic needs. The kinship placement is done in an informal way.

Nokuthula: a married woman of 38 year and residing at Mbilane said:

“Sibongile is my sisters child, we decided to stay with her because my sister is unemployed and the high school is far away from their home. She has been travelling long distances to and from the school. We were concerned about the child’s own security because we have heard children being raped and abducted on their way from school.”

Gugu: a 38-year-old woman who resided at section D in Ulundi said:

“Senzo is my sister’s child. He and his younger sister have been staying with us. We decided to stay with them because my sister was sick and could not manage to look after her children properly. Senzo’s younger sister no longer stays with us because we discovered that she is HIV positive. We had fears that, she might infect our own children and decided to take her back to her mother. My biological mother is attending to their medical needs.”

Zabanguni, a 59-year-old woman and grandmother residing at Ntendeka under Mpungose tribal authority said:

“I am a maternal grandmother to Lungelo and his biological mother was married to another man and left the child my custody. I am receiving pension. I am also staying with my husband who had suffered two attacks of stroke and is in a critical condition now”.

Nonhlanhla, a 39-year old mother of three children residing in C- section at Ulundi said:

“My mother takes care of my children because I am working in Gauteng as a waiter in Carlton Centre and had to look for job because the biological father of my children

refused to pay maintenance for children. The attempts to secure the maintenance order through the court were in vain”.

Informal kinship is the common model of child care within traditional societies. Parents decide upon the placement of children if the need arises to remove the child. In most instances children are removed on the following grounds, the natural parents whereabouts are unknown, death of one parent, domestic violence, inaccessibility of schools, abandonment, neglect and biological parents mental and physical ill health. Children are removed and placed without any form of special training or professional support. Kinship Carers rely heavily on their basic knowledge of child rearing practices. Some of them encounter challenges regarding parenting and require some form of training on parenting relative’s children.

Petty (2000) conducted a study on adapting a western model of filial therapy to a locally specific form through a participatory process with kinship carers. This is the training programme designed to provide kinship carers with the opportunity to try out parenting skills. It combines educational inputs and dynamic interaction with other group members. The study found that group members had benefited from the support that members received from one another. The group had provided members with an opportunity to exchange ideas on how to manage their problems, relief of knowing that others had experienced similar concerns and had dealt with problems successful, they gained encouragement to tackle their problems and gained information.

4.2.12 CHILD-HEADED HOUSEHOLD

One respondent said that his children basically lived in child headed household. Parents are working in Mandeni. Children are left on their own. The eldest child is in grade 11 at Mbilane High School. He is responsible for the basic and educational needs of other siblings. Parents visit home on month ends or if they had received their salaries. The eldest child is tasked with numerous responsibilities that parents should have performed. He had assumed the role of being a father figure in this family whilst he has to attend to

his academic studies. On the first interview with the learner it appeared that the learner is heading the family in the absence of the parents. They are not represented in school governing body meetings. He cannot attend to school governing body meetings because he is the child.

Muzi, a 42-year-old married man stays in Mandeni said:

“I live at C section in Ulundi and spend most of my time in Mandeni, where I am currently employed as a labourer at Sappi forestry firm. I stay at Mandeni with his wife and the younger child. The three children lived at Ulundi without parental guidance and supervision. Bongani, the first child is responsible for the social and educational needs of the siblings.”

Desmond, Richter, Makiwane and Amoateng (2003) argued that there are a number of different household situations, resulting from the loss or absence of parents that are captured in the term child-headed household but which place children at risk.

Moreover the distinction needs to be made between child-headed household and adolescent headed household Foster et al, 1997 (cited in Desmond, Richter, Makiwane and Amoateng, 2003). While adolescents up to the age of 18 are themselves children in terms of the constitution no 108 of 1996, the nature of an appropriate response to households headed by pre-adolescent children as opposed to adolescents, may be different in a number of respects.

The response of the Department of Social Welfare on child headed – household has been limited, due to the fact that community and home based care programme are under resourced and making it difficult for orphans and child headed families to access appropriate services. Special attention needs to be drawn to child headed households whose parents are alive and due to migrant labour system left children on their own. These children are vulnerable and at risk of numerous factors and need assistance and supervision.

Thurma, Snider, Boris, Kalis, Mugarira, Ntaganira, Brown (2006) conducted a study on psychosocial support and marginalisation of youth-headed household in Gikongoro in Rwanda through the examination of social support and marginalisation. A total of 692 interviews were completed with children of ages 13 to 24 and who participated in a basic needs programme. The study reveals that:

- 60% of youth reported there was no one they could go to with a problem
- In times of need only 20% felt relatives would help them, while 5% felt neighbours would offer assistance.
- Most youth reported significant caring relationship
- 73% reported access to trust adult who offer them advice and guidance and most indicated peer relationship
- 80% felt rejected by the community
- 57% felt the community would rather hurt them than help them

It is a reality that child-headed households are the major challenge in African countries. It is quite disheartening to note that most children from child-headed households encounter secondary abuse from the community members.

This chapter has been analysing data and discussed the findings obtained from ten respondents in relation to relevant previous studies and theoretical background. The next chapter focused on the conclusions of the study.

CHAPTER FIVE

CONCLUSIONS

5.1 INTRODUCTION

HIV/AIDS in schools is a multifaceted phenomenon, affecting the individuals, the family, the school and the community. Addressing HIV/AIDS in schools calls for understanding of multiple factors that could spread the disease within school premises, for example sport injuries, sexual abuse and teenage pregnancy.

5.2 THE CONTEXT OF HIV/AIDS

Morales and Sheafor's (1995) eco-systems model attempt to integrate the various components contributing to HIV/AIDS. The original theory of Bronfenbrenner (1990) divides the ecological space of the individual under study into three spheres namely the microsystem, the macrosystem and the exosystem. The model proposes four levels of interaction, namely the ontogenic development.

5.2 1 THE ONTOGENIC LEVEL

The ontogenic level is concerned with what the parent brings in the situation that is the child – parent interaction. This includes factors such as parental histories, their developmental level, their feelings towards their children, their understanding of child development and parent mental health. The study reveals that number children resides with parents talk to their children about their own development especially during puberty development. Parental influences on children shape children behaviour. Parents play a major role in developing a positive relationship and effective communication that would facilitate open discussions around sexuality and on factors that have direct effect on human sexuality.

Makhanya (1993) conducted a study on exploration of sexuality education as experienced by black adolescent in a peri-urban area where ten adolescents attending a youth health centre were selected as a sample in the study and the findings reflect that:

- Friends are influential sexual educators
- Adolescents were found to be able to use social skills learnt from sexual education effectively in contending peer-pressure.
- The school based sexuality education as well as the information provided by the people of the youth centre are the only source of accurate sexuality education for black adolescent in that peri – urban area.

5.2.11 THE MICROSISTEM LEVEL

The microsystem involves the immediate environment of the child that is the family setting, family size, and the relationship between the parental sub-systems. Most parents are single parents and widows; this could have negative impact on child rearing practices. The study reveals that the family construct the gender qualities of female and male children. The family is also responsible for child protection Cultural practices associated with upbringing of children.

The present study found that children head some households in the absence of parents who are away because of employment. These children are left on their own without parental supervision. Children raising other children could have challenges for managing the home whilst still very young. In some families the parental responsibility relies on the grandparents because their children are deceased. Grandparents still believe in primitive parental methods of child development and discipline.

5.2.111 THE EXOSYSTEM LEVEL

The other family is an intact family but the parental sub-system is physically abusive. Children in this family might grow up very sad and fearful of their abusive father. Basic to the understanding of ecological approach to human development is the recognition that the individual and the family are embedded within the larger social units. The family is embedded within extended families, the community and the economic structure. All these structures have an impact on the family. This is called the Exosystem. The exosystem factors that play a role in HIV/AIDS and the influences they exerted on the microsystem of the family are learning and teaching of HIV/AIDS, knowledge of HIV life skills offered in schools and poverty and unemployment.

30% of parents attend school governing body meeting, where the HIV/AIDS life-skills was launched and gained a better understanding of HIV/AIDS policy implemented in schools. 80% of parents were not part of the initial launch of HIV/AIDS policy in schools. Although these parents were absent in the launch of HIV/AIDS they are aware that their children learn HIV/AIDS in school because children talk to their parents about it. Some parents understand the content of life skills offered in school. Attendance of parents in school governing bodies meetings is still a major problem in schools; parents do not understand the importance of parent – learner – teacher relationship. The triadic relationship is significant in communicating academic and social problems experienced by the learner in school and at home.

90% of parents agreed that their children should be taught HIV life-skills in schools. The finding differs from the initial assumption of the researcher that parents did not want their children to be taught sexuality in schools. Parents discussed problems associated with sexuality such as drug abuse, sexual abuse and HIV/AIDS. 10% of parents believed that parents and primary caregivers should teach life-skills at home. Parents should engage in discussions and discourse about

sexuality at the early stages of child development and educators should teach learners life-skills in various activities within school. Life orientation subject should be taught in all phases and be integrated in various programmes in schools for example in arts and culture programme learners should understand that materials used could harm them and therefore any blood should be managed properly with the universal precautions.

The number of parents agreeing to teaching and learning of HIV/AIDS life skills indicates that parents believed that the school could mould the behaviour of their children. Parents could not indicate how they could support the schools in implementing life-skills programme.

30% of the respondents believed that the abolishment of corporal punishment contributed to behavioural problems and failure to discipline children. Children's rights are perceived to have caused children to disrespect parent's rules and school rules. Parents who were brought up in the ancient times believed their parenting skills which included physical punishment produces children that possesses good morals and values than children in contemporary South Africa who are not respecting adults and not disciplined.

60% of respondents were not employed and this has direct impact on responding to the holistic needs of the children. Poverty and unemployment can be associated with family frustrations and economic hardship. Parents who are unemployed are often faced with stress and depression and the sense of powerlessness. Frustration could make parents who are unemployed fail to adhere to parental duties. Children could contract HIV/AIDS from the belief that children want money from older men and engage in sexual activity for favours. Sexual abuse may result from parents and caregivers who are unemployed who may have lot of time to spend at home in constant contact with children. Sexual abuse might contribute to HIV/AIDS infections. 20% of respondents were formally employed and gainfully employed. 20% of respondents were self-employed.

5.1.1V THE MACROSYSTEM LEVEL

The macrosystem is the outermost layer that interacts with the other three spheres. The macrosystem consist of the larger cultural fabric in which the individual, the family, and the community are interwoven. In this study some parents believed in olden times, they had wide choices regarding parenting and methods of disciplining and treating children. The New Constitution of South Africa, Act 108 of 1996, has spelt the rights of children, which must be honoured and respected by all citizens of the country. Parents believe that the rights of children had given children more liberation in their lives. Children are perceived to have misinterpreted the rights and responsibility attached to it. Discipline at homes and schools is the main problem highlighted by some parents as consequences of children's rights. The department of Education has banned corporal punishment in all schools. There is a general complain that there were no formal strategies replacing corporal punishment, this caused parents and educators to continue utilizing corporal punishment that is against the Constitution of the country.

Sexualities of children have been constructed within cultural context and religious context. Some parents believe that the traditional practices that promote gender construction were useful in primitive times. These practices taught youngsters good methods on their behaviour, sexuality education, guidance on relationships and respect. Communities no longer use culturally based support structures to construct sexuality in their youth. Problems of teenage pregnancy, substance abuse and unruly behaviour by youngsters are associated with lack of support structures that culturally promote good morals and values.

One parent reported that the child was sexually abused on her way back from the school. The experience has taught her the importance of promoting child abuse awareness in different levels of her community. Furthermore, she learned more about the importance of child protection and parental responsibility. It is sad to note that despite numerous attempts to address child abuse, the incidents of child

abuse increases everyday. It seems that parents clearly understand the phenomenon of child abuse only when they had direct or personal experience. The experience they had does not reverse the trauma that abused children endure. 20% of the respondents highlighted the fact that children are raped on daily bases; they got information over the media and in their area.

One woman seriously ill during the interview session and her husband was already dead and her son committed suicide. During the interview she coughed a lot, complained of headaches and could hardly sit on the couch and she was recently released from hospital. Her husband died from lung infections and strongly believed that the relatives from her extended family bewitched him. This respondent died shortly after the interview. There is a continuous complaint from the people at grassroots level that people who are at stage four of AIDS, are not receiving adequate services from the Department of Social Welfare in terms of the application of the disability grants. The respondent had tried on numerous occasions to apply for the disability grant but was not successful.

50% of the respondents mentioned problems with alcohol and drugs. The main argument was that substance abuse decreases the level of responsibility and increases the risk of HIV/AIDS infections. Most of these drugs abusers are school children that are supposed to have good conscious minds so that they assimilate knowledge and information for their studies. In my experience as a school social worker, I have seen drunken children stabbing other children and educators, disrespecting educators, bullying other children and abusing children. I had dealt with cases of girls that were gang raped in social parties and some eventually conceive babies that were fatherless because rape took place when the victim was too drunk to remember who the perpetrator was.

Sancho (1994) conducted a study on an investigation into the development of strategies for primary prevention of substance abuse among adolescents. The study

collected data from the sample of 24 participants from different professional background and experts in the field of substance abuse. The study found that

- The extent of drug education services were extremely limited and in some schools possibly non-existent.
- The drug education in the local context followed more traditional approach where outdated pedagogical methods of instructions were used

The above-mentioned findings indicate the urgent need to develop turnaround strategies that would mitigate the high levels of substance abuse among learners in schools.

Two parents believed that the gender construction of males and females is very critical in shaping the development of children. The methods of socialising children play a major role in nurturing children and building their choices in the future.

The study conducted by Madlala (1999) on demonising women in the era of AIDS, analysed the gendered construction of HIV/AIDS in KwaZulu – Natal. The focus of this study was on the gender patterning of AIDS, with ethnographic data drawn from extensive field experiences at ST Wendolins, a peri-urban settlement in the Marriahill district of Durban. The study revealed that

- Promiscuous behaviour and unsafe sexual practices were often rationalised by informants in such a manner as to appeal to their own interpretation of the tradition.
- The pursuit of isoka status by young men, which entail the sexual conquest of many women, was most often regarded as normative behaviour and accepted as a type of traditional birth- right of the males.

Madlala (1999) further argues that to tackle the issue of HIV/AIDS we need to draw upon Freire's liberation theory that would mean actively engaging with and

critically examining internalised images, myths and values associated with the notion of culture. This would mean taking a progressive view of culture, whereby culture is understood as something dynamic that changes and should change to meet the demands of ever changing environment.

The feminist social work is based on the premise that people's material and emotional well-being can only be enhanced if gender is taken into account, applying equally to women, men and children. Gender-based inequality was viewed as permeating social relation in a profound way (Dominelli and McLeod 1989: 173) quoted by Allan, Pease, and Briskman, 2003. In feminist social work, personal problems are defined as political thereby focusing on social justice campaigns to increase the allocation of resources to gender specific programmes. Gender-related issues for women include rape, violence, incest, women's emotional welfare and women's labour. Feminist's social work intervention involves organising campaigns and networks and developing collectivist organisational structure to manage subsequent funding and resourcing of programs. Feminist counselling and therapy focuses on the expression and acknowledgement of women's emotions as legitimate, alongside activities to promote and develop self-confidence, with women supporting each other in promoting anti sexist practices.

The findings of this study indicated that there is difference in methods of gender construction between ancient times and contemporary South Africa. It is important to close this gap by promoting gender related programmes at early stages of child development and advocates for equal sharing of resources and socio-economic powers.

Madlala (1999) recommended that we have to find the courage to address some deep seated, culturally sanctioned, long existent and emotionally –charged ways of thinking about what it means to be a man and women, and the implementation that those meaning have for the continued growth of the HIV/AIDS epidemic.

40% of parents were the custodians of the learners through kinship placement. The placement of children with next of kin and particularly grandmother is well known as a common occurrence in many African societies. It is possible that the elderly are given extra burden to take care of children infected with HIV/AIDS whilst they themselves need special care and support.

This chapter has been focusing on the discussion of the findings and the general impact it had on the people and the systems around them. The following chapter will present the recommendations that came out of the findings of this study.

CHAPTER SIX

RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents the recommendations based on the findings of the study and moreover it focuses on the challenges for further strategies to be on board so as to ensure that services to people infected and affected by HIV/AIDS are effective and efficient.

6.2 EMPLOYMENT

The socio- economic conditions such as poverty and unemployment in the communities have a direct negative impact on the lives of the primarily caregivers and learners in schools. In view of the fact that the study was conducted in a rural area where a large number of people were unemployed, it is recommended that the employment opportunities be created to alleviate poverty. Given the fact that most women are child carers and they carry the burden of child rearing, it is recommended that women be included in the community initiatives and job creation initiatives. The Expanded Public Works Programme is the government strategy for job creation that needs to be streamlined in all departments' interventions and community interventions that aim at job creation and economic development. In essence Expanded Public Works Programme is a bold step by government to bridge the gap between the first and second economy by drawing the pool of unemployed and unskilled people into the mainstream economy (Department of Public Works, 2006).

6.3 SOCIAL SECURITY GRANTS

The study indicates that some parents depend on social security grants for survival and some do not have access to the grants because they do not meet the requirements for the application of the social security grants. This means that there are a proportion of unemployed people who do not have access to social security grants and this calls for the advocacy of comprehensive social security system in South Africa. The social security system that would ensure that the recipients of the grants are encouraged to

mobilize themselves and engage in economic projects that would supplement the grants. These findings are consistent with the research commissioned by Social Development (Samson et al., 2004) which, provides some compelling evidence that for the developmental benefit of social security, confirming that social security must be seen as an investment in people rather than a drain on the state. This research reflects that both national and international studies indicate the positive impact of social security in reducing poverty, promoting job search and increasing school attendance.

Sewpaul (2005) recommended for the universal access to social security in the form of basic income grant. Social security must be seen as an investment rather than a drain on the state (Department of Social Development, 2004). It is recommended that children who are orphans and HIV positive should have access to a minimum level of income through social security grants. The provision of Foster Care Grants, Child Support Grants and Care Dependency Grant is the strategy that ensures that children's educational, health and basic needs are met. The process to get these grants should be simplified and shortened to improve access. This is supported by the recommendations from the study that used findings of 1999 and 1995 October Household Survey data to measure the extent and depth of child poverty in South Africa's provinces and the recommendation was the extension of child support grant programme by raising the age of eligibility for grant from 0-6 years to 0-17 years and that the means test should not be the barrier for accessing the grants (Streak, 2002)

Informal kinship carers were the feature in most families. This calls for the social security grants to be accessible to the children in alternative care. The provision of social security grants is one of the priorities in the Department of Social Welfare and Population Development. It is recommended that the clients should know information pertaining to eligible applicants. This should involve community education that would embrace providing people with the correct information and relevant information. The intentions of community education should eventually enable people to be informed about the requirements for the application of disability, foster care and child support grants.

6.4 HIV/AIDS POLICY

It is recommended that all learning institution this includes special schools, adult education centres and pre-primary schools develop its own practical HIV/AIDS policy based on the national policy and include the guidelines and ensure and that standard infection control measures also known as (universal precautions)are in place and adhere to.

It is recommended that HIV/AIDS policy should be inclusive of the primarily caregivers training. This should be aligned with the adult basic education and the school governance policies. This will enhance the holistic understanding of the impacts and the preventative measures to HIV/AIDS among parents, educators and learners. The major challenge facing South Africa is the implementation of policies and monitoring and evaluation of their appropriateness and effectiveness in the context of HIV/AIDS. It is recommended that the policies implemented within the context of HIV/AIDS be monitored and reviewed on certain intervals.

The Department of Education central concept is the belief that investment in human capital through education or skill development promotes economic development. The benefits provided by the investment in human capital are that the community will be empowered through training and hence more capable of participation in sustainable programme. Age appropriate education on HIV/AIDS must form part of the curriculum for all learners from pre- primary, secondary and tertiary levels of education.

The main purpose of this study was an investigation into the views of parents on life-skills HIV/AIDS policy. The study revealed that most parents experience problems regarding the behaviour of their children. The problem behaviour predisposes their children to anti social behaviour that exposes them to HIV/AIDS infections. It is recommended that the empowerment programmes should be inclusive of life skills programme and these empowerment programmes should include all focus groups namely children, youth, women, men, elderly. This is supported by the recommendations by the Department of Health and Welfare, 1999, which stated that through life skills, a sense of the future, self- motivation and self confidence can be

installed in the youth and this will enable them to better deal with the peer pressure they experience to engage in health risk behaviours including health risk leisure time activities, for example the use of substance i.e alcohol and drugs.

In the traditional African societies parenting has been the responsibility of the family members. Parents taught their children what they have learned whilst still young regardless of whether it was good or bad parenting. Parenting programmes should be promoted that would train parents to train their children on current issues involved in child development, sexuality and HIV/AIDS. It is recommended that parenting committees be formed that would ensure that parents are knowledgeable about current issues pertaining to child development.

National HIV/AIDS School Policy recommends that every school establish its own health advisory committee that would ensure that there is representation by members of different professional background that are related to HIV/AIDS. The health advisory committee have to give proper guidance and advice on the implementation of National HIV/AIDS policy in schools. The researcher recommended that each school establish the health advisory committee that would be represented by different stakeholders and the parents of the learners. This is supported by the research conducted by Raniga in 2006, she mentioned that the health advisory committee should draw on the expertise from within the school (learners, parents, educators, and the school governing body members and from the wider community (nurses, doctors, psychologist, social workers, etc) would be better able to enhance care and support to those learners, families, and educators who are infected and affected.

6.5 DEVELOPMENT OF COMMUNITY CARE CENTERS

The problem of HIV/AIDS is at the crisis level and this requires the radical measures to be taken to address the plight of orphans and child headed household. The National Integrated Plan for affected and infected children (2000) is the policy document that is aimed at providing integrated services for children affected and infected by HIV/AIDS. Community care support programmes should be promoted through the provision of state support and be the basis on which orphans are supported. This will ensure compliance in terms of the principles of family preservation. Community

based care programmed should be able to address the holistic needs of children infected and affected by HIV/AIDS and child –headed households. This will mean that the services provided should aimed at strengthening the family and community systems. It is further recommended that community based centres be established in all districts and be nearer to schools so that educational, health and welfare services are provided at one central point.

6.6 THE ROLE OF SOCIAL WORKER

The social worker as described in chapter 2 has an important role to play in the provision of services. The methods through which such services may be provided are casework, group work, community work and research. Social Work profession has a central task in fighting against the HIV/AIDS pandemic.

6.6.1 DISSEMINATION OF INFORMATION

The provision of information is the essential element in ensuring that people are knowledgeable about issues affecting them. This will enable people to have an insight on resources available in their environment and begin to utilize them accordingly.

6.6.11 EMPOWERMENT

Dodd and Gutierrez (cited in Hancock, 1997) asserted that social workers must give up their expert power and recognize that clients are the expert in regard to their own problems, capacities and potential solutions. Social workers must be able to empower people so as to make choices and be in the position to gain control over their own challenges. Gutierrez 1990:149 and Rapport 1985:21 cited in Hancock, 1997 suggested the five techniques for empowering clients as follows:

- Accepting the clients' definition of the problem.
- Identifying and building upon existing strengths
- Engaging in a power analysis of the client's situation
- Teaching specific skills

- Mobilizing resources and advocating for the client.

It is recommended that empowerment should be implemented through methods of social work that includes casework, group work, community work and research. Capacity building should be planned and respond to specific needs and problems as experienced by clients.

6.7 GENDER CONSTRUCTION

It is highly recommended that the construction of gender should take into cognisance both male and female children. Girls should be given the priority in terms of information regarding their personal development, career development and cultural values. Given the fact that community leadership plays a major role in gender construction it is recommended that community leadership be informed about the changing roles of girls and boys.

The purpose of this study was to get the views of primary caregivers about lifeskills HIV/AIDS policy implemented in schools. The main findings revealed that parents are willing and are of the opinion that their children be taught sexuality education in schools. However, poverty, unemployment, child abuse and substance abuse were factors that have direct impact and influence on HIV/AIDS.

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