AN INVESTIGATION OF THE USE OF LIFE SKILLS AS AN INTERVENTION STRATEGY IN THE FIGHT AGAINST HIV/AIDS AT SENAKANGWEDI SENIOR SECONDARY SCHOOL IN BOTSHABELO

By

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DEDICATION

The study is dedicated to the Almighty God and my late parents Seranoleng Reginah Modise, Tsopologa John Modise, late Rev Evans Modiredi Plaatjie, my late grandmother, Kelelang Dorah Modise and my uncle, Mokoduwe Gaobonwe White.

DECLARATION

I, Modise Motalenyane Alfred hereby declare that "An Investigation of the use of Life Skills as an intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo" is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.

Signed by…………….……………..on the……16…… day of…….February………2012

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ABSTRACT

The purpose of the study was to investigate Life Skills as an intervention strategy in the fight against HIV/AIDS among the teenagers at Senakangwedi Senior Secondary School in Botshabelo, Free State. Life Skills as an intervention strategy were implemented in one secondary school in Free State Province in Motheo District. A cohort of 30 learners and 10 educators from secondary schools in Botshabelo, Free State Province participated in the study. The respondents comprised of 10 learners from Grade 10, 10 from grade 11 and 10 learners from Grade 12 as well as ten educators. Learners were between the ages of 15 and 20 years. Between these ages their cognitive development allows them to be more aware of Life Skills as an intervention strategy to combat HIV/AIDS at school. Thus, it was easy for them to verbalise Life Skills as an intervention strategy to fight HIV/AIDS. Due to their ages, their operational thinking allowed them to develop hypotheses about the possible outcomes of problems and to evaluate these outcomes comparatively. Educators were controlled by the level of their education, being respondents with a diploma or university degree. Comparatively learners who are 18 years of age were themselves concerned as they were heads of households.

To arrive at the reported findings the study used the qualitative research approach methodology. This qualitative approach enabled the researcher to access information relating to the learners' and educators' perceptions about HIV/AIDS. A life history approach was adopted in conducting the interviews to obtain a holistic understanding of participants' life events in relation to their home environment. The interview guide covered such dimensions as family background and schooling. In the interviewing process, the researcher used the techniques of crystallisation and confrontation to enhance the clarity and trustworthiness of the narratives. In cases of ambiguity, the researcher asked the respondents for detailed and concrete examples and, in case of inconsistence, for further clarification and re-interpretation. The interview data were later transcribed for data analysis. The grounded theory approach was adopted to analyse the interview data, through which the categories of learner's perceived

motivations emerged naturally from their narratives. The evolving process comprised the following steps: (1) careful and repeated reading of transcriptions; (2) open content coding to signify any units of meaningful narratives in the passages. Ethical approval to conduct the study was sought and obtained from participating respondents and institutions.

The results showed that most learners in the sample are orphans as result of AIDS and that many households are now headed by teenagers who have had to take on parental responsibilities. The results showed that Life Skills reduce teenage pregnancy and absenteeism at school. According to the results, life skills changed the behaviour of the learners and their attitude towards HIV/AIDS and therefore, learners should be educated about HIV/AIDS, teenage pregnancy and its prevention, as a strategy to reduce HIV/AIDS in schools. Life Skills is fundamental in empowering learners to live meaningful lives in a society that demands rapid transformation that enhances the community. The pandemic undermines the efforts of poverty reduction, part of the *manifesto* of the African National Congress (ANC) led Government; which aims at improving economic growth.

In addition, the study revealed that learners feel free to talk to one another and that coaching by a Life Skills educator, assists in ensuring that HIV/AIDS-related topics are discussed with ease. The results showed that most learners agree that Life skills empower them with a sound and helpful background to prevent HIV/AIDS. Furthermore, learners admitted that the Life Skills programme effectively empowered them with the necessary knowledge to make informed decisions regarding sexuality. From the study a few valuable lessons were learned by the learners' as an awareness of the pandemic and its consequences for their lives.

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CHAPTER ONE

INTRODUCTORY OVERVIEW

1.1 Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are causing a lot of pain as a result of death, orphans and poverty in the family and trauma in the lives of our communities and we do not have choice but to educate our learners about HIV/AIDS (Department of Education, 2004: 3). The Department of Education (DoE), furthermore, makes it clear that schooling has the responsibility to give children the basic Life Skills they will need throughout their lives and this place us in an excellent position to educate the nation about HIV/AIDS (DoE: 2004: 26) .

The Life Skills training can contribute to the development of an individual's capacity for adaption and the development of new interactional patterns between the individual and his/her social context. Life skills training can therefore also impact on risk behavior related to HIV/AIDS, which is associated with various process is of the individual, such as self-esteem, awareness of personal risk, interpersonal matters as such group norms, gender roles and community and cultural levels (Visser, 2005: 205).

Life Skills and HIV/AIDS education programme was implemented in Secondary Schools as a strategy to combat the spread of HIV/AIDS among school going people in South Africa. Two educators per school were trained to implement life skills training and HIV/AIDS in schools as part of the school curriculum (Visser, 2005: 203). This chapter provides the significance of the study, background of the study, statement of the problem, research questions, aim and objectives of the study, definition of concepts, review of literature, research design, research approach, population and sample, instrumentation, data analysis, limitation and division of chapters.

1.2   Significance of the study

The study is important to our community; the results will bring new methods in intensifying means in the attempt to educate our learners and to control this pandemic.

The research will contribute immensely in particular to the body of knowledge especially with the teaching of Life Skills as an intervention strategy that could assist in the fight against HIV/AIDS in secondary schools. It will also help to put forward suggestions on how to overcome this problem in Botshabelo Secondary Schools.

1.3   Background of the study

The learning area known as Life Orientation (LO) is aimed at educating healthy, responsible young people who are able to live productive lives in the new democratic South Africa. LO forms part of a Life Skills component, which is widely implemented in educational settings; for example, by the World Health Organisation (Jacobs, 2011: 1).

In South Africa, a number of schools have as yet to come to terms with the importance of sexuality education and related sicknesses (Kelly, 2000: 7). The above-said, suggests that too little is done to help the learners improve their understanding of this very important aspect of their lives and change their behaviour. This may be necessary in order for them to manage their emergent sexuality in a responsible manner. The challenge is the cultural differences and parents who do not feel comfortable and confident to talk about sex education. Parents must be educated to feel free to talk about sex education to their children (Max et al., 2002: 662)

Researchers in most of the literature reviewed emphasisethe importance of teachers becoming more open in their attitude about the HIV/AIDS issue at school level and about the important role they fulfill in setting a good example to the learners in their schools (Govender, 2001: 1).

Kok (2000: 83), states that an AIDS Awareness programme would address the

factual reality of the matter but ignore the importance of the learners' values, beliefs and attitudes towards their emerging sexuality. On the other hand, combined Life Skills and HIV/AIDS Education Programmes would help to distribute knowledge and build on the understanding and beliefs of those who seek to influence others in their attitudes and beliefs (Marce & Lessing, 2004: 110). According to Gachuhi (1999: 12), family life and sex education programmers have the potential to promote positive adolescent reproductive health beliefs and behaviors. Reddy (2005:1), points out that talking about sexuality and schooling in the same breath can be in many societies seen as disturbing. An effective programme would not only address the facts, but most important, the values, the beliefs and attitudes of the persons involved (Shikhibane, 1997: 7).

The personal problems of learners suffering from HIV/AIDS are affecting the learning process in every school. One priority is therefore to protect the learning process and to instill quality teaching. The experience of the business community shows that the HIV/AIDS pandemic not only causes a high level of absenteeism, but also affects schools in other ways (Mather, 2002:13). Some learners suffer from HIV/AIDS or are relatives suffering from HIV/AIDS and probably are lonely and depressed, because they receive little support and protection from external sources. Emotional suffering is probably the strongest legacy of HIV/AIDS in learners. They are exposed to worrying and suffering over a long period of time as they watch their parents, friends, relatives and caretakers suffer from the effects of the killer disease. Some of them even have to take care of dying relatives, who are too weak to look after themselves. They may also worry being in daily contact with sufferers of the disease that they themselves will become infected. They fear death and wonder what would happen to them when their parents or guardians die. This may lead towards a feeling of helplessness about their future, which could have a very detrimental effect on their schoolwork in general (Mather, 2002: 9).

1.4 Purpose of the study

The main purpose of this study is to find out if learners' perception about HIV/AIDS as results of being exposed to Life Skills programme at schools. Life Skills seeks to empower learners with information regarding sexuality and protection against

HIV/AIDS. Therefore it is anticipated that learners who are exposed to Life Skills programme will be able to make informed decision regarding sexuality and to protect themselves against HIV/AIDS.

1.5 Problem statement

This study was intended to investigate how Life Skills, as a learning area could be used as an intervention strategy in the fight against HIV/AIDS through influencing the behaviour patterns of learners. Since the introduction of Life Skills as a learning area, there has never been any serious official attempt to highlight and actively involve learners in a formal teaching and learning environment on how to recognize the danger of HIV/AIDS and how to react to the pandemic.

1.6 Research questions

The research questions that inform this study are as follows:
- Would the teaching of HIV/AIDS Awareness in Life Skills learning area influence learners' perception regarding the dangers of HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo?

- What are the experiences of learners who have had to take care of or live with relatives / parents suffering from HIV/AIDS?

1.7 Research aim

The study is aimed at investigating whether the teaching of HIV/AIDS Awareness in Life Skills learning area, will serve as a mechanism that will assist in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

1.8 Research objectives

The following research objectives have been determined.

- To find out if learners' perception about HIV/AIDS could change as a result of

initiating the HIV/AIDS Awareness programme offered at secondary school level.

- To find out the experience of learners who have had to take care of or are living with relatives/parents suffering from HIV/AIDS.

1.9   Definitions of operational concepts

The concepts defined hereunder have been used consistently in this investigation and therefore needs to be clarified in order to can avoid any ambiguities in terms of understanding the intended meaning by the researcher.

1.9.1 HIV/AIDS

HIV is an abbreviation for human immune-deficiency virus which identified in 1983 as an infection agent responsible for many of the symptoms with illness associated with AIDS. AIDS an acronym for the Acquired Immune - Deficiency Syndrome. It is a condition representing the most serious and fatal illness results from Human Immunodeficiency Virus (Stolley & Class, 2009: 4).

According to other scribes, AIDS is Acquired Immune Deficiency Syndrome; diseases of viral origin in which the body's immune system is damaged and so may succumb too many a rare infection to which the body is damaged is normally resistant. The human immune deficiency virus (HIV) and was identified in 1983 (The Longman Encyclopedia, 1989: 17).

1.9.2 Life Skills

Life Skills comprises a range of attitudes, knowledge and skill which enable us to deal effectively with the demands and challenges of everyday life and it is competencies needed for effective living and participating in communities and dealing with crucial issues like life choices, sexual education, self-respect and self-development (Edna, 2001: 1).

1.9.3 Intervention

The term Intervention is derived from the verb – interfere; which means to get

involved in any affair, so as to affect and influence its cause of direction and end results (The World Book Dictionary, 2001: 1105). With regard to the study the term intervention means to stabilise or prevent the problematic situation like HIV/AIDS by using Life Skills programme to teach learners about the danger of HIV/AIDS that can cause bad results

1.9.4 Strategy

Strategy is skilful planning and management of anything, tactics used to obtaining a specific goal or result (The World Book Dictionary, 2001: 2069). According to Fred (2007: 5), strategy can be defined as the art and science of formulating, implementing and evaluating cross functional decisions that enable an organisation to achieve its objectives.

1.10 Literature review

According to Mather (2002: 21), the phenomenon of HIV/AIDS has caused many problems to learners who have had to attend to the needs of relations with the symptoms of this killer-disease. The sick relatives (often parents or guardians) have to be lifted and turned, bathed and helped to go to the toilet, as the patients are too weak to perform these functions by themselves. Although the infected persons are too weak to care for themselves, the hospitals are too full to accommodate seriously ill patients for a long time. AIDS patients may sometimes be hospitalized for a limited period of time, but are then sent home "*to die*", thereby placing a heavy burden of care on relatives and other community members. Sometimes the only people remaining to look after these seriously ill AIDS patients are the children who are learners attending school.

Girls often have to stay at home to care for sick parents or younger children or work in the fields and carry water to provide in the bare necessities of the people at home. Learners, who have to take care of themselves, often find it difficult to buy school uniforms or pay their school fees. The teaching staff at the school involved could, however, help these learners to deal with their emotional problems or provide them with skills to be able to earn money and survive after the death of their infected family (DoE, 2004: 44). It is likely that in 2005 over a million under-15 year-old

learners have lost one parent to AIDS. In the past orphans were taken care of by the extended families of parents. However, families may find it difficult to cope with the large numbers of children who need care. Many learners do not have the opportunity to grieve properly as a result of the sudden departure of a parent and the resultant immediate responsibilities left with them to care for any sibling(s) and/or face the prospect of living in foster care homes. They may have to grieve in silence for their loss, because they may be afraid to make known the HIV/AIDS status of their deceased parents and siblings to other members of the community, due to the stigma attached to this illness (DoE, 2004: 45).

Their loss and enforced silent grieving can have a detrimental emotional effect on them for the rest of their lives. One way of helping learners to grieve, is to talk to them about death, so that they can come to terms with their dilemma (DoE, 2004: 45). In South Africa there are organizations such as the National Association of People Living with HIV and AIDS and Provincial Health Departments whose aim it is to address the problems associated with AIDS infection. There is also an AIDS helpline, which provides services free of charge and provides answers to questions regarding HIV/AIDS. There is a free-to-call number which those that are either affected or those who may know relatives whom they may think seek diagnosis and some other intervention from those deemed to be in the know-how, may call supplied and deployed by the state through either provincial means and Para-status like the non-profit organisations. Learners who are affected and infected by HIV/AIDS can approach the provisional hospitals, clinics and even NGO's for assistance with their problems (Mather, 2002: 21).

Even ordinary citizens can make a difference if they care for people with AIDS. Anyone can wear a red AIDS awareness ribbon to show support for people infected with this disease. People, who appear on TV and wear their AIDS awareness ribbon, show their support for the fight against AIDS. Another way to show your support is to take part in International AIDS Day activities. People from all over the world gather on 1 December each year to show their support for the fight against AIDS. The South African National Department of Health also launches various campaigns to make people aware of AIDS. Artists are requested by the South African National Department of Health to paint pictures relevant to the cause of

HIV/AIDS on walls, thereby stressing the importance of paying attention to the campaign against HIV/AIDS (Mather, 2002: 7).

Losing a parent one can make children vulnerable to maltreatment by relatives and guardians. Sometimes families fight over the property of the deceased and leave the learners without any means of earning a livelihood. They compel learners to leave school and to start working and do not care for them properly. This causes a lot of grief and anger among the learners. The phenomenon of death causes learners to question their own ability to survive and to make a living. Some children fear that they will lose even more relatives after witnessing the way in which their parents and other siblings have died a slow, tortuous death. Learners who have already contracted AIDS must also be careful not to infecting other persons and of becoming infected with various AIDS-related illnesses. Schools need to gain as much information as possible about learners, in a confidential and harmless way, to determine how best to support such learners. A regular school audit will assist the school authorities in keeping up to date with the condition of its learners (DoE, 2004: 47).

1.11 Methodology

1.11.1 Research design

A literature study was conducted to investigate the teaching of HIV/AIDS Awareness in Life Skills as mechanism that would assist in the fight against HIV/AIDS at Secondary Schools.

The researcher used the qualitative research methodology. This methodology, according to Ary, Jacob, Razavieh and Sorensen (2009: 426), looks at the context of events, natural setting, subject's perspectives and reasons for the events and phenomena needing exploration and explanation. Qualitative research enables the researcher to examine people's words and actions and report in narrative and descriptive ways – more closely representing the situation as experienced by the participants. McMillan and Schumacher (2010: 321), state that qualitative researchers accumulate data by interacting with selected individuals in their settings

(field research) and by acquiring and reviewing written documents relevant to the study.

McNiff and Whitehead (2009: 11) assert that participatory action research is used to improve practice rather than to produce knowledge. The fundamental aim of action research is to integrate instruction, instruction and instructor development, curriculum development and evaluation, research and philosophical reflection into a unified conception of a reflective education practice, asserts that this kind of research is frequently used by instructors in graduate study programmes.

The above is the reason the focus of this study was to develop an efficient intervention strategy for fighting HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

1.11.2 Research approach

The researcher intended to approach his work through employing recognized data gathering like interviews – which are effectively used for situations where vernacular language expressions demand to be explained without distorting the interviewees' intended meaning/explanations. It is also useful in situations where interviewees are in no position of reading and decoding written language questionnaires (Ary, Jacobs, Razavieh & Sorensen, 2009: 26). Questionnaires were used because the researcher anticipated problem such as no free available time for educators to be interviewed all at once and they were given questionnaires to go and respond to at their homes (Salkind, 2006: 187).

1.12   Data gathering

1.12.1 Population

Ary et al. (2009: 164); define population as all members of any well defined class of people, events, or objects in which a generalization is made. Salkind (2006: 30) define population as the universe of elements to which one wants to generalize. The target population of this study was the Senakangwedi Secondary School in Botshabelo, because it was not possible for the researcher to deal with all

Secondary Schools in Botshabelo

1.12.2 Sample

Sample is a subset of population or small group that is observed (Salkind, 2006: 30 & Cohen, Lawrence, Morrison & Keith, 2007: 90). The purpose of sampling is to enable the researcher to obtain the required Information in a reliable way, without involving the entire population. The sample in this study was 30 learners from grade 10 to 12 and 10 educators at Senakangwedi Senior Secondary School in Botshabelo.

Random sampling was used where each member of the population under study had an equal chance of being selected (Cohen *et al.*, 2007: 87).

1.12.2.1 Sampling techniques

According to McMillan and Schumacher (2010: 129) typical case sampling selects units that are considered typical of the phenomenon to be studied. Therefore, in this study; the researcher drew his sample from teachers and learners at Senakangwedi Senior Secondary School. Therefore, 10 teachers and 30 learners from Grade 10 to 12 were involved in the research.

This study used random sampling because it is a strategy of achieving a representative sample. The production of a random sample involved attempting to ensure that each member of the population had an equal chance or probability for being selected as a subject (Ary, Jacobs & Razzavieh, 2002: 163).

1.13 Instruments

The research instrument is a measuring device to evaluate more precisely the behaviour being studied. The research tools used in this study to gather the data was the literature study as well as questionnaires and interview (Ary*, et a*l., 2009: 161).

1.13.1 Interview

According to Cohen *et al.* (2007: 271- 267), an interview is a two way conversation initiated by the researcher to search for relevant information. The interview helps the researcher to identify variables and relationships. During the interviews, the researcher used both closed and open ended questions and alternatively, a brief interview focusing on those aspects of the questionnaire which were not fully addressed. This enabled the researcher to go deeper into the motivation for respondents and their reasons for responding as they did, and to follow up unexpected results. The semi-structured interview used as it gave the researcher great flexibility and freedom. Interviews at appropriate times were conducted with learners.

The learners were not interviewed in the presence of educators, was to ensure confidentiality and to facilitate the research. Most questions asked in interviews, discussions or conversations, were unstructured as it was posed after the observation session in the classroom or outside. Face – to-face and observations were used.

1.13.2 Questionnaire

The questionnaire is an instrument in which respondents provide responses to questions or marked items that indicate their responses. The questionnaire encourages great honesty due to the fact that it is anonymous and it is economical in terms of time and money (Cohen *et al.,* 2007: 245). In this study, 30 learners and 10 educators completed questionnaires and four learners and two educators were interviewed on the questions which were not fully addressed.

1.14   Data Analysis

Data analysis is a process of systematically organising, categorizing and summarising data and describing it in meaningful terms so as to answer the research question. Qualitative data analysis involves integration and synthesis of narrative

data in order to draw and communicate conclusions without loss of context and richness of the data (Hesse-Biber & Leavy; 2010: 301). The researcher could not analyse the data at the same time and waited until the questionnaire and interview were are completed (Babbie, 2009: 400). Data were processed by using tables, figures and graphs to present and illustrate summaries of the quantitative aspects of the captured data. The information was then interpreted. Data were then read for the second time, comparing to with the list of identified themes and categories.

Open coding was then performed and themes were assigned codes in an attempt to condense the data into categories. When coding was completed, the data belonging to each category was assembled in one place. The content of each category was subdivided into sub-categories. Data found to be irrelevant were discarded. Lastly, the information from respondents gathered was compiled.

1.15   Delimitation of the study

Senakangwedi Senior Secondary School in Botshabelo supplied data for this study and therefore the results of this study was not be generalised to other institutions, other districts, colleges, universities due to the fact that they educate different "types" of learners, employ different types of educators and use a different curriculum.

1.16   Conclusion

Chapter one presents an overview of the study, the significance of the study, a statement of the problem, research questions, aims and objectives, definition of terms and briefly the discussion of methodology. Lastly the chapter provides a summary and division of chapters. The next chapter will deal with review of relevant literature.

1.17   Programme of the study

Chapter One provides the significance of the study, the background of the study, statement of the problem, research questions, aims and objectives of the study, definition of concepts, review of literature, research design, research approach, population and sample, instrumentation, data analysis, limitation and a division of

chapters.

Chapter Two is an extensive overview of the historical background and the review of literature about Life Skills as intervention strategy in the fight against HIV/AIDS at Secondary Schools.

Chapter Three deals with the methodology used to conduct the study. The description of research methodology the research approach, research design, population and sample, data analysis procedures, and lastly a conclusion.

Chapter Four discussed data and analysis of the study carried out to investigate the life skills as intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

Chapter Five presents a summary of the research, findings, recommendations and conclusions. It restates the aims of the study, the research questions, and research objectives. Chapter five further provides some recommendations and suggestions for further research.

CHAPTER TWO

THE REVIEW OF LITERATURE

2.1   Introduction

Chapter two presents a review of literature about life skills as intervention strategy in the fight against HIV/AIDS at Secondary Senior Schools. It addresses Life Skills as intervention strategy in the fight against HIV/AIDS as investigated at Senakangwedi Senior Secondary School in Botshabelo. The literature review answered the two research questions. The research questions are as follows: Firstly would the teaching of HIV/AIDS awareness in the Life Skills learning area influence learners' perception regarding the dangers of HIV/AIDS? Secondly what are the experiences of learners who have had to take care of or live with relatives / parents suffering from HIV/AIDS? It is divided into two sections: The first question deals with literature about learners' perception about whether HIV/AIDS could change as a result of initiating the HIV/AIDS awareness programme offered at secondary school level. The second part of the questionnaire concentrates on the literature on the experience of learners who have had to take care of or are living with relatives/parents suffering from HIV/AIDS.

2.2   Learners' perception about HIV/AIDS

The learners' perception about HIV/AIDS could change as a result of the initiative of offering the HIV/AIDS awareness programme offered at secondary school about safe sex, teenage pregnancy and education about HIV/AIDS. It increases the knowledge and provides education in connection with HIV/AIDS. A comprehensive programme about HIV/AIDS is included in Life Skills and is part of the curriculum.

2.2.1 Safe Sex

According DoE (2004: 11), the goal of the Life Skills programme is to empower learners with skills to help them make informed decisions regarding their sexuality and protect themselves against HIV/AIDS. Life Skills programme help the learners to practice safe sex to protect themselves against sexually transmitted infection

(STI), including HIV/AIDS. Sexually transmitted infection including HIV/AIDS has resulted in a relook into the development of Life Skills programme designed to promote safe sexual behaviour among learners who are, or are near to becoming sexually active.

Kalipeni, Craddock, Oppong and Ghost, (2004: 118) is of the opinion that since some of the learners are sexually active and intend to continue doing so, they require a different HIV awareness and prevention strategy. If some learners are not active in sex it might influence those who are active to practice safe sex and use condoms (Kalipeni *et al.,* 2004: 118). According to Visser (2005: 202) the prevention of HIV/AIDS among South African school learners is a priority but lack of vaccine or cure renders prevention of the spread of the virus through abstinence or safe sex the only way to combat the disease.

2.2.2 Teenage Pregnancy

There have been attempts to address sexual education in South Africa. The results of these attempts have varied but managed reducing teenage pregnancy rates and its consequent effects, such as school drop-outs (DoE, 2004: 4) the ultimate goal for intervention, to promote HIV/AIDS prevention, is to encourage behavioural change. Behavioural change can reduced the incident of HIV/AIDS. The most important goal of behavioural change programme should be to reduce unprotected sexual contact (Max, Souleymane, Phyllis, Kanki & Marlink; 2002: 33).

2.2.3 Education

School based HIV/AIDS prevention education has been recommended as major strategy for increasing adolescents' knowledge of HIV/AIDS and promoting behaviour. A national Life Skills programme for adolescents has been developed in South Africa by the Department of Education (South Africa Project Report, 1997/98). The goal of Life Skills and HIV/AIDS education programme for Grade 8-12 is to be increase knowledge and responsible attitudes, and to provide motivation (Pengpid, 2008: 47).

According to DoE, (2003: 6) the expectant outcomes are that learners will be able to demonstrate a clear and accurate understanding of sex, sexuality gender and sexual transmitted diseases. The learners will know how HIV/AIDS can and cannot be transmitted. The learners will identify and evaluate the effectiveness of HIV/AIDS prevention programme and mobilise sources of assistance within any community. They will also be able to critically evaluate reasons towards delaying sexual intercourse or practice abstinence, respond assertively towards pressure for sexual inter course. This will lead them to be in positions to critically evaluate reasons and methods for having protected sex as well as accept cope and live positively with knowledge of being HIV- positive and show compassion, and solidarity towards persons with HIV/AIDS. This will ultimately enable them to relate to those in the family and community affected by HIV/AIDS and understands the grieving process and how to cope with loss.

In South Africa at the beginning of 1997, teachers were trained to teach Life Skills programmes and the aim was to reach to reach two educations in each secondary school in all provinces. In 2001 Soul City – a South African based non-government organization promoting health communication - distributed Life Skills material for learners to all secondary schools in the country. The materials aimed to: provide relevant information on the emotional and physical changes experienced during puberty, and also about contraception and pregnancy in order to improve HIV/AIDS related knowledge and to promote practices that could effectively prevent the transmission of HIV/AIDS. The development of skills that will able young people to develop safe sexual behaviour or change risky behaviour by making healthy choices for their lives were also part of the aims. Young people were encouraged to develop healthy relationships, values and attitudes towards people living with HIV/AIDS (DoE, 2003: 13).

The difficulty with the implementation of HIV/AIDS intervention programmes in schools as mentioned by majority of educators was the lack of specific time, lack of support in terms of resources and from other staff members and principals. Also, includes the attitudes of educators towards learners who are perceived as sexually active. The intervention programme was focused on creating awareness and dissemination of information (Pengpid, 2008: 48).

There is a general consensus among advocates who are in the frontline educating people about the pandemic; that the education sector is favorably placed to play a crucial role in checking new infections amongst children and young people in general. The central role of the education section of combating HIV/AIDS is underscored by the national strategy to combat HIV/AIDS. The HIV/AIDS strategy plan for South Africa, the strategy plan has carved out a role for education. One of its primary goals is to reduce the number of new infection especially among the youth. As part of its objective of promoting improved healthy seeking behaviour and adapting safer sex practice, the department of education is specifically charged with incorporating HIV/AIDS training into Life Skills education in all primary and secondary schools. Live skills including all skills relevant to all areas of life, are not merely HIV/AIDS (Pengpid, 2008: 47). In terms of the aims and objectives of sexuality education, educators draw on the values that underpin life skills education in generally having a particular application to sexuality (Pengpid, 2008: 49).

In response to the HIV/AIDS pandemic the department of education and social development embarked on a national programme to implement Life Skills training about sexuality and HIV /AIDS in secondary schools since 1995. The goal of the intervention was to increase knowledge and skills needed for healthy effective communication and responsible decision marking that would protect learners from HIV/AIDS and to promote positive and responsible attitude towards people with HIV/AIDS (DoE, 2003: 26).

There is a need for the youth, especially in rural areas to be provided with entertainment opportunities which are educative where they can have fun without being exposed to sexual dangers. Activities can be organized like athletics and daytime alcohol-free discos that it must be held under the supervision of responsible adults and it must provide fun and also be healthy. Youths can be encouraged to join and to form social clubs (Kalipeni, Craddock, Oppong & Ghosh, 2004: 118).

2.2.3.1 The Life Skills programme

Life Skills can be described as the ability to affect adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of

everyday life (Visser, 2005: 205).

Increasing efforts are currently being devoted to the development of Life Skills programmes, especially in view of the disturbing level of risks behaviour displayed by young children and adolescents (Jacob, 2011: 212).

The national Departments of Health and of Education; in consultation with various non-governmental organizations, provincial departments and other service providers committed themselves to provide HIV|AIDS Education within a comprehensive Life Skills programme (Kalipeni *et al.,* 2004: 119).

According to Mohoebi (2001: 7) the goal of the Life Skills programme is to empower children and youth with skills to help them make informed decisions regarding sexuality to protect themselves against HIV/AIDS. The Life Skills programme as part of the core syllabus for general educator training is integral to the school curriculum.

National Project Committee for HIV/AIDS and Life Skills ensures that all learners at school level in South Africa receive a comprehensive HIV/AIDS and Life Skills education.   The National Project Committee for HIV/AIDS has to ensure the following: training of two teachers per school to present HIV/AIDS programmes to learners; that the National Department of Education drives the process at all levels; a comprehensive programme for Life Skills and HIV/AIDS is developed; and a range of learning material is developed and widely distributed (Mohoebi, 2001:9).

Responsibility for the implementation of Life Skills and HIV/AIDS programmes lies with the Department of Education, with education in the classroom. The Department of Education is seen as the only department with the capacity and structure to deliver this service (Mohoebi, 2001: 8).

According to Jacobs (2011: 1), Life Skills is aimed at developing and engaging learners' personal, psychological, neuron-cognitive, motor, physical, moral, spiritual, cultural and socio-economic areas, so that they can achieve their full potential in the new democratic South Africa.

Life Skills further more is intended to promote social justice, human rights and inclusiveness, as well as a healthy environment (Department of Education, 2003:5). It also aims to empower learners to use their talents to achieve in practice. Since learners can raise their opinions in Life Skills, it is important to listen to the learners' voices as the object of Life Skills is to provide a platform for unique insights of learners' opinions and experiences, thus shedding light on current practice and its effectiveness (Jacobs, 2011: 213). It is further expected that Life Skills will ultimately promote social justice and a healthy environment in schools. According to Visser (2005: 204), the prevention of HIV/AIDS among South African school-going young people is therefore a priority. Awareness programmes that focus on the delay of sexual activity and on behavioural change towards 'safe' sexual practices are priorities and remain the only primary means of prevention.

In the context of the HIV/AIDS pandemic, the aim of Life Skills training is to develop young people's knowledge and skills needed for healthy relationships, effective communication and responsible decision-making that can protect them and others from HIV infection and so optimise their health (Visser, 2005: 205).

According to the Free State Department of Education (1999:3) the National Project Committee focuses on capacity building of educators and learners in secondary schools, looking at the attitudes, knowledge and skills needed to stem the rising tide of the HIV/AIDS pandemic. The aim of the skills Education Forum in the Free State is to make a meaningful contribution to the teaching of sound morals and changing the sexual behaviour of learners. The Life Skills Education Forum and the Free State Life Skills Education Forum was established on 1st November 1998 to serve as consultative co-coordinating body for the province.

According to Max *et al.,* (2002: 662), the Life Skills is to empower boys and girls with sexual and reproduction health information before they are sexually active and should include discussions on gender roles, gender based responsibilities for HIV prevention and on care of people living with HIV/AIDS. The Life Skills education embracing sexual and reproduction health and the rights of both boys and girls, would reinforce already existing moral and religion us attitudes and values and this could be fully integrated into primary and secondary school curricular parents need

to be empowered with knowledge and skills to talk to their children about responsible sexual behavior and HIV/AIDS, the purpose to educate their children is to reinforce the school programme received by their children.

Life Skills education is important but it is necessary that the law has to be applied by means of enforcing the laws discouraging adolescents from participating in risky social activities. There is a need to bar youth from participating in adult entertainment or engaging in substance abuse. This entails enforcing age limit laws that prohibit teenagers from going to night clubs, making it illegal for youths to purchase cigarettes and alcohol. This strategy helps learners and at the same time educates learners (Ezekiel, Craddock, Oppong & Ghosh; 2004: 118).

In Botswana and Zimbabwe pilot projects have been initiated and the respective Ministers of Health were invited to equip parents and teachers with skills to communicate with the youth on sexual and reproduction health matters. People living with HIV/AIDS must be involved as educators and counselors in their communities (Max *et al.,* 2002: 662).

According to Ezekiel,*et al* (2004: 118) adolescents are easily influenced by their peers, and therefore trained peer group counselors can have positive influence on the youth in more ways that adults cannot. Peer counselors can serve as both role models and sex educators (disseminating accurate sex and AIDS information). The National Department of Education plays an important role in the prevention of spreading of HIV/AIDS at secondary schools.

In 1999, the South African National Minister of Education, Professor Kader Asmal, announced the launch of a national mobilization programme for general education and training and listed nine priorities that are organised into five core programme areas (Department of Education, 1999: 6). The Minister's nine priorities for the development of a fully-functional training system are, eight related to advocacy sound health are as follow:

- breaking the back of illiteracy among adults and youth in five years;

- schools becoming centres of community life;

- ending conditions of physical degradation in South African Schools;

- developing the professional quality of our teaching force;

- ensuring the success of active learning through outcome –based education;

- creating a vibrant further education and training system to equip the youth and adults to meet social and economic needs of the 21st century;

- implement rational challenges facing South Africa in the 21st century; and

- dealing, urgently and purposefully; with the HIV/AIDS emergency in and through the educational and training system.

- We must make our provincial systems work by making cooperative government work

By including HIV/AIDS as a priority in the above mentioned programme, the Minister clearly indicates how seriously the South African Department of Education considers the HIV/AIDS pandemic. The fact that the HIV/AIDS programme is listed as the ninth priority and in no way that indicates that it has been seen as less serious that some of the other listed priorities (Department of Education, 1999: 7).

On the contrary, Coombe and Kelly (2001: 29) state that the nine priorities brought forward by the South African Minister of Education, underlines all other priorities. The aim is to ensure that Life Skills and HIV/AIDS education are integrated into the curriculum at all the levels of the education and training system. It also aims to develop planning models for analysing and understanding the impact of HIV/AIDS on the education and training system. Learning experiences are developed in an integrated way, to enable learners to apply knowledge acquired in one learning area to other learning areas and real life situations. This approach is seen as highly suitable for Life Skills education in general and sexuality education in particular. The above provides the reason why it is more appropriate for HIV/AIDS education.

It is important that the curriculum be structured to reflect the values and principles of the society in which it functions. In the case of the South African society, it should reflect the values of a democratic society where the human rights of all citizens and also of all learners are respected.

This decision envisaged the phasing in of Outcomes Based Education (OBE) in both General Education and Training (GET) from Grade R to 9 and FET bands by 2005, hence the brand name Curriculum 2005. The South Africa Curriculum 2005 consists of learning programmes evolving around 8 learning areas (Kruger & Van Niekerk (1998: 9); namely:

- Language, literacy and Communication

- Mathematics Literacy, Mathematics and Mathematical Sciences;

- Natural Sciences;

- Arts and Culture;

- Life orientation and

- Economics and Management Sciences

- Social Sciences

- Technology

The HIV/AIDS programme is integrated into all learning areas and it is specifically addressed in the curriculum in secondary schools.

The curriculum includes Life Skills, sexuality education and HIV/AIDS information. According to the Free State Department of Education (1999: 71), Life Skills is fundamental in empowering learners to live meaningful lives in a society that demands rapid transformation for enhancing the community.

The potential of all learners to make informed decisions, to develop relationships and commitment to life-long learning are promoted within the curriculum. The LO curriculum consists of specific outcomes; in addition to the critical outcomes that are the core focus of all the learning areas. The HIV/AIDS education, in the senior phase, creates opportunities for learners to achieve all the LO specific outcomes. According to Free State Department of Education (2009:4), LO is one of the

fundamental subjects within the seven subject package that learners must offer to qualify for National Senior Certificate**.**

According to Kruger and Van Niekerk (1998: 1) the following are the characteristics of OBE:

- Educators make use of a team and collective teaching strategies and learners engage in groups for paired work, activities, debates and role plays.
- Learners determine and work at their own pace, a pace dictated by the unique situation, the barriers to learning and the level of ability of learners.
- Knowledge and skills are integrated across the learning areas in order to prepare learners for real life, where knowledge is seldom compartmentalized.
- Learners are expected to think critically, to solve problems creatively.
- Learners acquire a wide range of skills, knowledge, values and attitudes that are useful in daily life situations.

According to the above mentioned approach it is very clear that the needs of learners are addressed holistically and that this is only way values and behaviour can be positively addressed. It can influence the behaviour of learners. National Department of Education (1999: 1), through Professor Kader Asmal, published the National Policy on HIV/AIDS for learners in Public Schools. It is clear that this policy alone cannot prevent the spread of HIV/AIDS. What is needed is a multiple approach from both government and non –governmental organisations (NGO) and parents.

For example, education and information regarding HIV/AIDS should be presented in clear language and terms that are understandable and inspiring. The most important questions to answer, is what exactly should be included in HIV/AIDS programmes for secondary schools. Couper (2001: 14) agrees that the general expected outcome of HIV/AIDS education in secondary schools is the promotion of behaviour that prevents the transmission of HIV/AIDS. All South African learners need a sound knowledge of the ways in which HIV/AIDS is transmitted to reduce fear caused by HIV/AIDS.

In addition, the following aspects should be included in HIV/AIDS programmes.

- the transmission of HIV/AIDS

- the prevention of HIV/AIDS

- the effect of HIV/AIDS

- the safety of condoms

- the Life Skills necessary for the prevention of HIV/AIDS

- the best behaviour towards persons with HIV/AIDS

- the first aid principles and

- the use of drugs and alcohol in relation to HIV/AIDS.

It can thus be seen that the HIV/AIDS guidelines for educators are based on the National Policy on HIV/AIDS guidelines for learners and educators in public schools (Department of Education, 2000: 1).

2.3 Experience of learners who have had to take care of or are living with relatives/parents suffering from HIV/AIDS

It was important to investigate about the experience of learners who have to take care of or are living with relative/parents suffering from HIV/AIDS and this part is about the experience of learners. The following factors were found i.e. orphans, absenteeism, stress, trauma and poverty.

2.3.1 Orphaned as a result of HIV/AIDS

According to Bonnet and Whiteside (2002: 196) under normal circumstances children are cared for by their parents and later provide children support for their parents. As a real problem when parents pass away due to HIV/AIDS the potential burden of care and support which the learners face. Orphans are not only affected by the sickness in others but some will also be infected. Orphans are part of all communities. There will always be learners who have the misfortune to lose parents. In rich countries like America many institution are available to care for such

learners, because of the obvious that they still miss their parents. As a result of parents who had passed away because of HIV/AIDS; the stress on society is evident by the growing number of street children around the developing world. So far, AIDS has left millions orphaned children who, before the age of 15, lost either their mother or both parents. Many of these children have also died, but many more survive in America. AIDS is causing growth in the number of orphans in the world so quickly that family structures can no longer cope. Families and communities can barely afford to feed themselves, let alone care for orphans (Bonnet & Whiteside, 2002: 197).

Learners are deprived of their childhood. Some of the earliest AIDS orphans are now in their mid-twenties and are also now parents. An orphan is defined as a child under 15, who has lost either both parents or mother. It is from this definition that UNAIDS global estimation is done. Paternal orphans are disregarded in this definition. It is a great oversight, bearing in mind the large number of absentee mothers for paternal orphans (Bagele, Bagele, Hyde, Archie, Enni & Limpet, 2002: 196).

According to World Bank (1998: 225) orphans are less likely to have proper schooling; it means that the death of a prime age parent in a household will reduce a child's attendance at school. The house hold may be less able to pay for schooling. An orphaned child may have to take on household or income earning work. If a parent has died because of HIV/AIDS the family may have a reduced expectation of the returns for investing in children education.

According to Bagele *et al.* (2002: 197), there are three main groups of learner who are most directly affected by the pandemic: children's who are HIV positive; those who are looking after sick parents and other household members and children whose parents or other primary career have died. Most educators in secondary schools are unable to identify any learners in the class who are HIV positive and/or sick with clinical AIDS because they don't sufficient training themselves in spotting and detecting early signs of the pandemic. Absenteeism is higher among male than among female learners in primary schools. It is about the same in secondary schools. In sub-Saharan Africa, girls tend to have poorer attendance records than

boys because of higher demands for their labour in the household. There is a broad consensus that most learners in AIDS affected households in South Africa will have to look after sick parents and other relatives and that it will have a major impact on their education (Bagele *et al* 2002: 198). Bagele *et a*l. (2002: 49) furthermore states that food, clothes, shelter, etc budget for the district has had to be increased from R2, 06 million to R7, 21 million. Most of the learners do not have parents. The situations at most schools are generally performance goes down immediately after the death of a parent. Some remain depressed, but others are fine. The sizeable proportion of orphans at schools do face additional problems with their schooling (Bagele *et al.,* 2002: 47).

According to the Carr-Hill and Kataboro (2000: 55), the raped assessment of orphans also noted that in most cases before death of a parent, learners serve as caregivers learners provide care for the dying, and the situation was found to be worse than generally accepted orphans. Orphans are protected in a variety of ways which makes it difficult to establish a precise and comprehension picture of the current numbers of learners who have lost parents due to HIV/AIDS due to HIV/AIDS.

Half of those who are assessed as being in need of care and support by social workers who were interviewed in Kweneng District (Botswana) reported a large increase in the number of registered orphans. They reported that many of the orphans identified permanently dropped out of school. More girls than boys have dropped out of school to give care to other orphans in the family (Bagele *et al.,* 2002: 46).

Most of the orphaned learners at Kweneng district, Botswana are living with their grandparents, many of whom find it very difficult to support these orphans, after some, brilliant learners end up failing because of the problems they have at home and the lack of parental care. Some desert school to work at nearby cattle post. AIDS affects learners especially orphan. They are disturbed emotionally, intellectually, mentally, physically, sexually and psychologically with no parental care, love and advice (Bagele *et al.,* 2002: 55).

Orphans is a sociality constructed concept and varies among cultures, for some it

refers to children who have lost one parents, while to other, the term is reserved for those who have lost both parents. The stigma that isolates orphans in many communities discriminates against them, further decreasing their access to quality health care and education. The fragility of the education and health system and its inability to provide quality services in the face of HIV/AIDS is yet another serious barrier in HIV/AIDS orphans lives (Hunter & Williamson, 2000: 95-96).

According to Coombe and Kelly (2001: 91), well designed primary education opportunities are for orphans critical, school education offers learners an outlet where they can socialise and develop behaviourally. Well-crafted educational opportunities also provide children with adult supervision attention, emotional support, nutritional and health care. These are the Life Skills they need to protect and support themselves. The disruption of families and death of parents and of close relatives through HIV/AIDS have created an unprecedented number of destitute and abandoned children in Botswana as well as in South Africa.

Orphans may live in learner headed households with older siblings looking after younger ones. They are assuming parenting roles they are ill prepared for; others are taken care of by communities, some are placed in institutions, and others lose all contact with relatives and friends and become street children. In such circumstances even uninfected children lacking nurture and substance, needing to feed themselves or others, run a high risk of becoming infected through abuse or prostitution (Coombe & Kelly, 2001: 98).

According to Ezekiel *et al.* (2004: 305), at the country level by the year 2000 about 10 percent of all children in Botswana, under 15 years of age have been orphaned due to death of a mother or both parents. Many orphans attribute the loss parent(s) to AIDS. Adult and child deaths are on the increase in Africa and many children lose parents and become orphans.

According to Mather (2002: 13) AIDS orphans are children whose parents have died of AIDS. In South America, it is mainly people between twenty and forty years of age who are contracting HIV/AIDS. Sometimes there is nobody who can look after these children. There are already many AIDS orphans in South America, a few are being looked after in care centers, and others are cared for by their grandparents or by

elder brother or sisters.

According to the DoE, (2003: 45), death of parents makes life uncertain for children. Orphans are separated from the people they know and losing both parents can make a child vulnerable to bad treatment from relatives and guardians. After the death of parents, orphans often stay with relatives. Relatives are often reported to be fighting over the estate of deceased parents and children are left without anything. The relatives make orphaned learners work hard and they do not care for them properly, speak badly about their parents who died of AIDS.

According to Jeff and Chris (2002: 48), one of the most tragic consequences of the HIV/AIDS pandemic is the huge number of learners orphaned as a result of parents dying from AIDS. Some of these learners are also HIV positive after having been infected by their mother either at birth or through breast feeding.

The number of these orphans in South Africa has been increasing quite slowly and from a low base and hence has attracted relatively little attention to date. The number of orphans is predicted to rise dramatically and the country will face significant costs in the long term if the care of these orphans is not managed effectively. Such costs include increased juvenile crime and reduced literacy. The HIV positive orphans constitute a relatively small part of the orphan population. About a third of babies born for HIV positive parents will not be infected. Most children infected at birth do not survive long enough to make up a sizeable proportion of the orphans (Jeff & Chris, 2002: 46).

If people do not change their sexual behaviour about 15% of all children under the age of 15 years are expected to be orphaned by 2015 and it varies significantly with respect to age. Although the most commonly used definition of orphans is children under the age of 15 whose mothers have died. Orphans do not run into to have need of parenting on reaching 15. The constitution defines children as being persons under the age of 18 years and most policy makers would agree that children under this age should not be expected to be self supporting. By using age 18 as a cut-off results in much higher estimate of orphans than using 15 years. Therefore the number of maternal orphans under the age of 18 is likely to peak at roughly 18 (Jeff & Chris, 2002: 48).

The loss of a father can also have a significant impact. Orphan-hood may in practice begin long before the death of a parent and this will happen where there is a sole parent and that parent has been infected with HIV/AIDS. Often the household is without income and the parent is slowly dying and the orphan has to face the family stressing. Learners alienated from or abandoned by their extended become street children and engage in antisocial behaviour like prostitution. The number of paternal and double orphans may be an underestimate of the number of compromised children, since it does not take into account fathers who are alive but are absent from taking responsibility for their children (Jeff & Chris, 2002: 48).

Grandparents are caring for orphans whilst at this time of their lives one would have expected them to be recipients of care. Instead, the very old and probably very poor people have to struggle to raise these children with their government grants. The average age of grandparents recruited into childcare is 62 years. At this stage of their lives and with their economic problems one could expect serious implications (Foster, 1997: 4).

According to DoE (2003: 45), in the past most orphans were taken care of by the extended family but today families may find it difficult to cope with the number of learners who needs care. All orphans generally have similar problems as learners affected by AIDS. Death brings many problems. The illness and death of parents will leave children scarred and marginalized in ways that predispose them to delinquency and criminal behaviour. Reducing the levels of parental care and the loss of positive role models will place children at risk of developing antisocial behaviour. The growing number of orphans will provide a recruitment pool for individuals and organizations wishing to violently challenge the existing socio-political order in African countries. The pandemic stands to leave millions of learners orphaned. It is likely that many will be left in situations of intense hardship.

Common consequences of being orphans include growing poverty and its care, thereafter follows the loss of parental affection; reduced levels of care; stigma and the psychosocial implications of repeated personal and material loss, such as trauma, stress, depression and loss of social connectivity (Wekesa, 2000: 13). HIV/AIDS has been the reason of many children becoming orphan. These AIDS

orphans and children of terminally ill AIDS parent/s are extremely vulnerable and may suffer myriads of problems that may have a lasting impact even into their adulthood. The illness and death of their parents will leave them devastated with no one to cater for their needs. If these needs are not met or inadequately met the following will become apparent:

- increase in mortality and morbidity
- physical and psychological underdevelopment,
- delinquency, and
- new high risk group, vulnerable to HIV infection may develop (Wekesa, 2000: 12-14).

According to Kerkhoven (1998: 4) the traditional model of surrogate parents in which the extended families have to absorb the orphans remains questionable because of the increasing number of AIDS orphans that are to be adopted into or fostered by a families that already have other children. These very families and communities that are expected to respond to the plight of AIDS orphans are also faced with the social and economical implication of AIDS. But besides the family's social and economic problems and the increasing number of AIDS orphans, there are issues of culture in the black communities that do not fit in well with western practices of fostering children. Fostering responsibility in the Africa societies is only acknowledged of the couple is childless; hence less emphasis is placed on the needs of the child but on the needs of childless (Harber, 1999: 9).

2.3.2 Absenteeism as a result of HIV/AIDS

According to the United Nations Development Programme (UNDP); supports national processes to accelerate the progress of human development with a view to eradicating poverty In the South America, an estimated five thousand children are living with HIV, and hundreds of new infections continue to be reported each year. Some young learners with HIV remain undiagnosed, have no symptoms, and are not receiving medical treatment. All learners with HIV face health and educational challenges, including learning difficulty, special education needs, and behavioural or psychological problems. Absenteeism at school due to medical treatment can result

in lowered academic performance and intolerance by classmate. Further difficulties are experienced when HIV-infected children see family member become ill or die. The minority of learners are particularly at risk. Nationwide, over 80% of AIDS cases in children less than 13years old are among African-American and Hispanic children (UNDP, 1998: 16).

The effects that are claimed occur because of the level of HIV/AIDS among learners. This leads to the increased absenteeism through ill-health and attending funerals. This affects the quality of education as parents are ill. This affect the learners as he/she must look after the parents who are ill at home and he/she may be absent at school (Bagele *et al.,* 2002: 47). Learners who are affected by HIV/AIDS become miserable, depressed and sometimes discriminated against at school. Because of the atmosphere at school they dropout at school due to the fact that they do not get moral support even from friends (Max *et al*, 2002: 668).

The level of absenteeism is to be appreciably higher at school *i.e.* primary and secondary schools. Household demands for learners labour appears to be greatly lower and on the decline. They have particularly strong material and emotional psychological incentives to attend. School and school environment is not particularly child-friendly. The home environment is much less attractive than school with little or nothing to do during the day or relatively inattentive (Bagele, *et a*l., 2002: 87).

2.3.3 Stress and Trauma as a result of HIV/AIDS

The psychosocial effects of losing a parent to a debilitating illness are severe and can have long-term effects on a child's behavioural development. As the children endure the loss of parental support and nurturing, many orphans experience anxiety, depression and despair. Further complicating these emotions, siblings are being divided among several households within an extended family to mitigate the economic burden of caring for the children. Relatives or neighbors who have agreed to care for the orphans may contribute to the despair by talking, the property or inheritance of the children and leaving the orphans more vulnerable to further exploitation (Williamson, 2000: 89; UNAIDS, 2001: 16).

Community members who fear orphans are HIV positive or believe that their families have brought shame to their community, often discriminate against the children and deny them social, emotional, economic and educational support. Orphaned learners may also be treated poorly or abused in their new home furthering the emotional distress and contributing to poor mental and physical health (Williamson, 2000: 91).

Learners are lonely without parents and they always think about their parents who passed away because of HIV/AIDS. They don't have support and protection and therefore emotional suffering is probably the strongest effect of HIV/AIDS in learners. It means they have to find ways of comfort and living to survive in life. It is difficult to cope with school work, to concentrate in the classroom and there is no progress for learners to move to the next grade due to the stress and trauma because there are affected by HIV/AIDS (Williamson, 2000: 91).

According to DoE, (2003: 44), learners in South Africa who are affected by HIV/AIDS are faced with being lonely, depression, they will have little support and protection in the world. Their worries can last for a long time as they missed friends, parents, relatives, their friends or caretakers. These learners face struggles in their learning because sometimes they have to care for the dying affected by HIV/AIDS.As a result of having to find ways to comfort the dying and they also suffer from anxiety. Learners fear of death and they also worry that they too are or might be infected. They may also wonder where they will go when their parents or guardian die. Learners may feel hopeless for the future. Learners are also judged and treated badly instead of getting help and support. Some learners are silence. This adds to depression and creates low self-worth. Learners often are not getting proper food and probably need clothes and toiletries. Learners often have to work to support their brothers and sisters and while are looking after the dying, involved in hard physical labour, including lifting and turning the sick, bathing them and helping them to the toilet (Dlamini, 2006: 4).

Learners are faced with many challenges and they do not have a chance to grieve properly. They may be separated from their brothers and sisters when they are put into a foster home, while they missing their parents. If they are separated from them may have to grieve in silence for their loss. Their loss and the grieving can affect

them for their whole lives. It causes stress and trauma and they may find it difficult to deal with stress. Those who are looking after their parents, who are dying because of AIDS, cannot concentrate in the class-room because of stress and trauma (Dlamini, 2006: 7).

Learners who are affected by and infected with HIV/AIDS feel so depressed, the feeling of helplessness can make learners who are affected by and infected or both with HIV/AIDS, feel very depressed. They have no say over the progress of the infection and as there is no known cure for it. It may well feel as if they have no future. Depression can also arise from the limits now placed on physical and social activity by symptoms of the infection. One of the limits recommended in the safe sex guidelines is that orphans should be adopted (Heather & Rosalind, 2002: 169). According to Lenyaro (2006: 21) parents who are infected with HIV/AIDS cannot go to work especially those who are self employed and this affect the children. The challenge is that after the death of the parents no one will take care of the learners, buying food, clothes etc for the children and this will lead to depression.

According to Max *et al.,* (2002: 670) the impact of AIDS on children in developing countries is essentially similar, with most of children showing psychologists same reactions towards parental illness and death. Most of the children miss the love of their parents and their families. Learners become worried and sad and they try to help more in the home and stop playing their so a stay nearby. Learners affected by HIV/AIDS are more likely to become solitary and to appear miserable.

2.3.4 Poverty as a result of HIV/AIDS

There are many ways in which HIV/AIDS can cause an increase in poverty to increase. Heather and Rosalind (2002: 169) describe the linkages between HIV/AIDS and poverty in considerable more detail, but then goes onto point out that poverty can also result in increased vulnerability to HIV/AIDS. In turn it can spread the disease and poverty. Apart from the poverty being associated with poor nutrition and a breakdown of the immune system, it can also increase the vulnerability of people to HIV/AIDS by resulting among others in unsafe sexual practices as a result of lack of knowledge and lack of access to means of protection (Heather & Rosalind,

2002: 170).

Poverty is likely to deepen as the AIDS pandemic takes its course, with households being caught up in a vicious cycle of poverty and HIV/AIDS. The estimated number infected was 800 000 by 2005, rising to more than 1.95 million by 2010. These infected individuals and affected children all belong to individual household and their death will have significant impact on their families on, poverty. Moreover it is likely to deepen as the pandemic takes its course. As adult members of the households become ill are forced to give up their jobs, household income will fall. They have to spend more on health care. Expenditure on food comes under pressure, malnutrition results, while access to basic need such as health care, housing and sanitation also come under threat (World Bank, 1998: 9; Bonnel, 2002: 6 & Wekesa, 2000: 116).

In Botswana, it is estimated that millions of learners are experiencing deepening poverty due to the death of their loved ones causing poverty and a profound of sense of insecurity. The situation also creates a huge risk for these children when they grow up, both for themselves and for the situation in which they live (Helen, 2002: 257). Learners growing up with low self esteem and little sense of security, little education with inadequate social skills have little chance to pull themselves out of poverty. They will easily, due to their instability; get involved in crime and other problems in society. We can expect to see rising crime and homelessness, growing number destitute of street children. There may be an increase in socially unacceptable behaviours such as prostitution (sex workers) due to poverty and worsening activities such as exploitation of girls. A further number of generations of ill-cared children may be born to these impoverished girls (Helen, 2002: 257 & Rosen & Simon, 2002: 162).

In South Africa, poverty is likely to deepen as the AIDS pandemic takes its course, with households being caught up in a vicious cycle of poverty and HIV/AIDS. Learners who are affected and infected by HIV/AIDS become a potential victim of poverty or are faced with the challenge of poverty. A large number of affected households are poorer than non-affected households when measured per capita in terms of income and resultant spending. The incidence, death and the severity of poverty are worse among affected households, particularly amongst affected

households that have experience illness or death due to HIV/AIDS (Bonnel, 2002: 4).

The socio-economic impact of HIV/AIDS combined; create a vicious cycle of poverty. The HIV/AIDS cycle in which affected households are caught up and if the breadwinners or parents become ill and are forced to give up their jobs household income will fall (UNDP, 1998: 6).

To cope with the change in income and the need to spend more on health care, children are often kept from school to assume in caring for the sick or to work to contribute to household income. As a result of this fact, expenditure on food comes under pressure and malnutrition often results, while access to other basic needs such as health care, housing and sanitation also comes under threat. Consequently the opportunities for learners to developing their physical and mental attributes are impaired (World Bank, 1998: 13; Bonnel, 2000: 5 & Wekesa, 2000: 118).

According to Rosen and Simons (2002:163), households headed by AIDS widows are also particularly vulnerable. As a results of women who have limited employment opportunities and traditional norms and customs may even see them severed from their extended families and demand access to an inheritance firms, companies are increasingly using contract labour rather than appointing employees on a permanent basis and, which this increases the burden poverty in of HIV/AIDS onto households. The state and learners are going to be faced with poverty for a long time as a challenge (UNDP, 1998: 11).

Many communities that are severely hit by the HIV/AIDS pandemic are already disadvantaged. Poverty and poor infrastructure (little or no access to essential services) are characteristics of these communities (Kerhoven, 1998: 4-5). These conditions are conductive to the rapid transmission of HIV, and individuals mostly affected in South Africa are poor blacks (Harber, 1999: 6-8). Already besides being poor, the income of a HIV infected parent is reduced due to loss of earnings, as results of repeated sick leave and high medical expenses (Foster, 1997: 4-5). When a parent dies, the funeral expenses further deplete the resources, and the children will then be plunged deeper into an economic crisis of insecurity (Wekesa, 2000: 12-14). Owing to the total loss of income, orphan learners in these households are at the increase risk of malnutrition and ill health. They will not be able to afford of

transport, medical consultations or medicines and thus cannot access basic needs for survival. It has been reported by Foster (1997: 6), that learners in some schools in rural Kwazulu–Natal are being sent away from school because cannot afford school uniforms or pay school fees

Desmond, (2001: 146), emphasise how complex the relationship between poverty and HIV/AIDS actually is how many facets it has, *e.g.* how labour migration induced by rural poverty and contribute to the spread of the disease, also it is indicated and how poor, single mothers may be forced to become accessional sex in order to survive, and to maintain their children, to pay schools fees, buy food and clothes ((Desmond, 2001: 156; Poku, 2001: 195; Poulter, Kanngwa, Machande & Zimba, 2002: 93).

According to Jeff and Chris, (2002: 134) of the 17 million blacks in SA about 12 million are classified as living in poverty. According to household income statistics, learners account for 25% of those living in poverty. Nine percent of children live households in without either parents or grandparents. Learners who are affected by HIV/AIDS through the loss of parents live in poverty. They only survive because of their grandparents who receive pension, disability grant, and foster care grant to buy food the money not sufficient to support the whole family.

The goal of the Life Skills programme is to empower learners with skills to help them make informed decision regarding their sexuality and to protect themselves against contracting HIV/AIDS.

2.4   Summary

This chapter presents a view of literature about life skills as an intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior School in Botshabelo. It was found that learners' perception about HIV/AIDS could be changed as a result of initiatives of the HIV/AIDS awareness programme offered at secondary school about safe sex, teenage pregnancy and education. It increases the knowledge and provides education in connection with HIV/AIDS. It was therefore imperative to undertake a study that would look into the experience of learners who have had to take care of HIV/AIDS in infected parents or are living with relatives/parents suffering

from HIV/AIDS. Learners who had to take care of or are living with relatives/parents suffering from HIV/AIDS often become orphans, are absenteeism from school, suffer from stress and trauma and lastly are faced with poverty.

The next chapter, which is chapter three, explains the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In the previous chapter the experience of learners who have had to take care of parents/ relatives suffering from HIV/AIDS, and learners' perception about HIV/AIDS were discussed as well as the result of initiating the HIV/AIDS Awareness programme offered at secondary schools.

In this chapter the methodology used to conduct the study is discussed, the research approach, research design, population and sample, data analysis procedures, and lastly conclusions are described.

3.2 Description of research methodology

For this study the researcher used the qualitative approach for collecting data.

3.2.1 Research approach

The qualitative method approach was used in this study. The qualitative research is naturalistic inquiry and the use of non-interfering data and collection strategy to discover the natural flow of events and processes and how respondents interpret it (Ary *et al.* 2009: 2). Qualitative design refers to a systematic, interactive and subjective approach used to gain insights into life experiences through discovering meaning given to it (Burns & Grove, 2005: 26). According to Minichiello, Aroni, Timewell and Alexandra (2010: 16), the qualitative research includes a large family of loosely related inquiry traditions to both social and liberal arts.

According to Salkind (2006: 26), the important of features of qualitative research are the correct choice of appropriate methods and of the theories, the recognition and the analysis of different perspectives, the researcher's reflections on the research as part of the process of knowledge production, and a variety of approaches and methods. In the qualitative research method the data are in the form of words. The

qualitative research method are usually reduced to themes or categories and evaluated subjectively. In the case of qualitative method there is emphasis on description and discovery.

It is used in the generation of categories for understanding human phenomena. The interpretation and meaning was people give to use all events they experience compare to quantitative research. The qualitative method take the researcher communication with and its members as an implicit part of knowledge production instead of excluding it as far as possible as intervening variable (Sharan, 2009: 5). There are two main types of interviews namely; the unstructured and the semi-structured interview. Sometimes researchers use the unstructured and semi-structured interview due the fact that is very systematical and enables the researcher to generate numerical data from the observations and the observe adopts a passive, non-instructive role, merely nothing down the incidence of the factors being studied (Salkind, 2006: 188)

Through qualitative enquiry, people's perceptions, assumptions, judgments and suppositions become clear and can be placed in context in the social world around them. Thus, the phenomenon is being studied in its particular context and through the perspective of the individual living it. Qualitative research refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things (Shefali, 2010: 53).

According to Burns and Grove (2005: 26) the strengths of qualitative research is primarily from its inductive approach. It focuses on specific situations or people. Its main emphasis is on words rather than numbers, as well as its intention to give meaning to the whole. The researcher intends to approach this study through employing recognized data gathering ways like interviews. Interviews are effectively used for situations whereby vernacular language expressions demand to be explained without distorting the interviewees' intended meaning/explanations. It is also useful in situations where interviewees are not in a position to read and decode written language questionnaires (Leedy & Ormrod, 2005: 147).

Questionnaires were used for reasons which the researcher anticipated – such as

no free time available for to educators to be interviewed all at the same time they were given questionnaires respond to from their homes. The study is aimed at exploring Life Skills as an intervention strategy to fight HIV/AIDS at secondary school, and through the qualitative strategy, insight into experience of learners and the influence of Life Skills can be gained from the learners' point of view and individuals who lived the experience. In this research study the researcher decided to employ semi-structured interviews.

3.3 Research design

The research design is a plan of how a researcher intents conducting the research.

According to Burns and Grove (2005: 223) the research design is defined as a structural framework, or route planner of the study that maximizes control over factors that could influence the study. It can also be seen as a set of guidelines and instructions to be followed in addressing a research problem.

Based on the purpose of the study, a non-experimental research design of a descriptive, exploratory and contextual nature in the qualitative paradigm was used to explore and describe Life Skills as a strategy to fight HIV/AIDS at secondary schools. The research design focuses on the end product, formulates a research problem as a point of departure and focuses on the logic of the research (Cohen *et al.*, 2007: 73).

The research design provides guidelines according to which selection can be made of which data collection methods will be most suitable to achieve the researcher's goal and the selected design, (Cohen *et al.*, 2007: 73). According to Leedy and Ormrod (2005: 12), the general purpose of the qualitative research method is to examine human behaviour in the social, cultural and political context in which they occur. Qualitative researches are multiple forms of data in any single study and may use observation, interviews, objects and others (Leedy & Ormrod, 2005: 143).

This design was used because the aim of qualitative research was to understand the human phenomenon of interest. The human phenomenon is shaped by culture, history, purpose and values, and these in return are also influenced by this human

phenomenon (Ary *et al.*, 2007:73). Burns and Grove (2005: 65) points out that, questionnaires are probably the most probably generally used instrument in research of all and the researcher used interview as a second data gathering method.

3.3.1 Instruments

3.3.1.1 Interviews

According to (Cohen *et al*., 2007:269) the interview has been defined as a two-person conversation initiated by the interviewer for the purpose of obtaining research relevant information and focused by him on content specified by the research objectives of systematic description, prediction or explanation. According to Costley, Elliot and Gibbs (2010: 34), the interview can be defined as a process of communication and of interaction in which the respondent gives the needed information verbally in a face –to – face.

An interview can be used as effectively to collect useful information about individuals in many research situations. It is very effective instrument due to the fact that it can provide in–depth data which cannot be obtained with a questionnaire (McMillian & Schumacher, 2010: 205).

The interview was used as a second data gathering instrument. Both questionnaires and interviews were used to get a broader picture and a deeper understanding. Interviews provide room for probing meanwhile the questionnaire limit the respondent to the questions asked and the researcher could repeat questions and have more room for probing. The researcher explained the purpose of the study but in the case of the questionnaire the purpose of the study was written in a covering letter accompanying the questionnaire (Cohen *et al.,* 2007: 276).

The purpose of interview is to sample respondents' opinions. The purposes of the interview are many and varied *i.e.* to evaluate or assess a person in some respect, to select or promote an employee. It is also to test or develop a hypothesis and also to gather data, as in surveys or in experimental situations (Cohen *et al.*, 2007: 268).

The researcher used semi-structured interviews. Four learners and two educators were interviewed and the interviews were recorded on a tape and later transcribed.

Twenty minutes were taken for each interview. Five days were spent to conduct all the interviews.

It is important to outline the theoretical basis of the study, its broad aim, its practical value and the reasons why the interview as approach was chosen. It is followed by the translation of the general goals of the research into more detailed and specific objectives. Interviews with learners at appropriate times were conducted. The learners were not interviewed in the presence of their educators and the purpose of conducting the interview separate was to ensure confidentiality and to facilitate the research. Most questions asked in the interviews, discussions or conversations, were unstructured because they were posed after the observation session in the classroom (Cohen *et a*l., 2007: 274).

According to (Leedy & Ormrod, 2005: 147), the following are the guidance offered in of the interviews that is, identify some questions in advance and the researcher must sense when the conversation is drifting in an unproductive direction and gently guide it back on course. A suitable location is important and a quiet place is preferable. The participant's parents must sign an informed form consent form.

- Preparation of the researcher as the interviewer

The quality of the data collected through interviewing depends on the skills of the interviewer. Burns and Grove (2005: 421) maintain, the researcher does not become a super interviewer overnight. There is a need for training and practice. Before commencing with the interviews for the pilot study, the researcher had to undergo training in interviewing as suggested.

The researcher read books on interviewing. Besides reading, the researcher also learned how to interview by role-playing with a more experienced interviewer. This experienced interviewer had conducted many interviews with children and people experiencing psychological problems. He was a teacher and head of a department, involved in community project which helps people with problems. He is also a member of support group and curriculum committee at Senakangwedi Senior Secondary School.

- **The process of data collection**

Data collection is a series of interrelated activities aimed at gathering rich information needed to answer the research question (Cresswell, 2003: 110).

- **Gaining access**

Interviewing involves a relationship between the interviewer and the participants. How the interviewer gains access to potential participants and make contact with them can affect the relationship and every subsequent step in the interviewing process (Marilyn, 2009: 53). Maree and Van der Westhuizen (2009: 37), highlight the ethical considerations in regard to the research. An essential ethical aspect is the issue of the confidentiality of the results and findings of the study and the protection of the respondents.

Gaining access to the field involves the researcher being given permission to conduct the research (Cohen *et al.*, 2007: 55). In this study, data collection did not commence until the researcher received approval from:

- Ethics committee of the Central University of technology

- The Principal of Senakangwedi Senior Secondary School

The LO educator from Senakangwedi Senior Secondary School introduced the researcher to the learners and educators. The educator had a good relationship with the educators and learners. It was this type of networking that built the initial relationship with the learners, educators and later, the subjects.

According to Neumann (2006: 354), the presentation of self sends a symbolic message as a person from a caring profession'.

The educator introduced the researcher as an educator researcher who was interested in Life Skills as an intervention strategy to fight HIV/AIDS. According to Keith, (2009: 49), social networking is an effective way of soliciting the subjects, and

Marilyn; (2009: 54), also comments that it is a better way to access the subjects and has greater prospects of gaining further cooperation. During this first visit, the researcher showed genuine concern for an interest in the learners and educators. These social skills and personal charm were used to build a relationship with the learners and educators (Neuman, 2006: 355). After establishing trust with the learners and educators, an appointment was made to meet with the subject. This was the second visit to learners and educators. On the second visit the researcher introduce the subject study.

The purpose of the study and the ethical issues were explained to the subjects, and they were allowed to ask questions and request clarification as needed. After the subjects agreed to participate, an appointment for an interview was made. The appointments that were made for the interviews accommodated the subject's choice of location, date and time. The researcher was also comfortable with the schedule (Keith, 2009: 50).

Prior to the date of the interview, the researcher paid a third visit to the in order to confirm the scheduled interview appointment, minimize the intrusion and maintain the natural context of the setting (Keith, 2009: 49). This is also recommended by Costley, Elliot and Gibbs (2010: 34), when a reporting that, few things are more frustrating in an interview study than to drive few hours to an appointment only to have the participant not showing up.

- **Conducting the interview**

The interview were conducted in an atmosphere that was quiet, relaxed and free from everyday disruptions, and as Burns and Grove, (2005: 422), mentioned this facilitated free expression of feelings hence rich data could be gained.

The researcher maintained the advice of Babbie (2009: 338), that phenomena in qualitative designs should be studied because of their intrinsic and immediate contextual significance. The interviews in this study were therefore done at the school, except for two subjects who requested to be interviewed at home. A quiet room was provided, and privacy was maintained at all times.

At the homes of the respondents, some form of privacy was provided where the interviews were conducted. A separate room was given and other people in the family were told not to disturb. As Cresswel, Ebersoln, Eloff, Ferreira, Ivankova, Jansen, Niewenhuis, Pieterson, Plano and Van der Westhizen (2007: 124), advises, the room was free from distractions and it lent itself to audio-taping of the interview.

A personal interview in which questions are asked face- to- face may be conducted, anywhere at the individuals home, in the street, or in a shopping mall. One advantage of personal interviews is that they allow the verbal responses that but any and any facial or bodily expressions and movements, such as grins, or shrugs maybe observed (Jackson, 2010: 97).

Tape- recording is the best way by which the spoken words can be transformed into a written text (Marilyn, 2009: 131). The interviews were then tape- recorded per subjects' permission. It is believed that a tape recorder inhibits interaction and hence affects the responses of the participants. In this study the researcher used a small unobtrusive tape-recorder to lessen the intimidation.

Eye contact was maintained throughout the interview in order to facilitate subjects' participation (Minichiello, Aroni, Timewell and Alexandra, (2010:80). Beside shortcomings, McMillianand Schumacher (2010: 207) outline the following advantages of using a tape-recorder for interviews:

- It preserves the words of the participants and if something is not clear in transcript, the researcher can return and check the accuracy, as the original data is available;

- It enhances greater rapport by allowing a more natural conversational styles;

- It allows greater analytic depth, because the anecdotal information and the ambiguity of response are still available to the researcher.

The interviews commenced after the caregiver signed had the consent form. After signing consent, the caregiver was allowed to leave the room where the researcher and the respondents were, before the interview commenced.

The interview started with the researcher greeting the respondents, and as a way of breaking the ice the researcher asked the respondents about their choice of sports, subjects, as well as about their homework and whether or not they need help. The respondents were allowed to relax and show eagerness to talk before the research question was introduced to them. The interview questions were adopted to fit the individual learners and educators, the subjects were given sufficient time to think about and describe their replies freely and extensively in their own words. The researcher permitted the subjects freedom of responses and description, to illustrate how they make sense of their perspective, and how their behavior was influenced by their views. This was allowed because the aim of qualitative research is to understand human perspectives from the totality of their life ways, bearing in mind the dynamic interplay of these life ways with the social, economic, political, religious and cultural values within the historical and meaningful life events (Burns & Grove, 2005: 65).

Their replies to the questions took the form story, a narrative of their views concerning their needs. This was not simply an account of their perspective, but it was part of that reality the researcher was trying to find and the essence of meaning (Mertler & Charles, 2008: 34).

The subjects were motivated to participate spontaneously, and through the use of communication techniques, more information was elicited and interviews were focused around the central question.

- **Communication techniques**

Communication techniques that the researcher used to get more information from the subjects about their needs were:

- **Listening**

Listening is hearing out loud. It is the common denominator of all the other interviewing techniques and one of the basic keys to understanding (Collins, 2001: 1-72). To show the subject that the researcher was listening, the researcher made use of verbal cues like '*mmm*'*uh*'and non verbal cues like 'head nodding.' Listening enables the researcher to understand, and enables the client to bring major facts

and feelings to the surface. Listening is a principle in the field of all interpersonal relationships.

- **Silence**

Successful interviewing is largely dependent on the interviewer's will to abstain – to hold back from talking more that is necessary. Besides the absence of communication; silence itself is a specific channel for transmitting and receiving messages. Silence provides meaningful moments of reflection for the interviewee, and gives both the interviewer and the client an opportunity to contemplate thoughtfully about what has been said and felt, and to formulate new ideas and gain new perspectives on the matter under discussion (Collins, 2001: 69 -70).

The researcher made use of silence, but it was not so prolonged or so frequent as to hinder the interview. Silence was combined with eye contact and inquiring glances to elicit more information from the subject.

- **Reflection**

This is the process whereby the interviewer repeats the same key words as the interviewee, with the purpose of stimulating further elaboration of significant areas that are being vaguely or ambiguously expressed by the interviewee (Collins, 2001: 79). The researcher communicated to the respondents the understanding of their concerns and perspectives the researcher reflected on the respondents' feeling as observed, as well as on their meanings.

- **Probing**

Probing is neutral requests to clarify an ambiguous answers, to complete an incomplete answer or to obtain a relevant response (Neumann, 2006: 257). The purpose of probes is to obtain the character and contour of narratives or accounts as set by the interviewee in his own terms. When interviewer recognised inaccurate responses, or picked up a comment made by the subject and probes are used where needed. This took the form of non-verbal communication in which the researcher made use of eye contact, a raised eyebrow or unexpected silence as recommended by Burns and Grove (2005: 422) and by Neumann (2006: 257). This took the form of

verbal communication, in which reflection and validation were used. However, minimal verbal communication techniques were maintained in order to make the subjects feel less threatened. Burns and Grove, (2005: 422), state that probes is to be used, in a gentle manner so that the researcher will not disturb the subjects.

- **Termination of the interviews**

The interviews were terminated when the respondents indicated that there was nothing left to be said. This was demonstrated by the respondents' long periods of silence in which the researcher responded by asking the respondents to explain whether their silence meant something, in which case they reported that there was nothing more to say.

On that note, the researcher then left after giving telephone numbers where the researcher could be contacted if necessary. Where the need for counseling was identified, the respondents were told about the counselor even though they all reported no need for counseling (Jackson, 2010: 299).

- **Field Notes**

Besides the interviews, the researcher made use of field notes to collect data as a validation of information given by the subjects. When performing qualitative research, a researcher needs a system for remembering observations, and even more importantly, retrieving and analysis therefore. Field notes of events experienced through watching and listening were jotted down (Neumann, 2006: 361-366) these were made immediately after they researcher left the scene.

- **Triangulation**

Data triangulation means comparing and cross-checking the consistency of information derived at different times and by different means, with the intent of obtaining diverse views of the phenomenon under study for the purpose of validation (Burns & Grove, 2005: 239).

According to Burns, and Grove (2005: 239) triangulation is the combined use of two or more theories, methods, data sources, investigators or analysing methods in the study of the same phenomenon, because each method reveals different aspects of

empirical reality, multiple methods of data collection and analysis more grist for the research mill. In this study the following types of triangulation were used.

- Data triangulation, involving the collection of data from multiple sources for the same study. The researcher interviewed ten learners and obtained their views concerning their needs. These learners were of different age groups. Some of them were the head of households; some had lost their parents, while others had ill parents to look after.

- Analytic triangulation: involves the use of multiple analyses. A common approach to analytical triangulation is to have those who were studied review the findings. Researchers can learn a great deal about accuracy, fairness, and validity of their data by having people described in that data analysis react to what is described (Mertler & Charles, 2008: 291). In this study, the tape-recorded cassette was played back for the respondents to verify and give clarity on their responses, and at the final stage, the copy of the researcher's report was given to two subjects to confirm whether what the researcher said was a true reflection of their needs. An independent coder, experienced in qualitative research, was also used in the process of analysis in which categories and themes were identified from the verbatim transcripts.

- **Reflexivity**

Reflexivity refers to the assessment of the influence of the investigator's own background, perception and interest in the qualitative research process. The qualitative approach is reflective in that the researcher is a participant, not an observer, hence, the researcher cannot be separated from the research (Marilyn, 2009: 18).

3.3.1.2 Questionnaire

The questionnaire is an instrument in which respondents provide responses to questions or marked items that indicate their responses. The questionnaire encourages great honesty due to the fact that it is anonymous and it is economical

in terms of time and money (Cohen *et al.*, 2007: 245). In this study, 30 learners and 10 educators were given questionnaires and four learners and two educators were interviewed on the questions not fully addressed.

A structured interview gives the researcher and the respondent are flexible than would be in the case of structured interviews and the interview process was guided by the schedule rather than restricted. In the case of semi-structured interviews the researcher has a set of predetermined open questions for scheduled interview. There are several kinds and response modes in questionnaires *i.e.* dichotomous questions, multiple choice questions, rating scales, and opened-ended questions. The closed questions prescribe the range of responses from which the respondent may choose. Closed questions i.e. dichotomous, multiple choice and rating scale are quick to complete and straightforward to code and do not discriminate unduly on the basis of how articulate the respondents are. They also do not enable the respondents to add any remarks, qualifications and explanation to the existing categories (Cohen *et al.,* 2007: 248).

According to Salkind (2006: 145) the data collection process involves the construction of a data form be used to organise the data you collect, entry into the data collection and the designation for the coding strategy used to represent data on a data collection form.

In this study interviews were conducted to supplement the information collected through the questionnaires. Questions were already prepared for the interview. The interviews took five days.   After the questionnaires had been collected the researcher analysed the questionnaires first and then conducted the interviews. The researcher had to ask permission to conduct the interviews and it was done verbally due to the fact that a letter was written at the beginning. The Principal introduced the researcher to the educators and learners.

Two educators and four learners were interviewed because the interviews were done as a follow-up to the questionnaire. Among educators and learners, there were one female educator, one male educator, two female learners and two male learners. The interviews concentrated on Life Skills as intervention strategy in the fight against HIV/AID at Senakangwedi Senior Secondary School.

- **Procedure for the interview**

Meeting with interviewees, the researcher shared the purpose of the interviews. The confidentiality of the matter was also discussed (Marilyn, 2009: 120).

- **The researcher was:**

  o asking questions in a sequence of general to specific as it was prepared;
  o using constructive unstructured interview questions;
  o putting replies in perspective;
  o asking a variety of questions, and
  o avoiding disagreement

3.4   Population and sampling

A population is a group of elements or cases, that is, individuals, objects or events that conform to specific criteria and to which the result are intended to be generalised. A population represents accurately a much larger entire population from which it is drawn. Salkind (2006: 30) defines population as the universe of elements to which one wants to generalise. Mertler and Charles (2008: 38), define population as all members of any well defined class of people. In this research the target population is the learners and educator at Senakangwedi Senior Secondary School. Sampling will be used in order to select respondents for this study. McMillan and Schumacher (2010: 129), describe sampling as selecting information rich case for in-debts. Study when one wants to understand something about those cases without needing or desiring to generalise to all such cases.

The respondents of this study were: thirty learners, ten from grade 10, ten from grade 11 and ten from grade 12. It was fifteen girls and fifteen boys. According to Neumann, (2006: 336) the quantities research rich information about social processes in a specific setting and also give the critical researcher the ability to break through assumptions implicit in the quantitative approach. Although qualitative and quantitative methods differs in many ways but complement each other as well.

The inclusion criteria for inclusion into the study were as follows:

- A willingness to participate in the study.
- Learners and educators of Senakangwedi Senior Secondary School, as the study concerns the learners and educators of Senakangwedi Senior Secondary School;
- Ability to speak and understand Sesotho or English or Xhosa as these are the main languages that are used at Senakangwedi Senior Secondary School .age of learners are fifteen of twenty. At this age their cognitive development allowed them to be more aware of Life Skills as intervention strategy to fight HIV/AIDAS at Senakangwedi Senior Secondary School as it was easy for them to verbalise. At this age their operational thinking allowed them to develop hypotheses about possible outcomes of the problems and evaluate these outcomes comparatively.

- **Sample size**

In qualitative research the sample size is often limited because of the richness of the data obtained and the extent to which the phenomenon is explored during the focus group interview (Burns & Grove, 2005: 271). An important determinate of the size is the saturation of data. This occurs when there is emergency for repeating themes or when no new information is being discovered (Neuman, 2006: 211).

- **Sampling technique**

This is the process according to which the source of data is identified and elected for inclusion in the study. Convenient sampling was used to select the learners and educators at Senakangwedi Senior Secondary School, and the purposive sampling was the best method to select the learners and educators. Convenient and purposive samplings are classified under non-profanity sampling method (Burns & Grove, 2005: 350, 352).

Non-probability sampling is mostly used in exploratory studies that are designed to increase knowledge of the phenomenon of interest, and not intended for generalisation to a large population (Burns & Grove, 2005: 350).

- **Convenience sampling**

According Burns and Grove, (2005: 350),convenience sampling provides means to conduct studies on topics for which probability sampling is not suitable and subjects are included in the study because they happen to be the right place at the right time:

- o Senakangwedi Senior Secondary School was selected because of the fact that the environment is familiar and accessible to the researcher.

- o The selection of respondents took place at school from Life Orientation.

- o Educators who are teaching Life Orientation at school.

- o This sampling method is classified as convenient because the whole school population is too big and learners are staying in different areas and it is difficult to locate learners in their homes. Some learners do not stay in one place, sometime they stay with their relatives or grandparents therefore and it is difficult to locate them.

- **Purposive sampling**

Purposive sampling refers to a conscious selection of respondents to be included in a study.

This method is utilized in qualitative research, because the researcher may seek respondents with particular characteristics or knowledge about the phenomenon under study (Burns & Grove, 2005: 352). This is why in this study the respondents who meet the inclusion criteria were selected.

3.5 Data analysis

Qualitative data analysis takes place both during and after collection. The researcher must remember that the research is conducted to discover, not to prove.

Data sources was be synthesised, creating a more holistic and integrated set of information, frequently labeled findings. The system used to accomplish this analysis need to be explicitly documented and directly connected to the research questions (Mertler & Charles, 2008: 54).

According to Maree and Van der Westhuizen (2009: 28) it is essential to plan in advance how data should be analysed. Data collection instruments, such as questionnaires need to be designed accordingly. According to Phelps, Fisher and Ellis (2007: 208), if you are conducting qualitative data analysis, one would typically do the following:

Locate or identify patterns, themes or underlying meaning in their data; make comments or notes about what is being implied or said; make or extract segments of data which represent meaningful units, such as a quote, video or extract or audio clip, and or attach extracts to categories for coding and categorizing.

Data analysis is the process of systematically organising, categorizing and summarising data and describing it in meaningful terms so as to answer the research questions. Qualitative data analysis involves integration and synthesis of narrative data in order to draw and communicate conclusions without loss of context and richness of data (Sharan, 2009: 171). According to Denzin and Lincoln (2005: 153), the most common analysis of qualitative data is observer impressions. That is, expert or layman observers examine the data, form an impression, and report their impression in a structured, many times, quantitative form.

These impressions can be the final conclusion of the analysis, or some quantitative characteristics of the data to be further analysed using some quantitative methods.

In this study the researcher did not analyse data at the same time as data collection, as recommended by Mertler and Charles, (2008: 151). Instead the researcher took Marilyn's (2009:161) advice to wait until the interviews were completed, before commencing with the data analysis. This was to avoid imposing on the processing of interviews. The audio taped interviews were repeatedly listened to and compared with the verbatim transcripts. They were also read and reread. This comparison was necessary to verify the accuracy of the transcriptions. In this manner the

research became immersed in data. According to Phelps, Fisher and Ellis (2007: 2009), if you are doing qualitative data analysis you would typically make multiple copies of the original data by photocopying and cutting them into extracts according to the topic or theme.

The transcribed interviews were analysed using Tesch's method of data analysis, as cited in Cresswell *et al* (2007: 192). This method involves eight steps which the researcher followed in a systematic process of data analysis:

- getting a sense of the whole by carefully reading through all the transcriptions and writing down some ideas as they come to mind.

- picking the most interesting interview; go through it, asking: "*what is this about…?*"Do not think about the 'substance' of the information, but rather about its underlying meaning. Write down thoughts in the margin. When you have completed this task make a list of the topics identified. Categorise them as major and unique topics, and as leftovers.

Takes this list and go back to your data. Abbreviate the topics as codes, and write the codes next to the appropriate segment of the text. Try this preliminary organising scheme to see whether new categories and codes emerge. Find the most descriptive wording for the topics and transform them into categories**.**

Look for ways of reducing the total list of categories by grouping topics that relate to each other. Draw lines between your categories to show the interrelationships.

Assemble the data material belonging to each category in one place and perform a preliminary data analysis if necessary, recode your existing data.

In this study, the researcher read through all the transcripts to get a good overview of the results and thoughts were written in the margin. One interesting focus group interview transcript was read through, to try to figure out what it was all about. Identified themes were written in the margin. Similar themes were clustered together.

Data were then read for the second time, comparing them with the list of identified themes and categories. Open coding was then performed and themes were assigned codes in an attempt to condense the data into categories. When coding was completed, the data belonging to each category was assembled in one place. The content of each category was subdivided into sub-categories. Data found to be irrelevant were discarded.

Data was processed using tables, figures and graphs to present and illustrate the summarised the quantitative aspects of the captured data. The information will be interpreted.

The transcriptions, together with the field notes, were submitted to the independent coder for analysis. Then the independent coder and the researcher discussed the results and came to an agreement. Thereafter, the researcher and the study supervisor discussed and reached consensus on the findings. The refinement of themes identified will be discussed in the next chapter.

3.6   Measures to ensure trustworthiness

Trustworthiness is essential to ensure the reliability of results (Marshall & Rossman, 2010: 39); this model identified four criteria for assessing trustworthiness in qualitative research.

- **True value/credibility**

Credibility concerns whether the researcher has established the truth of the findings as viewed through the eyes of those being interviewed (Marshcthall & Rossman, 2010: 41).

- **Safe guarding data**

The researcher had to ensure that data was safeguarded until the analysis had been completed (McMillan & Schumacher, 2010: 210). Therefore, the following measures were taken:

- The researcher used high quality audio-tapes during the interviews.

- All tapes were labeled from the first to the last focus group interview.

- The researcher made two copies of each transcript. One copy of each transcription, together with the labeled audiotapes, was kept locked in a safe place.

- The researcher did not link any data to participants. Participants were for example, referred to as learners and educators. All transcripts will be destroyed as soon as the result and the report had been published.

3.7. Summary

In chapter three, a description of the research methodology was given. With regard to this study justification was given for the choosing of the sample and the data capturing instrument. In the next chapter the data analysis and the interpretation of the findings are presented.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1   Introduction

The previous chapter i.e. chapter three has explained the various research techniques used in gathering data and how data were analysed. This chapter four presents the data and analysis thereof for study carried out to investigate Life Skills as intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

This study sought to find answers to the following questions:

- Would the teaching of HIV/AIDS Awareness in Life Skills learning area influence learners' perception regarding the dangers of HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo?
- What are the experiences of learners who have had to take care of or live with relatives / parents suffering or died from HIV/AIDS?

- **Data presentation has been done under the following heading:**

  - Results from educators
  - Results from learners

4.2   Data analysis

In this research qualitative data analysis was employed. Qualitative data analysis has sometimes been portrayed as a somewhat mysterious process in which findings gradually " emerge'' from the data through some type of mystical relationship between the research and the source of the data.

4.3 The educators biographical data

Is already pointed out in chapter three, questionnaires for the main study were administered to ten educators and all of them were completed and were all available for collection. The interviews were also used as a second data collection.

This section provides biographical data of the educators.

4.3.1 Responses according to age of educators who participated in the study

Table 4.1 Age of respondents (n=10)

Category	Frequency	Percentage (%)
20-25	2	20
26-30	1	10
31-35	1	10
36 and above	6	60
Total	10	100

Of the 10 questionnaires distributed to respondents, 10 (100%) were completed. The information on the age of the educators indicates that of the ten respondents, two (20%) are between the ages of 20-25, 1 (10 %) is between the ages of 26-30, one (10 %) is between the ages of 31-35 and lastly six that (60%) are 36 years old and above.

It means that the majority of the educators in this study were mature as their ages range between 36 and above. It means that they have a lot of experience and know exactly what happens in schools when it comes to life skills and HIV/AIDS.

4.3.2 Qualifications

The following tables provide information on the educational level of the respondents, *i.e.* the qualification of the educators.

Table 4.2 Qualification of the respondents(n =10)

Category	Frequency	Percentage (%)
Matric	0	0
Diploma	3	37.5
Degree	5	62.5
Post Graduate	0	0
No response	(2)	(25)
Total	8	100

Out of ten respondents, only eight respondents completed this item. It means two (25%) educators did not complete this item. Of the 10 respondents 3 (37.5) has Diploma, 5 (62.5 %) have degree. There was no educator with post graduate qualifications.

4.3.3 Gender

- This table provides information on the number of male and female educators who participated in this study.

Table 4.3 Gender of the respondents (n=10)

Category	Frequency	Percentage
Male	5	50
Female	5	50
Total	10	100

Ten (100%) respondents completed this part and out of ten respondents five (50 %) are male and five (50 %) are female. It means the participation of the male and females are equal, and that male and female are well represented in this research.

4.4 Responses from educators

This section presents the responses from educators responding to the following question:

- Would the teaching of HIV/AIDS awareness in Life Skills learning area influence learners' perception regarding the dangers of HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo?

4.4.1 Safe sex

All respondents said that Life Skills empower learners with skills to help them make informed decision regarding their sexuality and protect themselves against HIV/AIDS. Life Skills encourage learners and give learners the necessary skills to practice safe sex and use an ABC method that is. abstain, be-faithful and condomise. Learners were encouraged to use ABC method.

4.4.2 Teenage pregnancy

All respondents said there is a higher rate of teenage pregnancy in schools from Grade 10 to 12 and some learners do not complete their studies due to pregnancy. It has an impact on the academic results of the learners at the end of the year. According to the respondents' Life Skills as address teenage pregnancy and Life Skills as a strategy managed to reduce teenage pregnancy rates and consequences such as school drop-out. Life Skills educate learners about the danger of HIV/AIDS.

4.4.3 Education

Most of the respondents said Life Skills educate learners about the danger of HIV/AIDS. School based HIV strategy is a major strategy to educate learners about the danger of HIV/AIDS. Education plays an even more crucial role in the combat of HIV/AIDS. According to the respondents through the Life Skills education increases the knowledge and responsible attitudes. All respondents feel free to talk about HIV/AIDS to learners.

Respondents were concerned about the role played by parents in connection with the issue of sex and HIV/AIDS. According to the respondents parents do not feel to talk about sex and HIV/AIDS.

According to the respondents only few educators attended training about Life Skills and HIV/AIDS.

This section presents the responses of educators to the following question:

What are the experiences of learners who have had to take care of or live with relatives / parents suffering from HIV/AIDS?

4.4.4 Orphans

Some respondents said that they have some learners in the class who do not have any parents others have lost either a mother or a father. According to the respondents some of the learners play a parental role at home, they cook, clean and nature. According to the respondents some of the learners are staying with relatives such as grandparent because they do not have parents.

4.4.5 Absenteeism

According to respondents some of the learners do not attend school due to ill health of their parents, relatives or friends and sometimes to attend funerals. Learners must look after their parents, relatives or friends who are ill at home and they will be absent from school. Some of them come to school late due to the role that they play that is. to ensure that before they leave for school they have to cooked and cleaned.

4.4.6 Stress and trauma

"….Yes, I have learners who feel lonely, stressful and who cannot cope and concentrate and they cannot even advance from one grade to the next".

4.4.7 Poverty

"… I have learners who come to school with an empty stomach ….."

"….I provides learners with food during break or sometime gives them money to buy food…"
"….I sometime donate clothes for learners and give them part time job at my place and pay them…."

Most of the respondents said they cannot afford to pay for basic needs like food and cloths since some of the parents/relatives/friends are ill and some are unemployed.

4.5   Learners Biographical Data

This section provides biographical data about learners.

4.5.1   Age of learners

The following tables indicate the age of the learners who participated in the study.

Table 4.4 Age of the respondents. (n=30)

Category	Frequency	Percentage (%)
13-16	2	7.14
17-19	22	78.57
20 and above	4	14.29
No response	(2)	(7.14)
Total	28	100

Out of 30 respondents, only 28 respondents completed this item.

The information on age of the learners indicates that of the 28 respondents, two (7.14%) are between the age of 13-16, 22 (78.57%) are between the age of 17-19 and four (14.29 %) 20 years and older there are respondents who did not complete this item.

Table: 4.5. Indicates two grades attended by learners who participated in the study.

4.5.2 Grades of learners

The following tables indicate the grades of learners who participated in the study.

Table 4.5: Grades of the respondents (n=30)

Category	Frequency	Percentage (%)
Grade 10	9	32,14
Grade 11	10	35.71
Grade 12	9	32,14
No response	(2)	(7.14)
Total	28	100

Only 28 of the respondents completed this item. The information on grades of learners indicates that nine (30%) respondents are in grade 10, ten (33.33 %) are in grade 11, nine (30%) are in grade 12.

4.5.2 Gender

This table provides information on the number of male and female who participated in this study.

Table 4.6 Gender of respondents (n =30)

Category	Frequency	Percentage (%)
Male	13	46.43
Female	15	53.57
No response	(2)	(7.14)
Total	28	100%

Out of 30 respondents, only 28 completed this item. Out of 28 respondents 13 (46.43%) are male and 15 (53.57%) are female.

It means the 15(53.57) of the learners who participated in this study are female

4.6   Reponses from learners

This section presents the responses from learners to the following question.

- Would the teaching of Life Skills influence learners perception regarding the dangers of HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo?

4.6.1 Safe sex

All respondents said that Life Skills empower learners with skills to help them make informed decisions regarding their sexuality and to protect themselves against HIV/AIDS. Life Skills encourage learners and give learners the necessary skills to practice safe sex and to use ABC *i.e.* abstain, be faithful and condomise. Learners are encouraged to use ABC.

4.6.2 Teenage Pregnancy

All respondents indicated that there is a higher rate of teenage pregnancy in schools from Grade 10 to 12 and some of learners do not complete their studies due to pregnancy. It has an impact on the results at the end of the year. According to the respondents Life Skills addresses teenage pregnancy. Life Skills as a strategy managed to reduce teenage pregnancy rates and its consequence such as school drop-out. Life Skills does not educate learners about the danger of HIV/AIDS but also about the problems results from teenage pregnancy

4.6.3 Education

Most of the respondents said Life Skills educate learners about the dangers of HIV/AIDS. School based HIV strategy is a major strategy to educate learners about the danger of HIV/AIDS. Education plays a crucial role in combating HIV/AIDS. It is doing well, but it can do even better. According to the respondents Life Skills education increases knowledge and responsible attitudes. All respondents feel free to talk about HIV/AIDS to the learners.

Respondents are concerned about the role played by parents in connection with the issue of sex and HIV/AIDS. According to the respondents parents are not free to talk about sex and HIV/AIDS.

According to the respondents only a few educators have attendant training about Life Skills and HIV/AIDS.

This section presents the responses of learners to the following question.
What are the experiences of learners who have had to take care of or live with relatives/parents suffering from HIV/AIDS?

4.6.4 Orphans

"…My mother used to love me and gave me the warm love. I tried many people after the death of my mother to support me but I failed. I think no one will treat me like my mother and it is give me that love"

"….Sir I think no one will replace my mother, my mother was always on my side, guiding me and generally taking care of my needs"

"….Teacher I do not remember anything which is important about my mother because I was I six years old when she passed away"

"….Ntate, I felt I became an orphan when my mother died and when I am with other learners, but after getting the support from my grandmother it was better"

"….Sir if other learners talk about their parents in classroom….I does not talk about my mother…others said my mother bought me the clothes, shoes and I only talk about my grandmother"

"…Sir I tried my uncle and relatives, no one is helping me and my grandmother is my last hope who can help me''

Some respondents said they have some learners in their class who do not have any parents; others have lost a father or a mother. According to the respondents some of the learners play a parental role at home, thus cook and clean at home. According to the respondents some of the learners are staying with their relatives or grandmothers because they do not have parents.

4.6.5 Absenteeism

"…I do not have someone who can motivate me to attend school regularly.
…My mother used to advice me and encourage me to go to school but presently I do not any who can play the role played by my mother''

"..I was looking after my mother who was very sick, I had three sisters and other one was also sick therefore sometimes I was absent at school because of the situation at home"

"…Ntate, I was taking responsibility of my mother at home if my mother was sick and not attending school…''
"… Meneer, if my mother was sick I could not attend school and gave her food and medication ''

According to respondents some of the learners do not attend school regularly due to ill health of their parents, relatives or friends. Sometimes they have to attend a funeral during school hours or make preparation for a funeral during school hours.

Learners must look after their parents or relatives or friends who are ill at home and they will be absent at school. Some of them come to school late due to the role that they play at home looking after their parents, relatives or friends.

4.6.6 Stress and trauma

"….Ntate ….after the death of my mother I did not eat for the whole week. The death of my mother was still in my mind and my heart''
"..Sir if am I sad no one is in position to comfort me ,if something affected me ,sir instead of going out to look for assistance I face the situation alone ''

"…. Sir when other learners talk about their parents I feel sad…..not happy and very lonely ''
"……Sir by the time my mother was very sick, I could not go to school if she it was sick"

"….Yes I have learners who feel lonely, stressful and who cannot cope and concentrate in the classroom during the lessons"

4.6.7 Poverty

"… I have learners who come to school with an empty stomach ..."

"….I provide learners with food during break or sometime gives them money to buy food…"

"….I sometime donates clothes for learners and give them part time job at my place and pay them…."

Most of the respondents said they cannot afford to pay for basic needs like food and clothes since some of the parents/relatives/friends are ill and some are unemployed.

"…sir my mother used to meet my demands e.g. buying clothes, food and others... but for now it is difficult to get clothes and food at any time, no one can give me the money immediately to buy clothes and food…."
"…Sir I get the social grant from the state but the money is not sufficient to maintain the family i.e. my sisters and brothers"
"…I do not get the social grant. My sister and my grandmother are looking after me, but they cannot do anything for me like my mother used to do"
"…my grandmothers who get social grant and make sure that I get clothes and food. My grandmother with the little amount of money she gets from the state deposits a certain amount of money to the bank account for future purpose, to go to University after completing Grade 12"

"….Sir I am talking to you by now….. I did not eat before…I come to school with an empty stomach… I do not have even money to buy something to eat. I survive because of my friends and other people who donate cloths and food to me.
 I get social grant but I do not benefit from it because my relatives received money for me because I am a minor. At school my friends give me the food and if the relationship is sour I do not eat".

4.7   Open –ended questions to educators

At the end of Section C of the questionnaire, two open-ended questions were included in the questionnaire.   The educators and learners as respondents were asked to give their own opinions about Life Skills as an intervention strategy to fight HIV/IDS at secondary school as a possible solution.

4.7.1   Response by educators

The educator's responses on life skills as an intervention strategy in the fight against HIV/IDS at secondary school were as follows:

- **Parental involvement**

The educators have identified the parental involvement as one of the factors which make it difficult for the learners to learn about HIV/AIDS. It means parents are not playing any role or they are not involved in the education of their children.
The following statement has been taken from the questionnaires completed by the educators and emphasises the fact that parents are not involved in the education of their children.
 "Most of the learners lack parental care"
"Life Skills should be treated both by parents and educators "

- **Foundation**

Another issue that seems to be a cause for concern to educators is the foundation. Educators are making request that Life Skills must start at Foundation Phase.

The statements which follow are the statements taken directly from the educators questionnaires:

"I think the problem starts at primary school "

- **Intervention programmes**

Educators raised the issue of intervention programmes which are offered at school and learners are ignorant about it and the programmes help them to be informed about HIV/AIDS.

The following is also responses by educators:

"Ignorance with regard to genuine programmes that assist in terms of making them aware about teenage pregnancy and HIV/AIDS:"

- **Assistance programme**

The following statements indicate the educators' concern about the assistance programme. These statements come from the educator's questionnaire.

"The department of education must employ social workers who will assist both teachers and learners with counseling on the premises of the school, "
"Food parcel must be provided in secondary schools, "
"Most of the learners come to school with empty stomachs "
"Government and non-government organisations must come forward and help those learners who need support"
"Something should be done to solve this problem. We need a psychologist in most of our schools "

- **Working relationship**

The educators have identified a working relationship with other departments as one of the factors which could contribute to the effectiveness of Life Skills.

The following statement was taken from the questionnaire completed by the educators and emphasises the fact that there is no working relationship.

"If other department like health and social department may visit our school, I think this will help us "

"It is important if there is a joint programme from department of education, department of health and non-profit organization. ''

- **Disclosure of information**

The disclosure of information by learners in schools was also identified by the educators as one of the factors which makes difficult to know the problems of learners.

The following statement is taken from the questionnaire completed by the educators.

"Some of them do not want to disclose their family background''

- **Late coming**

Late coming has been identified by the educators as one of the factors. Learners come to school late because they are playing a parental role.
The following statement was taken from the questionnaires completed by the educators.
"Some of the learners are sometime late at school because they are playing parental role ''

4.8 Responses by learners

- **Awareness programme**

The learners have identified the awareness programme as one of the important factors to teach them about HIV/AIDS.
The following statements are taken from the questionnaires completed by the learners and emphasis the awareness programme.

"It is a great thing to be taught and it helps us to know about many things around HIV/AIDS"
"Life Skills give us more information ""
"My life changed because of Life Skills ''

"Life Skills are a good subject because we get taught about things that we as the youth are facing''

"It helps us how to protect us and prevent us against HIV/AIDS ''

- **Life Skills class**

The Life Skills class has been identified by learners as one tool to educate them about HIV/AIDS due to fact that they can talk to educators freely and openly.
The following statement is a statement taken from the learners questionnaires:

"HIV/AIDS is a dangerous thing so we need to be careful and our teachers are guiding us about it. "

- **Openness**

"It is a great opportunity for the youth to interact freely with teachers"
"Life Skills at school are more important because there are some of things that cannot be taught by our parents but by teachers ''

"It is very good to learn about Life Skills at school because you cannot be afraid to talk to others about it ''

- **Morals and values**

Another issue that seems to be good according the questionnaires from learners is morals and values.
The following statement is taken from the learners questionnaires.

"Actually it is really helpful and teach me what is good and wrong.''

- **Danger of HIV/AIDS**

Learners indicated that the danger of HIV/AIDS has to be brought to their attention in their education.
The next statement is taken directly from the learners questionnaires

"A Life Skill is very good at school because it teaches us to protect you and that HIV/AIDS is still there ''

- **Sharing of information**

Sharing of information seems to be one of the concerns by the learners.
One of the responses of a learner on this issue is the following:

"Been taught Life Skills at school it did really helped me, so I would like this information to be expanded to the community ''

4.9 Possible solutions

The responses from learner's questionnaires indicate that Life Skills should be treated both by parents and educators. Therefore the involvement of parents to strengthen the school teaching of Life Skills at home would help a lot. The educators should find ways to involve parents in the teaching of Life Skills at home. It will balance and enforce lessons if parents are supporting it and learners will then see it as a serious issue.

- There should be a relationship between the primary school and secondary schools in teaching Life Skills.
- There should also be an emphasis at primary schools on Life Skills as most of the learners who now come to secondary schools are not familiar with Life Skills.
- Educators must get the name and address of a guardian if learners do not have parents.
- Social club must be established at school to encourage learners to interact with fellow learners freely and learn from each other and the educators must be part of this programme as supervisors.
- The school must raise funds and not only depend on the state.
- Proper records must be kept at school about all learners to identify learners who struggle with problems and problems must be identified
- There should be a stable relationship between the school and non-government organisations (NGO).

- Learners must be informed about services offered by the department of social development and be aware that there are social workers and psychologists available.

- Statistics of learners who do not have parents must be kept at school.

- If learners cannot disclose their information and do not feel free to talk to teachers must be referred to social workers and psychologists

- Educators must be given necessary skills on how to deal with the problems of learners.

- Learners must be encouraged to join awareness programmes.

- Educators must talk freely to the learners about HIV/AIDS

- Learners must be encouraged to share the information about HIV/AIDS with other people and with the community.

4.10 Conclusion

This chapter presented research results and findings about life skills as an intervention strategy in the fight against HIV/AIDS at secondary schools and as a possible solution. The responses given by educators and learners from Senakangwedi Senior Secondary school in Botshabelo reveal that: the teaching of Life Skills influences learners' perception regarding the dangers of HIV/AIDS. The experiences of learners at Senakangwedi Senior Secondary School in Botshabelo who have had to take care of parents or live with relatives/parents suffering from HIV/AIDS. The data include biographical data of respondents. The next are reflected chapter gives a summary of the findings, conclusions and some recommendations of the study at Senakangwedi Senior Secondary school in Botshabelo

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS, SUGGESTIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the research, findings, recommendations and conclusions. It restates the aims of the study, the research questions, and research objectives.   Chapter five further present some recommendation and make suggestions for further research.

5.2 Summary of the study

5.2.1 Discussion of chapters

Chapter One provided information on the aims of the study, the statement of the problem and research questions. This chapter provides the significance of the study, background of the study, statement of the problem, research questions, aims and objectives of the study and definitions of the concepts, Life Skills, intervention, strategy, HIV/AIDS was defined and discussed. The review of literature, research design, research approach, population and sampling, instrumentation, data analysis, limitation and division of chapters were discussed.

Chapter Two explained the various researches undertaken in conjunction with Life Skills as an intervention strategy to fight HIV/AIDS in schools. The unit of analysis for this study was explained and related literature was analysed and elaborated by way of answering the research questions**.**

Chapter Three explained the research methodology which plays a vital role in the study. It further discussed the research design and collection of data for this study. It described the processes that were followed, that is. the description of research design and dissemination of questionnaires, the planning and the procedure for interviews, and the techniques that were used to present and lastly analyse the data collected.

The following section in this chapter is the description of research methodology, population and sampling, data analysis procedures, and lastly a conclusion.

Chapter Four presented the data and the analysis of the study as carried out to investigate the Life Skills as an intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

Chapter Five present restates the aims of the study, the research questions, and research objectives and recommendation and make suggestions for further research, the summary of the research, findings, recommendations and conclusions.

5.2.2 The aim of the study

The aim of the study was to investigate the teaching of Life Skills as intervention strategy in the fight against HIVIAIDS at Senakangwedi Senior Secondary school in Botshabelo.

The aim of the study was achieved, because various factors were identified in this study which could be used as a strategy in the fight against HIV/AIDS as well as possible solutions. This was achieved by reviewing literature relevant to the study and information supported by information obtained from the respondents. These respondents included educators and learners and they provided information which helped to achieve the aim of the study.

5.2.3 Research objectives of the study

The objectives of the study included the following:

o To find out if learners' perception about HIV/AIDS could change as a result of a Life Skills programme offered at the secondary school level.
o To find out the experience of learners who have had to take care of parents or are living with relatives/parents suffering from HIV/AIDS.

The objectives of the study were achieved. The results of the study indicate Life Skills programme talk about safe sex, teenage pregnancy and education which

could be used as a strategy in the fight against HIV/AIDS. The experiences of learners who have had to take care of parents or are living with relatives/parents suffering from HIV/AIDS are useful. The results of the study indicated that learners faced the following challenges, being orphans, absenteeism from schools, stress trauma and poverty. The objectives and analysis of research data assisted the researcher in providing a direction for the study because the researcher knew what he wanted to achieve at the end of the study.

5.2.4   Research questions

The research results answered the following questions:

- Would the teaching of Life Skills influence learners' perception regarding the dangers of HIV/AIDS, at Senakangwedi Senior Secondary School in Botshabelo?
- What are the experiences of learners who have had to take care of parents or live with relatives / parents suffering from HIV/AIDS?

The study answered the question which was posed at the outset. The results of the study indicated that education about safe sex, teenage pregnancy and education would change learner's perception. It also revealed the experiences of learners who have had to take care of parents or live with relatives/parents suffering from HIV/AIDS.

5.2.5 Methodology

The research approach used in this study was mainly qualitative although it had some features of quantitative research in the form of open-ended questions that were included in the survey questionnaire that was used to collect data. The interview was also used to collect data.

A literature study was conducted to investigate the teaching of HIV/AIDS Awareness in Life Skills as a mechanism that would assist in the fight against HIVIAIDS at Secondary Schools. The researcher used qualitative research methodology because utilising this methodology, according to McMillan and Schumacher (2010:

372), state that qualitative researchers accumulate data by interacting with selected individuals in their settings (field research) and by acquiring documents relevant to the study.

5.3 Discussion of the findings

The aim of the study, as mentioned at the beginning of this chapter, was to investigate the teaching of Life Skills as an intervention strategy in the fight against HIV/AIDS among learners with the help of curricula reforms. In the school that took part in the study, the researcher learnt that most of the learner respondents stayed on their own without any adult in the household, thereby making the study richer in terms of the input and experience of the adolescents who had to assume parenting roles in their different households.

This means that the researcher investigated about learners' perception regarding the dangers of HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo and the experiences of learners who have had to take care of parents or live with relatives/parents suffering from HIV/AIDS. A number of factors were identified by the researcher from the literature review. For the purpose of this study, questionnaires were prepared, and were given to 30 learners, and to 10 educators.

5.3.1 Safe sex

According DoE (2004: 11), it has been stated that the goal of Life Skills programme is to empower learners with skills to help them make informed decision regarding their sexuality and to protect themselves against HIV/AIDS. Life Skills help the learners to practice safe sex to protect them against sexually transmitted infection (STI), including HIV/AIDS. Sexually transmitted infections including HIV/AIDS, promote safe sexual behavior among learners of school going age who are, or are near to becoming sexually active. Most respondents that are the educators and learners feel that life skills encourage learners to practice safe sex, give them the necessary skills to practice safe sex and empower them. If some learners are not active in sex the Life Skills programme might influence them and those who are active, to practice safe sex and use condoms (Kalipeni, Craddock, Oppong & Ghosh,

2004: 118).

5.3.2   Teenage pregnancy

All respondents mentioned that there is a higher rate of teenage pregnancy at school and it affects the education system, since some learners leave school to look after their children as parents. Where there no one to take care of such babies whose mothers had to go back to school there are dropouts. According to the DoE (2004:4) there have been attempts to address sexual education in South Africa.   The objectives of such attempts have varied and managed reducing teenage pregnancy rates and its consequent effects, but there is still high rate of school drop-outs.

5.3.3 Education

According to the findings, Life Skills programme at school play an important role to educate learners about the danger of HIV/AIDS. Life Skills increase the knowledge of learners about HIV/AIDS and it encourages learners to act and behave responsibly.   Most of the learners are getting the message and educators are playing parental roles. Parents are not playing their role and are also afraid to talk freely to their children about HIV/AIDS.

According to Pengpid (2008: 47) school based HIV/AIDS prevention education as a strategy has been recommended as major strategy for increasing adolescents' related knowledge of HIV/AIDS and preventive behaviour. A national Life Skills program for adolescents has been developed in South Africa by the department of education and of health (South Africa Project Report1997/98)) and the goal of life skills and HIV/AIDS education learning programmes for Grades 8-12 is to be increase knowledge, and promote responsible attitudes, and to provide motivation. According to Mohoebi (2001: 7) the goal of the Life Skills programme is to empower children and youth with skills to help them make informed decisions regarding sexuality and to protect themselves against HIV/AIDS. The Life Skills programme part of the core syllabus for general educator training and is integral to the school curriculum.

5.3.4 Orphans

Some of the respondents have a feeling for some of the learners that are without parents and others who are playing parental role due to the fact that they do not have parents.

According to the Carr-Hill and Kataboro (2000: 55), the assessment of orphans also noted that in most cases before death of parents, learners serve as caregivers of their parents and learners provide care for the dying. The situation was found to be very bad. Orphans are defended in a variety of ways which makes it difficult to establish a precise and comprehensive picture of the current numbers of learners who have lost parents.

5.3.5 Absenteeism

Some learners are playing a parental role due to the fact that some of the parents passed away. Some are looking after their siblings and while others are looking after their parents, siblings and relatives who are ill therefore it is difficult to attend school regularly.

The effects of HIV/AIDS as claimed occur because of the level of HIV/AIDS among learners. This leads to increased absenteeism through ill-health of parents and the attending of funeral. This affects the quality of education when parents is ill, this affect the learners and he/she must then look after the parents who are ill at home and he/she will be absent from school (Bagele *et a*l. 2002: 47). Children who are affected by HIV/AIDS become miserable, depressed and sometime discriminated even at school. Because of the atmosphere of drop outs at school due to the fact that orphans do not get moral support even from friends (Max *et al*, 2002: 668).

5.3.6 Stress and trauma

Some of the learners need psychological support because of stress some feel lonely after the death of their parents or relatives. It is difficult for some learners who have stress to move from one Grade to another because they are depressed. It was

mentioned that the psychosocial effects of losing a parent to a debilitating illness are severe and can have term-long effects on a child's behavioural development as a results of enduring of the loss of parental support and nurturing, many orphans experience anxiety, depression and despair. Further complicating these emotions siblings are often divided among several households within an extended family to mitigate the economic burden of caring for the orphaned children. Relatives or neighbors who have agreed to care for the orphans may contribute to the despair by taking the property or inheritance of the orphans and leaving them more vulnerable to exploitation (Williamson, 2000: 89; UNAIDS, 2001: 16).

5.3.7 Poverty

Some learners come to school with an empty stomach. Some learners do not have anyone who can assist them in terms of their basic needs, to buy food and clothes. Some of them do get assistance from educators.

According to Jeff and Chris (2002: 134), of the 17 million children in SA about 12 million are classified as living in poverty, according to household income. Children account for 25% of those living in poverty. Nine percent of children live in households without either parents or grandparents; children who are affected by HIV/AIDS and are without parents live in poverty. They only survive because of their grandparents who get a pension, or a disability grant Faster care grant are not sufficient to support a whole family.

Desmond (2001: 146) emphasise how complex the relationship between poverty and HIV/AIDS actually is and how many facets it has, e.g. how labour migration induced by rural poverty care contribute to the spread of the disease and how poor, single mothers may be forced to become involved in sex in order to survive, to maintain their children, to pay school fees, buy food and clothes (Desmond, 2001: 156; Poku, 2001: 195; Poulter, Kanngwa, Machande & Zimba, 2002: 93).

5.4   Findings from the Literature Study

The following factors were identified by the researcher, from the literature review about the influence of life skills teaching on learners' perception regarding the dangers of HIV/AIDS.

- safe sex,
- teenage pregnancy,
- education.

Factors about the experiences of learners who had to take care of parents or live with relatives / parents suffering from HIV/AIDS have been identified.

Those factors are:
- orphans
- absenteeism
- stress and trauma and
- poverty

5.5   The literature review

The literature review showed the possible solutions about Life Skills as an intervention strategy in the fight against HIV/AIDS. The following solutions were identified:

- emphasis on Life Skills at schools.

- relationship between the primary school and secondary schools.

- good administration at school to keep records of learners with HIV/AIDS associated problem.

- schools must raise funds to help learners.

- special programmes such as HIV/AIDS awareness to educate learners about

the danger of HIV/AIDS.

- social clubs must be established at schools to engage learners in the debate about HIV/AIDS.

- learners must be encouraged to interact with other learners and share information about HIV/AIDS.

- learners must be informed about their rights
- learners must be informed about services offered by the Department of Health or Social development or education.

The researcher also used questionnaires and interviews for this investigation. In addition to the information obtained from the literature review, the questionnaires completed by educators and learners also provided more information about Life Skills programme. The pandemic undermines the efforts of poverty reduction as part of the *manifesto* of the African National Congress (ANC)-led Government which aims at improving economic growth. The Government will have to double its efforts in trying to reach its desired goal of poverty reduction. Firstly, the Minister of Health seems to be bringing in new mechanisms to deal with the epidemic with the intention of chasing the impact of the pandemic rather than leading it; therefore, it is imperative that we change the lenses. Instead of chasing the impact of the pandemic, the schools should take the lead in educating the youth of the country about HIV/AIDS.

The study also established that the model of the extended family adopting orphans does not really assist these orphans, even though the Government sees this model as a counter mechanism as a way of addressing the impact of the HIV/AIDS mortality rate. This ploy has not worked, as in most cases the same extended family is itself, largely challenged economically.   Poverty was a factor of the extended family even before the adopting of orphans. The study finds it problematic to know how to support these orphans and because there is still a stigma associated with the pandemic, it is not easy to allocate caregivers to the orphans.

Accordingly to Visser (2005: 205) recognising the contributions of parents in mobilising learners towards a greater common good, will not only result in the

empowerment of learners and their communities, but also ameliorate the impact of the HIV/AIDS pandemic on learners. It is however noteworthy that empirical knowledge about HIV/AIDS, *per se* does not automatically lead to changes in the behaviour that will protect learners against infection. As such, it is important to acknowledge that knowledge ought to be complemented by changes in values and attitudes, thereby resulting in appropriate decisions being taken by the people who possess the espoused knowledge. This is furthermore compounded by the hidden curriculum of school culture and the attendant organisational which make deep and lasting impressions on learners' attitudes and values.

In support of the research findings, Jacobs (2011: 212) points out that as much as learners accept the positive impact of Life Skills on their knowledge and behaviour, learners feel that the topic of HIV/AIDS is perhaps over-taught, thus compromising other valuable life lessons. The study intends to cultivate awareness among and disseminate information to learners. Broadly speaking, the role of Life Skills in the prevention of HIV/AIDS infection is based on the belief that the 'education vaccine' is still the best preventative measure. Although the study cannot draw precise conclusions that Life Skills is a strategy to fight HIV/AIDS among school-going young people, a strong view is that Life Skills is a better vaccine/ strategy than nothing at all.

It is the researcher's contention that many issues about Life Skills as an intervention strategy to fight HIV/AIDS have not been dealt with comprehensively in this study, due to the scope and operation of the research. Much research is still needed in the future, especially involving the questions: What is the future of learners who are affected by HIV/AIDS and what kind of support/assistance do they need? What can be done to help them?

5.6   Recommendations

After conducting and considering the finding of the study, the researcher recommends that future researchers should use the qualitative research method, due to the fact that it does not quantify human beings but treats them with dignity and respect. In this qualitative study respondents were given the opportunity to

speak for themselves. The distance is minimised and they were therefore treated as co-researchers. This mean that the respondents were not being fitted into already drawn structure as positivists would do. Respondents were the ones who directed the study since they yield valuable and empirical data.

- **Counseling**

It is recommended that counseling services should be offered at schools. Apart from guidance services, advice is also important to support learners who are stressed and traumatised.

- **Life Skills Educators**

Life Skills educators in schools do not have manageable teaching loads. They do not enough time and energy for guiding and supporting learners. It is therefore wise to have Life Skills teacher who will always be available to help learners who need support.

- **Support group committee**

It is essential to form a support group committee consisting of different stakeholders to teach learners about the danger of HIV/AIDS

- **Social club**

Learners must be encouraged to form social club or join the existing clubs at schools and churches. The fact is that they discuss HIV/AIDS and share ideas and support to each other. This is whereby they learn about Life Skills and HIV/AIDS.

- **State grant**

Learners must be informed about the availability of state grants and encouraged to register for it. Those who are receiving a state grant must use the money in the correct manner and under supervision.

- **Learners referrals**

Learners who require assistance and support should be referred promptly by the school. All the referrals should be followed quickly up in order to ensure that appropriate action has been taken.

- **Social workers**

It is also recommended that a special designated social worker be formally assigned to work with schools. However, guidance and counseling will be provided by the social workers who are responsible for the school. It is difficult for educators to do this work because they are overloaded and cannot give learners enough attention.

- **School meals**

Learners should be fed at school to ensure that they eat healthy food. The provision of free meal is not only important for ensuring that at least some of the learners, nutrition needs are met. It also provides a major incentive for the learners who are from poor families and a poverty background, to attend school. It is recommended that learners must be identified according to the family background. The school can raise funds i.e. from business people. They can also get help from non-profit organisations such as World Vision, Heartbeat, etc. to acquire more funds for feeding.

- **Partnership**

Partnership between the school and other stakeholders are important in order to assist learners. The school must work together with the community business people, non-profit organisations (e.g. Love Life), doctors, lawyers, churches, the Department of Health, the Department of Social Development.

- **Training**

The school management teams e.g. the Principals, Deputy Principals and Head of Departments (HOD) must be trained as managers and how to handle some learners

who are faced with HIV/AIDS problems and how to handle those problems. The School Management Teams (SMT) must be trained due to the fact that they are the one who deal with learners daily.

- **Strategic plan**

The schools must draw up a strategic plan on how to help learners coming from different backgrounds, assist them with finance, moral support, and guide once.

- **Fundraising**

The school must raise funds from outside i.e. by requesting for sponsorship or donations. It is a fact that fundraising activities can assist some learners.

- **Parental role**

It is also recommended that the school should play a parental role to learners. It is important that learners should get love from the school and from educators so that to feel at home and be like the other learners.

- **Records**

It is essential that proper records be kept at school in connection with the learners who need help. A proper record could help the school with statistics and to refer learners to social workers and other stakeholders.

5.7 Suggestion for future research

The researcher feels that so many issues about Life Skills as an intervention strategy in the fight against HIV/AIDS in this study were not dealt with due to limited the scope of the research. Much research is still needed, especially research involving the question of: What is the future holds for learners who are affected by HIV/AIDS, and what kind of support and assistance do they need? What can be done to help them? The results of this study will help the schools to identify and combat the problem.

In future researchers may conduct this study in a different setting, they may include different or more respondents to broaden the scope of the study. New researchers may include other schools in this research.

5.8.   Summary

This chapter presented a summary of the whole study. The discussions of this study are based on Life Skills as intervention strategy in the fight against HIVIAIDS at Senakangwedi Senior Secondary School in Botshabelo.   The conclusions were made based on the research questions, research aim, research objectives and methodology.   Finally, recommendations as well as the suggestions for future research were made.

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APPENDIX 1

QUESTIONNAIRE TO LEARNERS

QUESTIONNAIRE TO LEARNERS WITH REGARDS TO LIFE SKILLS AS AN INTERVENTION STRATEGY IN THE FIGHT AGAINST HIV/AIDS AT SENAKANGWEDI SENIOR SECONDARY SCHOOL IN   BOTSHABELO.

AIM

The aim of the questionnaire is to investigate the effect of Life Skills as an intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

INSTRUCTIONS

1.   The questionnaire consists of SECTIONS A, B and C.

2.   In SECTION A, you are requested to supply personal information by drawing a cross (x) in the appropriate block.

3.   In SECTION B, for each statement please indicate your choice by making a cross (X) in the appropriate block, either under yes or no.

4.   In selection C, please draw a cross in the relevant blocks (more than one can be indicated)

SECTION A

BIOGRAPHICAL INFORMATION

PLEASE INDICATE THE FOLLOWING:

1 Gender

Male		01
Female		02

2. Age Group

13-16		01
17-19		02
20 years & above		03

3 Classification of school

Primary		01
Intermediate		02
Secondary		03

4. Present Grade

10		01
11		02
12		03

SECTION B

Against each statement indicate your choice by making a cross (X) in the appropriate block, either under yes or no:

	YES	NO
1. Do you think Life Skills address teenage pregnancy?		
2. Do you think Life Skills educate learners about the dangers of HIV/AIDS?		
3. Do you think some of the learners play a parental role?		
4. Did you attend training about HIV/AIDS and life skills?		
5. Do you think we must teach learners about		

HIV/AIDS?		
6. Do you have orphans in your class or at school?		
7. Do you have learners who do not attend school regularly?		
8. Do you have learners who come to school with empty stomachs?		
9. Do you feel embarrassed to talk about HIV/AIDS and sex education to your teachers?		
10. Do you have learners who take care of someone who is ill at home?		
11. Do you have learners who suffer from stress and need psychological support?		
12. Do you share information with other learners about HIV/AIDS?		
13. Do you think some learners do not have both parents?		
14. Do you have a high rate of pregnancy at your school?		
15. Do you think some learners need help?		

SECTION C

In this question respond only by drawing a cross in the relevant blocks (more than one can be indicated).

3. 1. Most of the learners get assistance from:

Friends		01
Parents		02
Teachers		03
Books		04
Media		05
Church		06
Others (indicate)		07

3. 2. I assist fellow learners with:

Food		01
Clothes		02
Finance		03
Others		04

3.3 Do you think Life Skills is important?

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3.4. What problems do you experience with other learners at school?
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3.5. Any comments?
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THANK YOU FOR YOUR CO-OPERATION

APPENDIX 2

QUESTIONNAIRE TO EDUCATORS WITH REGARDS TO LIFE SKILLS AS AN INTERVENTION STRATEGY IN THE FIGHT AGAINST HIV/AIDS AT SENAKANGWEDI SENIOR SECONDARY SCHOOL.

AIM

The aim of the questionnaire is to investigate the effect of Life Skills as an intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo.

INSTRUCTIONS

1. The questionnaire consists of SECTIONS A, B and C.

2. In SECTION A, you are requested to supply personal information by drawing a cross (x) in the appropriate block.

3. In SECTION B indicate your choice against each statement by making a cross (X) in the appropriate block, either under yes or no.

4. In section C draw a cross in the relevant blocks (more than one may be indicated).

All information is important for the processing of data

.

SECTION A

BIOGRAPHICAL INFORMATION

PLEASE INDICATE THE FOLLOWING:

1. Gender

Male		01
Female		02

2 Age Group

20-25		01
26-30		02
31-35		03
36 Years & Above		04

3. Classification of your School

Primary		01
Intermediate		02
Secondary		03

4 Present Positions

Teacher		01
HOD		02
Deputy Principal		03
Principal		04

5. Current qualifications

Matric		01
Diploma		02
Degree		03
Post Graduate		04

SECTION B

For each statement indicates your choice by making a cross (X) in the appropriate block either under yes or no:

	YES	NO
1. Do you think Life Skills address teenage pregnancy?		
2. Do you think Life Skills educate learners about the dangers of HIV/AIDS?		
3. Do you think some of the learners play a parental role?		
4. Did you attend training about HIV/AIDS and life skills?		
5. Do you think we must teach learners about HIV/AIDS?		
6. Do you have orphans in your class or at school?		
7. Do you have learners who do not attend school regularly?		
8. Do you have learners who come to school with empty stomach?		
9. Do you feel embarrassed to talk about HIV/AIDS and sex education to your learners?		
10. Do you have learners who take care of someone who is ill at home?		
11. Do you have learners who suffer from stress and need psychological support?		
12. Do you share information with other learners about HIV/AIDS?		
13. Do you think some learners do not have both parents?		
14. Do you have a high rate of pregnancy at your school?		
15. Do you think some learners need help?		

SECTION C

In this section respond only by drawing a cross in the relevant blocks (more than one may be indicated).

3.1. Most of the learners get assistance from:

Friends		01
Parents		02
Teachers		03
Books		04
Media		05
Church		06
Others (indicate)		07

3. 2. I assist learners with:

Food		01
Clothes		02
Finance		03
Others		04

3.3. Do you think life skills is important?

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3.4. What problems do you experience with learners at school?

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3.5. Any comments?

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THANK YOU FOR YOUR CO-OPERATION

APPENDIX 3

LETTER: INTENTION TO SUBMIT

TO: The Supervisor / Programme Head: Post Graduate Studies

            Dr J.M. Selesho

FROM: Mr M.A.Modise

            20440294

            modisealfred@yahoo.com

            23 Goedehoop Str

            Ehrlichpark, Bloemfontein

            9301

SUBJECT: Intention to submit my dissertation

Dear Sir,

As a registered student at Central University of Technology (FS). I am currently doing my M.Ed.degree; the title of my dissertation is: "Life Skills as an intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo''.

As a registered student at the CUT I would like to submit my dissertation.

I rely on your positive consideration.

Yours faithfully,

....
M A MODISE

APPENDIX 4

CONSENT FORM LETTER

TO: Parent or Guardian

FROM: M.A.Modise

             23 Goedehoop Street

             Ehrlichpark, Bloemfontein

             CELL 0827036686/051-5324225 (W)

DEAR PARENT/ GUARDIAN,

You are kindly requested to allow your daughter/son to participate in a research study regarding Life Skills as intervention strategy in the fight against HIV/AIDS at Senakangwedi Senior Secondary School in Botshabelo. She/he will be asked to complete a questionnaire, which will take approximately 20 minutes. There are no risks involved in completing the questionnaire. There may be no direct benefit to the participants of this study. It may improve the learner's behaviour in connection with sexual issues. This study may be valuable for the prevention of STI's and HIV/AIDS.

Your daughter's/son's participation in this study is voluntary. She/he has the right to withdraw at any time without penalty and her/his school activities will not be affected. Her/his name will not be in the questionnaire. All study data will be dealt with confidentially. The final outcome of the research will be available at the end of the study.

…………………………...   07 March 2011..

SIGNATURE (RESERACHER)   **(DATE)**

I allow my daughter/son …………………….…………….…………..to participate in this research.

…………………………………

SIGNATURE (PARENT/GUARDIAN)   **(DATE)**