

## CHAPTER 3

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### DESIGNING AND CONDUCTING RESEARCH IN THE FIELD

*“It should not be the researcher who decides what counts as knowledge, but what the participants view as knowledge, emerging from interactions between the participants and the researcher.”*

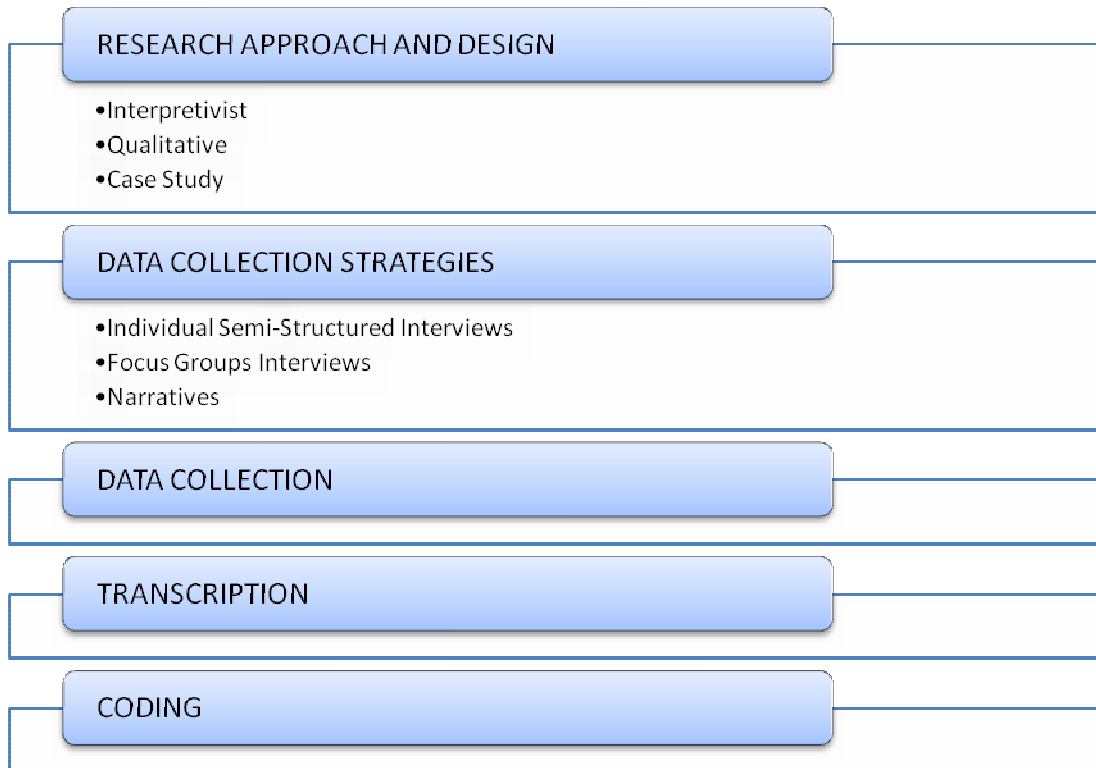
(Nieuwenhuis 2007a:56)

#### 3.1. Introduction

The literature study in the previous chapter serves to validate the research while it aimed to motivate the decision to work within the theoretical frameworks of Bandura’s (1994) Social Cognitive Theory and the Eight Gateways prescribed by Elbot and Fulton (2008) as theoretical frameworks. Chapter 3 purposefully evaluates the epistemological perspective of interpretivism, the qualitative case study as a design and finally the selected research strategies of the semi-structures individual interviews, the focus-group interviews and the narratives. An explanation of the coding format of the transcribed data follows these discussions after which I explain my approach to the data analysis. In terms of ethical standards, it was important for the purposes of this study within the realm of HIV/Aids not to violate the human rights of any participant. Hence, according to the regulations of the University of Pretoria and ethics in educational research, there had to be strict adherence to the relevant ethical criteria pertaining to HIV/Aids research to protect the rights of the participants during and after the research.

Hence, the following representation depicts the procedures followed during the investigation that culminated in the analysis that appears in Chapter 4:

**Figure 6: Methodological Overview**



### **3.2. Research Paradigm: Interpretivism**

Cohen, Manion and Morrison (2005:28) define interpretivism as a paradigm that endeavors to “understand and interpret the world in terms of its actors”. The anti-positivist, interpretivist theory places importance upon “concern for the individual” who participates in the research (Cohen, Manion and Morrison (2005:22). Within the context of the interpretivist paradigm the individual forms the nucleus with emphasis being placed upon deliberate actions and interpretation of the world around from the individual perspective. Electing to work from an interpretive perspective, I realized that my access to reality was via the spoken word of the research participants’ consciousness and connotations that they shared with me from which vital themes become apparent (Nieuwenhuis 2007a:59; 2007c 99; Henning, Van Rensburg & Smit 2004:48). Hence, the actions of the participants provide meanings that are interpreted in terms of the themes of the research.

Thus, on considering the philosophy of Nieuwenhuis (2007a:59-60) and Merriam (1998:3) in respect of the foundation for interpretivism, I conceded that within the parameters of my research:

➤ **‘Human life can only be understood from within’:**

As a result, the basic representation of interpretivism permitted me to enter the life world of the Muslim adolescent in order to observe the manner in which the world was “constructed” under the influence of the family and school culture within the context of HIV/Aids.

➤ **‘Social life is a distinctly human product’:**

Hence, the unique situation of the Muslim family and independent Islamic institution afforded me the opportunity to grasp the opinions of the research participants within their distinctive Islamic social context of which they formed an integral part.

➤ **‘The human mind is the purposive source or origin of meaning’:**

The very nature of interpretivism converges in my comprehension of the Muslim adolescents’ knowledge and attitudes that emanated from an exploration of the depth of the connotations attributed by the adolescents themselves as well as the adult research participants within the realm of HIV/Aids.

➤ **‘Human behavior is affected by knowledge of the social world’:**

The interpretivist perspective promoted the fact that multiple realities can originate from the school culture and the family culture thus motivating a mutual relationship between what really exists in the social context and the theoretical framework from which I operated to create pertinent associations.

➤ **‘The social world does not “exist” independently of human knowledge’:**

Researcher’s interpretations are prone to be prejudiced by their personal “intuition, values, beliefs and knowledge” thus influencing their concept of the research situation at hand (Nieuwenhuis 2007a:59-60). As a researcher working under the banner of interpretivism I was compelled to accept that my preconceived ideas and personal comprehension of HIV/Aids might have

influenced the route and results of my investigation since it is impossible to have distinct walls between the two.

### **3.3. Qualitative Research Approach**

A research begins with assumptions viewed through a theoretical lens or the paradigm to highlight viewpoints that illustrate that the research goal is achieved after a conscientious effort to justify, validate and guide what ethical research is (Creswell 2007:37; Nieuwenhuis 2007a:47; Klos 1995:10; Neuman 1997:61). Accordingly, Nieuwenhuis (2007a:54 ; 2007c: 99) is of the view that the qualitative researcher investigates the manner in which a research participant interacts cognitively within the social environment and in terms of the theme in question, which in this case is HIV/Aids. I therefore investigated the aforesaid ontology within the naturalistic context of the school and home establishing my interpretation upon the meanings the participants' attributed (Creswell 2007:36; Nieuwenhuis 2007a:47-51).

The choice of a qualitative research paradigm was strategic as the interpretive nature of the methodology allowed for a representation of the responses of Muslim adolescent learners with regard to HIV/Aids within the family and school cultural context (Nieuwenhuis 2007a:47; McMillan and Schumacher 2006:22). This also applied to my appreciation of the views and interpretations assigned by the adult research participants (teachers, parents, learners) in terms of HIV/Aids. Qualitative research sanctioned a more lucid insight into the researched setting and participants' activities providing the researcher with an opportunity to sensitively gain insight into the multiple realities, experiences and interactions of individuals and groups (Neill 2006:1; Garbers 1996:15; Ericson 1986:125). The qualitative investigation made it necessary for me to allow the participants to be heard – and not be silenced, disengaged or marginalized in order to facilitate a view of this central phenomenon of HIV/Aids through the eyes of the research participants (McMillan 2008: 49; Creswell 2007:212; Nieuwenhuis 2007a:51).

Denzin and Lincoln (2003:3) outline that qualitative research necessitates the studied use and collection of a variety of empirical materials, including reports of personal experiences

and interviews relating customary and challenging times together with implications in individuals' lives (Cohen *et al.* 2005:37). My principal task according to a qualitative approach was to acquire a depth of information while I acknowledged patterns, trends and themes in the way in which Muslim learners respond to HIV/Aids structuring personal meanings of their knowledge and attitudes from their encounters with Islamic family and school culture (Nieuwenhuis 2007a:50-51; Parker, Dalrymple and Durben 2000:82; Willig 2001:15). I was able to use semi-structured and focus group interviews (see pp31-33) in my interaction with the participants to identify their frame of reference and unpredicted data (Nieuwenhuis 2007a:55-56). Consequently, the methodology yielded accounts of the adolescent's knowledge in the form of responses, attitudes, views, feelings, thoughts and actions about HIV/Aids in the context of the family and school culture (Creswell 2007:37; Nieuwenhuis 2007a:47/56).

### **3.4. Case Study Research Design**

From the point of view that I have based my investigation upon the interpretivist paradigm, I considered that the most appropriate research approach was the qualitative case study given that it is an empirical inquiry that investigates contemporary phenomenon within a real life context using multiple data collection strategies such as individual semi-structured interviews, focus group interviews and narratives (Cohen *et al.* 2005:18). Creswell (2007:73) and Nieuwenhuis (2007:75) deem that in a case study a researcher delves into a "bounded system" (that is the case of the independent Islamic institution) through comprehensive data collection involving several resources in the form of observations, interviews, reports, etc. in order to produce a case description and case-based themes.

For the purposes of this study Bromley's (1990:302) definition will suffice – that is that a case study is a "systematic inquiry into an event or set of related events which aims to describe and explain the phenomenon of interest" (Nieuwenhuis 2007b:75). The qualitative case study approach within my research comprised a single instrumental case study of the independent Islamic institution – divided into a girls' school and a boys' school – that facilitated the collection, analysis and elucidation of how the family culture and school culture influence the responses of Muslim adolescent girls and boys towards HIV/Aids

(Creswell 2007:249; Bogdan and Taylor 1975). Hence, this single case study is consistent with the aim to explore, describe and explain the experiences of Muslim adolescent learner's knowledge of and attitudes towards HIV/Aids that were investigated for a defined period of time (Yin, 2003:23; Leedy and Ormrod, 2001; Creswell, 1994; LeCompte and Preissle, 1993; McMillan and Schumacher, 1993).

Since I proposed to gain a greater insight into the Muslim adolescent's response to HIV/Aids as influenced by the Islamic family and school culture, the case study was apt despite the fact that I cannot generalize results (Nieuwenhuis 2007b:76). The qualitative case study permitted me the use of varied sources and strategies in data collection (3.7.) and undoubtedly made allowances for notable collaboration to existing knowledge and practice of education (Nieuwenhuis 2007b:76; Merriam, 1988).

### **3.5. Data Collection Strategies**

Data was collected from participants who are male and female learners from two schools that form part of an independent Islamic institution, the two principals, the Life Orientation (herein after referred to as LO) teachers, the school guidance counselor and parents of children from the school. I utilized various sources and tools to collect data in order to ensure the trustworthiness and validity of this research being personally involved in carrying out interviews (Creswell 2007:129). It was also my perception that it was imperative to keep a record of my observations, biases and reflections whilst in the field. It was mandatory to observe ethical steps meticulously throughout the collection of data, administration of the research and even after completion because of the sensitive nature of the HIV/Aids project.

#### **3.5.1. Semi-Structured Interviews**

This data collection technique allowed for consequential interaction between me, as the researcher, and the participants who were principals, teachers and parents, some of whom formed a part of the school governing body (Babbie and Mouton 2001:278; McMillan and Schumacher 2001:269). Cohen *et al.* (2005:267) allege that the interview is a most appropriate process for data collection as it is "intersubjective" therefore allowing all

parties involved to be able to deliberate their views regarding interpretations of their social contexts in relation to the theme. Hence, the individual semi-structured interview was a significant choice for me in respect of data collection. I chose to draw on these in-depth, individual, semi-structured interviews since such a qualitative process sanctioned a progression whereby I was able to “see” the phenomenon of HIV/Aids and the Islamic culture through the eyes of the participants.

As a researcher within the HIV/Aids context and being in an unfamiliar cultural background, I needed to observe attention to detail, be a good listener, be non-judgmental and to have the ability to remain focused during the interviews (Nieuwenhuis 2007b: 87-88). These semi-structured interviews also lent themselves to the system of probing (McMillan 2008:177) which is in keeping with what Nieuwenhuis (2007b: 89) considers to be:

- Exploring to access details of ‘who’, ‘where’ and ‘what’;
- Exploring to sensitively acquire a more elaborate explanation of details; and
- Exploring to authenticate the researcher’s understanding of what was said.

Although the semi-structured interview did not include a rigidly planned set of questions but an interview guide, it was nevertheless an exchange whereby as researcher I was able to establish the format and elicit meaningful data via a comprehensive strategy in the form of open-ended questions (McMillan 2008:281; Creswell 2007:130; Burck 2005:240; Creswell, 2002:457). I found that during the course of this mode of data collection the participants were extremely responsive and prone to discussing their views without reservation, often making comments relating to HIV/Aids and Islamic culture that revealed that they were comfortable with me as the researcher.

As a consequence, I was confident that the *modus operandi* facilitated my enquiry into the, knowledge and attitudes to HIV/Aids of the Muslim adolescent learners via the responses of the principals, teachers and parents with regard to HIV/Aids. This process also provided me with vital data regarding the extent of influence of the family and the exclusive school culture in the research case study (Cohen *et al.* 2005:268; Yin, 2003:89; Patton 2002:306; ,

2000: 8). The data provided by the relevant adult participants in the study during the semi-structured interviews eased the way to determine the degree of influence that the family and the school culture had on the Muslim adolescent (Nieuwenhuis 2007b: 87; O'Donoghue and Punch 2003:57; Merriam 1998:74). Adolescence is an impressionable time of the participant's life and it was expected that the significant discussions with these participants would unravel any form of influence that contributed to the results.

I preferred to audio-record the interviews so that I might be able to focus on the reactions of the learners and the interview itself and later reflect on what was said (Nieuwenhuis 2007b: 89; Hoepfl 1997:7; Patton 1990:348). Ethical restrictions dictated that the research participants were informed of the decision to record all semi-structured interviews so as to facilitate discussion of results later. In the terms of the documents relating to access to the research site, I had been informed by the gatekeepers<sup>11</sup> that I might only audio-record the interviews so as to ensure the anonymity of the participants.

### **3.5.2. Focus Group Interviews**

Focus group interviews are group discussions that allow for interaction amongst the participants in the group situation (Cohen *et al.* 2005:288). Each of the selected focus groups in this research displayed allied social and demographic features accordingly the research setting of an office at the school was more amenable. The focus group interviews (with Muslim learners) allowed me to obtain a better understanding via the adolescent's personal opinions of the manner in which their knowledge and attitudes are influenced by their Islamic family and school culture in respect of the HIV/Aids crisis (McMillan and Schumacher 2001:455; Powell and Single 1996:499; Gibbs 1997:2).

The adolescent participants in this research interacted not only with me as the researcher but particularly with one another. The focus groups yielded data that was generated by the research participants who communicated on the themes of school culture, family culture and HIV/Aids (Vicsek 2007:1). It was imperative to take into consideration that group

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<sup>11</sup> *Representatives of the Islamic school and community who had to be consulted to gain access to the research site and participants*



dynamics and group interactions can influence the facts acquired. The latter may be incorporated into the thematic or situational analysis. The research analysis of the focus group was meant to include the social influence of the participant's opinions and whether any of the statements had been affected by atmosphere in the group, mood and conformity or group development.

The focus group interviews were conducted with one group of ten Grade 10 boys and another with ten Grade 10 girls from the respective schools. These were purposefully chosen samples from the broader population of the boys' and the girls' school since their teachers felt that they would be able to capably discuss the question of HIV/Aids and since their curriculum included this theme. This technique was suitable as it is an interaction that produces insight and data when the participants are less inhibited and feel free from anxiety disclosing information because they are in a group situation (Nieuwenhuis 2007b:90; Cohen *et al.* 2005:288). The focus group interview was an excellent course of action for my research as the process would have allowed me to draw upon certain attitudes, feelings, beliefs, experiences and reactions that they freely expressed in a group (McMillan 2008:282).

Since the aim of the research was to gather in-depth data about the Muslim adolescent learners' knowledge of and attitudes to HIV/Aids, I was able to elicit vital details from the two focus group interviews by presenting questions based on the themes (Chapter 2 Table 2) and via a flexible interview guide. Initially it was necessary to ease the participants into the discussion in order to create an amiable atmosphere that was not threatening. The learners, especially the girls discussed their knowledge and opinions on the subject of HIV/Aids without hesitation and prompting. The spontaneous development of this somewhat unstructured group format encouraged most of the adolescents to speak freely and relate their experiences and attitudes in respect of their Islamic culture and HIV/Aids (Welman and Kruger 2001:187-8).

I was fortunate that even though I was not familiar with the community or the school I was able to secure the confidence of the majority of the learners who spoke without reservation.

During the introductory stages of the process I was able to talk to the learner-participants explaining my goals and consequently winning their support. This research experience illustrated that the female learners were far more candid and ready to discuss their opinions than most of the male learners were. While I was careful not to dampen their spirits I had to often request that the girls speak one at a time as their enthusiasm sometimes got the better of them. On the other hand, while most of the boys were eager to talk about their viewpoints, there were some who had to be egged on as they were often monosyllabic in their answers. One of the boys did not participate at all beyond the introduction.

This form of group discussion was conducive to the presentation of comprehensive notions whereby the participants developed what had been said by others in the group – hence I had to encourage discussion (Nieuwenhuis 2007b: 90-91). It was imperative to exercise some form of control as the researcher to ensure that I was attentive to the discussion and to access data that was relevant to the investigation. This form of interview was also audio-recorded for purposes of verification after the participants were informed of the fact.

### **3.5.3. The Narrative**

A researcher is sometimes prone to construe that data may be effectively gleaned while participants “tell their story” regarding a specific theme and makes use of the “narrative” as referred to by Maree (2007:102-103). This method of data collection is advantageous in that the researcher is able to make concise interpretations via formal or functional means. Hence, the narrative in this study was meant to allow for the analysis of narrative pieces written by the adolescent learners on HIV/Aids with the idea that these narratives would produce “narrative strings” (Maree 2007:103) and relevant themes in relation to the research. The narrative as a data collection strategy was decided upon only after the focus group discussions had been completed. This was because I felt that the learners who had not contributed their thoughts freely during the focus group interviews might have seen the narrative as an opportunity to provide details that they were reluctant to impart in the group situation. However, as I explain in chapters 4 and 5, this did not have the intended result as stories were repetitive.

### **3.6. Population and Sampling Strategies**

#### **3.6.1. Purposive Sampling**

Patton (2002:230,242) and Johnson and Christensen (2000:175) allege that purposive sampling constitutes the selection of information-rich cases to accomplish a wide-ranging grasp of the socio-educational context (Hoepfl 1997:6; Patton 1990). The learner-participants were chosen by the school guidance counselor as this was a prerequisite for the study to take place at this research site. Taking into consideration that this study purposefully selected participants from an independent Islamic institution it can be concluded that I implemented purposive sampling (Creswell 2007:125). Although a few purposefully selected samples (as indicated below) were selected for this research, the approach resulted in greater understanding of the research theme.

#### **3.6.2. Selection and Sample Size**

The reason that I elected to work with Grade 10 learners was that their LO curriculum included HIV/Aids education and that these adolescents are at the developmental stage when their secondary sexual characteristics develop, As a result they are curious, starting to have relationships with the opposite sex and are vulnerable to influences regarding their sexual relationships and HIV infection.

Sample size decisions for this research were based on McMillan and Schumacher's (2006:322) assertion that the sample size is directly correlated to the nature and purpose of the research problem as well as the data collection strategies and the access to an information-rich case:

My purposive sample therefore consisted of the following:

- 10 Grade ten learners from the girls' school which is part of an independent Islamic institution;
- 10 Grade ten learner's from the boys' school which is part of an independent Islamic institution;
- The 2 principals of the above institutions;
- The 2 teachers from the girls' and boys' school who taught LO (includes HIV/Aids education);

- The school guidance counselor who was in charge of learners from both schools;
- Three parents of learner-participants from the school;
- Three parents who were members of the School Trust or PTA

The parents of the learners were selected so as to provide adult perspectives of the Islamic family culture within a particular Muslim family thus affording some form of continuity from parent-to-child in the data collection. The other parents were those who did have children at the school (but not in the study) and who were representatives on the school<sup>12</sup> council or Parent-Teacher Association (PTA) – thus providing other views of the Islamic family and the Islamic cultural influence at the school.

### **3.6.3. Site Selection**

The school was the research site but some of the adult research participants were interviewed in different locations depending on where they were comfortable (Henning, Van Rensburg and Smit 2004:41; Merriam 1998:27). Focus group interviews and the interviews with the two principals, school guidance counselor and LO teachers were held at the school in the school guidance counselor's office. Some parents felt comfortable in their homes while others preferred the school guidance counselor's office, their own offices or a coffee shop. In keeping with my rationale for embarking on this study, I deliberately elected to conduct this research in the Western Province at an independent Islamic institution. The Muslim adolescent forms part of a conservative community that was ideal to study in respect of their personal responses towards HIV/Aids.

### **3.7. Researcher Role**

In terms of a Qualitative perspective, Hoepfl (1997:3-4) emphasize that as a researcher I had to observe the following prior to embarking upon a project:

- I explained to the participants that my role in this study was observer and interviewer and I assumed an outlook in keeping with the characteristics of the interpretivist paradigm where there was close interaction between myself, as the researcher and the research participants (Creswell 2007:38);

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<sup>12</sup> The school has a School Council and PTA does not refer to it as a School Governing Body

- There was also a compulsion for me to be *au fait* with performing as a “human instrument” or the vehicle via which data was to be collected and interpreted;
- It was important to ensure that I focused on each participant’s perspectives, meanings and subjective opinions through a cultural lens (Creswell 2007:38);
- I needed to prepare a research design that utilized strategies for naturalistic interpretive inquiry whereby I reflected on my personal role, the role of the person who reads this thesis as well as the role of the participants in shaping the research (McMillan 2008:277; Creswell 2007:38);
- As researcher I gathered the data from the semi-structured interviews, the focus group interviews as well as from my observations, organized all the collected data according to codes (as represented below figure 3.2) and made sense of them (Creswell 2007:38-39);
- My research results required that I developed a complex depiction of the inquiry by reporting multiple and complex perspectives and factors that emerged from the investigation (Creswell 2007:39).

Within a socio-educational context HIV/Aids research is a very sensitive and contentious issue. Hence, my social relationship with the adolescent and the adult participants warranted a sensitive bid to them to participate in the study in order to obviate any negative repercussions later in the process (McMillan 2008:277; McMillan and Schumacher 2001:416).

### **3.8. Data Analysis**

The objective during the process of data analysis is to systematically and thematically arrange data from transcripts (as with this research) to later facilitate discussion of the findings via the resultant codes and themes (Creswell 2007:148). In terms of Creswell’s (2007:150-151) interpretation, data collection, analysis and recording ought not to be considered in isolation but rather as interrelated simultaneous procedures that are ongoing and iterative (non-linear) (Nieuwenhuis 2007c:99,102). In order to enable the comprehensive analysis of data during this study, it was necessary for manual procedures to be executed systematically in good time throughout the research process (Hatch

2002:148). Data collection tools in the form of the individual semi-structured interviews, focus group interviews and memos relating to observations were analyzed (Creswell 2007) and Leedy and Ormrod (2001). As McMillan (2008:279-280) states, my research observation was “unstructured” as this was not pre-determined while my field notes in this regard could be categorized as being “reflective” and related particularly to recognizable themes.

In the course of this continuous analysis and interpretation of ‘talk in interaction’ it was crucial to identify relationships, patterns, silences and unexpected trends (Nieuwenhuis 2007c:102). Huberman & Miles (1994) propose that data analysis is expedited if the researcher is able to work methodically so that the prepared notes and drafts could provide vital information in terms of the aims of the research. The process of data collection did not progress in just one direction as every so often I had to refer to original field notes in order to verify what had been recorded (Nieuwenhuis 2007c: 100). The themes were revealed by divergent perspectives and attitudes of HIV/Aids as presented by the participants in order to discuss these interpretations.

According to Bogdan and Biklen (1982:145) and McMillan (2008:283) qualitative data analysis is “working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others”. Creswell (2007:150-151) refers to “The Data Analysis Spiral” that enabled me as a qualitative researcher to move in analytic circles during data analysis. Nieuwenhuis (2007c: 100) alleges that the researcher will be able to recognize noticeable gaps that have to be filled in the process of observation and reflection when steps are retraced during analysis. As there is no definite formula to the interpretation of data it is possible to discover that which is credible in terms of the original research questions (Nieuwenhuis 2007:100). I therefore analyzed the descriptive data in the form of the participant’s responses to illustrate codes<sup>13</sup> then categories relating to the themes (Creswell 2007:163-164).

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<sup>13</sup> ‘inductive coding’: developed as the coding is carried out (Nieuwenhuis 2007:107)



The table below represents the individual semi-structured interviews with the two principals, the two LO teachers and the school guidance counselor

**TABLE 2: INDIVIDUAL SEMI-STRUCTURED INTERVIEWS: TEACHERS**

PARTICIPANTS	THEMES	AIMS	DATE
<b>2 Principals</b>	Expectations of Muslim parents with reference to HIV/Aids education.	To report on principals' and teachers' views on contributions made by Muslim parents in respect of HIV/Aids education	17 June 08
<b>2 LO teachers</b>	Perceptions of the principals and teachers with regard to HIV/Aids education and teaching practices and the influence on school culture.	To determine the influence of school culture on the teaching practices of the principals and teachers with regard to HIV/Aids education	18 June 08
<b>School guidance counselor</b>			19 June 08
	Promotion of knowledge, attitudes and responsible behavior with regard to HIV/Aids at school.	To gauge the teachers' roles and responsibilities to promote rational behavior amongst the Muslim learners	21 Aug 08 26 Feb 09



The following table illustrates the themes that were uncovered during the focus group interviews held with the boys and girls separately:

**TABLE 3: FOCUS GROUP INTERVIEWS: BOYS/GIRLS**

PARTICIPANTS	THEMES	AIMS	DATE
<b>Muslim boys</b>	Adolescents' basic knowledge of HIV/Aids.  Influence of family and school culture on adolescents' knowledge and attitudes to HIV/Aids.	To establish what the learners knew about HIV/Aids  To ascertain how the home and the school influenced the learners' knowledge and attitudes to HIV/Aids and sexuality	17 June 08
<b>Muslim girls</b>	Influence of family culture and school culture on adolescents' socio-cultural convictions.  The learners' attitudes towards people affected by HIV/Aids.	To determine the role of Muslim family culture in the adolescents' perception of HIV/Aids education  To recognize the impact of Muslim culture upon the learners' personal experiences of people affected by HIV/Aids	19 June 08

As maintained by Nieuwenhuis (2007c: 99-100), I found that my qualitative investigation proved to be “iterative” which means that it was non-linear thus the progression from data collection to reporting did not appear as neatly compartmentalized, consecutive aspects of the research. It did become necessary for me to go back and forth to the research site since the needs of the case study research demanded this.

Accordingly I returned to the school in order to add a narrative attribute to the research after I realized that the learner-participants were often hesitant to mention certain aspects during the focus group interviews that they could reveal in a narrative piece that they prepared independently. By means of discourse analysis I was able to conduct an in-depth study of the spoken word during the semi-structured interviews and the focus group interviews together with the written word from the narratives of the learners (Nieuwenhuis, 2007c:102).

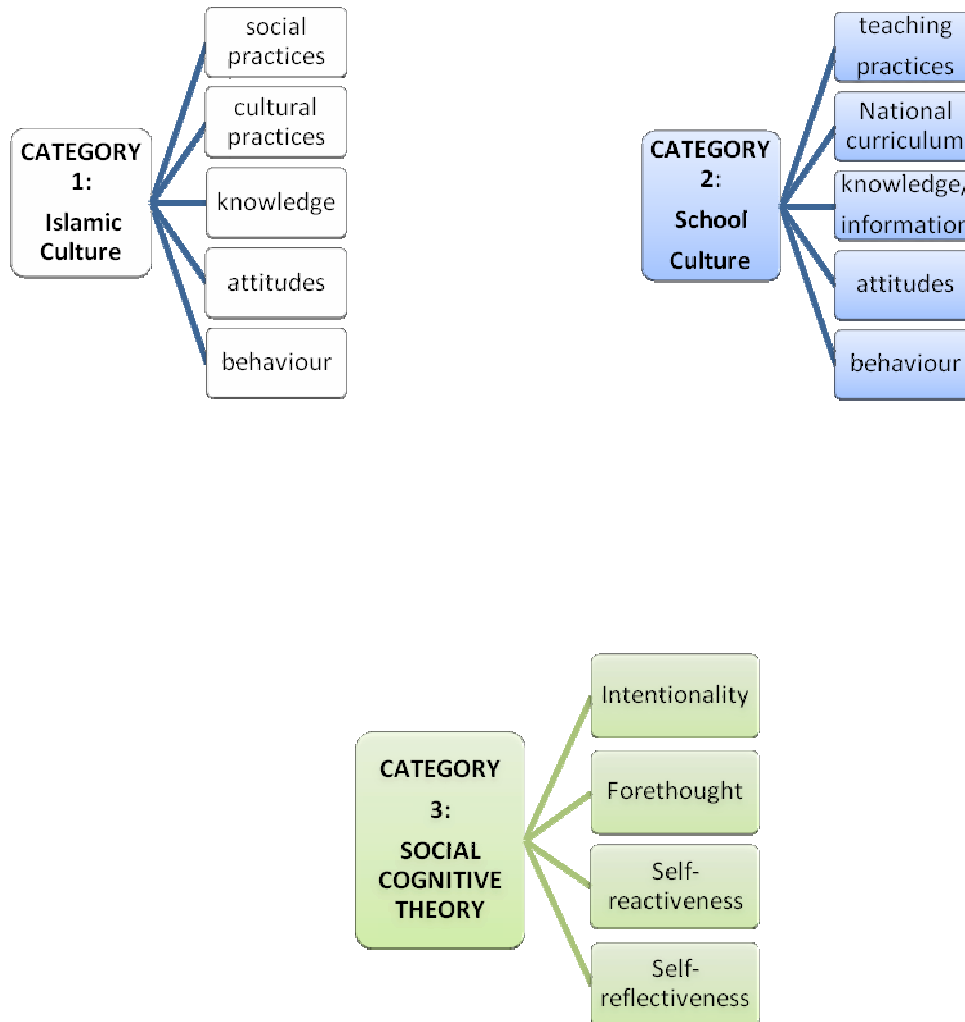
Once I had collected all the data, I had to enlist the assistance of a transcriber to transcribe and capture all the audio-taped conversations. Thereafter, I listened to the tapes and inspected the transcriptions so as to include relevant nuances that the transcriber might have missed or found extraneous. Once this was completed I was able to code the relevant extracts thematically into the pertinent categories to reinforce my analysis and discussion.

### **3.8.1. Coding of Data**

The fluid process of coding of data entailed the manner in which the researcher compartmentalized identifiable themes (Nieuwenhuis 2007c:105-107). Initially, particular words or sectors of the themes from the collected data were characterized by using distinctive terms or codes. Nonetheless, it was not a foregone conclusion that every theme fell into a new code as a certain section of data might have fallen into two codes or “co-occurring codes”. The categories resulted from groups of codes assigned to different parts of the transcriptions to reveal “symbols, descriptive words or unique identifying names” in relation to the themes (figures 3.3, 3.4, 3.5) (Nieuwenhuis 2007c:105-6). These coded responses from the transcripts were scrutinized to identify segments that corresponded with the themes that had unfolded. Categorization and coding entailed identification of words and segments in the transcripts that related to HIV or AIDS in terms of the following Islamic culture, school culture and Bandura’s Social Cognitive Theory:

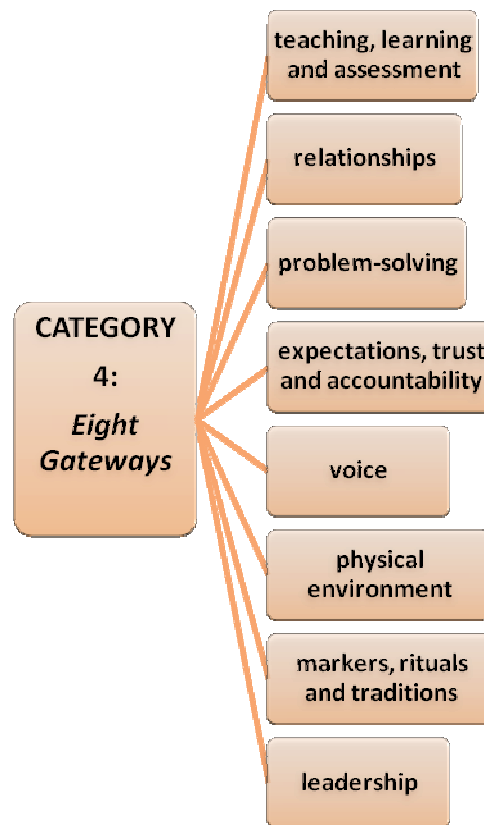
**Figure 7: Categories and Codes for transcripts**

Adapted from information provided by Nieuwenhuis (2007c:105-6)



The coded and categorized items were then further grouped as indicated below to be evaluated in relation to Elbot and Fulton's (2008:74-105) Eight Gateways in order to facilitate the discussion:

**Figure 8: Evaluation categories as per Elbot and Fulton’s Eight Gateways**  
Adapted from information obtained from Elbot and Fulton (2008:74-105)



Participant responses can vary at different stages of the interview and these levels of coding will secure attention to detail preventing the loss of essential information. The selected forms of coding will expedite the process of analysis and logical discussion.

### **3.9. Perspectives on Validation**

Validation or the accuracy in Qualitative research is imperative hence the trustworthiness of results must be considered in relation to certain qualitative concepts such as credibility,

transferability, dependability and confirmability (Creswell 2007:202-204; Babbie and Mouton 2001:271).

Creswell (2007:204) and Babbie and Mouton (2001:276) state that the concept of **credibility** embraces the way in which research findings encapsulate the occurrences within the context of the research and deliberates the question of the fulfillment of the researcher's aim. My research thus had to present an accurate illustration of the responses of Muslim adolescents' attitudes and responses to HIV/Aids within the context of the family and school culture (Poggenoeel 1998:351). The credibility of my research was enhanced by the use of field notes, memos, observation notes and audio recordings (where permissible) of the interviews (Creswell 2007:207-209). I also took my data, analysis, interpretations back to the participants to be checked for accuracy (Nieuwenhuis 2007c: 113). Comparisons between my field notes and the audio-recordings further enhanced the credibility of my investigation (Nieuwenhuis 2007c: 114).

Accordingly, thick descriptions during my research produced the far-reaching explanations from the participants that I aspired towards making it possible to **transfer** my own comprehension of the adolescents' experiences to other similar studies (Creswell 2007: 204; Babbie and Mouton 2001:277). If one were to accept that contextual connotations vary within each specific research interaction I conceded that my findings would be more **generalisable** rather than **transferable** and obtained information would render its own interpretation of what had been discovered in each study (Nieuwenhuis 2007c: 115). Whether my analysis was manual or computer-aided would not detract from the fact that participant input would reinforce the possibility of the findings of my research being dependable and most likely analogous to other groups of participants and research milieu.

It was conventional for me to consider that my research would display **dependability** rather than reliability since I wanted to ensure that my findings were authentic rather than that I would repeatedly achieve the same results each time I investigated the responses of adolescents towards HIV/Aids (Creswell 2007:203; Lincoln and Guba 1985). Guba and Lincoln (Babbie and Mouton 2001:278) aver that if research results demonstrate credibility

then the matter of dependability is assured. Hence my research based on adolescent responses had to provide an indication whether my findings would be the same if the same study was replicated in the same (or a similar) context or with the same participants (Babbie and Mouton 2001:278).

The interpretivist research approach expounds that any research is affected by the biases of the researcher since the values and motives of the researcher do play an essential part in the research process (Babbie and Mouton 2001:278). **Confirmability** stresses the degree to which the results are completely void of researcher partiality (Creswell 2007:203; Guba and Lincoln 1985). It is difficult to exercise complete self-control with regard to the research topic such as HIV/Aids so I had to be guarded that I did not mould my personal impressions to suit any preconceived notions or preferences that I might have had.

The integrity of the researcher also required that I was able to overcome personal preconceptions (Nieuwenhuis 2007c: 114). Nieuwenhuis (2007c: 115) also asserts that it is a salient issue that criteria relating to confidentiality and anonymity are adhered to.

### **3.10. Ethical and Legal Considerations**

Cultural and educational research focusing on HIV/Aids always requires particular consideration to the ethical aspects of the research in order to gain the support of the participants (Creswell 2007:141). Further, it was vital that I clearly explained the purpose of my study and outlined the definition and repercussions of disclosure, since HIV/Aids is a sensitive issue (McMillan 2008:277). The research project required that I provided a detailed account of the data I wished to collect and what benefit it would serve without taking away any of the participants' personal dignity (Cohen *et al.* 2003:292; Strydom 1998:25). In particular I needed to persist within the bounds of all research and ethically employ strict rules regarding voluntary participation, informed consent, safety in participation, privacy, confidentiality, trust and withdrawal of participants at any stage (McMillan 2008:277; Creswell 2007:212).

Hence, it was imperative that I adhered to the spirit of the ethics and research statement of the Faculty of Education, University of Pretoria. I was required to apply for ethical clearance according to regulations set out by the University of Pretoria even before the participants were contacted. The other salient issue was the manner in which the participants, especially the adolescents were approached regarding the research. Explanations in terms of the process of investigation had to be explicit while assent, consent and informed consent obtained before the research could begin. Once this was successfully overcome, the field work and data collection followed. This entailed that the necessary written permission had to be gained from the Islamic independent institution in question, the principals, parents, teachers and Muslim learners so that it might not appear as if anyone had been pressurized to participate in this research project.

Participants also needed the reassurance that they would be protected at all times and that none of the material would bear their names or any other identifying characteristics (McMillan 2008:277). It was necessary to take note of the fact that even though all the necessary precautions had been taken with regard to ethical anonymity, it was impossible to be certain that discussions emanating from the focus group interviews would remain so. It was difficult to ensure that participants in this group did not enter into further dialogue outside the research site. Nevertheless, while it was important that I achieved my own research ambitions this ought not to be executed at the expense of the participants in this research (Babbie and Mouton 2001:271). With this in mind I aimed to deal with the following issues stringently:

### **3.10.1. Informed consent:**

Christians (2005:144) insists that research participants be afforded the opportunity to agree voluntarily to participate in a research study and that their consent must be based upon full and open information. In my study permission from the School Governing Body was foremost as all other steps in the research process depended on whether or not I was allowed to use the participants for the research. Thereafter, the necessary permission had to be sought from the school principal as well as other important affiliates to the school. This aspect was particularly important as the independent institution might have had its own

regulations regarding research. Once these communications explaining the purpose and possible advantages of the study had been disseminated to each participant, they had the option to choose whether or not they wished to participate in the research (Cohen *et al.* 2003:292; McMillan and Schumacher 2001:421).

### **3.10.2. Privacy, confidentiality and anonymity:**

In order to protect the participant's dignity and identity it was necessary to ensure that all research material collected during this period should be in safe keeping even after the study had terminated (Creswell 2007:141-142). Participants had to be reassured at the outset of privacy as this is a highly sensitive issue and there was a compulsion that confidentiality and anonymity of responses and participation had to be upheld (Cohen *et al.* 2003:292; McMillan and Schumacher 2001:422; Strydom 1998:28). Disclosure of confidential information could prove to be most harmful and damaging to an individual's persona (Christians 2005; Reiss 1979:73). Reassurance of privacy would also have worked to the researcher's advantage as participants would have invariably responded more vividly to questions and discussions.

### **3.10.3. Protection from harm:**

References to Creswell (2007:141-142), Berg (2001:232) and McMillan and Schumacher (2001:422) and Strydom (1998:33), indicate that the researcher ought to emphasize that participants will be protected from any psychological, physical or social harm. As an ethical researcher working in the sphere of HIV/Aids it is imperative that I was fair and honest so as to prevent any recognition of any participants even after the study was over (Christians 2005:146).

### **3.11. Conclusion**

The Social Cognitive Theory informs that individuals ought to be able to motivate themselves to create positive, life-enhancing decisions after convincing themselves to adapt within a particular social situation. The view of Jones (2007:3) ponders upon the role of interpretivism in the understanding that human agents portray their social contexts and functions from the manner in which they behave and the decisions they make (Bandura 1989:4). The qualitative case study appropriately allowed for the individual semi-



structured interviews with the Muslim adult participants and the focus group interviews with the Muslim learner participants to reveal important themes. This investigation in the sphere of HIV/Aids and culture also necessitated particular attention to ethical details during the planning and execution of the investigation as per the regulations of the University of Pretoria.

Accordingly, the reasoning behind my choice of theory and methodology in this chapter was meant to enhance the findings in the following chapters so as to establish if the main and sub-research questions would be responded to rationally. This would test if there had been any influence from the Muslim family and school in shaping the HIV/Aids knowledge, attitudes and eventual behavior of the Muslim adolescents. The following chapter (Chapter 4) provides a detailed discussion of the analysis of the data that was gathered.

## CHAPTER 4

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### DATA ANALYSIS AND RESULTS

*“... Islam has many more solutions to the AIDS crisis today but you don't have to be Muslim to avoid it, all you have to be ... is smart.”*

(Narrative 13)

#### 4.1. Introduction

A comprehensive account of the qualitative research approach and strategies was presented in Chapter 3 in order to respond to the research questions in the empirical study of HIV/Aids within the family and school cultural contexts. The research participants' responses were taken note of during the research strategies described in Chapters 1 and 3 - that is the semi-structured individual interviews with Muslim principals, teachers and parents, the focus group interviews with the Muslim adolescents (Cohen, Manion and Morrison 2005:18) and the narratives. To re-iterate in Chapter 3 I also justified my research methodology in terms of the qualitative case study of the independent Islamic institution which is actually made up of a girls' school and a boys' school.

The purpose of Chapter 4 is to deliberate upon the data that I collected during the field work at an independent institution in the Western Cape Province of South Africa in terms of the theoretical frameworks. Initially, the entire bulk of the collected data was considered before the significant ideas were meticulously arranged within categories for thematic deliberation (Tables 1, 2 and 3. The raw data from the research or actual words spoken by the research participants during the semi-structured interviews, the focus group interviews as well as the narratives appear in allocated blocks so that these are easily identifiable. For the purposes of continuity the information is presented according to the research questions listed in chapter 1 of this thesis and in relation to the theoretical framework (Cohen *et al.* 2005:148).

The thematic contentions were evaluated against the Social Cognitive Theory (Bandura 2001; 1994; 1989) and the Eight Gateways or “entry points” (Elbot and Fulton 2008)

discussed in Chapter 1 and 2 that operated as the theoretical background for this research. Accordingly, the Muslim adolescents' responses in respect of HIV/Aids knowledge and attitudes were also examined to determine the level of endorsement of Bandura's Social Cognitive Theory with regard to their intentions, forethought, self-reactiveness and self-reflectiveness. At the same time the deliberation of data took into account the theories of Elbot and Fulton (2008) in respect of the teaching, learning and assessment, relationships, problem-solving methods, expectations, trust and accountability, voices, physical environment, markers, rituals and traditions and the leadership of the Muslim school culture particularly with reference to HIV/Aids education.

The research results serve to satisfy the criteria that they would culminate in a definite response to discussion of the main research question which is:

**How do the culture of the family and that of the school contribute towards inculcating knowledge of and attitudes to HIV/Aids among Muslim adolescents?**

In order to achieve the aim of responding to the main research question, I utilized a process of coding or "unitizing" whereby categories (Chapter 3 figure 3.2. p22-23) were discretely coded in order to structure workable units. As Nieuwenhuis (2007c:105-107) demonstrates, particular words or sectors of the themes from the collected data were characterized by using distinctive terms or codes. This process allowed me to create defining patterns from the transcripts of the individual semi-structured interviews, the focus group interviews and the narratives (Lincoln and Guba 1985:203). This was a laborious process that often required revision and adjustments of coding in order to satisfy the needs of the research questions. The categories in this study are based on the individual aspects of the research questions and the theoretical framework of the Social Cognitive Theory (Bandura 1989) and Eight Gateways of Elbot and Fulton (2008). Patterns of coding that finally resulted in these categories (Cohen *et al.* 2005:149) facilitated the establishment of linkages between each. In order to establish some form of continuity and correlation the categories had to relate to the research question and sub-questions and have some bearing upon Bandura's (2001) Social Cognitive Theory as well as Elbot and Fulton's (2008) Eight Gateways.

By functioning within an interpretivist philosophical setting as mentioned in Chapters 1 and 3, I opted to reflect on the data collected inductively and circumvent shortcoming in the scrutiny of my data (Nieuwenhuis, 2007c:99). To re-iterate, the accumulated research data was initially categorized into broad, yet meaningful categories that allowed for the later structured analysis of the research sub-questions and the eventual response to the main research question and research sub-questions thus completing the sequential nature of the study. Consequently, each component of this Chapter is based on a particular theme and research sub-question culminating in a response to the main research question.

#### 4.2. Thematic discussion of research

The ensuing discussion is vital as it allows for the presentation and illumination of the research participants' selected responses to each question from the interview guide and expands on the themes (as exemplified in Chapter 3) and research sub-questions and eventually the main research question of this study (McMillan 2008:281). The responses to the questions were not all relevant to this inquiry – hence only aspects that were important to the study are discussed.

In order to maintain the anonymity of the research site and the research participants a system of coding was devised for the responses that emerged from the transcripts. These are as follows:

**Table 4: Coding – School**

CODE	EXPLANATION
PBS	Principal Boys School
PGS	Principal Girls' School
SGC	School guidance counselor (both schools)
EAG	Teacher A: Girls
EBB	Teacher A:Boys
LG	Learners: Girls
LB	Learners: Boys
L	Learner:1-16

**Table 5: Coding – Parents**

CODE	EXPLANATION
SHD	SGB Parent 1
ASR	SGB Parent 2
FD	Parent of learner
NMA	Parent of learner
RM	Parent of learner
SNT	Parent of learner
SEG	Parent of learner

Hence PBS 11-330 would mean:

PBS: principal boys’ school,

11: page number 11, and

330: line number 330 of that page 11 of the transcription.

There were times when multiple line and page numbers are referred to.

#### **4.2.1. Semi-structured interviews with parents of selected learners and parents on the school Trust/Council/PTA**

The semi-structured individual interviews with the parents were utilized to provide the necessary background in terms of the Muslim family culture that prevailed within the community. As mentioned in Chapter 1 (p63), Elbot and Fulton’s (2008:1/72) advocate that according to the Eight Gateways the Muslim adolescent, who is the focus of this study, is a part of the Muslim family and school environment and culture. Semi-structured interviews were aimed at determining how the Muslim parents reacted to HIV/Aids and sexuality, what the parents’ expectations were with regard to HIV/Aids education and how their expectations (Elbot and Fulton 2008:2-4/85) influenced the teaching of HIV/Aids to their children at the school. In terms of Bandura’s (1991) discussion, adults can guide adolescents towards “standards” that will assist them to minimize the chances of risk-taking behavior. Other vital information gained from the interviews was whether there was any guidance and information to “propagate” (Bandura 1989:13) rational behavior conforming to Islamic principles in respect of HIV/Aids and sexuality. The concept of

Environment in respect of the adolescent's home is significant to gauge what information about HIV/Aids and sexuality is provided there (Kezar and Eckel 2002). Information or "knowledge" (Chapter 1, page 22) would refer to that which the Muslim adolescent displays as an "experience, observation (or) thought" in terms of HIV/Aids (Knight 2009).

The following discussion aims to portray vital aspects of the research question and sub-questions that highlight the Muslim family's impressions of HIV/Aids education in terms of Islamic culture. The responses of the Muslim parents also revealed what their views were about the responsibility of the school regarding HIV/Aids and sexuality education and their impressions of the manner in which the school was executing these tasks.

#### ***4.2.1.1. Social and cultural practices of Muslim families with regard to HIV/Aids***

The aim of this theme which engages the Muslim family culture was to accrue details via the individual semi-structured interviews in terms of the manner in which Muslim parents react to HIV/Aids and sexuality. This was informative in terms of the investigation as the views of the parents and the manner in which they adapted were pivotal to the HIV/Aids knowledge and attitudes of the children as discussed in Chapters 1 and 2 (Kahn 2007:46). The adoption of cultural practices is also encompassed in Elbot and Fulton's (2008:95) identification of markers, rituals and traditions that could influence the learner in that school environment and the way a school operates.

Relationships as well as socialization described by Elbot and Fulton (2008:78-79) form a solid foundation for the discussion of results in terms of family and school culture (Kezar and Eckel 2002). There was a societal conviction and strength of motivation referred to by Bandura (2001:7-13) as the family was the focal point of the Islamic way of life and staunch religious convictions had an undeniable influence upon HIV/Aids education even at school level (SEG6-124/125). According to the religious leader who was interviewed in his capacity of parent, Islamic culture frowned upon pre-marital relationships, promiscuity and substance-abuse (SNT4-68). As a rule Muslim parents (SEG1-4-6; SNT4-74-77; 7-137/138) considered the importance of education and unity as portrayed by Elbot and Fulton (2008:75) to be paramount in the struggle against AIDS and considered that this

school understood their needs clearly and was able to fulfill these criteria (Kezar and Eckel 2002).

“My children have benefitted in the way like the teachers have shown a lot of love and care towards them[...] the children’s morals have even grown stronger [...] making sure they don’t divert.”(FDH3)

“ [...] parents are expecting and I think it’s a fallacy, but they do expect the children [...] be totally adherent to [...] Islamic principles [...] no sex before marriage, [...]” (SHD1-2/3).

The above line of reasoning discussed by a parent who was interviewed was based on the teachings of the *Quran* and considered as being pertinent to the prevalence of AIDS. The nature of adolescent relationships was a vital aspect of Islamic values and education at this independent institution (SHD9-217; ASR8-194). Since Islamic culture vehemently condemns casual relationships among adolescents as well as among young, unmarried adults, some parents (SHD7-181; SEG4-87/88) who were interviewed have observed that marriage becomes the solution for the youth who are exposed to marital and parental responsibilities earlier in their lives. Problem-solving as an inherent part of Elbot and Fulton’s (2008:81-82) Eight Gateways is supported by the manner in which the adolescent was capable of applying knowledge in order to deal with problematic issues within relationships. One of the religious leaders (SEG5) (in his capacity as a parent) stated that Muslim parents outlaid large sums of money when they got their daughters married as they believed that the girls had to be rewarded for saving themselves for their chosen ones and for not going against the lore of Islam. The parent (SEG5) also mentioned that if the child did fall pregnant the ceremony would still be held but on a weekday and with less pomp and glamour. Another parent (SHD 1-3) discussed her personal situation and the reality that there were children who failed to remain focused and motivated (Bandura 2001:13: 1989:46/65) to the lore of Islam and were victimized by the Muslim society.

Elbot and Fulton's (2008:1/72) Eight Gateways required that school culture is influenced by markers, rituals and traditions of the particular community the school is situated in – hence the parents felt that Islamic principles were important to HIV/Aids education. In one parent's (SNT4-82/83) defense of Islamic cultural practices, he asserted that just prior to the actual marriage ceremony the Imām or priest discussed family life and the inevitable concern of HIV/Aids with that group of Muslims involved with the marriage. Bandura (2001:6) emphasized that being human entailed having a definite plan of action to achieve goals. The Muslim parents exemplified just that in that they were emphatic that their children were educated about HIV/Aids in their religious studies and LO lessons. Elbot and Fulton's (2008:102-105) interpretation of leadership is apparent in the parents' and religious leaders' proposed strategies to achieve the goal of educating their youth about HIV/Aids and keep them free from HIV infection (Kezar and Eckel 2002). Muslim parents felt that it was important for them to guide their children to marry younger to solve adolescent relationship issues since they were forbidden to socialize freely before they were married. The reactions of the Muslim parents symbolize guidance of their adolescents to accept "social sanctions" that might prevent them from contracting HIV/Aids (Bandura 1991:7). Inferences provided by the interviewed parents were that immaturity and marital problems then lead to polygamy<sup>14</sup> and the risk of contracting AIDS.

" children are getting married at a much younger age because they want to say no, but you know we can't court and [...] can't go out [...] higher rate of divorce" (SHD10-247/249).

Concerns expressed by parents in respect of Islamic interpretations of polygamous marriages and the influence upon the incidence of HIV/Aids were also deliberated upon during the interviews in the following ways:

- In an attempt to prevent sexual relationships amongst their adolescents, a parent (SHD10-247/248) considered that some modern parents believe that early marriage is the only solution. However, these hasty marriages often veered towards polygamy or

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<sup>14</sup> Polygamy refers to 'the practice of having more than one husband or wife at the same time' (Oxford Dictionary 2001)



divorce which in Islamic terms was simple and often - as the parent stated – “use (d) a lot of these Islamic cultures for their own aims and gains”. The discussion revealed the concerns were that both divorce and polygamy could be factors in the spread of HIV (SHD10-255/256).

- The issue of polygamy could have a direct bearing on the spread of HIV and especially women, young and old, were afraid that they were particularly vulnerable if men have multiple partners (SHD9). This stance represents Elbot and Fulton’s (2008:2-4/85) concepts of “expectations, trust and accountability” considering that the females were anxious about the fact that they could not rely on their male counterparts to behave responsibly and that there was a possibility that that they could become HIV infected.
- One female parent (SHD5-114) was emphatic that boys intentionally misinterpreted the concept of “polygamy” often seeing it as a “legal Islamic loophole” to a failed marriage.
- It became apparent that one parent (SNT5-95) thought it was imperative to resolve this prejudiced notion with the active participation of the Muslim parents and the *Ulama*<sup>15</sup>. The religious leader who was a research participant accentuated that when Muslim couples are married they were bound by Islamic Law to be faithful to each other.

Within the process of divorce or polygamy parents disregarded their basic ‘Islamic principles’ by neglecting and abandoning their children. The well-being of the child was forgotten and the children were left without clear-cut bearings and suitable Muslim role models especially where HIV/Aids was concerned (SHD12-304).

“[...] he should take his religion seriously [...] He should know [...] his morals [...] if you know your principles then I think HIV will be 99 percent avoidable” (NMA5-101-104).

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<sup>15</sup> Islamic religious leaders

An important aspect of Islamic culture raised by the principal of the girls' school was the practice of male circumcision as a traditional cleansing (Elbot and Fulton's 2008:95). She (PGS18) admitted that while she could not verify that the custom had a positive effect upon HIV/Aids she stated that "for hygiene reason [...] it can possibly be a preventative measure".

#### ***4.2.1.2. Expectations of Muslim parents of HIV/Aids education at the school***

The goal of this aspect of the above theme regarding the Muslim family and school culture (as defined in Chapter 1) was to interpret data that incorporated the Islamic cultural norms pertinent to the families of the learners. As I have explained in Chapter 1 with reference to what Smart and Shipman (2004:507) say about cultural traditions, such cultural practices may evolve with each generation in order to overcome hurdles such as HIV/Aids. Just as deliberate actions yielded positive results without being harmful so too did the Muslim communities decision to maintain Islamic cultural beliefs and accepted policies to deal with HIV/Aids and adolescent sexuality (Bandura 2001:7). These actions required the interactions within the school culture in respect of the principals, teachers, the learners and the parents themselves (Kezar and Eckel 2002). It was apparent that learners came into contact with different people for example members of their family, peers and teachers thus experiencing unique situations of expectations, trust and accountability as depicted by Elbot and Fulton (2008:1/72) particularly with reference to HIV/Aids.

Although an open-door policy existed at this school one parent (PSHD1-11) suggested that many Muslim parents lacked interest and did not want any involvement with the school especially pertaining to the vulnerability of Muslim children in terms of HIV/Aids. There were parents who communicated regularly with the school principals and who took a keen interest in the learners' activities in and out of school. On the other hand some parents (ASR2-27/28; NMA5-110/111; RM4-90/91) confirmed the existence of a dual relationship between culture and school declaring that that Islamic cultural regulation of AIDS education ought to begin in the home and be complemented by the school's intervention (Barth 1990:513). From the position of Bandura's (2001:6) Social Cognitive Theory

Muslim adults demonstrated a concerted effort and intention to guide Muslim learners to exercise safe and responsible behavior and realize that the disease was not a distant reality.

“The main challenge [...] is that we all realize that HIV/AIDS is an enormous threat that faces us all in this country [...] we must all play our role to eradicate this disease.” (SNT3/4-64-66).

Discussion of the concept of “leadership” by Elbot and Fulton (2008:1/72) is presented in the statements of parents (SHD2/3/4; SNT7-141) that it was helpful if teachers were forthright doing what was in the best interests of the child within the sphere of Islam with regard to sensible behavior and problem-solving in the face of AIDS (Kezar and Eckel 2002) (Chapter 2 p 4). The school’s policy to ‘Islamize’ subjects was acceptable according to the parents (RM6-143; SEG3-70/71) as they maintained that even subjects such as Mathematics or Geography could contribute to AIDS education. Yet another parent (SHD6-147/-150) conceded that children often did not pay attention to topics that were not stimulating and parents and teachers had to generate awareness within the child that the consequences of being HIV positive were frightening. According to Bandura’s (2001) theory, children needed to recognize the merit in what was being taught to them about HIV/Aids. Thus, it was a problem for one parent (FD3-4) that some of the Muslim adolescents were not as worried about AIDS as adults wanted them to be and could be indulging in risky behavior despite the teachings. Another point that the parent (SHD7) brought up was that in her experience her older children were more obedient than her younger ones and this is a fact that impacts upon the risk-taking behavior and exposure to HIV/Aids of the modern adolescent.

“Children are less worried about HIV/Aids, less worried about certain things that they need do and not do and that which they cannot do and they taking much bigger chances now” (SHD7-169-171).

The attitude of one parent (FD3) was that they, as parents, were appreciative of the fact that their children had benefitted from attending this school as teachers displayed a great deal of attention to their children's socio-educational needs especially in respect of teaching them about HIV/Aids and avoiding risky behavior. Such an assertion highlights Elbot and Fulton's (2008:90-92) "voice" that allows for parents to express their views and concept of mission to achieve the goal of getting their youth to practice safe behavior in the face of HIV/Aids (Kezar and Eckel 2002). Furthermore, the school's "open-door policy" ensured that the children were able to discuss their problems and receive the necessary guidance from any teacher they approached within an established value-system (Bandura 1989:21). As a consequence, their children were stronger morally and understood the necessary Islamic cultural guidance the parents deemed proper as described by Elbot and Fulton's (2008:1/72) Eight Gateways in terms of school culture.

Some parents (FD7-171/172) did admit that their children had also been educated at school about the basics of HIV/Aids and offering unbiased care to people affected by AIDS. However, the reflection of another parent (SNT3-46) was that children ought to be continuously reminded that South Africa has the highest prevalence of AIDS globally together with the dangers that they could be exposed to and how to prevent HIV infection. It became apparent from the parent-interviews that although children were aware of the cultural restrictions of Islam and the dangers of intimate relationships they would nevertheless indulge in unsafe conduct (SHD7-186/187; ASR6-143-148; RM5-117; SEG6-132/133). The manner in which parents and teachers trained the adolescents about overcoming enticements that threaten their personal well-being within the realm of HIV/Aids endorsed Bandura's theory of "forethought" regarding the influence of social agencies and Elbot and Fulton's (2008:83) theory relating to the collaborative efforts of social agencies.

The parents (SHD7-186/187; ASR6-143-148; RM5-117; SEG6-132/133) therefore expected the school to emphasize Islamic morals that would assist the learners to be less vulnerable in the face of HIV/Aids (Beshir and Beshir 2002:1).

“[...] in terms of child development [...] three very important components that influence the child’s well-being and his/her understanding of the world. These are the home, school and community.” (SNT1-2-4).

In terms of the teachings of Islam the parents (SNT6-128-130; SEG5) avowed that their children ought to be informed by all the concerned adults (parents and teachers) that sexual relationships should come only after marriage. Some parents (NMA7-154; RM7-8; SEG7-159/160) were therefore concerned that their own attempts to educate their children in terms of HIV/Aids were not as effective as they hoped and some Muslim children could indulge in risky behavior that might lead to HIV infections. As maintained by Beshir and Beshir (2002) the parents expected the school to play an important role in the awareness of HIV/Aids because children tend to listen to teachers and feared and respected them for their professions displaying “leadership” as illustrated by Elbot and Fulton (2008:102-105) and Kezar and Eckel (2002).

Parents (SHD18-465-468; ASR1-10/11; FD4) admitted that communication with Muslim children at home was sometimes difficult as they would rather listen to their peers or another adult such as a teacher rather than to their own parents. The concepts of “teaching and learning” as envisaged by Elbot and Fulton’s (2008:90-92) analysis of school culture (Chapter 2 p6) are accentuated in the factors that parents assumed had affected their efforts to teach the adolescents about moral values. The adults were aware that the formative years exposed their children to peer pressure which was one of the predicaments that threatened their Islamic upbringing and their ability to be “self-reflective” in terms of the Social Cognitive Theory (Bandura 1989:4). However, learning from their peers, in the opinion of a mother (RM7), was not really flawed since it was possible that children could teach one another very effectively.

“I don’t have a difficulty in communicating to them. I have a difficulty getting across to them because of the peer pressures because they also come with a warped way of thinking [...] ‘and mom, that will never happen’ [...] ‘that is not possible because you know what, you over-reacting’.” (SHD18-465-468).

A mother asserted that parents were accepting of the fact that some of their children were more willing to confide in and listen to their teachers than their parents. Such guidance provided by the teachers was sanctioned by the parents as it helped learners to sustain their morally upright behavior to avoid HIV-infection (Bandura 2001). The Muslim parents (NMA3-66; SEG3-52/53) also expected the teachers to be ‘firm yet affectionate’ towards their children so as to encourage them to respect their teachers and approach them should they be too afraid to talk to their parents. This description of relationships highlighted that principled expectations could lead to a culture of trust and accountability as outlined by Elbot and Fulton (2008:90-92). It was anticipated by parents that such personal characteristics would determine how successful lessons about AIDS would be and they confirmed that thus far teachers at this institution always went the “extra mile” emphasizing their faith as upheld by Maqsood (2001:15-19) (FD8-192; SEG7-142). As indicated by the parents (FD8; NMA4-95; SNT6-7), the teachers at the institution had:

- adapted their lessons on HIV/Aids to their Islamic culture;
- discussed HIV/Aids matters further if learners had not understood the first time;
- taken learners on educational camps to teach them more about AIDS within a sociable atmosphere;
- taught learners to be less discriminatory and more caring towards those affected by AIDS; and
- created a consciousness of the fact that sexual activity is a ‘no-no’ among Muslims.

These characteristics were signs of the school environment that enabled acceptable standards of teaching and learning (Elbot and Fulton 2008:75-77; Kezar and Eckel 2002).

“I expected the teacher to be very open and frank and do it with a lot of wisdom like the Quran says ‘you call on to guidance with wisdom and with beautiful words.’ (SEG8-189-192).

Parents were concerned about the increased rate of divorce amongst parents within the Muslim community of the school. They (SHD10-11) considered that this factor was exacerbating the social problems as they felt that single parents appeared to be less successful in educating their children. What was worrying for one parent (SHD8-125) was that promiscuity on the part of the adolescents could allow adults with dubious morals to take advantage of the children from such families. An additional source of apprehension was that the school’s efforts to guide the child appropriately in terms of HIV/Aids came to naught seeing that the child returned daily to the same “damaging” home environment when there were family problems (SHD12-300-302). The parent (SHD12-300-302) who made this observation felt that teachers may be able to assist parents as a community to identify and help these children who might be exposed to sexual violation and HIV/Aids (Kezar and Eckel 2002). As participating agents described by Elbot and Fulton (2008:85-89) and Bandura (2001:6), parents and teachers expected children to display respect for their Islamic religion and authority and behave responsibly. Their mission was to ensure the necessary guidance for all children irrespective of their background to reduce the rate of HIV infection (Kezar and Eckel 2002).

“[...] the school now has to sit with the problem day-in and day-out [...] child goes home in the evening to the same sort of set-up where he comes from and tomorrow [...] the same thing and the poor teachers have to struggle.” (SHD12-300-302).

This socio-educational situation was unacceptable to the parents who felt that the behavioural benefits for children would be much greater in the face of HIV/Aids if there was a combined effort from parents and teachers (SEG3-73/74; SHD14-359). From her personal experience one parent revealed that even learners who performed well academically were not necessarily free from behavioural problems as some parents and teachers believed (Elbot and Fulton 2008:81-82). Another parent (SHD14-359-362; 3-50/51) added that all learners needed to realize the importance of a strong willpower and conviction that would guide them as vulnerable children to “abstain from destructive behavior” and HIV/Aids (Bandura’s 2001:10). These assertions were in keeping with the views of Petty & Cacioppo (1981), Ajzen & Fishbein (1980) and Kim & Hunter (1993) who have endorsed that there is a positive correlation between adolescent attitudes and behavior in respect of HIV/Aids.

It was apparent from the discussions that the parents recognized the importance of the inter-relationship between the family and school culture to deal capably with the problem of HIV/Aids (Elbot and Fulton 2008; Kezar and Eckel 2002). Bandura (2001) stressed the importance of cultural interventions that could be instrumental in creating “socially acceptable behavior. It conforms to the views of some parents (ASR6-153/154; FD6-146/147; SNT3-58) who felt that parents and teachers needed to focus wholeheartedly on children to assist them all equally since the most unexpected ones might need the most supervision to develop the morally upright life skills in order to make responsible decisions relating to HIV/Aids. There was an urgent plea by the parents who were interviewed that every Islamic home ought to join hands with the school to have regular discussions especially regarding HIV/Aids (Yazdi 2006:1004) (ASR7-164/165; SNT3-63; SEG4; SEG7-158/159). Fathers (ASR7-164/165; SNT3-63; SEG4; SEG7-158/159) were insistent



that children could amend their immoral behavior if they were informed on a regular basis about the Islamic regulations and lifeview that needed to be adhered to (Elbot and Fulton 2008:95; Van der Walt 1994:95). According to the mothers (SEG7-158/159; FD6-148), to humiliate a child who was ignorant about HIV/Aids or an errant child who had not observed Islamic regulations in the presence of others at home or at school, was not advisable as children reacted negatively to this.

Apart from misguided peer-pressure, parents deemed that the school ought to instill Islamic values that taught their children about unsuitable television programmes and the negative effect of the Western way of life. One of the Muslim parents stated that (FD6-140; 7-155/156) if the school was unable to do this parents felt that their own efforts as well as the efforts of well-meaning teachers were impeded as they were unable to correct wayward or risky behavior that could lead to HIV infections amongst their youth.

“For those that are more West-influenced will find no it’s fine [...]” FD6-140; 7-155/156  
“It’s more influenced from the television that the children look at I think that television is the worst.” FD6-140; 7-155/156.

Parents (FD7-162/163; NMA3-67) reasoned that the South African media was a problem since too much that Islam condemned was blatantly advertised – hence teachers had the difficult task of convincing children otherwise. Bandura (2001:6) describes the fact that it is not simple for an individual to realize personal goals as there are hurdles that may affect the attainment of the intended goal. However, the parents (FD7-173/174; RM7) admitted that the teachers at the school made a concerted effort and had arranged a number of projects via which they attempted to enlighten the learners about HIV/Aids but they also saw the need for teachers to be more innovative in these lessons so as to hold the interest of the learner (Elbot and Fulton 2008: 75-77).

#### ***4.2.1.3. Promotion of knowledge, attitude and responsible behavior in the family***

In order to gauge the way the Muslim adolescents were influenced by their parents with regard to HIV/Aids, it was imperative to establish if the parents' had any HIV/Aids knowledge and what their viewpoints pertaining to adolescent-sexuality were as Adu-Mireku (2003) found in a Ghanaian study. The information provided by the family environment was important to the outcome of this study (Kezar and Eckel 2002). Questions posed to the parents during the individual semi-structured interviews were valid to establish what roles the parents played to make certain of their children's responsible or risky behavior via their Islamic teachings of morally upright behavior.

Muslim families, according to the interviewed parents, were supposed to maintain morally upright Muslim family culture and Islamic morals within their homes thus allowing for candid discussions about HIV/Aids and to counteract what they considered the undeniable effect of peer pressure (SHD12; FD10-237). All but one of the parents (NMA6-126/127; 10-230/231) within the research episode declared that they personally had no problem communicating about AIDS to their children. Osher and Fleischman's (2005:84-85) perception concurred with that of the Muslim parents (NMA9-211/212; RM10-243; SEG5-95/96) in that they believed that if they guided their children in terms of the necessary precautions to take to avoid HIV infection, the school could augment this knowledge.

The major concern for these adult interviewees was that Islam insisted on high moral standards and values conforming unconditionally with those of HIV prevention policies in general. To comment on the aspects regarding information and relationships (Kezar and Eckel 2002), some of the parents who were interviewed (SHD17; ASR7-178; SEG7-155/156) felt that certain Muslim parents among them lacked either the knowledge or the ability to conduct these honest discussions therefore placing their children at a distinct disadvantage in terms of HIV/Aids. Ironically, a male parent also admitted that in his home discussions with his children regarding HIV/Aids were conducted primarily by his wife who fortunately had no problem discussing such matters with their children. One parent (SHD18-283) asserted that denialism on the part of ignorant parents could also endanger the children who may lack proper direction. While those parents (SHD9-10/17; ASR7-178;

SEG7-155/156) who were interviewed voiced the opinion that discussions with their children on relationship matters were successfully executed, they felt that especially single parents in the Muslim community were not coping with the problem of instilling responsible behavior in their children and this could impact on the incidence of HIV/Aids in their society (Elbot and Fulton 2008: 90-92). The Muslim parent-participants emphasized that the single-parent phenomenon arose as a result of Muslim parents believing that the adolescents ought to marry earlier rather than indulge in premature sexual relationships (SHD10-243-245; ASR8-203).

Interviewed parents (SHD10-243-245; ASR8-203) were anxious about learners who did not appear to learn the correct “moral standards” (Bandura 1991:8) as per Islamic teachings. The former asserted that adolescents marrying at an earlier age did have negative effects since the rate of divorce was increasing within the Muslim community. They attributed this to ill-advised children who were rushing into marital relationships since they were forbidden by Islamic tenets to casual relationships during adolescence. The parents (SHD10-261; ASR8) were aware that sometimes early Muslim marriages imposed parental roles and duties that were difficult for modern single parents to accomplish. In the same way that the teachers used the strategy of stressing the Islamic policy of “save sex” and “abstain”, Muslim parents considered that this motto was paramount in their mission to emphasize the Islamic lifeview to try to reduce HIV/Aids in this community (ASR8-203) (Kezar and Eckel 2002). In their narratives and interviews the learners (LB11/LG9) did admit that there were children who contravened the Islamic lifeview (often at their own peril) and had to suffer the consequences as any other child would. The policy of condemning condoms holds strong at the school. The vicarious learning (Bandura 1989:21, 46/65) of the learner-participants ensured that the Islamic rules about sexual abstention were adhered to.

“[...] why promote the use of condoms rather tell them to abstain [...]” (ASR8-203).

Interview sessions revealed that parents (ASR6-149/150; FD4-88) of some Muslim learners trusted their children implicitly and expected them to behave as they were taught (Elbot and Fulton 2008: 85-87). Thus they (ASR6-149/150; FD4-88) did not consider the reality that their children might be behaving riskily and in a manner that contravened the Islamic cultural regulations. A parent said that from her interaction with the children, she was aware that despite their Islamic background and principles Muslim children in this community could be more sexually active than the parents wished to admit (NMA5-115). The parents (ASR11; FD4-92/93) felt that their children ought to be exposed to the reality of HIV/Aids by observing and talking to those affected first-hand, be it at school or at centres that catered for these individuals. To these Muslim parents this approach to AIDS education allowed the child to realize that the disease was not a distant reality but that it was very close to home and ought to be taken seriously as Hartell (2005) maintains about the South African youth in general.

“HIV/Aids is a reality and the sooner we stop living in denial, the better we can deal with this issue. Preparing our children to live in a liberal South Africa is one of the major challenges of parents as it appears that freedom must be enjoyed responsibly.” (SNT8).

#### **4.2.2. Interviews with the principal, two teachers and school guidance counselor**

The individual semi-structured interviews with the principals of the two schools, the school guidance counselor and the two LO teachers permitted me to establish how this interaction took place within the school culture. The interviews with the teachers also confirmed what knowledge about HIV/Aids was conveyed to the learners at the school to allow them to realize their aim of avoiding HIV-infection (Bandura 2001:13; 1989:46/65). The LO teachers – one at each school - were able to deal with aspects of HIV/Aids during the Life Skills programme of the LO curriculum. The principals, teachers of LO or other subjects and school guidance counselor influenced the learners during the course of lessons in the classroom or in an advisory capacity - hence their perceptions of HIV/Aids and sexuality

and the manner in which they informed the learners, were of paramount importance (Kezar and Eckel 2002). Although the role of each of these teachers was different each of them contributed in some way to the learners' guidance in terms of HIV/Aids. The data from the interviews was intended to allow the teachers to respond to the research questions and illustrate what the principals, the School guidance counselor as well as the two LO teachers perceived as the school's mission in relation to HIV/Aids education and how this was implemented and enhanced.

#### **4.2.2.1. Position of the principals and teachers about the expectations of Muslim parents with reference to HIV/Aids education.**

Since the school under study is an independent Islamic institution, the perceptions of the school staff (who were interviewed separately) in terms of cultural control in the running of the school was paramount. This was particularly so with matters regarding HIV/Aids. Elbot and Fulton (2008:1/72), Kezar and Eckel (2002) contend that relationships and interaction within the school give rise to expectations, trust and accountability and this is especially true within the realm of HIV/Aids. The discussion that follows is based on the viewpoints of the principals, School guidance counselor and the two LO teachers from each school outlining what they considered to be the parents' opinions about what the school ought to do in terms of HIV/Aids education.

##### **a. The perception of the boys' school principal on the school culture**

School culture is based upon the values, beliefs, climate, ethos, atmosphere, character and tone of the community it serves in terms of Elbot and Fulton's (2008:18-19) description of school culture (Barth 1990:513). Hence, the principal of the boys' school was able to provide updates regarding his association with the Muslim parents of learners at this school and his views towards the contributions they made especially in respect of HIV/Aids education. In terms of his relationship and socialization with the parents of the Muslim learners at the school, the boys' school principal (PBS6-128) maintained that he had an "open-door policy" and that there were parents who accepted and responded to such an invitation (Elbot and Fulton's 2008:78/79; Kezar and Eckel 2002). He (PBS3-50/51) did however point out that there were other parents who fell short in that while they insisted

that the school culture ought to inculcate Islamic principles to “modify the behavior of the child” they themselves did not sustain such regulations in their homes and within their personal family culture.

Although the staff at the Muslim school made extensive use of all compulsory instruction material from the Department of Education, the boys’ school principal mentioned that members of staff at the institution were all Muslims in order to promote the Islamic culture (including norms and values) at the school. In keeping with Elbot and Fulton’s (2008:95) theory of adherence to markers, rituals and traditions, there was a need to cultivate Islamic philosophy and lifeview as upheld by the parents and school (PBS7-164; SNT6-114/115) hence the basis of all teaching was the *Quran*. It was brought to my attention that the staff was in the process of “Islamizing” the curriculum in all subjects (that is instilling the norms and values of Islam) (Van der Walt 1994:40-42). According to the principal they therefore employed techniques that they thought would not disadvantage the Muslim children in their education making use of markers, rituals and traditions similar to those described by Elbot and Fulton’s (2008:1/72) but in relation to Islamic principles pertaining to HIV/Aids. The revised school curriculum permitted the school to imbibe the culture of the Muslim families they served and pass these on to the learner who ought to be unconditionally steadfast in the application of the knowledge and tenets of Islam particularly in relation to HIV/Aids and issues of sexuality (PBS8-182/192).

“Principal: ‘[...] school is based on sound religious principles [...] the Almighty says in the Quran [...]’ (PBS9-197/198).

The boys’ school principal was also of the view that the influence of Western culture in the learners’ lives was indisputable and impacted radically upon the Muslim school culture, their family culture as well as their religious culture. Thus, he (PBS14-330) pronounced rather ruefully that the adolescents were modeling (Bandura 1991:9) their behavior upon Western culture that had affected what the school was trying to instill in the child in terms of an Islamic way of life especially in respect of HIV/Aids education. Learners were

desperately trying to keep up with the contemporary trends in terms of prevailing fashions and technology while they were expected to maintain Islamic culture and lifeview by family and school cultures (Van der Walt 1994:40-42). This ideology had a profound effect upon the issue of ‘condomization’ where the South African National outcry was to “condomize”. However, in line with the models of strategy and mission the Muslim teachers (EAG5-122; ASR8-203) and the learners of the independent institution condemned this philosophy since Islamic culture insisted upon “save sex” rather than “safe sex”.

The boys’ school principal’s expression of his opinion that he sometimes felt that the parents placed undue emphasis upon a very strict Islamic dress code for females is an example of Elbot and Fulton’s (2008:9590-92) theory. He said that some parents were of the opinion that by applying this rigid tradition especially at this Islamic school they could guide their children in the fight against AIDS seeing that they will appear modestly attired and avoid immoral behavior (Elbot and Fulton 2008:95). Although the principal accepted and respected the views of the Muslim parents, he did feel that some parents persevered in bringing up their children too strictly and sought the same degree of adherence at school. He explained that there were Muslim parents who preferred that their daughters be educated strictly within Islamic rules by insisting on customary practices which he sometimes felt hindered the development of the child within a multicultural society.

It was evident that the boys’ school principal (PBS11-254) was of the view that there were parents who chose to have their daughters at this private Islamic school since it was a policy to have the female learners in a separate location from their male counterparts. In terms of HIV/Aids education the principal felt that parents approved that the physical arrangement of the school that required separation of the boys and girls would assist to prevent any premature relationships a concept that was frowned upon within Islamic culture (Kezar and Eckel 2002). The Muslim parents held that the school system allowed for better consultation in all spheres of school life and functioned as a technique to help prevent the risk of HIV infection within an Islamic milieu.

Regarding the issue of those affected by AIDS, the school culture according to the principal (PBS13) was based on the culture of the Muslim community as prescribed by the parents and the school. Thus, it was found that the reigning Muslim family culture condemned any learner who chose to ‘mock’ or denigrate anyone who came to be known as being HIV positive (PBS13-312). In his capacity as a leader he maintained that the school served the Islamic community and that there was a strong bond between the Muslim family culture and the school Islamic culture – in keeping with Elbot and Fulton’s (2008:102-105) interpretation of collaborative endeavors. The school policy that stemmed from Islamic principles promoted the care and welfare of the individuals infected or affected by AIDS regardless of the manner of HIV infection and insisted that learners offered their support to such people without exposing themselves to any risk.

“[...] won’t allow them if a person has been identified as an HIV sufferer I won’t expect them to mock that person. I would expect them to treat that person as a normal sick person [...]” (PBS13-312/313).

**b. The opinion of the girls’ school principal on the school culture**

The principal of the girls’ school was also a vital adult-participant in the acquisition of data relating to her opinion in respect of the perceptions of the Muslim parents of learners at the girls’ school. She also commented on the impact of the Muslim family culture on their teaching at school and the way this affected the learners at the girls’ school. She stated that the school was created in order to maintain the Islamic cultural environment and ethos that Muslim males and females were to be educated separately so as to discourage premature sexual relationships (Kezar and Eckel 2002). According to the principal of the girls’ school, learners were provided with accurate information to be able to make “informed decisions” as outlined by Bandura’s explanation of “intentionality” within the Social Cognitive Theory.

The female principal clarified the manner in which the school council, Trust and Parent-Teacher Associations (PTA) of both schools operated. She (PGS7-181) emphasized



relationships similar to those of Elbot and Fulton (2008:78-79) in her acknowledgement of the “very close knit community” who left the day-to-day running of the school to her. Although the principal was of the view that the parents of learners at this school did expect a lot from the teachers at her school with regard to their culture, she declared that her teachers willingly obliged, providing the necessary guardianship that the Muslim parents demanded especially regarding HIV/Aids.

“I find my teachers very supportive in that as well. And I think they (parents) expect us to go that extra mile for the learners and we actually do that – because they expect it of us” (PGS4-85-87)

At the time of the study the school was arranging a workshop ‘Loving through Learning’ that they anticipated would improve relationships between the Muslim parents and their children (Elbot and Fulton 2008:78-79). Like the parents who were interviewed, this principal (PGS5-121) also articulated her disappointment at the number of single parents (either male or female) in their community stating that this disintegration of the family had an adverse effect upon the children’s attitudes and behavior towards life and marriage. The goal was to provide a channel of communication between the girls and their parents or guardians so that the learners were presented with innovative learning alternatives while they resolutely maintained and promoted their Islamic culture (Bandura 2001:8). In line with the ideology of Elbot and Fulton’s (2008:1/72) Eight Gateways the view of the principal of the girls’ school was that problem-solving within relationships was an important aspect of school culture.

“[...] the girls see Islam as very restrictive – [...] So, we need to give them alternatives – we can’t just say to [...] the girls [...] ‘You **can’t** do this’, ‘you **can’t** do that’ [...] this is what I wanted to show the learners ‘you can be a **Muslim** but you can lead a full life within the parameters of the religion.” (PGS2-23-30)

The definition provided in Chapter 1 (p21) considers ‘culture’ as a structured phenomenon that allows for change of one’s personal characteristics including knowledge and attitudes dependent upon the nature of an individual’s obedience (Hallinger and Leithwood 1998:132). The principal (PGS8-205-206) of the girls’ school sanctioned the Islamic ethnicity of the institution stressing that the girls were taught that “you are a Muslim first and everything else is second” (Elbot and Fulton 2008:95). According to the principal, Islam is a complete way of life and had to flow through all aspects of the girls’ lives hence the teaching staff were aware that there was an obligation to include aspects of Islam in their lessons even in respect of HIV/Aids. It was also her belief (PGS9-234-239) that the Prophet (Peace Be Upon Him<sup>16</sup>-PBUH) was the supreme teacher who acted as a mentor to them all since He was able to guide His people with the necessary authority and consideration. Consequently, she declared that if they as teachers and leaders could be respected in the same way as the Prophet (PBUH) was, it should stand them in good stead to tackle modern dilemmas relating to HIV/Aids. The respect of authority and development of trustworthy relationships are evidence of characteristics within Elbot and Fulton’s (2008:78-79) interpretation of school culture.

“HIV/Aids - it is not something to be ashamed of, number one, it is something that needs to be talked about in our community, make no mistake it’s still very hush-hush - some people who have misconceptions [...] which you can contract the disease [...] also so I think that needs to change.” (PGS10-260-266)

Issues of polygamy as well as the lack of correct HIV/Aids information on the part of the adult Islamic community were two aspects that were of particular concern to the girls’ school principal. She asserted that the community that the school serves had come a long way but they needed to grow even further in terms of the disease so that they can speak freely about it. The contention was that parents often undid the accurate information that children gained from their teachers at school seeing that parents imposed their own views

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<sup>16</sup> An expression used by followers if they made mention of the Prophet

(including misconceptions) upon their children when they were at home. Although it was apparent from this interview that the school included important aspects of HIV teaching and learning in their LO and Islamic Studies curriculums the principal (PGS19) also considered a more “hands-on” approach to education would be more productive (Elbot and Fulton 2008:75-77).

With reference to polygamy, the girls’ school principal (PGS12) construed that such practices could impact upon the prevalence of HIV/Aids in the Islamic community. Thus, in her view they teach learners to have the correct “knowledge to make informed decisions” whether they were children within polygamous relationships or whether they may someday be a wife within a polygamous relationship (Kahn (2007:3). The principal felt that the girls needed to be educated about the Islamic community’s sometimes patriarchal stance on polygamous relationships since they could suffer the consequences of HIV/Aids as a result thereof (Bandura 2001).

“[...] we need to empower the learners if [...] there is going to be polygamy which is allowed you must know what is the situations when it is allowed and when it is not allowed.” (PGS17)

### **c. The view of the school guidance counselor on the matter of school culture and learner behavior**

Notwithstanding the fact that the school guidance counselor was the teacher who coordinated my investigation within the school, he was also the one teacher who had contact with learners from both the girls’ as well as the boys’ school. His counseling sessions dealt directly with the dilemmas of the learners – some of which were about HIV/Aids – hence he made a significant contribution to the study. According to the school guidance counselor (SGC1-12), the school community is predominantly a *Sunni*<sup>17</sup> Islam community being made up of what is commonly termed Malay Muslims and Indian Muslims (Kezar and Eckel 2002).

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<sup>17</sup> *Sunni*: Islamic sect that follows certain specific Muslim principles

The counselor found that the Islamic environment and culture of this independent institution was an undeniable advantage for teachers and learners alike since the aim of the institution was to promote Islamic ideology within a safe environment that was “conducive to learning” (Elbot and Fulton 2008:92). From the perspective or lifeview of his work as a school Counsellor (SGC5-156/157) he observed that the learners came with concerns similar to those of learners at other schools especially *vis-à-vis* HIV/Aids as suggested by Panchaud (2005:6). It was his view that the Muslim learners at this school were made aware of the behavioural consequences of HIV/Aids during this stressful period of their lives by the school that was the one social agency of influence (Bandura 1989:4). Appropriately, Muslim family cultural tradition dictated the policy that emphasized the necessity for learners to abstain from impetuous sexual relationships (SNT7-133/134) (Elbot and Fulton 2008:95). As a consequence, the school itself advocated this policy of sexual abstinence although the guidance counselor (SGC7-162/163) found that learners did admit that they were sometimes weak within the demands of the broader society.

“Yes, in Islam, we preach [...] **abstinence** [...] that is important for us [...] the motto of all your HIV [...] AIDS in terms [...] of sexuality [...] they also plead abstinence.” (SGC7-159/161).

Particularly in terms of HIV/Aids, the guidance counselor deemed that the school was influential in the Muslim learner’s life, to teach the child as Elbot and Fulton (2008:75-77) maintain about proper behavior within the bounds of Muslim family and school culture. In the school guidance counsellor’s (SGC7-165) estimation it followed that the duty of the school was to promote judicious decision-making in order to generate a principled lifestyle in terms of the way the learners behaved and the Muslim family culture insisted upon. The LO (Life Orientation) programme at this school permitted the teachers to instill the important attitudes and values pertaining to HIV/Aids that promoted the principle of abstinence which is a mark of Islam (SGC9-202) (Elbot and Fulton 2008:95). According to

the teachers and as discussed by Horrie and Chippindale (2003), the prerequisites of Islamic culture were that learners must be circumspect in their dealings especially beyond the boundaries of the school.

“[...] in Islam [...] if there’s any male and female alone in a room there is always a third force and that’s that little voice that speaks in your head that can lead you to one thing or another and that is what we are trying to teach them [...]” (SGC10-259/262).

Bandura’s (2010) argument that people do not live and learn in isolation but as a part of groups is illustrated in the Muslim parents’ contention that their adolescents ought to conform to the idea of non-discrimination in terms of those affected by AIDS. Considering the support of those who were infected or affected by AIDS the school culture depended on the Islamic culture of the community it served demanding that affected individuals must be respected and supported by the learners at this school (SGC 10-240). The opinion of the guidance counselor (SGC11-279) was that there was a time around the early 2002 when the issue of HIV/Aids was totally brushed aside by Muslims in general. Hence, the concept of social stigma hampered transformation in terms of HIV/Aids since the Islamic culture did not previously make allowances for behavioural risks to infection. This escapist attitude had to be revised once the gravity of the global HIV/Aids situation was emphasized. Hence, the Muslim family culture and the school culture had both adopted a more helpful attitude to HIV/Aids education putting the welfare and guidance of their children at the forefront (SGC13-311).

“[...] the head-in-the-sand that - it can never happen to me until it happens [...]” (SGC13-311)

It was apparent from the responses of the guidance counselor (SGC12-303) that over time the family culture had changed on the subject of HIV/Aids. The candid discussion and deliberation displayed a collective acknowledgment that HIV is not just a sexually transmitted disease but that there are other means of acquiring the dreaded disease. Parents

and teachers were in agreement that personal irresponsibility and negligence were only some of the reasons that individuals were exposed to HIV infections. The reference to solutions had infiltrated the school culture where it was mandatory to discuss AIDS more extensively and guided learners in a respectable manner within an Islamic perspective or lifeview toward responsible, safe behavior and making life-changing decisions (SGC12-303) (Elbot and Fulton 2008:85; Beshir and Beshir 2002:54-55; Van der Walt 1994:40-42). The school guidance counselor (SGC12-299) noted that even the Islamic priests were readily embarking on the topic of HIV/Aids in order to contribute to the movement towards behavior modification. Although he had not encountered any child who was infected he had come across a few learners who had been personally affected by HIV/Aids in some way.

'... so until it didn't happen to you, you can still say I'm still fine, I'm still fine, I'm still fine and you don't give much of attention to it until it hits home...' (SGCP13-314/315).

#### **d. The perspectives of the two Life Orientation (LO) teachers on Muslim culture and HIV/AIDS education**

It was important in terms of this inquiry to establish the source of the HIV/Aids education at the institution (made up of a girls' school and boys' school) in terms of the influence of the family and school culture on the life skills curriculum together with the experiences of the teachers who communicated this knowledge within the schools during the LO lessons (Department of Education 2007). During the interviews these LO teachers contributed to the study significantly taking into account the effect the Muslim family and school culture had on the learners as well as the school culture. For this reason the two LO teachers, one from the Girls' school and the other from the Boys' school, were both able to respond informatively on the subject of HIV/Aids during their lessons and within the ethos of the schools.

The female LO teachers appeared to have positive relationships with the learners communicating their subject matter to the satisfaction of the Muslim family culture while

they conformed to the school culture and regulations set down by the Department of Education in term of the curriculum (Elbot and Fulton 2008:78-79). The teacher (EAG1-3) in charge of LO at the girls' school called attention to the fact that the mark of Islam is that it is "a way of life" since the term encompassed all aspects of their lives including worship (Elbot and Fulton 2008:95). Thus Islam accentuates "service to humanity" (EAG3-59) and in terms of HIV/Aids the Muslim family as well as the school, believed that learners ought to consider themselves as "servants" to those infected and affected. According to the teacher (EAG3-59), the Quran dictates that Muslims are The Almighty's representatives on earth and are therefore compelled to do His work on earth through all aspects of life and school.

"So in Islam we have a [...] a concept of servitude." (EAG3-62).

Both the School guidance counselor (SGC11-282; EAG6-135/136) as well as the teacher of LO at the Girls' Secondary School quoted an incident that appeared to have resulted in great confusion and anxiety among their learners during an HIV/Aids camp organized by a Western Cape-based NGO (Non-Governmental Organization). Emphasis upon a culture of 'abstinence' is an indication of Bandura's discussion of the manner in which adolescents may support the views of the adults within their social milieu. The Muslim teachers were of the view that the learners ought to maintain the policy of "save sex" in all spheres of their lives since this is what they were expected to do according to Islamic culture. On the AIDS camp that was held for learners in the area, the learners from this independent institution were condemned for staunchly holding on to their Islamic principles and told that "condomization" was advisable. The learners, though disconcerted by this episode, nevertheless held on to their convictions and insisted that traditionally they believed in "save sex" rather than "safe sex" (Elbot and Fulton 2008:95). This was an indication of the strong mutual relationship between the family and school culture especially with reference to HIV/Aids and the entire community maintains that they did not subscribe to the distribution of condoms (EAG6-135/136) (Elbot and Fulton 2008:78-79).

“The kids were told to condomize and be wise, and as a Muslim we have the concept of ‘**abstinence**’, you know, ‘**save sex**’ and not ‘**safe sex**’.” (EAG5-121/122).

The perception of the teacher (EAG6-139) was that in terms of Kezar and Eckel’s (2002) discussion of leadership, teachers formed part of the Islamic community that were “preaching and practicing” abstinence and were convinced that they believed that there was no change in the prevalence of AIDS in communities where people are encouraged to “condomize”. The school thus promoted the Islamic policy of condemning sex outside marriage so as to encourage the children to lead healthy lifestyles while they socialized (Yazdi 2006; Kezar and Eckel 2002). The teacher was emphatic that she and other Muslims like her were proud to be Muslims as they were able to make wise choices that prevented irresponsible sexual behavior and AIDS.

The teacher of LO (EAG8-202) at the Girls’ Secondary School conceded that even amongst Muslim families there were differing strategies to HIV/Aids discussions (Yazdi. 2006:1004; Kezar and Eckel 2002;). During their LO lessons they (EAG8-202) become aware of the manner in which learners were exposed to issues in their homes – be it in an “over-exposed” manner or traditionally (Elbot and Fulton 2008:95). She (EAG8-10) was critical of the situation when some learners were “over-exposed” to sexuality and HIV/Aids when they were provided with too many details by their Muslim parents or relatives who had a very frank relationship with them conforming with Elbot and Fulton’s (2008:95) theory. Her point was that even with some Muslim families, discussions lacked decorum and respect that are the basis of Islamic lore – hence learners from these homes did not set great store by the way they spoke in the classroom. This teacher felt that these learners contradicted both Muslim family culture and school culture in terms of respectability since they spoke of adolescent sexuality in unbecoming ways. Alternatively, other Muslim parents were more circumspect about what they discussed with their children in terms of strategies and expectations, trust, and accountability described by Elbot and Fulton



(2008:95). These parents guided their children strictly according to Islamic cultural beliefs and lifestyle and they expected that the school would align themselves according to that ideology (Elbot and Fulton (2008:76-77)).

“[...] there are homes [...] are traditional and children are not over- exposed. So [...] one coming from a home where everything is discussed openly and [...] respect has gone out of the window.” (EAG10 243/244).

The teachers did perform in terms of Bandura’s (2001:13; 1989:46/65) concept of ‘forethought’ since they emphasized the invaluable logic of an effective social culture such as the Islamic culture prescribed by the Muslim school especially to deal with dilemmas such as HIV/Aids. The LO teacher (EBB7-158/159) at the Boys’ High School was of the view that at home, the boys were not necessarily getting that indispensable Islamic guidance instrumental in the prevention of AIDS. This, according to the teacher (EBB6-128/129), could be attributed to the fact that boys generally did not read about HIV/Aids as widely as they ought to and that they were also less likely to ask questions about HIV/Aids issues that bothered them. In addition this the teacher was concerned that socialization could be a problem as peer pressure could overwhelm family influences and could lead to deviant behavior that in turn gave rise to the threat of further HIV infections (Elbot and Fulton 2008:85; Osher and Fleischman 2005:84-85; Kezar and Eckel 2002).

“Parents are too busy [...] own lifestyle [...] work [...] home [...] really no time when they can actually sit. So a lot of the kids [...] are just yearning for ‘just listen to me.’” (EBB6-134-136).

It was apparent from the interview with the boys’ LO teacher (EBB6-134-136) that the boys were eager to discuss sex education since they considered this an important aspect of their development. In conjunction with what Elbot and Fulton (2008:75-77) say about

teaching and learning it was sometimes observed that the Islamic home did not always provide such guidance and the learners were often left to deal with their dilemmas in their own misguided way (Problem-solving: Elbot and Fulton 2008:81-82). However, the teacher (EBB6-134-136) was emphatic that when it came to parental guidance the boys were less likely than the girls to ask questions in relation to AIDS while parents might be prepared to answer such questions.

#### **4.2.2.2. Perceptions of the principals and teachers with regard to the influence of school culture on HIV/Aids education and teaching practices**

The teaching of HIV/Aids was conducted by the Muslim teachers and verified Bandura's (2001:3; 1994:2) assertion that culture was important to a person's knowledge, attitude and behavioural modification in the face of HIV/Aids. Hence, the teachers of LO and the school guidance counselor (Nanavati and McCulloch 2003:3) were able to enlighten me about their personal management in terms of HIV/Aids and sexuality which was representative of the Social Cognitive Theory where the adolescents learnt by example and observation (Bandura 1989:21).

"I think the HIV programmes in the school [...] enlighten [...] necessity to safeguard [...] against the (HIV) infection [...] we should tell them very boldly what causes it and where it comes from and how we can become infected [...] what they do is up to them." (P13-14).

Liaison with the Islamic community and management of the school was the responsibility of the school principals. The principal (PBS7-173) of the boys' school emphasized that the mission to "Islamize" subjects as well as the incorporation of HIV/Aids education into all subjects was not to be indiscriminant but ought to be a gradual transition (Kezar and Eckel 2002). Although the National Curriculum (Department of Education 2007) was followed during LO lessons on HIV/Aids there was emphasis upon Islamic morals and principles when it came to attitudes and behavior of the learners (P17; EAG9-229-230). Consequently, both the principals (PGS 8/234-239; PBS14/330) conceded that with

HIV/Aids education they insisted that the teachers teach the life skills or lifeview syllabus from an Islamic perspective and adhere to basic Islamic principles to do this (Van der Walt 1994:40-42).

According to the principal (PBS17) and the LO teachers (EAG9-229-230; EBB3-55; 5-97), HIV/Aids education at their school ought to follow the moral teachings of righteous living of the Quran and those of various Prophets. This is a strategy according to Kezar and Eckel (2002) that impacted upon the school culture since it allowed for the establishment of an Islamic foundation for all education at the school (P17; EAG9-229-230). Hence, the teacher-participants (EAG3-57and63; EBB3-55; 5-97) stated that the sources of reference for their lessons were the Holy Books, the Department of Education guidelines (policies and curriculum) (Department of Education 2007) as well as library references. Thus, in accordance with Bandura's (1989:13) theory regarding teachers as social agencies of influence, it was apparent that they did their best to propagate rational behavior that conformed to Islamic faith and principles. The teachers' and principals' common goal was to encourage the learners to make considered decisions not just in terms of HIV/Aids but in all aspects of their lives.

However, the principal of the boys' school was sometimes faced with queries and dissension from teachers who found him too accommodating of those outside the school who were affected by HIV/Aids drawing attention to the concept of voice in Elbot and Fulton's (2008:90-92) dialogue on school culture. The principal justified his approach by stating that his experience as a teacher had taught him that both the Bible and the Quran condemned promiscuity and although he more often than not sympathized with those affected by HIV/Aids he definitely did not pity those who contracted the virus while indulging in promiscuous and risky behavior. Contrary to this attitude, the LO teacher (EBB5-114) maintained that the Islamic religion stressed the need to be non-judgmental and supportive including those affected by HIV/Aids – a message to convey to the learners.

While the principal of the boys' school (P8-194; 9) was willing to help those infected he denounced adultery as well as homosexuality stating that such behavior did not conform to the sacred doctrine of the Quran and learners must be educated in this way.

“[...] stay away [...] from premarital sex, stay away from *zinna* which is [...] adultery. This is a strict warning to us [...] the Almighty says that this is one of the most hateful things – or sins in the eyes of the Lord ... fornication, adultery, bestiality.” (P9-199/202).

In keeping with this philosophy and lifeview the principal wished to promote the ideology at the school that condemned the above-mentioned forms of behavior that could lead to risky behavior and subsequently to HIV/Aids (Van der Walt 40-42). In view of that, he, together with the other teachers (P9-207; SGC7-159; EBB9-195/196), believed that the National call to ‘condomize’ was a contradiction of the educational morals upheld at this school since this institution had a mission to get their learners to “abstain” instead of just practicing “safe sex” (Kezar and Eckel 2002). The principals and teachers conformed to Islamic culture that viewed the distribution of condoms as an encouragement of early sexual relationships among the adolescents – thus they abided by their own school laws, policies, customs and aspects of their school culture (Terry, Mhloyi, Masvaure and Adlis 2006:39). It was apparent that the head of the school also expected the same impeccable moral standards from his teachers whom he considered as suitable role models and leaders for the learners - features of Elbot and Fulton’s (2008:90-92), Kezar and Eckel’s (2002) conceptualization of school culture.

The outlook of the school guidance counselor (SGC7-156/158) was in accordance with what the principal said in that he also felt that learners at the school ought to be well informed about the consequences of HIV/Aids (Kelly 2002). In agreement with Bandura’s (2001:10) assertion, the Muslim teachers at this school also believed that their “values, standards and behavioural norms” ought to influence the learners positively and sustain their interest in HIV/Aids education. It became apparent from the discussion with the LO

teachers (EAG5-104; EBB11-244) that while they considered that the Islamic perspective according to the *Quran* was invaluable in the dissemination of HIV/Aids education, teachers had to be exceptionally innovative in order to hold the children's interest on this vital subject. It appeared that the teaching and learning was becoming boring and learners were "over-bombarded with the topic year-in and year-out" since it was done-to-death in the media and policy-makers and curriculum developers ought to take note of this (EAG9-222/223) (Elbot and Fulton 2008:75-77). The Counsellor and girls' school teacher (SGC7-156/158; EAG5-104) mentioned that there was a unanimous conviction that Islamic schools ought to teach appropriate behavior and attitudes relating to all aspects of life including HIV/Aids according to the principles of the Quran and Islamic faith that stressed morality.

The boys' school principal (PBS11-248/249) was concerned that despite his teachers' efforts, there was a lack of continuity regarding the emphasis upon Islamic principles when the child went home hence the school environment did not conform to the same principles as the family environment a factor discussed by Kezar and Eckel (2002). The principal was of the view that he and his staff made a concerted effort to maintain the high moral standards at the school the Muslim parents expected. The convictions of the LO teachers (EAG10; EBB7-167) were that parents either did not initiate discussions around topics such as HIV/Aids in the home or did so insensitively undoing the work done by teachers at school.

"[...] some of the Muslim families that have their children here they feel that their girls are in a safer haven if they are separate from the boys." (PBS11-261-263).

It was important to teachers and parents that girls and boys at secondary school level were taught separately within the physical environment of the Islamic school (PBS11-254) (Elbot and Fulton 2008:92) (Chapter 2). Hence, this made it a school of choice for many Muslim parents since boys and girls had little or no contact with one another and were

taught about HIV/Aids separately - thus honoring the ideals of Islamic convention and tradition (PBS11-254) (Elbot and Fulton 2008:95) (Chapter 2 p8). Regarding this issue, the school guidance counselor (SGC11-258) was of the view that the arrangement taught the children to respect one another. The fact that the learners were separated had its pros and cons but according to the principal of the boys' school it could be justified in terms of the faith that HIV/Aids can be prevented if one deterred premature adolescent relationships of any sort in this way. However, he admitted that the children were naturally curious and often tried to find channels to approach the alternate school to make some form of contact with the opposite sex as Gurung (2004:9) discovered in studies in Nepal (Chapter 1 2.8.).

Some learners' curiosity according to the responses of the teachers (SGC8-182; EAG7-178-180), veered dangerously to the abuse of drugs in some cases and they saw this as an indisputable extension of the HIV/Aids problem. The concepts of teaching and learning (Elbot and Fulton 2008:75-77) were emphasized when teachers (EBB6-123) warned learners about the dangers of drug-abuse providing examples of the consequences of sharing needles and the irresponsible behavior that could follow intoxication. All the teachers accentuated that it was imperative for the learners to be advised about the link between the irresponsibility of drug-related behavior and HIV/Aids. The school guidance counselor surmised that the challenge for the school was to "propagate" sensible lifestyles based on the Islamic faith and religion. According to Elbot and Fulton (2008:81-82) learners had to be taught about problem solving and the need to make right and proper decisions that signified mature behavior not just within the realms of sexual behavior but in all aspects of their lives (SGC7).

#### **4.2.2.3. Promotion of knowledge, attitudes and responsible behavior with regard to HIV/Aids at school**

As part of the school curriculum it was the responsibility of teachers to promote rational behavior amongst the Muslim learners particularly in the face of HIV/Aids in all aspects of their lives daily. The principals of the two schools, the LO teachers and the school guidance counselor did not differ in respect of culture but they all had their own opinions about the way the school was dealing with these issues and provided this insight in the

individual semi-structured interviews. All the teachers emphasized Islamic morals with regard to responsible behavior thus promoting the need for the Muslim adolescents to stay away from risky behavior (PBS4-80-83; PGS9-234-239; SGC7-163/164; EBB10-226-228).

The teachers especially the principal were critical of what they considered to be the role the parents played in developing the child's sense of responsibility especially in respect of those behavioural factors that contributed to HIV infection (P4). In accordance with Elbot and Fulton's (2008:85) idea of school culture regarding expectations, trust and accountability, the school guidance counselor (SGC7-163/164) pronounced that the teachers were attentive to the needs of their learners and to guide them towards responsible, safe behavior with HIV/Aids in mind during the teaching at mosque or at school. Basic safety precautions regarding HIV/Aids such as the importance of sexual abstinence are highlighted in order that learners did not overlook these in the simple day-to-day activities at school (EBB10-226-228). The school guidance counselor reasoned that if children steered clear of relationships with the opposite sex before marriage, as the Islamic religion dictates, they would be able to avoid any disease including HIV infections effectively unless other unfortunate accidents occur (Elbot and Fulton 2008:78-79).

[...] principal and staff [...] redirect his behavior [...] torn between the mother who instills the behavior [...] the child [...] a different hairstyle over the weekend [...] a contradiction to our religion especially with the girls [...]" (PBS4-80-83).

The principal (PBS4-80-83) acknowledged that at school the child was restricted in terms of personal behavior according to the Islamic principles (such as the separation of adolescent girls and boys in the secondary phase of the Islamic institution) that formed the basis of instruction at this Islamic school. This ideology conformed to Elbot and Fulton's (2008:95) concept of maintaining tradition within the school culture. There were also two separate schools for boys and girls at the secondary school level and each group was taught

HIV/Aids education separately during their own life skills lessons by two different LO teachers. These aspects were important to the principal but he did declare that although the teachers promoted the Islamic principle of separation of the sexes, certain learners shed these stringent beliefs when they went home since their parents were not strict about enforcing this, thus undoing the teachers' groundwork. Hence, there was a perceptible difference between teaching and learning within the Islamic school and family environments (Elbot and Fulton 2008:75-92) (Chapter 2).

The LO teachers stressed learner-education in terms of HIV/Aids at school according to Islamic principles and felt that a number of the parents did the same at home and were not indifferent to AIDS as a problem in the Muslim society. This acceptable situation of the communication of information within the school culture ought to be so since the children needed to develop certain Islamic insight about the way irrational behavior and poorly guided attitudes can lead to AIDS (EAG7-168; EBB12-288) (Dias *et al.* 2006:213; Kezar and Eckel 2002). This was especially relevant according to the parents, in terms of the way the girls were encouraged to wear Islamic attire to school but parents were not so strict about this at home and when the child went out in public (EAG7-168; EBB12-288). One teacher (EBB12-280/281) was emphatic that a suitable strategy was that HIV/Aids education should not be conducted in isolation from other school subjects since inclusion of Islamic life views would enhance the learners' appreciation of the subject matter (Kezar and Eckel 2002; Van der Walt 1994:40-42). One of the LO teachers (EAG7-166-167) felt that in order to promote safe behavior among the female learners it is necessary to suggest that they be encouraged to motivate for the inclusion of HIV testing prior to marriage – an action exemplifying Elbot and Fulton's (2008:85-87) idea of accountability in school culture.

“HIV leads to AIDS [...]. HIV does not lead to AIDS and these are the reasons also the theories where it started. We encourage tolerance of differences of opinion.” (EAG9-214-216).



Teachers (EBB10; EAG3) commented on the fact that while they promoted faithful observance of Islamic policies to guide learners towards safe, responsible behavior, they affirmed that they should also teach the learners that Islam promoted tolerance and humility in the treatment of others and their views (Elbot and Fulton 2008:78-79). This philosophy or lifeview was in accordance with the views of Moore, Gullone and McArthur, (2004:210) who maintain that school cultures can change adolescent attitudes regarding stigma, discrimination, silence and denial within communities thus impacting on HIV-risk and the concept of lifeview as presented by Van der Walt (1994:95). While interviews with the school guidance counselor and the LO teacher for the girls revealed that some teachers (SGC11; EAG5) felt that they were not prepared to make any allowances in order to promote non-risky behavior.

#### **4.2.3. Focus Group Interviews with the Muslim adolescents**

In order to determine the adolescents' knowledge of and attitudes to HIV/Aids, focus group interviews were held and learners were asked to express their views by writing narratives. The narratives were considered necessary as they were expected to allow me to gain insight into the adolescents' knowledge and attitudes especially in terms of those participants who had not participated actively in the interviews. Breckler and Wiggins (1992:409) views on 'attitudes' recognize that these "mental and neural representations" that are formed after knowledge is parted are also directly influential upon the ultimate "behavior" and learning of individuals. Hence, this inquiry made it possible to discover how the children internalized (Bandura 2001:8) what they learnt about HIV/Aids and how their Islamic culture affected their views on the subject (Elbot and Fulton 2008:75-92).

##### **4.2.3.1. Adolescents' basic knowledge of HIV/Aids**

At the outset the study was aimed at establishing what it was that the learners knew about HIV/Aids and how HIV was transmitted from the guidance provided by their parents and the school. With the Social Cognitive Theory Bandura (1989:46/65) and Eight Gateways (Elbot and Fulton's 2008:75-92) in mind, questions were asked about these essential issues during the focus group interviews with the Muslim learners at both schools. It became apparent that developmental dilemmas associated with adolescence illustrated by Bandura

(1989:46/65) sometimes hindered the Muslim adolescent's ability to respect the moral wisdom, logic and actions of the Muslim family. Hence, it was important to consider if the Muslim adolescents were able to respect their exclusive Islamic social and environmental culture in enhancing their self-efficacy and expectations with regard to HIV/Aids (Bandura 2001:13; Bandura 1989:46/65).

"Knowledge is power and therefore students must be educated about HIV/AIDS." (SNT3-49).

This school culture conformed to the ideology regarding information that is imparted to the Muslim children and Elbot and Fulton's (2008:75-92) idea of teaching and learning about HIV/Aids and sexuality. This was evident in the learners' (LG8-207/208; 10-243; LB27) assertion that they had learnt all about HIV/Aids via the media and their school and found it to be a "sad" yet very real disease that no-one wished to be infected with. Both groups (of boys and girls) affirmed that they were educated during the years about the various myths and misconceptions such as the manner one could and could not contract HIV providing examples such as "you can use the same toilet as them, you can hug them" (LG11-288/289; LB17-436/437). It was apparent that the learners (LB8-193-199; LB11; LG9-232-236) were well-informed about the reality that modes of transmission included more than just sexual relationships given it could be contracted via other bodily fluids. They (LG8-208-210; 9-204) were aware, as they stated that becoming HIV positive was preventable if they kept away from immodest behavior and abided strictly by the principles of Islam. At the same time they (LG13-342) accepted that it was possible for them to become infected unknowingly or if it was "in Allah's plans [...] to get it and it happens by accident or somehow" regardless of the precautions they took.

"So you can't pinpoint who has AIDS [...] people have to be very careful of what you doing and how you doing it. You just have to be conscious all the time of your surroundings. Anybody can get AIDS." (LB11-284-287).

However, the learners (LG8-208; LB17) stressed that they were knowledgeable about the fact that it was not always promiscuity that spread HIV or AIDS since individuals were prone to contract the disease via accidental wounds or contact with those already infected. Furthermore the male learners (LB11-273) mentioned that anyone could become HIV positive especially if one was raped. Having more than one sleeping partner, having unprotected sex, the abuse of drugs, mother-to-child transmission, blood transfusions or drug abuse were provided by the youth (LG9; LB8-11; LB17) as some of the ways in which people contracted AIDS. Contrary to what Abrams, Abraham, Spears and Marks (1990) found, the female learners criticized those suicidal, ignorant people whom they thought contracted AIDS as a consequence of their own wrong-doing (LG9237-239). The boys (LB9-209-212) asserted that negligence, a lack of proper education and inappropriate home environments contributed to the spread of HIV/Aids (Elbot and Fulton's 2008:75-92).

“Some people share a needle. Say one needle could affect this whole room if we share it. Or if they try it once then it's like a craving (drugs), they can't control themselves [...]” (LG10-262-264).

There was a strong sense of self-efficacy (Bandura 1991) among the learners to remain HIV-free and refrain from actions that would expose them to the disease. The female participants (LG10-262-264) from the Girls' school were emphatic about the danger of becoming HIV infected after sharing needles if one was a drug addict. As Elbot and Fulton (2008:90-92) asserted learners were able to voice their opinions about what they felt about drug addiction overruling the sense of self-preservation thus making the individual more vulnerable to AIDS. A further factor that the learners (LG10-267) associated with drug abuse was the need for more drugs to feed a habit that might result in prostitution and risky behavior both of which could culminate in HIV/Aids.

“There’s no real visible symptoms or something like that that will [...] tell-tale signs or something like that [...]” (LB12-314/315).

It was the contention of the Muslim adolescents (LB12-314; LG15) that it was impossible to simply look at someone and identify him or her as a victim of AIDS and that it was certainly not a disease that was passed on merely by sitting next to anyone or utilizing a utensil that a victim has used. The boys (LB13) acknowledged that it was difficult to say if an individual was HIV positive but that one might be able to identify a person whose immune system was weakening over a long period of time. Being a victim of AIDS, the adolescents (LG11-300/301; LB13-320-326) asserted, was not necessarily a death sentence since even though the disease was not curable it is possible to retard the progression via anti-retrovirals and a changed way of life.

#### **4.2.3.2. Influence of the family culture and school culture on adolescents’ knowledge and attitudes of HIV/Aids**

During the focus group interviews the learners were encouraged to discuss their opinions and attitudes towards the HIV/Aids education at the school. This factor was considered within the realm of the Social Cognitive Theory (Bandura 2001:13; Bandura 1989:46/65) in conjunction with the way in which the adolescent’s attitudes emanated from their Muslim family and school cultural background regarding HIV/Aids (Dias, Matos and Gonçalves 2006:208).

The attitude of the learners at the girls’ school was that they should be taught about HIV/Aids by the teachers at their school every year. The female learners (LG19-503-506) were resolute in their belief that AIDS education was essential each year since new knowledge emerged and old knowledge was reinforced (Elbot and Fulton 2008:75-92). Nonetheless, in the girls’ view the methodology used in the dissemination of such HIV/Aids information at school had to be reviewed as the learners found it was not as stimulating as it should be (LG18-491) (Kezar and Eckel 2002). Not only did they make such a proclamation but the girls (LG20-530/531) also advocated ways in which the

lessons could be more engaging where learners could actually “feel what that person is feeling”.

“I think videos and movies will make it more interesting [...] Just sitting in a class and learning the same thing gets a bit boring [...] I think a little bit more [...] movies or short films [...] Documentaries [...].” (LG19-20).

‘To bring people who have HIV/Aids to talk about it. To tell us more about it so that we actually see the first-hand effects.’ (LB18-452-453).

While they believed that AIDS education was the same at their school as it was at other schools the girls pointed out that the distinctive trait at their school was that AIDS education was given an “Islamic perspective” or Islamic lifeview (Van der Walt 1994:40-42). This contention affirmed suggestions with reference to tradition and strategy in the framework of school culture which meant that the children (LG19-507-509) learnt about HIV/Aids within an Islamic framework. The learners appreciated this aspect as they considered it to be a strongpoint in the fight against AIDS – hence while other schools emphasized the policy of “safe sex”, the girls’ school promoted the policy of “no sex” until after marriage. This was the opinion of the boys (LB18-454/455) as well who condemned the policy to encourage people to make use of condoms given that they believed this encouraged unsafe behavior. The male learners (LB9-209-213) claimed that in spite of the fact that certain individuals were educated they exposed themselves to reckless behavior. It was important according to the girls (LG20539/540) that learners were able to translate the knowledge they acquired at school into the “change” that was crucial out in the world outside as Ikamba and Ouedraogo (2003) found.

“I think that all schools teach the same thing [...] it’s the teachers what makes the difference [...] has **very** good teachers and [...] religion plays a part in every subject at our school [...] combined it with the AIDS.” (LG19-510-513).

Muslim learners accepted that the moral standards set by their parents and teachers had taught them that certain relationships were not allowed according to Islamic culture. As a consequence the learners were determined to make use of the examples of their adult role models to “resolutely strive towards” remaining HIV-free (Bandura 1989:10). Both the girls and boys (LG9-239-241; LB8-9) in the study condemned their peers who did not learn from their Islamic teachings insisting on having unprotected sex and sleeping around indiscriminately. The boys asserted that they were determined to avoid risky behavior since they had been motivated by their parents and teachers to avoid HIV/Aids – an indication of Bandura’s (2001:10) “self-reflectiveness”. Whilst all the learners (LG20-21; LB9) admitted that adolescence was a period of complexities and difficult decision-making, they also observed that some parents did not assist their children during these trying times. As a result the girls felt that when headstrong adolescents denied the negative influence of peer-pressure there was nobody to guide them appropriately.

According to the participants from the girls’ school another form of risk-taking behavior among adolescents was drug abuse that was also responsible for passing on the virus. They defended those whom they believed were tricked into taking drugs and were then taken advantage of, to their detriment (Ban KI-Moon 2007) (LG10-269). However, all the pupils (LB19-477) did not discount the influence of peer pressure upon adolescents especially, whom they said were vulnerable in such circumstances. The male participants (LB9-228/229) too associated drug abuse and prostitution with HIV/Aids stating that a lack of personal confidence, ambition and parental support resulted in irrational behavior among the youth.

“They are forced into selling themselves for money... and drugged by the pimps... to do certain things because they make them.’ (LG10-271-273).

To the learners there appeared to be an inextricable link between drug and alcohol abuse and HIV transmission. They stated that their religion, Islam condemned self-mutilation which they considered drug and alcohol abuse to be. Needles used in the process of substance abuse were dangerous and harmful, according to the learners and such sharp instruments provided a direct means whereby the virus could be transmitted to many users. From what the children alleged in most of their narratives the mission of this school culture was to promote the tenets of Islam thus they were forbidden to behave promiscuously and expose themselves to HIV/Aids.

“Islam is a secure religion which covers all aspects of life, including health and safety [...] protects us from contracting AIDS in many ways.” (Narrative 1)

The fear of the boys was evident in their statements about those who were HIV positive in the physical environment of the school. Social and cultural practices (Bandura 2001) within the Islamic religion resulted in the boys (LB16-407-414) being unsure about whether it was important that they were made aware of the status of children who were HIV positive and as to how they needed to react to such children especially at school. What the girls called attention to was that others were driven to keep their distance for fear of contracting AIDS via accidental injury. There was a general consensus within this focus group for the learners (LG12; LB10) was that those who are affected by AIDS ought not to be isolated as they too have human rights others needed to be sensitive to their feelings (Dias, Matos and Gonçalves 2006:208).

“They still human beings. They should be treated as human beings they shouldn’t be shunned and exiled into [...] because of what they are. They even have their rights.” (LG12-317-319).

The participants proclaimed that AIDS was no different from “leukemia” so they did not see any reason to segregate such ill individuals. Their learning at their school had taught them that discrimination of those affected and infected was, in the words of the male participants (LB11-268-271), definitely not correct as it would exacerbate their social problems. As indicated by the girls (LG9-222/223), tolerance of those affected by AIDS was emphasized by the Islamic culture upheld by the family and the school regardless of the manner in which the individual contracted the disease (Elbot and Fulton 2008:95). In terms of yet another example the girls (LG12-327-328) stressed that their religion at home and at school condemned the alienation of those who were HIV infected. However, even though the children (LB11/LG9) were consistently taught that they ought not to discriminate against those who are affected or infected, they admitted that there were some of them who found it difficult to behave in this way at all times (Khan and Hyder 2001). Thus, they were aware that such stigma was contrary to the teachings of Islam. It was the adolescents’ beliefs that those affected by AIDS were able to live “normal” lives with the proper medication and could have the same basic needs as others (Narrative 6).

“[...] I think that the role Islam plays in helping reduce AIDS in South Africa and the world is a very important one.” (Narrative 6)

In their narratives the Muslim learners generally revealed that they were convinced that Islam as a religion could play a paramount function in the prevention of HIV/Aids globally. The impression created in the learner’s narratives was that the preservation of an individual’s physical wellbeing could be guaranteed if they upheld the Islamic laws conforming to Elbot and Fulton’s (2008:75-92) theories regarding religious beliefs and tradition. It was also the learners’ inference that the Islamic laws that curbed their



attendance at social establishments such as clubs ruled out the possibility that they would contract the disease.

“Islam, our way of life, governs every aspect of our lives and provides a solution to HIV/AIDS.”

(Narrative 7)

The learners also indicated that they were confident that the Islamic dress code for females which covered most of the body also acted as a deterrent when it came to protection of women from rape and possible HIV infection. Promiscuity was also condemned by the learners in these narratives as they advocated that it represented behavior that contravened Islamic principles and promoted the spread of the AIDS.

“Then Islam teaches us or more likely commands us to pass on our knowledge from one to another, so that none are left uneducated about the issues of the world and all know how to fight this deadly disease (HIV).” (Narrative 4)

It was the view upheld by the female learners (LG8-212) that the manner in which they were taught about HIV/Aids at school and at home made them more knowledgeable and aware than those who were not educated about AIDS and who were more likely to become infected as those children had no way of knowing how to protect themselves. The narratives revealed that if followed religiously, the Islamic terms of reference as recognized by Kelley and Eberstadt (2005:44-45) relating to sexual relationships could ensure an HIV-free population for the reasons that:

- Muslims are forbidden to have pre-marital sexual relationships; and
- Muslims are not allowed to have more than one sleeping partner.

“It is in Islamic Law that Muslims have to remain chaste until they get married.” (Narrative 2)

“The Holy Quran states: ‘Nor come near to zinna (illicit sexual intercourse): for it is shameful (deed), and an evil, opening the road (to other evils)’ (Bani Israil, 17:32).” (Narrative 8)

The girls (LG21) felt that they had suitable adult role models and leaders in their parents and teachers therefore they had the necessary guidance with regard to Islamic lore to prevent HIV/Aids from spreading to the next generation (Elbot and Fulton 2008:102-105; Yazdi 2006; Kezar and Eckel 2002). They were of the opinion that sexuality and HIV/Aids education ought to be the responsibility of parents as well as teachers as they experienced at their homes and this Islamic institution. Their (LG20537/538) concern was that those youth who dropped out of school because of unwanted pregnancies did not have the necessary assistance from their Muslim families as those who had caring parents and teachers who would help through the difficult times. It was their view that the next generation of children would then not have the benefit of the Islamic beliefs, norms and culture that assisted the youth. As a means to promote such responsible behavior the female adolescents advocated that they themselves could go out to areas where there was a lack of proper education regarding HIV/Aids to enlighten those who lived there whether they were Muslims or not.

#### ***4.2.3.3. Influence of family and school culture on adolescents’ socio-cultural convictions***

A significant part of this study lays emphasis upon the role that the Muslim family and school culture played in the way in which the Muslim adolescent perceived HIV/Aids. This aspect of the education provided in terms of HIV/Aids is discussed hereafter after the focus group interviews with the learners as well as the Narratives they prepared. Questions pertaining to the internalization of Muslim culture via the learners’ interactions within the family and school environment provided data about the learners’ personal learning and experiences of HIV/Aids. The theories of self-efficacy and self-reflectiveness (Bandura 2001:11 Bandura 1989:12) were evident in the Muslim adolescents’ determined efforts

towards their goal reduce their vulnerability to HIV/Aids within the Islamic family and school environment.

The opinions of the Muslim learners (LG8-9) who attended the girls' school were similar to those of Yazdi (2006) as they stated categorically that Islam played a major role in the fight against AIDS if followers of the faith maintained the customs (Elbot and Fulton 2008:95; Kezar and Eckel 2002). In addition, the boys (LB17-439-440) claimed that Islam preaches that prevention of HIV can be attained if one follows the tenets of the religion strictly. Hence, discussions with the girls (LG13-14) revealed that at their age they were generally not permitted to go to public places unsupervised even though they were aware of what was morally correct behavior. Within the context of AIDS, the girls' (LG13-249-250) said that their greatest fear was being raped but that they felt that their cultural garb ensured that they did not entice any unsolicited attention.

“Islam plays a big part in it. It like saves you from making the mistake [...] when you going to do anything wrong and it won't actually happen to you [...] Because Islam teaches us to not have premarital sex so it sort of prevents us from getting HIV/AIDS.” (LG9-214-218).

According to the girls (LG14-364-367), they were taught that in terms of their Islamic principles, modern circumstances made it necessary for them to insist on HIV testing for both themselves and their chosen partners prior to embarking on relationships that lead to marriage. Elbot and Fulton (2008:78-79) contend that relationships with their parents and teachers influenced the learners' education within the school culture. The girls acknowledged that they had learnt from their parents that as a rule Islam prohibited them from having boyfriends which was significant for them in terms of HIV/Aids education (LG7-174). The girls in this study appreciated that social beliefs ought not to impede progress in the fight against AIDS. They held that the teachings of the *Quran* and Islamic religious convictions of abstinence and acceptance stressed by their parents and the school had shaped their personal socio-cultural convictions (LG9-214-218).

The female Muslim learners (LG14-371-375) who attended the girls' school were of the opinion that there were South African Muslims who had already contracted HIV because they were influenced by other cultures therefore indulging in immoral or reckless behavior. This line of reasoning by the Muslim girls, supports Bandura's (1991:24) theory that the acquisition of knowledge is affected other social networks and influences. In contrast, the majority of the Muslim males were of the opinion that HIV/Aids is not common in the Muslim communities (LB12). A few of the male participants stated that they could not defend Islam by merely asserting that Muslims cannot be infected with HIV as anyone can be infected. One boy (LB12-309/310) argued that people are generally secretive being embarrassed to reveal their status since it damages their sense of pride. There was also a general outlook among the boys that parents (especially fathers) who get to know about their sons' HIV-positive status will be devastated and want that child to break all "family ties" (LB19-20- 498-502).

"He disgraced the family name. Then he should now go out in the world and people should find out [...] he will embarrass the name [...] and [...] break the family ties." (LB19-20- 498-502)

Poverty, orphan-hood and HIV/Aids were, according to the female learners (LG24-645-650) indisputably linked and gave rise to recurring social problems within communities that did not see the need to support one another.

"[...] poverty [...] now when a parent have HIV/Aids then the children [...] look after the parent [...] they don't go to school [...] sometimes it's a cycle [...] if the parent [...] lives a bad life then sometimes the children see what the parent does and [...] imitate them." (LG24-645-650).

However, in the words of the female pupils (LG11-299-303), *Allah* would not expose anyone to painful experiences that were beyond any individual's ability to physically handle a situation and one could offer prayers to God begging for clemency if they had flouted their religious conventions. The participants sincerely believed that their fate would then be up to God but allowed that there was "no second chance" for anyone a principle that is underscored by Elbot and Fulton (2008:95) and Kezar and Eckel (2002) in their discourse of school culture.

#### ***4.2.3.4. The learners' attitudes towards people affected by HIV/Aids***

For the purposes of this study and to fulfill the aim of judging how the Islamic culture had guided children to communicate with those affected and infected by the scourge it was necessary to determine if the Muslim learners had any personal experiences in terms of HIV infected people or those living with AIDS. The adolescents revealed these experiences within their family and school culture in their discussions during the focus group. They spoke about the manner in which they as adolescents reacted to those who had become infected with HIV as well as those who were living with AIDS according to what they learnt at home and at school. Only a limited number of learners had personal experiences of HIV/Aids. The girls (LG9-222/223) also stated that their cultural practices and traditions emphasized the need for them to be tolerant of those who were HIV positive regardless of how they contracted the disease and to help them in any way that they could (Elbot and Fulton 2008:95). They asserted that Muslims were required to respect all human beings and not to discriminate against any as a result of their illnesses (Khan and Hyder 2001).

The role of the environment was apparent in the idea that the girls (LG11-275/276) learnt from their home and school education that they ought to be genuinely sympathetic towards people who are HIV positive or had AIDS (Elbot and Fulton 2008:92-95; Bandura 2001:1991). They understood that there was nothing that these people could do to change their status and would have to live that way until a cure was found (LG11-275/276). Despite what they were taught, the female participants (LG11-293/294) found it difficult to comprehend that there were times when individuals who were educated and well-informed

about HIV/Aids knowingly contracted the disease. Although the participants were sensitive they assumed that if any person developed the illness it was a warning for them to change their lifestyles for the better acknowledging that this was possible as Kore, Pandole, Nemade, Putharaya and Ambiyé (2003) found in their study (LG11-300/301). Male learners (LB10-254) admitted that their parents and teachers had taught them that those who were HIV positive or who had AIDS needed to be guided “through it so they can help themselves overcome it”.

“[...] we shouldn’t judge people on HIV/AIDS even if they were irresponsible, their lives change, they try to lead healthy lives [...] very sorry for the people but it’s like a warning signal [...] to listen, wake up and lead a proper life.” (LG11-295-298).

According to the girls (LG10-244-254), Islamic principles warned them about irrational and immature behavioural choices and these characteristics might contribute to persons becoming HIV-positive. Hence the girls (LG10-244-254) strongly condemned the myth that AIDS will disappear if one had sex with a virgin or a baby.

The learner’s narratives were also indicative that they believed that as Muslims they ought not to discriminate against those who are affected or infected but rather that they should be accommodating of them. This attitude exemplified the theme of socialization as discussed by Kezar and Eckel (2002). The learners were of the view that it was important for them as learners to educate others about HIV/Aids and the prevention thereof.

“Therefore we must not be judgmental when helping AIDS sufferers, but should afford them the dignity of human beings.” (Narrative 5)

Only two of the 10 girls (LG15-398-400) who participated in the study knew anyone who was HIV positive. According to one of the girls, the house-helper of her aunt had been

unaware of her status so she deteriorated untreated and died of AIDS last year. Another participant (LG16-409-413) spoke about a helper who had worked for her aunt next door to them and felt that the aunt could have been more helpful to the ailing woman if she had been aware of the illness since treatment could have prolonged the helper's life. The same pupil (LG16-409-413) was of the opinion that the helper in their home was also HIV positive but could not confirm this.

One of the male adolescents (LB13-319-325) alluded to someone whom he knew who had been very ill and suicidal in the first two years when the man had the virus but whom the boy thought had recovered amazingly in the third year but later passed on.

“[...] also had it in the third year but he was healthy [...] the middle of the third year [...] weaker [...] about to die [...] he is [...] quiet [...] Before he died he was weak [...] skin that hangs.” (LB13-320-325).

Another male participant was aware of someone who had gone for a routine HIV test as a job requirement and only then discovered that he was HIV positive. The learner (LB14) asserted that the person suffering as a result of full-blown AIDS was devastated as he could not believe that a ‘one-night-stand’ was responsible for this situation. It was disappointing for the learner that the parents were taking care of their young son instead of the son taking care of them.

Generally, the girls (LG16; LB10) considered that their Islamic background nurtured within their school and family environments had allowed them to develop the view that they ought to support any one who was infected with HIV or living with AIDS instead of being rude and shunning them (Elbot and Fulton 2008:92-95).

“I’d treat them the same and just be a bit more supportive. You wouldn’t shun them away because of the disease. Show them that you care and that you’ll be for them if they want anything they can rely on you.” (LG16-416-419).

Nevertheless, one of the girls meekly proposed that despite what she was taught at school and at home, her pity for the individual, especially someone close to her, would affect her treatment of the patient even though she genuinely cared for them. But she said that she knew that she ought not to allow her sympathy to overwhelm her since she was fully aware that such emotions would not help the victim. The young Muslim males (LB15) acknowledged that their traditional Islamic and *Quranic* principles emphasized moral astuteness but they also said that it was difficult to decide how to treat an infected loved one (Elbot and Fulton 2008:78-79/95). They debated as to whether it should be the same as they always treated the individual or better since either situation could produce uneasiness for the victim. The Islamic religious teachings of the learners’ parents and teachers would also determine what their reactions to loved ones would be if these people who were closely related to them contracted AIDS because of their own immoral behavior (LG16426/427; LB15-377-386).

“[...] you always treated them. Otherwise they’ll feel that just because I have HIV now you want to treat me just like I’m special. Although if we [...] treat them differently they [...] feel neglected.” (LB15-370-373).

Furthermore, the girls (LG11-282-283) spoke about pitiful orphans of AIDS and the siblings that some of these orphans had to take care of without adult support. Most disturbing for the adolescent participants (LB10-256/257; LG12-306-308) was the reality that as a consequence of fear and ignorance, AIDS introduced discrimination into



communities that would otherwise have been a close network (Elbot and Fulton 2008:78-79). The boys (LB10-11) especially were of the view that some of those affected by AIDS would be offended if one pitied them but that they valued care and attention. The girls' focus group (LG12-310/311) emphasized that they would still respect and support all those infected and affected by AIDS regardless of the manner in which they acquired the disease. However, some of the girls did admit that they would always experience a sense of apprehension regarding their personal vulnerability if they socialized with people who were infected.

When they were questioned about whether they would maintain the secrecy of a family member who had AIDS, the girls and boys (LG17-18; LB16-17) differed in their reactions depending on what they felt their family would accept to be appropriate. One of the girls (LG18-481-484) quoted an incident whereby her sister who is a doctor suffered a needle-stick injury and had to go on ARV's but who discussed this incident unconditionally. This knowledge is in accordance with the aspect of learning in terms of Elbot and Fulton's (2008:75-77) theory of school culture. The learners (LG18; LB17) also alleged that they thought that the final decision to reveal one's status ought to depend on what the individual felt about this aspect from an Islamic perspective or lifeview (Van der Walt 1994:41).

"Family is family no matter [...] I mean blood is thicker than water [...] And you love them the same." (LG18-487-489).

Some of the girls (LG18-487-489) pronounced that although they did not want people to react negatively to their loved ones their Islamic knowledge dictated that they should not expose others to the risk of unknowingly contracting the disease (Elbot and Fulton 2008:75-77). Despite what they had been taught other learners (LG18-468) felt that if the relative's status was undisclosed then there would be less anxiety since others would still "treat them the same" and there would be no pity or isolation from their acquaintances. The male participants (LB15-16/431-434) from the Boy's school revealed that whether or not they would tell their friends would be determined by the nature of the friendships and how

strongly they adhered to the teachings of the Quran. On the other hand, the one female participant (LG16-430-433) felt that if a friend contracted the disease she would abide strongly by her Islamic upbringing and initially give the friend a “talking to” about her behavior then support her through the difficult time as one could not reverse the situation.

“If it’s their own fault [...] I’ll probably support them but [...] be so disappointed [...] feel sorry for them [...] ruin all the plans [...] won’t know what to say because you feel awkward and sad.” (LG16434-436).

The female adolescent participants were asked to pretend that a friend had AIDS and how they would react to this person. They (LG17; LB15-16) were unanimous in their defense of such an individual seeing that it was her liability but insisted that as a Muslims they would be there to support her. The girls and boys (LG17; LB15-391) attributed their lack of ‘embarrassment’ towards their HIV positive friend, to their Islamic religious background in addition to their upbringing. Islamic teachings of their homes and schools, as indicated by the participants, dictated that everyone should be treated equally regardless and that you should not “distance yourself” from anyone who is HIV positive (Elbot and Fulton 2008:79/95; Kezar and Eckel 2002). However, the boys (LB16-395-397) were insistent that they would be most disappointed if the friend was older and a Muslim who had blatantly disregarded his Islamic culture. The Muslim boys mentioned that even though they would not be secretive, they were afraid that their parents would wonder about their sexual habits if they got to know that one of their friends was HIV positive. As to whether their parents would want them to distance themselves from this friend, the boys (LB16) felt that that would depend on the way the disease was contracted and the behavior of the friend.

“It is possible to change this. Everybody must just think for themselves. They know the virus is there they can take the necessary precautions everyday of their lives. I think they should just be conscious about themselves and about others.” (LB20-509-511)

### 4.3. Conclusion

The discussions in this chapter explore the actual perceptions and responses of all the research participants within each of the research methods employed i.e. the individual semi-structured interviews with the Islamic school principals, Muslim teachers and Muslim parents together with the focus group discussions and narratives with the Muslim adolescents. The strong foundation of the Social Cognitive Theoretical (Bandura 2001:1994) and Elbot and Fulton’s (2008) Eight Gateways sustained the research process by monitoring the manner in which the Muslim adolescents displayed intentionality, forethought, self-reactiveness and self-reflectiveness (as discussed in Chapter 5) in their approach to avoiding HIV infection.

In addition, the discussion provided evidence to support the theories of Elbot and Fulton (2008) in terms of propositions regarding the factors that influence school culture and its consequent impact upon the learner. As exemplified in the above Chapter, the individual semi-structured interviews with the Muslim adults, the focus group interviews along with the narratives of the Muslim adolescents shed light upon the influence of the Islamic framework of the family and school culture in terms of the Muslim adolescent’s HIV/Aids education, knowledge, attitude and subsequent behavior. As a result, the inferences made within Chapter 5 are my conclusions in relation to these responses in Chapter 4 and culminate in fulfilling the aims of the main research question as well as the sub-questions.