



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

**THE INFLUENCE OF MUSLIM FAMILY AND SCHOOL  
CULTURE ON ADOLESCENTS' KNOWLEDGE OF AND  
ATTITUDES TO HIV AND AIDS**

**JYOTHI ARJUN CHABILALL**

**UNIVERSITY OF PRETORIA**

**2010**



**THE INFLUENCE OF MUSLIM FAMILY AND SCHOOL CULTURE ON  
ADOLESCENTS' KNOWLEDGE OF AND ATTITUDES TO HIV AND AIDS**

BY

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Submitted in fulfilment of the requirements for the degree

**PHILOSOPHIAE DOCTOR**

In

**CURRICULUM AND INSTRUCTIONAL DESIGN**

**FACULTY OF EDUCATION  
UNIVERSITY OF PRETORIA  
SOUTH AFRICA**

SUPERVISOR: PROF C.G. HARTELL

**PRETORIA  
2010**



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***“A teacher can save more lives than a doctor.”***

**<sup>1</sup>Peter Piot (2004)**

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<sup>1</sup> *HIV & AIDS and Quality Education for All Youth – Preparatory seminar Geneva, 7<sup>th</sup> September 2004*

## **ACKNOWLEDGEMENTS**

My sincere appreciation and gratitude to the following people without whom I would not have achieved this goal:

- ❖ The learners, teachers, parents and officials of the school used in the study.
- ❖ Prof Hartell for his supervision, academic and technical assistance.
- ❖ The Centre for the Study of AIDS, University of Pretoria for financial assistance that made the research possible.
- ❖ Pavitraj Dass and Mr A. N. Singh for technical support and editing.
- ❖ My precious family and friends who supported me patiently during this challenging experience.



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## DECLARATION

I, Jyothi Arjun Chabilall, declare that this thesis is my own work and all the citations have been acknowledged in text and referenced in full.

Signature: \_\_\_\_\_

Date : \_\_\_\_\_



## ABSTRACT

In order to establish the way in which the Grade 10 Muslim learners perceived HIV/Aids, the research was designed to expose the direction (if any) provided by the values and cultural symbols within the dominant culture of the family and the school. The enquiry was motivated by the fact that the 15-24 year age-group (of which the Muslim adolescents were a part) is still considered a most vulnerable group in terms of HIV/Aids. Although the South African Department of Education has prescribed that HIV/Aids be taught during the Life Orientation periods at schools, this has been affected by operational problems. Learners do not always have the benefit of accurate information and confident role models who are able to guide them towards responsible behavior. Anecdotal evidence pointed to the possibility that HIV/Aids were low amongst Muslims who form a comparatively high percentage in the Western Cape Province of South Africa where the study was conducted.

Since the Social Cognitive Theory and the Eight Gateways or “entry points” of school culture highlight social interventions, the theoretical framework facilitated data collection and reinforced the findings. Analysis revealed that a collaborative and trustworthy relationship within the school culture that embraced parents, learners and teachers. Responses of the teachers indicated that they made use of the guidelines from the South African Department of Education and teachings of their religion. The Muslim family and school culture emphasized abstinence instead of safe sexual behavior in their teaching of HIV/Aids because of their Islamic religious background. Although the Muslim learners were aware of the dangers of irrational behavior they conceded that there were some who ignored the guidance of their parents and teachers thus succumbing to other social pressures. However, they generally appreciated the knowledge provided by their family and school culture that supported them to adapt their attitudes and behavior especially in terms of HIV/Aids. The main recommendation of this study is that HIV/Aids education may be productive if an integrative approach is implemented where communities work collectively to promote strict moral adherence that will enable learners to avoid unsafe sexual behavior and HIV-infection.



HIV

AIDS

KNOWLEDGE

ATTITUDE

MUSLIM<sup>2</sup>

ISLAM<sup>3</sup>

FAMILY CULTURE

SCHOOL CULTURE

DUAL RELATIONSHIP

VULNERABILITY

ADHERENCE

ABSTINENCE

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<sup>2</sup> A follower of Islam

<sup>3</sup> The religion of the Muslims

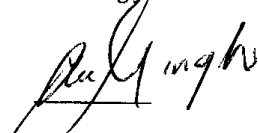


7 April 2010-04-07

Whom it May Concern

Please be informed that I, Mr. A. N. Singh, have edited the thesis entitled "The Influence of Muslim Family and School Culture on the adolescent's knowledge of and attitudes to HIV and AIDS" for Jyothi Chabilall.

Thanking you



Mr. A.N. Singh



## CHAPTER 1

---

### BACKGROUND AND ORIENTATION

*'Culture describes how things are and acts as a screen or lens through which the world is viewed.'*

(Stoll 1998:9)

#### 1.1. Introduction

The UNAIDS Annual Report (UNAIDSb) presented that in 2008 successful antiretroviral treatments assisted to decrease the number of people living with HIV globally to 33.4 million. Although this was not so in Sub-Saharan Africa effective education and treatment appeared to have resulted in the epidemic evening out steadily in many regions around the world. UNAIDS (UNAIDSb) has noted that seventy-one percent of all new HIV infections have emerged in Sub-Saharan Africa where sixty percent of those living with HIV were women. Further, South African statistics (UNAIDSb) revealed that this country had the largest number of approximately one million people living with HIV and on treatment. The UNAIDS interagency task team on HIV has become more responsive to the fact that young people from the age of ten to twenty-four are particularly at high risk of contracting HIV. As a consequence, communities globally are more attentive to their obligation to augment HIV/Aids knowledge among the youth so that the latter are able to develop sustainable attitudes and behaviour in terms of the disease.

South African studies (Barnett and Whiteside 2006:24) confirm that AIDS will claim the lives of a significant percentage of adolescents as this group is seen as a vulnerable sector of society. Research by Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Parker, Van Zyl, Zungu, Pezi and the SABSSM III Implementation Team (2009:1) as well as statistics provided by UNAIDS (2008) illustrated that there were 180 722 South African males and 831 445 females between the ages 15 and 24 living with HIV/Aids during that period. Kelly (2000) maintains that while African societies are responsive to the demands of HIV/Aids, there is a tendency to delegate a more prominent role to the school to create safe sexual behaviour among adolescents. Consequently, there has been a concerted effort by affiliated South African authorities to modify the school curriculum, incorporating

HIV/Aids into the life skills programme. This was a step towards guiding the adolescents to deal with HIV-related problems not just from a preventative perspective but also from a social perspective so that they could make informed, life-changing decisions competently (Kelly 2000:31-32).

Such a commitment to assist adolescents becomes the responsibility of the influential “network structure(s)” (Bandura’s 2001:3) in the individual’s life. In Bandura’s (2001:3; 1994:2) words particular “network structure(s)” (including culture) as well as “social and self-regulative skills” can impact upon a person’s knowledge, attitude and behavioural modification in the face of HIV/Aids. The theoretical framework of the study demonstrates that parents and teachers within the school culture can inspire positive changes to ensure the learner’s success in attaining safe-behavior to avoid HIV/Aids (Bandura 2001; Elbot and Fulton 2008). As a result, the culture of a community, according to Schein (2004:21) is structured and “influences the group’s behavior”. However, it is not the intention of this thesis to promote any religion or religious group but to assess the basic values relevant to sexuality and HIV/Aids. Regardless of their social or religious backgrounds it is apparent that adolescents can benefit from the teachings of significant adults in their communities. Elbot and Fulton (2008:2/5) in their discussion of school culture suggest that parents and teachers within the family and school culture can inspire positive changes thus ensuring the learners’ success. As a consequence, the contention of this study is that values regarding what is right and wrong in terms of HIV/Aids are conveyed as a result of the youth’s relationships with adults within the family culture and school culture. Consistent with what Van der Walt (1994:44) proposes about the formation of one’s life- and worldview it means that the adolescent’s attitudes and behavior will develop within the context of HIV/Aids accordingly.

Thus this chapter explains strategic research preferences against which the thesis should be read. Contextual frames of reference will substantiate the assertion within my study that reflect upon the <sup>4</sup>Muslim adolescent’s knowledge and attitudes in respect of HIV/ Aids within the realm of family and school culture. The introductory paragraphs to this chapter

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<sup>4</sup> The word ‘Muslim’ will be used interchangeably with ‘people of Islamic descent’

deliberate the concept of culture and consequently, the dual relationship between culture and education. These viewpoints are followed by discussions of global and South African literature based on HIV/Aids in general, since further explanation appears in Chapter 2. Chapter 1 also provides a concise account of the methodology (as a prelude to chapter 3), a clarification of the main concepts in the inquiry and an outline of the chapters in this thesis. I have also included a detailed elucidation of the focus of this thesis which is “culture” and will communicate the manner in which the concept impacts upon HIV/Aids education of Muslim adolescents.

Literature reviews (Elbot and Fulton 2008:2; Schein 2004:17-21) have recognized that “culture” has an indisputable role in any community since it distinguishes particular social groups and focuses on salient definitive issues in respect of the lives of the people. The dynamic nature of culture necessitates that individuals adapt certain personal characteristics including their knowledge and attitudes according to the social transformations that occur in the sphere of society over time. Within the context of this chapter and later in Chapter 2, I define the concept of “culture” *per se* and then, as it appears in this study as “family culture” and “school culture”. For the purposes of this inquiry the research site was an independent Islamic institution that covered distinctive Muslim cultural attitudes within basic Islamic principles.

The foregoing views on culture support the contention that societal values which are often derived from family and school culture do exercise some control upon an individual’s behavior particularly in the context of HIV/Aids (van Wyk and Lemmer 2007:312-313; Nupen 2006:95). My goal in conducting this research therefore was to establish whether the Muslim family culture and the Muslim school cultural has in any way influenced a lower HIV prevalence in that community (Kagee, Toefy, Simbayi & Kalichman 2005). This investigation was initiated as a result of my curiosity to establish what the Muslim community was doing right in order to present a lower prevalence of HIV in their communities. Accordingly, I concluded that the findings of this study of Muslim adolescents’ knowledge of and attitudes towards HIV/Aids might prove beneficial in preventing the further spread of HIV among the youth in other South African communities.

## 1.2. Rationale

The challenge of HIV/Aids within the South African milieu demands further scholarly deliberation for the reason that there is a high HIV prevalence among adolescents (Louw 2009:163). It ought to be noted that even though the term “prevalence<sup>5</sup>” has been used in this study, UNAIDS (UNAIDSa) has suggested that there be changes implemented to refer HIV and AIDS statistics in the future. It has been found that data in relation to the term “prevalence” (which is a percentage) was often difficult to interpret since it could not account for changing patterns in the survival period from infection to death because of antiretroviral therapy. The submission now means that the term “incidence<sup>6</sup>” will be used instead since it is “more sensitive to the changing dynamics of disease transmission” (UNAIDSa). However, even though data referring to incidence are recommended, it scientists warn that that these figures are more difficult to obtain.

As verified by an HSRC report the number of young South African adults living with the virus is one in six (Informer 2006). South African studies confirm that AIDS will claim the lives of a significant percentage of adolescents as this group is a vulnerable sector of society (Barnett and Whiteside 2006:24). A recent investigation by Louw (2009:163) has found that the South African youth is perplexed by contradictory messages in terms of HIV/Aids that even the school does not assist to demystify. In terms of Louw’s (2009:164) study South African youth displayed scant regard for the consequences of risky behavior since they believed that they could not be affected by HIV. It was my view that there was a nonchalant attitude pervading South African schools thus justifying the need for further scientific inquiry into these aspects of HIV/Aids so as to assist the youth to overcome their ignorance and avoid HIV infection.

My reason for selecting adolescents of Islamic descent is significant since the HIV infection rate among the Muslim youth in South Africa is hypothetically low and they are

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<sup>5</sup> “prevalence” refers to the number of people who are living with HIV at a given point in time (Berry & Noble 2010)

<sup>6</sup> “incidence” refers to the number of new HIV cases in a given population during a certain period (Berry & Noble 2010)

from one of the many conservative communities with stringent moral rules pertaining to pre-marital sexual activity (HIV/Aids education more especially). It also became apparent that the Muslim community was most representative of the South African population since Muslims come from all races and language groups. As a result, my study would be more meaningful although I accepted that it could not be generalized to other populations and samples. Within the context of the high prevalence of HIV infections among the adolescents in South Africa I was motivated to find out what the causal factors (in the family and school) were for the low infections among the Muslim youth. However, according to Positive Muslims, a non-profit organization from Cape Town (Esack 2005), Muslims did not readily acknowledge that HIV or AIDS existed among them and they responded towards the epidemic as if it belonged elsewhere (other religious and racial groups). The report by Esack (2005) also states that Muslims then did not consider any other factors such as drug abuse or rape as being contributing factors for HIV infection. Stemming from these perceptions, I endeavored to investigate by means of a case study the relationship between social and cultural practices within the Muslim family and Islamic schools in respect of the Muslim adolescent learner's attitudes and responses regarding HIV/AIDS.

Paruk, Mohamed, Patel and Ramgoon (2006:511) are of the view that an individual's belief system is an important factor in the attitude that one displays towards HIV/Aids. In relation to my investigation it is a point of query as to whether the Islamic cultural belief system has an impact upon the knowledge and attitudes of the Muslim adolescent. This is one factor that might dictate the low prevalence of HIV infection amongst them and the Islamic community in general. A further point of consequence for my study and one which is pointed out within the "pilot" study conducted by Kagee *et al.* (2005:16) is that Muslims supposedly have a low infection rate within the South African milieu. It will therefore be interesting to investigate the reason for this low prevalence amongst Muslims and to illustrate the manner in which the family and school culture have influenced the knowledge and attitudes of the Muslim adolescents to HIV/Aids.

It is possible that the Muslim youth adhere to certain values or perspectives in their culture that can be useful or significant to other cultural and racial groups in the attempt to prevent HIV infection among the youth. This particular exploration into the youth and HIV/Aids from a social, cultural, family and school perspective attempted to establish the shortcomings in the researched literature on HIV/Aids and education particularly in terms of adolescents. Hence, my study was crucial since research regarding the Muslim adolescents' knowledge and attitudes towards HIV/Aids is limited and could contribute to the curbing HIV infections among the youth. Within such a framework, my research population was representative of a hybrid Muslim population including a blend of races, language groups, ethnic origins and sexual orientations (Kagee *et al.* 2005).

Consequently, the focus of my investigation was based primarily on the following assumptions as a statement of purpose:

- that the school is an extension of the community and reproduces the community's (family's) cultural and social practices and should therefore influence the way in which Muslim adolescents respond to HIV/Aids (Elbot and Fulton 2008:2/5; Nanavati & McCulloch, 2003:3);
- that interventions by the South African Department of Education and the Department of Health are not accomplishing the goal of significantly reducing the rate of HIV infections among the South African youth (van den Berg 2005:228-229; Hartell 2005:170); and
- that Muslims as a cultural group in South Africa display low HIV prevalence (Paruk, *et al* 2006:511; Kagee *et al.* 2005:7; Khan & Hyder 2001).

In their study, Kagee *et al.* (2005:5) aimed to establish the prevalence of HIV among the Western Cape Muslim community. They (Kagee *et al.* 2005:24-25) concluded that HIV was not a "trivial" issue within this community and that it was therefore imperative that a concerted effort be made to mitigate the proliferation of the pandemic. Studies like mine within the South African Health or Education sectors that explore the impact of the family

and school culture upon HIV/Aids are therefore relevant to the process of HIV prevention (South African Government 2007:17/33).

Of particular consequence to the present research, was an investigation conducted by Reddy, James and McCauley (2005) that analyzed the result of putting into practice an HIV/Aids programme during Life Orientation (LO) for Grade nine at a Kwa-Zulu<sup>7</sup> Natal school. The findings of this study indicated that the programme enhanced the learners' knowledge of HIV/Aids – an advantage to the existing positive attitudes that the children had towards sexual behavior (Reddy *et al.* 2005:2-3). Despite the many insecurities and quandaries the teachers talked about during the research (Reddy *et al.* 2005:2-3), their enthusiasm to have more teaching materials was just as high as learner-enthusiasm to grasp information in respect of such an crucial issue as HIV/Aids. An important component of the study undertaken in the Western Cape Province of South Africa in the Muslim community was to gauge the role of life skills in terms of HIV/Aids at school level.

It is a reality that HIV/Aids education and policy implementation, as well as the realization of curriculum guidelines from the Department of Education regarding HIV/Aids education are not consistent throughout all schools in South Africa even though HIV affects all South African cultures (Mosia 2009). The study by Reddy *et al.* (2005) demonstrated that the development and implementation of the curriculum was just as important to the teaching of HIV/Aids as teachers who were suited to the task and committed to encouraging positive behavior-change in the learners. Some South African school cultures dictated that HIV/Aids education was discretionary since these school cultures contended that learners from such schools were not affected by the virus. A study by Varga (1997:47) discusses awareness, communication and socio-cultural factors in the fight against AIDS as well as the oversight of individuals in some communities where HIV prevalence is believed to be low and individuals feel that they are “safe” – hence not taking AIDS education seriously. In keeping with the foregoing assertion my line of reasoning was that it would be interesting to investigate how the Islamic institution (boys and girls school) in the study responded to the epidemic.

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<sup>7</sup> Province in South Africa



As a consequence of the above assertions this study was based on the rationale that further enquiry could augment knowledge and its findings could contribute to an enhanced interpretation and effective implementation of guidelines that existed in HIV prevention policy at schools (Moletsane, 2003:2). The findings of this study, although scholastic, could contribute to the strategies of the Department of Education, policy makers, teachers, religious leaders and parents since these highlight the influence of family and school culture on the knowledge, attitude and responsiveness of adolescents to HIV/Aids in an attempt to curb the further spread of HIV/Aids among South African adolescents.

### **1.3. Contextualizing this study**

#### **1.3.1. Dual relationship of culture and education**

Schools are embedded in communities and reflect the values, beliefs and cultures of the families and communities they serve, reproducing the community's cultural and social practices. Culture shapes education while education can serve as a medium to preserve and promote culture. Culture therefore influences content and subsequently, content can promote culture. Accordingly, while a particular school culture is recognizable by its unique values, beliefs, climate, ethos, atmosphere, character and tone as indicated by Elbot and Fulton (2008:18-19) and Barth (1990:513), the school culture also imbibes certain characteristics from the community it serves. This finding in terms of the dual relationship between the school and family culture is significant as my study attempted to illustrate if the family and school culture had influenced the youth's interpretation of the world and consequently of HIV/Aids.

Hallinger and Leithwood (1998:132) declare that the characteristic relationships within the school culture or climate will be determined by the defining features of the environment and society that such a culture emanates from. Be it in the home or at school, the child socializes within a specified cultural backdrop uncovering skills and knowledge that could sanction confident social integration and communication (Hallinger and Leithwood 1998:131). By this definition one is able to establish the relationship between school and home that is instrumental in shaping the child's cultural credence and diversity. The



multidirectional outcomes of such relationships could allow for the mutual benefit of cultural groups at large and cultural leadership within the school climate.

### **1.3.2. Education and Culture in the context of HIV/Aids**

Hartell (2007) is of the view that in terms of HIV/Aids, there is a categorical mutual relationship whereby culture affects education which in turn functions to reproduce and preserve culture whereby learners imbibe the distinctive values, knowledge, attitudes and skills within a divergent socio-educational milieu. Recent literature reviews (Rose-Innes, 2006:4; Muturi 2005:77, 82; Paruk *et al.* 2006:511; Khan & Hyder 2001) expose the fact that adolescents are desperately attempting to make sense of their world by looking to their families and educational institutions and programmes.

Rose-Innes (2006:4) points out that in some areas adolescents do not possess significant formal education and have not received reliable, beneficial information on HIV/Aids and sexuality from either the family or the school, believing instead in dangerous cultural myths and misconceptions. Cultural myths and misconceptions are major contributors to why South Africa has a fast-growing HIV/Aids rate, with highest prevalence (15.64%) among young people (15 to 24 years), especially females (Hartell, 2005). Thus, schools that do not take HIV/Aids education seriously create scope for myths and misconceptions among adolescents.

The opinion of Aarø, Flisher, Kaaya, Onya, Fuglesang, Klepp and Schaalma (2006:150-151) is that effective control of HIV infections can be achieved if unique socio-educational and cultural situations that engender vulnerability are researched and taught. The concept is supported by Wilson & Miller, (2003:84-85) who contend that scientific knowledge can constructively influence adolescent knowledge and attitude and consequently behavior. Adolescent behavior-change can be the product of revised learning programmes that are followed by revised mind-sets that result in the youth's predisposition to indulge in non-risky behavior that prevents HIV infection (Panchaud 2005:6). It is acknowledged that the youth are vulnerable to HIV infection but Pembrey (2007) asserts that they are also most

likely to make an effort to modify their behavior to prevent infection if they are positively influenced by family culture and school culture.

The behavior of an adolescent in relation to HIV/Aids is influenced by the original cultural background of the adolescent in the form of the family and community (Airhihenbuwa and De Witt Webster 2004:4). These stimuli will encompass the youth's beliefs and values and may not always lead to positive behavior or care and support of people living with AIDS. Airhihenbuwa and De Witt Webster (2004:8-10) aver that it is possible for cultural interventions to produce positive values and dependable, safe relationships that may assist the adolescent in his judgment in the face of HIV/Aids. It is imperative that a superior educational curriculum in respect of HIV/Aids will take cognizance of such cultural concepts and make it accessible to all children (Hartell 2007).

### **1.3.3. Life Orientation and HIV/Aids education**

Jansen (2007:12) is of the view that the school curriculum can incorporate HIV/Aids as a central theme in an active endeavour to deal with the pandemic from a socio-educational as well as a cultural perspective. From the perspective of the South African Department of Education it is a requirement that all schools provide LO and life skills education with the emphasis on HIV/AIDS. In addition, research (Reddy *et al.* 2005:4-5) confirms that the effective implementation of HIV/Aids education as part of the life skills programme during LO lessons can produce positive attitudes and behavior from the learners. The South African Department of Education has a specific curriculum in relation to the Life Skills aspects of LO with reference to HIV/AIDS for Grade 10 learners. One of the questions that I needed to respond to within my research was whether the Muslim school considered HIV/Aids education important enough to be included as part of Life Orientation curriculum.

Panchaud (2005:6) is of the view that the school curriculum together with the co-operation of crucial role-players in the child's life such as parents, teachers and religious leaders can assist the child with knowledge to appreciate the social and cultural aspects of HIV/Aids and to overcome myths and stigma related to the disease. Although parents generally leave

HIV/Aids education to the schools, many school communities are of the view that HIV/Aids should not be emphasized as the disease had not affected their community or school. As a result, it is unfortunate that many South African families and schools ordinarily provide little information regarding HIV/Aids (Campbell, Foulis, Maimane & Sibiya 2004; Kelly 2000:5). Further, at school level some teachers are not aware of any HIV/Aids prevalence and feel that the school is not affected by the pandemic (Hartell 2007). Teachers at these schools do not consider HIV/Aids education and LO as being relevant to their learners' educational needs thus perpetuating myths and misconceptions that result in the further spread of HIV infections (Mosia 2009:1; Berry 2007).

On the other hand the learner who is guided by the teacher about life skills will be able to make informed decisions with regard to personal health and HIV/Aids (Mosia 2009:8). According to Mosia (2009:11-12) there are many challenges that prevent the realization of Departmental goals in terms of Life Orientation and Life Skills education which forms an integral part of the curriculum. These may be that there is:

- A dearth of qualified teachers in LO;
- No specific Life Orientation and Life Skills teaching strategies are provided for the teachers to follow;
- An inadequate LO and Life Skills training development programme for teachers;
- An insensitivity of teachers to deal with topics such as sexuality;
- A constant change of staff in charge of Life Orientation and no communication and exchange of ideas from one teacher to the next;
- A difference between the teachers' ideals and the principles within the LO curriculum; and
- The problem of organizational difficulties which included time restrictions and cumbersome class sizes (Mosia 2009:13-17).

Hence, the failure on the part of LO teachers to deliver in terms of life skills and HIV/Aids prevents the child from acquiring knowledge to develop the relevant attitudes, values and coping strategies to deal with HIV/Aids. Difficulties in respect of the implementation of

LO programmes and HIV/Aids education at school level do not bode well for the realization of the “HIV/Aids and STI Strategic Plan for South Africa, 2007-2011” as well as the Department of Education’s policies considering the fact that schools are an excellent point of contact to work with the youth (Berry 2007). The position of my research was that it was essential to explore how Islamic Institutions of learning viewed and implemented HIV/Aids education and how this education influenced Muslim adolescents’ views with regard to HIV/Aids.

#### **1.3.4. Implementation of the HIV/Aids education at South African schools**

Nanavati and McCulloch (2003:3) and (7:2002) claim that the manner in which a school will resolve the implementation of an active HIV/Aids programme will be determined by the school culture which is influenced by the attitudes and values of the principal, teachers, families, learners as well as the school Trust, Parent-teacher association or Governing body that acts on behalf of the parents. Vollenhoven’s (2003:246) inquiry into the role of governing bodies in South Africa during the time, reveals that school governing bodies generally do not have a proper understanding of National Policy on HIV/Aids and no clear strategy to respond to the impact of the disease. In addition, school programmes are apparently not successful in the structure or application of HIV/Aids education since the 15 to 24 age-group has the highest rate of HIV infection (Statistics South Africa 2006b:3). The recommendation from this research is that all educational institutions ought to be aware of law and policies relating to HIV/Aids to be able to assist teachers in their duties in this regard (Vollenhoven’s 2003:246).

According to Mary Crewe (2004:3), the Director of the Centre for the Study of AIDS at the University of Pretoria, presently South African state directives are meant to result in “ [...] effective and functioning school system(s) and the most basic education, to HIV Prevention”. The Education White Paper 6 (2001) that dealt with “Special needs education” in South Africa affirmed the following major points in relation to HIV/Aids education:

- i. *The development of inclusive education and training to include HIV/Aids (1.6.1. p23);*
- ii. *The Ministry will analyze the impact of HIV/Aids consistently and aim to develop and implement appropriate and timely programmers one of which will be the development of teaching guidelines (2.2.8.1/2.2.8.2. p34; 4.3.11.1/4.3.11.2 p50).*

London and Robles (2000:1267) are of the view that educational programmes ought to advocate knowledge that clarifies the manner in which HIV can be transmitted or prevented. Debatably, the school's life skills curriculum is said to be implemented at 100% of the schools but what is not documented is what percentage of this curriculum focuses on HIV/Aids education nor the capacity of the teacher to execute this educative task effectively. Researchers (Mosia 2009; Reddy *et al.* 2001) argue that the South African school's LO Programme can initiate behavior change via the teaching of life skills to encourage adolescents towards non-risky behavior. This line of reasoning is supported by the South African Department of Education (2003) that provides that the learning area of the LO programme at schools is meant to uphold a 'holistic approach':

*The focus is the development of self-in-society and this encourages the development of balanced and confident learners who will contribute to a just and democratic society, a productive economy and an improved quality of life for all. Life Orientation guides and prepares the learners for life and for its responsibilities and possibilities. This learning area addresses knowledge, attitudes, values and skills about the self, the environment, responsible citizenship, a healthy and productive life, social engagement, recreation and physical activity and career choices. It equips learners to solve problems, to make informed decisions and choices and to take appropriate actions to enable them to live meaningfully and successfully in a rapidly changing society. (South African Department of Education 2003)*

Should the school be mono-cultural (as in the case of my study, Muslim), this in turn will influence what aspects of the HIV/Aids curriculum will be taught, who will be responsible

to do so, how such aspects of the curriculum will be taught and whether the school culture will dictate if it is necessary to teach HIV/Aids education at all. Researchers such as Mosia (2009), Hartell (2006) and Varga (1997:47) have confirmed that LO and HIV/Aids education is not uniformly implemented as there are South African schools that consider that HIV/Aids is no “big deal” for them. This outlook emanates from the attitudes pervading the family and school culture of those schools where HIV prevalence is low and people feel they are “safe” from infection and adolescents are at a disadvantage.

Of significance to my study is that within the framework provided by the Department of Education, the LO teachers are supposed to ensure that learners are taught about HIV/Aids and sexuality. Research by Mosia (2009) and Prinsloo (2007) has revealed that the teachers did not understand and implement the LO programme correctly since they were generally dissatisfied with the content and aims of the programme as well as the standard of training that was provided to them by the Department of Education. Some schools from rural areas and poor socio-economic sectors were most adversely affected in terms of delivery as they did not have the necessary community involvement with the school, there were poor role models for the children to emulate and there was a lack of acceptable societal value systems that could assist the teachers with this LO programme (Mosia 2009; Prinsloo 2007:162-164). The teaching of LO is left to teachers who often do not make it to the lesson since the subject is not taken seriously. The teachers were also aware that their teaching did not go beyond the classroom as learners forgot what they learnt when they were faced by influences outside the school (Mosia 2009; Prinsloo 2007:165). According to Mosia (2009) and Prinsloo (2007:165), the teachers who participated in their studies articulated that multi-cultural classes made LO difficult since it was an arduous task to cater for so many cultures in one classroom.

Although many teachers are not aware thereof, the Department of Education does have certain policies and strategies in place to support schools and families in the awareness and prevention of HIV/Aids among learners. Some of these that are relevant to this study are:

- HIV/Aids Educational Resources: DOE guidelines for learners and teachers;
- “Develop an HIV and AIDS plan for your school” for school governing bodies, managers, teachers as well as parents (Department of Education 2003a);
- “What parents need to know” (Department of Education 2003b);
- “National Curriculum Statement Grades 10-12” (Department of Education 2007) – guide for teachers; and
- The HIV/Aids Emergency: Department of Education Guidelines for teachers (Department of Education 2002).

Mosia’s (2009:2-3) investigation contemplated the teachers’ knowledge and execution of the LO programmes as recommended by the Department of Education in South Africa. These Departmental directives specify that it is important to take into consideration the “professional backgrounds and educational levels of the teachers” within the particular school situation in order that teachers are able to provide learners with the “knowledge, skills, attitudes and values that will empower them to cope with the challenges of life” (Mosia 2009:11-12; Department of Education 2002:1-3). This implies that teachers ought to be equipped professionally as well as morally in order to teach skills and values to children taking into consideration the dynamics of the specific community and the world in general.

It was fundamental to my research to consider Mosia’s (2009:3-5) conclusion that teachers with conflicting personal values experienced difficulties in trying to include the culture of the school community within the LO and Life Skills. In addition, an analysis conducted in Cape Town of the teacher’s views within the realm of HIV/Aids and school culture, Adonis (2005) found that there was an irrefutable connection between school culture and the teachers’ professionalism and presentation. Most of the teachers in the inquiry by Adonis (2005) had formed a beneficial relationship with the parents and other relevant members of the school community so that the ideals of the society could be fostered for the benefit of the child’s progress at school. The school culture in this study was the same as that of the community’s hence teachers were able to work as a team while they upheld both modern and traditional notions of the school culture. However, Adonis did find that the



one teacher who did not belong to that community and who differed in his outlook to the rest of the teachers found great difficulty in applying his philosophy of education as it did not blend in with the school culture.

Researchers such as Terry, Mhloyi, Masvaure and Adlis (2006:39) and Moletsane (2003:2) emphasize that school laws, policies, customs and aspects that pertain to school culture can either ensure or fail to ensure that there is substantial focus upon HIV/Aids Education within a school culture. It has been established (Moore, Gullone and McArthur, 2004:210) that there is frequently an increased risk of HIV infection where school cultures negatively influence adolescent attitudes regarding stigma, discrimination, silence and denial within communities. Factors in terms of the manner in which school cultures influenced HIV/Aids education were significant for my study particularly in the construction of research questions that would expose the competency of the Muslim culture to promote correct AIDS education to benefit adolescents.

#### **1.4. HIV/Aids in South Africa**

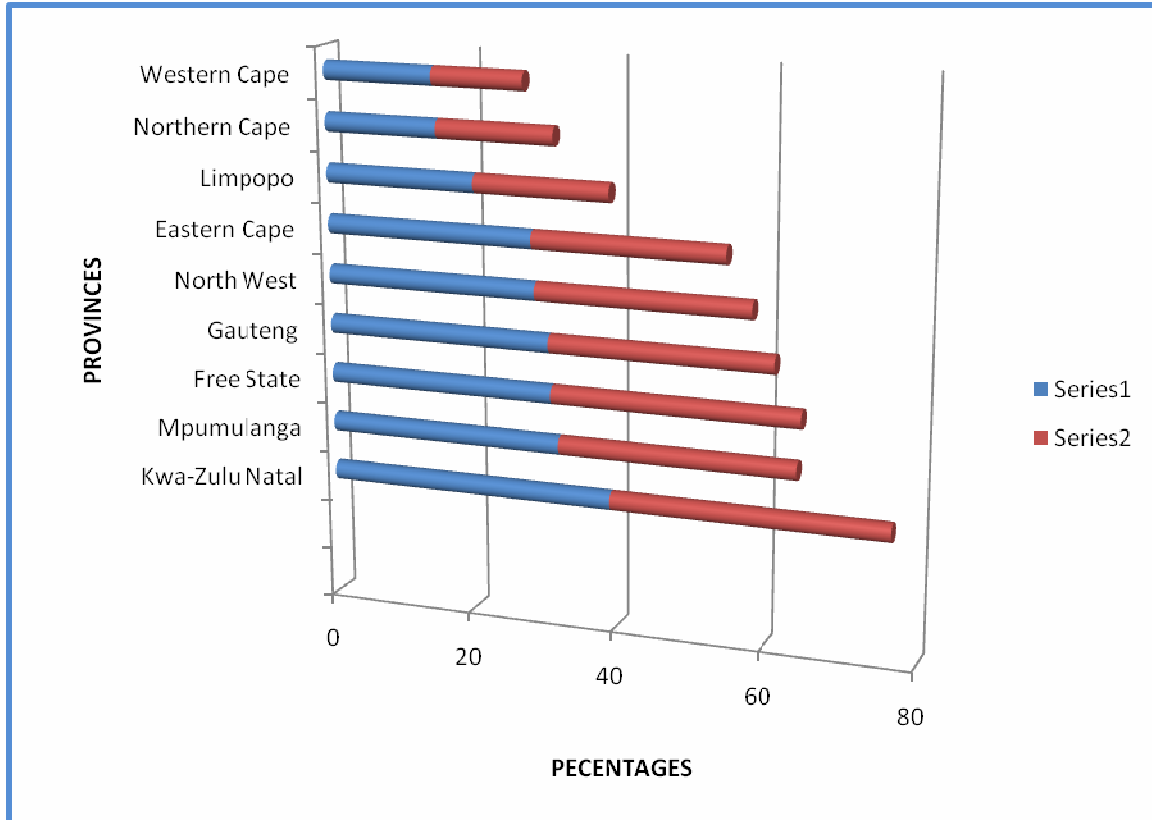
AIDS is a generalized epidemic in most African countries and has stabilized in South Africa but at a high level – hence the need for interventions to control the spread of HIV/Aids (UNAIDS/WHO 2008). Despite the introduction of fundamental HIV/Aids educational programmes in various sectors of the South Africa community, 947 AIDS-related deaths occur every day in South Africa alone (Nicolay 2006). The representation below derived from “The National HIV and Syphilis Prevalence Survey South Africa” (2007:11) demonstrates the consistently low HIV prevalence in the Western Cape of South African where my study was conducted:



**Figure 1: National statistics for HIV prevalence in South Africa**

*Adapted from ‘The National HIV and Syphilis Prevalence Survey South Africa- 2007’*

*(South African Government 2007:11)*



Series 2: 2007

Series 1: 2006

Although statistics provide by the Population Census 2001 (Statistics South Africa 2006a) that demonstrate the difference of HIV prevalence in each cultural group in South Africa are not available it is important to note that there is a consistently low HIV prevalence in the Western Cape where my research was conducted. This region of South Africa also has a significant Muslim community of 292 895 which is followed by Christians and then those with no religious affiliation of the almost 4 million population in that province. Hence, these statistical factors form crucial support for my investigation and could encourage further research to uncover what socio-educational and cultural factors are contributory towards a serious HIV infection rate among South Africa youth. Further justification for my study was that a key priority of the “HIV/AIDS and STI Strategic Plan

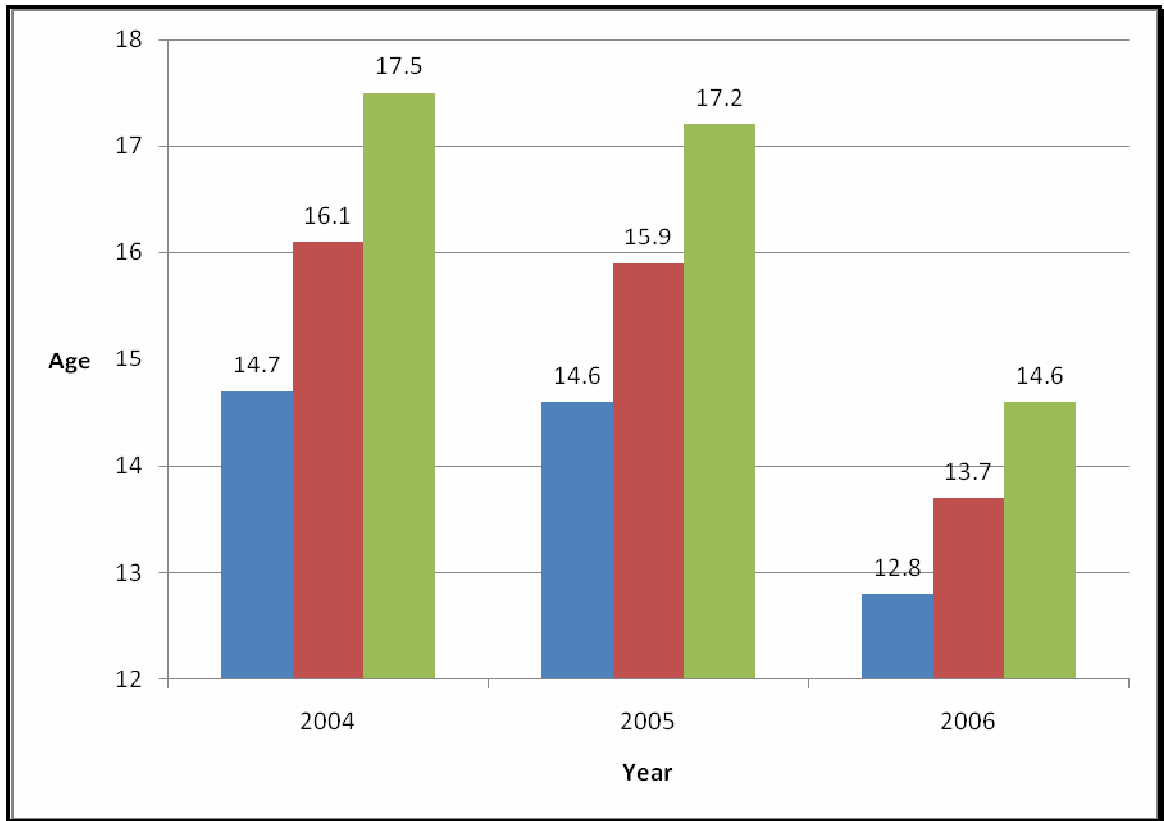
for South Africa, 2007-2011” (South African Government 2007:9), was the development of strategies by the school so as to influence knowledge, attitude and finally behavior change in relation to HIV/Aids.

The UNAIDS (2008) AIDS Epidemic 2007 Update is of special significance to my research as this depicts that South Africa was even then one of the countries that has the greatest number of HIV infections in the world. This reality is further underscored in the most recent UNAIDS/ WHO Update (2008:3) that states that South Africa is the country with the “largest number of infections in the world”. According to UNAIDS/WHO (2008:10), it is apparent that the relevant South African Departments of Education and Health have not succeeded in dealing with both tuberculosis and HIV as a result of inadequate public awareness, education, reporting, identification and treatment. The disproportionate number of HIV infections among the different racial and religious groups in South Africa is a clear indication that preventative strategies initiated by the South African Department of Education and the Department of Health cannot be considered meaningful (Ghandi 2006). Information *vis-à-vis* HIV/Aids is therefore important to this study as the adolescent’s knowledge of and attitude to HIV/Aids are of great consequence to uncovering elements that will assist in curtailing HIV infections among high-risk groups.

Of singular note is the evidence provided by South African antenatal attendees for the period 2000-2006 that confirmed a decline in the number of pregnant women (15-24 years) infected with HIV although this group accounted for almost 90% of new HIV infections until 2007 (UNAIDS/WHO (2008:10). The Republic of South Africa Report to United Nations General Assembly (2008:31) outlines the following for the age group 15 to 24 years:

**Figure 2: Prevalence of HIV infection for the age group 15-24 in South Africa**

*Adapted from Republic of South Africa report to UNGASS: Age group 15 to 24 years (2008:31)*



From the above illustration it is logical that there is a gradual decrease in the prevalence of HIV infection in the 15 to 24 age group. However, the report from which it is taken also confirms that there is still a need for more scientific research among the youth in an effort to ensure that HIV/Aids education is effective thus assisting to curb the further spread of HIV infections. Researchers like Pettifor, Rees, Kleinschmidt, Steffenson, MacPhail, Hlongwa-Madikizela, Vermaak and Padian (2005:1526) contribute that while the HIV prevalence in the 15 to 19 group of females are considered to have evened out, that in the 20-24 age-group has swelled significantly to thirty percent since 2002. Rose-Innes (2006:4) as well as Hartell (2005:172) are of the opinion that although the South African

youth generally display a significant understanding of AIDS, there are still those who are ignorant of the hazards of risky behavior.

South African research in the field of HIV/Aids among Muslims is inadequate but studies conducted by South African researchers Kagee, Toefy, Simbayi & Kalichman (2005) and Paruk, Mohamed, Patel & Ramgoon (2006:511) do highlight the associated controversies. Statistics provided by the aforementioned researchers and The World Bank (2006) indicate that the rate of HIV infections among Muslims is supposedly low but may be higher than it really is indicated to be. Globally, socio-educational studies pertaining directly to HIV/Aids data in respect of religious groups and racial sectors are rare. In view of the fact that HIV and AIDS statistics within the South African research milieu concerning the youth and culture is inadequate, it is crucial to scientifically investigate this topic because information and findings resulting from such research can provide an important base for educational interventions (aimed at reducing further transmission).

## **1.5. Research Questions**

### **1.5.1. What is the problem?**

From the preceding discussion and the consequent elaboration of literature studies in Chapter 2, it is apparent that the prevalence of HIV/Aids is high among adolescents in South Africa, especially girls (Louw 2009). By and large, the South African youth may still lack HIV/Aids knowledge and some may have an apathetic attitude on the matter (Louw 2009). However, it is apparent that Muslims in general have a low prevalence of HIV infections within their community (World Bank 2006; Kagee *et al.* 2005) – a fact that stimulates inquiry as to what makes this hypothetically low prevalence possible. It therefore becomes necessary to consider whether and how their Muslim family and school culture influence their knowledge and attitudes, consequently their behavior thus resulting in a low prevalence of HIV in that community. In keeping with the theories proposed by Elbot and Fulton (2008:2) and Schein (2004:17-21) such an argument may be a subject for further debate as to if there really is a dual relationship between “culture” and “education” (see page 7). This begs the question as to whether there is a relationship between this Muslim family and school culture and do these aspects influence the Muslim adolescent’s

knowledge of and attitudes to HIV/Aids. Accordingly, the purpose statement forms the general framing for the specific main research question as well as the sub-sequential questions as indicated below.

The main research question of this study was defined as:

**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?**

The research sub-questions were:

1. What does the Muslim family regard as good education in terms of its culture?
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?
3. What does the school regard as its role and responsibility in relation to HIV/Aids education?
4. What is the primary aim of the school with regards to HIV/Aids education?
5. How does the school contribute towards HIV/Aids education?

## **1.6 Aim of the study**

The main aim of this study was to investigate how the relationship between the culture of the family and that of the school contributed towards inculcating knowledge of and attitudes to HIV/Aids as well as responsible sexual behavior among adolescents. Initially, the present study sought to establish what the Muslim family regarded as suitable HIV/Aids and sexuality education in accordance with their culture and what was therefore the school's responsibility. On the other hand, the study intended to expose what the school perceived as its responsibility towards HIV/Aids education. In addition the research had to determine what the school considered to be the expectations of the Muslim family regarding HIV/Aids education. Furthermore, the study endeavored to confirm what cultural practices within particular families influenced school culture and how school culture influenced teacher's perceptions and their teaching of HIV/Aids. Finally, it was imperative that I examined the manner in which the adolescents' understanding and experiences of the

culture of the family and the school influenced their knowledge of and attitudes to HIV/Aids.

## **1.7. Explanation of Core Concepts in relation to the study**

The subsequent discussion clarifies the following:

### **1.7.1. Culture**

Regardless of the demographics, each society has unique value systems within its culture that are imbibed by the people who form part thereof – the way they perceive their environment and what they derive from the conventions within that community (O'Hagan, 1999:273). According to Christopher (1996:18) “culture” shapes the course of an individual’s moral disposition and “moral vision” which refers to the “constellations of cultural values and assumptions that shape our experiences of life and the stances we adopt toward it”. Within the context of any organization or society there are “social constructs” (Jonsson, 2003:15) or time-honored moral standards that operate as a guide to the people within such a society about norms, beliefs and attitudes or rights and wrongs (Bourdieu 1977). An analysis from a human rights perspective reveals that such principles will steer children in particular towards the acceptable doctrines that are socially and historically relevant within the particular community (Smith 2000).

Knutsson’s (1997:43) take is that one facet of reality that is responsible for the development of an all-inclusive social life and that encompasses the manner in which people communicate, conduct themselves and construe circumstances is “culture”. According to UNESCO (2004), it is mandatory that the term ‘culture’ be comprehended as ‘ways of life, traditions and attitudes, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communication, etc’. Jansen (2006:59) emphasizes the role of traditional culture and values in the sphere of HIV/Aids in view of the fact that these concepts have a bearing on the nature of relationships that exist within social groups and that can therefore influence the adolescent.

According to Hallinger and Leithwood (1998:130) the embracing culture of a social group will display the actions, values and behavioural norms within that group. Thus a child who is exposed to these essential core values that are acquired from a culture is influenced with regard to understanding of knowledge and behavior and consequently the formulation of attitudes (Hartell 2007). Kelly (2002:10) draws attention to research that has found a stark difference between the dissemination of cultural knowledge pertaining to males and females and the consequent behavioural diversity and intensity of HIV infections in these groups of youth. Despite the fact that certain cultural values will be emphasized more than others in each social group, research has shown that there is even more variation within school cultures of any particular social group (Hallinger and Leithwood 1998:147).

In terms of this study “culture” was accepted as UNESCO prescribed but my interpretation also included the opinion of Christopher (1996:18) above. In other words that culture impacts upon the behaviour of all human beings determining the way of life, traditions, attitudes and behaviour as well as moral wisdom within a particular social group. Hence, within the context of such reasoning, culture can be expected to operate as an evolving influence within an adolescent’s life controlling the individual’s attitude towards HIV/Aids.

### **1.7.2. School Culture**

One feature of social culture pertinent to this study is ‘school culture’ which is considered to be a “hidden curriculum” that encompasses the entire mechanism of the school incorporating all aspects of communication and associations (Wren 1999:1). School culture forms part of this “hidden curriculum” that is often found at schools whereby certain activities take place despite the fact that these are not written within the rules and regulations of the school (Jerald 2006:1). The ethos of any school will be determined by this influential ambiance that affects the teaching and learning of a school in a multitude of ways. From a historical perspective it is apparent that the different school cultures or climates will have a constructive or negative effect upon the running of each school differently depending upon the scope and quality of involvement of all the benefactors within each cultural group (Wren 1999:2-3; Hallinger and Leithwood 1998:141).

It is also important within the realm of this study to contemplate the theoretical interpretation of ‘school culture’ that is aptly presented by Boyd (1992: 3) which state that the concept refers to:

- The attitudes and beliefs of the individuals within the school and outside the school;
- The cultural norms pertinent to each school comprising informed, accepted policies that dictate behavior in the school and the society; and
- The group and individual level interactions within the school i.e. the principal, the teachers, the learners as well as the parents.

For the purposes of this study the general concept of “school culture” that can vary from school to school was taken into account together with Barth’s (2002,7) definition which states that a “school’s culture is a complex pattern of norms, attitudes, beliefs, behavior, values, ceremonies, traditions, and myths that are deeply ingrained in the very core of the organization”. Being an entrenched power of authority, the school culture permeates the moral fibre of the school affecting thought and behavior of all role-players significantly (Hallinger and Leithwood 1998:140). Accepting that the issue of HIV/Aids conjured up the idea of safety, the interpretation of Edwards (2006) was also reflected upon as this definition deemed that school culture promoted a “safe, orderly climate conducive to learning”. My inquiry incorporated the foregoing explanation by Boyd (1992) as it is evident that culture and school culture, in particular, have a direct effect upon a Muslim individual’s response to HIV/Aids and whether or not the school culture had a compelling mandate to regulate the further spread of HIV infection among adolescents.

### **1.7.3. Family**

There appears to be no single definition of the term “family” but some experts (Allen 2000; Fine 1993) agree that the definition is guided by theory, history, culture and situation. Further, the definition of “family” is dependent upon cultural aspects of particular social situations where members are related either biologically, emotionally or legally (McDaniel, Cambell, Hepworth and Lorenz 2005; Diem 1997). The social interactions within the



central structures of a society will therefore define a “family”. Scanzoni, Polonko, Teachman & Thompson (1989:27) aver that traditionally a “family” could be defined as two parents, and a child or children. From an anthropological perspective, “family” may be defined in terms of biological and marital nuances within any cultural context (Diem 1997:1). The rules of kinship within a culture will then dictate whether the connotation is based on patriarchal, matriarchal, or a combined biological interpretation. According to the United Nations (1948) definition of “family” the concept stands for ‘the natural and fundamental group unit of society and is entitled to protection by society and the State’. Stack (1996:31) considered the family to be ‘the smallest organized, durable network of kin and non-kin who interacts daily providing domestic needs of the children and assuring their survival’.

Dhami & Sheikh (2000) maintain that the Muslim “family unit is regarded as the cornerstone of a healthy and balanced society” and is a constituent of the “Islamic Social Order”. On the other hand, Ahmad (2009), is of the view that the Muslim family is structured in a three-fold manner consisting firstly of “the husband, wife, their children, their parents who live with them and servants”. Then the central section of the family within which there can be no inter-marriage, is made up of “close relatives... who have special claims upon each other”. Emotional ties are strong with this group that represents “the nucleus of relationships”. Another relationship evident in these groups is “polygamous relationships” (a marital relationship in which a person has more than one spouse at the same time) that are permitted in Islam with “strict conditions and when no better alternative is available” (Badawi 1998). All other interactions beyond these two groups form the third group or “outer periphery of the family”. According to Haggag (2010), Muslim families ought to relate to one another closely observing certain values and traditions pertaining to Islamic Shariah (laws).

I estimated that the concept “family” even within the Muslim society, is transforming regardless of the context of HIV/Aids. For this reason Stack’s (1996:31) deliberation was important to my study as it encompasses factors that are applicable to my insight into the term “family” considering that I accepted that learning within the family context was

imperative to the well-being of the adolescent since it encouraged togetherness, sharing and know-how.

#### **1.7.4. Family Culture**

“Family culture” is an expression that ought to be considered together with the changing nature of the family in this century and encompasses the cultural traditions of the family. It is therefore a vital part of an individual’s life. Kahn’s notion (2007:46) is that the role of the family in the adolescent’s sexual decision-making is irrefutable since the exchange of ideas with dependable parental role models as well as peers can inculcate appropriate HIV/Aids knowledge and attitudes. Smart and Shipman (2004:492) take into account the opinion of Beck and Beck-Gernsheim, who contemplate the transformation featuring in modern relationships within “family landscapes”, the decline in “traditional certainties” together with the risk of personal relationships.

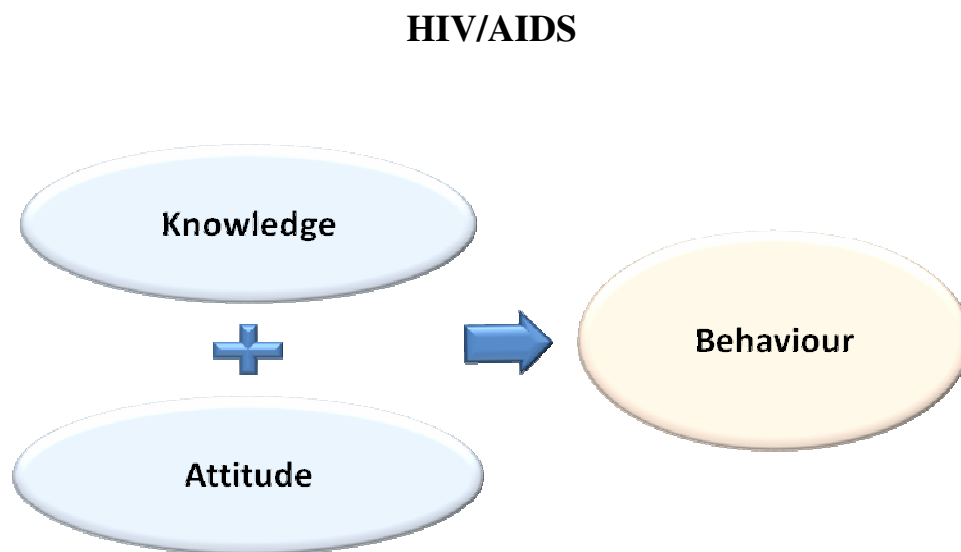
Values and experience form indisputable components of social configuration and consequently social groups, social relations and finally social identities within family cultures (Irwin 2003:567). Wadud (2003) challenges the issue of irregularities between intent and experience within the family and aimed to throw light on the concept of “family”, concentrating on what she found to be supportive and what was destructive within existing Islamic cultures. A singular nurturing, supportive family environment can lead to the necessary foundation that adolescent Muslims require in order to modify what they know and consequently their responses to HIV/Aids. As indicated by Smart and Shipman (2004:507) cultural traditions and practices evolve with each generation in keeping with the hurdles that need to be overcome.

This inquiry assigned significance to the connotations attributed to “family culture” by Irwin (2003) and Wadud (2003) who are of the opinion that the adults in the family ought to set appropriate examples for their children (in this case Muslim children) in order to exemplify the values, nurture, support and social identity of a family.

### 1.7.5. Knowledge of and attitude to HIV/Aids

The following is a representation of the main themes of this investigation in terms of the Muslim adolescent's knowledge of and attitude to HIV/Aids. The contentions of researchers (Kelly 2000:5; Panchaud 2005:6) in this field regarding adolescents were relevant for the purposes of this inquiry since these uphold that once the adolescent accepts the knowledge imparted certain attitudes are formulated influencing certain forms of individual behavior:

**Figure 3.: Adolescent's HIV/Aids Knowledge, Attitude in relation to Behavior**  
Adapted from information from Kahn (2007) and MacPhail & Campbell (2001)



Explanations relating to the relevance of the above concepts and others pertinent to the study are explained hereafter:

#### 1.7.5.1. Knowledge

Clarke (2001) concedes that “a body of facts and principles” is generally referred to as “knowledge”. Acknowledged hypotheses regarding “knowledge” speculate that the term encompasses “a reality, outside the human mind” that is therefore “intrinsic or implicit

within individual humans” (Clarke 2001). Kahn (2007:3) and MacPhail and Campbell (2001:1614) are of the opinion that “knowledge” in the form of norms and values derived from the adolescent’s socio-cultural and socio-educational environments, contribute to the shaping of the adolescent’s understanding and attitude which lead to certain behavior in respect of HIV/Aids. Research data pertaining to the South African adolescent’s knowledge and consequent sexual behavior is limited thus it is difficult to ascertain what knowledge derived from social environments or cultural practices will produce appropriate behavior change to contribute to reducing risky sexual attitudes and behavior (Kahn 2007:3-4; MacPhail and Campbell 2001:1614).

Within the context of this study, the term “knowledge” with reference to HIV/Aids acknowledged the awareness and skills acquired by an adolescent through experience or education (Clarke 2001; Kahn 2007; MacPhail and Campbell 2001). Hence, “knowledge” was associated with the Muslim adolescent’s “perception, learning, communication, association and reasoning” in respect of HIV/Aids.

#### ***1.7.5.2. Attitude***

In their analysis of “attitude” Fishbein and Ajzen (1980:63) present the term as a collection of beliefs that are demonstrated in an individual’s response or behavior to something. These beliefs are the result of various encounters between the child and other individuals. According to Breckler and Wiggins (1992:409), “attitudes” are “mental and neural representations, organized through experience and exerting a directive or dynamic influence on behavior” (p. 409). On the other hand LaPiere (1934:230) considered “attitude” to be a “behavior pattern [...] conditional response to a social stimuli”. All of the foregoing definitions have some bearing upon the interpretations adopted by this study.

However, for the purposes of this investigation I took into account the definition of “attitude” provided by Pötsönen and Kontula (1999:473) that states that attitudes are “what people think (cognition), feel (affect) and how they would like to behave toward an attitude object (connotation)”. Hence, my line of reasoning contemplated the cognitive and emotional traits of the Muslim adolescent which resulted in certain forms of behavior in

the sphere of HIV/Aids. In conjunction my study also took into account the influence of the family and school culture, on the Muslim adolescent's attitude towards HIV/Aids and the way in which the Muslim adolescent thought, felt and behaved within the context of HIV/Aids. I also reflected upon the contentions of Rimal and Real (2003:370-371) who emphasize the relationship between attitudes and beliefs with regard to risk perception and low-risk behavioural responses to HIV/Aids.

## **1.8. Methodology**

The Social Cognitive Theory as well as the Eight Gateways described by Elbot and Fulton (2008) constituted the theoretical frameworks of the study which in turn supported an interpretivist epistemology. The preferred qualitative case study method culminated in the choice of an independent Islamic institution as the case study in question.

### **1.8.1. Theoretical Frameworks**

#### ***1.8.1.1. The Social Cognitive Theory***

I conducted my analysis under the umbrella of the Social Cognitive Theory that has evolved from the belief of earlier theorists that behavior is mechanically produced. This philosophy impacted upon my research into the Muslim adolescent's knowledge of and attitude to HIV/Aids since these characteristics eventually influence behavior. The framework of the Social Cognitive Theory facilitated the investigation underpinning the cultural background of the research into the Muslim adolescent's knowledge of and attitudes to HIV/Aids. I considered the most recent paradigm shift within the Agentic Perspective of the Social Cognitive Theory that suggests that behavior is the deliberate product of cognitive factors (Bandura 2001:2). Hence, according to the theory an individual has to acquire "knowledge" in order to develop "self efficacy" to achieve the goal to remain free of HIV infection (Bandura 2010:144). Based on a computational model this recent modification considers the role of the multi-level cognitive network that an individual is privileged to possess in the execution of any action. This can be interpreted as a unique conscientious effort (derived from knowledge) towards regulating behavior (dependent upon attitude) and being fully aware of the environmental factors (Muslim family and school culture) as well as the consequences of certain deliberate actions (Bandura 1989:9).

More recently Bandura (1994) deliberated the role of social interventions and personal preventative measures in respect of AIDS within the context of the Social Cognitive Theory (Bandura 1994:2). Bandura's exposition confirmed that an individual's knowledge or enhanced comprehension of HIV/Aids does not necessarily result in "self-directed" behavior-modification towards non-risky behavior. On the contrary, while directives via the social environment are vital, Bandura stresses that it is also imperative for one to be resolute in one's attempts to change one's attitudes and then behavior in order to avoid the disease (Bandura 1994:2). While it was central to this exploration to consider societal regulations in the form of culture it was also important to explain the role of the "self-regulative skills" of the Muslim adolescent. Considering the framework of my investigation the query was whether the Muslim family culture and school culture exerted any influence upon the knowledge, attitudes and consequent behavior of the Muslim adolescents within the HIV/Aids context. A more intensive discussion of the theory appears in Chapter 2.

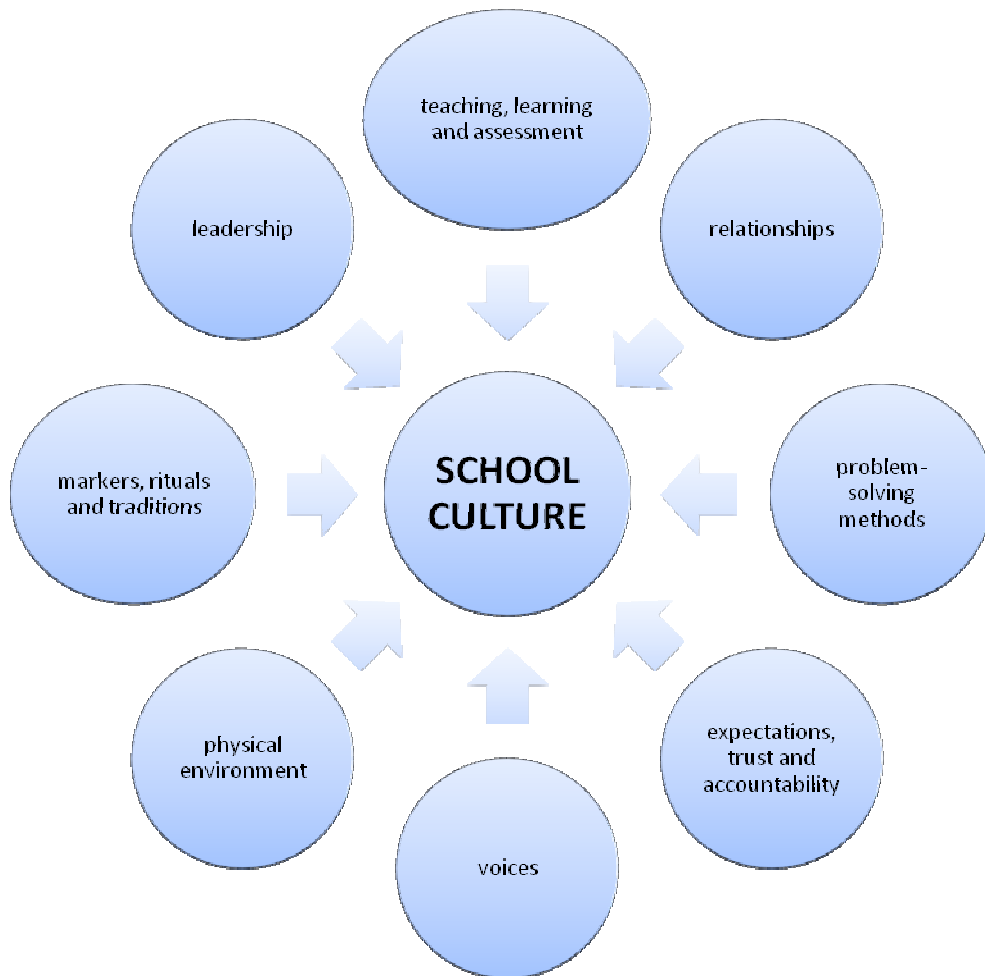
### ***1.8.1.2. Eight Gateways***

In view of the assertions discussed in the introductory chapters regarding the dual relationship between culture and education, it was important for this study to consider Elbot and Fulton's (2008:74-105) Eight Gateways<sup>8</sup> that are seen as "entry points" that contribute to any school culture. My research assumed that in terms of the Eight Gateways pertaining to school culture the following characteristics were relevant:

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<sup>8</sup> Elaboration of *Eight Gateways* in Chapter 2, 2.6.

**Figure 4: “Entry points” contributing to School Culture**  
**Adapted from information in Elbot and Fulton (2008)**



Such characteristics or “entry points” in the establishment of the school culture have been found to be influential to varying degrees within the school culture (Elbot and Fulton’s 2008:74-105). A more detailed explanation of each of these Eight Gateways is found in Chapter 2 (paragraph 2.12.2.) of this thesis.

### **1.8.2. Research Paradigm**

In order to incorporate the perception advocated by Nieuwenhuis (2007a:50-51) I interpreted my research problem from the epistemological perspective of interpretivism

and from a qualitative research paradigm. The position of the research participants' regarding their knowledge and attitudes in the context of HIV/Aids and the meaning they attributed to their experiences contributed to my interpretation of the research questions. Consequently, from this explanation I was able to make deductions at the end of my study regarding the manner in which school culture and family culture were influential upon the Muslim adolescent's knowledge, perceptions, beliefs, norms and attitudes with reference to HIV/Aids.

The epistemological assumption of this qualitative research examined the extent of the Muslim adolescent's knowledge and attitudes regarding HIV/Aids within the family and school cultural contexts (McMillan, 2008: 271). Nieuwenhuis (2007a:50-51) contends that qualitative research is a study of people *in situ* wherein the researcher's processes as well as the social and cultural contexts form the basis of human behaviour. Hence, I uncovered rich descriptions within a naturalistic context of a detailed case study research method that resulted in a comprehensive understanding of the complex adolescent knowledge and attitude towards HIV/Aids in respect of family culture and school culture (Yin 2003:13; Creswell 2002:61). The interpretive, qualitative research process allowed me a "holistic, in-depth investigation" (Tellis 1997:1), a concise clarification of the reality as perceived by the participants and represented my results precisely (McMillan 2008:272-273). These ideas are exemplified in Chapter 3.

### **1.8.3. Research Approach**

The strategy to employ the qualitative case study research approach was principal to my study that aimed to conduct an in-depth inquiry into the explicit social group which is the Muslim Grade 10 adolescent in relation to the school and family cultures *vis-à-vis* their knowledge and attitudes towards HIV/Aids. I was able to observe the human element of an authentic societal milieu within the social theoretical framework of the Social Cognitive Theory during this inquiry (Cohen, Manion and Morrison 2005:181).

The case study as a qualitative research design necessitated the in-depth examination of chosen Muslim adolescents from an Islamic institution that was composed of a Girls'



school and a Boys' school. Within the boundaries of this case study design I proposed to obtain a comprehensive insight into the knowledge and attitude of the Muslim adolescent as these characteristics might be influenced by Muslim family and school culture. A more detailed discussion of the case study is presented in Chapter 3.

#### **1.8.4. Data Collection Strategies and Sampling**

A purposive research sample had been identified within the population of an independent Islamic institution. Further details of the research sample, data collection strategies and sampling will be communicated in Chapter 3, together with the details pertaining to the permission to conduct the research at the Independent Islamic Institution (sought via the proper ethical channels as prescribed by the University of Pretoria). Once the necessary permission from the relevant school officials was sought and gained, the research participants were then engaged in the data collection processes of the individual semi-structured interview and the focus groups interviews. These two strategies subsequently sanctioned descriptive researcher observation (McMillan 2008:277-279). The principals, parents, members of the School Trust/PTA and the learners were sources of rich data that allowed me to respond to the main research question of this study.

The sample was chosen from the large Muslim population in Cape Town which is a metropolis in the Western Cape of South Africa. The population of Muslims in South Africa is free to practice their religion like other religious and cultural groups in the country. There are Muslims from all parts of the world in this city but the significant portions of the community are Muslims of Malayan descent and Muslims of Indian descent. I discovered that there were social differences even within their community which indicated that despite their common Islamic religious faith, they practiced the religion in varying ways. Hence, depending on their heritage the different sectors of the Muslims in the Cape dressed and socialized as they had learnt from their forefathers. The Muslim Private School selected for the research was attended by children of Muslim parents who could afford the fees and wanted their children to have the benefit of a reputable school that insisted on strict adherence to Islamic cultural and religious values.

The population of the school was made up of children from Muslim families not only from the suburb the school was situated in but also from other areas as it was a Muslim Private school that catered also for the religious needs of the learners. The learners who were between fifteen- and seventeen-years of age were from varying socio-economic homes as some of them who could not afford the fees were on scholarship to the school. The adolescents admitted that although they were allowed by their parents to socialize with children from all other races, religions and cultures, some of them socialized only with their Muslim peers since they found this convenient. The interviews later indicated that the Muslim learners found it was simpler to observe their Islamic religion and customs if they did not have to explain to their peers why they were unable to socialize in certain ways. As a result of the representative nature of the Muslim population, school population and chosen sample, the data gleaned from the study was pertinent and satisfied the aim of the study.

#### **1.8.5. Data Analysis**

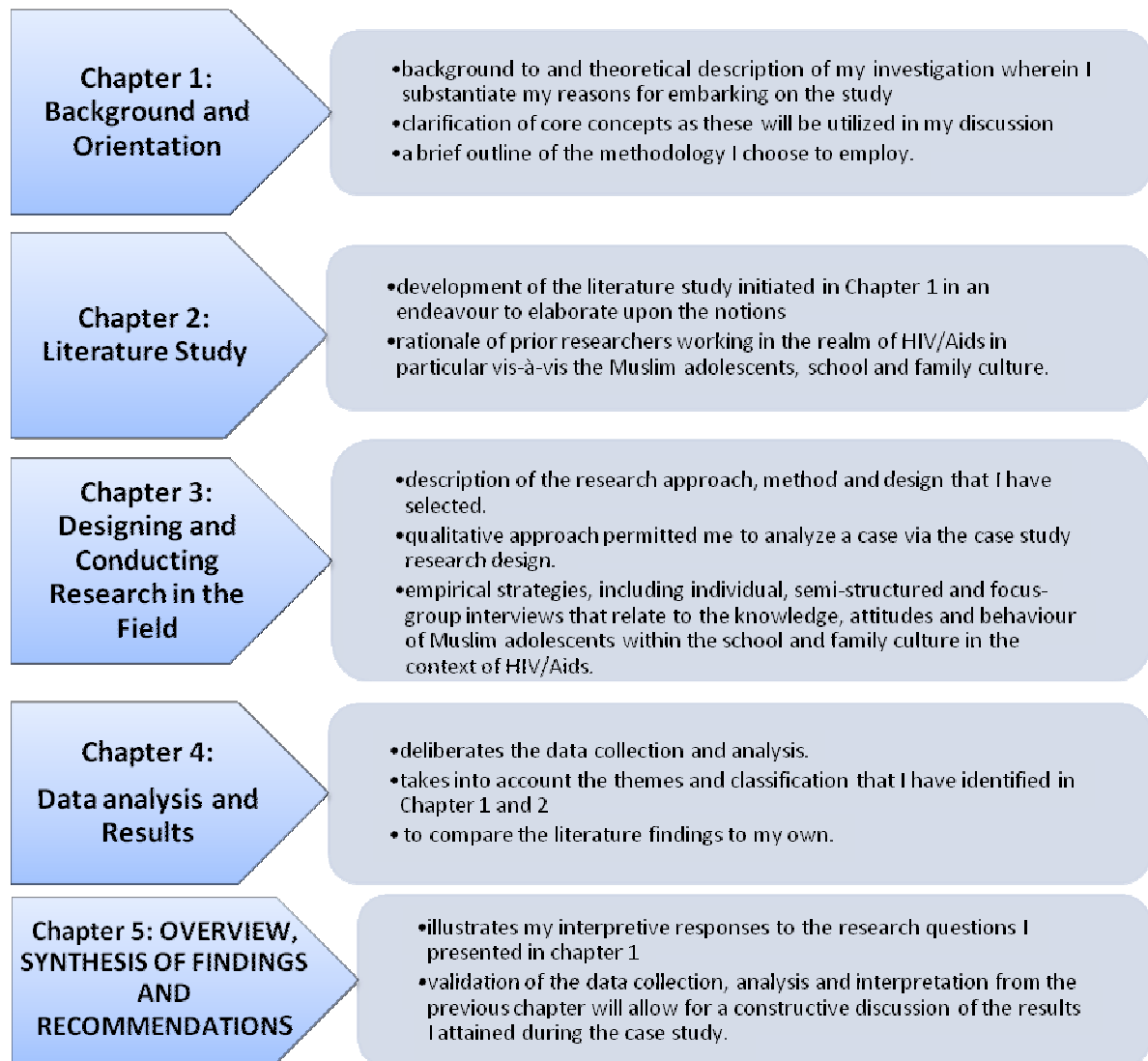
The analysis consisted of the organization of the *emic* data collected from the participants' personal expressions as well as the *etic* data that were derived from my interpretations of the former exemplified themes (McMillan 2008:283). The thematic arrangement of data allowed me to produce a system of coding that represented various aspects of the research such as the perspectives of the research participants as they represented it together with details of my observation (McMillan 2008:283). Thereafter, I considered the said categories and codes (which are described in Chapter 3) to establish relationships and patterns that allowed for deductive reasoning. Details in respect of the data analysis follow in chapter 3.

#### **1.9. Credibility of the Qualitative Case Study**

Like any Qualitative study, this case study was intended to generate trustworthy, constructive and plausible outcomes (McMillan 2008:283). Convincing themes and relationships (as portrayed in Chapter 3) in addition to clear-cut, meaningful and comprehensive deductions were considered important in order to enhance the integrity of this study. The credibility of my research depended upon the reliability of data collection

together with aspects of scrutiny and inferences in relation to the actual data analysis. It was also necessary for me to verify the data with the research participants after the transcriptions were completed.

### 1.10. Organization of Thesis



### 1.11. Conclusion

Statistics with reference to HIV/Aids in the South African context still display the need for rigorous programmes to reduce the prevalence especially amongst the youth (UNAIDS 2008:31). A source of deliberation for my study is submitted on account of a study by

Kagee, Toefy, Simbayi and Kalichman (2005) that reports a 2.56% HIV prevalence in a Muslim community sample of over-15-year-olds which is well below the South African National percentage for this age group. However, as mentioned the relevance within the bigger picture was to ascertain whether Muslim cultural factors might be influential in the supposedly low rates of HIV in this community and if so, could other youth benefit from similar cultural philosophies.

Also of relevance to this study was that HIV/Aids education within the South African schools programme was supposed to be included within the ambit of the LO curriculum as discussed by Prinsloo (2007:155). Prinsloo (2007:155) and Urdang (2007) stress that such programmes around the world teach adolescents to become well-balanced individuals who make the right choices within morally upright relationships in the face of HIV/Aids. The attainment of the research aim determined how Muslim family cultural values and the school cultural patterns influenced moral and traditional practices and ultimately knowledge and attitudes among Muslim adolescents. The literature to support the presentation in this chapter will be discussed in Chapter 2.

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## CHAPTER 2

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### LITERATURE STUDY

*“Like people and schools of criticism, ideas and theories travel – from person to person, from situation to situation, from one period to another. Cultural and intellectual life are usually nourished and often sustained by this circulation of ideas...”* (Crewe 2004:7)

#### 2.1. Introduction

Barnett and Whiteside (2006:3) advocate that while it is generally accepted that HIV/Aids is a sexually transmitted disease, it is important to note that there are predisposing conditions that result in a global AIDS epidemic. Adults are considered as suitable guides to adolescents who fall into a high-risk group that needs to be reminded of the morbidity of the disease and avoid HIV infection (Helleve, Flisher, Onya, Mukoma and Klepp 2009:191; Hartell 2007). The research I conducted scrutinized the influence of the “social capital” (Portes 1998) which is a reference to the “social resources available to children” - thus a reference to the Muslim family and school culture - to encourage “educational growth” in terms of HIV/Aids (van Wyk and Lemmer 2007:301; Coleman 1998:1994). My focus of interest in terms of the social capital referred to the influence of parents and teachers who might have shaped the adolescent’s knowledge of and attitudes to HIV/Aids as well as their sexual behavior.

I adopted the standpoint that just as the social capital and the associated culture are said to promote the well-being of members in a society this inquiry aimed at comprehending whether the family and school culture could positively inspire the course of a child’s responses to the pandemic (Christopher 1996:18; Portes 1998:5-9). The role of “culture” is pivotal in the awareness of HIV infection and was vital in this study (Hartell 2007). Further, it was accepted that there was a dual relationship between culture and education (see paragraph 1.3.1.) whereby culture is transferred to the child from the home and school and might have manipulates the way the child comes to terms with HIV/Aids. Therefore, discussions in chapter 2 provide literature details of the essence of the culture of an institution, the culture of the family and that of the school together with descriptive

accounts of Bandura's interpretation of the Social Cognitive Theory and the Eight Gateways as presented by Elbot and Fulton (2008). Viewpoints of researchers within the context of culture and HIV/Aids and literature based on the adolescent's HIV/Aids knowledge and attitudes are also reflected upon in this chapter. In addition, other information in this chapter appears in the form of research reports, literature studies and the South African state of affairs that are relevant to HIV/Aids. Reviews in respect of HIV/Aids from Islamic countries and the situation in South Africa are also presented.

## **2.2. Education and HIV/Aids**

Social disparities, differing access to education and the vulnerability of women within South African society, do not bode well for effective responses to HIV/Aids. Gregson, Waddell & Chadiwana (2001) assert that "education itself may influence HIV transmission" if productive educational programmes are implemented cooperatively. They state that their experience has proved that "formal education" is a vital solution to the challenge that AIDS presents. Leclerc-Madlala's (2002) argument is that school interventions can be successful if policymakers understand youth sex culture and base their programmes on these. In her estimation, "infection prevention information" will be most effective if "pre-existing sexual patterns and gender inequalities" are addressed Leclerc-Madlala (2002). It is therefore important for the school curriculum to take cognizance of these aspects in delivering HIV/Aids education.

Kelly (2000) acknowledges the role of the school in HIV prevention but is critical of the school curriculum since he believes that the programmes at the time had failed since these were created without proper consultation with the children and community members. Therefore, Kelly (2000) advocates the involvement of parents and other influential members of the community to successfully provide for the needs of adolescents confused by mixed messages. He also stresses the importance of "participatory methods and experiential learning techniques" that would enhance the interest of the learners and encourage behavior-change (2000:6-11). Adolescents are supposed to be encouraged by their teachers, who must buy into the programme, to practice behavior that signifies "respect, responsibility and rights" and to abstain from early sexual encounters to ensure

that they are HIV-free (Kelly 2000:7-11). Visser (2005) suggests that effective school-based life skills education that includes HIV/Aids should take into account input from all stakeholders who willingly support the implementation of such programmes. Hence, there is a collaborative effort to work within the sphere of influence of the social capital within a community.

### **2.3. Influence of culture in the context of HIV/Aids**

Academics and researchers such as Helleve, Flisher, Onya, Mukoma and Klepp (2009:191) as well as Airhihenbuwa and Webster (2004:5) are of the view that the predominant “culture” of a community plays a fundamental role in a society’s efforts to educate individuals about HIV/Aids. I argued that “culture” was influential upon a person’s norms, beliefs, attitudes and even their sense of what is right and wrong thus children were guided by the social capital of the community in this regard (Gould, Marsh and El Bushra 2007:1-2; Christopher 1996:18). Further to the definition of Christopher (1996:18) in Chapter 1 (1.7.1.), “culture” may be seen as “a system of interrelated values active enough to influence and condition perception, judgment, communication and behavior in a given society” (Mazrui 1986:239). The foregoing contentions in terms of “culture” are indispensable for the purposes of the present study of HIV/Aids education. I undertook research that was designed to ascertain whether the adolescent’s knowledge of and attitudes to the disease were structured upon the relationship between the culture that permeated the Muslim family and school,

Airhihenbuwa and Webster (2004:5) found that the cultural context of an individual’s social interactions had a significant impact upon that person’s intention to remain free of HIV/Aids. These researchers (Airhihenbuwa and Webster 2004:5) founded their discussions upon “a culturally based strategy for implementing and evaluating” HIV/Aids by applying the PEN-3 model. Their assumption was that a knowledge of the prevailing culture allowed for “empowerment” to work towards behavior changes to address HIV/Aids (Airhihenbuwa and Webster 2004:5). Accordingly, in Christopher’s (1996:17) definition of “culture” there is a reference to the “webs of significance” from distinctive institutions and family structures can inspire the child’s decisions that affect health, lifestyle and attitudes. In order to exemplify the impact of this social capital and the family

and school culture upon the adolescent's attitude towards HIV/Aids Christopher's (1996:17) ideology was used as an analogy.

However, it was my assertion that Gould, Marsh and El Bushra (2007:4) were correct in proposing that while a cultural approach can contribute positively in the mitigation of HIV/Aids, there are certain cultural practices that can impede positive behavior change. Gould, Marsh and El Bushra (2007:4) together with those authors mentioned below contend that some practices assuming cultural undertones within South Africa might have hindered progress towards enabling safe behavior in terms of HIV/Aids and might have exacerbated HIV prevalence in this country:

- Leclerc-Madlala (1997) examined the cultural practices pertaining to virginity testing and fertility tests procedures that require that girls prove their virginity or fertility prior to marriage. These invasive procedures result in the possibility of multiple-partner relationships, interference and rising HIV infection rates (Preston-Whyte 1994; Leclerc-Madlala 1997). A similar risk may be posed by unsafe sex within polygamous relationships allowed within some cultures;
- Kelly and Ntlabati (2002:44) researched “gender-related oppression” and sexual violence, paying attention to the superior role of the male in relationships within certain cultures. The researchers contented that such aggressive attitudes and sense of male superiority affected women adversely as the females often became victims of rape and eventually HIV.
- Investigations (Leclerc-Madlala 2002:28) emphasizing the detrimental role of misguided cultural beliefs in terms of condom-use highlight the fact that such values lead to “unfaithfulness, lack of trust, lack of love, disease and incompatibility with manliness” that translated into risky sexual behavior and HIV/Aids;
- South African studies (Shisana *et al.* 2009; Varga 1997:47-48) indicate that women face unfair challenges in terms of HIV/Aids since they are often unable to negotiate safe sex and condom use within their restrictive cultural settings;
- Leclerc-Madlala (2002:28; 1997) ascertained that the delusion of older men that “sex with a virgin can cure AIDS” perpetuates sexual violence and the abuse of minors resulting in increased HIV prevalence;



- Although circumcisions are generally performed by competent practitioners, some circumcisions that are executed by inept traditional healers during initiation ceremonies result annually in numerous maimed or fatally wounded initiates. Peacock and Khumalo (2007) assert that as a result of the unhygienic procedures and botched circumcisions employed the youth are placed at risk of becoming HIV infected;
- The concept of the “sugar daddy<sup>9</sup>”, which is the deep-rooted cultural control of the older male over the much younger women illustrating female sexual obedience, is responsible for the prevalence of HIV following violent, unsafe sexual behavior (Leclerc-Madlala 2002:23; Schwab Zabin and Kiragu 1998).

According to the researchers mentioned above, cultural practices can sometimes work against concerted efforts to reduce the rate of HIV infections in South Africa. As indicated by the literature study it was imperative to concede that any research in the field of HIV/Aids ought to take into account the role of culture within the process of HIV/Aids education from the family and the school. This study concurs with the line of reasoning presented by Leclerc-Madlala (2002) that HIV/Aids is considered by recent researchers and academics as a “social and cultural problem that often and effectively dis-enables youth from transforming safe sex knowledge into functional, health-promoting, safer-sex behaviour”. However, at the same time the study considers the role of the Muslim family and school culture in the modification of adolescent attitudes and behaviour in response to HIV/Aids education.

### **2.3. What is school culture?**

Schools impart the norms and values prescribed by the communities that they serve (Osher and Fleischman 2005:84-85). Therefore, the school culture is representative of a diversity of individuals within the school as well as the community along with the attitudes and perceptions of each component. Hence, a mono-cultural school, like the one in my study will exhibit a school culture that is dominated by the culture it represents. The school in my

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<sup>9</sup> This refers to a father-figure who embarks on sexual relationships with young girls in exchange for expensive gifts or favors.

research displayed a dominant Islamic culture that conformed to the values of the school community it represented. The school represented the ideology of Osher and Fleischman (2005:84-85) alleging that the culture of a school will be determined by caring connections, positive behavioural supports as well as social and emotional learning.

Wren (1999:1) reasoned that school culture that is often a disregarded aspect of the educational curriculum represents the “implicit” school curriculum or culture which in turn is dictated to by the social group represented by the school. In keeping with what Samdal, Nutbeam, Wold and Kannas (1998) state school culture too can differ from school to school depending on the values, beliefs, power relations and practices within the particular families that belong to that community the school represents. Higgens-D’Alessandro and Sadh (1998:566) argue that school culture is also strongly affected by teacher-perceptions and attitudes which often need to be adapted to suit the needs of the particular school community and culture.

The school culture plays an undeniable role in facilitating the child’s ability to make informed decisions about personal well-being and HIV/Aids (Barth 1990:512-516). Stoll (2002:4-6) presents that “school culture” forms part of an influential social paradigm that inculcates in children a “sense of self” and “perceptions of reality”. As a result, Barth (1990:512-516) and Stoll (2002:4-6) express views that are particularly relevant to my study as they emphasize the “collaborative relationships” within the school culture and relevance to the impact of HIV/Aids on the adolescent’s life. It is also important to note Barth’s contention that the relationships involving teachers, parents and learners ought to be “trusting, generous, helpful and co-operative” - characteristics that will operate agreeably within the ambit of HIV/Aids. In my study this exchange of ideas from family to school and vice versa contributed to determine the impact upon the knowledge, attitudes and subsequent behavior of the Muslim adolescent-learners.

#### **2.4. Influence of school culture on the child**

In view of the fact that learners come from diverse backgrounds and may feel vulnerable and uncomfortable in disclosing their personal opinions regarding HIV/Aids, the support

system at a school in the form of the school culture can play a significant role in allowing the adolescent to adapt (Schaps 2003:31-32; Moore 1996:597-598). Osher and Fleischman (2005:84-85) assert that explicit behavioural expectations and support in addition to reinforcement regarding behavioural expectations from a school culture perspective, will lead to improved behavior. In order to draw attention to the individuality of each school Stoll (1998:9) describes the school culture as being distinctive to each school setting. Thus, what holds one school culture together will not necessarily work for another since each school culture is dependent upon the community it caters for (Stoll 1998:9).

Stoll (1998:10) explains that the “social mix” in terms of the learners is also significant as this will portray the way in which learners relate to each other and to others in their “social networks” within the school culture. Although social networks are not always “a natural given”, adolescents, like their adult role models are social creatures who form relationships within networks such as families and communities that depend upon specific cultures as frames of reference (Portes 1998). One such social organization is the school that according to Stoll (1998:9) is a “complex and important” facet of education. In keeping with the idea of working towards common goals within the school culture, Elbot and Fulton (2008:2-4) are of the view that learners learn lessons from the “beliefs, values and behaviors” that emanate from role models within their school and family culture.

The accent is placed upon the value of “the school **touchstone**” which is similar to a mission statement but is meant to express the “how” or operational focus of a school (Elbot and Fulton 2006:2). The touchstone expresses the collaborative endeavors of the school to achieve “academic” and “ethical” goals within the school culture (Elbot and Fulton 2008:2-4). The “touchstone” helps to mould the school culture and enhance the attitudes and behavior of the learners (Elbot and Fulton 2008:2-4). What I found was important in this discussion by Elbot and Fulton was that apart from teachers and learners, parents are encouraged to also follow suit extending the value of the “touchstone” or “north star” to provide direction to their children in their own way and encourage empowering values which are beneficial in the teaching and learning.

According to the results of the study undertaken it was found that symbols are particularly apt for the inculcation of values and attitudes that assisted adolescents to avoid being HIV/-infected (Chapters 4/5). The contention submits that this process is enhanced by the creation of a “family-like” ethos within the school so as to promote an attentive, sensitive setting for the adolescent to learn in (Baker’s 1998:39). Baker’s (1998:31) review of “the social context of development” concurs with the assertion above that children interact within a culture with the intention of seeking out suitable role models to uncover “norms” and “shape behavior” for “future social interactions”. With reference to my study the Islamic culture of the Muslim family and the independent Islamic institution were the focal points in the development of “values, beliefs and assumptions” that influenced the Muslim adolescent’s knowledge and attitude in respect of HIV/Aids (Kezar and Eckel 2002).

## **2.5. Influence of parental child-rearing on the child**

Family and school cultures are both social concepts that relate to learned and shared human patterns that filter through human and social interactions discussed by Airhihenbuwa and De Witt Webster (2004) who found that family culture was influential upon the behavior of an individual. An aspect relevant to my study was that Airhihenbuwa and De Witt Webster (2004) and Sweeting and West (1995) indicated that a “culture-centered approach to prevention” of HIV/Aids could be effective. Researchers (Sweeting and West 1995) were of the view that family structure and functioning that affected an individual’s cultural values had a direct impact upon the general well-being of adolescents.

This investigation takes cognizance of Pretorius’s (1998:3) discussion of Angenent’s theories maintaining that parental child-rearing behavior significantly influences the personality traits and behavior of the child. The way in which a child is raised and the manner in which parents behave towards a child are decisive factors in the development of the child’s personality, behavior, values and social interaction (Pretorius 1998:3). Literature indicates that Van den Berg (2005:36-51) is in agreement with Angenent’s hypothesis and Pretorius’ (1998:62) assertion that parental child-rearing styles and responses to a child could impact upon the way a child responds to risky behavior and HIV/Aids. As a consequence, a parent who has an affectionate, tolerant relationship with

his child will be able to communicate in a meaningful way so as to prepare the child adequately to be able to deal with risk situations and personal vulnerability to HIV/Aids (Pretorius 1998:43). On the other hand, a child may be afraid to talk about her fears and anxieties regarding HIV/Aids should her parents be apathetic, cold or domineering (van den Berg 2005:41; Le Roux 1992:152). Van den Berg (2005) employed Angenent's theory in his research and also discovered that parenting styles had an undeniable impact upon the way in which a child reacts to HIV/Aids and to life in general. Consequently, my research had to consider the impact of the Muslim parents' child-rearing styles and communication as presented by Pretorius (1998:43), van den Berg (2005:41) and Le Roux (1992:152).

Marsiglia, Nieri and Stiffman (2006) also portrayed that HIV/Aids constitutes an inextricable aspect of conversation among families. Their research has revealed that family communication about HIV/Aids has a positive effect upon adolescent responses to this important risk in their lives. Adu-Mireku (2003) examined the relationships between parents and adolescents and the role that the family plays in influencing adolescent behavior. A significant finding of Adu-Mireku's study (2003) was that family communication regarding HIV/Aids was pivotal in the adolescent's life. However, just as Adu-Mireku (2003) discussed in that study, Moosa (2009:86/161) also draws attention to the reality that some Muslim families avoid discussions pertaining to sexuality and HIV/Aids. Such an avoidance to discuss salient issues in respect of the child's sexual development can lead to a lack of correct knowledge about HIV/Aids, denialism and condemnation of people living with HIV or AIDS (Moosa 2009:86/161). It was my opinion that such an assertion by Moosa (2009:86) was of particular importance to the findings of this research regarding the Muslim parent as well as the teacher.

As a result, the study endeavored to investigate the nature of the communication with regard to HIV/Aids within the family and school culture of the Muslim adolescent and the manner in which that communication shaped the attitude of the Muslim adolescent to HIV/Aids.

## 2.6. Adolescents' perceptions of their susceptibility to HIV/Aids

Hartell (2005:177) is of the view that some South African adolescents “do not see AIDS as a personal threat” therefore indulging in unsafe sexual behavior. Since the youth are exposed to mixed messages in terms of HIV/Aids, they prefer to believe myths that perpetuate the risk of their being infected (Hartell 2005:178). Ambiguous HIV/Aids communication is one of the reasons that the South African youth is still vulnerable to HIV/Aids (Louw 2009:163; Barnett and Whiteside 2006:24). The disease is a threat to many young South Africans if it continues to be a puzzling concept that they cannot relate to (Louw 2009:163).

Studies (Louw 2009; Nupen 2006; Galloway 1999; Visser 1995; Carelse 1994;) have shown that more often than not adolescents appear to have a basic knowledge of HIV/Aids but they nevertheless believe that they cannot be infected or they do not translate that knowledge into non-risky behavior. Louw (2009:165-166) asserted that learners in his study lacked proper adult guidance in terms of HIV/Aids thus they were indifferent to HIV/Aids and had casual unprotected sex sometimes with multiple partners. Despite the cultural values they were taught, the learners ignored their cultural background and indulged in premarital sex.

A report by Kelly (2002) upheld that at the time youth lacked accurate knowledge and consequently considered that they were beyond the risk of being personally infected – a fact that has had far-reaching effects upon the sexual behavior and proliferation of the pandemic. Special reference to the youth in recent times draws attention to the fact that some youth are generally more knowledgeable about the prevention of HIV though the extent of far-reaching accurate facts among the 15-24 age-groups is still minimal in most countries (UNICEF 2007:3). A UNICEF (1995) study showed that the following adverse factors in terms of HIV/Aids education made learners more susceptible to HIV infection:

- ✓ ‘conflicting messages’
- ✓ ‘lack of knowledge, confidence and skills to talk’
- ✓ ‘belief in myths’
- ✓ ‘Lack of support services’ (Hartell 2005:173).

Nupen (2006:50) ascertained in her study on youth that some of the learners were ill-informed and conceived that the risk of being HIV infected was “problematic only for others”. The investigation (Nupen 2006:52) displayed that in some of the researched societies there existed the notion that there was no need to fear HIV/Aids until the youth themselves were infected. In addition, the learners explained that their lack of fear and casual sexual behavior stemmed from the fact that “the only people we hear about with the disease are of a different race and from a different area” (Nupen (2006:53). The study verified that as a result of their cultural beliefs some of the learners did not want to make use of condoms but nevertheless indulged in “high-risk sexual behavior” (Nupen (2006:53). Nupen concluded that “the learner’s sense of invincibility is greater than their conceptions of risk and fear of the disease”. Louw (2009) also found that adolescents in his study refused to recognize the importance of condom-use since they felt that they were not vulnerable in terms of HIV/Aids.

Data for the 15-24 age group internationally (UNICEF 2007:32) reveals that a large number of youth do not appreciate what the best ways are to prevent HIV or that the youth are unaware of their personal susceptibility to HIV. An investigation into the education, knowledge and attitudes of 15-16 year-olds has uncovered vital gaps in the knowledge of HIV/Aids and the researchers suggest that educational programmes ought to stress safe relationships while they impart accurate knowledge (Thomson, Currie, Todd and Elton 1999:368-369). Louw (2009) and Gurung (2004:9) studied the knowledge and sexual behavior of youth maintaining that adolescence is an important phase in an individual’s life as key values are formulated and sexual experiences may be initiated during this period. For this reason Louw (2009) and Gurung (2004:9) are of the view that the teenagers’ vulnerability makes them a high-risk group in the context of HIV/Aids. Chapter 4 and 5 of this thesis indicate that the contrary was found in the study of Muslim adolescents.

## **2.7. Knowledge of adolescents with regard to HIV/Aids**

Studies by Samdal, Nutbeam, Wold and Kannas (1998:/383-384) and Pötsönen and Kontula (1999:479-483) verify the reasoning that the school provides the ideal platform as



a “structured” setting to convey affirmative messages on the subject of risk behavior as well as the treatment of people living with AIDS within the existing curriculum (Dias, Matos and Gonçaves (2006:213). Hartell (2005:178) contends that adolescents often do not have suitable adult support and are found wanting in “negotiation skills in sexual relationships”. In terms of Mosia’s (2009) experience and Nupen’s (2006:88) conclusions, school programmes were unproductive and teachers ill-informed thus leaving the adolescents ignorant or misled about the virus. Hence, in Nupen’s study, the learners were “bored” by the HIV/Aids information they were exposed to ignoring the warnings about risky behavior.

The recent study by Louw (2009) discovered that adolescent’s lacked the vital guidance and education that could have been acquired from the family or school to equip them with better decision-making skills and to handle peer pressure in order to curb the spread of HIV/Aids. This community-based inquiry by Louw (2009) exposed the inconsistencies in educational programmes even at schools that could have made the adolescents more aware of cultural principles to enhance safe behavior among them. Therefore, the youth in Louw’s (2009) study found their peers the most convenient source of information which resulted in their acquiring inaccurate and misleading information about HIV/Aids. The adolescents in this study (Louw 2009) therefore picked up inconsistent messages from inaccurate sources that resulted in a sense of personal invulnerability when it came to sexual encounters and HIV/Aids. Further, Louw (2009) discovered that the youth indulged in risky sexual behavior ignoring the reasoning behind condom-use exacerbating the situation especially for females.

The vulnerability of a female learner is heightened by her incapacity to sometimes access accurate knowledge and her inability to get past threatening sexual situations that endanger her (van den Berg 2005:167). The investigation by van den Berg (2005:146) confirms that it is imperative to educate learners in terms of their ‘decision-making and communication’ skills. Such knowledge, according to van den Berg (2005:146) could assist the adolescents to become more confident to resist peer pressure in threatening situations that test their exposure to HIV/Aids. Van den Berg (2005:138) argues that the school can play an



important role in educating children about the merits of behaving responsibly to avoid HIV infection.

Research conducted by Louw (2009) and another by Griessel-Roux, Ebersöhn, Smit and Eloff (2005) based on what learners want from HIV/Aids programmes, found that:

- the learners recognized the importance of HIV/Aids education and that more time ought to be given to this aspect at school level;
- they wanted specific aspects of HIV/Aids education to be taught and in a specific way at school;
- they felt that people who were directly affected by HIV/Aids could provide them with vital information;
- they appreciated the factual information up to a point and saw the need for particular details that would suit their needs; and
- They considered that the aspect of fear ought to be instilled in learners to make them more aware and cautious in their behavior.

Hence, researchers such as Louw (2009) as well as Griessel-Roux, Ebersöhn, Smit and Eloff (2005) have exposed that there are adolescents who question the wayward behavior of their peers. Learners in this study realized the dangers associated with risk-taking sexual behavior and that this could lead to HIV/Aids. These learners also accepted that the adults in their lives could assist them to add to their knowledge of HIV/Aids in order to change their attitudes and behavior positively to avoid the disease.

## **2.8. Attitude of adolescents with regard to HIV/Aids**

It was relevant to this analysis to incorporate the interpretation of Hunter, Levine and Sayers (1976:3) who consider that “attitudes” refer to “the intensity of positive and negative effects towards concepts, persons, ideas,” and deem it fit that attitude ought to be related to belief systems. The perception emphasizes that in order to alter ‘attitude’ the education or message had to target broader contextual concepts of good health and responsible behavior and then move towards specific ones relevant to HIV/Aids. It means that education is ultimately meant to instill attitudes relating to healthy lifestyles and not

being HIV infected (Hunter, Levine and Sayers 1976:3). Hence, the interpretation was most relevant to my study as I was investigating the Muslim adolescent's attitude and consequent behavioural response to HIV/Aids.

Explanation by Hausmann-Muela, Ribera and Nyamongo (2003) regarding HIV/Aids education is that specific knowledge gives rise to revised attitudes and behavior in individuals. Such an assertion pertaining to behavior-change is central to the themes of my study of the Muslim adolescent's knowledge of and attitudes to HIV/Aids. The assertions of Hausmann-Muela *et al.* (2003) are confirmed by the recent study by Louw (2009) that found that schools were not delivering on the required HIV/Aids curriculums hence adolescents were receiving confusing, inaccurate information. Louw (2009:164) was of the opinion that adolescents did not cope with the demands of their age-group and indulged in irrational, risky behavior being laid back in their attitude to HIV/Aids. This study (Louw 2009:164) further revealed that the participants did not consider that they could become HIV infected since their attitude was that it was a disease that affected "older people" and they could easily identify those who had it.

Nupen (2006) investigated Grade 10 learners at some Secondary schools in the Western Cape in respect of risk. Her study revealed that the adolescents thought they were "invincible" when it came to HIV/Aids which impacted upon the high possibility of their contracting the HIV infection. Hence, Nupen's (2006:91) conclusions were that the school and family did not play their expected roles in affording the adolescent with the necessary guidance to develop the necessary attitudes that would assist them to avoid risky sexual behavior. Researchers Kuhn, Steinberg and Matthews (1994) all found that the adolescents in their investigations were knowledgeable about HIV/Aids but did not practice safe sex as they felt that they were not vulnerable. Their findings were in accordance with those of Carelse (1994) who established in research on adolescents' sexual behavior that the adolescents were sexually active and most vulnerable to HIV/Aids.

In a study by Dias, Matos and Gonçalves (2006:208) the perception of adolescents in respect of AIDS-related stigma and attitudes towards AIDS-infected people was

investigated. This study by Dias *et al.* (2006:208) found that adolescents were uncomfortable when they had to consider having to deal with people living with AIDS and that this attitude might be categorized as discrimination. The investigators declared that AIDS-related stigma and discrimination are generally allied to inaccurate notions and misapprehension. Parker and Aggleton (2003:13) and London and Robles (2000: 1267-1268) on the other hand, are of the view that these two aspects of AIDS research have not been sufficiently explored in order to conclude that stigma is strongly associated to mistaken beliefs as these are particularly complex aspects of AIDS research. What is significant in the study by Dias *et al.* (2006:213) is the conclusion that individuals of influence in the adolescents' lives such as the parents, peers and those individuals within the school climate can foster positive attitudes towards people living with AIDS and help to dispel myths and misconceptions associated with the pandemic.

## **2.9. Relationship between knowledge of and attitudes to HIV/Aids**

A point of argument in this study was to contemplate whether the knowledge that children received in respect of HIV/Aids, assisted them to develop attitudes that allowed them to assume that they were able to steer clear of high-risk behavior. In this regard the contentions of Rimal and Real (2003:370-371) are of further consequence to my study since they emphasize the relationship between attitudes and beliefs with regard to risk perception and low-risk behavior. Shepherd (1985), in a study involving behavioural choices, supports this ideology and emphasizes that specific learning will dictate what attitudes people have and how they will ultimately behave. Further, reports by Kim and Hunter (1993), Petty and Cacioppo (1981) and Ajzen and Fishbein (1980) have also upheld the assertion that there is a positive relationship between attitudes and behavior that stem from what an individual knows – declarations that impact upon my deliberation of risky behavior and HIV/Aids.

Nupen (2006) and Van den Berg (2005) demonstrated another concept relevant to my study which is that of school culture wherein they upheld that learning via school culture definitely had an impact upon student behavior or response to HIV/Aids. On the other hand, other researchers (Dias *et al.* 2006:213) asserted that the nature of the information

presented via individuals representing the family culture could assist the adolescent to dispel erroneous opinions and understand the true nature of risky behavior. While these considerations regarding HIV/Aids knowledge and culture are salient, it is imperative to take into account social traditions and practices that will promote and support the modification of the behavior of youth who are at high risk to HIV infection. With reference to the family culture, Nupen (2006) found that the instability of the home and family life did not provide children with the necessary knowledge and guidance especially on the topics of sex and HIV/Aids that they so required.

A study of contextual factors and adolescents' risk in terms of HIV/Aids was conducted by Van den Berg (2005). This inquiry revealed that although the school's culture could play a pivotal role in HIV/Aids education in order to stem the tide of HIV infection the important role of the home to inculcate appropriate "cultural beliefs and traditions" could not be discounted especially for adolescents who are most susceptible to HIV infection. As indicated in 2.2. above, cultural factors that affected the incidence of HIV infections in communities were invasive virginity testing and fertility tests procedures (Leclerc-Madlala 1997; Preston-Whyte 1994), multiple-partner relationships (Leclerc-Madlala 1997; Preston-Whyte 1994), unsafe sex within polygamous relationships and sexual violence (Kelly and Ntlabati 2002:44), misguided beliefs about condom-use (Leclerc-Madlala 2002:28), restrictive cultural settings that prevented safe sex (Shisana *et al.* 2009; Varga 1997:47-48), myths about sex with a virgin being a cure for AIDS (Leclerc-Madlala 2002:28; 1997), botched circumcisions (Peacock and Khumalo 2007) and female sexual submission that often lead to violent, unsafe sexual behavior including HIV (Leclerc-Madlala 2002:23; Schwab Zabin and Kiragu 1998).

A further investigation by van den Berg (2009) presented findings that parents were not directly involved with the school in terms of HIV/Aids education as they believed that the school ought to handle these affairs. However, research (Moosa 2009:86/161; van den Berg's 2009; Adu-Mireku 2003) indicates that there were teachers and parents who often found it difficult to communicate important and correct knowledge about sexual matters and HIV or who deem that such discussions are taboo. In terms of van den Berg's (2009)

research, the existent culture in that study saw parents refusing to talk about HIV/Aids and sexuality to their children. Hence, this researcher (van den Berg 2009) found that myths about HIV/Aids (similar to those indicated in the preceding paragraph) were perpetuated in that community and within the school unless the teachers took the trouble to correct the learners. It was important for the study that I undertook to show how parents and family culture played a role in developing the child's knowledge and attitude to HIV/Aids.

## **2.10. HIV Prevalence among Muslims in South Africa**

Although it is acknowledged that there are significantly low HIV infection rates among Muslims in South Africa (World Bank 2006), Kagee *et al.* (2005) claimed in relation to their study that behavioural risks for HIV infection among Muslim individuals, was possibly higher than it is generally accepted. This may be attributed to underreporting as a result of the stigma associated with HIV (Paruk *et al.* 2006:511; Khan and Hyder 2001). It is common knowledge that there is limited reporting of AIDS in South Africa even among Muslims - consequently this study will also take into account the data and reports of other predominantly Islamic countries in order to evaluate what the Islamic perspective and reports of HIV/Aids are (<http://www.Islam and HIV/AIDS/ 2007: 17>).

It must be taken into account that since UNAIDS figures are dependent upon reporting in any particular country the effectiveness or the lack thereof will determine HIV estimates (CAGE 2007). Evidently many countries such as South Africa and predominantly Muslim countries such as Thailand, Bahrain, Iran and Qatar had officially identified cases of HIV by the middle eighties and early nineties but there was a noticeable lack of action to control the spread of the disease. Among Islamic communities, denial, the conviction that HIV would not gain a foothold and the belief that an enhanced value-system would prevent the proliferation of HIV infections, were responsible for the casual reaction to HIV/Aids (Islam and HIV/AIDS 2007: 17). The rapid development of the burden of the disease has been masked by the lack of proper surveillance and under-reporting in countries where there is a majority of people of Islamic descent (Islam and HIV/AIDS 2007: 17).

The South African Muslim AIDS Programme (MAP NEWS 2007) acknowledges that, notwithstanding the low HIV infection rate among Muslims in South Africa, HIV is a serious problem that could become more prevalent in the Islamic community as the root of the problem is sexual promiscuity and drug abuse - two of the principal means of transmission (MAP NEWS 2007). Hasnain (2005) is of the view that the concept of social stigma that impedes progress in HIV/Aids prevention is more pronounced in Islamic cultures. Cultural factors together with low HIV prevalence among people of Islamic descent make for inspiring and logical research since the findings may in some way contribute to future programmes for all youth, not only those of Islamic descent (Kagee *et al.* 2005; Paruk, Mohamed, Patel & Ramgoon 2006:511).

In the main, South African Muslims had until the latter part of the last decade distanced themselves from HIV/Aids, believing that they could not be affected (Mohamed 2005:3). According to Moosa (2009:66-67), the “strict moral code of conduct” that Muslims are expected to live by often created the misapprehension that HIV/Aids would not affect them. Such a standpoint emanated from the idea that as HIV infections were spread by homosexuality and promiscuity they would be safe since such conduct was taboo in Muslims’ lives (Moosa 2009:66-67). Moosa (2009:76-77) emphasizes that AIDS is a “social disease” and Muslims have since realized that they are not exempt. Despite the fact that data in relation to South African Muslims is not available and considered low in relation to other religious groups, the prevalence of AIDS could be on the increase in this community (Moosa 2009:77; Esack 2005).

Academics and researchers (Moosa 2009:77; Esack 2005) concede that Muslims had for a long time not readily acknowledged HIV/Aids – hence there was a lack of correct data in respect of HIV prevalence and deaths from AIDS-related diseases. It is acknowledged that there are significantly low HIV infection rates among Muslims but Kagee *et al.* (2005) claim that in relation to their study behavioural risks for HIV infection among Muslim individuals, is possibly higher than it is generally accepted. The World Bank (2006) presented that although data displayed a low HIV prevalence among Muslims this might be

attributed to underreporting as a result of the stigma associated with HIV/Aids (Paruk *et al.* 2006:511; Khan and Hyder 2001).

The Programme (MAP) is an umbrella body for the Jamiatul Ulama, the Islamic Medical Association and Islamic Careline that have all adopted the stance that sexual abstinence will prevent the further spread of HIV infections ([http://www.jamiat.co.za/newsletter/online\\_newsletter\\_0446.htm](http://www.jamiat.co.za/newsletter/online_newsletter_0446.htm) 2009). The practice of circumcision is another cultural practice amongst Muslims that is said to act as a preventative measure against HIV infection but not in isolation. It is recommended that in addition to the practice of circumcision, individuals are still required to avoid risky sexual behavior. However, contrary to the South African adage “Safe Sex” that encourages the use of condoms, MAP demands “Save Sex” stating that the distribution of condoms encourages risky behavior in adolescents (Mohamed 2005:2). The organization (MAP) promotes the philosophy among its followers - Muslim or non-Muslim - that acceptance and acknowledgement of the disease will help to reduce the prevalence (Mohamed 2005).

Moosa (2009:84) is of the view that some Muslims believe that if they become HIV infected it is as a result of fate (*taqdir*) and ought to be accepted unquestioningly as a curse from God for immoral behavior. The writer (Moosa 2009:84) alleges that the Muslim religious leaders and *ulama* can assist to change the mindsets of the Muslims so as to engender more realistic ideas about the scourge that will help people to respond positively. The perception is that Islamic tenets can definitely work towards the mitigation of AIDS since these guides teach morally correct behavior and values (Moosa 2009:85). In 1996, against Muslim traditions and during a period of doubt and fear of AIDS amongst Muslims, a Western Cape Muslim woman, Ms Faghmeda Miller, came out publically to declare that she was HIV positive ([www.samedical.org](http://www.samedical.org) 2009; Moosa 2009:78). Despite being ostracized by her community for her bold actions, she was determined to increase consciousness among Muslims and inform South Africans that no-one is exempt from HIV/Aids.



The most recent development regarding AIDS in the Muslim community is that Maulana Rafeek Shah, a South African Muslim, has recommended that couples be amenable to HIV tests prior to marriage (<http://www.BBC/news/africa/SAmuslim.htm>). This proposal, according to the Muslim leader is necessary not to promote stigma but to create more awareness about the disease. He asserted that “HIV poses a far more serious threat to security of South Africa and South African society as a whole than any other conventional threat” (<http://www.BBC/news/africa/SAmuslim.htm>). Although he has already placed the proposition before the United Ulama Council of South Africa, AIDS activists have completely rejected the idea stating that such a step was undemocratic and will merely isolate people further.

## **2.11. HIV/Aids and Islam**

### **2.11.1. What is Islam?**

Islam is one the major religious denominations globally and in South Africa with the largest numbers in the Western Cape. Islam is an unconditional customary way of life present in all aspects of a Muslim individual’s daily activities from dress to diet to relationships (Horrie and Chippindale 2003:3). The holy *Qur’an* considered by Muslims to be the authentic word of Allah, consists of verses that are fully appreciated and understood only in the Arabic language (Horrie and Chippindale 2003:18-19). According to the basic religious principles, Islam stresses high moral standards and values conforming unconditionally with those of HIV prevention policies in general (Paruk *et al.* 2006:511).

Islam’s creed and the four mandatory obligations constitute the core of Islam stringently regularizing the Muslim individual’s behavior within the context of Islam (Horrie and Chippindale 2003:25). The main characteristics are:

1. *Salat* – ritual prayer five times every day;
2. *Zakat* – the disbursement of tax relief for the underprivileged;
3. *Sawm* – fasting for the duration of *Ramadan*; and
4. *Hajj* – pilgrimage to the holy Ka’bah and Mecca (Horrie and Chippindale 2003:25).



### 2.11.2. Islamic ideology for Muslims

In any social group it is imperative for parents to take cognizance of an adolescent's entire context of social influences and/or cultural surroundings as well as the youth's physiological and psychological development in trying to assist the growing child (Beshir and Beshir 2002:1). Such parental care and supervision is especially a pre-requisite in the Muslim home and family. In their book which acts as a functional manual for Muslim parents, Beshir and Beshir (2002:38/49) emphasize that parents ought to ensure that there is a good channel of communication between their children and themselves so that they can ensure that the children are able to absorb the knowledge and values that are so important for them to develop strength of character. This Guide (Beshir and Beshir 2002) further explains that parents who enlighten their children in terms of their cultural and religious beliefs are able to assist the youth to deal with the problems that face the children nowadays.

In keeping with the themes of this research, the rudiments of the Islamic culture with regard to what adolescents ought to know in terms of the *Quran* are that Islam dictates that it is compulsory to incorporate the importance of principled behavior and correct values in any effort towards the mitigation of AIDS (Mohamed 2005). Hence, the Islamic way of life as stipulated by the *Quran* requires that with the threat of HIV/Aids, individuals ought to encourage morally upright behavior yet be caring and supportive of those already affected. With reference to my study it is imperative to take note of the role of traditional Muslim family culture upon education within the school the adolescent attends. Engineer (2008:3) outlines that the doctrine of Islam and the *Quran* dictate that all Muslims strictly maintain justice, benevolence, compassion and wisdom. In terms of teaching children moral values, Bham (2008:1) states that the following principles are foremost in the effort to reduce the prevalence of HIV/Aids:

- *Spiritual self-purification;*
- *Punitive steps to regulate behavior;*
- *Concerted efforts to prevent immoral behavior.*

In a guide to Muslim teenagers, “Starting and Growing in Islam”, Maqsood (2001) portrays the fact that the Muslim youth has the same dilemmas that the youth in any other racial or cultural groups have. Maqsood (2001:6-7) stresses that Muslim teenagers also experience the frustrations of being trapped between developmental stages questioning all that is put to them. During this complex stage, if adolescents find it difficult to explain to their parents what the confusions and conflicts are, they may resort to unethical irreligious behavior without the adults knowing (Beshir and Beshir 2002:10). The youth need to deal with issues relating to religion especially to consider the direction of their faith and acceptance of “Allah” without compulsion (Maqsood 2001:15-19). Admittedly, adolescents will have to learn to make important decisions some of which may be life-changing and this decisiveness can only be developed if a parent grooms the child to handle this aspect of life and if the school culture is able to complement this development (Beshir and Beshir 2002:54-55).

It is accepted that Muslim adults can act as suitable role models in children’s lives according to Beshir and Beshir (2002) who assert that they can meet social challenges by displaying the following attributes to understand the child, never resort to force, express feelings and share happiness and pain, be clear in communication, be an active listener, assist in skill development, use examples from their environment and use a holistic approach. (Beshir and Beshir (2002:143). The social actions of the individual within the Muslim family are directed by the social control exerted by that society and its ability to act in a unified manner (Barnett and Whiteside 2006:93). Social control in terms of HIV/Aids and sexuality will be dependent upon factors such as family culture and religious control.

## **2.12. Theoretical Framework**

### **2.12.1. Social Cognitive Theory**

As with any scientific inquiry, the establishment of a constructive theory upon which the study was carried out is fundamental. This research encompassed the study of HIV/Aids-related knowledge and attitudes of adolescents influenced by socio-educational situations (within the family and school culture). Validation for this is that the theory I utilized

allowed me, as the researcher, to establish what factors or relationships provided the directions for certain attitudes and responses that the Muslim adolescents expressed in this study. Hence, the theory authorized me to explore how rationally or irrationally certain attitudes and behavior in relation to HIV/Aids had been adopted and how individual social and cultural interactions had influenced these types of behavior (Gandelman and Freedman 2002:1). Accordingly, within the context of what Anfara and Mertz (2006: xvii) and McMillan and Schumacher (2001) proclaim about the criteria needed for theories to be constructive I make the following assertions:

- The Social Cognitive Theory I have opted to work within has provided a simple explanation of the observed relations relevant to the phenomenon of HIV/Aids within the family and school culture and the Muslim adolescent's knowledge and attitudes (Bandura 1994);
- It was found to be consistent with both the observed relations and an already established body of knowledge (which in this case is based on the rather limited research available within the South African context within the chosen area of research);
- At the outset the theory is considered a tentative explanation and should provide means for verification and revision by means of the eventual data analysis within my study; and
- It should stimulate further research in areas that need investigation in the region of HIV/Aids education and the family and school culture.

The Social Cognitive Theory, according to Bandura (1994:2), depicts an apt theoretical background for this research. Bandura (1994:2) is of the view that while knowledge in the form of public awareness is important to change risk-taking behavior and the proliferation of HIV infections, it is also imperative to instill personal "skills in self-motivation and self-guidance" to change behavior for the better. Reflection upon a correlation between Bandura's (1994:2) ideology and my study on Muslim adolescents leads to the question whether the learners were being provided with the necessary knowledge within their

Islamic cultural family and school contexts towards that inculcated “self-belief in (their) efficacy” to modify their knowledge and attitudes towards HIV/Aids.

Bandura (1994:2) further stipulates that an individual’s attitude and behavior can change if there is a concerted personal attempt to avoid risky behavior and if the individual is assisted within a social or cultural context to do so. This particular characteristic of the Social Cognitive Theory can be extended to this study to mean that Muslim adolescents will benefit from their own “self-regulative” capabilities in conjunction with the necessary guidance of the adults who represent their Islamic culture in the family and the school (Bandura 1994:2). The Social Cognitive Model advocates that it is possible for people to attain their objectives if they are able to rationally consider their personal abilities and ordeals thus controlling their knowledge and attitudes to avoid pitfalls (Bandura 2001:2). As Bandura (2001:3) puts it, the effectiveness of “functional consciousness” in the regulation of an individual’s actions can be gauged once there is cognitive deliberation. To consider the social cognitive theory and the influence of <sup>10</sup>agentic factors to my study I needed to establish if adolescents too were able to reflect rationally upon their complex socio-educational circumstances in the same way to avoid oversights in their pursuit of survival within the context of HIV/Aids (Bandura 1989:46/65).

#### ***2.12.1.1. What does it entail to be human?***

In terms of Bandura’s Social Cognitive Theory, to be human or a person is to have the ability to take cognizance of physical factors within one and social factors around one while one strives to achieve one’s goals and avoid pitfalls (Bandura 2001:2-4). Bandura (2001:3) considers that “forethoughtful, generative, and reflective capabilities are, therefore, vital for survival and human progress”. According to Bandura (2001:6-11) the vital agencies of intentionality, forethought, self-reactiveness and self-reflectiveness are the nucleus characteristics of what it entails to be human and will therefore form the basis of my study.

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<sup>10</sup> ‘make things happen by one’s actions’... made up of ‘endowments, belief systems, self-regulatory capabilities, distributed structures and functions’ Bandura 2001:2

**a) *Intentionality***

Bandura (2001:6) advocates that “agency refers to acts done intentionally”. Intentionality therefore, is an individual’s cautiously premeditated decision to behave in a particular manner that will impact upon a future endeavor. Hence, according to this theory and the Action Regulation Theory that Jones (2007:2) refers to, a behavioural plan of action revolves around personal intention – what does the individual intend the end product or goal to be. However, it is pertinent to consider that personal agency may not simply assure that the intended result will be achieved since actions can yield certain unintentional consequences that may hinder progress. It is also unrealistic to single-mindedly believe that the mere state of intention is sufficient for the successful execution of an individual’s goal for the reason that the role of other participating agents could be crucial to the result. As far as my investigation is concerned I pursued the line of inquiry that represented the intention of the Muslim adolescent to apply HIV/Aids-knowledge gained from exposure to family and school culture, in order to inculcate certain attitudes that could culminate in responsible behavior.

**b) *Forethought***

The concept of “forethought” allows individuals to be able to confidently engage in goal-directed actions that are more likely to yield positive results while being sensitive to harmful future measures that may frustrate their endeavors (Bandura 2001:7). Forethought caters for the human strength of being able to stay motivated in the design of one’s life eagerly and pragmatically anticipating what lies ahead (Bandura 2001:7). Realistically, forethought sanctions the consideration of exclusive social and environmental contexts for enhanced self-efficacy, guidance and expectations (Bandura 2001:13; Bandura 1989:46/65). Individuals are equipped to be discerning and maneuver their way within their present milieu adapting accordingly in order to conquer desired aspirations. Bandura (1989:13) asserts that a person is able to access invaluable logic from the social agencies within the individual’s sphere of influence. As a consequence, within the framework of the Social Cognitive Theory my research probed the Muslim adolescent’s strength to harness the knowledge provided by the Islamic family and school culture to remain focused on

generating beneficial attitudes anticipating what the future holds when one becomes HIV infected (Bandura: 1989:11-12).

**c) *Self-Reactiveness***

The intention to perform an action precedes the planning as well as the experience of forethought. Once this visualization takes place the role modifies to one of being a motivator and self-regulator in order to unite the initial action of reflection with the carrying out the deed (Bandura 2001:8). During this process of self-reactiveness an individual will resolutely strive towards goals that have emanated from an established value-system. Vicarious learning, a human attribute that is accentuated in social cognitive theory, highlights that individuals learn by example and observation (Bandura 1989:21). The goal-directed process of self-reactiveness is by no means without obstacles and the successful achievement thereof will depend on what Bandura (2001:8) pronounces “the level of challenge and temporal proximity” in conjunction with the mistakes one will make. During the process a person’s actions will also be regulated by the moral agency that impacts upon a moral wisdom, moral logic and moral actions (Bandura 1989:46/65). One of the objectives of my study was to establish the role of the moral astuteness of the Muslim adolescents in utilizing knowledge acquired from the Islamic family and school culture to “resolutely strive towards” unwavering attitudes and actions vis-à-vis HIV/Aids regardless of complications (Bandura 1989:10).

**d) *Self-Reflectiveness***

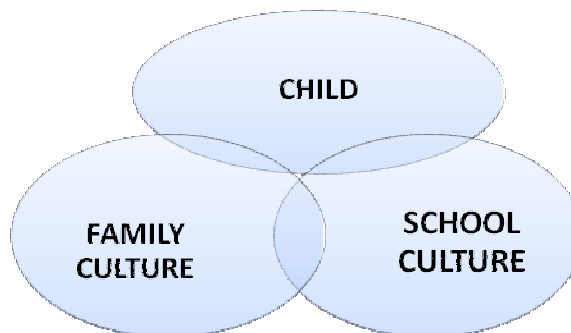
An individual is equipped to meta-cognitively appraise goals and values during the action process, making it possible to be analytical every step as agents of actions (Bandura 2001:10). Having a definite belief in being able to effectively execute an action ought to be accompanied by a controlled search thereof to avoid harmful effects. It is Bandura’s (2001:10) conviction that within the context of the Social Cognitive theory efficacy beliefs is the foundation whereby people are motivated to fulfill their actions. This theory of self efficacy develops the stance that an individual will work at reducing personal vulnerability during the action process and rationally decide which actions are less harmful during the process.

Further, efficacy beliefs dictate the manner in which certain actions and social factors will influence the quest of a person's goals (Bandura 1989:4). The Social Cognitive Theory postulates that the formative years of an individual are a time when social influences (as depicted below in 2.12.2.) are significant as these demands are critical in the ability to handle stress and impediments (Bandura 1989:4). With particular reference to my study, I implemented the theory to consider if the participants (Muslim adolescent) were able to control the influence of goals and values within the environment (Islamic family and school culture) in order to regulate health status-vulnerability in relation to HIV/Aids (Bandura 2001:11 Bandura 1989:12).

### **2.12.2. The Eight Gateways influencing school culture**

Elbot and Fulton's (2008) exposition of the Eight Gateways indicate that the child is at the centre of the interaction between the family and school culture - being influenced by each. With reference to my inquiry about the child's knowledge and attitudes to HIV/Aids the ideology presented by Elbot and Fulton's (2008) Gateways pertaining to school culture per se can be used to explain how the child learns about HIV/Aids and how such knowledge assists to develop certain attitudes and behavior. This exchange of ideas and the impact upon the child is indicated in the following figure:

**Figure 5: Influence of Family and School Culture on the child's HIV/Aids education**  
**Adapted from information in Elbot and Fulton (2008)**



The above illustration indicates that the child's education about HIV/Aids suggest that there is infiltration of information from the family culture as well as the school culture to the child. There is also evidence that there are aspects of both cultures that overlap. Hence, my study demonstrated that there was a strong correlation and interaction between the Muslim family culture and the Muslim school culture. At the same time it had to be acknowledged that the child too was able to contribute in some way to each cultural component. In terms of HIV/Aids education the above representation depicts that the child is influenced and guided by the culture of the family as well as that of the school. The above figure denoting the Eight Gateways recognizes that the child is the centre of the process of teaching and learning (Elbot and Fulton 2008). While the school culture promotes HIV/Aids education via the curriculum, the family culture influences the child's growth during the family's daily interactions that may include discussion and debate. The "collaborative relationships" pertaining to HIV/Aids allow the child to know more about the disease and to develop holistically in order to prevent HIV infection (Mosia 2009:5; Barth 1990:512-516).

The explanation that follows introduces Elbot and Fulton's (2008:72-105) concept of the Eight Gateways which, according to these writers represents the "entry points" of influence within the culture of a school. Just as Kezar and Eckel (2002), O'Hagan (1999) and Stoll (1998) have communicated in terms of school culture, these factors have a direct impact upon the way a school operates and with time each may transform the very ethos of the school in varying degrees. A detailed discussion of these Eight Gateways is thus central to my study since HIV/Aids may be seen as one concern that the modern South African school encounters. Consequently, this inquiry will benefit from a discussion of how each of these "entry points" influences the Muslim adolescents' knowledge of and attitudes to HIV/Aids:

#### ***2.12.2.1. Teaching, learning and assessment***

In terms of what Elbot and Fulton (2008:75) uphold about school culture, learners will benefit from a basic consensus regarding the nature of "high-quality teaching and learning" and shared goals. Although each teacher will have a different concept regarding the execution of the lessons, the fundamental principle ought to remain the same. Elbot and



Fulton (2008:75) are of the view that the “hidden curriculum” as proposed by Wren (1999:1) who considers that it is “the influential ambiance that affects the teaching and learning of a school” (Chapter 1 p22, paragraph 1.7.2.), is just as powerful as the guides provided by the Department of Education that South African teachers are meant to subscribe to. It is therefore vital that the school is able to co-ordinate the hidden curriculum and Departmental requirements to respond to the learner’s educational needs (Elbot and Fulton 2008:76-77). To extend this ideology to the investigation that I undertook, teachers and parents were questioned in terms of the quality of teaching and the hidden curriculum (e.g. Islamic ideology) at the school.

#### ***2.12.2.2. Relationships***

Elbot and Fulton (2008:78-79) estimate that adults (parents and teachers) who display a caring disposition within the school culture are able to inculcate superior standards of learning and achievement in schools. The Muslim learners’ comments regarding the quality of all relationships within the school were not restricted to just teachers, but extended to parents as well. This is significant in terms of the learner’s educational development within the particular school culture. For that reason, the concept of “caring” in this discussion involves exciting lessons, awareness of the children’s needs, reciprocal relationships of trust and positive feedback. This study explored the relationship between the parents and the teachers and the impact upon the school culture. It also investigated if the school culture included teaching and learning that encompassed a caring disposition which could have influenced the learners’ knowledge of and attitudes to HIV/Aids.

#### ***2.12.2.3. Problem-solving***

All schools will tackle their diverse problems in the unique way prescribed by the culture that pervades the school and community it serves (Elbot and Fulton 2008:81-82). The process of trying to eliminate problems affecting learners might be time-consuming but if all parties (teachers, learners, parents) were able to work together, getting to the source could help eliminate these effectively. If learners were considered as part of the structure of “interdependence” the school would be more successful in its attempts at problem-solving (Elbot and Fulton 2008:83). Learners needed to be taught that respect for the well-being of

the self and of others went hand-in-hand with respect for authority in the constant process of problem-solving. The Muslim adolescent's knowledge of and attitudes to HIV/Aids (a modern crisis), was investigated in respect of the unique guidance provided by the collaborative effort of the parents and the teachers of this independent Islamic institution.

#### ***2.12.2.4. Expectations, trust and accountability***

Generally, the school touchstone conveys the nature of the expectations, trust and accountability within a school culture (Elbot and Fulton 2008:2-4; 85). It is accepted that schools that operate effectively will have superior, yet principled expectations and a definite sense of trustworthiness embodied within the touchstone of choice (Elbot and Fulton 2008:2-4). Barth (2001:78) is of the view that while it is important to assess teachers on the basis of learners' academic results it is also imperative to evaluate how these teachers contribute sincerely to the improvement of general learning within the school culture. Elbot and Fulton (2008:87) contend that the teacher and learner should be familiar with characteristics that represent trust and accountability and which promote the relevant learning expectations. This study explores the expectations, trust and accountability of the parents, teachers and learners who are part of this Islamic school culture noting their accountability regarding the Muslim adolescent's knowledge of and attitudes to HIV/Aids.

#### ***2.12.2.5. Voice***

Learners appreciate being "heard" and knowing that they are a bona fide part of the school culture with the ability to contribute to building "a better school" (Elbot and Fulton 2008:90). While it is of great consequence within a school culture that learners are listened to, it is also as important that the teachers and parents are able to express their views in an attentive environment. Each participant within the school culture will be more secure and "high-performing" if they are noticed (Elbot and Fulton 2008:92). Another aspect of exploration in the study I embarked on was whether the teachers, parents and learners felt that they could contribute to the education and allowed to express their personal attitudes in terms of HIV/Aids within the school culture.

#### ***2.12.2.6. Physical environment***

Elbot and Fulton (2008:92) point out that the physical environment that includes multiple facets of the school does affect all those connected to the school culture. Their opinion is that the school environment must be “safe and clean, inviting and inspiring, and conducive to learning” (Elbot and Fulton 2008:92). Therefore, a constructive partnership within an effective school culture will yield a positive physical environment that includes the neighborhood of that school community as well. Hence, with reference to my research I had to study the circumstances under which the teaching and learning took place and whether it was safe and conducive to learning in the context of HIV/Aids.

#### ***2.12.2.7. Markers, rituals and traditions***

Elbot discovered in his research of important markers that there was a lack of “powerful school-based experiences” among those who had just graduated (Elbot and Fulton 2008:95). The assertion was that schools ought to create indicators representing rituals and prominent times in the learners’ lives. Learners’ lives were constantly changing and they should be given the opportunity to share their treasured moments with others so as to remember these markers always. However, the warning from the researcher was that if the collaborative school culture did not provide the opportunity for the creation of traditions and rituals, learners would create their own which could be as a result of harmful behavior patterns. It was imperative for this research to reveal what noteworthy Islamic rituals and traditions of the family and school culture influenced the Muslim adolescents’ knowledge and attitudes to HIV/Aids.

#### ***2.12.2.8. Leadership***

Leaders within an intentional school culture facilitate the process of establishing ethical standards that guide the members of that community towards an integrated school environment. Dominance in any one facet of the school community or hierarchy will prove that the leadership is ineffective and promote an unstable school culture. Accepting that each culture has strong points and drawbacks leaders can encourage the perception that different cultures can learn from one another in order to transform any one culture while it maintains its “basic integrity” (Elbot and Fulton 2008:102). The contention of intentional school culture promoted by Elbot and Fulton (2008:104-105) is that leadership forms the

mainstay of effective, supportive school cultures often relying on what is borrowed from others in the process of change. This study attempted to investigate whether the leadership in the Islamic school formed an effective, supportive school culture that promoted the awareness of HIV/Aids among the learners.

### **2.13. Conclusion**

It is over two decades into the existence of the AIDS epidemic and countries are still under pressure to provide watertight responses to the pandemic (Parker and Aggleton 2003:13-14). Of particular importance in these responses are the roles of the family and the school to proficiently make adolescents aware of HIV/Aids and the best ways to avoid infections. I argue that education within the life skills and HIV/Aids Education sector and socio-cultural practices can essentially assist to overcome the vulnerability of the youth (UNESCO and IBE 2004:6). The study I undertook was meant to expose advancement within the Muslim family and school culture in the field of HIV/Aids education in order to mitigate the burden of disease. While the importance of the family cannot be denied, Van Wyk and Lemmer (2007: 301-316) advocate that the school and its associated “capital” – i.e. other relevant entities are vital in the mitigation of AIDS within the South African context. It is their theory that communication within all parties involved in the running of the school can be guided by the guidelines provided by the Department of Education to benefit the learner in the fight against AIDS. Adolescents have a basic right to HIV/Aids education and it is essential that school culture with its guiding policies, institutional rules and hidden curriculum provide the crucial protection in order to augment gender equality within the school context (Jerald 2006:1-2; Posser 1999:8).

Alluding to my study, I considered that the above implications were significant as the discussions relate to families and HIV/Aids education. In view of the assertions, this study considered the manner in which the Muslim adolescent’s knowledge of and attitudes towards HIV/Aids were influenced by the communications and relationships within the family that exemplified Islamic Law as well as the Islamic school culture. Cultural factors together with important statistical data made for inspiring and logical research since the findings might in some way contribute to future programmes for all youth, not only those of Islamic descent. While moral values as well as behavioural exemplars progress down



generations within each distinct society and traverse school cultures it is important to ensure that while children accept these values that their basic rights are not violated as a result of their culture.

The following chapter elaborates upon the methodology and data collection procedures that are introduced in Chapter 1.

## 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.”*

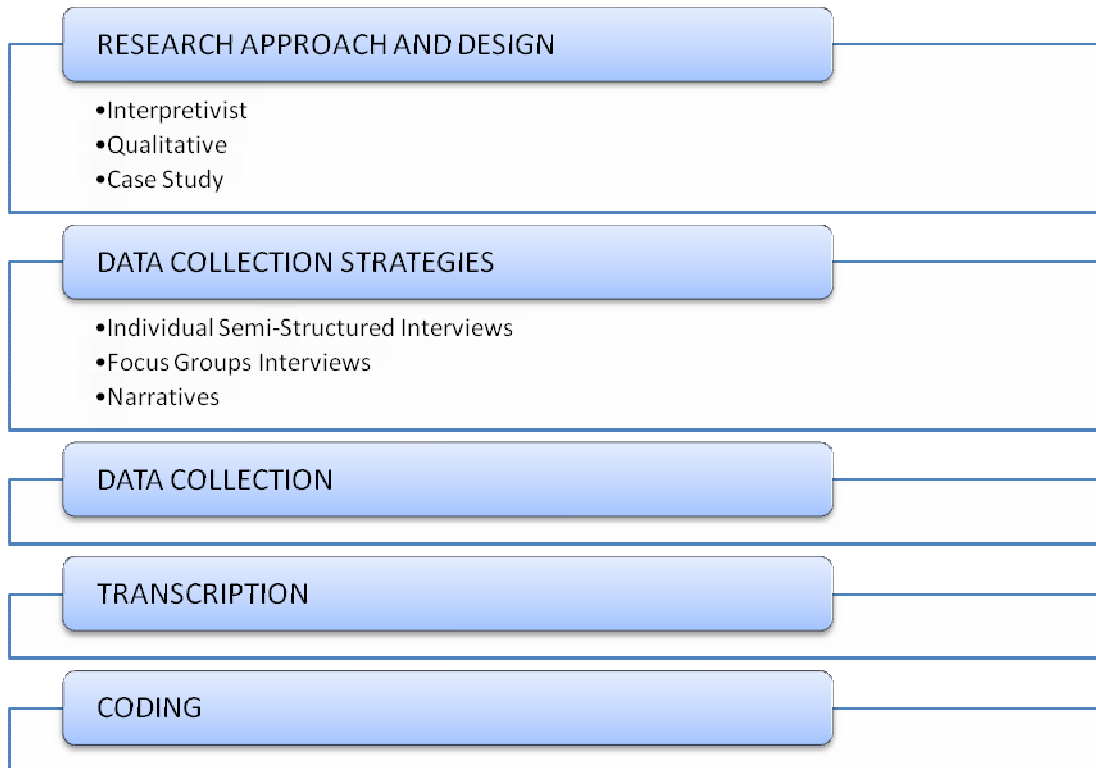
(Nieuwenhuis 2007a:56)

#### 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 themes that were formulated to answer the research questions in relation to semi-structured interviews with the parents of selected learner participants and parents who were on the school council or PTA.

**TABLE 1: INDIVIDUAL SEMI-STRUCTURED INTERVIEWS: PARENTS**

PARTICIPANTS	THEMES	AIMS	DATE
<p><b>3 Parents of selected learners</b></p> <p><b>3 Parents on the School Council or PTA</b></p>	<p>Social and cultural practices of Muslim families with regard to HIV/Aids.</p>	<p>To accrue details of the way Muslim parents react to HIV/Aids and sexuality</p>	<p>18 June 08</p>
	<p>Expectations of Muslim parents of HIV/Aids education at school.</p>	<p>To gather data that depicts what the Islamic parents expect of the school in terms of HIV/Aids education</p>	<p>17 July 08</p> <p>23 July 08 (2 parents)</p>
	<p>Promotion of knowledge, attitude and responsible behavior with regard to HIV/Aids in the family.</p>	<p>To gauge the way Muslim adolescents were influenced by their parents with regard to HIV/Aids</p>	<p>24 July 08</p> <p>1 August 08</p>

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).

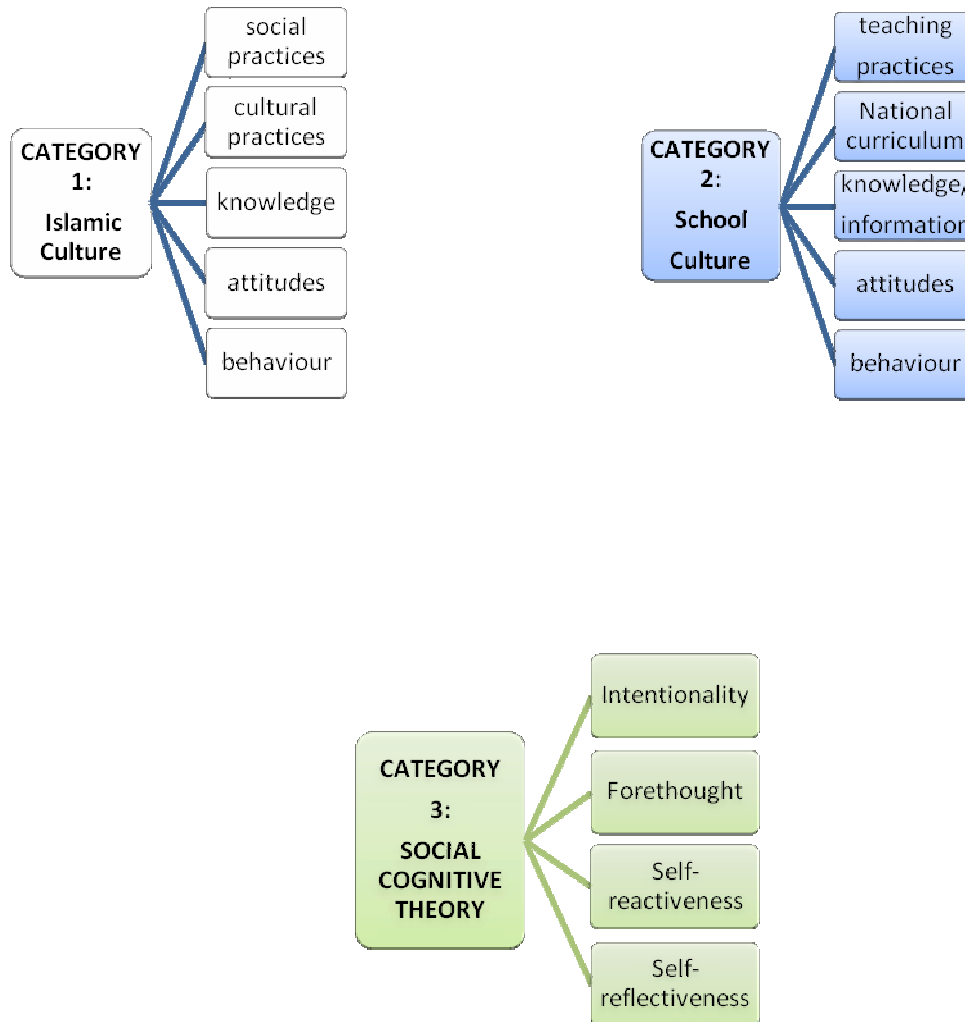
Once I had collected all the data, I had to enlist the assistance of a transcriber to transcribe and capture all the audio-taped conversations. Thereafter, I listened to the tapes and inspected the transcriptions so as to include relevant nuances that the transcriber might have missed or found extraneous. 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**

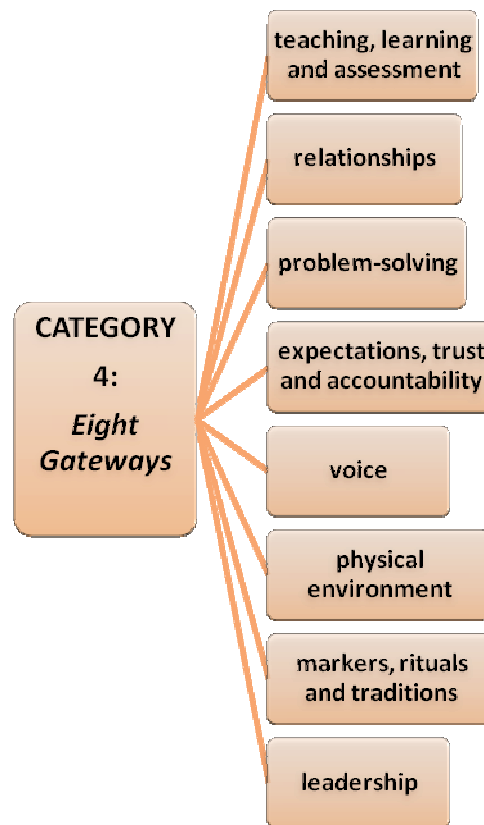
Adapted from information provided by Nieuwenhuis (2007c:105-6)



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.



## CHAPTER 5

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### 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.

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UNIVERSITY OF PRETORIA  
 FACULTY OF EDUCATION  
 RESEARCH ETHICS COMMITTEE

**CLEARANCE CERTIFICATE**

**CLEARANCE NUMBER : CS08/04/08**

**DEGREE AND PROJECT**

PhD Curriculum and Instructional Design and Development  
 The socio-educational influence of the family and the school culture upon the responsiveness of Muslim adolescents to HIV and AIDS.

**INVESTIGATOR(S)**

Jyothi Arjun Chabilall - 22188488

**DEPARTMENT**

Curriculum Studies

**DATE CONSIDERED**

16 May 2008

**DECISION OF THE COMMITTEE**

APPROVED

*This ethical clearance is valid for 3 years from the date of consideration and may be renewed upon application*

**CHAIRPERSON OF ETHICS COMMITTEE**

Dr Salomé Human-Vogel

**DATE**

4 June 2008

**CC**

Dr C G Hartell  
 Mrs Jeannie Beukes

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.
4. The student adheres to conditions as stipulated in the e-mail sent on 4 June 2008

Please quote the clearance number in all enquiries.



17 February 2009

The Principal/Chairman  
XXXXXXXXXXXX

Sir/Madam

### **REQUEST FOR INFORMED CONSENT**

As you may be aware, I have been conducting research at the XXXXXXXXXXX since last year. I am a PhD student registered at the University of Pretoria and I invite you to participate in my research project. My study focuses upon the socio-educational influence of the family and school culture upon the awareness of the Muslim adolescent to HIV and AIDS.

For the purposes of my study I will require your voluntary participation in semi-structured interviews that will be audio-recorded. These interviews will be conducted by me and comprise questions that deal with your views regarding family and school culture and HIV/AIDS. All the information provided by you will be treated with strict confidentiality and anonymity which means that I will not make use of your names anywhere in the course of my fieldwork and writing. Information that is collected during the course of this research project will be stored safely even after the task is complete. All the information provided will be treated with strict confidentiality and anonymity. You may choose to withdraw from the research process at any stage should you deem this necessary.

If you consent to be a part of this research process, please complete the attached form and submit same to me.

Yours sincerely  
Jyothi Chabilall





---

I \_\_\_\_\_ hereby consent to participate in the above research project.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_





31 January 2008

Dear Participant

### **REQUEST FOR INFORMED CONSENT**

I am a PhD student registered at the University of Pretoria and I invite you to participate in my research project with your parent's consent. My study focuses upon the socio-educational influence of the family and school culture upon the awareness of the Muslim adolescent to HIV and AIDS.

For the purposes of my study I will require your voluntary participation in semi-structured focus group interviews that will be audio-recorded. These interviews will be conducted by me and comprise questions that deal with your views regarding family and school culture and HIV/AIDS. Girls and boys will be interviewed in separate groups. All the information provided by you will be treated with strict confidentiality and anonymity which means that I will not make use of your names anywhere in the course of my fieldwork and writing. Information that is collected during the course of this research project will be stored safely even after the task is complete. You may choose to withdraw from the research process at any stage should you deem this necessary.

If you assent to be a part of this research process, please complete the attached form and submit same to me together with the letter of consent from your parent.

Yours sincerely

---

Jyothi Chabilall





I \_\_\_\_\_ understand what this research project is about and I  
hereby agree to participate.



Date: \_\_\_\_\_

Signed: \_\_\_\_\_



31 January 2008

Dear Parent

### **REQUEST FOR INFORMED CONSENT**

I am a PhD student registered at the University of Pretoria and I invite your son/daughter who attends the XXXXXXXXXXXXXXXX to participate in my research project. My study focuses upon the socio-educational influence of the family and school culture upon the awareness of the Muslim adolescent to HIV and AIDS.

For the purposes of my study I will require your son's/daughter's voluntary participation in focus group interviews that will be audio-recorded. These interviews will be conducted by me and comprise questions that deal with your son's or daughter's views regarding school and family culture and HIV/AIDS. Girls and boys will be interviewed in separate groups. All the information provided by your son or daughter will be treated with strict confidentiality and anonymity which means that I will not make use of names anywhere in the course of my fieldwork and writing. Information that is collected during the course of this research project will be stored safely even after the task is complete. All the information provided will be treated with strict confidentiality and anonymity. Your son/daughter may choose to withdraw from the research process at any stage should either of you deem this necessary.

If you consent that your son/daughter be a part of this research process, please complete the attached form and submit same to me. I will appreciate it if you supervise the signing of the letter to your child.

Yours sincerely

---

Jyothi Chabilal





UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

I \_\_\_\_\_ hereby provide my consent for my son/daughter to participate in the above research project.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_





UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA



25 February 2008

Dear Participant

### **REQUEST FOR INFORMED CONSENT**

I am a PhD student registered at the University of Pretoria and I invite you to participate in my research project. My study focuses upon the socio-educational influence of the family and school culture upon the awareness of the Muslim adolescent to HIV and AIDS.

For the purposes of my study I will require your voluntary participation in semi-structured interviews that will be audio-recorded. These interviews will be conducted by me and comprise questions that deal with your views regarding family and school culture and HIV/AIDS. All the information provided by you will be treated with strict confidentiality and anonymity which means that I will not make use of your names anywhere in the course of my fieldwork and writing. Information that is collected during the course of this research project will be stored safely even after the task is complete. All the information provided will be treated with strict confidentiality and anonymity. You may choose to withdraw from the research process at any stage should you deem this necessary.

If you consent to be a part of this research process, please complete the attached form and submit same to me.

Yours sincerely

---

Jyothi Chabilall





UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

I \_\_\_\_\_ hereby consent to participate in the above research project.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



## **INTERVIEW GUIDE**

### **1. Interviews with the Principals (2)**

- 1.1. What is your religion?
- 1.2. Where did you receive your professional training?
- 1.3. Discuss some of your basic views and attitudes towards life and the way these affect this school.
- 1.4. Explain your management style with regard to this school.
- 1.5. Discuss the expectations of parents and what they believe you and your staff ought to instill in terms of knowledge, skills and attitudes.
- 1.6. What characteristics do you look for as a means of evaluating teachers at your school?
- 1.7. How do the parents and the governing body interact with you in the day-to-day running of this school?
- 1.8. Discuss the ways in which you believe that Muslim culture and school culture integrate.
- 1.9. What are your personal views regarding HIV and AIDS?
- 1.10. What do you think is the underlying principle and point of departure when teachers approach HIV/Aids in the classroom? What is important? Where do they come from?
- 1.11. What do you think the challenges are in preparing the youth for their future within the context of HIV and AIDS? What do you think the youth is learning from what we are trying to teach them?
- 1.12. What behavioural expectations do you have for the learners in the context of HIV/AIDS?
- 1.13. Do you believe that culture and religion of Muslim families have an influence on HIV and AIDS education at your school? Can you explain?
- 1.14. How have you been able to explore social causes and social solutions to HIV and AIDS with reference to the learners and the staff at this school?
- 1.15. What would you do differently regarding HIV and AIDS education at this school?

**2. Interviews with two Life Orientation Educators (2):**

- 2.1. What religion do you belong to?
- 2.2. Where did you receive your professional training?
- 2.3. What aspect of your professional training has impacted most upon your teaching?
- 2.4. What are your personal views and attitudes regarding the running of this school?
- 2.5. Explain fully your ambitions in relation to your position at this school.
- 2.6. Can you tell me what you like about your job and your school?  
Can you tell me what you dislike about your job and your school?
- 2.7. What do you use as source of reference for your preparation of lessons?
- 2.8. What is your point of departure when you prepare for lessons? What are your principles, beliefs, morals, religious perspectives?
- 2.9. What are your personal views regarding HIV and AIDS?
- 2.10. What behavioural expectations do you have for the learners in the context of HIV/AIDS?
- 2.11. What do you think the challenges are in preparing the youth for their future within the context of HIV and AIDS.
- 2.12. What do you emphasize or avoid during your lessons with reference to HIV and AIDS?  
Elaborate.
- 2.13. Is HIV and AIDS education at this school influenced by the Muslim religion and culture?  
Explain.
- 2.14. How does this perception of HIV and AIDS affect the way you discuss it with the learners?
- 2.15. Can you tell me how learners react to HIV and AIDS education during lessons? Why do you think this is so?
- 2.16. Have you been able to explore social causes and social solutions to HIV and AIDS with reference to the learners and the staff at this school? How have you done this?
- 2.17. Would you do things differently regarding HIV and AIDS education at this school? Can you explain this further?



### **3. Interviews with parents of selected pupils (5):**

- 3.1. What is your religion?
- 3.2. What do you think are the expectations of parents in respect of what schools ought to instill in terms of knowledge, skills and attitudes?
- 3.3. Do parents have any influence upon the teaching and learning at this school? Explain why you believe that this is the case.
- 3.4. How do the parents and the governing body interact with the school in the day to day running of this school?
- 3.5. What characteristics do you look for as a means of evaluating teachers at your school?
- 3.6. Explain how your child has benefitted from attending this school?
- 3.7. What behavioural expectations do you have for the learners in the context of HIV/AIDS?
- 3.8. What do you believe are the expectations of parents and the governing body in terms of knowledge, skills and attitudes in the context of HIV and AIDS?  
Explain what they believe schools ought to instill in terms of knowledge, skills and attitudes in the context of HIV and AIDS?
- 3.9. Do you think that religion influences HIV and AIDS education at this school?
- 3.10. What are some of the Muslim cultural practices that influence discussions of HIV and AIDS in your family?
- 3.11. Do you think that there are aspects of Muslim culture and religion that impact upon the school culture at this school with regard to HIV and AIDS? Explain why you think this is the case.
- 3.12. How do you think that some of these aspects are incorporated within the school culture and HIV and AIDS education at this school? (Explain how.)
- 3.13. What are your views regarding the HIV and AIDS education within this school culture? What important characteristics would you expect from teachers responsible for HIV and AIDS education? Do you think that these aspects are exemplified at this school? Explain.
- 3.14. Do you as a parent promote knowledge, skills and attitudes in respect of HIV and AIDS in your home? What are the main elements of HIV and AIDS that you want your children to know in this respect?
- 3.15. Do you have difficulty communicating with your children issues regarding HIV and AIDS? Explain.

#### **4. Interviews with members of the parent Body (3):**

- 4.1. What is your religion?
- 4.2. What do you think are the expectations of parents in respect of what schools ought to instill in terms of knowledge, skills and attitudes?
- 4.3. Do parents have any influence upon the teaching and learning at this school? Explain why you believe that this is the case.
- 4.4. How do the parents and the governing body interact with the school in the day to day running of this school?
- 4.5. What characteristics do you look for as a means of evaluating teachers at your school?
- 4.6. Explain how your child has benefitted from attending this school?
- 4.7. What behavioural expectations do you have for the learners in the context of HIV/AIDS?
  - 4.7.1. What do you believe are the expectations of parents and the governing body in terms of knowledge, skills and attitudes in the context of HIV and AIDS?  
Explain what they believe schools ought to instill in terms of knowledge, skills and attitudes in the context of HIV and AIDS?
- 4.8. Do you think that religion influences HIV and AIDS education at this school?
- 4.9. What are some of the Muslim cultural practices that influence discussions of HIV and AIDS in your family?
- 4.10. Do you think that there are aspects of Muslim culture and religion that impact upon the school culture at this school with regard to HIV and AIDS? Explain why you think this is the case.
- 4.11. How do you think that some of these aspects are incorporated within the school culture and HIV and AIDS education at this school? (Explain how.)
- 4.12. What are your views regarding the HIV and AIDS education within this school culture? What important characteristics would you expect from teachers responsible for HIV and AIDS education? Do you think that these aspects are exemplified at this school? Explain.
- 4.13. Do you as a parent promote knowledge, skills and attitudes in respect of HIV and AIDS in your home? What are the main elements of HIV and AIDS that you want your children to know in this respect?
- 4.14. Do you have difficulty communicating with your children issues regarding HIV and AIDS? Explain.

**5. Focus Groups with the Muslim adolescents (10 boys and 10 girls):**

- 5.1. Tell me what grade you are in and where did you go to school previously?
- 5.2. Tell me a little about your parents their religion, their views on culture and their basic attitudes.
- 5.3. What are your views and attitudes towards your school?
- 5.4. How does your school equip you to understand and accept you religion?
- 5.5. What are your personal ambitions and aspirations regarding your life?
- 5.6. Explain how you feel about the cultural values of this school, your community and your religion.
- 5.7. How does your culture and religion influence your social life and relationships with others?
- 5.8. Have you heard about HIV and AIDS?
- 5.9. In what ways do you think someone can get HIV?
- 5.10. Describe the kind of people you think get HIV or AIDS.
- 5.11. Express your views about people who have HIV or AIDS.
- 5.12. Explain whether you think one needs to feel sorry for people who have HIV or AIDS?
- 5.13. Should people who have AIDS be forced to live far from those who don't? Why?
- 5.14. Do you think that it is possible that you can/will be infected by HIV?
- 5.15. Do you think many people in your culture are infected?
- 5.16. Is it possible to just look at someone and say if they have AIDS? Explain.
- 5.17. Will you be comfortable sitting next to someone who has HIV?
- 5.18. How will you feel about lending your pen to someone who has HIV?
- 5.19. Do you know anyone who is HIV positive or who has AIDS?
- 5.20. If someone close to you had HIV how will you react to this person?
- 5.21. Will you be embarrassed if you had a friend who was HIV positive? Can you tell me why?
- 5.22. If a person in your family got HIV would you want it to remain a secret?
- 5.23. Do you learn about HIV and AIDS at this school? Explain.
- 5.24. Describe your point of view regarding HIV and AIDS education at this school?
- 5.25. If you had to change HIV and AIDS education at this school, what would you do?
- 5.26. What do you think the challenges are in preparing the youth for the future in the context of HIV/AIDS

5.27. What are some of the social problems caused by HIV and AIDS?

**6. Interview with School Guidance Counsellor:**

- 6.1. What religion do you belong to?
- 6.2. Where did you receive your professional training?
- 6.3. What aspect of your professional training has impacted most upon your work at this school?
- 6.4. What are your personal views and attitudes regarding the running of this school?
- 6.5. Explain fully your ambitions in relation to your position at this school.
- 6.6. Can you tell me what you like about your job and your school?
- 6.7. Can you tell me what you dislike about your job and your school?
- 6.8. What is your point of departure in your work preparation? What are your principles, beliefs, morals, religious perspectives?
- 6.9. What are your personal views regarding HIV and AIDS?
- 6.10. What behavioural expectations do you have for the learners in the context of HIV/AIDS?
- 6.11. What do you think the challenges are in preparing the youth for their future within the context of HIV and AIDS?
- 6.12. What do you think ought to be emphasized or avoided during your lessons with reference to HIV and AIDS? Elaborate.
- 6.13. Is HIV and AIDS education at this school influenced by the Muslim religion and culture? Explain.
- 6.14. What are the sources of lesson-plans for the HIV and AIDS education at this school?
- 6.15. Are you faced with situations that involve the discussion of HIV and AIDS? Explain.
- 6.16. Have you been able to explore social causes and social solutions to HIV and AIDS with reference to the learners and the staff at this school? How have you done this?
- 6.17. Would you do things differently regarding HIV and AIDS education at this school? Can you explain this further?