

Perceptions of Women Teachers on Condom Availability in Schools: South African perspective

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KEYWORDS Perceptions. Women Teachers. Condom Availability. Schools. South Africa

ABSTRACT The former Minister of Education in South Africa recently stated that education authorities will not be making condoms available to learners at school. In her opinion, "...holding teachers responsible for distributing condoms would make teaching very, very difficult". On the contrary, despite acknowledging a dissident view which says that condom availability in schools may encourage sexual activity, one may argue that one way of increasing condom access for adolescents is to make condoms available in schools. Utilising a sample of 281 women teachers from primary and secondary schools in the eastern Free State region, South Africa, the study investigates perceptions of women teachers on condom availability in schools through a structured questionnaire. The majority of women teachers in the sample were aware that some schools in their area distribute condoms to learners and regard the distribution of condoms in schools not as a responsibility of teachers.

INTRODUCTION

Children and young people infected and affected by HIV/AIDS, are often unable to attend school or continue their education. This, in turn, may prevent these individuals from enrolling at a school or because of an array of other reasons, such as caring for sick relatives or orphaned siblings; heading the household; lack of income for school fees, books and school uniform; or they themselves are sick or undernourished. For similar reasons, they may be forced to drop out of school or be regularly absent (Cohen 2001). Schools are usual places for young people; nevertheless, for children with HIV/AIDS they are often not an option. It can be argued that in the era of HIV/AIDS, teachers must be knowledgeable about their roles and responsibilities for guarding and guiding children and young people, and creating for them safe and secure environments in schools. For the past two decades, the South African government has made several attempts to control the devastating effects associated with the spread of the HIV/AIDS virus, yet the prevalence rate does not seem to abate (Morell et al. 2001; Perry 1996; Plus News 2009; Reddy et al. 2005; Science News 2009; United Press International 2009; Voice of America 2006). It can, therefore, be conceded that South African citizens should learn to live with the effects of HIV/AIDS in schools and communities, in order to bring the current generation of young people safely to adulthood.

The scenario highlighted above does not, like many other societal prescripts, exonerate teachers from playing a crucial role in the lives of learners in the era of HIV/AIDS. The author of this article concedes that the issue of availing condoms in schools may be seen to be lying at the doorstep of teachers. In fact, taking cue from the urge '*we can't sit and do nothing*', some of the teachers may hold a view that it has become part of their roles and responsibilities to tackle the challenge head-on and do '*whatever it takes*'. The study is part of a bigger one that traversed perceptions of teachers (male and female) on condom availability in schools. In the study referred to, female teachers constituted 77.8 percent of the sample. It became vital to investigate their perceptions in a separate study. Perception, for the purpose of this article, means "... a product of a secondary encounter with objects and events. It involves the processing and interpretation of the sensory input" (Hartup 1994:43). It is, therefore, assumed that women teachers have had encounters with HIV/AIDS, its ramifications and manifestations.

Condom Use and Availability in Context

Han and Bannish (2009) and Mpilonhle News (2009) are of the opinion that South Africa is rated amongst the countries with the highest number of persons living with HIV in the world. Persons aged 15-24 account for 34% of all new HIV infections and have an HIV prevalence of 10.3%. In 2007, the scope of several

existing children's rights was expanded, as well as new ones were explicitly granted through the passing of South Africa's new Children's Act, 2007.

Through this Act, children of 12 years and older were given a host of rights relating to reproductive health, including access to contraceptives and to information on sex and reproduction, as well as the right to HIV/AIDS testing and treatment. These rights reflect a growing concern about the need to prevent HIV in the country's youth (Han and Bannish 2009).

Sexually active South African youth are at a high risk of HIV infection; one of the causes being a low prevalence of condom use in this section of the population (Moyo et al. 2007). The reasons for this can be traced to a lack of information, reluctance, inaccessibility, etc. Han and Bannish (2009) concur that access to condoms is limited for South African youth. Barriers to access include substantial travel time and the cost of travel to sites of condom distribution; the fact that government clinics distributing free condoms are usually closed when learners are out of school; the judgmental and often hostile attitude of providers; and the cost of condoms in shops.

In addition, Michael Bannish, who runs the Mpilonhle programme in rural Kwa-Zulu Natal Province in South Africa, contends that there are serious gaps in access to condoms, especially among rural youth. He states that shops and clinics are few and far between and that it is expensive and unlikely that learners would go to a clinic just to access condoms (Plus News 2009). Nathan Geffen, a spokesperson for the Treatment Action Campaign, reveals that condoms are not distributed in schools and therefore, the culture of using condoms for sex is not developing (Voice of America 2006).

As a result, Han and Bannish (2009) suggest that one way to increase condom access for adolescents is to make them available in schools. But this has become a divisive approach, with the Minister of Education, Naledi Pandor, emphasising that education authorities will not be making condoms available to pupils at school. She supported schools delivering the ABC message – Abstain, Be Faithful and Condomise but no free condom distribution by teachers (Cape Times 2009). Minister Pandor's statement was met with criticism from Zackie Achmat, the Treatment Action Campaign activist – one of

the South Africa's largest AIDS activist groups, who said "Pandor's immoral position undermines informed choice and places youth at increased risk of harm". Childline co-ordinator, Joan van Niekerk also concurs saying withholding condoms is not the sensible thing to do (Cape Times 2009).

Another study of nearly 13000 public high school students (Grade 9-12) in New York City and Chicago confirmed that making condoms available in high schools does not increase teenage rates of sexual activity, but does result in higher rates of condom use among sexually active students (Guttmacher et al. 1999), whereas in a study conducted among 1821 pupils from 27 primary and secondary schools in rural south-western Uganda, 58% show that they would use condoms if they were available at school (Kisman et al. 2001).

For years, the battle in South Africa over whether or not condoms should be distributed in schools has been brewing. Because of confusing and contradictory government policies and public pronouncements, few schools have been providing condoms, leaving learners, especially in rural settings, with no options for obtaining them (Science News 2009). South African government policy is unclear, and school staff members are often unsure if condom distribution in schools is permissible. As a result, most schools hesitate to distribute condoms and those few that do distribute condoms, do it discreetly (Han and Bannish 2009).

Conceptual Framework for Investigating the Perceptions of Women Teachers on Condom Availability in Schools

The current study finds its general locus in the Health Belief Model (HBM) and draws, in addition, on the Theory of Planned Behaviour (TPB). The former is a psychological model developed by Rosenstock in 1966 for studying and promoting the uptake of services by social psychologists. The model was amended in 1988 to accommodate evolving evidence generated within the health community about the role that knowledge and perceptions play in personal responsibility (Glanz et al. 2002). The model was originally designed to predict behavioural response to the treatment received by acutely or chronically ill patients, but in more recent years the model has been used to predict more gen-

eral health behaviours (Ogden 2007). The original HBM model was based on four constructs of the core beliefs of individuals based on their perceptions:

- Perceived susceptibility (an individual's risk of getting the condition)
- Perceived severity (an individual's assessment of the seriousness of the condition, and its potential consequences)
- Perceived barriers (an individual's assessment of the influences that facilitate or discourage adoption of the promoted behavior)
- Perceived benefits (an individual's assessment of the positive consequences of adopting the behavior).

Furthermore, the HBM is based on the understanding that a person will take a health-related action (for example, availing condoms in schools) if that person:

- Feels that a negative health condition (for example, contraction of HIV) can be avoided,
- Has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (that is, availing condom will increase their use and be effective at preventing the spread of HIV), and
- Believes that he/she can successfully take a recommended action (that is, he/she can distribute condoms comfortably and with confidence).

The Theory of Planned Behaviour (TPB) posits that individual behavior is driven by behavioural intentions where behavioural intentions are a function of an individual's attitude towards the behavior, the subjective norms surrounding the performance of the behaviour, and the individual's perception of the ease with which the behavior can be performed (behavioural control) (Eagly and Chaiken 1993). For the purposes of this study the HBM as well as the TPB were found to be extremely appropriate for engaging women teachers' perceptions on condom availability in schools. Statements in the questionnaire tap into women teachers' attitudes towards condom availability, the dangers of refraining from availing condoms in schools, their willingness to discuss condom use and distribute them.

Women teachers' perceptions underpinned by attitudes, subjective norm, and behavioural con-

trol are therefore probed in this study. Attitude towards the behavior of the individual is defined as the individual's positive or negative feelings about performing an action. It is determined through an assessment of one's beliefs regarding the consequences arising from a behavior and an evaluation of the desirability of these consequences. Subjective norm is an individual's perception of whether people important to the individual think the behaviour should be performed. It is, therefore, understood that the teacher, in his/her responses, will be guided by communal perceptions, amongst others. Behavioural control refers to one's perception of the difficulty of performing an action. TPB views the control that people have over their actions as lying on a continuum from actions that are easily performed to those requiring considerable effort and resources (accessing condoms by teachers).

RESEARCH DESIGN AND METHODOLOGY

Purpose

One of the most concrete stimuli of scientific inquiry is the observation of reality. Mouton (2001) observes that people who are more aware of what is going on around them, who are more sensitive to their surroundings, are more likely to come up with interesting topics for research. Grounded by the recent statement made by the former (February 2009) Minister of Education that "...holding teachers responsible for distributing condoms would make teaching very, very difficult" (Cape Times 2009; City Press 2009; Han and Banish 2009; Moyo et al. 2007; Mpilonhle News 2009), the researchers decided to explore the perceptions of women teachers regarding condom availability in primary and secondary in the eastern Free State schools in South Africa. In other words, the current study attempts to respond to the question: *What are the perceptions of women teachers on condom availability in schools?*

Research Design

Huysamen (1993, 1994) regards research design as "the plan or blueprint according to which data are collected to investigate the research hypothesis or question in the most eco-

nomical manner". The current study adopted a quantitative-descriptive (survey) design. These research designs are more of a quantitative nature, requiring questionnaires as a data collection method, and respondents are ideally selected by means of randomized sampling methods (Fouché and De Vos 2005). The researchers opted for this design because they intend unraveling overall women teacher perceptions which can be generalised.

PARTICIPANTS

The sample of this study was obtained from two hundred and eighty- one (281) women teachers (aged between 25 and 60 years of age) from primary and secondary schools in the eastern Free State region, South Africa.

Instrument

The questionnaire was divided into two sections. Section A comprised of biographical details of women teachers and section B consisted of 34 items that were derived from commonly-held perceptions (correct and incorrect) about condom distribution in schools. Items were ordered randomly and accompanied by a 5-point Likert scale with the following options: strongly disagree, disagree, neutral, agree, and strongly agree. To ensure reliability, the instrument was tested through a pilot study on a limited sample within the same population. Results from an initial test were compared with those of the main study. The questions remained unchanged and there was close agreement between the results and the initial and main studies. It can, therefore, be assumed that the instrument was reliable.

RESULTS AND DISCUSSION

Results are summarised in Table 1. The items on the perceptions of women teachers on condom availability in schools in table 1 are ranked according to the means in descending order (from the highest to the lowest).

Condom Availability

Teachers reaffirm the perception that condom availability may encourage early sexual activity and promiscuity among learners (Items

1,2,3,7). This is contrary to several studies which indicated that condom availability in schools resulted in increased condom usage only, not rates of sexual activity (Black 2003; Schuster et al. 1998). Limited access is the cause of high HIV incidents and learners continue to travel long distances to access condoms (*perceived barriers*).

Schools

Very few schools are known to be distributing condoms to learners (means slightly fewer than 2 in 5) and this deprives learners' of easy access (Items 4,5,9,10,11). Stryker et al. (1994) and Guttmacher (1997) suggest that condoms may be made available through specially designated resource rooms, health education classes, or school nurses. It should be borne in mind that this was suggested for the schools in the United States of America (USA). Many South African schools, particularly those in rural areas, do not have nurses. Furthermore, teachers hold a perception that schools can be centres where condoms are distributed even though they believe it is morally wrong (*subjective norm*, in accordance with the TPB) and should be prohibited.

Learners

The current study further found that learners are aware of the importance of using condoms; the risk of not doing so as well as the dangers of unprotected sex (*perceived severity*). However, despite the learners' awareness teachers hold a perception that learners continue to be reluctant to use condoms (Items 6,12,13, 14,15,16,17,18,19,25). A study by Kingsman et al. (2001) in rural Uganda confirmed a high level of knowledge about condoms amongst boys and girls (over 60% in both). Taylor et al. (2007) found that despite good knowledge about this risk of unprotected sex, perpetual HIV infections among youth warrants a need for better understanding of youth's condom behaviour. This behaviour contradicts prescripts of the HBM where awareness of perceived susceptibility, severity and benefits would be expected to enhance improved/increased condom use. Maharaj (2006) concurs that there is an expectation that the level of condom use will in-

Table 1: Perceptions of women teachers on condom availability in schools (ranked in descending order according to means)

<i>Statements</i>	<i>N</i>	<i>Mean</i>	<i>Rankorder</i>
Learners are well informed on why unprotected sex is dangerous.	281	3.91	1
It is not the responsibility of teachers to distribute condoms.	281	3.88	2
Condom availability in schools may encourage early commencement of sexual activity among learners	281	3.83	3
Learners know the dangers of unprotected sex but are reluctant to use condoms.	281	3.7	4
Condom availability in schools may encourage promiscuity among learners	281	3.58	5
The decision to avail condoms in schools should involve parents	281	3.51	6
Learners believe that girls who carry condoms are not respected.	281	3.49	7
It is morally wrong for the school to distribute condoms.	281	3.46	8
Learners are aware of the risks of not using condoms during sexual encounters.	281	3.45	9
My learners are aware that I am available to answer any questions relating to HIV/AIDS.	281	3.41	10
The decision to avail condoms in schools should involve learners	281	3.31	11
The decision to avail condoms in schools should be the sole prerogative of the Department of Education	281	3.27	12
Learners use condoms to protect themselves from contracting HIV/AIDS.	281	3.25	13
Condoms distribution in school premises should be prohibited.	281	3.24	14
Holding teachers responsible for distributing condoms would make teaching very difficult.	281	3.22	15
The decision to avail condoms to learners should be the sole prerogative of individual schools	281	3.18	16
Learners are able to get condoms whenever they want to.	281	3.16	17
I received training on how to address Life Skills topics such as HIV/AIDS.	281	3.14	18
I encourage condom usage but refrain from providing them.	281	3.14	19
Limited access to condoms is the cause of high incident of HIV in adolescents.	281	3.11	20
South African laws and policies governing condom distribution in schools are unclear.	281	3.07	21
I am unsure if condom distribution in schools is permissible.	281	2.93	22
I am aware that some schools discreetly distribute condoms.	281	2.89	23
I am willing to educate learners on how to use condoms.	281	2.87	24
I regard telling learners where to access condoms as morally unacceptable.	281	2.86	25
Long distances to sites where condoms are distributed deprive most learners' access to condoms.	281	2.83	26
Learners should have access to condoms wherever they are	281	2.8	27
I am not comfortable discussing HIV/AIDS issues with my learners.	281	2.72	28
Learners are unaware that it is important to use condoms every time they are having sex.	281	2.69	29
Schools are depriving learners an easy access to condoms	281	2.47	30
I am willing to distribute condoms in my school.	281	2.44	31
Schools can be one of the centres where learners can easily obtain condoms.	281	2.41	32
Most learners are at risk of HIV because of unavailability of condoms at schools	281	2.39	33
The school where I am working currently provides condoms to learners	281	1.92	34

crease as the perceived risk of HIV infection increases. Reasons of non-condom use include the fact that people may not perceive themselves to be at risk of HIV or STI infection or not know that condoms will provide protection against HIV and other STIs. Some may wish to conceive; others do not like using condoms as they feel they reduce sexual pleasure. For some, there is an association of condoms with casual sex and not with intimacy and trust. Many women are unable to negotiate their use because men control whether they are used or not. For many, condoms are too expensive or not readily available (Anon 2003).

Teachers

Even though teachers generally hold a view that it is not their responsibility to distribute condoms but they are willing to distribute them, educate learners, encourage condom usage and are available to answer questions on HIV (*believe that they can take the recommended action*, see HBM). However, holding them responsible for distributing condoms in schools will make teaching very difficult. It can be suggested that teachers have noted with keen interest, the reality that the challenge of HIV/Aids confronts them as well. Results in Table 1 show that the

majority of women teachers (mean= 1.92) indicated that their schools do distribute condoms (Items 8,20,21,22,23,24,26,27,28, 29).

Decision

Policies governing condom distribution in schools have been found to be unclear. The decision to distribute condoms in schools should be an inclusive one. Learners, parents, schools should be involved in deciding whether or not to distribute condoms (Items 30, 31, 32, 33, 34). According to Mahler (1996), some parents and conservative groups will continue in their efforts to stop condom availability programmes in schools. Moreover, the conservative option of requiring explicit written consent from parents may further exacerbate exclusion of a large number of learners from accessing condoms in schools (*perceived barriers*).

CONCLUSION

Amorphous barriers to availing condoms in schools exist. Some are subjective cultural norms, particularly in rural areas whilst others are structural and guided by stereotypes. Whilst teachers acknowledge that learners are aware of the dangers associated with HIV, they concede that it is morally wrong to avail condoms in school. The challenge of HIV/AIDS remains a threat with which all teachers must grapple, and one to which the education system must respond (Smart 1999). Consistent with the HBM and TPB, some teachers are willing to meaningfully engage in the fight against HIV despite being hamstrung by prohibitions, norms as well as prevailing attitudes. The researchers concur with Hein's (1993) plea for schools to join on-site condom availability with HIV education programmes. We strongly advocate and support an eclectic approach which forges a combination of life-saving information sharing and preventive activities that are well-coordinated, confidential, efficient and sustainable. It has been shown that significant increases in condom use often arise following intervention activity (Anon 2003). Baingana (2008) warns that only 30% of children in sub-Saharan Africa could expect to enroll in secondary school due to the severe impact of the epidemic. The authors caution that it should be borne in mind that condom availability is but one milestone in many. For ex-

ample, a cross sectional survey of young people conducted in England reveals that perfect condom use poses a great challenge (Hatherall et al. 2007). The study shows that inherent attitudes remain a challenge in dealing with the scourge of HIV/AIDS, even though teachers are perceived to be well placed for dealing with the challenge.

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