

CHAPTER 5

OVERVIEW, SYNTHESIS OF FINDINGS AND RECOMMENDATIONS

'HIV prevention needs strong leadership [...] that is bold enough to question the status quo and the continuing practice of harmful social norms and practices. Leadership that is able to galvanize communities to take collective responsibility for HIV prevention and to sustain these efforts over time with adequate investments.'

(UNAIDS 2010)

5.1. Introduction

As the above quotation suggests appropriate role models are paramount in the adolescent's learning and appreciation of HIV/Aids to sustain efforts in the prevention of further HIV-infection. This chapter confirms the results of the research in relation to whether Muslim adolescents applied the knowledge gained from the educational and cultural guidance of their parents and teachers to modify their behavior and attitudes. Consequently, there is an overview of each of the preceding chapters explaining the correlation between the collected data and the research questions compiled at the commencement of the investigation.

The interpretative paradigm of the study facilitated progress towards the research goal of study within an Islamic family and school cultural context (Nieuwenhuis 2007a:59-60). The Muslim adolescents' social interactions with their parents, teachers and peers indicated that they generally displayed responsible attitudes and behavior that had emanated from the knowledge gained in terms of HIV/Aids to safe-guard their well-being (Airhihenbuwa and Webster 2004). Adult participants confirmed that the school served the Muslim community where there was a strong sense of collaboration and trustworthiness among the representatives of the school culture with a strong leaning towards Islamic culture.

5.2. Overview

Research undertaken at the Muslim independent school verified that the school culture worked in a dual relationship with the dominant Islamic family culture in the education of the Muslim learner. Since there was just a single cultural influence within the investigation it was possible to trace the source and extent of influence of the Muslim family and school culture with reference to the impact upon the Muslim adolescents' knowledge of and attitude towards HIV/Aids. These conclusions are highlighted in order to provide an overview of each chapter in relation to the main ideas and theoretical frameworks and themes.

CHAPTER 1: In this chapter the rationale, problem statement, aim of the research, literature review, theoretical framework and methodology provided an orientation and background of the study and also informed the reader of my reasons for embarking on such an investigation. Further to this, the clarification of concepts and the relevance of the explicit dual relationship between education and culture were discussed. Bandura's (2001:3; 1994:2) Social Cognitive theory pertaining to social interventions that can help one to protect oneself against AIDS together with the Eight Gateways of school culture (Elbot and Fulton (2008) were also introduced. Although the issue was not of prime consequence to this study it became necessary to establish whether there was indeed a vast difference between HIV/Aids prevalence among South African Muslims in comparison to other cultural groups and if so – why? Kagee, Toefy, Simbayi and Kalichman (2005) did encounter a low prevalence amongst Muslims in their study however they felt that South African Muslims were no different in terms of behavioural risks from other groups. I did not base my research questions solely on the assertion that the prevalence of HIV/Aids among South African Muslims was lower than other groups although I considered anecdotal evidence provided by other researchers as outlined in Chapter 2.

CHAPTER 2: The literature study embodied in this chapter concentrated on recent studies (Louw 2009, Nupen 2006, Van den Berg 2009) about adolescents' knowledge attitudes and behavior as well as on the manner in which the social capital, that is the parents and teachers who abide by a particular culture influenced the adolescents' knowledge, attitudes

and behavior in respect of HIV/Aids. From the literature it was apparent that the education and Islamic culture of the family and school were influential upon the adolescents' norms, beliefs, attitudes and their views of right and wrong. Hence, the chapter revealed that the relationship between education and culture was seen as a fundamental stimulus regarding the adolescent's perception of HIV/Aids. On the other hand, it was also noted that in certain societies, cultural rituals (Chapter 2, paragraph 2.3) could actually exacerbate the predominance of HIV/Aids within the communities that observed them.

Literature studies of relevance included those by Louw (2009) and Nupen (2006) that indicated that even though learners were knowledgeable about HIV/Aids they were inclined to sometimes ignore the knowledge gained from their family and school cultural environment. Kuhn, Steinberg and Matthews (1994) and Carelse (1994) found that adolescents in their studies did not appreciate that they ought to practice safe sex as they felt that they were invincible. Louw (2009) and Nupen (2006) found differently in that the learners at schools they studied were alert to the dangers of HIV/Aids but were still careless in their behavior and attitudes towards the disease. In contrast the results of this research displayed a strong dual relationship between the Islamic culture and the education at the Muslim school that strived to ensure that the Muslim adolescents received accurate details about the disease and behaved in a manner that prevented HIV infection. The option to work within a qualitative case study complemented the theoretical framework of Bandura's (2001:1994) interpretation of the Social Cognitive Theory. The Eight Gateways created by Elbot and Fulton's (2008) formed an effective foundation to draw attention to the case study in that the child was at the centre of the interaction between the family and school culture and influenced by each. Besides allowing me a starting point for my investigation Bandura's (2001:1994) Social Cognitive Theory and the Eight Gateways (Elbot and Fulton's 2008) fortified the analysis of my research findings. Further literature studies pertaining to the methodology appear in Chapter 3.

CHAPTER 3: In this Chapter the theories used and the methodology of the research were discussed in detail. Within an Interpretivist paradigm, I was able to enter the life world of the Muslim adolescent within the context of HIV/Aids. The model permitted me access to

the Muslim adolescents' understanding of being human, the reality in terms of their social relationships and their values, beliefs, knowledge and attitudes regarding the disease and its effects upon their lives. Qualitative, case study research facilitated access to the themes and categories within the data resulting in precise explanations of the experiences of the Muslim adolescents' knowledge of and attitudes towards HIV/Aids. The semi-structured interviews, the focus-group interviews and the narratives were selected as appropriate research strategies and presented information in relation to what the Muslim learners knew about HIV/Aids and what their attitudes and behavior were as a result thereof. Strict ethical standards were adopted since the research participants were young learners and within the realm of HIV/Aids which is still a sensitive issue. Although my study conformed to the necessary research obligations, it was based specifically on the Muslim learners' and adults' experiences as depicted in Chapter 4 within the Muslim family and school milieu and could not be generalized to other research contexts.

CHAPTER 4: The presentation of data in this chapter of the thesis considered not only what was discovered but related these findings to the Social Cognitive Theory as interpreted by Bandura (2001; 1994; 1989) and the theories of Elbot and Fulton (2008) (Eight Gateways) pertaining to school culture. The data was divided according to the categories of Islamic culture, school culture, Social Cognitive Theory and Eight Gateways before these were coded. The complementary connection between the Muslim family and the school within this mono-cultural environment facilitated the learners' education of HIV/Aids together with the development of Islamic cultural ideals. Muslim parents emphasized the role of the school in their children's HIV/Aids education but also expected that it would be based on the Islamic way of life. Teachings from the *Quran* formed the core of communication about HIV/Aids to promote correct knowledge and safe, responsible behavior among the Muslim adolescents. The Muslim school tried to incorporate HIV/Aids education within all the subjects at school not only during the Life Skills lessons to serve as a constant reminder to the Muslim learners and to reinforce their knowledge of HIV/Aids. Teachers were expected by the school and community to epitomize wisdom and moral righteousness as accepted within Islamic culture. Muslim learners accepted the "moral wisdom and moral logic" (Bandura 1989:46/65) in respect of

HIV/Aids provided by their teachers and parents and adopted “moral actions” to safeguard themselves.

5.3. Synthesis of findings in terms of the research sub-questions

In order to facilitate a meaningful discussion of the key findings of the research these have been linked to the main research question and the sub-research questions as per Chapters 1 and 3. Each of the findings is followed by a short discussion in relation to the literature study and the theoretical background in order to maintain continuity within the thesis.

5.3.1. Research sub-question 1: What does the (Muslim) family regard as good education in terms of its culture?

5.3.1.1. The Muslim home is founded on the doctrine of Islam and parents wished to bring up their youth according to a lifestyle typical of teachings of the Islamic Holy books and Prophets. (Chapter 4, Paragraph 4.3.1.1.)

Muslim parents made a concerted attempt to exemplify upright role models in terms of Islamic culture and expected their youth to adopt similar attitudes and behave accordingly. Parental childrearing behavior does influence a child’s personality, behavior and social interaction (Pretorius 1998:3) as my research did reveal that the Muslim adolescent’s attitudes and behavior were significantly affected by what they learnt within the family culture.

5.3.1.2. The responses of the Muslim parents indicated that they sanctioned the Islamic moral values that were instilled by the teachers at the Islamic school in order to impede risky behavior that could lead to HIV infections amongst their youth. (Chapter 4, Paragraph 4.3.1.2)

Ardent obedience to defined Islamic cultural and religious convictions was instrumental in the decision of the Muslim parents to have their youth attend the independent Islamic institution where the research was conducted. Collaborative efforts of the Muslim family and school culture promoted the creation of positive attitudes and behavior of the learners towards HIV infection. The learners drew attention to the fact that their parents and

teachers constantly reminded them about Islamic principles, one of which was the policy of sexual abstention.

5.3.1.3. Within the context of what was considered morally upright values, Muslim parents accepted the school's decision to have two separate schools for boys and girls at secondary school level, as well as the school's regulation of the Islamic dress code especially for girls. (Chapter 4, paragraph 4.3.2.1.a and 4.3.2.1b)

The parents preferred to send their youth to this Muslim school for the reason that there were two separate schools for the adolescent girls and boys, in keeping with the Islamic philosophy of keeping the sexes separate to discourage premature sexual relationships. Another aspect that the Muslim parents endorsed was that the school insisted that girls dressed modestly and in keeping with Islamic tradition. Interviewed female learners conceded that the Islamic dress code both in and out of school, acted as a form of protection against physical attack and potential HIV infection. However, they revealed that not all Muslim girls followed this dress code consistently as some Muslim learners exposed themselves to more danger by dressing in an inappropriate manner while they were out of school.

5.3.1.4. The school culture prescribed that the curriculum for each of the school subjects offered, would include Islamic principles - a step that was well received by parents who stressed that especially the LO and Life Skills programme had to include HIV/Aids education according to Islamic culture. (Chapter 4 paragraph 4.3.1.2.)

The Muslim parents' expectations were that teaching and learning at school level could educate the youth about HIV/Aids and result in their becoming less vulnerable to the disease. Teaching provided by the school was valued by the Muslim parents since they felt that their children responded better to the teachers. My findings showed that the Muslim parents and teachers accepted that HIV/Aids was important enough to include in the curriculum.

5.3.1.5. The Muslim parents upheld the Islamic principles of non-discrimination and service to fellowman with regard to those affected by AIDS. (Chapter 4 paragraph 4.3.1.2.)

In keeping with Islamic values, the family and school culture emphasized sensitivity in the treatment of people who were HIV infected, those who suffered from AIDS-related diseases and those who had loved ones who were infected. Despite their awareness of the Islamic stance regarding those affected by HIV or AIDS, the Muslim learners did admit that there were times when it was difficult to remain non-discriminatory.

5.3.2. Research sub-question 2: What does a Muslim family regard in terms of its culture, as the responsibility of the school, in respect of HIV/Aids and sexuality education?

5.3.2.1. Parents verified the existence of a dual relationship between family and school declaring that Islamic cultural regulations concerning HIV/Aids education were initiated in the home and complemented by the school's intervention. (Chapter 4, paragraph 4.3.1.2)

My research showed that the Muslim parents adopted the Islamic ideology which permeated the cultural values of the family and school in order to make their youth less vulnerable to HIV-infection. The degree of interdependence between the family and school was confirmed by Muslim parents and teachers at the school who agreed mutually that it was necessary to cooperatively inculcate appropriate behavior and attitudes relating to HIV/Aids according to the principles of the Quran and Islamic faith (Barth 1990:513). The research data confirmed that Muslim parents felt that the teachers were committed to their teaching within the Islamic value system.

5.3.2.2. Muslim parents stated that the school ought to be able to fulfill the expectations of the Muslim community in respect of modifying the Muslim adolescents' attitudes and behavior with appropriate sexuality and HIV/Aids education. (Chapter 4 paragraph 4.3.1.3.)

Although AIDS was not common in their community and this school was 'safe' in terms of HIV prevalence, the parents and teachers were still concerned about the well-being of the learners. Effective family communication in the education of the Muslim youth ensured reasonable attitudes and behavior to contend with HIV/Aids. The benchmark that was set by parents in terms of teaching at this Islamic school was especially high with reference to HIV/Aids education. Individual interviews with the Muslim parents confirmed that they concurred with the teachers that it would help the cause if they all were upright, worthy role models so that the youth would not choose errant behavior and become HIV-infected.

5.3.2.3. Parents stressed that according to Islamic culture teachers ought to warn the learners about premature sexual encounters because Islam taught them to reserve such relationships for marriage. (Chapter 4 paragraph 4.3.1.3.)

Islamic morals were emphasized at the school to assist the learners to be more aware of HIV/Aids so that they did not indulge in premature relationships and risk-taking behavior. Since the issue of HIV/Aids revolved around the safety of the Muslim learners, the partnerships within this Islamic school culture attempted to generate safe physical environments that were conducive to learning. There were however, parents of some Muslim learners who did not acknowledge that their youth might be indulging in unsafe behavior since such behavior went against their teachings and Islamic cultural regulations. Learners too were concerned that other defiant learners were not changing their attitudes or behavior appropriately often paying no heed to the warnings of the adults about sexual relationships and HIV/Aids.

5.3.3. Research sub-question 3: What does the school regard as its role and responsibility in relation to school HIV/Aids education?

5.3.3.1. The Islamic school considered it a priority that teaching was conducted by the Muslim teachers within an Islamic paradigm in order that learners achieved a proper understanding of their culture while they learnt other important aspects of the various subjects. (Chapter 4 paragraph 4.3.2.1. and paragraph 4.3.2.2.)

Although the teachers at the school made extensive use of the curriculum prescribed by the Department of Education, teaching at the school was carried out within an Islamic model established upon the *Quran* and the wisdom of the various Islamic Prophets. The principal of both schools asserted that during the teaching at the school Muslim moral principles that were in line with the hidden curriculum and ethos, were strongly emphasized and internalized by the learners.

5.3.3.2. The principals and teachers recognized the need to be suitable role models and stress responsible attitudes formulated upon Islamic culture (Varga 1997:47). (Chapter 4 paragraph 4.3.2.2.)

The boys' and girls' school principals epitomized ethical standards and they in turn considered that their highly-regarded teachers were fitting Islamic models for the learners to emulate. Hence, with reference to my investigation the family and school culture did impact positively upon the manner in which the Muslim adolescents responded and conducted themselves after the necessary teaching and learning of HIV/Aids. Muslim learners agreed that they were taught by respectable role-models to make proper, mature decisions in all aspects of their lives not only with regard to HIV/Aids.

5.3.3.3. As social agencies of influence the Muslim teachers did their best to teach the learners according to the guidelines from the Department of Education while they accentuated the importance of rational behavior that conformed to Islamic faith and principles. (Chapter 4 paragraph 4.3.2.)

The principal of the girls' school declared that it was imperative for their learners to be provided with correct information from the Department of Education guidelines as well as the teachings of the *Quran* and Prophets of Islam. Such resources would then equip the learners to make informed decisions not just in terms of HIV/Aids but in all aspects of their lives. Leadership qualities of the Muslim teachers enabled them to guide the adolescents to make rational behavioural decisions about sexual relationships and HIV/Aids.

5.3.3.4. While the Muslim teachers accepted that Islam promoted tolerance and humility in the treatment of others who may be affected by HIV or AIDS, they taught the learners to acknowledge and respect their Islamic religious values in order to achieve safe, responsible behavior. (Chapter 4 paragraph 4.3.2.3.)

The teachers insisted that, according to their cultural background, the Muslim learners be taught to be attentive to the needs of individuals who were affected by AIDS. Muslim parents and teachers condemned any form of discrimination while the learners felt that they would offer their support regardless of the manner of HIV infection and despite the fact that they might expose themselves to risk.

5.3.4. Research sub-question 4: What is the primary aim of the school with regards to HIV/Aids education?

5.3.4.1. The Islamic school curriculum took into account deeply embedded attitudes and values of the principal, teachers, families, and learners who were all Muslims, in the teaching of HIV/Aids education. (Chapter 4 paragraph 4.3.2.1.)

The research indicated that the school culture at this Islamic school accentuated a proactive response to HIV/Aids that was based upon the Islamic culture of the family and the school. Hence, education of HIV/Aids that was entrenched in the school culture was based on

honest expectations, trust and a strong sense of accountability for the welfare and guidance of their youth as Islamic principles dictated.

5.3.4.2. In terms of teaching and learning about HIV/Aids, Muslim teachers were of the opinion that it was extremely important for the relationship between the Muslim school and their Muslim families to remain cordial. (Chapter 4 paragraph 4.3.2.1. a)

The cordial dual relationship between the school and the home facilitated the teaching of subjects within the Islamic framework to benefit the Muslim learners to deal with HIV/Aids-related problems. Muslim family culture and school culture allowed the learner to retrieve constructive aspects of Islamic ideology so as to guide learners towards behavior change and inculcate within them respect for their Islamic culture that would enhance their self-efficacy and expectations with regard to HIV/Aids.

5.3.4.3. The Islamic school had devised an appropriately executed Life Skills programme that included HIV/Aids education during the Life Orientation lessons held separately at each of the secondary schools for boys and girls. (Chapter 4 paragraph 4.3.2.2.)

The difference in the Life Skills programme at this Islamic institution was that the course was taught in terms of Islamic moral values while it was based on the National Department of Education's policies for HIV/Aids. Hence, the parents were secure in the knowledge that the school even conducted HIV/Aids education during the Life Skills lessons at each school. Muslim learners were satisfied with their conscientiously planned lessons stating that they benefitted from these lessons.

5.3.4.4. Teaching in respect of HIV/Aids had been the combined conceptualization of the Muslim parents, principals and teachers and was executed according to the expectations of the Islamic family culture and school culture. (Chapter 4 paragraph 4.3.2.2.)

Markers, rituals and traditions within school culture were evident especially in the education of HIV/Aids. The markers could be seen in the teachings of the Islamic lifestyle

based on the *Quran*. Rituals were founded on prayers and traditions that were observed at school and that emanated from the *Quran* and the words of wisdom of the prophets. Islamic adherence to tradition was apparent in the Islamic attire especially of the female learners, the separate schools for adolescent Muslim boys and girls, the need to stay away from relationships with the opposite sex as well as the importance of abstaining from sexual relationships.

5.3.5. Research sub-question 5: How does the school contribute towards HIV/Aids education?

5.3.5.1. The National Curriculum (Department of Education 2007) formed the basis of the Life Orientation lessons on HIV/Aids at this Muslim school but incorporated Islamic morals and principles in respect of the learners' attitudes and behavior. (Chapter 4 paragraph 4.3.2.2.)

Teachers made concerted efforts to maintain a high standard of teaching and learning according to Islamic rules especially with reference to HIV/Aids. The sources of reference for lessons at the Muslim school were the Holy Books, the Department of Education guidelines (Department of Education 2007) as well as library references to benefit the learners especially in dealing with dilemmas such as HIV/Aids. Both Muslim principals maintained that lessons were based on these resources so that LO and Life Skills education were structured with the aim of protecting the Muslim child in terms of HIV/Aids. Findings with reference to the teaching of HIV/Aids revealed that while the teachers considered that the Islamic perspective was indispensable it was vital that they were creative in the delivery of the content. In addition, teachers at this Muslim school were attempting to include certain details about the disease during other lessons so that HIV/Aids was a constant reminder. However, the subject of HIV/Aids presented new challenges for the teachers who could not actively ensure that learners applied knowledge gained in the classrooms to their attitudes and behavior within their social interactions out of school. The findings did indicate however that the Muslim adolescents generally abided by what they were taught particularly in terms of their Islamic culture – hence they were practicing responsible behavior.

5.3.5.2. The teaching of HIV/Aids at the school was related to the ethos and culture of the school thus the Islamic perspectives in the teaching of HIV/Aids were seen by the teachers as a definite step towards enhancing the learners' appreciation of the seriousness of the disease. (Chapter 4 paragraph 4.3.2.3.)

The school guidance counselor concurred with the boys' school principal that learners should be sensitized in terms of HIV/Aids but he also emphasized that this teaching should also allow them to cope with the demands of the macro-society. Muslim teachers indicated that they made a point of teaching their learners that irresponsible behavior that might be a consequence of drug abuse could prove disastrous as one could become HIV-infected as a result.

5.3.5.3. According to the Islamic cultural background the school teachers stressed sexual abstinence in LO lessons. The school guidance counselor also presented his discussions of sexuality and HIV/Aids within the context of sexual abstinence. (Chapter 4 paragraph 4.3.2.3.)

It was the view of the teachers at the school that the need for the Muslim learners to abide by the culture of sexual abstinence was paramount in their efforts to achieve an HIV-free society. As a result of the strong focus on abstinence and the consequences of high-risk sexual behavior, early marriages, were common in the Muslim community. Teachers attempted to educate learners about the ways in which one became HIV positive including rape, multiple sleeping partners, unprotected sex, drug abuse, mother-to-child transmission or blood transfusions. The teachers at this Islamic school were of the view that if the adolescents heeded their Islamic teachings they would be alert to the dangers of irresponsible sexual behavior and in terms of HIV/Aids.

5.3.5.4. The Muslim principals and teachers were of the view that the school culture in respect of HIV/Aids could change the adolescent attitudes regarding stigma, discrimination, silence and denialism within communities thus impacting on HIV-risk. (Chapter 4 paragraph 4.3.2.3.)

The Islamic lifeview did not condone the shameful discrimination of those affected by HIV/Aids since the Muslim adults believed that transformed perceptions of HIV/Aids

could assist communities to decrease the impact of AIDS. Hence, the principal of the boys' school was emphatic that teachers would have to be more assertive in changing learners' attitudes towards anyone who was HIV-positive or who had AIDS. My findings were that the Muslim adolescents acknowledged that they were taught by their parents and teachers that the Islamic lifeview condemned discrimination but some of the Muslim youth were still uncomfortable with HIV/Aids around them.

5.4. Findings in terms of the main research question

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?

5.4.1. The need for learners to obey the Islamic values of their family and school culture was essential according to the Muslim learners since they believed that becoming HIV positive was preventable if they maintained the attitude to keep away from risky behavior. (Chapter 4 paragraph 4.3.3.2.)

The youth at the Islamic school proudly adhered to the tenets of Islam proposed by the Muslim family and school culture. They argued that this course of action allowed them to judge which attitudes and behavior were morally upright thus assisting them in their efforts to avoid HIV/Aids. Islamic principles handed down via the family and school culture warned learners about irrational and immature behavioural choices and characteristics that might contribute to individuals becoming HIV-positive.

5.4.2. The social and religious interaction of adolescents within the Muslim family and school culture was invaluable to the Muslim learners as they acknowledged that guidance gained as a result could assist them in the prevention of HIV infections. (Chapter 4 paragraph 4.3.3.3.)

Social interaction within the Islamic family and school culture resulted in knowledgeable learners in terms of HIV/Aids transmission and prevention. They were convinced that Islam as a religion practiced in their homes and at school could play a vital role in the prevention

of HIV/Aids globally. The results of the teachings at the Islamic school were apparent in the unswerving allegiance of the youth to an ethical way of life that the Muslim family and school culture demanded particularly as a result of HIV/Aids.

5.4.3. Muslim learners admitted that they sometime tempted to behave against the strict Islamic principles and education of their home and school. They had to therefore learn to overcome these stumbling blocks and make difficult, yet responsible decisions. (Chapter 4 paragraph 4.3.3.2.) 5.4.3.

The Muslim learners affirmed that they as teenagers would be better able to contend with problematic issues in the world outside their Islamic milieu if they were competent at transferring the valuable lessons they learnt at their Islamic school and at home. Developmental dilemmas that the learners experienced made the situation of HIV/Aids all the more serious since the youth had to be wary about falling prey to peer pressure and irresponsible behavior that could lead to HIV/Aids. The learners also declared that it was unfortunate that there were some youth among them who did not have the benefit of caring Muslim parents who listened to their problems and helped them through especially in the face of HIV/Aids.

5.4.4. HIV/Aids education is a serious matter for both the school and parents. Hence, the school integrated HIV/Aids in all learning areas which they considered would lead to an improved understanding of the pandemic on the part of the learners. (Chapter 4 paragraph 4.3.2.3. / paragraph 4.3.3.2.)

Muslim learners acknowledged that they took HIV/Aids education seriously accepting that the strong cultural bonds and guidance within the dependable Muslim community promoted safe behavior among learners. Teachers and parents had faith in the fact that the mono-cultural nature of the Islamic independent institution lent itself to a strong sense of tradition and trust amongst the people promoting a sense of security among the learners. The latter acknowledged that they that they had the privilege of an Islamic background that taught them morally acceptable behavior from an Islamic perspective to help them to avoid HIV infection.

5.4.5. Muslim adolescents conceded that they were aware of the myths that could allow the AIDS pandemic to continue. Muslim boys in this study also conceded that negligence, a lack of proper education and inappropriate home environments also contributed to risky sexual behavior and the spread of HIV/Aids. (Chapter 4 paragraph 4.3.3.1.)

Since they had been taught accurately about HIV/Aids the Muslim adolescents asserted that their Islamic family and school cultural background had impressed upon them that there were other aggravating circumstances that intensified their vulnerability to HIV/Aids. Unlike the learners that Louw (2009) and Nupen (2006) encountered, the Muslim adolescents knew that it was impossible to simply look at people and say that they had AIDS or to say that HIV/Aids was passed on merely by sitting next to anyone or making use of a utensil that a victim had used. Learners claimed that even though they appreciated the learning based on Islamic principles, this was not sufficient to help those who succumbed to negative peer-pressure if there was nobody in their family or at school to guide them appropriately. They accepted that their education had guided them to realize that it was possible for them to become infected even if they were aware of the disease regardless of the precautions they took. However, they also knew that AIDS was not necessarily a death sentence despite it being incurable as it was possible to retard the progression via anti-retrovirals and enjoy a modified way of life.

5.4.6. Entrenched Islamic principles from the family and school culture encouraged the Muslim learners to uphold the attitude of ‘no sex’ until after marriage thus enhancing the fight against AIDS. (Chapter 4 paragraph 4.3.3.1. / paragraph 4.3.3.4.)

While youth at other South African schools were taught according to South African National Department of Health regulations to adopt the policy of “safe sex”, the Islamic culture stressed that such a philosophy encouraged early sexual relationships amongst adolescents. HIV/Aids education according to Islamic morals emphasized the policy of “save sex” and “abstain” advocated by parents, Muslim religious leaders, teachers and

learners uniformly. Learners conceded that even though most of them abided by the rules of Islam, there were some who succumbed to the pressure of outside influences.

5.4.7. Teachings of the *Quran* and Islamic religious convictions of abstinence and acceptance were appreciated by the learners as they felt these factors had shaped their personal socio-cultural convictions and attitudes and behavior toward HIV/Aids. (Chapter 4 paragraph 4.3.3.3.)

Muslim learners in my study felt strongly about the guidance provided by their family and school culture and were of the opinion that the Islamic family and the school encouraged safe behavior by teaching the learners to abstain from sex rather than to make use of condoms. They accepted that their Muslim parents and teachers were right to encourage them to refrain from premature sexual relationships and the danger of becoming HIV-positive conforming to the policy of sexual abstinence to protect youth.

5.4.8. The Muslim learners agreed with the teachings of their Islamic families and school that discrimination of those affected by AIDS was wrong. (Chapter 4 paragraph 4.3.3.4.)

The adolescents conceded that victims of AIDS ought not to be isolated as they too had human rights hence others needed to be sensitive. The girls also stated that their Islamic cultural teachings 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. In addition, the male learners allowed that their parents and teachers had taught them that those who were HIV positive or who had AIDS needed to be guided to improve the quality of their lives.

5.5. Recommendations

Despite the fact that the research site chosen for my study was a unique mono-cultural one based on Islamic family and school culture, the findings were noteworthy since the focus of interest was the adolescent. HIV/Aids education ought to maintain the attention of the adolescents at all times especially since their sexual vulnerability could expose them to the disease. Admittedly, the efforts regarding teaching and learning were uncomplicated at the

research site of Muslim school in comparison to other South African public schools that were generally multi-racial and multi-cultural. Catering for a variety of cultures within a sensitive theme such as HIV/Aids is an onerous task for the teacher who may not be aware of all the cultural backgrounds of the learners.

Hence recommendations in terms of the implementation of HIV/Aids education at schools take the form of the following:

- The merits of engaging teachers, parents and community leaders in the HIV/Aids education of learners to create a collaborative effort are undeniable and should be encouraged at all school sites to ensure an integrative approach to teaching and learning.
- The dual relationship between the family/community can assist in making the curriculum more relevant to the children in a particular community and ensuring that they have constant reminders of HIV and AIDS.
- Strict adherence to moral education evident in the study undertaken illustrates that HIV/Aids education and Life Skills lessons can be successful at all schools.
- Parents and teachers can be instrumental in the creation of safe spaces for children with adequate educational and psychosocial support as well as youth-friendly centres that cater for HIV/Aids.
- Bandura's (1994; 2001) interpretation of the Social Cognitive Theory as well as the Eight Gateways deliberated by Elbot and Fulton (2001) are apt resources for teachers to improve their communications with learners. The theories demonstrate that learners can enhance their self-efficacy within an effective school culture that influences learners to modify their behavior responsibly to avoid HIV-infection.
- The Department of Education White Paper 6 (2001:23) in relation to HIV/Aids education stresses the development of inclusive education and training to include HIV/Aids. It is suggested that knowledgeable, experienced trainers be employed to guide teachers so that they are able to maintain the interests of the learners in HIV/Aids education.

- In conjunction with the implementation of HIV/Aids school programmes, monitoring and evaluation ought to be more stringently controlled where schools need to be visited by officials to ensure that the learners are benefitting from the programmes.
- Life Skills in relation to HIV/Aids may be more productive if a human rights-based approach is emphasized so that learners develop a sense of self-worth and effective communication abilities to believe in their own ability to change their behavior and risk to HIV/Aids.
- It is important for parents and significant stakeholders to buy-in to the HIV/Aids education programmes at schools that their children attend so that the curriculum may be adapted to suit the unique needs of a particular school.
- Parents can play a pivotal role in ensuring that their children take HIV/Aids education seriously by initiating discussions at home.

5.6. Recommendations for further research

In view of the findings of this research it is recommended that further research may investigate:

1. The impact of diverse cultures and communities in educating adolescents about HIV/Aids to prevent further HIV infection.
2. How traditional and cultural beliefs affect the teaching and learning of HIV/Aids among adolescents.

5.7. Limitations of the study

As a researcher belonging to a different culture I had to accept that some of the impressions I had acquired prior to the qualitative research would in some way cloud my interpretation of the reality as presented by the case study itself. It is imperative to appreciate that this study of Muslim adolescents within the paradigm of HIV/Aids is also subjected to limitations as with any other qualitative study. A researcher's interpretations are prone to be prejudiced by personal 'intuition, values, beliefs and knowledge' thus influencing the concept of the research (Nieuwenhuis 2007a:60). Regardless of the fact that I believed strongly that I approached this study without any preconceived ideas or defined limits, these would have in some way affected the collection and discussion of my data.

Also, any investigation within the realms of HIV/Aids faces ethical challenges. It was difficult to enforce that the discussions within the focus group interviews remained confidential even though I requested that these discussions not be discussed outside the room (McMillan 2008:277). This possible lack of confidentiality might result since it would not be possible for me to monitor the learners who might discuss the content of the focus group interviews despite my appeal.

In addition, my study might have been affected by the fact that HIV/Aids is a sensitive issue to research especially within the context of a community that is conservative. Some of the selected research participants in my study could not have taken kindly to being questioned by a stranger from another belief-system about aspects of HIV/Aids. At the same time learners who formed part of the focus group might have been circumspect about what they thought they might have been allowed to say by the Muslim adults regarding their families or the school culture. As a female researcher, I might not have been able to elicit relevant information regarding sensitive issues because male participants might have found my questions intrusive with regard to their religious or cultural perceptions. My limited comprehension of Islamic traditions and practices might have also proved detrimental as I might have misinterpreted certain responses of the participants. However, it is my belief that I was nevertheless able to answer the main research questions of the study.

5.8. Conclusion

The results of this study revealed that Muslim learners appreciated the importance of HIV/Aids education within the strict religious principles of the Islamic way of life since they were able to fulfill their expectations with regard to HIV/Aids by maintaining these cultural principles. The opinions of the Muslim learners were that Islamic culture played a major role in the efforts to avoid HIV-infections if followers of the faith maintained the customs. Prerequisites of the adolescent's potential in the form of "intentionality", "forethought", "self-reactiveness" and "self-reflectiveness" (Bandura's 2001:13; 1989:46/65) would enable the attainment of self-efficacy and responsible behavior in the face of HIV/Aids. Additionally, Elbot and Fulton's (2008) Eight Gateways supported the



idea that the child was the focus of HIV/Aids education within the family and school culture that promoted safety and responsibility.

Education within the cultural context needs to consider existing adverse influences if the prevalence of HIV is to be curbed. The mono-cultural nature of the selected research site appeared to allow for the successful incorporation of the Islamic culture of the family and the school into the curriculum to the satisfaction of the Muslim parents, teachers and officials associated with the Muslim school. However, in the multicultural schools that now exist in South Africa it is difficult for teachers to try to incorporate each cultural influence into the curriculum. Teachers who participated in my research were considerate of the need to guide the learners towards rational behavior. While it is naïve to believe that the ideal, safe world can be created by all teachers and parents, it is vital that all adult role-players can work unstintingly towards the creation of safe, HIV-free environments for children to grow up in.