

Teaching HIV/AIDS Education using the Life Skills Approach in two Durban area High Schools

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Submitted in partial fulfillment of the requirements for the degree of Masters in Education,
University of Natal, Durban

December 2002

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Declaration of Originality

I, Erica Shawn Moroney, declare that this thesis is my own work. It has not been submitted before for any degree or examination in any other university. Where use has been made of the work of others, it has been acknowledged and referenced.

Erica Moroney

Signed on this day, Feb 17, 2003, at Sacramento, CA USA.

Statement by Supervisor

This thesis is submitted with my approval.

Professor Robert Morrell

Acknowledgements

I would like to thank the following people who have supported me throughout this research.

To my parents, Kathy and Seamus, who not only financially supported my studies and this research, but who also gave their love and guidance. I would like to especially thank my mother for reading every draft of this thesis and providing critical, but helpful comments.

To Skhumbuzo, for being my loving partner who gave me endless encouragement and continually reminded me of my love of South Africa and South Africans.

To my supervisor, Robert Morrell, for the inspiration he gave me each time he would speak, for his guidance throughout this research, and for his friendship.

Abstract

HIV/AIDS education in schools is necessary in order for young adults to understand the mechanics of the disease, but also so that they do not engage in behaviors that spread HIV. Teaching HIV/AIDS knowledge alone is not adequate because it does not address local contexts and particular strategies, which are critical determinants of the behavioral choices that young adults make.

The Department of Education has addressed the need to teach about HIV/AIDS by introducing life skills education. Life skills are generic skills, such as communication skills, decision-making skills, and coping and stress management skills that can be used any time a person is confronted with a difficult situation. Although this strategy is the official policy of the Department of Education, it has not been properly implemented in all schools, thus allowing for unequal HIV/AIDS education in South African schools.

This thesis looks at one Grade 9 class in two schools of differing racial composition and in differing economic regions in the greater Durban area. Seventy-seven students completed a questionnaire, 17 students were interviewed, and two teachers completed a questionnaire.

Although life skills were part of the curriculum at one school, the majority of students could not correctly identify life skills. At the second school, life skills were not taught to the students. Full basic knowledge of HIV/AIDS is not apparent at either school, although the students at the school that teaches life skills have much more knowledge about transmission and prevention of HIV. At both schools, girls were more educated in prevention and transmission than the boys. At the poorer of the two schools, drawing its student population from local impoverished squatter camps, life skills were not taught and there were low understandings of HIV/AIDS. Here, the students were older and had fewer educational resources. It is these students, who are less knowledgeable about how to protect themselves, and who one would expect to have more experience because they are older, that are at greater risk because of the combination of their sexual habits and low knowledge of good sexual health.

At both schools, much improvement in the quality of HIV/AIDS education is necessary in order for students to have a basic understanding of the disease and for them not to engage in behaviors where the disease can be transmitted.

List of Acronyms

ABC- Abstain, Be Faithful, Condomize

AIDS- Acquired Immunodeficiency Syndrome

HDE- Higher Diploma in Education

HIV- Human Immunodeficiency Syndrome

NGO- Non-governmental Organization

OBE- Outcomes Based Education

STD- Sexually Transmitted Disease

UN- United Nations

UNAIDS- Joint United Nations Program on HIV/AIDS

UNESCO- United Nations Educational, Scientific, and Cultural Organization

UNICEF- United Nations Children's Fund

WHO- World Health Organization

Chapter One- Introduction

South Africa is currently experiencing an HIV epidemic. Over 4 million South Africans are infected with the virus and an additional 1,700 South Africans are infected every day (Guest, 2001:x). It is estimated that the natural apex of HIV infections in South Africa will occur in 2009 or 2010 when approximately 6 million people will be infected (Whiteside, 2001:53). As is evident from the following chart, Figure 1.1, KwaZulu-Natal, the province where the research for this thesis was conducted, has the highest percentage of HIV infected people in South Africa. Data from the year 2000 show that 36.2% of the women attending public antenatal clinics in KwaZulu-Natal are HIV positive (Barnett & Whiteside, 2002: 118).

<i>Province</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
Western Cape	5.2%	7.1%	8.7%
Northern Cape	9.9%	10.1%	11.2%
Northern (Limpopo)	11.5%	11.4%	13.2%
Eastern Cape	15.9%	18.0%	20.2%
North-West	21.3%	23.0%	22.9%
Free State	22.8%	27.9%	27.9%
Gauteng	22.5%	23.9%	29.4%
Mpumalanga	30.0%	27.3%	29.7%
KwaZulu-Natal	32.5%	32.5%	36.2%
National	22.8%	22.4%	24.5%

Figure 1.1 Provincial breakdown of HIV prevalence rates in women attending antenatal clinics in South Africa (%) (Barnett & Whiteside, 2002:118)

In another study commissioned by the KwaZulu-Natal provincial government in 2000, data revealed that over 1,115,000 people in the province alone are infected with HIV, while another 70,000 people have developed AIDS (Whiteside, 2001:71).

Many of those who are infected throughout the country are young people. An estimated 31% of 17-25 year olds are HIV positive (MacPhail, 2000:1). These statistics do not tell the entire HIV/AIDS story as there are marked gender and ethnic differences in HIV rates. As displayed in Figure 2.2, in KwaZulu-Natal, an estimated 15.64% of African girls 15-19 years old, 1.25% of white girls, and 1.29% of Indian girls are HIV positive. Only 2.58% of African

boys 15-19 years old, .26% of white boys, and .26% of Indian boys are HIV positive. (Moletsane, et al., 2002:38).

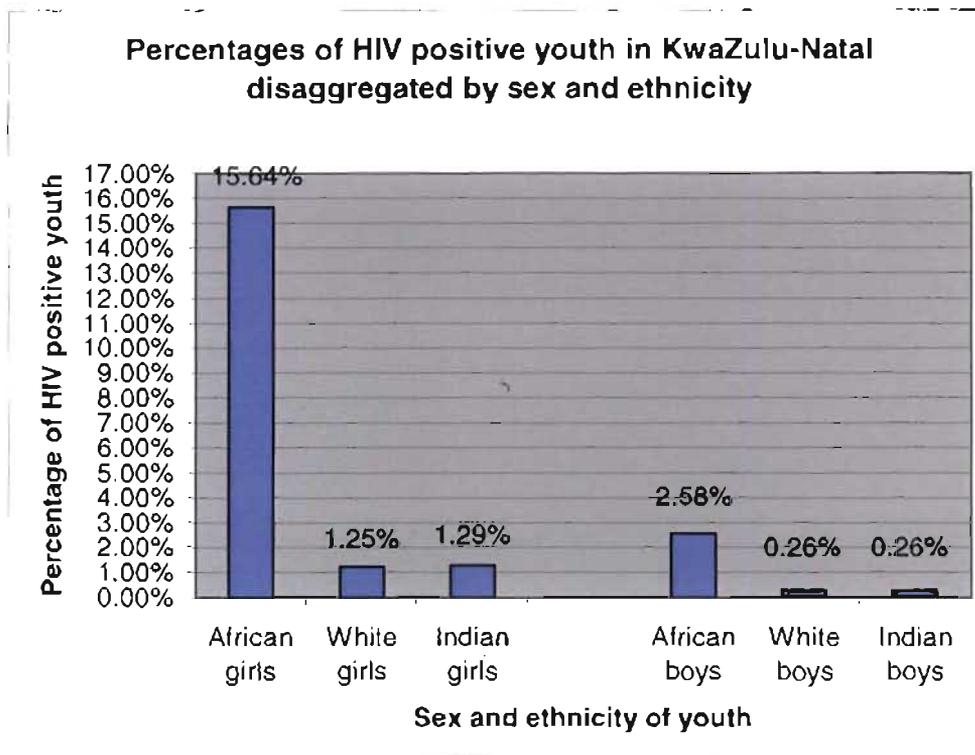


Figure 1.2 Percentages of HIV positive youth in KwaZulu-Natal disaggregated by sex and ethnicity

This gendered nature of the HIV epidemic is reflected throughout sub-Saharan Africa. An estimated 58% of the region's 26 million HIV positive people are female while 42% of them are male (Kimani, 2002:2). These frightening statistics are expected to get worse until the disease peaks. However, the projected number of South Africans who will become infected can be limited with the introduction of proper and effective interventions.

This study aims to look at one such HIV/AIDS intervention, that of life skills education. Life skills education is a major government intervention implemented through the Department of Education. Since schools are the main recipients of this intervention, there is the potential for a large number of young people to benefit. The life skills and HIV/AIDS program was initially introduced to South African schools in 1997, although it was not until 2000 that all schools had officially implemented the program (Wildeman, 2001:3).

According to UNICEF, life skills are generic skills, which include communication skills, values analysis and clarification skills, decision-making skills, and coping and stress management skills. Life skills can be used anytime a person is confronted with a difficult situation (UNICEF, <http://www.unicef.org/programme/hiv/focus/edu/life.html>). Although life skills education is the current Department of Education's strategy in South Africa to combat HIV/AIDS socially, it is not the first strategy that was introduced in South Africa to try to reduce HIV transmission.

There are numerous HIV/AIDS intervention programs found in South Africa funded by private donors. This study is concerned with a state-run intervention. The South African government's primary campaign in the late 1990s to educate its citizens on HIV/AIDS was through telling people to abstain from sex, be faithful to one's partner, and to condomize (ABC). Although much time and resources were funneled into this campaign, the ultimate aim of the campaign, decreased HIV rates, did not occur. HIV rates actually increased dramatically during this time.

As recognition of the severity of the pandemic and the limitations of some interventionary approaches, the national government introduced new interventions and approaches into the sphere of education. Since many of those who are at risk of contracting HIV attend school, there was a compelling case for focusing interventions in primary and secondary schools.

South African Education Prior to, and Immediately after, 1994

Prior to the first democratic elections and subsequent installation of a government of national unity in 1994, the South African education system was characterized by structural racism. Each of the four 'race groups', White, Indian, Coloured, and African, had their own Departments of Education, their own schools, and their own curricula. Each 'group' was taught specific subjects that would directly relate to the positions that they would hold in their future. For example, Africans were rarely taught advanced math and science, since under apartheid, they would never have occupations where they would need those skills. Under apartheid, resources were also distributed by 'race.' The more privileged race groups had better physical resources in their schools and the teachers were better trained. In the 1970s,

apartheid education began to collapse, although the basic racial divisions and inequalities remained. These education inequalities did not disappear after the introduction of a democracy in South Africa. The newly unified Department of Education had to address the inequalities. They chose to do this in two ways. One of the first initiatives was to re-distribute teachers so that those schools (African schools) with high teacher/students ratios and with under qualified or unqualified teachers would receive teachers from schools (white schools) with low teacher/students ratios and qualified teachers. This plan failed. Instead of moving to rural areas and having to teach in schools vastly different from their own, many of South African's best teachers resigned and the structural inequalities of apartheid remained.

A second initiative was to introduce a new curriculum. The new and current curriculum, Curriculum 2005, named for the year when it is supposed to be fully in place, is based on principles of Outcomes Based Education (OBE). This new type of education attempts to replace the emphasis on memorization and statistics and facts with a focus on "the development of an inquiring spirit, leading to the acquisition of knowledge, together with the skills and attitudes to apply this knowledge in a constructive way" (KwaZulu-Natal Department of Education, 2000a:5-6). OBE centers around the needs, capabilities, and interests of each child. Outcomes for each grade are defined so that teachers, students, and parents know what they are working towards. Students are assessed through a variety of methods that show not only their intellectual capabilities, but also their emotional, interpersonal, and practical capabilities. The transition to this form of education has been met with extraordinary difficulties. The most pressing concern, which has inadequately been dealt with, has been teacher training. Teachers are expected to use teaching methods in which they were never originally trained. In the recent past, many teachers have received only one week's training from the Department of Education, which is inadequate for the task. Not only do (some) teachers not have the skills necessary to teach in the principles of OBE, they do not have the knowledge to teach new learning areas that were introduced in the new curriculum.

Life Orientation

In 1997, the Department of Education and the national government introduced the new OBE curriculum for schools, which included a new learning area (which will be referred to as a 'subject' for the sake of simplicity hereafter), Life Orientation, as well as a life skills and HIV/AIDS educational program. The life skills and HIV/AIDS program is not an official part

of the OBE curriculum—it is an additional program that is ideally supposed to cut across the curriculum. However, the majority of schools teach life skills and HIV/AIDS only within one subject- Life Orientation. The life skills and HIV/AIDS educational program was jointly funded by the South African government and the European Union (Wildeman, 2001:3). In 1997 when the program was introduced, those people who were already teaching in South Africa had never received any formal training in either Life Orientation or life skills. To compensate for this, the Department of Education provided training for one or two teachers per school and they were then expected to train the other teachers at their individual schools. Those teachers who received the life skills and HIV/AIDS training inevitably became the Life Orientation teachers when the new curriculum was officially introduced into schools in 2000. This training was haphazard in its implementation. Many schools did not receive training, and if they did, some of the teachers who were trained were re-deployed or retired. Therefore, some schools were not able to implement Life Orientation as a learning area and life skills and HIV/AIDS education as part of the curriculum.

The Department of Education has determined nine outcomes for Life Orientation that each learner should achieve:

- understand and accept themselves as unique and worthwhile human beings
 - use skills and display attitudes and values that improve relationships in families, groups, and communities
 - respect the rights of others to hold personal beliefs and values
 - demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies
 - practice acquired life and decision-making skills
 - access career and other opportunities and set goals that will enable them to make the best use of their potential and talents
 - demonstrate the values and attitudes necessary for a healthy lifestyle
 - evaluate and participate in activities that demonstrate effective human movement and development
 - demonstrate how the learners can show an understanding of the outcomes
- (KwaZulu-Natal Department of Education and Culture, 2000b:3).

A central part of the Life Orientation curriculum is that of HIV/AIDS education, even though theoretically, it is not supposed to be limited only to Life Orientation. Although the national policy on HIV/AIDS education states that HIV/AIDS must be taught throughout the curriculum, a significant proportion of schools (as personally seen by the researcher and has been told to the researcher by teachers) place all the emphasis of HIV/AIDS education in the Life Orientation class. The official national Department of Education's policy is:

Learners and students must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis. Life-skills and HIV/AIDS education should not be presented as an isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in school. Enough educators to educate learners about the epidemic should also be provided (Department of Education, 1999:10).

With specific regard to the curriculum, teachers are supposed to teach the following aspects of HIV/AIDS education within the Life Orientation class:

- Knowledge and prevention of STDs and HIV/AIDS
- Human sexuality and reproduction
- What HIV and AIDS are and how they can be transmitted
- Develop skills which may prevent infection
- Discuss the importance of setting goals in relation to a healthy and balanced lifestyle

(KwaZulu-Natal Department of Education and Culture, 2000b:6).

It is important to notice that of these five goals, none focus on attitudes towards HIV[+] positive people, none focus on gender relations, only one specifically deals with skills, and the rest center around knowledge. One can assume that teachers only teach the above-prescribed curriculum since most have received no formal education themselves in the area of Life Orientation.

My Story

I personally became interested in the topic of HIV/AIDS and education when I came to study in South Africa in 2000. I am a white American who chose to do my teacher training and Masters degree in South Africa. Although I was exposed to HIV/AIDS education in the

United States, I never viewed HIV/AIDS as anything more than a matter of personal health. In 2001, 950,000 North Americans (including Canadians) were infected with HIV (UNAIDS Fact Sheet, 2002: www.unaids.org/barcelona/presskit/factsheets/Fshighincome_en.doc). Since a small percentage of Americans are HIV positive, I was never exposed to any structural or institutional changes that occurred as a result of the disease. However, almost immediately after commencing with my studies here, I became drastically aware of the changes that the South African government, the private sector, and individuals would have to make in order to protect against, compensate for, and just survive the HIV epidemic.

In a course I took on teacher professionalism in February 2001, approximately 30 minutes was spent discussing the impact HIV is having and will have on education. It was in those 30 minutes that my acute interest in the topic of HIV/AIDS and education was formed and solidified.

I decided to do my research on teaching HIV/AIDS education through life skills after I conducted a piece of research in one school for my Research Methodology class. I designed a questionnaire for a Grade 7 class that was aimed at eliciting the general knowledge that the students had about HIV/AIDS, their general knowledge on life skills, and how they believed that life skills could contribute or not contribute to their own perceived risk of contracting HIV. I discovered that the children had a basic knowledge of ways of preventing and contracting HIV, although there were some misconceptions. However, only one child could identify what life skills were, and not one child could make any connections between life skills and HIV/AIDS. I questioned whether this class was typical in their non-understanding of life skills and HIV/AIDS. If it was, then it would be difficult to avoid the conclusion that the Department of Education's policy on HIV/AIDS education is failing dismally. This experience led me to decide on doing my thesis in this area.

Research Issues and Questions

This piece of research looks at three interrelated areas of HIV/AIDS education and life skills:

- 1) Life Orientation as a class-- Although Life Orientation is a scheduled class with a specific curriculum, many schools do not teach the Life Orientation curriculum and instead use those classes for 'catch-up' in other subjects. The researcher has observed this herself and this has been confirmed by other teachers and

professors. This research inquired whether the two schools investigated do in fact teach Life Orientation as part of the curriculum and what content is covered within the Life Orientation class.

- 2) Life Orientation, HIV/AIDS and life skills-- The students' knowledge of transmission and prevention of HIV and their knowledge of the differences between HIV and AIDS was examined. It was also necessary to see if young adults understand what life skills are and if they can identify them.
- 3) Life Orientation, life skills, and sexuality—This research made a preliminary attempt to look at how life skills have changed students' attitudes and practices with regard to sexual behavior. The researcher had to rely on self-reporting by the students. Not only is self-reporting methodologically unreliable, but it became evident during the course of the research that many students were not able to identify life skills and could not relate them to their sexual relationships.

In trying to clarify the focus of the research, the following questions were asked to frame the research project as a whole and to design the research methodology.

- 1) Do schools teach Life Orientation curriculum in the Life Orientation class?
- 2) What is the content taught within Life Orientation?
- 3) How do teachers understand life skills and their impact on HIV transmission?
- 4) How do young adults understand life skills?
- 5) What impact do learners believe life skills have on sexual behavior?
- 6) Are there any differences in the understanding of life skills and their impact on sexual behavior between a) men and women and b) people of different ethnic groups?

Research Design

In order to discover the understanding of students' and teachers' views of Life Orientation, life skills, and HIV/AIDS, two co-educational schools of differing socio-economic status, both within the greater Durban region, were chosen as the sites of research. In each school, one Grade 9 class formed the subjects of the research. Each student completed a

questionnaire on the above topics. After preliminary analysis of the questionnaires, two single-sex focus groups interviews of four students each were conducted at each school. The participants in the focus groups were randomly selected from the students who wanted to participate in the interviews. The content of the focus groups proved disappointing, thus necessitating that the data from the questionnaires inform the bulk of the findings for the research.

The following chapters

The remainder of this thesis is divided into four chapters.

Chapter 2 is an overview of the literature surrounding the life skills approach. Using life skills as an approach to address risky behaviors in adolescents, including unsafe sexual practices, is an accepted and well-documented practice. Major international organizations, as well as individual countries, all endorse life skills education as an integral part of any child's schooling. Although the aims of life skills education are admirable and seem ideal, the practical implementation of this approach has led to many problems and the unfulfillment of its aims in South Africa. Life skills education as a method of lowering HIV transmission rates has not proven successful in South Africa because:

- 1) teachers have not been adequately trained in both HIV/AIDS education and life skills education;
- 2) students are not proficient in basic HIV/AIDS knowledge;
- 3) HIV/AIDS and life skills education focuses more on knowledge than on actual life skills; and
- 4) gender inequalities, an essential issue that frame high HIV infection rates, are rarely discussed in life skills and HIV/AIDS lessons.

Chapter 3 is an overview of the sites and methodology used to elicit the data for this research. Fergalia High School (a pseudonym) is a primarily Indian, middle class school located in a suburb of Durban. Johnnpha High School (a pseudonym) is an all African school located in a squatter camp (the commonly used term for an informal settlement) in a semi-urban area of the outlying regions of Durban.

Chapter 4 documents the findings of the research. The results of each school are looked at separately. For each school, the following areas are examined:

- 1) Life Orientation as a class;
- 2) the students' knowledge of life skills;
- 3) the students' knowledge of HIV/AIDS;
- 4) the students' knowledge about the interrelationship of HIV/AIDS and life skills;
and
- 5) the teacher's understandings of life skills and HIV/AIDS.

Finally, suggestions are made about why there is such a difference in the findings in each school and between girls and boys.

Chapter 5 concludes the thesis. The major findings of the research are reviewed. The findings are interpreted in terms of the literature reviewed to see if they coincide or differ from previous studies on life skills and HIV/AIDS education. As the data reviewed shows that life skills and HIV/AIDS education are not particularly successful, the thesis will conclude with recommendations for further research and for possible policy changes in order to produce more educated and skillful students.

Chapter Two- Literature Review

Life skills education is the chosen approach of HIV/AIDS education within schools in South Africa. In order to understand why the life skills approach has been adopted, it is necessary to examine the history of life skills and what the teaching of life skills expects to accomplish. Secondly, this review will analyze the impact that life skills have had on HIV/AIDS education around the world. Finally, it will look at life skills and HIV/AIDS education in South Africa and the factors that have affected the implementation of life skills education.

Life Skills

The original HIV/AIDS interventions that began in the mid-1980s in the United States, Europe, and developing countries (as sponsored by the European Commission), were premised on the beliefs that teaching children knowledge about HIV transmission and the consequences about becoming infected would be sufficient to curb behaviors that transmit HIV (Casey & Thom, 1999:28). However, this did not prove to be true. Educators realized that while students must have a strong foundation of knowledge about the disease, knowledge must be complemented with the development of life skills.

Life skills can be divided into four categories. Below is a list of life skills that fall into each category.

1) Communication skills

- empathy building
- active listening
- nonverbal communication
- assertion, resistance and refusal skills
- negotiation and conflict management
- cooperation and teamwork

2) Values Analysis and Clarification skills

- skills for understanding different norms, beliefs, cultures, myths, gender, etc
- self-assessment skills for identifying what is important, influences on values and attitudes, and aligning values, attitudes, and behaviors
- skills for acting on discrimination and stereotypes

- identifying and acting on rights, responsibility, and social justice

3) Decision-Making skills

- critical and creating thinking skills
- problem solving skills
- analytical skills for assessing risks
- skills for generating alternatives
- skills for assessing consequences

4) Coping and Stress Management skills

- self awareness and self control skills
- coping with pressure
- dealing with emotions
- positive thinking
- dealing with difficult situations
- goal setting skills
- help seeking skills

(UNICEF, <http://www.unicef.org/programme/hiv/focus/edu/life.html>)

The focus on life skills assumes that, while external pressures are important, it is actually within the power and ability of the individual (internally, so to speak) to make decisions in his or her own best interests. Life skills education tries to provide the wherewithal for students to make good self-decisions. Life skills or competence enhancement approaches are based on the theory that children do not only engage in certain behaviors because of peer pressure or not having proper refusal skills, but because they believe that these behaviors can serve some other functional purpose, such as dealing with low self-esteem or social anxiety (Botvin, 2002:42-43). Engaging in such behaviors is socially learned as well as functional. These negative social behaviors are “learned through a process of modeling/imitation and reinforcement and are influenced by an adolescent’s cognitions, attitudes, and beliefs (Botvin, 1995:179). Therefore it is necessary to address the issues of thoughts, attitudes, and beliefs, not only with knowledge, but also with generic social and personal skills, otherwise known as life skills.

Teaching life skills to students and expecting students successfully to implement those life skills in their lives cannot be achieved without understanding that many factors influence a

person's life and their decision-making. Bronfenbrenner's systems theory supports this proposition. He argued that there are different levels of engagement, or systems, that affect the learning and development of students. These four systems are:

- 1) microsystem- those systems which children are closely involved in, such as family or peer groups;
- 2) mesosystem- the interaction of various microsystems;
- 3) exosystem- systems which the child is not directly involved with but which influence the child's life; and
- 4) macrosystem- dominant social and cultural beliefs and values (Donald, 1997:8).

These four levels all have an impact on students. The cultural, social, and gender expectations and norms that influence a child and a child's behavior that cut across all four of these levels will have great influence on how a child interprets and practices the life skills that he or she is taught.

* However, the consideration of gender is central in teaching life skills. "Gender is social practice that constantly refers to bodies and what bodies do; it is not social practice reduced to the body" (Connell, 1995:71). One's gender interacts with one's race, class, and position in the world and is socially constructed by those factors. This means that gender (masculinities and femininities) is fluid and not static. The way in which men specifically construct their identities has a direct relationship to their sexual practice. Where men do not have the option of proving their manhood through economic means, they most likely prove it through sexual means, including multiple partners and through unprotected sex (Campbell, 2001:285; Wood & Jewkes, 2001:318). This need to demonstrate one's manliness can often lead to violence upon women or women not having control over contraception (Harrison, 2001:1). HIV/AIDS education and life skills training must take into account the construction of gender, the social and economic contexts where young men and women live, and how those two interact within the realm of sexuality.

Throughout the world, the preferred model for teaching HIV/AIDS education is the life skills approach. However, there are varying definitions of what life skills are and what the content of skills-based education for HIV/AIDS should be. The WHO (1994), UNESCO (Shaeffer, 1994), and UNICEF (<http://www.unicef.org/programme/hiv/focus/edu/life.html>, 2001) all agree that the content of HIV/AIDS education should be knowledge, attitudes, and skills.

Knowledge about HIV/AIDS prevention includes transmission, protection, prevention, personal risk, STDs, care and support for infected people, and human rights issues related to HIV/AIDS. Attitudes towards personal responsibility, social justice, gender, HIV positive people, and mutual respect, among others, should be dealt with in HIV/AIDS education. All three organizations believe that self-awareness, decision-making, negotiation, stress management, communication, and independence are the types of skills that must be taught. While knowledge, skills, and attitudes are central to HIV/AIDS education, the WHO acknowledges that children and young adults must have motivational support from peers or parents in order to practice healthy decision-making. This is equally as important as the other three aspects of HIV/AIDS education.

The Impact of Life Skills throughout the world

Many of the life skills programs that have been introduced throughout the world have been based on models developed by international organizations, such as the UN and WHO. The WHO and UN are first world organizations that are primarily run by and run in countries that are not bounded by strong cultural and gender boundaries. However, in countries that are strongly bounded by culture and gender lines, translating first world notions of HIV education into those societies can be difficult. This results in HIV/AIDS and life skills interventions having an uneven and sometimes unpredictable impact. In Myanmar in South Asia, participants of a joint UNICEF and International Red Cross intervention that took place from 1993-1998 were primarily women. Although the participants had greater knowledge of the facts of HIV than those who did not participate, the intervention was not particularly successful in modifying behavior because men did not participate in the interventions and there was no discussion of gender or gender issues in the program (Population Council, 2000:2). In a study of an HIV/AIDS intervention in the Ethiopian state of Tigray, the community-based program was primarily centered around increasing HIV/AIDS transmission and prevention knowledge. One of the methods of doing this was to disseminate “culturally appropriate print and audiovisual materials” (REST, 2000:8). This phrase is not expanded on, but one could assume that in a traditional subsistence community, female empowerment, decision-making skills, and negotiation skills are not culturally appropriate and therefore, the program is not addressing skills and attitudes that are essential for reducing HIV transmission rates.

In other countries, such as Armenia, where there has never been any health education as part of the curriculum, one cannot expect that there would be successful teaching of life skills as part of an HIV/AIDS curriculum without the students having sufficient knowledge of the disease first (Ghukasyan, 2001). The varying definitions of life skills, as discussed above, also impact on the implementation of the programs. The International Red Cross intervention in Myanmar on life skills training aimed to “prevent the spread of HIV/AIDS by improving reproductive health through the promotion of informed decision-making and care-seeking behavior” (Population Council, 2000:1). Although this objective seems like the skills-based approach of knowledge, attitudes, and skills, the way in which the directors of this intervention went about achieving this goal was through providing facts and information about various issues, which led to a program that was not effective as it could have been.

Although different organizations may practice different versions of life skills and may put more emphasis on knowledge rather than skills, what is important though is that it is acknowledged throughout the world that teaching solely knowledge will not reduce HIV transmission rates and that life skills must accompany HIV/AIDS training.

The Impact of Life Skills in South Africa

Since life skills training did not begin for educators until 1997 and the class Life Orientation, where life skills are primarily taught, was not introduced until 2000, there has been minimal research that evaluates the impact that life skills have had on HIV/AIDS education and behaviors that spread HIV. However, the few studies that have been conducted on life skills and HIV/AIDS education do not reflect positively on them.

From the initiation of life skills training, problems were encountered that today have significant impacts on the ability for life skills teaching to be done innovatively and successfully. As discussed in Chapter One, only one or two teachers per school were trained, if any. Those few teachers who were trained by the Department of Education received inadequate training and were expected to train their colleagues. Teacher-training began three years before the introduction of the new curriculum. Therefore, the teachers did not appreciate life skills and the philosophies that accompanied life skills. Finally, teachers received training in new teaching methods that were student-centered and had to be

facilitated by the teacher rather than dominated by the teacher. Since teachers had never received initial or in-service training in these teaching methods, life skills and the accompanying appropriate methodologies for its teaching were not effectively implemented (James, 2002:175). All of these practical factors that impeded the successful training and teaching of life skills during the introduction of life skills should have been indicators that life skills programs may not be successful in schools.

Research conducted by MacIntyre et al. (2001) has shown that although there is an elaborate policy in place, the implementation of this policy varies considerably. Only 60% of school principals interviewed in the above mentioned study said that his or her school offered some sort of life skills program. The socio-economic status of students at the school has a direct impact on the amount and quality of life skills education. Only 40% of rural African youth receive life skills education while 85% of white students said they receive life skills (MacIntyre, 2001:30). Of the topics covered in the life skills classes, those that do not focus solely on facts, such as self-esteem, decision-making, assertiveness, communication, and negotiation, are the least covered topics while those that are based more on facts, such as HIV prevention and transmission and drugs and alcohol, are more often taught (MacIntyre, 2001: 31). Although knowledge education is essential in order for young adults to understand HIV and AIDS, without effective tools and skills necessary to combat it, HIV/AIDS education will fail.

What these life skills programs fail to take into account is how the gender identities of students influence their behaviors, and that solely teaching life skills does not erase gender inequalities and those actions and responses that accompany unequal gender power. Gender appears to be a recurring theme that has appeared in much of the literature. Some HIV/AIDS interventions are developed with gender as the central theme of the intervention. One such intervention is 'Stepping Stones.' It is a participatory HIV/AIDS intervention that not only incorporates life skills, but also gender and the role it plays in South African society. "[It] aims to prevent HIV infection by empowering participants to increase control over their sexual and emotional relationships particularly by challenging gender norms" (Jewkes et al., 2000). Not only does this program's objective clearly state gender as a central key to the program, but it is also designed for both men and women with the intention of engaging men to support women in their reproductive choices. The participants answered pre and post-test questionnaires. For all of the categories addressed in the questionnaires, the desired changes

occurred. However, this intervention was not conducted in schools and it could encounter difficulties at certain schools because of its openness and its confrontation of cultural and gender issues (Welbourn, 2002:54-60).

Life skills and HIV/AIDS interventions that are found in schools appear not to incorporate gender into the curriculum, thus in part leading to the ineffectiveness of the programs.

Morrell et al. (2001), in their study of two Durban township schools, found that the students had reasonably good knowledge on HIV/AIDS. However, the knowledge that boys and girls each had differed because of their social location and gendered experiences.

African working class girls...have less possibility of using their knowledge in emancipatory ways and developing gender identities which enlarge the scope for choice and transformation of their lives. African working class boys...are generally currently positioned in a social world characterized by failure and hopelessness, where they do not have control of their futures. It is in relationships with girls and other boys that they have rights and power” (Morrell et al., 2001:56).

These gendered differences that affect the way in which boys and girls learn about HIV/AIDS and life skills are further compounded by the gendered nature of the school itself. It becomes difficult for life skills education to be effective when the school’s ideologies and practices are in direct opposition to that of the goals of life skills (James, 2002:176). Examples of this could be the school condoning sexual harassment of girls by boys or allowing male teachers to take advantage of their positions of power and engage in sexual relationships with female students.

The ability and frequency of teachers to have sexual relationships with students prevents life skills and HIV/AIDS teaching from producing healthy and desired results in schools where this is commonplace (Hallam, 1994). James, in her research of NGOs working with HIV/AIDS interventions located in and out of schools, found that the “existing relationships [between students and teachers or peer leaders] characterized by gender inequality might be as likely to promote—or even initiate—coercive sexual connection as they are to encourage safe and healthy sexual behavior” (James, 2002:180). As long as schools tolerate and allow gender-based violence and discrimination to occur, then the teaching of life skills will prove futile.

Conclusion

The introduction of Life Orientation as part of the curriculum was an important part of policy and law changes to develop a human rights culture in South Africa. Central to this was the introduction of teaching life skills. The benefit of life skills is that they can be used in any situation. Life skills are an appealing way to deal with HIV/AIDS education, since the disease has become an epidemic because of social, gender, and economic inequalities. Giving children tools to use so that they are not as susceptible to those inequalities as they otherwise could be is a worthwhile strategy in combating the spread of HIV. However, the outcomes of life skills education in South Africa have not been realized because of practical problems of training and implementation of the curriculum as well as teaching content of the curriculum that does not address issues central to HIV transmission in South Africa. While one can be hopeful that life skills education will have a significant impact on HIV transmission in the future, it is doubtful that much good will be accomplished from these programs without adequate teaching training and teaching that confront the underlying issues of HIV transmission.

Chapter Three- Methodology

This research on the life skills approach in HIV/AIDS education was a case study of a Grade 9 class in two separate schools that utilized questionnaires and focus group interviews as the research instruments. Grade 9 was the chosen grade to research for two reasons: 1) the 2002 school year should have been the third year that the students' had Life Orientation as a class, thus supposedly having three years of life skills and HIV/AIDS education and 2) Grade 9 students, who are normally 14 and 15 years of age, are beginning or have begun to experiment sexually with their sexuality. These students would ideally be able to put the life skills learned into practice within their sexual relationships. It was decided that two schools would be researched because 1) the data would be manageable and 2) the researcher would obtain a perspective of how different schools conduct their Life Orientation class and life skills-HIV/AIDS programs. The two schools researched were deliberately chosen in part because of their ethnic and racial composition. By having two schools of differing ethnicities, the researcher was able to use additional variables, such as culture and language, to analyze the teaching and understanding of Life Orientation, life skills, and HIV/AIDS.

Choosing the Schools and Sampling Methods

The first school, Fergalia High School, was chosen because the researcher is a friend to a teacher at the school. Fergalia High School is located in a suburb of Durban. There are currently 1,484 students at the school and 50 teachers. The ethnic breakdown of the school is as follows: 65% Indian, 34% African, and 1% Coloured. Fifty percent (50%) of the students are Christian, 40% of the students are Hindu, and 10% of the students are Muslim. The students come from various economic backgrounds. However, the school fees of R550 per year are paid by approximately 85% of the families. The school has a strong academic climate as demonstrated by a 91% Matric pass rate in 2001. This pass rate can be compared to the national 2001 pass rate of 61.7% and the KwaZulu-Natal pass rate of 62.8% (Speech made by Minister Kader Asmal, December 27, 2001).

The second school, Johnipha High School, was chosen because the principal of Fergalia High School was able to put the researcher in contact with the principal of Johnipha High School, who agreed to participate in the research. Johnipha High School is located in a squatter camp

in a semi-urban area in the greater Durban area. There are currently 1,744 students enrolled at the school with 42 teachers. The school is completely African, with almost all of the students and teachers being ethnically Zulu and isiZulu first language speakers. There is not a plurality of religions at the school as it is almost completely Christian. All of the students reside in the squatter camps in the general vicinity of the school. The school fees are R150 and only one-third of the families are able to pay the fees. The school is struggling to maintain a high level of academic success in that only 63% of the students writing Matric in 2001 passed.

Convenience sampling was the sampling method used. The researcher was aware that by using convenience sampling, being able to generalize about an entire population is not possible. However, because of the limited access to research participants that the researcher had, convenience sampling was the necessary strategy to employ.

Gathering the Data

At each school, one Grade 9 Life Orientation class was chosen from which the research participants would be selected. At Fergalia High School, the teacher, Mr. Brianita¹, with whom the researcher is a friend, simply chose one of his classes that corresponded to the times when the researcher was available. At Johnipha High School, the principal chose a Grade 9 Life Orientation class. This class was taught by Ms. Mariena².

The questionnaires (see Appendices A and B) were completed at Fergalia High School on September 24, 2002. That was the last week of school before the spring break and many students were not at school that week. In the class that Mr. Brianita was intending for the research to use, only 16 students were in attendance. Mr. Brianita went to another Grade 9 class that he taught for Life Orientation and had them join the research sample. In total, 37 students completed the questionnaire at Fergalia High School. They were given one hour to complete the questionnaire and all the students completed it in that time.

Questionnaires were completed by students at Johnipha High School on September 26, 2002. The Grade 9 class researched normally contains 77 students. However, as it was two days before the spring break, not all of the students were present. It had been previously decided

¹ A pseudonym has been used.

² A pseudonym has been used.

that at most, 40 students from each class would participate in the questionnaires. When the researcher arrived at the school, she was given a class roster and a list of the students who were present at school that day. The researcher cut up the class roster into individual pieces, each with a name on it. She removed the names of the students who were not at school that day. She then placed all the names of students who were at school in an envelope and then drew 40 names. Those 40 students were those who were asked to complete the questionnaire. The students were given one hour to complete the questionnaire. An extra 15 minutes had to be allocated so that all the students were able to complete the questionnaires.

The following graphs show a breakdown by age, sex, race, and language of those who completed the questionnaires at both schools.

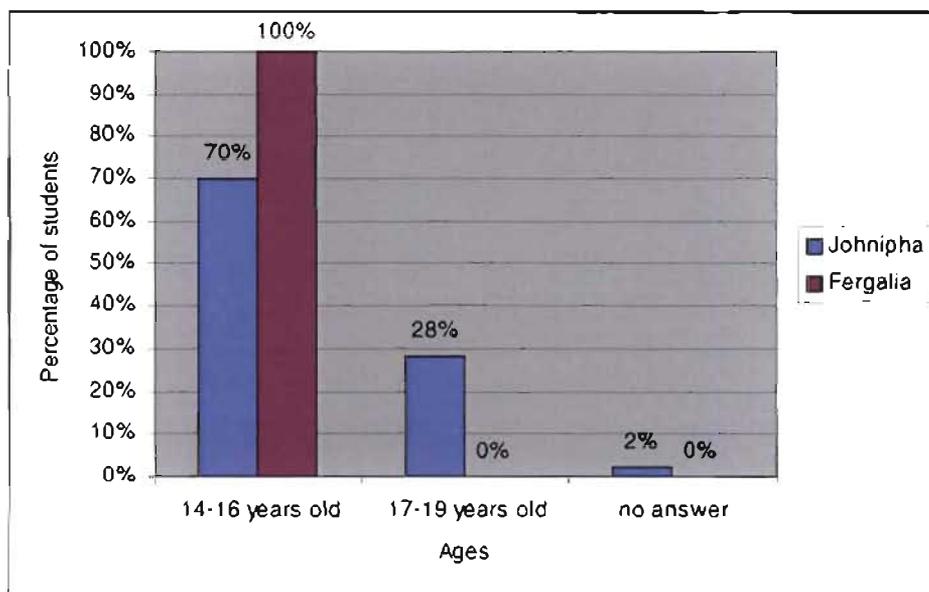


Figure 3.1 Ages of research participants

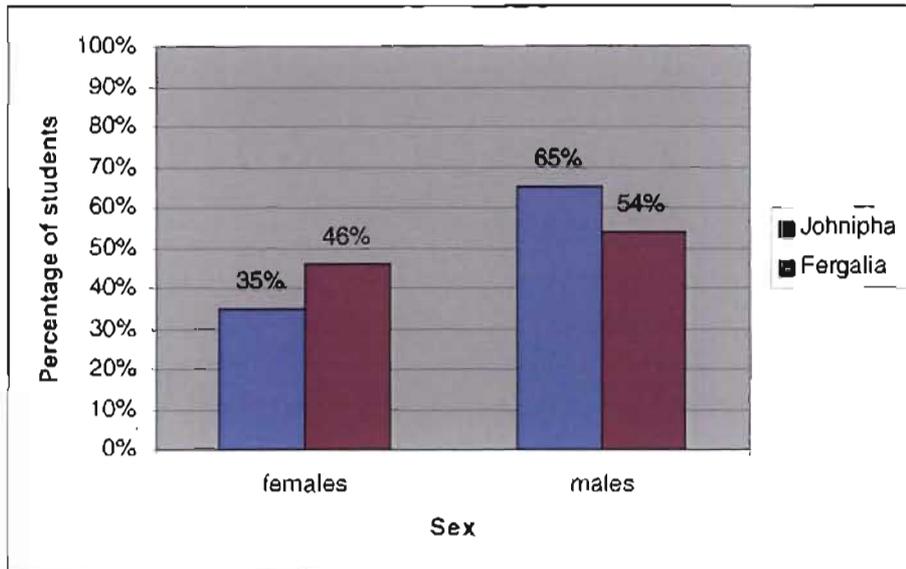


Figure 3.2 Sex of research participants

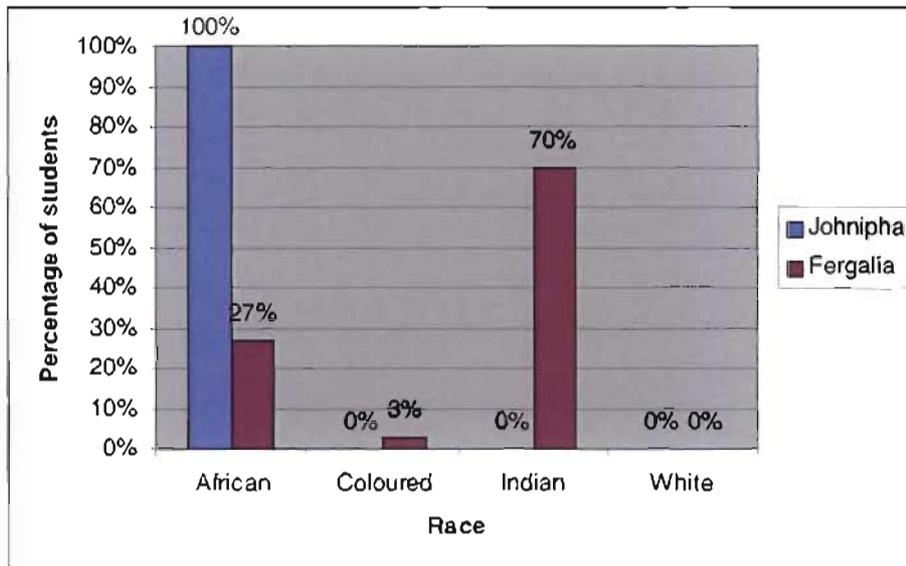


Figure 3.3 Race of research participants

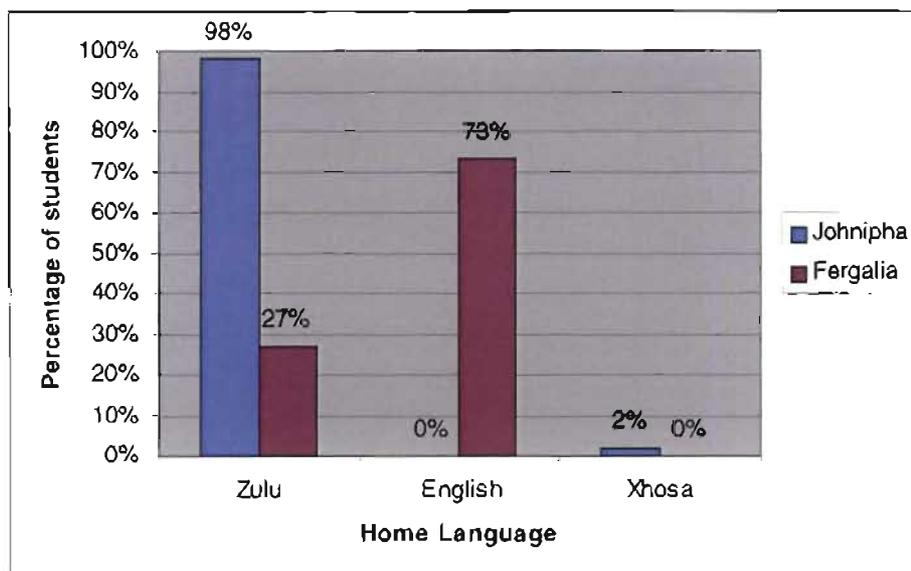


Figure 3.4 Language of research participants

Focus group interviews were conducted at Fergalia High School on October 9, 2002 and at Johnipha High School on October 10, 2002. Separate groups of four girls and four boys were interviewed at Fergalia High School and separate groups of four girls and five boys were interviewed at Johnipha High School. Students were asked if they wanted to participate in interviews. From those who raised their hands, four girls and four boys (with the exception of five boys at Johnipha) were randomly chosen to be interviewed. The interviews lasted from 20-45 minutes each.

The teacher of each class researched also completed a separate questionnaire. That questionnaire was completed while the students were completing their questionnaire.

Research Approach

This study was conducted based on a qualitative paradigm. Three distinguishing features of qualitative studies are that:

- 1) “researchers share in the understandings and perceptions of others and explore how people structure and give meaning to their daily lives” (Berg, 2001:7);
- 2) “people are deliberate and creative in their actions, they act intentionally and make meanings in and through their activities”; and

- 3) “situations are fluid and changing rather than fixed and static—events and behaviors evolve over time and are richly affected by context” (Cohen and Manion, 2001:22). ³

Within this paradigm, questionnaires and focus groups were the chosen research methods. Questionnaires are normally considered to be a quantitative method since respondents are forced to provide an answer that fits into the experiences and feelings of the designer of the questionnaire. This can distort the respondent’s true feelings and meanings. However, for most of the questions, the respondents’ were able to provide their own answers and were not forced to make themselves ‘fit into a box.’

Using multiple methods to collect data allows for the researcher to be certain that the data attained from one method is not generated simply because of the design of the method. Using different methods also strengthens the researcher’s confidence in the validity of the data if similar responses are obtained from different methods. Through this approach, the researcher was able to obtain a richer and more substantive image of the participants’ reality and therefore, was able to make greater sense of their knowledge of life skills, HIV/AIDS and the interaction between life skills and HIV/AIDS.

Research Design

The main method of collecting data was through the use of questionnaires. Although research in education is normally done through qualitative methods, the bulk of the data in this research comes from a quantitative method. Questionnaires were chosen because they allow the researcher to “determine the extent to which respondents hold a particular attitude or perspective” (Babbie, 1990:127). The ability to ascertain the frequency or infrequency with which students understand or believe certain things lends itself to a better conceptualization of the area of research.

Since the research was mainly focusing on students’ comprehension of life skills and HIV/AIDS, the majority of questions centered around those topics and the relationship between life skills and HIV/AIDS. Several questions were asked about each respondent’s biographical history to establish the type of households that the students were coming from. Since HIV/AIDS education typically falls within Life Orientation, it was necessary to

understand how Life Orientation works in each school as well as to place HIV/AIDS as a topic in context with the other topics that are taught in Life Orientation. Finally, questions were asked pertaining to sexuality and relationships that the students had experienced and how, if at all, life skills had played a role in their relationships.

The design of the questionnaire given to the teachers was quite similar to those given to the students. Biographical questions were asked, mainly to know how long he or she had been teaching and what credentials he or she had. Teachers were asked to discuss where their knowledge and their training in Life Orientation and HIV/AIDS if any, comes from, in order to understand their familiarity with the topics. Finally, teachers were asked to describe their understandings of the connections between life skills and HIV/AIDS. It was necessary for the teachers to complete a questionnaire so that the researcher would have a clearer insight into how the students' understand life skills and HIV/AIDS.

Both open-ended and close-ended questions were used in the questionnaires. For each point of inquiry, it was consciously decided to use either open-ended or closed questions, depending on the nature of the question and what type of information was being sought from the question. Close-ended questions lend themselves to uniformity of answers and easier analysis of the data (Babbie, 1990:127). With that said, close-ended questions can force the respondents to 'fit' their answers into one of the assigned categories and does not give them the flexibility to answer in the way they feel. Analyzing data from open-ended questions can be difficult, as making comparisons between respondents can be problematic. However, "it is the open-ended responses that might contain the 'gems' of information that otherwise might not have been caught in the questionnaire" (Cohen & Manion, 2001:255).

Focus group interviews were conducted after the preliminary analysis of the questionnaires. The focus groups were used as a supplementary source to the data received from the questionnaire. Focus groups, used in this way, can "pursue poorly understood survey results to evaluate the outcome of a program or intervention" (Morgan, 1997:3). The advantage of the focus group is that interactions among diverse people can stimulate more discussion, ideas, and issues, and the researcher can then obtain a wider array of beliefs and interpretations (Berg, 2001:112). The results obtained from both the questionnaire and the focus groups formed the data used in this research.

The questionnaire was pre-tested by three people and the interview questions were pre-tested by two people. Pre-testing questionnaires is important because it not only checks the clarity and layout of the questions, but it also generates feedback on types of questions, the ordering of the questions, and whether the questionnaire is too difficult, too unengaging, or too long (Cohen and Manion, 2001:260). Although the researcher believed successful pre-testing of the questionnaires had been complete, difficulties arose when students at the first school- Fergalia High School- were working on the questionnaire. These difficulties will be discussed later.

Data Analysis

The questionnaires were analyzed by using content analysis. Data was recorded and processed with Microsoft Excel. For each question, the data was counted and collated separately for both boys and girls in each school. This was done so that it would be easier to detect trends that cut across sex lines. The data was further disaggregated by school so that trends that occurred between schools or only in one school would be apparent. For questions where there were vast differences in answers between the two schools, a further chart using Microsoft Excel was made so the number of responses and percentages of responses would be elucidated more clearly.

The focus group interviews were tape-recorded and then transcribed. After the transcribing was complete, the researcher looked for units of general meanings within and across the interviews. She then looked for units of meaning that were relevant to the research questions developed before the commencement of the research.

Ethical Issues

In conducting any kind of research, it is necessary to obtain informed consent from the research participants. In order to achieve informed consent by the research participants, the following four elements must be practiced:

- 1) The subjects must be competent, meaning that they are responsible and mature students who will make correct decisions when given relevant information.
- 2) They are voluntarily participating in the research.

- 3) They have received full information regarding the research and what the data will be used for.
- 4) The subjects must fully comprehend the research project, even when risks are involved (Cohen and Manion, 2001: 51).

All four of these guidelines were followed with regard to the research. However, it was never expressly said to the students that they had the option to discontinue participating in the research. Parents were not consulted about giving their children permission to participate in this research.

With the exception of the above-mentioned ethical problems, all other ethical standards were followed.

Sources of Error

Although the questionnaire for the students had been pre-tested before being used at Fergalia High School, problems arose during the completion of the questionnaire. After several students pointed out that there were other possibilities to two closed-ended questions, the researcher asked the students to write those possibilities on the questionnaire. However, a few students had already completed that section. The researcher does not know if the other possibilities were relevant to them, and if so, if they returned to change their answers. This uncertainty could have slightly skewed the data. Changes were made to the questionnaires that were completed by students at Johnipha High School so that the same problems would not be encountered there.

After reading through the questionnaires from Fergalia High School, the researcher realized that she should have included a few biographical questions regarding their parents' employment. (See Addendum to Appendix A.) She asked those questions from the students at Johnipha High School when they were completing the questionnaire. When she returned to Fergalia High School for the focus group interviews, she had the students answer those questions. However, there were only 35 of the 37 students present who had originally completed the questionnaire. Therefore, the data for those particular questions was not complete, as only 95% of the students had answered the questions.

All of the students at Johnipha High School are second language English speakers. Although instruction of the curriculum is supposed to be in English, it was apparent to the researcher that much of it was in Zulu. The principal expressly told the researcher that she did not need the questionnaire to be translated into Zulu as the students were proficient in English. The areas of confusion that these students had concerning definitions on the questionnaire were the same areas of confusion that the first language English speakers at Fergalia had. However, from reading some of the responses from the questionnaires from Johnipha, it was apparent that there might have been some comprehension problems as well. It is impossible to say how many students had problems with reading and writing in English. Although the researcher would estimate that this number is negligible, the data could be misleading as some of the students may not have been capable of reading and expressing themselves in English.

The purposes of the focus group interviews were to expand and clarify issues of complexity and confusion that arose from the questionnaires. However, the interviews proved very disappointing and did not help to illuminate contentious and complex issues. Therefore, the majority of the data must be drawn from the questionnaires where the nuances of multifarious issues could not be expanded on and addressed clearly.

Chapter Four- Findings and Results

Introduction

Chapter 4 documents the findings of the research. The findings of each school are looked at separately. For each school, the following areas are examined:

- 1) Life Orientation as a class
- 2) the students' knowledge of life skills
- 3) the students' knowledge of HIV/AIDS
- 4) the students' knowledge about the interrelationship of HIV/AIDS and life skills
- 5) the teacher's understandings of life skills and HIV/AIDS.

Finally, suggestions are made about why there is such a difference in the findings in each school and between girls and boys.

Fergalia High School

Life Orientation

Life Orientation was officially implemented in South African schools in 2000. This is currently the third year in which it is being taught. Seventy percent (70%) of the students at Fergalia have been taking Life Orientation for all three years that it has been offered. Ten percent (10%) of the students stated that they have been taking it for 4 years (even though it has only been offered for three years) while the remaining 20% of students have only had Life Orientation as part of the curriculum for one or two years. Although there was some confusion among the respondents about the length of the Life Orientation classes, the majority of students said that each Life Orientation class is 60 minutes long. This was confirmed by their teacher. Sixty-two percent (62%) of the students believed that Life Orientation occurs twice a week. In fact, the students receive instruction in Life Orientation three times a week (as confirmed by the teacher). Only 22% of the students correctly identified the frequency of the class. This statistic may be significant in that either the students don't see a value in the class and thus don't pay much attention to it or that the class is very fluid and in fact, other classes may be taught within the time period for Life Orientation.

The students' beliefs about why Life Orientation was introduced as part of the curriculum were probed in the focus group interviews. Most of the responses centered around AIDS.

"Because of AIDS. They want to teach us when we are young and make us aware of what will happen."

"Maybe because of the high percentages of AIDS and abortions."

"So we can learn about AIDS."

Perhaps the high number of responses that were given with AIDS being a justification for Life Orientation is because the students knew that the researcher was focusing on HIV/AIDS as a central part of this research or because there is a conflation of Life Orientation with HIV/AIDS.

There were two responses that seemed to show a high level of awareness toward why Life Orientation became part of the school curriculum.

"It teaches us about novel stuff that you need to be aware of in your daily life."

"It is a break from normal school work. We have one period where we can sit and talk about stuff and receive advice."

It is unclear whether students actually understand the Department of Education's reasons for introducing Life Orientation or whether they only see that Life Orientation as a class where they are overwhelmed with sex and HIV/AIDS education.

At this particular school, it appeared that very specific topics were covered in depth, as is evident by the students' responses to what they have been taught in Life Orientation this year, as displayed in figure 4.1.

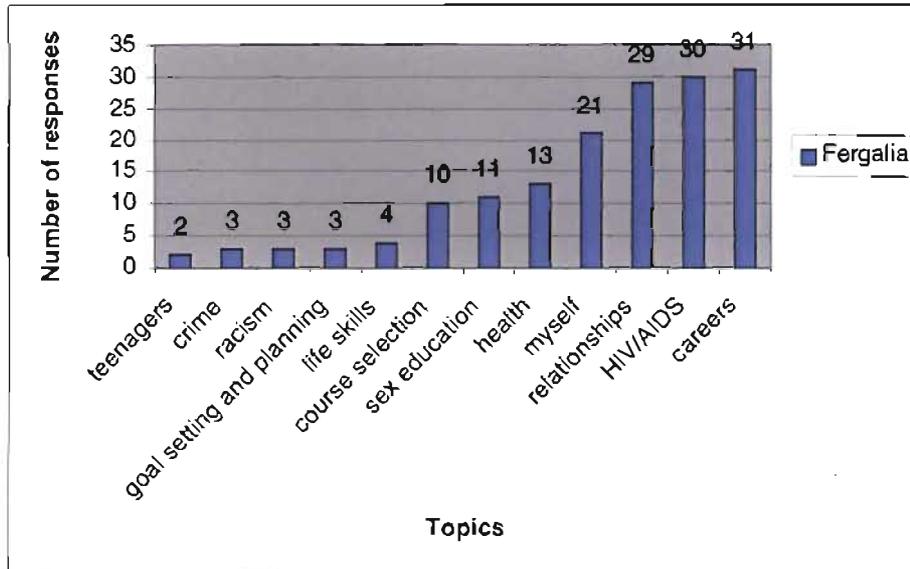


Figure 4.1 Topics covered in Life Orientation at Fergalia High School

Students identified four topics- careers, relationships, HIV/AIDS, and myself (referring to each individual student)- most readily as issues covered in Life Orientation lessons. It is likely that most students selected these topics because they are central themes that occur throughout the Life Orientation curriculum. It is difficult to speculate about the reasons why certain topics were remembered by very few students. It could be because those topics did not receive much teaching time, or because the students did not find them particularly relevant to their lives, or because they were not actually taught. However, the topics that were most frequently mentioned are related to some of the outcomes of the Life Orientation curriculum.

Life Skills

Teaching about life skills is the central mechanism by which teachers are supposed to educate their students about HIV/AIDS. It is therefore necessary that students have a sound understanding of life skills and examples of them. Students were given three possible definitions of life skills and were asked to choose the correct answer. The three possible answers were: life skills help you to make money, life skills help you to find the person of your dreams, life skills are “knowledge, attitudes and skills which support behaviors that enable us to take greater responsibility for our own lives; by making healthy life choices, gaining greater resistance to negative pressures, and minimizing harmful behaviors” (the United Nations definition of life skills). Thirty-six (36) of the 37 students correctly identified

the United Nations definition while only one student said that life skills were about making money.

However, the ability for the students to choose the correct answer of what life skills are is deceptive. When asked to list as many life skills as possible, the following answers were received:

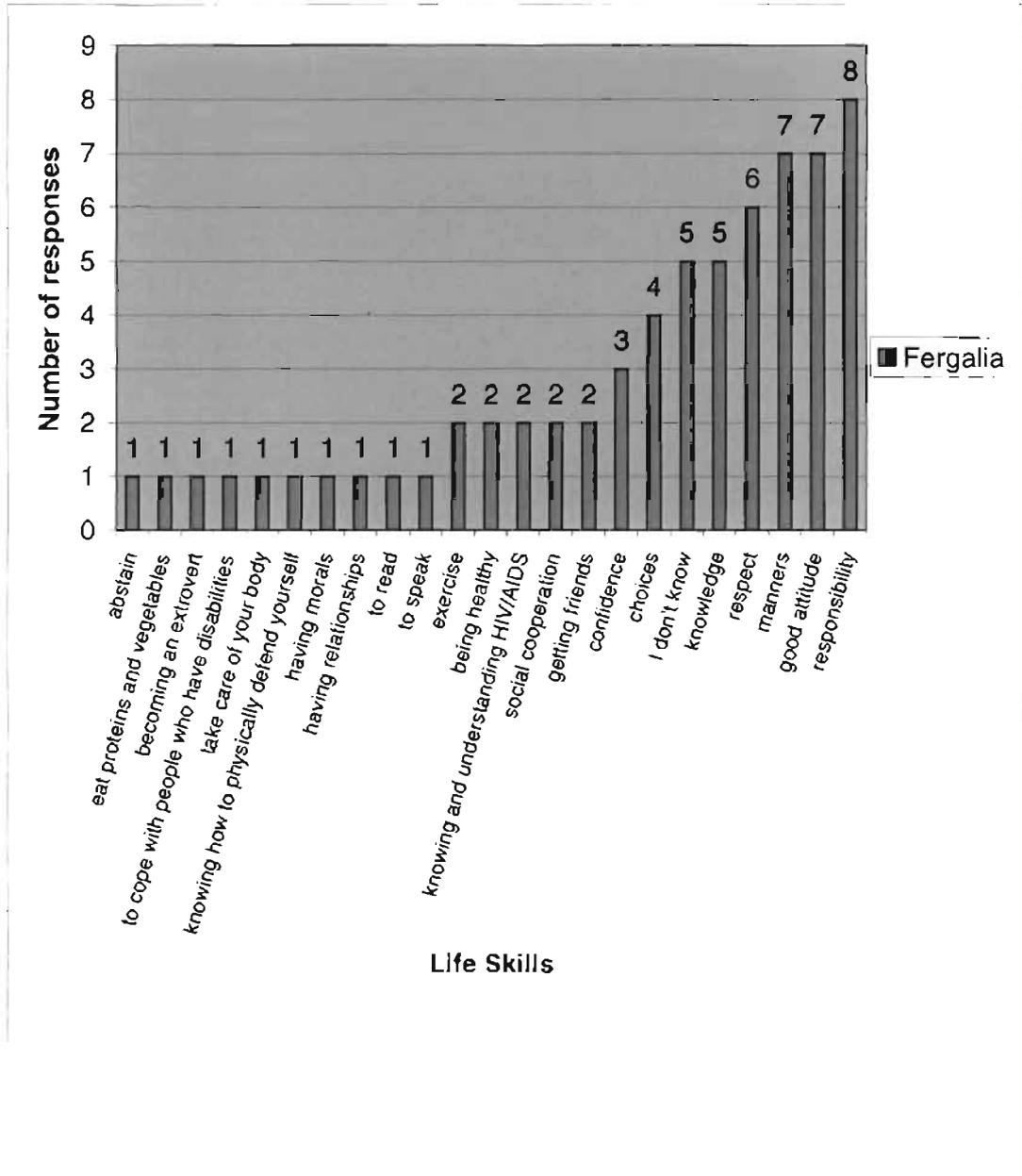


Figure 4.2 Life skills as identified by students at Fergalia High School

Many observations can be made from looking at the above graph. The most obvious one is

that no one answer was given by more than eight students, or 20% of the class. One would assume that the majority of the class would be able to identify at least one or two life skills. However this is not the case. Many of the life skills identified by the students are in fact not life skills at all; they are situations where like skills can be used, but they are not the generic skills that can be used in any situation. Having good attitudes, manners, being able to cope with people with disabilities, knowing how to physically defend yourself, social cooperation, and confidence, can all be considered life skills. Some of the other responses given by the students could be considered to be life skills, but it could easily be argued that they are not life skills. In the interviews, the researcher again asked the students to list life skills. They were unable to answer the question, and even with prompting, were unable to provide their own examples. Possible conclusions by looking at this data are: 1) the students have not received any training in life skills; 2) if they have received training in life skills, it was minimal or of a poor quality since there is not a collective memory of various types of life skills; or 3) the students found it difficult to list concepts when in fact they have practical ideas of life skills.

Another possible reason why the students had a difficult time recalling life skills could be because of the methods with which they were taught life skills. Suggested methods for teaching life skills are through role-playing, drama, and other non-traditional teaching methods. Although these methods have been used at Fergalia High School, the most common teaching method, as identified by the students, is reading from a textbook.

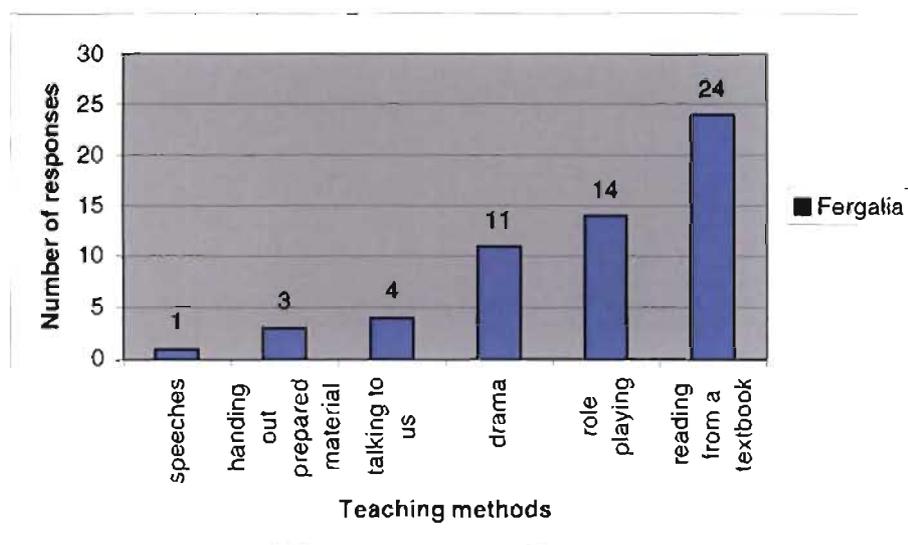


Figure 4.3 Teaching methods used to teach life skills as identified by students at Fergalia High School

It is quite possible that because of a lack of innovative teaching methods applied by the teacher, the ability of the students to retain information was minimal.

Although the students had difficulty providing examples of generic life skills, when asked to explain why it was necessary to have life skills, they appeared to have an understanding of using life skills in their world, as shown in Figure 4.4.

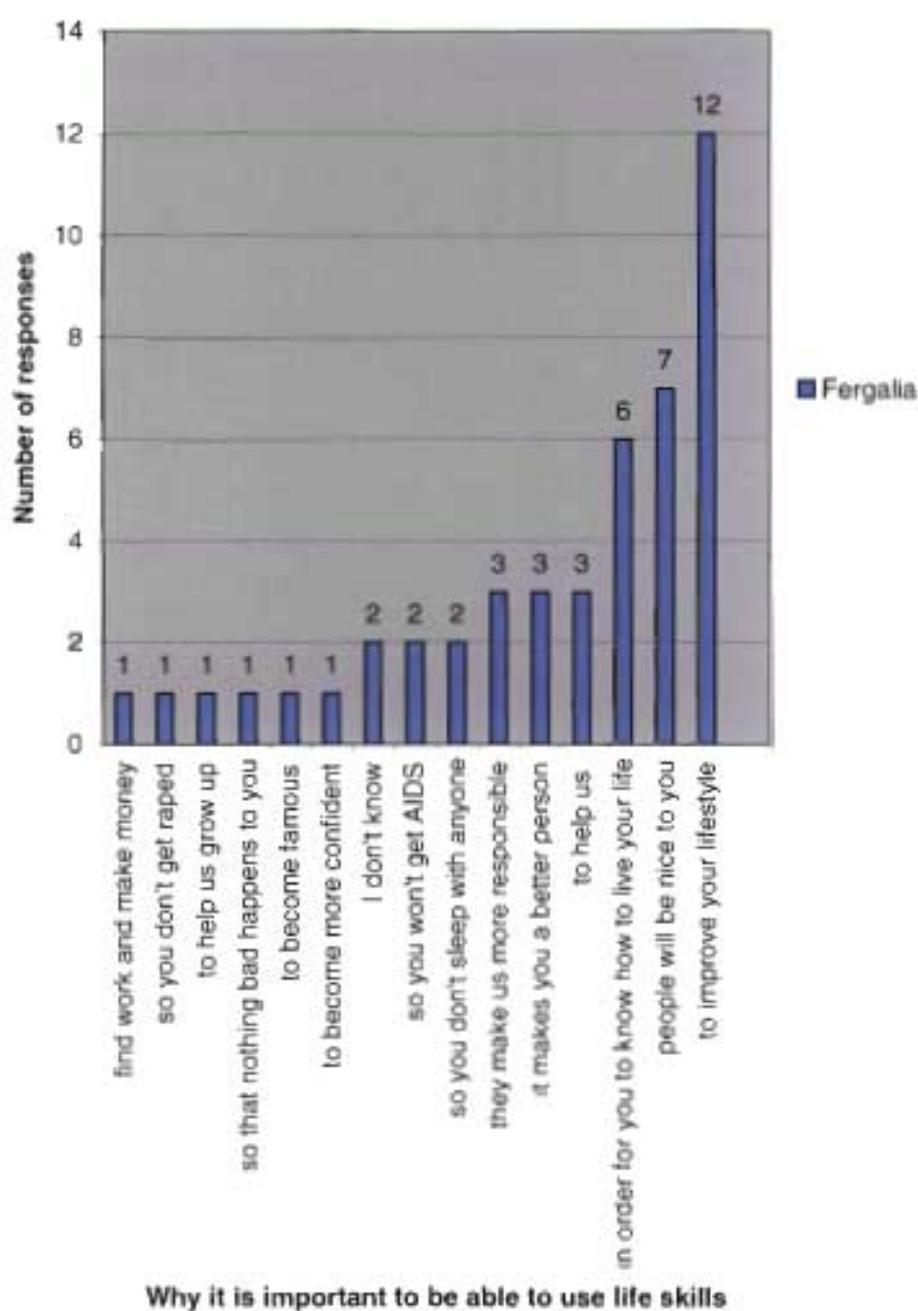


Figure 4.4 Fergalia students' responses to why having life skills is important

Once again, what is apparent is that there does not seem to be a consensus on answers for why life skills are important. Although the majority of students were correct in their understanding of the necessity of life skills, it is interesting that there is such diversity in answers. However, it is significant that the students are able to understand why life skills are necessary in life. Although they may not be able to give labels to generic life skills, they appear to understand what they are and how they can contribute to more fulfilling and productive lives.

HIV/AIDS

Knowledge concerning the basic facts about and awareness of HIV/AIDS at Fergalia High School were relatively high. However, with students receiving so much information and education about HIV/AIDS, it is unacceptable that all students are not competent in their knowledge of transmission and prevention. Forty-three percent (43%) of the students were able to identify that HIV stands for Human Immunodeficiency Virus while 40% of the students said that it stands for Human Immune Virus. Ninety-four percent (94%) of the students said that AIDS stands for Acquired Immune Deficiency Syndrome, with the remaining 6% replying that they did not know what the acronym stands for. Although the students know the full titles HIV and AIDS, it is unclear whether the students actually understood how those terms translate into medical definitions and what practically occurs in the body when someone is infected with HIV and AIDS. Although students do not need to understand the physiology of the disease to engage in safe sex, it is useful for students to know how the disease works within the body.

The students, on the whole, were able to identify ways in which a person can contract HIV, but not all students could identify the correct answers, and some students identified incorrect answers.

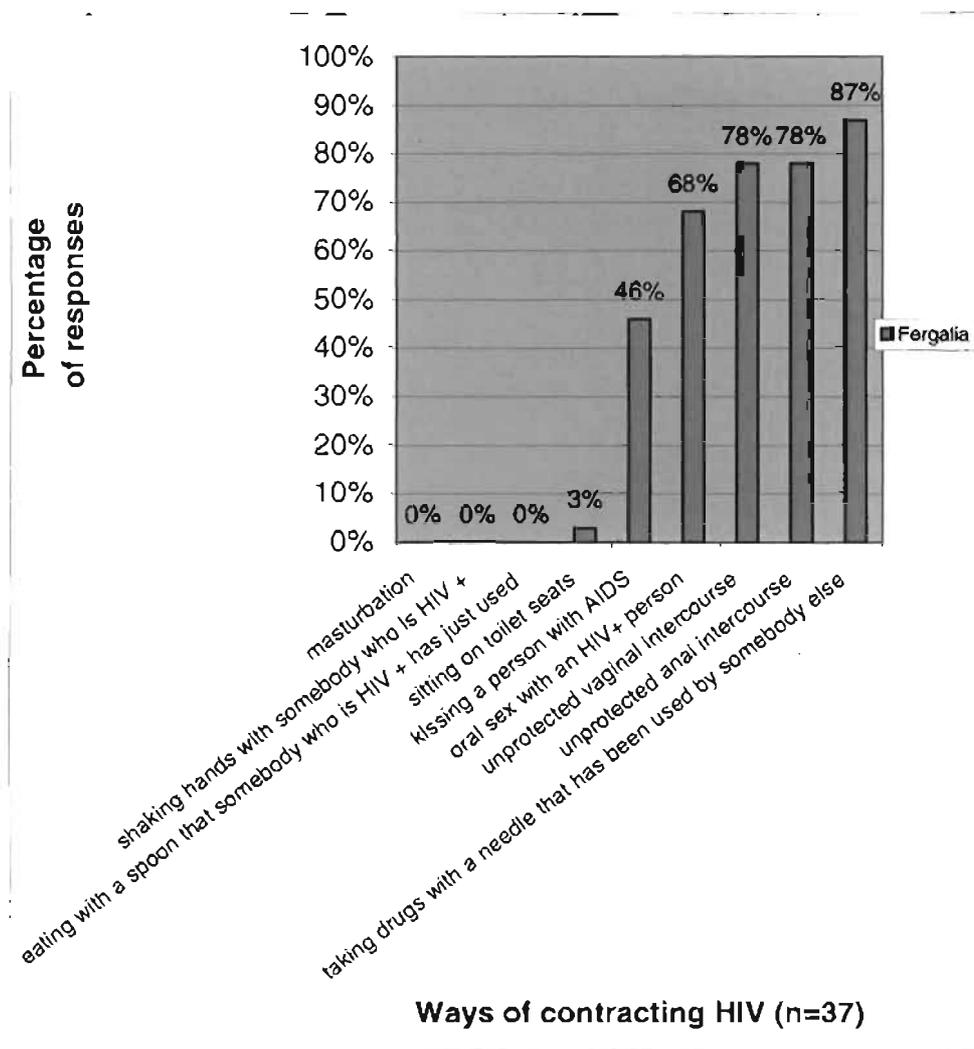


Figure 4.5 Fergalia students' responses to how a person can contract HIV³

A majority of students were able to identify that HIV can be contracted through sharing needles, oral sex, and unprotected anal and vaginal intercourse. However, it is disturbing that 46% of the students believed that HIV can be contracted through saliva and kissing. Theoretically HIV can be transmitted through kissing. However, there has never been a known case with this mode of transmission as its cause.

³ The students were asked to choose which of the above options are ways of contracting HIV. They could choose as many as they felt were correct ways of contracting HIV. No students marked that the first three options were ways of contracting HIV.

Once again, the students' knowledge of how to protect one's self from contracting HIV is moderate, but not acceptable in that not all of the students could identify the correct ways of preventing themselves from contracting HIV. (See figure 4.6)

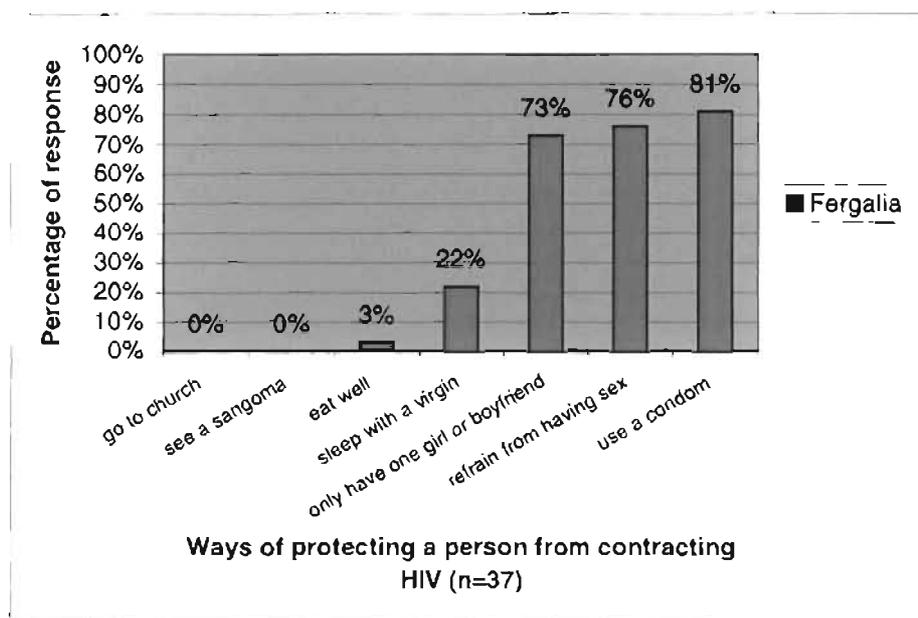


Figure 4.6 Fergalia students' responses to how a person can protect himself from contracting HIV⁴

It is very disturbing that some students still believe that sleeping with a virgin⁵ can protect one from contracting HIV. It is correct that having one girl or boyfriend is a start to protecting one's self, but that does not mean that the partner only has one girl or boyfriend. Although there wasn't space given for the respondents to emphasize that both partners must be monogamous, one would only hope that the students realize this must be true. It is saddening that only 81% of the students identified condoms as a way of preventing HIV transmission, since advertisements are literally everywhere reminding people to use condoms when having sex.

With students having minimal knowledge about life skills and not completely accurate knowledge about HIV/AIDS, it makes it difficult for them to connect the importance of life skills and HIV/AIDS prevention.

⁴ The students were asked to choose which of the above options are ways of protecting a person from contracting HIV. None of the students marked that the first two options were ways of HIV protection.

⁵ The 'sleeping with a virgin' myth does not make specific reference to whether the virgins are male or female. However, this myth is generally used in reference to female virgins. The researcher has never heard of this myth referring to a male.

Life Skills and HIV/AIDS

In HIV/AIDS education, knowledge about the disease is essential. Although teaching about life skills and other techniques to change behavior is possible without students understanding HIV and AIDS, it is useful for the students to know the basics of the disease so that they can practically implement sexual behavior change within a context of HIV/AIDS. Most students at Fergalia High School have a foundation of HIV/AIDS knowledge, but their confusion about life skills makes it difficult for them to understand the connection between life skills and HIV/AIDS.

Thirty-six (36) out of thirty-seven (37) students agreed that using life skills can reduce one's chance of contracting HIV. However, when probed about how this occurs, it became clear that the majority of the students don't understand how life skills relate to HIV/AIDS.

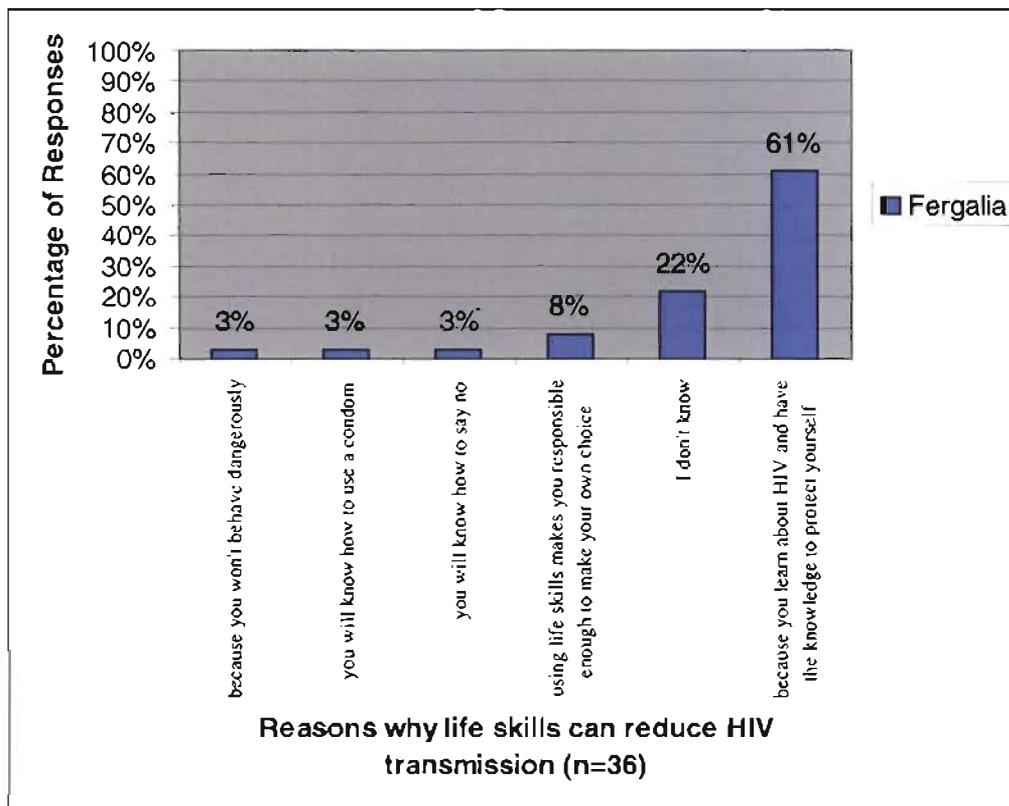


Figure 4.7 Responses from students at Fergalia High School on how life skills can reduce HIV transmission

Sixty-one percent (61%) of the students believe that life skills teach about HIV and provide knowledge to protect one's self from infection. This is not the true intention of life skills. As previously stated, it is not essential to have knowledge about HIV and AIDS in order to make

behavioral change. Life skills do not teach a person specifically about HIV—they teach skills to use in situation where one could protect him or herself from contracting HIV. It seems that only four students (11%), those who responded that one won't behave dangerously and that life skills make you responsible, have an idea about life skills and their connection to HIV.

Only 21% of the students have had either penetrative vaginal or anal sex and only 49% of the students have been in a sexual relationship⁶. It is important to remember that self-reported sexual behavior can be misleading. It is impossible to know if these are the true figures or if the students were trying to portray to the researcher that they behave in sexually safe ways.

The low number of students who have had intercourse can be attributed to:

- 1) parental guidance;
- 2) sex education in schools;
- 3) the government's message to abstain from sex;
- 4) religious beliefs; or
- 5) students believing that they are too young to have sex.

There was less data available concerning practical implementation of life skills in sexual relationships. However, the data received confirms the above figures that the students don't understand the basic concepts of life skills and how they can be applied to sexual relationships. Of the 18 students who have been in a sexual relationship, 16 of them stated that they have used life skills in their relationships. However, the majority of the responses that stated how life skills have been used in their relationships showed that they in fact were not using life skills. Only 5 of the students mentioned life skills in their answers. This misunderstanding about life skills was confirmed through the group interviews. When asked to give scenarios where life skills would be used in a sexual relationship, the students gave scenarios that could arise, but did not incorporate life skills into the resolutions of those scenarios.

The students' overall knowledge of life skills is quite deceptive from this data. Although the majority of students could not list specific life skills, they were able to say why they are important to use. However, most students were not able to identify how life skills reduce HIV transmission. For those students who have been involved in sexual relationships, even though

⁶ The students were not given a definition of what constitutes a sexual relationship. They had the ability to define whether they had been in a sexual relationship, irrespective of whether intercourse took place in that relationship. Those who stated that they had been in a sexual relationship but had not had intercourse identified kissing as the most common physical act that took place between the respondent and his or her partner.

they state that they use life skills in their relationships, when asked to give examples, they were unable to provide any examples where in fact life skills were at work. It is definite that these students have received life skills education, but their ability to implement it practically is low.

Teacher's understanding of HIV/AIDS and Life Skills

The teacher, Mr. Brianita, has been a teacher for 19 years, and has a Bachelor of Science degree, a B.Ed Honors Degree, an HDE, and is currently working towards his Masters of Education degree. This is his second year of teaching Life Orientation. He was previously the school counselor, so the Department of Education identified him as one of the teachers who would receive their one-week training in Life Orientation. He also participated in a one-year course by the Department of Education in HIV/AIDS.

The topics Mr. Brianita identified as having taught this year in Life Orientation correspond with those stated by his students. However, his students identified reading from a textbook as his most common method of teaching while he identified role playing and buzz groups as the methods he uses most frequently. Mr. Brianita seems to have a simplistic understanding of life skills in that he believes life skills “equip pupils for life” and that they are important because they “prepare them [students] for life.” In teaching about HIV/AIDS, Mr. Brianita discusses an array of topics surrounding HIV/AIDS, including personal hygiene, transmission, drugs, prevention, gender, sex, sexuality, life skills, tolerance, and attitudes towards HIV positive people. He also says that he has spent over 20 hours on HIV/AIDS this year. However, when asked how a life skills approach can help learners remain HIV negative, his answer does not go beyond that of knowledge. “With information provided, learners will be able to know about HIV/AIDS and therefore make correct decisions about their sexual lives.” Nowhere are the issues of the social, political, and economic contexts that the students live in nor the gender dynamics that the students are exposed to discussed. Although Mr. Brianita believes that he has taught all the complexities of HIV/AIDS and life skills to his students, those issues such as context and gender, that require a firm understanding of life skills are absent. This supports the data that shows that his students lack a strong foundation of life skills that is needed for HIV prevention.

Johnnpha High School

Life Orientation

Unlike the students at Fergalia High School where the majority of students have had Life Orientation for three years, more than half of the students at Johnnpha High School have been taking Life Orientation for only two years. Thirty-seven percent (37%) of the students have taken Life Orientation for three years; the remaining few students have only been introduced to Life Orientation this year. Each Life Orientation period is 60 minutes long, although only 55% of the students were able to identify this. There was even greater confusion about the number of times the students have Life Orientation per week. Sixty percent (60%) of the students said that they had Life Orientation either two or three times a week, while 35% of the students said that they received Life Orientation four times a week. (The teacher confirmed that the class is taught four times a week.) The students not being able to correctly identify the frequency in which Life Orientation is taught can be attributable to boring lessons, no Life Orientation class at all, or just bad memories.

The students who participated in the group interviews seemed to have a sound understanding of why Life Orientation became part of the curriculum and what functions it serves.

“To learn life skills.”

“Knowledge of how we can protect ourselves.”

“To know what to do in the future.”

“To learn about skills and about life because it is an important things we must know.”

“LO teaches us about HIV/AIDS.”

These students seemed to grasp the complexities of the lives that they will soon be faced with and understood that they needed skills and assistance to tackle those difficulties of life.

These students seemed to understand and want guidance in how to lead better lives. By the diversity of topics that have been covered in Life Orientation this year, they may be receiving instruction and leadership that is necessary for their lives.

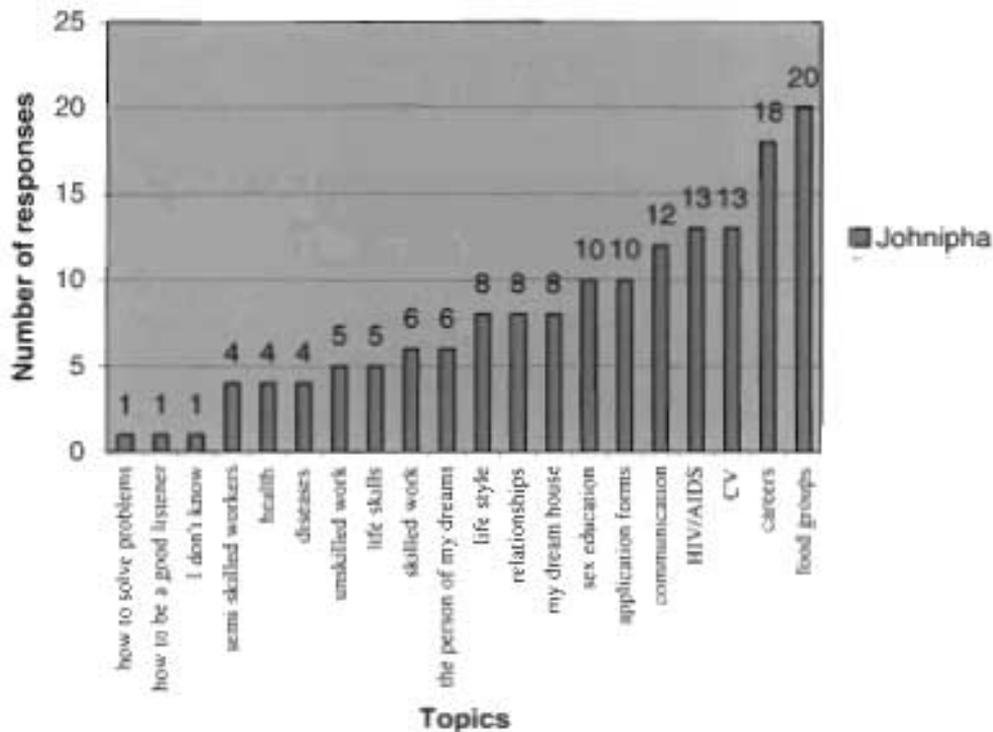


Figure 4.8 Topics covered in Life Orientation according to students at Johnnpha High School

Many topics were covered in the first three terms of the 2002 school year. Although some of the topics such as the 'person of my dreams' and 'my dream house', could be connected to the Life Orientation curriculum, in this class where there is a lack of comprehension of more crucial topics, such as HIV/AIDS, valuable class time has been spent on topics that are not critical to the education of the students.

Life Skills

In order to ascertain whether the students had a basic understanding of what life skills are, they were given three possible definitions of what life skills are. Eighty percent (80%) of the students were correctly able to identify the United Nations definition of life skills, while 5% of the students said life skills had to do with finding their one true love, and the remaining 15% of students identified life skills as skills assisting them to acquire money.

Even though the majority of students were able to pick the best possible definition of life skills from a choice of three, when asked to list as many life skills as they could, their ability to do this was dismal.

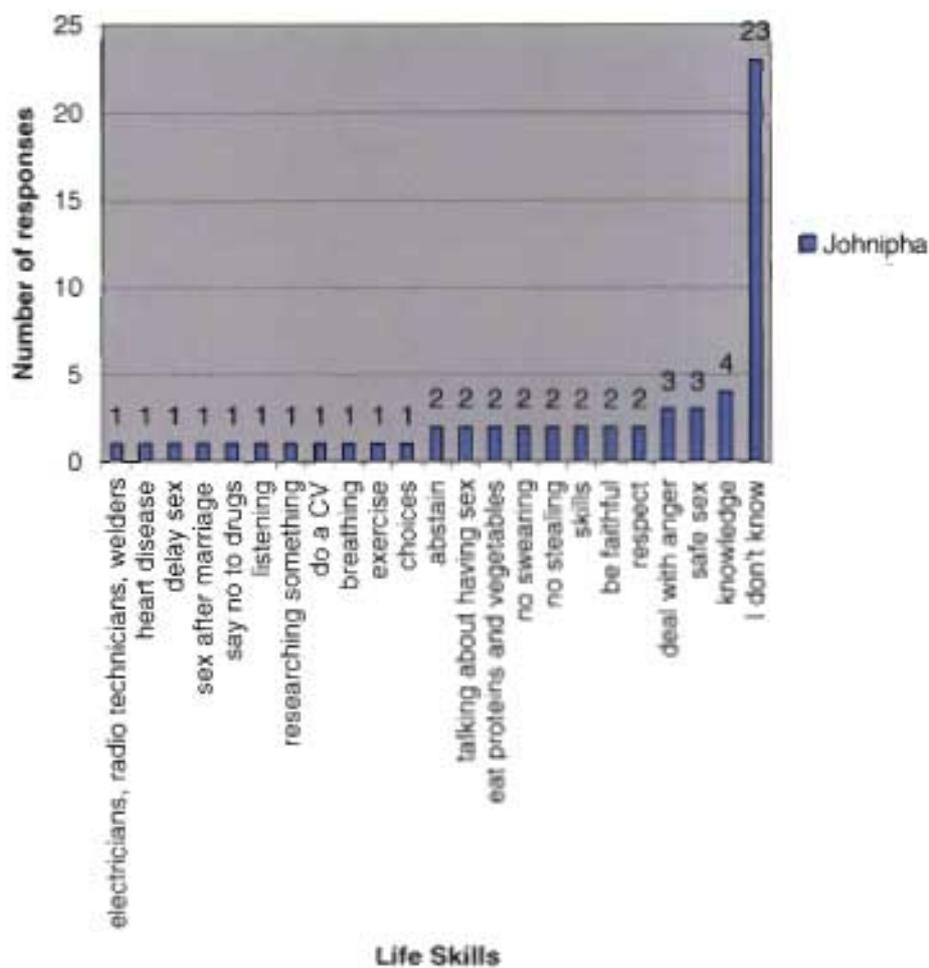


Figure 4.9 Life skills, as identified by students at Johnnpha High School

The most apparent conclusion drawn from this graph is that most of the students don't know what life skills are. Fifty-seven and a half percent (57.5%) of the students were unable to list any type of life skill. For the remaining 42.5%, or 17 students, who were able to identify what they believe to be life skills, no answer received more than 4 students identifying that life skill. Some of the life skills identified are in fact life skills, such as listening, dealing with anger, and researching something. Saying no to drugs and talking about having sex are two scenarios where life skills are more than likely applied, but they are not life skills in themselves. The ambiguity and uncertainty of what life skills are was again reflected in the focus group interviews. The students were unable to identify any life skill on their own, and

with a little prompting, were still virtually unable to identify them. It seems that life skills have not been an integral part of the Life Orientation curriculum at Johnnapha High School and that most of the students understand life skills to be those topics that have been covered in their Life Orientation class.

If in fact the students did receive education on life skills, their inability to identify life skills could be attributed to poor teaching methods or the teacher not arriving to teach the class.

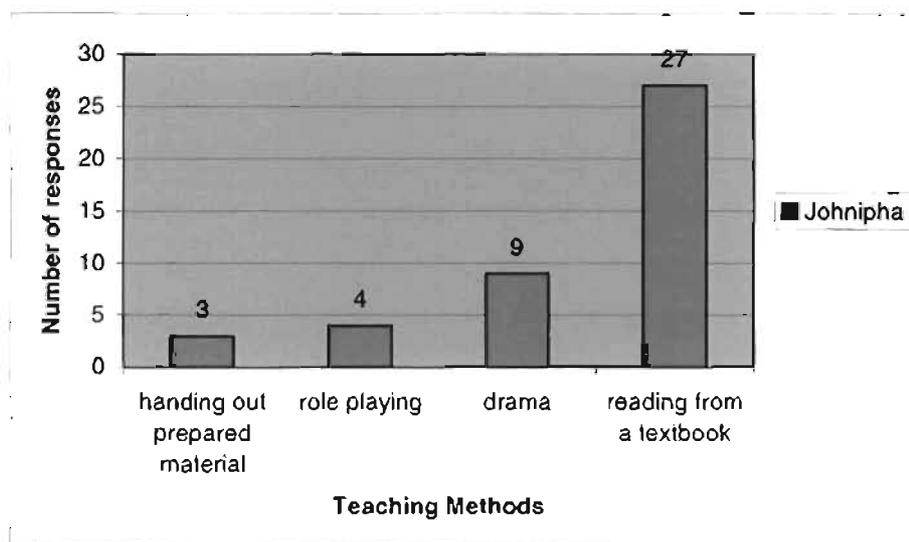


Figure 4.10 Teaching methods used to teach life skills, as identified by students at Johnnapha High School

Reading from a textbook is the overwhelming choice of methodology. This could limit the ability for the students to retain information concerning life skills.

The majority of students had difficulty identifying generic life skills that can be applied to any situation. The majority of students also appeared to experience this same difficulty in identifying reasons for why having life skills is necessary, as shown in Figure 4.11.

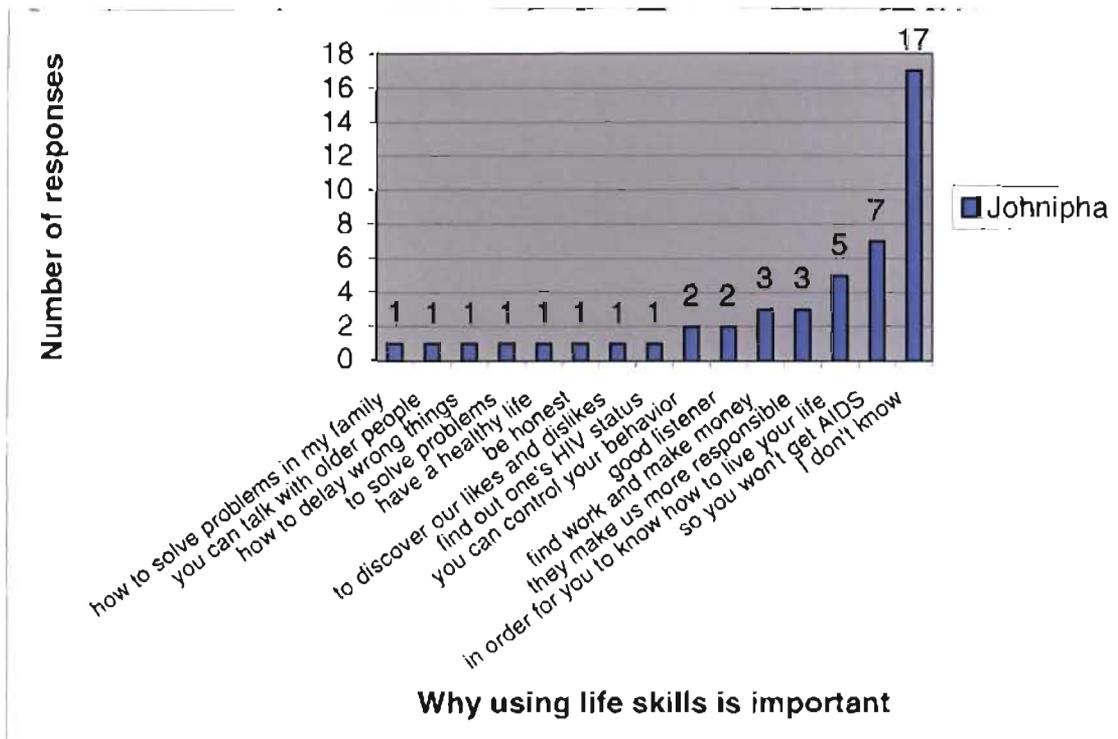


Figure 4.11 Why using life skills is important, according to students from Johnipha High School

Once again, the most frequently occurring response to why it is important to use life skills is "I don't know." This confirms the above conclusion that life skills have not been an essential part of these students' education. The next most frequently occurring response is that having life skills will prevent you from getting AIDS. It is encouraging that some students realize the connection between life skills and HIV/AIDS. However, since that is a main focus of HIV/AIDS education, more students should be able to make this connection. Most of the other responses given are related to the necessity of having life skills. Even if some students are able to give correct responses about the importance of life skills, these are overshadowed by the fact that almost half of the students were unable to provide any response.

HIV/AIDS

Understanding the complexities of HIV and AIDS can be assisted when people comprehend what HIV and AIDS stand for and what those medical words mean in terms of actions and reactions in the body.

Not one student could correctly say what HIV stands for. 'Human Immune Virus' was given as an answer by 95% of the students. This is quite close to the actual terminology. One must

take into consideration that all of the students are second language English speakers and all are not fluent in English. The students were slightly better in their ability to say what AIDS stands for. Sixty-seven percent (67%) of the students correctly stated that AIDS stands for Acquired Immune Deficiency Syndrome. Seven percent (7%) of the students provided no answer, 5% did not know, and the remaining 21% gave various constructions of Acquired Immune Deficiency Syndrome.

Although the students have some awareness of what HIV and AIDS stand for, there is a considerable and quite scary lack of knowledge in how HIV can be contracted, as can be seen in Figure 4.12.

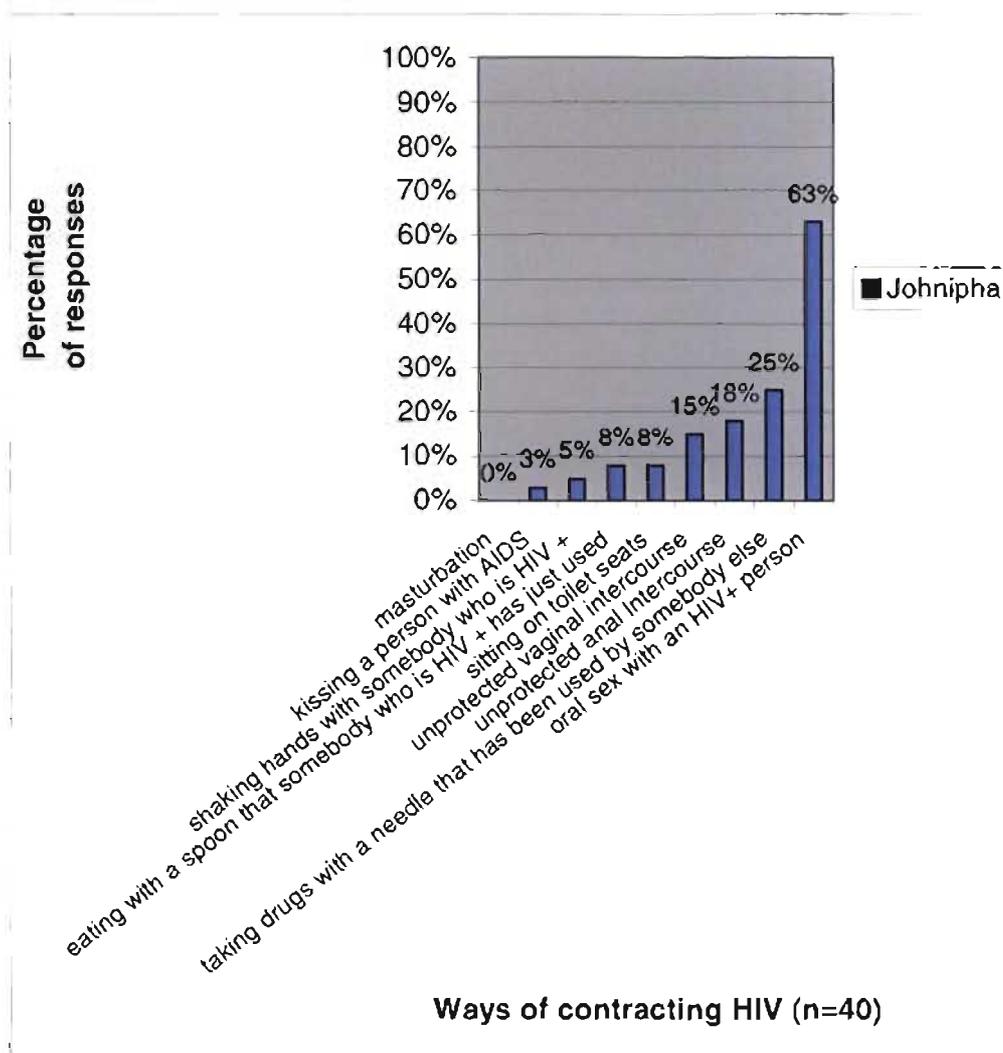


Figure 4.12 Johnnapha students' responses to how HIV can be contracted.⁷

⁷ The students were asked to choose which of the above options are ways of contracting HIV. No students marked that the first option was a way of contracting HIV.

The most frequently occurring response to how someone can contract HIV was by having oral sex with an HIV+ person. However, of the four possible ways that a person can contract HIV that were given to the students, oral sex with an HIV+ person is the least risky. Anal sex, one of the most dangerous sexual practices in terms of HIV transmission, was only identified by 18% of the students. The most common way of transmission in South Africa, unprotected vaginal sex, had the least number of students answering that this practice would lead to HIV. The fact that only 6 out of 40 students identified unprotected vaginal sex as a way of contracting HIV is very disheartening as it points to the failure of HIV/AIDS education. It is also interesting to note that no student believed that masturbation could transmit HIV. This could either mean that the students are well informed or that they didn't know the term 'masturbation.' The disaggregating of the numbers along sex lines reveals some interesting beliefs. This will be discussed later in this chapter. The education of children about how HIV can be contracted has failed dismally. Although the children have slightly better knowledge about how to protect themselves from contracting HIV, this knowledge is not much better than how HIV is transmitted. (See Figure 4.13)

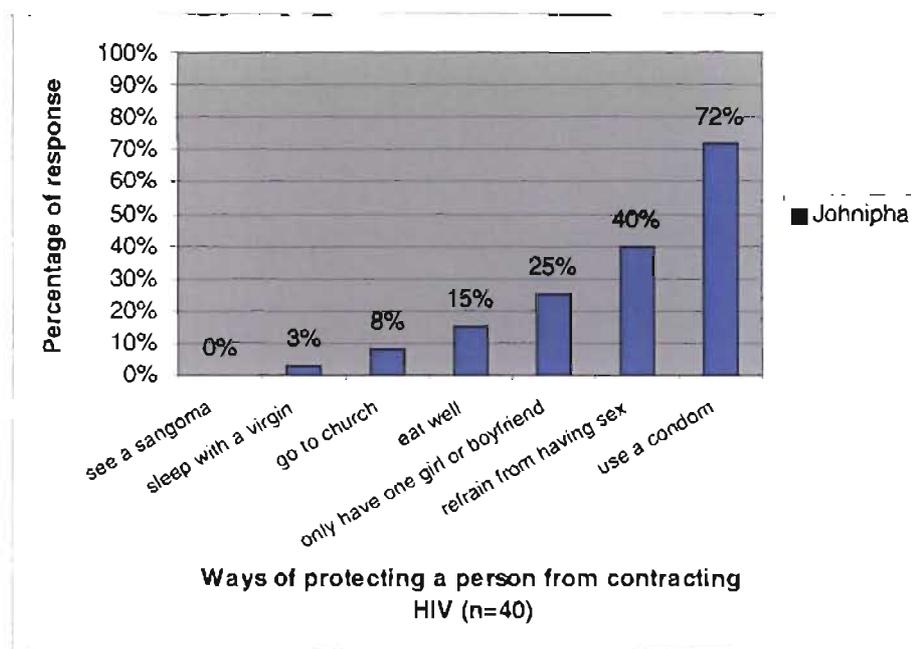


Figure 4.13 Ways of protecting one's self from contracting HIV, as identified by students at Johnnapha High School⁸

Only 72% of students said that wearing condoms could protect a person from contracting HIV while only 40% of students said that abstaining from sex would protect a person.

⁸ The students were asked to choose which of the above options are ways of protecting a person from contracting HIV. None of the students marked that the first option as a way of HIV protection.

Condoms are not 100% effective in preventing HIV transmission. It is impossible to know if the 28% of students who did not identify condoms as a method of protection did not do so because in fact, they knew that they are not 100% effective. There is an inconsistency between the responses in Figures 4.12 and 4.13. If so few students knew that HIV could be transmitted through unprotected vaginal sex, why would a majority of students say that condoms are a way of protecting one's self from HIV? Understanding the basic principles of HIV transmission and prevention are critical steps in order for life skills education to have any impact on HIV/AIDS education. Sadly, it appears that a complex understanding of HIV and AIDS has not occurred in this class.

Life Skills and HIV/AIDS

As discussed above, students at Johnnpha High School have minimal or no knowledge about life skills and have minimal knowledge about HIV/AIDS. This makes it difficult for the students to associate life skills and HIV protection. Figures 4.14 and 4.15 show the reasons the students gave for why life skills can and cannot help reduce a person's chance of contracting HIV.

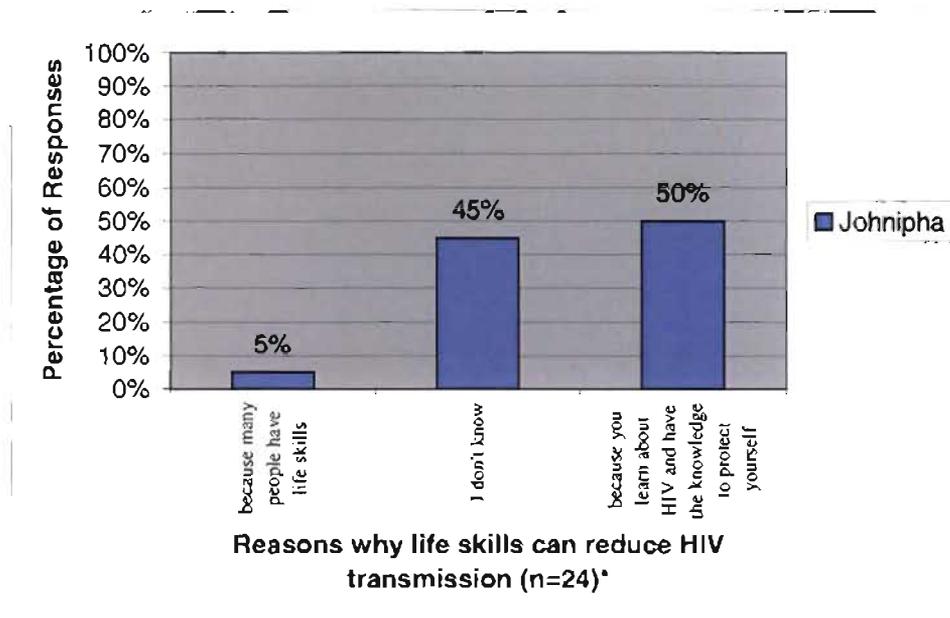


Figure 4.14 Reasons why life skills can reduce HIV transmission, as identified by those students who agreed that life skills can reduce HIV transmission.

* The twenty-four who responded affirmatively equals 60% of the class.

Sixty percent (60%) of the students stated that life skills can reduce a person's chance of contracting HIV, while 27% of the students replied that life skills couldn't reduce the chance,

and the remaining 13% did not know what to answer. Although 60% of the students do believe that there is a link between HIV prevention and life skills, when asked to explain how, 45% of those answering couldn't explain how they are related and 50% answered, "because you learn about HIV and have the knowledge to protect yourself." Life skills do not teach you about HIV knowledge, as it appears half of the students believe. The students who answered that life skills can reduce HIV transmission seem to be confused in how this is actually done.

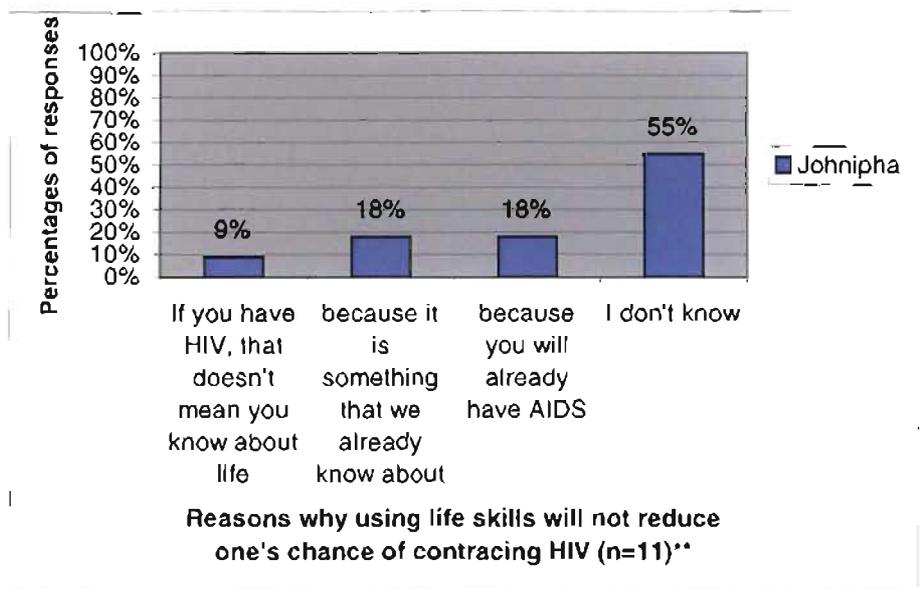


Figure 4.15 Reasons why life skills will not reduce a person's chance of contracting HIV, as identified by those students who do not believe life skills can reduce HIV transmission.

** The eleven who responded negatively equals 27% of the class.

Those students who said that life skills couldn't reduce one's chance of HIV infection also display some confusion in their responses to how life skills could not assist in lowering HIV transmission rates. Fifty-five percent (55%) of those answering stated that they did not know why life skills could not reduce HIV infection, and the remaining responses had nothing to do with life skills at all. Since these students have not received instruction on life skills, it makes sense that they cannot make an association between life skills and HIV protection.

Thirty-five percent (35%) of the students have either had penetrative vaginal or anal sex and 52% of the students have been in a sexual relationship before⁹. Those students (17%) who

⁹ The students were not given a definition of what constitutes a sexual relationship. They had the ability to define whether they had been in a sexual relationship, irrespective of whether intercourse took place in that relationship.

stated that they had been in a sexual relationship but had not had intercourse with their partner identified kissing as the form of 'sex' they had engaged in. Of those students who have been in a sexual relationship, 20% or 4 students stated that they had not used life skills in their relationship. Seventy-five percent (75%), or three out of four students stated they did not know why they didn't use life skills and the remaining 25% (one student) said that he never used life skills in a relationship because "[he] only discusses it with his mother." These answers show that the students had difficulty in providing reasons why they did not use life skills in their sexual relationships. The 80% of students that said they did use life skills demonstrated more knowledge about life skills than previously shown. Twenty-three percent (23%) of the students said that they talk with their partner while 53% of them said they wear condoms. Of those students who said that they talk with their partners, half of the students were female and the other half were male. Of the students who said that they wear condoms, 71% were males and 29% were females. Although wearing a condom is not a life skill, the interactions that would take place between partners to arrive at the decision to wear a condom would more than likely involve life skills. It is unknown whether those students who do talk to their partners discuss wearing condoms or if the conversation is about other aspects of their relationship. The remaining students' answers had nothing to do with life skills and showed a complete misunderstanding of the concept of life skills.

There seems to have been a slightly better conception of life skills displayed by the students when asked to give practical examples of using life skills than when asked to simply list life skills. It is difficult to say whether this appearance of understanding life skills is in fact real or if it was purely a coincidence that a majority of the students were able to connect HIV transmission and life skills. The most effective test of understanding life skills would be in practical situations. However, this area was not adequately explored so that conclusions could be drawn.

Teacher's understanding of HIV/AIDS and Life Skills

The teacher at Johnnpha High School, Ms. Mariena, has been teaching for over 11 years and has a Bachelor Degree and a teaching diploma. This is her first year of teaching Life Orientation. She has never received any specific training on Life Orientation. She was only exposed to the learning area through OBE workshops. She also had a Guidance course when

she completed her diploma. She has never received any training on HIV/AIDS. Most of her knowledge on the subject comes from colleagues and the media.

Ms. Mariena only identified five topics that she has covered in Life Orientation this year (communication, relationships, healthy life styles, jobs, and drugs), compared to the 20 identified by her students. Ms. Mariena understands life skills to be “skills that an individual should have to face life.” This is a very broad answer that seems to show a lack of understanding of the subject. This non-understanding is further supported by her beliefs of why young adults should have life skills. “To be able to perform some duties which are of help to others and to me.” In fact, life skills are not essentially about other people; they are about individuals who can then in turn use them to improve relationships with other people. Ms. Mariena includes the following topics when teaching about HIV/AIDS: transmission, drugs, prevention, sex, sexuality, and attitudes towards HIV positive people. She does not teach about gender and life skills, two of the most crucial elements in understand and abating the HIV epidemic in South Africa. She has only spent 5-9 hours on HIV education this year. In response to how a life skills approach can help learners avoid becoming HIV positive, she responded, “Pupils enjoy this learning area because it deals with their real life experiences. This then makes it easy to equip them with AIDS knowledge.” From the above statement, Ms. Mariana does not understand life skills and how they relate to HIV/AIDS. She has also only received her personal HIV/AIDS education from colleagues and the media, which could be incomplete and inaccurate. Ms. Mariana’s incompetence with life skills and HIV/AIDS is reflected by her own responses and her students’ poor understanding of those issues.

Comparison between sex, school, and ethnicity

1. In comparing the responses of the students at each school, differences are apparent in the data between girls and boys and between students of different ethnicities. Most of the differences that are evident between the two schools are noticeable in life skills knowledge and application. These differences can be attributed to the quality and the content of the teaching; that is, both schools teach Life Orientation but it appears that students in only one school received teaching in life skills while the other one did not. Additionally though, there are marked differences in knowledge between sexes and ethnicities surrounding HIV/AIDS transmission and protection. Appendix C is a chart that depicts the more vivid differences between the two schools and between sexes. As can be seen from this chart, students at

Johnnapha High School are more sexually active, but they have less information on ways of preventing and transmitting HIV. There is also a large difference in the knowledge base of boys and girls. Girls in both schools have more general knowledge than the boys do.

The responses given on how to protect a person from contracting HIV show a gap in knowledge among boys. At both schools, the girls had more accurate knowledge about forms of protection from HIV infection. At Johnnapha High School, although more girls apparently knew more about how to protect one's self from HIV infection than the boys, an equal percentage of girls and boys believed that the incorrect ways of protecting one's self from HIV infection (eat well, go to church, see a sangoma, and sleep with a virgin) were correct methods. Interestingly, 40% of the boys at Fergalia High School, a school with a predominantly Indian population, believed that sleeping with a virgin would protect a person from contracting HIV while only 4% of the boys at Johnnapha High School, an African school, believed that sleeping with a virgin would protect a person from contracting HIV. The sleeping with a virgin myth is primarily found in the African community, although it is those in the Indian community (students from Fergalia High School) who are portraying this belief. With regard to ways of protecting one's self from contracting HIV, the girls in both schools had higher knowledge than the boys and the students at Fergalia had more knowledge than the students at Johnnapha.

This trend continues with the knowledge that the students have of ways of contracting HIV. Girls in both school were much more knowledgeable about contracting HIV than boys in both schools. There is a dramatic difference between the schools though. Having oral sex with an HIV positive person was the only answer where more than 50% of the students identified a correct way of contracting HIV at Johnnapha High School. At Fergalia High School, every correct way of contracting HIV was identified by over half of the students. The only glaring inconsistency at Fergalia High School that was not found at Johnnapha was the high percentage (45% for boys and 47% for girls) of students who identified kissing as a way of contracting HIV. With this as an exception, Fergalia students, especially girls, have a much higher knowledge base than those at Johnnapha High School.

Those students with more knowledge are less sexually active than those with less knowledge. At Johnnapha High School, a higher percentage of both girls and boys have had either penetrative vaginal or anal sex. It is these students, who are less knowledgeable about how to

protect themselves, and who one would expect to have more experience because they are older, that are at greater risk because of the combination of their sexual habits and low knowledge of good sexual health.

Conclusion

Although the results of this research show that there is poor to moderate knowledge reported from all students about life skills and HIV/AIDS, there are marked differences between the two schools and between girls and boys. It is necessary to offer some possible explanations to demonstrate why the patterns and trends exist as they do.

In both schools, the girls had better knowledge than the boys. One explanation could be that women are more at risk and therefore feel a stronger need to educate themselves. Because of women's social status, economic dependency, and the need to use sex as a means of survival, the girls at both of these schools are educationally preparing themselves for the circumstances that they might be forced to encounter in the future. Another reason for higher knowledge by the girls could be that Life Orientation and life skills are considered 'girls' subjects. Boys tend to not perform as well in subjects that deal with emotions, as they are considered to be only for girls (Head, 1999). Life Orientation curriculum has many aspects of it that could be considered feminine. As boys do not want to appear feminine and must show signs of being masculine, it is possible that boys intentionally do not pay as much attention in Life Orientation in order to protect their self-image.

There are dramatic differences between Fergalia High School and Johnnpha High School. The most obvious explanation for the relatively strong performance by students at Fergalia High School and the poor performance by students at Johnnpha High School has to do with teaching. At Fergalia High School, life skills are taught. They are not taught at Johnnpha. Mr. Brianita at Fergalia High School has a degree in psychology and has had Department of Education training in both Life Orientation and HIV/AIDS. Ms. Mariana at Johnnpha has only received Department of Education training on OBE. Mr. Brianita has taught at Fergalia High School for 19 years while this is only the first year that Ms. Mariana has been at Johnnpha High School. The levels of respect, support, and reinforcement each teacher receives are possibly determined by the status that each teacher has at school. Ms. Mariana's short tenure

at Johnnpha High School may result in a lack of support and respect among her colleagues, thus giving her fewer resources to become an effective educator.

It would be easy to argue that students at Johnnpha High School have less knowledge on HIV/AIDS because they are African and come from conservative homes where issues of sex are not discussed. However, this argument has distinct limits. The Indian community, where most of the students at Fergalia High School come from, is equally, if not more, conservative than the African community. All of the students who participated in the interviews at Fergalia High School were Indian. They said that they could not talk to their parents about sex and relationships and had no desire to. However, almost all of the students interviewed at Johnnpha talked with their parents about sex and relationships and were glad that they had that support. Although students at Johnnpha High School had extra reinforcement from their parents with regard to sex education, that parental support was still not strong enough or accurate enough to raise their children's HIV and life skills awareness.

Thus, having surveyed students of different sex and race groups, and with different levels of sexual experience, parental communication, and exposure to various content and teaching methods, the only conclusion to be reached is that the students in these two schools are woefully unprepared in the areas of life skills and their application, especially as they relate to avoiding HIV/AIDS. These two schools are in urban and semi-urban areas, with more resources than most South African schools. One can only suppose that the knowledge and skills of teachers in many of the poorly resourced and rural schools are less than those in the two schools studied. On the whole, South African education and South Africans appear to be a long way from being able to control the continual spread of HIV/AIDS.

Chapter Five- Conclusion

Given the absence of a cure for HIV and AIDS, effective HIV/AIDS prevention programs are essential in combating the spread of HIV. As proven throughout the world, merely teaching people the basic facts about the transmission and prevention of HIV and AIDS have not stopped people from engaging in behaviors that spread HIV. Intervention programs must go a step further to assist people in changing their personal behaviors. This is a difficult task to accomplish. However, by teaching people generic life skills and ensuring that people can apply them, these life skills can be used to avoid and in risky situations to assist a person negotiate a specific behavior. By using life skills in sexual relationships and encounters, those involved can ideally negotiate not having sex or having sex with a condom-- acts that can prevent HIV transmission. It is through this type of intervention that the South African government and Department of Education hope to reduce HIV transmission rates in South Africa.

Main Findings

This study looked at two schools of differing socio-economic status and residential areas within the greater Durban region. Information was gathered regarding the instruction in Life Orientation, and of life skills and HIV/AIDS education in one Grade 9 class in each school. Although it can be stated that in both schools, the ideal outcomes for the life skills and HIV/AIDS educational programs have not been achieved, there are significant differences in the content of instruction and the respective success rates of the program between the two schools.

- Within the Life Orientation curriculum, Fergalia High School teaches a much more defined and smaller sets of topics than the counterparts at Johnipha High School. Johnipha High School teaches some topics of little importance. Significant topics, such as HIV/AIDS, are not adequately taught in such a way that students comprehend them.
- Life skills education, the Department of Education's approach that is central to the reduction of HIV transmission rates, does not appear to have been effectively taught

at either school, although the knowledge and application of life skills by the students at Fergalia High School is higher than those at Johnnpha High School. At Fergalia High School, although most students attempted to identify life skills, many of those that were identified were in fact not life skills, and those that were correctly identified as life skills were done so by a small percentage of the class. However, a majority of the students were able to say why life skills were important to one's life. Although they may not be able to list specific life skills, there is a comprehension of the importance of life skills in a person's life. At Johnnpha High School, this awareness is not apparent. Fifty-seven percent (57%) of the students were unable to identify any life skill and for those life skills that were identified (whether they are in fact life skills or not), not one was identified by more than 10% of the class. The students' confusion over life skills was once again apparent in their inability to say why life skills are important to an individual's life.

- South Africans have been bombarded with information about how HIV can be contracted and transmitted. This basic knowledge is also reinforced in schools. However, the students researched still do not have full knowledge about the transmission of HIV. Although one can conclude that students at both schools are not fully educated in basic HIV/AIDS knowledge, there is once again a large difference between the two schools. The majority of students at Fergalia High School were able to identify the correct ways of transmitting HIV, but many students incorrectly believed that kissing could transmit HIV. The lack of knowledge of the students at Johnnpha High School is disturbing. Only 15% of the students identified unprotected vaginal intercourse as a way of transmitting the disease, while the only answer that more than half the students identified as a way of transmitting the disease, having oral sex with an HIV+ person, is in fact one of the least risky way of contracting the disease. It appears, that at both schools, but especially at Johnnpha High School, the HIV education has failed dismally.
- Students at both schools have relatively weak understandings about HIV/AIDS and about life skills. It is not surprising, therefore, that students had difficulty in understanding the connection between life skills, HIV/AIDS, and sexual relationships. Ninety-seven percent (97%) of the students at Fergalia High School stated that life

skills can reduce a person's chance of contracting HIV. However, when asked to explain why this is true, many students found difficulty in providing a correct answer. At Johnnapha High School, a majority of students, although they said that life skills can reduce a person's chance of contracting HIV, could not give reasons for why this is true. For those who responded that life skills do not have a bearing on HIV contraction, once again, a majority of the students were unable to provide reasons to support this statement. However, for those students who stated that they had been in a sexual relationship before, 80% of them said that they had used life skills in their relationships.

- In both schools, girls had more knowledge about HIV transmission and prevention than boys. This result was also found in the small study the researcher conducted on a similar topic in a school in Soweto. There are three reasons for why this could be true.
 - a) There are certain subjects that are seen as 'girl' subjects and 'boy' subjects. 'Boy' subjects are math and science, while 'girl' subjects are languages and social sciences. The reason that boys may not like 'girl' subjects is because the subjects involve emotions and the expression of emotions. Life Orientation could be considered a 'girl' subject because it teaches about things that relate to communication, relationships, and emotions. Although the boys may not have consciously rejected Life Orientation as a valuable class, it seems that they implicitly have. Since HIV/AIDS is taught in Life Orientation and if the boys have deemed the class unnecessary, then it can explain why they may not have given much of their attention in that class, including the part about HIV/AIDS.
 - b) As Morrell et al. (2001) discovered in their research of HIV/AIDS perceptions among children in Durban, "boys and girls have different responses to knowledge about HIV/AIDS. African working class girls have less possibility of using their knowledge in emancipatory ways and developing gender identities which enlarge the scope for choice in their lives" while "African working class boys sometimes deploy their knowledge about HIV/AIDS to exhibit power" (Morrell et al., 2001:7).

The different perceptions that boys and girls have regarding HIV/AIDS contribute to how they allow themselves to be educated on the issue.

- c) A third reason for why the boys' answers may not have been as perceptive was because HIV/AIDS is often considered more of a problem for women than men. Women are raped at alarming rates in South Africa, making them more susceptible to contracting HIV. It is physiologically easier for a woman to contract HIV than it is for a man. It is deemed acceptable for men to have multiple partners, so there is a higher likelihood that men can pass the disease on to their partners. The World Bank stated that in Africa in 2000, for every 15-19 year old male that was infected, there were five to six 15-19 year old females that were infected (World Bank, African Region, 2000:4). For these reasons, the girls questioned could have already realized the social and sexual dynamics of HIV. Therefore, they have invested more time in their own education so that when they become engaged in sexual relationships, they are more educated in order to prevent their own infections.
- Those students with more knowledge (Fergalia High School) are less sexually active than those with less knowledge (Johnnpha High School). Perhaps, the messages of abstinence are becoming clear to students and they realize that one can be in sexual relationships without actually having penetrative sex. Although this may be an encouraging sign of the impact of HIV/AIDS educational programs, the downside of this finding is that those students who are having sex are less knowledgeable about how to protect themselves, thus putting their health at risk. It is sadly those students who are putting themselves at risk who are in need of a better HIV/AIDS education.

It is difficult to determine what impact life skills education has had on student's behaviors as 1) the information obtained regarding behavior change would be self-reported and not always accurate and 2) many students have not had penetrative vaginal or anal sex. The message to abstain appears to have made an impact on the students' decisions, but it is difficult to know how much of this has to do with life skills and HIV/AIDS education and how much of it has to do with personal beliefs and the students' upbringing. However, what is known is that at

some point, these students will be involved in sexual relationships and having sex. It is disturbing to know that these students' understanding of the transmission of HIV and the necessity of life skills is either non-existent or not fully accurate. One can only hope that by the time these individuals do decide to have intercourse, their knowledge base has increased dramatically, their partner is educated, or their own maturity will allow them to make decisions that will not place them at risk for HIV infection.

Research Results and Literature Reviewed

The findings from this research are consistent with findings from other research conducted on life skills and HIV/AIDS education in South Africa. Teacher education is a major area of concern that affects the effectiveness of life skills and HIV/AIDS education. Deborah James (2002), in her study of life skills education in the Durban area, found that very few teachers were officially trained in life skills. Additionally, those researched in James' study were never trained in teaching methods for OBE, which would include methods for effectively teaching life skills. Mr. Brianita (the Grade 9 teacher at Fergalia High School), did receive Department of Education training on Life Orientation and HIV/AIDS. Having some academic knowledge of the content he teaches enhances his ability to teach his students. However, Ms. Mariana (the Grade 9 teacher at Johnnpha High School), who never received any training in Life Orientation or on HIV/AIDS, appears to have a difficult time teaching her students because of her lack of confidence in the subjects.

In MacIntyre's research (2001) of life skills programs throughout South Africa, she found that only 40% of rural African youth receive life skills education. Johnnpha High School, a semi-rural school, appears to be one of the 60% of rural African schools that does not receive life skills education at all. As MacIntyre points out, and is true with Johnnpha High School, although Ms. Mariana and the students may believe that they are involved with life skills education, topics such as self-esteem, assertiveness, negotiation, etc, are rarely taught and topics about facts, such as HIV, drugs, and alcohol, are more frequently taught.

Within HIV awareness programs, gender must be an element of discussion and instruction. This was not evident in either school. How men and women construct their identities and how these identities relate to each other in equal, but often unequal manners, has a direct bearing on HIV infection, HIV transmission, and HIV intervention programs (Morrell, et al. (2001),

Jewkes (2000), and James (2002)). It is essential that this gendered understanding is included in HIV/AIDS prevention programs. It has often been a criticism of the ABC campaign as well as the current life skills programs in schools that gender has not been integrated effectively nor is it a focus of the programs. Although it would be harsh to say that the HIV/AIDS and life skills programs in the two schools researched have been totally ineffective, gender sensitivity and inequality is not a component of the content taught. That can explain to some degree why students do not have a strong grasp on the interrelationship between HIV/AIDS and life skills.

As there are many educational components that create a successful HIV/AIDS and life skills program in a school, there are also many levels of interaction that a student is involved with that can explain his or her understanding of HIV, life skills, and sexuality. Bronfenbrenner's system theory supports the argument that these different levels of engagement affect and influence a student's ability to understand and apply HIV and life skills education (Donald, 1997:8). Using the micro and meso systems, one can understand that Mr. Brianita's students may be able to learn these concepts better because of his formal training on the subjects and his ability to more often teach using methods that support life skills education. However, Ms. Mariana's students can communicate with their parents about sex and relationships whereas Mr. Brianita's students can't, therefore enabling the former students to have an additional source of knowledge and support that ideally, (although it does not appear to be the case practically), should help to nourish healthier relationships. Each of these associations (or lack thereof) that the students have, have a sustained impact on their ability to learn and apply life skills and healthy sexual practices

The findings of this research coincide with and on the whole, do not deviate from, previous research done in South Africa on life skills and HIV/AIDS education. It is indeed disappointing that there have been no apparent changes in the quality of teaching and learning over the last several years.

Relevance of this study and Recommendations

This study was small in nature as it only focused on two schools in one area of a vast country. This study showed a gap in the ability of the South African education system to effectively impact on knowledge about, and skills relevant to, HIV/AIDS and sexual behavior.

The data gathered in this study has been quite illuminating, yet disappointing. Although it may have been optimistic of the researcher, she had hoped that in a society where its future is literally dependent on the control of the spread of HIV and AIDS, educational programs would have reached a stage where they were embraced by educators and were effective in relation to students. This has not been the case.

One of the major determinants of an effective HIV/AIDS and life skills educational program is the quality of the teaching. Many teachers are not properly trained to teach Life Orientation, which includes life skills and HIV/AIDS. This lack of expertise in the subject has a direct impact on the success of the curriculum. If teachers are not trained to teach Life Orientation, the students will not learn. If teachers are not educated on HIV/AIDS, they once again cannot expect their students to become knowledgeable on HIV/AIDS. If teachers cannot teach life skills, then it is inappropriate for educators to assume that their students will understand life skills.

Although the re-training of teachers has been an area of contention with the introduction of Outcomes Based Education and Curriculum 2005, training teachers in Life Orientation is even more vital since any teacher who has been teaching longer than five years has never received any training in Life Orientation. The Department of Education needs to train all Life Orientation teachers in the subject. Ideally, all teachers should be trained in HIV/AIDS education since it supposedly cuts across all subjects. However, since the majority of HIV/AIDS education does take place within Life Orientation, training Life Orientation teachers would be an appropriate place to begin. With proper training, there is a chance that effective instruction can take place.

It can be assumed that a lack of resources at the disposal of the Department of Education is one of the reasons for limited teacher training in the area of HIV/AIDS and life skills. However, it is possible to have members of the community collaborate with schools to assist with teachers' own education and the education of their students. Local doctors or religious leaders could work with teachers and students in schools. This would broaden students' knowledge by having the HIV/AIDS epidemic taught from different angles. Although doctors and religious leaders would probably also say that they do not have sufficient time to work in schools, more initiatives need to be taken in order to educate students in HIV/AIDS.

Although Life Orientation is an examinable subject just like all other subjects, schools seem not to value the subject as they do others. While it was not evident in the two schools studied, many schools do not teach Life Orientation curriculum in the Life Orientation class. They instead use it for other subjects or for grading papers. The Department of Education can consciously set a threshold that all students must achieve. If teachers and principals see that the Department of Education places value on the subject and expects results as they do for other subjects, then teachers may feel more pressure to become accountable for the learning that occurs in that subject. Principals may also take more of an interest in the subject because they would be directly responsible to the Department of Education for failures of the Life Orientation exams.

The above are examples of changes the Department of Education can make in order to have a smoother implementation of the curriculum. However, there also needs to be a culture of understanding and openness in every classroom. Discussing HIV and AIDS ultimately leads to a discussion about sex. Students need to be able to feel they can ask any question without knowing that they will be scolded or embarrassed. Although it did not appear that discussions about HIV/AIDS and sex were stifled in the schools researched, an open and supportive environment should be encouraged in any learning situation. By having these open discussions, students will not only become more knowledgeable about sex and HIV/AIDS, but hopefully the stigma attached to the disease will slowly disappear.

The best assessment of a life skills program on HIV/AIDS is that of measuring behavior change. This study focused on cognition rather than behavior. Behavior change takes many years. Comprehension of life skills is the first step in a long process that may eventually lead to behavior change. Impressionistically, only a little behavior change has occurred with these students as a result of their Life Orientation class. The determinants of behaviors have mostly come from family and religion. This research should not hinder the belief that comprehension leads to behavioral change. However, it is a lengthy process that requires quality teaching and support by all members of a community.

Although it could be recommended that further research should be conducted on how life skills and HIV/AIDS education is taught throughout South Africa, this researcher is doubtful that further research would yield any information that differs from this study or previous studies. Instead, money should be used to re-train, or initially train, teachers in Life Orientation, life skills, and HIV/AIDS.

A statistic from LoveLife, a major HIV/AIDS campaign in South Africa, states that half of today's children under the age of 15 will eventually die from AIDS-related diseases. If this statistic is true, then the lives of an entire generation will be altered and ultimately shattered in a way that no living memory can recall. It is vital for South Africans and the South African education system to grasp the severity of the HIV and AIDS epidemics and take all the necessary steps and precautions in order to prevent South Africa from collapsing because of a preventable and manageable disease.

Appendix A- Questionnaire for Students

Biographical Data

1. Age

11-13 years	14-16	17-19	20 and over
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2. Sex

Male	Female
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3. Race

African	Coloured	Indian	White
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4. Main Home Language

Afrikaans	English	Xhosa	Zulu	Other
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5. Grade in School

8	9	10	11	12
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Life Orientation

6. For how many years have you taken Life Orientation (LO)?

1	2	3	4	5
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7. How long is each Life Orientation class period this year?

Less than 30 minutes	30 minutes	35 minutes	40 minutes	45 minutes	50 minutes	55 minutes	60 minutes	More than 60 minutes
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8. How many times a week do you have Life Orientation this year?

1	2	3	4	5
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9. Are other subjects taught in the Life Orientation period besides LO?

Yes	No
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10. List all the topics that you have covered in Life Orientation this year?

11. What are Life Skills? (check only one)

Knowledge, attitudes and skills which support behaviors that enable us to take greater responsibility for our own lives; by making healthy life choices, gaining greater resistance to negative pressures, and minimizing harmful behaviors
Knowledge, attitudes, and skills that enable us to make a lot of money
Knowledge, attitudes, and skills that enable us to find our one true love

12. List as many life skills as you can.

13. Why is it important to be able to use life skills?

14. In what ways has your teacher taught you life skills and how to use them?

Drama	Role playing	Handing out prepared material	Reading from a textbook	Other (be specific)
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HIV/AIDS

15. What does HIV stand for?

16. What does AIDS stand for?

17. Which of the following ways can one contract HIV? (check all that apply)

Sitting on Toilet Seats	Taking drugs with a needle that has been used by somebody else	Eating with a spoon that somebody who is HIV has just used	Unprotected vaginal intercourse	Masturbation	Shaking Hands with somebody who is HIV positive	Kissing a person with AIDS	Oral sex with an HIV positive person	Unprotected anal intercourse
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18. Is it easier for a man or a woman to contract HIV?

Man	Woman	Both
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19. Why? (Please provide reasons)

20. Which of these ways will protect a person from contracting HIV? (check all that apply)

Eat Well	Refrain from having sex	Go to church	See a sangoma	Sleep with a virgin	Use a condom	Only have one girl or boy friend
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21. Can knowing and using life skills reduce your chance of contracting HIV?

Yes	No
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22. Why? (Please provide reasons)

23. In which of the following classes have you received any HIV/AIDS education? (check all that apply)

English	Afrikaans	Zulu	History	Science	Life Orientation	Maths	EMS	Arts and Culture
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Sexuality

24. Having sex means different things to different people. Which of the following is 'having sex' to you: (check all that apply)

Kissing	Masturbation	Fellatio	Cunnilingus	Vaginal sex	Anal sex
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25. If you say that you have had or will have sex, which of these do you personally mean: (check only one)

Kissing	Masturbation	Fellatio	Cunnilingus	Vaginal sex	Anal sex
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26. What kind of sex do you have most frequently? (check only one)

Kissing	Masturbation	Fellatio	Cunnilingus	Vaginal sex	Anal sex	I have not experienced what I consider sex to be
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27. Have you ever had penetrative vaginal sex?

Yes	No
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28. Have you ever had penetrative anal sex?

Yes	No
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29. How old were you when you first had penetrative sex?

Younger than 10	10-12	13-14	15-16	17-18	19-20	Older than 20	I have not had sex
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30. Have you used life skills in your sexual relationship?

Yes	No	I have not had a sexual relationship
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31. How?

32. When a boy/girl first asks you to have sex, do you:

Say Yes	Say No	Discuss what will happen	No one has asked me to have sex
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33. Please give reasons for your answer.

Only answer the following questions if you have had penetrative sex

34. When you have sex, which forms of contraception do you and your partner use? (check all that apply)

Condoms	Birth control pills	Diaphragm	Nothing	Other (be specific)
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35. When you have sex, do you use condoms:

Always	Almost always	Sometimes	Almost never	Never
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36. If you ask your partner to use a condom and he or she does not want to, do you:

Still have sex without a condom (consensually)	Still have sex without a condom (forcefully)	Not have sex	Discuss it
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37. Please give reasons for your answer.



Addendum to Appendix A

38. Is your mother employed?

Yes	No
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39. If so, what does she do?

40. Is your father employed?

Yes	No
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41. If so, what does he do?

42. How many people live in your house?

Appendix B- Questionnaire for Teachers

Biographical Data

1. Sex

Male	Female
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2. Age

20-29	30-39	40-49	50-59	60-69
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3. Race

African	Coloured	Indian	White
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4. Main Home Language

Afrikaans	English	Xhosa	Zulu	Other
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5. Academic Qualifications

Less than Matric	Matric	Teacher's Diploma	B. Ped	BA/BSc/BComm Degree	B. Ed Hon	HDE/ACC/PGCE	M.Ed
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6. How many years have you been teaching?

1 year or less	2-4 years	5-7 years	8-10 years	11 or more years
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7. How many years have you been teaching at this school?

1 year or less	2-4 years	5-7 years	8-10 years	11 or more years
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8. What classes and grades do you teach?

Life Orientation

9. How many times a week does each class have Life Orientation?

1	2	3	4	5
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10. How long is each Life Orientation period?

Less than 30 minutes	30 minutes	35 minutes	40 minutes	45 minutes	50 minutes	55 minutes	60 minutes	More than 60 minutes
----------------------	------------	------------	------------	------------	------------	------------	------------	----------------------

11. List all the topics that you have covered in Life Orientation this year.

12. For how many years have you taught Life Orientation?

13. How did you become a Life Orientation teacher?

14. Did you receive any specific training in Life Orientation?

Yes	No
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15. If yes, please describe the training- when, how long, trained by whom.

Life Skills

16. How do you understand life skills?

17. Why do you think it is important for young adults to have life skills?

18. What methods do you use to teach life skills to your students?

HIV/AIDS

19. Does your knowledge of HIV/AIDS come from: (check all that apply)

Personal experience	Training by Department of Education	Training by Department of Health	NGOs	Colleagues	Media	Other (be specific)
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20. Have you had any training on HIV/AIDS?

Yes	No
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21. If yes, please describe the training- when, how long, trained by whom.

22. What methods do you use to teach HIV/AIDS to your students?

23. When teaching about HIV/AIDS, which of the following do you discuss: (check all that apply)

Personal hygiene	Transmission	Drugs	Prevention	Gender	Sex	Sexuality	Life Skills	Tolerance	Attitudes towards HIV positive people	Other (Please be specific)
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24. How much teaching time have you spent on HIV/AIDS this year?

Less than 5 hours	5-9 hours	10-14 hours	15-20 hours	More than 20 hours
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25. In what ways can a life skills approach help learners to not become HIV positive?

Appendix C

Number of Students at Each School

Fergalia males = 20; females = 17
 Johnnapha males = 26; females = 14

	Areas of Differences in Responses							
	Fergalia			Johnnapha				
	Male Percentage	Female Percentage	Male Percentage	Female Percentage	Male Percentage	Female Percentage		
<i>Protecting a person from contracting HIV</i>								
eat well	1	5%	0	0%	4	15%	2	14%
refrain from having sex	13	65%	15	88%	7	27%	9	64%
go to church	0	0%	0	0%	2	8%	1	7%
see a sangoma	0	0%	0	0%	0	0%	0	0%
sleep with a virgin	8	40%	0	0%	1	4%	0	0%
use a condom	14	70%	16	94%	19	73%	10	71%
only have one girl or boy friend	9	45%	13	76%	5	19%	5	36%
<i>Ways of contracting HIV</i>								
sitting on a toilet seat	1	5%	0	0%	2	8%	1	7%
taking drugs with a needle that has been used by somebody else	16	80%	16	94%	6	23%	5	36%
eating with a spoon that somebody who is HIV+ just used	0	0%	0	0%	1	4%	2	14%
unprotected vaginal intercourse	13	65%	16	94%	2	8%	4	29%
masturbation	0	0%	0	0%	0	0%	0	0%
shaking hands with an HIV+ person	0	0%	0	0%	1	4%	1	7%
kissing a person with AIDS	9	45%	8	47%	0	0%	1	7%
oral sex with an HIV positive person	14	70%	11	65%	17	65%	8	57%
unprotected anal intercourse	13	65%	16	94%	2	8%	5	36%
<i>Number of students who had penetrative sex</i>								
	4	20%	4	24%	8	31%	6	43%

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