

CHAPTER 5

THE EMPIRICAL RESEARCH

5.1 INTRODUCTION

This chapter deals mainly with the empirical findings. Attempts have been made to present the findings as they were indicated in the responses, observations, questionnaires and focus group interviews. The observational data consisted of nine HIV/AIDS lessons that were observed at Lekazi Primary School. The nine observations were done by the researcher and her two colleagues. The researcher observed three lessons, while her two colleagues observed three lessons each. The two colleagues observed the same classes that were observed by the researcher.

5.2 ANALYSIS AND INTERPRETATION OF DATA FROM THE OBSERVATIONS

5.2.1 OBSERVATIONS THAT WERE OBSERVED BY THE RESEARCHER

5.2.1.1 THE FOUNDATION PHASE OBSERVATIONS

LESSON ONE

On the first day, the researcher observed the presentation of an HIV/AIDS lesson to the foundation phase learners. The foundation phase observations consisted of sixty-seven learners and the educator as participants. The educator introduced the researcher to the learners, and spelt out the purpose of the visit. The researcher used the passive participation method when observing the presentation of HIV/AIDS lessons. She did not interact with participants. In these observations, the researcher evaluated each lesson by considering the introduction, subject matter, method of teaching, conclusion and application.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: What is HIV/AIDS?
Duration: 1 Hour
School: Lekazi Primary School
Class: Grade Three
Date: 8 March 2005

The following is a summary of questions that were asked by the educator, the responses given by the learners and the educator's comments during lesson presentation.

INTRODUCTION

Question: How many learners have visited the doctor?

Response: The participants gave answers that reflected their own personal stories regarding sickness. They indicated that they have all visited the doctor.

Educator's comments: The educator added to what learners had said by emphasizing that it is good for people to visit a doctor when they are not feeling well.

Question: What kind of sickness might lead a person to consult a doctor?

Response: In response to this question, the participants indicated that a person consults a doctor when that particular individual is sick.

Educator's comment: The educator stressed that it is only sick people who can consult a doctor. If a person is not sick, then there is no need to consult a doctor.

Question: Why do people have sores?

Response: In responding to this question, participants mentioned reasons that might cause people to have sores as follows:

- They get the sores from germs;
- By scratching themselves;
- From car accidents.

Educator's comments: The educator indicated that people could have sores through sickness. Some people suffering from cancer and sugar diabetes end up by having incurable sores.

Question: What do you do when you have sores?

Response: There were no misunderstandings in this question. Participants responded adequately to the question by stating that they visit a doctor or clinic when they have sores, so that the doctor or nurse can cover their sores with bandages.

Educator's comment: The educator emphasized that learners should not play with dirty water because they will get germs that might cause sores.

SUBJECT MATTER

The following is a summary of questions asked by the educator, the responses given by the learners and the educator's comments in the deliberation of the subject matter.

Question: What is a germ?

Response: The participants highlighted different ideas regarding a germ. Some participants indicated that a germ is something that looks like a star. Others indicated that germs look like bacteria. One participant also indicated that some germs are in an oval shape, they look like eggs.

Educator's comments: The educator explained that one cannot see a germ with his naked eyes, but it can be seen through a microscope.

Question: What should a person do when he is coughing?

Response: Participants highlighted that one should cover his/her mouth with a handkerchief when coughing, so that a person does not spread germs to other people.

Educator's comment: The educator explained that it is very important for everyone to cover his/her mouth when coughing or sneezing.

Question: Which type of a germ can a person get from the blood?

Response: The participants indicated that HIV is a dangerous germ; a person can get the virus from the blood. Participants also explained that HIV is a virus that causes AIDS.

Educator's comment: The educator did not comment on the answer given by the participants.

Question: Which is the most dangerous disease that affects all of us?

Response: The participants responded adequately to the question by saying that HIV and AIDS is a dangerous disease that affects the whole world.

Educator's comment: The educator added to what learners had said by emphasizing that learners should try by all means to protect themselves from HIV infection.

Question: What is HIV?

Response: Participants explained that HIV is a virus that causes AIDS.

Question: What is AIDS?

Response: AIDS is a disease that is caused by HIV.

The educator did not comment on the answer given by the learners.

Question: How HIV is transmitted?

Response: In response to the question, participants indicated that HIV could be transmitted through:

- Playing with old injections;
- Touching someone's blood;
- Touching someone's wounds or sores.

Educator's comments: The educator added to what learners had said by saying that HIV can be transmitted in the following ways:

- Through mother-to-child transmission. Here, the educator explained that sometimes children could contract HIV from their mothers during birth and through breast-feeding.

Question: How can someone prevent HIV infection?

Response: Regarding this question, participants indicated that a person can prevent HIV infection by doing the following:

- By not sleeping with an opposite sex;
- By avoiding touching someone's blood;
- By covering sores and wounds with a bandage;
- By using a condom when involved in sexual activities.

Educator's comment: The educator emphasized that HIV could also be prevented in the following ways:

- By abstaining from sexual activities. The educator explained that learners should not involve themselves in sexual activities. They should wait until they are grown-ups;
- By being faithful to the partner. The educator explained that adults should be honest in their marriages by sticking to their wives;
- By reporting sexual abuse cases to the parents;
- By using a condom when involved in sexual activities. Here, the educator was referring to adults.

Question: What can be done to assist someone with nose bleeding?

Response: In response to this question, participants had different views regarding assisting someone with nose bleeding. On the one hand, participants indicated that they would call the police, call the ambulance, and take the one who is bleeding to the clinic. On the other hand, participants indicated that they would call the principal, take the one who is bleeding home and they would also tell the educator.

Educator's comment: The educator explained in detail that if there is someone with a nose bleeding in the classroom, learners should call an adult for help. The educator warned learners that they should not touch anyone's blood with bare hands; they should rather use a plastic bag without holes. If there are latex hand gloves available in the school, learners should use them to cover their hands. The reason is that no one knows who is HIV positive and who is not.

Learning aids used by the educator in presenting the subject matter: The teacher used the picture of a microscope when explaining that a germ is a small tiny thing that can only be seen through a microscope.

Method of teaching: The educator used the question and answer methods in introducing her lesson and also in the deliberation of the subject matter. Learners were not actively involved in the lesson. Only five learners were answering questions that were asked by the educator. The method used by the educator was not successful, because most of the learners were not actively involved in the lesson.

Conclusion: There were no signals that the lesson unit was ending. Learners were not given a chance to ask questions where they did not understand. The completion of this lesson was not related to other program activities and future plans. Nothing was said about the next lesson.

Application: Learners were not given work to do at home. No tasks were assigned to them.

LESSON EVALUATION

The researcher allocated marks for each and every HIV/AIDS lesson presentation according to its introduction, subject matter, method of teaching, conclusion and application.

Table 6 shows a summary of the lesson evaluation, and the marks obtained by the participant:

ITEM EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	6
Subject matter	40	26
Method of teaching	20	8
Conclusion	20	2
Application	10	2
TOTAL	100	44

The researcher's comments: The table reveals that the participant performed very well in the introduction and subject matter. The participant performed poorly in method of teaching, conclusion and in the application. The participant obtained 44%. According to the researcher, this means that the participant's performance in this lesson presentation was poor.

5.2.1.2 THE INTERMEDIATE PHASE OBSERVATIONS

LESSON TWO

On the second day, the researcher observed the presentation of HIV/AIDS to the intermediate phase learners. The intermediate phase observations consisted of sixty-nine learners and the educator as participants. The educator introduced the researcher to the learners and spelt out the purpose of the visit. The researcher used the passive participation method when observing the presentation of the HIV/AIDS lesson. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: Transmission and prevention of HIV/AIDS.
Duration: 1 Hour.
School: Lekazi Primary School.
Class: Grade Five.
Date: 9 March 2005.

The following is a summary of questions that were asked by the educator, the responses given by learners and the educator's comments during lesson presentation.

INTRODUCTION

Question: Name five different diseases that you know?

Response: In answering the question, participants mentioned the following diseases:

- Tuberculosis;
- Cancer;
- Sugar diabetes;
- HIV and AIDS; and
- Asthma.

Educator's comment: The educator indicated that it is good that they have mentioned HIV/AIDS as one of the diseases that they know. She further indicated that the topic for today was based on the transmission and prevention of HIV/AIDS.

Question: Which is the most dangerous disease?

Response: The participants responded without any hesitation that HIV and AIDS is the most dangerous disease.

Educator's comment: The educator added to what learners had said by explaining that HIV/AIDS is a fatal disease. People suffering from this disease end up dying.

SUBJECT MATTER

Question: How HIV is transmitted?

Response: The participants stated that HIV could be transmitted by:

- Having sex with someone;
- Touching someone's blood; and
- Being pregnant.

Educator's comment: Firstly, the educator explained that the term "transmission" means the way in which diseases are spread from one person to another. She further explained that HIV could be transmitted through:

- Having sex without using a condom;
- Mother-to-child transmission during pregnancy; and
- Contaminated blood.

The educator also stressed that a person cannot get HIV from:

- Hugging;
- Kissing;
- Sharing the same toilet;
- Using the same glass for drinking water;
- Playing together with sick learners;
- Sharing the same classroom.

The educator also explained that learners should not discriminate against learners living with HIV/AIDS. Regarding the prevention of HIV/AIDS, the educator asked the learners the following questions:

Question: How can a person prevent HIV infection?

Response: In response to the question, participants mentioned that HIV can be prevented by:

- Visiting a clinic on a regular basis;
- Consulting a doctor;
- Not sleeping with the opposite sex; and
- Using a condom.

Educator's comment: The educator emphasized that HIV can be prevented by:

- Not playing with old injections;
- Using a condom when involved in sexual activities;

- Being faithful to your partner.

Question: What should a girl do when called by a stranger?

Response: One participant responded to the question by saying that she will tell her mother. Another participant stated that she could call the police, or tell her dad about it.

Educator's comment: The educator highlighted that learners should not make friends with strangers. They should also report cases related to sexual abuse. The educator stressed that learners should not allow anyone to touch their private parts.

Learning aids used by the educator: The educator used two posters with pictures of girls who were demonstrating refusal skills to sexual abuse in clarifying the subject matter.

Method of teaching: The educator used the question and answer method when delivering the subject matter. Out of sixty-nine learners, only seven learners were actively involved in the lesson. These learners were answering questions that were asked by the educator. The method was not successful because the rest of the learners were not actively involved in the lesson.

Conclusion: There were no signals that the lesson unit was ending. No summary was given to the learners. The educator concluded by giving learners the topic for the following week.

Application: Learners were not given classwork or homework.

LESSON EVALUATION.

Table 7 shows a summary of lessons evaluation, and the marks obtained by the participant:

ITEM EVALUATED	MARKS OBTAINED	MARKS OBTAINED
Introduction	10	8
Subject matter	40	26
Method of teaching	20	6
Conclusion	20	3
Application	10	2
Total	100	45

The researcher's comments: The above table reveals that the participant performed well in the introduction and subject matter. The participant performed poorly in the method of teaching, conclusion

and application. The participant obtained 45%. It is the opinion of the researcher that the participant who had selected the topic should have scored better than this.

5.2.1.3 THE SENIOR PHASE OBSERVATIONS

LESSON THREE

On the third day, the researcher observed the presentation of HIV/AIDS lessons to the senior phase learners. The senior phase observations consisted of fifty-seven learners and the educator as participants. The educator introduced the researcher to the learners and spelt out the purpose of the visit. The researcher used the passive participation method in observing the presentation of the HIV/AIDS lesson in the senior phase. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: Caring for people living with HIV and AIDS.
Duration: 1 Hour.
School: Lekazi Primary School.
Class: Grade Seven.
Date: 10 March 2005.

The following is a summary of questions that were asked by the educator, the responses given by learners and the educator's comments during lesson presentation.

INTRODUCTION

Question: How can you show love, care and support for people living with HIV/AIDS?

Response: In response to this question, participants replied as follows: They can show love, care and support to people living with HIV and AIDS by doing the following:

- Visiting them at hospitals;
- Not discriminating against them;
- Buying get well cards for them;
- Not gossiping about their disease; and
- Giving them love and support.

SUBJECT MATTER

After responding to the question, participants were given a chance to read a story about Karabo and Nduku. The story was as follows:

Karabo is a grade seven learner whose parents have died of HIV/AIDS related illness. Karabo is thirteen years old and is also HIV positive. Her classmates did not want to be with her in the classroom. They insisted that Karabo should be separated from other learners because of her HIV status. Nduku was her best friend before he knew that Karabo was HIV positive. Karabo died at the age of fourteen. Doctors related the cause of her death to worrying. The doctor indicated that Karabo died because of worry.

After learners had read the story, they were given a chance to comment about the story in their various groups. After that, the educator asked learners the following:

Question: What caused the death of Karabo's parents?

Response: In response to this question, participants gave very detailed answers that reflected their personal views regarding HIV and AIDS. One participant indicated that Karabo's parents died because of HIV/AIDS. Another participant disagreed by saying that it might happen that it is not HIV/AIDS that has killed Karabo's parents. It might have happened that both parents were also suffering from heart failure or sugar diabetes. It might also have been one of those diseases that might have killed them and not HIV/AIDS.

Educator's comment: The educator added to what learners had said by explaining that Karabo's parents died due to HIV/AIDS-related illnesses as mentioned in the story.

Question: Is it right to discriminate against people living with HIV and AIDS?

Response: In response to this question, participants were divided. Some of the participants felt that people living with HIV and AIDS should have their own HIV/AIDS centres where they can be kept. The reason for this is that the disease is infectious. Some of the participants stressed that people living with HIV and AIDS should be separated from the uninfected ones. Even learners living with HIV/AIDS should have their own schools. Other participants disagreed, stating that people living with HIV/AIDS are also human beings and should be respected. They have rights that also protect them against any form of discrimination. Participants also stated that learners living with HIV/AIDS should not have their own schools.

Educator's comment: The educator concluded the conversation by saying that it is not right to discriminate against people living with HIV/AIDS.

Question: What lesson did you get from the story?

Response: In response to the question, participants indicated that from the story, they have learned that people should not discriminate against people living with HIV/AIDS. They should love them, care for them and give them the necessary support they need.

Educator's comment: The educator explained that worry alone can kill a person faster than any crime.

Question: What is it that they would do for Karabo to show that they cared for her?

Response: In response to this question, participants indicated that they would do the following:

- Lend her their books;
- Share their food with her;
- Appreciate it to have her in their classroom;
- Give her the necessary support; and
- They would not discriminate against her.

Educator's comment: The educator explained that learners living with HIV/AIDS should not be discriminated against. Uninfected learners should show love and respect for them. The educator also highlighted that being HIV positive does not mean that the person will die tomorrow; there is life after testing HIV positive.

Learning aids used by the educator in presenting the subject matter: The educator used two pictures of people living with HIV/AIDS who have already disclosed their HIV status. He used these pictures in order to stress that people living with HIV/AIDS need to be loved, cared for and supported by their family members and also by other people in their communities.

Method of teaching: The educator has used the question and answer method together with the group discussion method. Learners were divided into five groups, i.e. ten learners per group. Learners were given a chance to discuss their own views regarding Karabo and Nduku's story. Learners were also asked questions regarding caring for and supporting people living with HIV and AIDS. All learners were actively involved in the lesson. The presentation of this lesson was learner-centred. All learners were encouraged to speak in their groups.

Conclusion: There were no signals that the lesson unit was ending. The main elements of the lesson were not summarized. Learners were not given a chance to ask questions, especially where they did not understand. The completion of this lesson unit was not related to other program activities and future plans.

Application: No classwork, assignments, homework or projects were given to the learners.

LESSON EVALUATION

Table 8 shows a summary of lesson evaluation, and the marks obtained by the participant:

ITEM EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	8
Subject matter	40	20
Method of teaching	20	15
Conclusion	20	2
Application	10	2
Total	100	47

The researcher's comments: According to the above table, the participant performed very well in the introduction, subject matter and in the method of teaching. The participant performed very poorly in the conclusion and in the application. The participant obtained 47%. According to the researcher, this means that the participant has poor skills in presenting the HIV/AIDS lesson.

Table 9 shows the total marks that were obtained by the three participants that were observed by the researcher

FOUNDATION PHASE	INTERMEDIATE PHASE	SENIOR PHASE
44	45	47

5.3 OBSERVATIONS BY THE COLLEAGUES OF THE RESEACHER

Two colleagues of the researcher observed the presentation of HIV/AIDS lessons at Lekazi Primary School. The colleagues observed the same classes that were observed by the researcher. This was done in order to get more reliable observations of the HIV/AIDS lessons.

5.3.1 OBSERVATIONS BY THE FIRST COLLEAGUE OF THE RESEARCHER

5.3.1.1 THE FOUNDATION PHASE OBSERVATIONS

LESSON FOUR

On the first day, the colleague of the researcher observed the presentation of an HIV/AIDS lesson to the foundation phase learners. The foundation phase learners' observations consisted of sixty-seven

learners and the educator as participants. The educator introduced the colleague of the researcher to the learners and spelt out the purpose of the visit. The colleague of the researcher also used the passive participation method in observing the presentation of the HIV/AIDS lesson. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: Children's rights, including those who are living with HIV and AIDS.
Duration: 1 Hour.
School: Lekazi Primary School.
Class: Grade Three.
Date: 5 April 2005.

The following is a summary of questions that were asked by the educator, the responses given by learners and the educator's comments during lesson presentation.

INTRODUCTION

Question: What are rights?

Response: Responding to this question, participants were not sure about the answer. After a few minutes, one participant responded by stating that rights are the ways in which people should behave. Another participant also indicated that rights are the people's way of living.

Educator's comment: The educator added to what learners had said by explaining that children's rights are also human rights, and they can be described as something that is morally or socially correct or just, fair treatment. The educator also explained that even learners living with HIV and AIDS share the same rights with learners who are not infected and affected by HIV/AIDS.

SUBJECT MATTER

Question: Name the children's rights that you know of?

Response: In responding to this question, participants, without any hesitation, mentioned that children have the right to:

- Be born;
- Be given food at homes; and
- Be educated.

After the learners had finished mentioning their rights, the educator listed and explained the following children's rights. The educator stressed that children have the right to:

- Be taken seriously - the educator explained that no-one has got the right to undermine children, whether they are HIV positive or not;
- Quality medical care - the educator said that if they are sick, parents should take them to doctors or clinics;
- Good education - the educator highlighted that all children are supposed to be at school. No-one should stay at home without any valid reason;
- Be loved and protected from harm - the educator explained that every adult should protect children from any danger, including those who are HIV positive;
- Get special care for special needs - the educator mentioned that all children have to be treated with respect and care;
- Make mistakes - the educator mentioned that making a mistake is not a crime, but learners should avoid making the same mistakes;
- Be well fed - the educator indicated that it is the responsibility of parents to provide their children with food;
- To a safe and comfortable home - the educator indicated that it is the responsibility of parents to protect their children from danger;
- To be proud of their heritage and beliefs - the educator said that children should be allowed to inherit their parents' possessions. He also mentioned that children should respect others' origins and beliefs.

Learning aids used by the educator: The educator did not use learning aids in clarifying the subject matter.

Method of teaching: The educator used the question and answer methods in his introduction and in the deliberation of the subject matter. Learners were not actively involved in the lesson. It was only the five learners who were answering questions who participated in the lesson.

Conclusion: There were no signals that the lesson unit was ending. The main elements of the lesson were not summarized. Learners were not given a chance to ask questions about the learning content. The completion of this lesson was not related to other program activities and future plans.

Application: Learners were not given classwork or homework.

LESSON EVALUATION

Table 10 shows a summary of lesson evaluation, and the marks obtained by the participant:

ITEM EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	6
Subject matter	40	25
Method of teaching	20	5
Conclusion	20	2
Application	10	2
Total	100	40

The researcher's comment: From the table, it can be seen that the participant performed very well in the introduction and in the subject matter. The participant obtained low marks in the method of teaching, conclusion and in the application. The participant obtained 40%, which is not good. According to the researcher, this indicates that the participant's performance in this lesson presentation was poor.

5.3.1.2 THE INTERMEDIATE PHASE OBSERVATIONS

LESSON FIVE

On the second day, the colleague of the researcher observed the presentation of an HIV/AIDS lesson to the intermediate phase learners. The intermediate phase observations consisted of sixty-nine learners and their educator as participants. The educator introduced the observer to the learners, and spelt out the purpose of the visit. The observer also used the passive participation method. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: Prevention of HIV transmission during sports.
Duration: 1 Hour.
School: Lekazi Primary School.
Class: Grade Five.
Date: 6 April 2005.

The following is a summary of questions that were asked by the educator, responses given by learners and the educator's comments during the lesson presentation.

INTRODUCTION

In the introduction, the educator explained the meaning of HIV transmission to the learners. The educator mentioned that on that day, they were going to learn about the things that they were supposed to do during sports activities so that they can prevent the transmission of HIV.

SUBJECT MATTER

The educator explained that HIV could be prevented in the following ways during extramural activities:

- By covering open wounds, sores or breaks with bandages. The educator also said that learners should remind their parents to cover their wounds;
- By not participating in contact play or contact sports with an open wound;
- By not participating in sport when bleeding;
- By using the first aid kit when players are injured; and
- By not touching anyone's blood during sports.

The educator stressed that for learners to be safe, they need to treat anyone as if he/she was HIV positive.

Learning aids used by the educator: No learning aids were used by the educator in clarifying the subject matter.

Method of teaching: The educator used the narrative/telling method in introducing the lesson and also in the deliberation of the subject matter. The educator explained the learning content to the learners without checking whether learners followed the subject matter or not. Learners were not actively involved in the lesson.

Conclusion: There were no signals that the lesson unit was ending. Learners were not given a chance to ask questions based on the learning content.

Application: Learners were given a classwork to write, which was based on the learning content.

LESSON EVALUATION

Table 11 shows a summary of the lesson evaluation, and the marks obtained by the participant:

ITEM EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	4
Subject matter	40	25
Method of teaching	20	4
Conclusion	20	5
Application	10	8
Total	100	46

The researcher's comments: The table shows that the participant performed very well in the application. However, the participant performed very poorly in the introduction, subject matter, method of teaching and in the conclusion. The participant obtained 46%. According to the researcher, this suggests that the participant had poor skills in the presentation of an HIV/AIDS lesson.

5.3.1.3 THE SENIOR PHASE OSERVATIONS

LESSON SIX

On the third day, the colleague of the researcher observed the presentation of an HIV/AIDS lesson to learners in the senior phase. The senior phase observations consisted of fifty-seven learners and their educator as participants. The educator introduced the observer to the learners and spelt out the purpose of the visit. The observer used the passive participation method. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: The HIV test result of a child.

Duration: 1 Hour.

School: Lekazi Primary School.

Class: Grade Seven.

Date: 7 April 2005.

The following is a summary of the questions that were asked by the educator, responses given by the learners and the educator's comments during the lesson presentation.

INTRODUCTION

Question: How can a person know whether she/he is HIV positive or not?

Response: In responding to the question, some participants mentioned the following:

- By asking the doctor;
- By being admitted to the hospital; or
- By being admitted to the intensive care unit.

Other participants answered the question by saying that for the person to know his/her HIV status, the individual should undergo an HIV test.

Educator's comment: The educator emphasized that it is only the HIV test result that can detect whether a person is HIV positive or not.

Question: Can you judge by merely looking whether a person is HIV positive or not?

Response: In response to this question, there were some disagreements among the participants. On the one hand, participants responded by saying yes, it is easy to identify a person who is HIV positive. They stressed that HIV positive people can be seen by means of the following:

- They are always coughing;
- They are thin like needles;
- They have thin hair;
- They lose their appetites;
- Sometimes they are vomiting a lot;
- They are suffering from diarrhoea; or
- They have white sores on the mouth and on the tongue.

On the other hand, participants responded to the question by stating clearly that the HIV status of a person can only be determined by an HIV test result and nothing else.

Educator's comment: The educator emphasized that a person cannot be judged by merely looking at him or her whether she or he is HIV positive or not, but this can be determined by the HIV test results.

SUBJECT MATTER

In explaining the learning content, the educator stated that learners have their own rights regarding their HIV status.

The educator emphasized that learners should know the following:

- At the age of 14, a child can legally consent to an HIV test for himself/herself;
- They have the right to keep the result to themselves;
- Confidentiality is their common law right. No one is forced to disclose his/her HIV status. The educator insisted that even principals and educators have no right to force learners to disclose their HIV status.

- If the child is under 14 years, that child is under the supervision of his parents. They can take him/her for an HIV test if they want, but they are not allowed to tell anyone about his/her HIV status. The person to whom the information is disclosed should be legally responsible for the child.

Learning aids: There were no learning aids used by the educator in clarifying the subject matter.

Method of teaching: The educator used the question and answer method in the introduction and also in delivering the subject matter. Out of fifty-seven learners, only twelve learners were actively involved in the lesson.

Conclusion: There were no signals that the lesson unit was ending. The educator did not summarize the learning content. Learners were not given a chance to ask questions where they did not understand.

Application: Learners were given handouts, i.e. copies of notes based on the learning content to study at home.

LESSON EVALUATION

Table 12 shows a summary of lesson evaluation, and the marks obtained by the participant.

ITEM EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	6
Subject matter	40	26
Method of teaching	20	8
Conclusion	20	2
Application	10	6
Total	100	48

The researcher's comment: The table reveals that the participant obtained good marks in the introduction, subject matter and in the application. The participant obtained low marks in the method of teaching and in the conclusion. The participant obtained 48%, which is not good. It is the researcher's opinion that some of the teaching skills of the participant were not good.

Table 13 shows the total marks that were obtained by the three participants that were observed by the first colleague of the researcher:

FOUNDATION PHASE	INTERMEDIATE PHASE	SENIOR PHASE
40	46	48

5.3.2 THE OBSERVATIONS OF THE SECOND COLLEAGUE OF THE RESEARCHER

5.3.2.1 THE FOUNDATION PHASE OBSERVATIONS

LESSON SEVEN

On the first day, the colleague of the researcher observed the presentation of an HIV/AIDS lesson to the foundation phase. The foundation phase observations consisted of sixty-five learners and the educator as participants. The educator introduced the observer to the learners and spelt out the purpose of the visit. The observer used the passive participation method to observe the lesson. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: Protecting the body from HIV infection.
 Duration: 1 Hour.
 School: Lekazi Primary School.
 Class: Grade Three.
 Date: 10 May 2005.

The following is a summary of questions that were asked by the educator, the responses given by learners and the educator's comments during the lesson presentation.

INTRODUCTION

In the introduction, the educator explained to the learners that it is very important for them to protect their bodies from HIV infection. She mentioned that HIV/AIDS is a dangerous disease that might lead to death.

SUBJECT MATTER

Question: What are you supposed to do to show that you care for your bodies?

Response: Learners answered the question by listing a few things they would do, namely:

- Wash their bodies everyday;
- Brush their teeth so that they don't smell bad;
- Wear jerseys in winter so that they can protect their bodies from the cold;
- Have enough time to sleep so that they can rest;
- Tell their parents when they are sick; and
- Cover their mouths when coughing and sneezing so that they do not spread germs to others.

Educator's comment: The educator added to what learners had said by listing things that they were supposed to do in order to protect their bodies from HIV infection, namely:

- Not to allow anyone to touch their private parts because they are so special. She also stressed that children should report any form of abuse. They can tell their parents or the police about the abuse. The educator gave the learners the Police emergency number, which is 10111, for reporting any form of abuse;
- Not to touch anyone's sores or wounds. The educator explained that it is dangerous to touch someone's sores, as one might contract HIV infection; and
- To cover their wounds with bandages.

Question: Why is it important for you to protect your bodies?

Response: Participants indicated that it is important to care for their bodies so that they:

- Can keep their bodies strong and healthy;
- Cannot be easily affected by contagious diseases;
- Can grow and become responsible adults; and
- Can have a brighter future.

Educator's comment: The educator added to what the learners had said by stating the following reasons for protecting their bodies:

- Because HIV is dangerous. The educator explained that they need to be careful because once they are infected with HIV, the virus is going to be there forever. There is no cure for HIV/AIDS;
- So that they can be responsible adults with a bright future;
- They are special in such a way that they are unique and irreplaceable. The educator indicated that their bodies are so special because God created them;
- If they do not protect their bodies themselves, no-one will do that for them. The educator stressed that learners should be responsible for taking care of their bodies.

Learning aids: There were no learning aids that were used by the educator in explaining the learning content. Only a few learners were involved in the learning content. These were the learners who were answering the questions.

Method of teaching: The educator used both the narrative and question/answer methods as a way of delivering her lesson. Only ten learners were actively involved in the lesson.

Conclusion: There were no signals that the lesson unit was ending. The educator did not summarize the lesson. Learners were not given a chance to ask questions regarding the lesson. Learners were not asked whether they understood the learning content or not. The completion of this lesson was not related to other program activities and future plans.

Application: Learners were not given classwork or homework.

LESSON EVALUATION

Table 14 shows a summary of the lesson evaluation and the marks obtained by the participant:

ITEM EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	5
Subject matter	40	23
Method of teaching	20	10
Conclusion	20	2
Application	10	2
Total	100	42

The researcher's comment: The table shows that the participant obtained average marks in the introduction, subject matter and method of teaching. The participant obtained low marks in the conclusion and in the application. The participant obtained 42%, which is not a good percentage. It is the researcher's opinion that this indicates that the participant has poor skills in presenting HIV/AIDS lessons.

5.3.2.2 THE INTERMEDIATE PHASE OBSERVATIONS

LESSON EIGHT

On the second day, the colleague of the researcher observed the presentation of an HIV/AIDS lesson to the intermediate phase learners. The intermediate phase learners consisted of sixty-five learners and the educator as participants. The educator introduced the observer to the learners and spelt out the purpose

of the visit. The observer used the passive participation method. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: What does it mean to be HIV positive?
Duration: 1 Hour.
School: Lekazi Primary School.
Class: Grade Five.
Date: 11 May 2005.

The following is a summary of questions that were asked by the educator, responses given by the learners and the educator's comments during the lesson presentation.

INTRODUCTION

Question: What is HIV?

Response: Participants responded differently by stating that HIV is:

- A virus that makes a person to be sick;
- A germ that kills the white blood cells;
- A virus that causes AIDS.

Educator's comment: The educator added to what the learners had said by emphasizing that HIV stands for:

- H – Human
- I – Immune
- V – Virus

The educator mentioned that the virus is only found in human beings and not in animals. She further explained that the virus attacks the white blood cells that fight off different diseases.

Question: How is HIV transmitted?

Response: In response to this question, there were no gross misinterpretations of how HIV is transmitted. The participants stated that HIV is spread through having sex with an infected person, sharing needles, by touching contaminated blood and from mother-to-child.

Educator's comment: In adding to what the participants had said, the educator stated that HIV could be transmitted by:

- Having sex with an infected person without using a condom;
- Touching someone's blood with bare hands;

- Not being faithful to the partner. The educator related this to the adults only;
- Not abstaining. The educator indicated that if they do not stay away from sexual activities, learners would be creating chances of being infected with HIV;
- Transmission through mother to child;
- Touching the wounds or sores of an HIV positive person.

Question: Why do people protect themselves from HIV infection?

Response: In responding to this question, participants were divided. There were disagreements on this issue. Some participants stated that people do not protect themselves from HIV infection. This can be seen in their sexual behaviour. Participants stated facts that show carelessness of people in not protecting themselves from HIV infection. Participants mentioned the following reasons:

- Most people have got more than two sexual partners;
- Some people are sleeping around without using a condom;
- Older people are not faithful to their partners;
- Most of the people are not abstaining; and
- HIV/AIDS statistics are going up every day.

Other participants stated that some people do protect themselves from HIV infection because they:

- Use condoms when involved in sexual activities;
- Are faithful to their partners by sticking to their wives. Participants related this to some pastors in churches; and
- Abstain from sexual activities.

The participants concluded this discussion by indicating that although the statistics of HIV infection goes up every day, there are some people who have already changed their sexual behaviour.

SUBJECT MATTER

Educators comment: The educator explained that learners should try by all means to protect themselves from HIV infection, due to the following reasons:

- Presently, there is no cure for HIV/AIDS;
- The disease is fatal. The educator mentioned that some people infected and affected by HIV/AIDS end up dying.

The educator stressed that learners need to take care of themselves by not involving themselves in sexual activities. The educator further explained that a HIV positive person is infected with the virus and does not necessarily feel or look sick, and does not yet have AIDS. She explained that to be HIV

positive means that the person is infected with the virus as confirmed by a positive blood test result. The educator indicated that having HIV is not the same as having AIDS. A person with HIV infection can feel perfectly fine and healthy for a long time. The educator concluded this discussion by stating that a person with HIV infection can feel perfectly fine and healthy for a long time.

Learning aids: There were no learning aids used by the educator in explaining the learning content.

Method of teaching: The educator used the telling and question/answer methods in delivering the subject matter. Learners were not actively involved in the lesson.

Conclusion: There were no signals that the lesson unit was ending. No summary was given to the learners regarding the subject matter. The completion of the lesson was not related to other programme activities and future plans.

Application: The educator gave learners some notes to study at home.

LESSON EVALUATION

Table 15 shows a summary of the lesson evaluation, and the marks obtained by the participant.

ITEM EVALUATION	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	7
Subject matter	40	26
Method of teaching	20	8
Conclusion	20	2
Application	10	4
Total	100	47

The researcher's comment: According to the above table, the participant performed well in the introduction and in the subject matter. The participant obtained low marks in the method of teaching, in the conclusion and application. The participant obtained 47%, which is not good. According to the researcher, this means that the participant's skills in lesson presentation were poor.

5.3.2.3 THE SENIOR PHASE OBSERVATIONS

LESSON NINE

On the third day, the colleague of the researcher observed the presentation of an HIV/AIDS lesson to learners in the senior phase. The senior phase observations consisted of fifty-seven learners and the educator as participants. The educator introduced the observer to the learners and spelt out the purpose of the visit. The observer used the passive participation method. She did not interact with the participants.

THE LESSON WAS PRESENTED AS DESCRIBED BELOW:

Topic: Sexually Transmitted Infections.
Duration: 1 Hour.
School: Lekazi Primary School.
Class: Grade seven.
Date: 12 May 2005.

The following is a summary of questions asked by the educator, responses given by the learners and the educator's comments during the lesson presentation.

INTRODUCTION

The educator explained to the learners that there are sexually transmitted infections that are dangerous in such a way that they might cause HIV infection. The educator mentioned that learners should take care of themselves. They should not involve themselves in sexual activities because they are still young. They should rather abstain. The educator asked learners whether they knew of any sexually transmitted infections. There was no response to this question. One participant indicated that although they knew that there are sexually transmitted infections, they did not know them by name.

SUBJECT MATTER

The educator explained that the presence of sexually transmitted infections might lead to HIV infection. The educator indicated that sexually transmitted infections may create an entry point to HIV.

The educator mentioned sexually transmitted infections that might contribute to HIV infection, and they are summarized below:

- Herpes – The educator explained that this is a chronic disease with no cure. Symptoms of the disease are flu, mouth sores, itching and burning genitals;
- Chlamydia – The educator explained that Chlamydia is a bacterial infection treated with antibiotics. The effect of the disease on men and women is to be unable to have children;
- Gonorrhoea – The educator stressed that this is a bacterial disease. The disease produces a thick white or yellow discharge from the vagina or penis;
- Syphilis – The educator explained that it is caused by certain bacteria. Symptoms of the disease are a yellow, creamy discharge in the underwear;
- Genital Warts – The educator indicated that this is a virus that affect boys, by having small bumps all over the penis, scrotum or around the rectum. Girls usually get the small bumps in or around the vagina.

Learning aids: There were no learning/teaching aids used by the educator in presenting the subject matter.

Method of teaching: The educator used the narrative method in explaining the learning content to the learners. Learners were not actively involved in the lesson.

Conclusion: There were no signals that the lesson was ending. The educator did not summarize the lesson. Learners were not checked whether they understood the subject matter or not. The completion of this lesson was not related to other programme activities and future plans.

Application: Learners were given some notes to study at home.

LESSON EVALUATION

Table 16 shows a summary of the lesson evaluation and marks obtained by the participant.

ITEMS EVALUATED	MARKS ALLOCATED	MARKS OBTAINED
Introduction	10	4
Subject matter	40	25
Method of teaching	20	8
Conclusion	20	4
Application	10	4
Total	100	45

The researcher's comment: The table reveals that the participant performed well in the subject matter. The participant obtained low marks in the introduction, method of teaching, conclusion and application. The participant obtained 45%, which is not good. It is the opinion of the researcher that the participant demonstrated poor skills in presenting the HIV and AIDS lesson.

Table 17 shows the total marks that were obtained by the three participants that were observed by the second colleague:

FOUNDATION PHASE	INTERMEDIATE PHASE	SENIOR PHASE
42	47	45

Table 18 shows a summary of all the lessons observed by the three observers and marks obtained by participants in HIV/AIDS lessons presentations:

Lessons observed by the researcher	Marks obtained by participants
Lesson One	44
Lesson Two	45
Lesson Three	47
Lessons observed by the first colleague	Marks obtained by participants
Lesson Four	40
Lesson Five	46
Lesson Six	48
Lessons observed by the second colleague	Marks obtained by participants
Lesson Seven	42
Lesson Eight	47
Lesson Nine	45
Total	404
Average	45%

From the above table, the following can be deduced:

- Percentages obtained by the participants in the first observations are close to the percentages of the second observations;
- The difference between the first, second and third observations is much smaller.

5.4 THE AVERAGE PERCENTAGES FOR THE NINE OBSERVATIONS

The average percentage for the nine HIV/AIDS lessons observations was calculated by adding the total marks obtained by each participant, divided by the number of lessons observed, which is $404/9 = 45\%$.

Table 19 reveals the average percentages obtained by the participants in the three different observations that were done by the three different observers.

OBSERVATIONS BY THE RESEARCHER	OBSERVATIONS BY THE FIRST COLLEAGUE	OBSERVATIONS BY THE SECOND COLLEAGUE
45%	45%	45%

The above table reveals the following:

- The average percentage for all nine HIV/AIDS lessons that were observed by the three different observers at Lekazi Primary School is 45%;
- The results of the researcher agree with the results of the two officials;
- The average percentages confirm that the skills used by participants in the presentation of HIV/AIDS lessons are not effective.

According to the researcher, the similarity of the results indicates that the reliability and validity of the results are high.

5.5 THE FOCUS GROUP INTERVIEWS

5.5.1 THE FOUNDATION PHASE FOCUS GROUP INTERVIEW

The foundation phase focus group interview consisted of eight educators as participants. All eight the participants were educators of Lekazi Primary School and taught life skills and life orientation. The researcher allowed participants from the intermediate and senior phase to participate in the foundation phase focus group interviews. The reason for this is that the researcher wanted to gain much information regarding strategies that can be used for bringing HIV/AIDS awareness to the foundation phase learners. The researcher acted as a facilitator, and less as an interviewer. Participants were interviewed while seated around a table with their nametags in front of them. All participants were assured of the confidentiality of the focus group interview.

THE FOUNDATION PHASE FOCUS GROUP INTERVIEW WAS CONDUCTED AS DESCRIBED BELOW:

Apparatus: Tape Recorder.
Duration: 1 hour.
Date: 14 March 2005.
Time: 13h30.
Venue: Lekazi Primary Library Centre

The questions used to elicit participant's views were:

1. How can you present a lesson on the following topics?
 - The definition of HIV and AIDS;
 - The transmission of HIV and AIDS;
 - The prevention of HIV and AIDS.
2. What are your responsibilities regarding the implementation of HIV/AIDS programs in the foundation phase?
3. What are the greatest obstacles in bringing about HIV/AIDS awareness?
4. In your opinion, is it necessary to teach learners about HIV/AIDS from the moment they start school?
5. Which strategies can be used for bringing HIV/AIDS awareness to the foundation phase learners?

The respondents gave very detailed answers that reflected their knowledge regarding HIV/AIDS. The following is a summarized account of the respondent's answers.

In response to the first topic, participants had different perceptions on the presentation of this lesson. Some participants stated that learners know about HIV and AIDS, since they learn about it from the radio and television. Nevertheless, they further indicated that they would explain the term "HIV" by saying that HIV is a germ that eats all blood ingredients, and the person becomes weaker and weaker until that individual is attacked by different diseases which might result in AIDS. Some participants stated that they would ask learners to give their own definition of HIV, after which they would add the

information where necessary. One participant also stated that she would define HIV as a virus that causes AIDS. She further indicated that she would define AIDS as a dangerous disease that is caused by HIV.

Regarding the second topic, participants mentioned that they would ask learners the meaning of transmission. After they had received the learner's responses, they would give them the correct meaning of transmission. Participants stated that before they teach learners about transmission of HIV/AIDS, they would ask learners the various modes of HIV transmission that they know of. After the learner's response, the participants would teach learners that HIV could be transmitted through:

- Touching someone's blood with bare hands;
- Being involved in sexual activities without using a condom;
- Mother-to-child transmission;
- Breastfeeding, when the mother is HIV positive;
- Playing with old injections;
- Not being faithful to the partner; and
- Touching infected blood.

Regarding the prevention of HIV/AIDS, participants responded adequately. There were no major misunderstandings. Participants stated that they would teach learners that the disease can be prevented by:

- Abstaining from sexual activities. Participants stressed that this is the only 100% method of preventing HIV infection;
- Not touching anyone's blood;
- Avoiding sexual abuse;
- Being faithful to the partner. This was related to adults;
- Using a condom when involved in sexual activities. Participants stressed that learners should not attempt to use condoms, they should rather abstain;
- Keeping away from accident scenes;
- Not touching another learner's sores or wounds;
- Covering their hands with latex gloves when assisting someone with bleeding; and
- Covering the sores and wounds with bandages.

During this conversation, participants mentioned that the only way of discovering one's HIV status is through undergoing an HIV test. Another participant emphasized that she would teach learners to treat everyone as if he/she was HIV positive, since one does not know who is HIV positive and who is not.

In response to the second question, responsibilities mentioned by participants on the implementation of HIV/AIDS programs are as follows:

- Teach learners about HIV and AIDS;
- Support and care for learners living with HIV/AIDS;
- Teach learners not to discriminate against learners living with HIV/AIDS;
- Teach learners that it is safe to share their food with learners living with HIV /AIDS;
- Visit learners who are sick at hospitals and at homes;
- Teach the infected learners to eat healthy food that will boost their immune system; and
- Encourage learners to make their own gardens at home, where they can grow vegetables.

Regarding the question on the greatest obstacles in bringing about HIV/AIDS awareness, the responses were as follows:

- Some people deny that HIV/AIDS exist;
- Most people say that all human beings will eventually die, HIV positive or not;
- People are afraid to disclose their positive HIV status because of the stigma attached to it;
- Some educators find it difficult to talk about HIV /AIDS;
- Some educators are HIV positive; they become more concerned about their ill health and therefore become nervous and depressed; and
- HIV positive educators' attitude to work deteriorates, and they become unable to perform well.

In answering question four, participants said that they believe it is necessary to teach learners about HIV/AIDS from the moment they start school. This was related to the high rate of sexual abuse of children. One participant added that learners should be taught about HIV/AIDS while they are still young, at school level. This will assist learners in acquiring accurate information about HIV/AIDS from the school rather than learners learning about the disease from their friends, neighbours, relatives or from the streets. Another participant stressed that they should be an example to learners by being friendly to people living with HIV /AIDS.

In response to the last question, participants mentioned the following strategies that can be used for bringing HIV/AIDS awareness to the foundation phase learners:

- Dramatization: learners can play drama demonstrating the transmission and prevention of HIV/AIDS;

- Poems and rhymes: learners should be encouraged to compose songs on the effects and dangers of HIV/AIDS. They can also say rhymes on HIV/AIDS;
- Invite people from the Department of Health to come and address learners around HIV/AIDS issues; and
- Invite people living with HIV/AIDS to come and share their knowledge and experiences with the learners regarding the disease.

5.5.2 THE INTERMEDIATE PHASE FOCUS GROUP INTERVIEW

The intermediate phase focus group interview consisted of eight educators as participants. The participants were all educators at Likazi Primary School. The researcher allowed participants from the foundation phase and senior phase to join the intermediate phase focus group interview. This was done in order to get more strategies that can be used for bringing HIV/AIDS awareness to the intermediate phase learners. The researcher acted as a facilitator, and less as an interviewer. All participants were interviewed while seated around a table with their nametags in front of them. Participants were assured of the confidentiality of the focus group interviews.

THE INTERMEDIATE PHASE FOCUS GROUP INTERVIEW WAS CONDUCTED AS DESCRIBED BELOW:

Apparatus: Tape Recorder.
Duration: 1 hour.
Date: 15 March 2005.
Time: 13h30.
Venue: Lekazi Primary School.

Questions that were used to elicit participants' views were as follows:

1. How can you present a lesson on the following topics:

- The difference between HIV and AIDS;
- Transmission of HIV and AIDS;
- The significance of universal precautions;
- Practices that cannot lead to HIV infection; and
- The importance of confidentiality and HIV/AIDS counselling.

2. What are your responsibilities regarding the implementation of HIV/AIDS programs in the intermediate phase?
3. Which strategies can be used for bringing HIV/AIDS awareness to the intermediate phase learners?

With regard to the first topic, there were no disagreements; participants indicated that when teaching about the difference between HIV and AIDS, they would start from the known to the unknown. This could be done by asking learners to name the different diseases that they know. After they had mentioned the different diseases, including HIV /AIDS, the educator would introduce the lesson. Participants mentioned without hesitation that they would define HIV as a virus that causes AIDS. They would define AIDS as a disease caused by HIV. One participant stressed that she would further explain that the two concepts are not the same, but are related. Another participants added by saying that she would explain the difference between a person who is HIV Positive and a person who has got AIDS by stating that:

- An HIV positive person can look healthy and strong and may take years for symptoms to develop;
- A person with AIDS is sick and always lying in bed. There is nothing he can do. He is weak and cannot eat food because he does not have an appetite. Many diseases get a chance to attack that person and he ends up dying.

In response to the second topic, participants mentioned that they would introduce the lesson by indicating that flu can be prevented by wearing a jersey in winter.

On the question of how HIV is prevented, participants further stated that they would ask learners a question on how HIV is prevented. After learners had mentioned their own views regarding prevention of HIV/AIDS, participants indicated that they would teach learners that HIV can be prevented by:

- Abstaining from sexual activities;
- Treating everyone as if he/she was HIV positive;
- Using a condom when involved in sexual activities;
- Being faithful to the partner;
- Not touching anyone's blood; and
- Avoiding touching anyone's wounds or sores.

Participants also chatted about condoms. On the issue of condoms, participants were divided. Some participants indicated that learners should not be encouraged to use condoms. Instead of doing that, educators should encourage learners to abstain from sexual activities until they reach adulthood and become responsible adults. They also felt that encouraging learners to use condoms would lead to promiscuity and would also encourage learners to be more involved in sexual activities. Some participants pointed out that learners who are sexually active should be encouraged to use condoms since they fail to abstain. Their argument was that primary school learners involve themselves in sexual activities while they are still young. Participants insisted that if they discourage learners to use condoms, then they would be allowing HIV to spread faster. The problem of “sugar daddies”, i.e. old married men, was also mentioned as one of the methods of spreading HIV faster. Participants said that some learners are forced by circumstances to be involved in sexual activities. Girls from disadvantaged families are forced by circumstances to be in love with sugar daddies, because the sugar daddies could provide them with groceries and money for school funds. One participant indicated that educators should encourage learners to abstain from sexual activities, even those who are known to be sexually active. Participants stressed that the issue of condoms cannot be entertained at primary school level. They insisted that learners who want to use condoms, could use them at their own risks. Schools should not distribute condoms to learners. If learners wanted to use condoms, they could go and fetch them from the clinics on their own. Another participant concluded by saying that learners should be taught survival skills that would assist them in protecting themselves from HIV infection. She stressed that learners should be taught to ask rapists to use condoms if they find themselves in such situations. For learners to use condoms was definitely not seen in a very positive light in this argument.

In response to the third topic of universal precautions, participants indicated that they would teach learners the following:

- Explain that universal precautions are a means of avoiding HIV transmission;
- They would mention abstinence as one example of universal precautions;
- Since there is no cure for HIV/AIDS, learners would be encouraged to take measure precautions in order to avoid HIV infections;
- Warn them about the 2010 World Soccer games, by indicating that people from other countries will be here in South Africa to watch the games. Learners should not involve themselves in sexual activities with these people; and
- Discourage learners not to stab one another with pens, especially the boys.

In conclusion, one participant indicated that she would give learners homework based on the significance of universal precautions, so that she could see whether learners had mastered the subject matter or not.

With regard to the topic of practices that cannot spread HIV, participants mentioned the following:

- HIV cannot be transmitted by:
 - Hugging or shaking hands;
 - Sharing the same classrooms;
 - Sharing the same toilet;
 - Eating the same food;
 - Sleeping in one bed;
 - Playing together with HIV positive learners; or
 - Sharing the same utensils.

Participants emphasized that they would teach learners not to discriminate against people living with HIV/AIDS. At the end of the lesson, participants indicated that they would check whether they had achieved the outcomes of the lesson by asking learners to mention the activities that would not lead to HIV infection.

In response to the topic of confidentiality, participants stated that they would teach learners the following:

- Confidentiality means to treat information with respect and release it to relevant people who could use the information for the benefit of an HIV positive person;
- The HIV status of any person is confidential. No-one is forced to disclose his/her HIV status;
- Nurses, doctors and HIV/AIDS counsellors are not allowed to tell anyone about someone's HIV status without the consent of that particular individual; and
- It is their right to keep their HIV status confidential.

On the topic of HIV/AIDS counselling, participants overwhelmingly stated that they would encourage learners to do the following:

- Go for counselling before and after the HIV test; and
- Go for HIV testing, since this would alleviate the stress of sickness.

In response to question two, participants mentioned the following responsibilities regarding the implementation of HIV/AIDS programs in the intermediate phase:

- Teaching learners about the disease;
- Teaching learners that red ribbons symbolize caring for people living with HIV/AIDS;
- Searching for more information regarding HIV/AIDS from the Internet, newspapers and also reading more books on HIV/AIDS so that they can answer all questions that will be asked by learners;
- Inviting people from the Department of Health to come and address learners on HIV/AIDS;
- Attending HIV/AIDS workshops that would be organized by the Department of Education;
- Organizing HIV/AIDS Indaba conferences at school level, where there would be speeches on HIV/AIDS. The school would choose the Health Minister, the President of the country and the guest speaker of the day. Learners would be given a chance to air their views on the effects and dangers of HIV/AIDS; and
- Educators should lead by example. They should love and support people living with HIV/AIDS, so that learners could learn from them that discriminating against people living with HIV/AIDS is not good.

In responding to question three, participants mentioned the following strategies that can be used for bringing HIV/AIDS awareness to the intermediate phase learners:

- Organize drama on HIV/AIDS for learners;
- Use audiovisual learning aids, for example educators can bring video cassettes on people living with HIV/AIDS in order to make learners aware that HIV/AIDS exist;
- Compose songs on HIV/AIDS so that learners can sing them during life skills periods;
- Teach HIV/AIDS lessons through games, for children learn faster when they are playing;
- Organize HIV/AIDS conferences at school level, where there would be the guest speaker on HIV/AIDS; and
- Invite people who have already disclosed their HIV status to come and share their knowledge with the learners.

5.5.3 SENIOR PHASE FOCUS GROUP INTERVIEW

The senior phase focus group interview consisted of twelve educators as participants. All twelve participants were educators at Lekazi Primary School and were teaching different learning areas. The researcher allowed educators teaching other learning areas to join the senior phase focus group interview because she wanted to get the ideas of other educators regarding strategies that can be used

for bringing about HIV/AIDS awareness. The researcher acted as the facilitator. All participants were interviewed while seated around a table with their nametags in front of them.

THE SENIOR PHASE FOCUS GROUP INTERVIEW WAS CONDUCTED AS DESCRIBED BELOW:

Apparatus: Tape recorder.
Duration: 1 hour.
Date: 16 March 2005.
Time: 13h30.
Venue: Lekazi Primary Library Centre.

THE QUESTIONS USED TO ELICIT PARTICIPANTS VIEWS WERE:

1. How can you present a lesson on the following topics:
 - Definition of HIV and AIDS;
 - Factors promoting the spread of HIV;
 - Transmission and Prevention of HIV/AIDS;
 - Testing for HIV; and
 - Medication for HIV/AIDS.
2. What are your responsibilities regarding the implementation of HIV/AIDS programs in the senior phase?
3. Which strategies can be used for bringing HIV/AIDS awareness to the senior phase learners?

Participants seemed very confident to air their views. There was less disagreement in this group than in the previous focus groups.

Participants mentioned the following pertaining to the lesson presentation on the definition of HIV and AIDS:

- They would define “HIV” as a human immune virus that causes AIDS;
- They would define “AIDS” as a dangerous disease that is caused by HIV.

One participant added that he would indicate to the learners that AIDS patients get thinner and have difficulty in walking and eating.

Responding to the topic of factors promoting the spread of HIV, participants said that they would introduce this lesson by asking learners to mention any factors that they know of, that would promote the spread of HIV. After that, participants would add to what learners had mentioned by stating the following factors that might also promote the spread of HIV:

- Poverty: participants emphasized that poverty could force learners from poor families to be involved in sexual activities with old men who are HIV positive;
- Not testing for HIV: The participants pointed out that most people do not go for HIV tests and spread the virus unknowingly;
- High rate of rape: Participants stated that many orphans live in dire poverty and they have turned to prostitution in order to survive.

With regard to the presentation of a lesson on the transmission of HIV/AIDS, participants indicated that they would proceed as follows:

- Divide learners into groups where they would discuss the various modes of HIV transmission. Each group would have a scribe, a reporter and a group leader who would report on behalf of the group;
- Check the various modes of HIV transmission mentioned by learners. If there were mistakes, participants would correct them by writing various modes of HIV transmission on the chalkboard.

The participants also chatted about HIV testing. They indicated that as educators, they needed to lead by example. This means that they should go for HIV testing before they could encourage learners to do the same. One participant added to what others had said by mentioning that it does not end at the testing. Educators should share their HIV results with the learners. Another participant added by saying that if the results are HIV negative, then the educator would be proud of his HIV status. If the results are HIV positive, then the educator should always use a condom when involved in sexual activities so that he does not transmit the disease to innocent people.

Responding to the topic on medication for HIV/AIDS, participants pointed out that they would teach learners the following:

- Presently, there is no cure for HIV/AIDS;
- Sick learners should to visit their doctors on regular basis; and
- The best remedy is to abstain from sexual activities.

They would also encourage sick learners to:

- Take medication;
- Develop a positive attitude towards life and accept their HIV status; and
- Eat balanced food that will boost their immune system.

With regard to question two, participants mentioned the following responsibilities in the implementation of HIV/AIDS programs:

- Teaching learners about HIV and AIDS should not be the responsibility of the Life Skills and Life Orientation educators only, but it should be the responsibility of all educators. All educators should say something about HIV/AIDS in their different learning areas;
- To emphasize dangers and effects of HIV/AIDS in the morning devotions to the learners;
- To care for learners living with HIV/AIDS;
- To visit sick learners in hospitals; and
- To encourage learners to eat healthy food that will boost their immune systems.

In responding to question three, participants mentioned the following strategies that can be used in bringing HIV/AIDS awareness to the senior phase learners:

- Dramatizing - learners should play drama on the consequences of HIV/AIDS. The aim would not be to 'scare' learners but rather to make them aware that HIV/AIDS exist;
- Organizing debating groups among the learners, with topics based on HIV/AIDS;
- Advertisements, where learners should be encouraged to write their own advertisements on the impact of HIV/AIDS;
- Encouraging parents to speak openly about HIV/AIDS to their children;
- Organizing educational tours where learners will be visiting AIDS patients;
- Asking for posters on HIV/AIDS from the clinics so that they can be displayed in the classrooms; and

- Educators should use audiovisual aids, so that learners can watch a video cassette on people living with HIV/AIDS.

5.5.4 PARENTS' FOCUS GROUP INTERVIEW

The parents' focus group interview consisted of six School Governing Body members as participants. These are the parents' representatives of Lekazi Primary School. The researcher decided to conduct a parental focus group interview in order to get their ideas on strategies that can be used for bringing HIV and AIDS awareness to primary school learners. The researcher acted as a facilitator. All participants were interviewed while seated around a table with their nametags in front of them. The researcher informed the participants that the information would be used for research purposes only.

THE PARENTS' FOCUS GROUP INTERVIEW WAS CONDUCTED AS DESCRIBED BELOW:

Apparatus: Tape recorder.
Duration: 1 hour.
Date: 17 March 2005.
Time: 13h30.
Venue: Lekazi Primary library centre

THE QUESTIONS USED TO ELICIT PARTICIPANTS' VIEWS WERE:

1. In your opinion, is it right to talk to children about sexual matters, including HIV and AIDS?
2. How can you explain the difference between HIV and AIDS to your children?
3. In your opinion, how can you be involved in the implementation of HIV/AIDS programs in primary schools?
4. Do you believe that your children have sufficient information regarding HIV/AIDS?
5. Do you have any suggestions or comments on strategies that can be used for bringing HIV/AIDS awareness to primary school learners?

Initially, participants seemed very hesitant to voice their opinions, but as the interview session proceeded, they opened up.

With reference to question one, participants were divided. Some of the participants responded by saying 'YES'. This response ignited a very heated debate among the participants. They felt that talking to children about sexual matters and HIV/AIDS would be proper. One participant emphasized that the education of the child starts at home. Learning about HIV /AIDS for children should also start at home,

so that they can be aware of the disease. Another participant added that, if parents do not talk to their children about HIV/AIDS, then it means that they are also increasing the spread of HIV. She also mentioned that children should get accurate information about HIV/AIDS from their parents. If parents keep quiet, then children will get inaccurate information elsewhere. She further stated that friends may provide incorrect information and much damage can be done. She emphasized that parents should not rely on information from the television, radio and magazines regarding sexual matters. Here, participants emphasized the fact that on television, the negatives of sexual activity are very seldom indicated, for example, the bed scenes in a soapy do not show that this can lead to HIV infection.

On the other hand, some participants felt that talking to children about sexual matters will make them to be actively involved in sexual matters. Another participant indicated that if they can keep on talking to children about sexual matters, this will indicate that they are giving them permission to experiment with sex, and they may even fall pregnant. Some participants felt that talking to children about sexual matters would be embarrassing. They felt that even if they can talk to their children about HIV/AIDS, their children might not listen to them. Other participants mentioned that very often, children see their parents as judgmental, not very open-minded, strict and out of touch with the modern lifestyle. One participant also indicated that her culture does not allow her to talk to children about sexual matters.

There was much disagreement about whether parents should talk to their children about sexual matters and HIV/AIDS or not. However, participants reached a consensus that parents should talk to their children about sexual matters and HIV/AIDS.

About the difference between HIV and AIDS, participants were not sure about the answer. Nevertheless, they stated that they would define HIV as a virus that causes AIDS. They would define AIDS as a disease that is caused by HIV.

Concerning the question of involving parents in the implementation of HIV/AIDS programs in primary schools, participants mentioned the following:

- Parents should work hand-in-hand with the educators. They must support the schools in bringing HIV/AIDS awareness to their children;
- Schools should organize workshops for parents on HIV/AIDS;
- Parents should visit the schools on regular basis;
- Educators should create a chance to discuss HIV/AIDS issues with the parents at least once per quarter;
- During parent's meetings, parents should be given a chance to ask questions about HIV/AIDS;

- Parents should be invited to school conferences, where they would be given a slot on HIV/AIDS; and
- Parents should assist educators in inviting people living with HIV/AIDS so that they can address their children.

In response to the question of sufficient information regarding HIV and AIDS, participants indicated that their children do not have much information about HIV/AIDS. This was related to children who used to play with condoms, blowing them up and making balloons. One participant explained that the knowledge of learners regarding HIV/AIDS can be determined by what learners had learned at school. Another participant mentioned that one cannot measure sufficient information, but gaining knowledge is an ongoing process. Participants reached a consensus that their children are still in the process of learning about the disease.

With regard to strategies that can be used for bringing about HIV/AIDS in primary schools, participants mentioned the following:

- Schools should invite people living with HIV/AIDS to come and share their knowledge and experiences regarding the disease;
- Educators should use teaching/learning aids in clarifying the subject matter;
- Learners should be encouraged to abstain from sexual activities;
- Educators should be encouraged to integrate life skills programs with other learning areas;
- Educators should be encouraged to work hand-in-hand with educators; and
- Educators should organize debates on HIV and AIDS.

5.5.5 LEARNERS' FOCUS GROUP INTERVIEW

The learners' focus group interview consisted of twelve grade seven learners as participants. Their ages ranged from 10 to 13. The researcher decided to conduct a learners' focus group interview because she wanted to get their own views on strategies that can be used for bringing about HIV and AIDS awareness. The researcher acted as a facilitator and less as an interviewer. All participants were interviewed while seated around a table with their nametags in front of them. The participants were assured of confidentiality of the focus group interview.

THE LEARNER'S FOCUS GROUP INTERVIEW WAS CONDUCTED AS DESCRIBED BELOW:

Apparatus: Tape recorder.
Duration: 1 Hour.
Date: 18 March 2005.
Time: 1 Hour.
Venue: Lekazi Primary library centre.

THE QUESTIONS USED TO ELICIT PARTICIPANT'S VIEWS WERE:

1. What is HIV?
2. What is AIDS?
3. How is HIV transmitted?
4. How can a person prevent HIV infection?
5. Do you have sufficient information about HIV and AIDS?
6. What are your responsibilities regarding the prevention of HIV and AIDS?
7. Do you have any suggestions or comments on strategies that can be used in bringing about HIV/AIDS awareness?

With reference to questions one and two, a few of the participants were not sure of the exact definition of HIV and AIDS. Nevertheless, one participant mentioned that HIV is a virus that causes AIDS, and AIDS is the disease caused by HIV.

In response to question three, there were no gross misinterpretations of how HIV is transmitted. Participants stated that HIV could be transmitted through:

- Having sex without using a condom;
- Mother-to-child transmission;
- Using old injections used by HIV positive people;
- Touching someone's blood;
- Sharing toothbrushes with someone whose gums are bleeding;
- Using a razor used by someone else; and
- Using injections that had not been sterilized.

With regard to question four, there was no division among the participants. They stated that a person could prevent HIV infection by:

- Using a condom during sexual activities;
- Eating healthy food;
- Using latex hand gloves when touching someone's blood;
- Exercising everyday; and
- Not touching some one who is HIV positive.

In response to question five, participants were divided. Some participants responded positively to the question. They stated that the radio and television provided them with much information about HIV and AIDS. One participant further indicated that the government was trying its best to make children aware of HIV and AIDS. He related this to the "LOVE LIFE" awareness programs. Some participants responded negatively to the question. They mentioned that they do not have sufficient information regarding HIV and AIDS, but they know some of the information, for example, how HIV is transmitted. One participant added to what has been said by stating that they cannot say that they have sufficient information about HIV and AIDS, because acquiring information is an ongoing process.

Responding to the question of their responsibilities regarding the prevention of HIV, participants mentioned that they should:

- Abstain from sexual activities;
- Stay away from alcohol and drugs;
- Do exercises everyday;
- Eat healthy food;
- Educate their parents and community members on how HIV is transmitted and prevented;
- Encourage people to use condoms when involved in sexual activities;
- Protect themselves from sexual abuse;
- Listen to their parents and educator's advices regarding HIV and AIDS;
- Encourage people to go for HIV testing; and
- Encourage people to consult their doctors when they are sick.

In response to question seven, participants listed various strategies that can be used for bringing about HIV AIDS awareness. They are as follows:

- Educators should teach learners about the disease on daily basis;
- HIV/AIDS programs should be included in the school timetable;

- Learners, including those living with HIV/AIDS, should be taught about their rights and responsibilities;
- Educators should teach learners more about the transmission and prevention of HIV/AIDS;
- Parents should be involved in the implementation of HIV/AIDS programs;
- Older children should teach the younger ones about the disease;
- All the schools should have libraries so that learners can read more books on HIV/AIDS;
- Schools should invite nurses to come and address learners on issues around HIV and AIDS; and
- Learners should stay away from sex and wait for the right time.

5.6 ANALYSIS AND INTERPRETATION OF DATA FROM THE QUESTIONNAIRES

5.6.1 INTRODUCTION

Two sets of questionnaires were distributed to Lekazi Primary School learners. The researcher will start with the discussion of the first set of questionnaires.

5.6.2 THE FIRST SET OF QUESTIONNAIRES

There were 60 questionnaires that were distributed to Lekazi Primary School learners. Thirty (30) questionnaires were distributed to the foundation phase learners. Twenty (20) questionnaires were distributed to the intermediate phase learners and 10 questionnaires were distributed to the senior phase learners. All the questionnaires were returned. The researcher personally collected the questionnaires.

5.6.2.1 RESPONSES OF THE FOUNDATION PHASE

Table 20 shows the marks obtained by the foundation phase respondents:

Marks obtained by foundation phase respondents	Number of respondents who obtained the same marks	Total marks of the respondents
60	2	120
50	6	300
40	10	400
30	2	60
20	3	60
10	7	70
Total	30	1010

The above table reveals the following:

- Eight (8) out of 30 respondents (27%) obtained more than 50% of the marks;
- Twenty-two (22) out of 30 respondents (73%) obtained less than 50% of the marks.

5.6.2.2 THE AVERAGE PERCENTAGE FOR THE FOUNDATION PHASE RESPONDENTS

The average percentage for the foundation phase respondents was calculated by adding together the total marks of all respondents, divided by the number of respondents, which is $1010/30 = 34\%$.

Therefore, the average percentage for the foundation phase is 34%. This proves that the knowledge of the foundation phase respondents regarding HIV and AIDS is poor

5.6.2.3 RESPONSES OF THE INTERMEDIATE PHASE

Table 21 shows the marks obtained by the intermediate phase respondents:

Marks obtained by the intermediate phase respondents	Number of respondents who obtained same marks	Total marks of the respondents
70	3	210
60	4	240
30	5	150
20	6	120
10	2	20
Total	20	740

The table reveals the following:

- Seven (7) out of 20 respondents (35%) obtained more than 60% of the marks;
- Thirteen (13) out of 20 respondents (65%) obtained less than 50% of the marks.

5.6.2.4 THE AVERAGE PERCENTAGE FOR THE INTERMEDIATE PHASE RESPONDENTS

The average percentage for the intermediate phase respondents was calculated by adding together the total scores of all respondents, divided by the number of respondents, which is $740/20 = 37\%$.

Therefore, the average for the intermediate phase is 37%. This indicates that the knowledge of the intermediate phase respondents regarding HIV and AIDS is poor.

5.6.2.5 RESPONSES OF THE SENIOR PHASE

Table 22 shows the marks obtained by the senior phase respondents:

Marks obtained by the senior phase respondents	Number of respondents who obtained same marks	Total marks of the respondents
60	1	60
50	4	200
40	3	120
30	2	60
Total	10	440

A study of the above table reveals the following:

- Five (5) out of 10 respondents (50%) obtained more than 50% of the marks;
- Five (5) out of 10 respondents (50%) obtained less than 50% of the marks.

5.6.2.6 THE AVERAGE PERCENTAGE FOR THE SENIOR PHASE RESPONDENTS

The average percentage for the senior phase respondents was calculated by adding all the total marks of the respondents, divided by the number of respondents, which is $440/10 = 44\%$.

Therefore, the average percentage for the senior phase respondents is 44%. This suggests that the senior phase respondent's level of knowledge about HIV and AIDS is not good. However, the senior phase respondents performed much better than the foundation and intermediate phase respondents.

5.6.2.7 RESPONSES OF THE THREE PHASES OF LEKAZI PRIMARY SCHOOL

Table 23 shows the total marks that were obtained by the respondents in the three phases:

Foundation phase	Intermediate phase	Senior phase
1010	740	440
Total	2190	

5.6.2.8 THE AVERAGE PERCENTAGE FOR THE THREE PHASES OF LEKAZI PRIMARY SCHOOL

The average percentage for the foundation, intermediate and senior phase respondents was calculated by adding the total marks of the phases, divided by the number of respondents, which is $2190/60 = 37\%$.

Therefore, the average percentage for all three phases found in Lekazi Primary School is 37%. This indicates that the respondents' level of knowledge regarding HIV and AIDS is low.

5.6.3 THE SECOND SET OF QUESTIONNAIRES

Questionnaires that were distributed to sixty learners of Lekazi Primary School were also distributed to thirty learners that were randomly selected by the researcher. This was done in order to promote the reliability and validity of the results. The thirty learners were randomly selected from the different phases found in Lekazi Primary School, such that ten learners represented each phase. This means that there were 30 questionnaires that were distributed to Lekazi Primary School learners. All questionnaires were returned. The researcher personally collected the questionnaires.

5.6.3.1 RESPONSES OF THE FOUNDATION PHASE

Table 24 shows the marks obtained by the foundation phase respondents:

Marks that were obtained by the foundation phase respondents	Number of respondents who obtained same marks	Total marks of the respondents
50	2	100
40	3	120
30	1	30
20	2	40
10	2	20
Total	10	310

The above table reveals the following:

- Two (2) out of 10 respondents (20%) obtained more than 50% of the marks;
- Eight (8) out of 10 respondents (80%) obtained less than 50% of the marks.

5.6.3.2 THE AVERAGE PERCENTAGE FOR THE FOUNDATION PHASE RESPONDENTS

The average percentage for the foundation phase respondents was calculated by adding the total marks of the respondents, divided by the number of respondents, which is $310/10 = 31\%$.

Therefore, the average percentage for the foundation phase respondents is 31%. This reveals that the foundation phase respondents' knowledge regarding HIV and AIDS is poor.

5.6.3.3 RESPONSES OF THE INTERMEDIATE PHASE

Table 25 shows the marks obtained by the intermediate phase respondents:

Marks obtained by the intermediate phase respondents	Number of respondents who obtained same marks	Total marks of the respondents
70	2	140
60	1	60
40	3	120
20	2	40
10	2	20
Total	10	380

The table reveals the following:

- Three (3) out of 10 respondents (30%) obtained more than 60% of the marks;
- Seven (7) out of 10 respondents (70%) obtained less than 50% of the marks.

5.6.3.4 THE AVERAGE PERCENTAGE FOR THE INTERMEDIATE PHASE RESPONDENTS

The average percentage for the intermediate phase respondents was calculated by adding the total marks of the respondents, divided by the number of respondents, which is $380/10 = 38\%$.

Therefore, the average percentage for the intermediate phase respondents is 38%. This indicates that the intermediate phase respondents' knowledge about HIV and AIDS is poor.

5.6.3.5 RESPONSES OF THE SENIOR PHASE

Table 26 shows the marks obtained by the senior phase respondents.

Marks obtained by the senior phase respondents	Number of respondents who obtained same marks	Total marks of the respondents
70	3	210
50	2	100
30	3	90
10	2	20
Total	10	420

The above table shows the following:

- Five (5) out 10 respondents (50%) obtained more than 50% of the marks;
- Five (5) out of 10 respondents (50%) obtained less than 50% of the marks.

5.6.3.6 THE AVERAGE PERCENTAGE FOR THE SENIOR PHASE RESPONDENTS

The average percentage for the senior phase respondents was calculated by adding the total marks of the respondents, divided by the number of respondents, which is $420/10 = 42\%$.

Therefore, the average percentage for the intermediate phase respondents is 42%. This implies that the senior phase respondents' knowledge regarding HIV and AIDS is below average. The senior phase respondents performed much better than the foundation phase and intermediate phase respondents.

Table 27 shows the total marks that were obtained by respondents in the three phases:

Foundation phase	Intermediate phase	Senior phase
310	380	420
Total	1110	

5.6.4 THE AVERAGE PERCENTAGE FOR THE THREE PHASES OF LEKAZI PRIMARY SCHOOL RESPONDENTS

The average percentage for the foundation phase, intermediate phase and senior phase was calculated by adding the total marks of the phases, divided by the number of phases, which is $1110/3 = 37\%$.

Therefore, the average percentage for the three phases found in Lekazi Primary School is 37%. This indicates that the respondents' level of knowledge regarding HIV and AIDS is low.

5.6.5 COMPARISON OF THE TWO SETS OF QUESTIONNAIRES

The two sets of questionnaires will now be compared.

Table 28 reveals the average percentages obtained by each phase in the questionnaires and the average percentage for the school.

PHASE	FIRST SET OF QUESTIONNAIRES	SECOND SET OF QUESTIONNAIRES
Foundation Phase	34%	31%
Intermediate Phase	37%	38%
Senior Phase	44%	42%
School average percentage	37%	37%

From the above table, the following can be deduced:

- The average percentages of the foundation phase respondents are close to each other;
- The difference between the intermediate phase respondents is much smaller;

- The average percentages of the senior phase respondents are close to each other; and
- The average percentages for all the phases found in Lekazi Primary School are the same.

Therefore, the above findings confirm that Lekazi Primary School learners have a low level of knowledge regarding HIV and AIDS. This has several implications, namely:

- Methods of teaching that were used by educators in presenting HIV/AIDS lessons were not effective;
- Educators have not succeeded in imparting HIV/AIDS knowledge to the learners; and
- The learning content may have been above the learners' level of understanding.

5.7 CONCLUSION

In this chapter, data from observational material, questionnaires and focus group interviews was analyzed and interpreted. The observational material was based on HIV/AIDS lesson presentations. The questionnaires were based on basic knowledge regarding HIV/AIDS. The focus group interviews were based on HIV/AIDS lesson presentations and strategies that can be used for bringing about HIV/AIDS awareness.

This chapter leads to the next chapter on findings and recommendations.