



**CHALLENGES FACED BY FOUNDATION PHASE EDUCATORS IN THE
IMPLEMENTATION OF LIFE SKILLS CURRICULUM IN TEACHING LEARNERS
ABOUT HIV/AIDS AND SEXUALITY EDUCATION IN THE PRIMARY SCHOOLS
IN MOTHEO DISTRICT IN THE FREE STATE**

BY

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I, 'Leetwane Anna Ntlhare', hereby declare that this dissertation titled:

“CHALLENGES FACE BY FOUNDATION PHASE EDUCATORS IN THE IMPLEMENTATION OF LIFE SKILLS CURRICULUM IN TEACHING LEARNERS ABOUT HIV/AIDS AND SEXUALITY EDUCATION IN THE MOTHEO DISTRICT IN THE FREE STATE”, is my original work and that I have not previously submitted this dissertation for any degree purpose to any institution or University. I further declare that all sources cited or quoted are indicated and acknowledged by means of a comprehensive list of references.

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LA NTLHARE

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DATE



I dedicated this study to my parents, Mrs Puseletso Johanna Manyanye and my father, the late Mr Ramoetse Ezael Manyanye.



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ABSTRACT

The aim of this paper is to investigate challenges faced by Foundation Phase educators in the implementation of life skills curriculum in teaching learners about HIV/AIDS and sexuality education in the primary schools in the Motheo district in the Free State. The main focus area in this study is to find out parents' and educators' perceptions regarding the implementation of the topic as part of the school curriculum. The Department of education introduced HIV/AIDS and sexuality education programmes to be implemented in the primary schools with the aim of raising awareness against children abuse and HIV/AIDS. Primary school learners are exposed to a wide range of risky situations. Crime and violence affects virtually every school, community and individual learner. The health and safety issues they encounter are still affected by their physical and socio-economic environment. Children are raped by their family members and close relatives while they are still young, and this affect the development and learning of the child. As a result, the Department of Education emphasise that educators should act as primary source of information in respect of implementation of sexuality education and HIV/AIDS and prepare learners to face life challenges. On the other hand, parents should assist educators addressing the issues related to sexuality education and HIV/AIDS for the sake of their children.

The study indicated that the teaching of Life skills curriculum aspects such as HIV/AIDS and sexuality education put more pressure on educators as well as the parents when they are supposed to teach or discuss the topic with the learners. The study was guided by qualitative and quantitative research approaches in order to understand the views and the feelings of the participants and also to identify certain factors that influence the implementation and delivery of sexuality related topics. The study revealed that educators are still experiencing difficulties to provide learners with necessary information. Educators and parents avoid addressing the topic related to sexuality education considering the age of the learners at that level and are not well equipped to deal with the sensitive issues. Some of them were not even exposed to training; they lack knowledge on how to present the topic to the learners. This is a serious challenge for both parents and educators; the department of education must ensure that intervention strategies are put in place to encourage



parents and educators to perform their duty to teach learners about HIV/AIDS and sexuality education.

Data collection involved a questionnaire, focus group interviews, field notes and a digital recorder. Purpose sampling techniques were used to sample 8 educators, 2 HOD, 4 parents from each primary school, one from Botshabelo (rural) area and the other one from Bloemfontein (in the township). The theoretical framework drew on the Life skills Theory and Bronfenbrenner's Theory.

Ethical considerations which include anonymity and confidentiality, was adhered to. Data was analysed using the ideas of Miles and Huberman (1984) and themes were identified. Based on the findings it is recommended that educators as well as parents must get support from different stakeholders, receive training and the Department of Education must also ensure that funds are available for all Foundation Phase educators to attend workshops and provide enough resources for each school in order to achieve the a specified goal.



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CHAPTER 1: GENERAL INTRODUCTION

1.1 INTRODUCTION

The introduction of a new curriculum poses a range of challenges to educators and schools with regard to the implementation of life skills aspects, the teaching approach and the methods of assessment. The Curriculum 2005 requires that learners should be taught about HIV/AIDS, as well as given sexuality education from an early age. Francis (2011) states that educators are concerned about raising topics such as sexuality education and HIV/AIDS in their classrooms for fear of losing their jobs. The Revised National Curriculum Statement (Department of Education, 2002) recognized the duty of the State to ensure that schools and educators provide adequate information on HIV/AIDS and sexuality education in the life skills context. According to Ornstein and Hunkins (1998), Curriculum 2005 challenge educators in the sense that the implementation of Life Skills programme including HIV/AIDS and sexuality requires educators to shift from the current programme which they are familiar with to the new or modified programme, involves changes in the knowledge, actions and attitudes of people, requires effort and will produce a certain amount of anxiety and to minimize these it is useful to organize implementation into manageable events and to set achievable goals, is the process of clarification whereby individuals and group come to understand and practice a change in attitudes and behaviour, often involving using new resources and it involves ongoing interactions, feedback and assistance.

Fullan (2001) states “Educators are the key role-players in determining the quality of any new education policy”. Of significance to this study is the fact that within the framework provided by the Department of Education (2001), it is compulsory for life skills educators to teach learners about HIV/AIDS and sexuality education (Jacobs, 2011:212). Herein lays special challenges for educators, as they are the most powerful resources in promoting the teaching of life skills. The change of the curriculum has occurred in response to a number of

policies that emphasises that schools and educators are well situated to provide HIV prevention strategies and education to learners (Hoadly, 2007, The World Bank, 2002).

Mosia (2009) and Prinsloo (2007) indicate that many educators still do not understand the implementation of sexuality education and HIV/AIDS prevention programmes. Schools and educators are given a considerable amount of responsibility and autonomy in respect of the implementation of the Life Skills sexuality education and HIV/AIDS programme, which means that in practice the approach and pedagogy vary considerably. Catering for a variety of cultures within a sensitive theme such as HIV/AIDS, as well as sexuality education, is an onerous task for educators who may not be aware of all the different cultural backgrounds of the learners. In some instances, the schools in developing countries are regarded as appropriate settings in which to educate young people about sexuality and relationships as school is captive in which to reach a large audience of young people often before they initiate sexual activity (Kirby, 2002), (WHO, 2006). The challenges of implementing sexuality education as well as HIV/AIDS awareness are especially acute in South African schools (Allen 2008). According to the Department of Education, sexuality education is no single event, but a lifelong learning process that starts at birth and is complemented at school as part of the learner's passage through life, as it involves the acquisition of information and forming of attitudes, beliefs and values about identity. In the light of the above, the study seeks to investigate challenges faced by Foundation Phase educators in the implementation of the Life Skills Curriculum in teaching young learners about HIV/AIDS and sexuality.

The National Education Policy Act (RSA, 1999) requires that the HIV/AIDS education programme, as well as sexuality education be implemented in all schools. This should be integrated in an age- appropriate way in the Life-Skills education programme at all levels. Summarily, this includes the following: Providing accurate information on HIV/AIDS and developing the life skills

necessary for prevention in a way that learners at their particular level can understand. Furthermore, the Department of Education (1997) concluded that HIV/AIDS and sexual health educational programmes should be contextualized within a broader life skills programme.

The National Policy Act (RSA, 1996a) also requires that parents be informed about the HIV/AIDS programme at the school, about their role in sexuality education at home and that they should be invited to assist in the school programme where possible. Parents are primary educators and are, in essence, responsible for equipping their own children with necessary personal, social and thinking tools to grow as unique persons to solve problems successfully in different life situations.

Certain factors compelled the Department of Education in South Africa to implement life skills programmes, incorporating HIV/AIDS awareness, as well as sexuality education. The high levels of sexual crimes in South Africa have negatively influenced the health and psychological well-being of the children in the country (Ngwena 2003; Pettifor, Rees, Steffenson, Hongwa-Madikezela, McPhail and Vermaak, 2004; Wood, 2009). Children as young as two years old and even babies of a few months old are raped or emotionally or physically abused. (SAIRR, 2001:90). Venereal diseases and teenage pregnancies are on the increase (Save the children, 2002a). The perception in the country is that such crimes are out of control.

1.2. BACKGROUND OF STUDY

Foundation Phase educators experience challenges in the implementation of Life Skills when they are supposed to teach learners of different cultures, norms, values and beliefs towards sexuality education and HIV/AIDS, as stated by South African Education Department (Jewkes, 2009).

Educators felt that teaching sexuality in general was culturally more challenging than teaching about HIV and AIDS (Helleve, Flisher, Onya, Muloma and Klepp, 2009), which widens the gap between learners' needs and sexuality education in practice. Rooth (2005) observes that Foundation Phase educators have more problems with sexuality education than those teaching at Senior Phase. Often the young age and "innocence" of the learners, as well as resistance from parents, were cited as reasons for their reluctance to deal with sexuality education (Rooth, 2005:269). Broader issues associated with the HIV/AIDS epidemic such as sexuality (which is the key to HIV transmission) are often overlooked or ignored (Pattman and Chege, 2003a). Pattman and Chege (2003a) report that educators in the Southern region expressed discomfort about teaching about HIV/AIDS and sexuality. This was partly because of the embarrassment they felt or would feel when discussing sexuality with children (Pattman, 2005).

According to the researchers throughout the world, the subject of childhood sexuality and children's rights to sexual health information commonly produces deep anxiety and is intensely contested. Renold (2005) argues that despite the National Educational Policy on HIV/AIDS and sexuality education, delivery of sexual health information education is not easily implemented. The persistent conceptualization of children as being sexually innocent makes it difficult for children to assert sexual agency, or for adults to accept the existence of sexuality in children.

From the researcher's experience and knowledge when she was teaching Foundation Phase in Mahlohonolo Intermediate School in Motheo District, since 2002 to 2012, it was very difficult for educators to teach learners of particular Grades (Foundation Phase) about HIV/AIDS and sexuality education. Teachers rather ignored such topics or would not even discuss them. Educators believe that cultural values, norms, and beliefs of other people should be taken into account. On the other hand, the reason might be that sexual education is not

acceptable to parents and religious institutions like churches. Ahmed, Flisher, Matthews, Muloma and Janssen (2009) also found that there is conflict between materials/ content that educators were expected to teach and their personal beliefs and values. Training therefore needs to include an element of self-reflexivity where educators acknowledge their prejudices and identify their values and beliefs as separate from the content that they teach (Masinga, 2007, 2009).

From the literature study it is clear that the implementation of the Life Skills curriculum, which includes aspects such as HIV/AIDS awareness, as well as sexuality education in the Foundation Phase, is a great challenge to educators. Several workshops and training sessions were conducted on how to deal with the above-mentioned, but educators still encounter problems. In order to support Foundation Phase educators, the Department of Education will have to scale up efforts to go beyond training. It will also need to monitor and assist educators on a long-term basis. The support must involve a process for educators to re-educate themselves by attending workshops, reading and becoming familiar with the sexuality education packs. Parents and community will also have to re-evaluate their own ways of collaborating and assume the responsibility of being partners in the teaching and learning of the children. Schools cannot on their own win the battle of talking about sexuality matters while parents keep silent and the community pretends not to notice the need to change.

1.3 SIGNIFICANCE OF THE STUDY

The researcher recognises that educators play the most important role to build and shape the life of the learners. From the findings the educators did emphasise the benefits of sharing knowledge (in this case about HIV/AIDS and sexuality education) with the learners in their daily practice, in order to protect learners from any forms of abuse. Educators also pointed out that support and culture were also critical to promote the implementation of Life Skills programmes when dealing with sensitive issues. The researcher believes that the Department of

Education will use the findings of this study for the improvement of programme. The study will suggest guidelines for improving the developmental process which may help to ensure effective future development and the implementation of the topics offered in the subject Life Skills. Findings and recommendations from this study can be fruitful for the Department of Education in supporting Foundation Phase educators who need assistance to deal with this challenge so that they are able to teach learners about HIV/AIDS and sexuality education without any fear of parents.

1.4 STATEMENT OF THE PROBLEM

According to the researcher's observation there are many primary schools in the Motheo District where Foundation Phase educators are reluctant to teach about HIV/AIDS and sexuality as part of their curriculum. Educators omit these issues that the Life Skills curriculum seeks to address. As a result, learners may experience difficulty in mastering certain skills, acquire a wide range of competencies which will enable them to better understand and manage themselves in the different spaces they inhabit as well as to manage life tasks.

1.5 PURPOSE OF THE STUDY

The purpose of this study is to investigate the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum with regard to HIV/AIDS awareness and sexuality education in the primary schools in the Motheo District in the Free State.

1.6 RESEARCH AIMS

The aim of this study is to investigate the challenges faced by Foundation Phase educators in teaching learners about sexuality and HIV/AIDS in the implementation of the Life Skills curriculum.

1.7 RESEARCH OBJECTIVES

The objective of this study is to:

1.7.1 Educators' perceptions with regard to the challenges affecting the implementation of the Life Skills curriculum topics.

1.7.2 Parents' perceptions in the implementation of Life Skills topics.

1.7.3 The comparison between parents' and educators' perceptions in the implementation of the Life Skills curriculum topics.

1.8 RESEARCH QUESTIONS

1.1.1 What are the challenges that influence educators' implementation and delivery of the Life Skills education curriculum?

1.7.2 What are the main factors that influence educators to face those challenges?

1.7.3 What assistance do Foundation Phase educators need from School Management Team members and Department of Education officials to overcome those challenges?

1.7.4 What guidelines can be formulated to address the challenges?

1.9 RATIONALE OF THEORETICAL FRAMEWORK

South African schools, both primary and secondary are bound by law to implement the Life Skills programme, including aspects such as HIV/AIDS awareness and sexuality education. The programme was developed with the hope that children will receive the correct information and education from their parents and educators to protect them against any form of abuse. The Department of Education realised that child abuse is of particular concern

because it is a serious social problem in our country. Children are victims of sexual abuse and often become involved in sexual activity at an early age. According to UNESCO's International Technical Guidance on Sexuality Education (2009: 3), the primary goal of sexuality education is that children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV – a context in which ignorance and misinformation can be life-threatening. Thus, good sexuality education ensures that learners are given information that allows them to develop their values, attitudes and beliefs towards sexuality while also shaping their sexual identities and informing their relationships with others. Good sexuality education should be norm-critical and sex positive (Janssen, 2009) to create classrooms and societies that do not normalise certain sexualities at the expense of others or use negative discourses concerning sexuality, thus ensuring learners' formation of positive values and attitudes towards their bodies and sexual identities.

The implementations of Life Skills programmes that are encouraged through CAPS from Grade R-12 are continuous and integrated in all school subjects as suggested by the Department of Education. The study focused on Foundation Phase educators, parents whose children attend two identified schools and Department of Education officials. The findings of the study will provide insight about the challenges faced by Foundation Phase educators during the process of teaching and learning, as well as the parent's perceptions regarding the topic. Numerous factors that affect the implementation of the Life Skills curriculum will be identified.

The researcher suggested possible solutions that will bring about changes and also motivate educators and parents to provide learners with useful information to make teaching and learning the subject more meaningful to the learners. According to the researchers, in order for educators to perform the task (in teaching learners about HIV/AIDS and sexuality education), it was suggested

that there must be a close collaboration among different stakeholders, continuous training and whenever policymakers design life skills policies and programmes should consider factors such as different learning conditions, teaching and learning styles and subject knowledge of the educators and the availability of resources (DoE, 2003) in way to support learners to live a healthy and safety life in the environment in which they live.

1.10 LIFE SKILLS THEORY

The researcher used Life Skills theory in the sense that it focuses on the acquisition of life skills. These skills assist people to become more balanced, independent and able to solve problems creatively in their lives (Hoelson and Van Schalkwyk, 2001:249). The Life Skills theory supports the Department of Education that the subject Life Skills guides and prepares learners for a meaningful and successful life in a changing and transforming society. It also develops skills, knowledge and values that empower learners to respond to challenges to make informed decisions and take appropriate actions which will assist them to play an active and responsible role and contribute to the economy and society. The researcher used Life Skills theory because it will give the researcher an opportunity to identify factors which complicate the implementation of Life Skills programmes. The reason for using the theory is that the policy emphasises education, care and supporting learners. According to Rooth (1997:6) life skills are essential skills necessary for successful living and learning. By developing more skills, the possibility is that learners will be better able to deal with problems and to prevent them against from any forms of abuse. Vygotsky (in Kinginger, 2002) explains that learners will indeed be able to learn a lot on their own but will not be able to break through their own personal “knowledge ceilings” without the guidance and help of a mentor. Kinginger (2002:240) calls this zone in which learners are helped to master new richer insights the “zone of proximal development”. Mentoring is regarded as the best weapon for addressing learners’ needs. Learners should be taught how to develop these skills guided by educators and parents by supporting learners.

According to Nelson-Jones (1995:349-350), as cited in Motepe (2006:256-257), life skills have dual goals: developing the skills to cope with specific problems now and in future; and developing skilled persons. The skilled person possesses significant life skills strength to cope in all areas of his/her life. The approach assumes that theory is not only for learners' benefit but also for the people around him or her. It also helps learners to know what to do and how to do it and when it is appropriate to do something. The ultimate goal of life skills theory is self-helping, whereby learners maintain and develop skills, not just to cope with present problems, but also to prevent and manage future problems (Nelson-Jones, 1995:352). Life skills therefore, are the tools that a person (in this case a child) uses to live a balanced and productive life in the community.

1.11 BRONFENBRENNER'S THEORY

Bronfenbrenner's theory looks at a person's development (child) within the context of the system of relationships that form his or her environment. The theory recognizes the significance of families and the efforts of schools in learning and development of children. In order for the child to develop his or her full potential there are five things that should be in place if the child is to develop into a balanced person. At the core of these is a child's emotional, physical, intellectual and social need for ongoing, mutual interaction with a caring adult. In other words, there must be an intimate and close relationship between the child and adult, such as parents' and even educators. A child needs love, support and guidance in the family and at school; otherwise he/she cannot reach his/her full potential to face the outside world filled with more challenges. If educators and parents do not look after their children by teaching them about HIV/AIDS and sexuality at an early age, the entire society will be influenced negatively. Epstein, Simon, Sanders, Salinas and Jansen (2002) emphasise that children are best supported when schools and families work together in a partnership to reach shared educational goals.

The aim of this theory is to provide a frame-work for understanding schools, families and communities and how these partnerships can be established. These partnerships are aimed at increasing the children’s self-esteem, motivation, life skills, independence and other characteristics of successful children so that they can achieve success and develop their potential. The shared relationship for the education of children forms what Christenson and Sheridan (2001:7) and Montgomery (1999:5) call a “supportive safety net” that will never let them drop beyond reach. To achieve this, requires collective and cohesive efforts of every parent, school professional and community member to attain common goals to build and shape the life of South African children.

1.12 RESEARCH ASSUMPTIONS

1.12.1 Educators could receive training and support from different stakeholders to handle sensitive life skills topics, even though they are uncomfortable with the subject content. They can therefore become suitable role-models for the learners (DoE, 1999).

1.12.2 The contributing factors influencing the successful implementation of the Life Skills curriculum aspects such as HIV/AIDS and sexuality education could be identified and the teaching of the subject could be improved and monitored.

1.12.3 It is assumed that parent perceptions regarding the teaching about HIV/AIDS and sexuality should be taken into cognizance and they should also be empowered.

1.13. RESEARCH METHODOLOGY

This section highlights the methods and procedures the researcher used in selecting the respondents, developing research instruments, collecting and analysing data.

1.13.1 Research Design

Mouton (2001:55) defines a research design as a plan or blueprint of how one intends conducting the research. Bless and Higson-Smith (1995) define research design as “a program that guides a researcher in collecting, analyzing and interpreting observed fact and it is a detailed plan that indicates all steps on how the scientific inquiry into the research problem will be conducted”. In the qualitative design the researcher’s choices and actions create a research design best suited to the research during the research process (De Vos, 2001:80). In this study, the researcher used both qualitative and quantitative research method in order to answer the research question.

1.13.2 Qualitative Research

According to Mason (2002:1), the use of qualitative research allows the researcher to learn from participants’ perspectives and personal experiences. McMillan and Schumacher (2001:15-16,598) define qualitative research as an in-depth study using face-to-face techniques to collect data from people in their natural setting. Qualitative methods were used to discover the natural setting of events and processes and how participants will interpret those (McMillan and Schumacher, 2001:397, Denzin and Lincoln, 2000:8). Creswell (2009:213) states that in qualitative study, the intent is not to generalize, but to develop an in-depth understanding of a central phenomenon. In this case the object of study is the challenges faced by Foundation Phase teachers. Nieuwenhuis (2007) points out that the emphasis should be on the quality and depth of the information while exploring the phenomenon through the eyes of the participants (Nieuwenhuis in Maree 2007:51). This study aims to explore the experiences and concerns of Foundation Phase teachers who find it hard to implement life skills learning programmes. According to Creswell (2002:14), qualitative study is mostly conducted in a natural setting, and describes people’s individual and collective, social actions, beliefs, thoughts and perceptions. Data collected from questionnaires and findings are presented in numbers rather than in words.

1.13.3 Quantitative Research

The researcher employed quantitative research with the aim of collecting data that will provide statistical descriptions, relationships and explanations. McMillan and Schumacher (2001:257) state that questionnaires are relatively economical because they contain the same questions for all respondents and can ensure anonymity for all respondents. The questionnaires consist of open and close-ended questions. The main reason for using this type of research method is that it provides the researcher with valid and reliable data within a short space of time and also allows large number of respondents to participate. Data were collected in the two primary schools in the Motheo district in the Free State Province.

1.13.4 Population

Gray (2004:82) defines a population as the total number of possible units or elements that are included in the study. De Vos, Strydom and Delpont (2005:199) define population as the total set from which individuals or units of the study are chosen. The population for this study was Foundation Phase educators, HODS and parents whose children attend the two identified primary schools in the Motheo District in the Free State Province.

1.13.5 Sample

Johnson and Christensen (2008:222-223) define sampling as the process of selecting individuals, groups or objects taken from a large population according to certain rules. The researcher used purposive sampling. In this study, one sample school out of 47 primary schools in Botshabelo (rural area) and one school out of 20 primary schools in Bloemfontein (urban) will be selected for interview purposes in the Motheo district in the Free State Province. The sample consisted of Foundation Phase educators and HODs representing Foundation Phase from each school, as well as parents whose children attend the two identified primary schools. There were 8 educators from each school, 1 HOD from each school, 2 SGB members from each school and 8 parents. The total sample of the two primary schools consisted of 30 participants.

1.13.6 Data collection

Data were collected by means of focus group interviews and questionnaires. The researcher used questionnaires to obtain specific responses from educators regarding the teaching and implementation of life skills curriculum aspects such as HIV/AIDS and sexuality education in the primary schools in the Motheo district. Semi-structured focus group interviews were scheduled and piloted, the set research questions were given to the Foundation Phase educators as well as to the parents. The researcher adopted this type of instrument in order to understand the perceptions of parents and educators regarding the teaching of HIV/AIDS awareness and sexuality in the Foundation Phase and also to find out what factors hinder the implementation of aspects of the Life skills curriculum in the primary schools in Motheo district. The questionnaires were distributed to the two selected primary schools. To conduct the research study, the researcher requested permission from the principals and the relevant School Management Governance and Development (SMGD) of the two identified primary schools. In order for the researcher to obtain information from parents, SGB members, educators and HODs, focus group interviews and questionnaires served as the research instruments.

1.13.7 Questionnaires

A questionnaire with closed and open-ended questions was used to obtain data. According to Saunders, Lewis and Thornhill (2007:260), open-ended questions encourage the participants to reveal their attitudes, beliefs and thoughts. Holton and Swanson (1997:99) state that the information gathered from open-ended questions can be used as prime qualitative data in the same way as information that was obtained from interviews, as the participant was given the opportunity to provide his/her own opinions and viewpoints. The questionnaire is used to elicit reactions, beliefs and attitudes (McMillan and Schumacher, 2001:46). In this study, designed questionnaires were distributed to two identified primary schools to evaluate the Life Skills topics as perceived by educators and the level of mastering each topic mentioned. The Foundation Phase educators were the

research instrument, a questionnaire for completion in focus groups (Appendix B). This instrument was self-administered by the respondents. The focus was on the contents of Life Skills and the teaching and learning practices within the classroom.

For this investigation, the questionnaire was divided into three sections:

A) Biographical data from the respondent.

B) The content of the Life Skills subject taught by Foundation Phase educators.

C) Respondents' views about the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality at an early age.

1.13.8 Focus group interviews

Krueger and Casey (2000: 4) distinguish a focus group from an ordinary group, because the former is a special type of a group in terms of purpose, size, composition and procedures. Akpabio, Asuzu, Fajemilehin and Bola (2007: 180), as well as Patton (2002:385), define a focus group as an in-depth open-ended qualitative group discussion that is employed to collect information from individuals to provide data on a predefined topic. Focus group interviews were conducted among educators and parents from two selected schools.

1.13.9 Data Analysis

Mouton (2001:108) states that "analysis" involves breaking up the data into manageable themes, patterns, trends and relationships. Mouton (2001:108) also indicates that the aim of analysis is to understand the various constitutive elements of one's data through an inspection of the relationships between concepts, constructions or variables. For this study, both qualitative and quantitative methods were used for the study to discuss the steps and procedures to be followed in order to interpret and analyse data. In the qualitative aspect of this research, data derived from the semi-structured focus group

interviews were tape-recorded, transcribed and analysed. The Sesotho transcripts were translated into English in written form to enable the reader to understand the perceptions of parents and educators regarding the topic.

According to McMillan and Schumacher (1993:148), the researcher can have many completed questionnaires, but until they are tabulated and analysed they remain useless, so the researcher will be required to convert the raw data into meaningful or interpretable statistical information. In this study, three stages of analysing and interpreting data, according to Miles and Huberman (1994) were used. Data obtained from questionnaires were categorized based on the research questions, coded according to different themes, tabled and reported in terms of percentages of the number of participants' responses. Data collection and ongoing analysis took place over a period of two months before the final analysis was done (Rubin and Rubin, 2005).

1.14 LITERATURE REVIEW

As the primary school years (6-13 years of age) are regarded as the most formative years, it is during this phase that young children establish attitudes that are likely to determine their level of responsibility. In schools across South Africa, thousands of girls of every race, and economic groups are encountering sexual violence and harassment that impede their access to education (Ngwena, 2003; Pettifor, Rees, Steffenson, McPhail and Vermaak, 2004; Wood, 2009). In view of the lowering of the age of sexual maturation and sexual debut (10-14 years of age) on a global scale, and in order to prevent the spread of the HIV/AIDS epidemic, it is essential to offer young children at primary school level the opportunity to obtain the necessary knowledge, values, attitudes and skills to prevent HIV/AIDS infection.

The primary school level has been identified as a crucial access point for HIV and AIDS prevention educational programmes because most children attend schools, and because of the importance of improving knowledge of children

about HIV and AIDS before they become sexually active and/ or involved in high-risk behaviours and before they develop negative attitudes towards HIV infected peers (Kirby, 2002; WHO, 2006). School-based sexuality education and HIV prevention is an area of enormous potential for South Africa, but must provide information that is non-judgmental, accurate and that promotes strategies to empower young people to make responsible decisions regarding their sexual and reproductive health.

Dunst (2001:313) states that engagement provides opportunities for mastery of the skills through active participation. Therefore, the mastery of skills occurs through engagement in activities. This implies that that educator needs to interact closely with the environment (i.e. family and communities context) of the child in order to identify potential activities that can be used to facilitate learning within not only the classroom context, but also in the broader social context of the child. Educators, parents and community members thus need to get together to develop prominent activity setting in the children's environment that can be used as a basis for comprehensive development of the child. Parents should be consulted with regard to the learning and teaching of their children, especially when the content area includes aspects related to health (Africa Strategic Research Corporation/The Kaiser Family Foundation, 2002, Goldman and Flisher, 2008). The socio-economic inequalities within the education sector have had a negative impact on educators' ability to implement life skills programmes in South African schools. Findings suggest that the implementation of the subject Life Skills is constrained by a variety of social factors. Some of the crucial factors hampering the teaching of life skills are the poor conditions under which teachers are working. They are paid low salaries and this affects their motivation for teaching. Some teachers pay more attention to what they perceive as priority subjects such as Mathematics and Languages at the expense of Life Skills.

1.15 DEFINITION OF TERMS

The literature studied regards sexual education as a lifelong process of acquiring information and forming attitudes, beliefs and values about human identity.

1.15.1. Educator

The word educator is used in the RNCS policy documents for a person who teaches as a profession. The word educator (According to the C2005 documents which refer to a person who educates as a profession) will be used throughout this study.

1.15.2 Curriculum

According to Eisner in Jacobs and Gawe (1996:92), "A curriculum is a series of planned events that are intended for learners".

1.15.3 Learner

Any person receiving education or who is obliged to receive education is regarded as a learner (RSA, 1996:20[ix]).

1.15.4 Challenges

To ask someone to take part in a contest.

Dictionary of Military and Associated Terms S.v."challenge." Retrieved November 12. 2015 from <http://www.thefreedictionary.com/challenge>

1.16 Scope and Delineation of the Study

The study will be done in primary schools in Bloemfontein and Botshabelo in the Motheo district in the Free State Province.

1.17 THE LAYOUT AND OVERVIEW OF CHAPTERS

Chapters are divided as follows:

Chapter one: Background of the study

The chapter outlines the introduction to the study, the background, rationale, significance of the study, problem statement, purpose of the study, research aims and objectives, research questions, research assumptions, definitions of terms, scope and delineation, the layout and review of chapters and conclusion.

Chapter two: Literature review

In this chapter the focus is on the literature study. The chapter presents literature related to the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality. Parents' perceptions regarding the topic and contributing factors disturbing the implementation of the curriculum are also discussed.

Chapter three: Data collection procedures

The chapter deals with the research methodology. The chapter presents the research design, area of study, population, sampling data collection procedures, data collection instruments, the stage of the study, ethical consideration, limitations of the study and a conclusion.

Chapter four: Data analysis and results

The chapter covers the research methodology and analysis, presentation of data collected, interpretation of the data and the results of the study.

Chapter five: Findings, recommendations and conclusion.

The final chapter deals with the summary of the research findings, recommendations and the conclusion of the study.

1.18 CONCLUSION

In this chapter, the researcher looked at the background to the topic, the significance of the research, statement of the problem, purpose of the study, research aims and objectives, research questions, research assumptions, definition of operational terms, scope and delineation of the study, research layout and conclusion. Chapter two is a literature review focusing on challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality in the Motheo District in the Free State Province.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Challenges faced by Foundation Phase educators with regard to the implementation of Life Skills curriculum aspects such as sexuality educations as well as HIV/AIDS awareness are widely reported as a global phenomenon (Flores and Day, 2006). This phenomenon poses a challenge to the education system, as it has an impact on educators. The implementation of and teaching about sexuality and HIV/AIDS in primary schools has been the subject of debate. The debate mainly centered around three key issues: at what stage to introduce it, what kind of curriculum is appropriate and who is qualified to provide the teaching.

South Africa is one of the few countries in the Southern region that has made attempts to introduce sexuality and HIV/AIDS education at primary school level. Although this has had benefits, it has not been without its challenges. According to Cohen and Fleischmann (2005: 324), radical curriculum reform with the implementation of life skills is challenging, because it requires time spread participation, which fundamentally challenges primary education, and in particular, Foundation Phase educators.

According to the national curriculum, schools and educators are expected to implement life skills aspects such as HIV/AIDS awareness and sexuality education programmes to help shape pupils' future, to promote sexual behaviour that is less risky and to help prevent the spread of HIV. Some of these changes will require educators to plan and reshape teaching and learning within a new education system. Moreover, there appears to be consensus that educators are key to educational change and school improvement (Giese, Meintjies and Monson, 2005). On the other hand, little support exists for educators dealing with these sensitive issues. Uncertainty and lack of training often result in a disjunction between policy and practice (Rooth, 2005). In addition, few studies have investigated how educators teach sexuality within the

Outcome-based life skills programme (Rooth, 2005, Mukoma, Ahmed, Jansen, Methews and Klepp, 2009). Studies have reported that educators lack knowledge and the necessary skills to educate learners about these issues (Clarke, 2008, McGinty and Mundy, 2008).

This section reviews literature regarding the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in the primary schools in the context of HIV/AIDS and sexuality education. Firstly, it gives a brief overview of the Life Skills curriculum requirements for the implementation of sexuality and HIV/AIDS education. Secondly, the study is going to look at the history and creation of life skills policy, focuses on various aspects of life skills training as preventative strategy for HIV/AIDS and sexual abuse. These aspects will include curriculum content, educator's training, issues that influence the implementation and delivery of the sexuality and HIV/AIDS education curriculum as well as barriers to the successful teaching of sexuality and HIV/AIDS education. Finally, educators' attitudes and commitment towards the implementation of the Life skills curriculum are also discussed.

2.2 History and creation of the life skills policy

According to the UNAIDS, 2008 report on the global AIDS pandemic, an estimated 5, 7 million South Africans were living with HIV/AIDS in 2007. This is the highest number of HIV infections in the world (UNAIDS, 2010:23). Of great concern is that of the 5, 7 million people living with HIV in South Africa, 2, 5 million are children (UNAIDS, 2010). This means that young people, most of whom are of school-going age are vulnerable to HIV infection. Several factors such as poverty, gender, illiteracy, unprotected sex, general lack of education and some cultural practices may account for this phenomenon.

To reduce the impact of HIV/AIDS on learners, educators and the school system as a whole, the South African government has attempted to address the epidemic through many means, including expanding sexual and HIV/AIDS education for the learners of this country. In 1995 the South African Department

of Education, in conjunction with the Department of Health and Welfare, began to develop the national policy on HIV/AIDS education (Visser, 2005: 206). The policy was designed to respond to the HIV/AIDS pandemic across South Africa by creating and implementing the Life Skills curriculum in schools (Department of Education, 1999). In line with this, the Life Skills and HIV/AIDS and sexuality education programme in schools was initiated by the Department of Health, combining Life Skills and Health Education to create a multisectoral approach to combat HIV/AIDS and to reduce the high number of children abuse cases. This approach aimed to increase learners' knowledge and skills so that they would make informed choices about their sexuality and protect themselves from HIV/AIDS (Rooth, 2005:87).

The goals of the national policy were to:

Provide information about HIV/AIDS to reduce transmission, develop life skills that would facilitate healthy behaviour in young learners, such as communication and decision-making skills and develop an environment of awareness and tolerance among learners towards those with HIV/AIDS (Visser, 2005: 206).

The policy served as a guideline for schools and institutions. The programme was not developed as a pre-set manual or curriculum, but as a guide to provide the foundation for specific programmes that would be designed and implemented by schools and institutions across South Africa. In 1998, the implementation of the programme in schools began. In each province different procedures and approaches were followed when beginning to train educators (Visser, 2005:207) who would act as catalysts for developing Life Skills programmes in their schools. However, while national policy was well intentioned, a number of factors appeared to have some influence on the implementation to be successful

2.3 Content of curriculum

The various Life Skills curricula currently being implemented by South African schools and institutions focus largely on HIV/AIDS awareness and information and do not sufficiently emphasise the importance of physical and mental

wellness of the young learner. Therefore, curricula seem to be having a positive effect on learner's knowledge and awareness of HIV/AIDS, but they do not adequately meet the goals of the national policy, namely to promote healthy behaviour and positive attitudes. Visser (2005:214) explains that curricula being implemented emphasise information about HIV/AIDS and not the advancement of life skills that would allow learners to develop "healthy life styles". This overemphasis on HIV/AIDS information is affirmed by Sumeshni Govender and Stephen Edwards (2009). In their study, it was apparent that the curricula being implemented focused too much on HIV/AIDS prevention awareness (Govender and Edwards, 2009). Govender and Edwards (2009: 120) point out that there is a "dire need" to emphasise physical and mental health and wellness. According to studies such as these, learners are not being exposed to the life skills (decision – making skills, communication skills and the development of positive attitudes) that are an integral part of the national policy.

It has been shown by Abel and Fitzgerald (2006: 107) that increasing learners' knowledge about sexual interactions and HIV/AIDS does not necessarily lead to prevention of negative health outcomes. They also found that when developing a programme, attention must be paid to the creation of a richer conceptualisation and methodology to understand and evaluate how messages are received, resisted and reworked in learners' experiences (Abel and Fitzgerald, 2006:107).

2.4 Influence on educators' implementation and delivery of sexual and HIV/AIDS education

Many reasons pertaining to the issues that influence educators' implementation and delivery of sexuality and HIV/AIDS education could be given. Amongst these are inadequate educator training, socio-economic factors, community involvement, language and cultural differences and professional support.

2.4.1 Educator training

As previously noted, one of the key concerns regarding the teaching of sexual health programmes in a school context is the lack of training for educators to have the necessary skills and knowledge (Francis and Zisser, 2006:189-196). Research on educators' knowledge of and comfort in teaching learners about HIV/AIDS and sexuality has revealed mixed results. Studies have reported that educators lack knowledge and necessary skills to educate learners about these issues (Clarke, 2008; McGinty and Mundy, 2008). The effectiveness of sexual health programmes depends on overall comfort and confidence of the educators around these issues. A lack of knowledge about HIV/AIDS and lack of training can make educators reluctant to engage in HIV/AIDS and sexual education with their learners (Kachingwe Norr, Kapanda, Mbwaza and Magai, 2005, Oshi and Nakalema, 2005). Bhana (2008) also draws attention to the influence of discourse of "childhood innocence" and how this can regulate the way in which educators discuss information about sexuality with primary school learners. Ahmed, Flisher, Mathews, Mukoma and Jansen (2009) note that educator comfort and confidence in this area depends on their level of knowledge on the topics, attendance at workshops, experience with positive individuals, personalities, personal comfort with the topic, clarity regarding the messages being communicated, a belief in what was being taught and support from colleagues (Ahmed, Flisher, Mathews and Mukoma, 2009:51).

Training educators in life skills is vital for them to effectively train learners. Mathews, Bloom, Fisher and schoolma, (2006:392) argues that educator training is one of the strongest predictors of HIV/AIDS programme implementation, because it raises awareness about HIV/AIDS, improves educators' self-efficacy, provides concrete information and ideas about the interventions they can implement and it also increases their confidence in classroom practice.

2.4.2 Socio-economic factors

The socio-economic inequalities within the education sector have had a negative impact on educators' ability to implement the Life Skills programme in South African schools. Poverty, crowded homes lacking in privacy, lack of parenting and discipline at home, single parent families, a lack of positive role models and alcohol abuse in families were all factors educators identified as making the teaching of sexuality education and HIV/AIDS awareness more difficult (Ahmed, Flisher, Mathews, Mukoma and Jansen, 2009:50). Furthermore, educators depend strongly on maintaining discipline in the classroom through drawing boundaries between themselves and their learners. In other words, schools located in poorer communities often lack the resources to provide adequate training for their educators. In addition, these communities often have more conservative method of educating, which is not compatible with the content and goals of the Life Skills programmes (Rooth, 2005)

The government introduced a new policy called Curriculum 2005. The intention of this policy was to enforce a new method of education that would focus on learner participation and critical thinking (Ahmed, 2006: 622) by training educators to focus more on class discussion and problem solving. This policy promoted a more enriching and engaging teaching style rather than a more conservative method which emphasised the transmission of information rather than the development of skills. However, the legacy of obstacles such as inadequate training and insufficient materials made it difficult for government to enforce the new curriculum (Visser, 2005). As a result, the educational sector struggled to achieve the objectives of those new policies which were reflected in the challenges educators faced when trying to implement the Life Skills programme.

Although there had been some understanding by the Department of Education to implement the Life Skills programme in South African schools, inadequate training and experience among educators continued to be a key issue. During the implementation process in 1998, the Life Skills programme was put into practice through various educators from South African schools. The method used in the

training process consisted of two educators from each school, who then subsequently became responsible for implementing the Life Skills programme in each of their own schools (Visser, 2005:206-207). However, critical evaluation of the government's implementation process demonstrated substantial shortcomings. For instance, studies show that most educators had insufficient time in the curriculum dedicated to Life Skills and limited experience in implementing the lessons (Ahmed, 2006:629).

Furthermore, educators often felt isolated and singled out as being the sole coordinators of sexual education while also encountering lack of support from colleagues (Ahmed, 2006: 629). Studies further indicate that educators found it challenging to adapt the curriculum in an appropriate manner where the classroom environment often consisted of large learner groups from various diverse backgrounds, age groups and religious affiliations (Ahmed, 2009: 51). The result is that due to inadequate training and lack of resources, educators often lack the competence to communicate sexual health education in a successful manner.

The effective implementation of the Life Skills programme depends to a large extent on the quality and quantity of educator training. Earlier studies support the idea that educators' implementation of HIV/AIDS and sexuality education programmes is strongly influenced by their personal attitudes and beliefs towards the impact of sexuality education on learners (Mathews, 2006: 392-396). It is still a common belief that sexual education encourages sexual activity instead of promoting safe sex behaviour (Jewkes, 2009:147-158). However, studies suggest that educators who receive on-going training have significantly deeper knowledge of the subject and also show more tolerance and attitude towards sexual education (Ahmed et al., 2009:51). Therefore, educator training is essential for achieving positive outcomes in a way to improve educators' self-efficacy, commitment and have the capacity to educate learners about HIV/AIDS (Mathews, 2006: 392).

2.4.3 Community involvement

There are a few objections from parents and schools to sexuality education itself. Educators find it challenging to implement the Life Skills curriculum while facing strong opposition from parents, religious groups and community at large. In South Africa it is still a common belief that sexual education belongs in the private sphere and should not be part of public education (Matthews, 2006). Section 10.3 of the national policy states that the ultimate “responsibility” for overseeing behavioural changes and development rests with parents (Department of Education 1999: 23). In addition, section 12.3 states that major role-players in the wider school or institution community (for example religious and traditional or health care professions or traditional leaders) should be involved in the development and implementation plan on HIV/AIDS for the school or institution (Department of Education, 1999: 25).

2.4.4 Language and cultural differences

Language and cultural differences are characteristic of South Africa’s heterogeneous population. Personal characteristics, cognitive styles and learning styles of different cultural groups differ widely. In the past, the South African education system was based on Western culture. As a result, children whose own language, traditions, values, norms, customs and other aspects differed from those of the school culture might have underachieved because the existing curriculum had nothing in common with their own cultural milieu (Ahmed, 2009:51). Many black families in South Africa are faced with the problem of opposing values between home and school and this contributes to the number of barriers to learning.

2.4.5 Professional support

Lack of support for the implementation of the Life Skills curriculum programmes is one of the important factors affecting success (Ahmed, 2006:629). For most educators both content and methods of HIV/AIDS prevention and sexuality education programmes are new and perhaps sensitive and yet the approach has great potential to assist educators both in their work and also their personal lives,

since HIV/AIDS is of course affecting also educators. Sufficient support, training and time needs to be available to educators in pre-and in-service training sessions and workshops to facilitate reflection and development of their own attitudes and motivate them to apply their knowledge and skills. Support to Foundation Phase educators is of the utmost importance in order to assist them to overcome problems. It is also important to note that the entire staff should be responsible for the implementation of the Life Skills curriculum and that the sole responsibility does not lie with the Foundation Phase educators (Bubb and Early, 2007:121). The principal has the responsibility of cultivating a positive relationship with the teaching staff (Angelle, 2006, Renwick, 2007 and Ruder, 2005). In doing so, it is necessary that the principal is readily available, supporting and empowering educators. The support rendered by principal could take on many forms such as direct classroom observation, class visits, formal and informal reviews and acknowledgement of success of Foundation Phase educators (Angelle, 2006).

2.5 Barrier to implementing sexuality and HIV education

Ahmed et al., (2009:51) also found conflict between messages that educators were expected to teach and their own personal beliefs and values. Training therefore needs to include an element of self-reflexivity where educators acknowledge their own prejudices and identify their values and beliefs as separate from the content that they teach (Masinga, 2007, 2009). If this is not done, as Masinga noted in her reflection on her own experience, this can have a particularly negative effect on sexuality education when educators feel that certain aspects of the curriculum such as safe sex practices are in conflict with their morals and religious beliefs. Moreover, there is still some confusion as to parents' role in promoting the concept of sexual health with their children. Some educators consider their values, morals and sexual education to lie within parents' realm of responsibilities rather than the schools (Ahmed, 2006: 50). Some parents however feel that it is the duty of the school to teach young learners with the result that the implementation of the Life Skills programme has

sometimes resulted in sexual education being promoted in schools, but not enforced by the parents at home.

Since HIV/AIDS programmes were introduced and implemented by government, the policy developers often fail to involve the community and to develop community support. While sexuality education does have a positive impact on young learners' behaviour, the extent of that impact is dependent on how sexuality education is implemented in a context (Visser, 2005:272-277). Therefore, the ineffectiveness of the Life Skills programme in some areas is partly due to lack of involvement of community members from the beginning. In addition, each school must adapt the training to meet the needs of the community it serves. The training programme should be mandatory for all Foundation Phase educators, as well as the other teachers at the school and it should include aspects such as critical thinking and directing free and open discussions among the learners.

2.6 Educators' attitude and commitment

Reddy and James (2005) acknowledge that the school setting provides an opportunity for primary prevention of HIV infection among large numbers of potentially vulnerable young people. However, according to them, among the challenges experienced by educators implementing the programme is that they felt unsure of the details of some topics and found some issues embarrassing. Furthermore, they indicated that most educators requested more factual information about HIV/AIDS as well as about sexuality education.

Visser (in Mulama, 2007:5) indicated that the implementation of HIV/AIDS education or Life Skills programmes failed because of educators' non-commitment, poor educator-learner relationships, and negative attitudes of educators in teaching about sexuality as well as the understanding by the educators that their role is to impart knowledge and not get emotionally involved with learners. Mulama (in Tijuana, 2004:5) further indicates that effective sexuality training for educators has to first impact on the educators before they

can gain confidence needed to teach topics they consider sensitive and controversial. These sensitive topics form part of the content of the Life Skills HIV/AIDS programmes. According to Tijuana (2004) research has found that educator training can positively affect educator attitudes towards sexual education and participatory techniques. It was found that after training, educators had more knowledge and understanding of HIV/AIDS and positive attitudes towards young learners.

2.7 Why is HIV/AIDS and sexuality education for young people important in most countries?

HIV/AIDS awareness and sexuality education for young people plays a vital role in global efforts to end the epidemic (Wong, Chin, Low and Jaafar, 2008). Despite the fact that HIV transmission can be prevented, each year hundreds of thousands of young people become infected with the virus. In 2009 alone, there were 890,000 new HIV infections amongst young people aged 15-24 (UNAIDS/UNICEF, 2010) and in 2010, 5 million 15-24 year olds were living with HIV (UNESCO, 2009). Providing young people with basic AIDS education may enable them to protect themselves from becoming infected. Young people are often particularly vulnerable to sexually transmitted HIV infections as a result of drug abuse. Acquiring knowledge and skills encourages young people to avoid or to reduce behaviour that carries the risk of HIV infection (UNESCO, 2009, Paul-Ebhohimhen et al. 2008, Bankole et al. 2007). Even for young people who are not yet engaging in risky behaviour, AIDS education is important to ensure that they are prepared for situations that will put them at risk as they grow older (United Nations, 2008). AIDS education also helps to reduce stigma and discrimination by dispelling false information that can lead to fear and blame. This is crucial for prevention as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others (UNDP Iran, 2008).

2.8 Why is HIV/AIDS and sexuality education for young people an issue?

Educating young people about HIV and AIDS necessitates discussions about sensitive subjects such as sex and drug abuse. Many people believe that it is inappropriate to talk to young people about these subjects and fear that doing so will encourage young people to indulge in risky behaviour. Such attitudes are often based on moral or religious views rather than evidence and severely limit AIDS education around the world. Substantial evidence shows that educating young people about safe sex and the importance of using condoms does not lead to an increase in sexual activity (UNESCO, 2009).

2.9 HIV/AIDS and sexuality education at school

Schools play pivotal role in providing AIDS and sexuality education to young people. Not only do schools have the capacity to reach a large number of young people, but school learners are also particularly receptive to learning new information. Therefore, schools are well-established points of contact through which young people can receive AIDS education. At the same time, HIV and AIDS are significantly weakening the capacity of the education sector in many countries and greater investment in education is vital for the provision of effective HIV prevention for young people (The World Bank, 2002), UNESCO, 2009 and UNESCO, 2006). A UNESCO study in 2009 found that children in Eastern and Southern Africa had “low levels of knowledge” regarding HIV/AIDS which was attributed to among other factors, lack of educator training, lack of examinations set for learners on the topic (and therefore little incentive to teach it) and unease in teaching the subject resulting from teacher embarrassment (UNAIDS, 2010).

AIDS education requires detailed discussions of subjects such as sex, death, illness and drug abuse. Educators are not likely to have experience in dealing with these issues in class and require specialised training so they are comfortable discussing them without letting personal values conflict with the health needs of the learners (UNESCO, 2009). Proper educator training is fundamental to the successful delivery of AIDS education in schools and yet

efforts to train educators are often inadequate. Educators in Malawi, for instance, report not receiving any training on HIV and AIDS and in Kenya many educators have opted out of teaching about HIV and AIDS as a result of inadequate training (UNESCO, 2008).

The need for sexuality education in schools has become indispensable in today's contemporary society. While many societies and cultures around the world are yet concerned to the introduction of sex education in schools because of their socio-cultural background, belief system, religion, political system, etc. Some countries see sex education as a gateway to deal with issues related to reproductive health and sexual preference among teenagers. Sexual health is one of five core aspects of the WHO global reproductive health strategy approved by the World Health Assembly in 2004. According to WHO (2006), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour practices and relationships. Sexuality can include all of these dimensions, although not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, social, economic, political, ethical, legal, historical, religious and spiritual factors (WHO, 2006). Collin (2008) argues that sexuality education encompasses education about all aspects of sexuality, including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision-making, communication, dating, relationships and sexuality transmitted infections.

2.10 Other countries

2.10.1 England

The International Technical Guidance Volume 1 emphasises the importance of addressing the reality of young people's sexual lives: this includes some aspects which may be controversial or difficult to discuss in some communities. In

England sex education is not compulsory in schools as parents refused to let their children take part in the lessons. The curriculum focuses on the reproductive system, fetal development and safe sex is discretionary and discussion about relationships is often neglected. Furthermore, in the context of England, Westwood and Mullan (2007) find that educators have had inadequate sexual health knowledge to efficiently teach sexually transmitted infections or emergency contraception, although their general sexual health knowledge appeared to be good; a fact which suggests that teachers require sufficient specialist knowledge in sexual health to contribute to current recommendations for sex and relationship education in primary schools. Likewise, Forrester (2009) suggests that it is now widely accepted that young people have the right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

2.10.2 Nigeria

In African contexts, especially in Nigeria, sex education is seen as a taboo subject. Generally, adolescents are not allowed to have access to sexual health information because the society has the perception that such exposure will corrupt the child and he or she may likely be a victim of early sexual intercourse. In 2002, when the Nigerian Educational Research and Development Council (NERDC), in conjunction with the Federal Ministry of Education, civil societies and many other International Development Partners drafted and proposed a curriculum on sexuality education for both primary and secondary schools, it was received with mixed feelings and generated raging controversy, especially in Northern Nigeria. Within a very short time, the discussion on its acceptability or otherwise was hijacked by religious leaders and other gatekeepers and was given different connotations and coloration.

A recent study carried out in the Kano State in Northern Nigeria revealed that parents have a negative perception of sexuality education in schools probably because of their religious beliefs and socio-cultural norms and values. In contrast, educators had a positive attitude towards teaching sex education in schools (Ayyuba, 2011). Nevertheless, several studies in Nigeria have validated the introduction of sex education in schools. A cross-sectional study carried out in Kwara State, Nigeria reported that 78% of the respondents suggested that sex education should be made compulsory in schools (Akande and Akande, 2007). School is a privileged setting for formal, articulate sex education, as children and adolescents spend a considerable amount of their time at school and other agents of sex education like the internet and other media can often provide non-structured education. First love experiences occur at school age, and school has human and material resources for providing education. Sex education at school also contributes to its promotion in the home environment. Sex education programmes have been shown to delay sexual initiation or increase condom usage among those who are already sexually active. A recent Portuguese study reported that nearly 90% of those surveyed said sex education at school was very important and 87% believed it should be mandatory (Matos and Alexandria, 2007).

2.10.3 Namibia

School based sex education is now widely recognized as a tool for fighting HIV/AIDS in countries that form the epidemiological center of the disease. However, in Namibia in particular, there are clear limits to school based sex education (Mufune, 2008, Mturi and Hennink, 2005). They include school systems that fail to prevent teachers from sexually harassing school children, unqualified Sexual and Reproductive Health (SRH) and teachers' lack of appropriate SRH teaching materials. In Namibia even the government admits that there are shortcomings in school based SRH education. These include training and supporting school officials in the monitoring and evaluation of youth programmes and investing financial and human resources at national and

regional levels to enable better management and coordination of SR education (Republic of Namibia, 2005). Moreover, Namibian students do not take examinations in SRH education, consequently few teachers and students take it very seriously. Some students find their teachers uninspiring when it comes to SRH education (Mafune, 2008). A considerable number of young Namibians are out of school and therefore cannot access school based SRH education. Given these shortcomings, and in the context of finding solutions to the HIV/AIDS pandemic, the role of parents in the sex education of their children has received reconsideration and renewed impetus. Put simply, promoting parental-child communication about sex in the domestic context has been identified as an important measure to prevent HIV among boys and girls in Namibia.

There are many reasons why parents are considered key people in sex education. They include the fact that they are seen as individuals that “are able, not just to educate their children about sexual subjects, but to compliment and maintain the culture and ethos present within the family. They support the emotional and physical aspects of their children’s health and assist them in preparing for adult life” (Trinh, Steckler, Ngo and Ratliff, 2009). A second reason why parents are key to SRH education is that “studies that examined the association between communication and adolescents’ sexual behaviors have found that greater parent–adolescent communication delays sexual initiation, reduces the number of sexual partners and leads to more contraceptive use and fewer unwanted pregnancies”(Turnbull, Van Wersch and Van Schaik, 2008). Although there is some information on school based sexual education in Namibia, there is little information on family based sex education and there is a distinct lack of studies on what parents and their offspring say to each other on sexual issues.

2.10.4 Malaysia

According to Athar (1996), the introduction of sexuality education in the school curriculum needs to be assessed in the context of Muslim countries due to the fact that for Muslim parents, sex is a taboo subject that can corrupt the young mind of children. Parents are uncertain on whether or not sex education should be discussed at home and at school. In supporting the school sexuality education is important, aiming their children to be better informed about sex-sensitive issues. However, the coverage of the broad scope of sexuality education in the curriculum is also in question, since another Australian study by Milton (2004) finds that no primary school formally has dealt with sexual orientation or identity in their sexuality education program, and still educators at all the schools report frequent questions on this topic.

However, in the Malaysian societal perspective, recent research reveals some fascinating, as well as shocking findings. Wong and colleagues (2008) surveyed a total of 1,075 Malaysian young adults aged 15-24 years, and found that HIV/AIDS knowledge among the respondents was moderate, with a mean knowledge score of 20.1 out of 32 points. The gaps in knowledge relating to HIV/AIDS are also evident in other Muslim countries in Asia (Ali, Ali, Waheed and Memon, 2006). In addition, consistent with findings in the other Muslim countries (e.g., Tavoosi, Zaferani, Enzevaei, Tajik and Ahmadinezhad, 2004), the majority of young people in Malaysia appeared to depend on the public media (television, newspapers, and radio) as their primary source of HIV/AIDS information (Wong et al. 2008).

The incidence of adolescents engaging in sexual intercourse also increases with age in Malaysia (Lee, Chen Lee and Kaur, 2006). Lee, Chen Lee and Kaur (2006) report that the mean age for first sexual intercourse is 15 years among secondary school students aged 12 to 19. They conclude that although the incidence of sexual intercourse among Malaysian adolescents is relatively low compared to developed countries, certain groups of adolescents tend to be at higher risk of engaging in sexual intercourse. (New Straits Times, 28 August

2006:6-7) reports that teenagers as young as 14 go to clinics because they are suffering from STDs as a result of unprotected sex (Darshni, 2006). What is more startling is that most sexual encounters among the youth are unsafe, with no protection against STDs and unwanted pregnancies (World Health Organization, 2007). Therefore, it is a fact that young people are at greater risk of acquiring STDs, particularly HIV/AIDS, than other age groups (Wong et al. 2008). The young people are becoming more promiscuous because of foreign influences, the media, and the internet (Lim and Kui, 2006). In a recent survey, boys as young as nine years old said they have experience of having sex (Lim and Kui, 2006). The youngest girl who said she was sexually active was 11 years old. But when they were asked about where the babies come from, 40 percent of them did not have a clue, and a lot of young people have no idea about the dangers of unprotected sex (Lim and Kui, 2006). In addition, "rape" is a frequent news-item in Malaysian newspapers, where the stepfather is usually the perpetrator (Lin, 2006; Nais, 2006).

In the Malaysian context, the growing incidence of premarital sex is seen as an issue of concern from a religious viewpoint, and yet, premarital sex that happens without young people being equipped with the knowledge and skills to safely negotiate sexual relations embodies a threat to their health (Bennett, 2007). In addition, the absence of comprehensive sex education for youth augments both the dangers that they will have unsafe sex and the possibility that they will have premarital sex without being sufficiently informed of the likely consequences (Bennett, 2007). However, at present, comprehensive sexuality education is often completely absent from both primary and secondary school curricula in Malaysia. The schools that teach Biology as a subject often provide a single lesson on reproductive physiology, generally in the second year of high school, which is generally book-based with no opportunity for questions or discussion (Bennett, 2007). Therefore, in reality of the present situation the implementation of sex education in schools must be sped up to tackle the problems related to promiscuity and unwanted pregnancies among young people (Lim and Kui, 2006).

Sex is often a sensitive topic in Malaysia (Wong, Chin, Low and Jaafar, 2008), where unmarried individuals can get penalized for kissing and hugging in public. However, despite the prevalence of conservative, traditional and religious values in Malaysia, adolescents involve in romantic relationships outside marriage, and many engage in unsafe sexual intercourse (Lee, 1999). In addition, research has shown that the HIV infection rate and AIDS cases are increasing rapidly among young people in Malaysia (Wong et al. 2008). Up to June 2007, a total of 29,269 HIV infections and 2974 AIDS cases were reported in Malaysians below the age of 30 years (Malaysian AIDS Council Resource Center, 2006).

In Malaysia, the Cabinet had approved the introduction of “reproductive and social health education” into the school syllabus after years of deliberation (Abas, 2006). Although the details of how the course will be implemented and when it will make its debut have not yet been announced, it is reported that 160 pages of guidelines have already been produced by the Ministries of Education and Women, Family and Community Development (Abas, 2006). These guidelines cover diverse topics on sexuality which include among other things, the type of touching that is allowed, contraception, teenage crushes, and the dangers of online predators, HIV/AIDS, and sexual orientation. In view of the alarming number of rapes, sexual abuse of children and incest cases reported in the papers, parents have been urged to be open-minded about sex education and welcome the Ministry of Education’s effort to incorporate the national guidelines on sex education into the school curriculum as a way to prevent such incidents (The Star, 2005). However, what clearly matters in this issue is the lack of research on the applicability of sexuality education in elementary schools based on parents’ perspectives. Previous research conducted on sexuality education in other countries lack the religious, moral, geographical and cultural values considered important in the Malaysian Muslim majority situation. Research on this issue illustrates three different approaches based on the nature of the programme. These are: a) sex education, b) abstinence-based sex education, and c) opposing sex education. In addition, there is another approach which combines both “sex education” and “abstinence-based sex education”.

Regarding the issue of parental involvement in deciding what courses their children should be taught and at what level, (Masinga, 2007) affirms that parents have the legitimacy of choosing what subjects to be included in the school curriculum. Goldman and Flisher (2008:415-438) correctly affirm that “whether or not sex education is included as part of the curriculum may depend on the value orientation of the parents”. In their study of parents’ attitudes towards sex education in school, Goldman, 2008 and Mukoma, Flisher, Ahmed, Jansen, Matthews and Klepp, (2009) found that a “strong majority” of Canadian parents (95%) approved that sexuality education should be provided in school; while the majority of them (82%) are in favour of school-based sexual health education that begins at the elementary level. Ballantine (1997) asserts that the transmission of specific content such as sex education has been the subject of controversy in many communities because questions of responsibility and control of knowledge by family or education systems enter into the equation.

2.10.4.1 Parents and sex education

The family in general and specifically parents are recognized by many disciplines as most influential in affecting a given child’s behavior, including sexual identity (Kakavoulis, 2001). To this end psychological theories (e.g. learning theory, social learning theory, psychoanalytic theory and cognitive development), as well as sociological approaches all emphasize family as the most important factor in sexual identity and behaviour (Kakavoulis, 2001). Aggleton and Campbell (2002) in this context argue that one of the most important determinants of adolescent sexual health (particularly safe sex) is social support. The absence of the link between social support (especially family support) and safe sex largely explains why socially isolated young people have poor sexual health. Engaging parents in sex education matters therefore and has a definite impact of the sexual health of the young. Parental avoidance of sex education with their children is related to such factors as embarrassment, lack of awareness of what to talk about, lack of confidence, poor communication skills and a lack of tradition whereby parents talk to children on such issues (Walker, 2004). This is largely because of the

cultural construction of sexuality as an adult affair and as belonging to the realm of the private.

In many parts of the world “sex” is also culturally framed as a taboo (Izigbara, 2008). Many parents did not have sex education when they were young and this contributes to their lack of confidence on the subject. Thus parents in one Nigerian study feared that sex education would lead to experimentation and the corruption of their children (Orji and Esimai, 2003). Some research indicates that starting sex education in the early years is beneficial because parents find it easier to talk to children about sex when they are younger. It may even help to reduce teenage pregnancy. Aggleton and Campbell (2002) say that poor parental communication and lack of skills and confidence is linked to poor sexual health among teenagers. It seems the more educated the mother, the easier she finds it to discuss sexual matters with her daughters and the less likely for the daughter to become pregnant as a teenager (Aggleton and Campbell, 2002). Buston and Wight, (2004) question the orthodoxy that sex education should be delivered at an early age. According to them, pupils must be mature enough to take sex education seriously and to willingly engage with lessons. Another problem with this body of research is its treatment of parents as a homogenous group, hardly able to talk to their children about sex (Walker, 2004). Parents are diverse and some parents from managerial and professional backgrounds are quite adept at discussing the subject with their children. Moreover, social change in the form of HIV/AIDS and its effects has caused too much concern and grief for parents in heavily infected countries to not continue using ‘embarrassment’ as a reason for not engaging in sex education. It is in this context that (Mturi and Hennink, 2005) found broad support in Lesotho for sex education among young people, parents and teachers. The apparent concerns parents have about what children are taught in schools might reflect their mistrust of a school process that neglects to involve them. In this context it is important to explore what parents discuss with children concerning sexuality education.

2.10.4.2 Parent-child sex communication

When parent-child communication about sexuality occurs, it can be positive or negative (Orgocka, 2004). According to Izigbara (2008), sex education from parents may not be that useful in that it deliberately misinforms children by depicting sex as immoral and wayward. This leads to inadequate knowledge on sex, including the need to negotiate for safe sex. Conversely, good sex education has the capacity to increase contraceptive use and reduce sexually transmitted infections (Izigbara, 2008). Trinh, Steckler, Ngo and Ratliff (2009) argue that this is possible only through a good parent-adolescent relationship. Such a relationship is associated with effective communication about sexual topics making parents like friends that share life experiences with children. With trust established, children can initiate talk about sexual issues with their parents.

2.10.4.3 Gender and parent-child sex communication

(Trinh et al. (2009:371-380) found that gender played an important role in the communication of sexual topics. Aggleton and Campbell (2002:283-96) say that women, especially at mothers, are crucial to sex education at home and this is in line with their role as the parent most involved in care giving.

School-based sex education is a promising medium for reaching many adolescents with fundamental health information and life skills that can prevent unintended pregnancies and sexually transmitted infections (STIs), including HIV/AIDS (Bennell, Hyde and Swainson, 2002). A review of 83 sex and HIV education programmes revealed that such programmes can be effective in improving sexual behaviours among youth, both in developed and developing countries (Kirby, Laris and Roller, 2007). These programmes are effective in increasing knowledge, changing attitudes, delaying the first sexual experience, reducing the frequency of sexual intercourse and the number of sexual partners, lowering pregnancy rates, and increasing condom or contraceptive use among young people (Cartagena, Veugelers, Kipp, Magigav and Laing, 2006).

Adolescents' premarital sexual activities are increasing in the countries around the world, many of which are risky, unplanned, and unprotected (UNAIDS, 2008). Among Nepalese adolescents too, premarital sexual activities are on the rise (Adhikari and Tamang, 2009). Such activities make adolescents one of the most vulnerable groups for HIV infection throughout the world and Nepal is no exception (Regmi, Simkhada and Van Teijlingen, 2008). Therefore, this group needs serious and timely attention and active intervention.

2.10.5 Nepal

The government of Nepal has designed a school curriculum which provides basic education on adolescence, sexual and reproductive health for all learners from grades six through ten (Ministry of Education and Sports, Curriculum Development Centre, Government of Nepal, 2007). School-based sex education has the potential to improve adolescents' sexual health knowledge, attitudes, and intentions in ways that can affect their sexual behaviours (Kirby, Laris and Rolleri, 2007). Specifically, positive attitudes and intentions regarding sexual behaviours act as mediating or motivating factors contributing to positive sexual behaviours (Kirby, Laris and Rolleri, 2007). Since school-based sex education can influence students' knowledge, beliefs, and intentions regarding sexual health, it is important to fully explicate and address the social and cultural challenges of school-based sex education.

School-based sex education remains a challenge, particularly in developing countries like Nepal. It is severely constrained by social and cultural taboos on discussing sex, STIs, and HIV/AIDS at school (Pokharel, Kulczycki and Shakya, 2006:156-161). Most of the schools often entirely lack student-friendly and positive environment, and a formal guidance or counselling system for students to seek advice and support on sexual health issues (Acharya, Van Teijlingen and Simkhada, 2009:445-453). Because the information students need and want to receive is often incomplete and insufficient, they are frequently dissatisfied with

the quality of sex education provided in their schools (Boler, 2006, Acharya, 2009, Van Teijlingen, Hundley and Simkhada, 2009:445-453).

Research demonstrates that educators are often not properly trained and lack the necessary skills to teach sexual health topics (Pokharel, Kulczycki, Shakya, 2006; Boler, Acharya, Van Teijlingen and Simkhada, 2009). Students from India, Kenya, Nepal, and Korea alike felt that their educators were unable to teach sexual health topics effectively, sometimes even simply being left idle during sexual health lessons (Pokharel, Kulczycki and Shakya, 2009, Boler, 2006). From the educators' perspectives in Nepal, India and Kenya, support was lacking from school principals, parents, and the community for educating students on sexual health issues (Pokharel, Kulczycki and Shakya, 2009, Boler, 2006). Overall, both educators and students remarked on the lack of training, teaching aids, interactive teaching methods, and on the inadequate amount of time allocated for sex education (Pokharel, Kulczycki and Shakya, 2009, Boler, 2006).

Parents' involvement and support can improve the effectiveness of health education programmes; especially in schools that are providing sex education (Acharya, 2009, Van Teijlingen and Simkhada, 2009:445-453). Communication with parents and active parental participation in educating adolescents about sexual health issues can demonstrably influence adolescents' attitudes and beliefs, and may also help to delay the onset of sexual relations and promote safer sexual behaviours (Mlunde, Poudel, Sunguya, Mbwambo, Mlunde, Yasuoka, Otsuka, Ubuguyu and Jimba (2012)). However, many Nepalese parents have especially low levels of awareness on matters regarding their children's education, and thus are often unaware of the context or content of sex education in the schools (Karki, 2004). They are also typically afraid that sex education may encourage their children to engage in sexual activity at an early age (Acharya, 2009, Van Teijlingen and Simkhada, 2009). Thus it is difficult for parents and adolescents to discuss sexual health issues. Other common obstacles to effective school-based sex education are the poor quality of textbooks, the lack

of teaching materials and resources, and insufficient time allocated for sexual health lessons (Farah, Kavuma and Mwingi Mea, 2009).

2.10.6 Ethiopia

In Ethiopia, young people –over 65% of its population is under 25 years of age and a nation whose youth have profound reproductive health needs. Among the many sexual and reproductive health problems faced by Ethiopian youth are gender inequality, sexual coercion, early marriage, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs) and HIV/AIDS. Thus the reproductive health situation of youths in Ethiopia is a major concern. The prevalence of sexually transmitted diseases (STDs) like HIV/AIDS is relatively high among young people in Ethiopia. Unsafe abortion is the second leading cause of death for women of reproductive age, accounting for 55 percent of all pregnancy-related deaths (Stone, Ingham and Simkhada, 2003) and Ministry of Education and Sports, Curriculum Development Centre, Government of Nepal, 2007).

In Ethiopia, there was no documented information about conflicting interests among educators, parents and students regarding sex education at school. There was also no documented information whether the sex education being given is matching with what students want to learn about sexuality or not. Similar gaps exist regarding the sex education content when it should be started to address sexuality related problems and maintain health. School provides an ideal setting for sex education as a great deal of children can be reach there. But educators offering sex education often use more passive forms of learning and tend to disregard skill-oriented learning activities. Others put sexuality in a larger development context, including such issues as self-esteem, setting goals and having respect for others (Cartagena, Veugelers, Kipp, Magigav and Laing, 2006).

There are conflicting interests among educators, parents and students regarding sex education at school. Educators in Nepal, for example, often deliver biological information whereas parents are more interested in moral education. But the learners are looking to acquire more insight into life skills-based sex education. Thus, there is a need to consider these interests and develop educator training which moves away from superficial biological coverage towards a more inclusive programme. Such type of gap between learners, educators and parents about sex education at school may create difficulty to reduce HIV/AIDS, unwanted pregnancies and school dropout in learners (Adhikari, Tamang, 2009).

2.10.7 Lesotho

Lesotho as a developing country has the third highest HIV prevalence in the world with 320.000 out of its 1, 8 million people living with HIV in 2009 (UNAIDS 2010). Poverty is widespread, with more than half of the population living below the poverty line. Responding to challenges posed by HIV, (Piot, Bartos, Larson, Mane and Zewdie, 2008) argue that education may provide a 'vaccine' against HIV due to relatively lower rates of infection among people with higher levels of educational participants. In addition to this general role for education is the specific contribution of sexual health education and therefore the government of Lesotho introduced Life Skills Education (LSE) in 2007 as a niche for sexuality and HIV/AIDS education. This has placed educators, especially those in rural communities at the forefront of the efforts to prevent HIV. However, it has been generally acknowledged that educators' own dispositions towards sexuality are a core deciding factor in how they approach the teaching of sexuality education (Helleve, 2011, Fisher, Onya, Mukoma, Klepp, 2009a). Globally, however, there is still no agreement on how to describe the pedagogical strategies and processes that constitute school-based 'sex education' (UNESCO, 2009). In addition, the UNESCO (2009) report also shows that using other labels such as Family Life Education for sexuality education provides an opportunity to completely ignore the discussion of sex, while using terms such as sex, sexuality

or reproduction in naming such programmes is perceived as being overly explicit. These arguments hold true for Lesotho.

School-based sexuality education in Lesotho was introduced in 2004 as a cross-cutting issue to be integrated into all existing subject areas, using the Population and Family Life Education Framework (POPFLE). According to Motalingoane-Kau (2007), this proved unsuccessful as educators felt that apart from being explicitly sexual, the framework added an extra burden onto their already heavy teaching loads. Thus, educators left the teaching of the sexuality component to 'other' educators and eventually no educator taught about sexuality. Consequently, the government of Lesotho introduced LSE in 2007 as a stand-alone subject through which to address sexuality education. The LSE curriculum is structured such that it spirals from Grade 4 to Grade 10 (that is, age 9-15), with the basics of each topic being dealt with in the lower grades and built upon in the higher grades. Motalingoane-Kau (2010) argues that intergeneration sex talk within Basotho communities remains taboo. Thus, it is essential to understand how issues of sexuality were addressed traditionally among Basotho and how this links with the current sexuality education curriculum.

Societal values and beliefs:

Many societies still operate within the discourse of childhood sexual innocence (Bhana, 2009) and that of Lesotho is no exception. To preserve children's innocence, issues of sex in many Basotho communities are addressed as 'bad things' when talking to children. This is done to instill fear in children so that they do not engage in sex. Thus, educators are afraid of talking frankly to children about sex, and hence being labeled as the ones who corrupt children's innocence. Rural communities believe that traditional initiation school graduates have the moral standing and capacity to effectively address issues of sexuality. Parents within rural communities, most of whom are traditional initiation school graduates are therefore uncomfortable with sexuality education being taught to children of unmarriageable age and do not agree with the content thereof. These

highlight the challenges posed by societal values and beliefs in relation to sexuality. Molalingoane-Khau (2010) argues that the formal sexuality education curriculum is Eurocentric and does not incorporate Basotho's indigenous ways of knowing, thus making it unacceptable within rural communities. Parents are not necessarily against sexuality education, but are against how it is being taught. Mitchell, Walsh and Larkin (2004) have argued that denying young people life-saving sexuality information is as good as gambling with their lives. Literature on the challenges faced by Foundation Phase educators in the implementation of Life Skills programmes in teaching learners about HIV/AIDS and sexuality education reveals various opinions on the subject. Studies show that parents and educators express differing opinions about the introduction of sex education. In most countries, many parents in many communities are often reluctant to engage in discussions of sexual matters with their children because of cultural norms, their own ignorance or discomfort (Gordon, 2006, Pokharel, Kulczycki and Shakya, 2006:156-161). Many parents from different countries disagree with the inclusion of sexuality education in the elementary school curriculum as their concern is on the negative consequences of this type of education for elementary school children who are not matured enough to understand sexuality. They feel that it is suitable to teach in secondary schools. It is a sensitive topic for children and may create curiosity among school children, lead to experimentation and corruption of their children (Acharya, Van Teijlingen and Simkhada, 2009).

According to the researchers in other countries, parents believe that it is the role of the educators to discuss sexual matters with children because of the fact that they have an open bond with the children and even spend relatively large amount of time with the children in school (Sipalan and Majawat, 2009). Thus, schools provide a practical means of reaching large numbers of young people from diverse backgrounds in a way that is applicable and sustainable. On the other hand, many parents agree that sexuality education should be implemented in the school curriculum already in the elementary level to educate their children regarding the elements of sexuality and how to protect themselves. Wong et al.

(2008) emphasise that young people appear to depend on the public media and are exposed to several sources of information and values (peers, educators and parents). These sources often present them with alternative or even conflicting values about sexuality.

According to many perspectives, an educator is someone who helps others to learn something by giving them the necessary information, showing them how to do something so that they are able to do it themselves and making learners feel and think differently. It has been shown by Kazimi (2007:87) that the implementations of the Life Skills curriculum aspects such as HIV/AIDS and sexuality education causes stress, as educators very often feel drained and experience emotions of guilt, anger and irritation. According to the researchers many opponents to sexual education put enormous pressure on school boards to curtail sexuality education programmes and are intimidating school administrators and educators, who in turn are becoming increasingly cautious about what they teach, even when they are under no formal constraints (Ballard, White and Glascoff, 1990; Forest and Silverman, 1989, Gingiss and Basen-Engquist, 1994; Jackson, 1989; Kerr, Allensworth and Gayle, 1989; Levenson-Gingiss and Hamilton, 1989b). The debate over the programme content and proliferation of local controversies have heightened educators' long-standing concern that parents and school officials do not support educators to provide sexuality education. As a result, they fear that discussing controversial topics could jeopardize their careers. Many educators are not comfortable with the nature of the content and therefore neglect topics related to sexuality. Studies also support the idea that the personal beliefs and customs of educators influence their capacity to deliver lessons on sexuality and HIV/AIDS education (Matthews, 2006 392:396). Parents wish their children to be taught as they had been taught, in line with the past traditional practices, instead of the current formal sexuality education in schools which strives to create positive behaviour changes among the learners. They believe that the traditional ways of teaching within the communities instill morals and values in children and that this is lacking within formal schooling. This view creates a challenge for educators and also

creates difficult situations within the classroom. In many parts of the world ‘sexuality education’ is culturally framed as taboo.

2.11 Conclusion

Throughout the literature studied it is evident that Foundation Phase educators are in need of assistance and guidance by more experienced people who may play a crucial role in helping Foundation Phase educators succeed (Bartell, 2005:71). Parents can influence their children far better than their peers, educators and other professionals as they have the greatest potential for raising their children. Educations that the child receives form the basis of all future education. Parental supervision, including sexuality education may be crucial in shaping children’s behaviour. Family bonds between children and parents may be an important tool in the fight to control STDs, HIV, sexual abuse and teenage pregnancy that plague many countries. Many black families in South Africa are faced with the problem of opposing values between home and school and this contributes to the number of barriers to learning. Experience has shown that adolescents are curious about aspects of sexuality as well as the nature of sexuality in general and that many will seek to experience their sexuality in some way.

Many parents traditionally try to protect their children from sexual information in the false belief that ignorance will encourage chastity. Yet the terrible result of the increase in moral laxity, unwanted pregnancies, STIs, HIV/AIDS and sexual abuse among young people has become a cause for concern. The taboos universally associated with sexual behaviour usually make it extremely difficult, if not impossible for parents to discuss sexual activity and the risks associated with it with their growing children (WHO, 1994). Most parents would rather leave this responsibility to educators and/ or other adults, who they believe are in a better position to deal with such sensitive issues. Worldwide, parents have always expressed their inadequacy to discuss the explicit issues of sexuality with their children (WHO, 1992). This inhibition could be attributed to cultural or religious beliefs and practices, lack of communication skills or inadequate knowledge of

sexuality. It is important that parents should have a thorough understanding of who we are as human beings, why we manifest certain behaviour at different stages of development and then use this knowledge to assist their children to successfully manage their own sexuality. Parents should learn to lay the foundation of sexuality education early at home and later educators may then take the lead. Although parents are often described as the primary sex educators of their children, many studies have proven that through his/or her family education, the child learns what is socially acceptable and unacceptable in terms of behaviour, attitudes and the views concerning fellowman.

Conclusively, sexuality education is imperative for homes and schools and should be implemented at all school levels, from Grade R-12. Education of children does not begin and end with formal school education and parents will have to collaborate with the school system on the issue of sexuality education and HIV/AIDS. In the next chapter the research methodology will be discussed.

The researcher used Bronfenbrenner's theory with a hope that the three context-family, school and community and interconnections between them are important influences in children's lives. The theory is useful for analyzing the influence of learners' about HIV/AIDS and sexuality education whereby learners can learn certain skills such as refusal skills (how to say NO), decision-making, problem solving and communication skill that will help them to cope with life and to handle sexual situations better. The theories also highlight the essential and not the only desirable roles of parents, school and community as well as the continuity between school and home. Parents are eager to support their children at home; many are unsure how to address issues related to sexuality education. Parents can also be involved in specific programmes with educators to develop relevant materials use in the classroom. According to the theory, the joint discussion can also create awareness among parents from different communities of how to facilitate different opportunities for learning at home and in communities.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methodology employed to conduct the study to investigate the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners (Grade R-3) about HIV/AIDS and sexuality education in the primary schools in the Motheo district in the Free State Province. Methodology is the most significant part of any research project and is defined as the philosophy of the research process that includes the values and assumptions that serve as the rationale for the research and standards, or the criteria used by the researcher to interpret data and reach conclusions (Bailey, 1994:34). Cohen, Manion and Morrison (2000:44) state that methodology in research refers to a systematic way of gathering data from a given population so as to understand a phenomenon and to generalise facts obtained from a larger population.

Literature on research methodology was reviewed with the aim to study and select the methods to be used in the gathering of data and analysis of this study. Justification for the selection of certain methods over others was also provided and explanations given how these methods were applied in this research project. In this chapter the researcher gives an overall picture of how the research was conducted.. Semi-structured focus group interviews and questionnaires were used to collect and analyse data regarding the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality education in the primary schools in the Motheo district in the Free State Province. The discussion was structured around the research design, area of study, population, sampling, data collection methods and procedure, pilot study, data analysis, limitation of the study and ethical considerations.

3.2 RESEARCH APPROACH

Leedy (1997:3) defines research as "a rigorous process that is systematic and concerned with the collection and analysing of data". The same applies in this research whereby the researcher followed certain systematic procedures to collect and analyse data. The researcher collected data from the participants with the aim of investigating whether the challenges faced by Foundation Phase educators have an impact on their teaching during the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality at an early age, as stipulated by the Department of Education. Another aim was to establish the views of the parents regarding the implementation of life skills programmes for their own children. There are two research approaches that determine the direction of a research project from its commencement to the last step of writing the research report. These research approaches are qualitative and quantitative research. In this study the researcher used both qualitative and quantitative approaches.

3.2.1 Quantitative Research

Quantitative research is a type of research which uses tables to display findings which can be generalised beyond the sample to a wider population (Suter 1998:87). The researcher chose quantitative research to collect data regarding the study to provide the reader with statistical descriptions, explanations and correlations. In addition, the researcher used the method to seek information from the Foundation Phase educators on the challenges encountered in the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality at an early age.

The purpose of research is to provide the most valid and accurate answers possible to research questions. Melter (2006: 23) says since there are many types of research questions and many types of designs, it is important to match the design with the questions. Quantitative research methods collect numerical data that are analysed using mathematically based methods (in particular

statistics). The responses to the questions in the questionnaire are presented in frequency tables, graphs and /or chart formats, analysed and interpreted (Best and Kahn, 2006: 289). The researcher selected the quantitative approach because of the following reasons (Maree and van der Westthuisen, 2007: 178):

It is more realistic and can be controlled;

It has a range that is more defined;

Information can be quickly and easily collected, and

Uses methods relatively close to social sciences.

3.2.2 Qualitative Research

Qualitative research differs from quantitative research in the sense that it typically operates within the setting where people create and maintain their social world (Neumann, 2000:122). Qualitative research is a type of primary research in which the researcher collects first-hand information obtained directly from participants (Miles and Huberman, 1994:10). In this study, data was collected from Foundation Phase educators, HODs, SGB members and parents whose children attend the targeted schools rather than obtaining information from books.

The researcher used a qualitative research approach in order to obtain information from the participants with regard to the implementation of life skills aspects and to determine their feelings about the challenges they face. The research also aimed to determine strengths of the teaching programme with as well as the levels of satisfaction with the implementation of the Life Skills curriculum aspects such as HIV/AIDS and sexuality education in teaching learners in the primary school. Qualitative approaches also have the advantages of flexibility, in-depth analysis, and the potential to observe a variety of aspects of a social situation (Babbie, 1986). The qualitative method was also appropriate to this study because it allowed the researcher to get direct information from the participants by sitting with them and hearing their voices throughout the discussion. The researcher was able to listen to the way they expressed their views, understand their perceptions and expectations and their opinions of the

Foundation Phase educators and parents regarding the implementation of the Life Skills curriculum.. Qualitative research was used for this study because the study takes place in the natural setting where human behaviour and events occur and therefore the researcher was interested in understanding a particular social situation, event, role or interactions of the participants. By developing and using questions, the qualitative researcher gains more in-depth understanding of the respondents' beliefs, attitudes, or situation. During the course of focus group interviews the researcher would also be able to take note of the following actions: the way the participants express themselves, the use of voices, interactions among themselves and environmental factors that might influence the interviewees' responses. Such observational data can be of particular value when a respondent's body language runs counter to the verbal response given to an interview question. Qualitative research is mostly associated with words, language and experiences rather than measurements, statistics and numerical figures (Burns and Grove, 2009:507). Denzin and Lincoln (1994:2) state that, one of the major characteristics of qualitative researcher could be to “open up” things that touch people deeply.

Qualitative research, also called field research, typically involves fieldwork whereby the researcher observes and records behaviour and events in a natural setting. The researcher physically visits the participants, setting or institution to observe behaviour in its natural setting. Researchers use the qualitative approach to explore the behaviour, perspectives, experiences and feelings of people and to emphasise the understanding of these elements. Qualitative research, according to Patton, entails “going to the field into the real world of programs, organisations, neighbourhoods, street corners and getting close enough to people and circumstances in order to capture what is happening” (1990:48). Patton further notes that going into the field means having direct and personal contact with the people under scrutiny in their environments (1990:48). There are various reasons for combining these two approaches in research; for example, qualitative data gives quantitative researchers rich information about the social processes in specific settings (Neuman, 1994:325).

3.3 RESEARCH METHOD

This study used a qualitative case study method. Yin (2003:35) defines a case study as the method used to narrow a broad field of research into one easily researchable topic. A case study was used because the researcher wanted to capture an in-depth understanding instead of surveying large groups, as this method takes a close look at individuals or small groups in “naturalistic” settings. It also provides a unique example of real people and events in real situations. According to Maykut and Morehouse (1994:45), a natural setting is a place where the researcher is most likely to discover, or uncover, what is to be known about the phenomenon of interest. In a natural setting, human behaviours can be truly reflected on and their meanings interpreted. Qualitative research requires methods that “probe deeply and analyse intensively” (Cohen and Manion, 1998:106).

A qualitative case study approach was adopted because it provides more information and a more intensive detailed examination of the phenomenon. This approach is defined by MacDonald and Walker (1997, as cited in Merriam 2001:21) as the examination of an instance in action because a case study involves a study of particular incidents and events. This approach allowed the researcher to develop an in-depth understanding on how educators implemented the specific aspects in their classrooms and the challenges they faced when teaching learners about HIV/AIDS and sexuality. As Cohen, Manion and Morrison (2000:181) note, a case study provides “a unique example of real situations enabling readers to understand ideas more clearly than simply presenting them with abstract theories or principles”. The advantage of a case study is that it enables the researcher to focus on specific and interesting cases and it is useful for researchers to test theoretical models by using them in real world situations (Yin, 2003:23). The reason why qualitative case study was used for this study is because it takes place in a natural setting where human behaviour and events take place. The researcher is interested in understanding a particular social situation, event, role or interaction. In this case, the researcher

wanted to investigate the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality.

3.4 RESEARCH DESIGN

The research design is a plan for scientific inquiry where a strategy is developed on how the process should be undertaken in addressing the research problem. The underlying principle of a research design is that the researcher must be able to outline what needs to be investigated and explain the way that the investigation has to be carried out (Babbie and Mouton 2009:72). It is a guideline within which a choice about data collection methods has to be made. Bless and Higson-Smith (1995:63) defines research design as “a programme that guides a researcher in collecting, analysing and interpreting observed facts. It is a detailed plan that indicates all steps on how the scientific inquiry into the research problem will be conducted”. Babbie and Mouton (2001:279) highlight three qualitative research designs, namely, Ethnographic Studies, Case Studies and Life Histories. The design describes the procedures for conducting the study, including when, from whom and under what conditions the data will be obtained. In other words, design indicates how the research is set up, what happens to the subjects and what methods of data collection are used (McMillan and Schumacher, 1989; 30). Research design is a very important part of investigation, as certain limitations and cautions in interpreting the results are related to each design and also because the research design determines how the data should be analysed (McMillan and Schumacher, 1989:30).

In this study, the researcher followed a case study design. Babbie and Mouton (2001:281) define a case study as an intensive/ in-depth investigation of a single unit. “There are various reasons why the researcher chose the case study design”. Case study enabled the researcher to have an in-depth investigation of a small number of cases, namely, two sampled primary schools within the Motheo district. The researcher was able to have a clear understanding and ability to describe in detail the research problem with regard to those particular

educators. According to Burns and Grove (2001:223) designing a study helps the researcher to plan and implement the study in a way that will help the researcher to obtain intended results, thus increasing the chances of obtaining information that could be associated with the real situation. In this study, the qualitative and quantitative research methods involved the analysis of an administered questionnaire and focus group interview questions.

3.5 POPULATION

According to Best and Kahn (1998),” a population is any group of individuals that has one or more characteristics in common that are of interest to the researcher.” The participants for this study comprised of all Foundation Phase educators, HODs, parents and SGB members from the selected schools in Motheo district in the Free State Province. Parahoo (1997:218) defines population as “the total number of units from which data can be collected”, such as individuals, artefacts, events or organisations. As it was not possible to study the entire population of Foundation Phase educators and parents of selected schools, a sample was drawn.

3.5.1 Sampling

Goosen-Elie (2004:53) defines sampling as a process of selecting a number of individuals for a study in such a way that they represent the larger group from which they were selected. The individuals selected comprised the sample while the larger group is referred to as the population. Leedy (1997:211) defines sampling as” the process of choosing from a larger population, a group about which we wish to make generalized statements so that the selected part will represent the total group”. Walter and Gall (1989:219) contend, “Sampling involves the selection of a portion of a population as representative of the population”. A small sample would be more appropriate than a large-scale survey if the researcher ought to gain as deep an understanding as possible of educators’ challenges they face regarding the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality. Walter and

Gall (1989) argue that “studies that probe deeply into the characteristics of a small sample often provide more knowledge than a study that attacks the same problems by collecting only shallow information on a large sample” (1989:236-37). Data was collected in the form of focus group interviews and the use of a questionnaire from Foundation Phase educators, including HODs employed at the chosen primary schools and the parents whose children attend the two selected schools. The schools are situated in different areas: school B is situated in Mangaung metro (township/urban?) and School A in Botshabelo (rural area). There are 47 primary schools in Botshabelo and 15 primary schools in Bloemfontein. Out of forty-seven (47) and fifteen (15) primary schools, only one school was selected within each area for the purpose of the study to collect data. Schools serve learners from Grade R to 7. The focus was on the lower primary phase (Grades 1-3). Both schools are multi-cultural in terms of the racial and/ or ethnic composition of the learners, but in line with the Department of Education policy; school B uses English as the medium of instruction and school A uses Sesotho as the medium of instruction. They are both government schools.

3.5.2 Sampling Size

Holloway and Wheeler (2002:128) assert that sample size does not influence the importance or quality of the study and there are no guidelines in determining sample size in qualitative research. Qualitative researchers normally do not know the number of people in the research beforehand; the sample may change in size during research as others might refuse to participate. In this study the researcher worked in conjunction with the Foundation Phase HODs and the Principals. There were 8 Foundation Phase educators from school A, 8 educators from school B, 1 HOD from school A , 1 HOD from school B, 6 parents from school A and 2 parents from B who participated in the study. Some of the parents were not available as they were on duty, while others did not want to participate in the study. The total sampling consisted of twenty- six participants who took part during the interview session.

3.5.2 Purposive Sampling

Patton (2002:95), Trochim and Donnelly (2006:78) define purposive sampling as the process of selecting samples that are rich in information needed for the research and are fit for the study. In purposive sampling, the researcher selected a sample based on her experience and knowledge of the group to be sampled. This process of purposive sampling was based on the assumption that the researcher was able to select elements which represent a typical sample from the appropriate target population (Macmillan and Schumacher, 2001:64). When obtaining a purposeful sample, the researcher selected participants according to the needs of the study. The researcher ensured the success of the purposive sampling by reviewing and analysing the data in conjunction with data collection (Gay, Milla and Airasian 2006).

Neumann (2000:77) contends that in purposive sampling, the researcher handpicks the cases to be included in his/her sample on the basis of his/her judgement of their typicality. Purposive sampling provides data that are more specific and direct to a research concern or interest (Lankshear and Knobel, 2004:149). In purposive sampling, the questions should be directed at the participants' experiences, feelings and beliefs in such a way to create an argument to enable the researcher to acquire rich, first-hand information related to past and present experiences (Welman and Kruger, 1999:36), in order to understand why participants were not in favour in the implementation of the Life Skills curriculum aspects such as HIV/AIDS awareness and sexuality education. In this research, the researcher selected two primary schools in which the researcher would be able to carry out the research project. Purposive sampling enabled the researcher to identify schools and educators who share the same experiences about the topic and provide the essential information regarding the challenges faced by Foundation Phase educators in teaching young learners about HIV/AIDS and sexuality in the primary schools in the Free State.

A purposive sampling method was used because the researcher wanted the general views and opinions of Foundation Phase educators, HODs and parents.

Educators were chosen on the basis that they have had attended training workshops on HIV/AIDS and sexuality, educators had to have at least three years or more classroom experience, are implementers of the specific curriculum, can explain what they do best and be willing to participate. The researcher believed this experience would mean that these educators would be likely to be more confident in implementing the changes because they are familiar with the Life Skills curriculum content. All the educators were female. This was simply by virtue of the gender dominance in the lower primary phase. Parents who participated were randomly selected.

According to the education policy of South Africa, parents' involvement in the schooling of their children is not only a good thing, but also necessary. Parents' involvement is a very important aspect of the schooling and education of the young learner and requires commitment from both parents and educators. At both schools, eight Foundation Phase educators from Grade R to Grade 3 were selected, one of whom was also a lower primary HOD. Given the leadership role that is expected of HODs, the researcher was particularly interested in finding out more about how these HODs implement the Life Skills curriculum aspects such as HIV/AIDS and sexuality education at their schools, because the HODs are the ones who do monitoring and evaluation to support educators, help them with the new revised curriculum, or convince them to implement the changes.

3.6 PILOT STUDY

Piloting is a small study conducted prior to a larger body of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate (Greeff as cited in De Vos, 2005:211). A pilot study was conducted by the researcher to test the procedures and techniques to ensure that they were viable. During the pilot study, the questionnaire was piloted to the sample group of participants in two schools.

3.6.1 The reason why a pilot study was conducted

According to Hulley and Stephen (2007:168), the advantage of conducting a pilot study is that it might give advance warning about where the main research project could fail; where research protocols may not be followed or whether proposed methods or instruments were inappropriate and too complicated. The researcher realised that the most important thing which affected the study was the quality of the questions that needed to be reduced and rephrased in order to get in-depth information. The researcher made adjustments to the questions, changed the order, rephrased and reduced them. The interview questions were based on the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality in the Motheo district in the Free State.

The purpose of conducting a pilot study was to examine the feasibility of an approach that was intended to be used on a large scale and conducted to test the research process (Hundley, Milne and Leighton and 2000:78). According to De Vaus (1993:45), the reasons for conducting pilot studies were as follows:

- Developing and testing the adequacy of the research instrument.
- Assessing the feasibility of a survey.
- Designing a research protocol.
- Assessing whether the research protocol is realistic and workable.
- Identifying logical problems which might occur when using proposed methods.
- Collecting preliminary data and developing research questions and research plan.
- Establishing whether the sampling frame and technique are effective
- Assessing the likely success of proposed recruitment approaches.

3.6.2 The importance of a pilot study

Piloting may assist in the development and testing of research instruments and collecting of preliminary data, including questionnaires or interview schedules. (Teijlingen and Hundley 2001:1) The pilot study usually takes place after the researcher has a clear vision of the research topic, questions, techniques and methods which will be applied and what the research schedule will look like.

According to Gorard (2001:103) the value of a pilot study is as follows: It provides the researcher with the opportunity to refine the wording and order the layout, which will help her to prune the questionnaire to manageable size; permits a thorough check of the planned statistical and analytical procedures; reduces the number of treatment errors; saves the researcher major expenditure in time and money on aspects of the research which would have been unnecessary; feedback from other participants involved in the study will be attended to which may lead to important improvement in the main study.

The approximate time required to complete the questionnaire was established in the pilot study.

Questions and/or instructions that were misinterpreted were re formulated.

The use of the pilot study as “pre-test” satisfied the researcher that the questions asked in the questionnaire complied adequately with the requirements of the study.

Pilot testing provides a researcher with the opportunity to test data collection methods. It gives them a change to test the set questions to make sure they are: understandable, relevant and not biased or leading. This helps determine that the individuals in the sample are capable of completing the survey and that they can understand the questions (Cresswell, 2009: 402). In this case, the pilot study was

conducted among Foundation Phase educators and parents. Questionnaires and interview questions were distributed to the identified schools. Parents were provided with interview questions. Educators were requested to complete the questionnaires and provide feedback. The data collected from the pilot testing was used for the purpose of the study and the feedback provided was taken into consideration; changes were made to the questionnaire and interview questions to insure valuable data, relevant to the research question were collected.

3.7 DATA COLLECTION INSTRUMENTS

According to Parahoo (1997:52, 325), research instruments are the tools used to collect data by the researcher. Pilot and Hungler (1997:267) define data as information obtained in the course of a study. In this study semi-structured focus group interviews and questionnaires were used to collect data from educators, parents, SGB members and HODs regarding the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality and parents' views regarding the topic to capture data relevant to the study's objectives and research questions.

3.7.1 Questionnaire

A questionnaire was selected as the most appropriate tool for the research in view of the considerations needed for time available, scope of resources and level of research. A questionnaire is "set questions on a form designed to elicit information that can be obtained through the written responses of the participants" (Gall, Gall and Borg (1999). The information obtained through a questionnaire is almost similar to that obtained in by an interview, but the questions tend to have less depth (Burns and Groves, 1993:368). Even though the researcher used a questionnaire for data collection, it has advantages and disadvantages.

The researcher decided to use questionnaires because of the following reasons: a questionnaire provides precise information about the participants' degree of agreement or disagreement to the detail that the researcher requires; they could be given to a large number of participants and the respondents would have to respond to the same set of items, they can be completed quickly and provide feedback from the point of view of the participant and the feedback is trustworthy. They offer the possibility of anonymity because the participants' names were not disclosed on the completed questionnaires which place less pressure on the participants for immediate responses. Participants should have ample time to complete a set questionnaire.

Cormack and Benton (1996:53-63) states that questionnaires are useful tools for obtaining background and behavioural information in addition to opinions, attitudes and beliefs. After full ethical approval (Appendix A), questionnaires were administered to sixteen educators and two HODs of the selected schools. The primary data collection was obtained by making use of questionnaires. The questionnaire had eighteen questions which were formulated according to the Likert-type scale. The questionnaire assessed responses on 3-point scale where the respondents marked the appropriate block with a cross (see Appendix A). The purpose of having predefined options for selection was to encourage the participants to participate throughout the completion of the questionnaire and not to get bored during the process of completion. Most of the items in the questionnaires were closed-ended questions which made it easier to compare the responses to each item. Even though the study did not focus on age and gender per se, such questions were included. The questionnaire also has several open-ended questions as these provide detail whereby the researchers were required to respond in writing whereas closed-ended questions had options which were determined by the researcher (Burns and Grove, 1993:370). One of them focused on biographical information. Another question wanted to know what kind of support teachers need in the implementation of the Life Skills curriculum and the role played by Foundation Phase educators in teaching young learners about sexuality and HIV/AIDS. Questionnaires were distributed by hand

to individuals. The preferred method was a personal one, to enable questions and comments to be answered immediately if possible. The participants were informed of the study and its aim. After the selected educators were given the questionnaires, the researcher gave them enough time to complete the questionnaires at their own pace. The researcher advised educators to read the questionnaire instructions thoroughly. An agreement was made between the researcher and participants that the questionnaires would be collected after a week. The researcher managed to collect twenty questionnaires. Out of twenty questionnaires, nine were incomplete. Eleven questionnaires were found to have the richest information.

3.7.2 Focus group interview

Focus group research involves organised discussion with a selected group of individuals to gain information about their views and experiences of a topic. Focus group interviewing is particularly suited for obtaining several perspectives about the same topic. The benefits of focus group research include gaining insights into people's shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation. There are various ways of getting information, but for the purpose of the study the researcher decided to use focus a group interview as one of the qualitative method. Qualitative focus group interviews have a major advantage of adaptability and enable the researcher to observe interaction among the participants, to note similarities and differences in the participants' opinions and experiences (Babbie and Mouton, 2007:292). The semi-structured interviews in particular, ensure free conversation in which respondents are free to explore their thoughts, elaborate on their opinions and ask questions where they do not understand. Patton (1990:278) argues that "qualitative interviewing allows a researcher to enter into the inner world of another person and to gain an understanding of that person's perspectives". Bell believes "a skilful interviewer can follow up ideas probe responses and investigate motives and feelings" Bell (2010:91). Cohen and Manion (1998:269) note that an "interview involves the gathering of data through

direct verbal interaction between individuals”. The purpose of the interviews was to engage in direct verbal interaction with specific educators to explore their understanding and experiences of the implementation of the Life skills curriculum and the parents’ views regarding the teaching of HIV/AIDS and sexuality programmes.

Flick (1998:116) opines a focus group is a form of qualitative research in which a group of people are asked to share their perceptions, beliefs and attitudes towards product, service or concept. Focus groups put control of the interaction into the hands of the participants rather than in those of the researcher. The interaction between participants themselves substitutes for their exchange with the researcher, and this gives more prominence to the points of view of the respondents. Focus groups provide an opportunity for researchers to listen to local voices. A focus group method is a research tool that gives a ‘voice’ to the research participant and gives the researcher the opportunity to record and capture the entire interview process.

The strengths of the focus group method are that the researcher is provided with a great opportunity to appreciate the way people see their own reality and hence “to get closer to the data” (Ivanoff and Hultberg 2006: 126). The method allows the intended individuals and groups to be more involved in the research project. As such, it is likely that the research will meet their needs and seek intervention if necessary.

In this approach, questions were asked in an interactive group setting where participants were free to talk with other group members. The interview schedule consisted of two sections. Section A, consisted of questions for establishing the problems experienced by Foundation Phase educators. The question in Section B aimed at establishing ways of overcoming problems experienced by Foundation Phase educators.

Advantages of focus group interview

According to Parahoo (1997:298), a focus group has the following advantages:

- It is a cheaper and quicker way of obtaining valuable data.
- Colleagues and friends are more comfortable in voicing opinions in one another's company than on their own with the researcher.
- Participants are provided an opportunity to reflect or react to the opinion of others with which they may disagree or of which they are unaware.

3.7.3 Fieldwork

Fieldwork is a one of the qualitative methods of gathering data with the aim of understanding, observing and interacting with people involved in a research project in their natural settings. Fieldwork is the primary technique used by a researcher to gain access to data by observing participants. Data obtained through participant observation serve as a check against participants' subjective reporting of what they believe and do. According to social scientists being in "the field", they talked about being out in the real world and involved in the everyday lives of the people they are studying. Participant observation is also useful for gaining an understanding of the physical, social, cultural, and economic contexts in which study participants live; the relationships among and between people, contexts, ideas, norms, and events; and people's behaviours and activities – what they do, how frequently, and with whom. In addition, the method enables researchers to develop a familiarity with the cultural milieu that will prove invaluable throughout the project. Field research involves a combination of participant observation, interviewing and document or artefact analysis (De Vos, Strydom, Fouche and Delport, 2002:305). In this study, the researcher collected data from the field by making use of focus group interviews, notes taken, questionnaires and recording the conversation. The researcher just sits back, observes, records and takes notes. In this case, the researcher collected data from the participants in the natural setting and used data to investigate

challenges faced by Foundation Phase educators when teaching learners about HIV/AIDS and sexuality and to find out what are the contributing factors that affect the implementation of the Life Skills programme.

3.8 DATA COLLECTION PROCEDURES

The researcher sought permission for access to the schools from the Department of Education officials, both in writing and personally. Permission was granted and the researcher proceeded to ask for permission from the principals of the schools to conduct the research. The letters were delivered four weeks in advance. The letter explained the purpose of the study and also requested to carry out the research among the Foundation Phase educators and parents. After permission was granted, the researcher informed the participants about the purpose of the study. Arrangements were made regarding the interviews. Participants were informed that their identity would not be revealed in the interview and that it would remain anonymous. McMillan and Schumacher (1997:195) state that information about subjects must be regarded as confidential unless otherwise agreed through informed consent. Only the researcher has access to names and data. In this study, anonymity was achieved by not allowing participants to write their names on the questionnaire. Data collection took one month (September 2014).

The participants were reminded about the expected length of time the interview would take. Brief notes were jotted down about each answer to be used as back up, should anything go wrong with the digital recorder. The data derived from the interviews were translated and transcribed. For Cantrell (1993), interviews allow for the collection of data in the subjects' own words, thereby affording the researcher an opportunity to discover the subjects' perceptions, interpretations and the meaning that they give to their actions. Interviews are very effective data collection tools, according to Ochurub, "because the interviewer could clarify the questions which were vague, or respondents could be asked to elaborate some issues". (Ochurub, 2001:149). For Walker "interviews could be seen as the most

rewarding and potentially the most informative way of carrying out a small-scale study to collect data". (Walker, as cited in Ochurub, 2001:149).

Educators who were selected for interview purposes were interviewed after the collection of questionnaires. Eighteen educators and one HOD were interviewed in the form of focus groups at their respective schools in a classroom free of outside distractions with respondents seated together around a table. Interviews were conducted in English and Sesotho. The interviews allowed for a broader understanding and an opportunity to clarify and expand upon the data obtained in the questionnaires. Parents were not given questionnaires to complete; they were only interviewed in the staff rooms. Parents were unable to communicate in English due to their low level of education. Therefore, the questions were translated into their home language. Because of time constraints, the interviews were short and as such could not cover a lot of issues apart from the core questions at hand. The interviews were conducted in the language preference of the participants to eliminate possible language barriers. Open-ended interviews were used to create opportunities for providing in-depth information (Cohen and Manion, 1994). The duration of all interviews was approximately 10 to 15 minutes. All participants were interviewed in the form of a focus group.

3.8.1 Process of recording the interview data

During the interview session, data were recorded by making use of a digital recorder and field notes were taken by a non-participant in order to enrich the taped discussions. The researcher used this method as a back-up to obtain information and record responses. According to Holloway and Wheeler (2002:237), note taking is an important activity but it might disturb the participants. The researcher informed the participants that notes would be taken during the interview by a non-participant and the interview would be recorded. The researcher used digital recording to listen to the responses of the participants and to check the wording of any statement the researcher might wish to quote and compare with the written notes.

To ensure a successful interview the following factors were considered by the researcher:

Permission to use the digital recorder was sought before the interview. All participants agreed to its use.

The use of the recorder enabled the researcher to maintain eye contact with the participants throughout the interview.

The researcher tested the digital recorder prior the interview to ensure that it was in a good condition before the interview took place. The researcher held the recorder between her and the participants to record the conversation in a quiet environment. The researcher recorded, transcribed and translated the interviews. The interview consisted of open-ended questions and the participants expressed themselves on the topic. The study reserved the right to privacy and confidentiality of the respondents and as such no personal information of the respondents has been included in the study. The respondents were notified about their privacy through the questionnaires. This ensured that the respondents gave honest answers to the questions.

The researcher gave potential participants sufficient information about the study in a simple way so that they understood what was involved, thereby enabling them to exercise their right to make an informed decision whether or not to participate in the study. The researcher addressed participants about the consent form. As far as possible everything was explained verbally, but in addition the covering letter and consent form reiterated how the result would be used, stored and disseminated. The forms (Appendix C) included various contact details of the researcher in the event of respondents deciding to call the researcher for clarification. All the stages of the process were voluntary and a withdrawal mechanism was put in place which allowed anonymous withdrawal without consequence even after submission of the anonymous questionnaire. All data were kept confidential in a safe place and only the researcher had access to them. The researcher also gave them an opportunity to ask questions about the

study to help them decide if they wanted to take part. Appointments for the interviews were made. In order to ensure that participants' consent was voluntarily and informed, the researcher drew up a clearly written research protocol in their mother tongue and for those with a low education level, the document was read and explained to them verbally. According to Diener and Crandall (in Cohen et al. 2000:51) informed consent can be defined as the procedures in which individuals choose whether to participate in any investigation after being informed of facts that would be like to influence their decisions. (See Appendix G). In order to enforce the ethical requirements, the researcher sought permission from the participants to record the interviews and informed them about the need to conduct the interviews for the purpose of fulfilling the requirements of the study. Prior to the researcher introducing herself, they engaged in a few moments of informal chat not related directly to the interview to put the participants at ease.

3.9 RELIABILITY AND VALIDITY

(Gay, 1996; Patton 2001; Creswell 2003; McMillan and Schumacher 2006; and Best, 2006) define research as the systematic application of scientific methods to the problem under consideration. Therefore without rigour, research becomes fiction and loses its worth. The rigour can be ensured only by considering validity and reliability in all kind of research methods.

The most important issue in the research is to ensure reliability and validity. Joppe (2000) defines reliability as: "The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under similar methodology, then the research instrument is considered to be reliable" McMillan and Schumacher (2001:244). Kirk and Miller (1986) identify three types of reliability referred to in quantitative research, which relates to: the degree of consistency of results, the stability over time, the similarity within a given time of period, quality and accuracy of measuring instrument (in this case, interview questions and questionnaire). Salkind (1997) and Robson (2007:71) define

reliability as something that is reliable and will perform in the future as it has in the past. A reliable test or measure of behaviour can measure the same thing more than once and will result in the same outcome. Reliability is based on the scores, performance of any one on any variable generate a score composed of three components shown below In this study, data collection from different participants was also involved in such a way that reliability can be ensured. The interview questions which were answered by groups, that is, educators and parents revealed consistency in responses in the sense that the researcher talked to the participants in the form of focus group discussions at the same time, within a specified time and read the questions to ensure that they all understood the questions asked. The researcher believes that the questionnaires in the investigation were completed with the necessary honesty whereby the participants were requested not to write their names on the questionnaires to ensure confidentiality. In the coding of the questions it was evident that questionnaires were completed with the necessary dedication. The researcher employed focus group interviews and questionnaires as research instruments to investigate challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching young learner about HIV/AIDS and sexuality in the Motheo district in the Free State. The degree of stability is positively correlated with the degree of reliability and a higher degree of stability results in higher degree of reliability, meaning that the results are repeatable (Charles, 1995).

Validity determines whether the research truly measures what is supposed to measure or how truthful the research results are. Golafshani (2003) describes the validity in quantitative research as “construct validity”. The construct means question concept, notion, or hypothesis, which forms the basis for the researcher’s data collection and sampling designs, consistent with the construct. The definitions of reliability and validity in quantitative research reveal two strands: Firstly, with regards to reliability, consistency, stability and predictability (synonyms for reliability), whether the result is replicable. Secondly, with regards to validity, truthfulness, accuracy, authenticity, genuineness, or soundness

(synonyms for validity), whether the means of measurement are accurate and whether they are actually measuring what they are intended to measure (Salkind, 1997).

3.10 DATA ANALYSIS

Analysing data consists of examining, categorizing, tabulating or recombining the evidence to address the initial proposition of a study (Yin, 1994). In this study the researcher used qualitative and quantitative methods for data analysis. The information gathered during the process of interviews was recorded, transcribed and translated and analysed. Winter and Munn-Giddings (2001) point out that in action research, data analysis takes the open-ended critical reflection form which involves questioning the spontaneous interpretations of events, sharing and then comparing interpretations and questions to create the maximum opportunity for challenge, surprise and mutual learning. Holland, Daymon and Holloway (2002) explain that data analysis does not take place in a single stage after data collection. In their description, it is a continuous, systematic process which runs simultaneously with data collection. It is in this sense that data analysis for this study started as preliminary stages since idea generation, advanced more during literature review and reached its formal form when the empirical study was conducted.

The researcher adopted the framework developed by Miles and Huberman (1994) to describe the major phases of data analysis: data reduction, data display, results, conclusion and verification.

Nine (6) main themes emerged from the data analysis. Each theme is discussed with relevant quotations from the participants and the relevant literature is also cited as the control to the findings of this research. The collected data is presented verbatim and coded under appropriate themes.

3.11 METHODOLOGICAL ASSUMPTIONS

Everywhere the researcher looks, he/she observes things that cause him or her to wonder, to speculate and ask questions. An inquisitive mind is the beginning of research. According to Creswell (2009:3) and Fouche (2005:267-268) research is the systematic process of collecting and analysing data in order to increase understanding of the phenomenon with which the researcher is concerned or interested. Creswell and Fouche state that research requires the collection and interpretation of data in attempting to resolve the problem that initiated the research. In other words, the researcher must plan a research design and specific research methods with a purpose to yield data relevant to that particular research problem. Different designs and methods should be more appropriate. In research, assumptions are regarded as self-evident truth. In order for the research project to proceed, the assumption must be valid and also stated.

Assumptions are statements assumed to be true and from which a conclusion can be drawn (Best and Kahn 2004:97), Leedy and Ormrod (2010:62) posit, "Assumptions are so basic that without them the research problem itself could not exist". The research constitutes three assumptions namely, ontological, epistemological and methodological. A methodological assumption is the core concept underlying all research. It focuses on an analysis of the methods used for gaining the data (Cohen, Manion and Morrison, 2000).

Methodological assumptions are the meaning of the social action and could only be discovered through close interaction between the researcher and participants. A researcher comes into lives of people; involving them in the activities they would not otherwise have been involved in, providing the researcher with knowledge about them. The research of the present study is to investigate the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality in the Motheo district in the Free State. The researcher employed the use of two methods in this study, namely focus group interviews and questionnaires.

According to Guba and Lincoln (1994) there is need for researchers to make explicit both their ontological and epistemological assumptions before embarking on any research project. Crotty (2003:10) defines ontology as “the study of being”. It is concerned with “what kind of world we are investigating, with the nature of existence, with the structure of reality”. Guba and Lincoln (1989:83) state that the ontological assumptions are those that respond to the question “what is there that can be known?” or “what is the nature of reality?”

A Paradigm is a set of beliefs that guides action (Guba and Lincoln, 1990:17). There are two paradigms that influenced educational research namely, positivist and interpretive. The paradigm that a researcher uses depends on where they see themselves in relation to the world around them, as well as their views and thoughts. According to Saunders, Lewis and Thornhill (2007), interpretivism is an “epistemology that it is necessary for the researcher to understand differences between humans in our role as social actors”. An interpretivist paradigm is concerned with the understanding the world as it is from subjective experiences of individuals. Interpretive researchers see themselves "within the circle", interpreting the world around them. They have an epistemological position of that of someone co-creating and sharing knowledge, as well as creating relationships and further understanding of different points of view. The research carried out is subjective, where results can be influenced by the opinions of the researcher. Data collected in interpretive research is 'rich' data, which is usually qualitative, although quantitative data can be collected as well. Bassey (no date cited in Pollard, 2002) defines once more the meaning of interpretive research when he says “To the interpretive researcher, the purpose of research is to describe and interpret the phenomena of the world in attempts to get shared meaning with others.” This explanation highlights the difference between interpretive and positivist research clearly. Interpretive researchers aim to interpret their results and explain the meaning to people, rather than just understanding what they have researched.

According to researchers, an ontological position in education is that of someone sharing knowledge with others to understand the world around us. Researchers believe that it is important to have good relationships with people, to enable that the knowledge they have and the knowledge the researcher has can come together for effective learning to take place. For the purpose of this research, it was decided that interpretivist research methods were to be used, although some positivist methods would also be used to collect numerical, measurable data. By using interpretive research methods the researcher become part of the research and fully gauge and understand the educators' perceptions, on whether the teaching of life skills aspects such as HIV/AIDS and sexuality education were put in practice and also to hear the parents' views on whether the aspects should be taught in the Foundation Phase.

Within the interpretive paradigm there are a number of research methods that could be used when collecting data, including: Action Research, Observations, Questionnaires and Interviews. Questionnaires offer researchers the opportunity to collect large amounts of data, due to the number of questions that can be asked. They can contain open and closed questions, as well as just open or just closed questions. Questionnaires with closed questions collect quantitative data, which the researcher can measure during data analysis. This is because all participants have answered the same questions, selecting one of the options provided. Questionnaires with open and closed questions collect qualitative and quantitative data, because although participants are answering the same questions to give quantitative results, by asking "why?" after each question, the researcher has opened the questionnaire to explanations, hence having qualitative data to analyse as well.

The advantages of using questionnaires is that they are economical to produce, both in cost and time, allowing a large number to be sent out, thus increasing the possibility of getting a range of responses back. Participants also have anonymity, as their names do not appear on the questionnaires. Kumar (2005) refers to the benefit of this and states "As there is no face-to-face interaction

between respondents and interviewer, this method provides greater anonymity. In some situations where sensitive questions are asked it helps to increase the likelihood of obtaining accurate information. "From this it is clear that if participants know they are going to remain anonymous, they are more likely to answer truthfully, which is essential for the research to be accurate.

The disadvantages of using questionnaires, is that they lack responses and there is no explanation of questions. It is inevitable that some participants will not return their questionnaires, maybe because they have lost them, or that it was too time consuming to complete and post. Some participants may also not understand the questions, and therefore leave them blank. Unlike with interviews the researcher is not present to explain if the participant gets confused. With regard to the possibility of participants not understanding questions, a pilot test was carried out on the questionnaire to ensure the questions were not biased, made sense, was understandable and was relevant to the research question. For the purpose of this research, questionnaires were used as a data collection method. They were chosen because they allowed for a large amount of data to be collected, gathering a number of different opinions and views from educators regarding the challenges faced by them in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality. The questionnaire contained a number of open and closed-ended questions, which enabled teachers to give further information relating to the questions. Twenty educators from both schools were requested to complete questionnaires.

A focus group interview was used to gather data directly from participants. Interviews allow for a wide range of data to be collected, as the interviewer has the ability to follow up answers and delve deeper to get further details. "A skillful interviewer can follow up ideas, probe responses and investigate motives and feelings which questionnaires can never do" (Bell, 2010: 161). Interviews are a qualitative form of data collection as their results are rich in data and carry meaning. There are a number of advantages and disadvantages of carrying out focus group interviews. One main advantage is the fact that the researcher is

face to face with the participant, and so can get a feel for the opinions and views, rather than just interpreting them from answers on a questionnaire. One main disadvantage is the time it takes to carry out the interview, transcribe it and then analyse the data that it has provided. The researcher should make sure that the questions are relevant to the research question so that they are not transcribing lots of information which is redundant.

There are two main types of interviews. In the first type the researcher uses semi-structured interviews and can probe the participants further on the answers they give, by including extended questions in the interview. This enable the researcher to fully understand participants' views and opinions, which may not have been possible from just asking set questions. (Walsh, Mitchell and Smith, 2002: 65) refers to this when he states, "In these situations, the researcher has fewer predetermined questions and is more likely to let the interview develop as a 'guided conversation', according to the interest and wishes of the interviewee".

For the purposes of this research, interviews and questionnaires were used as research instruments of collecting data from the participants. The research question required educators and parents' opinions, their views and the way they feel about the topic under investigation. Interviewing participants using semi structured interviews, allowed the researcher to question them further to gain a greater understanding about their stand point. This will allow for clear results to be collected. The interview questions were pilot tested, in order to make sure that they make sense and there is no biased or leading questions.

3.12 ETHICAL CONSIDERATIONS

It is the researcher's responsibility to ensure that the right, well-being and interest of the participants are well protected (McMillan and Schumach, 2010). Ethical issues should be maintained at all times to keep the participants and researcher in accordance with the best practice (Cohen, Mannion and Morrison, 2000). In this study, the researcher assured the participants that the information provided during the process of data collection interviews and completion of questionnaires

would not be disclosed to anyone except for the purpose of the study and that the information would be strictly confidential (Seale, Gobo, Gubrium and Silverman, 2004). Babbie (2001: 470) emphasises that the important ethical agreements such as voluntary participation, no harm to participants, anonymity and confidentiality, and deception have been taken into consideration more especially when dealing with sensitive topics related to HIV/AIDS and sexuality education.

Permission was sought from the Regional Director of the Department of Education, as well as from the principals of the two primary schools in the Motheo district in the Free State to conduct the research study and to gain access to the educators and parents as specified in the letter (See Appendix). Once permission was granted, the researcher requested permission from the principals to conduct the research study with Foundation Phase educators and parents and also inform them about the purpose of the study verbally and in written form and to record the interviews.

(Babbie, 2001:470) explains that social research often intrudes into people's lives in ways such as having to be interviewed by a researcher, or having to complete a questionnaire and sometimes reveal personal information to strangers. The researcher introduced herself; informed participants about the procedures to be followed to make them fully understand what the research project entailed. The researcher will inform the participants that participation is voluntary, and in no way will nonparticipants be penalised or victimised (Ary, Jacobs and Razavieh, 2002). The researcher also explain that if the participants agreed to be part of the study and all of a sudden decided to terminate their participation they were free to withdraw; and no harm would happen to the participants. To ensure the anonymity of the participants the researcher encouraged them not to write their names or the school name on the research instruments. The researchers ensured confidentiality of the data. Consent forms were given to the participants to be signed and returned to the researcher. To maintain trust, the researcher explained her role.

3.13 LIMITATION OF THE STUDY

The main limitations affecting this study was my own experience as a researcher; and the fact that I did not know my respondents well, which limited the participants' ability to express them as fully and as articulately as might otherwise have been the case. Some of them did not participate during the interviews. It also made it more difficult for me to be as free and confident in the interviews as I might have been.

The second limitation pertains to my background as a researcher: I conducted this research with very limited prior experience of the research process. Thirdly, the respondents at one of the schools did not participate. As a new researcher I did not know how to get them to participate. They were concerned about the sensitive topic and their different belief systems. A pre-test could have been done with them prior to the interviews with all the participants.

Finally, the approval to conduct research from the Department of Education (DoE) arrived late and as a result it forced the researcher to collect data within a short space of time. During that time the schools were preparing for ANA Assessment and the interviews were scheduled during break and at one of the selected schools educators were in a hurry to prepare for ANA and some of them did not want to participate. The internal challenge of the Department of Education contributed to the delay of data collection. The unforeseen circumstances were not considered by the researcher when applying to collect data from the Department of Education. Some of the participants who did not want to participate might be those who could shed more light on the problems encountered as groups.

3.14 SUMMARY

This chapter presented a detailed description of the research design to identify and study the problems experienced by Foundation Phase educators in the primary schools in the implementation of Life Skills aspects such as HIV/AIDS awareness and sexuality education in teaching young learners. The world of

eleven educators and parents was explored. Within the qualitative research design, ethical measures were discussed that guided the data collection. Purposeful sampling of eleven educators and sixteen parents was done. In the next chapter data will be analysed and transcribed.

CHAPTER FOUR: ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION

In the previous chapter, the researcher discussed the research methodology and procedures used to collect data. This chapter reports on the findings gained from the analysis of the questionnaires and semi-structured interviews conducted with the parents, HODs, SGB members and the Foundation Phase educators teaching at urban and rural schools in the Motheo district in the Free State Province. Through this study, the researcher has developed a picture of the typical challenges experienced by Foundation Phase educators during the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality education at an early age, as well as the parents' views regarding the matter. The focus of the analysis of the raw data collected during this research project is to gain insight into the professional world of the Foundation Phase educators from their perspectives. In this study, the intention is to describe the challenges faced by Foundation Phase educators and to give meaning to their challenges, due to the fact that a qualitative case study aims at understanding the reality which those being studied, make their own world. In this chapter, the researcher will discuss the findings in an understandable way to assist the reader to make sense of the information obtained in the field (in this case, the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching young learners about HIV/AIDS and sexuality at the primary schools). Data analysis was an on-going activity used to answer the research question and also to give directions for future data collection.

4.2 METHOD AND PRESENTATION

In this section, data that were collected by means of focus group interviews and questionnaires will be analysed, interpreted and then reported. Qualitative analysts are justifiably wary of creating an unduly reductionist or mechanistic

picture of an undeniably complex, interactive set of processes. Nonetheless, evaluators have identified a few basic commonalities in the process of making sense of qualitative data. In this chapter, I have adopted the framework developed by Miles and Huberman (1994) to describe the major phases of data analysis: data reduction, data display, results, conclusion and verification.

Nine (9) main themes emerged from the data analysis. Each theme is discussed with relevant quotations from the participants and the relevant literature is also cited as control to the findings of this research. The collected data are presented verbatim and coded under appropriate themes.

4.2.1 Data Reduction

First, the mass of data has to be organised and somehow meaningfully reduced or reconfigured. Miles and Huberman (1994:145-146) describe this first of their three elements of qualitative data analysis as data reduction. "Data reduction refers to the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written up field notes or transcriptions" (Miles and Huberman 1994:145-146). Not only do the data need to be condensed for the sake of manageability, they also have to be transformed so that they can be made intelligible in terms of the issues being addressed.

4.2.2 Data Display

Data display was the second element or level in Miles and Huberman (1994) model of qualitative data analysis. Data display goes a step beyond data reduction to provide "an organized, compressed assembly of information that permits conclusion drawing..." (Miles and Huberman 1994:145-146). A display can be an extended piece of text or a diagram, chart, tables or matrix that provides a new way of arranging and thinking about the more textually embedded data. Data displays, whether in word or diagrammatic form, allow the

analyst to extrapolate from the data enough to begin to discern systematic patterns and interrelationships. At the display stage, additional, higher order categories or themes may emerge from the data that go beyond those first discovered during the initial process of data reduction.

4.2.3 Conclusion Drawing and Verification

This is the third element of qualitative analysis. Conclusion drawing involves stepping back to consider what the analysed data mean and to assess their implications for the questions at hand (Patton 1990). Verification, integrally linked to conclusion drawing, entails revisiting the data as many times as necessary to cross-check or verifies these emergent conclusions. "The meaning emerging from the data have to be tested for their plausibility, their sturdiness, their 'conformability' that is, their validity" (Miles and Huberman 1994:11). Validity means something different in this context than in quantitative evaluation, where it is a technical term that refers quite specifically to whether a given construct measures what it purports to measure. Here validity encompasses a much broader concern for whether the conclusions being drawn from the data are credible, defensible, warranted, and able to withstand alternative explanations.

4.2.4 With regard to presentation of data

The researcher used themes and tables in the study. The data presentation styles were found to be appropriate for this study, because the categories and table formats, together with themes and quotes allowed and enabled the researcher to compare, describe, and give an explanation of the experiences of Foundation Phase educators and parents' views.

The following themes were identified: Challenges faced by Foundation Phase educators regarding the implementation of the Life Skills curriculum, how the participants feel concerning HIV/AIDS awareness being incorporated into the school curriculum, views regarding the teaching of HIV/AIDS in the Foundation Phase, what kind of support do they receive from different stakeholders when

teaching about HIV/AIDS and sexuality, what do they expect from the management of the school regarding the teaching of HIV/AIDS and sexuality aspects and should the programme of HIV/AIDS and sexuality education continue for a prolonged time.

4.3 ANALYSIS OF DATA AND DISCUSSION

4.3.1 DATA OBTAINED THROUGH THE FOCUS GROUP INTERVIEW WITH PARENTS

THEME	PARENT 1	PARENT 2	PARENT 3	PARENT 4
Sexuality education and HIV/AIDS being incorporated into the school curriculum	Look, I think it's a good thing, I'm positive.	Alright, specifically Foundation Phase you are talking about? Umm...., Ja, it's a difficult thing. I want to say the children should be made aware of the HIV in the Foundation Phase is very important. I really do agree with that but to go deep into sexuality things, may be a problem. I'm scared that kids at that age will go and test some of these things at that age. That's how I	Yes Mam, I think it should be included, parents and learners should take care of themselves against HIV/AIDS.	As parents, it is our responsibility to inform our children about our status, some of us we did not make them aware whether are we infected or not, as a result, children might be infected by their own parents.

		feel about.		
Teaching sexuality education and HIV/AIDS at Foundation Phase	Look, like I said I'm not a teacher so I'll try to give you an answer. As parent, I think at the Foundation Phase I don't know children really know about all the staff. But you can teach the basics of HIV and sexuality education. Ja.	Unfortunately, I'm not dealing with the Foundation Phase, so I'm not really the person to tell you what is happening, I'm more in the Senior Phase; I'm HOD in the Senior Phase in the school, Unfortunately, I won't give you an answer.	Yes, we are all agreeing that sexuality of education and HIV/AIDS should be taught in the Foundation Phase.	

Is it the responsibility of the school to teach young learners about HIV/AIDS and sexuality	No, It must start at home That's my point of view.	As parent, alright, I've got grandchildren. So I can speak. Alright, Um, like I said it is important children should be aware of HIV because it's not the story, it's	Parents should have play their role before the school can take over; parents must have started to teach their children at home about the	It is important that parents must take the initiative, for example if the child is having a learning barrier or sickness, the parent must
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		<p>there. Um..., I think they must be made aware of it. Like I said in the first question, not to go deep into it.</p>	<p>issue.</p>	<p>inform the class teacher about the condition of the child.</p>
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<p>Age appropriate in teaching sexuality and HIV/AIDS awareness</p>	<p>It's a difficult question, it can be six years, starts with the basics or when they start getting active. Nine, ten, they don't know these things so it's difficult. But I think as young as possible when they can understand what it is.</p>	<p>I would say, by the age when they reach puberty. At that age boys and girls realised that there is something happening in their bodies and there is change in their bodies. I really think is a good age to start of something because they have questions at that age of what is happening in their</p>	<p>When the child is nine to ten years. The reason being when the child is too young he or she won't listen to what you are saying as parent. The best thing is to wait until they reach nine or ten years.</p>	
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		bodies.		
Continuation of HIV/AIDS and sexuality education programmes	Just repeat it again. Do you think, ja, there must be a course, a programme. Why? Because it's a good thing because of all the HIV things happen. It's good to starts young with the programme what is all about. Starts early with the basics and as they get older, they must get a programme because I don't think there is any children active at six. I don't know, It can be wrong, I don't know if I'm wrong, but you	Just repeat the question for me, Um, I just think, I..... Think it should It's there, it's a fact, it's seems that.....I really feel it should work they are abused by their own parents; they don't know about it, they don't know what it is all about. That's why I said I really think we should talk to children, like I said not to go into deep.	Yes Mam, the reason is that the child will be knowledgeable about the programmes and they will understand them at higher grades.	

	<p>understand what I'm trying to say. If they are young, teach basics and as they get older, give them a programme that will teach them what to do.</p>			
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4.3.1 Parents' responses regarding sexuality education and HIV/AIDS being incorporated into the school curriculum

Responses to question 1 indicated that parents agreed that sexuality education and HIV/AIDS be incorporated in the school curriculum. They mentioned that it is a good thing and also emphasised that it is very important to make them aware of this issue but not to go into detail, because of the fact that it might create a problem whereby learners at that age may want to experiment and they also reported that there is need for parents to disclose their HIV/AIDS status to children, more especially when they are infected.

The following are some of the comments from parents.

“Look I think it’s a good thing, I’m positive” (Parent 1).

“Alright, specifically Foundation Phase you are talking about. Umm, ja, it’s a difficult thing. I just want to say, children should be made aware of the HIV/AIDS in the Foundation Phase because it’s very important. I really do agree with that but to go deep into sexuality things, may be a problem. I’m scared that kids at

that age will go and test some of these things at that age. That's how I feel about" (Parent 2).

"Yes Mam, I think it should be included; parents and learners should take care of themselves against HIV/AIDS" (Parent 3).

"As parents, it is our responsibility to inform our children about our status, some of us we didn't make them aware whether are we infected or not, as a result, children might be infected by their own parents" (Parent 4).

4.3.2 Parents' responses regarding the teaching of sexuality and HIV/AIDS in the Foundation Phase

According to responses to question 2, some of the parents suggested that HIV/AIDS and sexuality education should be taught in the Foundation Phase, but educators must teach only the basics. The majority of them were uncertain regarding this issue. The uncertainty shows a lack of knowledge on how to teach their children about HIV/AIDS and sexuality at an early age. They still regard it as taboo and some of them were not confident enough to provide children with relevant information, due to the fact that they did not receive sexuality education and HIV/AIDS awareness when they were young.

The following are some of their comments:

"Look, like I said I'm not a teacher so I'll try to give you an answer. As parent, I think, at the Foundation Phase, I don't know whether children really know about all the stuff. But you can teach the basics of HIV and sexuality education. Ja" (Parent 1).

"Unfortunately I'm not dealing with the Foundation Phase, so I'm not really the person to tell you what is happening, I'm more in the Senior Phase; I'm HOD in the Senior Phase in the school, Unfortunately, I won't give you an answer" (Parent 2).

“Yes, we are all agreeing that sexuality of education and HIV/AIDS should be taught in the Foundation Phase” (Parent 3).

4.3.3 Parents’ responses regarding the view that it is the responsibility of the school to teach young learners about HIV/AIDS and sexuality.

Responses to question 3 provided the information that parents felt that the programme would be more effective if they supported it and they also believed that it would be vital for them to talk with their children about sexual matters. Parents should play their leading role, mould and guide the children for the future. The responses revealed that most of the parents realised the importance of providing children with sexuality education and HIV/AIDS awareness and at the same time also teach them certain skills such as how to protect themselves from sexual abuse. On the other hand they also realised that educators have specialised knowledge and understanding of child development and education and parents have in-depth knowledge of their own individual child.

The following are some of their comments:

“No, it must start at home, that’s my point of view” (Parent 1).

“As parent, alright, I’ve got grandchildren. So I can speak. Alright, umm..., like I said it is important children should be aware of HIV/AIDS and sexual abuse because it’s not the story, it’s there. Umm..., I think they must be made aware of it. Like I said, do not go into the details” (Parent 2).

“Parents should play their role before the school can take over; parents should have started to teach their children at home about the issue”. (Parent 3)

“It is important that the parents must take the initiative, for example, if the child is having a learning barrier or sickness, the parent must inform the class teacher about the condition of the child”. (Parent 4)

4.3.4 Parents' response regarding the obstacles that limit parents' involvement in teaching children about HIV/AIDS and sexuality at home

The responses to question 4 show that some of the parents did not want to be involved in teaching their children about the aspects related to HIV/AIDS and sexuality, and according to them, age is still a serious issue. On the other hand, some of them did not want to respond to the question related to the topic, as they were shy to discuss it, whilst others claimed that sexuality education and HIV/AIDS awareness should be introduced when they reached adolescent stage.

The following were some of their comments:

"I don't know, but I can say few words. But really I don't know". Ja! (Parent1).

"First responsibility lies with the parents. I agree, must starts at home. At school we can build on it. I know this is always a difficult thing for the parents. Not all the parents feel that they can talk to their children about it. Because the teacher is not the parents' child, maybe would find easier to talk about it as a parents" (Parent 2).

"I can sit down and discuss with the child, but because of age by that time, he or she will easily forget. By the time the child reaches thirteen or fourteen years he or she will understand about the life skills concepts because at that age, he or she will have been mature enough" (Parent 2).

4.3.5 Parents' response regarding age-appropriate sexual health information in teaching young learners about sexuality and HIV/AIDS

Responses to question 5 indicate that there were mixed feelings regarding the timing to introduce the topic. Some of the parents agreed that sexuality education and HIV/AIDS awareness should be introduced as early as possible at the elementary grade. Some of them believed that it should be taught at the age of nine to ten, while others agreed that it should start when they reach puberty. This

reveals that lack of communication between the children and the parents still prevails.

They responded as follows:

“It’s a difficult question, it can be six years, starts with the basics or when they start getting active. Nine, ten, they don’t know these things so it’s difficult. But I think as young as possible when they can understand what it is” (Parent 1).

“I would say when they reach puberty. At that age, the boys and the girls realised that there is something happening in their bodies and there is a change in their bodies. I really think that is a good age to start of something because they have questions at that age of what is happening in their bodies”. (Parent 2)

The best thing is to wait until they reach nine or ten years. The reason being when the child is too young he or she won’t listen to what you are saying as parent (Parent 3).

4.3.6 Parents’ responses regarding the continuation of HIV/AIDS and sexuality education programmes

The responses to this question indicate that parents were in favour of the Life Skills curriculum programme. They also emphasised the point that it must be a course because children are raped at an early age, abused physically and emotionally by their own parents and they do not know where to seek help.

The following were some of their comments:

“Just repeat it again. Do you think...? Ja, there must be a course, a programme. Why? Because it’s a good thing because of all the HIV things happen. It’s good to starts young with the programme what is all about. Starts early with the basics and as they get older, they must get a programme because I don’t think there is any children active at six. I don’t know, it can be wrong, I don’t know if I’m wrong, but you understand what I’m trying to say. If they are young, teach basics and as

they get older, give them a programme that will teach them what to do” (Parent 1).

“Just repeat the question for me, Um..., I just think, I think it should...., It’s there, it’s a fact, it’s seems that I really feel it should work, children abused by their own parents; they don’t know about it, they don’t know what it is all about. That’s why I said I really think we should talk to children, like I said not to go into deep” (Parent 2).

“Yes Mam, the reason is that the child will be knowledgeable about the programmes and they will understand them at higher grades” (Parent 3).

4.4 DATA OBTAINED THROUGH FOCUS GROUP INTERVIEWS WITH THE EDUCATORS

THEME	EDUCATOR 1	EDUCATOR 2	EDUCATOR 3	EDUCATOR 4
Challenges facing educators in teaching young learners about HIV/AIDS and sexuality	No Mam, I don’t see any challenge or a problem, because the content of life skills textbooks does not include HIV/AIDS topics. If those books were having the topic, it would be easy for us to teach it.	The topic is mostly found in the Intermediate books not in the Foundation Phase.	I’m in Grade 3; I don’t think we have any problem. Um..., I think we must start too early with sexuality education. They are too young; parents must do basic education about the topic.	This is interpreted as innocence, they can’t understand it. They think it’s a joke. They are too young and I think it is parent’s responsibility.

<p>Incorporating sexuality education and HIV/AIDS awareness into the school curriculum</p>	<p>Yes, according to me it will be a good thing if HIV/AIDS and sexuality education be incorporate with the school curriculum more especially in the intermediate phase because learners in that phase have broader concepts of life. Foundation Phase learners should be taught simple concepts such as “Don’t touch blood of other person because other persons’ blood is infectious.</p>	<p>According to me, it’s fine because when learners were already taught about the issue; whenever they face the challenges they will be brave to report the matter or abuse person to the elder.</p>	<p>Not in the Foundation Phase, it can be in the Senior Phase. When they see something on busses, posters, they read and become aware and are the parent responsibility to inform them what is happening. As soon as the child asks questions about sexuality or something, then the parents must start, answering the questions about what is happening. When starting</p>	<p>I think so; it gives problem if we start early about it in a classroom.</p>

			<p>at an early age, small children will realise the difference between boys and the girls, men and women. I believe it can start at Grade six or seven.</p>	
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<p>Teaching of sexuality and HIV/AIDS in the Foundation Phase</p>	<p>Yes, according to me the topic is taught according to the level. Even though we did not teach about HIV/AIDS and sexuality education specifically, we were still in line discussing the topic such as “Helpers community”, making learners aware that when they come across with the stranger, They shouldn’t allow him to touch their body parts.</p>	<p>I didn’t attend the Workshop. Therefore, I did not teach the HIV/AIDS and sexuality education in the Foundation Phase.</p>	<p>I think we have answered the question.</p>	
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<p>Support in teaching sexuality and HIV/AIDS</p>	<p>In 2013, SASA arranged competition and our school participated.</p> <p>The topic for the debate was “Abuse’.’ Two learners from Grade 2 and 3 were selected and as a result, they won the competition and obtained position 1 and 2.</p> <p>Consequently SASA people visited the school and demonstrated to the learners by touching different parts of their body in a way to send the message and make them aware that no one is allowed</p>		<p>I think we must attend courses about HIV/AIDS and sexuality education</p>	
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	<p>to touch anybody's parts. Learners enjoyed the lesson and it was so interesting.</p>			
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<p>Expectations from management of the school</p>	<p>I think that we can request time from the management once per term that learners should be put aside, for instance, boys must be in one class addressed by male educators in a way to make awareness regarding their</p>	<p>To emphasise on what has been said, previously, the school used to invite nurses to make awareness about the teaching of HIV/AIDS and sexuality education wherein learners were allowed to ask questions. One learner asked whether it is possible to get HIV/AIDS from</p>	<p>According to HIV/AIDS...? There is one child the mother came and told me that the child is positive so we don't really know and we don't want know but we do attend injuries but we still teach children don't touch blood, don't do</p>	<p>Ja., there is no difference. We can find it by accident find from someone else.</p>
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	<p>body change. On the other side, girls should also be grouped together in one class and addressed by female educators about their body changes. Therefore, that will be the support offered by the school management.</p>	<p>Mosquitoes. The answer was “No”.</p>	<p>this, don't do that. The basics staff.</p>	
<p>Continuation of HIV/AIDS and sexuality education programmes</p>	<p>Yes, it can proceed in our school programme, because it is there in our life, they should know what it is and how to protect themselves. It would be an eye-opener to</p>	<p>In addition to that, regarding sexuality education, recently we heard over the radio that children are being vulnerable to rape and others are killed. While they are being taught, they will be alert against the Stanger who might</p>	<p>As long as we have these, um..., problem in the country, or wherever. everyone must be aware of it, know what is all about it, what causes it and what the outcomes are and to take care</p>	<p>It will be Important because all the things happen every day, they watch the programmes and become aware that something is going on. But when they watch TV at</p>

	<p>the ones who are infected with HIV/AIDS and even to those who are not infected, they should be conscious not to touch blood of their counterparts.</p>	<p>want to attack him or her. The children would easily report the matter to the parents.</p>	<p>of their body.</p>	<p>home, parents must explain and teach the basics. It is part of our curriculum.</p>
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4.4.1 Responses with regard to challenges facing educators in teaching young learners about HIV/AIDS and sexuality

In response to the question whether educators experience challenges in teaching young learners about HIV/AIDS and sexuality, educators expressed different views. One educator stated that they do not experience any challenge(s) due to the fact that the Life Skills textbooks that are used do not cover HIV/AIDS awareness and sexuality. These topics appear in the Intermediate Phase textbooks. In addition to that, some teachers said that the teaching of the topic should start early but parents must start with the basics. Others expressed concern that because of the young age, parents must take responsibility and they must be involved in their children's learning, meaning that they are the ones who know the child and understand his/ or her needs. It is clear that educators do have some difficulty to provide learners with the necessary knowledge and skills they have acquired. It has become evident that the sexuality education and

HIV/AIDS programme was still a challenge and not put into practice by some of the educators.

Educators expressed their views regarding the challenges as follows:

“No Mam, I don’t see any challenge or a problem, because life skills content found in the textbook does not include HIV/AIDS topics. If those text books were having the topic, it would be easy for us to teach about it”. (Educator 1)

“The topic is mostly found in in the Intermediate books not in the Foundation Phase”. (Educator 2)

“I’m in Grade 3; I don’t think we have any problem. Um...., I think we must start too early with sexuality education. They are too young; parents must do basic education about the topic”. (Educator 3)

“This is interpreted as innocence, they can’t understand it. They think it’s a joke. They are too young and I think it is parent’s responsibility”. (Educator 4)

4.4.2 Responses regarding sexuality education and HIV/AIDS awareness being incorporated into the school curriculum

The responses showed that all educators agreed that sexuality education and HIV/AIDS be incorporated into the school curriculum. They believed that whenever the learners are taught about the issue, they would be able to face any challenge in whatever situation and also to defend themselves. On the other hand, some of the educators stressed that sexuality education and HIV/AIDS awareness should only be incorporated into the school curriculum in the Senior Phase rather than in the Foundation Phase and one mentioned that when teaching Foundation Phase learners about the topic related to HIV/AIDS and sexuality education, it would give them a problem in the classroom to present the topic realising the age of the learners. It was revealed that a few of them did not understand the importance of the Life Skills curriculum. In view of the alarming number of rapes, sexual abuse of children and incest cases reported in the papers parents have been urged to be open-minded about sex education and to

welcome the Ministry of Education's effort to incorporate the national guidelines on sex education into the school curriculum as a way to prevent such incidents (The Star 2005).

Educators expressed their views as follows:

“Yes, according to me it will be a good thing if HIV/AIDS and sexuality education be incorporate with the school curriculum more especially in the intermediate phase because learners in that phase have broader concepts of life. Foundation Phase learners should be taught simple concepts such as “Don't touch blood of other person because other persons' blood is infectious” (Educator 1).

“According to me, it's fine because when learners were already taught about the issue; whenever they face the challenges they will be brave to report the matter or abuse person to the elder” (Educator 2).

“Not in the Foundation Phase, it can be in the Senior Phase. They see something on busses, on posters, they read about innovation and they come aware and are the parent responsibility to inform them what is happening. As soon as the child asks question about sexuality or something then the parents must start act, answer the questions them what is happening. Starts at a very young age, small children know the difference between boys and the girls, men and women. I feel it can start at Grade six or seven”. (Educator 3)

“I think so; it gives problem if we start early in about it in a classroom” (Educator 4).

4.4.3 Responses regarding the teaching of sexuality and HIV/AIDS awareness in the Foundation Phase

Responses indicated that the majority of Foundation Phase educators were not addressing or implementing the concerned issues in their classes.. They still avoid teaching the concepts related to the topic prescribed by the Department of Education. It is clear that they do not take the needs of the learners into account.

Responses of educators regarding the teaching of sexuality and HIV/AIDS awareness were as follows;

“Yes, according to me the topic must be taught according to the level. Even though I didn’t teach HIV/AIDS and sexuality education, specifically, I’m still in line discussing the topic such as “Helpers community”, by making learners aware of when they come across with the stranger, they shouldn’t allow him her to touch their body parts”(Educator 1).

“I didn’t attend the Workshop. Therefore, I did not teach the HIV/AIDS and sexuality education in the Foundation Phase” (Educator 2).

“I think we have answered the question” (Educator 3).

4.4.4 Support received during the teaching of sexuality and HIV/AIDS awareness

“In 2013, SASA arranged competition and our school participated. The topic for the debate was “Abuse’.’ Two learners from Grade 2 and 3 were selected and they won the competition, obtained position 1 and 2. Consequently, SASA people visited the school and demonstrated to the learners by touching different parts of their body in a way to send the message and make them aware that no one is allowed to touch anybody’s parts. Learners enjoyed the lesson and it was so interesting” (Educator 1).

“I think we must attend courses about HIV/AIDS and sexuality education” (Educator 2).

4.4.5 Expectations from management of the school were as follows:

The responses show that some of educators chose school management (SMT) to arrange a day for them, once per term to address learners how to take care of themselves. According to them it would be a kind of support they can expect from the management team. In addition to that, one educator explained that in the past school management used to support them by inviting school nurses to come

to school and make learners aware about the consequences of and preventative measures regarding HIV/AIDS and sexuality. One of the educators also claimed that whenever a learner has an injury, the principal used to provide them with a First Aid kit to assist the child. Therefore, it is clearly indicated that educators get the support from the school management regarding certain issues. The literature reveals that support should also be provided in order to improve quality of teaching and the implementation of the Life Skills curriculum aspects in the primary schools. Only one educator responded that a parent visited the school to inform her about the status of her own child, meaning that some of the parents do support the introduction of HIV/AIDS and sexuality education to take place at elementary school level. This implies that there must be partnership between the parents and the educators in the teaching and learning of the child.

4.4.4 Responses from educators regarding expectations from management of the school were as follows:

“I think that we can request time from the management once per term that learners should be put aside, for instance, boys must be in one class addressed by male educators in a way to make awareness regarding their body change. On the other side girls should also be grouped together in one class and addressed by female educators about their body changes. Therefore, that will be the support offered by the school management” (Educator 1).

“To emphasise on what has been said, previously, the school used to invite nurses to make awareness about the teaching of HIV/AIDS and sexuality education wherein learners were allowed to ask questions. One learner asked whether it is possible to get HIV/AIDS from Mosquitoes and the answer was “No” (Educator 2).

“According to HIV/AIDS...? There is one child the mother came and told me that the child is positive so we don't really know and we don't want know but we do attend injuries and get bandage from the Principal's office to assist the learners,

but still we also teach learners don't touch blood, don't do this and don't do that" (Educator 3).

"Ja..., there is no difference. We can find it by accident find from someone else" (Educator 4).

4.4.6 Continuation of HIV/AIDS and sexuality education

Respondents all agreed that HIV/AIDS and sexuality education would benefit the learners. The literature indicated that continuation of the teaching about the topic would give the learners an opportunity to gather the information and use it to solve problems that may arise. According to them, the teaching of Life skills programmes should be a better option for the school and the learners. They also expressed their views by saying "is important and necessary that they are part of curriculum implementation, it is also beneficial in the sense that it allows learners to take full responsibility to defend them".

4.4.5 Responses regarding the continuation of the HIV/AIDS and sexuality education programme were as follows:

"Yes, it can proceed in our school programme, because it is there in our life, they should know what it is and how to protect themselves. It would be an eye-opener to the ones who are infected with HIV/AIDS and even to those who are not infected, they should be conscious not to touch blood of their counterparts" (Educator 1).

"In addition to that, regarding sexuality education, recently we heard over the radio that children are being vulnerable to rape and others are killed. While they are being taught, they will be alert against the Stranger who might want to attack him or her. The children would easily report the matter to the parents" (Educator 2).

"As long as we have these problem, um...., problem in the country, or wherever. Everyone must be aware of it, know what is all about it, what causes it and what the outcomes are and how to take care of their body" (Educator 3).

“It will be Important because all the things happen every day, they watch the programmes and become aware that something is going on. But when they watch TV at home, parents must explain and teach the basics. It is part of our curriculum” (Educator 4).

4.5 QUANTITATIVE DATA OBTAINED FROM EDUCATORS QUESTIONNAIRES

Question 1A indicates gender of the educators. The responses to this question are represented in Table 4.1 and will be discussed below.

4.5.1: Frequency in terms of gender schools (N= 20)

Gender	Frequency	Percentage
Male	0	0,0
Female	20	100,0

The table above shows that of all 11 (100%) were female educators who completed and returned questionnaires. No male’s educators completed the questionnaires and it is clear that Foundation Phase posts are occupied by female educators and they are the ones who lay the foundation at the primary schools.

Question 2A was intended to determine educators’ age at the time of completing the questionnaires.

Table 4.2 indicates the age of foundation Phase educators.

Table 4.2: Frequency in terms of age (N= 20)

Age	Frequency	Percentage
20-30 years	5	25%
31-40 years	2	10%
41-50 years	5	25%
51-60 years	3	15%
61 - Above	5	25%
Total	20	100,0

Table 4.2 indicates that 5 (25%) of educators were between 20-30 years, 2 (10%) of educators were between 31-40 years. Five (25%) of educators were

between 41-50 years, 3 (15%) of educators were 51-60, whereas another 5 (25%) of educators were 61 and above.

Question 3A determines race or ethnicity of Foundation Phase educators.

Table 4.3 indicates race or ethnicity of the Foundation Phase educators.

Table 4.3: Frequency in terms of race or ethnicity (N= 20)

Race or ethnicity	Frequency	Percentage
African	8	40%
Coloured	0	0%
Indian	0	0,0
White	12	60%
Other (specify)	0	0,0
Total	20	100,0

Table 4.3 indicates that all of the educators, namely, 8 (40%) were African while 12 (60%) of educators were white people. This indicates that there were more white educators than African in this study.

Question 4A aimed to determine the province where the educators taught. Table 4.3 represent educator's responses.

Table 4.4 Frequency in terms of the province (N= 20)

Province	Frequency	Percentage
Gauteng	0	0%
KwaZulu-Natal	0	0%
Eastern Cape	0	0%
Northern Cape	0	0%
Free State	20	100%
North West	0	0%
Limpopo	0	0%
Mpumalanga	0	0%
Western Cape	0	0%
Total	20	100%

Table 4.3 shows that 20 (100%) of educators taught in the Free State province. This shows that data for this study was collected only in the Free State primary schools.

Question 5A indicated the teaching experience of the educators. Table 4.4 represents the responses of the educators regarding their teaching experiences.

Table 4 5: Frequency in terms of teaching experience (N= 20)

Teaching experience	Frequency	Percentage
1-5 years	9	45%
6-10 years	0	0%
11-15 years	1	5%
16-20 years	1	5%
21years or more	9	45%
Total	20	100%

Table 4.4 indicates that 9 (45 %) of educators had 1-5 years of teaching experience 1 (5%) of educators 11-15 years of teaching experience, 1 (5%) had 16-20 years of teaching experience and 9 (45%) of educators had 21 years or more teaching experience.

Question 6A intended to provide the grades taught by Foundation Phase educators the year 2014. Table 4.5 presents the responses to the question.

Table 4.6: Frequency in terms of grades (N= 20)

School grade	Frequency	Percentage
Grade R	3	15%
Grade 1	7	35%
Grade 2	7	35%
Grade 3	3	15%
Total	20	100%

Table 4.5 illustrates that 3 (15%) of educators taught Grade R, 7 (35%) of educators taught Grade 1, 7 (35 %) of educators taught Grade, while 3 (15%) of educators taught Grade 3 This shows that the majority of educators taught Grade 1 and Grade 2 learners.

Question 7A determined the use of medium instruction in the school. Table 4.6 provides information of the responses.

Table 4.7: Frequency in terms of school medium of instruction

School medium of instruction	Frequency	Percentage
English	12	60%
Tswana	0	0%
Sesotho	8	40%
Afrikaans	0	0%
IsiXhosa	0	0%
Other (specify)	0	0%
Total	20	100%

Table 4.7 the response indicated that 12 (60%) medium of instruction was English While 8 (40%) was Sesotho. It is clear that most of the subjects were taught in English in school A whereas in school B most of the subjects were taught in Sesotho.

Question 8A indicates different cultural group of educators. The information is presented in the Table below.

Table 4.8: Frequency in terms of different cultures within class (N= 20)

Cultures within the class	Frequency	Percentage
Sotho	7	35%
Tswana	0	0%
Xhosa	2	10%
Zulu	0	0%
Indian	0	0%
White	0	0%
Coloured	0	0%
Afrikaans	11	55%
Moslem	0	0 %
Total	20	100

Table 4.8 shows that 7 (35%) of the educators represented Sotho culture, 2 (10%) of educators represented Xhosa culture, while 11 (55%) of educators represented Afrikaans culture. This revealed that the majority of educators were Afrikaans culture.

Question 9A determines the home language(s) of educators. Table 4.8 present the responses to the language spoken by educators.

Table 4.9: Frequency in terms of language (N= 20)

Home languages	Frequency	Percentage
Sesotho	7	35%
Afrikaans	11	55%
IsiXhosa	2	10%
Setswana	0	0%
English	0	0%
Tsonga	0	0%
Sepedi	0	0%
Total	20	100%

Table 4.9 shows that the majority of educators were Afrikaans speaking 11 (55%), while 7 (35%) were Sesotho speaking, while 2 (10%) were IsiXhosa speaking.

Question 10A intended to determine different language (s) spoken in the community. Table 4.10 represent the response to the question.

Table 4.10 Frequency in terms of language(s) spoken mostly in the community (N=11)

Community language (s)	Frequency	Percentage
Sesotho	9	45%
Afrikaans	5	25%
IsiXhosa	3	15%
Setswana	2	10%
English	1	5%
Other (specify)	0	0%
Total	20	100%

Table 4.10 indicates that 9 (45%) of the community were Sesotho speaking, Five (25%) were Afrikaans speaking, three (15%) were IsiXhosa speaking, 2 (10%) were Setswana speaking whereas 1(5%) were English speaking people.

B) TEACHING SUPPORT AND LIFE SKILLS CONTENT TAUGHT IN THE FOUNDATION PHASE EDUCATORS

Question 1B: Have you been trained or attended any workshop based on the life skills curriculum aspects such as HIV/AIDS and sexuality education? Indicate YES/NO

TOTAL NUMBER OF RESPONDENTS = 20					
YES		NO		UNCERTAIN	
NO	%	NO	%	NO	%
12	60%	8	40%	0	0%

Responses to question 1B show that majority 12 (60%) of the educators attended HIV/AIDS and sexuality education training workshops. Whereas 8 (40%) of educators claim that they did not attend any workshop regarding the matter. This implies that some of them lack knowledge to provide learners with necessary information. From the above table it is clear that educators should be exposed to a formal training regarding HIV/AIDS and sexuality education programme.

Question 2B: How long did the training you have attended last?

	TOTAL NUMBER OF RESPONDENTS = 20							
	1 Day	2 Days	3 days	5 Days	7 Days	1 Weeks	2 Weeks	4 Weeks
NO	4	3	0	10	0	3	0	0
%	20%	15%	0%	50%	0%	15%	0%	0%

Responses to question 2B indicate that educators who received training workshop were trained within a short space of time, meaning that more aspects were taught within that time. The table provide the information that the majority 10 (50%) of educators received training for 5 days, 4 (20 %) of educators received training for a day, 3 (15%) of educators had 3 days' workshop, while 3 (15%) had 1 week training workshop.

Question 3B: Does the Module (s) about Life skills in your initial training adequately prepare you to teach Foundation Phase learners about HIV/AIDS and sexuality education?

TOTAL NUMBER OF RESPONDENTS = 20					
YES		NO		UNCERTAIN	
NO	%	NO	%	NO	%
9	45%	5	25%	6	30%

The majority of educators, namely, 9 (45%) responded positively that the Life skills Module used during their initial training prepared them to teach learners about HIV/AIDS and sexuality education. Five (25%) of educators did not support the statement, while 6 (30%) of the educators are still uncertain about the module. The uncertainty indicates that educators lack the knowledge and information with regard to life skills aspects, what to be taught and how. According to the responses it seems as if there were educators who need urgent training to enable them to provide learners with relevant information so that they can be able to protect themselves against from any form of the abuse.

Questions 4B: Are you supported in your teaching sexuality and HIV/AIDS education?

TOTAL NUMBER OF RESPONDENTS = 20					
YES		NO		UNCERTAIN	
NO	%	NO	%	NO	%
7	35%	10	50%	3	15%

According to the responses of question 4b, it is clear that 7 (35%) of educators received support from stakeholder in teaching young learners about HIV/AIDS and sexuality education. Ten (50%) of educators disagreed that different stakeholders offered them support in that regard. About 3 (15%) of educators were uncertain about the statement. This shows that lack of support from different stakeholders is regarded as one of the contributing factor of implementing life skills programmes. This implies that the Department of Education just design the programmes and thereafter relies on educators to implement or provide learners with the information without giving them enough support. No supervision is being made in that regard.

Question 5B: what kind of support do you need in the implementation of life skills?

TOTAL NUMBER OF PARTICIPANTS= 20						
SUPPORT	PARENTS	SMT AND EDUCATORS	TRAINING PROGRAMME	TEACHING RESOURCES	STAKE HOLDERS	NONE
TOTAL	5	3	8	0	0	4
%	25%	15%	40%	0%	0%	20%

The majority of educators namely, 8 (40%) indicated that they experience lack of training programme. Therefore, they have chosen it as kind of support they would need. Five (25%) of educators indicated that they need support from parents, 3 (15%) of educators need the support from SMT as well as from educators, while 4 (20%) of educators neither indicated any of the above mentioned support system. This implies that training the workshop is the prerequisite and requires

favourable attention in a way to support educators regarding the implementation of life skills curriculum aspects.

Question 6B: According to you what changes, if any, would you suggest should be brought in with regard to the implementation of life skills?

TOTAL NUMBER OF RESPONDENTS= 20						
	Assess learners	Include lessons in time-table	Use of videos	Age restriction	Uncertain	Nothing
TOTAL	0	9	2	2	0	7
%	0%	45%	10%	10%	%	35%

Responses to question 6B shows that majority of educators 9 (45%) indicated that HIV/AIDS and sexuality education must be included in the lesson time-table, Two (10%) of educators suggested that learners should watch videos related to the topic, meaning they must see things practically, 2 (10%) recommend that age restriction should be considered, on the other hand 7 (35%) were satisfied about the programme.

Question 7B: briefly state what content(s) you teach under the following:

- Personal Well- being
- Safety
- Health
- Nutrition

TOTAL NUMBER OF PARTICIPANTS =20		
PERSONAL WELL-BEING	TOTAL	PERCENTAGE
Emotional health	0	0%
Values and attitudes	0	0%
Family life	5	25%
Self-concept	2	10%
Emotional development	0	0%
Conflict resolution	0	%
Moral and spiritual development	0	0%
Own body be respected	13	65%
Group work skills	0	0%
Others	0	0%

The responses to question 6B illustrates that the majority namely, 13 (65%) of educators focused on the lesson how to care about the body, meaning the learners must have an ample knowledge of the body, what it looks like and how it should be nurtured and young learner from an early age should realise that we all get one body to inhabit our journey through life and it should be cared for. Five (25%) of educators taught learners about matters on family life.

TOTAL NUMBER OF PARTICIPANTS =20		
SAFETY	TOTAL	PERCENTAGE
Personal hygiene	1	5%

Safety for young children at home and school	7	35%
Abuse	7	35%
Fire safety	0	0%
Crime	0	0%
Injury	3	15%
Road signs	2	10%
Accidents	0	0%
Other (dangerous places)	0	0%

Responses to question 7B indicates the contents taught by an individual educator under the topic Safety, the responses shows that 1 (5%) of the educators focused on personal hygiene and on the other hand, 7 (35%) of the educators focused on the safety for young children at home and at school, another 7 (35%) of the educators were taught about child abuse. The majority of educators 2 (10%) taught about road signs, while 3 (15%) were taught about dangerous places.

TOTAL NUMBER OF PARTICIPANTS =20		
HEALTH	TOTAL	PERCENTAGE
Clean and unclean water	0	0%

Communicable and infectious illness	0	0%
Management of acute injuries and illness	2	10%
Health policy	0	0%
HIV/AIDS and sexuality education	4	20%
Knowledge of the environment	1	5%
Health and safety	8	40%
Sense of responsibility	5	25%
Pollution	0	25%
Other (Specify) posture	0	0%

Responses regarding to the topic Health, indicates majority that namely, 8 (40%) of the educators focused mostly on the topic based on health and safety aspects, Five (25%) of educators chose Sense of responsibility, while two (10%) on injuries and illness and 1 (5%) of the educator focus on knowledge of environment, whereas 4 (20%) teaches about HIV/AIDS and sexuality education.

TOTAL NUMBER OF PARTICIPANTS =20		
NUTRITION	TOTAL	PERCENTAGE

Dietary and nutritious food	10	50%
Under nutrition	1	5%
Over nutrition	0	0%
malnutrition	0	0%
Fruit and vegetables	9	45%

The table above shows that the majority 17 (85%) of educators taught learners about dietary and nutritious food, it implies that they understand that the body of individual learner needs healthy nurturing which entails, instilling healthy and regular eating habit, 9 (45%) of educators taught them about fruit and vegetables, while 1 (5%) of educator taught about under nutrition.

C) ROLE OF EDUCATORS IN SEXUALITY EDUCATION OF YOUNG SCHOOL LEARNERS

Questions 1C according to you is it the responsibility of the school to teach young learners about sexuality education and HIV/AIDS?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Agree	8	40%
Disagree	11	55%

Strongly agree	1	5%
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Responses to question 1C indicated the mixed feeling that the majority 11 (55%) of educators disagreed that it is the responsibility of the school in teaching young learners about sexuality education and HIV/AIDS, Eight (40%) of educators agreed with the statement, while 1 (5%) of the educator strongly agree.

Question 2C learners learn about HIV/AIDS and sexuality education effectively from:

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Parents	11	55%
Educators	4	20%
Peers	2	10%
Media (Television/Magazines/Newspapers)	3	15%
School nurse	0	0%

Responses to question 2C illustrated that the majority 11 (55%) of educators indicated that learners can easily understand when they learn about sexuality education and HIV/AIDS from their parents. This means that parents were regarded as important participants in early education of their children, on the other hand 4 (20%) of educators indicated that educators can provide learners with appropriate life skills curriculum aspects and they can also learn effectively. Two (10%) some of the educators' responses do believe that learners can learn best when they get information about the issue from their peer, whereas 3 (15%)

favour the use of media. No educators responded on the whether learners can learn effectively about the issue from school nurse.

Question 3C what obstacles have limited your involvement in teaching sexuality education?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Lack of support from stakeholders	10	50%
It is a sinful to talk about sexual aspects with the learners at an early age	2	10%
Ignorance of what sexuality education is all about	8	40%

The majority of educators namely, 10 (50%) have great concern regarding the lack of support and guidance from different stakeholders. Two (10%) thought that it is sinful to talk about sexual matters with the learners at an early age. Eight (40%) point that the ignorance of what sexuality education is all about might be the problem.

Question 4C what has makes easier for you to talk about sexuality and HIV/AIDS with your learners?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
When you see learners read romance novels or book	13	65%

Whenever you feel it is necessary	7	35%
None of the above	0	0%

The majority of educators 13 (65%) indicated that it will be much easier for them to talk with the learners about HIV/AIDS and sexuality education when they read romance novels or books. This reveals that it's a difficult task for them to discuss with the learners about sexuality education and HIV/AIDS topic as stated in the literature view. Seven (35%) of the educators indicated that whenever they feel it is necessary for them to talk about the issue with the learners. On the other hand one of them was unsure about at what stage to discuss with the learners regarding the matter.

Question 5C: Where do you think young learners should learn about sexuality?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
At home	12	60%
At school	3	15%
Anywhere	5	25%

Most of the responses as indicated on the table 12 (60%) of educators were in favour of home, where learners can receive an appropriate information. Three (15%) of educators prefer that HIV/AIDS as well as sexuality education should be taught at school, whereas 5 (25%) of them suggested that it ought to be taught anywhere. This shows that the higher number of educators emphasised that the

teaching of the topic must basically start at home through the assistance of parents.

Question 6C: When should learners learn about sexuality and relationships?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Pre-school	5	25%
School age	14	70%
Adolescent stage	1	5%

According to the responses from question 6C, it shows that 14 (70%) of educators stressed that learners should learn about sexuality education and relationship at school whereas, Five (25%) recommended that pre-school educators should take the lead with regard to the topic, while 1 (5%) of educator prefer that sexuality education must be taught at adolescent stage.

Question 7C: Providing sexuality and HIV/AIDS education to young learners may threaten learner's innocence?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Yes	6	30%
No	14	70%

Concerning 7C responses, the majority of educators that is 14 (70%) refused that provision of sexuality education and HIV/AIDS may not threaten learner's innocence, whereas 6 (30%) of educators agree with question 7C.

Question 8C: Providing sexuality and HIV/AIDS to young learners is a difficult task?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Yes	10	50%
No	10	50%

Pertaining to question 9C, 10 (50%) responses of educators agreed that the provision of sexuality education and HIV/AIDS young learners is a difficult task, while 10 (50%) of educators indicated that the teaching of the topic is not a difficult task.

Question 9C: As an educator do you agree that parents are a child's life support system?

TOTAL NUMBER OF PARTICIPANTS= 20		
	TOTAL	PERCENTANGE
Yes	19	95%
No	1	5%

With regard to question 9C, 19 (95%) of educators agreed that parents are child's life support, on the other hand, one (5%) of educator disagree with the issue of parents child's live support system.

4.6 CONCLUSION

In this chapter, data derived from the interviews and questionnaires for this study were analysed, classified and categorised according to themes, presented and discussed. In the next chapter the findings, conclusions and recommendations of the study will be discussed.

CHAPTER FIVE: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter a summary, findings, conclusions and recommendations of the study will be presented, together with guidelines for further research. The findings will be explained in detail and examined on the basis of the literature reviewed. The broad aim of the study was to investigate challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality in the selected primary schools in the Motheo district in the Free State. Three research questions were addressed.

The following questions arose with regard to this research study:

What are the challenges that influence educators' implementation and delivery of life skills education curriculum?

What are the main factors that influence educators to face those challenges?

What assistance do Foundation Phase educators need from SMT members and Department of Education officials to overcome those challenges?

The conclusion is drawn based on the findings. Certain factors were identified as disturbing Foundation Phase educators' performance in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality in the two primary schools under the investigation in the Motheo district. These factors include curriculum content, educator training, socio-economic factors, community involvement, language and cultural differences, professional support, barriers to implement sexuality and HIV education, educators' attitude and commitment, as well as lack of resources as highlighted in the literature study.

5.2 FINDINGS FROM LITERATURE STUDY

5.2.1 Content of curriculum

The literature study revealed that the Life Skills curriculum content is one of the challenging factors that hinder Foundation Phase educators in the implementation of said curriculum in teaching learners about HIV/AIDS and sexuality in the primary schools in the Motheo district in the Free State. The focus was on HIV/AIDS awareness and information rather than on teaching and guiding them about sexuality-related issues that would give learners the necessary knowledge, skills, values and also to be responsible to prevent themselves from being abused emotionally or physically. They did not consider the negative consequences that might endanger the development of the child. According to the researcher, it was found that the goals of the national policy were not met, because learners were not exposed to intrapersonal skills as seen as all those skills that individual learners have to master. It is accepted that children need to be better prepared for real-life situations and that they should be exposed to more real-life skills. It is also expected that when developing a programme, attention must be paid to the creation of a richer conceptualization and methodology to understand and evaluate how messages are received, resisted and reworked in learners' experiences (see 2.3).

5.2.2 Educator training

The literature study revealed that the training of educators is a cause of concern in the implementation of life skills aspects in the Motheo primary schools. Lack of training is one of the contributing factors that affected the implementation due to the fact that some of the educators did not attend HIV/AIDS and sexuality education workshops; they lack knowledge and skills to deal with the topics related to HIV/AIDS and sexuality education. Therefore, it was found that they do not have the capacity to provide learners with the required life skills to achieve and extend their personal potential to respond effectively to challenges that may arise in their lives. The study highlighted the importance of training all educators

to master Life Skills programmes in order to train learners and expose them to formal training programmes on the sexuality and HIV/AIDS issues and even to select content that is contextualized for the learner to gain better understanding and how to approach it. Educator training is one of the strongest predictors of HIV/AIDS programme implementation because it raises an awareness about HIV/AIDS and sexuality education and improves educators' self-efficacy; provide concrete information and ideas about the interventions that can be implemented and it also increases their confidence in classroom practice (see 2.2.1). The findings suggested that equipping educators with necessary skills and optimal teaching resources may increase the implementation of sexuality education and HIV/AIDS awareness. Educators need on-going support staff development in terms of knowledge and understanding of the topic at hand.

The literature study also highlighted that when the Department of Education introduced the new Life Skills curriculum, only two educators from each school were trained and were given the responsibility for the implementation of the Life Skills programme in that particular school. They were trained within a short space of time and training for the implementation of the new curriculum consisted of once-off workshops or holiday workshops, while some of them did not attend workshops at all. Due to inadequate training and lack of resources, educators often lack competence to communicate sexual health education successfully and in teaching diverse groups of learners. Educators did not receive enough information in that regard.

5.2.3 Socio-economic factor

The commonest challenge most teachers from different schools faced was the inadequate teaching and learning materials. For the Life Skills curriculum to be successfully implemented the training workshops should be presented to those educators who need support from the Department of Education. The school district must ensure that there are enough funds for staff development to train all Foundation Phase educators regarding the topic. Funding and resources need to be provided during in-service training.

5.2.4 Community involvement

Parents are ultimately responsible for bringing up their children. The literature study highlighted a few objections of parents and schools to sexuality education. Educators find it challenging to implement the Life Skills curriculum while facing strong opposition from parents, religious groups and community at large as stated in the literature reviewed. In South Africa it is still a common belief that sexual education belongs in the private sphere and should not be part of public education (see 2.2.3). In the light of these problems, the following programmes such as community education and educational programmes should be piloted in a way to eliminate some of the negative social and economic influences which undermine children's lives and education.

5.2.5 Language and cultural differences

The literature review highlighted that there are numerous cultural differences between different population groups in South African schools because a vast range of languages are spoken. This has implications for educators who are required to teach multicultural groups and multilingual learners about sensitive topics within the classroom. As a result, educators must also recognize and respect learners whose language, culture, norms and values are not the same as those of the school environment. The study also found that when children attend schools where the language of learning and teaching (LoLT) is English and their parents can speak only the vernacular, it causes anger, shame and low self-esteem in parents and caregivers. Factor encourages the non-involvement of both parents and caregivers and worsens the fact that they cannot assist their children with schoolwork. Parents and children develop in opposite directions with little common ground in terms of culture, language and experiences.

5.2.6 Professional support

The findings of the literature study also revealed that lack of support for the implementation of Life Skills curriculum programmes, is one of the important factors affecting success. Most educators said that teaching HIV/AIDS prevention and sexuality education programmes are new to them. Some of the responses indicated that different stakeholders offer minimum support regarding the implementation of the new Life Skills curriculum concepts, more especially in the Foundation Phase level. The literature study also highlighted that educators need more time to plan their teaching to include a diversity of learners, they need systematic and intensive training, either as part of their initial training or as well-planned in-service training by competent and experienced people. There must be district-based support teams to provide professional support service and training practice for educators in a way to assist them to overcome problems. The core educational support service providers at the district level should include curriculum specialists, community role-players and support personnel. The entire staff at a school should be responsible for the implementation of the Life Skills curriculum so that the sole responsibility does not lie with the Foundation Phase educators (see 1.2.5).

5.2.7 Barriers to implement sexuality and HIV education

The literature study highlighted that the government failed to involve community members when introducing life skills curriculum aspects such as HIV/AIDS and sexuality education programmes and even to develop community support (see 2.5) Therefore, the ineffectiveness of the life skills programmes in some areas is partly due to lack of involvement of community members from the beginning. The government did not invite or seek parents' opinions regarding the implementation programmes, with the result that parents shift their responsibility to educate their children about the topic. On the other hand, educators feel that certain aspects of the curriculum are in conflict with their morals and religious beliefs (see 1.5). This shows that lack of clarity among the two parties still prevail regarding the Life Skills programmes to be implemented in the primary schools in the Motheo

district. The training programme should be mandatory for all; training should be organized by the Ministry of Education and the school to develop a locally relevant Life Skills curriculum that will create and encourage a community participation process in such a way that it would allow communities to be part of the programmes to shape their children's future.

5.2.8 Educators' attitude and commitment

The study also revealed that among the challenges encountered by educators in implementing the programme is that they were unsure of the Life Skills content, they lack information and the given training was not enough for them and some issues were very embarrassing. For the programme of Life Skills to be successfully implemented, educators require mastering the subject matter, having enough knowledge and receiving the required training. In that way, the educators' progress could be monitored and they would commit themselves and the implementation programmes would be successful.

5.2.9 Why is HIV/AIDS and sexuality education for young people important in most countries?

The literature study highlighted that in most countries young people are victims of HIV/AIDS infection and sexual abuse. Basic HIV/AIDS awareness and sexuality education plays a very important role in the life of young people. Prevention is better than cure, and by providing them with basic education, skills and knowledge, it would enable them to face many challenges and prepare them for any situation that may arise as they grow older. It also helps to protect themselves and not to believe false information from peers, media and the community they live in.

5.2.10 Why is it HIV/AIDS education for young people an issue?

The study highlighted that parents' perceptions are one of the challenging factors that affect the implementation of the Life Skills curriculum in the primary schools in the Motheo district and educators experience a serious challenge because

they are bound to implement the programme. The literature study revealed that most of the parents believe that teaching or discussing sexuality and HIV/AIDS with the young people is not appropriate because it may encourage them to experiment. The attitude of some parents and communities was not supportive of the programme. The principle emphasised here is that young people need relevant, age-appropriate information about HIV/AIDS and sexuality, to avoid the spread of HIV/AIDS and sexual abuse of young people in our country.

5.2.11 HIV/AIDS and sexuality education at school

The literature also highlighted the significance of the school in providing the learner with the required information needed regarding aspects such as HIV/AIDS and sexuality education at an early age to master certain skills to cope with many challenges. The school environment should focus on the distribution of knowledge. The study also highlighted that many factors still inhibit the successful implementation of these programmes in schools. Some of the educators who were sent for training in presenting the programme were not interested in the topic and they did not receive support from different stakeholders. There was a lack of basic resources.

5.3 FINDINGS FROM THE PARENTS' INTERVIEWS

5.3.1 Parents' feelings towards sexuality education and HIV/AIDS awareness being incorporated in the school curriculum

According to the research findings it was found that most of the parents realised the necessity of incorporating HIV/AIDS awareness and sexuality education into the school curriculum. If there is a link between the parents and educators, learners will benefit, acquire knowledge and master basic life skills during the process of the programmes that will lead them to take care of themselves and to face many challenges. It is expected of the parents to make children aware of the different aspects of physical abuse and HIV/AIDS. Above all, educators should be more sensitive so that sexuality education and HIV/AIDS awareness are addressed, considering the age of the learners. The information gathered

indicates that parents welcomed the implementation of the Life Skills curriculum aspects in the Foundation Phase.

5.3.2 Parents' views regarding sexuality education and HIV/AIDS awareness taught in the Foundation Phase

The findings showed that the majority of parents strongly supported the teaching of HIV/AIDS awareness and sexuality in the Foundation Phase, but considering the age of the learners. The study noted that through this programme, learners would benefit a lot and it would reduce the high number of children abuse, sexual harassment and teenage pregnancy. At the same time, there were those who did not receive proper information regarding HIV/AIDS and sexuality education programmes and they were reluctant to respond to questions. The findings confirmed what has been revealed in the literature reviewed. It was found that some of the parents tended to interpret sexuality education through their old beliefs systems, norms, values and culture. However, some of them did not understand the meaning of sexuality education. They lack knowledge about the programmes and as a result, educators find it challenging to implement the Life Skills curriculum while facing strong opposition among parents, religious groups and the community at large. It is still a common belief that sexual education belongs in the private sphere and should not be part of public education. The study found that the attitude of parents appears as one of the contributing factors affecting the implementation of the programmes to be put into practice. Regular meetings with parents must be scheduled and there is need to open discussion and exchange of ideas regarding the issue.

5.3.3 The people who are responsible for teaching learners about sexuality and HIV/AIDS

It was found that parents accepted to take the responsibility to discuss sexuality and HIV/AIDS matters with their children. They would like to join hands with educators in assisting their children with their sexual development. Parents realised the need to discuss such issues in order to protect children against

situations such as teenage pregnancy, rape, abuse and HIV/AIDS and also teach them certain skills, values and norms. The school must build on the foundations laid by the parents and strive to attain the same educational goals.

5.3.4 Obstacles preventing parents' involvement in teaching their children about sexuality at home

It was noted that even though most of the parents agreed to take the responsibility in teaching their own children regarding the topic, some of them still experienced a serious problem to discuss sexuality and HIV/AIDS at that age or level. According to the findings parents' negative attitudes appear as one contributing factor affecting the implementation of the Life Skills curriculum in the primary schools situated in the Motheo district. Findings also revealed that parents face a variety of challenges and demands that could make it difficult for them to remain active and positive in their children's education. Parents need to be empowered ` however, in understanding how to guide their children towards a better future and the changes in the school curriculum.

5.3.5 Appropriate time for children learn about sexuality and HIV/AIDS

The research findings revealed that most of the parents believed that children should be matured enough to receive information related to sexuality education and HIV/AIDS. The responses also revealed that parents were concerned about the age of the learners rather than focusing on the consequences children would face in the near future. Two-way communication between the parent and the school is needed for improving the implementation of the subject Life Skills.

5.3.6 Continuation of sexuality and HIV/AIDS programmes

The majority of parents agreed that sexuality education and HIV/AIDS programmes should continue for a prolonged time. They were aware that learners would benefit in one way or the other, to prepare them for the future and on how to take care of themselves when they are away from their parents. The

programme could also improve teaching and learning and give educators the opportunity to gain self-confidence in teaching learners about the topic.

5.4 FINDINGS FROM EDUCATORS' INTERVIEWS

5.4.1 Challenges experienced by educators in the implementation of life skills curriculum in teaching learners about sexuality and HIV/AIDS

Findings derived from the literature reviewed on the challenges faced by educators in the implementation of aspects of the Life Skills curriculum indicated that most of the educators do encounter serious problems regarding the implementation of the programmes. Some of them mentioned that HIV/AIDS and sexuality education topics were not included in the Life Skills textbooks, but these topics can only be found in the Intermediate Phase Life Skills textbooks whereas others emphasised that it is the parent's responsibility to teach their children about sexuality because they are still young. They do have difficulties to deal with this issue. Educators are not yet sure which aspects to be considered when teaching learners about HIV/AIDS and sexuality. They believe that parents should play their role to monitor their children's development and educators should welcome them as advocates for such development.

It is clear that educators are defending themselves by saying that teaching sexuality must be dealt with at "home". They are of the opinion that they might face intensive confrontation and opposition from parents. The other factor concerning the challenges faced by educators is that traditional beliefs system and values have an impact on educators' preparation and presentation of the topic.

5.4.2 Feelings about sexuality education and HIV/AIDS awareness being incorporated in the school curriculum

According to the findings it was found that educators believed that HIV/AIDS and sexuality education ought to be incorporated in the school curriculum in the Senior Phase, not in the Foundation Phase. They emphasised that at that age,

the learners would be able to defend themselves against any form of abuse, even to report the incident to the relevant people. It was found educators were not aware that during the Intermediate Phase values should be emphasised because at this stage learners are concerned about issues of justice. They need opportunities to look critically at different issues and behaviour involving what is right and what is wrong. Educators need workshops which will contribute to master the reality surrounding the learning in terms of content appropriate to the learners and to help educators to expand their knowledge and encourage eagerness and the will to teach the subject.

5.4.3 Views regarding sexuality and HIV/AIDS education taught in the Foundation Phase

The research findings revealed that the majority of educators concurred that they must be taught to empower their learners and be able to receive life skills education in a way that learners can acquire knowledge and understanding of the realities and problems inherited in their environment. From the findings it was found that some educators lack knowledge about the subject as they usually mentioned that the age of the learners should be considered even though it was already stated in the Life Skills materials that the information should be appropriate to the learners' age and phase of development and also be presented in the language they can understand. It was also found that some educators ignored the topics altogether in their classrooms. It was evident that the teaching of HIV/AIDS and sexuality is very difficult to some of educators.

5.4.4 Kind of support received by educators from different stakeholders regarding the teaching of Foundation Phase learners about sexuality and HIV/AIDS

The findings also showed that most educators received support from other external stakeholders namely, SASA people. Educators indicated that SASA people visited the school and presented Life Skills lessons in order that educators can learn from them on how to present these lessons and teach

learners about different kinds of abuse, which is an indication of the support needed by educators. The study discovered that there is a need for HIV/AIDS and sexuality education training for educators.

5.4.5 Expectations of Foundation Phase educators from the management of the school

The most significant findings of the study were the positive response given by the majority of educators that the kind of support expected from the management of the school is to arrange a day once per term which would enable them to address learners on how to take care of themselves. The findings revealed that support received by educators from parents and management teams should be provided to enhance the quality of teaching of HIV/AIDS awareness and sexuality in the primary schools in the Motheo district in the Free State in a way to prepare Foundation Phase learners for the future.

5.4.6 Continuation of sexuality and HIV/AIDS programmes

The majority of educators believed that it should be part of their programme for awareness purposes and to know about HIV/AIDS as well as sexuality. They emphasized that because of the high crime rate prevailing in our country, children are kidnapped, abused and they are at high risk to become victims of getting involved in sexual activities at a young age. Sexuality education and HIV/AIDS awareness should take place continuously.

5.5 FINDINGS OBTAINED FROM EDUCATORS' QUESTIONNAIRES

Gender: Questionnaires were meant for educators. Participants who completed questionnaires 100% were female educators.

Age: Majority of educators 25% were between 20 and 30 years of age, and 25% were between the age of 41 and 50 and 25% were between the age of 61 and above, while 10% of educators were between the 31 and 40 years of age whereas 15% of educators were between 51 and 60 year of age.

Race or ethnicity: The majority of the educators living in these areas were African people 60%, whereas the minority 40% were Non-African people.

Province: All the educators 100% taught in the Free State Province where data were collected from the identified primary schools.

Teaching experience: The majority of educators 45% had teaching experience between 1-5 years, 21 years or more teaching experience 45%, while the minority were between 11-15 years 5% and between 16-20 years 5%.

Grade: Most of educators 35% taught Grade 1, 35% of educators taught Grade 2 and a few of them taught Grade R 15% and also 15% taught Grade 3.

Medium of instruction: English was the medium of instruction in school A, whereas Sesotho was the medium of instruction in school B.

Cultures: Educators participated in the study were female educators representing different cultures. The majority of educators 55% were representing Afrikaans people and 35% of educators were representing Sotho, whereas 10% of educators were Xhosa people.

Language: The majority of educators were Afrikaans speaking 55%, while 35% were Sotho speaking, and 10% were Afrikaans speaking.

Community spoken language(s): The majority of educators 45% indicated that most of people speak Sotho, whereas 25% of educators illustrate that the majority of people speak Afrikaans, while 15% indicate IsiXhosa, whereas 10% indicated that language spoken in their community is Setswana and 5% English speaking.

5.6 FINDINGS REGARDING THE TEACHING SUPPORT AND LIFE SKILLS CONTENT TAUGHT IN THE FOUNDATION PHASE

5.6.1 Educators' training workshops

The findings derived from the questionnaire completed by educators showed that most of the educators attended sexuality education and HIV/AIDS workshops offered by the Department of Education, even though some of them mentioned that they did not attend or were exposed to the HIV/AIDS and sexuality education programme. The findings indicated that there is need for workshops for educators in order for them to implement the Life Skills curriculum and provide learners with required information related to HIV/AIDS and sexuality education.

5.6.2 Time spent at training workshop

The information received from the findings clearly stated that the time allocated for the training workshop was not enough in the sense that a lot of information was provided but when it came to the real classroom situation, some of the important facts were forgotten and it became difficult for educators to implement the Life Skills aspects. Educators should find ways how to deliver the content to Foundation Phase learners. It was found that educators can only be empowered through the workshops which would facilitate the understanding and implementation of Life Skills programmes.

5.6.3 Life Skills module used during the workshop

Educators who attended the training workshop agreed that the Life Skills module prepared them to teach learners about HIV/AIDS and sexuality. It was found that educators who did not receive training will experience challenges in the implementation of the topic. Educators need guidance and time to plan a lesson and also become familiar with the content of the subject before teaching can take place.

5.6.4 Support educators receive while implementing sexuality education and HIV/AIDS

It was found that the majority of educators who are already implementing the Life Skills curriculum were not supported during their teaching. This clearly indicates that lack of support from different stakeholders still prevails. Supervision should be maintained at all times by subject advisors and circuit managers to improve practices within the schools and also to ensure that educators communicate and share information with learners.

5.6.5 Kind of support educators need from while implementing the subject

When asked what kind of support they need, workshops and support from parents, SMT, educators and enough resources were mentioned as factors that could enhance educators' support and to ensure that life skills aspects were successfully implemented and thus would also improve the quality of educator development and support.

5.6.6 Changes regarding the implementation of the Life Skills programme

It was noted that educators gave different views from. The majority of educators stated that life skills aspects such as HIV/AIDS and sexuality should be included in the time-table and learners should be provided with opportunities to access information related to the topic through the use of media and lessons should be presented considering the age of the learners. It was also noted that most of educators welcomed the programme and they also stressed that there is no need to change it as it would affect the Department of Education policy. Thus it would bring about the successful implementation of the programme.

5.6.7 Life skills content taught under: Personal Well-being, Safety, Health and Nutrition

Personal Well-being

The findings revealed that most of the educators provide learners with the relevant information on how to take care of their bodies and also to learn about family life, as well as self-concept, meaning that learners must be aware that they are worthwhile individuals and they should be treated as worthy of love and believe that they have worth as people from a very young age.

Safety

The research findings revealed that under the safety topic, the majority of educators focused on the most important aspects of life related to HIV/AIDS and sexuality education, such as child abuse, safety for young children at home and school, dangerous places where learners may go. Educators really support learners and want to prepare them for the future so that they will not be cheated in any situation.

Health

According to the findings it was found that teachers discussed the following topics such as clean water, communicable and infectious illness, management of acute injuries and illness, HIV/AIDS and sexuality, health and safety, sense of responsibility and pollution within the classroom. One educator discussed knowledge of the environment. Educators provided learners with relevant information regarding their health to stay focused at all times, even in unavoidable situations. By acquiring knowledge, learners will be better equipped to respond when faced with a life crisis and could easily survive diverse situations.

Nutrition

The findings revealed that educators taught learners about dietary requirements and nutritious food, fruit and vegetables and how they function within an individual's body in order to live a healthy life style that would protect them against infectious diseases. The study indicated that there is need to teach their learners self-care skills and to eat a balanced diet to boost their bodies and to be ready to cope with life challenges.

5.7 THE ROLE OF EDUCATORS IN THE SEXUALITY EDUCATION OF YOUNG SCHOOL LEARNERS

5.7.1 Educators' responses to the question that it is responsible to provide HIV/AIDS and sexuality education to learners

According to the findings it was found that the majority of educators disagreed with the statement that it is the responsibility of the school to teach Foundation Phase learners about HIV/AIDS and sexuality. This implied that educators were reluctant to discuss such issues with the learners. Therefore, parents must start teaching their children about the above mentioned.

5.7.2 Responsible person in teaching learners about HIV/AIDS and sexuality

Parents are recognized as the initial educators in a child's life and are the first contact the child has with modelled behaviour and also to provide children with basic education regarding the mentioned topics. It is essential for parents to be involved in the process of building the future of their children and even to decide what they want them to learn. If parents take the lead in their children's education, there would be a greater chance of improving the implementation of the Life Skills curriculum in the primary schools in the Motheo district. In general, there is a need for parents to take action and to teach several skills to empower and support children to deal with the challenges of life that could disturb their personal growth and development.

5.7.3 Obstacles limiting educators' involvement in teaching about sexuality and HIV/AIDS

The majority of the educators indicated that lack of support from stakeholders was the main issue preventing them to become actively involved in teaching the Life Skills curriculum in the Foundation Phase. From the findings of this study it became evident that stakeholders do not offer educators enough support in order for them to gain confidence and be willing to put the programme into practice. Educators need back-up support to deal with sensitive issues.

5.7.4 Aspects that make it easy for educators to discuss HIV/AIDS and sexuality with the learners

The findings of the study revealed that teaching learners at the Foundation Phase is not an easy task. Educators lack self-confidence to deal with the mentioned issues. They can only discuss these whenever is necessary or when the learners read about these issues. This implies that training of educators was not recognised and on the other hand they were expected to implement the programme and equip learners with relevant information and the required skills. The study also found that the Department of Education and the schools faced challenges regarding the implementation of the Life Skills curriculum whereby the drafted life skills programme was not put into practice by some educators.

5.7.5 Where should learners learn about HIV/AIDS and sexuality?

The majority of educators indicated that learners should learn about sexuality right from home by the parents. It means that this would help educators to emphasise what children have already discussed at home. Some teachers, however, indicated that school is the place where learners should learn and others illustrated that learners can get information from different sources. It is evident that educators may not seek to educate the learners on their own but must perform the tasks in collaboration with the parents and to avoid stumbling blocks that may occur.

5.7.6 Age appropriate

The findings derived from the completed questionnaire indicated that the majority of educators felt that learners should learn about sexuality and relationships when they attend school, whereas others indicated that they must learn when they are at Pre-school. The findings revealed that educators need workshops related to sexuality education and HIV/AIDS awareness.

5.7.7 Does provision of HIV/AIDS and sexuality education threaten learners' innocence?

The majority of educators disagreed that when providing sexuality education and HIV/AIDS awareness to learners that in itself might threaten learners' innocence, while the minority agreed with the statement. The study revealed that this would assist young people not to fall in the trap of strangers and to reduce the high number of people who are infected with the virus. The findings from the responses however, revealed that the majority of educators believe that skills should be taught and practised in class rather than be left unattended.

5.7.8 Educators' responses to the task of providing learners with HIV/AIDS and sexuality education

The same number of educators (50%) agreed that providing HIV/AIDS and sexuality education to young people is a difficult task on the other hand 50% of educators disagreed.

5.7.9 Educators' responses regarding child support

The study found that the majority of educators indicated that parents are the child's life support. It was also evident that parents are made accountable for educating their children during the process of development. They should try to mould the learners for a better future.

5.8 RECOMMENDATIONS FOR IMPROVING TEACHING AND LEARNING OF LIFE SKILLS CURRICULUM ASPECTS SUCH AS HIV/AIDS AND SEXUALITY

This section offers recommendations towards the implementation of the Life Skills curriculum aspects and on how to overcome challenges faced by Foundation Phase educators.

The teaching of the child about HIV/AIDS and sexuality at an early age seems to be a difficult task for both parents as well as educators. The following factors were mentioned as hindering the implementation of the Life Skills curriculum: lack of support from parents, different stakeholders, training workshops, HIV/AIDS and sexuality education not included on the time table, inadequate resources and curriculum content were not sufficiently provided, according to the findings. Therefore, there is a need for all stakeholders in the Education sector to strengthen the intervention approaches and provide support. The recommendations proposed below are aimed at influencing the Department of Education and Ministry of Education's policies to speed up the process so that the Life Skills programmes will be implemented.

The following recommendations are made in respect of this study, namely:

5.8.1 Schools should inform parents about the Life Skills programmes and what it entails in order to support the learning and development of each child. Parents were not clear about the content of the Life Skills curriculum; they do not even understand its significance. It is necessary to inform them about curriculum changes at schools in order to avoid unnecessary stumbling blocks during the process of implementation. 5.8.2 Regular parents' meetings should be scheduled and open and inter-active participation should be allowed to encourage exchange of ideas or views where appropriate and to reach collective decision-making. Parents need to be empowered and provided with relevant information in order to gain knowledge and skills related to HIV/AIDS and sexuality education.

5.8.3 As indicated in the analysis, parents are the primary source of information in the early education of the child and they should be motivated to take the

responsibility in teaching their children about sexuality and HIV/AIDS. What is needed is that there must be open discussions between parents and children. The importance of life skills and communication must also be stressed among the parents.

5.8.4 Sexuality education and the HIV/AIDS topic should be included in the school time table and also be part of the assessment in the Foundation Phase to encourage educators to regard the subject as a serious matter and put it into practice for the sake of the learners.

5.8.5 The Department of Education should organise on-going training workshops on team building and communication for staff development. They should provide educators with appropriate knowledge, skills and give them the direction that would lead them towards the implementation of the Life Skills curriculum.

5.8.6 The Department of Education should revise the Life Skills policy to correct deficiencies by amending the policy with the inclusion of monitoring and support different schools in a way to address the issue of sexuality education and HIV/AIDS to reach the expected level of intervention and provide educators with the means to implement the curriculum and do their work well.

5.8.7 The Department of Education should manage the Life Skills programmes, consult with and advise educators and report on school visits to ensure effective implementation of the programmes.

5.8.8 Department officials should ensure that the Life Skills curriculum is well implemented and monitored in all primary schools and the necessary arrangements made with all relevant people such as parents, educators' and School Management Team whom would be responsible for the success of the programme.

5.8.9 Educators should be provided with adequate resources with relevant information and parents should also be involved during the process of developing

the teaching materials to avoid confusion or deny learners an opportunity to learn. The need for age-appropriate materials should to be emphasised.

5.8.10 School principals, educators and parents should be supported through regular workshops and also be provided with adequate resources to improve the quality of teaching and learning and develop a positive attitude towards educators and parents by providing learners with the required life skills and knowledge.

5.8.11 Department of Education officials must ensure that learning facilitators visit the schools to monitor whether educators implement the Life Skills curriculum as prescribed.

5.8.12 Department officials must ensure that funds are available for each school for educators to attend workshops and take the responsibility to conduct training workshops, especially for schools where educators did not receive training.

5.8.13 Above all, educators need skills, knowledge and training to exercise their powers on what knowledge, skills and values learners should know and master at the end of the lesson and what kind of teaching strategies should be applied.

5.9 IMPLICATIONS FOR FURTHER RESEARCH

Based on the findings, the aim and objective of the study was achieved regarding the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality in the Motheo district in the Free State, based on the following sub-headings to be evaluated: Conflicting ideas between parents and educators regarding the research topic and lack of resources. The two parties i.e. educators and parents are not addressing the challenges fairly. With regard to the issue of not teaching sexuality and HIV/AIDS awareness in the first place, educators are not comfortable to teach the above -mentioned topic in detail. They are reluctant to make learners aware about the sexuality and HIV/AIDS. On the other hand,

parents have different perceptions towards educators with regard to the topic as they have the misconception that learners would experiment in a literal way.

Further research should be conducted pertaining to the resources that include the said topic, such as the Foundation Phase Life Skills books. The indicated resources will force educators to teach the Life Skills programmes.

Further research should be done by the Free State Department of Education to hold regular HIV/AIDS and sexuality education workshops to address the misconceptions about the topic.

The researcher should also invite the opinions of educators from several primary schools in relation to the challenges faced by educators from the two identified schools.

5.10 CONCLUSION

In conclusion: this study was conducted with the aim of investigating the challenges faced by Foundation Phase educators in the implementation of the Life Skills curriculum in teaching learners about HIV/AIDS and sexuality in the Motheo district in the Free State. In order to achieve this aim, specific objectives were formulated. The study was to establish educators' perceptions with regard to the challenges affecting the implementation of Life Skills topics and also to compare their perceptions regarding the issue. It was revealed that different responses and similarities were found when asked whether learners in the Foundation Phase should be taught about the issues related to HIV/AIDS and sexuality education; who is responsible in teaching learners about HIV/AIDS and sexuality and at what age children should be taught. It was discovered that parents do not want to discuss sexual related issues with their children and some of educators faced a serious challenge in the implementation of the Life Skills curriculum, especially in teaching Foundation Phase learners at that age about HIV/AIDS and sexuality. During the interview sessions, some of them did not respond to the set questions because of the sensitive topic.

It is clear that even though some educators were able to present a lesson related to Life Skills aspects; others were still struggling to deal with these sensitive issues. The study achieved its objective in the sense that it showed that educators who are implementing the Life Skills curriculum are those who received training, while those who did not attend workshops are uncertain on how to present the topic because they lack knowledge. From the findings, factors affecting the implementation of the Life Skills curriculum were mentioned.

In order to achieve this aim, educators require specialized training so they are comfortable discussing them without letting personal values conflict with the health needs of the learners (UNESCO 2009). This study demonstrated that school educators, as well as parents require knowledge and skills. The study concluded that the implementation of the Life Skills curriculum could only be effective and successful if necessary support from different stakeholders is provided for Foundation Phase educators and enough resources are provided. Parents should also be involved while designing Life Skills materials, and should be empowered through parent meetings on how to go about teaching sensitive issues. If the Department of Education, educators and parents can fulfill their roles and commit themselves there is a great chance that the implementation of the Life Skills curriculum would improve and the learners will benefit.

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APPENDIX A: FOCUS GROUP INTERVIEW FOR EDUCATORS

Questions for establishing the problems experienced by Foundation Phase educators

QUESTION 1

Do you experience any challenges or problems when you start the implementation of life skills curriculum in teaching young learners about sexuality education and HIV/AIDS? If so, what are those challenges?

QUESTION 2

How do you feel about sexuality education and HIV/AIDS being incorporated in the school curriculum?

QUESTION 3

What are your views of sexuality education and HIV/AIDS that is being taught in the Foundation Phase?

Questions to establish ways of overcoming problems experienced by Foundation Phase educators

QUESTION 4

What kind of support that you receive for teaching Foundation Phase learners about sexuality education and HIV/AIDS from different stakeholders?

QUESTION 5

What, according to your opinion could Foundation Phase educators expect from the management of the school?

QUESTION 6

Do you think sexuality and HIV/AIDS programmes should continue for prolonged time? Motivate your answer.

APPENDIX B: FOCUS GROUP INTERVIEWS QUESTIONS FOR PARENTS

QUESTION 1

How do you feel about sexuality education and HIV/AIDS being incorporated in the school curriculum?

QUESTION 2

What are your views of sexuality education and HIV/AIDS that is being taught in the Foundation Phase?

QUESTION 3

As parent do you believe that it is the responsibility of the school to teach young learners about sexuality education and HIV/AIDS?

QUESTION 4

What obstacles have limited your involvement in teaching your children about sexuality education at home?

QUESTION 5

When should children learn about sexuality education and HIV/AIDS?

QUESTION 6

Do you think sexuality and HIV/AIDS programmes should continue for prolonged time? Motivate your answer.

APPENDIX C: QUESTIONNAIRE FOR EDUCATORS

Instructions

- Please do not write your name on paper.
- Answer every question.
- All the information collected will be used for the purpose of this study and will not disclose for any purpose.

A) BIOGRAPHICAL INFORMATION

Please mark the appropriate block with an (x) that is most applicable to you.
Choose one response only.

Please indicate your gender.

Male	
Female	

Indicate your age group

20 to 30	
31 to 40	
41 to 50	
51 to 60	
61 and above	

Please indicate your race or ethnicity

African	
Coloured	

Indian	
White	
Other (specify)	

In which province do you teach?

Northern Cape	
Limpopo	
Gauteng	
Free State	
Durban	
Eastern Cape	
KwaZulu-Natal	
North West	
Western Cape	

Indicate years of teaching experience.

1 to 5 years	
6 to 10 years	
11 to 15 years	
16 to 20 years	
21 years or more	

Indicate the grade that you teach.

Grade R	
Grade 1	
Grade 2	
Grade 3	

Indicate medium of instruction in your school

English	
Tswana	
Sotho	
Afrikaans	
IsiXhosa	
Other (specify)	

Indicate which cultures are represented in your class.

Sotho	
Tswana	
Xhosa	
Zulu	
Indian	
Other (Specify)	

What are the home language / mother tongue of your learners? Please indicate

IsiXhosa	
Sesotho	

Afrikaans	
English	
Setswana	
Other (specify)	

Indicate the language(s) spoken in the community you serve.

Sotho	
Afrikaans	
IsiXhosa	
Tswana	
English	
Other (specify)	

B) TEACHING SUPPORT AND LIFE SKILLS CONTENT TAUGHT IN THE FOUNDATION PHASE EDUCATORS

- 1) Have you been trained or attended any workshop based on the life skills curriculum aspects such as HIV/AIDS and sexuality education? Indicate YES/NO
- 2) How long did the training you have attended last?
.....
- 3) Does the Module (s) about Life skills in your initial training adequately prepare you to teach Foundation Phase learners about HIV/AIDS and sexuality education?
.....
- 4) Are you supported in your teaching sexuality and HIV/AIDS education?
.....
- 5) What kind of support do you need in the implementation of life skills
.....

6) According to you what changes, if any, would you suggest should be brought in with regard to the implementation of life skills?.....

.....
.....

7) Briefly state what content(s) you teach under the following:

- Personal Well- being

.....
.....

- Safety

.....
.....

- Health

.....
.....

- Nutrition

.....

C) ROLE OF EDUCATORS IN SEXUALITY EDUCATION OF YOUNG SCHOOL LEARNERS

Please indicate with a cross (x) which is most applicable to you.

1) As an educator do you believe that it is the responsibility of the school to teach young learners about sexuality education and HIV/AIDS?

- Agree
- Disagree
- Strongly agree

2) In your opinion, learners learn about HIV/AIDS and sexuality education effectively from:

- Parents

- Educators
- Peers
- Media (Television/Magazines/newspapers etc.)
- School nurse

3) What obstacles have limited your involvement in teaching sexuality education?

- Lack of support from different stakeholders
- It is a sin to talk about sexual aspects with the learners at an early age
- Ignorance of what sexuality education is all about

4) What has makes easier for you to talk about sexuality and HIV/AIDS with your learners?

- When learners ask questions about sexuality or body parts.
- When you see learners read romance novels or books
- Whenever you feel it is necessary
- None of the above

5) Where do you think young learners should learn about sexuality?

- At home
- At school
- Anywhere

6) When should learners do learn about sexuality and relationships?

- Pre-school
- School age
- Adolescent stage

7) Providing sexuality and HIV/AIDS education to young learners may threaten learner's innocence?

- YES
- NO

8) Providing sexuality and HIV/AIDS to young learners is a difficult task?

- YES
- NO

9) As an educator do you agree that parents are a child's life support system?

- YES
- NO

Please write down any additional comment or concern you may have about life skills curriculum aspects such as HIV/AIDS and sexuality education.

Thank you for your participation

APPENDIX D: LETTER FROM PROMOTER

Central University of Technology, Free State
Private Bag X20539
Bloemfontein
9300
04 August 2014

RE: Conducting a research study at Primary schools.

To whom it may concern!

This is to certify that the student Mrs LA Ntlhare is supposed to conduct research at various primary schools in Motheo district. It is for this purpose as her a study leader; I request a place from the department of education to fulfil this obligation from the university (i.e. CUT).

The title of her study is: **“Challenges faced by Foundation Phase Educators in the implementation of life skills curriculum in teaching young learners about sexuality education and HIV/AIDS in Motheo District”**. It should be noted that her sampling will involve HOD, educators and parents.

I hope you will find this to be in order.

Kind regards

PA Phindane (Dr)



APPENDIX E: LETTER FOR REQUEST PERMISSION TO CONDUCT RESEARCH AT SCHOOLS

Central University of Technology, Free State
Private Bag X20539
Bloemfontein
9300

The Director
Private Bag X20512
BLOEMFONTEIN
9300

Dear sir/Madam

REQUEST FOR PERMISSION TO DO RESEARCH AT SCHOOLS

I hereby wish to apply for permission to conduct a research in schools. I am conducting a research project in partial fulfilment of the requirements for the completion of the M.Ed. Degree that I am currently studying at the Central University of Technology, Free State. I am investigating the “Challenges faced by Foundation Phase Educators in the implementation of life skills in Motheo District”.

My proposed fieldwork plan is as follows:

1. A research will be conducted with a sample of two primary schools.
2. A sample of learners, educators including one HOD, SGB Members and parents will be interviewed.

The research will be conducted the whole month of September 2014.

Yours Sincerely

L.A Ntlhare

APPENDIX F: PERMISSION LETTER FROM THE DEPARTMENT

Enquiries: Phori JR
Reference: Mafojane Mrs. Approval letter
Tel: 051 404 9258
Fax: 086 5040 971
E-mail: phorij@edu.fs.gov.za



**OFFICE OF THE DIRECTOR:
STRATEGIC PLANNING, POLICY & RESEARCH**

19 August 2014

Mrs. Ntshare LA

RE: APPROVAL TO CONDUCT RESEARCH IN THE FREE STATE DEPARTMENT OF EDUCATION:

1. This letter serves as an acknowledgement for receipt of your research request in the Free State Department of Education.
2. Research topic: **Challenges faced by Foundation Phase educators in the implementation of life skills curriculum in the teaching of young learners about HIV/AIDS and sexuality education in Motheo District.**
3. Approval is granted for you to conduct research in the Free State Department of Education.
4. This approval is subject to the following conditions:-
 - 4.1 The names of participants involved remain confidential.
 - 4.2 The structured questionnaires are completed and the interviews are conducted outside normal tuition time or during free periods.
 - 4.3 This letter is shown to all participating persons.
 - 4.4 A bound copy of the research document and a soft copy on a computer disc should be submitted to the Free State Department of Education (Strategic Planning, Policy Development & Research).
 - 4.5 You will be expected, on completion of your research study, to make a presentation to the relevant stakeholders in the Department.
 - 4.6 The attached ethics document must be adhered to in the discourse of your study in our department.
5. The costs relating to all the conditions mentioned above are your own responsibility.
6. You are requested to confirm acceptance of the above conditions in writing, within seven days after receipt of this letter. Your acceptance letter should be directed to:

**DIRECTOR: STRATEGIC PLANNING, POLICY AND RESEARCH,
Old CNA Building, Maitland Street OR Private Bag X20565, BLOEMFONTEIN, 9301**

Thank you for choosing to research with us. We wish you every success with your study.

Yours faithfully,



Mothebe MJ – Director: Strategic Planning, Policy & Research.

Directorate: Strategic Planning, Policy Development & Research - Private Bag X20565, Bloemfontein, 9300 – Room 301, Old CNA building,
Charlotte Maxeke, Bloemfontein 9300 - Tel: 051 404 9283/ Fax: 086 6678 678 E-mail: research@edu.fs.gov.za

www.education.gov.za

APPENDIX G: LETTER OF REQUEST FOR PERMISSION TO DO RESEARCH

Central University of Technology, Free State
Private Bag X20539
Bloemfontein
9300

The Principal

.....
.....

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN YOUR SCHOOL

I hereby wish to apply for permission to conduct research in your school. This research is fulfilment of the requirements for the Master in Education (M.Ed.) degree programme that I am currently studying at Central University of Technology, Free State. The title of my script reads thus: **“Challenges faced by Foundation Phase Educators in the implementation of life skills curriculum in teaching young learners about sexuality education and HIV/AIDS in Motheo District”**.

Furthermore I request your permission to conduct interviews with educators and parents and SGB members.

Your co-operation will be highly appreciated

Yours Sincerely

.L.A Ntlhare.....

APPENDIX H: CONSENT FORM

Challenges face by Foundation Phase educators in the implementation of life skills curriculum in teaching young learners about HIV/AIDS and sexuality education

Dear colleague,

Thank you for agreeing to take part in this research project. Please read the statements below, sign at the bottom if you give your consent to the contents and return in the enclosed envelope with your completed questionnaire not later than 30th September 2014.

I'm fully aware of the aims of this research and I give my consent to my information regarding this research to be used. I am aware of the fact that I can withdraw my cooperation with this research without explanation and also without prejudice at any time.

I understand that all copies of the questionnaire will be kept in a locked cabinet. I am also aware that any recorded information will be deleted or removable. No names will be recorded anywhere. The information will be destroyed in October 2014. I give my consent that the only other person to see any raw data will be the interview's academic mentor.

Signature.....

APPENDIX: I: INFORMATION LETTER

No 1 Corner Amber Crescent and Olive Street

Mandela View (Eden Park)

Bloemfontein

9301

Dear colleague,

I Leetwane Anna Ntlhare study at Central University of Technology undertaking Master's degree in the Department of Educational department of Professional Studies. I am required to conduct a research project. I have chosen to investigate:

Challenges face by Foundation Phase educators in the implementation of life skills curriculum in teaching young learners about HIV/AIDS and sexuality education.

The aim of this study is to investigate the challenges face by of Foundation Phase educators in the implementation of life skills curriculum with regard to HIV/AIDS and sexuality education programme in the primary schools in the Motheo District in the Free State.

For this purpose I am seeking your co-operation to complete the enclosed questionnaire the above subject.

Your participation is entirely voluntary and you are free to withdraw at any time without reason and prejudice. Above is my address and below are my contact numbers. The details may be used in the event that would like any further information or clarification.

All paper work will be kept strictly confidential and the equipment's used to record or captured information will lock in the cabinet. It will only be used in any

literature, either by me as the researcher for this project and may be seen by my Supervisor and me.

Anonymity is guaranteed and your name will not be used in any literature or manuscript.

Thank you for your initial interest in my research project. If you have any questions, please don't hesitate contact me.

Leetwane Anna Ntlhare

Office No-051 507 4019

Mobile No-083 5765 012