

**A Comparative Analysis of the views of Master Trainers and Learners on HIV/AIDS Messages**

by

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## DECLARATION

I, Constance Mlambo, Student Number 26511942, hereby declare that the dissertation: **“A comparative analysis of the views of master trainers and learners on HIV/AIDS messages”** has not been submitted by me before at any other university. It is my original work and I have acknowledged all the sources consulted and quoted in the bibliography.

Signature.....

GCC MLAMBO

Date.....

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## ABSTRACT

The purpose of the study was to investigate the views of master trainers for life skills and the views of secondary school learners concerning the information they receive on HIV/AIDS. Master trainers are educators who were identified by the Department of Education to train groups of people and learners in various schools about life skills. Life skills can be described as the adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life. My assumption was that there may be a relationship between how the messages are communicated and understood and adolescent behaviour. There may also be factors that contribute to a lack of change in behaviour - despite the information disseminated on HIV/AIDS.

To reach out to young South Africans with effective prevention programmes has become a key to slowing the rate of HIV infection and ensuring a stronger future for the country (UNAIDS, 2006). This is done through awareness programmes in school-based life skills education, which is part of the life orientation programme. Knowledge of the views would be important to all people involved in the battle against the pandemic and may benefit, particularly, those educators who have been assigned the special role of disseminating HIV prevention messages. Learners receive messages from different sources, such as media, peers, parents and educators in various institutions. The problem is that despite the knowledge acquired through various programmes, learners are still unwilling to translate that knowledge into positive behaviour (low risk sexual behaviour). Girls are still falling pregnant and, therefore, it is very important to look at the messages learners get and how they understand them as this may have an influence on their behaviour.

This research has used a qualitative approach to collect and analyse data. Semi-structured interviews were used because to obtain rich descriptive data that helped the researcher to understand the participants' construction of knowledge and social reality (Maree *et al.*, 2009). Two master trainers from each of the three identified secondary schools were interviewed. Group interviews were used for and learners. The study was conducted in Barberton in the Ehlanzeni region of Mpumalanga.

The data was collected using a tape-recorder. Permission and consent was sought and obtained to collect data in the schools that were involved in the study. The data was analysed and several themes were identified. The messages that the learners received from the Life Skills programmes were perceived in different ways. The different sources of knowledge concerning HIV/AIDS that the learners accessed at the time contained conflicting messages. More emphasis was placed on the debate around the use of condoms, while there were other issues that needed attention, such as decaying moral standards, lack of parental support, peer influence and material needs - all factors that lead to risky sexual behaviour in teenage learners.

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# CHAPTER 1

## INTRODUCTION

### 1.1 Statement of Purpose

The purpose of this study was to investigate the views of master trainers for Life Skills and the views of secondary school learners concerning the information they receive concerning HIV/AIDS. Learners receive messages about HIV/AIDS from many sources and they are aware of the seriousness of the disease, but this does not seem to affect their lifestyle. The assumption is that the different ways in which HIV/AIDS messages are communicated and interpreted by adolescents lead to change or lack of change in teenage behaviour. There may also be a possibility that learners do not take the messages of HIV/AIDS from master trainers seriously or that they find the information useful.

### 1.2 Introduction

Master trainers are educators who were trained by the Department of Education to educate groups of people in various schools about life skills. Life skills involve imparting knowledge and skills that may enable a person to cope in life experiences. (World Health Organisation, 1997, in Visser, 2005). Life Skills education is part of the Life Orientation learning area which is taught in schools. Educators are often faced with challenges on how they can change or shape the behaviour of learners in secondary schools in the light of the HIV/AIDS pandemic. The change in behaviour through education needs to be an ongoing process because each generation of young people needs to acquire certain skills to become responsible adults, especially in the context of HIV/AIDS.

As a Life Orientation educator, a master trainer for HIV/AIDS and a school-based education specialist, this researcher knows that learners receive messages from different sources, such as the media, peers, parents and educators at various institutions. The problem is that despite the knowledge acquired through various programmes, the sexual behaviour of learners does not seem to have changed. This suggests a need to look at the messages learners receive; how they understand those messages; and a possible change of behaviour.

A study by Coombe (2000) shows that a better knowledge of HIV/AIDS has a positive impact on both prevention behaviour and positive attitudes to people with HIV/AIDS. This does not mean that knowledge alone is a sufficient condition for behavioural change and positive attitudes, but it is a necessary one. There are gaps in knowledge of segments of society that are not well-informed about the realities and risks of HIV/AIDS. Ongunya, Idosh and Agak (2009) maintain that programmes, like HIV/AIDS education in secondary schools, should give direction to the type of knowledge that focuses on making the learners agents of change in the society in order to make more people embrace change. The youth should be expected to promote HIV/AIDS awareness in the community by using the knowledge they have obtained from HIV/AIDS education programmes. However, the HIV/AIDS education programme has not equipped young adults with a readiness and ability to adopt a lifestyle that is compatible with an attitude and practice related to HIV/AIDS prevention. A study done in Mpumalanga Province by USAID (2008) found that learners are concerned about the inadequate information they receive concerning HIV/AIDS. They also wanted to be taught about rape, sexual violence and sexual coercion.

A study by Eaton and Flisher (2000, in Visser, 2005:204) points out that creating awareness of HIV/AIDS among secondary school learners is not necessarily a prerequisite to reducing risky sexual behaviour. The School Health Education Project (SHEP) in Uganda was the first government-led initiative designed to focus on schools. The programme was quite successful in promoting knowledge, but it did not have any measurable impact on behaviour change. The issue of raising HIV/AIDS awareness and promoting behaviour change has been found to have an insufficient impact on adolescents (Ministry of Education and Sports, 2002). One of the lessons learned from the SHEP initiative was that life skills for the Ugandan youth are, essentially, HIV/AIDS prevention and intervention strategies. A critical missing link that was identified was translating knowledge into positive health behaviour - given the assumption that educators are the most reliable people to send HIV/AIDS messages to help learners

abstain from early and unsafe sexual practises and to further encourage protective behaviour to reduce the spread of HIV and other sexually transmitted infections (STIs).

When learners - who are entering puberty - are approached for sex, they need strength, knowledge and life skills to resist the temptation of engaging in sexual activity and to practise safe sex (Karnell, 2003). In the 15-19 age groups, females are 5 to 6 times more likely to be infected than males. Karnell (2003) further states that at this age some engage in sexual activities with older men for money in order to satisfy their material needs. Like other educational initiatives, HIV/AIDS programmes often make a number of assumptions in their planning and design stages regarding the school environment. It is assumed, for example, that learners have a uniform level of understanding of the messages and skills being presented to them. Many adolescent HIV/AIDS programmes appear to assume that peer influence is found only among students in the formal school setting, often ignoring substantial interaction that occurs between out-of-school and in-school adolescents (Horizons Programme: 2005). This is a critical oversight because most unplanned pregnancies for in-school girls result from engaging in sexual activities with out-of-school males (De Klerk, 2006).

Neo (2006) reports that troubled youths were highly knowledgeable about AIDS, but held few positive attitudes towards prevention and still participated in unsafe HIV-related behaviour. In another study Kelly (2000) shows that behavioural change comes from the skills-oriented interventions of educational programmes. If learners acquire skills, such as problem-solving, decision making and assertive communication, the desired change is likely to be achieved.

Changing the behaviour of vulnerable youths requires programmes that not only include HIV-related knowledge, attitudes, and skills but also skills that will expand their life options. The high rate of pregnancy among youths is evidence that they are also at high risk of HIV infection (Ryan, 1999:120). HIV prevention programmes should acknowledge the real obstacles faced by the youth in achieving independence and self-sufficiency. The reality is that many young people are sexually active. In many countries

pregnancies occur partially through forced sexual intercourse of 9-10 year old girls (Ryan, 1999). In Zambia half of the girls under the age of 18 either already have a child or they are pregnant (Weinreich & Benn, 2004).

A report on the internet ([www.avert.org/statistics](http://www.avert.org/statistics)) states that the national statistics body, Statistics South Africa (Stats SA), released its mid-year population statistics on 31 July 2008. It put the total population of South Africa at 48.7 million and the estimated overall HIV prevalence rate at about 11% and - of this percentage - women between 15 and 49 years of age are the largest group. According to Stats SA, young women between the ages of 15 and 24 account for more than 90% of new infections in South Africa. The report also notes that in the South African region, as a whole, infection among women is far greater than amongst men, especially the younger generation although globally the incidence of women living with HIV/AIDS has remained stable at 50%.

Due to a high number of younger people engaging in sexual activities, Aids education should be integrated into health and sex education (Ghukaysan, 2003). Programmes should help children and young people delay their commencement of sexual activity. HIV prevention messages are often contradictory as some programmes teach that HIV infections can only be prevented by condoms, while in others condoms are not allowed at all and still others say that abstinence is the only option. However, it is problematic when HIV intervention programmes advocate a single strategy and ignore the reality of young people's lives where sexual activity often plays a role (Ghukasyan, 2003).

### **1.3 Rationale**

South Africa is one of the countries hardest hit by the AIDS pandemic as approximately 5 million people were living with HIV in 2006 (UNAIDS, 2006). Reaching young South Africans with an effective prevention programme may be the key to slowing the rate of HIV infection and to ensuring a stronger future for the country. Reducing the rate of HIV infections is being done through awareness programmes in school-based Life Skills education which is part of the Life Orientation programme. Some gaps have been identified in the HIV prevention information. Reddy and James (2005) are of the opinion

that there are segments of society that are not well-informed about the realities and risks of HIV/AIDS and remain ignorant of the impact of the pandemic. They recommend that Life Skills programmes should be comprehensive and involve educators in the planning phase.

Karnell (2003) notes that most learners in South African secondary schools are aware of the causes of HIV and the seriousness of HIV/AIDS. The discovery of knowledge levels has prompted the government to move “beyond awareness” in its campaign to focus on the building of HIV/AIDS prevention skills among adolescents, such as risk assessment, planning and communication. The perception among many adolescents that a person with HIV/AIDS will “look sick” and that the disease is more likely to affect outsiders than people in one’s own social circle clearly places a barrier on learner’s personalisation of risk.

HIV is, increasingly, affecting youth worldwide (Kimbombo, Stella, Neema, Ann & Humera, 2008). In 2006 nearly half of the new infections occurred among people of between 15-24 years of age and it is estimated that upwards of seven million people in this age group are now infected. Sub-Saharan Africa suffers most, where the youth in many parts of the region face fast-growing rates of Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs). In Uganda HIV prevalence was, until the end of 2000, highest among 15-19 year olds. Research was conducted between April and July 2007 in primary schools in Mpumalanga Province to assess the feasibility of incorporating the “Dare to be Different Curriculum” into the existing Life Orientation programme which was, then, successfully implemented. Learners enjoyed the programme and they felt more confident that they could abstain from sex, resist peer pressure, and identify and reduce risky behaviour (Horizons, 2005). In 2006 UNICEF identified young people, aged 15-24 years, as a priority group in reducing new HIV infections and set a global target to reduce the incidence of HIV in this group by 20% by 2015.

According to SA Statistics wide range of data including household and antenatal studies, in July 2008 UNAIDS/WHO published an estimate of 18.1% prevalence in those aged

between 15-49 years old at the end of 2007. According to their own estimate of the total population, this implies that around 5.7 million South Africans were living with HIV at the end of 2007, including 280,000 children under the age of 15. The Aids Statistics South Africa model (ASSA, 2003) reflects a similar estimate of 5.4 million people living with HIV in mid-2006. It predicted that the number would exceed 6 million by 2015 and by that time about 5.4 million South Africans will have died of AIDS.

The idea for the proposed study initially arose from the researcher's contact and conversations with learners in one of the secondary schools where she teaches. Being a Life Orientation educator, she engages with the daily problems that learners bring to school. She, therefore, engages informally and formally with learners on topics, such as HIV/AIDS. Studies have been done on learners' perceptions of the messages that they receive and this study will, therefore, explore and compare the views of master trainers with the views of learners regarding HIV messages. Knowledge about their views will be important to all people involved in the battle against the pandemic and may benefit those educators, particularly, who have been assigned the special role of disseminating HIV prevention messages. The findings of the study may also help policy planners with the information to be included in their HIV/AIDS policies in secondary schools.

#### **1.4 Research Problem/Working Assumptions/ Hypothesis**

Learners are being informed about HIV/AIDS, but apparently they are unwilling - or unable - to change their behaviour and their attitudes to the disease. Secondary schools have at least two educators who were trained to be master trainers for Life Skills in order to spread the messages about HIV/AIDS. Therefore, the aim of this research is to explore the possible disjuncture between the opinions of educators and those of learners about the different ways in which messages are constructed and interpreted and whether the way in which such messages are perceived and can be linked to learners' behaviour.

The HIV/AIDS pandemic continues to pose a serious challenge. Knowledge levels related to HIV/AIDS are low which is evident in that learners are falling pregnant and they fight over boyfriends. Actions to address gender and power dynamics within

education and prevention approaches are crucial in containing the social spread of the pandemic. Experience has shown that various approaches are required to address the behaviour that drives the disease.

Even though curriculum approaches are in place, there is still little evidence that these are implemented fully and consistently and that they are being delivered by master trainers who have been adequately trained or are associated with learning outcomes that measure knowledge and impact. In many settings curriculum content is still too general or too technical to address the specific drivers of the pandemic or to promote behaviour change (UNAIDS 2009). Many young people are sexually active from their mid-teenage years. Starting at primary level of schooling, early interventions are, therefore, critical and potentially life-saving.

There is an assumption that there is little or no communication between stakeholders in education on sexual issues (UNESCO, 2011). The nature of messages is such that adolescents can misunderstand them and find some justification for ignoring the prevention measures they have learned.

### **1.5 Research Questions and Sub-questions**

This research was guided by the following main question: How do master trainers of Life Skills view HIV/AIDS messages and learners' behaviour?

#### **1.5.1 Sub-questions: Master Trainers for Life Skills**

- What are the views of master trainers on HIV/AIDS messages and learners' change in behaviour?
- What are the views of master trainers on the effectiveness of HIV/AIDS messages in instilling values and moral behaviour in learners in order to reduce risky sexual behaviour?
- How do master trainers perceive the content knowledge of life skills in Life Orientation programmes and Love Life?

- What are master trainers' views on teenage pregnancy as a reflection of learners' risky sexual relationship?

### **1.5.2 Sub-questions: Learners in Secondary Schools**

- How do learners perceive HIV/AIDS messages from master trainers and other sources?
- What are the views of learners on the effectiveness of the HIV messages?
- How have the messages about HIV/AIDS changed or not changed the behaviour of learners to the pandemic?
- What are the learners' views of Life Skills programmes?

### **1.6 Research Aims/Objectives**

- To explore the views of master trainers' messages and learners changing behaviour.
- To establish the effectiveness of the HIV/AIDS messages in instilling the values and moral behaviour in learners.
- To explore the master trainer understands of life orientation programmes and Love Life.
- To explore the master trainer's views on teenage pregnancy .

### **1.7 Conceptual Framework**

#### ***1.7.1 Concepts***

The study is based on the following concepts:

##### *Master Trainers for Life Skills*

Educators trained to train individuals and groups of people about positive behaviour that will enable them to deal effectively with the demands and challenges of everyday life.

##### *Learners in Secondary Schools*

They are the recipients of HIV/AIDS information from master trainers.

### *Sexual Behaviour*

This refers to a pattern of behaviour related to the reproduction of the species or to stimulation of the sex organs for pleasure without the objective of reproducing (Longman, 1984).

### *Sexuality*

Sexuality refers to the capacity to derive pleasure from sexual stimulation and, particularly, from sexual intercourse (Longman, 1984).

### *Identity*

Identity is the condition of being oneself or itself, and not another.

### *Behaviour*

This is the way of conducting oneself. In this study it is based on learners' sexual behaviour.

### *AIDS*

AIDS is an acronym for the Acquired Immune Deficiency Syndrome

### *STIs*

STI is an abbreviation for Sexuality Transmitted Infections.

### *Messages*

Messages consist of a communication containing some information. In this study it refers to HIV/AIDS information from master trainers to learners in secondary schools.

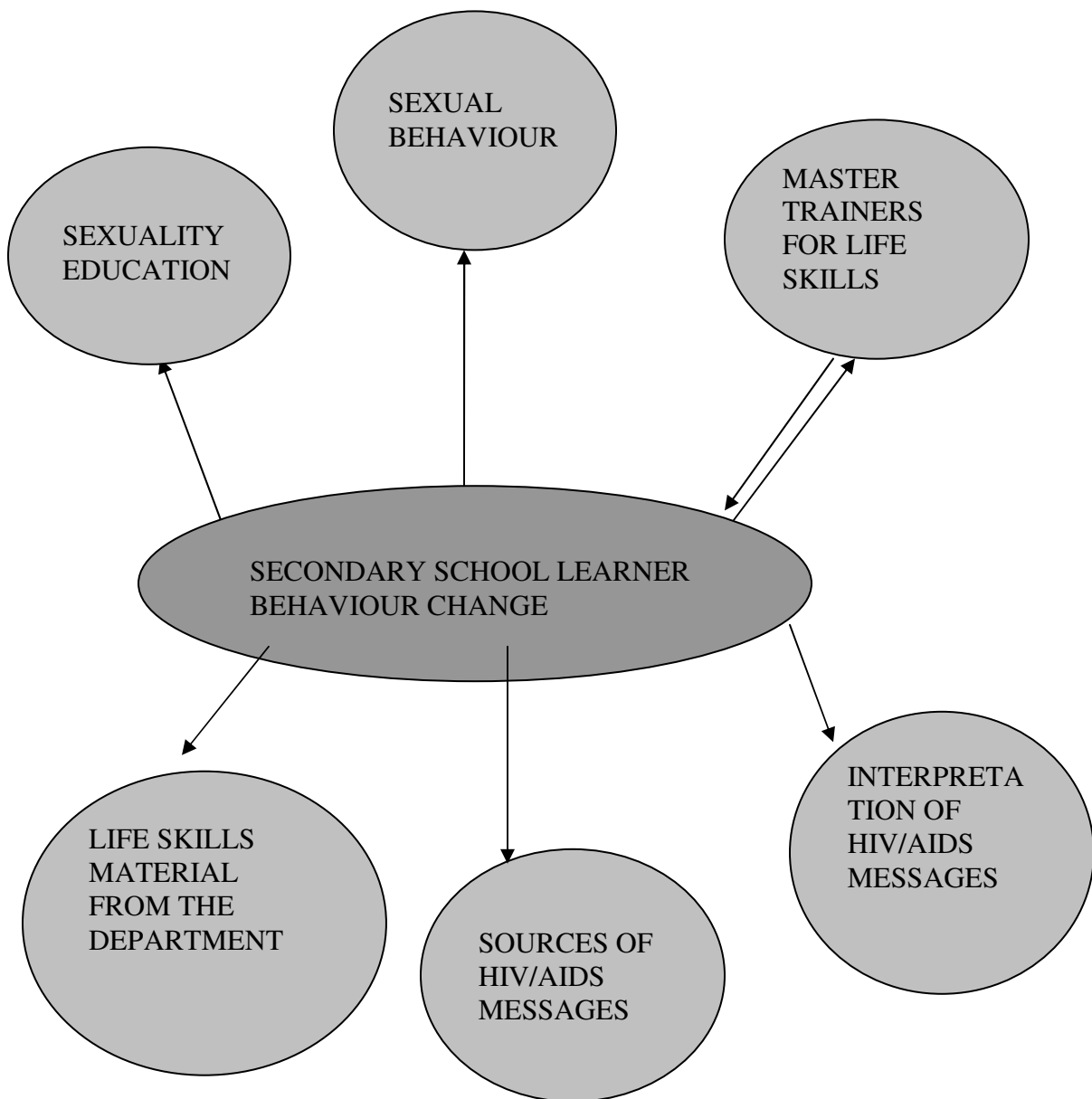
These concepts are interlinked because master trainers' material for HIV/AIDS and Life Skills for learners in secondary schools revolves around these concepts. Learners are taught to be who they are (identity); to accept themselves as unique individuals; and about sexual behaviour which this researcher believes can be shaped by the information

given to learners or information that learners find for themselves which will inform behaviour change on HIV/AIDS in the learners (Edwards-Meyer, 2009).

**1.7.2 Conceptual Framework Model**

A Conceptual Framework Model is given below as Figure 1.1.

**Figure 1.1: Conceptual Framework Model**



Master trainers are Life Orientation educators attached to various secondary schools. Their duties are to equip learners in secondary schools with knowledge of life skills and survival skills. HIV/AIDS is not a concept on its own, but falls within the broader framework of sexual education. Master trainers are responsible for imparting life skills knowledge to the secondary school learners.

Secondary school learners should be equipped with information concerned with sexuality education and not sex information in Life Orientation, because there is a large difference between the two. Sexuality education is a matter of deliberate character formation by shaping the values and attitudes of the learners. Differences should be pointed out between sex and sexuality. Sexuality implies whole person. Building sexual character means we need to develop our sexuality as a whole person, i.e. physically, emotionally, socially and spiritually. There is an assumption that sexuality education may contribute to acceptable and low sexual behaviour.

Learners in secondary schools have to build good character for themselves. Good character is not a given but it is developed through learning from others. Character says 'no' to wrongdoing and sticks to this resolution/decision (Edwards-Meyer, 2009).

Master trainers for Life Skills use materials from the Department of Education when teaching learners. Therefore, it is necessary to find out how secondary school learners interpret the information they receive as it may have an impact on their behaviour change (Edwards-Meyer, 2009).

An historical and socio-cultural perspective may be helpful in understanding the negative reactions triggered by HIV/AIDS. In previous pandemics, the real or supposed contagiousness of disease has resulted in the isolation and exclusion of infected people. People living with HIV/AIDS are seen as ignominious in many societies. HIV/AIDS is about social phenomena as it is related to biological and medical concerns. The disease is associated with stigma, ostracism, repression and discrimination (UNAIDS 2000).

## **1.8 Research Design**

### ***1.8.1 Type of Design***

The research design in this study is a case study. Case study is concerned with a bounded system (Merriman, 1988) and it does not, necessarily, mean studying one site only (Schumacher & McMillan, in Maree, 2009). Case studies focus on one instance or a few instances of a particular phenomenon with a view to providing an in-depth account of events, relationships experiences or processes occurring in that particular instance (Denscombe; 2003:32). Case studies may investigate and report the complex dynamic and unfolding interactions of events, human relationship and other factors in a unique situation.

Typically, a case study researcher observes the characteristics of an individual unit - a child, a class, a school or a community (Creswell & Miller, 2000). Case studies strive to portray 'what it is like' to be in a particular situation, catching the close-up reality and 'thick description' (Geertz, 1973 in Cohen, Manion & Morrison, 2005:182). In this study the case was the messages of HIV/AIDS learners in Grade 11 at selected secondary schools receive and the views of master trainers of Life Skills of learners' interpretation of the messages and change in behaviour.

A sample of master trainers from three secondary schools (two master trainers *per* school) and five Grade 11 learners from each of the three selected secondary schools were involved in the study. An instrumental case study was conducted because it is about examining a particular case in order to gain an insight into an issue or a theory (Cohen *et al.*, 2005:183). The issue here is about analysing the views of master trainers and the views of learners concerning HIV/AIDS messages.

### ***1.8.2 Epistemology***

Epistemology relates to how things can be known and how truths can be discovered and disclosed. Epistemology is an assumption that one knows reality. The epistemological stance in this study is that the world is made up of people with their own assumptions and

the way of knowing is by exploring the experiences of people involved in the phenomenon. It is believed that human activities should be investigated in terms of meanings people attach to their experiences, such as why people say this, do that or act in this or that way. A qualitative research approach is used as it acknowledges an interactive relationship between the researcher and the participants as well as between the participants and their own experiences and how they have constructed reality, based on their experiences (Maree, 2009).

This study assumes that the reality of HIV/AIDS knowledge can be obtained from the participants that are master trainers for life skills. The master trainer has the responsibility of educating learners in secondary schools about the facts of the pandemic. However, participation of the learners in constructing the knowledge is minimum as they are on the receiving end of the learning process.

Some experiences of master trainers remain unknown when sending HIV/AIDS messages to learners. The knowledge of the experiences of the master trainers and learners may provide a better understanding of learners' behaviour concerning the pandemic. The knowledge gained from the master trainers may be used to inform a future HIV/AIDS curriculum and the programme developers. The findings of this study may inform HIV policy-makers. The knowledge may also reveal what participants found beneficial in the HIV/AIDS programmes and what needs to be improved in these programmes.

### ***1.8.3 Research paradigm***

An interpretivist paradigm was suitable for the study because it includes the theory of meaning and understanding of learners' behaviour. The researcher interacted closely with participants in order to gain an insight and an understanding of how learners understand the messages about HIV/AIDS. According to Maree (2009:59), interpretivist research is based on assumptions, such as that the human mind is the purposive source or origin of meaning. When exploring the richness, depth and complexity of phenomena, people begin to develop a sense of understanding of meanings imparted by other people to phenomena and their social context. When people start to understand how meaning is

constructed, it is then that they begin to gain an insight into the meaning that is imparted and, thus, improve comprehension of the whole.

An interpretive paradigm assisted the researcher in answering the research questions and achieving her aims as it called for an analysis of views about the messages learners get concerning HIV/AIDS. There was interaction between the researcher and the participants. There were multiple realities of the ways in which the HIV/AIDS messages were being disseminated by the master trainers and interpreted by the learners.

#### ***1.8.4 Research approach***

The research uses a qualitative approach in collecting and analysing data. A qualitative approach is research that produces findings arrived at from the real world settings where the ‘phenomenon of interest unfold naturally’. Qualitative researchers seek understanding (Patton, 2001 in Welman, 2005). Methods, like interviews, are dominant in the interpretive paradigm (Winter, 2000 in Welman, 2005). Qualitative researchers embrace their involvement and role within the research as methodology and, therefore, they immerse themselves in real life situations, especially when conducting interviews.

The purpose of qualitative research is to understand a phenomenon with an understanding of the processes and the social and cultural contexts which underlie various behavioural patterns and is, mostly, concerned with exploring the “why” questions of research. Qualitative research studies people by interacting with the participants in their natural environment and focusing on meanings and interpretations (Holloway & Wheeler, 1996 in Maree, 2009). The reality was revealed by both master trainers and learners on the interpretation HIV/AIDS messages and learner behaviour.

### ***1.8.5 Research Methods***

The following methods were used in this research.

#### *1.8.5.1 Interviews*

Interviews were used because the aim of this study was to obtain rich descriptive data that helped understand the participants' construction of knowledge and social reality (Maree, 2009). Two master trainers from each of the three selected secondary schools were interviewed. The researcher designed questions that were clear and unambiguous for intended meaning through piloting with the researcher's colleagues. Interview questions were framed in such a way that effective communication took place between the interviewer and the participants.

Group interviews were conducted as they have the potential to develop discussions and, thus, yield a wide range of responses. The group interviews helped to reveal the consensus views and to generate richer responses by allowing participants to challenge one another's views about their understanding of HIV/AIDS messages.

Participants were interviewed to find out things that cannot be directly observed. Interviews are useful for discovering complex interconnections in social relationships and data is collected in a natural setting (Greenfield: 2002; 209). Semi-structured interviews were used because they allow for the probing and clarification of answers. The researcher should be attentive to the participants' responses in order to identify new emerging lines of enquiry that are related to the study (Maree, 2009). Interviewers could probe for more specific answers and may repeat a question when the response indicates that the interviewee has misunderstood the question. In a semi-structured interview the main questions are "open", where the researcher only raises the topic. Question order should display some sort of logic so that one question may be seen as 'following on' from a previous one (Gillham; 2003). The interviews were audio-taped and then transcribed. When responses were not clear, the researcher went back to the participants for clarity in a follow-up interview.

#### *1.8.5.2 Analysis of Documents and Media*

Documents given to master trainers in the various training courses were analysed. Relevant media and audio-clips were also analysed by master trainers and learners on how they viewed the HIV/AIDS messages shown in the media; the information they received from the media; and how it influenced what they did.

#### *1.8.5.3 Sampling*

Purposive sampling was used in this study. Cohen *et al.*, (2005:103) state that in purposive sampling researchers handpick the cases to be included in the sample on the basis of their typicality. This type of sampling is used in special situations where the sampling is done with a specific purpose in mind (Maree, 2009). Life Orientation educators were handpicked because they were identified by the Department of Education to be trained as master trainers for Life Skills. Master trainers from three selected secondary schools were used. Each secondary school has two master trainers and, therefore, six of them were used. Five Grade 11 learners from each of the three secondary schools were also used as they are the recipients of the HIV/AIDS information from the master trainers of Life Skills. Learners were chosen using a systematic sampling from the list of all the Grade 11 learners in the three secondary schools.

#### *1.8.5.4 Data analysis*

The aim was to interpret and to understand the views of master trainers about the messages of HIV/AIDS for learners and their behaviour change. Data was coded and divided into meaningful analytical units. Content analysis was used to make meaning of the collected data from the interviews. It is a process of looking at data from different angles with a view to identifying keys in the text that will help in understanding and interpreting the raw data. Content analysis is an inductive and iterative process in which the researcher seeks similarities and differences in text that would corroborate or disconfirm theory (Maree, 2009). This analysis was used to analyse material given to master trainers during training as well as some media and audio-clips.

### ***1.9 Trustworthiness and Credibility of the Study***

Qualitative researchers routinely employ member checking, triangulation and thick description to ensure trustworthiness. They also determine how long to remain in the field and whether the data are saturated to establish good themes or categories. The qualitative paradigm assumes that reality is socially constructed and that it is what participants perceive it to be. It also suggests the importance of checking how accurately participants' realities have been represented in the final account. Triangulation is a credibility procedure where researchers search for convergence among multiple and different sources of information to establish the themes of the study (Cohen, Manion & Morrison, 2005).

Member checking procedure is a data check from the researcher's to the participants in the study whereby the researcher verified her understanding of what she had observed with the participants. After the completion of the interviews, transcripts were submitted to the participants to correct errors of fact. During informal conversations participants were asked whether the researcher's understanding was correct in terms of their experiences. Participants were allowed to comment on the research findings, interpretations and conclusions at the different stages of data processing (Maree, 2009).

### ***1.10 Ethical Considerations***

It is imperative that a researcher obtains clearance from the relevant ethics committee when human beings are involved in any kind of a research. At a university researchers must obtain permission from their department before conducting any form of research. It is important that throughout the research process the researcher abides by ethical guidelines.

Permission for this research was obtained from the Department of Education and ethical clearance was given by the University of Pretoria Ethics Committee before commencing with the data collection. Ethical concerns should be an integral part of the planning and implementation of the research. Cohen, Manion and Morrison (2005) claim that an

ethical obligation rests with the researcher to protect subjects - within reasonable limits - from any form of physical discomfort that may emerge from the research. Participants should be thoroughly informed beforehand about the potential impact of the investigation. Such information offers the participants the opportunity to withdraw from the research if they wish to do so. An important point about ethical consideration is that of guarding against deceiving research participants by withholding information or offering incorrect information to ensure participation of subjects when they would otherwise refuse to do so (Cohen, Manion & Morrison, 2005). The researcher should not reveal any information that will embarrass the participants or endanger their life or friendships.

Another principle used is that of non-maleficence, meaning that the researcher did not harm any member of the group in any way. The essence of anonymity is that information provided by participants should not reveal their identity. Participants were informed about their right to terminate their involvement at any given time. Arrangements were made during the initial contact with the participants to provide feedback for those requesting it.

The aim was to enter the situation in the common interests of all parties and that the findings should be equally available to all groups and individuals. Participants were informed about what was going to be done with the information they would provide. Individuals' rights to privacy should be protected at all costs. The researcher revealed her identity and background to the participants and was as objective as possible. The essence of anonymity is that information provided by participants should in no way reveal their identity. Participants were regarded as anonymous by the researcher in that no information would be revealed that would make their identity known.

### ***1.11 Demarcation***

This study was conducted in Barberton in the Ehlanzeni region of Mpumalanga. The focus was on three selected high schools: one school is situated in an urban area and, mainly, accommodates learners from neighbouring mines; another is situated in an urban

area and, mostly, accommodates learners from disadvantaged families, socio-economic backgrounds and the third school is also situated in an urban area where it accommodates learners from all cultural backgrounds.

### ***1.12 Limitations***

The background of learners in South Africa is influenced by the diversity of culture, race, religion, language and community practises. Results obtained from the three selected secondary schools will not be generalised to all learners and master trainers in Mpumalanga or the whole of South Africa due to the diversity of learners in terms of their social status, religion and culture. The researcher understands of the views of master trainers and learners concerning HIV/AIDS messages are her own interpretation of what participants revealed during the interviews. Misinterpretation in some cases was not ruled out. Instead of all six master trainers from the three chosen secondary schools participating, only three were involved but all three schools were well represented. Instead of thirteen Grade 11 learners from the three schools, only seven agreed to be part of this study.

### **1.13 Significance of the Research**

This study focused on behavioural changes of learners as a result of knowledge gained from HIV/AIDS programmes. The findings of this research may shed light on problems with the messages that adolescents receive and the reasons for change or lack of change in their sexual behaviour. Such information could be useful for policy-makers, master trainers for Life Skills and for efforts made to curb the pandemic.

### **1.14 Chapter Planning**

**Chapter 1:** Orientation. This chapter gives a general overview of the study.

**Chapter 2:** Literature review. The literature on HIV/AIDS and education, learners' sexual behaviour, age mixing in sexual relationships, messages/information on HIV/AIDS and knowledge and behaviour change are discussed.

**Chapter 3:** The research design which is a qualitative case study is presented in this chapter together with the selection of research participants, the research methodology and the ethical considerations.

**Chapter 4:** In this chapter research findings from the interviews with master trainers for Life Skills and with secondary school learners are given.

**Chapter 5:** This chapter deals with the analysis and interpretation of the collected data, conclusion, recommendations and suggestions for future studies are made.

### **1.15 Conclusion**

In this chapter, Chapter 1, the study has been outlined. The purpose of the study and the research questions were introduced. The research design was discussed and the qualitative methodology to be followed was explained. Ethical strategies, trustworthiness and possible limitations and the significance of this study were also included. The next chapter discusses a literature review on HIV prevention strategies and change in behaviour that may lead to reducing the risk of HIV infection.

## CHAPTER 2

### LITERATURE STUDY

#### 2.1 Introduction

This study focuses on the views of master trainers and learners concerning the HIV/AIDS messages they receive in the three selected secondary schools in the Ehlanzeni region in Mpumalanga Province. The purpose of the study is to critically analyse the views of master trainers and the views of learners in secondary schools on HIV/AIDS. In the face of the pandemic, adolescent learners in various schools are of critical importance and it is the duty of master trainers and peer educators to impart knowledge to them in a sensible and constructive manner. According to Ngubane (2000), research shows that even if the communities are aware of HIV/AIDS, they may still have many unanswered questions as information may be poorly imparted.

The South Africa National Survey (2007) on HIV/AIDS awareness revealed that young people in South Africa have access to a information on HIV/AIDS through a wide range of media campaigns, such as Love Life and school-based Life Skills interventions. According to Visser (2007), there is a lack of evaluation on the effectiveness of the programmes implemented to create HIV/AIDS awareness among the South African youth.

Visser (2007) further acknowledges that young people tend to learn from each other and such a fact can be explored and used as a channel to promote HIV/AIDS awareness among adolescents and reduce risky sexual behaviour. Peer influence is often an important determinant of sexual behaviour and, therefore, peer education seeks to provide a context for the collective renegotiation of peer sexual norms. Critical dialogue about topics, such as intimacy and sexuality, is most likely to occur in an atmosphere of trust and solidarity amongst young people who feel they have common goals and face common life problems (Campbell, Foulis, Maimae & Sibiya, 2010). Adolescents may be role models for one another in various secondary schools where peer education promotes Radically Different Species (RADS). These are learners who chose to be examples to others by doing things in an appropriate and different way by promoting abstinence and

secondary virginity. Peer support has the potential of generating commonly shared values and norms that may direct and influence the behaviour of the youth (Campbell & MacPhail, 2002). Visser (2007) also points out that adolescents' awareness of and knowledge on HIV/AIDS may not only influence the change in behaviour of one learner but have a positive influence on the behaviour of other learners in the school (Visser, 2007).

HIV/AIDS pandemic preventive programmes have received much attention in South Africa from both the media and the government. Preventative programmes focus on informational, educational and behavioural change issues that encourage people to reduce high-risk sexual behaviour. Many campaigns and programmes, such as peer education and support programmes, have been launched and developed to address the various needs that stem from HIV/AIDS. Evidence of the cost-effectiveness and success of interventions related to HIV/AIDS in Africa is fragmentary. A cost-effectiveness analysis would enable HIV/AIDS programmes and policy-makers to make informed decisions about the allocation of limited resources by measuring and comparing the costs and effectiveness of different intervention options (UNAIDS 1999). African governments face difficult choices in striking the right balance between prevention, treatment and care - all of which are necessary to deal comprehensively with the pandemic (Swanepoel, 2003). The content and structure of HIV/AIDS awareness programmes should take into the contextual, socio-cultural and economic factors that contributes to the risky sexual behaviour of the youth (Visser, 2007).

In this study the views of master trainers and learners on HIV/AIDS messages are compared to determine whether or not there is a relationship in behaviour change with regard to the messages learners receive from the master trainers and else where. A check is made as to whether or not the learners take the messages seriously.

## **2.2 HIV/AIDS and the Messages Learners Receive**

One way of passing HIV/AIDS messages on to learners and adolescence as a whole is through programmes that focus on sexuality. The introduction of a sexuality programme known as “Family Life Education” started long before changes in South African education were initiated in 1994. However, there were problems in implementing this programme due to differences in the resource allocations for the different categories of schools. The programme varied widely in quality, structure and delivery because of the, then, existence of five different education departments. A review of school-based education programmes in KwaZulu-Natal (KZN) by Varga and Shongwe (1999) identifies several reasons for the failure of programmes, namely, the unequal allocation of resources among the education departments; an inadequate preparation and training of educators; a lack of programme evaluation; a lack of system-level support for the school-based sexuality education programmes; and the reliability of programme evaluation (Reddy & James, 2005).

An evaluation of the programme in KwaZulu-Natal showed that progress was slow at the beginning because of a delay in funds from the national government. Therefore, the programme was not implemented as set out in the business plan (Markham, 2007). In addition, a crisis in education - as a result of the redeployment of educators - gave rise to a great deal of uncertainty and disruption within the school system which contributed to poor implementation of the programme (Reddy & James, 2005).

High levels of HIV/AIDS awareness and knowledge were found to have had little impact on the intended sexual behaviour of young people. Unfortunately, it meant that lessons learnt had little impact on the African research agenda. A review of the research conducted in KwaZulu-Natal on youth and HIV/AIDS, including local South African studies, reveals that most researchers continue to see a need for exploring knowledge and attitudes in case they may still provide ‘missing links’ in our understanding of why high levels of awareness and knowledge amongst youth have not led to any significant behavioural change (Leclerc-Madlala, 2008). This study explores why such well

anticipated programmes seem to have limited effect on behaviour change in adolescent learners.

Schools are the key setting for educating children about HIV/AIDS and, possibly, halting the further spread of the HIV infection. In combating HIV infection, a crucial responsibility of schools is to teach young people how to avoid either contracting the infection or transmitting it to others and to serve as a catalyst for the development of HIV-related policies that are based on the most current scientific knowledge about HIV/AIDS. In doing so, schools have the opportunity to make an important contribution to improvements in the quality of health education provided to young people worldwide as a step towards improving global health. Implementing effective HIV/AIDS education can also have a dramatic impact on the incidence of sexually transmitted infections (STI's) (Schenker & Nyirenda, 2002).

In 1997 the National Department of Education (NDoE) launched a programme to train two educators from every secondary school in the country about HIV/AIDS. This was implemented differently in each of the nine provinces in terms of who did the training; what was done; and the extent to which the programme was implemented at school level. Schenker and Nyirenda (2002) suggest that effective teaching methods employed in educating learners about HIV/AIDS prevention differ from those used in more traditional subject areas. This implies that educators need to learn additional skills, instructional methods and models and, perhaps, change some of their old ways of teaching in order to effectively deliver school-based AIDS education - by using many different channels. For educators to be able to teach human sexuality comfortably and competently, it is necessary that they be well trained, otherwise they will be at a disadvantage in dealing with populations at risk from HIV infection. HIV prevention is a complex issue as it demands specifically experienced educators who have acquired the popular characteristics that allow them to be effective behaviour-changing agents in schools.

According to Simbanyi, Kalichman, Jooste, Cherry, Mfecane and Cain (2005), HIV prevalence in South Africa is highest among young people. This is confirmed by the

statement that South Africa has the highest HIV infection rate in the world - a scenario which is highlighted in the Summertown case study where Francis and Rimensberger (2005) found that young people living in different South African communities had a reasonably accurate knowledge of HIV/AIDS as well as prevention measures. At the same time the statement contradicts Pelzer and Seoka (2004a) who maintain that the high HIV rate is largely due to risky sexual behaviour that may, in part, be due to a lack of knowledge. Simbanyi, Kalichman, Cherry, Mfecane & Cain, (2005) are of the opinion that there is a high level of AIDS knowledge and AIDS risk sensitization among young men and women. Although it is apparent that efforts to educate the South African youth about AIDS have been successful, there remain important deficits in relevant AIDS prevention knowledge.

Throughout eastern and southern Africa the primary response to the HIV pandemic is to familiarise people with accurate information. Many are now looking to the education sector as an effective way of reaching young people who are a key target group. There is also hope that messages can move beyond the school and permeate surrounding communities (Educational Quality in the Developing World USAID, 2004). As part of Life Orientation programmes in the school curriculum in South Africa, learners and educators experience HIV education as problematic (Griessel-Roux, 2005). Teaching about HIV and sexual behaviour requires particular skills and not all educators can, or want to, teach it (Harrison, Smit & Myer, 2000). Many initiatives have increased awareness of HIV/AIDS in South Africa, such as Soul City and the Love Life national youth sexual health initiative (Page, Ebersohn & Rogan, 2006). Little is known about how teenagers interpret the messages and the extent to which the messages influence their behaviour.

A study conducted in the Pietermaritzburg township areas by the HAPS Project (HIV and Alcohol Prevention in Schools) reveals that many learners lack the knowledge, skills and attitudes they need to protect themselves against HIV/AIDS. Many studies (Taylor, Dlamini, Nyawo, Vries, Sathiparsad, Jinabhai, Huver & Sullivan, 2007) confirm that learners have gained knowledge of HIV/AIDS. Ongunya and others (2009) cites a study

conducted among Kenyan secondary school students which suggests that despite Life Skills trainers creating high levels of awareness of HIV/AIDS among students, there is still a lack of observable behaviour change among them (Likoye, 2004 ). In a study of knowledge of HIV/AIDS Kimbombo (2008) observes that even though there is evidence that a large proportion of older adolescents and young adults in both rural and urban settings in Kenya appear to have a high level of knowledge and awareness about the prevalence, method of transmission and deadliness of HIV/AIDS, this does not imply that they have changed their sexual behaviour.

The gap between HIV knowledge and behavioural change is further explored by Jensen and Schnack (1994) who argue that the objectives of a programme like HIV/AIDS education in secondary schools should give direction to the type of knowledge that focuses on making learners agents of change. It should also enable them to participate in the transfer of that change in society and make more people embrace change. The youth should, therefore, transform the community in terms of their knowledge of HIV/AIDS prevention and behaviour change (Likoye, 2004).

The lack of behavioural change in teenagers - despite HIV awareness - has prompted the government to introduce other strategies in its campaign to focus on building essential HIV/AIDS prevention skills among adolescents, such as risk assessment, planning, and communication (Karnell, 2003). A newsletter published by USAID on Educational Quality in the Developing World (USAID 2004) confirms what the HAPS project revealed, namely, that the primary response in eastern and southern Africa is to get accurate information to people in order to bring about the behaviour change necessary to curtail the pandemic.

Various Life Skills curricula in Papua New Guinea have not brought about an expected widespread behaviour change (Fako, Kangara & Forcheh, 2010). This is due to a number of challenges that, generally, have not been well addressed. Such changes include inadequate teacher preparation and support. There is a perception that students are passive recipients of information; that there is a lack of community support; and that HIV

preventive programmes are isolated (Fako, Kangara & Forcheh, 2010). Neo (2006) believes that educators require sustained guidance and support in order to teach sensitive subjects, like sex education and sexuality. UNESCO (2011) recommends detailed policy and programmes that includes the knowledge and skills required by teachers in promoting HIV/AIDS awareness and sex education. James-Traore (2004) argues that the effective training of teachers has to have an impact on the educators themselves by helping them to examine their own attitudes concerning sexuality and behaviour in terms of HIV prevention.

Another programme, the Abstinence-only education programme, appears to provide incomplete and/or misleading information about contraception or none at all and is often insensitive to sexually active teenagers (Santelli, 2006). The abstinence-only programme is ethically problematic in being inherently coercive, providing misinformation and withholding information needed to make informed choices. People know little about how the decision to remain abstinent until marriage may promote personal resilience or sexual function/dysfunction in adulthood (Singh, 2006). There is considerable support for abstinence as a public health goal. Schools and healthcare providers encourage abstinence as an important option for teenagers and they also provide education about contraception for sexually active teenagers. Most teens and adults think it is somewhat or very important for society to give teens a strong message that they should not have sex until they are out of school (Chinsembu, Kasanda & Shimwooshili-Shaimemanya, 2011).

Before they become sexually active young children can be reached through school-based Life Skills education. This is important because it is easier to encourage the formation of healthy attitudes and practices before the commencement of sexual activity than to change established unhealthy behaviour. According to Tombe (1987), the Department of Education in New Guinea has developed its own HIV/AIDS policy by clearly stating that the issue should be given prominence in its curriculum. However, it clearly lacks direction and systematic implementation by the sector. A study by USAID (2004) that was conducted in Kenya discovered that there was limited subject content coverage regarding HIV/AIDS in the formal education curriculum and that a regular face-to-face

educational approach benefited only a small portion of the youth. The formal education curriculum devoted only 0.2 % of total instructional time in a year to the pandemic. Life Skills programmes have a far greater likelihood of success if they are implemented in the context of cross-sectoral interventions which stress broad social dialogue around issues of sexuality and gender (USAID, 2004).

Teachers are expected to work closely with parents in changing the behaviour of learners. When it comes to life skills, most parents do not discuss sexuality or sex-related issues with their children because of religious and cultural constraints (Anderson & Beutel, 2007). The occurrence of HIV/AIDS means that some changes to cultures have to be made or else large numbers of youth may die as a result of HIV (Dramin 1994:64 in Morena 2004). James-Traore (2004) believes that some teacher training in terms of HIV/AIDS is often challenged by existing norms in educational institutions and the community. Apart from cultural reasons, there is a lack of necessary knowledge and skills to teach young people about sex education and sexuality. Studies conducted in sub-Saharan Africa show that parents are often reluctant to talk to their children about relationships and sexuality because of embarrassment, lack of accurate information or a fear that they may appear to condone adolescent sexual activity. Consequently, the youth often cite peers and the media as their primary sources of information about sexuality. Unfortunately, these sources are sometimes filled with erroneous information and myths (Houston & Hovorka, 2007). Probably in recognition of this, many youths say that they wish they could obtain information about sexuality from a trusted adult (Modise, 2007).

The sources of HIV information that the youth are being exposed to are messages mediated *via* youth culture, such as television, magazines, advertising and popular literature. Sometimes these messages are in conflict with the ABC approach (abstain, be faithful, condomise) of conventional AIDS prevention messages (Walsh & Smith, 2002). The media has a great responsibility to society to inject as much relevant and correct information as possible about the HI virus. The media's main focus is to help, ethically,

in changing the perceptions of society with regard to risky sexual behaviour and, in some cases, the media - particularly the news media - has been criticized by a variety of interest groups for not being ethical in the ways in which some stories have been reported in the news. In other forms of media the fight is visible, clear and strong: “No till we know”, “Be wise, condomise”, “If you are not talking to child about sex, who is?”, “Know your status”, “I kept my promise”. These are all one-liners that are part of a larger campaign to fight the pandemic (Harvard, 2004). South African teenagers, specifically, need to be well-informed about the pandemic because it can affect anyone of any age.

The people of Dedza in Malawi believe in the ‘ABC’ message which focuses on HIV transmission prevention *via* abstinence, being faithful, and by using condoms. (Houston & Hovorka 2007: 209). Master trainers believe in the ‘ABCDc’ message. This is abstinence, being faithful, character building and reaching your destiny. The smaller ‘c’ is for condom usage which is an option for those who cannot abstain and for those girls who head families at a young age; whose parents have died; and who have older boyfriends to make ends meet for the family. This confirms what Houston and Hovorka (2007:209) maintain - that learners do not seem to take the messages about HIV/AIDS they receive from the master trainers seriously when their behaviour does not show any change. This attests to Gakahu’s (2010) finding that the high rate of infection among the youth depicts a situation whereby either the youth have not received sufficient information regarding the dangers associated with the disease or they have ignored the messages. Gakahu (2010) further comments that despite the fact that the majority of young people have knowledge about the way the disease is transmitted and that they are aware of the risk they face, their knowledge is not reflected in their sexual practices.

Religious leaders, traditional healers, teachers and elders in Dedza add their own set of traditional values and understanding of health-care and sexual education to the message which often runs counter to new ideas that are introduced. In particular, these people focus on abstinence and faithfulness while promoting largely negative messages regarding condom usage by linking it to promiscuous and immoral behaviour. In other instances people omit information or add false or misleading information. Ultimately, the ‘ABC’ message - originating at the level of national policy - is being transformed to

reflect the different understanding, values and opinions of various institutional and personal actors within the HIV/AIDS education network in Dedza. The resulting mixed messages should be understood in a socio-cultural context in which information is received and negotiated everyday (Houston & Hovorka 2007).

In a study by Ntshebe, Pitso and Segobye (2006) the researchers commended the Botswana Government for maintaining its traditional cultural values underpinned by respect, trust and participative relationships which has contributed to the ability of the government to address some of its socio-cultural and political problems. They noticed that HIV/AIDS awareness campaigns and programmes were not based on Botswana's cultural beliefs and discourse. The implementation of 'ABC' approach to HIV/AIDS pandemic was not effective due to lack of insight on intention of the programme and not being involved in developing (Ntshebe, Pitso & Segobye, 2006). Comparing Botswana with Uganda, Ntshebe and others (2006) highlighted that in the latter, the 'ABC' approach was more effective given the rate of success in terms of reduction in the rate of infection (from 15% to 5%).

In South Africa and Mpumalanga Province, a news article (April 2010, Ehlanzeni Region) revealed shocking statistics in that the Msogwaba clinic in Mpumalanga Province discovered that out of 20 pregnant learners, aged 14, all tested HIV positive. The manager of the HIV/AIDS Unit at the Ehlanzeni District Municipality noted that although people have been educated about this pandemic, the challenge is still how people can implement what they have been taught. The manager of the HIV/AIDS Unit at the Ehlanzeni District Municipality, Ms Ndazo Mdluli, commented that there is a need to find a way of making people practise what they are being taught every day. The report in Mpumalanga Province further indicates that the Gert Sibande District leads with 40.5% of cases of HIV/AIDS infection, followed by Ehlanzeni District with 34.99% and Nkangala District with 31.8%.

### **2.3 HIV/AIDS and Education**

According to UNESCO (2011) educators play a major role in HIV/AIDS prevention. The role of educators in the context of HIV/AIDS awareness is to reduce the risk of HIV infection and encourage healthy life styles among the learners through education. The integration of sex education into the school curriculum is favoured in many countries, including South Africa (Onyango, 2009). Educators are considered to be well-positioned to play a role in the promotion of sexual health. In South Africa HIV education in schools - under the banner of Life Orientation - has been instilled in all public schools although there are some challenges where there is insufficient time, a lack of resources, large classes of about 50-60 learners with a range of age groups, religious affiliations and diverse sexual experiences. A study conducted by Ahmed (2009) shows some barriers in teaching sex education in some secondary schools where race is considered to be a sensitive issue, particularly in schools where educators are of a different race group from that of the majority of learners.

Changing the rules related to discussing sex-related matters does not mean that a people's culture is likely to be threatened. Rather, educators and parents need to customize attitudes towards sex. There is maturity in talking about sexuality in a straightforward way and young people appreciate a concern for their problems. These discussions are likely to reduce risky sexual behaviour. Sexuality education gives knowledge which may guide learners in making decisions about whether, when or how to have sex and to practice "safe sex". We may discourage learners from having sex, but they must be given accurate information about abstinence. It is important for them to take responsibility for sexual activity and to recognize the responsibility involved in making their own decisions. Morena (2004) notes that most children become sexually active as young as 12 years of age; are aware of sex-related matters; and want to know more about it at a young age.

It becomes the duty of the educators to provide correct information about sex and sexuality before these young learners obtain incorrect information from their peers. Before the introduction of sexuality education in schools, the Department of Health sent

people to talk about HIV/AIDS - especially in secondary schools. The visual images of AIDS victims and people suffering from sexually transmitted infections were perceived by some educators and learners to be traumatizing. Currently, it is the responsibility of educators to teach learners sexuality education and HIV prevention.

UNESCO (2011) acknowledges the importance of education and this was affirmed by the 2010 Millennium Summit which concluded that "Ensuring children's access to school is an important aspect of HIV prevention, as higher levels of education are associated with safer sexual behaviour, delayed sexual debut and overall reduction in girl's vulnerability to HIV." Education has the potential to provide young people with the knowledge and skills they need to make safer and healthier choices. Through education young men who have sex with men (MSM) are provided with the knowledge and skills they need to make safe and healthy choices about sex. The vulnerability of girls to HIV infection may be reduced by improving their self-esteem and their economic prospects. The higher the level of education, the greater the benefits, as girls who complete secondary school have a lower risk of HIV infection and are more likely to practice safe sex. HIV education in secondary schools has improved, but the coverage of age-appropriate education in primary schools is less consistent (Jukes, Simmons, Fawzi & Bundy, 2008). In other countries there is a gap between knowledge and practice where some young people, who do not have accurate information about HIV, engage in risk behaviour (UNESCO 2011).

The spread of HIV/AIDS is so rapid that if people, especially the youth, are not equipped with the necessary knowledge and skills to prevent and to fight this disease, three quarters of the present population will be HIV/AIDS positive by 2015 (Morena, 2004). According to Gribble (2010), although the youth between the ages of 15 and 24 are in greatest need of sexual and reproductive health services, those who are younger will quickly come of age and share these needs. The size of the population, aged 15 to 24, is currently 1.2 billion and is expected to continue growing for at least 20 more years. With the swelling wave of young people, access to reproductive health information and services becomes critical as they should be able to choose the number of children they want and they need the information and services to avoid unplanned pregnancy, HIV, and

STI's. With this knowledge the youth are better able to make choices that support the pursuit of educational goals and the development of life skills necessary for national and local leadership positions.

Visser (2007) reports that adolescents are still in require to be developed and gain decision making and problem solving skills from a trustworthy person. To be able to communicate effectively with the youth one needs to understand the factors that contribute to the high risk behaviour and develop programmes that address the identified needs.

According to Jewkes (2002), research shows that if young people are given proper information about sex; about the risks associated with sexual activity; and how they can protect themselves, they are more likely to decide for themselves to delay the start of sexual activity. If they have knowledge and have discussed questions, like "Shouldn't we just tell young people not to have sex?" openly and without fear, they are more likely to practice sex safely when they do begin a sexual relationship. People must face what is happening in society. Just telling young people not to have sex is not an answer - at best it is only a part of the answer. The HIV/AIDS pandemic shows that we are dealing with a moral crisis in human relations in our country. Jewkes (2002) further suggests that discussion among young people themselves which is facilitated by a knowledgeable young person who is, perhaps, living with HIV is a very effective way to educate about the disease.

#### **2.4 Learner's Sexual Behaviour**

Parker (2003) suggests that the concept of behaviour change has long been the rallying cry of HIV/AIDS interventions and campaigns, while Airhihenbuwa (1999) notes that this model has led to a focus on the individual rather than on the social context within which the individual functions. An emphasis has been placed on Knowledge, Attitude, and Practice and Behaviour (KAPB) interventions in which people need knowledge in order to change their attitudes and, finally, to alter their practices and behaviour. The problem is that even if people have the knowledge, they may not have the incentive or

power to change their behaviour. Sustainability is another, more elusive dimension of behaviour change which may be more difficult to both achieve and report as individuals grow beyond adolescence into more complex relationships and socio-economic circumstances. It is for this reason that people require the cognitive skills and the capacity to process information and to make choices. However, people should acknowledge that this will also require conditions conducive to multi-dimensional risk-reduction and the will to sustain it over a period of dynamic, social, biological and socio-economic change - including entry into marriage and the attendant assumption of a risk-free sexual environment (Badcock-Walters 2004).

Significant gaps in adolescents' knowledge of HIV have been consistently identified among junior high school students, especially regarding misconceptions about causal transmission and prevention (Pelzer & Seoka, 2004b). At the same time, these youths have a high prevalence of behaviour that puts them at risk of HIV infection, including early sexual onset; infrequent condom use; and multiple sexual partners. Learners prefer a youth-to-youth interactive approach to HIV/AIDS prevention as they believe young people are more open than older people. Most learners admitted that they are likely to change their behaviour if persuaded by their fellow-youths through activities or programmes which catch their interest and their popular style. For example, most learners prefer music festivals and they commented that these festivals are effective way of gathering the youth and addressing HIV/AIDS issues (Rutangumirwa & Kamuzora, 2006).

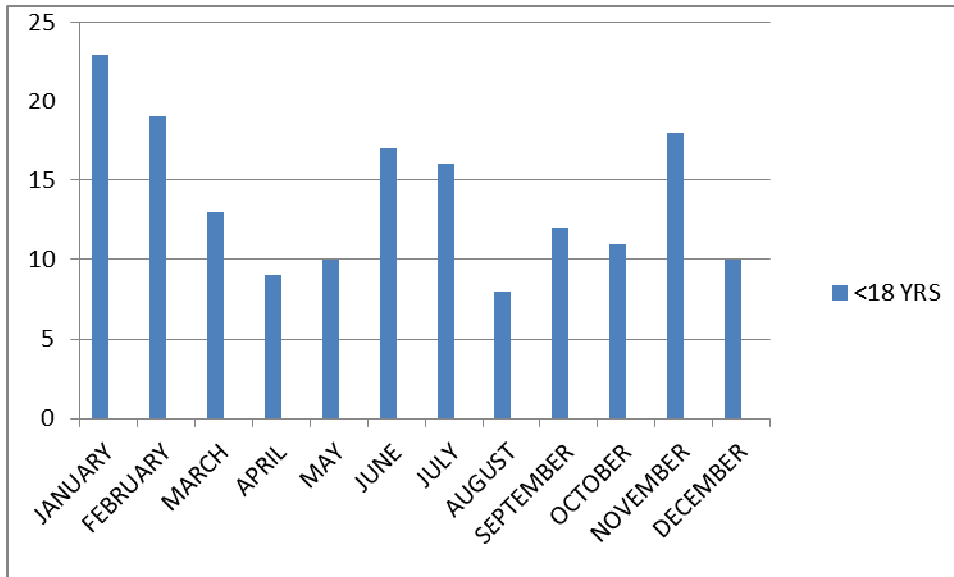
The Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ 11 Project 2000-2004) is a network of 15 Ministries of Education: Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania (Mainland), Tanzania (Zanzibar), Uganda, Zambia and Zimbabwe. Its aim is to undertake integrated research and training activities that provide educational planners with the technical skills required to monitor and evaluate the quality of its own education systems. The SACMEQ's findings indicate that major alarm bells should be ringing in the Seychelles because in 2007 three quarters of Primary 6 pupils lacked the

minimal knowledge about HIV/AIDS that is required for protecting and promoting their health. There was also a major difference between the very high knowledge levels of teachers and the very low knowledge levels of the Seychelles Primary 6 pupils. It was assumed that teachers with high levels of basic knowledge of HIV/AIDS should be able to transfer this important information to their pupils. Unfortunately, this assumption is faulty and further research is required in order to provide an explanation for the substantial “knowledge gap” between pupils and teachers (Policy Brief 2011).

The SACMEQ 11 also found that there were substantial differences in Primary 6 pupil knowledge levels about HIV/AIDS in education regions in the Seychelles. It was recommended that the Ministry of Education should, therefore, take immediate action to address the research-based conclusions presented and facilitate the development and implementation of more effective HIV/AIDS prevention education programmes that focused on the upper levels of the primary school. It was concluded that all children need to have a basic knowledge about HIV/AIDS that is required to protect and promote health.

The SACMEQ111 project of 2007-2010 involved the 15 education ministries. Teachers and pupils were tested on their knowledge of HIV/AIDS. Respondents were categorized as having ‘minimal’ knowledge if they had mastered 50% of the official curriculum and as having ‘desirable’ knowledge if they had mastered at least 75%. In most countries 20-40% of pupils had ‘minimal’ knowledge and less than 10% had ‘desirable’ knowledge. Almost all teachers had ‘minimal’ knowledge and 80-95% in most countries had ‘desirable’ knowledge. These findings, which highlight the difference in knowledge among teachers and pupils, underscore the urgent need to improve delivery of HIV education in schools.

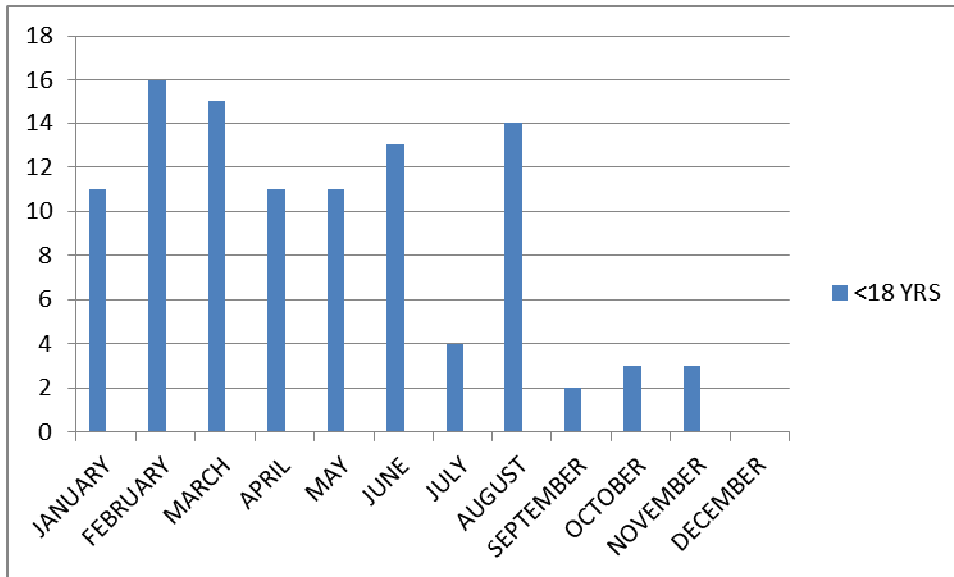
Those who participated in this study are from Mpumalanga Province in South Africa. The following graphs and tables show the statistics of teenage pregnancy and deliveries from 2009 to 2011 in the Barberton Provincial Hospital.



**Graph 2.1: Teenage Pregnancy Statistics - 2009**

**Table 2.1: Deliveries in 2009**

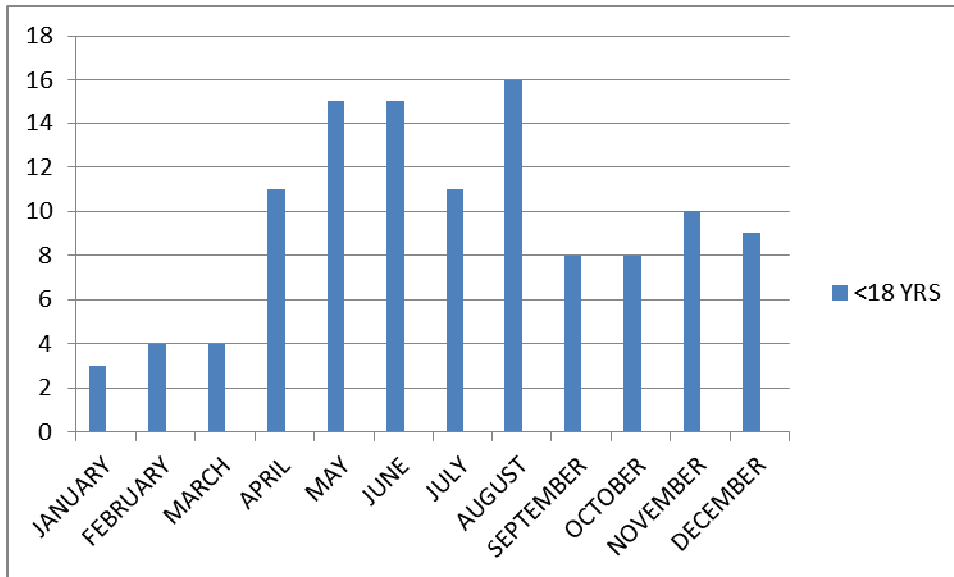
<b>MONTHS</b>	<b>&lt;18YEARS OF AGE</b>
<b>JANUARY</b>	<b>23</b>
<b>FEBRUARY</b>	<b>19</b>
<b>MARCH</b>	<b>13</b>
<b>APRIL</b>	<b>09</b>
<b>MAY</b>	<b>10</b>
<b>JUNE</b>	<b>17</b>
<b>JULY</b>	<b>16</b>
<b>AUGUST</b>	<b>08</b>
<b>SEPTEMBER</b>	<b>12</b>
<b>OCTOBER</b>	<b>11</b>
<b>NOVEMBER</b>	<b>18</b>
<b>DECEMBER</b>	<b>10</b>



**Graph 2.2: Teenage Pregnancy Statistics - 2010**

**Table 2.2: Deliveries in 2010**

<b>MONTHS</b>	<b>&lt;18 YEARS OF AGE</b>
<b>JANUARY</b>	<b>11</b>
<b>FEBRUARY</b>	<b>16</b>
<b>MARCH</b>	<b>15</b>
<b>APRIL</b>	<b>11</b>
<b>MAY</b>	<b>11</b>
<b>JUNE</b>	<b>13</b>
<b>JULY</b>	<b>04</b>
<b>AUGUST</b>	<b>14</b>
<b>SEPTEMBER</b>	<b>02</b>
<b>OCTOBER</b>	<b>03</b>
<b>NOVEMBER</b>	<b>03</b>
<b>DECEMBER</b>	<b>0</b>



**Graph 2.3: Teenage Pregnancy Statistics - 2011**

**Table 2.3: Deliveries in 2011**

<b>MONTHS</b>	<b>&lt;18 YEARS OF AGE</b>
<b>JANUARY</b>	<b>03</b>
<b>FEBRUARY</b>	<b>04</b>
<b>MARCH</b>	<b>04</b>
<b>APRIL</b>	<b>11</b>
<b>MAY</b>	<b>15</b>
<b>JUNE</b>	<b>15</b>
<b>JULY</b>	<b>11</b>
<b>AUGUST</b>	<b>16</b>
<b>SEPTEMBER</b>	<b>08</b>
<b>OCTOBER</b>	<b>08</b>
<b>NOVEMBER</b>	<b>10</b>
<b>DECEMBER</b>	<b>09</b>

(Barberton Provincial Hospital, 2012)

The above statistics of teenage deliveries from 2009 to 2011 is an indication of the sexual activity of teenagers. The high pregnancy statistics pose a challenge to Life Skills educators, master trainers, peer educators and other Life Orientation educators in various secondary schools who may have to come up with other strategies in schools to keep the pregnancy statistics and the risk of HIV infection low.

According to Mathew, Boon, Flischer & Schaalma (2006), girls in schools with the high rates of poverty and social disorganisation are more likely to become pregnant. Sexual behaviour change is essential to prevent HIV infections in Africa and a statistical analysis of risk factors at the individual-level may be used to design interventions. The importance of reducing cross-generational sex (young women having sex with older men) and delaying age of first-sex in the spread of HIV at the population-level has been presumed but not scientifically investigated and quantified. The impact of behaviour change on the spread of HIV is sensitive to the structure and reaction of sexual networks. Reducing cross-generational sex could have little impact on the risk of infection unless it is accompanied by a reduction in the number of risky sexual contacts. Even peer-peer sexual mixing can support high endemic levels of HIV (Halle, Gregson, Lopman, Garnett & Lewis, 2007).

### **2.5 Age Mixing in Sexual Relationships**

UNESCO (2011) reports that sexual behaviour between boys and girls start at an early age and this increases the risk of STI (Sexually Transmitted Infection) especially among boys who seem to start sexual relationships earlier than girls. Teenagers tend to be mostly involved in unprotected sex or occasionally use condoms because of several reasons such as lack access to health services, being a rape victim, misconceptions and myths about the use of condoms and contraceptives (Snyman & Penzhorn, 2007). Due to lack of awareness and knowledge about HIV/AIDS, some teenagers remain pessimistic and does not see the need of changing their sexual behaviour (Smart, 1999).

According to a study that was conducted by Leclerc-Madlala (2002), other studies indicate elevated HIV/AIDS risks for young women in partnerships with men who are 5 or more years older and, hence, the term age-desperate relationships has gained currency as a more useful term than intergenerational sex. In South Africa, for example, a very high HIV infection rate of 29.5% has been found among girls of 15-19 years in sexual partnerships with an age disparity of 5 or more years (Leclerc-Madlala, 2002). Another study in Botswana by Bateman (2001b) found that for every year's increase in the age difference between partners, there was a 28% increase in the odds of having unprotected sex. Some studies identify poverty as the major factor prompting young women's involvement in sexual relationships with older men, but research has, increasingly, demonstrated that this understanding is too simplistic.

Having partners who are a few years older increases the risk of HIV infection. Generally, older partners have a higher earning power than same-age partners and learners might seek relationships that are profitable - even male pupils may seek relationships with older partners. 'Sugar-daddysm' (the pairing of middle-aged men with young girls) may need to be expanded to incorporate the existence of 'sugar-moms' as well. While it may be said that females seek emotional or material support, males may additionally be motivated by physical pleasure and social standing. Negotiating safe-sex practices is hindered in relationships of mixed ages because a consequence of the exchange of money or gifts increases exposure to coercive sex. Pupils in Wentworth indicated that a large percentage of them exchanged money or gifts for sex which may be due to the learners securing such basic needs as food, school fees and shelter or, commercially, this might reflect a culture of materialism in which cell phones, eating out and wearing luxury clothing are perceived as necessities (Frank, Esterhuizen, Jinabhai, Sullivan & Taylor 2008).

Sexual behaviour change is crucial to prevent infections in sub-Saharan Africa. Cross-sectional surveys of individuals' self-reported sexual behaviour show that young women who have had sex with an older man or who have embarked on sexual activity when young are more likely to be infected with HIV. Interventions aiming to change behaviour

have, therefore, been proposed that focus on discouraging cross-generational sex and delaying the sexual debut (Hallett, Gregson, Lopman & Garnett, 2007).

Leclerc-Madlala (2002) also indicates that young woman's expectations and motivation for seeking out older men as sexual partners are highly influenced by media images and messages because media advertising plays a powerful role in shaping the aspirations, expectations and consumer behaviour in youth. Ways need to be found for making this sector a more accountable role-player as its influence has been under utilised in the fight against HIV/AIDS. The media should be compelled to promote the sexual safety and sexual rights of others and should not be allowed to proceed with business as usual in hyper-affected HIV/AIDS countries. Gakahu (2010) reports that in Kenya the broadcast media (radio and television) have been used extensively to educate the masses about HIV and AIDS. Specifically, the local music industry has been used to sensitise the youth about the need for behaviour change. It is assumed that those young girls who are more after a glittering lifestyle are being abused by older men in exchange for money and fancy gifts. Some young girls are even forced into marriages by their parents so that they receive money from older, well-established men. Financial or material dependence on men means that women cannot control when, with whom and in what circumstances they have sex. It is even worse because those young girls cannot even request the use of condom or any other protection.

The role of the South African media in the fight against HIV/AIDS is one that is not only controversial and multifaceted, but also one that is a necessity. Therefore, it is important for media outlets to provide more AIDS information and safe-sex messages. There is also a need for more investigative and analytical coverage of the nature of the pandemic. Telling stories emanating from the HIV/AIDS pandemic in Southern Africa is never easy. Sometimes outside stimuli, such as media workshops and the sharing of information help to make one think about alternative angles, approaches and ethics which, ultimately, should translate into better storytelling and overall reflection in society. The media currently lacks the required innovation needed to post new informative angles in exciting and appealing ways. For the media to become more effective in its duty to fighting the

spread of HIV/AIDS, it will have to be more committed than ever before. Often different media formats have fallen victim to being too pessimistic and often relying too much on past information to create a negative overall attitude in a society that is craving positive input. The media should be doing more research, relying less on third party resources and more on going out into the field and meeting the researchers, scientists and people who are infected and affected (Currie, 2006).

In terms of information, education and communication, the mass media has publicised HIV/AIDS through television programmes, such as *Soul City* - a weekly drama series that covers a range of health issues - and, in this way, has disseminated basic information about the pandemic and its consequences (South Africa National Survey, 2007). Radio has also been an important medium for HIV/AIDS education. Other campaigns focus on knowledge of HIV/AIDS and specific risks that precede behaviour change. Printed educational material, print media, radio, television and community outreach programmes are some of the primary health communication strategies used in community level HIV prevention interventions to deliver health promotion messages targeted at specific populations. The mass media has been used in a variety of health promotion programmes because of its relatively low cost. More recently 'Love Life', a national youth sexual health initiative, has started a mass media campaign using billboards, newspaper advertisements, radio and other outlets to address sexual and other health issues. According to Harrison *et al.* (2000 in Pelzer & Seoka, 2004), none of these programmes has been evaluated for their impact on individuals or communities (Pelzer & Seoka, 2004). Although people, in general, are suspicious of the media and distrust it, they agree that the media is a primary source of information with regard to AIDS. However, the public's perception about the media is that it is sensational, untrustworthy and that it dwells on bizarre and negative information. Much of the early coverage of issues concerning AIDS was characterized by sensationalism, inaccuracy and had a judgmental approach (Qakisa, 2001).

## **2.6 Messages/Information on HIV/AIDS**

Information is vital to enable people to have an accurate understanding of the modes of transmission and the prevention strategies of HIV/AIDS. In this regard educators are expected to play a major role in the provision of information to promote awareness leading to behavioural change among learners. The educators' views and perceptions about the disease will influence their ability to perform the task of promoting awareness (Bankole & Mabekoje, 2008). In an attempt to eradicate HIV/AIDS, there is a need to educate people - most especially the youth who are very sexually active. Teens and young adults are at the centre of the pandemic because young adults, aged 15-24, account for approximately half of new adult HIV/AIDS infections and 28% of the total global adults living with HIV/AIDS (Bankole & Mabekoje, 2008). The United Nations Population Fund confirms that young people are the centre of the HIV/AIDS pandemic in terms of rates of infection and vulnerability and, of the 1.5 billion young people worldwide, 11.8 million are estimated to be living with the disease. It is also reported that every day between 5,000 to 6,000 young people, aged 15-24, contract HIV/AIDS and that many of them lack comprehensive and correct knowledge about how to prevent infection (Odu & Akanle, 2008). Gakahu (2010) adds that in Kenya communication has a major role to play in efforts to curb the spread of the HIV/AIDS menace. It has the potential to provide information, knowledge, attitudes and skills that will inform and lead to positive moral behaviour.

An accurate knowledge about health risks is an important precondition for health-enhancing behaviour change. Young people have an accurate knowledge of HIV transmission and prevention but various factors prevented them from acting on this information. They are often driven by a motivation that competes with safe sex messages, such as curiosity: 'All of us want to experiment with this thing called sex which we are told is very nice. Our parents went across the border of flesh-to-flesh when they were young. Why can't we?'; 'Young people are stubborn; they want to prove they are not afraid to die. They say to each other: "We will die in the same ship (sex) that we came in"' (Campbell & MacPhail 2002).

In 2000 the government of Tanzania established the Tanzania Commission for AIDS (TACAIDS) in the Prime Minister's office. This was after recognising that HIV/AIDS is not only a health issue, but also a serious developmental problem that requires an effort from all sectors. In November 2001 the government of Tanzania enacted a national policy on HIV/AIDS with specific objectives on the prevention of transmission by creating, sustaining and increasing awareness of HIV/AIDS. These programmes - that allowed for youth participation - were effective and tended to address the concerns and needs of young people better. The Family Life Education of Tanzania aimed to teach students about their bodies; the principles of good health; how to respect each other; how to abstain from sex; and how to protect themselves if they decided or happened to have sex. Some teachers confess that they skip such topics because there is a lack of skills and material required for those topics. Apart from the formal school curriculum there is a variety of extra-activities in school-based programmes. The purpose of these programmes is to help students make informed decisions about how to avoid AIDS-related risk behaviour through activities, like role-play, Anti-Aids clubs, religious clubs, debating clubs, drama, songs, poems, comedies, hip hop music, sports and games (Rutagumirwa & Kamuzora, 2006).

A study conducted in Nigeria by Rosen (2004) maintains that sexuality education is based on the following objectives: reduced sexual activity; reduced number of sexual partners; increased contraceptive use; lower rates of child marriage; lower rates of early and unwanted pregnancy and resulting abortions; lower rates of infection of HIV/AIDS and other STIs; and improved nutritional status. In Limpopo the Life Skills and HIV/AIDS programmes are based on the following objectives: HIV prevention and combating of disease; care and support for learners; care and support for teachers; human rights of learners and teachers; and the monitoring, support and evaluation of the programme (Limpopo Provincial Government, 2008).

## **2.7 Knowledge and Behaviour Change**

It is expected that when one has knowledge of HIV/AIDS, an accompanying behaviour change would be a logical outcome and that having the knowledge of prevention,

transmission and other facts would motivate logical safe sex behaviour. In terms of HIV/AIDS the possibility that the possession of adequate and correct knowledge is highly correlated is a strong motivating factor in most educational projects as it is assumed that knowledge will help to overcome fear, denial and will contribute to behaviour change. The power of increased knowledge to motivate logical sexual behaviour to reduce HIV infection and modify sexual behaviour change constitutes the crux of most HIV/AIDS education campaigns. The ongoing HIV/AIDS programmes from the past have provided information and education on radio and television, while other primary prevention interventions have continued over all the different south west states. The provision of information and education is based on the assumption that youths will practice safe sex. However, it seems that there is lack of balance between knowledge of HIV/AIDS and the advancement in the sexual behaviour of many youths (Odu & Akanle, 2008).

James-Traore (2004) believes that the teacher plays a critical role in being a source of information and a person with whom young people can raise sensitive and complicated issues about sexuality. Ideally, as trusted gatekeepers of information, teachers can be instrumental in imparting knowledge and skills to young people and also act as guides for learners in need of resources for accurate information. Odu and Akanle (2008) support James-Traore's (2004) expectation that when one has a knowledge of HIV/AIDS, then the accompanying behavior would be logical, i.e. that having a knowledge of prevention, transmission and other facts motivates logical safe sex behaviour. In terms of HIV/AIDS, the possibility that the possession of adequate and correct knowledge is highly correlated with preventive efforts is a strong motivating factor in most educational projects as it is assumed that knowledge will help to overcome fear, denial and will also contribute to behaviour change. In HIV/AIDS education knowledge is very important. However, a poor correlation between knowledge and sexual behaviour has been identified as knowledge has been shown not to be enough; studies have shown that people practice unsafe sex despite their knowledge of HIV/AIDS.

Most adolescents make decisions about sex in the absence of accurate information and access to support and services. Young people lack confidence and the skills to negotiate

sexual issues, contraception and prevention of infection. Adolescents rarely communicate with their parents or other adults about sexual and reproductive health issues and too many receive conflicting messages about sex and sexuality from various sources (Smart, 1999). It seems there is lack of balance between knowledge of the pandemic and the advancement in sexual behaviour of many youths. Omorepie (2003) maintains that although the majority of youths are aware that HIV/AIDS exist, they underestimate personal risk. He also points out that perception, thinking patterns, attitudes and belief about an issue can have an impact on observable behaviour.

According to Onyango (2009), who conducted the study in Tanzania, the better designed programmes have positive effects on AIDS-related knowledge and attitudes to a reduction in sexual risk. The programmes focus on reducing one or more sexual risk; provide clear messages about sexual activity; provide accurate information about the risks and the consequences of teen sexual activity and about methods of risk reduction; focus on activities that address the social context of sexual behaviour; and provide modeling and practice of communication, negotiation and refusal skills.

Visser (2007) suggests that HIV risk behaviour among young South African learners is often influenced by interpersonal processes, such as peer group norms; perceived gender roles resulting in coercive male-dominated sexual relationships; a lack of communication skills to negotiate condom use; an understanding of love, sex and relationships; and a lack of positive role models. On the broader level, a lack of recreational facilities and social norms, such as intergenerational silence about sexual behavior and the status of women and their socio-economic environment also play a role.

James-Traore (2004) believes that an important prerequisite to school-based programmes and, subsequently, effective teacher training are clear policies and guidelines that support young people's access to both information and services. The policies should be known, and should be implemented by, teachers and service providers. Without clear guidelines from mandated policies teachers may avoid controversial areas. Evaluations of teacher training programmes show that teachers frequently fail to teach topics for which they

have been trained because they feel uncomfortable with the subject; they are inadequately trained; or they lack relevant materials. A review of 11 African school-based prevention programmes identified selective teaching as a problem - especially in controversial areas, such as condom use. An in-depth analysis of how an HIV/AIDS curriculum was taught in western Kenya and in a state in India by Action Aid - a United Kingdom-based group - found that some teachers select which messages to give; they chose not to teach HIV at all; or they relied solely on messages concerning abstinence. Sexually active youths will not only feel excluded from messages forbidding premarital sex, but they will also have a limited access to potentially life-saving information. James-Traome (2004) emphasises that if a programme is to be faithfully implemented, then teachers must be properly trained and be committed to it.

The HIV/AIDS pandemic has received a great deal of attention from both the media and government. Preventative programmes focus on informational, educational and behavioural change issues that encourage people to reduce high-risk sexual behaviour. Many campaigns and programmes have been launched and developed to address the various needs that stem from HIV/AIDS. However, evidence for highly relevant cost-effectiveness and a successful implementation of interventions for HIV/AIDS in Africa is fragmentary. African governments face difficult choices in striking the right balance between prevention, treatment and care - all of which are necessary to deal comprehensively with the pandemic (Swanepoel, 2003).

A survey conducted by Horizons (USAID: Horizons 2004) assessed teacher' knowledge of HIV/AIDS by asking several questions. The results suggest that although many teachers were informed about certain aspects, an improvement could be made - particularly among primary school teachers. For example, less than half of them were aware that one could be infected, simultaneously, with different strains of HIV which suggests that teachers may not be aware of the importance of protection even if one is already infected. The data also suggests that more than half of teachers were not familiar with their options regarding VCT (Voluntary Testing and Counseling), since they believed that one must be tested for HIV to access VCT services. They did not realise

that one can simply get counselling and choose to take the rest at a later date or not at all. Educators need to be knowledgeable about HIV infection and serve as role models in the plight of changing the behaviour of the learners.

## **2.8. Conclusion**

The debate continues about how much - if any - AIDS education young people should receive. The information gathered by this researcher continues to show that being informed about the facts and the dangers of HIV/AIDS enables young people to protect themselves and that it is a crucial tool in the battle against HIV/AIDS. One of the most economical and effective means of HIV prevention is education which involves young people in the issue of HIV prevention. Whenever educators listen to young people they are told, time and time again, that young people overwhelmingly ask for adequate AIDS education. In most parts of the world this means that more AIDS education is needed than what is currently available to the youth. Young people know that they have the right to information that enables them to safeguard their lives and those of their sexual partners - they should be listened to and they should be provided with information that is clear, open and honest ([www.un.org/rights/HRToday](http://www.un.org/rights/HRToday)).

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 Introduction**

This study used a qualitative approach to data collection in a case study design. A qualitative approach enabled the researcher to capture rich descriptions of the life experiences of learners and master trainers of their perceptions concerning HIV/AIDS messages. Qualitative research produces findings arrived at from real world settings where the role of the researcher is to become immersed in real situations – in this case, when capturing data about the views of master trainers and learners on HIV/AIDS messages in three selected secondary schools in Mpumalanga in the Ehlanzeni region. Qualitative research studies people by interacting with participants in their natural environment and by focusing on their meanings and interpretations (Holloway & Wheeler, in Maree, 2009). Qualitative research is conducted in a natural setting, without intentionally manipulating the environment; it involves highly detailed rich descriptions of human behaviour and opinions.

#### **3.2 Research Design**

In this study a case study design was used as it focuses on one or a few instances of a particular phenomenon with a view to providing an in-depth account of events, relationships, experiences or processes occurring in that particular instance (Denscombe, 2003:32). A case study is a type of qualitative research in which the researcher “explores a single entity or phenomenon (the case) bounded by the time and activity (a programme, event process, institution or social group) and collects detailed information by using a variety of data collection procedures during a sustained period of time” (Creswell, 1994:12). Generally, researchers select case studies for one of three purposes: to produce detailed descriptions of the phenomenon; to develop possible explanations of it; or to evaluate the phenomenon (Borg & Gall, 1996:549).

The purpose of the case study is to shed light on a phenomenon, be it a process, event, person, or object which is of interest to the researcher. A case constitutes a single instance of the phenomenon (Leedy, 1997). According to Cohen, Manion and Morrison (2005), a case study has several hallmarks: it is concerned with rich and clear descriptions of events relevant to the case; it provides a chronological narrative of events relevant to the case; it blends a description of events with their analysis; it focuses on individual actors or groups of actors and seeks to understand their perceptions of events; it highlights specific events that are relevant to the case; and the researcher is integrally involved in the case. Case study research is not, necessarily, representative of similar cases and, therefore, the results of the research are to describe 'that particular case' in detail. It is particularistic and contextual (Hancock, 2002).

The paradigmatic approach in this study was to work from an interpretive paradigm. This interpretive paradigm has been discussed extensively in Chapter 1. In terms of research design, interpretive research designs act as a flexible guide to the implementation of the research (Leedy, 1989).

### **3.3 Research Sites**

This study was conducted in Barberton in the Ehlanzeni region in Mpumalanga. The focus was on three selected secondary schools: one is situated in an urban area and mainly accommodates learners from the neighbouring mines; another is situated in an urban area and mostly accommodates learners from disadvantaged families, socio-economic backgrounds; and the third school is also situated in an urban area where the school accommodates learners from all cultural background. The researcher chose different contexts because she wanted to elicit rich responses from different settings within the circuit (Maree, 2009). The reason for using secondary schools is that the teenage pregnancy rate is seen to be increasing among learners at that level. Master trainers usually meet once every term to discuss the number of pregnancies they had knowledge of during that particular term - a source that has confirmed that the number of teenage pregnancy is increasing which indicates that a high number of learners may be sexually active.

### **3.4 Sampling Procedure and Permission**

This research is a case study involving three schools. The participants were Grade 11 learners and master trainers from the three selected secondary schools. Life Orientation educators were hand-picked because they are the ones who were identified by the Department of Education to be trained as master trainers for Life Skills. Each secondary school has two master trainers and, therefore, six of them were part of the study and who were interviewed as a group. Five learners *per* secondary school were part of the study. The Grade 11 learners were part of the study as they are recipients of information on HIV/AIDS from the master trainers for Life Skills.

The researcher has used both the purposive sampling and systematic sampling. According to Cohen, Manion and Morrison (2005:103) Purposive sampling is where researchers handpick the cases to be included in the sample. In this case study, master trainers of the three secondary schools were purposely chosen to be interviewed. Most of the secondary schools in the research site have two master trainers trained by the Mpumalanga Department of Education. The master trainers were chosen because they are involved in teaching Life Orientation that addresses HIV/AIDS issues. Systematic sampling involves selecting learners from a population list in a systematic fashion for example This means that class lists for all Grade 11 were requested from the principals of the three schools. From these lists five learners *per* school were chosen. The process involved selecting participants from a population list in a systematic, rather than a random, fashion. Therefore every twentieth learner would be selected. The following criteria was used when choosing the three secondary schools: one school is situated in an urban area where it mostly accommodates learners from the disadvantaged families, socio-economic backgrounds another one also from urban area where it mostly accommodates learners from socio-economic backgrounds and the last one also from an urban area where the school accommodates learners from all cultural backgrounds. Informed letters were issued to learners to give to their parents or guardians that explained the details of the study to be conducted.

### **3.4.1 Data Collection Method**

In this study the qualitative semi-structured interview was used to collect data as the aim was to obtain a rich descriptive data that would help the researcher in understanding how the participants constructed knowledge and their multiple realities (Maree, 2009) that may have existed in terms of HIV/AIDS messages. A qualitative interview is an interaction between an interviewer and a participant in which the interviewer has a general plan of inquiry, but not a specific set of questions that must be asked with particular words and in a particular order. However, it is vital for the qualitative interviewer to be fully familiar with the questions to be asked. This allows the interview to proceed smoothly and naturally. A qualitative interview is, essentially, a conversation in which the interviewer establishes a general direction for the conversation and pursues specific topics raised by the participant. Ideally, the participant does most of the talking (Barbie, 2001:291). In a semi-structured interview the research purpose governs the questions asked and their content, sequence and wording are entirely in the hands of the interviewer. This does not mean, however, that the interview is a more casual affair; in its own way it also has to be carefully planned (Cohen, Manion & Morrison, 2005).

Data gathered in case studies may be in the form of words, images or physical objects. This study's data was in a form of written words. Fieldwork is a part of the data collection process because it enables the researcher to engage in informal conversations with the participants and to observe and understand the phenomenon as it is experienced by them. It is important that case study researchers also analyse data while collecting it because what is learned from the data collected at one point in time is often used to determine subsequent data collection activities (Leedy, 1997).

Two master trainers from each of the three different identified secondary schools were interviewed. The researcher designed questions that were clear and unambiguous and a pilot interview was undertaken to check the validity of the questions. Interview questions were framed in such a way that effective communication took place between the interviewer and the interviewees (Denscombe; 2003:168). The researcher asked the

participants to repeat what she had said if something was not clear. Participants were given time to elaborate on what was said.

The group interview was used for master trainers and the Grade 11 learners. An advantage of group interviews is the potential for discussions to develop and, thus, yield a wide range of responses (Denscombe, 2003:168). There was a follow-up on individual interviews after the group interview.

The data that was collected was tape-recorded. The reason for the researcher to use a tape-recorder was to get accurate data capturing word for word. This was also a way of preserving the information collected in the interview. The researcher first asked permission from the participants to make the recordings. She went through the tape-recorded data and then transcribed it. Note-taking or tape-recording is the usual method of preserving information collected in an interview (Borg & Gall, 1989). The tape-recorded data was transcribed, played back more than once and studied more thoroughly than if the data had been limited to only notes taken during the interview (Maree, 2009). It was helpful to make notes so that the answers could be reviewed and additional questions could be asked - if there were any at the end of each interview in terms of the set schedule. Soon after the interview the researcher listened to the tape-recorded data and reflected on the interview to identify gaps that need to be explored in a follow-up interview. Information was verified with the participants at this stage. A written record is also important for the purpose of data analysis.

The main analysis is to identify patterns in the responses of the participants. When responses are not clear, the researcher returns to the participants for clarity. The interviews took three weeks and they were conducted in a common venue which was a classroom in the schools. The interview was conducted in either English or siSwati as siSwati is the dominant language within the society from which participants were drawn. The transcribing of data was done in English.

### **3.4.2 Data Analysis**

There are three approaches to analysing case study data: interpretational, structural and reflective analysis. An interpretational analysis aims at examining the data for constructs, themes and patterns that can be used to describe and explain the phenomenon studied. Structural analysis refers to searching the data for patterns inherent in discourse, text, events or other phenomena with little or no inference being made as to the meaning of the patterns. Reflective analysis is using primarily intuition and judgment to portray or evaluate the phenomenon (Borg & Gall, 1996).

Hoepfl (1997) defines qualitative data analysis as “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.” Content analysis was used to analyse the data as it is a method of analyzing written, verbal or visual communication messages (Cole in Elo & Kyngas, 2007). It allows the researcher to test theoretical issues to enhance an understanding of the data. Through content analysis, it is possible to distil words into fewer content-related categories. It is assumed that when classified into the same categories, words and phrases share the same meaning (Cavanagh, 1997).

This researcher analysed the data using a content analysis strategy. According to Maree (2009), content analysis is a systematic approach to qualitative data analysis that identifies and summarises “message content”. People usually use the term content analysis to refer to the analysis of books, brochures, written document, transcripts, news reports and visual media. Sometimes content analysis is used when working with narratives, such as diaries or journals, or to analyse qualitative responses to open-ended questions in surveys, interviews or focus groups. It is a process of looking at data from different angles with a view to identifying keys in the text that assist in understanding and interpreting raw data. Content analysis is an inductive and iterative process whereby people look for similarities and differences in text that would corroborate or disconfirm theory.

The data analysis process was carried out using the following steps and on which the categories were based:

- The interviews were read through several times to obtain a sense of the whole.
- Data was sorted into various categories.
- Categories were based on meaning units.
- Each condensed meaning unit was examined for the underlying meaning.
- Sub-themes were identified.
- Sub-themes were condensed to themes (Graneheim & Lundman, 2003).

A challenge in content analysis is that it is very flexible and there is no simple, 'right' way of doing it. Researchers must, therefore, judge what variations are most appropriate for their particular problems (Weber 1990 in Elo & Kyngas, 2007).

This researcher kept track of her fieldwork by using her diary to make sure that she recorded the following:

- Dates of gaining access to the three schools
- Dates when the focus groups and the interviews were held
- Marking the recordings in terms of dates and times
- Keeping a record of all those who participated - both learners and master trainers.

All conducted interviews were recorded. Every tape was clearly dated and transcribed into a written format.

### **3.5 Ethical Principles**

Voluntary participation was explained to participants as they have the right not to be part of the study and they may withdraw at any time without giving notice to the researcher or stating reasons for doing so. It was explained to the participants that they were not going

to be disadvantaged in anyway if they wished to withdraw from the study (Creswell & Miller, 2000).

Anonymity of participants was taken into consideration. The essence of anonymity is that information provided by participants should in no way reveal their identity. A participant or subject is therefore considered anonymous when the researcher cannot identify the participant or subject from the information provided (Cohen, Mannion & Morrison, 2005:61).

Participants' rights during the study and confidentiality were explained to them. The learners were told that during the research they should give as much information as they could as the researcher was gathering information and they were the ones who could give her the information that would help them, the master trainers of Life Skills and the Mpumalanga Department of Education. The participants were not promised any incentives. The researcher ensured that they did not develop unrealistic expectations from their participation by making sure that they did not attend the interviews to please the researcher.

Participants were allowed to comment on the transcripts of interviews before the researcher made the final analysis of the interviews as there might have been some missing information that they would like to have had included or some misinterpretation of information by the researcher.

### **3.6 Trustworthiness**

Graneheim and Lundman (2003) maintain that research findings should be as trustworthy and credible as possible and that every research study should be evaluated in relation to the procedures used to generate the findings. Shenton (2004) argues that ensuring credibility is one of the most important factors in establishing trustworthiness. Credibility deals with the focus of the research and refers to confidence in how well data and processes of analysis address the intended focus (Polit & Hungler, 1999 in Graneheim & Lundman, 2003). The credibility of research findings also deals with how well categories

and themes cover data, i.e. that no relevant data has been inadvertently or systematically excluded and irrelevant data has not been included. Credibility is also a question of how to judge the similarities within and differences between categories. Appropriate functions, such as anonymity, were used in the study to ensure credibility.

### **3.7 Limitation of the study**

Findings obtained from the three selected schools will not be generalized to all learners and master trainers in Mpumalanga (Ehlanzeni Region), but only limited schools in the Barberton Circuit that was included in the study. The study targeted five learners per school and two master trainers from each of the three selected secondary schools. Not all of the participants agreed to be part of the study and others agreed but never turned to be part of the study, although all three secondary schools were represented.

### **3.8 Conclusion**

In this chapter, the design followed while conducting the research has been discussed as well as the qualitative method used for the chosen case study. The sample was based on three selected secondary schools, master trainers of life Skills and Grade 11 learners. Audio tapes were used in the collection of data. The data analysis was a content analysis where categories were identified and clustered into emergent themes. The next chapter, Chapter 4, presents the findings of the interviews with master trainers and Grade 11 learners and an interpretation of those findings.

## CHAPTER 4

### RESEARCH FINDINGS

#### THE VIEWS OF MASTER TRAINERS AND LEARNERS ON HIV/AIDS MESSAGES

#### 4.1 Introduction

In this chapter data collected on the views of master trainers and the views from Grade 11 learners from three selected secondary schools is presented. The researcher explores the master trainer views on the HIV information they impart to the learners and the effectiveness of the knowledge of the virus on the behaviour of the learners. Learners were also interviewed to determine their understanding of the messages and change in behaviour.

#### 4.2 Themes from the Interview with Master Trainers

***THEME ONE:***

***Messages about HIV/AIDS and learner behaviour change***

The findings of this study reveal that master trainers discourage the distribution of condoms in schools and encourage learners' abstinence before marriage. Contraception options are also given to the learners. Although the master trainers talk more about abstinence, they are aware of the pressure from some mothers on their daughters to get married at a young age. One master trainer said:

*“We are so fortunate because our school is next to the clinic and social workers offices, so we ask the nurses to come and teach learners although it is very difficult to make them abstain. Some of the learners are encouraged from home, hearing parents saying ‘Eh my child, I now need a son-in-law.’”*

Another master trainer for life skills mentioned that she does not see any change in the learners as there is a high rate of teenage pregnancy. Learners are looking for the 3c's, i.e. cell phones, cars and cash. Learners are taught about behaviour change but at the end of the day they still have sex with their partners regardless of the consequences of such behaviour, namely, pregnancy and becoming a school dropout.

*“From my experience there is no learner behaviour change because of the high rate of teenage pregnancy. We teach about abstinence, contraceptives but learners do not practice what we teach them. Even if the girls are not pregnant, they have a tendency of bragging about boyfriends, therefore that girl will leave school to go and stay with the boyfriend.”*

The master trainers suggested that the messages that are being sent by different stakeholders sometimes contradict each other and the teenager learners become confused because of the conflicting messages. While some companies advocate the use of condoms to prevent HIV infection, the Department of Education discourages the use of condoms and advocates abstinence. According to one master trainer:

*“If may be we were talking with one voice saying the same thing, maybe there was going to be a change in behaviour, but so far I don't see a change. At the end of the day the teenager becomes confused because of the different messages thus being confused of taking a decision about his/her life.”*

A concern expressed was the interpretation of learners' rights and moral decay in society. A second master trainer commented:

*“I think learner's rights need to be reviewed. These days you find a young girl dating an old man and it is not shocking to them. Unfortunately, both young and old no longer have a conscience; they don't even know what is meant by statutory rape.”*

The master trainers regarded the messages to be misleading - especially in terms of promoting the use of condoms and in exposing the youth to pornography in movies and other forms of entertainment that show people kissing, having sex and nudity. This also leads to teenagers wanting to experiment.

***THEME TWO:***

***Effectiveness of HIV/AIDS messages in instilling values in learners in order to prevent risky sexual behaviour***

Master trainers for Life Skills maintained that the behaviour of some learners has changed to some extent, but that other learners have not changed their behaviour due to the influence of peer pressure. According to some of the master trainers, the issue of instilling values and morals in learners has not been effective. The master trainers were of the opinion that the learners' values and moral standards should be rooted in the home and then spread to the school and the community at large. Master trainers were concerned about the availability of too many places for partying in their area which seemed to suggest weak community values and moral standards. Another observation by a master trainer on values was expressed in the idea of asking for help from the local churches but some of the children did not go to church.

*“We have a problem with the community because there are too many places for partying, when talking about ethics just forget because at the end of the day they will go to those places to party, girls wearing short skirts and short pants, so what do you expect? If maybe they were going to various churches attending Sunday schools, so unfortunately they don't go.”*

The master trainers blamed some parents for failing to control their children. A key concern was the different cultures within the society. An example was given by the

master trainers of the different approaches to parenting between Muslim and African communities.

*“We have Muslim children; they know very well what they should do and what they are not supposed to do, everyday after school they go to Madressa (Islamic school) where they are taught the history of their religion and culture and how to stay clean in Islamic way. They also read the Qura’an.”*

In other provinces, such as KwaZulu-Natal, girls participate in an annual reed dance where they are checked by older women as to whether or not they are still virgins. This cultural practise intends to encourage girls to remain virgins for a longer period although - according to the Bill of Rights - the test for virginity may be viewed as a violation to the right to privacy. One master trainer said:

*“In KwaZulu-Natal every year the girls go to reed dance. If it was possible it was going to be part of schooling.”*

Although only a few learners show behaviour change from the knowledge gained through Life Skills and Life Orientation lessons, the master trainers are still motivated to continue educating the learners in the hope that the few learners who change their behaviour may influence others. Master trainers also blamed the education department for not training all the educators to instil behaviour change in schools with regards to HIV infection.

*“The best way is that all educators should be trained by the department of education because peer education is part of life skills. Master trainers should also train other educators on how to handle teenagers and give them survival skills.”*

***THEME THREE:***

***Content knowledge for Life Skills in Life Orientation and Love-Life programmes***

The master trainers acknowledged that the content of Life Skills is very educational to an extent that learners gained new knowledge through their teaching the subject. They were concerned that Love Life programmes seem to confuse teenagers and contradict what the Department of Education advocated. One master trainer commented:

*“Love Life programmes confuse the learners, for example, educators promote abstinence yet Love Life promotes condoms. I think they need intensive training like us.”*

Another of the master trainers mentioned an incident in a school in which some girls ended up fighting over the Love Life presenters because they were involved in a relationship with school girls.

With regard to subject content master trainers felt that they were overloaded with other subject areas and did not have time to teach Life Skills. They were unable to attend workshops because of family commitments and a lack of incentives which affected their subject knowledge level and commitment to teaching Life Skills. One master trainer commented:

*“The timing is very wrong, going for the whole week leaving your own children alone that is where the problem starts. I cannot leave my children and they are in the critical stage of maturing being teenagers. Many things can go out of the way in just one week. Maybe the department can give educators incentives for sleeping out without their families. Other educators go for marking and they are paid by the department, so what about us?”*

***THEME FOUR:***

***Master trainers' views on teenage pregnancy in schools as a reflection of risky sexual behaviour in learners***

The increasing number of teenage pregnancy shows a lack of behaviour change and increased risk of unprotected sex among teenage learners. The expectant teenage mothers pose several challenges for teachers. The master trainers expressed frustration and anxiety when teaching or invigilating expectant teenage learners in case an emergency may occur because of the pregnancy. A master trainer from one of the schools mentioned that they required a letter from the clinic or from the gynaecologist giving the due date of the birth so that one month before the delivery the learner had to be accompanied by a parent or a relative to school in case of any childbirth-related emergency. The reason why the school did this was because some learners gave false information about their pregnancy. Schools take such precautions to avoid being held liable should anything go wrong.

*“We usually call that girl to tell us how far her pregnancy is; are her parents aware, when you are going to deliver so that we can monitor the pregnancy. The department poses a problem to educators about the learners' rights to attend school even if she is pregnant. I wish the department can give us a cut that if a girl child is pregnant she should be advised to stay at home as soon as possible.”*

### **4.3 Themes from the interviews with Learners Views**

***THEME ONE:***

***Messages learners get from master trainers in Life Skills in schools and messages they get from other sources***

Learners perceive HIV/AIDS messages and the reality of the pandemic in different ways. Some of them take the messages more seriously than the others.

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One of the learners said:

*“It’s high time that people should understand whether infected or not but the disease is there.”*

A second learner commented:

*“They want to see things happening”; they want to see people who are really suffering because of the disease that is why some say “seeing is believing.”*

According to a third learner:

*“We don’t take it (HIV/AIDS) serious, unless if you see someone close to you being sick.”*

Other learners were regarded as “lucky” because they have seen family members dying from the disease and have decided to change.

*“Master trainers give us learners HIV/AIDS messages that make sense to our heads because some of us, we take them seriously.”*

It was the view of some learners that the messages from the media make sense to them but other learners did not take HIV/AIDS messages from the media seriously because they believe that the media is only meant for entertainment. One learner believed that when someone is HIV positive s/he does not really need to take ARV’s (Anti-retrovirals). Others thought people who are HIV positive are privileged in that they qualify for a grant for People Living with Aids (PLWA) from the government and as a consequence of the infection.

*“When someone is HIV positive she/he just do a favour to the disease by taking ARV’s.”*

Learners believe that people who are infected by the disease receive special treatment, especially during December month when they celebrate World Aids Day and when they are given food parcels, blankets and shelter. The learners believe that the messages are helpful although there is a constant repetition of the same thing.

*“The problem with us teenagers is that we fool ourselves telling ourselves that it is a joke yet we know deep down that it is the truth, when you are alone thinking about the disease you really feel that Aids is there and it exist.”*

The material assistance given to people infected and affected by HIV is perceived as uplifting the victims to an advantaged position and overrides the intended purpose which is to support the victims in a vulnerable health and economic situation.

***THEME TWO:***

***Views of learners on the effectiveness of HIV messages***

Learners spoke about changes in their behaviour. One learner said:

*“I changed long ago, they (learners from his school) know me better, I used to love girls a lot.”*

What made this learner change was that he had an uncle who was infected by the disease and he witnessed the pain and suffering the uncle endured which made him realize that HIV/AIDS is a reality. Another learner spoke of a church project that was conducted by the youth in their church which involved visiting the sick and the needy. This became an eye-opener to her because she saw how sick people in her community were suffering. She mentioned that one of the reasons for a lack of change in youth behaviour is the absence of alternative means of entertainment for teenagers. The main source of entertainment is places to party which encourages teenage dating at an early age. She commented that:

*“People should be confident enough to change others. We must try hard to change others and let us not fail even if teenagers don’t change but as long as we give them the survival skills.”*

Another learner confessed that she changed her behaviour because of the guidance provided by her grandmother. She said she was scared by her granny’s words when she said:

*“One day will be one day when you come in contact with the disease and, unfortunately, I will not take care of you.”*

As she was telling us her story she said that her granny’s words haunted her whenever she was out partying and, therefore, she decided to change. Now she no longer goes to parties with older men. It seems that the life experiences of the learners, especially being in contact with people living with HIV, and the guidance given by relatives has more of an impact on the learners than the messages from the master trainers.

***THEME THREE:***

***HIV messages and change in behaviour***

From the interviews it seems that learners did not believe that the disease really exists and they suggested that if the secondary schools organised trips for them to centres for people who are infected by the disease it could possibly change their mindset. One school organised a trip for the learners to go and see the lives of prison inmates. Almost all the learners who went there came back shocked. They told their friends how difficult life in prison is and this changed many boys who were doing wrong.

The learners were adamant that some parents did not guide them while others gave their children direction and guidance on how to behave as teenagers. Learners referred to their parents’ bible teachings concerning immoral behaviour. They said that parents talk to them indirectly as if they were talking to themselves. Watching television advertisements

for liquor or people having sex in films together may trigger parent's to talk to their children. The learners further acknowledged that sometimes what parents said made sense, but that the parents did not create opportunities for asking questions.

*“Other parents will relate to the Bible that God created a days for every one to do all the things that are done during the day, and nights to rest and not to do bad things as such things are done whilst dark.”*

Learners cited misconceptions and myths about bodily changes during adolescence. One learner mentioned that his friends told him that if he did not have sex with his girlfriend, he would develop pimples and that, therefore, one must have sex with his girlfriend in order not to develop pimples.

The learners mentioned peer pressure as another reason for having girlfriends and boyfriends. The boys maintained that they felt great when they had their girlfriends next to them - as they called them, *“beautiful chicks”*.

#### ***THEME FOUR:***

#### ***Learners views of Life Skills programmes in general***

Some of the learners admitted that the Life Skills programmes were very good and educational as they are well-equipped with the information given to them by the master trainers for Life Skills, but they also mentioned that there was such a repetition of words that learners got bored from listening to same things everyday. They pointed out that a change of behaviour as a result of the Life Skills programme was an individual thing. Some learners changed while others continue doing wrong.

The learners also mentioned that their reaction to knowledge gained in Life Skills depended on who educated them in these programmes. They responded more positively to educators who were dedicated to their work and not to those who just sent the messages for the sake of sending messages and that there was no follow-up. Those

educators/people demotivated learners because they could see that they were not dedicated to their work.

*“Life Orientation educators are doing more than enough to educate about HIV/AIDS programmes therefore it depends on individuals how we take those messages. Other educators we believe should also attend workshops to assist Life Orientation educators.”*

#### **4.4 Conclusion**

The master trainers seemed concerned about the nature of the messages that the youth received from the teaching of Life Skills and other sources. Some of the messages conflict with those of other external influences on the behaviour of the learners, such as peer pressure, decaying values, material needs and some cultural practices. From the learners’ responses it can be concluded that learners will gradually change as long as dedicated parents work hand-in-glove with the schools because some learners change because of their parents’ teachings while others change through Life Skills programmes and learning from their peers. Master trainers felt that all educators should go for Life Skills training so that they could all speak with one voice. They also showed a concern about incentives when going to workshops for a whole week. The following chapter, Chapter 5, will discuss the analysis and interpretation of the views of master trainers and learners concerning HIV/AIDS messages. The chapter also concludes the study, make recommendations and suggestions for future studies.

Some learners seem not willing to change because they want to see people who are really sick because of the disease. Although other learners show a change in behaviour, therefore Master Trainers will continue to educate learners about Life Skills programmes. Some learners changed a very long time because of their parents’ teachings, although some parents care less in educating their children about the pandemic. Learners do not have enough places for entertainment instead there is more partying places.

## **CHAPTER FIVE**

### **ANALYSIS AND INTERPRETATION OF THE VIEWS OF MASTER TRAINERS AND LEARNERS ON HIV/AIDS MESSAGES, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

In this chapter a data analysis and interpretation of findings are crystallized in terms of the literature. Conclusions are drawn from this study, recommendations and suggestions for future studies are made.

#### **5.2 Master trainers' Views on HIV/AIDS Messages**

Master trainers give learners information on how to behave as teenagers. The messages focus on the awareness of the HIV and other sexually transmitted infections and how learners can be safe from infection. Learners, who are sexually active, are given options on the use of contraceptives and survival skills. There is more emphasis on abstinence than the use of condoms. According to Algari, Collins and Summers (2002), a pledge of abstinence is the factor most associated with a delay in initiation of sexual activity. Teenagers who take a pledge of abstinence are supposed remain virgins until they marry and they are less likely to have sexual intercourse than those adolescents who do not take the pledge. The conflicting messages on the use of condoms for protection against sexual related infection and the messages on abstinence seem to cause confusion which has a negative impact on change in the behaviour of teenage learners. The messages passed on to learners should not only be based on the use of condoms, but also on the needs of the learners in terms of addressing the causes of risky sexual behaviour (Visser, 2007).

In this study master trainers for Life Skills appeared to focus on the “ABCDC” approach (Abstain, Behaviour change, Character building, Dreams and reaching your Destiny and the small “c” for condomise). They mentioned that there was little behaviour change among learners - in some cases teenagers had not changed despite their teachings. This is evident by the high rate of teenage pregnancy in some high schools and girls fighting

over boys in schools. Some teenage girls are attracted to older men because of the desire to have material possessions, such as cell phones, cars and cash. Moore (1995) confirms that often young women from disadvantaged backgrounds are more likely to have boyfriends to meet their material needs.

Other challenges reported by master trainers with regard to the behaviour of teenage learners include the influence of peer pressure and other social factors in the community. The community in which learners and master trainers find themselves has too many places for partying and too few places that are educational where teenagers can enjoy themselves. A lack of recreation centres suitable for teenagers' growth and development and inadequate parental guidance seem to contribute to teenagers indulging in risky sexual behaviour. According to the master trainers, some parents fail to set rules for their children and even if there are rules at home they do not adhere to them.

According to the master trainers, some girls are pressurised by their parents to have rich boyfriends in order to care for the whole family and satisfy peer pressure for clothes and money. Other girls fear infertility if sexual intercourse is delayed (Mynard, 1996). Girls see pregnant peers being taken care of by their boyfriends and think that it will be the same for them if and when they fall pregnant. Shittu, Zachariah, Ajayi and Ogunjola (2007) found that abortion is common among 12-18 year olds (60%) because the responsible man fears financial hardships. It is frustrating for educators to teach pregnant learners in class and they are concerned that they are not trained in skills to handle medical emergencies related to childbirth - despite the fact that expectant learners have a right to education. The findings of this study suggest that there is a possibility that the young generation does not take care of itself. They seem not to care much about the future and believe that today is their time to enjoy life to the fullest.

Many countries have tried some form of AIDS education advertisement in films or announcements. A good example of this is the Love Life campaign in South Africa which is an education programme by young people for young people. Love Life uses eye-catching posters and billboards to tell young people that sex is fun, but that it could be

dangerous too. The campaign inserts its message into TV soaps that are popular with young people and uses rap and kwaito music to get its message across (UNAIDS 2004). This has not happened in towns in provinces, such as Mpumalanga. In the data obtained from master trainers it was said that they were instructed by the Mpumalanga Department of Education not to allow the Love Life campaign into schools because its messages were in conflict with the departments' message of promoting abstinence.

### **5.3 Learners Views on HIV Messages**

The data obtained from this study by means of interviews with selected Grade 11 learners indicates that some learners do not take HIV/AIDS prevention messages seriously. Although master trainers in various secondary schools talk about HIV/AIDS during Life Skills lessons, the behaviour change in the adolescent learner seems to be small. According to the learners who were interviewed, there is a denial of the existence HIV and some of the learners insist on the need to see infected people to confirm the reality of the pandemic. People living with HIV are seen as ignominious in many societies and this may be as a result of personal irresponsibility or it may be seen as bringing shame upon the family. Therefore, teenagers may change their behaviour if it is reality as some of the them are not responsible enough in their behaviour (UNAIDS, 2000). This study reveals that some learners acknowledge that the information they receive from the master trainers has helped in changing their behaviour, but they are concerned that the messages are just a continual repetition of the same things and that other strategies should be devised for teaching life skills.

When it comes to messages from the media, learners stated clearly that they do not take them seriously because they believe that the media is meant for entertainment and that it is very rarely educational. According to Harvard (2004), media has a serious responsibility to society to inject as much relevant and correct information about the HI virus as possible. It was shocking to hear that people want to contract the disease intentionally because they believed that they would be taken care off by the Department of Health. They also supposed that they would be given special treatment; receive free food parcels and celebrate World Aids Day in December and get the special grant that is

given to people living with Aids (PLWA). This really shows that there are people who still lack knowledge about the disease.

From the findings of this study, it seems that some learners have changed their behaviour because of their parents' teachings. Other learners have decided to change from bad behaviour because of a sick family member with the disease and because of what they see when visiting the sick and the needy. All this has made them aware of the seriousness of the disease. In churches within the community there are projects for visiting the sick and the needy and those teenagers who are involved in these project have realised that there are many sick people who are and in need of help. The spiritual influence on the teenagers has also contributed to more responsible behaviour.

During the interviews master trainers and learners spoke about the absence of parental involvement in educating the youth on HIV/AIDS. The master trainers cited certain cultures which enabled or disempowered the parents in terms of talking to their children about sexual behaviour. Anderson and Beutel (2007) maintain that some parents talk indirectly to their children and do not create opportunities for questions - especially when discussing sexuality or sex-related issues because of their religion and culture. There are parents who find it hard to talk about sex and sexuality with their children (Anderson & Beutel, 2007). It seems that not all parents lead by example, but this does not mean that children should do wrong because they are not guided by their parents.

Some learners in this study showed a real appreciation of the Life Skills programmes by admitting that they had gained knowledge; they now knew how to behave; and they had acquired survival skills that they could use when they were confronted by difficult situations. It is said that the Life Skills programme is educational, however learners maintain that the programme is repetitive and they suggested that the Department of Education should consider using a different approach to educating the youth about HIV/AIDS.

#### 5.4 Similarities between the views of Master Trainers and the views of Learners

MASTER TRAINERS VIEWS	LEARNERS VIEWS
There was little behaviour change shown in learners.	Some learners do not take HIV/AIDS prevention messages seriously.
Influence of peer pressure and other social factors within the community contributes to risky sexual behaviour of learners.	Some learners believe in being sexually active to belong to a group.
Master trainers found Life skills programmes informative to some learners and seemed to have contributed to behaviour change.	Information received from Master Trainers about Life skills programmes has helped in changing the behaviour of some learners.
All educators should undergo Life skills training organised by the Department of Education to enhance their teaching strategy.	Other strategies should be devised in teaching Life skills instead of continual repetition of the same information.
Lack of parental involvement in educating the youth about HIV/AIDS.	Some parents do not talk to their children about HIV/AIDS.
Too much partying places in our community.	Lack of alternative means of entertainment for teenagers.

### 5.5 Differences between the views of Master Trainers and the views of Learners

MASTER TRAINERS	LEARNERS
HIV/AIDS exists	Denial of the existence of HIV/AIDS. Learners want to see people who are really affected by the disease (seeing is believing)
Some messages from the media are very informative. Learners only take what they think is right for them	Learners do not take messages from the media about HIV/AIDS seriously because they believe that media is meant for entertainment
The reason for not taking Love Life programmes seriously was that the programmes were in conflict with the messages from the Department of Education messages on promoting abstinence	Learners claimed that Love Life programmes were presented by young boys of whom some girls were in love with. There was a conflict of interest as some of the girls were fighting over the presenters for Love Life programme
More emphasis is on abstinence	Emphasis is on protected and unprotected sex.

### 5.6 Conclusion

The findings of this study suggest that much still needs to be done to instil values that would shape the behaviour of teenage learners and reduce the rate of HIV infections. According to the master trainers, there seems to be a high rate of unprotected sex which is seen in the increasing numbers of teenage pregnancy. HIV prevention messages that

are delivered through media campaigns may be more effective if they were consistent and not misleading according to the views of the master trainer and the learners. The use of media to communicate such important information seems to be diluted by teenagers' perceptions of the media being a mode of entertainment rather than an educational medium. According to UNAIDS (2004), one advantage of media-based AIDS education is that it can target specific groups of the population. If the message is to be targeted at young people, then it will need to be placed in the media that is favoured by that audience.

Parents need to change their mind set as their involvement and support can enhance curriculum-based sexual health education. Parents should lead by example - they cannot rely solely on educators who act in "loco parentis" whilst the child is at school. Schools close after every school term and, therefore, parents need to play their role. Maynard (1996) suggests that parents would feel more comfortable talking to their children about sex if they learnt to be open with one another first. The earlier parents discuss sex with their children, the safer it is, as it also concerns values and attitudes. Sexuality education should be ongoing into adulthood and it involves more than conversations between parents and children.

Likoye (2004 in Ongunya, 2009) states that an awareness of the HIV/AIDS pandemic should equip learners with knowledge of some life experiences. It should promote learners' knowledge that is integrated with the reality of HIV/AIDS as it exists empirically and with its causal and circumstantial correlation in the community. The findings of this study identify a gap between knowledge and actual behaviour change of learners in secondary schools in terms of HIV/AIDS. The reality is that much needs to be done to change the sexual behaviour of learners.

Although a great deal of work has been done in South Africa to create an awareness of prevention of the pandemic through multi-media campaigns, such as Love Life and school-based life skills interventions (South Africa National Survey, 2007), very few behavioural interventions - targeted at specific vulnerable populations - have been tested

and even fewer have shown efficacy in reducing HIV incidence and STI's prevalence (Saleh-Onoya *et al.*, 2008). For educators to be able to comfortably and competently teach human sexuality and HIV/AIDS prevention to learners in secondary schools it is necessary that they be well trained or they will not succeed in dealing with populations at risk of HIV/AIDS infection.

The literature suggests that knowledge levels of STI's, other than HIV/AIDS, should be incorporated in future programmes. Both master trainers and the learners talked about the absence of parental involvement in the teaching of values that may have impact on reducing risky sexual behaviour. Building on relationships and increasing communication between parents and young children is an area that needs to be strengthened as this is a good entry point for programming and ensuring that young people have the adequate information skills. The communication skills of parents to discuss sexual issues with their children should be highlighted. It appears that programmes should emphasize the reduction of all types of risky behaviour, particularly, sex with unfaithful partners; sex with multiple partners; sex with older partners; and unprotected sex.

This study reveals that although there is a debate on the use of condoms and abstinence, there are other issues that need further attention, such as decaying moral standards, lack of parental support, peer influence and material needs, as factors that lead to risky sexual behaviour of teenage learners.

## **5.7 Recommendations**

The following recommendations are made in the light of the findings of this study:

- Although HIV/AIDS policies are in place in various schools, the involvement of learners in secondary schools - when drafting HIV/AIDS programmes - should be considered by curriculum developers. Learners can add value to the programmes as they are directly involved in sexual behaviour. They should be encouraged to contribute to the design of some of the relevant content and the structure of the HIV/AIDS programmes. There is already a large amount of Life Skills material

and, therefore, there is no need to develop new material entirely - instead only a few changes should be made on the existing Life Skills curriculum.

- Learners should be aware that abstinence is a healthy choice that should be considered. This is reflected in the Life Skills programme as it focuses on the “ABCDC” approach. Condoms can be used in extreme conditions by adolescents who choose to be sexually active and by child-headed families where they live with boyfriends to support the family. Efforts to promote abstinence should be provided with help from the Department of Health.
- Age-appropriate education on HIV/AIDS should form part of the curriculum. HIV/AIDS information should include prevention and transmission. Learning content and methodology should be used in all the learning areas because all educators should be trained in Life Skills in order to impart its associated values.
- Workshops should be held regularly as they are now - not only for Life Orientation educators, but so that all educators can be trained in Life Skills. A challenge raised by master trainers in the collected data was that incentives should be offered and the department should consider this. RADS should also attend workshops organised by the Department of Education - possibly once a year on weekends. Participants should be selected from various secondary schools and they should meet learners from other regions to share information that can also bring behaviour change.
- Peer learning and peer support should be encouraged in changing the group dynamics and norms, using culturally accepted methods (Capra, 1997). Another way in which young people could receive information about sex and HIV is through their peers. Many young people receive their first information about sexuality from their friends, although this information is often distorted and inaccurate.

- Programmes that focus on promoting values and moral education should be used as avenues of changing the behaviour of the youth. Risky sexual relationships should be discussed from moral perspectives to create more awareness of acceptable conduct. In such programmes, human rights and responsibilities should be part of the discussions.
- The church and other spiritual leaders should be invited to schools as motivational speakers to encourage learners to remain focused on their education and avoid unacceptable risky sexual behaviour.
- Schools should draw up policies on teenage pregnancy and how to support expectant teenage mothers in collaboration with the Department of Health and Social Services.

### **5.8 Suggestions for future studies**

The following topics are suggested for future studies:

- The training of educators is not easy, but all educators in the education system should be trained to teach Life Skills programmes.
- Teaching morals to secondary school learners with a focus on sexuality.
- Identified parents can assist secondary school educators to put more effort in teaching Life Skills by applying their experiences as adults.
- More research is needed into behaviour change in secondary school learners.

The following poem, written by a Grade 10 learner, was recited during the **Candle Light Ceremony** that was conducted in the Barberton Community Hall on 18 May 2012. Secondary school Grade 10 learners within the circuit were invited to the ceremony.

*Girls and boys*

*Girls and boys*

*Remember the teachings and preaching*

*Of your parents, of your teachers and of your pastors of what they teach or preach*

*About teenage pregnancy, STI's and HIV/AIDS, always remember....*

*Know that abstinence is best*

*Pregnancy, STI's and HIV/AIDS are cursed by transmission through sex*

*No girl becomes a woman overnight*

*No boy becomes a man overnight*

*But in nine months you could be a mother*

*In 72 hours you could be HIV/AIDS positive*

*You too boys, in nine months you could be fathers*

*And in 72 hours you could be HIV/AIDS positive*

*If you condemn sex*

*Say NO!!!!*

*You have that freedom.*

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