A Review of the Impact of an HIV/AIDS Education Programme, Implemented through an Integrated Approach in the Mainstream Curriculum, at a Secondary School in the KwaZulu Natal North Coast Region.

by   Rajendran Mogambrey Moodley

Submitted as the dissertation component (which counts for 37,5 % of the degree) in partial fulfilment of the requirements for the degree of Masters in Education in the School of Education, University of Natal.

December, 2001

Durban

i

ABSTRACT

The school focused in this study is involved in promoting HIV/AIDS education among learners. Past attempts at HIV/AIDS education took the form of assembly talks and special assembly programmes which, unfortunately, yielded limited success. In response to this, a grade eight HIV/AIDS education programme, integrated into the mainstream curriculum, was developed and implemented. The HIV/AIDS education programme cuts across different learning areas and its impact on learners is the focus of this study.

The study undertaken is located in a constructivist paradigm and draws largely upon qualitative research methods. However, the use of quantitative data has also been crucial in supporting the findings of the research. Research participants included a stratified sample of grade eight learners who were involved in the programme, educators who were engaged in the development and implementation of the programme, learners on the school's HIV/AIDS Committee, the Life Skills co-ordinator of the school and social workers who supported the programme. In view of the sensitivity surrounding various HIV/AIDS issues, this study draws special attention to ethical issues that impact on the research procedures adopted.

Evidence from this research indicates that the implementation of the grade eight HIV/AIDS programme has substantially improved the acquisition of HIV/AIDS knowledge by learners who were engaged in the programme. The impact of the programme on high-

risk behaviour is difficult to ascertain in the absence of longitudinal studies. However, the majority of learners have responded positively to the programme and emerging learner attitudes appear to be favourable to the promotion of behaviour patterns that are supportive of the prevention of HIV-infection.

This study suggests that, in the quest to improve the effectiveness of HIV/AIDS education, the programme in focus needs to engage more seriously with gender and cultural issues. The grade eight HIV/AIDS programme lends itself to further modification and this study recommends that the scope of stakeholder participation be broadened, particularly with regard to parental involvement.

ACKNOWLEDGEMENTS

I wish to thank my research supervisor, Mike Graham-Jolly, for his invaluable advice and guidance throughout the duration of this study. To Mike Graham–Jolly, I would like to say that I greatly appreciate the support you have provided, which includes your willingness to schedule meetings that accommodated my personal circumstances, the detailed comments you made on drafts submitted to you, the valuable suggestions you made at discussions/meetings, and your words of encouragement.

To the research participants involved in this study, your co-operation and commitment in contributing to this study has been an inspiration to me. It is my belief that your participation in the research undertaken has furthered the cause of HIV/AIDS education at the school focused in this study.

I would also like to thank the management of the school at which this research was undertaken for granting permission to make this research possible.

To my wife and family members, I am deeply grateful for your keen interest and support throughout the course of this study.

DECLARATION OF ORIGINALITY

I hereby declare that this dissertation, except the acknowledged referenced citations, is my own original work. It has not been submitted for any previous degree or examination at any university.

(signature)

R. M. Moodley

Date : 06 / 12 / 2001

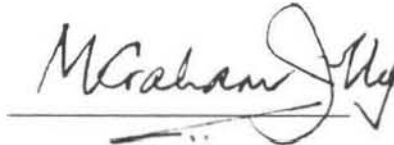# APPROVAL OF THESIS SUBMISSION BY SUPERVISOR

Name of Candidate: R M MOODLEY

M.Ed Thesis: **A Review of the Impact of an HIV/AIDS Education Programme, Implemented through an Integrated Approach in the Mainstream Curriculum, at a Secondary School in the KwaZulu Natal North Coast Region.**

As the candidate's supervisor I have approved this thesis for submission.

Name of Supervisor: M. GRAHAM-JOLLY

Signature:

Date: 20 JANUARY 2002

CONTENTS

1. Introduction

2. Research Design

3. Research Procedures

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

Background

This research is undertaken out of a deep concern regarding the spiralling HIV/AIDS

crisis in South Africa and its impact on learners. My interest in this disease dates back to

the late 1980s when HIV/AIDS was beginning to draw serious attention through the

media. At that time I had frequently sought new material on health issues to enhance my

class lessons in Biology. A journal article that had caught my attention and left a deep

impression on me poses the question, ' AIDS: a test- case for biology education?'

(Nicholls,1987: 1). I safely filed away this article and recently accessed it to reflect on its

contents. The article highlights the misconception prevailing at the time that AIDS was a

homosexual disease and points, somewhat prophetically, to the drastic consequences of

AIDS in the absence of a medical cure or a vaccine for prevention. Nicholls argues ' In

the absence of an effective treatment or vaccine, our only real weapon in the fight on

AIDS is education' (1987: 2). In the South African context, it may appear that this

'weapon' has gained prominence only in the late 1990s and one may ask the question,

'Are current HIV/AIDS education initiatives appropriate to the needs of the local

context?' An adequate response to this question is beyond the scope of the research that I have undertaken. However, the question may have relevance to the case study review that is the focus of this dissertation.

The school at which this research took place is the school at which I am employed. To protect the interests and right to privacy of research participants, the identity of the school is not revealed in this dissertation .At school, HIV/AIDS education initiatives in recent years have been fragmented and not systematically programmed. Learner representatives on the school's HIV/AIDS Committee have indicated that traditional HIV/AIDS programmes such as assembly talks tend to be repetitive and generally do not hold the interest of most learners. In developing HIV/AIDS education programmes, it is of interest to note that the Minister of Education has prioritised HIV/AIDS as one of the key programmes in the document *Implementation Plan for Tirisano: January 2000- December 2004* (Department of Education, 1999). National policy on HIV/AIDS for Public Schools provides guidelines in this respect and indicates that ' Life Skills and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum' (Department of Education, 1999 : 10). The educator component of the school's HIV/AIDS Committee had in fact proposed that an integrated approach to HIV/AIDS be adopted *prior* to the national policy document reaching school. This serendipitous situation had served the school well because the HIV/AIDS Committee did not need to go back to the 'drawing board'.

The HIV/AIDS Committee had arranged workshops to familiarize and sensitize educators on various issues related to HIV/AIDS. This was followed by a series of meetings aimed at developing programmes for the integrated approach that was envisaged. It was decided that such an approach be implemented in grade eight in 2001. Existing programmes, such as those planned for Life Skills lessons would, however, continue in the other grades. This study focuses on the grade eight programme and is directed at furthering the effectiveness of HIV/AIDS education at the school, as well as providing feedback that would assist in developing a sustained programme appropriate to the school's needs.

Social context of the school

In clarifying the need for a sustained HIV/AIDS education programme at the school, it is important to examine the social setting of the school. The school is centrally located in a sub-economic residential area in an urbanised setting. Most learners live relatively close to the school - the majority of whom walk to school. Some of the learners live in neighbouring residential areas that may, from an economic perspective, be classified as middle class. These learners, however, constitute a minor percentage of the school population (approximately 10 %, according to an estimate by the Life Skills co-ordinator). Learners who travel from further afield are largely from economically disadvantaged backgrounds.

The local community is beset with problems of domestic violence, widespread drug abuse and gangsterism amongst the youth. Many of the learners come from single parent families where the mother has custody of the children. From personal experiences in attending to learner problems in consultation with parents, and from information arising through discussions with the Life Skills co-ordinator, it appears to be a common practice for male learners to adopt an intimidating and bullying attitude towards their mothers. This would hardly provide a conducive environment for constructive parent-child discussions on serious issues such as AIDS. In addition, a growing number of female learners appear to be involved in drug taking. Some of the relatively young female learners frequent nightclubs which are potentially high-risk behaviour zones regarding HIV/AIDS. During the current year (2001) it was confirmed that four female learners had fallen pregnant. It thus appears that some of the sexually active learners are ignoring the most publicized preventative measure against AIDS i.e. to ' condomize'.

Cultural issues may also impact on learner attitudes to AIDS. The majority of learners are of Indian origin (approximately 70 %). African learners make up over 25 % of the population. The small number of White and Coloured learners are mainly from Boys' Town. In this evaluation, revelation of the race or cultural group of learner participants has not been a requirement of the questionnaire administered to them. The researcher felt that the age group targeted may not appreciate specific 'research reasons' for including this item and may even be offended by it. However, in terms of cultural differences, it emerges that educators have perceived some differences in learner responses to the

HIV/AIDS programme. This issue will be explored further in the discussions arising from the research findings.

CHAPTER TWO

RESEARCH DESIGN

Developing an approach

It is suggested by Cohen and Manion that research design " is governed by the notion of 'fitness for purpose' " (2000 : 73). They argue that the design and methodology of research is determined by the purpose of the research. In this study the purpose of a review has emerged through reflection on existing efforts in HIV/AIDS education within the social context of the school. Social factors in the local school community that impact on HIV/AIDS issues have served as the backdrop against which the research questions for this review have been developed. Apart from the social issues raised earlier, I considered the school context in terms of prevailing pedagogical practices at school, the scope for innovation in the curriculum and the capacity for educators to engage in curriculum innovation. This evaluative study or review is thus guided by the following research questions:

1) To what extent has the programme been implemented in accordance with the framework and principles established?

2) Does the programme serve to increase awareness and knowledge among learners regarding HIV/AIDS?

3) What is the impact of the programme on learner attitudes and values with regard to

HIV/AIDS issues ?

4) How has an integrated approach across different learning areas influenced the
   responses of educators and learners to the programme ?

5) How appropriate is the programme to the social context of the school ?

There is some difference between the questions indicated above and the original research
questions that were formulated. I initially considered including a question in relation to
the possible impact of the programme on high-risk behaviour among learners. While the
programme itself is undergirded by this aim, a short-term study would not yield
sufficient evidence to provide an adequate response to such a question. The study may,
however, provide information on learner attitudes and values that could be of relevance to
high- risk behaviour. I had therefore modified the question (now presented as research
question 3) in light of its feasibility for research purposes. Bassey (1999) indicates that
an inquirer should expect changes to research questions as the study develops. He does,
however, argue that these changes should be implemented as quickly as possible. Bassey
stresses the importance of these questions by describing them as 'the engine which drives
the train of enquiry' (1999 : 67). He further suggests that a set of research questions :

> be formulated in such a way that it sets the immediate agenda for research, enables data to be collected and
> analysis to get started; it should also establish the boundaries of space and time within which it will operate.
> (1999 : 67)

While research questions may be formulated to enable the gathering of data, they cannot
be divorced from other factors which may have a superimposing influence on the process.

I had taken cognisance of the possibility that not all individuals that I identified for participation in this research would be willing to engage as participants in this study. It was therefore vital to identify research participants or primary sources of data in the initial planning stages. In this study, key participants were the learners that engaged in the programme and educators responsible for implementation of the programme. Others who also served as research participants included learners on the HIV/AIDS Committee, the Life Skills co-ordinator at school and social workers who have supported the HIV/AIDS education initiative.

It may be equally important to identify those whom the research findings may be reported to or those who may have an interest in the findings. Learners, educators and parents appear to be obvious groups to whom the research should be reported. Certain aspects of the study may hold more interest for one group compared with another. The impact of specific pedagogical strategies on the outcomes of the programme may evoke greater interest in educators than parents. I had taken into consideration that neglecting to attend to issues that are important to any stakeholder group could lead to dissatisfaction within that group. It was therefore necessary to ensure that the expectations of different groups were accommodated within the framework and scope of the research. It is also necessary to adopt caution when certain findings raise expectations that cannot be satisfied through the research. The fact that this research is a case study review imposes restrictions on its utility value for other contexts.

Stake contends that the core focus of case study is particularization and not generalization (1995). He places emphasis on the uniqueness of the case and on understanding the case. According to Bassey (1999) deep insights emerge when key features of the case are explored and interpreted. This raises questions about the approach that ought to be adopted with regard to 'exploration' and 'interpretation' in the context of a case study. In the absence of large samples, an emphasis on quantitative methods would yield data that would be too limited to enable penetrating insights into the case. A simplistic measurement of learners' memorisation of specific HIV/AIDS facts is a far cry from the purpose of this evaluation. Of interest are values, attitudes and beliefs of learners and educators, as well as cultural and socio-economic factors that may be relevant to the evaluation. Hughes and Hitchcock (1995) indicate that context-embedded research would fundamentally necessitate the employment of qualitative research methods. This does not preclude the use of quantitative data. Indeed, the use of such data is essential in establishing the degree of success achieved in attaining specific goals of the HIV/AIDS programme e.g. the number of learners who are aware that high risk sexual activity is the major mode of HIV transmission. However, research findings arising from quantitative data, would derive deeper meaning through the researcher's engagement in social interactions with research participants. For studies located in an interpretive research paradigm, quantitative methods may thus serve an important complementary role to the qualitative methods that are employed.

Research Paradigm

This research seeks to find data within a naturalistic setting and is designed to develop interpretations through social interactions within this context. It is thus located within a constructivist or practical paradigm. The study focuses on a programme that has been incorporated into the mainstream curriculum. Curriculum, from a constructivist perspective, is a social construction and may be analysed in terms of its formal, hidden and received aspects. Grundy (1997) indicates that the practical interest promotes an understanding of the environment so that one is able to interact with it. According to Grundy, interaction is not focused *upon* the environment but occurs *with* the environment. The researcher in this study, thus, does not stand apart as a neutral evaluator but interacts with participants in the *process* of evaluation. Interpretations emerging from this process would be based on perspectives from different individuals. From a constructivist perspective, reality may be viewed as a social construct and ' involves agreement among human agents about what constitutes reality' (Frame: 6). This implies that participants in this evaluation, through reasoning and meaningful interactions, may reach consensus on the constructions that develop in the evaluation process.

It is evident that the design of this evaluation necessitates a high degree of *collaboration* between the researcher and the participants involved. Stakeholder participation comes to the fore in Guba and Lincoln's concept of Fourth Generation Evaluation (1989). The fundamental basis to Fourth Generation Evaluation (FGE) is *constructivist methodology*

and *responsive focusing.* The elements of focusing are the claims, concerns and issues raised by stakeholders. This evaluation has not been patterned along the lines suggested by Guba and Lincoln's notion of FGE. Claims, concerns and issues were not raised in the style advocated by Guba and Lincoln (e.g. through hermeneutic circles) but emerged as the researcher interacted with research participants through discussions, dialogue, meetings and interviews. Guba and Lincoln (1987) suggest that as deeper insights emerge the evaluator's role shifts from that of 'learner' to that of 'teacher'. Information gathered by the researcher in this evaluation was shared with participants, thereby enabling them to further sophisticate their interpretations and thus the evaluation undertaken.

Although this review is focused on implementation of the programme, the findings may have implications for revision of the programme. Changes or refinements that may be needed should emerge from a process of *deliberative exchange* among research participants, researcher and other stakeholder groups who may be available. Deliberation, according to Schwab (1983) is facilitated through due recognition of the four *commonplaces* he identifies viz. teacher, student, what is taught and milieu of teaching and learning. He argues that all four commonplaces are intrinsically of equal importance in the curriculum decision- making process. Schwab, however, acknowledges that there are times and places where one of the commonplaces may be given more weight than others. The task of designing the HIV/AIDS learning programme at school was predominantly undertaken by educators at school. Learner inputs were considered but the extent to which these were incorporated in the planning stages is not a focus of this

evaluation. However, interpretation of data gathered in this study may have implications for this issue in considerations of programme design in the future.

This study involves a *formative* evaluation process, in the sense that it calls for reflection on current practices which may lead to improvement of programme design. Guskey points out that in many cases ' formative evaluation is a recurring process that takes place at multiple times throughout the life of the programme or activity" (2000: 58). While the evaluation reported in this dissertation may be used by the school, it is nonetheless a formal academic study. However, I intend to continue my engagement with evaluation of the HIV/AIDS programme beyond the completion of this formal study. It is hoped that even if I were to move on to another school the evaluation process would be an ongoing endeavour to support improvements to the programme.

Ethical Issues

Permission to conduct this research was obtained from the principal of the school. However, I also briefed the staff on this study to seek their approval in undertaking the research. Two key issues were considered in gaining access : Firstly, the evaluation process relied on a collaborative approach and co-operation from participants was a crucial factor. Secondly, imposition on those who did not wish to participate is ethically questionable. This could impact on the data gathered and thus the authenticity of the

research findings. I received a favourable response from the staff and was encouraged to proceed.

In undertaking this research, the programme itself cannot be viewed as a separate entity from those who were engaged in it. How participants are affected in the review process, what impact the programme has on them, non-violation of their rights and the use of methods that would not be harmful to them were some of the ethical issues I needed to contend with. Cohen, Manion and Morrison suggest that ethical issues may arise ' from the kinds of problems investigated by social scientists and the methods they use to obtain valid and reliable data' (2000 : 49). In this investigation the nature of the problem in focus, i.e. HIV/AIDS, is loaded with multi-faceted issues that may be of a highly sensitive nature. Thus ethical issues arise, not solely in the context of the research process but also from the nature of the disease itself. At a regional AIDS Conference (21/ 06/2001) that I attended, a guest speaker argued that *all* South Africans are 'victims' of HIV/AIDS. He referred to people being *infected* and *affected* by the disease. In reference to the second category, he pointed to factors such as coping with the stress of having family members or friends that are infected, the plight of AIDS orphans and the impact of AIDS on the economy of the country. Given the socio-economic context of the local community and the prevalence of high-risk behaviour among youth, it is conceivable that some of the learners engaged in the programme or involved in this study may be affected in a very personal way by HIV/AIDS or even infected by the disease. In the evaluation process, it was therefore necessary to take cognisance of this issue when questions were posed to learners or when discussions were held with them.

Welfare considerations had also emerged in respect of educators. The school has a staff of 29 educators and the learner population is 880. Owing to limited financial resources, only one of the educators is an employee of the School Governing Body. Within the constraints of limited staff provisioning, educators would have little non-teaching time. I had therefore been compelled to hold discussions with them during some of the intervals (breaks between class sessions). This intrusion into their snack or break time implied a personal sacrifice on the part of each educator involved. Fortunately, I was accommodated in an amicable manner and expressed my gratitude for that.

I discussed the issue of learner participation in this research with the principal and was granted permission to involve learners in the process. This raises the question of the rights of learners regarding consent. Cohen et al. draw attention to the principle of *informed consent*. They refer to four elements underpinning informed consent : 'competence, voluntarism, full information and comprehension' (2000 : 51). This begs the question as to whether all or most of the learners in the age group targeted by this study would be in a position to have a good understanding of the issues surrounding the research and the ensuing consequences that may arise. If not, could they then make an informed decision on consent ? Nevertheless, it is important that in gaining access to learners their welfare is not compromised in the process. Further to this consideration, I resolved not to compel any learner to participate in the process if the learner was unwilling to do so. *Anonymity* was a key issue linked to the welfare of the learner participants. In designing a questionnaire that was directed at learners, I precluded

questions which required data that could be traced to any specific individual. Names, addresses and specific dates of birth were excluded from the questionnaire.

Anonymity, with respect to the identity of individual participants, may not be possible when particular research instruments are employed. When face-to-face interviews are conducted or class lesson observations made, it is unavoidable that the participants' identities are revealed to the researcher. In this regard, I assured the educators affected that the data gathered through such processes would not be used to publicly identify participants or be available to school management for the purpose of teacher appraisal. School management would, however, be informed of the effectiveness of the programme in attaining desired outcomes. In promising *confidentiality,* Cohen, Manion and Morrison point out that the 'essence of the matter is the extent to which investigators keep faith with those who have helped them' (2000 : 62). Thus, in providing feedback to school management I did not make reference to specific class lessons or quote individual teacher opinions. Feedback, in this instance, focused on issues surrounding the programme that impact on success or failure and the possible scope for further development.

At the heart of confidentiality is the researcher's respect for the trust that participants have placed in him or her. Perceptions of a breach of trust at any particular point in time could seriously affect further research into the programme. With regard to evaluation based on a collaborative endeavour, Guba and Lincoln (1989) argue that respondents are more likely to be forthcoming in their responses if they respect the evaluator and have

faith in his integrity. A fundamental feature of the study I had undertaken is the collaborative nature in which data was gathered and interpreted. Besides the evaluation itself, the issue of trust had a further ramification for me. I had undertaken this research at the *school at which I teach.* It was therefore vital for me to attend to issues of confidentiality, as negligence in this respect may have eroded the professional and social relationships I share with staff members. It could also impact on research that others may wish to undertake at this school. I have been fortunate with regard to the extent to which my colleagues have participated and co-operated in this research. It appears to me that the experiences I shared with educators during the research process has served to reinforce my working relationship with them.

CHAPTER THREE

RESEARCH PROCEDURES

Key Considerations

Procedures adopted in this evaluation are underpinned by assumptions, values and beliefs that emerge in a naturalistic paradigm. The researcher is not seeking the truth 'out there' but is engaged in a process where shared constructions and interpretations are sought through the evaluation. A fundamental task of the researcher is to establish relationships with research participants that would foster collaboration and facilitate deep insights into the evaluand. In this context the building of trust is crucial to success. Guba and Lincoln suggest that the ' building of trust is a developmental process that requires a good deal of time to carry out and that can be wrecked by one misstep' (1987 : 226). Although the research process itself existed over a relatively short period of time, my involvement in the programme had preceded the evaluation process. Furthermore, I had been involved in the school's HIV/ AIDS Committee for several years and had shared a relatively long-standing professional and social relationship with the educator participants. As an 'insider' the task of establishing trust was thus made easier.

There are no specific instruments or methods for establishing trust. Indeed, the researcher may serve as the primary instrument in this regard. In reference to undertaking qualitative studies, Piantanida and Garman argue that at 'the heart of the inquiry is the researcher's capacity for encountering, listening, understanding, and thus "experiencing" the

phenomenon under investigation' (1999 : 139,140). They draw reference to Eisner's description of the 'self as instrument':

The self is the instrument that engages the situation and makes sense of it. It is the ability to see and interpret significant aspects. It is this characteristic that provides unique, personal insight into the experience under study. (1999: 140)

In this description, insights and interpretations may develop in an evolutionary sense as the researcher engages further with the evaluation process and continually probes for a deeper understanding of the situation. Some of my initial assumptions and beliefs about the evaluation have been modified or changed during the course of this study. I had, for instance, assumed that teacher participants may be reluctant to accede to class lesson observations but later discovered that this apprehension was unfounded.

However, in introducing an innovation into the curriculum it may be expected that concerns and fears could emerge. An evaluation of the type undertaken in this study was also a new experience for the educators and learners involved. As key agents of implementation of the programme, it was important that educators' confidence levels were sufficiently high to engage in an open manner with the evaluation process. I, therefore, had to ponder over a research strategy that may be supportive of confidence building. It occurred to me that the use of formal or semi-formal interviews in the initial stages of the evaluation may evoke apprehensions and pose a level of intimidation for some of the educators. At this stage, discussions were held with educators on an informal basis e.g. over tea during the intervals. Notes of these discussions were made afterwards. As far as possible I made notes at school (this was possible only if I had free time e.g. during a non-teaching period). When adequate time was not available at school I would

hastily jot down points that I considered important and pursue the writing of a detailed account at home.

I decided that semi-structured interviews with educators would be more appropriate at a latter stage in the evaluation process. Interviews with grade eight learners did not, however, appear to be a viable option for this study. When considering a representative sample, the number of learners that were required for interviews would demand a substantial amount of time (even if focus groups were employed). Within the school context it was not possible to find sufficient time for interviews with grade eight learners. As an alternative, a questionnaire directed at learners, was considered an appropriate instrument to seek information linked to the research questions that are explored in this study.

The Questionnaire

The research questions formulated for this study require a search for data on issues of knowledge, attitudes, values and beliefs related to HIV/AIDS and the implementation of the grade eight programme. In designing the questionnaire, these aspects were given considerable thought and attention. Cohen et al. (2000) suggest that, having decided on the aims and key issues of a questionnaire, it would be useful to itemize subsidiary topics and formulate specific information requirements related to them. For this study, some of the 'information requirements' linked to the key issues surrounding the research questions are outlined below :

i) Knowledge – What do learners know about the transmission of HIV/AIDS, its effects on an individual and prevention of the disease ?

ii) Attitudes and Values – How seriously do learners view the impact of the disease ? Are they concerned that they may become infected or affected? What attitudes do they have towards others who may be infected?

iii) Beliefs – What are their beliefs about the risk of infection in their social context? How do they perceive the impact of the programme on HIV/AIDS awareness and on prevention?

From the above considerations, specific questions for incorporation into the questionnaire had emerged. There is, however, no prescribed style, format or sequence for presenting the questions in a questionnaire. Some of the questions were used to gather quantitative data e.g. to gauge the number of respondents who were familiar with certain items of knowledge. Open-ended questions were used to gain insight into learners' opinions, beliefs and attitudes to HIV/ AIDS and the programme implemented. Cohen et al. caution that 'as the questions become more threatening and sensitive, it is wise to expect greater bias and unreliability' (2000 : 256). Where sensitive issues were considered e.g. involvement in sexual activity, questions were designed to deflect attention from the individual and were focused on their opinions regarding the wider school population.

The following suggestions, adapted from Cohen et al. (2000), served as a useful guide in the sequencing of questions :

i)   Avoid negative mind-sets from respondents early on in the questionnaire.

ii)   Commence with non-threatening questions that are simple to answer. In this part include high interest questions to encourage participation

iii)   The difficult questions should be placed in the middle section.

iv)   The last few questions should be of high interest to encourage completion of the questionnaire

The *sample size* drawn for the questionnaire has important implications for validity. While this study is essentially qualitative in nature, the quantitative data sought through the questionnaire implies that a relatively small sample size may not be adequate. Sample size should also be considered in terms of the *population size* and the *heterogeneity* within the population. It is argued by Cohen et al. that a higher degree of heterogeneity in a population calls for a larger sample size. The sample is drawn from a learner population that reflects differences in culture, socio-economic background, first language usage and geographical location. While a large percentage of learners are from a similar socio-economic background, other variables make it difficult to gauge the extent of heterogeneity. I had therefore decided to use a relatively 'larger' than 'smaller' sample. From a population of 150 pupils, 50 were drawn as the sample group.

In this study a fundamental requirement is that the sample should be *representative* of the population. This would facilitate the possibility of generalizations within the specific

context of the study. Case studies do not, however, provide a sound basis for generalizations to broader contexts. In seeking *representativeness*, a probability or *random* sample was used. To cater for gender representation, the sample would be *stratified*. From class register lists, the gender of all grade eight learners were identified and new lists were drawn up to separate males from females. From each group, 25 males and 25 females were selected on a random basis. One of the males was absent for a prolonged period of time and this necessitated a replacement (drawn randomly).

Prior to administering the questionnaire to the sample, it was piloted among six learners who were randomly chosen but were not part of the sample. Learners from the pilot group did not appear to have difficulty in understanding the questions. However, it emerged that information regarding the impact of integration across different learning areas may not be sufficiently elicited from the existing questions. I therefore incorporated two further questions (questions 20 and 21-refer to Annexure A) to address this need.

The questionnaire in this research was administered towards the end of the implementation of the HIV/AIDS programme. This was done with the intention of enabling learners to make more informed responses to questions related to the programme. The questionnaire also served as a useful base to explore specific issues through other research methods e.g. interviews. In developing insights into research findings, data from multiple sources (including the questionnaire) were triangulated. One of the key sources was the observation of class lessons.

Observations

While educators had consented to class observations, I felt it necessary to allay fears that may arise in such a context. Although not requested by educators, assurances were given regarding confidentiality of inputs from specific individuals. In this school, and possibly many others in KwaZulu Natal, there had been a considerable period of time when class observations were not undertaken by management or subject advisers. Furthermore, it was a new experience for two of the educators concerned.

I had entered each lesson as a non-participant and considered the impact that this may have on learners (Note: the term ' **lesson'** has been used in this study to denote a specific teaching/learning period on the school timetable for a particular learning area). Learners were briefly informed of my interest in the HIV/ AIDS programme and were encouraged to participate in the lessons as they would normally do. I was aware, from glances of some of the learners, that my presence may have eroded the natural flow of these lessons. Bassey (1999) points out that 'observation of educational events has a sense of formality' and argues that while some individuals may not be significantly affected, others may be on edge and some may 'play to the gallery' (1999 : 82). However, in one of the lessons that learners were particularly enthusiastic about, I felt that my presence had little effect on the lesson.

In engaging in observations, I wished to capture a sense of the ethos in the classroom and to explore the impact of the programme in a natural setting. I decided to go into the

classroom without a set of pre-determined tasks in mind but to be conscious of responses that may indicate the level of understanding of concepts attained by learners, as well as behaviour that may reflect particular attitudes. I was, in the main, engaging in class lesson observations to look for evidence that might shed further light on the impact of the programme on learners.

Interviews

Interviews were initially directed at educators engaged in the programme. I had, however, observed a Life Skills lesson conducted by senior learners from the HIV/AIDS Committee. The lesson was an insightful experience and prompted me to interview these senior learners through a focus group discussion that included four other learners who served on the school's HIV/AIDS Committee.

Issues that I wished to raise in these interviews had partly stemmed from the analysis of the questionnaire administered and class lessons observed. Of key interest to me were the perspectives of interviewees on the programme's impact on Grade eight learners and the interviewees' personal experiences with the HIV/AIDS programme. In considering the potential influence of the interviewer on the interview process, I contemplated whether perspectives that emerge would really be those of the interviewees.

A constructivist interest is revealed in seeking how meaning is constructed within the social context of an interview situation. Holstein and Gubrium view the interviewer and interviewee as active participants in the making of meaning and suggest ' While interest in the content of answers persists, it is primarily in how and what the active subject/respondent, in collaboration with an equally active interviewer, produces and conveys...' (1997 : 117). This does not imply a reduced significance being attached to responses from interviewees, but calls for responses to be interpreted by taking into account the circumstances that prevail and social interactions that occur.

While it was not my intention to control the interview process to the extent that I would limit inputs, I had found it necessary to 'cut in' on a few occasions to re-direct discussions towards issues that I had interpreted as being crucial to the evaluation. Time constraints had also limited the extent to which responses were explored.

An individual interview was held with the Life Skills educator who was privy to information that may be too sensitive to openly share with other educators. I had arranged for a group interview with the other educators. Time arrangements for this were made prior to the day of the interview. Cohen et al. (2000), citing Watts and Ebbutt, refer to the advantage of group interviews in opening up discussions and yielding a wider range of responses. Within the context of this evaluation, it provided the added advantage of taking up considerably less time when compared to separate individual interviews.

Educators had preferred that I take notes during the interviews as opposed to tape recordings. With regard to the focus group interview, learners had agreed to my request to have proceedings tape-recorded. The tape recordings enabled me to capture the language and expressions of adolescents that may not have been possible through note taking.

Validity and Reliability

Bassey indicates that, in the simplest analysis, ' validity is the extent to which a research fact or finding is what it is claimed to be' (1999 : 75). Validity has different implications for studies in the scientific mode of inquiry compared to those that are essentially qualitative in nature. In reference to qualitative data, Cohen et al. suggest that validity may be addressed through 'the honesty, depth, richness and scope of the data achieved, the participants approached, the extent of triangulation and disinterestedness or objectivity of the researcher' (2000 : 105). While this description generally finds favour with this study, a concern is raised with regard to 'disinterestedness'.

Does my involvement in the HIV/AIDS Committee at school have negative connotations for the evaluation undertaken ? At this juncture I would like to say that my focal interest in the HIV/AIDS programme is to support the initiative of providing *effective* HIV/AIDS education to learners. It would therefore be essential that research findings are presented on the basis of honesty and trustworthiness if recommendations arising from them are to

be used for programme modification or sustainability. Cohen et al. refer to Maxwell's suggestion that " 'understanding' is a more suitable term to use than 'validity' " (2000: 106). It is argued that complete objectivity on the part of the researcher would not be possible as researchers themselves are part of the world that they are researching. The researcher's task is to uncover the perspectives of different individuals in the research context. Inferences made in this particular study would thus arise from the meanings expressed through interactions with learner and educator participants.

Respondent validation has been an important feature of this investigation. From the analysis of the questionnaires and interviews, follow-up discussions were held with research participants to clarify specific issues. Triangulation of data, from the various research methods employed, played a pivotal role in clarifying issues and constructing interpretations.

During the course of this study, ongoing meetings were held with my research tutor. These meetings focused on discussions that related to various aspects of the research including planning, research procedures and analysis of research findings. The questions raised and issues discussed served a wider role than providing guidance on research. They provoked further reflection on the practices I had engaged in and on interpretations that developed. It may thus be argued that these meetings were an important contribution to validation or trustworthiness in this research.

Reliability is defined by Cohen et al. as essentially being a 'synonym for consistency and replicability over time, over instruments and over groups of respondents' (2000 : 117). They do, however, point out that, in naturalistic studies, the uniqueness and context of the situation *prevents replication*. While this may be the case, this argument should not detract from the possible *relevance* of the research to other contexts. Other schools in the local community may wish to pursue HIV/AIDS education programmes of their own and may be interested in the findings of this evaluation. This interest may be even greater if another school identifies its social context as having a high degree of similarity with the school at which this evaluation was undertaken.

CHAPTER FOUR

EMERGING THEMES AND IMPLICATIONS FOR PROGRAMME EFFECTIVENESS

The research questions of this review are of central importance in analyzing data gathered during the course of this study. Data in this study has been gathered through use of a variety of research methods which include the questionnaire administered to grade eight learners, observation of class lessons, interviews with educators engaged in the programme, a focus group interview with learners serving on the school's HIV/AIDS Committee and informal discussions with research participants. Research findings that are presented have emerged through triangulation and interpretation of data from the sources indicated above. The themes discussed below are based on an integrated approach to analysis and interpretation of data obtained from different sources.

Learners' knowledge and awareness

Implementation of the grade eight programme did not begin simultaneously in the various learning areas that were involved. Some of the educators were engaged in implementation approximately three weeks after implementation had begun in other learning areas. In the group interview with educators, differences in implementation dates emerged as a useful discussion point to focus attention on the programme's impact on learners' knowledge. Educators who engaged with the programme at a later date

compared to others, indicated that they were initially 'surprised' at the level of knowledge displayed by learners in class sessions. This 'knowledge' ranged from a simple demonstration of recalling facts to a more complex understanding of HIV/AIDS issues. The educators who engaged with the programme at a later stage, believed that learning sessions which had taken place earlier in the programme had contributed to the higher levels of knowledge displayed by learners than was expected. Educators also believed that a higher level of sophistication in learners' understanding of HIV/AIDS issues developed as lessons progressively took place. This claim by educators was made on the basis of discussions educators held with learners, as well as evaluations of learners' written work (in the form of assignments and tests).

Similar feedback was provided by presenters of a Life Skills session on HIV/AIDS that was directed at the grade eight learners. The presenters of this session were senior learners from the school's HIV/AIDS Committee. I had the opportunity to observe this session and was highly impressed by the manner in which the presenters had elicited an enthusiastic response from the target group. A lively debate ensued which focused on selecting one individual from three hypothetical HIV-positive cases for the purpose of being given free HIV/AIDS drugs. The choice of individual varied among the learners but, more importantly, many of the reasons forwarded for their choice seemed well-thought out. Reasons varied from the social background of the individual to issues of 'innocence' as well as the impact on family or community members. Some of the learners did not participate in the verbal exchanges that ensued. However, those who did

participate indicated not only an awareness of basic facts about HIV/AIDS but demonstrated an understanding of some of the social issues surrounding the disease.

Knowledge- improvement regarding HIV/AIDS is also evidenced by learners' responses to question 18 of the questionnaire (refer to Annexure A). This question required learners to state what they had found to be of *most value* in the programme. Some of them stated explicitly that they had gained more knowledge. Others referred to specific topics that they had learnt more about e.g. statistics on HIV infections, secondary infections arising from AIDS, preventative measures against HIV infection. The questionnaire administered to grade eight learners included questions that tested knowledge of factual information and an understanding of specific HIV/AIDS issues. A sample of findings, based on learners' responses to these questions, is presented in the table on page 32.

The questionnaire was administered to a random stratified sample comprising 50 grade eight learners, incorporating 25 females and 25 males. The figures in the table illustrate numbers and percentages of learners *who have demonstrated a satisfactory level of knowledge or understanding* of specific HIV/AIDS issues. These figures have been arrived at through a detailed analysis of the questionnaire. In the column 'aspect of knowledge assessed', the letter 'Q' with a number next to it represents the specific question number that bears reference e.g. Q4 represents question four. (Refer to **Annexure A** to locate specific questions.)

Aspect of knowledge assessed	Number of males	% males	Number of females	% females	Total number	Total %
Meaning of being HIV positive (Q 4)	20	80%	18	72%	38	76%
Is there a cure for AIDS? (Q 7)	23	92%	24	96%	47	94%
Is there a vaccine to prevent HIV/AIDS ? (Q 8)	16	64%	13	52%	29	58%
Reasons for using HIV/AIDS drugs (Q 9)	19	78%	22	88%	41	82%
Identifying unprotected sex as the main mode of HIV transmission (part of Q 10)	23	92%	23	92%	46	92%
Identifying the sharing of toothbrushes as a potential risk factor (part of Q 10)	4	16%	13	52%	17	34%

N   =   25   25   50

For the majority of questions that find reference in the above table, the data presented suggests that a relatively *large precentage* of learners have demonstrated a satisfactory level of knowledge or awareness of the HIV/AIDS issues that are related to these questions. It is, however, a matter of concern that only 58% of the questionnaire respondents are aware that currently **no** vaccine exists to prevent HIV infection. One of the factors that may have led to some confusion surrounding AIDS vaccines, is the recent attention given by the media to initiatives in KwaZulu Natal regarding the development of an AIDS vaccine (Sunday Tribune, 12/08/2001). Optimism has been expressed by medical researchers regarding initiatives to develop an effective HIV/AIDS vaccine against HIV viral strains that most commonly affect sub-Saharan Africa. While a message of hope is welcomed in the midst of the gloom surrounding AIDS, it is vital that such a message does not trigger off misconceptions on medical breakthroughs. At school level, learners must be made aware of the fact that a vaccine has not yet been developed

for administration to the public but that *trials* on an AIDS vaccine are currently being undertaken . The involvement of a rural community in KwaZulu Natal (Sunday Tribune: 12/08/2001) in vaccine trials may lead to speculation that this particular community is receiving a fully developed vaccine. It may be appropriate to provide further information on vaccines through the Natural Sciences component of the grade eight programme. Emphasis should be placed on the time scales that may be required in developing a vaccine. It should also be pointed out that an effective vaccine *cannot be guaranteed* until further evidence to this effect is forthcoming. Learners should therefore be urged to consider that the most effective current means of preventing HIV infection is a reduction in high-risk behaviour.

Another item of basic knowledge on prevention that needs further attention, is the sharing of toothbrushes as a potential source of infection. This was identified as high risk behaviour by 52% of the female respondents and only 16% of the male respondents (refer to the table above on page 32 and question 10 of Annexure A). Brewer and Parish (1998) point out that, as part of HIV/AIDS education, children should be advised not to share toothbrushes because bleeding gums can transmit HIV-infected blood. It is possible that, in a relatively poor economic environment, the likelihood of sharing toothbrushes would be higher. It is thus imperative that this aspect be given greater emphasis when learners are involved in discussions that are focused on preventative measures against HIV infection.

With regard to knowledge acquisition, the data in the table above suggests that little difference exists between male and female learners. However, a noticeably larger number of females than males identified sharing of toothbrushes as a high risk factor. Issues that were emphasized in the programme and those that were accompanied by high levels of media coverage e.g. safe sex, reflect little difference in knowledge acquired between male and female learners. Discussion on toothbrushes in relation to HIV infection was *not* given prominence during class sessions on HIV/AIDS education. This was ascertained in an informal discussion with grade eight learners, subsequent to my analysis of the questionnaire.

Differences among learners, with regard to knowledge gained, were also manifested in terms of different class divisions. The Mathematics component of the grade eight programme involved the same educator in each of the classes. Having observed a similar Mathematics programme implemented in two separate classes, I noted a difference in the general level of participation between these classes. In one class, as opposed to the other, a considerably larger number of learners participated in discussions that were a follow-up to their answers regarding HIV/AIDS-related mathematical problems. Since discussions were based on learners' answers to mathematical problems, the higher levels of participation in these discussions appeared to be linked to the learners' abilities to solve the problems. In the group interview with educators involved in different learning areas, I had enquired about differences in learners' participation with regard to the different class divisions. A common viewpoint expressed was that differences in learners' knowledge and levels of participation among the different class divisions was not unique to the

HIV/AIDS programme. A similar pattern had apparently existed for other learning programmes that were implemented.

Integration across different learning areas

Remarks from certain educators expressing 'surprise' at learners' knowledge on HIV/AIDS had initially surfaced in informal discussions with them during tea/lunch breaks. These remarks were made when the educators concerned had implemented part of their planned programme. The indication that learners had displayed more knowledge on HIV/AIDS than was expected, prompted me to pursue this matter in the group interview with educators. Some of the educators indicated that they made enquiries from learners regarding their sources of information on specific HIV/AIDS issues. One of the sources widely quoted by learners were 'other' lessons (in reference to lessons in other learning areas). This flow of knowledge from one learning area into another had apparently led to an easier 'passage' through certain sessions. Educators did not need to spend as much time as anticipated on aspects that were covered more comprehensively in other learning areas. *Reinforcement* of knowledge thus appears to be a positive outcome of integration.

In the group interview, educators were asked to comment on the impact of the programme on learners' knowledge of HIV/AIDS issues. Their responses suggest that learning gained in one area had contributed to a better understanding of concepts and

issues in another area. This was also evident in some of the lessons that were observed. In the Mathematics lessons observed, learners were required, among other tasks, to solve problems based on the cost of HIV/AIDS drugs. In discussions involving their answers, the exceptionally high cost of these drugs was highlighted. The issue of HIV/ AIDS drugs also emerged in the Life Skills session observed. The Life Skills session had been held subsequent to the Mathematics session. The focus, in this instance, was the selection of one among three hypothetical HIV-positive individuals for the provision of free HIV/AIDS drugs. With regard to the cost of drugs, the Life Skills presenters had merely indicated that these were 'expensive'. Some of the learners, when debating the issue at hand, revealed more knowledge on costs than the presenters had exposed to them. The points raised by learners in their discussions, appeared to me, to have some familiarity with discussions in the Mathematics session. Thus, from merely being aware that HIV/AIDS drugs were expensive, learners had encountered concrete figures that reflected the actual degree of expense involved. This may have led to a deeper appreciation of the implication of these costs when engaged in their deliberations during the Life Skills session.

Learners' perceptions of integration may be evinced in their responses to questions 21 and 22 of the questionnaire (refer to Annexure A). 78% (19 females and 20 males) of the sample indicated a preference for HIV/AIDS education across different learning areas as opposed to specialization in a single subject. The most frequent reasons forwarded for this preference were:

i)   More knowledge was gained.

ii)   They learnt about different aspects of HIV/AIDS.

ii)   Specific aspects were particularly interesting.

A dilemma encountered in interpreting these findings is that learners were not exposed to a comprehensive programme that involved only a single learning area. In the past, Life Skills was usually the school 'subject' (the concept 'learning area' had only been introduced in the current year) that was primarily used to drive HIV/AIDS education at the school. However, the grade eight learners had come from primary schools, where AIDS education programmes had not been implemented. The lack of implementation in primary schools within the local district was drawn to my attention at a local HIV/AIDS conference convened on 21/ 06/ 2001. There is an urgent need to address this gap in HIV/AIDS education in the local district. Programmes introduced in primary schools in the local area would serve as a useful platform to engage learners in more sophisticated and complex issues on HIV/AIDS at secondary school level. Co-ordinators involved in the grade eight programme could assist in this regard by consulting local primary schools and offering their services to help develop an appropriate programme that is supportive of the grade eight programme.

It could be argued that the Life Skills sessions may still be considered as a gauge when comparing integration across different learning areas to specialization within a single learning area. The range of issues covered during the course of the current HIV/AIDS programme in Life Skills would probably not have been any less comprehensive if Life

Skills were used as the *only* learning area to address HIV/AIDS issues. If any of the other learning areas were targeted for *sole* coverage of HIV/AIDS education, the same argument applies. Thus reflections by learners on experiences within *individual* learning areas may be considered a basis for comparison with regard to the *collective experience* of the HIV/AIDS programme. This would be more of an *intuitive* gauge by learners rather than a scientific comparison.

In highlighting a specific aspect or topic as a reason for preferring an integrated approach, varied interests were revealed. *Differences in interests* ranged across the different learning areas. Some learners cited the Natural Sciences lesson on the impact of HIV infection in relation to the immune system as the most interesting, while others appeared to be keener to learn about historical influences such as the migrant labour system. The type of activities that learners engaged in were also cited as reasons. These varied from interests in debates (during English lessons), engaging in formal assignments that required research (set by the Human and Social Sciences educator), holding group discussions during Life Skills sessions and problem solving in Mathematics. If *different learners* are *motivated* by learning experiences that arise in *different learning areas* then support for adopting an integrated approach is considerably strengthened.

Most of the learners who preferred a single subject/learning area to drive HIV/AIDS education did not provide a reason for this. Two of the learners, who preferred a single

learning area, cited repetition of content across different areas as the reason for their selection.

Collaboration among educators may be viewed as a cornerstone to success in adopting an integrated approach to educational programmes. Deliberations and discussions among educators involved in the HIV/AIDS programme had mainly occurred during the planning stages of the programme. This had been done at formal meetings that I attended. During the implementation period it was difficult to convene regular meetings to discuss progress made. Pressure exerted through other demands in the school curriculum and time constraints were factors that mitigated against such meetings. Through informal discussions, mainly during breaks, I had informed educators of progress that I was aware of regarding the different learning areas involved. As a consequence of changes in dates to school activities *not* linked to the HIV/AIDS programme e.g. subject/ learning area workshops on OBE, a ripple effect had been created and time frames for completion of the HIV/AIDS programme had to be amended. These changes were effected through a consensual decision- making process at a meeting convened for this purpose.

Attitudes and Values

It has been argued that, irrespective of the extent to which knowledge has been acquired, ' Aids educational programs are not likely to produce greater reductions in risk-taking

behaviour unless they do substantially more than increase knowledge' (Kirby, 1992: 173). To what extent does the programme under review move beyond the goal of furthering knowledge acquisition among learners ? In the Life Skills session that I observed, presenters of the programme had asked learners whether they would engage in high- risk behaviour of the type that was discussed during the session. The response from learners was a resounding and collective ' NO'. One may argue that this response had possibly been influenced by learners' perceptions of the expectations of the presenters. However, the manner of response appeared to reflect strong feelings behind their utterance. Additional comments from learners ensued, mainly to emphasize the conviction of their stated standpoint. The attitudes emerging from this particular session are suggestive of strong support for heeding preventative measures against HIV infection. In the focus group discussion, presenters of the Life Skills session (senior learners) also felt that the message of prevention had penetrated learners' attitudes to high- risk behaviour in a positive way. This perception does, however, beg the question, ' For how long will such attitudes prevail?'

In the absence of long-term studies that monitor behaviour of learners who have engaged in HIV/AIDS education programmes, predictions for the future would not be possible. In follow-up discussions with grade eight learners on future trends regarding high- risk behaviour, varied responses had emerged. When confronted with a scenario involving 'partying', availability of drugs and/or alcohol as well as possible sexual involvement, some learners were firm in their belief that they would not be tempted into high- risk activities. Others, however, had referred to examples where, even learners who are

normally perceived to have 'good behaviour' allow themselves to be 'carried away' by prevailing circumstances. The uncertainty expressed by learners is illustrative of difficulties in predicting future trends regarding high-risk behaviour.

It would be unrealistic to expect school-based programmes alone to succeed in developing and fostering attitudes and values that promote the prevention of HIV infection. Values and beliefs evolve through multifold social interactions. The school context is part of a broader context that impacts on youth sub-cultures and behaviour patterns. Kirby argues that ' schools alone cannot dramatically reduce risk-taking behaviour... schools need to be supported in a variety of ways by the broader community' (1992 : 160). The crucial question then becomes, ' Has the programme effectively *contributed* to the goal of reducing high -risk behaviour?' If prevailing attitudes are viewed as *stepping stones* in the quest to counteract high-risk behaviour, then an important positive outcome of the programme is evident. Learners who have engaged in the programme, generally appear to *support* the call for reducing high- risk activities.

Studies locally and internationally reflect an uneven terrain regarding the link between education programmes and sexual behaviour. A recent study of an Aids education package, implemented at three secondary schools in a rural township in Mpumalanga Province in South Africa, reveals encouraging reports on its impact on sexual behaviour (Ogunbanjo and Henbest, 1998). Researchers indicate a significant increase in condom use and a decrease in reported sexual intercourse with more than one partner. It should,

however, be noted that the education package was implemented over a period of five months and data used in the study was based on questionnaires that were self-administered prior to implementation and immediately following implementation.

A case study report of the DramaAide programme implemented at two schools in the Ladysmith area of KwaZulu Natal indicates that 'there is little evidence to suggest that information on HIV/AIDS disseminated by DramAide has made a difference to sexual behaviour patterns' (Hambridge, 1995 : 81). On the other hand, a separate evaluative study that also focused on the DramAide project suggests that the programme had a positive influence on attitudes and beliefs about sexuality and sexual behaviour in the context of HIV/AIDS (Harpring, 1995). Variations among contexts in which implementation had occurred, range of research participants involved and study methods employed are some of the factors that may account for differences in research findings.

In referring to major studies in the USA, Kirby suggests that these studies indicate that sex education neither increases nor decreases sexual experience. However, two of these studies reveal that, among younger teenagers, 'participation in sex education was associated with subsequent initiation of intercourse' (Kirby, 1992 : 165). It is suggested that sex education *delays* the initiation into sexual intercourse among younger teenagers. The study I have engaged in focuses on teenagers in a similar age group. On the basis of the evidence gathered in this study it would be difficult to claim that the grade eight programme has resulted in delaying sexual intercourse among the learners targeted. However, attitudes demonstrated by learners who were involved in the programme

suggest that the programme has positively influenced learners to think more seriously about initiating sexual intercourse. In 'buying time' prior to initiation into sexual intercourse, an opportunity is created to reinforce responsible attitudes regarding sexual behaviour. Strategically, this would imply that the core programme for the school's HIV/AIDS education should be directed at grade eight learners i.e. focusing on an age group where the majority have probably not engaged in sexual intercourse. Follow-up programmes in senior grades would be important in furthering the development of attitudes that promote responsible sexual behaviour in the context of HIV/AIDS.

With regard to the grade eight programme, learners' values and attitudes that emerge in this study are related not only to the issue of high-risk behaviour. In the questionnaire, learners were required to discuss their feelings towards fellow learners whose hypothetical HIV-positive status was known (Question 17, Annexure A). The overwhelming majority of learners empathised with the plight of HIV-infected learners, and displayed attitudes that indicated more than mere tolerance towards infected individuals. Some of the learners indicated that they would 'support' their friends by encouraging them to 'lead a normal life'. Others had pointed out that HIV-positive individuals should not be discriminated against and should be given the same opportunities in life that non-infected individuals are afforded. A similar thread in thinking was evident in the discussions that took place during the English session I observed. Learners viewed the AIDS-related death of a young nurse as a tragic loss, not only in terms of depriving the victim of a full life but also in the context of her family situation as well as a loss to the medical profession.

There were, however, a few learners who expressed fear about exposure to infection when associating with HIV-positive learners. The need to overcome fears and other emotional barriers, are viewed by Brewer and Parish (1998) as fundamental pre-requisites in any HIV/AIDS support programme. Some of these fears are based on ignorance regarding the transmission of HIV. The responses of learners to question 17 of the questionnaire (Annexure A) would suggest that the *majority* of learners in the sample group are *not* afraid of associating with HIV-infected individuals. Perhaps the programme's impact on broadening learners' knowledge on modes of transmission of HIV may have contributed to the development of greater confidence among learners regarding interactions with HIV-infected individuals.

The Impact of Culture

The issue of cultural identity is an exceedingly complex one where youth sub-cultures often clash with traditional values and practices in communities. It may be argued that certain high-risk behaviour patterns among learners are a reflection of youth culture in the local context. Learners' opinions on high-risk behaviour have been elicited through responses to Question 12 of the questionnaire (Annexure A). Learners were asked to identify high- risk behaviour that exists within the general learner population at school. The majority of respondents have suggested that sexual activity and drug-taking are key factors that impact on the risk of HIV infection at school. Drug- taking in itself was not

perceived as a major risk factor but attention was drawn to its influence on high-risk sexual activity.

When required to forward reasons (question 13, Annexure A) for the high-risk behaviour that they had identified, the majority of learners made reference to the desire to be 'cool'. The implication of seeking popularity amongst peers has relevance to a further reason forwarded i.e. *peer pressure*. A larger number of female learners than male learners pointed to peer pressure as a major reason for engaging in sexual relationships. It appears that female learners are coerced by other female learners into having 'boyfriends'. Follow-up discussions with learners serving on the HIV/AIDS Committee and the Life Skills co-ordinator, seem to suggest that having a boyfriend is a 'status symbol' that entrenches acceptance within certain female peer groups. In attempting to 'hold on' to a boyfriend, a female learner may be pressurised by the male learner into conceding to a sexual relationship. If demands are made for unprotected sex, then female learners are cast into a highly vulnerable position regarding HIV-infection.

Hambridge (1995) draws attention to cultural influences impacting on sexual activity that are detrimental to the interests of female learners. Based on studies undertaken at schools in the Ladysmith area of KwaZulu Natal, Hambridge reported that cultural influences had created tension between boy scholars' perceptions of masculinity and femninity on the one hand and the need to practise safe sex (condom usage) on the other. It was further stated that girls ' are powerless in relation to their male partners'

with regard to negotiation in condom usage (1995: 81). At the school focused in this study, cultural issues may differ from those described above by Hambridge, but disempowerment of female learners is, nevertheless, a shared concern. I had made enquiries from the Life-Skills co-ordinator concerning sexual harassment of female learners at school. For the current year, the following serious incidents were reported: a male learner had attempted to force a female learner into the male learners' toilet and a female learner had been badly injured on her face by a male learner who was her 'boyfriend'. The latter incident had apparently arisen from a fallout in the relationship between the learners involved, as well as the male learner's perception of control that he was 'entitled' to in the relationship. Sexist attitudes on the part of male learners need to be addressed as a key area of concern within the schools' HIV/AIDS education programme.

Furthermore, female learners placed under pressure regarding sexual demands from their boyfriends do not appear to be adequately skilled in managing such pressure situations. Some of the female learners who had fallen pregnant during the current year had discussed problems pertaining to their pregnancies with the Life Skills co-ordinator. It emerged that these learners had to endure severe mental stress and depression in coping with their predicament. Training in negotiation skills regarding sexual relations, particularly for females, is urgently needed and this should be provided at an age that normally precedes initiation into sexual intercourse. Such training may commence at grade eight level and should be incorporated into the Life Skills component of the HIV/AIDS programme.

Some of the male learners who were involved in sexual harassment incidents, indicated that their behaviour was merely 'play' and is acceptable within their 'culture'. This was clearly not a traditionally approved practice among any of the parent communities ('parent communities' in this context is a reference to communities where learners live). In class discussions with the Life Skills co-ordinator, the claims of cultural acceptance was refuted by other learners who live in the same parent community as the offenders. While insight into different cultural backgrounds may play a vital role in developing an effective HIV/AIDS education programmes, designers of the programme need to be wary of claims that are primarily excuses to justify unacceptable behaviour.

Sexual violence against female learners in KwaZulu Natal schools has recently been highlighted at a project launched by Unterhalter, Epstein, Morrell and Moletsane (Daily News, 2001). Unterhalter suggests that sexual violence at schools by male learners, male teachers and outsiders have contributed dramatically to the spread of HIV in KwaZulu Natal schools. The grade eight programme under review, has not specifically targeted male attitudes in relation to sexual harassment or violence against females. It appears that mainly older male learners have been implicated in sexual harassment incidents at school. However, it is unlikely that attitudes underlying such behaviour emerge suddenly in senior grades at school. Sensitising male learners to gender- related issues at an earlier age, may improve the scope for promoting attitudes that reduce high-risk behaviour.

A step beyond sensitivity to gender issues may be the use of 'peer educators' of *both* sexes in the HIV/AIDS programme. This proved to be highly successful in the Life Skills

session that was observed. A male learner and a female learner served as presenters and were equally involved in spreading messages of non-discrimination, including that of gender. Chisholm (1999) argues that conventional approaches to HIV/AIDS education are inadequate in the current context of HIV/AIDS in South Africa. It is suggested by Chisholm that attitudes ' towards sexuality, power, gender and gender discrimination also have to be addressed through the curriculum' (1999 : 9). Through illustrations by enacting situationally specific examples of gender discrimination and appropriate responses to these, peer educators of both sexes could play a vital role in overcoming male prejudices concerning relationships with females.

The Life Skills presenters (senior learners) did not appear to be perceived as authority figures by their target audience (grade eight learners). The excellent rapport evident between grade eight learners and their Life Skills presenters may be an important indicator of the potential for using peer educators in the HIV/AIDS programme. Dupree and Beck (1991) argue that people are more likely to take action in preventing high-risk behaviour if they identify closely with AIDS education presenters.

School assembly talks on HIV/AIDS have generally proven to be ineffective in capturing the attention of learners. I was, however, impressed by the silence and evident focus of learners when a young HIV infected person presented a talk on his experiences with HIV/AIDS. It is possible that the age of the young man had struck a chord with his youthful target audience. Furthermore, hearing a self-declared HIV-positive person speak

about his condition, had possibly made the disease 'ring true' with his audience. Dupree and Beck point to the impact of association with an HIV-infected individual:

According to numerous study reports, one of the most significant factors influencing knowledge, attitudes and behaviour in relation to AIDS is acquaintance with someone who is known to be infected with HIV, or with that person's family, friends, and fellow workers (1991 : 56).

Social workers associated with the school have indicated that the incidence of HIV-infection in the local community, particularly among young people, is on the increase. It is, however, extremely difficult to find an HIV-infected individual from the local community who would be willing to discuss his/her experiences with school learners. An effective substitution for this may, however, emerge from the creative talents of learners themselves. Learners had shown a keen interest in plays or drama-based sketches that portrayed HIV/AIDS issues within the context of the local social environment. These plays were written and enacted by learners from the HIV/AIDS and Drug Abuse Committees, with guidance and supervision provided by educators. The dramatic performances that were staged in the school assembly area, appeared to resonate with prevailing adolescent sub-cultures. Activities such as assembly talks, plays and poetry recitals, if linked to real-life experiences of learners, could play a highly effective complementary role to the programme implemented through the mainstream curriculum.

In response to the question on the school's role in prevention of HIV/AIDS (question 14 of the questionnaire), a substantially greater number of learners suggested a focus on education regarding the use of condoms as compared to abstention from sex. It is possible that learner suggestions stem from a youth sub-culture where sexual activity is highly prevalent. Current levels of sexual activity among youth locally find a parallel

trend in other countries. In reference to patterns in the USA, Hingson and Strunin (1992) argue that HIV/AIDS education directed at promoting safer sex has not stemmed the trend towards increased sexual activity among adolescents. It should, however, be noted that promoting safer sex becomes even more important if sexual activity among learners is on the increase. In the grade eight programme under focus, safe sex in terms of condom usage, has been emphasized. However, this has been limited to merely pointing out that condoms should be used. A comprehensive discussion on this aspect was not included in the programme. Further deliberation by educators is required for the development of a more comprehensive programme regarding safe sex. It would be necessary to consult parents if details on condom usage are to be discussed. Nurses or social workers with experience in sex education may be consulted with regard to the presentation of this aspect of sex education for learners.

CHAPTER FIVE

FURTHER REFLECTIONS AND RECOMMENDATIONS

Kirby (1992) argues that behaviour modification directed at decreasing high-risk sexual activity may only be possible if sexual *norms* among adolescents change concurrently. It is suggested by Kirby that teenagers' behaviour may be swayed through perceptions of what is fashionable and it is further suggested that strategies to effect changes in peer norms should be considered. This implies that engagement of a sufficiently large group of learners in HIV/AIDS programmes, may lead to their involvement in preventing HIV/AIDS becoming a 'fashion statement' that could influence the broader learner population. However, it may be argued that this attempt at changing peer norms is simplistic in its approach. The school environment is not insulated from the broader social context in which it functions. Influences that emanate from the 'external' environment exert a profound impact on sexual norms among adolescents. Perhaps, school programmes need to be linked to broader initiatives on HIV/AIDS.

Extending the programme

It is of interest to reflect on comparisons of high-risk behaviour among populations in Africa, between the period prior to implementation of AIDS education programmes and the period following implementation. With reference to AIDS education in Africa, Schoub expresses the concern that 'although education has often achieved a greater

awareness in African populations, it has failed to translate this into appropriate modifications in behaviour' (1999 : 251). Schoub argues that education on its own is insufficient to reduce HIV transmission. Socio-economic conditions, cultural beliefs and the status of women are some of the issues that need to be addressed in the context of an HIV/AIDS campaign. This calls for a multi-dimensional approach to the HIV/AIDS crisis. The grade eight programme focused in this study has primarily been developed through the initiatives of educators. Parental involvement has been limited to making a decision on sanctioning the programme at a School Gonverning Body meeting. Sensitive issues related to sex education may lead to controversy or conflict if parental input and approval is not sought. Collier and Donnelly suggest that AIDS education programmes are '...more likely to succeed if there is consultation with the local community. This is particularly true of programmes that generate an emotional response' (1991: 69). The programme under review in this study has not engaged intensively with issues on teenage sexuality and has not spelt out details on how condoms should be used. In avoiding issues that may provoke controversy, some of the crucial aspects that ought to be included in HIV/AIDS education may have been neglected.

A major problem confronting the school is the poor attendance of parents at various parents' meetings that have been convened in the past. To encourage greater participation of parents, AIDS education should be highlighted as a critical need through notices, campaigns and meetings. Prominent leaders in the local community may be invited as guest speakers at parents' meetings to attract greater attendance. These meetings may serve as a platform to encourage parent involvement in the evaluation of the current

programme and to engage parents in deliberations geared towards improving the programme. While the formation of hermeneutic circles, as proposed by Guba and Lincoln (1989), may have practical difficulties, a modification of some of the processes that emerge in Fourth Generation Evaluation may be considered. The School Governing Body may consider convening a meeting to elect parent representatives onto the school's HIV/AIDS Committee. The meeting could also enable parents to raise *claims, concerns* and *issues* surrounding HIV/AIDS education and these may be discussed within the fold of the HIV/AIDS Committee. Participation of local health professionals in supporting the HIV/AIDS Committee should also be encouraged and links with local community organisations such as the Child and Community Welfare Organisation should be reinforced.

With regard to the regional context of the school in focus, the Child and Community Welfare Organisation has recently played a key role in bringing together representatives from various sectors (including education, health, social services and religious organisations) to address the HIV/AIDS crisis at a local level. However, in the educational sector, it has emerged that only the school focused in this study (from a total of 23 schools in the region targeted) has embarked on a structured HIV/AIDS education programme. Out of the experiences derived through engagement with the programme, there arises an expectation that assistance and support will be provided to other schools. The programme implemented in the case study school may thus provide an impetus to broaden HIV/AIDS education in the local region.

In offering support, caution needs to be exercised when making recommendations

to other schools. The unique situation of each school demands a contextually appropriate

programme. However, there may be much in common regarding the social contexts of

neighbouring schools and the case study school in focus. In such an instance, if the

programme is found to be of worth, modifications and adaptations may be considered.

Mainstream Subject/ Learning Area Specialists as HIV/AIDS Educators

The key role that educators have played in planning, implementation and evaluation of

the grade eight programme warrants further discussion. Prior to the development of the

grade eight learning programmes for HIV/AIDS education, some teachers expressed

concern at engaging in a field (HIV/AIDS education) that was new to them. The

HIV/AIDS Committee had enlisted the services of social workers to convene a workshop

to address some of the concerns of educators prior to progranmme implementation. The

workshop was of fourteen hours duration and was covered over a period of five days

including a Saturday morning session. Based on responses of educators during the course

of the workshop, convenors suggested that the workshop had broadened the knowledge

base of educators and increased their confidence in engaging with HIV/AIDS education.

When educators were involved in the development of HIV/AIDS learning programmes, I

entered into informal discussions with them (during breaks) to enquire about progress

being made. In these discussions educators expressed an eagerness to be involved in the

implementation of the programme and one of them indicated that they 'looked forward to teaching something different from the routine'. It thus appears that the HIV/AIDS programme, as an innovation in the curriculum, has heightened the interest of educators in the grade eight formal curriculum. In the group interview with educators, I enquired about problems that they may have encountered during implementation. The problems highlighted related mainly to discipline among learners. However, according to educators, this was not any different when learners were engaged in other learning programmes. Educators indicated that they did not find difficulty in gathering information and in structuring lesson programmes regarding HIV/AIDS. It emerged that this was not substantially different from planning and implementation of lessons regarding other learning programmes (i.e. besides HIV/AIDS). The *experience* gained by educators in their specialist subject/learning area thus emerges as a key asset in promoting the HIV/AIDS programme. While workshops were initially necessary to broaden the general understanding of educators on HIV/AIDS, confidence in implementation had stemmed largely from past experience in pedagogical practices.

In reference to recent initiatives by the Department of Education to promote HIV/AIDS education in South African schools, it has been reported on News24 that ' HIV/AIDS education is being hampered by a shortage of teachers who are able to instruct pupils in life skills' (news24.co.za : 25/10/2000). National policy on HIV/AIDS education (1999) also encourages the integration of HIV/AIDS education into life skills programmes. However, this should not be interpreted as limiting HIV/AIDS education to the Life Orientation learning area or presenting life skills as a specialist subject. The

programme implemented at the school focused in this study drew on *various learning areas* to promote 'life skills' appropriate to HIV/AIDS education. This included the incorporation of Life Skills or Life Orientation as a specialist learning area. In broadening the scope of the programme through integration across different learning areas, the programme had tapped into the expertise of a greater number of educators as compared to limiting the programme to Life Skills 'specialists'.

There is, nevertheless, an advantage in using educators with specialist training in guidance and counselling to guide and support an HIV/AIDS education programme. In a country faced with a catastrophic rate of HIV-infection, an ever increasing number of young people experience the trauma of discovering that they have become HIV-positive. These individuals are compelled to confront the prospect of serious illness and death that eventually results as a consequence of AIDS. To empower HIV-infected learners to deal with these challenges, the provision of effective psychological services through trained personnel may be viewed as a crucial element that must be given more prominence in the school's HIV/AIDS programme. The aspect of pastoral care has not been addressed adequately in the programme reviewed in this study. In the absence of a full-time school guidance counsellor, in-service training regarding pastoral care should be considered for educators who would be involved in the HIV/AIDS programme. With regard to HIV/AIDS education in New South Wales, Australia, Collier and Donnelly argue that 'teaching strategies employed in this area are often very different from those used in more traditional areas' and therefore recommend the provision of in-service training for teachers (1991 : 72). However, the study I have undertaken suggests that the educational

experience of teachers in 'traditional areas' serves a valuable role in promoting HIV/AIDS education through the mainstream curriculum. In-service training regarding HIV/AIDS education may then be streamlined to focus on areas such as pastoral care which is generally not part of the background training for most educators involved in the formal curriculum.

Summary of Key Recommendations that have emerged in this study

The summary below reflects recommendations that are *specific* to the context of the school focused in this study. However, they may be of interest to others who intend promoting HIV/AIDS education through an integrated approach across different learning areas/subjects.

- The focus on HIV/AIDS education through a grade eight programme should be sustained. However, there is an urgent need to introduce HIV/AIDS education in local primary schools that would serve to support the grade eight initiative.
- The grade eight programme should continue adopting an *integrated approach* across different learning areas. Other HIV/AIDS education activities that are generally not regarded as part of the mainstream curriculum should also have continued support. These may include plays, assembly talks, observation of World AIDS Day, poster competitions.

- Aspects of prevention apart from those related to sexual transmission of HIV need further attention e.g. sharing of toothbrushes.

- Greater emphasis should be placed on gender issues linked to HIV transmission. Some issues that need to be addressed are: sexist attitudes prevalent among male learners; developing negotiation skills, particularly among female learners, with regard to intimate sexual relationships.

- Stakeholder participation in the HIV/AIDS programme needs to be broadened. Parents, in particular, should be encouraged to play an active role in the further development of the HIV/AIDS education programme. Representation of parents on the HIV/AIDS Committee would be essential in establishing greater parental involvement.

- Relationships with community organisations that support HIV/AIDS education, e.g. the Child and Community Welfare Organisation, should be strengthened.

- Teachers and learners who serve as educators in the programme should be supported by appropriate training workshops. Special attention needs to be given to pastoral care with regard to issues surrounding HIV/AIDS.

Concluding Remarks

The youth of South Africa appear to be the most vulnerable group regarding HIV-infection. A report from HIV InSite (6 September, 2000) makes reference to research findings, issued by Abt Associates of South Africa, which indicates that over 60 percent of new HIV infections occur in the age group 15 to 25 years old. Furthermore, it is projected that among young South Africans who are infected ' half are expected to die before age 35' (HIV InSite : 2000). Yet, these shattering figures could drastically be reduced if the youth of South Africa abide by a message that is constantly highlighted through the mass media and in HIV/AIDS campaigns : *If sexually active, avoid high-risk sexual behaviour.* Translating this into practice is, unfortunately, an extremely complex and difficult task in the South African context.

Leclerc-Madlala (Sunday Tribune, 13/ 08/ 2000) points to cultural factors, rampant sexist attitudes among males and superimposing political agendas as some of the obstacles that mitigate against addressing the HIV/AIDS crisis. The battle against AIDS is thus inextricably linked to issues of social transformation in South Africa. Recent education policy documents on the curriculum, place high value on the role of education in promoting social change. The discussion document *Curriculum Framework for General and Further Education and Training* puts forward a mission for the new curriculum framework as promoting a vision of :

' a prosperous, truly united, democratic and internationally competitive country with literate, creative and critical citizens, leading productive, self-fulfilled lives in a country free of violence, discrimination and prejudice' (1996: 5).

Indeed, this vision stands in stark contrast to the violence (particularly against women and children) and discrimination that surrounds HIV/AIDS, as well as the implications of AIDS regarding the future prosperity of the country. At school level this vision may take on a more optimistic perspective by reflecting on the scope of the curriculum to address the HIV/AIDS crisis through a *critical* and *creative* approach. The study focused in this dissertation suggests that the grade eight programme that has been reviewed, offers opportunities for creativity in promoting HIV/AIDS education by drawing on the expertise of a range of educators specialising in different learning areas. The learning programmes reviewed were not limited to simply pointing out stock messages on prevention (e.g. condomize, be faithful to one partner, abstain from sex, etc.) but engaged learners in serious debates and discussions on a variety of issues on HIV/AIDS. Beyond prevention of HIV infection, learners have engaged in discussions that focus on some of the problems confronting infected individuals and their families. The implication of high cost HIV/AIDS drugs for the poor, the dilemma of the ever-increasing number of AIDS orphans and the impact of AIDS on the labour force of this country, are issues that touch the lives of all South Africans. However, through discussions with learners at the school focused in this study, I have learnt that little or no discussion on HIV/AIDS issues takes place between most parents and their children. The school, therefore, may be the most effective alternative in educating and preparing the youth to face the challenges that HIV/AIDS poses for them.

While the programmes' long term impact on learners' behaviour regarding HIV/AIDS cannot be predicted through the findings in this study, the positive outcomes regarding

knowledge acquisition and demonstration of desirable attitudes to HIV/AIDS issues is an

encouraging feature in working towards long-term behaviour modification. Other schools

intending to promote HIV/AIDS education through the mainstream curriculum may

reflect on aspects of this study that are appropriate to their particular contexts. Integration

across learning areas, adaptability of the programme to the school's context and the scope

for further modification are factors that augur well for continued and sustained

implementation of the programme.

REFERENCES

Bassey, M. (1999). *Case Study Research in Educational Settings*. Buckingam, Open University Press.

Brewer, L.K. & Parish, M.T. (1998). Children and HIV : Concepts and strategies for teachers and counsellors. In L.L. Palmatier (ed.) *Crisis counselling for quality school community : Applying William Glaser's Choice Theory*. Washington : Taylor and Francis.

Chisholm, L. & Petersen, T. (1999). HIV-AIDS and Sexism. *Quarterly Review of Education and Training*. Wits Education Policy Unit. Dec-March, Vol.6, No. 1.

Clarke, L. (2001). Rural community now lives in hope. *Sunday Tribune*, August 12.

Cohen, L., Manion, L. & Morrison, K. (2000). *Research Methods in Education 5th Edition*. London and New York, RoutledgeFalmer.

Stake, R.E. (1995). *The Art Of Case Study Research*. Thousand Oaks, London and New Delhi, Sage Publications.

Collier, G. & Donnelly, K. (1991). Introducing AIDS education in schools. In *AIDS prevention through health promotion : Facing sensitive issues*. England, World Health Organization in collaboration with the Royal Tropical Institute, Amsterdam.

Department of Education (1999). *Implementation Plan for Tirisano : January 2000 – December 2004*, Pretoria.

Department of Education (1999). *National Policy On HIV/AIDS, For Learners And Educators In Public Schools , And Students And Educators In Further Education And Training Institutions*, Government Gazette, Notice 126 of 1999, 10 August, Pretoria.

Department Of Education (1996). *Curriculum Framework for General and Further Education and Training (*draft document), July.

Dupree, J.D. & Beck, S. (1991). The role of people with HIV infection, their families and friends as health educators. In *AIDS prevention through health promotion* : *Facing sensitive issues.* England, World Health Organization in collaboration with the Royal Tropical Institute, Amsterdam.

Frame, J. Theorising Curriculum. (Forthcoming)

Grundy, S. (1987). *Curriculum* : *Product or Praxis.* London, Falmer Press.

Guba, E.G. & Lincoln, Y.S. (1987). 'The Countenances of Fourth-Generation Evaluation : Description, Judgement and Negotiation'. In Palumbo, D.J. (et al) *The Politics of Program Evaluation.* London, Sage.

Guba, E.G. & Lincoln, Y.S. (1989). *Fourth Generation Evaluation.* London, Sage. Ch. 1. The Coming of Age of Evaluation.

Guba, E.G. & Lincoln, Y.S. (1989). *Fourth Generation Evaluation.* London, Sage. Ch. 7. The Methodology of Fourth Generation Evaluation.

Guskey, T.R. (2000). Evaluating Professional Development. Thousand Oaks, Calif., Corwin Press. Ch. 2. What is Evaluation?

Hambridge, M. (1995). Report of a Case Study on the impact of DramAidE on STD levels among High School scholars. *IS DRAMAIDE MAKING A DIFFERENCE?* : *Evaluations of the DramAidE Programme.* University of Natal, Centre for Cultural and Media studies.

Harpring, S.A. (1995). An Evaluation of the DramAidE Project. *IS DRAMAIDE MAKING A DIFFERENCE?* : *Evaluations of the DramAidE Programme.* University of Natal, Centre for Cultural and Media studies.

Hingson, R. & Strunin, L. (1992). Monitoring Adolescents' Response to the AIDS Epidemic : Changes in Knowledge, Attitudes, Beliefs, and Behaviors. In DiClemente, R.J. *Adolescents and AIDS : A Generation in Jeopardy.* California, Sage Publications.

Hitchcock, G. and Hughes, D. (1995). *Research and the Teacher : A qualitative introduction to school-based research*. New York, Routledge.

HIV InSite (6/09/2000). South Africa : Socioeconomic Impact. http://hivinsite.ucsf.edu/international/africa.

Holstein, J. A. & Gubrium, J.F. (1997). Active Interviewing. In Silverman, D. (ed.) *QUALITATIVE RESEARCH Theory, Method and Practice.* London, Thousand Oaks and New Delhi, Sage Publications.

Hosken, G. (2001). KZN schools in HIV scare. *Daily News,* August 7.

Kirby, D. (1992). School – Based Prevention Programs : Design, Evaluation, and Effectiveness. In DiClemente, R.J. *Adolescents and AIDS : A Generation in Jeopardy.* California, Sage Publications.

Leclerc-Mdlala, S. (2000). Exposing the mystery of Aids. *Sunday Tribune*, August 13.

News24 (25/10/2000). 'Aids education hampered'. http://www.news24.co.za.News24/Health/Aids Focus.

Nicholls, M. (1987). AIDS : a test case for biological education? *Journal of Biological Education*, Vol 21, No. 1.

Ogunbanjo, G.A. & Henbest, R.J. (1998). Can AIDS education change sexual behaviour? *South African Family Practice : Official Journal of the South African Academy of Family Practice/Primary Care.* Vol. 19, No. 3.

Piantanida, M. & Garman, N.B. (1999). *The Qualitative Dissertation : A Giude for Students and Faculty.* Thousand Oaks, California, Corwin Press.

Schwab , J.J. (1983). The Practical 4 : Something for Curriculum Professors To Do. *Curriculum Inquiry*, Vol. 13, No. 3.

APPENDIX

ANNEXURE A

HIV/AIDS QUESTIONNAIRE

This is not a test. The information from this questionnaire is needed to promote HIV/AIDS education at our school. You are not required to indicate your name. Where your views or opinions are needed, it is important that these are given honestly and sincerely. Thank you for filling in this form.

1. AGE _____ YEARS.

2. GENDER : (Please tick in the box that applies to you.)

    ☐ FEMALE

    ☐ MALE

3. Were you present for the HIV/AIDS lessons held in class this year (2001)? To indicate your attendance, please tick in the box that applies to you.

    ☐ Not present for any of these lessons.

    ☐ Present for some of these lessons.

    ☐ Present for most of these lessons.

    ☐ Present for all of these lessons.

4. What do you understand by the term HIV-positive?

    _____
    _____
    _____

5. When is an HIV-positive person said to have AIDS?

    _____
    _____
    _____

6. Can you make out whether a person has HIV/AIDS by looking at the person's appearance? (Please tick in the box next to your choice)

☐ YES   ☐ NO   ☐ DO NOT KNOW

7. Is there a cure for HIV/AIDS? (Please tick)

☐ YES

☐ NO

☐ DO NOT KNOW

8. Is there a vaccine to prevent HIV/AIDS? (Please tick)

☐ YES

☐ NO

☐ DO NOT KNOW

9. What are HIV/AIDS drugs used for?

_____

_____

_____

_____

10. There are different ways through which people may become infected with HIV/AIDS. From the list below <u>tick only</u> those ways that may cause infection.

☐ Swimming in public pools

☐ Unprotected sex

☐ Using toilets that HIV infected people use

☐ Mosquito bites

☐ Sharing needles e.g. for tattoos, taking drugs

☐ Sharing cups and plates

☐ Kissing a person with a peck

☐ Sharing toothbrushes

11. From the list above (in question 10), which one of them is responsible for the highest number of HIV/AIDS infections?

_____

_____

12. State the activities or types of behaviour among learners at <u>our school</u>, that you think may lead to HIV/AIDS infection.

_____

_____

_____

_____

_____

13. Why do you think that learners at our school may become involved in the kind of actions or behaviour you have stated above (in question 12)?

_____

_____

_____

_____

14. What do you think can be done to help in prevention of HIV/AIDS infection among learners at our school?

_____
_____
_____

15. Do you think that learners who are infected with HIV/AIDS can be helped by the school in any way? (Please tick)

☐ YES

☐ NO

16. Discuss your answer to question 15.

_____
_____
_____
_____

17. If you knew that the person sitting next to you in class has HIV/AIDS, discuss how you would feel about this.

_____
_____
_____
_____

18. From the HIV/AIDS education lessons that you had this year, what did you find to be of <u>most</u> value?

_____
_____
_____

19. What did you find to be of <u>least</u> value from these HIV/AIDS lessons?

_____

_____

_____

20. How do you think that these lessons can be improved so that they could be of greater benefit to our learners?

_____

_____

_____

21. Would you prefer to be involved in HIV/AIDS education through a single subject/learning area or through different subjects/learning areas? (Please tick).

    ☐ SINGLE SUBJECT / LEARNING AREA

    ☐ DIFFERENT SUBJECTS / LEARNING AREAS

22. Please explain your choice in question 21.

_____

_____

_____

_____

ANNEXURE B

Semi-structured Group Interview with Educators : Key Questions

1. How do you feel about being involved in the implementation of the HIV/AIDS programme?

2. What were your experiences in developing the learning programmes that you were involved in?

3. In our earlier discussions, some of you expressed surprise at the level of knowledge displayed by learners during lessons. Please comment on this.

4. Of what value, do you think, is the knowledge acquired by learners (through the programme) to them ?

5. What are your views on the impact of the programme on high-risk sexual behaviour among learners?

6. Comment on the attitudes of learners to the programmes you were engaged in.

7. Did you notice any differences in responses to the programme between boys and girls?

8. Did you notice any differences in responses to the programme between different cultural groups?

9. What are your current impressions about adopting an integrated approach to HIV/AIDS education ?

10. What difficulties did you experience during implementation of the programme ?

11. Do you have any suggestions that may help to improve the programme? Please discuss these (if any).

12. Are there further comments that you would like to make regarding the programme?

ANNEXURE C

Focus Group Interview with Learners on the HIV/AIDS Committee: Key Questions

1. Some of you were involved in developing and presenting Life Skills sessions for the grade eight HIV/AIDS programme. How did you go about developing the programme that you were involved in?

2. What did you think about the level of knowledge displayed by our learners during the Life Skills sessions? (This question was directed at the Life Skills presenters)

3. What were your impressions about the attitudes of the grade eight learners to the programme you were involved in? (directed at the Life Skills presenters)

4. Do you think HIV/AIDS education provided through the current programme would influence sexual behaviour patterns among our learners? Please discuss this.

5. How do you feel about discussing issues on sexual relations that are relevant to HIV infection?

6. Some learners have expressed the view (through questionnaire responses) that girls are under pressure in our school to find boyfriends. Please discuss this.

7. To what extent is pressure exerted on learners by members of the opposite sex (boys or girls) to engage in sexual relationships?

8. What do you think can be done to assist learners who are being pressurised into sexual relationships ?

9. What assistance could the school offer to learners who discover that they are HIV positive?

10.1. What are your views on the extent to which parents in our school community are involved in discussions with their children regarding HIV/AIDS issues ?
10.2. How important do you think such discussions are?

11. Please make suggestions that you feel would improve HIV/AIDS education in our school.