AN EVALUATION OF THE BENEFITS OF LIFE SKILLS TRAINING AS A PREVENTIVE STRATEGY FOR HIV AND AIDS FOR SECONDARY SCHOOL LEARNERS (GRADE 9) IN THE MORETELE DISTRICT OF MPUMALANGA

by

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DEDICATION

This project is dedicated to the following people**:**

- My wife Dabea, whose unwavering support and prayers have inspired me to complete this project. I love you darling.

- My children Oneetswe, Gaadiege, Rorisang and Osenotswe. I appreciate your understanding especially when I spent time away from home due to my studies.

DECLARATION

I declare that this dissertation of limited scope entitled '**An evaluation of the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners (grade 9) in the Moretele district of Mpumalanga,**' is my own work. All the sources that I have used or quoted have been acknowledged by means of complete references**.**

_____   <u>16 MAY 2012</u>

SIGNATURE   **DATE**

(MR. M L MOGOANE)

ABSTRACT

This study aimed to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS, for secondary school learners in one secondary school in the Moretele District of Mpumalanga.

The objectives of this study were to determine the levels of learners' knowledge about HIV and AIDS, and levels of teacher training in life skills, to assess how teachers' and learners' attitudes affect life skills training, to explore the perceptions of teachers and learners regarding the usefulness of life skills training in the prevention of HIV transmission and to assess the usefulness of the learning and teaching support materials (LTSM) used in life skills training. The study also investigated the challenges encountered by learners and teachers in life skills training in order to make recommendations for improvements.

This is a qualitative evaluation study that involved qualitative focus group interviews, qualitative semi-structured interviews and qualitative observation. Sampling was purposive and it entailed 30 grade 9 learners and 2 grade 9 Life Orientation teachers. The Health Belief Model and Social Cognitive Theory formed the theoretical framework for this study.

The results of the study showed that the aspects which significantly benefited learners were: sufficiently acceptable levels of knowledge about HIV and AIDS, the use of other resources from the library, and development of positive attitudes of learners and teachers involved in life skills. Aspects of life skills training which demonstrated partial benefits for the learners were teacher training and involvement of parents and other health care professionals. However, aspects which were less developed were the learners' and teachers' knowledge and application regarding some skills needed for prevention of HIV infection

KEY WORDS: Life skills, HIV and AIDS, prevention, education, knowledge, attitudes, behaviour, training, learners, teachers, school.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DOE	Department of Education
DOH	Department of Health
FET	Further Education and Training
GET	General Education and Training
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
KAPB	Knowledge, Attitudes and Practices and Behaviour
LO	Life Orientation
LTSM	Learning and Teaching Support Materials
MTCT	Mother To Child Transmission
NGO	Non Governmental Organisation
OBE	Outcomes Based Education
RNCS	Revised National Curriculum Statement
SABC	South African Broadcasting Corporation
SGB	School Governing Body
SCT	Social Cognitive Theory
STI	Sexually Transmitted Infection
TV	Television
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
US	United States
WHO	World Health Organisation

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CHAPTER 1: INTRODUCTION

1.1   BACKGROUND INFORMATION

The AIDS pandemic is one of the challenging health issues in recent times. By the end of 2009, approximately 33.3 million people were living with HIV world-wide (UNAIDS 2010:26). The most significant numbers of these infections are in Africa, in particular the sub-Saharan region where the total number of people living with HIV has increased from 20.3 million in 2001 to 22.5 million in 2009 (UNAIDS 2010:26). In South Africa, approximately 5.6 million people were living with HIV by the end of 2009. This is the highest number of HIV infections in the world (UNAIDS 2010:28). Of great concern is that of the 33.3 million people living with HIV in the world, 2.5 million are children (UNAIDS 2010:23).

By 2002 the South African Department of Health reported that the majority of HIV-infections were in the age group 15- to 29-years (Visser, Schoeman & Perold 2004:264). This means that young people, most of whom are of school-going age, are vulnerable to HIV infection. Several factors such as poverty, gender inequality, illiteracy, unprotected sex, general lack of education, and some cultural practices may account for this.

To reduce the impact of HIV and AIDS on learners, students, educators and the school system as a whole, the South African Department of Education introduced the National policy on HIV and AIDS for learners and educators in public schools, and students and educators in Further Education and Training (FET) institutions (Hereafter called the National Education Policy on HIV and AIDS). This policy provided for the provision of life skills and HIV education in the Life Orientation learning area (subject). This learning area was introduced in the new outcomes-based curriculum in schools in 2002. Given that most young people can be reached through education (South Africa. Department of Education 2003: 26) it makes sense that the school should be one of the institutions through which prevention of HIV infection among the youth could be undertaken.

School-based HIV prevention education has been strongly recommended as the major strategy for increasing HIV-related knowledge and prevention behaviours in adolescents (Peltzer & Promtussananon 2003a:826). However, young people do not only need information about HIV and AIDS to engage in safe sex practices. It is argued that safer sex practices involve a sequence of behaviours in which knowledge about HIV and AIDS must be followed by skills to resist peer pressure, and to communicate and negotiate the use of condoms in sexual encounters (Givaudan, Poortinga, Van de Vijver, Leenen & Pick 2007: 1158). Hence, training in life skills was introduced in schools in 2002.

Given the challenges that accompanied the introduction of the outcomes-based curriculum such as lack of necessary resources and insufficient training of educators, the success of life skills as a preventative measure for HIV infection still needs to be verified. Other challenges such as the large-scale inconsistency in standards, breakdown of the culture of learning, imbalance in teacher-pupil ratio, and the legacy of illiteracy (Swanepoel, Erasmus & Schenk 2008:427) compound the situation at schools. These challenges are more acute in the previously disadvantaged townships and rural schools. It is therefore appropriate that this study seeks to evaluate the benefits of life skills training as a preventive strategy for HIV infection for secondary school learners in a rural school in the Moretele District of Mpumalanga province. This district consists of rural villages, which were in the former Bophuthatswana, Lebowa and Kwa-Ndebele homelands. The study focuses on one middle school in the former Bophuthatswana area. Its focus is on grade 9 learners and grade 9 life skills educators.

This is a qualitative evaluation study that explores different aspects of the school environment and the teaching-learning situation, which may affect life skills training. Among the aspects of the teaching-learning situations to be investigated are learners' and teachers' attitudes, learners' knowledge about HIV and AIDS, as well as the appropriateness of the learning and teaching support materials (LTSM) used.

Since previous research has not yet proven the success of life skills as a preventive measure for HIV and AIDS (Boler & Aggleton 2004:2), it is hoped that this study will shed more light in this regard. This will lead to necessary education policy gaps

being filled, and necessary changes being effected in the prevention of HIV infection among learners of secondary school-going age.

1.2   PROBLEM STATEMENT

Although a great deal has been said about HIV and AIDS in South Africa, many people, especially young people, continue to be infected by HIV. The AIDS epidemic has affected learners, students and educators as well as the education system in general. This has led the government to seek ways of addressing the impact of this epidemic. It therefore requires all schools to provide programmes on HIV prevention and the management of AIDS. These programmes are presented as life skills and HIV and AIDS education. Life skills and HIV education form part of a compulsory learning area (subject) called Life Orientation (South Africa. Department of Education 2002:1 – 9).

There are several problems related to life skills training that necessitate a study of this nature. One of the problems is the definition of life skills. The term was initially meant to encompass an ever increasing level of generic and complex skills. This led to the claim that skills such as communication, listening and income-generation would reduce the number of new HIV-infections. This broad definition of life skills is cited as one of the reasons that slowed the process of getting life skills training into schools (Boler & Aggleton 2004:2 – 3).

The current outcomes-based curriculum makes provision for life skills training in the Life Orientation learning area. The National Education Policy on HIV and AIDS is also clear with regard to life skills and HIV and AIDS education. However, the experiences of the learners suggest that this is not happening in all schools. In this regard, some learners feel that not enough time has been dedicated to life skills programmes in schools (Griessel-Roux, Ebersohn, Smit & Eloff 2005:255).

Despite the lack of evidence regarding the effectiveness of life skills in HIV prevention, the United Nations General Assembly Special Session (UNGASS) declaration article 53 states that by 2010 95% of all males and females of the ages 15- to 24-years should have access to peer education, youth-specific HIV education,

and life skills required to reduce their vulnerability to HIV infection (Boler & Aggleton 2004:2). Given this commitment, it is therefore not a question of whether life skills training should be implemented in schools or not. Rather, it is how effective the implementation should be so that it could benefit learners.

The Department of Education (DOE) faces various challenges across all the provinces of South Africa in the implementation of the new curriculum, including life skills training. Among these challenges are the attitudes of learners and educators, educators inadequately trained to implement the new curriculum, lack of management capacity and scarcity of resources (Van Deventer 2009:127). Furthermore, other challenges pertain to the teaching and assessment methodology, as well as the educator risk behaviour with regard to HIV and AIDS. Schools in Moretele District also experience these challenges.

1.2.1 Research Questions

- How does the knowledge and attitudes of learners with regard to HIV and AIDS enhance or hinder the benefits of life skills?
- How does the learners' and teachers' understanding of life skills affect life skills training?
- Are the learning and teaching support materials (LTSM) used in the school useful in life skills training?
- What effect does teacher training in life skills, and teacher attitudes, have on life skills training?

1.3   THE RATIONALE FOR THE STUDY

According to Peltzer & Promtussananon (2003a:827) there has been little research on how to translate and disseminate research-based HIV prevention interventions, which could be implemented by service agencies such as schools, on a large scale. James, Reddy, Reuter, McCauley & Van den Borne (2006: 282) also argue that the success of life skills programmes has been unclear because thus far, no studies have been reported in scientific literature that evaluates the success of these programmes in the South African context. This study is undertaken to contribute to

evidence regarding the benefits or lack thereof, of life skills training as a prevention intervention for HIV and AIDS.

In South Africa attempts to address sexuality education with the aim of reducing teenage pregnancies have been made. However, the continued increase in sexually transmitted infections (STIs), including HIV, has resulted in the implementation of life skills programmes being revisited (James *et al* 2006:281). This study seeks to investigate the challenges experienced in the actual implementation of these programmes at school level. These challenges include lack of clear methodology or pedagogy that frames the development of life skills as an educational process, and compatibility of formal education and life skills education (Boler & Aggleton 2004:4 – 6).

It is anticipated that this study will inform all affected stakeholders in the school system regarding the effectiveness of teacher training in life skills. It is also hoped that this study will highlight current policy gaps, and recommend improvements needed to maximise the benefits of life skills training. It is envisaged that the study will assist in rectifying educator and learner attitudes that may hinder the implementation of life skills. Furthermore, since most curriculum development processes do not involve learners, the developers do not have first-hand information about learners' needs. It is hoped that through this study these needs will be brought to the attention of policy makers and curriculum developers.

1.4   PURPOSE OF THE STUDY

1.4.1 Aims

The main aim of this study is to evaluate the effectiveness of life skills training in preventing HIV transmission and reducing the impact of AIDS among secondary school learners. This will be done by investigating various aspects of the teaching and learning situation such as learners' knowledge about HIV and AIDS, the knowledge and development of life skills pertaining to HIV and AIDS among learners and teachers, teachers' attitudes towards life skills, the helpfulness of the learning and teaching support materials (LTSM) used in life skills training for

secondary school learners, and the challenges encountered in life skills training by learners and teachers. Furthermore this study aims to contribute towards the improvement of life skills training by making appropriate recommendations in specific areas of life skills training, where challenges are encountered.

1.4.2 Objectives

The objectives of the study are:

- To determine the levels of learners' knowledge about HIV and AIDS, and levels of teacher training in life skills.
- To assess how the attitudes of teachers and learners affect life skills training.
- To assess the appropriateness and usefulness of LTSM used in life skills training at the school where the study is conducted.
- To explore the perceptions of teachers and learners regarding the usefulness of life skills training in the prevention of HIV infection, and reduction of the impact of AIDS
- To investigate the challenges encountered by learners and teachers in life skills training in the secondary school where the study is conducted.
- To make recommendations for improvements with regard to the challenges encountered by learners and teachers in life skills training in the secondary school where the study is conducted.

1.5   DEFINITION OF CONCEPTS

1.5.1 Evaluation

Since this study is an evaluation research, evaluation in this context means finding out whether a programme or a new way of doing things is effective (Bless & Higson-Smith 2000:49; Neuman 2006: 27). Evaluation can be done when a social intervention is undertaken for the purpose of producing a desired result (Babbie 1998:335). In this study the programme is life skills training in a secondary school. The desired result is acquisition of skills for prevention of HIV infection and mitigation of the impact of AIDS. In this study evaluation is used to identify

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neglected areas of need and problems within the school with regard to life skills training (Bless & Higson-Smith 2000: 49).

1.5.2 Benefits

A benefit is something that promotes or improves (Collins 1995, sv benefit). In this study it refers to the advantages of undergoing life skills training by learners so as to prevent the spread of HIV infection.

1.5.3 Life skills

Yankah & Aggleton (2008:466) concede that life skills are difficult to define because they encompass diverse issues such as knowledge acquisition, attitude development, as well as mental and physical skills. They argue that skills that are said to be life skills may differ across cultural settings. However, in relation to HIV and AIDS they are those skills that facilitate the negotiation of risk and vulnerability. These skills enable free and open communication about sex and result in clear thinking, right attitudes and staying safe.

1.5.4 Training

Training refers to a process of bringing a person to an agreed standard of proficiency by practice or instruction (Collins 1995, sv training). In the employment context, training refers to job-related learning that employers provide for their employees (Swanepoel *et al* 2008:446). However, in this study it will mean bringing learners to the required standard of proficiency, as stated in the five Life Orientation learning outcomes contained in the Revised National Curriculum Statement, grades R – 9 (Schools) (South Africa. Department of Education 2002:1 – 9).

1.5.5 Preventive strategy

A strategy is a particular long-term plan for success in undertaking an activity (Collins 1995, sv strategy). In the case of this study it can be said to be an overall tactic to prevent HIV infection and the impact of AIDS through life skills training.

1.6   LITERATURE REVIEW

In this section a brief overview of the literature review is done. A detailed discussion will follow in Chapter 2.

1.6.1   The impact of HIV and AIDS on education

HIV and AIDS affect all aspects of human life, and all sectors of civil society, education included. However, in as much as HIV and AIDS affect the education sector, education can also impact on the course of this epidemic. Kelly (2002:2) argue that education is important in the fight against HIV infection because it enhances the discerning use of information and planning for the future. It also accelerates favourable socio-cultural changes.

In this study the impact of HIV and AIDS on education is explored as a background to the introduction of the National policy on HIV and AIDS, and consequently the introduction of life skills training in schools. This section will demonstrate how HIV and AIDS affect learners, educators and the school system as a whole. All these factors make it imperative for effective life skills training in schools. Furthermore, the study explores the HIV and AIDS policy development processes in South Africa.

1.6.2   Theoretical framework

While there are numerous HIV prevention interventions, there is a gap between what is known about effective HIV prevention interventions and HIV prevention practice as typically implemented. This results from the fact that too often the design processes of the prevention interventions lack incorporation of behavioural scientists or well-tested theories of behaviour change. Primary and secondary education institutions have fielded very weak atheoretical interventions, designed not to offend certain religious sections (Fisher & Fisher 2000:3).

This study evaluates the benefits of life skills training with regard to HIV and AIDS for secondary school learners from a point of view of the Social Cognitive Theory (SCT) and the Health Belief Model (HBM). According to Bandura, as cited in Fisher

& Fisher (2000:24), the core assumptions of the Social Cognitive Theory for an effective behaviour change intervention must involve the following four components:

- An informational component to increase awareness and knowledge of health risks, and to convince people that they have the ability to change behaviour;
- A component to develop self-regulatory and risk reduction skills needed to translate risk knowledge into preventive behaviour;
- A component to increase the level of these skills, and individuals' level of self-efficacy with respect to the skills;
- A component that develops and engages social support for the individual who is making the change, in order to facilitate the change process.

On the other hand, the fundamental assumptions of The Health Belief Model (HBM) for people to engage in preventive behaviour are the following: perceived susceptibility to the health condition, perceived severity of the health condition, perceived vulnerability to the health condition, as well as benefits, costs, cue stimulus and self-efficacy (Fisher & Fisher 2000:5 – 6).

1.6.3 Defining life skills

As a way of addressing HIV and AIDS prevention, the introduction of life skills training has presented several challenges. One of these challenges is the definition of life skills. The question is which skills have to be included in life skills training. The importance of this definition is that it informs the pedagogy behind these skills (Boler & Aggleton 2004:10). It is therefore important that life skills be clearly defined for better understanding of the concept and more effective implementation of the life skills programmes.

1.6.4 Teacher training in life skills

Training educators in life skills is vital for them to effectively train learners. Mathews, Boon, Flisher & Schaalma (2006:392) argue that teacher training is one of the strongest predictors of HIV and AIDS programme implementation because it raises awareness about HIV and AIDS, improves teachers' self efficacy, provides concrete

information and ideas about the interventions they can implement, and it also increases their confidence in classroom practice.

Teacher training must first and foremost empower educators to protect themselves before they can effectively train learners in prevention. It should also cover reproductive health and HIV and AIDS content, teaching methodologies, personal attitudes, and educators' risk behaviours (Jennings 2006:5 – 7).

1.6.5 Teaching methodology and content of learning in life skills training

In South Africa, the onset of the new political dispensation brought with it changes in the school curriculum. The Revised National Curriculum Statement (RNCS) and its accompanying outcomes–based approach were meant to bring social changes in general, and in particular changes in the learning content, as well as the teaching and assessment methodology.

Griessel-Roux *et al* (2005: 255) state that in a study conducted about learners' needs, learners felt that there should be new ways of conducting HIV and AIDS programmes. This suggests a change in teaching methodology. With regard to the content of life skill training, learners felt that issues of gender, power and vulnerability in sexuality should also be discussed. This indicates that there were certain elements of the programmes that learners were not satisfied with. Given that gender and power are some of the important factors in sexual relationships, the need for life skills training in this regard cannot be underestimated. The inclusion of these issues raised by learners would help to maximise the benefits of life skills training.

1.6.6 Learning and teaching support materials (LTSM)

Learning and teaching support materials are indispensable in the teaching-learning situation. It is therefore important that in order for learners to maximally benefit in life skills training, relevant age-appropriate materials should be available for use by educators and learners. The life skills LTSM should also assist teachers in mediating the training content as well as assessment, if learners are to benefit from

this training. These and other aspects pertaining to the appropriateness of the LTSM will be discussed in this study.

1.6.7 Attitudes of learners towards life skills training

Griessel-Roux *et al* (2005:254 – 255) found that all the learners who participated in their study agreed that HIV and AIDS education was necessary. In a study conducted by Jameson and Glover, as cited by Griessel-Roux *et al* (2005:254 – 255), it was found that 92% of the participants felt that HIV and AIDS education could successfully prevent the spread of HIV and AIDS. This demonstrates a positive attitude towards HIV education and life skills training as prevention measures for HIV infection.

1.6.8 Learners' knowledge about HIV and AIDS

In a study conducted in three Kwa Zulu Natal secondary schools, it was found that learners in all three institutions had basic knowledge about HIV and AIDS, e.g. that HIV is transmitted sexually, HIV progresses slowly in the body of the infected individual, condoms have to be used to prevent HIV infection, and that abstinence as the most important form of prevention should be encouraged (Buthelezi, Mitchell, Moletsane, De Lange, Taylor & Stuart 2007:450 – 451). This is an indication that whereas learners' knowledge of HIV and AIDS was inadequate and fragmented, there is presently an improvement.

In sections 1.7, 1.8 and 1.9, an overview of the research methodology, criteria for measurement of quality and ethical considerations is done. Detailed discussions will follow in Chapter 3.

1.7   RESEARCH METHODOLOGY

This study evaluates the benefits of life skills training to grade 9 learners, from the perspectives of the learners themselves and the educators directly involved in life skills training at the school. The objective of this qualitative evaluation is to obtain a

better understanding of the operations of life skills training, so that necessary improvements can be made (Fisher, James, Laing, Stoeckel & Townsend 2002:3).

For this study one school was selected from the Moretele District. This district falls within the Nkangala Region, one of the three regions of the Mpumalanga province, in South Africa.

1.7.1 Data collection technique

Data from the learners was obtained by conducting three focus group interviews. Each group had ten learners. Two educators participated in the study. A semi-structured interview was conducted with each educator. The interviews were conducted according to the themes in the semi-structured interview schedule and framework of focus group interviews. The researcher was assisted by the note-taker (co-facilitator) in facilitating the interviews. The researcher also observed a grade 9 life skills training class in the same school. The goal was the enrichment of data collected through the focus groups and the interviews with the educators.

1.7.2 Sampling procedure

A non-probability sampling procedure was employed for this study. Sampling was conducted with the assistance of the Grade 9 Life Orientation teachers. The sampling was purposive, since the learners were selected on the basis of what the Life Orientation teachers regarded as the characteristics of a representative sample (Bless & Higson-Smith 200:92). These were mixed groups of boys and girls. In total there were 14 boys and 16 girls. The two educators were selected on the basis of being grade 9 Life Orientation teachers.

1.7.3 Data analysis

In this study a qualitative data analysis was adopted in analysing the discussions in the learners' focus groups, and the responses of the educators in the semi-structured interviews. Tesch's descriptive method of open coding, as discussed by Creswell (2003:192), was adopted in the analysis of data from the three focus group

interviews. There was also analysis of data from the semi-structured interviews, and the class observation.

1.7.4 Units of Analysis

The units of analysis are the whole group of 30 learners who participated in the focus groups, and the two educators who were interviewed. Furthermore, the unit of observation is one grade 9 class that was observed.

1.8 CRITERIA FOR MEASURES OF QUALITY

Rolfe (2006:305) argues that any attempt to establish consensus on quality criteria for qualitative research is unlikely, because there is no unified body of theory, methodology or method that can collectively be described as qualitative research. However, in this study trustworthiness and authenticity will be used as measures of quality.

Trustworthiness is viewed as a combination of credibility (which is analogous to internal validity), transferability (which is comparable to external validity), dependability (being analogous to reliability) and confirmability, (which is analogous to objectivity) (Rolfe 2006:305; Shenton 2004:64; Tobin & Begley 2004:391).

Furthermore, **authenticity** is regarded as the genuine evidence of unquestionable origin (Flick 2006:248). It is a feature unique to naturalistic inquiry and is demonstrated when researchers can show '**fairness**' and more sophisticated understanding of the phenomenon being studied (Tobin & Begley 2004:392).

1.9 ETHICAL CONSIDERATIONS

1.9.1 Informed consent

To obtain informed consent of Life Orientation educators who would participate in the study, the researcher explained to them that they were under no obligation to participate in the study. They were also informed that after initially agreeing to

participate, if they wished to terminate their participation they were free to do so. This was done to enhance voluntary participation. Consent forms were given to the educators to sign.

Since the learners who were to participate in the focus group interviews were in Grade 9, it was expected that they were in the age-cohort of 14 – 16 years. For this reason, consent forms were issued to learners to give to their parents or guardians to sign. Learners were also expected to sign these forms.

1.9.2 Confidentiality and anonymity

The researcher explained to all participants that all information gathered would be used only for the purpose of the study, and that it would be strictly confidential. A letter written and signed by the researcher to this effect was submitted to the school principal and school governing body.

Anonymity is maintained when the researcher does not identify a given response with a given respondent (Babbie & Mouton 2007:523). To maintain anonymity in this study, learners' real names were not used, and pseudonyms were used for teachers when the data was analysed and discussed.

1.10 DELINEATION OF THE STUDY

Although life skills can be beneficial in the care, support and treatment for those living with HIV and AIDS, this study focuses on life skills in the prevention of HIV infection and mitigation of the impacts of AIDS. Furthermore, this study only focuses on grade 9 secondary school learners. This is important since these learners have had more exposure to Life Orientation than the grade 7 and 8 learners.

1.11 OUTLINE OF THE STUDY

Chapter 1 is an introduction to this study, and it lays the groundwork for what this study investigates. It creates the context of the study with regard to where, why and how the study was conducted. The literature review and the research methodology

in this section are overviews only; detailed discussions are in Chapter 2 and Chapter 3 respectively. This chapter also included an overview of ethical issues considered during the study as well as the delineation of the study.

Chapter 2 will give a detailed literature review, which includes a discussion regarding how life skills training can be viewed from the perspectives of the Social Cognitive Theory and the Health Belief Model. Several aspects that affect the teaching-learning situation in life skills training will be discussed.

Chapter 3 entails a detailed discussion regarding the research methodology of this study. The chapter will also include the research instruments, limitations of the study and ethical considerations.

In **Chapter 4** data will be presented and a qualitative data analysis will be conducted according to the themes and sub-themes created during data coding.

Chapter 5 will give the interpretation and discussion of the findings, according to the thematic structure of the data analysis.

Chapter 6 will provide a summary of all the findings of the study, as well as conclusions. This chapter will also include recommendations, a summary of the contributions of the study, as well as suggestions for future research.

CHAPTER 2: LITERATURE REVIEW

2.1   INTRODUCTION

HIV and AIDS affect all aspects of human life albeit to different extents depending on age, literacy levels, economic level, cultural background, etc. This implies that learners and teachers at school are affected as much by the epidemic as the society within which the school is located. This is because the school is a microcosm of that society.

This section reviews literature regarding life skills training in schools in the context of HIV and AIDS. It firstly deals with the theoretical underpinnings of this study, which are then followed by discussions on various aspects of life skills training as a preventive strategy for HIV and AIDS. These aspects will include policy developments within the South African Department of Education, learner and educator attitudes towards life skills training, educator training, learning and teaching support materials, as well as challenges encountered by teachers and learners in life skills training.

2.2   THEORETICAL FRAMEWORK

Fisher & Fisher (2000:4) argue that one of the reasons why HIV prevention interventions fail is that they are intuitively designed and not conceptually based. This is despite the fact that there are relevant conceptual frameworks that have been proposed for HIV-risk behaviour change. Among these conceptual frameworks are the Health Belief Model, the HIV Risk Reduction Model, the Theory of Reasoned Action, Social Cognitive Theory, the Information-Motivation-Behavioural Skills Model, and the Transtheoretical Model. The most appropriate theories that will be adopted to guide this study will be the Health Belief Model (HBM) and the Social Cognitive Theory (SCT).

2.2.1 Health Belief Model (HBM)

In order to understand the attitudes of learners towards life skills training and their knowledge about HIV and AIDS, as well as their effects on HIV-risk behaviour change, the Health Belief Model is adopted. This model was developed by US Public Health Service psychologists in the 1950s in an attempt to understand why people did not participate in programmes designed to prevent or detect disease. Later it was used to help explain why people do not follow medical regimens (Fisher & Fisher 2000:5). Moreover, this model can be used to predict and describe a person's behaviour as an expression of his/her health beliefs, and to justify intervention to alter maladaptive health behaviour (Banana 2007:12).

Three components of the model can be identified, namely individual perceptions, modifying factors, and likelihood of action (See figure 2.1 below). In these components, **the fundamental assumptions** of the model can be identified as perceived susceptibility to the health condition, perceived severity, perceived vulnerability, as well as benefits, costs, cue stimulus and self-efficacy (Fisher & Fisher 2000:5).

Individual Perceptions: According to this model individual perceptions include perceived susceptibility to a disease and perceived severity of that disease.
Perceived susceptibility involves a person's subjective perception of the risk of contacting the health threat in question. **Perceived severity** refers to both the physical (e.g. death or pain) and social consequences (like effects on family life) of contracting the condition or leaving it untreated.

Perceived vulnerability is the readiness to act given the perception of risk and severity of the health condition. Given perception to vulnerability to the health condition, a person's health behaviour options are then evaluated in terms of **perceived benefits** (beliefs about the effectiveness of available options for reducing the threat of disease), as opposed to the **costs** of preventive action, i.e. any potentially negative aspect of taking preventive action such as pain, stigma and side-effects (Banana 2007:13; Fisher & Fisher 2000:5; Kleintjes, Peltzer, Shisana, Niang, Seager, Simbayi & Kaseje 2004: 74).

Modifying factors: Over and above the individual levels of perceived susceptibility, perceived severity, as well as benefits and costs as primary determinants of health behaviour, formulators of the Health Belief Model also include **demographic variables** (age, sex, race and ethnicity) and **socio-psychological variables** (personality, social class and reference group pressure) as variables that can indirectly affect preventive behaviour (Fisher & Fisher 2000:5 – 6).

Structural variables such as knowledge about the disease e.g. HIV infection and prior contact with the disease e.g. knowledge of someone living with HIV, can influence individual perceptions and the likelihood of taking actions (Banana 2007:19).

The amended versions of the HBM also include the **cue stimuli.** These may be internal (e.g. experiencing symptoms) or external (e.g. knowing a person who has the disease or being exposed to mass media communication) as variables that promote action. Furthermore, **self-efficacy,** which involves the perceived likelihood that a person can successfully perform the preventive behaviour and experience expected positive results, has also been added to the HBM (Fisher & Fisher 2000:5 – 6), e.g. if a person would believe that they could negotiate safer sex and experience expected positive outcomes.

Likelihood of taking action: Banana (2007: 20) argues that the likelihood of taking action to prevent a disease is influenced by the degree of individual perceptions of severity of the disease, as well as how threatening the individual feels the diseases is to him/her (perceived vulnerability). These are viewed with the cost-benefit analysis of taking preventive action.

Since this study explores various aspects of life skills training with regard to prevention of HIV and AIDS, this model is appropriate. The focus group interviews will explore individual perceptions with regard to HIV infection, transmission and prevention, as well as perceptions about the severity of HIV infection among learners. Banana (2007:14) argues that the degree to which individuals perceive their vulnerability to HIV infection influences their decision to engage in preventive

behaviour. In this case, preventive behaviour will be a result of training in life skills and practicing the skills learned.

INDIVIDUAL PERCEPTIONS	MODIFYING FACTORS	LIKELIHOOD OF ACTION

Demographic variables (age, sex, race, ethnicity, etc)

Socio-psychological variables (personality, social class, peer and reference group pressure, etc)

Structural variables (knowledge about the disease, prior contact with the disease

Perceived benefits of taking action minus perceived barriers to preventive action

- Perceived susceptibility to disease X
- Perceived seriousness (severity) of disease

Perceived threat of disease X

Likelihood of taking recommended preventative health action

Cues to action
- Mass media campaigns
- Advice from others
- Reminder post card from physician or dentist
- Illness of family member or friend
- Newspaper or magazine article

Figure 2.1: The Health Belief Model [Adapted from Banana (2007:13)]

2.2.2 Social Cognitive Theory (SCT)

Bandura, as cited by Govender (2003:40), states that Social Cognitive Theory (SCT) is based on the principle that it is easier to alter people's beliefs about causes of their behaviour than to change how they behave. According to Bandura (1986:18), in the social cognitive view human functioning can be explained through a model of triadic reciprocality. In terms of triadic reciprocality human behaviour, cognitive and

other personal factors, as well as the environmental events, are interacting determinants. Figure 2.2 below, indicates the relations between the three classes of determinants in the triadic reciprocal interaction. Bandura (1986:23) further argues that in reciprocal determinism interaction is reciprocal in the sense that there is mutual interaction between causal factors.

Key:

B: Behaviour

P: Personal and other
    cognitive factors

E: Environmental events
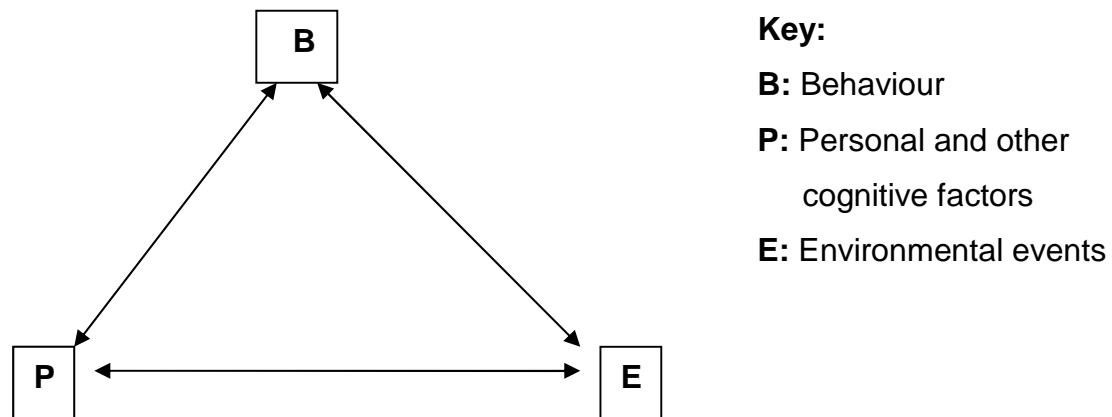
Figure 2.2: Schematisation of the relations between the three classes of determinants in the triadic reciprocal causation.
Source: Bandura (1986:24)

2.2.2.1 The components of the Social Cognitive Theory

According to Bandura, as cited by Fisher & Fisher (2000:24 – 26), an effective behaviour change intervention must involve the following four components:

An informational component: This component of an intervention should inform people that their current behaviour may pose danger, instruct them in how to be safer, and foster a sense of self-efficacy regarding HIV prevention. A good indicator of whether or not people will attempt to change their unhealthy behaviours is the degree of self-efficacy instilled by the informational component of the intervention. Furthermore, this informational component should contain only relevant information, which is understandable, believable and culturally competent, targeted to reach the group at focus.

A component to develop self-regulatory and risk reduction skills: In terms of the SCT information is necessary, but not sufficient, for preventive behaviour to occur. An intervention should have an element of developing in people self-regulatory and risk reduction skills that are necessary to translate knowledge into preventive behaviour. Self-regulatory skills include knowing one's risk triggers, being able to remind oneself how important safe behaviour is and reinforcing oneself to practising safer behaviour. It is also important for individuals to practise risk reduction skills. Risk reduction skills may be technical (e.g. knowing how to use a condom), social (e.g. knowing how to negotiate condom use or how to exit unsafe situations) or a combination of both Fisher & Fisher (2000:25).

A component to increase the level of self-regulatory and risk reduction skills; and the individuals' level of self-efficacy: To increase the level of self-regulatory and risk reduction skills and self-efficacy, individuals have to practise the behaviour at focus (e.g. negotiating safer sex) in progressively more difficult contexts. They should start with the contexts in which they do not fear making mistakes, and proceed to more difficult situations they may encounter in their environment.

A component that develops and engages social support: Since change often occurs in a social context, normative social influence can assist or detract from its initiation and maintenance. Often one's behaviours that violate social norms are punished, while those behaviours consistent with social norms are rewarded by those in one's immediate social network. It is therefore important to develop sensitivity to social norms of one's environment. This will result in the development of internal self-standards and an internal self-regulation system.

This theory is appropriate to this study because the learner as the direct beneficiary of life skills training is affected by those environmental factors in the school situation and the community. Personal factors such as attitudes towards life skills training, cognitive factors such as knowledge about HIV and AIDS, as well as risk behaviour with regard to HIV infection, also affect the learner.

This theory corroborates the Health Belief Model in that while the Health Belief model highlights the factors that are in play in the process between individual

perceptions and the likelihood to take action, the Social Cognitive Theory focuses on the interplay between the factors in the Health Belief Model within a given environment. Patton (2002:562) calls this Theory triangulation. In this type of triangulation, different theoretical perspectives are used to look at the same data. In this study, the two above-mentioned theoretical perspectives will be used to analyse and discuss the data collected.

2.3   LIFE SKILLS

2.3.1 Defining life skills

It is important to understand how life skills are defined. Rooth (1997:6) states that learners' understanding and definition of life skills is essential for these life skills to be developed. Boler & Aggleton (2004: 2) concede that there is a difficulty in clearly defining life skills, and that this results in the confusion in understanding the concept. However, World Health Organisation (WHO) describes life skills as the ability for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life (Pengpid, Peltzer & Igumbor 2008: 48; Visser 2005:204).

Life skills help translate knowledge, attitudes and values into actions manifesting as abilities. Life skills help to prevent and cope with life's problems and challenges (Rooth 1997:6). While Yankah & Aggleton (2008:466) are of the opinion that in some literature life skills have been presented as a panacea for many of life's ills, they state that in relation to HIV and AIDS, life skills are said to facilitate the negotiation of risk and vulnerability in the face of the epidemic. These skills enable people to communicate freely and openly about sex, drugs, their preferences, and what they wish to avoid.

Jennings (2006:6) categorises life skills into social, cognitive and emotional skills as follows: **Social skills** include communication, negotiation, assertiveness, interpersonal skills (for developing healthy relationships) and co-operation skills. **Cognitive skills** include decision-making, problem-solving, understanding the consequences of actions, determining alternative solutions to problems and critical

thinking. **Emotional skills** would include managing stress, managing feelings (e.g. anger), self-management and self-monitoring.

Like South Africa, the Zambian Ministry of Education also introduced skills that would equip learners for positive social behaviour and for coping with negative pressures. Among the core skills adopted by this ministry are decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-awareness, stress and anxiety management, coping with pressures and self-esteem (Kelly 1999:13). The skill of interpreting conflicting messages from adult role models, television and advertisements is also viewed as crucial. Griessel-Roux *et al* (2005:256) agree that learners need skills including communication, assertiveness, relationships and decision-making.

From the aforementioned statements it is clear that there is a wide range of skills, which are necessary for inclusion in life skills training in schools. However, this wide range of skills causes challenges with regard to clarity of the definition, and subsequently, the pedagogy that informs training in these skills (Boler & Aggleton 2004:10). Although the usefulness of these skills varies with regard to prevention of HIV infection, their appropriateness in the fight against HIV and AIDS cannot be questioned as HIV and AIDS affects various aspects of people's lives.

Visser (2005: 205) suggests that the core skills needed for prevention of HIV are those that enhance healthy relationships and effective communication.

2.3.2 The necessity of training learners in life skills

Over the last few decades, two distinct schools of thought have emerged regarding sexuality and relationships. One is the rationalist school of thought while the other is structuralist. The rationalist school of thought bases its contention on the extent to which an individual has control over his/her actions and the extent to which this control is rational. On the other hand the structuralists' school of thought argues that human action is influenced more by economic, social and cultural structures. However, most academics do not strictly fall within these extremes, but tend to lean to one camp or another (Boler & Aggleton 2004:1).

From the rationalist perspective, life skills education is based on the assumption that a person is lacking in certain skills, and that if learned they would be applied in different life situations, thereby reducing the risk of HIV infection (Boler & Aggleton 2004: 1). The young age at which sexual activity begins, as well as the high incidences of unplanned pregnancies and sexually transmitted infections (STIs), reinforces the need for educational programmes that will target these areas (Pick, Givaudan, Sirkin and Ortega 2007: 410). Since the incidence of unplanned pregnancies and STIs indicates occurrence of unprotected sex, the risk of HIV infection becomes even greater. Hence the importance of the introduction of life skills in schools. Schools are an ideal place where children can be provided with factual information and protective factors that can enhance the reduction of high-risk sexual behaviour in adolescence (Pick *et al* 2007: 410).

Visser (2005:205), corroborated by Pick *et al* (2007: 408), sites the following advantages of life skills:

- Life skills programmes focus on the development of various subsystems of the individual, with the aim of facilitating change in that individual. This change has to be manifested in behaviour.
- Life skills training contribute to the individual's capacity to adapt to social contexts. The interactional patterns that develop between the individual and the social context, impact on the individual's HIV and AIDS risk behaviour.
- Life skills programmes impact positively on the lives of children and adolescents, with regard to change in HIV-risk behaviour.
- Life skills programmes in schools result in increased knowledge about the epidemic and positive attitudes towards people living with HIV and AIDS. It also leads to increased use of condoms, delayed sexual activity, and fewer sexual partners. These behaviour patterns reduce vulnerability to HIV infection.

There is a need for the development of protective factors (which include non-sexual factors such as communication, self efficacy, decision-making, socio-cultural norms; and knowledge of sexuality and HIV and AIDS) and the practice of safe behaviours, to be introduced early in life. This should occur before individuals begin high risk

sexual behaviours, rather than attempting to modify already established behaviours (Pick *et al* 2007:409). These skills should therefore be introduced to learners so that they develop safe sexual behaviour.

Pick *et al* (2007:409) mention that studies have also demonstrated a positive correlation between the reduction of high-risk sexual behaviour, and the non-sexual factors stated above which form part of life skills programmes in schools. Pre-adolescent populations should therefore be exposed to comprehensive prevention programmes, which include general life skills and targeted behaviour. This is intended to have an impact on the future development of safe behaviours.

2.4 POLICY DEVELOPMENTS PERTAINING TO LIFE SKILLS AND HIV AND AIDS IN SOUTH AFRICA

Over the past two decades in South Africa, various HIV preventive strategies have been used, with different goals and advantages. These strategies had goals that aimed at the educational, cognitive and behaviour change aspects of the society (Visser 2005:204). Educational programmes aim at creating awareness and providing information, while cognitive behaviour programmes focus on knowledge of personal risk and factors hindering behaviour change. Preventive programmes focus on changing the perception or impact of social norms on risk behaviour (Visser 2005:204). The focus of this study is on cognitive behaviour and preventive programmes.

In South Africa the development of life skills programmes began in November 1995 when the Department of Health (DOH) and the Department of Education (DOE) formed the National Coordinating Committee for Life Skills and HIV and AIDS (Coombe 2000:28). The aim of this programme was to improve knowledge, skills and attitudes of learners and educators, and to support personal development of youth.

2.4.1 The National Education Policy on HIV and AIDS

Given the extent of the HIV and AIDS epidemic in the South African schools, the National Education Policy on HIV and AIDS was published in August 1999. The Ministry of Education acknowledged the seriousness of the HIV and AIDS epidemic, and therefore developed the policy as an attempt and a commitment to influence the course of HIV and AIDS by minimising its social, economic and developmental consequences to the education system, learners, students and educators (South Africa. Department of Education 1999:1– 4).

The policy was also developed to provide leadership on the implementation of the school and institutional policies on HIV and AIDS. This policy also seeks to contribute towards promoting effective prevention and care within the context of the public education system (South Africa. Department of Education 1999:4). The purpose of this policy is summarised in the four key principles or focus areas upon which the Department of Education's (DOE) response to HIV and AIDS is based. These are:

Preventing the spread of HIV and AIDS: This key principle focuses on establishing life skills programmes in schools, ensuring that schools have educators to facilitate life skills and HIV and AIDS education, and life skills programmes are on the school timetable. It also focuses on facilitating HIV and AIDS awareness campaigns and investigating youth health programmes.

Care and Support for those affected and Infected by HIV and AIDS: Attention is given to identifying orphans and helping feed the children. This is conducted through school nutrition programmes, in collaboration with the Department of Health.

Protecting the quality of education by ensuring that learners stay in school, that there is an educator teaching the class, and responding creatively to absenteeism.

Managing a coherent response to HIV and AIDS by building partnerships in the society, sharing resources, and ensuring focused and ongoing actions against the epidemic.

Among the various goals of the policy the most relevant to this study are to prevent the spread of HIV infection, allay fears of HIV and AIDS and reduce HIV and AIDS-related stigma, to provide context and age-appropriate education on HIV and AIDS, and to provide a framework within which educators selected to teach HIV and AIDS education will be trained on the content of HIV and AIDS education (South Africa. Department of Education 1999:10)

2.4.2 The 'Tirisano' Programme

Besides the National Education policy on HIV and AIDS, the DOE introduced a strategy to deal with HIV and AIDS, called 'Tirisano' (working together). This strategy has nine priorities of which IV and AIDS is one. The programme on HIV and AIDS has three main projects namely: awareness, information and advocacy, HIV and AIDS within the curriculum, and HIV and AIDS and the education system.

'Tirisano' Programme 1 has three projects, of which Project 2 focuses on HIV and AIDS in the curriculum. The strategic objective of this project is to ensure that life skills and HIV and AIDS education are integrated into the curriculum at all levels. This project envisages that learners will understand the causes and consequences of HIV and AIDS, and that they will take responsible decisions about their behaviour, so as to lead healthy lives (Coombe 2000: 27).

2.4.3   Making the enterprise of education everyone's business

On 1 June 2002, a national conference on HIV and AIDS and the education sector was held in South Africa. In this conference parents, traditional leaders, educators and other stakeholders committed themselves to working together to prevent HIV, and a declaration of intent was drawn. The decisions made were to prevent the further spread of HIV, and to demonstrate care and support to those infected and affected and to mainstream HIV and AIDS in every aspect of life (South Africa. Department of Education 2003:7).

2.4.4 Planning the prevention programme through peer education, parental involvement and participation

HIV and AIDS prevention programmes can be effectively implemented in the community and at school through peer education, parent involvement and participation. **Peer education,** as an effort to get young people to talk to each other about HIV and AIDS, is proving to be effective and should be continued and encouraged. **Parent Involvement** supports openness and helps young people to change lifestyles. It is also helpful in affording parents the opportunity to teach their children about universal precautions. **Participation** is another way of involving young people in the planning of prevention. It helps in making available programmes that will be youth-friendly (South Africa. Department of Education 2003:14).

2.4.5 The Revised National Curriculum Statement (RNCS)

Life skills and HIV and AIDS education are included in the Life Orientation learning programme. This learning programme consists of five learning outcomes. The following three are the most relevant to this study:

Learning Outcome 1 (Health Promotion) states that the learner will be able to make informed decisions regarding personal, community and environmental health. This will be evident when the learner describes strategies for living with diseases, including HIV and AIDS; and discusses the personal feelings, community norms, values and social pressures associated with sexuality (South Africa. Department of Education 2002: 40 – 41).

In Learning Outcome 2 (Social Development) it is expected that the learner will be able to demonstrate an understanding of and commitment to constitutional rights and responsibilities, and to demonstrate an understanding of diverse cultures and religions. The evidence will be when the learner discusses the application of human rights as stated in the South African Constitution. It also explains how to counter gender stereotyping and sexism (South Africa. Department of Education 2002: 42 – 43).

Learning Outcome 3 is about Personal Development and refers directly to life skills. In this context the learner will be able to use acquired life skills to achieve and extend personal potential to respond effectively to challenges in his or her world. The evidence of achievement of this learning outcome will be when the learner: reports on the implementation of strategies to enhance own and others' self-image through positive actions, evaluates media and other influences on personal lifestyle choices and proposes appropriate responses, explains and evaluates own coping with emotions and own response to change, shows evidence of respect for others and the ability to disagree in constructive ways, demonstrates and reflects on decision-making skills, and critically evaluates own study skill strategies (South Africa. Department of Education 2002: 44 – 45).

2.5   FACTS ABOUT HIV AND AIDS

2.5.1 What is HIV?

HIV stands for Human Immunodeficiency Virus (South Africa. Department of Education 1999:5; South Africa. Department of Labour 2000:5). Barnett & Whiteside (2003:30) state that HIV falls within the virus group called lentiviruses, which develop over a long period, producing diseases most of which affect the immune system and the brain. HIV is normally found in all body fluids of infected persons e.g. blood, semen, vaginal secretions, brain and spinal fluids, lung mucus and breast milk (Tisdalle & Tisdalle 2000:8).

2.5.2 What is AIDS?

The acronym **AIDS** stands for Acquired Immune Deficiency Syndrome. The '**A**' stands for Acquired. This means that the virus is not spread through casual or inadvertent contact, as in the case of flu or chickenpox. Instead, a person has to do something or something be done to them, to be exposed to the virus. '**I**' and '**D**' stand for Immunodeficiency. This means that the virus attacks a person's immune system and makes it less capable of fighting infections. '**S**' stands for syndrome. AIDS presents itself as a number of diseases usually occurring together, as a result of the immune system becoming weak (Barnett & Whiteside 2002:28; South Africa. Department of Education 1999:5; South Africa. Department of Labour 2000:5).

2.5.3 Modes of HIV transmission

Unlike many diseases HIV can only be transmitted through contaminated body fluids. According to Barnett & Whiteside (2002:38 – 40) and the South African Department of Education (1999:3), the following are the main modes of transmission:

Unsafe (Unprotected) sex: HIV infection occurs mainly through sexual transmission. Furthermore, the presence of sexually transmitted infections (STIs) greatly increases the odds of HIV infection.

Mother-to-child-transmission (MTCT): A child can be infected with HIV prenatally at the time of delivery, or postnatally through breastfeeding.

Infection through blood and other blood products: The use of contaminated blood during blood transfusions is one of the ways of HIV transmission, because it introduces the virus directly into the blood stream. This accounted for early infections among the recipients of blood transfusions.

Intravenous drug use: Since some drug users use needles, they stand the risk of HIV infection if they share contaminated needles.

Other modes of HIV transmission: Other modes of HIV transmission include the use of contaminated dental equipment, tattoo needles and syringes. Furthermore, for medical staff, accidents through needle stick injury or during surgery can result in HIV infection.

2.5.4 Ways of prevention of HIV transmission

Barnett & Whiteside (2002:41– 42) state various prevention strategies:

Prevention of sexual transmissions can firstly be conducted through 'biomedical interventions'. These involve immediate treatment of STIs and discouraging sexual practices, such as 'dry sex', which increase the risk of HIV infection. The most available biomedical intervention, which is also effective, is the use of condoms. The second way of preventing sexual transmission is by altering sexual behaviour. These are the Knowledge, Attitudes, and Practices and Behaviour (KAPB)

interventions. These involve knowing about the epidemic, people changing their attitudes, and finally altering their practices and behaviour.

To prevent the use of contaminated blood during blood transfusions entails screening all donated blood and discouraging potentially infected donors from donating blood.

Prevention of occupational exposure can be conducted through the adoption of universally accepted precautions regarding safety and sterility, and immediate access to Post Exposure Prophylaxis in case of exposure to HIV.

2.6   LEARNERS' KNOWLEDGE ABOUT HIV AND AIDS

According to the Health Belief Model, knowledge about HIV and AIDS is one of the modifying factors in the process between individual perceptions and likelihood for action in prevention of HIV infection (See figure 2.1). While much has been said about HIV and AIDS with regard to infection, transmission, prevention, treatment and care, as well as the socio-economic impact thereof, it is important to assess the level of knowledge of learners in this regard.

In 2001 an evaluation of HIV and AIDS prevention was conducted in South African schools. This evaluation concluded that learners had knowledge about HIV and AIDS, and practised behaviours related to HIV prevention (Pengpid *et al* 2008: 49). However, the argument of Buthelezi *et al* (2007:453), which is consistent with Banana (2007:20), is that although youth may be aware of the risks of HIV transmission, the quality and depth of their knowledge differ, and misconceptions and gaps in their knowledge still persist. Lohrman, Blake, Collins, Windsor & Parrillo (2001:209) state that according to an evaluation of school-based prevention education programmes in New Jersey, most frequently taught topics involved basic facts and statistics about HIV, HIV transmission risk behaviours, abstinence, and social norms related to HIV-risk behaviours.

Strydom & Strydom (2006: 501) reported that in a study called 'Thusa Bana' (Helping Children), it was found that the majority of learners had a 'fair' idea of ways in which HIV could be transmitted. At the same time the learners' self evaluation

indicated that 71.74% of them felt their knowledge about HIV and AIDS was inadequate, while 28.26% felt their knowledge was adequate.

Furthermore, Buthelezi *et al* (2007:450) found in a study that while learners understand the possibility that they may be infected with HIV, they do not fear the epidemic because they know that they can still live a long life, even if they are infected, as long as they adopt a positive life style. The aforementioned studies demonstrate that while learners have a 'fair' knowledge about HIV and AIDS, there is some inconsistency in this regard among the South African secondary school learners.

2.7   ATTITUDES OF LEARNERS TOWARDS LIFE SKILLS TRAINING

2.7.1 What are attitudes?

While Reece and Brandt (1987: 61) define an attitude as any strong belief or feeling towards people or situations, Guirdham (2002:93) defines attitudes as favourable or unfavourable dispositions towards objects, individuals and events or attributes of any of these. For example, if a person would say he/she does not like life skills training, one can infer from this statement the person's feelings about life skills training, and therefore his/her attitude towards it. Guirdham (2002:93) identifies two kinds of beliefs as components of attitudes: **informational beliefs** i.e. what a person believes about the facts of a situation; and **evaluative beliefs** i.e. what a person believes about the merits, demerits, rights, wrongs, benefits or costs of the situation.

Reece and Brandt (1987:62) mention elements that contribute towards the formation of attitudes, such as listening during early childhood, rewards and punishment, cultural influence, and identification with certain individuals. These elements are relevant to this study because they occur within school environment. The next section will examine attitudes of learners towards life skills.

2.7.2 Learners' attitudes towards life skills training

Griessel-Roux *et al* (2005: 254 – 255) found that the learners showed a positive attitude that HIV and AIDS education was necessary, and could successfully prevent the spread of HIV and AIDS. Furthermore, Fisher & Fisher (2000:32) state that a large number of studies have indicated that attitudes towards safe sex and subjective norms contribute significantly to the determination of safer sex intentions.

However, other studies demonstrate the needs that learners have. According to Theron and Dalzell (2006: 401– 405), in a study conducted on specific Life Orientation needs for grade 9 learners, life skills prioritised by these learners indicated the 15 most important preferences. These skills can be categorised into three groups, namely: future oriented skills e.g. study methods, decision-making, financial planning, thinking, coping with retirement and entrepreneurship skills; personal-health skills e.g. HIV and AIDS prevention, and health education; and self-empowerment skills e.g. assertiveness, self esteem, self awareness, coping with HIV and AIDS, coping with grief and legal rights. These groupings indicate that the skills most relevant to this study, for which learners have high preference, are personal health and self-empowerment skills.

Griessel-Roux *et al* (2005:255 – 256) are clear with regard to what learners felt strongly about concerning HIV and AIDS programmes. Learners felt that the content of life skill training should include issues of gender, power and vulnerability in sexuality. These are important issues in the fight against HIV and AIDS.

Furthermore, learners felt that since they sometimes do not listen to their teachers, an outsider would make a far greater impact on them than their teachers. They believed that having a variety of outside presenters, like someone living with HIV, would help increase their knowledge about the disease. Other outsiders preferred by learners were social workers and health care professionals (Griessel-Roux *et al* 2005:255).

Other issues that learners felt could enhance the effectiveness of life skills and HIV and AIDS education are increasing the time dedicated to these programmes,

increased involvement of parents in HIV and AIDS programmes, and making the delivery of HIV and AIDS education more practical (Griessel-Roux *et al* 2005:255).

2.8   TEACHERS' ATTITUDES TOWARDS LIFE SKILLS TRAINING

Research seems to indicate that teachers' attitudes towards life skills training differ. Alali, as cited by Govender (2003: 27) points out that research among prospective teachers showed 'prejudicial attitudes' that would affect their future interactions with learners. This is because the initial portrayal of HIV and AIDS was that of a disease associated with homosexuality and promiscuous lifestyles. However, the attitudes of teachers have since improved, although there is still an emotional reaction to HIV and AIDS.

Govender (2003:28) further states that while teachers would like to be viewed as objective professionals acting in the best interest of the learners, when it comes to HIV and AIDS, personal values, prejudices and preconceptions play a role as to how information (as in life skills training) is conveyed, and whether it is conveyed properly.

In a study on life skills as HIV and AIDS preventive strategy in secondary schools, Visser (2005:211) found that teachers did not conceptualise sex education and emotional involvement with learners as part of their role. They saw their role as provision of academic input. This was one of the reasons why teachers initially did not want to be involved in the implementation of life skills.

The differing attitudes of the teachers were also evident in a study conducted by Van Wyk and Lemmer (2007:308 – 309) on 'redefining home-school-community partnerships in the context of the HIV and AIDS pandemic'. Out of four schools teachers at two of the schools felt that they could not make a difference in the lives of learners and their parents. In one school teachers had a positive attitude about HIV and AIDS education at school, and at another school the teacher, knowledgeable as she was about HIV and AIDS, felt she was inhibited by laws of non-disclosure about HIV status in her work.

2.9 TEACHER TRAINING IN LIFE SKILLS

2.9.1 Background of life skills training in South Africa

The national programme to implement life skills training, sexuality and HIV and AIDS education in South African secondary schools was initiated by the National Departments of Education, and Health and Welfare in 1995. Various sub-committees were formed to deal with different aspects of the implementation. The implementation was facilitated through the train-the-trainer approach. Forty master trainers were trained at a national level. In turn these master trainers trained two educators from each secondary school. This training lasted 10 – 20 hours and focused primarily on knowledge and attitudes related to HIV and AIDS, and the use of experiential learning techniques in life skills training (Visser 2005: 206 – 207).

However, the process evaluation of the implementation indicated that in most schools the programme was not implemented as planned. This ineffective implementation was attributed to organisational problems such as allocation of time and human resources, as well as educators' attitudes and relationship with learners (Visser 2005:207). Simbayi, Skinner, Letlape & Zuma (2005:46) contended that while educators are expected to fulfil a wide range of tasks including sexuality education, morality and life skills, they may not feel equipped to be able to complete these tasks because of either not knowing how to do the tasks, or the tasks not being suited for their personalities. While Simbayi *et al* (2005:46) acknowledge the importance of pre- and in-service teacher training, they argued that little attention is given to the type of training given.

The intention of the South African Department of Education with regard to HIV and AIDS is captured in Section 2.10 of the National Education Policy on HIV and AIDS. It states that appropriate course content should be made available for in-service and pre-service training of educators in order for them to cope with HIV and AIDS in schools. Educators selected to offer HIV and AIDS and life skills training should be specifically trained and supported by provincial HIV and AIDS and life skills training staff. It is also expected that these educators may be role models for learners, and be people with whom learners can feel at ease and easily identify with.

According to Robson & Kanyanta (2007:266), the findings of one study indicated that 14 out of 72 educators felt that the teacher training colleges did not adequately train educators to be able to design and deliver a curriculum that will meet the emotional, vocational and life skills training needs for learners affected by HIV and AIDS. This suggests that while teachers might be positive about training learners in life skills, their training in this regard poses a challenge.

Furthermore, Robson & Kanyanta (2007:260) noted that although there was some evidence of HIV related programmes in the curriculum and educator training in life skills in Zambia, there were, however, many educators who lacked the skills to implement effective life skills training programmes and to monitor what learners have learned. This may suggest a disparity between the intended curriculum, i.e. what prospective educators are supposed to be taught, and the implemented curriculum (what they are actually being taught) during their training.

Flowing from these discussions research appears to suggest that although there are efforts to equip teachers for life skills training, for many of them implementation in the class situation is still a problem.

2.9.2 Content of teacher training with regard to life skills and HIV and AIDS

The content of teacher training is crucial in what the teacher will do in the classroom. Jennings (2006: 5) notes that training must first empower educators to protect themselves before they can effectively train learners in prevention. She also notes that educator training should also cover reproductive health and HIV and AIDS content, teaching methodologies, personal attitudes and educators' risk behaviours (Jennings 2006:7).

Hoffman (2004:7) agrees with Jennings, and is assertive that before teachers can help young people acquire skills for HIV prevention, they must be provided with skills to prevent their own HIV infection and that of other adults. They must also be able to advocate for effective efforts to reduce risk, vulnerability and the impact of AIDS on the education system. They should also enable young people to acquire

skills necessary for HIV prevention and support the implementation of a safe, healthy and secure learning environment. Based on these arguments a roll-out of effective HIV prevention/ life skills training programme for educators is a necessity.

2.10   TEACHING METHODOLOGY

The rationalist approach is individualistic in the sense that it assumes that individuals have the freedom to learn and act, to become self-autonomous and self-empowered, and to control their own actions (Boler & Aggleton 2004:8). Given that life skills training is based on the rationalist approach to understand human behaviour, for the approach to work it must be grounded on the theory of how education can be used to bring about change (Boler & Aggleton 2004:4). This then becomes relevant to the South African context where the introduction of the RNCS, and the outcomes-based approach to teaching, was also meant to bring about change.

However, the outcomes–based education (OBE) emphasises cooperative learning as a way towards the achievement of learning outcomes. This approach is more collectivistic than individualistic in that learners are encouraged to help one another and to work in groups (Wiles & Bondi 2007:223; McNeil & Wiles. 1990: 260). It also emphasises participative and interactive approaches to teaching on the part of the teacher. James *et al* (2006:292 – 293) supported by Mutonyi, Nielson & Nashon (2007: 1364), argue that one of the factors that will improve the effectiveness of life skills training is the use of a variety of teaching methods that involve participants, promote the internalisation of information, and allow the use of modelling techniques and practice of communication, negotiation and refusal skills.

Among the participatory teaching methods that could be applied in life skills training, as suggested by Jennings (2006:6), are brainstorming, use of media and newsprint, role plays, group facilitation, case studies, performing arts and debates. Kelly (2002:9) agrees with Jennings and James *et al* (2006:292 – 293), and further adds that it would not be appropriate to incorporate life skills into examinable subjects as this would make learning and teaching to focus on examinable aspects rather than on acquisition of the appropriate skills.

On the basis of the these statements it is proper to agree with James *et al* (2006:292) that teachers need to move away from fact-based information giving to methodologies that engage the students. This will be possible if they first acquire the ability, skills and confidence to do so.

2.11   LEARNING AND TEACHING SUPPORT MATERIALS (LTSM)

Learning and teaching support materials (LTSM) refer to all the materials that can be used to support teaching and learning. Implicitly these involve multiple resources, such as the prescribed textbooks, other library books, computers, photocopiers, televisions and other teaching and learning aids. According to the South African Department of Health (1999: iv), the introduction of Outcomes Based Education (OBE) brought various initiatives for the development of materials dealing with aspects related to HIV and AIDS. It is important that for learners to benefit maximally in life skills training, the LTSM should be relevant and age-appropriate.

Panday (2007:20) reports that in a study conducted on a sample of 10 Life Orientation educators, all the educators agreed that proper implementation of Life Orientation (which includes life skills) depended to a large extent on the availability of good resource materials. They further stated that the materials they used were useful in the teaching of Life Orientation. They reported that the materials were relevant, learner-centred, varied, user-friendly and informative. While noting that other schools were not as well resourced as theirs, they agreed that the learning and teaching support materials they used made the teaching of Life Orientation easier. However, they noted that for the implementation of this learning area to be successful, more resource materials had to be made available. That is, they acknowledged that while the materials were helpful, they were inadequate.

In South Africa, some of the materials aimed at HIV and AIDS prevention have been developed by Lovelife, a national youth sexual initiative. This non-governmental organisation (NGO) has started a mass media campaign to address sexual and other health issues (Peltzer & Promtussananon 2003a: 826).

2.12   CHALLENGES FACED BY EDUCATORS IN LIFE SKILLS TRAINING

Life skills training is not without challenges for educators. As pointed out by Boler & Aggleton (2004:1– 9), these challenges include:

2.12.1 Unclear definition of life skills

Notwithstanding the clear rationale for the need of life skills in schools, the unclear and all-encompassing definition of life skills weakens their pedagogical base in the sense that teachers do not know which skills have to be taught, why they were chosen and how they have to be taught (Boler & Aggleton 2004:4). However, Learning Outcome 3 in Life Orientation stipulates, among others, skills related to critical discussion of own rights and responsibilities in interpersonal relationships, application of goal-setting and decision-making strategies, and critical evaluation of own application of problem–solving skills (South Africa. Department of Education 2002:45). It then remains with teachers to develop practical activities for learners so as to realise these skills.

2.12.2 Lack of support from school management and education officers

According to the Theory of Planned Behaviour, a person's behaviour (such as training learners in life skills) and behavioural intentions are determined by three conceptually independent influences i.e. his/her beliefs about the outcome of performing the behaviour in question, his/her perceptions of whether significant others think he/she should perform the behaviour, and his/her beliefs concerning whether he/she has the necessary resources and opportunities to perform the behaviour successfully (Mathews *et al* 2006:389).

The aforementioned propositions, and particularly the last two, explain the importance of the support a life skills teacher gets from school managers and education officers. Some of the challenges faced by teachers are that schools place life skills at the margin of the curriculum, with not enough time allocated to life skills training (Boler & Aggleton 2004:5), and lack of necessary resources and support

from other staff members and principals (Pengpid *et al* 2008:49). A study conducted in 2003 indicated that good school-community relationships are among factors associated with the implementation of HIV and AIDS education by teachers (Pengpid *et al* 2008:49).   These good relationships enhance the perception of support from the teacher's perspective, resulting in related positive behaviour.

2.12.3 Compatibility of formal education and life skills training

Compatibility of formal education and life skills training becomes a challenge in the sense that while teaching in most classrooms tends to be didactic, non-participatory, inflexible and assessment-driven, life skills education should be participatory and responsive. Life skills education should challenge learners to find ways of relating to one another (Boler & Aggleton 2004:4).

Boler & Aggleton (2004:5) state that the gap between the usual mode of curriculum delivery and the way life skills education should be delivered should be bridged. This is because teachers will not be able to deliver an effective life skills training if they have to adhere to the traditional way of teaching. This mode of teaching requires educators to teach according to traditional ways, which people know and respect, even if they are incompatible with life skills training.

2.12.4 A curriculum that assumes young people as a homogeneous category

 According to Boler & Aggleton (2004:7) life skills curricula look surprisingly the same throughout the world. This emanates from the seemingly universal assumptions that: young people form an undifferentiated category, they are ignorant and need to be enlightened, and the most efficient way to do that is to target them. They further argue that significant cultural differences within and between different countries force young people to develop different strategies to deal with the complex social structures within which they live. This necessitates that the curriculum should consider the different contexts within which young people find themselves. In this way young people will be differentiated and trained accordingly.

2.12.5 Structural constraints

One of the challenges faced by teachers in South Africa in teaching HIV and AIDS is that they have to do so in schools undergoing structural and curriculum reform. Education about life skills is forced to also address broader issues of school reform such as culture, communication between and among different stakeholders, teacher efficacy, and teacher behaviour (James *et al* 2006:203). Other structural constraints include gender equality and poverty.

Kelly (2002:6) argues that for HIV preventive programmes to be effective they have to be rooted in the context of the lives and circumstances of the target audience. This makes it imperative for the school to address other structural constraints such as gender equality, culture and poverty.

2.13   CHALLENGES FACED BY LEARNERS IN LIFE SKILLS TRAINING

2.13.1 Lack of involvement of learners

Haffner (1988: 99) argues in support of the involvement of teenagers in programmes that involve them, because they provide input into what they really want to know. She further states that the importance of involving teenagers in these programmes is that they can also act as role models for others, educate each other, act as peer counsellors, conduct needs assessment, and design materials.

2.13.2 Learners' relationships with teachers

Sileo, Sileo & Pierce (2008:43) are of the opinion that teaching, as a moral act, concerns acceptable rules of conduct, societal customs and principles of behaviour. This then requires that it be guided by ethical standards that will provide all children with quality education. This will also enhance trust by learners. However, as observed by Visser (2005:210), in a study evaluating life skills training as a preventive strategy for HIV and AIDS, teachers did not have a relationship of trust and openness with learners. Learners argued that teachers do not care about them

and they discuss about them in the staff room. This prompted one learner to remark that teachers should first change their attitudes towards them before they (learners) could talk to them.

2.13.3 Perception of sociocultural norms

The other challenge facing learners in HIV and AIDS prevention is to change misconceptions and psychological barriers they have. These include myths, taboos, and a culture of silence about sex and sexuality. Societal values and norms present the youth with mixed messages, resulting in them lacking systematised knowledge and skills required to make healthy decisions (Pick *et al* 2007:410). It therefore remains the responsibility for the school to change these perceptions.

2.14　CONCLUSION

This chapter discussed the literature reviewed with regard to life skills training. Firstly, the Health Belief Model (HBM) and the Social Cognitive Theory (SCT) were discussed as the theoretical framework in the study. Fundamental assumptions of the HBM were discussed, i.e. perceived susceptibility, perceived severity, perceived vulnerability, perceived benefits, costs as well as structural factors, cues for action, and self-efficacy.

It was also demonstrated that according to the Social Cognitive Theory an effective behaviour change intervention should include four components. These are an informational component, a component that includes self–regulatory and risk reduction skills, a component that increases the levels of self-regulatory and risk reduction skills and the individuals' levels of self-efficacy, as well as the component that develops or engages social support for the individual who is making the change.

Various other aspects of life skills were discussed, among which were policy development in the South African Department of Education. The section on policy development discussed, inter alia, the National Policy on HIV and AIDS, the

'Tirisano' (Working together) programme, and the Revised National Curriculum Statement (RNCS).

The effectiveness of teacher-training in life skills and attitudes of teachers and learners towards life skills training were also discussed as some of the aspects that affect life skills training in schools. Furthermore, the appropriateness and usefulness of the learning and teaching support materials (LTSM) were discussed. Finally, this chapter discussed the challenges encountered by teachers and learners in life skills training.

In the next chapter the research methodology of this study will be discussed. The discussion will include the research instruments, criteria for measurement of quality, limitations of the study and ethical considerations.

CHAPTER 3: RESEARCH METHODOLOGY

3.1   INTRODUCTION

Bailey (1994: 34) defines methodology as the philosophy of the research process. He further states that methodology includes the values and assumptions that serve as the rationale for the research, and the standards or the criteria used by the researcher to interpret data and make conclusions. On the other hand research design is the plan of the research. This chapter explores the research design and methodology in this study. It entails a brief review of the qualitative research paradigm as applied in this study, as well as the rationale for its adoption. In this approach two intertwined themes i.e. naturalistic inquiry and qualitative data are discussed.

Furthermore, this chapter briefly describes the research setting, i.e. the area where the school is situated. This is followed by units of analysis, a discussion of the preparation for data collection, sampling techniques and data collection methods. The data collection methods adopted in this study are qualitative focus groups interviews, qualitative semi-structured interviews, and qualitative observation. Following these sections data analysis and criteria for measurement of quality are discussed. To conclude this chapter the researcher discusses the limitations of the study, and ethical considerations.
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3.2   RESEARCH DESIGN

A qualitative research paradigm has been employed in this study because as Patton (1987:20) argues, the philosophical roots of qualitative methods emphasise the meanings of human behaviour, and the socio-cultural context of social interaction. This is relevant to this study because the school situation where life skills training takes place is a socio-cultural setting where social interaction takes place. He further insists that this perspective attempts to picture the empirical social world as it actually exists to those who are under investigation (learners and teachers in this case), and not as the researcher may imagine it (the social world) to be.

Two intertwined themes of qualitative research are employed i.e. qualitative data and naturalistic inquiry. The study is naturalistic in that the researcher did not manipulate the research setting. At the same time qualitative data is used for detailed, thick descriptions, and in-depth inquiry. Furthermore, direct quotations capturing people's perspectives and experiences are used (Patton 1990:39 – 43).

This study aims at providing details of programme (life skills training) strengths and weaknesses. The process evaluation strategy is used because this study aims at elucidating and understanding the internal dynamics of life skills training as perceived by participants and staff. By using evaluation it is hoped that important contributions with regard to programme and policy development (with regard to life skills for the prevention of HIV and AIDS for secondary school learners) will be made (Baker 1999: 8).

3.3   RESEARCH SETTING

In this study one school was selected from Moretele District. This district falls within the Nkangala Region, one of the three regions of the Mpumalanga province, in South Africa. This district consists of rural villages, which were in the former Bophuthatswana, Lebowa and Kwa-Ndebele homelands. The school where the research was conducted is in a rural village. It is one of the two schools that accommodate learners in grades 7 to 9.

The researcher selected this school because from 2000 to 2006 he worked as a district official with some of the educators in this school. A good working relationship developed between the teachers and the researcher. The researcher envisaged that this would enhance the smooth facilitation of the study.

3.4   UNITS OF ANALYSIS

A unit of analysis is for example, an individual, household, corporation, organisation, or group about which information is required in a research project (Mouton & Marais 1988:38 – 40; Rose & Sullivan 1996:253). In this study information was required from a group of 30 grade 9 learners. Furthermore, information was required from two middle-aged grade 9 Life Orientation teachers, a male and a female. A class observation was conducted in one grade 9 class of 32 learners. The units of analysis are the **30** grade 9 learners, the **two** educators who were interviewed, and **one** class of grade 9 learners.

3.5   PREPARATION FOR DATA COLLECTION

Permission for access to the school was sought from the circuit manager. After the discussion of the research, a copy of the research proposal was submitted to the circuit manager. The researcher then proceeded to the school where he discussed the research with the school principal. In this discussion the researcher made a request for the utilisation of the note-taker and explained what his duties would be. The researcher also made a request for the use of the tape recorder in all the interviews, and in the class observation. The requests were granted by the school principal. The researcher assured the principal that the facilitator and the note-taker would maintain confidentiality of the research data, ensuring that the data is used for research purposes only. The information would then be destroyed as soon as it is no longer needed. The researcher assured the school principal that together with the note-taker they would sign undertakings regarding confidentiality (Refer to Appendices 8 and 9). A copy of the research proposal was given to the school principal. After permission was granted, the principal discussed the study with educators responsible for Life Orientation.

After the discussion with the school principal, the researcher had a meeting with the Life Orientation educators with regard to how the research would be conducted. As he did to the principal, he informed the teachers that they were under no obligation to participate in the research and that they were free to terminate their participation if they wished to. The researcher requested that a tape recorder be used in all

interview sessions and in the class observation. Since the use of the tape recorder might evoke uneasiness in participants he assured the educators that the tapes would not be used by anyone else other than the researcher and his supervisor. He also assured them that the tapes would be kept securely and then destroyed when they were no longer needed. The educators consented to the use of the tape recorder and to participate in the research. The researcher also explained that after the interviews there would be a debriefing session for participants who might feel offended or uncomfortable about any aspect of the interviews.

The interview schedules for learners and educators were given to the grade 9 Life Orientation educators for their comments and inputs. This was done so as to enhance thorough preparation for the interviews. Teachers would also be able to suggest alternative ways of dealing with issues that would cause discomfort among the participants.

Following the meeting with the teachers, the researcher had a meeting with learners who agreed to participate in the study. The researcher informed them about all issues regarding voluntary participation, confidentiality of the data collected and the use of the tape recorder, as he did with the educators. The researcher also informed the learners about the debriefing sessions which would be held after the focus group interviews if necessary. The learners agreed that the tape recorder could be used. Informed consent forms for parents and assent by learners were then given to the learners to be jointly signed by learners and their parents/guardians before being returned to the researcher (Refer to Appendix 5).

3.6   SAMPLING TECHNIQUE

In this study learners were selected through a non-probability purposive sampling. Patton (1990:169) argues that the logic and power of purposive sampling lies in that it selects information-rich cases for in-depth study. These are cases from which one can learn a great deal about issues that are of central importance to the research purpose. In the case of the selection of teachers the sampling was also purposive because the researcher selected them on the basis of their direct involvement in life skills training. The researcher considered them information-rich cases. Their

selection was also considered inclusive given that of the three Life Orientation teachers at the school, the two teachers alternated with regard to teaching grade 8 and 9 Life Orientation classes.

In this purposeful sampling two strategies were mixed: typical case sampling and homogeneous sampling. In typical case sampling, cases are selected with the cooperation of key informants such as program staff or knowledgeable participants (Patton 1990:173). In this study learners who participated were selected with the assistance of grade 9 Life Orientation educators. The sampling was purposive because the learners were chosen on the basis of what the Life Orientation teachers regarded as the characteristics of an inclusive sample (Bless & Higson-Smith 2000:92). That is, the teachers included the best learners who would provide the necessary information about life skills training in the school for the study. The teachers also ensured that learners from all the grade 9 classes were included in the sample, and also that the numbers of boys and girls were fairly balanced.

The sampling was also homogeneous because the participants are of the same subgroup (Patton 1987:54), i.e. grade 9 learners. This strategy is important because it facilitates group interviewing and simplifies analysis of data (Patton 1990:182). In total 30 grade 9 learners and 2 educators were selected. The learners were divided into three mixed groups of boys and girls. In each group there were 10 learners. These learners were in the age group of 14 – 16 years. The two educators were interviewed individually.

3.7   DATA COLLECTION METHODS

Patton (1987:7) states that qualitative methods consist of three kinds of data collection: in-depth open-ended interviews, direct observation, and written documents. This study employed qualitative focus group interviews, qualitative semi-structured interviews, and direct observation.

3.7.1 Qualitative focus group interviews

Krueger & Casey (2000:4) distinguish a focus group from an ordinary group because a focus group is a special type of a group in terms of purpose, size, composition and procedures. Akpabio, Asuzu, Fajemilehin & Bola (2007:38), as well as Patton (2002:385), define focus group discussion as an in-depth open-ended qualitative group discussion that is employed to collect information from a few individuals to provide data on a predefined topic.

The evolution of focus groups: According to Kidd & Parshall (2007:180), focus group interviews evolved out of research methods designed by Paul Lazarsfeld during the World War II, to gauge audience responses to propaganda and radio broadcasts. Later focus groups were used in marketing and media research (Flick 2006:197). Recently this method has been popular either in combination with other methods such as surveys, observations and single interviews or as primary data collection method in social and health sciences, and in evaluation research (Flick 2006:197; Kidd & Parshall 2007:179). In this study this method has been used as an adjunctive with qualitative semi-structured interviews and observation.

The use of focus groups: Focus group interviews can be used for orienting oneself to a new field, evaluating different research sites or study populations, and diagnosing the potential for problems with a new programme, service or product. They can also be used for learning how respondents talk about the phenomenon of interest, developing interview schedules and questionnaires and getting participants' interpretations of earlier studies (Flick 2006:197). In this study the focus group interviews were used to diagnose potential problems in life skills training.

The composition of the focus groups: A focus group typically consists of 6 – 10 people of a similar background, who discuss a topic for a period of 1 – 2 hours. (Flick 2006:190; Patton 2002:385). While groups of 4 – 6 people are easier to conduct, they limit the range of experiences due to the number of participants (Krueger & Casey 2000: 74). Akpabio *et al* (2007:40) state that it is usually recommended that the focus group be as homogeneous as possible because participants are usually relaxed when they are among others of the same

background and experience. In this study each focus group consisted of ten grade 9 boys and girls, and lasted for approximately one hour.

The number of the focus groups: The number of focus groups for a particular study depends on the purpose of the study. Krueger & Casey (2000: 26) state that in case of homogeneous groups, three or four focus groups be conducted. Since the learners in this study were considered homogeneous, there were 3 focus groups. However, if one wants to compare and contrast on the basis of gender (e.g. how males and females talk about an issue), then the researcher would conduct three groups with males and three groups with females (Krueger & Casey 2000: 27).

The role of the moderator: Ulin, Robinson & Tolley (2005:93) state that the most efficient organisation of focus group interviews is a team of the moderator (facilitator) and the note-taker (co-facilitator). In this study the researcher was the moderator (facilitator). He was assisted by the note-taker. As the moderator (facilitator), the researcher's primary concern was to guide the discussion, while the note-taker monitored the tape recorder and took notes of the proceedings.

In this study the moderator attempted to create a comfortable climate for open exchange and to guide the discussion, as stated by Ulin *et al* (2005:94). He also ensured that no participant or partial group dominated the interview. At the same time the moderator encouraged reserved group members to contribute by giving their views and opinions. Although the moderator attempted to create a liberal climate that allows participants to contribute freely, he also guarded against participants drifting into chatting about issues that had little reference to the study.

In this study the note-taker's role was to take notes on non-verbal messages that had a bearing on the discussion topic, handle environmental conditions and logistics, as well as attend to unexpected interruptions, as mentioned by Krueger & Casey (2000: 101).

The focus group interview guide: The interview guide may be a set of standardised open-ended questions that reflect the initial themes and sub-themes contained in the research problem (Ulin *et al* 2005:102). In this study the focus

group interview guide was used. The interview questions were distributed among six themes. The themes were learners' knowledge about HIV and AIDS, the sources of their knowledge, learners' knowledge about life skills and their attitudes towards life skills training, learners' attitudes towards life skills teachers and other health care professionals, the challenges they face in life skills training, as well as the recommendations they made to affected role players (Refer to Appendix 1). The researcher gave copies of the interview guides to the two Life Orientation teachers only, for their inputs and comments prior to conducting the interviews.

Conducting the focus group interviews: In this study the focus group interviews were conducted in one of the classrooms. All proceedings were tape-recorded. The tape recorder was used to capture the verbal communication of the participants, for transcription and data analysis. The tape-recording also made it possible for the moderator and the note-taker to observe non-verbal communication of the participants. The seating arrangement for the focus group interviews was circular, with the researcher's and note taker's tables in the same circle as the learners' desks. This was meant to enhance face-to-face interaction and easy tape-recording. This also enhanced observation and recording of non-verbal communication of the participants (Akpabio *et al* 2007:40).

The moderator started all the focus group interviews with some kind of 'warming up', as stated by Flick (2006:198). He set the participants at ease by first welcoming them, introducing himself and the note-taker, and explaining the purpose of the research. He informed the participants of the confidentiality of the discussions, and that no names would be included in the written reports. Other issues brought to the attention of the participants were the ground rules and general goals of the discussion. During the interviews the researcher attempted to give all participants an opportunity to contribute in the discussions.

At the end of the interviews the researcher allowed time for few questions about life skills, and HIV and AIDS even if they were not directly linked to the study. The concluding remarks were those of appreciation for the participants' participation and cooperation in the study.

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Advantages of focus group interview method: The focus group interview method was employed because of its advantage of being economical yet still yielding qualitative information from a relatively large number of respondents, as stated by (Babbie & Mouton 2006:292; Fisher *et al* 2002:78). However, Kidd & Parshall (2007:178) argue that properly conducted focus groups are not necessarily inexpensive because the time saved in interviewing may be lost in recruitment, logistics and making sense of data that is complex and messy.

Furthermore, the other advantage of this technique is that the researcher is able to observe interaction among the participants, and is also able to note similarities and differences in the participants' opinions and experiences (Babbie & Mouton 2006:292). In this study this method was advantageous because the participants were of the same age-cohort, and were cooperative with each other. Furthermore, the technique was advantageous because as Creswell (2007:133) mentions, one-on-one interviews between the learners and the researcher may have caused the interviewees to be hesitant to provide information.

Disadvantages of the focus group interview method: Disadvantages of the focus group interviews may be sidetracking of the discussion to irrelevant issues, and competition for dominance among group members (Kidd & Parshall 2007:180). However, in this study there were no over-domineering learners. Moreover, focus groups have problems of the limited number of questions the interviewer can address (Flick 2006:190). In this study although time was limited by other school activities, the researcher was able to cover all the themes as planned for in the focus group interview schedule.

Group dynamics: During the focus group interviews the learners showed a positive attitude and respect towards the researcher, and towards each other. They also demonstrated eagerness to know what the interview was about and to learn new things. They were free to answer questions and ask questions where they needed to. The researcher used prompting questions to persuade such group members. The researcher also allowed learners to discuss amongst themselves, ask each other questions and debate issues which arose during the discussions. Since the interviews were conducted in English, it seemed in some cases that the language

proficiency was a hindrance in their communication. Hence some of them did not participate as actively as it was expected. However, some were more outspoken and expressed their views without hesitation.

3.7.2 Qualitative semi-structured interviews

Data was also collected though qualitative semi-structured interviews. A semi-structured interview is structured in such a way that the interviewer has a list of issues to be covered, or questions to be asked during the interview. However, additional questions may be asked as new issues arise. The order of the questions may change depending on the direction of the interview. This method also allows for probing so that the respondents may expand their answers (Gray 2009:373; May 1997:111). The semi-structured interviews were conducted with the teachers because unlike learners, they were in a better position to respond to issues regarding teacher pre-service and in-service training, the usefulness of the teaching and learning support materials, and teacher attitudes in life skills training.

When interviewing participants the general interview guide approach was employed. According to Patton (2002:343 – 344), the advantage of this data collection method is that it ensures that the interviewer has carefully decided how to use the limited time available for the interview. In this study this method was helpful in making the two interviews more systematic and comprehensive because the issues to be explored were delineated in advance. This method also helped the researcher to keep the interactions focussed while allowing individual perspectives and experiences to emerge.

Themes in the semi-structured interview schedule were HIV and AIDS in the curriculum, attitudes of learners towards life skills training, the educators' understanding of life skills, educators' training in life skills, the appropriateness of the LTSM, the challenges they encounter in the teaching of life skills, as well as recommendations for improvements (Refer to Appendix 2).

In this study semi-structured interviews were conducted with the two teachers, and each interview lasted for approximately one hour. **Teacher 1** is a male educator

with 22 years of teaching experience. The school principal also commended him as a cooperative and hard-working teacher. He was responsible for all arrangements pertaining to the study. **Teacher 2** is a middle-aged female. She displayed passion for the subject she teaches, and also showed personal interest in the research.

The researcher was the facilitator in the semi-structured interviews. The interviews were also tape-recorded. In conducting the interviews the researcher introduced himself, and stated the purpose of the interview and issues of confidentiality. The researcher then continued with the interview themes as planned for in the semi-structured interview schedule. At the end of the interview the researcher allowed time for the participant to ask questions or make comments. The researcher then expressed gratitude for the participant's cooperation.

3.7.3 Qualitative observation

The other data collection method was observation of a grade 9 life skills class. The class observation was meant for triangulation (Mouton 2002:156), so as to check the authenticity of the research findings. Patton (1987:60) calls it a methodological triangulation because it employs multiple methods (focus group interviews, semi structured interviews and class observation) to study a single problem. Patton (2002:555) argues that the logic of triangulation lies in the premise that no single method ever solves the problem of rival explanations.

The researcher recorded the proceedings in the classroom in an observation sheet (Refer to Appendix 3). Also, the proceedings were tape-recorded. However, since the learners were arranged in groups, it was difficult to capture all the group discussions at the same time. Furthermore, the educator's movement in the classroom made it difficult for the tape to capture everything that he said. Learners were cooperative with the teacher and participated actively. The class observation lasted for one hour.

3.8 DATA ANALYSIS

In this study **qualitative data analysis** was adopted. This approach involves making inferences about the data by systematically and objectively identifying categories within them (Gray 2009: 500). According to Ulin *et al* (2005:144), qualitative data analysis emphasizes how data fit together as a whole bringing together context and meaning. On the other hand, **presentation** of data was done through the narrative passage and verbatim quotes of the respondents.

Data analysis was conducted by following the steps of qualitative data analysis as described by Ulin *et al* (2005:144 – 161) and Creswell (2003:191– 195). These steps entail organisation of data for analysis, data immersion, identifying the emerging themes (by applying Tesch's descriptive method of open coding), displaying data, as well as data reduction. These steps were followed in analysing data collected from qualitative focus group interviews. This was followed in order to understand the dynamics behind the identified aspects of life skills training. However, in the case of data from the semi-structured interviews, there was no identification of themes since only two educators were interviewed. Data was analysed and described according to the themes in the semi-structured interview schedule.

3.9 CRITERIA FOR MEASUREMENT OF QUALITY

Patton (2002:546) states that: "Lincoln and Guba proposed that constructivist inquiry demanded different criteria from those inherited from traditional social science." In support of this thinking, in recent years, qualitative research has moved away from the methodological paradigms' debate of objectivity and subjectivity. Instead, the use of the notions of trustworthiness and authenticity is preferred (Patton 2002:50 – 51).

3.9.1 Measures of Trustworthiness

Reliability, validity and generalisability are considered to be fundamental concepts in research. However, some authors have argued that these conventional concepts do

not fit the qualitative paradigm. They have thus advocated that qualitative research be evaluated for its trustworthiness (Plummer D' Amato 2008:123). Criteria for measuring trustworthiness are credibility (which is analogous to internal validity), transferability (which is comparable to external validity), dependability (being analogous to reliability) and confirmability, (which is analogous to objectivity) (Plummer D' Amato 2008:123; Shenton 2004:64; Tobin & Begley 2004:391).

Credibility: According to Cozby (2004:80) internal **validity** of a study refers to the extent to which causal relationship can be drawn from the data. For example, the results of this study should be a true reflection of the life skills training as viewed by learners and teachers, and not be attributable to some other extraneous factors such as decisions of friendship groups or groups being exposed to different life skills content. On the other hand **credibility** refers to the issues of 'fit' between the respondents' views and the researcher's representation of those views. Credibility of a qualitative inquiry can be promoted if, inter alia, the following provisions are made: Research methods which are well established in qualitative investigation are adopted, thick description of the phenomenon under scrutiny is done, and previous research findings are examined to assess the degree to which the project's results are congruent with those of past studies. Furthermore the researcher's background, qualifications and experience are also important elements which enhance the credibility of the research (Shenton 2004: 64 - 69).

To enhance credibility of this study the sampling procedure was conducted such that it was representative of all grade 9 learners and inclusive of all key informants. However, the division of the groups was facilitated in a way that avoided friendship groups/ pairs, which might have interfered with the study. This was achieved by separating members of friendship groups and allocating them to different focus groups. It was also expected and assumed that all the grade 9 learners had been exposed to the same life skills learning content and LTSM.

Transferability: Cozby (2004:80) defines external validity of a study as the extent to which the results of the study can be generalised to other populations and settings. Although in general qualitative approaches are not generalisable (Curtin & Fossey 2007:92), generalisability can be substituted with transferability. Transferability is

possible if there is sufficient congruency between the 'sending' and the 'receiving' contexts. This congruency will be enhanced if a thick description of the phenomenon under investigation in the 'sending' context is provided in order to enable comparison with the 'receiving' context (Shenton 2004: 69 - 70). For example, if the contexts of two schools are sufficiently congruent then the findings of life skills training in one school can be transferable to the other.

Dependability: In qualitative studies, researchers operate in an evolving setting and data collection is interactive. The context dictates unique measures that may not be repeated (Neuman 2006:196). Since this study is cross-sectional, taking place at a particular time during the life skills training process, it is possible that after some time the teachers and learners will have gained other experiences. Consequently, the study will not yield the same results when repeated. However, a study is said to have **dependability** if the processes of the study are reported in detail, so as to enable future researchers to repeat the work even if they may not find the same results.

Confirmability: According to Tobin & Begley (2004:392) and Shenton (2004:72), confirmability is concerned with establishing that data and the interpretation of the findings are not figments of the researcher's imagination, or characteristics of his/her preferences, but are derived from the experiences and ideas of the informants. To enhance confirmability the role of triangulation should be emphasised so as to reduce the effect of investigator bias. Hence, in this study three methods of data collection have been adopted i.e. qualitative focus group interviews, qualitative semi-structured interviews, and class observation.

3.9.2   Authenticity

Authenticity is regarded as a feature unique to naturalistic inquiry, and is demonstrated when researchers can show '**fairness**' and more sophisticated understanding of the phenomenon being studied. It involves the ability of appreciating the viewpoints and constructions of others, stimulating some form of action and empowering others (Tobin & Begley 2004:392). Focus group and semi-structured interviews were facilitated in such a way that learners and teachers

expressed their views freely. Furthermore, during the Life Orientation class, the role of the researcher was reduced to observation and note taking. This ensured that to a large extent the class was conducted as usual, although the presence of the researcher in class could have altered the usual setting in some way. As this study concentrates on capturing the inside view of life skills training in the school, and providing a detailed account of how those being studied understand the events (Neuman 2006:196), it is argued that to a large extent the study took place in an authentic setting.

3.10   LIMITATIONS OF THE STUDY

The purposive sampling of learners may have relied more on the subjective judgement of the Life Orientation teachers, and may have lead to a non-representative sample, as the teachers may have been biased in their selection. Consequently this may have influenced the responses of the participants. Furthermore, Patton (2002:386 – 387) states that the focus group interview method has disadvantages in that the group dynamics can be complex if the group members have prior established relationships. However, efforts were made to avoid friendship groups/pairs, by separating these members of friendship groups/ pairs and allocating them to different focus groups. Moreover, compared to other qualitative fieldwork approaches, focus group interviews take place outside the natural setting where social interactions normally occur.

The other limitation of the study was that since English is not the learners' home language, learners may not have expressed some of their ideas as well as they wished to. This would result in data collected not being accurate. The presence of the researcher and the note taker might also have affected the research because some learners become more active or passive than in the usual classroom situation. Since the study focused on only one school, it does not aim to generalise the findings to other schools in the district.

3.11 ETHICAL CONSIDERATIONS

Research has four main constraints. These are scientific, political, administrative and ethical (Babbie 2001:469). Since this research occurred in a social context, it follows that ethical aspects be taken into account alongside the other three constraints. It is necessary to first define what ethics are, before important ethical agreements in social research are discussed.

Ethics is perceived as moral principles, the science of morals in human conduct, or rules of conduct (Spencer 2006: 47). This is further corroborated by Sileo *et al* (2008: 44) who define ethics as "a set of reciprocal processes that facilitate critical reflection pertaining to professional obligations and behaviours." In this study the affected professionals are the researcher, and to a lesser extent, the educators.

3.11.1 Important ethical agreements in social research

Important ethical agreements that have been taken into consideration in this study are voluntary participation, no harm to participants, anonymity and confidentiality, and deception (Babbie 2001: 470). These agree with the three basic ethical principles as discussed in the Belmont Report of 1978. These are beneficence, respect for human dignity (autonomy) and justice (Banana 2007:42; Cozby 2004:36). The next section will examine ethical considerations pertinent to this study.

Voluntary participation and Informed consent: Social research often intrudes into people's lives in ways such as having to be interviewed by a researcher, or having to complete a questionnaire and sometimes reveal personal information to strangers (Babbie 2001:470). Participants may not always be willing, but agree to participate for different reasons. For example, learners may fear being victimised by the researcher if they refuse to respond to a questionnaire in a case where the researcher is their teacher. This makes it necessary for the researcher to make it clear to the participants that participation is voluntary, and in no way will the non-participants be penalised or victimised.

In order to enhance voluntary participation and informed consent for this study, after obtaining permission for access to the school from the circuit manager, the school principal and school governing body, the researcher organised a meeting with the Life Orientation educators in the school. In this meeting the researcher explained the purpose of the research. The researcher also explained that they were under no obligation to participate in the study, and that if after initially agreeing to participate, they wished to terminate their participation they were free to do so. Consent forms were then given to the educators to sign (Refer to Appendix 4).

Thereafter, a meeting with all the learners identified to participate in the study was organised with the help of the Life Orientation teachers. In this meeting the researcher explained to the learners what the research was about, and what participation in the study entailed. Since the learners were minors, consent forms were issued to learners to give to their parents or guardians to sign and return to the researcher. Learners were also expected to be co-signatories in these forms (Refer to Appendix 5).

Anonymity (Privacy): A research project guarantees anonymity when the researcher, and not just the people who read the research, cannot identify a given response with a given respondent. This implies that in an interview, where the researcher is face to face with the respondent, there can be no anonymity. Since the study entailed personal interviews by the researcher, it was impossible to maintain anonymity. This is because the researcher was able to identify a given response with a given respondent, as mentioned by Babbie & Mouton (2007:523). However, pseudonyms were used where necessary, when the data was analysed and written up. In the case of teachers 'Teacher 1' and 'Teacher 2' were used as pseudonyms instead of their real names. No pseudonyms were used for learners.

Confidentiality: On the other hand a research project guarantees confidentiality when a researcher can identify a given person's response, but promises not to do so publicly (Babbie 2001:472). In this study the researcher explained to all participants that all information gathered would be used only for the purposes of the study, and that the information would be strictly confidential. A letter written and

signed by the researcher and the note-taker to this effect was submitted to the school principal and school governing body (See Appendices 8 and 9).

No harm to participants: Almost every research dealing with people has some risk of harm to them. It is necessary that regardless of the voluntary participation by the participants, the researcher must guard against harm to participants (Babbie 2001:471). This harm may occur in different ways. For example, revealing information that might embarrass them or endanger their home life, friendships or jobs (Babbie 2001:469). In this case it might happen when, for example, participants are asked about their HIV status. This ethical agreement entails what the principle of beneficence states. That is, research should maximise the benefits and minimise any harmful effects of participation.

Social research projects may force participants to face aspects of their lives that they might not have considered, or those they might have wanted to forget. This then makes the research project a source of personal agony. For example if a participant is reminded of stigmatisation as a result of being HIV positive. This might also occur where questions are asked about deviant behaviour, in which they might have been involved. For example, if a participant was involved with multiple sexual partners, and consequently contracting HIV. This therefore necessitates the norm of informed consent, which ensures that participants base their voluntary participation in research projects with full understanding of the possible risks involved (Babbie 2001:471), as has been the case in this study. Furthermore the researcher planned for a debriefing session after the interviews for participants who might need it. However, after the interviews no participant needed any debriefing.

Deception: According to Cozby (2004:41) deception occurs when there is active (deliberate) misrepresentation of information to the participants with regard to the purpose of the study. This is especially true in human behavioural sciences because once the participants realise the purpose of the study, they may respond in a way that might invalidate the results. Moreover, as a social researcher deceiving people is unethical and can only be justified under compelling scientific or administrative reasons (Babbie 2001:474).

Whereas the importance of proper handling of the identity of research participants cannot be over-emphasised, handling one's own identity as a researcher also needs careful attention (Babbie 2001:474). However, in this study there was no need for deception, and all information regarding the purpose of the study, and the identity of the researcher is clear in the letter requesting access to the research site, and the consent forms.

3.12 CONCLUSION

This chapter discussed the research methodology of this study. A qualitative research paradigm was adopted, in which two intertwined themes of qualitative research (i.e. qualitative data and naturalistic inquiry) were employed. This study intended to better understand life skills training, and consequently to make appropriate changes and improvements. Furthermore, this chapter briefly described the research setting. This was followed by the discussion regarding units of analysis and the sampling technique. In this study a non-probability purposive sampling was adopted.

Data collection methods discussed in this chapter are qualitative focus group interviews, qualitative semi-structured interviews and qualitative observation. Following the discussion regarding data collection methods, data analysis was examined. This section described the steps of qualitative data analysis as described by Ulin *et al* (2005:144 – 161) and Creswell (2003: 191 – 195).

 With regard to criteria for measurement of quality, this chapter included discussions on trustworthiness, and authenticity. To conclude the chapter the limitations of the study, as well as ethical considerations were discussed.

The next chapter will examine the presentation and analysis of data collected in this study.

CHAPTER 4: ANALYSIS AND PRESENTATION OF DATA

4.1   INTRODUCTION

This chapter focuses on the analysis and presentation of the data collected during the study. De Vos, cited by Matoane (2008: 62 – 63), states that qualitative data analysis involves reduction of volumes of raw data, and sifting the significant from the trivial, identifying significant patterns and constructing a framework for communicating the essence of what the data reveal. The researcher followed De Vos' thinking in this discussion.

As Robson and Foster (1989:92) mention, the method of analysis was dictated by the objectives of the study. One of the objectives is to determine the levels of learners' knowledge about HIV and AIDS. To this effect the analysis entails what HIV and AIDS is, the difference between HIV and AIDS, the understanding of the concept of life skills, and the importance of life skills training in schools. Furthermore, the objectives included determining levels of teacher training in life skills, assessing how teachers' and learners' attitudes affect life skills training, the appropriateness and usefulness of learning and teaching support materials used at the school, and to investigate the challenges encountered by learners and teachers in life skills training in secondary schools.

Although the themes in the qualitative focus group interview guide overlapped with those in the qualitative semi-structured interview guide, during the analysis of the data the two sections were separated. Data from the focus group interviews was analysed by applying the steps of qualitative data analysis as outlined by Creswell (2003:191– 195). Consequently, the themes and sub-themes created during data coding formed the thematic structure for data analysis and presentation. In the case of the qualitative semi-structured interviews data was described, analysed and presented according to the themes in the semi-structured interview schedule. Furthermore, data from the class observation was analysed and presented according to the class observation sheet that the researcher used.

4.2   ANALYSIS AND PRESENTATION OF DATA FROM FOCUS GROUP INTERVIEWS

In this study **qualitative data analysis** was adopted. This approach involves making inferences about the data by systematically and objectively identifying categories within them (Gray 2009: 500). According to Ulin *et al* (2005:144), qualitative data analysis emphasises how data fit together as a whole, bringing together context and meaning. On the other hand the data was presented through the narrative passage and verbatim quotes of the respondents.

4.2.1 Analysis of data from focus group interviews

Creswell (2003: 191– 195) supported by Ulin *et al* (2005:144 – 161), outlines the following steps of qualitative data analysis, which were adopted in analysing data from focus groups interviews in this study:

Step 1: Organisation of data for analysis: This involves transcription of the tapes.
Step 2: Reading through all the data, first obtaining a general sense of the information and reflecting on its overall meaning.
Step 3: Beginning a detailed analysis with the coding process. In this step Tesch's descriptive method of open coding as described by Creswell (2003:192), was applied to identify the themes and sub-themes for data analysis. This method involves the following steps:

- Getting a sense of all the data by reading through the transcriptions and writing down ideas as they come to mind.
- Picking one document (interview transcript), reading thoroughly through it to get the underlying meaning of the text, without thinking much about the 'substance' of the information.
- Reading through the other transcripts and making a list of themes and clustering similar themes together.
- Revisiting the data, coding it by abbreviating the themes and writing the codes next to appropriate segments in the text.

- Finding the most descriptive wording for each theme and turning them into categories and sub-categories, grouping the themes that are related.
- Making a final decision on the abbreviation of each category and alphabetising the codes.
- Assembling the data material belonging to each category in one place, and performing a preliminary analysis.
- Recoding the existing data if necessary.

Step 4: Use the coding process to **render information about the setting**, people, or themes for analysis.

Step 5: Use the narrative passage to **convey the findings** of the analysis.

Process of data analysis by the researcher: Following the steps as outlined above the researcher transcribed the tapes starting with focus group 1. After transcribing the tapes the researcher read through all the transcriptions in order to familiarise himself with their contents. This step was followed by the coding process. Following Tesch's descriptive method of open coding as described in Step 3 above, the researcher started with the transcription of focus group 1, followed by that of group 2, and lastly that of group 3.

After reading through the other transcriptions, a list of themes was made, and similar themes were clustered together. The transcriptions were revisited and codes were written in the margins along the relevant texts. By grouping themes that are related the researcher formed categories and subcategories, for which he sought the most descriptive wording. After assembling the material belonging to each category in one place the researcher performed a preliminary analysis, recoding the data where necessary.

Themes and sub-themes: A theme is the main idea or topic in a talk (discussion) or a piece of writing. In this study it is the main idea that emerged in the focus group interviews. A sub-theme is a class or group of things possessing qualities in common, about the main thing the researcher wants to find out.

Table 4.1 below demonstrates the themes and sub-themes identified by the researcher when analysing data from the focus group interviews.

Table 4.1 [Themes and sub-themes from focus groups data analysis]

Theme	Sub-themes
1. Learners' level of knowledge about HIV and AIDS	• Facts about HIV and AIDS • The difference between HIV and AIDS • Modes of HIV transmission • How to prevent HIV transmission • The need for learning about HIV and AIDS
2. Inadequate sources of information about HIV and AIDS	• Sources of information about HIV and AIDS identified by learners • Other helpful sources • Inadequate information about HIV and AIDS in the Life Orientation textbook
3. Learners' interpretation of life skills	• Meaning of life skills • Importance of undergoing life skills training • Life skills needed to prevent HIV infection • How life skills impact on behaviour
4. Learners' attitudes towards life skills training, life skills teachers and other professionals	• Learners' attitudes towards life skills training • Positive or negative attitudes towards life skills teachers • Positive or negative attitudes towards other professionals • Positive or negative attitudes towards involvement of parents.
5. Challenges experienced by learners during life skills training	• Insensitivity of teachers • Learners' fear of stigmatisation • Learners' negative attitudes • Lack of proper communication between learners and their parents

4.2.2 PRESENTATION OF DATA FROM FOCUS GROUP INTERVIEWS

In this section the researcher will present and discuss data from the themes and sub-themes outlined in the table 4.1 above.

4.2.2.1 Learners' levels of knowledge about HIV and AIDS

This section deals with learners' knowledge about HIV and AIDS, and focuses on facts about HIV and AIDS, the difference between HIV and AIDS, HIV transmission and prevention of HIV transmission, as well as the need to learn about HIV and AIDS. The empirical investigation demonstrated, the following:

Facts about HIV and AIDS: In response to a question with regard to what is HIV, learners gave different responses. A respondent from **Group 1** said: "*HIV is a disease that destroys your CD4 count and leaves them weak.*" Another one stated**:** *"It [HIV] destroys your white blood cells."* One of the learners in this group responded: *"HIV does not kill, but it's TB that kills."* Furthermore, most of the learners in this group agreed with two learners who mentioned that:

"*HIV is a disease that invites other diseases with it and then they kill people"* and

"When you have HIV it means that your immune system is not that weak, it can be controlled by the treatment that you are taking." The first statement is partly incorrect because HIV is not a disease. However, the latter part of the statement is in line with the assertion of Barnett & Whiteside (2003:30) that HIV falls within the virus groups, which develop over a long period, producing diseases most of which affect the immune system and the brain.

However, a learner in **Group 2** said*: "HIV has killed many people…. because it is an infectious disease."* In **Group 3** participants made mention of the following*: "HIV is a disease that kills millions of people in South Africa.…twenty-seven million." "HIV is a non-curable disease" and "HIV is a disease that attacks body cells.*" These statements showed conceptual errors because the total number of AIDS deaths *worldwide* was 2.1 million in 2007 (UNAIDS 2007:1), which is far from the 27 million deaths that the learner suggests for South Africa only. This confirms the assertion

that learners' knowledge about HIV and AIDS is characterised by gaps and misconceptions (Banana 2007:20).

When the researcher asked what the acronym HIV meant, learners in this **Group 3** gave different answers*. While some said:* "*Human immune deficiency virus*" and "*Human immune virus*" another was correct to say*: "Human Immunodeficiency Virus."* It was clear that most of the learners were not sure what the acronym stood for. According to literature, HIV stands for Human Immunodeficiency Virus (South Africa. Department of Education 1999:5; South Africa. Department of Labour 2000:5)

With regard to **AIDS** one learner in **Group 1** and three in **Group 2** mentioned that when a person has AIDS, their immune system is very weak. One learner stated: *"When you have AIDS your immune system is very weak."* Another responded that: "*When you have AIDS it means that your immune system is controlled by the virus."* Furthermore, in **Group 3** learners seemed to know that the acronym AIDS meant Acquired Immune Deficiency Syndrome, as stated in literature (Barnett & Whiteside 2002:28). In **Group 2** participants answered as a group saying: "*Acquired Immunodeficiency Syndrome."* When the researcher asked further: "Acquired Immunodeficiency?" learners looked at each other and hesitated to give responses, showing that most of them were not sure what the acronym AIDS stood for. It was then that one learner correctly answered: "*Acquired Immune Deficiency Syndrome."*

The difference between HIV and AIDS: HIV is a virus that attacks the human immune system, while AIDS is a group of diseases that usually occur together as a result of the human immune system being weak (Barnett & Whiteside 2002:28). Answering the researcher's question about the difference between HIV and AIDS learners expressed various opinions: In **Group 1** a participant said: *"HIV does not kill but AIDS does.*" The second stated: "*If you have HIV you can live for a few months or years, but if you have AIDS your life is too short."* Most of the learners seemed to agree with this statement and some went further to say: *"HIV can be cured but AIDS cannot be cured"* and *"If one doesn't get treatment [for HIV], he may get AIDS."* Furthermore, in **Group 3** two participants differentiated between HIV and AIDS by saying: *"I think HIV is a virus and AIDS is a disease"* and *"According to me*

HIV is a virus which cause AIDS." Most of the learners in this group showed agreement with these statements by way of nodding their heads. This demonstrated that most of the learners agreed with the aforementioned definitions of HIV and AIDS as stated by Barnett & Whiteside (2002:28).

Modes of HIV transmission: According to literature review, HIV can be transmitted through unprotected sex, infected blood and blood products, mother-to-child transmission (MTCT), tattoo needles, occupational exposure and sharing injecting needles (Barnett & Whiteside 2002:38– 40). Respondents from **all the three groups** listed unprotected sex and sharing injecting needles as ways of HIV transmission. Furthermore, learners were of the opinion that infected blood spilled during accidents and other injuries was another way of HIV transmission.

In his own words one learner from **Group 1** said: *"There are different ways a person can get this [HIV]. Some do unprotected sex, some get infected during accidents because if you get hurt and someone is hurt and if he/she is infected you can get it."* Another learner went on to say:*"You know, when there's an accident people get hurt and when they are hurt, they bleed and blood flows around and those people's blood mix."* Furthermore, others added: "*Sharing the same razor or needles"* and *"By using the same toothbrush."*

In **Group 2** a participant said: *"If one learner has HIV and AIDS and he/she has a cut on a finger and the other one touches her blood then she can be affected* [infected] *by HIV."* Another stated: "*It* [HIV] *affects* [instead of infects] *learners through touching one another's blood."* Mentioning unprotected sex, one of the participants said: *"Most teenagers at the age of about sixteen and eighteen are already having sex …. without a condom."*

In **Group 3** a learner stated: *"If someone is positive and I am negative, maybe we have a bad accident, his/her blood touches mine so I can also be infected."* Furthermore, this group had participants who mentioned oral sex as a way of HIV transmission, while one learner asserted: *"And even when a mother gives birth to a baby or* **….**let's say a mother who has HIV gives birth to a child, the child can be affected* [infected] *with HIV."*

This study demonstrated that all learners knew about unprotected sex, sharing injecting needles and infected blood as ways of HIV transmission. Some learners knew about mother-to-child transmission, while none of them mentioned blood transfusions and injuries occurring during surgery. Again this confirms the assertion that although learners are exposed to modes of HIV transmission, their knowledge was limited (Pengpid *et al* 2008:49; Strydom & Strydom 2006:501).

How to prevent HIV transmission: Prevention of HIV transmission can be done through abstinence from sex, the use of condoms, being faithful to one sexual partner (A, B, C), avoiding sharing injecting needles, immediate treatment of sexually transmitted infections (STIs), and sterilisation of equipments used (Barnett & Whiteside 2002:41 – 42). In this study participants were able to mention abstinence, using condoms, and avoiding sharing of needles as ways of preventing HIV transmission. Taking necessary precautions in handling blood was also commonly mentioned in the groups. In **Group 1** a learner said: *"We must not touch each other's blood",* while in **Group 3** some learners stated: *"If somebody is bleeding you must not touch them."*

Learners were also aware of the situations and habits that increased the risk of HIV infection, such as drinking at taverns and smoking. When the researcher asked **Group 2** participants*:* "How do alcohol and smoking affect HIV and AIDS?" one learner answered: "*Smoking affect your lungs and when your lungs are affected, your immune system is not that much strong."* Another leaner added: *"And the HIV virus … the fact that your lungs are infected by something then your immune system will be very, very weak."*

Regarding alcohol they said: *"When taking treatment you must not take alcohol because treatment and alcohol are not the same."* Another learner said: *"When you are drinking alcohol it will lead you that you are drunk and when you are drunk you can't see what you are doing such as you can have unprotected sex and this can lead you to HIV."* All the other learners in this group indicated agreement with this argument by nodding their heads, that behaving recklessly can lead to HIV infection.

The need for learning about HIV and AIDS: One of the constructs of the Health Belief Model is **perceived benefits.** This involves the belief in the effectiveness of the available options in the intervention, for reducing the threat of a disease (Fisher & Fisher 2000:5). In this study the available option for reducing the threat of HIV and AIDS is life skills training. This study revealed that almost all participants across the three groups invariably agreed that knowing about HIV and AIDS was beneficial for them, and therefore necessary. They thought that ignorance about the epidemic leads to infection and death.

Responding to a question as to why it was important to learn about HIV and AIDS in schools, one learner in **Group 1** stated: *"….most people who are infected by the disease, I think they didn't know about it, how it kills people, how it destroys their bodies."* Another learner in **Group 2** was assertive when stating: *"Because HIV affects everyone. It does not choose who it affects."* This learner looked really concerned that people should take HIV and AIDS seriously.

In **Group 3** all participants agreed regarding the importance of learning about HIV and AIDS in school. When the researcher asked why all of them thought it was necessary to learn about HIV and AIDS at school, two learners gave these reasons: "*Because we have to know about it"* and **"*Because in South Africa people between 15 and 21 are mostly affected* [infected].*"* This learner was partly right because the groups at greatest risk of HIV infection are those between 15 and 29 years of age (Visser *et al* 2004:264).

Some learners thought it helped to know about HIV and AIDS so that they could help people in their community. It was encouraging to note that some of the learners were concerned about people dying of AIDS that they saw it necessary to help their communities. The other reason given for learning about HIV and AIDS was that such knowledge will help them not to engage in risk behaviours that would destroy their lives and futures as young people.

4.2.2.2 Inadequate sources of information about HIV and AIDS

One of the core assumptions of the **Social Cognitive Theory** is that an effective behaviour change intervention must involve **an informational component** which informs people that their current behaviour may pose danger, as well as instructing them in how to be safer (Fisher & Fisher 2000:24). In this study learners mentioned several sources of their knowledge about HIV and AIDS. From the participants the following were revealed:

Sources of information about HIV and AIDS identified by learners: This study revealed that the most common sources of information about HIV and AIDS for learners were the materials from the Lovelife centre (a centre built at the clinic, where people are taught about health issues including HIV and AIDS). Lovelife is South Africa's largest HIV prevention initiative for young people. It is a joint initiative of non-governmental organisations, private sector foundations and the South African government (http://www.Lovelife.org.za/about/index.php; accessed on 21/02/2011). The Life Orientation textbook, life skills teachers, books from the library and nurses who sometimes visit the school were regarded as most common sources of learners' knowledge about HIV and AIDS. Seven respondents across the three focus groups mentioned that materials from the Lovelife centre were useful as sources of information about HIV and AIDS. Furthermore, only participants in **Group 1** mentioned the use of other library books as sources of information.

Of the three groups **Group 2** was forthright in saying the other source of their knowledge about HIV and AIDS was the life skills teacher. Although one of these learners said they did not get all the required information from their teacher, most of the learners in this group rated their teacher highly with regard to his teaching.

Other helpful sources: Learners also mentioned the South African Broadcasting Corporation's (SABC) television programmes such as 'Soul City' and 'Soul Buddyz' as other sources of information about HIV and AIDS. When one learner in **Group 1** stated: *"And 'Soul Buddyz' programme and 'Soul City' programme"* another one argued in Setswana: *"'Soul Buddyz' ga e sa tsena, ke Buddyz on the Move"*, (meaning 'Soul Buddyz' has been discontinued and has been replaced with 'Buddyz

on the Move'). However, the first participant insisted: "*Yes I used to watch 'Soul Buddyz' at 7.00pm each and every day and 'Soul City' at 8.30 every Tuesday.*"

Inadequate information about HIV and AIDS in the Life Orientation textbook: Learning and teaching support materials (LTSM) are an important part of the teaching-learning situation. One of these materials is the textbook that the school has chosen for life skills. The textbook used by grade 9 learners in this school is 'Life Orientation Today'. Learners had different opinions about this book. Some learners in **Group 1** stated that it is a good book. However, one of them said: *"It's lacking …. like listening skills are not included in the book."* while another said: *"The book is mostly about doing research and demonstrations."*

Some of the participants in the other groups stated that the book does not sufficiently cover what they need to do in class. In **Group 2** one of the participants said: *"It is covering a little bit.…because most of the time we have to go to the health centres to look for information."* In **Group 3** a learner said: *"I think it's not good or bad … because it teaches some things about HIV such as CD4"* while another participant stated: *"What is lacking is about career guidance."* This response was not relevant in assessing how the prescribed textbook covered life skills necessary for the prevention of HIV and AIDS. Some learners were of the opinion that the book is lacking in skills required for prevention of HIV transmission. However, the average rating of the book in this group was 7.6 on a scale of (0 – 10). Although learners were divided in their opinions with regard to the adequacy of HIV information in their prescribed book, the majority of the learners agreed that its usefulness was above average.

4.2.2.3 Learners' interpretation of life skills

Notwithstanding consensus on some core skills needed for prevention of HIV infection and mitigation of the impact of AIDS, a literature review indicates a wide range of life skills, which are included in various life skills training programmes (Griessel-Roux *et al* 2005:256; Kelly 1999:13; Pengpid *et al* 2008: 48; Visser 2005: 205).

Meaning of life skills: Life skills are described as the ability for adaptive and positive behaviour that enables individuals to deal effectively with challenges of everyday life (Visser 2005: 204). In this study the empirical investigation indicated that learners interpreted life skills differently, albeit with some degree of consensus. One learner in **Group 1** indicated that he had not heard anything about life skills, while others gave different responses some of which entailed the following: "*I think life skill is a skill that is in you….*" Another one said: *"But I know that life skill is something that I need to have in order to live."* While learners in **Group 2** consented to have done life skills in the primary school, a respondent from this group associated life skills with Lovelife. She stated: *"It* [life skills] *is just like Lovelife…. loving life.*" This response indicated that the learner was not sure of what life skills were, but might have read something about them in the Lovelife materials.

Learners in **Group 3** defined life skills differently. Some linked it to those things that have to be taught and learned in life. These were their responses: *"I think life skills is a subject that teaches you about how to live."*
"It teaches you about real life; what's happening around."
"Life skills is a subject that has skills about life."
"Life skills are skills that you have to learn in life."
"I think life skills is a study where people are taught about real life issues concerning them." These responses were much closer to the aforementioned description by Visser (2005:204).

From the learners' responses in **the three groups**, the general consensus was that life skills are needed for a healthy lifestyle and that these skills have to be taught and learned. Furthermore, in terms of examples of life skills, learners' knowledge in all the groups was limited to communication, listening, reading and writing skills as well as problem solving. Differentiation of these skills into social, cognitive and emotional skills as mentioned by Jennings (2006:6) was not evident. This confirmed the argument of Boler & Aggleton (2004:2) that the difficulty of clearly defining life skills leads to confusion in understanding the concept.

Importance of undergoing life skills training: While knowledge about HIV and AIDS is important, life skills help translate knowledge, attitudes and values into

actions manifesting as abilities (Rooth 1997:6). From **Group 1** participants thought training in life skills was important in that they associated it with the ability to deal with issues of personal health and safety. One of the learners stated: "*I think life skills means when we are being taught about our lives, how to be safe and how to take care of ourselves.*" Another learner stated: "*I think life skill is a skill that is in us, to be able to protect yourself. To protect yourself is a skill.*" This agrees with Rooth (1997:6) who mentions that life skills help to prevent and cope with life's problems and challenges.

Referring to skills that enhance personal health two participants in this group said: "*I think maybe like taking care of ourselves …like healthy food that has balance, that will balance your body….*" and *"Protecting our body from harmful things* .…[like] *smoking and drinking."* From these responses it was clear that learners were concerned about their personal health and safety. It shows that they viewed life skills training as crucial in this regard.

Life skills needed to prevent HIV infection: In this regard participants' knowledge seemed to be very limited. Most of the participants from all three groups mentioned listening as a skill necessary for prevention of HIV transmission. Writing and reading skills were mentioned in **Group 1** and **Group 2,** while communication was mentioned in **Group 1** only. When the researcher asked how communication will help in prevention of HIV infection, a learner answered: *"It is going to help us because if my friend knows something that I don't know, then they could tell me about that and I will have information."*

When giving an example of the skills required for prevention of HIV infection, one learner in **Group 3** said: *"Writing skills."* The researcher went on to probe**:** Writing skills? I thought you learned writing skills a long time ago. Can you just explain how you learn writing skills in Life Orientation (LO)? The learner answered: *"We write what we know about the disease."*

Another participant from this group went further to mention: *"I think people must have abstaining skill."* According to the researcher the learner referred to skills that could help learners in abstaining from sex. Others mentioned patience and the 'skill

of knowing' respectively as skills necessary for prevention of HIV transmission. This demonstrated that learners could not differentiate between knowledge and skills.

According to the literature review life skills needed to prevent HIV infection are those skills that facilitate the negotiation of risk and vulnerability in the face of the epidemic (Yankah & Aggleton 2008:466). These skills include communication, negotiation, assertiveness, decision-making, problem-solving, understanding the consequences of actions, managing stress and managing feelings (Jennings 2006:6). Learners' responses indicated that they were not acquainted with most of these skills.

How life skills impact on behaviour: Responding to a question as to whether knowledge about HIV and AIDS resulted in behaviour change among learners, the responses of **Group 3** participants differed. One of them asserted: *"It changes behaviour."* When the researcher realised that apparently they did not understand what behaviour change meant, he gave an example of learners coming late to school, even if they knew that it was not correct to do so. It was then that one of them said: *"Not to all"* while another said: *"Sometimes it changes behaviour."* When probed as to how knowledge changed behaviour, this learner said: "*By taking care of ourselves …. staying out of trouble like not sleeping with too many partners."*

In **Group 2** most of the learners agreed that knowledge about HIV and AIDS resulted in behaviour change, although one of them said: *"Not always."* One of those who asserted that life skills brought about behaviour change, reasoned that: "*if the teacher comes in class and teaches you that if you do certain things then you can get HIV, then you are going to start knowing …."*

The responses of the participants agreed with Visser (2005: 205) in that life skills programmes impact positively on the lives of children and adolescents with regard to change in HIV risk behaviour. However, as Fisher & Fisher (2000:4) mention, most HIV prevention interventions often focus on changing general patterns of behaviour (e.g. encouraging people to practise "safe sex"). Instead, these interventions should focus on increasing individuals' inclination and the ability to practise specific risk reduction acts (e.g. effective use of condoms or dealing with peer pressure).

4.2.2.4 Learners' attitudes towards life skills training, life skills teachers and other professionals

Learners' attitudes towards life skills training: In this study learners demonstrated a positive attitude towards life skills training. According to Guirdham (2002:93) **evaluative beliefs** (i.e. what a person believes about the merits, demerits, rights, wrongs, benefits or costs of the situation) form one of the components of attitudes. The empirical investigation in this study indicated that all learners have positive evaluative beliefs about life skills training. They believed that life skills training is necessary for personal health and safety. They also believed that being trained in life skills helps them change behaviours that place them at risk of HIV infection. The findings of this study confirm what Griessel-Roux *et al* (2005:254 – 255) mentioned, that learners showed a positive attitude towards HIV and AIDS education. They said it was necessary and could successfully prevent the spread of HIV and AIDS.

Positive attitudes towards life skills teachers: Almost all the learners had a positive attitude towards their life skills teachers, in particular the one who was teaching grade 9 at that time. Learners felt that he was an effective teacher. This was evident when **Group 2** participants responded to a question on how they would rate their teacher out of a total score of five. Learners said: *"Five out of five"*; *"four out of five"; "four point nine" (4.9) and "four"* respectively. While acknowledging that not all learners were free to talk to the teacher during their lessons, a participant in **Group 1** highly commended learners' participation in class *"Because some children in the class don't normally talk that much but some, maybe 90%, are free to talk to the teacher."*

Positive attitudes towards other professionals: As Griessel-Roux *et al* (2005: 255) state, learners feel that an outsider would make a far greater impact on them with regard to HIV and AIDS programmes. Almost all the learners in the three groups agreed that the utilisation of health care professionals such as nurses, doctors and home-based caregivers is essential for successful mediation of life skills. While most of the learners rated their Life Orientation teacher highly, they

conceded that they do not g*et* all the required information from him. In **Group 1** one learner stated: *"I think the teacher doesn't know much about the disease…. but they* [health care professionals] *know more about the disease. So I think the health professionals will give us more information."* Another learner in the same group said "*I think they must combine [work together] with the teachers and teach us."*

 In **Group 2** a learner referring to the need for health care workers in life skills training stated: *"It is important because they are the ones who work with [sick] people, so they will help our teacher."* In **Group 3** most of the participants were also in favour of involvement of health care professionals, citing reasons such as:
"A nurse may know about sex or anything, he/she has a lot of experience about that, and a teacher may have been given a book just to know what is inside, so it may be that a nurse is better than a teacher" and *"A teacher may have been taught* [about the disease] *but a nurse has been taught and has experience."*

Positive or negative attitudes towards involvement of parents: A literature review demonstrates that one way in which HIV and AIDS prevention programmes can be effectively implemented at school is through involvement of parents. This is because parental involvement supports openness and helps young people to change lifestyles (South Africa. Department of Education 2003:14). However, in this study learners expressed differing opinions about parental involvement in life skills training. While others were in favour of parental involvement in life skills training, others were sceptical about the level of knowledge of their parents regarding HIV and AIDS. In **Group 1** one participant was forthright in saying: "*I think our parents do not have more information."* In **Group 2** participants mentioned the role of parents as that of guiding the learners to live a safe life, such as avoiding being in taverns.

Two learners in **Group 3** differed in their opinions. The one in favour of parental involvement said: *"A parent may have a lot of experience or information about sex or something, because some of the teachers they have never learned life skills or something, so if my parent knows a lot it will be a very good idea if he/she comes to school and help the teachers."*

On the contrary the participant who disagreed argued: *"I don't think it will be a good thing because a teacher, especially a Life Orientation teacher, is a trained person. He will be able to talk to the children about AIDS but what about the parent talking to the children* [at school] *but not talking to you* [his/her child]*, how will you feel?"*

4.2.2.5 Challenges experienced by learners during life skills training

Learners mentioned various challenges related to life skills training.

Insensitivity of teachers: According to Van Wyk & Lemmer (2007:308 – 309) teachers show differing attitudes to HIV and AIDS education at school. This was confirmed when a participant in **Group 1** complained about the attitudes of some teachers. She stated: *"Some teachers are harsh to us. Like if you are a student who is HIV positive, some other teachers are harsh towards them. I did not mention anyone in the school but I just say it."*

Learners' fear of stigmatisation: Kleintjes *et al* (2004:74) state that people living with HIV have a fear of possible emotional and social ostracisation from family and other familiar forms of support. This results in them being afraid of disclosing their HIV status. According to Robson & Kanyanta (2007:266) AIDS-related stigma and discrimination, such as bullying and being ill-treated by teachers and other learners, caused children to drop out of school.

Learners in **Group 1** mentioned stigmatisation as one of the challenges learners face. Responding to the question about the challenges they faced, one learner said: *"If one [learner] in our class is having the disease and you are talking about the disease, it will be like you are talking about that boy who is having the disease. So you find that it is challenging to us."* Another learner said: *"There is a lot of discrimination towards people who are suffering."* One of the learners also expressed concern about non-disclosure of HIV status by saying: *"Because if someone comes here positive and makes that status a secret, it will be difficult [for other learners] to talk. If one of us is having the disease and make it a secret, we will talk about it in front of that person. What will happen? It will be his/her fault."* By this the learner meant that if a learner living with HIV does not disclose their HIV status,

it would be their fault if other learners discuss HIV infection in their presence. The other manifestation of fear of stigmatisation was that learners were afraid of being laughed at. One of them pleaded: "*They [learners] must learn not to laugh at others.*"

These learners thought that the solution to the challenge of stigmatisation would be to talk openly about HIV and AIDS, or to disclose one's HIV status. This assertion is supported by Kleintjes *et al* (2004:74) in that disclosure of HIV status in an informed environment was found to enhance the quality of home-based/palliative care. One learner, a girl, was bold and assertive. She demonstrated great concern about the fear that learners have when she said: "*The learners must try to communicate directly about the disease so that they can know.*" Supporting what the girl had said another learner continued: *"In fact she is saying rich or poor, the disease can get to you. So…. just talk about the disease. Talking about the disease doesn't mean you are affected by the disease."*

Learners' negative attitudes: Participants mentioned that there were some learners who disturb the class when there is a discussion about sex. When learners were asked why it was difficult for them to discuss sex in class, one leaner in **Group1** stated: *"Some other children in class may laugh and make it a joke."* Furthermore, another learner in the same group gave a reason for their discomfort in discussing sex by saying other learners might ask: *"What does a child like me know about sex? If I know about sex it means I am boring."*

Lack of proper communication between learners and their parents: According to Pick *et al* (2007:409) studies have indicated that parent-child communication has a significant correlation with the reduction of high-risk sexual behaviours in adolescents. However, this study showed that learners had a challenge in this regard. Most participants in **Group 1** and **Group 3** mentioned the apparent lack of communication between learners and their parents about issues regarding sex and HIV and AIDS, as one of the challenges. They stated that while they are to learn about sex in Life Orientation, at home they were told that they were still young to learn about it. In **Group1** a boy said: *"The reason is that parents think that the children are still young to know about sex issues."* These findings support the

literature review that societal values and norms present youth with mixed messages. These messages result in the youth lacking systematised knowledge and skills required to make healthy decisions (Pick *et al* 2007:410).

The researcher observed that girls were more open to ask questions about sex, while boys seemed to be shy. One learner (a girl) asked a question: "*Why do most teenagers not tell their parents about problems they encounter in issues of sex, but instead go to their teachers?*" The responses from other learners were as follows: *"I think the cause is that you know if you tell your parents, is either he is going to beat you or do something."*

"Some of the youth are very shy to talk to their parents with some kind of news, it may be about sex, and our parents are not free to tell us what they have experienced at their younger age."

"Yes I agree because teachers tell us about sex but our parents, no."

"But do you think that what our teachers tell us is the truth? Because you may find that they talk to us but they don't advise their kids. And my mother, can advise someone but not me."

"Some of the parents think that their children know better than them."

These responses indicate that learners face challenges with regard to talking to their parents about issues of sex. According to the literature review this results from fear of embarrassment, lack of knowledge, poor parenting and communication skills, differences in values about sex and dating, as well as the desire to avoid conflict (Pengpid *et al* 2008: 50).

4.2.3   Group dynamics in focus group interviews

In the beginning of the focus group interview, especially the first group, learners looked anxious and unsure of what was to happen. However, the researcher welcomed them and from that point onwards they looked more relaxed. The second and third groups were better than the first when the interview session began. Apparently the first group had told them something about the interviews.

During the focus group interviews the learners showed a positive attitude and respect towards the researcher, and towards each other. They also presented an eagerness to participate in the discussions although they sometimes seemed to have difficulty in expressing themselves fluently in English. It was also noticeable that girls were more outspoken and expressive than boys in the focus group discussions, especially in **focus group 1.**

Although there were no major differences among the focus groups, of the three groups **Group1** was the more active. Learners in this group were more relaxed during the interviews and engaged with one another during the discussions. Hence, they raised and discussed more issues than the other groups. Of the ten participants in this group, there were two girls and a boy who were particularly active. They were more articulate in raising their opinions and seemed to have a better command of the English language than the others. However, they were able to give others an opportunity to give their opinions.

Groups 2 and 3 were similar although in Group 2 there were more reserved participants than in Group 3. The moderator had to work harder to get opinions from the group members by trying to give all participants opportunities to air their views. However, the advantage was that there were no over-domineering participants.

At the end of each session the researcher allowed learners to ask questions related to HIV and AIDS. This made learners more free to ask several questions, although time was always limited by other school commitments.

4.3   PRESENTATION AND ANALYSIS OF DATA FROM QUALITATIVE SEMI-STRUCTURED INTERVIEWS

4.3.1 Effects of HIV and AIDS on learners, teachers and education

The two teachers who participated in the research mentioned that HIV and AIDS had undesirable effects on the school community and the education system. Among

the issues they raised were orphans in the school, poverty, fear, absenteeism and death.

Effects of HIV and AIDS on learners: According to **Teacher 1,** one of the effects of HIV and AIDS on education is that many parents die, leaving their children as orphans. He *stated: "HIV and AIDS affects mostly learners because most of our learners are orphans and therefore they suffer from hunger, that is, because of the high death rate most of them cannot get food. Consequently they are affected by poverty."* He was concerned that these orphans overburden the school and the community with the task of having to take care of them. On the other hand **Teacher 2** said*: "It [HIV] really affects our learners. Most of them got infected through mother-to-child transmission of HIV. Then some of them come to school being HIV positive and not knowing what to do."*

Effects of HIV and AIDS on teachers: Teacher 1 mentioned that one of the effects of HIV on teachers is **fear**, saying: *"Most of the educators live in fear because they do not know their HIV status. Fear comes when they are to take blood tests. And then it affects them when coming to their work because of stress and depression."* **Teacher 2** agreed that HIV and AIDS had negative effects on teachers, saying *"First of all the teachers are affected because if a learner is not well in the class the teacher cannot go on teaching effectively."* She went on to say teaching is negatively affected if there are many of these learners. These responses confirm what Kelly (2000:10) mentioned in that the impact of HIV and AIDS is the loss of trained teachers (through death), and the reduced productivity of teachers who are sick.

Effects of HIV and AIDS on Education: Teacher 1 went on to say that due to teacher morbidity caused by AIDS, there is **lack of manpower** in schools. Furthermore, according to him, continuous absenteeism of teachers at school due to AIDS-related illnesses causes **poor results**. **Teacher 2** had this opinion: "*….the Education system is affected because if in schools we have people who are ill, people who are sick, people who are not well, the education system is going to collapse. That is where it is affected."*

4.3.2 HIV and AIDS in the curriculum

The two teachers agreed about the necessity for life skills training and HIV and AIDS education in schools, because of the effects that HIV and AIDS have on the school community. They agreed that HIV and AIDS were catered for in the curriculum. **Teacher 2** stated: "*HIV and AIDS is accommodated in schools because even in the white paper it is there, it is clearly stated. …even in our meetings as teachers we address this HIV and AIDS…. As teachers we say something about HIV and AIDS every week in our school. Especially on Thursdays we have prayer meetings and we say something about HIV and AIDS. We must cater for it.*" On the other hand **Teacher 1** said: "*Nationally it is considered and it is implemented legally and constitutionally and they run workshops to develop especially Life Orientation educators.*"

The fact that the two teachers agreed on the necessity of including HIV and AIDS in the school curriculum was supported by the establishment of the 'Tirisano' (working together) programme in the South African Department of Education. This programme deals with, among others, integrating HIV and AIDS into the curriculum at all levels of the school system (Coombe 2000: 27).

4.3.3 Teachers' understanding of the concept of life skills

Link between life skills and Life Orientation learning outcomes: While **Teacher 1** stated*: "According to me life skills deal with healthy choices and learners avoiding to live in difficult situations",* **Teacher 2** understood life skills as involving health promotion, social development, and physical development. These are the major themes of the Life Orientation learning Outcomes 1, 2 and 3 respectively (See South Africa. Department of Education 2002: 40 – 41). She went further to describe life skills as: *"…. positive attitude, values and norms about HIV and AIDS."*

Life skills needed for prevention of HIV transmission: With regard to life skills necessary for prevention of HIV transmission, the two teachers mentioned communication and problem solving. **Teacher 2** said: "*Communication is very important because if you do not communicate it means you know nothing about HIV*

and AIDS. Communication is very important because learners must get information so that they know about HIV and AIDS. They must know how to treat it even if it does not have treatment (cure), but know how to control it." She went on to say: "*The important thing is to share information or to disclose. Many people are suffering from HIV and AIDS and because they do not communicate with parents…so I think communication is very important.*"

The two teachers were correct to mention communication and problem solving as skills needed for prevention of HIV infection. These skills are important in the fight against HIV and AIDS, as mentioned by Jennings (2006:6) and Visser (2005:205). However the teachers left out many other skills necessary for prevention of HIV transmission.

4.3.4 Teachers' views about learner and teacher attitudes

In this study an attempt was made to examine what learners' and teachers' views were with regard to issues pertaining to life skills training.

Learners' positive attitudes: Both teachers agreed that learners demonstrated a positive attitude towards life skills training in that they actively participated during the life skills classes. **Teacher 1** said: "…. *Even if one teacher is not at school because of the workshops they will come and call their Life Orientation educator because they like the Learning Area, particularly life skills. They want the educator in class almost everyday.*"

Teachers' positive and negative attitudes: While **Teacher 1** commended the other teachers who are not offering life skills for their support during functions on HIV and AIDS, **Teacher 2** stated that some of the teachers did not view Life Orientation as an important subject. She was of the opinion that this may be the result of lack of information about HIV and AIDS.

4.3.5 Teacher training in life skills

Both teachers said they were not trained in the outcomes-based curriculum during their pre-service training. Moreover, during their pre-service training the Life Orientation learning area was not in the curriculum. The teachers said they depended on the in-service training workshops conducted by the officials of the Department of Education.

The usefulness of the workshops: Both teachers agreed that the workshops were helpful with regard to what they have to do in class. With regard to the appropriateness and helpfulness of the workshops **Teacher 1** responded: *"Yes it [the workshop] is very helpful because we feel motivated and developed. We are not afraid to teach learners about HIV and AIDS. I am free, developed and motivated because of those workshops."* On the other hand **Teacher 2** rated the workshops 8 out of 10 with regard to their appropriateness and helpfulness, regarding what has to be done in class. She said*: "In terms of the ratings, I can't say excellent but I can say good. Of course most of the issues are discussed. Most of the topics that we should do in class are discussed."*

However, the two teachers stated that the workshops mostly covered the knowledge content of life skills, and not much of the teaching methodology. Responding to the question about the content of the teacher-training workshops **Teacher 2** said: "*In most cases they cover the knowledge.*"

4.3.6 Classroom practice in life skills training

Teaching strategies: As stated by Jennings (2006:6) teaching strategies that could ensure learner participation such as brainstorming, group facilitation, case studies and debates could be applied in life skills training. In this regard **Teacher 2** mentioned the methods they apply in life skills as follows: *"In most cases when it comes to HIV and AIDS, group discussions in a form of drama – dramatizing a person who may be HIV positive but cannot disclose. So we can dramatize such a thing in class. Sometimes we have interviews – interviewing somebody who may be*

living with a person who is HIV positive, try to find out how do they feel about this
person, how do they live and how do they assist such a person."

The use of the outcomes-based methodology in life skills training: Teacher 2 indicated that teacher in-service training concentrates mainly on knowledge of issues of HIV and AIDS. It does not cater for the teaching methodology. Responding to the question about the challenges of being trained in the old curriculum, but having to teach life skills in the outcomes-based curriculum, she stated that the challenge is that the method they were using in the old curriculum was not compatible with Outcomes-Based Education (OBE), especially in Life Orientation. She said they were used to going to class and teaching, but now they must give learners more time to discuss. According to her that is a problem. She is of the opinion that while group discussion is positive, Life Orientation teachers need to give learners more information.

Learners' participation: Teachers are the primary adults who interact with learners at school, and they play a critical role as sources of accurate information to the learners (Jennings 2006:3). On the other hand, given that life skills training uses interactive teaching and learning methods (Hoffmann 2004:6), learner participation is indispensable in the realisation of learning goals. In view of these statements, this study demonstrated that from the teachers' points of view learners participate actively during life skills training. **Teacher 1** said only about 10% of the learners is not active during the classes. **Teacher 2** also agreed with Teacher 1 in that learners participated actively in life skills classes.

4.3.7   Involvement of parents in life skills training

While teachers recognise the importance of parental and community involvement in life skills training, there is still a need to develop a standard protocol for this involvement to be culture-sensitive (Pengpid *et al* 2008:48). From what the two teachers said, it seemed as if not much parental involvement was occurring in life skills. However, **Teacher 2** hinted that they held a parents' meeting in which they informed the parents what life skills entails. This was aimed at ensuring that parents are not surprised by the type of tasks that their children would be doing at home.

In order to involve parents **Teacher 1** was of the opinion that parents could be given some written exercises in life skills to do at home. He was also of the opinion that a parents committee could be elected to have oversight of matters pertaining to parental involvement in life skills. While **Teacher 2** foresaw some challenges in involving parents in life skills training, she also fully supported the idea of involving parents, because as a teacher she was afraid of what the reaction of the community would be towards the type of work learners do in life skills.

4.3.8 Learning and Teaching Support Materials (LTSM) on life skills

With regard to the prescribed textbook and other LTSM used at the school, the issues raised by the participants revealed the following:

Coverage of life skills content in the LTSM: The two teachers agreed that they have to use different sources of information in life skills in order to sufficiently deal with the demands of the life skills curriculum. The reason for this is that the prescribed textbook does not cover all the necessary sections of life skills. **Teacher 2** stated that the first learning outcome of Life Orientation, i.e. Health Promotion, is not adequately treated in the textbook. She mentioned: *"It doesn't cover much. It lacks a lot of information. You must as a teacher, look from different learning support materials otherwise it doesn't cover a lot."*

Supplementary materials: Teacher 1 hinted that he used the 'Soul City' (television programme) materials and other materials from the library to augment the information found in the prescribed textbook. Although these materials do not cater for all the sections of life skills in their totality, they complement each other to provide relative coverage of the required content.

4.3.9 Benefits of life skills

Change of behaviour: Yankah & Aggleton (2008:469) assert that the ultimate aim of life skills programmes is reduction of risky sexual behaviours. In soliciting

responses as to whether life skills training in the school resulted in change of learner behaviour, the two teachers agreed that it does.

When responding to a question whether life skills training resulted in behaviour change, **Teacher 1** said: *"Yes from my own assessment yes it is. It changes the behaviour of learners because when looking or observing my learners, I can see that they have changed and they live a very positive life style."* **Teacher 2** concurred by stating: *"I can see a lot of change in their behaviour, because before the training they were able to make jokes about HIV and AIDS. Somebody could come into class and say: 'You are HIV positive' but now because they received a training and information they know that, that is not something to joke about."*

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4.3.10 Challenges experienced by teachers in life skills training

Teaching method in life skills: With regard to the challenges faced by teachers **Teacher 2** stated: "*There are a lot of challenges …. the challenge is that the method we were using in the old system does not fit nicely with this OBE, especially in Life Orientation. In the olden days we were used to go to class and teach, but now they said we must give learners more time to discuss. And that becomes a problem.*"

Cultural taboos which hinder effective mediation of the subject matter in class: Teacher 2 stated that it was challenging to talk about certain body parts (those related to sex) during life skills lessons because in their culture this is not the norm. She mentioned that learners were at first surprised when they heard her using such terminology. This resulted in her looking for other ways of introducing the subject matter, such as the use of charts. Both teachers mentioned that cultural taboos prompted the educators to call parents' meeting to address these issues. Teachers knew that if these issues were not addressed parents would be surprised to hear from learners what the teachers do in class. This supports Givaudan *et al* (2007:1142) in that culture and conservative standards of communication on sexuality impede learning with regard to HIV prevention.

Time allocated for the Life Orientation learning area: According to **Teacher 2,** the school uses an 8-day cycle school timetable. There are 5 periods per day, and

each period lasts for one hour. There are in total 40 periods in a cycle, of which only three are allocated for the Life Orientation learning area. This is a point of concern for the teachers. They think this allocated time is insufficient.

The time allocated for workshops: Both teachers stated that they attended 3-day workshops, twice in a year. The workshops are held from 1.00 p.m. to 3.00 p.m. They regarded this as insufficient time to deal with all the requirements of Life Orientation. **Teacher 2** suggested that time for workshops be increased by saying: "*You cannot go to training from 1 o'clock to 3 o'clock. At least one day will give more time.*"

Insufficiency of Learning and Teaching Support Materials (LTSM): Teacher 2 raised the issue of lack of materials as one challenge. According to her this resulted in the teacher having to manually prepare the materials, and to write notes for learners on the chalkboard. The teacher thought it took much of their time in preparing the materials for all learners, or all groups in the class. This was evident during the class that the researcher observed. This class was facilitated by **Teacher 1.** Materials were hand-written for all groups in the class. It also seemed that the teacher requested learners to duplicate the materials by hand so that they would be sufficient for all learners. **Teacher 1** stated that although they had a computer at school, they did not have much access to it.

4.4   PRESENTATION AND ANALYSIS OF DATA FROM THE CLASS OBSERVATION

4.4.1 Organisation of the class

The class had 32 learners who were organised into four groups of 8 learners each. This class was being taught by **Teacher 1**. This arrangement of the class affected the tape-recording of all the proceedings in class. While the researcher chose the front of the class to enhance clear recording of what the teacher said, some groups were far from the tape recorder.

4.4.2 Teaching strategy and learner participation

The teacher applied group discussion, coupled with questions and answers, as the main teaching strategies. After every group activity one learner from each group would give the group response to the whole class. The researcher noticed that learners actively participated in their groups during the class, although he acknowledges that his presence might have affected the learners' participation, either positively or negatively because some learners become reserved in the presence of a 'foreigner' while others want to show how much they know the subject.

4.4.3 Learning activities

In the introduction of the lesson the teacher asked learners a question: "How do you respond appropriately in challenging situations?" The teacher did not specify as to what the challenging situations would be. Learners discussed in their groups before responding to the teacher's question. They said:

"I am going to talk to the people that I trust about the situation"

"I am going to face the challenge"

"I am going to ask for help or advice from my teachers"

"I am going to stay as positive as I can"

"I am going to be strong and …."

The teacher commended the learners for their responses.

The difference between HIV and AIDS: The teacher asked: "What is HIV?" Before learners could answer the question the teacher told the learners: "HIV is Human Immunodeficiency Virus. HIV is just an abbreviation." He went further to explain: "HIV is a virus that can cause AIDS to develop….HIV is not AIDS, it is a virus and it lives in blood and in sperms. Still on this HIV, when the immune system is rather inefficient then you develop AIDS, which means your cells are weak. So AIDS develops. AIDS develops from HIV. When your immune system is deficient then you develop AIDS." He continued: "What is this?" (He wanted learners to provide the meaning of the acronym AIDS. One learner answered: *"Acquired Immune Deficiency Syndrome*", while another one said: "*AIDS is when your immune*

system is weakened by the disease." After this the teacher explained: "AIDS is a position where the body cells are weak and [the body] develops a host of illnesses and it can be attacked by life threatening diseases like TB."

Factors that cause the spread of AIDS: When the teacher asked about the factors that cause the virus to spread, four of the learners gave the following responses: *"Sexual intercourse without a condom", "Touching others' blood without wearing gloves", "Sharing needles for drug use", and "Sharing needles for tattooing."* The teacher added migration, transportation, and multiple sexual partners.

Activities that allow HIV transmission: The teacher wanted learners to differentiate between what he termed 'Factors that cause the spread of AIDS' and 'Activities that allow HIV transmission.' For the latter learners mentioned sharing the same toothbrush and oral sex. The teacher then continued to explain: "Activities that allow HIV transmission are: having unprotected sexual contact or unsafe sex, breastfeeding, sharing injection needles, and mother-to-child transmission."

Taking care of oneself and for people infected and affected HIV and AIDS: The teacher placed the charts on the chalkboard with phrases: They deserve love, be careful of your character, it's in your hands, and be careful of your action. Learners were expected to match these phrases with appropriate statements given to them. In their group activities learners were able to match the statements correctly.
The last activity that the teacher gave was a self-assessment activity, which was entitled "What is your risk?"

4.5   CONCLUSION

In this chapter the researcher analysed and presented the data collected from the qualitative focus group interviews. The data analysis method applied in this study for the focus group interviews included Tesch's descriptive method of open coding, as discussed by Creswell (2003: 191– 195). Among the themes identified by applying this method were the learners' knowledge about HIV and AIDS, inadequate sources of information about HIV and AIDS, learners' interpretation of life skills, learners'

attitudes towards life skills teachers and other professionals, and challenges faced by learners in life skills

The themes were further subdivided into sub-themes, e.g. learners' interpretation of life skills had meaning of life skills, importance of undergoing life skills training, life skills needed to prevent HIV infection, and how life skills impact on behaviour as its sub-themes. This chapter also explored the analysis of qualitative semi-structured interviews with teachers, and qualitative class observation.

The data collected was presented and analysed in a descriptive form, and through the narrative passage and verbatim quotes from the participants. The analysis and presentation of the data is consistent with the themes in the schedules for the focus group interviews, and the semi-structured interviews. Furthermore, data from the class observation was presented and analysed according to the class observation sheet.

In the next chapter the researcher will firstly interpret and discuss the results of the study with regard to the research questions. This will be followed by the interpretation and discussion of the results with regard to other themes that emanated from the study.

CHAPTER 5: INTERPRETATION AND DISCUSSION OF RESULTS

5.1   INTRODUCTION

In this chapter the researcher will interpret and discuss the results as analysed and presented in the previous chapter. Interpretation involves making meaning of the data, and asking questions with regard to what was learned. The researcher also makes comparisons between the findings of the study and information from the literature review, including the theoretical perspectives, as mentioned by (Creswell 2003:194 – 195).

The first part of this chapter deals with the interpretation and discussion of the results in response to the research questions, while the latter part deals with other themes that emanated from the analysis of data in the previous chapter. The interpretation and discussion of the results include the participants' understanding of HIV and AIDS, its modes of transmission, and the importance of learning about HIV and AIDS in life skills training. The research suggests that learners are fairly knowledgeable about HIV and AIDS and related issues, as mentioned above.

Furthermore, the understanding of the concept of life skills by learners and educators is discussed. The study indicates that participants understood the concept of life skills differently. It appears from the findings that all the participants in the three focus groups have limited knowledge of life skills required for the prevention of HIV transmission. Teachers' understanding of life skills was also limited to communication, problem-solving, health promotion, and living a positive life style. There was no evidence of knowledge of differentiation of the skills into social, cognitive and affective life skills.

With regard to sources of information about HIV and AIDS, learners and teachers mentioned some limitations of the prescribed textbook, while acknowledging the helpfulness of other sources. Participants felt that there were challenges with regard to the involvement of parents. They felt that health care professionals are needed as sources of information about HIV and AIDS.

This study has demonstrated that in general learners and teachers involved in life skills have a positive attitude towards life skills training, while other teachers show mixed attitudes. With regard to behaviour change learners and teachers believe that life skills training results in behaviour change. Finally, there is a discussion regarding challenges mentioned by learners and teachers.

5.2   INTERPRETATION AND DISCUSSION OF RESULTS, FOCUSSING ON RESEARCH QUESTIONS

In this section the researcher aims to provide a detailed interpretation of the main findings, based on the evaluation of the benefits of life skills training for secondary school learners in the Moretele District. The research questions, as stated in Section 1.2.1 of this study, are the focal points of this discussion.

5.2.1   *Research question: How does the knowledge and attitudes of learners with regard to HIV and AIDS enhance or hinder the benefits of life skills?*

5.2.1.1 Learners' levels of knowledge about HIV and AIDS

Facts about HIV and AIDS: The responses from most of the learners indicate that they have knowledge regarding what HIV is, or what it does in the human body. However, these responses are not always accurate. Furthermore, the majority of the learners know that if someone has AIDS then their immune system is weak. This corroborates with what Buthelezi *et al* (2007: 448) mentioned, that children are able to understand diseases, their complex underlying causes, and their progression in the body, depending on their cognitive development. This understanding mitigates against irrational fear of diseases. This was evident in this study because the learners did not seem to be irrationally fearful of HIV and AIDS.

The difference between HIV and AIDS: Most of the participants in the three focus groups understood the fundamental differences between HIV and AIDS. They understood that HIV is a virus that causes AIDS and that when a person has AIDS, their immune system is weak. The fact that learners understood the difference between HIV and AIDS was supported by the observation made by the researcher

during the class observation. The teacher explained the differences between the two concepts, although it seemed as if the teacher was not explaining these differences for the first time.

Modes of HIV transmission: Modes of HIV transmission, together with ways of prevention of HIV transmission, seemed to be the most common discussion topics with regard to HIV and AIDS in the school. Consequently, most of the learners showed a fair amount of knowledge in this regard. Not only could they list instances that put people at risk of HIV infection, such as unprotected sex, sharing injecting needles, and handling blood without protective gloves, but also, learners could tell that drinking alcohol could lead to engagement in unprotected sex. This corroborates the findings of the study by Strydom & Strydom (2006: 501), which found that the majority of learners had a fair idea of ways in which HIV could be transmitted.

How to prevent HIV transmission: This research confirms the assertion of Windsor & Parrillo (2001: 209) that most frequently taught topics in schools involved basic facts and statistics about HIV, e.g. numbers of people infected by HIV and HIV-related deaths, HIV transmission risk behaviours, abstinence and social norms related to HIV-risk behaviours. From the focus group interviews and the class observation, it was also clear that almost all the learners were acquainted with the message of abstinence, being faithful to one partner, and 'condomising' (A B C) as ways of prevention of HIV transmission through sex. Furthermore, taking precautions in handling blood was frequently mentioned. However, learners did not seem to be acquainted with sterilisation of injecting needles and screening of blood used in blood transfusions as other ways of prevention of HIV transmission.

The need for learning about HIV and AIDS: In order to determine whether life skills would benefit learners, it was necessary to first establish what learners thought about the necessity of learning about HIV and AIDS. In this study, all learners in the three focus groups agreed that it was necessary to learn about HIV and AIDS. They thought that ignorance about the epidemic was one of the reasons why HIV has infected many people in South Africa. Moreover, some of the learners wanted to learn about HIV and AIDS in order to help their communities. This indicated that

they acknowledge the impact of AIDS in their communities, and recognised the importance of knowledge in this respect.

The fact that almost all the learners knew the basic facts about HIV and AIDS as well as the modes of HIV transmission and prevention, was the reason why they were not overly fearful of HIV and AIDS. This made them also realise the need to learn about the epidemic. From the researcher's point of view, these sections enhanced the benefits of life skills training for learners.

5.2.1.2 How learners' attitudes impact on life skills training

From the learners' responses it was clear that they have a receptive attitude towards life skills training. Having realised the importance of life skills training, learners participated actively in life skills lessons. Learners' participation during the lesson observed by the researcher, attested to what the two teachers said about their positive attitudes. Most of the learners showed interest and enthusiasm during the lesson, as individuals and in their groups. They spoke freely to one another, and discussed the tasks given by the teacher. They were also free to give reports of their group discussions when requested to do so. From the researcher's viewpoint, these discussions enhanced communication skills amongst them. Furthermore, the learners were also free to talk to their teacher, responding to the teacher's questions and asking question where necessary. This positive attitude of learners appears to enhance the benefits of life skills training because it makes the teachers' work easier, and subsequently encourages them (teachers) to work harder.

5.2.2 *Research Question: How does the learners' and teachers' understanding of life skills affect life skills training?*

5.2.2.1 Learners' and teachers' interpretation of life skills

Meaning of life skills: With regard to what life skills are, learners' responses were numerous and different. Most of the responses were not incorrect per se. However, these responses indicated that learners did not have a clear understanding of what life skills are. Learners mentioned that life skills involved being taught how to be

safe, how to live, how to take care of themselves, or a study where people are taught about real life issues concerning them. Furthermore, they thought life skills are talents, for which one has an experience.

In the case of the two teachers who participated in the study, it was revealed that they understood life skills as health promotion, social development, and physical development. They also understood life skills as the learners' ability to make healthy choices and to avoid situations that may expose them to dangers, which include HIV infection. One of the teachers described life skills as positive attitudes, values and norms about HIV and AIDS. While these responses were correct, they somehow lacked the detail and depth that would be expected from teachers.

What the teachers and learners said about the term life skills seems to agree with Yankah & Aggleton (2008:466), that the term 'life skills' remains imprecise and unclear to most people. This study revealed that there is a need for a much clearer and common understanding of the concept among learners and teachers, if life skills training is to benefit the learners.

Life skills needed for prevention of HIV transmission: Given the difficulty in explaining what life skills are, one would have thought that learners would rather provide examples. The examples given were not satisfactory in terms of sufficiency and appropriateness to the prevention of HIV infection, or mitigation of the impact of AIDS among learners. This confirmed that learners had a limited understanding of what life skills were. Examples of life skills needed for prevention of HIV infection that learners could mention were communication, listening, reading, writing and problem solving only. Another example provided was, according to one learner, 'the skill of knowing', by which she meant that when they are given information about HIV and AIDS, they begin to know about the disease.

From the responses of the learners in the three focus groups, it was clear that the differentiation of skills into social, cognitive and emotional skills as stated by Jennings (2006:6), is limited. Social skills such as negotiation and assertiveness, interpersonal skills and co-operation skills were not mentioned. Only communication was frequently mentioned. With regard to cognitive skills only problem solving was

stated. Other skills such as determining alternative solutions to problems were not mentioned. Furthermore, emotional skills such as managing stress, managing feelings, self-management, and self-monitoring were not mentioned.

On the other hand, from the responses of the two teachers who participated in the study, as to which life skills were necessary for prevention of HIV infection, it seemed as if they also had limited knowledge. Few core skills were mentioned and very little differentiation of the skills was evident. The two teachers mentioned communication and problem-solving. Communication was said to be important in obtaining information about HIV and AIDS, and knowing how to treat it. According to the two teachers communication was also necessary in sharing information among learners, and between a learner and his/her parents. It seemed as if skills, e.g. how to use condoms, are not dealt with in class, since **Teacher 1** asserted that he was teaching sexuality education and not sex education. According to him sex education involves practical skills such as condom use, while sexuality education does not. This confirms what Boler & Aggleton (2004:4) stated in that the nature and definition of life skills hinders teachers to know which skills have to be taught.

Furthermore, what the learners and teachers who participated in the study mentioned with regard to life skills needed for HIV prevention, is supported by Boler & Aggleton (2004:10) in that life skills training includes a wide range of skills. This causes difficulties with regard to clarity of the definition of life skills, and subsequently the pedagogy that informs training in these skills.

Importance of undergoing life skills training: Since there is no cure for HIV and AIDS, prevention of HIV and AIDS in school-going young people through life skills is important. Furthermore, life skills and sex education are the key strategies targeting young people to mitigate against sexually transmitted infections (Pengpid & Peltzer 2008:50; Visser 2005:204). Learners who participated in the three focus groups confirmed these findings in that almost all of them agreed about the importance of life skills training. These learners associated it with personal health and safety. They also believed that training in life skills is important because it deals with issues affecting them in their lives.

The two teachers who participated in the study thought that the effects of HIV and AIDS on learners, teachers and education, make life skills training important in schools. They mentioned that teaching learners who are sick because of AIDS, HIV-related stigma among learners, teachers' fear of HIV-testing, and teachers being unable to come to school due to AIDS-related illnesses were some of the challenges that affect the smooth school attendance and education in general. Consequently, they regarded the inclusion of HIV and AIDS education and life skills training in the school curriculum as important and beneficial for learners.

Impact of life skills on behaviour: While the perception among most of the learners was that life skills training resulted in behaviour change, some said it does not always result in change of behaviour. They stated that life skills helped in refusing coercion to engage in HIV-risk behaviour. Furthermore, they stated that because of life skills training, learners have begun to take HIV and AIDS seriously.

Furthermore, the two teachers agreed that life skills training resulted in learners changing their behaviour. However, it is difficult to conclude that indeed there is a change of behaviour based on what the learners and teachers have said. As Ostrow & Kalichman (2000: 71) state, the goals of HIV prevention interventions may target outcomes such as risk-related knowledge, sensitisation to personal risk, and motivation to change and acquisition of risk reduction skills. However, measuring the impact of an HIV prevention intervention for such outcomes, based on self-report, as in this study, may have questions with regard to the trustworthiness of the research.

5.2.3 Research question: *Are the Learning and Teaching Support Materials (LTSM) used in the school useful in life skills training?*

5.2.3.1 Inadequate sources of information about HIV and AIDS

Coverage of life skills content in the Life Orientation textbook: From the points of view of the two teachers who participated in the study, the prescribed textbook

used in the school, does not cover all activities that learners have to do. **Teacher 2** mentioned that the book did not sufficiently cover Health Promotion, although it was one of the important sections of Life Orientation. The two teachers mentioned that they had to search for more information from different learning support materials in order to augment what they obtained from the prescribed textbook.

In support of what the teachers said, learners agreed that they frequently had to search in the library for information which they could not find in the textbook. This may be the reason why there were mixed feelings among the participants about the content coverage of the textbook. While some of them said it was lacking in some important aspects of life skills training, others said it was average.

Given the structure of the new school curriculum, what the teachers and learners said is understandable. The Revised National Curriculum Statement sets the learning outcomes that have to be achieved at the end of learning in the General Education and Training (GET) band, i.e. Grades R – 9 (South Africa. Department of Education 2002:1). Learning content is not explicitly stated. It is the assessment standards (the benchmarks of the learning outcomes) that guide the teachers as to which learning content to engage learners in. Consequently, developers of learning and teaching support materials (LTSM), including textbooks, are at liberty to include the activities which they deem appropriate for the achievement of learning outcomes. It depends largely on the creativity of the teacher as to which additional activities they will engage learners in, for them to achieve the expected learning outcomes.

Other Learning and teaching support materials: Given the inadequacy of information in the prescribed textbook, it is understandable that learners repeatedly mentioned that they have to use other LTSM such as 'Soul City' and 'Lovelife' materials, and other books from the library. In addition to the materials mentioned by learners, teachers mentioned that they had to use charts and other books that the school supplies. These materials helped them with other relevant activities appropriate for the achievement of the required standards.

One of the challenges faced by the Department of Education across all provinces is lack of resources (Van Deventer 2009:127), especially in the formally disadvantaged black rural schools. It is therefore not surprising that educators are faced with this challenge. However, it seems as if teachers in this school do their best to help learners benefit from the lessons they conduct. This was evident in the class observation by the researcher. The teacher did his best to provide materials for the lessons, even if it meant requesting learners to duplicate the learning materials by hand. Based on the above information it seems the learning and teaching support materials, although inadequate, are fairly useful in life skills training.

5.2.4 Research Question: *What effect does teacher training in life skills, and teacher attitudes, have on life skills training?*

5.2.4.1 The effect of teacher training on life skills training

There are certain problems with regard to teacher training in life skills. Life skills are part of Life Orientation, which is a new subject in the Revised National Curriculum Statement. In this school both teachers were not trained in the subject content, or the outcomes-based teaching methodology in their pre-service training. The in-service training workshops conducted by the officials of the Department of Education are therefore important for their professional development.

In-service training workshops for Life Orientation teachers: The two teachers who participated in the study mentioned that the workshops organised by the Department of Education were helpful. **Teacher 1** said that they felt empowered to teach after attending these workshops. However, the fact that the teachers mentioned that the methodology of life skills training was not treated in the workshops, indicated that the training was not adequate. This confirmed the literature review that educators are inadequately trained to implement the new curriculum (Peltzer & Promtussananon 2003b:351; Van Deventer 2009:127).

Cultural taboos: Cultural taboos, which affect learners' freedom to talk about sex are a challenge. As mentioned by **Teacher 2** traditional teaching methods had to be changed in order to overcome these challenges. This shows the inadequacy of

traditional teaching methods with regard to life skills training. This corroborates the feelings of learners that there should be new ways of conducting HIV and AIDS programmes (Griessel-Roux *et al* 2005: 255). The researcher's view is that there is a need for the inclusion of life skills' teaching methodology in the teacher training workshops.

This information demonstrates that teacher training positively affects life skills, because of its benefits to teachers. However, it appears to be inadequate with regard to the teaching methodology and differentiation of life skills, in order to be of more benefit to learners.

5.2.4.2 The effect of teacher attitudes on life skills training

Mathews *et al* (2006:388) mentioned that teachers' adoption and implementation of HIV and AIDS programmes are strongly influenced by, among other factors, their attitudes and subjective social norms. The enthusiasm and dedication shown by the two teachers who are directly involved in Life Orientation in this school, showed a positive attitude to their work as life skills teachers, and in their relations with learners. **Teacher 2** stated that it is important for learners to learn about HIV and AIDS because it mostly affects teenagers, and most of them are in schools. She confirmed the fact that most young people can be reached through schools, for them to receive HIV and AIDS education (Kirby 2000:85; South Africa. Department of Education 2003:26). This also confirms what Kelly (2000:24) stated in that the school system is a social structure that has limitless potential in the fight against HIV and AIDS.

The researcher agrees with the majority of the learners that **Teacher 1** is a dedicated life skills educator. He showed commendable zeal for his work. The researcher also noticed during the class observation that the teacher's interaction with the learners was that of mutual respect. The school principal also attesting to his diligence, showed that the learners were correct to rate him highly as a Life Orientation teacher.

It appears however, that other educators not offering life skills showed mixed reactions to the Life Orientation learning area. According to **Teacher 2** their attitudes may be attributable to the fact that they had not been exposed to the importance of life skills and knowledge about HIV and AIDS. The recommendation by one of the teachers that all educators be trained in HIV and AIDS, regardless of the subjects they teach, might prove to be helpful in changing teachers' attitudes.

5.3 INTERPRETATION AND DISCUSSION OF RESULTS, BASED ON OTHER EMPIRICAL RESEARCH THEMES

While this research aimed at answering the specific research questions, the empirical study revealed other aspects of life skills training worthy of inclusion in this report. These include challenges faced by learners and teachers in life skills, and the view of learners and teachers about the benefits of life skills training.

5.3.1 Challenges faced by learners in life skills training

Learners mentioned various challenges when dealing with issues of life skills. These challenges include, among others:

Insensitivity of teachers: While learners who participated in the study commended their life skills teachers, they were not satisfied with the attitudes of some of the teachers. They mentioned that some teachers are harsh to learners who are living with HIV. Although it appears as if these teachers are not very influential, their attitudes pose a challenge for the learners. This confirms the observations made by Visser (2005:210) that teachers did not have a relationship of trust and openness with learners, and that teachers should first change their attitudes before learners could confide in them.

Learners' fear of stigmatisation: According to the learners who participated in the focus group interviews, fear of stigmatisation resulted in learners being unable to disclose their HIV status. This fear affects learners' participation in class because they thought that their responses might be construed as indirect references to learners who are infected and affected by HIV and AIDS. While Kleintjes *et al*

(2004:74) mentioned that disclosure of HIV status in an informed environment enhanced the quality of home-based/palliative care, it seemed in the case of this school some learners and teachers still needed to be educated with regard to caring for people living with HIV.

Learners' negative attitudes: Learners' negative attitudes during life skills classes manifest when there are discussions about sex-related issues. Learners tend to laugh when issues of sex are discussed in class, and this disrupts the class. However, according to **Teacher 2,** this behaviour is changing as learners become more knowledgeable about issues of sex and HIV and AIDS.

Lack of proper communication between learners and their parents: In this study learners cited lack of communication with their parents about HIV and AIDS as one of the challenges. Contrary to this situation, Pick *et al* (2007:409) argue that as children grow older they are more willing to discuss increasingly difficult subjects such as those dealing with sexuality. They state that parent-child communication is important in encouraging adolescents to adopt responsible sexual behaviour. This is in contrast to the assertion of learners in this study, that parents think that they are still too young to discuss issues of sex and sexuality. It seems as if parents still need to be educated regarding the importance of parent-child relationship with regard to HIV and AIDS education and life skills.

Involvement of parents in life skills training: One of the beliefs to which Outcomes-Based Education (OBE) is committed, is that the community, learners, educators and parents share the responsibility for learning. These stakeholders have to form partnerships with each stakeholder being an important resource for every learner's success (Geyser 2000: 31). Parents are expected to do their part in guiding their children in values that would lead to safe behaviour, and in turn prevent HIV and AIDS. However, learners who participated in the study thought that some parents do not have enough information to help them with regard to HIV and AIDS and life skills. They thought that some parents still needed education with regard to HIV and AIDS. The researcher is of the view that while the role of parents in life skills training would be appreciated, it should be expected that some parents may not be in the position to provide accurate information to their children in this regard.

5.3.2 Challenges faced by teachers in life skills training

Teaching methods in life skills: Outcomes-based education aims to develop learners to their maximum ability by encouraging learner-centred and activity-based approach to education (South Africa. Department of Education 2002:1). Life skills teachers are therefore expected to adopt methods of teaching which will actively involve learners in the teaching-learning situation. **Teacher 2** seemed to be in favour of applying the activity-based approach, while having an opportunity to give learners information in a traditional way of teaching. Apparently, the two teachers still need training in other methods, which will give them a wide choice to approach various sections of life skills.

Time allocated for the Life Orientation learning area: The two teachers who participated in the research were concerned about the time allocated for Life Orientation. According to them only three periods were allocated for Life Orientation, out of a total of forty periods in a teaching-learning cycle. This affected the time allocation for life skills training as part of Life Orientation. However, there was not much that they could do because the percentage of time allocation for each learning area was determined by the Department of Education. The teachers' concern is supported by the findings of a study about learners' needs in HIV programmes. In this study Griessel-Roux *et al* (2005:255) reported that learners mentioned the need for more time to be allocated to HIV and AIDS programmes.

The time allocated for workshops: Both teachers complained about the insufficiency of time allocated for the training workshops. In the 3-day workshops held twice a year, only two hours per day were allocated for the training workshops. They mentioned that there was too much work to be done in the two hours allocated for workshops. From the researcher's point of view the teachers' complaints seem to be legitimate because as Van Deventer (2009:128) mentioned, Life Orientation consists of sections of the subjects, which were in the previous curriculum, such as Guidance, Religious Education, and Physical Education. Due to shortage of teachers it is taught by educators who previously taught the aforementioned subjects. These educators are not specialists in Life Orientation as a subject. It is

therefore understandable that more time has to be allocated for the training workshops so that over and above the learning content, the teaching methodology could also be dealt with. While acknowledging that the usefulness of the teacher training workshops enhanced the benefits of life skills as a preventive strategy for HIV and AIDS, the allocation of more time for these workshops would further enhance these benefits.

Communication between teachers and learners: With regard to teacher-learner communication it seems as if the problem is with both learners and teachers. Learners have this problem because of the way they have been raised, while teachers have not been adequately trained to deal with such situations. Peltzer and Promtussananon (2003b:351) support these findings by stating that while teachers lack adequate knowledge about HIV and AIDS, even among teachers with sufficient knowledge, many feel uncomfortable discussing issues of safer sex with learners.

Cultural taboos hinder effective mediation of the subject matter in class. When exploring social and cultural patterns related to sexual and reproductive behaviour, Modena and Mendoza, as cited by Givaudan *et al* (2007:1142), found that many people conform to cultural norms regarding communication about sex. This limits communication from parents to children and from teachers to learners. Not surprisingly **Teacher 2** stated that it was challenging to talk about certain body parts (those related to sex) during life skills lessons, because in their culture learners are not familiar with this. She also mentioned that learners were at first surprised to hear her use the terminology of those body parts. This resulted in her looking for other ways of introducing the subject matter, such as the use of charts, which worked more effectively. Teachers said these cultural taboos prompted the educators to call parents to address these issues.

Insufficiency of Learning and Teaching Support Materials (LTSM): The insufficiency of LTSM is not a problem unique to the school at which this study was conducted. It exists in most of the rural and township schools. Having observed the life skills class in this school the researcher observed that the worksheets that the class used were hand-written. This was not surprising because the two teachers had earlier mentioned the inaccessibility and unavailability of the computer and

photocopying machines, respectively. In spite of this challenge the class was conducted smoothly. It was evident that the insufficiency of the LTSM was offset by the teacher's positive attitude to his work, as well as his preparedness to improvise. The insufficiency of the LTSM did not seem to negatively affect the life skills class. The researcher's viewpoint is that the insufficiency of the LTSM does not significantly negatively affect the benefits of life skills for learners in this school.

5.3.3   Benefits of life skills training

Behaviour Change: As Visser (2005:205) states, life skills training can impact on risk behaviour related to HIV and AIDS. In this study both teachers were convinced that life skills resulted in behaviour change. These teachers said learners show a positive life style because of being exposed to life skills. Furthermore, these learners no longer laugh when issues of sex are discussed. This, according to teachers, shows the positive impact that life skills training has on learners, thus being beneficial as a preventive strategy for HIV and AIDS.

Learners were divided in their opinions with regard to the impact of life skills training on behaviour. By self-report, most of them believed that life skills resulted in behaviour change, while few said it is not always so. However, the empirical investigation revealed that while learners were found to have knowledge about HIV transmission and prevention, they do not have adequate skills needed for prevention of HIV transmission. These skills, and not only knowledge, are necessary for change of behaviour. Griessel-Roux *et al* (2005:255) stated that learners say they have been given more than enough technical information about HIV and AIDS. What they needed was how to cope with HIV and AIDS. They wanted fewer facts and more personal experiences and real life encounters. Notwithstanding the lack of these skills, the researcher's point of view is that to a large extent the learners have benefitted from life skills training as a preventive strategy for HIV and AIDS.

Knowledge of some aspects of HIV and AIDS: Besides change of behaviour, from what the learners and teachers mentioned, the researcher noticed various aspects of life skills training in which learners benefitted. Firstly, it was evident that learners benefited significantly with regard to the knowledge of the concepts of HIV

and AIDS, as well as the basic differences between the two concepts. Secondly, learners had a relatively good knowledge about the transmission modes of HIV, as well as the ways of prevention of HIV transmission. Thirdly, learners developed study skills while searching for information from the Lovelife centre.

Furthermore, it was evident that learners realised the need for disclosure of HIV status, because they knew the disadvantages of non-disclosure of a learner's HIV status in a class situation. Learners also benefited in learning to be sensitive and sympathetic towards the feelings of other learners when dealing with issues of HIV and AIDS in class.

5.4   SUMMARY

This chapter examined the researcher's interpretation and discussion of the findings. The interpretation was conducted in accordance with these research questions:

- How does the knowledge and attitudes of learners with regard to HIV and AIDS enhance or hinder the benefits of life skills?
- How does the learners' and teachers' understanding of life skills affect life skills training?
- Are the learning and teaching support materials (LTSM) used in the school useful in life skills training?
- What effect does teacher training in life skills, and teacher attitudes, have on life skills training?

With regard to learners' knowledge this study confirmed the findings of most studies that young people have a fair knowledge about issues related to HIV and AIDS. Their attitudes towards life skills training were also found to be positive. By self-reporting, teachers and learners claimed that life skills resulted in change of behaviour. However, due to the cross-sectional nature of this study the researcher could not verify these claims.

This study revealed that some participants had reservations about the content coverage of the textbook with regard to life skills. However, teachers and learners benefited from the use of other learning and teaching support materials. This study also confirmed the research findings that teachers still needed training in the content of life skills and participatory teaching methods necessary for life skills training.

The last part of this chapter focussed on the interpretation and discussion of challenges encountered by learners and teachers in life skills training. Challenges encountered by learners included insensitivity of some teachers, learners' fear of stigmatisation, lack of proper communication between learners and their parents, as well as the involvement of parents in life skills training. Teachers on the other hand, experienced the challenges involving teaching methods in life skills, time allocated for Life Orientation and training workshops, teacher-learner communication, cultural taboos, and the insufficiency of the LTSM.

In the last chapter the researcher summarises the findings, draws conclusions and makes recommendations based on the findings of the study. The researcher also makes recommendations for future research.

CHAPTER 6: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

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One of the reasons that informed the undertaking of this study was that, as James *et al* (2006: 282) have argued, the success of life skills programmes has been unclear. The basis of this argument is that thus far no studies have been reported in scientific literature that evaluates the success of these programmes in South Africa. Therefore, the focus of this study was to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners.

In this chapter the researcher intends to provide the summary, conclusions and recommendations with regard to each topic of the evaluation of the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. The aims and objectives of this study will be stated and used as a measure of determining if the goals of the research have been achieved. The researcher will also discuss why each objective was chosen, and how it has assisted in guiding the research.

The researcher will make comparisons with the literature review to indicate areas where the research findings either confirm or differ from previous research studies. Furthermore, a theoretical review will be undertaken in order to ascertain whether the Health Belief Model and the Social Cognitive Theory have been helpful in guiding the research.

In Section 6.4 the researcher summarises the information, and then provides the appropriate conclusion with regard to each research question. The researcher also includes the learners' and teachers' recommendations regarding how to improve life skills training. These are followed by the recommendations based on the research findings. In closing, the researcher included suggestions on further research topics for future studies in the field of implementation of life skills in secondary schools, as well as the limitations of the study. These are followed by the summary of the study.

6.2   COMMENTS ON THE AIMS AND OBJECTIVES OF THE RESEARCH

The empirical investigation was guided by the following objectives:

(1) To determine the levels of learners' knowledge about HIV and AIDS and levels of teacher training in life skills: The researcher deemed it fit to determine learners' knowledge about HIV and AIDS, because for them to develop the skills necessary for prevention they need to have the background knowledge of the HIV and AIDS epidemic. Teacher training in life skills does not only provide teachers with knowledge about life skills, but also provides them with the pedagogy of life skills training. These will in turn have an impact on learners' levels of knowledge. The researcher therefore concludes that this objective was not only necessary in guiding the research, but it was also successful in doing so.

(2) To assess how teachers' and learners' attitudes affect life skills training: For the researcher it was important to assess how teachers' attitudes affect life skills training, because as Kruger (1998: 67) states their attitudes may influence and direct their behaviour, govern their expectations, and determine the way they interact with learners and other colleagues. It was also necessary to assess learners' attitudes towards their teachers, other learners, and towards life skills training. The researcher is of the opinion that these attitudes have a bearing on the success of their life skills classes. To this end, most learners demonstrated a positive attitude towards teachers and life skills training. The researcher's conclusion is that this objective was necessary in guiding towards the achievement of the research purpose.

(3) To assess the appropriateness and usefulness of the LTSM used in life skills training at the school: Learning and teaching support materials are an essential part of the learning and teaching process. Textbooks are sources of the subject matter and learning activities, while other resources such as the photocopiers, computers and televisions, are learning and teaching aids. It is important that these materials be of the appropriate quality and level if learners and teachers are to benefit maximally in using them. Fisher & Fisher (2000:24) contend that the content of the informational component of a prevention intervention must be

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believable, understandable, culturally competent, and be targeted to reach the group at focus. The researcher has come to the conclusion that the purpose of the research would not have been adequately met without the inclusion of this objective.

(4) To explore the perceptions of teachers and learners regarding the usefulness of life skills training in prevention of HIV infection, and reduction of the impacts of AIDS: One of the fundamental assumptions of the Health Belief Model is that health behaviour options are evaluated in terms of their perceived benefits and costs (Fisher & Fisher 2000:4). This means people will engage themselves in a prevention intervention if they believe that the options available will be effective and beneficial in reducing the threat of the disease, and that the cost thereof will be less than the benefits. These were some of the issues the researcher intended to explore. To this effect the researcher drew the conclusion that this objective was also helpful in guiding the research.

(5) To investigate the challenges encountered by learners and teachers in life skills training in secondary schools: According to Fisher & Fisher (2000:1), although there are many HIV prevention interventions implemented in different settings, there is still a gap that exists between what is known about effective HIV prevention interventions and HIV prevention practice as implemented. The reason is that there are challenges that hinder actual practice to reach the appropriate levels of effectiveness. Unless these challenges are identified and corrected, the gap will persist. It was therefore important for the researcher to identify the challenges encountered by teachers and learners as the major role players in life skills training at school. The researcher asserts that if the challenges identified by teachers and learners are corrected, life skills training will benefit learners. The researcher therefore concludes that this objective was helpful in guiding towards the achievement of the research purpose.

(6) To make recommendations for improvements with regard to the challenges encountered by learners and teachers in life skills training in the secondary school: This research includes recommendations made by learners and teachers based on their experiences. The research also includes recommendations made by the researcher based on the research findings. Since recommendations are meant

for improving the current situation, the researcher believes that these recommendations have to be brought to the attention of all affected parties, so as to effect necessary changes. The researcher therefore concludes that this research would not have been complete without recommendations, and therefore acknowledges their value in the achievement of the research purpose.

6.3 THEORETICAL REVIEW OF THE EVALUATION OF THE BENEFITS OF LIFE SKILLS TRAINING AS A PREVENTIVE STRATEGY FOR HIV AND AIDS FOR SECONDARY SCHOOL LEARNERS

Since the detailed discussion of the theoretical underpinnings of the study is done in Chapter 2, this **brief theoretical review** aims to explain how the Health Belief Model and the Social Cognitive Theory guided the research.

6.3.1 Review of the Health Belief Model (HBM)

The Health Belief Model (HBM) was designed, inter alia, to understand why people failed to participate in programmes that are designed to prevent or detect diseases. It is a model of conscious decision-making that is applied to various health threats, in both healthy and ill populations (Fisher & Fisher 2000:5). The reason why the researcher chose this model is because it is applicable to healthy populations such as the majority of the learners in secondary schools. Learners' and teachers' attitudes have a bearing on the success of life skills training in the prevention of HIV and AIDS. Therefore, this model is relevant to this study because it guided the research in assessing learners' and teachers' attitudes towards life skills training as a preventive strategy for HIV and AIDS.

The core assumptions of this model pertaining to **Individual Actions,** i.e. perceived susceptibility (a person's subjective perception of the risk of contracting the health threat) and perceived severity (the physical e.g. death or pain, and social consequences like effects on family life, of contracting the condition or leaving it untreated) (Fisher & Fisher 2000:5), were relevant to this study. The researcher used these assumptions in exploring what learners thought about the risk of contracting HIV, and their perceptions about the physical and social consequences

of contracting HIV. To this effect learners' perceptions were that they were at risk if they did not abstain, use condoms or handle blood with necessary precautions. Furthermore, they thought that contracting HIV has serious consequences because it led to many deaths.

With regard to the **likelihood of taking action** as a construct of the HBM (Banana 2007:13; Fisher & Fisher 2000:5), the research did not delve into perceived vulnerability because the study did not attempt to explore learners' perceived vulnerability to HIV infection. However, with regard to perceived benefits as opposed to the costs of preventive action, the study revealed that participants considered life skills training beneficial, without mentioning related costs.

The HBM also includes **modifying factors** namely demographic variables such as age, sex, race, ethnicity, etc; and socio-psychological variables such as personality, social class and reference group pressure as variables that can indirectly affect preventive behaviour (Fisher & Fisher 2000:5 – 6). These variables were not used in guiding this study. On the other hand structural variables, especially knowledge about the disease (Banana 2007:19), was used in guiding the research because it was one of the objectives of this study. Cue Stimuli, which include being exposed to mass media communication as variables that promote action, guided this study. In this regard learners mentioned television programmes such as 'Soul City' and 'Soul Buddyz' as sources of their knowledge.

Conclusion: While conceding that some of the core assumptions of the HBM were not appropriate to this study, the researcher acknowledges that most of them were applied in this study. The researcher therefore concludes that the HBM was appropriate for this study, and was also helpful in guiding this research.

6.3.2 Review of the Social Cognitive Theory (SCT)

The components of the Social Cognitive Theory are the informational component, a component to develop self-regulatory and risk reduction skills, a component to increase the level of self-regulatory and risk reduction skills, and the individuals' level of self-efficacy, as well as a component that develops and engages social

support (Fisher & Fisher 2000:24 – 26). Two of these four components, i.e. the informational component, and the component to develop self-regulatory and risk reduction skills, seemed useful in the research.

The informational component is a component which informs people that their current behaviour may pose danger, instructs them in how to be safer, and fosters a sense of self-efficacy regarding HIV prevention. For learners to benefit from life skills training as a preventive strategy for HIV and AIDS, they should have information about what HIV is, how it is transmitted, and ways in which transmission could be prevented. Learners have to know what life skills are and how life skills can help them prevent HIV infection. In this sense this component was useful in guiding the research.

Furthermore, pertaining to the component that develops **self-regulatory skills** (skills involving knowledge of one's risk triggers, knowing the importance of safe behaviour and practicing them) learners were able to mention alcohol drinking and multiple-sex partners as some of the risk triggers. In this study, the researcher also attempted to engage the component that develops risk reduction skills (skills that include use of condoms, negotiating the use thereof or exiting unsafe situations). However, learners' knowledge of life skills in general, and in particular those necessary for HIV prevention, seemed inadequate. Therefore, this component was not used optimally.

The component of the SCT that involves the individuals' level of self-efficacy, as well as a component that develops and engages social support were not applicable in this study.

Conclusion: The informational component of the SCT was useful in determining the learners' level of knowledge about HIV and AIDS. Furthermore, the component that develops self-regulatory skills was useful in finding out if learners know their HIV risk triggers. The component that develops risk-reduction skills was applied in finding which HIV prevention skills are practised by learners.

As Fisher & Fisher (2000:26) argues, the interrelations between the elements in the SCT have not been specified. Therefore the SCT cannot be considered to be an integrated multivariate model and cannot be tested as such. The researcher agrees with this argument because in this study not all the elements of this theory could be applied in an integrated way. The researcher therefore concludes that the SCT was partly useful in guiding the research.

6.4   SUMMARIES AND CONCLUSIONS

6.4.1   How learners' knowledge and attitudes enhance or hinder the benefits of life skills

Learners' knowledge about HIV and AIDS: In this study the majority of the participants demonstrated considerable knowledge with respect to what HIV and AIDS are, HIV transmission modes, and how to prevent HIV transmission. The researcher also observed during the class observation that most of the learners' responses with regard to these sections were correct, in most cases. However, in all the three focus groups, it was evident that knowledge about these issues was fragmented, and differed among the learners. Notwithstanding the argument that knowledge about HIV and AIDS is a poor predictor of safe-sex behaviour (Givaudan *et al* 2007:1157), the literature study supports the findings of this study in that, learners' knowledge about HIV transmission modes and ways of prevention of HIV infection is adequate (Banana 2007:20; Buthelezi *et al* 2007:453; Govender 2003: 88; Pengpid *et al* 2008:49; Strydom & Strydom 2006:501; Yankah & Aggleton 2008:471).

Conclusion: In the light of the aforementioned, it seems fair to conclude that most of the learners who participated in the study, had sufficiently acceptable levels of knowledge about HIV and AIDS. However, this knowledge might be inconsistent and limited to certain topics as also supported by Lohrman *et al* (2001: 209). Therefore, the researcher's conclusion is that the learners' knowledge about HIV transmission and prevention modes has significantly enhanced the benefits of life skills training as a preventive strategy for HIV and AIDS for learners in this school.

Learner attitudes towards life skills training: With regard to HIV and AIDS the literature review abounds with information that shows positive learner attitudes pertaining to the use of condoms, as well as positive attitudes towards people infected and affected by HIV and AIDS (Fisher & Fisher 2000:32; Govender 2003:97; Peltzer & Promtussananon 2003a:833; Visser 2005:213).

Pertaining to learners' attitudes towards life skills training it appears from this study that learners have developed a positive attitude. This is indicated by the comments of **Teacher 1** that learners have developed a positive life style since they started attending life skills training. **Teacher 2** also stated that learners no longer take HIV and AIDS issues as a joke. As also reported, the learners believed life skills training is necessary in schools. It shows that they have a positive attitude towards life skills training. The enthusiasm they demonstrated during the class observation, and their desire for more knowledge during the focus group interviews, attest to this positive attitude.

Conclusion: Taking cognisance of this, the researcher concludes that in this school almost all learners showed a positive attitude towards life skills training. This positive attitude makes the teacher's work much easier, and therefore results in life skills training being more beneficial for learners. As stated by Barnett & Whiteside (2002:41– 42; 331) attitudes are among the important elements of behavioural interventions for HIV and AIDS. Therefore, positive attitudes can only benefit learners in life skills training.

6.4.2 How learners' and teachers' understanding of life skills affect training in these skills

In this study, there was no participant who disagreed with the need for life skills training in schools. However, most of the **learners** who attempted to define or explain life skills showed limited understanding of the concept. Most of the participants across the three focus groups mentioned communication, listening, reading and writing as skills required for prevention of HIV infection. However, these are not the only skills required for the prevention of HIV transmission. Learners did

not know or mention other skills necessary for the prevention of HIV infection, such as assertiveness, effective use of condoms, and negotiating safe sex.

Rooth (1997:6) stated that learners' understanding and definition of life skills is essential for the development of life skills. In this study learners had limited knowledge of what life skills are, and which life skills are necessary for HIV prevention. Consequently, the development of these life skills was negatively affected. It is clear that learners could not apply in real life situations the skills they did not know, and were not trained in.

Teachers' understanding of life skills was also limited to communication, norms, values, attitudes and health promotion. While the researcher cannot deny the role of norms, values and attitudes in dealing with HIV and AIDS, these concepts are more general to education than specific to prevention of HIV and AIDS. It was only in some instances where the teacher mentioned problem solving as a method of teaching, rather than as a life skill for prevention of HIV and AIDS. The findings of this study are consistent with those of Yankah & Aggleton, (2008: 466), in that the term 'life skills' remains imprecise and unclear.

Conclusion: In this study the understanding of life skills by all learners and teachers was limited. This limited understanding of life skills in general, and those skills necessary to prevent HIV transmission in particular, hinders effective life skills training for the benefit of learners. Boler & Aggleton (2004:2) support these findings as they have argued that life skills have not been clearly defined, with the resultant confusion in understanding the concept. Since the definition of life skills informs the pedagogy behind life skills training (Boler & Aggleton 2004:10), there is a need for a clearer understanding of the concept of life skills among learners and teachers in order to enhance the benefits of life skills training in schools.

Since the knowledge, development and application of life skills is the focus of life skills training, the researcher concludes that the limited understanding of life skills by teachers and learners negatively affected life skills training in this school. However, considering that the basic skills of listening, communication and problem

solving have been dealt with in life skills training classes, it can be said that learners benefited from their training, although inadequately.

6.4.3 How the Learning and Teaching Support Materials (LTSM) affect life skills training

Learning and teaching support materials (LTSM) refer to all the materials that can be used to support teaching and learning. Implicitly, this involves the use of multiple resources. The researcher is of the opinion that the use of a particular textbook in the context of Outcomes-Based Education is not indispensable. That is, the school can use multiple textbooks for any subject as long as they provide learners with activities that can help them in the achievement of learning outcomes. This being the case schools cannot afford as many resources as desirable because of financial constraints. Therefore, it is necessary that the textbook that the school chooses to use should cover the learning outcomes, as benchmarked by the assessment standards.

Materials on HIV and AIDS and sexual health for adolescents, which address life skills as contained in the new school curriculum, are readily available in South Africa (South Africa. Department of Health 1999: iv). These materials include teachers' guides and learners' books. Not only are the materials available, but also according to a study conducted by Panday (2007:20) teachers appreciated their usefulness. They reported that the materials are user-friendly, varied and informative. However, the educators were concerned about the inadequacy of the teaching and learning support materials.

The empirical investigation in this study indicated that there are limitations with regard to the Life Orientation textbook adopted by the school. However, given that learners and teachers use different books, 'Lovelife' and 'Soul City' materials, the shortcomings of the textbook become insignificant. According to the study conducted by Peltzer & Promtussananon (2003a:831), exposure to 'Soul City' materials designed for life skills in schools was positively associated with learners' knowledge about their bodies, HIV issues, and HIV risk perception.

Conclusion: With regard to the Life Orientation textbook, about half of the learners who participated in the three focus groups said it was useful, while the other participants said it was lacking important sections. Only a few stated it was average. Almost all the learners agreed that the Lovelife materials, and other materials they receive from the library are useful for their life skills training. The researcher therefore concludes that the LTSM used in this school are to a large extent useful in life skills training. This is because while the materials may not cover all the required sections of the curriculum, and are not readily accessible for teachers and learners, these challenges do not seem to overly negatively affect training in life skills. Teachers use other supplementary materials to overcome these challenges. Moreover, the literature review demonstrates that teachers were satisfied with the usefulness of the LTSM used in Life Orientation, which includes life skills (Panday 2007:20).

6.4.4   The effects that teacher training and teacher attitudes have on life skills training

Teacher training in life skills: The literature review indicated different views regarding teacher training in life skills. According to Peltzer & Promtussananon (2003b:354) research shows that in South Africa, secondary school teachers are knowledgeable about HIV and AIDS and feel moderately comfortable in teaching about its related topics. According to the findings of Lohrman *et al* (2001:211) although additional training is still needed, teacher training has had a positive impact on instructional practices such as the initiation of skills-based instruction.

On the other hand, life skills as part of Life Orientation were introduced as part of education reform in South Africa. It is argued that the extent to which reforms will be implemented and sustained depends on the capacity (i.e. knowledge and skills) of teachers and school leaders to carry them out. In South Africa teachers were not provided with pre-service training needed for Outcomes Based Education and the new curriculum, which includes life skills (Gouwens 2009:110 & Van Deventer 2009:28). This presents a situation where teachers may have knowledge about issues related to HIV and AIDS, but lack skills that should be incorporated in life

skills training as preventive measures against HIV infection. Teachers are also lacking in the methodology of life skills training.

This study demonstrated that since Life Orientation is a new subject in the South African secondary school curriculum, life skills teachers in this school did not undergo any pre-service training in the subject. They depended on the in-service training workshops that are conducted by the Department of Education. While the teachers agree that the workshops are helpful in preparing them for the work they have to do in class, several challenges have to be overcome in order for the workshops to benefit the teachers maximally.

One of the challenges faced by the teachers is that the time allocated for the workshops is inadequate. Consequently, the available time is used to treat only part of the life skills curriculum. This study indicated that teachers in this school did not have adequate knowledge of the skills required for prevention of HIV transmission. This limitation will invariably affect learners' knowledge because learners depend largely on teachers for accurate information in their learning and training. Moreover, the teachers reported that the workshops do not cater for the life skills training methodology. This is a setback because teachers need to move away from fact-based information giving, to methodologies that engage learners in discussion and active participation. To accomplish this teachers have to be equipped to first develop their own skills (James *et al* 2006: 292).

Conclusion: The researcher noted that while teachers appreciated the helpfulness of the training they received from the Department of Education, the training might not be adequate to optimally benefit both teachers and learners. The researcher's conclusion is that the teachers' training was partly useful. This conclusion is based on the findings that both learners and teachers still needed more knowledge of other life skills required to deal with HIV and AIDS. The teachers' workshops have to incorporate life skills training methodology. As noted by Robson & Kanyanta (2007:260), despite the evidence of HIV related programmes in the curriculum and educator training in life skills, many educators still lacked the skills to implement effective life skills training programmes.

Teacher attitudes towards life skills training: Teacher attitudes are among the factors that strongly influence teachers' implementation of HIV education programmes (Mathews *et al* 2006:388). Furthermore, according to James *et al* (2006:293), equally important to the training of teachers is the selection of teachers. Teachers selected for training in life skills should be those who believe in the programme. This implies teachers who have a positive attitude to life skills training.

The findings of this research revealed that the two teachers who participated in this study demonstrated positive attitudes not only to life skills training, but also to the learners. They believed that life skills training was necessary for the prevention of HIV infection, that learners have to be trained therein, and that this training leads to behaviour change. Although some teachers not directly involved in life skills training are reportedly not showing a positive attitude, it seems as if their influence is minimal.

Conclusion: The researcher concludes that in this school teachers who are directly involved in life skills training have a positive attitude towards life skills training. The researcher's view is that the positive attitude of these educators influenced the learners to have a positive attitude towards life skills training. This confirms what Peltzer & Promtussananon (2003b: 353 – 355) found that generally teachers endorsed positive outcome beliefs on HIV and AIDS education, especially in imparting knowledge. These positive attitudes enhanced the benefits of life skills training as a preventive strategy for HIV and AIDS for learners in this school.

6.4.5 How challenges faced by learners hinder the benefits of life skills training

Insensitivity of teachers: While acknowledging that this is one of the challenges facing learners, it seems as if the insensitivity of teachers does not have a major impact on life skills training in this school. This is because those teachers who are insensitive are not directly involved in life skills training at this school, while the two teachers directly involved in life skills training showed a significant level of sensitivity for learners pertaining to HIV and AIDS issues.

Conclusion: Based on the this argument, it seems reasonable to conclude that although learners are worried about some teachers' insensitivity with regard to HIV and AIDS-related issues, this does not necessarily hinder them from benefiting from life skills training.

Learners' fear of stigmatisation: Fear of stigmatisation is one of the hindrances to active classroom participation by learners. Learners' fear is that when they talk about HIV and AIDS in the class it might be interpreted as indirect reference to those learners, or their relatives, who are living with HIV. This would be interpreted as stigmatising other learners.

Conclusion: As stated by Kleintjes *et al* (2004:74) fear of ostracisation causes withdrawal from necessary support groups. It appears that if it were not because of fear of stigmatising others or being stigmatised, there would be more learner participation in life skills training classes. For this reason it seems fair to conclude that fear of stigmatisation limits the benefits of life skills training for learners in this school.

Learners' negative attitudes: Of the 30 learners who participated in the focus group interviews, most appeared to be concerned about lack of openness and freedom in discussions about sex-related issues. The reason was that other learners would laugh and turn the discussion into a joke.

Conclusion: Given that life skills training requires participatory methods of teaching (Mutonyi *et al* 2007: 1364) the researcher concludes that these negative attitudes of learners prevent them from participating maximally in class, therefore hindering them to benefit sufficiently from life skills training.

Lack of proper communication between learners and their parents: Communication between learners and their parents is one of the important components of effective life skills training, because it has a significant correlation with reduction of high-risk sexual behaviours (Pick *et al* 2007:409). The majority of the learners in the focus groups agreed that there was lack of proper communication

between learners and their parents with regard to issues of life skills training, particularly sex-related issues.

Conclusion: It is the researcher's conclusion that this lack of communication between learners and their parents is a hindrance for learners to benefit maximally from life skills training.

6.4.6 How challenges faced by teachers hinder the benefits of life skills training

Teaching method in life skills: In this study both teachers received their pre-service training before the introduction of the new curriculum, and therefore they did not receive training in the OBE methodology. While they received in-service training in the general principles of OBE, they were not being trained in the teaching methodology of life skills in their workshops. This poses a challenge in that they lack the skills to effectively offer life skills training.

Conclusion: Teachers apply group discussions, case studies, as well as question and answer methods in life skills training. This was evident during the class observation. Learners seem to be satisfied with the performance of their teachers with regard to their teaching. However, in support of James *et al* (2006:292) the researcher concludes that the teachers still require training in other participatory and interactive methods of teaching, if learners have to benefit fully from life skills training.

Cultural taboos which hinder effective mediation of the subject matter in class: Learners said speaking openly about sex and related issues is regarded as a taboo in their culture. This hinders open communication in class, and places learners in a dilemma of having to choose between what they learn at school and at home. On the other hand, teachers face this challenge with regard to the methods they should apply, especially in sections related to sex. Their challenge was the attitudes and reaction of the learners in class. Due to parents' lack of knowledge about the life skills learning content, their reaction to what educators teach at school posed a challenge.

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Conclusion: Givaudan *et al* (2007:1142) state that cultural taboos and subjective norms are an impediment to effective implementation of HIV prevention. This study supports this finding, and therefore the researcher concludes that cultural taboos are an obstacle for learners to benefit maximally from life skills training in this school.

Time allocated for the Life Orientation learning area: Teachers lament the insufficiency of time allocated to the Life Orientation learning area, which subsequently affects time allocation for life skills training. This hinders their ability to deal with all curriculum requirements related to Life Orientation.

Conclusion: The findings of this research support what Boler & Aggleton (2004:5) stated that teachers face the challenge of insufficient time in life skills training as a result of life skills being placed at the margin of the curriculum. The researcher concludes that the insufficiency of time allocated for Life Orientation is negatively affecting life skills training, and therefore hinders learners to benefit maximally from life skills training.

Insufficiency of time allocated for training workshops: Twice a year, the teachers attended 3-day workshops. They complained about the inadequacy of this allocated time. This inadequacy of time resulted in teachers not being able to cover enough scope and depth in life skills training. As such learners do not benefit as much as they should from their teachers. As much as there is a need for more time to be allocated for the Life Orientation learning area, more time is needed for the training workshops for teachers.

Conclusion: Despite the fact that teachers said that they benefited from the workshops, they also mentioned that lack of sufficient time in these workshops remains a challenge, thus hindering them and their learners from benefiting maximally from life skills training. From the argument of the two teachers it seems as if while the workshops are of benefit to life skills training as a preventive strategy for HIV and AIDS, the allocation of more time would significantly improve life skills training in this school, and subsequently enhance its benefits for learners.

6.4.7   Benefits of life skills as a preventive strategy for HIV and AIDS

Knowledge and skills pertaining to HIV and AIDS in life skills training: Visser (2005:205) mentioned that the aim of life skills training in the context of HIV and AIDS is to develop young people's knowledge and skills necessary for healthy relationships, effective communication, and responsible decision-making which will protect them against HIV infection.

Knowledge about HIV and AIDS issues includes among other aspects, what HIV and AIDS is, modes of HIV transmission, risk behaviours related to HIV infection, and situations that increase vulnerability to HIV infection. On the other hand, life skills needed for prevention of HIV infection and mitigation of the impact of AIDS, are those skills that facilitate negotiation of risk and vulnerability with regard to HIV and AIDS (Yankah & Aggleton 2008:466).

In this study various aspects of life skills training were studied. The empirical investigation revealed that learners have fairly acceptable levels of knowledge about issues of HIV and AIDS. While learners' knowledge is characterised by gaps and inconsistencies, the majority of the participants showed sufficiently effective knowledge about HIV and AIDS. This is not surprising because the investigation showed that ways of HIV transmission, prevention of HIV transmission, and avoiding situations that can lead to HIV infection seemed to be the most commonly treated topics in this school.

However, this study revealed that the aspect about the development of skills necessary for the prevention of HIV and AIDS was not sufficiently dealt with. As demonstrated in the study learners and teachers showed limited knowledge of skills necessary for the prevention of HIV and AIDS. The skills frequently mentioned by learners and teachers were reading, listening, communication, writing and problem solving. This indicated that the other skills such as assertiveness, negotiation skills, stress and anxiety management, self-management and self-monitoring were not known, and consequently were not developed in learners. Furthermore, the perception by teachers that they were teaching sexuality education and not sex education made them not deal with practical skills, such as the use of condoms.

Conclusion: From the results of the study, the researcher concluded that with regard to knowledge about HIV and AIDS the majority of the learners have sufficiently benefited from life skills training in this school. However, pertaining to the development of skills necessary for prevention of HIV and AIDS, learners have not benefited as maximally as they should have, in their life skills training classes. Notwithstanding the challenge that other skills were not treated sufficiently, basic skills such as communication, problem solving and listening were dealt with. Therefore it can be concluded that knowledge pertaining to HIV and AIDS issues as part of life skills was of significant benefit to learners as a preventive strategy for HIV and AIDS in this school. However, more work still has to be done with regard to other skills needed for prevention of HIV and AIDS.

Behaviour Change: Visser (2005:205) states that life skills training can impact on risk behaviour related to HIV and AIDS. In this study both teachers said that life skills resulted in behaviour change. However, learners were divided in their opinions about this issue. By self-report more than half of the learner-participants said that life skills resulted in behaviour change while others said it was not always the case.

The findings of this study support Griessel-Roux *et al* (2005:255), in that while learners have been given more than enough technical information about HIV and AIDS, what they need however are the life skills required to cope with HIV and AIDS.

The other aspects of life skills training which indicated behaviour change, as reported by the learners and teachers, are the development of learners' sensitivity to the feelings of their classmates affected by HIV and AIDS, and the realisation of the need for disclosure of one's HIV status. These aspects were regarded by learners as factors that would enhance communication and relationships in the class.

Conclusion: This study did not take place over a sufficiently long time for the researcher to monitor learners' change in behaviour resulting from life skills training. Therefore, the researcher's conclusion is based on what the teachers and learners have said. Although the learners' levels of knowledge about HIV and AIDS seem

adequate, Givaudan *et al* (2007:1157) stated that knowledge about HIV and AIDS is a poor predictor of safe-sex behaviour. The researcher therefore concludes that with regard to behaviour change, more than half of the learners, as well as the two teachers, said that there was behaviour change among the learners. This also indicates that from the perspective of the educators and learners, life skills training in this school resulted in behaviour change. Consequently, it can be said that life skills training was seen to be beneficial as a preventive strategy for HIV and AIDS.

6.5   RECOMMENDATIONS

6.5.1 Recommendations by teachers and learners

Given the challenges that the participants mentioned, there were several alternatives and improvements that they suggested for the different stakeholders or role players in life skills training.

Recommendations with regard to the role of teachers: Participants in all the three focus groups agreed that the role of teachers should include motivating the learners to talk openly about issues of HIV and AIDS, and to disclose their HIV status where necessary. In one group a learner recommended that teachers should conduct more research about HIV and AIDS. His opinion was that teachers should not know and teach 'only what they get from the limited sources at school'. Two of the groups had participants who recommended that educators should involve health care professionals and people living with HIV and AIDS in life skills training.

Recommendations with regard to the role of parents: In the focus group interviews participants recommended that parents learn more about HIV and AIDS, so as to know how people are infected and affected. They also mentioned that parents should learn to talk more openly to their children about the disease, so that when they come to school they are free to talk to the teachers about HIV and AIDS. **Teacher 1** recommended that regular meetings be held with parents. Furthermore, since some parents know very little about HIV and AIDS, they should be given some sections to read about HIV and AIDS, and related questions to answer. This would

enhance communication between parents and their children, and improve parents' knowledge about HIV and AIDS.

Recommendations with regard to the role of learners: Participants across the three focus groups were of the opinion that as learners they have to feel free to communicate openly about HIV and AIDS issues. Speaking about peer group discussions one learner recommended that after school they should gather in the school hall and discuss sex-related issues, and HIV and AIDS amongst themselves. This is because some learners do not discuss freely in the presence of their teachers. They also emphasised that learners should seriously view HIV and AIDS issues, and not as jokes.

Recommendations with regard to the role of health care professionals: Theron and Dalzell (2006:410) assert that educators, counsellors and others with necessary expertise should be consulted and co-opted in developing and presenting Life Orientation programmes. They argued that a multidisciplinary team-based approach to Life Orientation programmes will benefit the adolescents, and will equip them with future-oriented skills, personal-health skills and self-empowerment. The findings of this research, derived from what the participating learners and teachers said, support this view. Therefore, the researcher agreed with the educators and learners in that the utilisation of health care professionals such as nurses, doctors and home-based caregivers is essential for successful mediation of life skills.

Recommendations with regard to the training of teachers: Both teachers recommended that all educators, regardless of the subject they teach, should be trained in life skills and HIV and AIDS. This would help them address learners' problems in this regard, even if it is not during the Life Orientation class. Furthermore, this would make teachers more sensitive to learners' needs.

6.5.2 Recommendations based on the research findings

In view of the findings from this study, the researcher recommends that:

- In the light of the unclear definition of life skills and the limited knowledge of the skills necessary for prevention of HIV and AIDS by learners and teachers, clear guidelines should be given to teachers by curriculum developers in this regard.

- Teachers should be trained in more life skills which would help learners in the prevention of HIV transmission. There should be a differentiation of skills in terms of those that are, for example, technical, cognitive, social, and affective.

- Teachers should be adequately trained in developing learner skills for HIV prevention, so as to enhance development of further skills. As Rooth (1997:15) states, life skills are linked and build on each other, and therefore the development of some skills often depends on the way previous skills have been developed.

- Teacher-training workshops should include teaching methodology, given that the traditional approach to teaching is not compatible with life skills training.

- Learners should be involved or consulted in the planning process of life skills education. If they are not involved the curriculum may be irrelevant to their needs, and subsequently serve to alienate them (Rooth 1997:19; Yankah & Aggleton 2008:481).

- Learners and educators be educated more on the importance of blood screening in prevention of HIV transmission since it appeared that they did not understand much in this regard.

- Given that parents are indispensable in the development of values, and that their attitudes can in the long term influence their children's attitudes to life skills, sexuality and HIV and AIDS education, it is necessary that they be more involved in life skills training of their children.

6.6   IMPLICATIONS FOR FUTURE RESEARCH

- This study has demonstrated that there were limitations with regard to the textbook used in the school for life skills training. Therefore, it is necessary that further studies be undertaken to investigate the appropriateness of life skills materials used in secondary schools, and their levels of coverage of required content.

- Given that the findings of this study cannot be generalised to the whole Moretele District, a quantitative study should be undertaken in order to evaluate the benefits of life skills training for the whole district. This study could include learners in grades 7 and 8.

- Given that life skills training for HIV and AIDS prevention is relatively new in the secondary school curriculum, this study could be replicated in other provinces. This will provide curriculum planners and developers with a clear indication of the improvements to be made.

6.7 LIMITATIONS OF THE STUDY

The purposive sampling of learners may have relied more on the subjective judgement of the Life Orientation teachers, and may not guarantee a representative sample of all the learners (Bless & Higson-Smith 200:92).

Patton (2002:386 – 387) states that the focus group interview method has disadvantages in that the group dynamics can be complex, if the group members have prior established relationships. This could have been the case in this study, since learners had prior established relationships. Furthermore, compared to other qualitative fieldwork approaches focus group interviews occur outside the natural setting where social interactions normally occur.

Member-checking was not conducted after the data analysis was done. This might have affected the trustworthiness of the findings.

Since the interview guides were not piloted, the appropriateness and usefulness of the questions to give proper findings might be questionable.

Because of the cross-sectional nature of the study, and the use of self-report by learners, it could not be established whether training in life skills resulted in satisfactory behaviour change.

The study focused on only one school, and therefore it is difficult to generalise the findings of the study to other schools in the district.

6.8 SUMMARY

The main aim of this study was to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. This was conducted by focusing on how learners' and teachers' attitudes, learners' knowledge about HIV and AIDS, teacher training in life skills, and learning and teaching support materials(LTSM) hinder or enhance life skills training.

This study revealed that learners' knowledge about HIV and AIDS-related issues is fairly adequate, but fragmented. Furthermore, teachers and learners were found to have limited knowledge of what life skills are, in general. In particular, their knowledge of those skills needed for the prevention of HIV transmission and mitigation of the impact of AIDS was found to be limited. Consequently, the life skills which were not known, have not been developed and applied. The acquisition of these necessary skills would have helped learners deal more efficiently with situations where prevention of HIV transmission is needed. This has hindered learners from benefiting maximally from life skills training.

With regard to attitudes towards life skills training this study revealed that the participants (educators and learners) had positive attitudes. These positive attitudes are of significant benefit in life skills training because the teachers and learners seem to have mutual cooperation in life skills classes.

Furthermore, this study supported previous studies regarding the inadequacy of teacher training in life skills. In this regard, two important aspects are to be considered and improved. The identification and inclusion of more skills needed for the prevention of HIV infection, and training teachers in the teaching methods which are compatible to life skills training, i.e. teaching methods that are interactive and participatory.

The usefulness of the LTSM was also investigated. In this respect this study showed that while teachers and learners agreed that their prescribed text book had limitations in the coverage of some sections of life skills training, the nature of the

curriculum was such that teachers and learners should use different resources. Notwithstanding the need for availability and accessibility of more LTSM, this does not seem to be a major problem hindering learners from benefiting from life skills training.

It can be concluded that in this study there were aspects of life skills training which were satisfactorily developed, while other aspects were partially developed and others least developed. The positive aspects which benefited learners, in spite of certain challenges were: sufficiently acceptable levels of knowledge about HIV and AIDS, the use of other LTSM from the library and Lovelife centre, and positive attitudes of learners and teachers involved in life skills. Aspects of life skills training which demonstrated partial benefits for the learners were teacher training, involvement of parents and other health care professionals, as well as the Life Orientation textbook.

However, aspects of life skills training which were less developed and consequently less beneficial were the learners' and teachers' limited knowledge and subsequent lack of the application with regard to some skills needed for prevention of HIV infection. This also included the lack of exposure to the teaching methodology appropriate to life skills. These aspects hindered learners from benefiting maximally in life skills training.

Given all the aspects of life skills training examined in this study, the researcher concludes that life skills training as a preventive strategy for HIV and AIDS was **beneficial** for learners in this school. This is because even though there were various challenges and shortcomings identified in life skills training, learners were trained in the basic knowledge and skills necessary for the prevention of HIV and AIDS. The knowledge and skills gained by the learners in life skills training were important in preventing HIV transmission, and dealing with the basic issues of AIDS.

Despite the shortcomings and challenges that are evident in life skills training, parents, educators, learners and other interested parties will do well to heed the words of Kelly (2000:25) that: *"The formal school system is unique in that it can reach every young person and if HIV and AIDS is to be successfully combated,*

every young person must be reached. The fact that the formal school system must deal with a captive audience highlights the need that the content and methods of presentation, as well as the audience involvement, are first rate, so that whatever their age students will feel personally engaged with the material, internalising it in a way that will affect their subsequent behaviour."

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8. APPENDICES

APPENDIX 1 (Themes for focus group interviews)

1. Learners' knowledge about HIV and AIDS

1.1   What are HIV and AIDS, and is it important to learn about them at school?

1.2   How is HIV transmitted and how can HIV infection be prevented?

2.   Sources of knowledge about HIV and AIDS

2.1   From which sources of information have you learned about HIV and AIDS, and how helpful are these sources?

3.   Learners' knowledge about life skills and attitudes to life skills

3.1   What are life skills and which skills are important in prevention of HIV infection?

3.2   Does life skills training bring about behaviour change in learners?

4.   How learners feel about their life skills teachers or other professionals

4.1   How do you feel if your teacher were to be helped by someone else to provide life skills lessons, e.g. a nurse from a community clinic?

5   Challenges in the learning of life skills

5.1   What are the challenges you encounter in life skills training?

6.   Recommendations for role players

6.1   What do you think learners, teachers, parents and the DOE should do in order to make life skills training more interesting and effective?

APPENDIX 2 (Interview schedule for teachers)

1. HIV and AIDS in the curriculum

1.1 What impact do HIV and AIDS have on learners, teachers and the education system?

1.2 Is it necessary that HIV and AIDS should be included in the curriculum?

2. Teachers' understanding of life skills

2.1 What are life skills and what core skills do you focus on with regard to HIV and AIDS?

2.2 What are the benefits of life skills training to learners?

3. Learners' attitudes towards life skills

3.1 What attitudes should learners and teachers have in order to make learning about HIV and AIDS more interesting and of benefit?

4. Teachers' training in life skills and teaching methodology

4.1 How appropriate and relevant to the classroom situation is the training that you received with regard to HIV and AIDS?

5. The appropriateness of the LTSM to life skills

5.1 Does the LTSM you use in life skills sufficiently cover the core skills needed for learners to effectively deal with HIV and AIDS?

6. Challenges and recommendations

6.1 What challenges are met by the learners, educators, parents and the DOE in life skills in your school, and what do you recommend for improvements?

APPENDIX 3 (Observation sheet for the life skills training lesson)

Class: GRADE 9

Number of learners: …………

Topic: ……………………………………………………………………………………………………

Teaching methodology: ……

……..

LTSM………

……..

Time in minutes	What learners say and do	What the educator says and does	Comments
0– 10			
11– 20			

21− 30		
31− 40		
41− 50		
51− 60		

APPENDIX 4 (Consent form for participation – Teachers)

I, Motsepe Lawrence Mogoane, (Student number 3948455) am a student at UNISA. I am currently registered for Masters Degree (Social Behaviour Studies in HIV and AIDS). As part of my studies I am expected to do a research project. The purpose of the research is to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. However, the focus will be on Grade 9 learners and their Life Orientation educators.

I want to conduct an interview with you as an educator in this learning area and also observe one of your lessons. The interview and lesson will be tape-recorded and transcribed thereafter. However, no form of identification is required. The tape recordings and transcripts will be used by the researcher and his supervisors for the purposes of this study only and will be destroyed as soon as they are no longer needed. I will also need your assistance in identifying learners who can, if they want, participate in this study.

Your participation in this study is voluntary and you are under no obligation to participate. Even after agreeing to participate, you have the right to withdraw at any time during the study.

Thank you for your participation in this study.

M L Mogoane (Researcher)
Cell: 082 560 9053
==
This consent form has been read and explained to me and I voluntarily consent to participate in this study.

Participant's signature: _____Date: _____

Researcher's signature: _____Date: _____

APPENDIX 5 (Assent/Consent form for participation – Learners and their parents/guardians)

I, Motsepe Lawrence Mogoane, (Student number 3948455) am a student at UNISA. I am currently registered for Masters Degree in Social Behaviour Studies in HIV and AIDS. As part of my studies I am expected to do a research project. The purpose of the research is to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. However, the focus will be on Grade 9 learners and their Life Orientation educators.

I want to conduct a focus group interview with you as one of the members of the group. The focus group interview will be on life skills (as part of the Life Orientation Learning area), as a way of preventing HIV and AIDS. The focus group interview will be tape-recorded and transcribed thereafter. However, no form of identification is required. The tape recordings and transcripts will be used by the researcher, his co-worker and his supervisors for the purposes of this study only and will be destroyed as soon as they are no longer needed.

Your participation in this study is voluntary and you are under no obligation to participate. Even after agreeing to participate, you have the right to withdraw at any time during the study.

Thank you for your participation in this study.

M L Mogoane (Researcher)
Cell: 082 560 9053
===
The information in this form has been read and explained to me and I voluntarily agree to participate in this study.
Assent by learner: _____ Date: _____

Consent by Parent's/Guardian: _____Date: _____

Researcher's signature: _____ Date _____

APPENDIX 6 (Access letter to the school- Circuit Manager)

TO: The circuit manager

Mmametlhake Circuit

Sir,

REQUEST FOR PERMISSION TO DO RESEARCH

I, Motsepe Lawrence Mogoane, (Student number 3948455) am a student at UNISA. I am currently registered for Masters Degree in Social Behaviour Studies in HIV and AIDS. As part of my studies I am expected to do a research project. The purpose of the research is to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. However, the focus will be on Grade 9 learners and their Life Orientation educators.

I hereby request for permission to do this research in one of the schools in your circuit, namely Goodwin Maloka Combined School. In this study I will conduct interviews with grade 9 Life Orientation educators and observe one of their lessons. I will also conduct focus group interviews with *three* groups of ten grade 9 learners each. The interviews and lesson will be tape-recorded and transcribed thereafter. The tape recordings and transcripts will be used by the researcher and his supervisors for the purposes of this study only and will be destroyed as soon as they are no longer needed

Accompanying is a letter from my supervisor, Dr. Ramabulana and the proposal for this study wherein you will find the details of the research project.

Your positive response will be appreciated.

M L Mogoane (Researcher)
Cell: 082 560 9053

APPENDIX 7 (Access letter to the school- School principal)

TO: The Principal

Goodwin Maloka Combined School

Sir,

REQUEST FOR PERMISSION TO DO RESEARCH

I, Motsepe Lawrence Mogoane, (Student number 3948455) am a student at UNISA. I am currently registered for Masters Degree in Social Behaviour Studies in HIV and AIDS. As part of my studies I am expected to do a research project. The purpose of the research is to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. However, the focus will be on Grade 9 learners and their Life Orientation educators.

I hereby request for permission to do this research in your school. In this study I will conduct interviews with grade 9 Life Orientation educators and observe one of their lessons. I will also conduct focus group interviews with *three* groups of ten grade 9 learners each. The interviews and lesson will be tape-recorded and transcribed thereafter. The tape recordings and transcripts will be used by the researcher and his supervisors for the purposes of this study only and will be destroyed as soon as they are no longer needed.

Accompanying is a letter from my supervisor Dr. Ramabulana, and the proposal for this study wherein you will find the details of the research project.

Your positive response will be appreciated.

M L Mogoane (Researcher)
Cell: 082 560 9053

APPENDIX 8: Statement of agreement to comply with ethical
              principles – by researcher

I, Motsepe Lawrence Mogoane, (Student number 3948455) am a student at UNISA. I am currently registered for Masters Degree (Social Behaviour Studies in HIV and AIDS). As part of my studies I am expected to do a research project. The purpose of the research is to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. However, the focus will be on Grade 9 learners and their Life Orientation educators.

I hereby agree to comply with ethical principles as set out in the UNISA policy on research ethics. The interviews and lesson will be tape-recorded and transcribed thereafter. The tape recordings and transcripts will be used by the researcher and his supervisors for the purposes of this study only and will be destroyed as soon as they are no longer needed.

Signed: M L Mogoane (Researcher)
Cell: 082 560 9053

APPENDIX 9: Statement of agreement to comply with ethical principles – by note-taker

I, _____ (Name of note-taker) will assist Motsepe Lawrence Mogoane, (UNISA Student number 3948455) as a note-taker in the research project he is undertaking for the Masters Degree (Social Behaviour Studies in HIV and AIDS). The purpose of the research is to evaluate the benefits of life skills training as a preventive strategy for HIV and AIDS for secondary school learners. However, the focus will be on Grade 9 learners and their Life Orientation educators.

I hereby agree to comply with ethical principles as set out in the UNISA policy on research ethics. The tape recordings and transcripts will be used by the researcher and his supervisors for the purposes of this study only and will be destroyed as soon as they are no longer needed.

Signed: _____ (Note-taker)

Date: _____