

“Telling the Story” The Educators Perspective on HIV/AIDS Education in Schools

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ABSTRACT The purpose of the study was to evaluate the impact of life skills as a strategy to combat HIV/AIDS among school-going young people and listen to the educator's stories regarding their experiences. Life orientation programme was included as part of the revised national curriculum statement and is offered as a compulsory subject from Grade R to 12. One secondary school in Free State Province in Motheo District was chosen to participate in the study. From the chosen school ten life orientation educators were selected to participate in the study. The respondents comprised 60% female and 40% male educators, teaching from Grade 10 to 12. A life history and story-telling approach was chosen as a method to obtain data. The results showed that most educators were not trained on the subject, although they were teaching for more than 3 years. Learners' absenteeism as results of either being affected or infected did have a negative impact towards schooling. Although the subject is taught well teenage pregnancy seems to be on the high, therefore to a certain extent learners are not implementing what they have been taught.

INTRODUCTION

Human Immuno deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are causing a lot of pain as a result of death, orphans and poverty in the family and trauma in the lives of our communities, as researchers we guess that we do not have a choice but to educate our learners as future leaders about HIV/AIDS. It is in this premise that the Department of Education (2004: 26), argue that schooling has the responsibility to give children the basic Life Skills that they will need throughout their lives and this place us in an excellent position to educate the nation about HIV/AIDS.

The teaching of life skills programme can contribute to the development of an individual's capacity for adaption and the development of new interactional patterns between the individual and his/her social context. Life skills programme can play a significant role in reducing the risky behavior related to HIV/AIDS among learners and society in general. This behaviors might be associated with various process of an individual, such as self-esteem, awareness of personal risk, interpersonal matters as such group norms, gender roles and community and cultural levels (Visser 2005: 205).

In South Africa, Life orientation is part and parcel of the schooling curriculum aimed at teaching various social and citizenship pro-

grammes among learners. It is assumed that this social citizenship can be facilitated through a proper strategy by means of using life skills as a vehicle towards teaching those values. More importantly it is the teacher responsibilities to tell their stories relating to the teaching of the subject and its impact on the social role of the learners. In the lower grades R to 3 it comprises of 28% of the curricula, Grade 4-9 it takes 8% of the curricula and finally grade 10 to 12 it takes 7% of the curricula.

The article is important to our educator and parents as it tries to tell us a story that educators played in our schools to educate the learners about Human Immuno deficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS). The story is aimed at intensifying means in the attempt to educate our learners and to control this pandemic.

Literature Review

The personal problems of learners suffering from HIV/AIDS are affecting the learning process in every school, although it is the priority of the educator to protect the learning process and to instill quality teaching among learners. The experience of the business community shows that the HIV/AIDS pandemic not only causes a high level of absenteeism among employee, but also affects schools in other ways

(Mather 2002:13). Some learners suffer from HIV/AIDS or have relatives suffering from HIV/AIDS and probably are lonely and depressed, because they receive little support and protection from external sources. Emotional suffering is probably the strongest legacy of HIV/AIDS in learners. If some learners have to take care of their sick relatives, obviously the epidemic will have a direct impact on schooling and thus will affect the work of the teacher, as the learners will be absent.

According to Mather (2002: 21), the phenomenon of HIV/AIDS has caused many problems to learners who have had to act as care givers, while they cannot attend to their schooling needs. The sick relatives (often parents or guardians) have to be lifted and turned, bathed and helped to go to the toilet, as the patients are too weak to perform these functions by themselves. Although the infected persons are too weak to care for themselves, the hospitals are too full to accommodate seriously ill patients for a long time. AIDS patients may sometimes be hospitalized for a limited period of time, but are then sent home "to die", thereby placing a heavy burden of care on relatives and other community members. Sometimes the only people remaining to look after these seriously ill AIDS patients are the children who are learners attending school.

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

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

Children as Heads of Households

Maree and Van Der Westhuizen (2009), argue that under normal circumstances children are cared for by their parents and later in life the children provide support to their parents. The real problem is when parents pass away due to HIV/AIDS, the potential burden of care and support which the children face. The passing of parents might not only leave a vacuum in the learners life, it might also leave learners with the epidemic infection. There will always be learners who have the misfortune to lose parents. In rich countries like America many institutions are available to care for such learners. Due to parents who had passed away because of HIV/AIDS; the stress on society is evident by the growing number of street children around the developing world. So far, AIDS has left millions orphaned children who, before the age of 15, lost either their mother or both parents. Many of these children have also died, but many more survive in America. AIDS is causing growth in the number of orphans in the world so quickly that family structures can no longer cope. Families and communities can barely afford to feed themselves, let alone care for orphans (Maree and Van Der Westhuizen 2009).

Learners are deprived of their childhood status; this has been done by means of turning these orphans into parenthood at the ages of 15 years. According to World Bank (1998: 225) orphans are less likely to have proper schooling; it means that the death of a prime age parent in a household will reduce a child's attendance at school. In the said household the paying of schools fees and other schooling resources and material are less likely to be provided. As a result of no income in the households, these learners may be forced to start working at the early ages of their teens in order to support the family.

In turn, learners start to pay less attention in their school work and attendance in general is declining. Absenteeism is higher among male than among female learners in both the primary schools and the secondary schools. In sub-Saharan Africa, girls tend to have poorer attendance records than boys because of higher demands for their labour in the household. There is a broad consensus that most learners in AIDS affected households in SA will have to look after sick parents and other relatives and that it will have a major impact on their education (Reddy 2005: 12). Jacobs (2011:214), furthermore states that food, clothes, shelter, etc budget for the district has had to be increased from R2, 06 million to R7, 21 million. Most of the learners do not have parents. The situations at most schools are generally performance goes down immediately after the death of a parent. Some remain depressed, but others are fine. The sizeable proportion of orphans at schools do face additional problems with their schooling.

According to Reddy (2005), the assessment of orphans also noted that in most cases before death of a parent, learners serve as caregivers learners provide care for the dying, and the situation was found to be worse than generally accepted orphans. Orphans are protected in a variety of ways which makes it difficult to establish a precise and comprehension picture of the current numbers of learners who have lost parents due to HIV/AIDS due to HIV/AIDS. Orphans is a sociality constructed concept and varies among cultures, for some it refers to children who have lost one parents, while to other, the term is reserved for those who have lost both parents. The stigma that isolates orphans in many communities discriminates against them, further decreasing their access to quality health care and education. The fragility of the educa-

tion and health system and its inability to provide quality services in the face of HIV/AIDS is yet another serious barrier in HIV/AIDS orphans lives (Coombe & Kelly 2001).

Stress and Trauma as a Result of HIV/AIDS

The psychosocial effects of losing a parent to a debilitating illness are severe and can have long-term effects on a child's behavioural development. As the children endure the loss of parental support and nurturing, many orphans experience anxiety, depression and despair. Further complicating these emotions, siblings are being divided among several households within an extended family to mitigate the economic burden of caring for the children. Relatives or neighbors who have agreed to care for the orphans may contribute to the despair by talking, the property or inheritance of the children and leaving the orphans more vulnerable to further exploitation (Shikhibane 1997:35).

METHODOLOGY

Research Design and Data Sources

The study was qualitative and interpretive. In this research, the educators' understandings and experiences are derived from and fit into a larger discourse. The larger discourse in this study addresses how individual educators can internalise the knowledge gained and present it in such a meaningfully way to the learners. The study involved both interviews and surveys in order to gather data that would shed more light on the educators' stories with specific references to the teaching of the subjects. The purpose of the interview was to obtain an in-depth understanding of educators toward life skills as a learning strategy. The purpose of the survey was to verify the outcomes from the interviews, as well as to gauge whether outcomes, with regard to motivations, are a general trend among learners.

Sampling: Convenience sampling was used to find participants for the study, which meant selecting learners from one secondary school in the Free State Province. The participants were 10 educators drawn from grade 10 to 12. From a total of 10 educators, the study further clustered the sampling according to gender as follows: 6 (60%) female and 4 (40%) male learners respond-

ed to the questionnaires. From the responses received it was clear that the majority of the respondents were females. This study was conducted with educators teaching life orientation or life skills.

Data Collection and Analysis: A story telling approach was adopted in conducting the interviews to obtain a holistic understanding of the educators' role. The interview guide covered such dimensions as their years of experience in teaching the subjects. In the interview process, the researcher used the techniques of crystallisation and confrontation to enhance the clarity and trustworthiness of their narratives. In cases of ambiguity, the researcher asked the respondents for detailed and concrete examples and, in cases of inconsistency, for further clarification and re-interpretation.

The interview data were later transcribed for data analysis. The grounded theory approach (Cohen et al. 2007) was adopted to analyse the interview data, through which the categories of learners' perceived motivations emerged naturally from their narratives. This evolving process comprised the following steps: (1) careful and repeated reading of transcriptions; and (2) open content coding to signify any units of meaningful narratives in the passages. Ethical approval to conduct the study was sought and obtained from participating respondents and their respective institutions.

Instrument: The educators were interviewed individually; the purpose of conducting the interviews separately was to ensure confidentiality and to facilitate the research. Most questions asked in interviews, discussions or conversations were unstructured because they were posed after the observation session in the classroom or outside. The interviews were conducted to supplement the information collected through the questionnaires. The interviews took five days after the questionnaires had been collected because the researcher analysed the questionnaires first, then conducted the interviews. The researcher asked permission to conduct the interviews and this was granted as the matter involved some ethical considerations. The interviews concentrated on life skills as an intervention strategy to fight HIV/AIDS at school level.

FINDINGS AND DISCUSSION

The methodology was well explained in the previous section and the various research tech-

niques used in gathering data and how data were analysed. This section deals with the data and analysis thereof for study carried out to the educators' perception towards HIV/AIDS education.

The Educator's Biographical Data

The methodological perspective have clearly pointed out that questionnaires for the main study were administered to ten educators and all of them were completed and were all available for collection. The interviews were also used as a supporting data collection instrument. This section provides biographical data of the educators.

Responses According to Age of Educators Who Participated in the Study

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

Table 1: Age of respondents (n=10)

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

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

Responses from Educators

Safe Sex

All respondents said that Life Skills empower learners with skills to help them make informed decision regarding their sexuality and protect themselves against HIV/AIDS. Life skills encourage learners and give learners the neces-

sary skills to practice safe sex and use ABC methods, that is, abstain, be-faithful and condomise (ABC). Learners were encouraged to use ABC method.

Teenage Pregnancy

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

Education

Most of the respondents said Life Skills educate learners about the danger of HIV/AIDS. School based HIV strategy is a major strategy to educate learners about the danger of HIV/AIDS. Education plays an even more crucial role in the combat of HIV/AIDS. According to the respondents through the Life Skills education increases the knowledge and responsible attitudes. All respondents feel free to talk about HIV/AIDS to learners. Respondents were concerned about the role played by parents in connection with the issue of sex and HIV/AIDS. According to the respondents parents do not feel to talk about sex and HIV/AIDS.

According to the respondents only few educators attended training about life skills and HIV/AIDS.

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

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

Parental Involvement

The educators have identified the parental involvement as one of the factors which make it difficult for the learners to learn about HIV/AIDS. It means parents are not playing any role or they are not involved in the education of their children.

The following statement has been taken from the questionnaires completed by the educators and emphasises the fact that parents are not involved in the education of their children.

“Most of the learners lack parental care”

“Life Skills should be treated both by parents and educators “

Disclosure of Information

The disclosure of information by learners in schools was also identified by the educators as one of the factors which makes difficult to know the problems of learners. “Some of them do not want to disclose their family background”

CONCLUSION

The aim of the paper, as mentioned at the beginning, was to investigate the teachers' voice in the teaching of life orientation and their experiences in reforming the curricula. In the school that took part in the study, the researcher learnt that most of the learner respondents stayed on their own without any adult in the household, thereby making the study richer in terms of the input and experience of the adolescents who had to assume parenting roles in their different households.

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

Teenage Pregnancy

All respondents mentioned that there is a higher rate of teenage pregnancy at school and it affects the education system, since some learners leave school to look after their children as young parents. Where there is no one to take care of such babies whose mothers had to go back to school the young mothers then become dropouts, as they are forced to leave schools. The department of education has made numerous attempts to address sexual education in South Africa. The objectives of such attempts have varied and managed reducing teenage preg-

nancy rates and its consequent effects, but there is still high rate of school drop-outs.

Education

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

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

RECOMMENDATIONS

After conducting and considering the finding of the study, the researcher recommends that future researchers should use the qualitative research method, due to the fact that it does not quantify human beings but treats them with dignity and respect. In this qualitative study respondents were given the opportunity to speak for themselves. The distance is minimised and they were therefore treated as co-researchers. This mean that the respondents were not being fitted into already drawn structure as positivists

would do. Respondents were the ones who directed the study since they yield valuable and empirical data.

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