

HUMAN SCIENCES RESEARCH COUNCIL

CHILD, YOUTH & FAMILY DEVELOPMENT



**EVALUATION OF THE IMPACT OF THE
LIFE ORIENTATION PROGRAMME ON
HIV/AIDS IN GAUTENG SCHOOLS –
PILOT STUDY**

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TABLE OF CONTENTS

Acknowledgements

Executive Summary

List of Tables

1. Introduction
2. Literature Review
 - 2.1. Focus groups
 - 2.2. Participant type, age and education
 - 2.3. Participant race and language
 - 2.4. Participant religion
 - 2.5. Economic status
 - 2.6. Media access at home
3. Cinema, Videos/DVDs and Television Viewing Practices
 - 3.1. Children's exposure to films at the cinema, on videos/DVD's and on television
 - 3.1.1. Access to films at the cinema, on videos/DVDs and on television
 - 3.1.2. Films children watch at the cinema, on videos/DVDs and on television
 - 3.2. Parental awareness and concern about children's exposure
 - 3.2.1. Parental awareness and concerns
 - 3.2.2. Children's perceptions of parental awareness and concerns
 - 3.3. Beliefs about the impact of visual media
 - 3.3.1. Parents' views
 - 3.3.2. Children's views
 - 3.4. Understandings, opinions and use of age ratings and advisories
 - 3.4.1. Understandings of age ratings and advisories
 - 3.4.2. Opinions and use of age ratings and advisories
 - 3.5. Viewing practices and parental intervention.
 - 3.5.1. Cinema films
 - 3.5.2. Films at home
 - 3.5.3. Outside the home
4. Computer Games and Internet Use Focus Group Participants' Profile
 - 4.1. Computer games
 - 4.1.1. Exposure to computer games
 - 4.1.2. Parental concern, attitudes and beliefs and intervention
 - 4.2. Internet use
 - 4.2.1. Exposure to the internet
 - 4.2.2. Parental awareness, concern and intervention
5. Parental Awareness and Education
 - 5.1. What parents should know about the impact of visual media

- 5.1.1. Raising levels of general knowledge and awareness about the impact of visual media
- 5.1.2. Increasing specific knowledge about how visual media impacts on children's development, psychological well-being and behaviour
- 5.1.3. Furnishing parents with the tools to monitor and intervene to protect children

5.2. Ways of raising awareness and educating parents

- 5.2.1 Enhancing the impact of age ratings and advisories
- 5.2.2 Enhancing awareness and specific knowledge about films and other visual media
- 5.2.3 Increasing public discourse about the impact of visual media
- 5.2.4 Utilizing community networks and institutions
- 5.2.5 The role of the Film and Publications Board

Appendices

- Appendix A Focus Groups
- Appendix B Information Sheets
- Appendix C Consent Forms

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EXECUTIVE SUMMARY

Aim

LIST OF TABLES

Table 1:	Focus Groups (N = 23)
Table 2:	Age range of parent participants (N=55)
Table 3:	Parents' level of education (N=55)
Table 4:	Breakdown of children by school grade (N=173)
Table 5:	Race group of participants (N=228)
Table 6:	Home language profile of participants (N=228)
Table 7:	Religious profile of participants (N=228)
Table 8:	Importance of religion (N=228)
Table 9:	Economic status (N=228)
Table 10:	Access to visual media at home (N=228)

Executive Summary

Aims and objectives

The primary aim of this pilot research was to develop an instrument to evaluate the impact of the Life Orientation Programme (LOP) on sex, sexuality and HIV/AIDS in Gauteng schools at secondary level and if possible at primary level. The main objectives were to:

Determine levels of implementation of life orientation and HIV/AIDS awareness activities in schools,

Identify and compare sources of information on HIV/AIDS and their perceived impact particularly the roles of schools, the life orientation programme and educators,

Measure knowledge of HIV/AIDS (transmission, prevention, treatment, and other knowledge about the disease),

Determine intended protective behaviours and the ability to carry out protective behaviours,

Measure attitudes: levels of stigma and gender equality in sexual relationships.

The aim of the pilot was to measure impact at junior secondary level, Grades 8 and 9, but also to see whether the instrument would be suitable to measure impact in grades 6 and 7.

Pilot methodology

Meetings with the Gauteng Department of Education, interviews with principals and educators at two schools and previous questionnaires were used to develop the pilot questionnaires.

Questionnaires were developed for learners, educators and principals. The learner questionnaire was provided in English, Afrikaans, South Sotho and Zulu. Educator and principal questionnaires were administered in English.

A sample of 16 high schools and 4 primary schools was drawn to meet the requirements of probability sampling. The primary school sample was to determine children's ability to cope with the questionnaire. The sample was based on the pre-1994 education school departments. The sample was stratified to represent race, region and economic status. However, due to the educators' strike that took place during the pilot process, only 18 schools participated. Twenty learners from grade 8 and 20 learners from grade 9 were systematically sampled (i.e. every *n*th learner) in

each of the 16 secondary schools. In the primary schools, 20 learners in grade 6 and 20 learners in grade 7 were selected on the same basis.

School profiles

The sample of 18 schools consisted of 5 former white high schools, 3 former black high schools, 4 former coloured schools and 2 former Indian schools. One of the former white high schools only had black learners. Two Indian high schools could not take part because of the strike. Four primary schools took part: 1 former Indian school, 1 former coloured school and 2 former black schools.

The mean number of learners per school was 1164 with school sizes ranging from 365 to 2200 learners. The average number of learners per class was 41 with class size ranging from 30 to 55 learners.

Educators and principals listed socio-economic problems of poverty and unemployment as the most serious problems facing learners' communities.

School implementation of life orientation

All primary schools surveyed teach life orientation to Grades 6 and 7.

All high schools teach life orientation, but only 70% have implemented life orientation in every grade. Of the 30% or 4 schools that have not implemented life orientation throughout the school, three teach life orientation to Grades 8 and 9 only, while one school implements it in every grade except Grade 12.

Less time is spent on life orientation the higher the grade. Periods range from 30 to 55 minutes with a mean of 42 minutes per life orientation period. The number of learners ranges from 30 to 450 per class. Four schools, almost a third of the pilot sample, merge all their classes across a grade for life orientation lessons in Grades 10, 11 and 12, while one school also merges classes in Grades 8 and 9.

The number of educators who teach life orientation in primary schools ranges from 2 to 16.

In high schools, the mean number of life orientation educators was 5. The ratio of life orientation educators to learners in high schools ranged from 1:131 to 1:550.

Thirty-three percent of primary and high school educators felt there were not enough life orientation educators, while half of high school principals felt there were not enough life orientation educators, and 75% of primary school principals felt there were enough life orientation educators.

Almost three quarters (72%) of the pilot sample have heads of department for life orientation.

School implementation of life orientation on sex, sexuality and HIV/AIDS

Although principals in all schools reported that learners in all grades had lessons on sex, sexuality and HIV/AIDS, 10.6% of learners reported that they had had no lessons on these topics. Among life orientation educators, only 2 educators (4%) reported that they had not taught any lessons on sex and sexuality or HIV/AIDS to the grades they teach life orientation. Eight educators reported that they had not given lessons on sex and sexuality to all or some of the grades they teach

The total number of periods per grade educators claimed to spend on sex, sexuality and HIV/AIDS ranged from 0 to 60 periods at a mean of 9 periods per grade over the course of 2004. Former White schools had the lowest number of periods on these topic, 4.2 periods per year, followed by former Indian schools, 8.5 periods per year, then former black schools, 10.8 periods per year and former coloured schools at 14.5 periods per year.

According to learners, 10.6% have had no lessons on sex, sexuality and HIV/AIDS while a further 32.4% have had had very few lessons (1-5). Fifty-seven percent have had 6 lessons or more. Learners at former Indian and Coloured schools appear to have had a higher percentage of life-orientation lessons on these topics than former White and Black schools where 57% across both former White and Black schools had had none or very lessons.

Up to just over half of educators or less have received materials from the Department and used them.

School activities and preparedness in relation to HIV/AIDS

A School Activities Index analysis indicates that the greatest number of school activities related to HIV/AIDS outside the formal school curriculum, occurred in formerly Black schools and Indian schools. Formerly White schools, by comparison recorded the lowest number of school activities.

Two-thirds of schools had received the HIV/AIDS budget from the Department. Principals reported they had received from R1000 up to R4000. Most schools appear to have received approximately R1500 – R1600.

Principals reported a range of activities on which the budget was spent: school HIV/AIDS advocacy activities, guest speakers/talks, dramas, art relating to HIV/AIDS, educator training, posters, detergent and gloves, first aid kits, educational videos and donations to HIV/AIDS orphans in local communities.

Over three quarters of educators report that their schools have first aid kits, gloves and educators responsible for treating injuries. Almost half of educator respondents said schools have bleach and only up to one fifth of educators reported that there are gloves

and buckets of water in every classroom. Not all educators appear to be properly informed about safety measures as up to 14% were unsure about whether there were first aid kits, gloves and educators responsible for treating injuries in their schools.

Twenty-eight percent of schools reported that there was a peer education programme at their school.

Educator and principal results

Sample

Forty-nine life orientation educators (2 or 3 per school) and 18 principals completed questionnaires. Among life orientation educators, 14 were primary school educators and 35 secondary school educators. Twenty-two percent of the educator sample was from former White schools, 31% from former coloured schools, 16% from former Indian schools and 31% from former black schools. In this educator sample, 31%, or just under a third, were department heads.

The number of years educators taught life orientation/guidance ranged from 1 to 30 years with a mean of 4.5 years.

Educator choice and selection to teach life orientation

Three quarters of educators reported that they chose to teach life orientation. Thirty-one percent said they would rather teach other subjects than life orientation, while 27% were unsure.

Educators choose or perceive their selection to be based on three main criteria, their concern for learners, rapport with learners and then their qualifications. The criteria they perceive as the basis for schools' selection of life orientation educators are: educator concern, qualifications, rapport and then volunteerism. Principals reported similar criteria but placed more emphasis on fulfilling educator workload and the needs of schools.

A minority of educators (18%) teaches life orientation exclusively. Most educators (41%) are responsible for teaching at least one additional subject or learning area. Twenty-two percent of educators teach two additional subjects/learning areas and 18% teach three additional subjects/learning areas.

Educator support and training

Just over half of educators (52%) reported that they, at some time, had had training from the department of education on the life orientation programme on sex, sexuality and HIV / AIDS. Twenty-nine percent had had some form of training in the last year. The majority of educators do not seem to have received training and support through departmental or collegial training activities.

Attitudes towards learning and teaching about sex, sexuality and HIV/AIDS

All educator respondents (100%) agreed that life orientation is very important. Over two-thirds of educators (71%) felt that other educators at their schools believe life orientation is very important. Seventy-four percent of educators agreed or strongly agreed that learners believe that life orientation is very important.

Eighty-four percent of educators agreed that it is the school's responsibility to educate learners about sex and sexuality and 94% agreed that it is the school's responsibility to educate learners about HIV/AIDS.

Ninety-eight percent of educator respondents also agreed that teaching about HIV/AIDS is very important.

Educators believe that other educators, learners and parents are not as comfortable teaching and learning about sex and sexuality as they are teaching and learning about HIV/AIDS. However, educators personally reported that they are equally comfortable teaching about either topic. Educators also appear to believe that learners are generally more comfortable than educators learning about these topics.

Educator views of the life orientation programme on sex, sexuality and HIV/AIDS

Ninety-one percent of educators felt that the curriculum on sex and sexuality was appropriate for use in their schools, and 92% felt the curriculum on HIV/AIDS was appropriate. Eighty-three percent felt the materials on sex and sexuality and HIV/AIDS were appropriate for use in their schools. However, 40% of educators felt the materials were too explicit and 35% of educators felt there was too much emphasis on sex and sexuality in the curriculum while 46% felt there was too much emphasis on HIV/AIDS.

Learners' results

Sample

A total of 703 learners in Grades 6 to 9 participated in the pilot study. The sample was almost evenly distributed between male (48%) and female (52%). The race profile was 50.4% Black, 17% Coloured, 7.4% Indian and 25.1% White. Age profile was 5.2% 11 years or younger, 28% 12 and 13 years of age and 66.9% 14 years and 15 years or older.

Social circumstances

Thirty-eight percent of children live with both parents, 46% with a single parent and just over 15% with other relatives. Almost a third of learners reported that economically their families are short of many things or struggle to provide them with the basics such as food and clothes.

Sources of information on HIV/AIDS

School is the most common source of information on HIV/AIDS for 95% of learners. School is also the most useful source of information on HIV/AIDS for learners (61%) and 47.7% of learners report that they have learned the most about HIV/AIDS at school.

Of all classes and activities at school, life orientation classes are the most common source of information on HIV/AIDS for learners (94%). The majority of learners (60%) say life orientation classes are very useful and 58% have learned the most about HIV/AIDS from these classes. Learners (34.4%) also report that life orientation classes have had the most impact on their behaviour and attitudes.

Educators followed by mothers are the most likely person with whom learners will communicate about sex, sexual abuse and HIV/AIDS. Mothers followed by educators were also cited as the most important educational source in terms of sex, sexual abuse and HIV/AIDS. Mothers and then educators were also cited as having the most impact on their attitudes and behaviours in relation to HIV/AIDS.

Attitudes towards learning and teaching about sex, sexuality and HIV/AIDS

The majority of learners believe that it is the school's responsibility to educate learners about sex, sexuality and HIV/AIDS and that educators take life orientation seriously. They also believe that schools, educators and learners take teaching and learning about HIV/AIDS very seriously.

Approximately two-thirds of learners believe educators, learners and parents are comfortable about teaching and learning about sex, sexuality and HIV/AIDS. Again learners perceive parents, learners and educators to be slightly more comfortable learning about HIV/AIDS than sex.

Attitudes towards the life orientation programmes on sex, sexuality and HIV/AIDS

Over 90% of learners felt the life orientation programme on sex, sexuality and HIV/AIDS had helped them to protect themselves from getting HIV/AIDS, understand more about HIV/AIDS, want to know more about HIV/AIDS and accept people living with HIV/AIDS.

Overall learners revealed positive attitudes towards life orientation materials on sex, sexuality and HIV/AIDS. The majority of learners felt that the materials give useful information, are interesting and easy to understand. However, almost half said they found some of the materials confusing and over a third indicated that 'there was not enough information for my age group'. Over half of learners (55.3%) indicated that 'there was too much focus on condoms' and 60% felt there was too much focus on not having sex. Just over half of learners (51%) felt there was too much focus on sex

and 40.6% of learners said that some materials embarrass them. Almost half of learners (49.4%) felt the materials make children believe it is okay to have sex as long it is safe, but only 18.2% felt that the materials encourage young people to have sex.

Learners' knowledge of HIV/AIDS

Overall, the majority of learners know that HIV/AIDS is transmitted through unprotected anal or vaginal sex, by sharing needles and through blood transfusions. Learners are less certain about breastfeeding and oral sex as transmission routes. Most learners know that HIV/AIDS cannot be transmitted by kissing or through mosquito bites. Most learners also realize that even if a person has had few sexual partners they can still have HIV/AIDS. However 12% still believe there is a cure for HIV/AIDS and 8% believe it can be cured by sex with a virgin.

Indian learners had scored the highest on HIV/AIDS knowledge, followed by Coloured, Whites and Blacks. The difference between Indian and Black learners was significant.

Highest levels of knowledge were significantly associated with the higher the grade.

There was a significant relationship between higher levels of knowledge and better economic status.

There was a significant relationship between higher levels of knowledge and communication with mothers.

There was a significant relationship between higher levels of knowledge and greater exposure to life orientation lessons on HIV/AIDS.

Learners' perceptions of personal risk

Forty percent of learners regard themselves as being at low risk for HIV/AIDS.

Higher levels of risk perception were associated with greater exposure to life orientation lessons on HIV/AIDS, significantly associated with higher knowledge about HIV and moderately associated with communication with mothers.

Evaluation of pilot

INTRODUCTION

1.1 Background

UNAIDS (2002) reports an estimated 11.8 million people aged 15-24 are living with HIV/AIDS globally with half of new infections occurring among young people. In South Africa, 5 million people were living with HIV/AIDS in 2002 with 4.7 million of these in the 15-49 yr age group. The prevalence rate for young women (aged 15-24) is estimated at between 20.51 and 30.76% compared with 8.53 – 12.79% for men in this age group (UNAIDS, 2002). Added to this, Siegel et al draw our attention to the fact that the risky behaviour of youth, including early onset of sexual activity, multiple sexual partners and infrequent condom use, makes them particularly vulnerable to HIV infection (Siegel, DiClemente, Durbin, Krasnovsky and Saliba, 1995 in Peltzer, 2003b). Within this context, schooling faces a significant challenge in the area of life skills education both in the prevention of HIV/AIDS and in helping learners to cope with being HIV positive or living with people diagnosed with HIV/AIDS in their families and communities. Educational programmes that aim to facilitate behavioural change remain a core strategy in the fight against HIV/AIDS (Visser, 1995).

In response to this challenge, the Department of Health and Department of Education (1997/1998) embarked on a national programme for life skills, sexuality and HIV/AIDS education to be implemented by the provincial departments (Ncgobo, 2002). The national guidelines outlined the goal of life skills and HIV/AIDS education for Grades 8-12 as to increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational supports. Specific outcomes, which generated key topics for the Life Skills curriculum, are:

Demonstrate a clear and accurate understanding of sex, sexuality, gender and sexually transmitted diseases (STDs)

Critically identify ways in which HIV and other STDs can and cannot be transmitted

Identify and evaluate the effectiveness of HIV/STD prevention methods

Identify, access and mobilize sources of assistance within a community

Critically evaluate reasons for delaying sexual intercourse or practicing abstinence

Respond assertively to pressures for sexual intercourse and unprotected sex

If sexually active, critically evaluate reasons and methods for having protected sex

Accept, cope, and live positively with the knowledge of being HIV-positive

Show compassion and solidarity towards persons with HIV and AIDS and those affected

Recognize the need to provide basic care for people living with HIV and AIDS in the family and community

Understand and cope with loss and the grieving process” (Dept of Health and Dept of Education, 1997/98)

1.2 Aims and objectives

The primary aim of this research was to evaluate the impact of the Life Orientation Programme (LOP) on sex, sexuality and HIV / AIDS in Gauteng schools at secondary level and if possible at primary level. The main objectives were to determine:

Levels of implementation of life orientation and HIV / AIDS awareness activities in schools

Identify and compare sources of information on HIV / AIDS and their perceived impact particularly the roles of schools, the life orientation programme and educators

Knowledge of HIV / AIDS (transmission, prevention, treatment, other knowledge about the disease)

Protective and intended protective behaviours

Ability to carry out protective behaviours

Attitudes: levels of stigma and gender relationships

The aim of the pilot was to develop an instrument to measure impact at junior secondary level, Grades 8 and 9, but also to see whether the instrument would be suitable to measure impact in grades 6 and 7.

1.3 Pilot research process

Learner, educator and principal questionnaires were piloted in 18 schools in preparation for the main evaluation study. Between 2 and 3 life orientation educators per school answered the educator questionnaire. Learner questionnaires were translated into Afrikaans, South Sotho and Zulu. A sample of 16 high schools and 4 primary schools was drawn to meet the requirements of probability sampling. The sample was based on the pre-

1994 education school departments, that is, to reflect the proportion of schools that were registered under DET (black African), HOD (Indian), HOR (Coloured) and TED (White). The sample was stratified to represent race, region and economic status. However, due to the educators' strike that took place during the pilot process, only 18 schools were sampled. The school sample consisted of 5 former white high schools, 3 former black high schools, 4 former coloured schools and 2 former Indian schools. One of the former white high schools only had black learners and 2 Indian high schools could not take part because of the strike. Four primary schools took part: 1 former Indian school, 1 former coloured school and 2 former black schools. Twenty learners from grade 8 and 20 learners from grade 9 were systematically sampled (i.e. every nth learner) in each of the 16 secondary schools. In the primary schools, 20 learners in grade 6 and 20 learners in grade 7 were selected on the same basis. The aim of testing the questionnaire in the primary schools was to see whether learners at this level were able to answer a questionnaire reliably.

Meetings with the department and interviews with educators and principals in two schools were also conducted to inform the development of the questionnaires. Fieldwork for the pilot was conducted in September 2004.

1.4 Ethics

Ethics approval for the pilot was granted by the IRB of the Human Sciences Research Council.

LEARNER RESULTS

2.1 Learners' socio-demographic and personal characteristics

2.1.1 Socio-demographic characteristics

The sample size for this analysis was 703 grade 6-9 learners.

Grade: In terms of grade 11.2 % of the sample was in grade 6, 14.4% in grade 7, 35.3 % in grade 8 and 38.5% in grade 9.

Gender: In terms of gender, 48% of the sample was male and 52% female. There was a relatively even distribution of male and female learners across each of the four grades.

Age: In terms of age, the majority of the learners were 14 years (32.3%) or 15 years and older (34.6%). Twenty eight percent of the learners were between 12 and 13 years, with only a minority being 11 years or younger (5.2%).

Race: As regards the race profile of the sample, 50.4% classified themselves as Black, 17% Coloured, 7.4% Indian and 25.1% White.

Absenteeism in the past three months: The majority of respondents (31%) had been absent two to three times in the past month. Eleven percent of learners were absent four to six times and a minority of learners indicated that they were absent more than 6 times (7.4%). Twenty-five percent of the learners indicated that they had never been absent in the past three months.

Family circumstances: In terms of adults whom you live with, 38.1% of learners lived with both parents. Twenty-two percent of learners lived only with their mother, 24% only with their father and 15.3% with other relatives. No significant patterns emerged by grade in the analysis.

Economic situation at home: The majority of learners (43.9%) indicated that they had 'enough money for the important things but few extras.' Twenty-five percent of learners responded that that they had 'enough money for extra things like luxury goods and holidays.' Almost twenty percent indicated that they had 'enough money for food/clothes but are short of many things.' Just more than 10% indicated that they did 'not always have enough money for basic things such as food and clothes' (11.7%). No significant patterns emerged by grade in the analysis.

2.1.2 Personal characteristics

Religious commitment: The majority of learners indicated that religion was very important in their lives (81.1%). Almost 14% of the sample felt that religion was somewhat important. Just more than 5% of the sample thought that religion was a 'little important' or 'not important' in their lives. Religious commitment was relatively evenly distributed across each of the grades in the sample.

Future orientation: When asked: How far you expect to go in school? Almost 86% of respondents indicated that they expected to go to University/College, or study further for an advanced degree (Phd, M.D,etc). About 11% of the sample indicated that they expected to go as far as matric. Only 3% of the sample indicated less than a matric qualification. No grade and race differences emerged in the analysis in terms of future orientation.

Self-esteem: Almost 90% of respondents strongly agreed or agreed that 'on the whole, I am satisfied with myself'. However 42% of learners strongly agreed or agreed that 'At times I think I am no good at all'. Nineteen percent indicated that 'I feel I do not have much to be proud of.' Also, 71% indicated that 'I wish I could have more respect for myself'. Sixteen percent indicated that 'all in all I am inclined to feel that I am a failure (see Table 2.1).

TABLE 2.1: ITEM ANALYSIS OF SELF ESTEEM (%)

	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole, I am satisfied with myself	310 (45)	304 (44)	58 (8)	15 (3)
At times I think I am no good at all	62 (9)	230 (33)	278 (40)	121 (17)
I feel that I have a number of good qualities	291 (42)	334 (48)	53 (7)	10 (2)
I am able to do things as well as most other people	308 (45)	289 (42)	76 (11)	16 (2)
I feel I do not have much to be proud of	43 (6)	90 (13)	272 (39)	290 (42)
I certainly feel useless at times	53 (8)	194 (8)	248 (36)	189 (28)
I feel that I am a person of worth, at least on an equal plane with others	225 (33)	366 (54)	70 (10)	23 (3)
I wish I could have more respect for myself	298 (43)	196 (28)	123 (18)	78 (11)
All in all, I am inclined to feel that I am a failure	34 (5)	73 (11)	222 (32)	361 (52)
I take a positive attitude toward myself	357 (51)	245 (35)	58 (8)	38 (5)

The 10 self-esteem items were computed to calculate a self-esteem score. Cronbach's alpha measure of reliability for this scale was deemed to be moderate ($\alpha=.61$). Table 2.2 indicates

a significant relationship between self-esteem and 'adults whom you live with' ($p < .001$). Learners, living with both parents, present with higher levels of self-esteem than learners living with other relatives or learners living with the father only.

TABLE 2.2: WHICH ADULTS YOU LIVE WITH BY SELF-ESTEEM

	*MEAN SELF ESTEEM SCORE	STD.DEV.
MOTHER	30.30	3.88
FATHER	29.56	3.67
MOTHER AND FATHER	31.22	3.90
OTHER RELATIVES	29.69	3.81

($F(3, 624) = 7.13, p < .001$)

There were significant correlations between self-esteem and other measures. Table 2.3 shows that high levels of self-esteem were significantly associated with higher grades ($r = .12, p < .01$), more ambitious future orientation ($r = .32, p < .01$), lower levels of absenteeism in the past three months ($r = -.085, p < .05$), better economic situation at home ($r = .21, p < .01$) and higher levels of religiousness ($r = -.15, p < .01$).

TABLE 2.3: SIGNIFICANT CORRELATIONS WITH SELF ESTEEM

	GRADE	FUTURE ORIENTATION	ABSENT FROM SCHOOL	MONEY AT HOME	RELIGIOUSNESS
SELF ESTEEM	.12**	.32**	-.085*	.21**	-.15**

* $p < .05$

** $p < .01$

2.2 Learners' sources of information on HIV/AIDS

Comparing all sources: The school was cited as the most common source of information on HIV/AIDS (95%) in Table 2.4. This was followed by a cluster of media sources like television (88.6%), newspapers/magazines (84%) and radio (74%). Parents also featured prominently (77%), and then clinics/hospitals (74.3%) and peers (70%) and AIDS campaigns outside school (56.6%). In terms of the which source was regarded as 'very useful', the school as a cite of information again featured prominently (61%), with clinic/hospital (48.5%) and then television (41%), parents (38%) and newspapers/magazines (35.5%) and AIDS campaigns outside schools (28%). The key importance of the school as a site for delivery of HIV/AIDS information and education is evidenced in 47.7% of learners indicating that they learnt most about HIV/AIDS in the school. Parents, in this regard, came a distant second (11.4%).

In terms of sources of information that have been of little use, 'other family members were cited most frequently (57%) and to some extent friends/peers (18.3%). In terms of the latter, while learners have cited friends/peers as a popular source of information with

regard to HIV/AIDS, they may be more circumspect regarding the credibility of this source.

TABLE 2.4: LEARNER'S SOURCES OF INFORMATION ON HIV/AIDS (%)

SOURCE OF INFORMATION	YES	OF LITTLE USE	SOME WHAT USEFUL	VERY USEFUL	LEARNT MOST ABOUT HIV/AIDS
RELIGIOUS INSTITUTION	383 (54)	62 (8.8)	95 (13.5)	146 (20.8)	44 (6.3)
SCHOOL	668 (95)	29 (4)	82 (12)	428 (61)	335 (47.7)
HOME: PARENTS	543 (77)	63 (9)	122 (17.4)	267 (38)	80 (11.4)
HOME: SIBINGS	342 (48.6)	84 (12)	97 (13.8)	101 (14.4)	8 (1.1)
OTHERFAMILY MEMBERS	401 (57)	108 (15.4)	117 (16.6)	116 (15.5)	10 (1.4)
FRIENDS/PEERS	491 (70)	129 (18.3)	140 (19.9)	138 (19.6)	5 (.7)
TELEVISION	623 (88.6)	71 (10)	153 (22)	287 (41)	36 (5.1)
RADIO	519 (74)	87 (12.4)	120 (17.1)	198 (28.2)	3 (.4)
NEWSPAPERS/MAGAZINES	590 (84)	94 (13.5)	146 (21)	248 (35.3)	6 (.9)
CLINIC/HOSPITAL	522 (74.3)	31 (4.4)	56 (8)	341 (48.5)	31 (4.4)
AIDSCAMPAIGN OUTSIDE SCHOOL	398 (56.6)	58 (8.3)	69 (9.8)	197 (28)	19 (2.7)
YOUTH/SPORTS/CULTURAL CLUB	316 (45)	61 (8.7)	86 (12.2)	118 (16.8)	5 (.7)

At school: Table 2.5 presents responses to the question concerning activities/people at school from whom learners have received information about HIV/AIDS in the past year. Learners were emphatic in indicating life orientation classes as the most useful information/educational tool (60%). Life orientation classes enabled them to learn about HIV/AIDS more than any other activity (58.2%). More importantly, learners perceived these classes, more than any other activity, to have an impact on their attitudes and behaviour. A guest speaker who has HIV/AIDS (34.4%) and an AIDS drama/play were also seen to be very useful by a proportion of learners (32.1%). While learners indicated that they received information from friends/peers (66.3%), respondents presented with mixed responses regarding the value of such information. For instance 16.8% thought that information/education from friends/peers was useful, while 17% thought that such information/education was of little use.

TABLE 2.5: SCHOOL BASED HIV/AIDS INFORMATION/EDUCATION ACTIVITIES IN THE PAST YEAR (%)

SCHOOL BASED INFORMATION/ EDUCATION ACTIVITIES IN THE PAST YEAR	YES	OF LITTLE USE	SOME WHAT USEFUL	VERY USEFUL	LEARNT MOST ABOUT HIV/AIDS	IMPACT ON ATTITUDES AND BEHAVIOUR

LIFE ORIENTATION CLASSES	660 (94)	35 (5)	86 (12.3)	422 (60)	409 (58.2)	242 (34.4)
BIOLOGY CLASSES	247 (35)	55 (7.8)	64 (9.1)	79 (11.2)	30 (4.3)	40 (5.7)
OTHER CLASSES	447 (63.6)	78 (11.1)	136 (19.3)	129 (18.3)	28 (4)	51 (7.3)
GUEST SPEAKER WHO HAS HIV	439 (62.4)	38 (5.4)	74 (10.5)	241 (34.4)	46 (6.5)	80 (11.4)
AIDS DRAMA/PLAY	464 (66)	40 (5.7)	115 (16.4)	226 (32.1)	29 (4.1)	74 (10.5)
SCHOOL ASSEMBLY	392 (55.8)	80 (11.4)	104 (14.8)	133 (18.9)	14 (2)	15 (2.1)
DISCUSSION WITH TEACHERS OUTSIDE CLASS	291 (41.4)	57 (8.1)	72 (10.2)	104 (14.8)	22 (3.1)	16 (2.3)
DISCUSSION WITH PEERS/FRIENDS	466 (66.3)	120 (17)	142 (20)	118 (16.8)	13 (1.8)	30 (4.3)
AIDS CAMPAIGN (E.G. RED RIBBON CAMPAIGN; AIDS DAY)	446 (63.4)	46 (6.5)	78 (11.1)	232 (33)	31 (4.4)	40 (5.7)

Comparing people: In Table 2.6, in response to the question: Which of the following people have you talked to about sex, sexual abuse and HIV/AIDS, most learners indicated their mother. Fifty one percent indicated that they talk to their mother about sex, 36% talked to their mother about sex abuse, and 52% talked to their mother about HIV/AIDS. The majority of respondents also talked to their teachers about sex (55%), sexual abuse (48.5%) and HIV/AIDS (67.1%). Teachers featured more strongly in comparison to mothers in terms of each of the above categories. Counselors were common discussants popular in comparison to teachers and mothers. Friends featured more predominantly with regard to sex, and less so for the other two topics.

TABLE 2.6: PERSONS WITH WHOM LEARNERS HAVE TALKED TO ABOUT SEX, SEXUAL ABUSE AND HIV/AIDS (%)

PERSON TALKED TO	SEX	SEXUAL ABUSE	HIV/AIDS
MOTHER	358 (51)	253 (36)	364 (52)
FATHER	191 (27.2)	180 (25.6)	284 (40.4)
SISTER	189 (27)	139 (20)	163 (22.3)
BROTHER	175 (25)	125 (17.8)	145 (21)
UNCLE	110 (15.6)	134 (19)	175 (25)
AUNT	158 (22.5)	155 (22)	195 (27.7)
GRANDMOTHER	137 (19.5)	153 (21.8)	189 (26.9)
GRANDFATHER	98 (14)	111 (15.8)	145 (20.6)

FRIENDS	422 (60)	229 (32.6)	247 (35.1)
TEACHER	386 (55)	341 (48.5)	472 (67.1)
COUNSELOR	113 (16.1)	163 (23.2)	176 (25)
NONE OF THE ABOVE	55 (7.8)	59 (8.4)	62 (8.8)

In Table 2.7 mothers and teachers were also cited as the most important educational source in terms of sex, sexual abuse and HIV/AIDS. More importantly, mothers (28.6%) and teachers (23%) were also perceived as having the most impact on learner's attitudes and behaviours in relation to HIV/AIDS.

TABLE 2.7: PERSON WHO HAS MOST INFLUENCED YOUR ATTITUDES AND BEHAVIOURS IN RELATION TO HIV/AIDS (%)

PERSON WHO HAS INFLUENCED YOUR ATTITUDE/BEHAVIOUR ABOUT HIV/AIDS	Frequency
MOTHER	201 (28.6)
FATHER	48 (6.8)
SISTER	38 (5.4)
BROTHER	23 (3.3)
UNCLE	15 (2.1)
AUNT	22 (3.1)
GRANDMOTHER	16 (2.3)
GRANDFATHER	4 (.6)
FRIENDS	61 (8.7)
TEACHER	162 (23)
COUNSELOR	27 (3.8)
NONE OF THE ABOVE	21 (3)

2.3 School and life orientation activities on HIV/AIDS

School's Role: Almost half of learners indicated that their school had had a guest speaker talk about HIV/AIDS (48.3%), a drama group perform a play about HIV/AIDS (43.3%), an assembly about HIV/AIDS (42.1%), or a person living with AIDS speak to the school (26.2%). Table 2.8 indicates that a minority of learners reported that they were taken on class outings related to HIV/AIDS (13.5%)

TABLE 2.8: SCHOOL ACTIVITIES IN RELATION TO HIV/AIDS FOR THE CURRENT YEAR (%)

ACTIVITIES	YES	NO/NOT SURE
COMMEMORATED INTERNATIONAL AIDS DAY	204 (29.7)	484 (70.3)
HAD ASSEMBLY ABOUT HIV/AIDS	292 (42)	401 (58)
DONE SOMETHING FOR AIDS CARE WEEK	219 (31.7)	472 (68.3)
HAD A PERSON LIVING WITH AIDS SPEAK TO THE SCHOOL	181 (26.2)	509 (73.8)
HAD A GUEST SPEAKER TALK ABOUT HIV/AIDS	329 (48.3)	352 (51.7)
HAD A DRAMA GROUP PERFORM A	299 (43.3)	392 (56.7)

PLAY ABOUT HIV/ AIDS		
HANDED OUT LEAFLETS, PAMPHLETS OR BROCHURES ABOUT HIV/ AIDS TO LEARNERS	232 (33.7)	456 (66.3)
TAKEN LEARNERS ON CLASS OUTINGS RELATED TO HIV/ AIDS	93 (13.5)	594 (86.5)

The nine items comprising various school activities were computed to form a School Activities Index. Cronbach's alpha measure of reliability for this index was deemed to be moderate ($\alpha=.65$). A race by School Activities Index analysis indicates that the greatest number of school activities occurred in formerly Black schools and Indian schools. Formerly White schools, by comparison recorded the lowest number of school activities. This result is statistically significant ($p < .001$) (see Table 2.9).

TABLE 2.9: SCHOOL ACTIVITIES INDEX BY TYPE OF SCHOOL

RACE	N	*MEAN	STD.DEV
FORMER WHITE SCHOOLS	193	1.79	1.85
FORMER INDIAN SCHOOLS	132	3.03	2.06
FORMER COLOURED SCHOOLS	177	2.65	1.80
FORMER BLACK SCHOOLS	153	3.26	1.85

*(F (3 654) = 20.38, $p < .001$)

Life orientation classes: Table 2.10 indicates the number of life orientation classes by school on sex, sexuality and HIV/AIDS. Learners at formerly Indian and formerly Coloured schools had a higher percent of life orientation lessons than formerly White and Black schools. Among learners from formerly White schools, 57% indicated that they had none or very few (1-5) lessons on these topics. A similar response rate was evident for the Black schools.

TABLE 2.10: NUMBER OF LIFE ORIENTATION LESSONS ON SEX, SEXUALITY AND HIV/AIDS BY TYPE OF SCHOOL (%)

GRADE	NUMBER OF LIFE ORIENTATION LESSONS				TOTAL
	NONE	VERY FEW (1-5 LESSONS)	SOME (6-15 LESSONS)	QUITE A LOT (MORE THAN 15 LESSONS)	
FORMELY WHITE	16 (8.7)	89 (48.4)	48 (26.1)	31 (16.8)	184 (100)
FORMELY INDIAN	7 (5)	34 (24.5)	51 (36.7)	47 (33.8)	139 (100)
FORMERLY COLOURED	12 (6)	42 (21.4)	76 (38.8)	66 (33.7)	196 (100)
FORMERLY BLACK	37 (23)	55 (34.2)	35 (21.7)	32 (21)	161 (100)
TOTAL	72 (10.6)	220 (32.4)	210 (31)	178 (26.2)	680 (100)

Twenty-eight percent of learners indicated that they had had programmes about HIV/AIDS out of school? Table 2.11 provides a race by attendance of life orientation programmes outside the school in the past year. More Black (33.2%) and Coloured learners (27%) and less White (17.3%) and Indian learners (23%) were exposed to life orientation programmes outside of school in the past year.

TABLE 2.11: RACE BY ATTENDANCE OF LIFE ORIENTATION PROGRAMME OUTSIDE OF SCHOOL IN THE PAST YEAR (%)

RACE	HAVE YOU ATTENDED A LIFE ORIENTATION PROGRAMME ON HIV/AIDS OUTSIDE OF SCHOOL IN THE PAST YEAR (%)	
	YES	NO
BLACK	110 (33.2)	218 (66)
COLOURED	31 (27)	84 (73)
INDIAN	11 (23)	37 (77)
WHITE	28 (17.3)	134 (82.7)

In Table 2.12 more female learners found the life orientation programmes at school to be very useful (70.4%), than male learners (59.6%). Conversely slightly more male learners found these programmes to be of little use (16.6%) as compared to females (12.7%).

TABLE 2.12: USEFULNESS OF THE SCHOOL LIFE ORIENTATION PROGRAMME ON HIV/AIDS (%)

GENDER	USEFULNESS OF THE LIFE ORIENTATION PROGRAMME ON HIV/AIDS		
	OF LITTLE USE	SOMEWHAT USEFUL	VERY USEFUL
MALE	53 (16.6)	76 (23.8)	190 (59.6)
FEMALE	45 (12.7)	58 (16.3)	250 (70.4)

Learners in Table 2.13 revealed overall positive attitudes towards the life orientation programme. Learners strongly agreed or agreed that the programme was useful (87.3%). Learners also strongly agreed or agreed that the HIV/AIDS material was interesting

(81.8%). Learners also strongly agreed or agreed that the material was easy to understand (83.4%). However, almost half (48.2%) said they found some of the materials confusing and 39.1% indicated that 'there was not enough information for my age group'. Over half of learners (55.3%) indicated that 'there was too much focus on condoms' and 60% felt there was too much focus on not having sex. Just over half of learners (51%) felt there was too much focus on sex and 40.6% of learners said that some materials embarrass them. Almost half of learners (49.4%) felt the materials make children believe it is okay to have sex as long it is safe, but only 18.2% felt that the materials encourage young people to have sex.

TABLE 2.13: ATTITUDES TOWARDS SCHOOL LIFE ORIENTATION PROGRAMMES (LOP) ON HIV/AIDS (%)

	ATTITUDES TOWARDS LIFE ORIENTATION PROGRAMME (LOP)			
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
THE LOP INFORMATION IS USEFUL	431 (61.3)	183 (26)	36 (5.1)	36 (5.1)
THERE IS TOO MUCH FOCUS ON NOT HAVING SEX	208 (29.6)	214 (30.4)	175 (24.9)	87 (12.4)
THE LOP MATERIALS ON HIV/AIDS ARE EASY TO UNDERSTAND	334 (49)	242 (34.4)	74 (10.5)	27 (3.8)
THE MATERIALS ENCOURAGE YOUNG PEOPLE TO HAVE SEX	59 (8.4)	69 (9.8)	208 (29.6)	346 (49.2)
THERE IS NOT ENOUGH INFORMATION FOR MY AGE GROUP	140 (20)	134 (19.1)	228 (32.4)	179 (25.5)
I FIND SOME OF THE MATERIALS CONFUSING	106 (15.1)	233 (33.1)	230 (32.7)	105 (15)
SOME OF MATERIALS EMBARRASS ME	112 (16)	173 (24.6)	244 (34.7)	147 (21)
THEIR MATERIALS MAKE CHILDREN BELIEVE THAT IT IS OKAY TO HAVE SEX AS LONG AS IT IS SAFE	149 (21.2)	198 (28.2)	177 (25.2)	158 (22.5)
THERE IS TOO MUCH FOCUS ON CONDOMS	197 (28)	192 (27.3)	191 (27.2)	100 (14.2)
THERE IS TOO MUCH FOCUS ON SEX	184 (26.2)	174 (24.8)	209 (29.7)	103 (14.7)
THE L O P MATERIALS ON HIV/AIDS ARE INTERESTING	355 (50.5)	220 (31.3)	69 (9.8)	42 (6)

Table 2.14 shows that the majority of learners agree that it is the school's responsibility to educate learners about sex and sexuality (82%) and HIV/AIDS (85.6%). Learners also felt that educators at their respective schools take life orientation programmes seriously (86%) and 91% of learners felt that educators at their schools think teaching about HIV/AIDS is very important. Learners also felt that learners at their school generally believed that teaching learners about HIV/AIDS was very important (78.9%). However 21.1% of learners also disagreed with this view. The majority of learners also felt that their schools take HIV/AIDS seriously (82%).

TABLE 2.14: ATTITUDES TOWARDS SCHOOL'S RESPONSIBILITY FOR HIV/AIDS/SEX/SEXUALITY EDUCATION (%)

	ATTITUDES TOWARDS HIV/AIDS/SEXUALITY EDUCATION			
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
SCHOOL'S RESPONSIBILITY TO EDUCATE LEARNERS ABOUT SEX AND SEXUALITY	351 (50.4)	216 (31.6)	84 (12.3)	32 (4.7)
SCHOOL'S RESPONSIBILITY TO EDUCATE LEARNERS ABOUT HIV/AIDS	334 (49)	249 (36.6)	71 (11)	27 (4)
EDUCATORS AT MY SCHOOL TAKE LIFE ORIENTATION SERIOUSLY	373 (55)	210 (31)	65 (9.6)	30 (4.4)
EDUCATORS AT MY SCHOOL GENERALLY BELIEVE THAT TEACHING LEARNERS ABOUT HIV/AIDS IS VERY IMPORTANT	426 (62.2)	196 (28.8)	43 (6.3)	16 (2.3)
LEARNERS AT MY SCHOOL BELIEVE THAT LEARNING ABOUT HIV/AIDS IS VERY IMPORTANT	291 (42.7)	247 (36.2)	116 (17)	28 (4.1)
MY SCHOOL TAKES HIV/AIDS SERIOUSLY	351 (51.4)	216 (31.6)	84 (12.3)	32 (4.7)

Table 2.15 shows that a majority of learners feel that educators are comfortable about teaching sex and sexuality (61.4%) and HIV/AIDS (68.4%). However, 29.6% of learners reported that they thought educators were only 'somewhat comfortable,' while 9% reported educators were either somewhat uncomfortable or very uncomfortable. Similarly, 25.7% reported educators were somewhat comfortable and 5.9% reported that educators were either somewhat uncomfortable or very uncomfortable about teaching about HIV/AIDS. The majority of learners also felt that they were very comfortable about learning about sex and sexuality (64.3%) and HIV/AIDS (74.6%). However, at least 25.6% were somewhat comfortable and 9.9% were either somewhat uncomfortable or very

uncomfortable with learning about sex. When learning about HIV, 18.7% were somewhat comfortable and 6.7% were somewhat uncomfortable or very uncomfortable. A majority of learners also perceived parents to be very comfortable about them learning about sex and sexuality (60%) and HIV / AIDS (71.1%). Learners did however feel that their parents may be somewhat comfortable (27%) and 13.4% were somewhat uncomfortable or very uncomfortable about them learning about sex and sexuality at school (13.4%). Learning about HIV, 19.5% of learners felt parents were somewhat comfortable, while 8.9% felt parents were either somewhat uncomfortable or very uncomfortable.

TABLE 2.15: EDUCATORS, PARENTS AND LEARNERS LEVEL OF COMFORT ABOUT SEX/SEXUALITY AND HIV/AIDS (%)

	ATTITUDES TOWARDS EDUCATORS, PARENTS AND LEARNER'S LEVEL OF COMFORT ABOUT SEX/SEXUALITY AND HIV/AIDS			
	VERY COMFORTABLE	SOMEWHAT COMFORTABLE	SOMEWHAT UNCOMFORTABLE	VERY UNCOMFORTABLE
EDUCATORS ARE COMFORTABLE ABOUT TEACHING SEX AND SEXUALITY	416 (61.4)	201 (29.6)	42 (6.2)	19 (2.8)
EDUCATORS ARE COMFORTABLE TEACHING ABOUT HIV/AIDS	463 (68.4)	174 (25.7)	27 (4)	13 (1.9)
I AM COMFORTABLE LEARNING ABOUT SEX AND SEXUALITY AT SCHOOL	435 (64.3)	173 (25.6)	51 (7.5)	16 (2.4)
I AM COMFORTABLE LEARNING ABOUT HIV/AIDS AT SCHOOL	498 (74.6)	125 (18.7)	29 (4.3)	16 (2.4)
MY PARENTS ARE COMFORTABLE ABOUT ME LEARNING ABOUT SEX AND SEXUALITY AT SCHOOL	404 (60)	183 (27)	64 (9.4)	27 (4)
MY PARENTS ARE COMFORTABLE ABOUT ME LEARNING ABOUT HIV/AIDS AT SCHOOL	468 (71.7)	132 (19.5)	35 (5.2)	25 (3.7)

Table 2.16 indicates that most of the learners had very strong and positive attitudes about the life orientation classes. Learners felt that it helped 'me protect myself from getting HIV/AIDS' (76%), helped 'me to understand more about HIV/AIDS' (73%), encouraged 'me to learn more about HIV/AIDS' (65.4%) and helped 'me to accept people living with AIDS' (70.1%).

TABLE 2.16: ATTITUDES TOWARDS LIFE ORIENTATION PROGRAMME IN DEALING WITH HIV/AIDS (%)

	ATTITUDES TOWARDS LIFE ORIENTATION PROGRAMME			
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
LOC ON HIV/AIDS HELPS ME TO PROTECT MYSELF FROM GETTING HIV/AIDS	517 (76)	135 (20)	20 (3)	8 (1.2)
LOC ON HIV/AIDS HELPS ME TO UNDERSTAND MORE ABOUT HIV/AIDS	496 (73)	151 (22.2)	25 (3.7)	8 (1.2)
LOC ON HIV/AIDS ENCOURAGES ME TO LEARN MORE ABOUT HIV/AIDS	445 (65.4)	169 (25)	54 (8)	12 (1.8)
LOC ON HIV/AIDS HELPS ME TO ACCEPT PEOPLE LIVING WITH AIDS	477 (70.1)	153 (22.5)	30 (4.4)	20 (3)

2.4 Learners' HIV/AIDS knowledge

Table 2.17 indicates that learners had mixed levels of knowledge regarding HIV/AIDS. A high percentage of learners indicated that a person could get HIV/AIDS if the blood of an infected person touches the open wound of another person (98%), by sharing injection needles (95.2%), from blood transfusions with infected blood (91%) and an infected mother can give HIV/AIDS to her unborn child (89%). Knowledge was high in terms of some biological facts regarding the disease, such as HIV damages the immune system in the body (90%). However, 23% of learner's did not think that one could get HIV/AIDS through unprotected vaginal sex, or through unprotected anal sex (18%), from breastfeeding from a mother who has HIV/AIDS (44%). Among respondents, 71% indicated that it was incorrect to think that a single test can prove a person does not have HIV/AIDS. More than 1 in 10 respondents (12%) indicated that there was a cure for HIV/AIDS. Less than one in five respondents (18%) indicated that condoms are 100% effective in protecting oneself from HIV. More than one in ten respondents thought that one could get HIV/AIDS through mosquito bites (12%). Sixty percent also disagreed that one could get HIV/AIDS through oral sex. More than 1 in 2 respondents (52%) disagreed that T-cells co-ordinate the immune system's to fight germs and infections. Almost 70% of

learner's disagreed that using JIK is an effective means of cleaning blood spills. The 21 knowledge items were computed to form a knowledge scale. The cronbach's alpha measure of reliability for this scale ($\alpha=.40$) was comparatively lower than the other scales. The low reliability for this scale is probably a result of a number of different types of knowledge questions being accessed in this questionnaire. Clearly not all questions presented with the same level of difficulty for respondents.

TABLE 2.17: KNOWLEDGE ABOUT HIV/AIDS (%)

	TRUE	FALSE
BY SHARING INJECTION NEEDLES	660 (95.2)	33 (4.8)
THROUGH UNPROTECTED ANAL SEX	574 (82)	124 (18)
THOUGH UNPROTECTED VAGINAL SEX	538 (76)	156 (23)
FROM BLOOD TRANSFUSIONS WITH INFECTED BLOOD	634 (91)	62 (9)
FROM KISSING A PERSON WITH HIV / AIDS	48 (7)	649 (93)
FROM MOSQUITO BITES	85 (12)	612 (88)
FROM BREASTFEEDING FROM A MOTHER WITH HIV / AIDS	393 (56)	304 (44)
A SINGLE TEST CAN PROVE A PERSON DOES NOT HAVE HIV / AIDS	194 (29)	468 (71)
THERE IS A CURE FOR HIV / AIDS	80 (12)	617 (88)
THERE IS ENOUGH HIV IN SALIVA FOR IT TO INFECT ANOTHER PERSON	188 (27)	503 (73)
A PERSON CAN GET HIV / AIDS THROUGH ORAL SEX	274 (40)	412 (60)
HIV / AIDS CAN BE CURED BY SEX WITH A VIRGIN	58 (8)	637 (92)
CONDOMS ARE 100% EFFECTIVE IN PROTECTING ONESELF FROM HIV	129 (18)	566 (82)
PEOPLE CAN COMPLETELY PROTECT THEMSELVES FROM GETTING HIV BY ABSTAINING FROM SEX	453 (65)	244 (35)
HIV DAMAGES THE IMMUNE SYSTEM IN THE BODY	624 (90)	68 (10)
A PERSON CAN GET HIV / AIDS FROM EAR AND BODY PIERCING	188 (27)	505 (73)
T-CELLS CO-ORDINATE THE IMMUNE SYSTEM TO FIGHT GERMS AND INFECTIONS	335 (48)	362 (52)
YOU CAN BECOME INFECTED IF THE BLOOD OF AN INFECTED PERSON TOUCHES THE OPEN WOUND OF ANOTHER	614 (98)	12 (2)

PERSON		
AN INFECTED MOTHER CAN GIVE HIV/AIDS TO HER UNBORN CHILD	618 (89)	76 (11)
USING JIK IS AN EFFECTIVE MEANS OF CLEANING BLOOD SPILLS	216 (31)	473 (69)
IF A PERSON HAS HAD FEW SEXUAL PARTNERS, HE/SHE WON'T HAVE HIV/AIDS	65 (9)	631 (91)

In Table 2.18, learners in grade 9 had the highest levels of knowledge, with learners in grade 6 presenting with the lowest level of knowledge ($p < .001$)

TABLE 2.18: HIV/AIDS KNOWLEDGE BY GRADE

	*MEAN KNOWLEDGE SCORE	STD.DEV.
GRADE 6	50.08	4.72
GRADE 7	52.76	4.06
GRADE 8	53.12	3.64
GRADE 9	53.72	3.25

*(F (3 602)=15.53, $p < .001$)

In Table 2.19, learners who classified themselves as Indians presented with significantly higher levels of knowledge than learners who classified themselves as Black who had the lowest knowledge score ($p < .005$)

TABLE 2.19: HIV/AIDS KNOWLEDGE BY RACE

	*MEAN KNOWLEDGE SCORE	STD.DEV.
BLACK	52.56	3.99
COLOURED	53.57	3.49
INDIAN	54.59	3.90
WHITE	53.08	3.45

*(F (3 600)=4.6, $p < .005$)

Table 2.20 indicates that there is a significant relationship between knowledge about HIV/AIDS by economic situation at home ($p < .001$). Learners who indicated that they had 'no money for basic things' had significantly lower knowledge score as compared to learners who 'had enough money for important things, but few extras'.

TABLE 2.20: HIV/AIDS KNOWLEDGE BY ECONOMIC SITUATION AT HOME

	*MEAN KNOWLEDGE SCORE	STD.DEV.
NO MONEY FOR BASIC THINGS	51.50	4.12

ENOUGH MONEY FOR FOOD AD CLOTHES, BUT SHORT OF MANY THINGS	52.30	3.93
ENOUGH MONEY FOR IMPORTANT THINGS, BUT FEW EXTRAS	53.54	3.42
ENOUGH MONEY FOR EXTRA THINGS (LUXURY GOOD AND HOLIDAYS)	53.52	3.73

*(F (3 597)=7.9, p<.001)

Table 2.21 indicates that there is a significant relationship between knowledge about HIV/AIDS and parent communication. Communication with mothers about HIV/AIDS was associated with higher levels of knowledge in learners than no communication with mothers (p<.01). Fathers did not have a significant impact on learner's levels of knowledge about HIV/AIDS.

TABLE 2.21: HIV/AIDS KNOWLEDGE BY PARENT COMMUNICATION ON HIV/AIDS

		MEAN KNOWLEDGE SCORE	STD.DEV.
*MOTHER	YES	53.42	3.70
	NO	52.59	3.86
FATHER	YES	53.27	3.73
	NO	52.88	3.84

*(t (1 599)=2.69, p<.01)

Table 2.22 indicates life orientation classes do have a positive impact on HIV/AIDS knowledge. Those learners with some lessons (6-15 lessons) did significantly better than those learners with no lessons or those learners with very few (1-5 lessons) or those learners with quite a lot lessons (more than 5 lessons) (p<.001).

TABLE 2.22: HIV/AIDS KNOWLEDGE BY NUMBER OF LESSONS ON HIV/AIDS

LIFE ORIENTATION CLASSES	*MEAN KNOWLEDGE SCORE	STD.DEV.
NONE	51.52	3.89
VERY FEW (1-5 LESSONS)	52.60	3.76
SOME (6-15 LESSONS)	54.01	3.59
QUITE A LOT (MORE THAN 5 LESSONS)	53.11	3.69

F(3 581)=8.05, p<.001)

2.5 Learners' attitudes and behaviours in relation to HIV/AIDS

2.5.1 Risk

Level of risk personal perception is a central cognitive construct that is associated with risky behaviour. People who perceive themselves to be at high risk for HIV/AIDS will more likely resort to safe sexual practices. In terms of level of risk perception in relation to HIV/AIDS, it is of concern to note that almost 40% of learners regarded themselves as being at low risk for HIV/AIDS (see Table 2.23). This finding is consistent with other South African research that suggests that level of personal vulnerability with regard to contracting HIV/AIDS is consistently rated as being low by youth (RHRU/loveLife, 2004).

TABLE 2.23: LEVEL OF CONCERN ABOUT RISK FOR HIV/AIDS

LEVEL OF CONCERN ABOUT RISK FOR HIV/AIDS	Frequency
NOT AT ALL CONCERNED	134 (19.1)
A LITTLE CONCERNED	150 (21.3)
VERY CONCERNED	232 (33)
DON'T KNOW	169 (24)

Table 2.24 indicates life orientation classes do have some impact on level of personal risk perception, that is, 59.7% of learner's who were very concerned about HIV/AIDS indicated that they had had 6 lessons or more life orientation lessons. Almost 1 in 2 learners who were 'not concerned at all' indicated none or very few (1-5 lessons) lessons.

TABLE 2.24: NUMBER OF LIFE ORIENTATION LESSONS BY LEVEL OF RISK PERCEPTION (%)

LEVEL OF RISK PERCEPTION	NUMBER OF LIFE ORIENTATION LESSONS				TOTAL
	NONE	VERY FEW (1-5 LESSONS)	SOME (6-15 LESSONS)	QUITE A LOT (MORE THAN 15 LESSONS)	
NOT AT ALL CONCERNED	22 (17)	41 (31.5)	33 (25.4)	34 (26.2)	130 (100)
A LITTLE CONCERNED	7 (5)	48 (33.6)	62 (43.4)	26 (18.2)	143 (100)
VERY CONCERNED	20 (8.8)	71 (31.4)	71 (31.4)	64 (28.3)	226 (100)
DON'T KNOW	19 (11.6)	56 (34.1)	41 (25)	48 (29)	164 (100)

In terms of demographic variables, high levels of risk perception were moderately associated with communication with mothers about HIV/AIDS. More learners who indicated that they were 'very concerned' about risk for HIV/AIDS, communicated with their mother (56.5%) as opposed to no communication with their mother (43.5%) about

HIV/AIDS. Those learners who were 'not at all concerned' about personal risk did not communicate with their mother about HIV/AIDS (52.2%).

Analysis of risk by related demographics suggested the following. In terms of race, Black respondents present with mixed responses, in that 52.2% exhibited high levels of concern, while 55.6% showed no concern at all in relation to personal risk about HIV/AIDS. A high percentage of White learners (48.7%) indicated little concern for being at personal risk for contracting HIV/AIDS. There were no significant trends by level of personal risk perception and economic situation at home. However higher level of risk perception was significantly associated with higher levels of knowledge about HIV/AIDS ($r=.13, p<.005$)

2.5.2 Intended protective behaviour

As regards protective behaviours, almost 85% of learners indicated that 'would use condoms whenever I have sex'. About 83% indicated that they would 'be faithful to one partner'. Eighty two percent indicated that they would go for a test for HIV 'with my partner before having sex'. Seventy five percent stated that they would go for an HIV test regularly. However, almost 30% of learners were not in favour or unsure about whether they would stop having sex. A further 37% of learners were not in favour or unsure about whether they would continue to abstain from sex. Further just more than 1 in 5 learners indicated that they were not in favour or unsure whether they would go for an HIV test regularly (see Table 2.25).

TABLE 2.25: INTENDED PROTECTED BEHAVIOUR AGAINST HIV/AIDS (%)

	YES	NO	UNSURE
STOP HAVING SEX	433 (61.6)	108 (15.4)	98 (13.9)
CONTINUE TO ABSTAIN FROM SEX	414 (59)	133 (19)	126 (18)
BE FAITHFUL TO ONE PARTNER	581 (82.6)	32 (4.6)	52 (7.4)
USE CONDOMS WHENEVER I HAVE SEX	596 (84.8)	31 (4.4)	34 (4.8)
GO FOR AN HIV TEST REGULARLY	528 (75)	56 (8)	85 (12.1)
TEST FOR HIV WITH MY PARTNER BEFORE HAVING SEX	572 (81.4)	35 (5)	63 (9)

In terms of self-confidence in preventing HIV/AIDS, more learners felt uncertain/very uncertain on the following items (see Table 2.26):

I would be able to resist peer pressure to have sexual intercourse (35.1%)

I would feel that I could negotiate with a partner, who didn't agree with me, that we should only practice sexual (29.6%)

I would be able to insist on only practicing sexual activities that cannot give me HIV (29.5%)

I would be able to refuse to perform any risky behaviour that might give me HIV even if my partner wanted me to (24%)

I would feel comfortable discussing with their girlfriend/boyfriend about not having sex (17.6%)

It seems that peer pressure to have sexual intercourse and partner sexual practice negotiation issues feature strongly in impeding self-confidence to practice appropriate preventative behaviours (see Table 2.26).

Higher percentages of learner's responses in terms of 'very high levels of certainty' were recorded on the following items:

I would refuse to have sex with someone in exchange for money, food, school fees or gifts (67.8%)

I would be able to abstain from sex until I was in a committed lifelong relationship where both my partner and I were faithful (63.3%)

I would be able to explain to my partner the need to avoid the risk of getting HIV for both of us (62.8%).

High levels of confidence were associated with ability to refuse transactional sex, sexual abstinence and explaining to one's partner the need to avoid the risk of getting HIV.

TABLE 2.26: SELF CONFIDENCE IN PREVENTING HIV/AIDS (%)

	Very Certain	Certain	Uncertain	Very Uncertain
a. I would feel comfortable discussing with my boyfriend / girlfriend about not having sex so we don't get HIV	410 (56.2)	192 (26.3)	96 (13.2)	32 (4.4)
b. I would be able to abstain from sex until I was in a committed lifelong relationship where both my partner and I were faithful	463 (63.3)	159 (21.7)	83 (11.3)	27 (3.7)
c. I would be able to resist peer pressure to have sexual intercourse	293 (40.5)	176 (24.3)	165 (22.8)	89 (12.3)
d. I would be able to refuse to perform any risky behaviour that might give me HIV even if my partner wanted me to	413 (56.7)	140 (19.2)	102 (14)	73 (10)
e. I would be able to insist on only practicing sexual activities that cannot give me HIV	340 (47.1)	168 (23.3)	133 (18.4)	80 (11.1)
f. I would be able to explain to my partner the need to avoid the risk of getting HIV for both of us	450 (62.8)	168 (23.4)	64 (8.9)	35 (4.9)
g. I would feel that I can negotiate with a partner, who didn't agree with me, that we should only practice sexual activities that cannot give us HIV	308 (42.9)	194 (27)	127 (17.3)	89 (12.4)

h. I would refuse to have sex with someone in exchange for money, food, school fees or gifts.	494 (67.8)	53 (7.3)	73 (10)	111 (15.2)
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In terms of sexually protective behaviours in preventing HIV/ AIDS, more learners felt 'very certain' with regard to performing the following behaviours which typically revolved around condom use (see Table 2.27):

I would be able to refuse to have sexual intercourse, without the use of condom, with anyone I knew who was HIV infected (67.1%)

I would be able to insist on condom use during every sexual encounter that involves sexual intercourse (63.9%)

I would be willing to carry a condom at all times for use whenever I had sexual intercourse (58%)

I would be able to learn how to use a condom properly (57.3%)

I would be able to explain to my sexual partner the need for condom use to reduce the risk of HIV exposure for both of us (67%)

In terms of sexually protective behaviours in preventing HIV/ AIDS, more learners felt uncertain/very uncertain with regard to the following high-risk behaviours concerning negotiation with partner and accessing condoms (see Table 2.27):

I would feel competent in negotiating lower risk activities with a partner who was not readily agreeable (32.7%)

I would not be embarrassed to go to a supplier and obtain condoms (29.5%)

I would be able to refuse to perform any high-risk sexual behaviour even if my partner wanted me to perform them (23.3%)

TABLE 2.27: SEXUALLY PROTECTIVE BEHAVIOUR IN PREVENTING HIV/AIDS

	Very Certain	Certain	Uncertain	Very Uncertain
a. I would not be embarrassed to go to a supplier and obtain condoms	317 (43.4)	198 (27.1)	129 (17.6)	87 (11.9)
b. I would be willing to carry a condom at all times for use whenever I had sexual intercourse	421 (58)	188 (25.9)	66 (9.1)	51 (7)
c. I would be able to learn how to use a condom properly	414 (57.3)	201 (27.8)	66 (9.1)	42 (5.8)
d. I would be able to initiate talking about lower risk sexual activities before a relationship became sexual	338 (45.7)	244 (33.7)	101 (14)	40 (5.5)
e. I would be able to refuse to perform any high risk sexual behaviour even if my partner wanted me to perform them	400 (54.9)	158 (21.7)	103 (14.1)	67 (9.2)
f. I would feel competent in negotiating lower risk activities with a partner who	266 (36.7)	221 (30.5)	150 (20.7)	87 (12)

was not readily agreeable				
g. I would be able to refuse to have sexual intercourse, without the use of condom, with anyone I knew who was HIV infected	486 (67.1)	72 (9.9)	64 (8.8)	102 (14.1)
h. I would be able to insist on condom use during every sexual encounter which involves sexual intercourse	461 (63.9)	145 (20.1)	68 (9.4)	48 (6.6)
i. I would be able to explain to my sexual partner the need for condom use to reduce the risk of HIV exposure for both of us	488 (67)	149 (20.5)	60 (8.2)	31 (4.3)

The items in Table 2.26 and Table 2.27 were separately computed to produce a self confidence in preventing HIV/AIDS scale ($\alpha=.67$) and a sexual protective behaviour in preventing HIV/AIDS scale ($\alpha=.76$). Scale reliabilities ranged from moderate to good. Self confidence in preventing HIV/AIDS ($p<.05$) and sexual protective behaviour in preventing HIV/AIDS ($p<.05$) among learners was significantly and independently associated with higher number of life orientation classes (see Table 2.28). This result is encouraging and suggests that the life orientation programme is certainly having a positive effect on learner sexual confidence and protective behaviour.

TABLE 2.28:SEXUALLY PROTECTIVE ATTITUDES AND BEHAVIOUR BY LIFE ORIENTATION LESSONS

LIFE ORIENTATION LESSONS	SELF CONFIDENCE IN PREVENTING HIV/AIDS		SEXUAL PROTECTIVE BEHAVIOUR IN PREVENTING HIV/AIDS	
	*MEAN KNOWLEDGE SCORE	STD.DEV.	**MEAN KNOWLEDGE SCORE	STD.DEV.
NONE	25.43	4.65	28.43	5.21
VERY FEW (1-5 LESSONS)	25.54	4.43	29.01	5.11
SOME (6-15 LESSONS)	26.10	4.12	30.06	4.75
QUITE A LOT (MORE THAN 5 LESSONS)	26.32	4.09	29.79	4.83

**F(3 627)=2.52, $p>.05$, NS)

*F(3 627)=1.38, $p>.05$, NS)

Outside the school setting, mothers, but not fathers seem to act as a protective shield for safe sexual behaviour of learners. In this regard, self confidence in preventing HIV/AIDS ($p<.01$) and sexual protective behaviour in preventing HIV/AIDS ($p<.01$) among learners was also significantly and independently associated with communication with mothers, but not fathers (see Table 2.29).

TABLE 2.29: SEXUALLY PROTECTIVE ATTITUDES AND BEHAVIOUR BY COMMUNICATION WITH PARENTS

	SELF CONFIDENCE IN PREVENTING HIV/AIDS		SEXUAL PROTECTIVE BEHAVIOUR IN PREVENTING HIV/AIDS	
	MEAN KNOWLEDGE	STD.DEV.	MEAN KNOWLEDGE	STD.DEV.

	SCORE		SCORE	
COMMUNICATION WITH MOTHER ABOUT HIV/AIDS				
YES	*26.54	4.01	**30.12	4.82
NO	25.19	4.55	28.97	5.12
COMMUNICATION WITH FATHER ABOUT HIV/AIDS				
YES	26.08	4.22	29.80	4.93
NO	25.67	4.39	29.30	5.01

* t (1 647)=3.74, p<.01)

**t (1 640) =2.69, p<.01)

Younger children may be more vulnerable to HIV/AIDS. This is evident in the findings that self confidence in preventing HIV/AIDS (p<.05) and sexual protective behaviour in preventing HIV/AIDS (p<.001) among learners is significantly and independently associated with grade (see Table 2.30).

TABLE 2.30:SEXUALLY PROTECTIVE ATTITUDES AND BEHAVIOUR BY FUTURE ORIENTATION

GRADE	SELF CONFIDENCE IN PREVENTING HIV/AIDS		SEXUAL PROTECTIVE BEHAVIOUR IN PREVENTING HIV/AIDS	
	*MEAN KNOWLEDGE SCORE	STD.DEV.	**MEAN KNOWLEDGE SCORE	STD.DEV.
GRADE 9	22.55	3.20	27.40	3.50
GRADE 10 OR 11	23.37	4.4.7	28.14	5.27
MATRIC	25.08	4.49	28.77	5.32
UNIVERSITY OR TECHNICON/ COLLEGE	25.44	4.23	29.05	5.026
ADVANCED DEGREE (Masters, Ph. D., M.D., etc)	26.72	4.11	30.27	4.79

**F(4 636)=3.22, p<.05)

* F (4 641)=6.25, p<.001)

Level of religiousness among learners is a valuable, yet under researched protective mechanism with in terms of HIV/AIDS risk. Interestingly, the findings suggest that self confidence in preventing HIV/AIDS (p<.01) and sexual protective behaviour in preventing HIV/AIDS (p<.01) among learners was also significantly and independently associated with higher levels of religious commitment (see Table 2.31). Level of religiousness among youth needs to be examined for its importance as a key mediator of HIV/AIDS risk in further studies of this nature.

TABLE 2.31:SEXUALLY PROTECTIVE ATTITUDES AND BEHAVIOUR BY RELIGIOUS COMMITMENT

RELIGIOUS COMMITMENT	SELF CONFIDENCE IN PREVENTING HIV/AIDS		SEXUAL PROTECTIVE BEHAVIOUR IN PREVENTING HIV/AIDS	
	*MEAN KNOWLEDGE	STD.DEV.	**MEAN KNOWLEDGE	STD.DEV.

	SCORE		SCORE	
VERY IMPORTANT	25.90	4.31	29.49	5.09
SOMEWHAT IMPORTANT	26.10	4.23	29.98	4.59
A LITTLE IMPORTANT	24.72	4.56	29.00	3.88
NOT IMPORTANT	23.28	5.31	26.67	4.27

**F(4 636)=3.56, p<.01)

* F (4 641)=4.41, p<.01)

2.5.3 Gender Attitudes

Sexually protective behaviour is central to the construct of gender identity. Power imbalances in heterosexual relationships, in favour of men, mean that women have little or no control in protecting themselves against HIV/AIDS. The assertive male who can also be at risk for infection is evidenced in the findings. In terms of gender attitudes related to preventing HIV/AIDS, more learners strongly agreed or agreed with the following behaviours which are associated with male power in heterosexual relationships (see Table 2.32):

Boys should make decisions about whether to use a condom or not (47.8%)

Boys should decide when, where and how to have sex (43.2%)

I think it is acceptable for a boy to have many girlfriends (26.4%)

More progressive gender attitudes were displayed when learners strongly disagreed with the following statements:

If a boy wants sex, he has the right to get it (66.1%)

If a boy gives a girl presents, she cannot refuse sex (50.6%)

I think it is acceptable for a girl to have many boyfriends (50.2%)

If a boy proposes love to a girl, she should not refuse sex (50.6%)

TABLE 2.32: GENDER ATTITUDES IN RELATION TO HIV/AIDS

	Strongly agree	Agree	Disagree	Strongly Disagree
I think it is acceptable for a boy to have many girlfriends	175 (23.6)	92 (12.8)	124 (17.3)	326 (45.5)
I think it is acceptable for a girl to have many boyfriends	144 (20.2)	69 (9.7)	142 (19.9)	358 (50.2)
If a boy proposes love to a girl, she should not refuse sex	77 (10.8)	93 (13)	183 (25.6)	361 (50.6)
If a boy gives a girl presents, she cannot refuse sex	67 (9.5)	71 (10.1)	167 (23.7)	399 (56.7)
Boys should make decisions about whether to use a condom or not	213 (29.7)	128 (17.9)	103 (14.4)	272 (38)
Boys should decide when, where and how to have sex	168 (23.6)	140 (19.6)	144 (20.2)	260 (36.5)

	Strongly agree	Agree	Disagree	Strongly Disagree
If a boy wants sex, he has the right to get it	54 (7.6)	41 (5.8)	147 (20.6)	471 (66.1)

The 7 items in Table 2.32 were computed to produce a gender equality scale ($\alpha=.64$) with a moderate reliability. Gender equality by economic situation at home revealed that learners who indicated that they did not have enough money for food and clothes presented with significantly lower gender equality scores than learners who had enough money for extra things like luxury goods and holidays ($p<.05$) (see Table 2.33).

TABLE 2.33: SEX AND GENDER EQUALITY SCALE BY ECONOMIC SITUATION AT HOME

	*MEAN SEX AND GENDER EQUALITY SCORE	STD.DEV.
NOT ENOUGH MONEY FOR FOOD AND CLOTHES	20.14	4.92
ENOUGH MONEY FOR FOOD AND CLOTHES	20.81	6.07
ENOUGH MONEY FOR IMPORTANT THINGS BUT FEW EXTRAS	21.56	4.79
ENOUGH MONEY FOR EXTRA THINGS LIKE LUXURY GOODS AND HOLIDAYS	20.59	5.06

*(F (3 670)=2.34, $p<.05$)

Analysis by gender equality and number of life orientation lessons revealed that learners who indicated that they had more than 15 life orientation lessons had significantly higher gender equality scores than learners who had no life orientation lessons or very few lessons (1-5 lessons) ($p<.005$) (see Table 2.34).

TABLE 2.34:SEX AND GENDER EQUALITY SCALE BY NUMBER OF LIFE ORIENTATION LESSONS (%)

	MEAN SEX AND GENDER EQUALITY SCORE	STD.DEV
NONE	19.10	5.56
VERY FEW (1-5 LESSONS)	20.92	4.40
SOME (6-15 LESSONS)	21.36	5.54
QUITE A LOT (MORE THAN 15 LESSONS)	21.66	5.25

*(F (3 666)=4.26, $p<.005$)

2.5.4 Stigma

Learners presented with generally positive attitudes towards people living with HIV/ AIDS. This was represented in terms of the following items (see Table 2.35).

A child with AIDS should have the right to go to my school (91.7%)

I would be willing to participate in team sports with a child who has AIDS (91.4%)

I would be willing to eat lunch sitting next to a child who has AIDS (88.4%)

I would be willing to help take care of a family member who was sick with AIDS (87.2%)

Learner's prejudiced attitudes towards people living with HIV/ AIDS were represented in terms of issues regarding secrecy and lack of social contact (see Table 2.35). This is represented as follows:

If a member of my family became ill with HIV, I would not want others to know about it (42.8%)

I would stop eating food bought from the local shop if I found out that the owner had AIDS (36.1%)

A teacher who has HIV but is not sick should be allowed to continue teaching in school (14.7%)

TABLE 2.35: STIGMA AND HIV/AIDS

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. A child with AIDS should have the right to go to my school	573 (79.3)	90 (12.4)	37 (5.1)	23 (3.1)
b. I would be willing to eat lunch sitting next to a child who has AIDS	506 (69.9)	134 (18.5)	57 (7.9)	27 (3.7)
c. I would be willing to participate in team sports with a child who has AIDS	497 (69.1)	142 (19.7)	56 (7.8)	24 (3.3)
d. I would be willing to play with a child if I knew that their father/mother had AIDS	533 (73.8)	127 (17.6)	40 (5.5)	22 (3)
e. I would stop eating food bought from the local shop if I found out that the owner had AIDS	124 (17.3)	135 (18.8)	142 (19.8)	316 (44.1)
f. I would be willing to help take care of a family member who was sick with AIDS	433 (60.3)	193 (26.9)	57 (7.9)	35 (4.9)
g. If a member of my family became ill with HIV, I would not want others to know about it	136 (18.9)	172 (23.9)	178 (24.7)	234 (32.5)
h. A teacher who has HIV but is not sick should be allowed to continue teaching in school	487 (67.4)	130 (18)	60 (8.3)	46 (6.4)

Low levels of stigma, as measured by a stigma scale ($\alpha=.73$) indicated that learners who were exposed to a higher number of life orientation lessons in the last year (more than 5

lessons) had significantly lower stigma scores than learners who were exposed to no lessons or very few lessons (1-5 lessons) ($p < .001$).

TABLE 2.36: LEVEL OF STIGMA BY NUMBER OF LESSONS ON HIV/AIDS

LIFE ORIENTATION CLASSES	*MEAN KNOWLEDGE SCORE	STD.DEV.
NONE	14.24	4.8
VERY FEW (1-5 LESSONS)	14.03	4.5
SOME (6-15 LESSONS)	12.61	3.8
QUITE A LOT (MORE THAN 5 LESSONS)	11.91	3.48

$F(3, 660) = 11.29, p < .001$

Table 2.37 reported that lower levels of stigma were significantly associated with having a guest speaker talk about HIV/AIDS ($p < .001$), having had a drama group perform a play about HIV/AIDS ($p < .001$), handed out leaflets, pamphlets or brochures about HIV/AIDS to learners ($p < .05$) and taking learners on class outings related to HIV/AIDS ($p < .05$).

TABLE 2.37: T-TEST: LEVEL OF STIGMA BY SCHOOL ACTIVITIES

SCHOOL ACTIVITIES	MEAN STIGMA SCORE	
	YES	NO/UNSURE
COMMEMORATED INTERNATIONAL AIDS DAY	13.13 (4.6)	13.01 (4.18)
HAD ASSEMBLY ABOUT HIV/AIDS	12.78 (4.10)	13.28 (4.21)
DONE SOMETHING FOR AIDS CARE WEEK	12.83 (4.03)	13.14 (4.23)
HAD A PERSON LIVING WITH AIDS SPEAK TO THE SCHOOL	12.74 (4.25)	13.16 (4.14)
HAD A GUEST SPEAKER TALK ABOUT HIV/AIDS	*12.43 (4.02)	13.57 (4.22)
HAD A DRAMA GROUP PERFORM A PLAY ABOUT HIV/AIDS	**12.31 (3.99)	13.57 (4.15)
HANDED OUT LEAFLETS, PAMPHLETS OR BROCHURES ABOUT HIV/AIDS TO LEARNERS	***12.51 (3.90)	13.23 (4.27)
TAKEN LEARNERS ON CLASS OUTINGS RELATED TO HIV/AIDS	***12.39 (3.9)	13.11 (4.15)

* $t(1, 647) = 3.48, p < .001$; ** $t(1, 656) = 3.9, p < .001$; *** $t(1, 654) = 2.3, p < .05$

2.6 Correlations of scales

Behavioural outcome, in terms of safe sexual practice, is one of the central aims of the life orientation programme in schools. In this respect self-confidence in protecting oneself in against HIV/AIDS was significantly associated with:

Higher levels of less prejudiced gender attitudes,
Less prejudiced attitudes towards people living with HIV / AIDS,
Higher levels of knowledge about HIV / AIDS,
Higher levels of self-esteem.

Sexually protective behavior in preventing HIV / AIDS was also significantly associated with:

Higher levels of less prejudiced gender attitudes,
Less prejudiced attitudes towards people living with HIV / AIDS,
Higher levels of knowledge about HIV / AIDS,
Higher levels of self-esteem.

Higher number of school activities in the past year was significantly associated with:

Less prejudiced attitudes towards people living with HIV / AIDS.

TABLE 2.38: CORRELATIONS BETWEEN SCALES

		SGE	SCPA	SPBPA	KNOWL	SCHOOL ACT	SE
STIGMA	Pearson Correlation	-.226(**)	-.142(**)	-.151(**)	-.145(**)	-.148(**)	-.123(**)
	Sig. (2-tailed)	.006	.000	.000	.000	.000	.003
	N	643	626	623	577	626	602
SGE	Pearson Correlation		.185(**)	.158(**)	.291(**)	-.060	.216(**)
	Sig. (2-tailed)		.000	.000	.000	.130	.000
	N		615	615	568	617	591
SCPA	Pearson Correlation			.581(**)	.232(**)	-.015	.260(**)
	Sig. (2-tailed)			.000	.000	.703	.000
	N			605	562	611	588
SPBPA	Pearson Correlation				.248(**)	-.009	.206(**)
	Sig. (2-tailed)				.000	.825	.000
	N				561	603	581
KNOWL	Pearson Correlation					-.036	.282(**)
	Sig. (2-tailed)					.394	.000
	N					565	547
SCHOOL ACT	Pearson Correlation						-.029
	Sig. (2-tailed)						.482
	N						586
SE	Pearson Correlation						
	Sig. (2-tailed)						
	N						

HS** Correlation is significant at the 0.01 level (2-tailed).

STIGMA SCALE (STIGMA)

SELF ESTEEM SCALE (SE)

SCHOOL ACTIVITIES INDEX (SCHOOL ACT)

SEX AND GENDER EQUALITY SCALE (SGE)

AIDS KNOWLEDGE SCALE(KNOWL.)

SELF CONFIDENCE IN PREVENTING HIV / AIDS SCALE (SCPA)

SEXUALLY PROTECTIVE BEHAVIOUR IN PREVENTING HIV / AIDS SCALE (SPBPA)

EDUCATOR AND PRINCIPAL RESULTS

3.1. Questionnaire respondents' socio-demographic characteristics

This section gives an overall picture of the sample of educator respondents including: sex, age, race group, religious commitment, educational qualifications, length of service and number of years teaching life orientation.

Forty-nine life orientation educators (2 or 3 per school) and 18 principals completed questionnaires. Among life orientation educators, 14 were primary school educators and 35 secondary school educators. Twenty-two percent of the educator sample was from former White schools, 31% from former coloured schools, 16% from former Indian schools and 31% from former black schools. In this educator sample, 31%, or just under a third, were department heads.

3.1.1. Educators' gender, race and age

Fifteen (31%) were male and 34 (69%) were female. There were 55% black, 14% coloured, 6% Indian and 25% white educators. Most educators (76%) were between the ages of 30 and 49 years. Eight percent were below 30 years of age and 16% 50 years and above. Among life orientation educators, 92% described religion as 'very important' in their lives.

3.1.2. Educators' qualifications

Table 3.1 and 3.2 show the educational and professional qualifications of educator respondents. The majority (72%) has three years of tertiary education and 90% of respondents have a professional qualification.

Table 3.1: Educators' highest educational qualifications (N = 49)

	N (%)
Matric	1 (2)
Matric and diploma M+3	18 (37)
Bachelors degree	17 (35)
Honours degree	8 (16)
Masters degree and above	2 (4)
Other	3 (6)

Table 3.2: Educators' professional qualifications (N = 44)

	N (%)
Diploma primary	15 (34)
Diploma secondary	5 (11)
Certificate primary	13 (29)
Certificate secondary	7(16)
HDE	2 (5)
M.Ed	2(5)

3.1.3. Length of service and teaching life orientation

Educator respondents' periods of service ranged from 2 to 40 years with a mean of 14 years of service. Periods of service at their current school ranged from 1 to 26 years with a mean of 7.7 years. The number of years educators taught life orientation/guidance ranged from 1 to 30 years with a mean of 4.5 years.

3.2. School demographics

This section draws on both principal and educator questionnaire data giving the number of learners per school, average number of learners per class and the most serious social problems facing the communities in which learners live.

3.2.1. Number of learners per school and per class

The mean number of learners per school was 1164 with school sizes ranging from 365 to 2200 learners. The average number of learners per class was 41 with class size ranging from 30 to 55 learners.

3.2.2. Social circumstances of learners and their communities

Educators and principals listed socio-economic problems of poverty and unemployment as the most serious problems facing learners' communities. Fifty percent of pilot schools reported having feeding schemes. Drug and alcohol abuse was the next most common social problem listed followed by crime, abuse and lack of parental supervision and the break down of family structures mainly single parenting and divorce. Other problems mentioned in order of perceived seriousness were teenage pregnancy, HIV/AIDS orphans, domestic violence, peer pressure and discipline.

3.3. School implementation of life orientation

This section covers the number of life orientation educators per school, the number of periods of life orientation per week, length of lesson and class size for life orientation. It also investigates educator choice in teaching life orientation, criteria for educator selection and educator subject load.

3.3.1. Number of life orientation educators per school

In primary schools, instead of specialist life orientation educators, class educators often appear to be responsible for life orientation. Primary school educators consequently reported that the number of educators who teach life orientation ranges from 2 to 16, and most primary school educators reported that they had enough educators to teach life orientation.

In high schools where educators are responsible for one or two subjects the mean number of life orientation educators was 5. The ratio of life orientation educators to learners in high schools ranged from 1:131 to 1:550. Thirty-three percent of primary and high school educators who answered this question felt there were not enough life orientation educators, while half of high school principals felt there were not enough life orientation educators, and 75% of primary school principals felt there were enough life orientation educators.

Almost three quarters (72%) of the pilot sample have heads of department for life orientation.

3.3.2. Implementation of life orientation classes

All primary schools surveyed teach life orientation to Grades 6 and 7. All high schools teach life orientation, but only 70% have implemented life orientation in every grade. Of the 30% or 4 schools that have not implemented life orientation throughout the school, three teach life orientation to Grades 8 and 9 only, while one school implements it in every grade except Grade 12.

The number of periods of life orientation per week varies across schools and grades. Table 3.3 provides an overview of the range and mean number of periods per week spent on life orientation per grade across all schools. Less time is spent on life orientation the higher the grade. Periods range from 30 to 55 minutes with a mean of 42 minutes per life orientation period. The number of learners ranges from 30 to 450 per class. Four schools, almost a third of the pilot sample, merge all their classes across a grade for life orientation lessons in Grades 10, 11 and 12, while one school also merges classes in Grades 8 and 9.

Table 3.3: Time spent on life orientation per grade and class size (N=18)

Grades	Number of periods per week
Grade 6	Range 4-6; Mean 5
Grade 7	Range 4-5; Mean 4.7
Grade 8	Range 1-5; Mean 2.9
Grade 9	Range 1-5; Mean 3
Grade 10	Range 0-5; Mean 1.4
Grade 11	Range 0-5; Mean 1.4
Grade 12	Range 0-5; Mean 1.25

3.3.3 Educator choice and selection criteria

Three quarters of educators reported that they chose to teach life orientation, while 25% said they did not choose this option. However, over half of educator respondents would rather teach other subjects or were unsure about whether they preferred to teach life orientation or not. Thirty-one percent said they would rather teach other subjects than life orientation, while 27% were unsure.

Table 3.4 shows the criteria educators perceived as the basis for their selection and schools' criteria for selection of life orientation educators. Educators choose or perceive their selection to be based on three main criteria, their concern for learners, rapport with learners and then their qualifications. The criteria they perceive as the basis for schools' selection of life orientation educators are: educator concern, qualifications, rapport and then volunteerism. Principals reported similar criteria but place more emphasis on fulfilling educator workload and the needs of schools.

Table 3.4. Criteria for selection of life orientation educators (N=49) * Multiple selection allowed

Criteria*	Educator criteria	School criteria
Qualified to teach life orientation	22 (45%)	22(45%)
Volunteered to teach life orientation	18 (37%)	15(31%)
No one else wanted to teach it	3 (6)	5 (10%)
Showed concern for learners	30 (61%)	24 (49%)
Good rapport with learners	24 (49%)	18 (37%)
Less work than other subjects	0 (0%)	Not an option
Told to teach life orientation	1 (2%)	1 (2%)
Like to teach life orientation	2 (4%)	0 (%)
To fill educator workload	0 (0%)	1 (2%)
Don' know	0 (0%)	2 (4%)

3.3.4 Educator subject load

A minority of educators (18%) teaches life orientation exclusively. Most educators (41%) are responsible for teaching at least one additional subject or learning area. Twenty-two percent of educators teach two additional subjects/learning areas and 18% teach three additional subjects/learning areas.

3.4 Implementation of life orientation programme on sex, sexuality and HIV/AIDS

This section provides information on school implementation of the programme on sex, sexuality and HIV/AIDS, and how many educators have implemented or taught life orientation classes on sex, sexuality and HIV/AIDS in 2004 as well as the number of classes

they have taught. It also looks at what teaching/learning materials on sex, sexuality and HIV/AIDS they have received and used in their classes.

3.4.1 School and educator implementation of life orientation on sex, sexuality and HIV/AIDS

Although principals in all schools reported that learners in all grades had lessons on sex, sexuality and HIV/AIDS, 10.6% of learners reported that they had had no lessons on these topics. Among life orientation educators, only 2 educators (4%) reported that they had not taught any lessons on sex and sexuality or HIV/AIDS to the grades they teach life orientation. Four educators reported that they had not given lessons on sex and sexuality to any of the grades they teach, while another 4 educators had given lessons on sex and sexuality to only some of the grades they teach. In these cases, educators did not give lessons on sexuality to lower grades such as grade 8. Only 2 educators (4%) had not given any lessons on HIV/AIDS.

The total number of periods per grade educators claimed to spend on these topics ranged from 0 to 60 periods at a mean of 9 periods per grade over the course of 2004. However, when breaking these down by school type former White schools had the lowest number of periods on these topic, 4.2 periods per year, followed by former Indian schools, 8.5 periods per year, then former black schools, 10.8 periods per year and former coloured schools at 14.5 periods per year.

3.4.2 Materials received and used

Tables 3.5 and 3.6 show the percentage of educators who have received and used the different materials on sex, sexuality and HIV/AIDS supplied by the Gauteng Department of Education. Up to just over half of educators or less have received materials from the Department and used them. Two educators wrote that the materials were too explicit to use at all or had to be used selectively.

Table 3.5. Percentage of educators who have received and used graded material on sex, sexuality and HIV/AIDS (N=Number of educators teaching that grade)

Materials	Received	Used
Grade 6 Learner's book and Educator's guide on HIV/AIDS (N=3)	3 (100%)	3 (100%)
Grade 7 Learner's book and Educator's guide on HIV/AIDS (N=5)	2 (40%)	2 (40%)
Grade 8 Learner's book and Educator's guide on HIV/AIDS (N=24)	12 (50%)	6 (25%)
Grade 9 Learner's book and Educator's guide on HIV/AIDS (N=19)	10 (53%)	6 (32%)
Illustrative Learning Programme for Grades 10-12 (N=8)	4 (50%)	4 (50%)

Table 3.6. Percentage of educators who have received and used general material on sex, sexuality and HIV/AIDS (N=49)

Skills for Life	11 (22%)	9 (18%)
Soul City Workbooks	21 (43%)	16 (33%)

Videos on HIV/AIDS	5 (10%)	2 (4%)
Teaching Resource Guide on HIV/AIDS	9 (18%)	7 (14%)
Care and Support for Infected and Affected Learners and Educators	6 (12%)	5 (10%)
Ubungani Parent Guide on HIV/AIDS	5 (10%)	3 (6%)
Other	10 (20%)	7 (14%)

3.5 Attitudes towards the life orientation programme on sex, sexuality and HIV/AIDS

This section describes educators' and principals' views about who is responsible for teaching about sex, sexuality and HIV/AIDS, attitudes towards teaching about HIV/AIDS and learner, parents and educators' levels of comfort learning and teaching about sex, sexuality and HIV/AIDS. This section also reports on attitudes towards life orientation and educators' opinions of the life orientation curriculum and materials on sex, sexuality and HIV/AIDS.

3.5.1 Attitudes towards teaching and learning about sex, sexuality and HIV/AIDS

Eighty-four percent of educators strongly agreed or agreed that it is the school's responsibility to educate learners about sex and sexuality and 94% strongly agreed or agreed that it is the school's responsibility to educate learners about HIV/AIDS.

Questions on attitudes to learning about HIV/AIDS showed that 92% of educators strongly agreed or agreed that educators at their schools believe teaching learners about HIV/AIDS is very important, and 84% of educators thought that learners at their school believe that learning about HIV/AIDS is very important. Ninety-eight percent of educator respondents also strongly agreed or agreed that teaching about HIV/AIDS was very important.

Tables 3.7 and 3.8 show educators' opinions on levels of educator, learner and parent comfortableness when learning and teaching about sex, sexuality and HIV/AIDS. In general, educators believe that other educators, learners and parents are not as comfortable teaching and learning about sex and sexuality as they are teaching and learning about HIV/AIDS. However, educators personally reported that they are equally comfortable teaching about either topic. Educators also appear to believe that learners are generally more comfortable than educators learning about these topics.

Table 3.7. Educator views of educator, learner and parent levels of comfortableness towards learning and teaching about sex and sexuality (N=49)

	Strongly Agree/ Agree	Disagree/Strongly Disagree
Most educators are comfortable teaching about sex and sexuality (N=48)	20 (42%)	28 (58%)
Most learners are comfortable learning about sex and sexuality (N=48)	33 (69%)	15 (31%)
Most parents are comfortable about their children	29 (59%)	20 (41%)

learning about sex and sexuality at school		
I am comfortable about teaching about sex and sexuality	44 (90%)	5 (10%)

Table 3.8. Educator views of educator, learner and parent levels of comfortableness towards learning and teaching about sex HIV/AIDS (N=49)

	Strongly Agree / Agree	Disagree / Strongly Disagree
Most educators are comfortable teaching about HIV/AIDS (N=48)	31 (65%)	17 (35%)
Most learners are comfortable learning about HIV/AIDS (N=48)	43 (90%)	5 (10%)
Most parents are comfortable about their children learning about HIV/AIDS at school (N=48)	38 (79%)	10 (21%)
I am comfortable about teaching about HIV/AIDS (N=47)	45 (96%)	2 (4%)

3.5.2 Attitudes towards life orientation and the curriculum and materials on sex, sexuality and HIV/AIDS

Over two-thirds of educators (71%) felt that educators at their schools believe life orientation is very important. However, 29% disagreed. Seventy-four percent of educators agreed or strongly agreed that learners believe that life orientation is very important. However, 25% disagreed. All educator respondents (100%) strongly agreed (74%) or agreed (26%) that life orientation is very important.

Ninety-one percent of educators felt that the curriculum on sex and sexuality was appropriate for use in their schools, and 92% felt the curriculum on HIV/AIDS was appropriate. Eighty-three percent felt the materials on sex and sexuality and HIV/AIDS were appropriate for use in their schools. However, 40% of educators felt the materials were too explicit and 35% of educators felt there was too much emphasis on sex and sexuality in the curriculum while 46% felt there was too much emphasis on HIV/AIDS. In open-ended question asking for reasons why educators felt the curriculum and materials might not be appropriate, 3 out of 8 educators who responded focused on the problem of the curriculum and materials being too explicit. Other educators requested more information and more materials.

3.6 School activities and safety preparedness

This section provides information on reception and use of the HIV/AIDS special budget given by the Gauteng Department of Education to each school and school preparedness in terms of safety relating to HIV/AIDS.

3.6.1 Provision and use of HIV/AIDS special budget

According to principals, two-thirds of schools had received the HIV/AIDS budget. Principals reported they had received from R1000 up to R4000. Most schools appear to have received approximately R1500 – R1600.

Principals reported a range of activities on which the budget was spent: school HIV/AIDS advocacy activities, guest speakers/talks, dramas, art relating to HIV/AIDS, educator training, posters, detergent and gloves, first aid kits, educational videos and donations to HIV/AIDS orphans in local communities.

3.6.2 Safety preparedness

Table 3.9 gives an overview of schools' preparedness in terms of safety in relation to HIV/AIDS. Over three quarters of educators report that their schools have first aid kits, gloves and educators responsible for treating injuries. Almost half of educator respondents said schools have bleach for cleaning possible blood schools but only up to one fifth of educators reported that there are gloves and buckets of water in every classroom. Not all educators appear to be properly informed about safety measures as up to 14% per unsure about whether there were first aid kits, gloves and educators responsible for treating injuries in their schools.

Table 3.9. Educators reporting of school preparedness (N=49)

	Yes	No	Unsure	No response
First Aid Kit	41 (84%)	1 (2%)	7 (14%)	0 (0%)
Gloves	36 (74%)	5 (10%)	7 (14%)	1 (2%)
Gloves in each classroom	8 (16%)	39 (80%)	1 (2%)	1 (2%)
Bucket of water in each classroom	10 (20%)	36 (74%)	3 (6%)	0 (0%)
Bleach	23 (47%)	18 (37%)	7 (14%)	1 (2%)
Educator responsible for treating injuries	37 (76%)	7 (14%)	5 (10%)	0 (0%)

3.7 Training and support for schools and educators

This section reports on the extent of educator training and support on the life orientation programme in relation to sex, sexuality and HIV/AIDS and peer education at schools.

3.7.1 Training and support for educators

Just over half of educators (52%) reported that they, at some time, had had training from the department of education on the life orientation programme on sex, sexuality and HIV/AIDS. However, Table 5.10 shows that 29% had had some form of training in the last year. The majority of educators do not seem to be receiving training and support through departmental or collegial activities.

Table 3.10. Educator training and support activities

	Yes	No
Briefings on HIV implementation at district meetings	8 (16%)	41 (84%)
Life orientation training on teaching about HIV/AIDS	14 (29%)	35 (71%)
Care and support training for learners infected and affected by HIV/AIDS	6 (12%)	43 (88%)
Master training on HIV/AIDS	6 (12%)	43 (88%)

Cluster meetings where you have shared information on teaching about HIV/AIDS	13 (27%)	36 (73%)
Peer educator training	12 (25%)	37 (75%)
None of the above	16 (33%)	33 (67%)

3.7.2 Peer education

Twenty-eight percent of schools reported that there was a peer education programme at their school.

EVALUATION OF PILOT

6.1 Learner questionnaire

6.2 Educator questionnaire

Section A should remain as is.

Educators were not consistent within one school about school size, average class, size and number of life orientation educators. We recommend a short profile to be filled in by the principal with these stats and to omit Section B in the educator's questionnaire.

Section C as is, add C9. If yes, why would you prefer not to teach life orientation.

Section D should remain as is.

In Section E2, E3 and E4 can be covered in the school profile.

See Appendix B for new educator questionnaire.

6.3 Principal questionnaire

Most principals complained about having to fill out the questionnaire because of time pressure. Fieldworkers also found it difficult to get principals to complete the questionnaire.

Demographic questions about the principal were not useful to the analysis and can therefore be omitted.

B5 asking about a feeding scheme can be omitted.

Section C should remain as is

Principals do not always know what has been covered in the curriculum and are not always familiar with the material, therefore omit Questions D1 and D2.

Section E should remain as is.

See Appendix C for new principal questionnaire.

Appendix A

Appendix B

EVALUATION OF THE LIFE ORIENTATION PROGRAMME ON HIV/AIDS

Dear Educator

The Gauteng Education Department has asked us to find out what your experience of teaching the life orientation programme on HIV/AIDS.

We would like you to help us by answering this questionnaire.

Please be as honest as possible. Your answers are confidential and will not be shown to anyone.

Do not put your name or the name of your school on this paper.

INSTRUCTIONS

Please mark your answers like this:

What is your favourite colour? (Circle one answer)

Blue

Red

Green

Yellow

OR

How much do you agree with each statement below? (Place a cross (X) in the appropriate space)

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The earth is flat				X
2. A ball is round	X			
3. Television is necessary			X	
4. Ice-cream is delicious		X		

Section A – Please tell us about yourself

A.1 What is your sex? (Circle one answer)

- 1 Male
- 2 Female

A.2 How old are you? (Circle one answer)

- 1 21-29 years
- 2 30-39 years
- 3 40-49 years
- 4 50-59 years
- 5 60+ years

A.3 What race group are you? (Circle one answer)

- 1 Black
- 2 Coloured
- 3 Indian
- 4 White

A.4 How important is religion in your life? (Circle one answer)

- 1 Very important
- 2 Somewhat important
- 3 A little important
- 4 Not important

A.5 What is your highest educational qualification (other than teacher training)?
(Circle one answer)

- 1 Below matric and no diploma
- 2 Below matric and diploma
- 3 Matric
- 4 Matric and diploma, M+3
- 5 Bachelors Degree
- 6 Honours Degree
- 7 Masters Degree or above
- 8 Other (please specify) _____

A.6 Have you received any formal pre-service teacher training? (Circle one answer)

- 1 Yes
- 2 No

A.7 If yes, circle all that are applicable.

- 1 Diploma (Give name of diploma) _____
- 2 Certificate (Give name) _____
- 3 HDE

- 4 B.Ed
- 5 M.Ed
- 6 Montessori/Nursery/Pre-school training
- 7 Other (please specify) _____

- A.8 How many years have you been teaching? _____
- A.9 How many years have you been an educator at this school? _____
- A.10 How many years have you taught life orientation? _____
- A.11 Are you the head of department for life orientation?
- 1 Yes
 - 2 No

Section B – Please give us some general information about life orientation at your school

- B.1 How many life orientation educators do you have at your school? _____
- B.2 Are there enough educators to teach life orientation at your school?
- 1 Yes
 - 2 No
- B.3 Please put a cross next to which grades you teach life orientation/guidance. Please tell us how many periods each grade has per week, the number of minutes per period and the average number of learners per life orientation class?

Grades	Yes	No	Number of periods per week	Number of minutes per period	Number of learners in each life orientation class
6					
7					
8					
9					
10					
11					
12					

- B.4 Did you choose to teach life orientation?
- 1 Yes
 - 2 No
- B.5 You are teaching life orientation because ... (Circle all that apply)
- 1 I am qualified to teach life orientation
 - 2 I volunteered to teach life orientation

- 3 No one else wanted to teach it
 - 4 It is less work than teaching other subjects
 - 5 I showed concern for learners
 - 6 I have good rapport with learners
 - 7 Other (please specify)_____
-

B.6 On what basis are other educators chosen to teach life orientation? (Circle all that apply)

- 1 They are qualified to teach life orientation
 - 2 They volunteered to teach life orientation
 - 3 No one else wanted to teach it
 - 4 They showed concern for learners
 - 5 They have good rapport with learners
 - 6 They needed to meet their workload
 - 7 The school needed them to teach it
 - 8 Other (please specify)_____
-

B.7 What other subjects do you teach? _____; _____; _____;

B.8 Would you prefer to teach other subjects rather than life orientation?

- 1 Yes
- 2 No
- 3 Unsure

B.9 Why? Why not?

Section C – Please tell us about your experiences in teaching HIV/AIDS and related matters

C.1 Please put a cross X next to the grades to which you teach life orientation. Then indicate whether they have had lesson(s) on sex and sexuality and HIV/AIDS. Please fill in how many periods altogether they have spent on these topics during this year.

Grades	Teach		Sex and Sexuality		HIV/AIDS		Total number of periods on both topics
	Yes	No	Yes	No	Yes	No	
6							
7							
8							
9							
10							

11							
12							

C.2 Please put a cross X next to the materials you have received from the Gauteng Education Department and indicate which ones you have used in your classes.

	Received	Used
a. Grade 6 Learner's book and Educator's guide on HIV/AIDS		
b. Grade 7 Learner's book and Educator's guide on HIV/AIDS		
c. Grade 8 Learner's book and Educator's guide on HIV/AIDS		
d. Grade 9 Learner's book and Educator's guide on HIV/AIDS		
e. Skills for Life		
f. Soul City workbooks		
g. Video cassettes on HIV/AIDS		
h. Illustrative Learning Programme for Grades 10-12 (learner book and teacher guide)		
i. Teacher resource guide on HIV/AIDS		
j. Care and support guide for infected and affected learners and educators		

	Received	Used
k. Ubungani parent guide on HIV/AIDS		
l. Other materials for teaching about sex and HIV/AIDS (please specify) 1.		

C.3 Put a cross X next to the answer that best describes your response to each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
a. It is the school's responsibility to educate learners about sex and sexuality				
b. It is the school's responsibility to educate learners about HIV/AIDS				
c. Most educators at my school believe that life orientation is very important				
d. Most learners at my school believe that life orientation is very important.				
e. I believe that life orientation is very important.				
f. Most educators at my school				

believe that teaching learners about HIV/AIDS is very important.				
g. Most learners at my school believe that learning about HIV/AIDS is very important.				
h. I believe that teaching about HIV/AIDS is very important.				
i. Most educators are comfortable teaching about sex and sexuality.				
j. Most learners are comfortable learning about sex and sexuality				
k. Most parents are comfortable about their children learning about sex and sexuality at school				
l. I am comfortable teaching about sex and sexuality.				

	Strongly agree	Agree	Disagree	Strongly disagree
m. Most educators are comfortable teaching about HIV/AIDS				
n. Most learners are comfortable learning about HIV/AIDS				
o. Most parents are comfortable about their children learning about HIV/AIDS				
p. I am comfortable teaching about HIV/AIDS				

C.4 Put a cross X next to the answer that best describes your response to each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
a. The curriculum on sex and sexuality is appropriate for use in my school				
b. The curriculum on HIV/AIDS is appropriate for use in my school				
c. The materials on sex and sexuality are appropriate for use in my school				
d. The materials on HIV/AIDS are appropriate for use in my				

school				
e. The materials on sex, sexuality and HIV/AIDS are too explicit				
f. There is too much emphasis on sex in the life orientation curriculum				
g. There is too much emphasis on HIV/AIDS in the life orientation curriculum				

C.5 If you feel the curriculum and materials on sex and HIV/AIDS are not appropriate, please tell us why you think so.

Section D – We would like to know about the general approach of your school to HIV/AIDS.

D.1 During this year, has your school ... (put a cross X)

	Yes	No	Not sure
a. Commemorated International AIDS day			
b. Had an assembly about HIV/AIDS			
c. Marked AIDS care week			
d. Had a guest speaker who is HIV/AIDS positive			
e. Had a guest speaker talk about HIV/AIDS.			
f. Had a drama group perform a play about HIV/AIDS			
g. Handed out leaflets, pamphlets or brochures about HIV/AIDS to learners			
h. Focused on the red ribbon			
i. Taken learners on class outings related to HIV/AIDS			
j. Done HIV/AIDS outreach helping people infected or affected by HIV/AIDS			
k. Other (please specify)			
l.			

D.2 Did your school receive a budget for implementing HIV/AIDS related advocacy in your school this year?

1. Yes
2. No
3. Not sure

D.3 If yes, please specify activities and items on which the budget was spent.

D.4 Does your school have ... (put a cross X)

	Yes	No	Not sure
a. A First Aid Kit?			
b. Gloves available for treating injuries?			
c. Gloves in each classroom for treating injuries?			
d. A bucket of water available for treating injuries in each classroom?			
e. Bleach for cleaning blood spills?			
f. An educator responsible for treating injuries?			

D.5 Have you ever had training from the Department of Education on teaching the life orientation programme on sex, sexuality and HIV/AIDS?

- 1 Yes
- 2 No

D.6 Which of the following have you attended during this year? (Circle all that apply)

- a. Briefings on implementation of HIV/AIDS curriculum at district meetings with principals
- b. Life orientation training on teaching about HIV/AIDS
- c. Care and support training for learners infected and affected by AIDS
- d. Master trainer training on HIV/AIDS
- e. Cluster meetings where you have shared information on teaching about HIV/AIDS
- f. Peer educator training
- g. None of the above

D.7 If you and your learners attended master trainers HIV/AIDS training, have you cascaded information to other educators and learners?

- 1 Yes
- 2 No

D.8 If yes, how have they cascaded information to other educators and learners in the school?

D.9 If you haven't cascaded information, what have been the reasons for not doing so?

Appendix C

EVALUATION OF THE LIFE ORIENTATION PROGRAMME ON HIV/AIDS SCHOOL PROFILE

Dear Principal

The Gauteng Education Department has asked us to evaluate the impact of the life orientation programme on HIV/AIDS at your school.

We would like you to help us by filling in this school profile.

Your answers are confidential and will not be shown to anyone.

Do not put your name or the name of your school on this paper.

INSTRUCTIONS

Please mark your answers like this:

What is your favourite colour? (Circle one answer)

Blue

Red

Green

Yellow

OR

How much do you agree with each statement below? (Place a cross (X) in the appropriate space)

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The earth is flat				X
2. A ball is round	X			
3. Television is necessary			X	
4. Ice-cream is delicious		X		

Section A – Please tell us about your learners

A.1 How many learners attend your school? _____

A.2 What is the approximate average number of learners per class? _____

A.3 What is the approximate racial composition of your school?

Race Group	Number of learners
Black	
Indian	
Coloured	
White	

A.4 Please give the approximate percentage of learners that fall into the following categories:

Socio-economic category	Percentage of learners in your school
a. Learners do not have enough money for basic things such as food and clothes	%
b. Learners have money for food and clothes but are short of many other things	%
c. Learners have money for all the important things, but few luxury goods	%
d. Learners have money for extra things such as holidays and luxury goods	%

A.5 What are the two most serious social problems facing the communities from which your learners come?

Section B – Please tell us about life orientation/guidance at your school

B.1 Please put a cross X next to the grades that have life orientation/guidance, write how many periods they have per week and the average number of learners per life orientation class?

Grades	Yes	No	Number of periods per week	Number of learners in each life orientation class
6				
7				
8				
9				
10				

11				
12				

B.2 How many life orientation educators do you have at your school? _____

B.3 Please state the number of female and male life orientation educators?

Male _____

Female _____

B.4 Does your school have head(s) of department for life orientation?

1 Yes

2 No

B.5 Are there enough educators to teach life orientation at your school?

1 Yes

2 No

B.6 On what basis are educators chosen to teach life orientation? (Circle all that apply)

a. They are qualified to teach life orientation

b. They volunteered to teach life orientation

c. They were the only ones willing to teach it

d. They showed concern for learners

e. They have good rapport with learners

f. They needed to meet their workload

g. The school needed them to teach it

h. Other (please specify) _____

B.7 Please fill in the subjects these life orientation educators teach besides life orientation?

	No other subject	Subject 1	Subject 2	Subject 3
Educator 1				
Educator 2				
Educator 3				
Educator 4				
Educator 5				
Educator 6				

Section C – Please tell us about your views on the life orientation programme on sex, sexuality and HIV/AIDS at your school

C.1 Put a cross X next to the answer that best describes your response to each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
q. It is the school's responsibility to educate learners about sex and sexuality				
r. It is the school's responsibility to educate learners about HIV/AIDS				
s. Most educators at my school believe that life orientation is very important				
t. Most learners at my school believe that life orientation is very important.				
u. I believe that life orientation is very important.				
v. Most educators at my school believe that teaching learners about HIV/AIDS is very important.				
w. Most learners at my school believe that learning about HIV/AIDS is very important.				
x. I believe that teaching about HIV/AIDS is very important.				
y. Most educators are comfortable teaching about sex and sexuality.				
z. Most learners are comfortable learning about sex and sexuality				

	Strongly agree	Agree	Disagree	Strongly disagree
aa. Most parents are comfortable about their children learning about sex and sexuality at school				
bb. Most educators are comfortable teaching about HIV/AIDS				
cc. Most learners are comfortable learning about HIV/AIDS				
dd. Most parents are comfortable about their children learning about HIV/AIDS				
ee. I make an effort to promote awareness of HIV/AIDS in my school whenever possible				

C.2 Put a cross X next to the answer that best describes your response to each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
h. The curriculum on sex and sexuality is appropriate for use in my school				
i. The curriculum on HIV/AIDS is appropriate for use in my school				
j. The materials on sex and sexuality are appropriate for use in my school				
k. The materials on HIV/AIDS are appropriate for use in my school				
l. The materials on sex, sexuality and HIV/AIDS are too explicit				
m. There is too much emphasis on sex in the life orientation curriculum				
n. There is too much emphasis on HIV/AIDS in the life orientation curriculum				

C.3 If you feel the curriculum and materials on sex and HIV/AIDS are not appropriate, please tell us why you think so.

Section D – We would like to know about the general approach of your school to HIV/AIDS.

D.1 During this year, has your school ... (put a cross X)

	Yes	No	Not sure
m. Commemorated International AIDS day			
n. Had an assembly about HIV/AIDS			
o. Marked AIDS care week			
p. Had a guest speaker who is HIV/AIDS positive			
q. Had a guest speaker talk about HIV/AIDS.			
r. Had a drama group perform a play about HIV/AIDS			
s. Handed out leaflets, pamphlets or brochures about HIV/AIDS to learners			

t. Focused on the red ribbon			
u. Taken learners on class outings related to HIV/AIDS			
v. Done HIV/AIDS outreach helping people infected or affected by HIV/AIDS			
w. Other (please specify)			
x.			

D.2 Did your school receive a budget for implementing HIV/AIDS related advocacy in your school this year?

- 4. Yes
- 5. No
- 6. Not sure

D.3 If yes, please specify:

The amount that was received	R
How much money has been spent.	R
How much money is left.	R

D.4 Please specify activities and items on which the budget was spent.

Activities and Items	Amount (approximately)
	R

D.5 Does your school have ... (put a cross X)

	Yes	No	Not sure
g. A First Aid Kit?			
h. Gloves available for treating injuries?			
i. Gloves in each classroom for treating injuries?			
j. A bucket of water available for treating injuries in each classroom?			
k. Bleach for cleaning blood spills?			
l. An educator responsible for treating injuries?			

D.6 Have your educators ever had training from the Department of Education on teaching the life orientation programme on sex, sexuality and HIV/AIDS? (Circle one answer)

- 1 Yes
- 2 No
- 3 Not sure

D.7 Have you received a briefing on the life orientation curriculum on sex and HIV/AIDS at district meetings with principals? (Circle one answer)

- 1 Yes
- 2 No
- 3 Not sure

D.8 Which of the following have your educators attended during this year? (Circle all that apply)

- h. Briefings on implementation of HIV/AIDS curriculum at district meetings with principals
- i. Life orientation training on teaching about HIV/AIDS
- j. Care and support training for learners infected and affected by AIDS
- k. Master trainer training on HIV/AIDS
- l. Cluster meetings to share information on teaching
- m. Peer educator training
- n. None of the above

D.9 If educators and learners attended master trainers HIV/AIDS training, have they cascaded information to other educators and learners? (Circle one answer)

- 3 Yes
- 4 No

D.10 If yes, how have they cascaded information to other educators and learners in the school?

D.11 If they haven't cascaded information, what have been the reasons for not doing so?

D.12 Do you have a peer education programme at your school? (Circle one answer)

- 4 Yes
- 5 No
- 6 Not sure

D.13 If no, give reasons why there is no peer education programme at your school.

D.14 Please provide any additional information about your experience of the life orientation programme on sex, sexuality and HIV/AIDS that you feel you would like to tell the Gauteng Education Department.

THANKYOU FOR YOUR TIME