

# HIV/AIDS Education A Capsule for Peace in Secondary School

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## Abstract

Teaching of sexual and HIV/AIDS education in schools now the subject of debate and discussion for promotion of peace in the society. The topic has around three key issues 1) The stage of introducing the topic, 2) what kind of curricula is appropriate and 3) who is qualified to provide such teaching. India made attempts to introduce sexual and HIV and AIDS education at the secondary school level. Although this has had benefits, it has not been without its challenges. This paper discusses current sexual and HIV and AIDS education in secondary schools for peace and analyses the content and quality of the curricula being implemented, focusing primarily on current life skills and HIV and AIDS programmes and the ability of teachers to effectively convey accurate information. The paper also analyses how sexual and HIV and AIDS education can be improved, and serve as a model for promotion of peace in the country

**Keywords:** Debate, education, implement, qualified

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## Introduction

HIV/AIDS has emerged as the single most formidable challenge to public health, human rights, and development in the new millennium. School children of today are exposed to the risk of HIV/AIDS, which was quite unknown to their predecessors a few decades ago. The epidemic of HIV/AIDS is now progressing at a rapid pace among young people. Studies have reported that young people form a significant segment of those attending sexually transmitted infection (STI) clinics and those infected by HIV.

Provide information about HIV and AIDS to reduce transmission; Develop life skills that would facilitate healthy behaviour in youth such as communication and decision-making skills; and Develop an environment of awareness and tolerance among youth towards those with HIV and AIDS

The policy served as a guideline for schools and institutions. The programme was not developed as a pre-set manual or curriculum but as a guide to provide the foundation for specific programmes that would be designed and implemented by schools and institutions across South Africa. While this has been a source of inconsistency, the government adopted this approach 'in order to meet the demands of the wide variety of circumstances posed by the South African community, and to acknowledge the importance of governing bodies, councils and parents in the education partnership, this national policy is intended as broad principles only' (Department of Education 1999, page 11). In 1998, the implementation of the programme in schools began. In each province different procedures and approaches were followed when beginning to train the teachers who would be catalysts for developing life skills programmes in their schools. However, while the national

policy is well intentioned, there are a number of obstacles that must be overcome in order for its implementation to be successful.

### **Curriculum**

The variety of different life skills curricula currently being implemented in schools and institutions focus largely on HIV and AIDS awareness and information and do not sufficiently emphasise the importance of physical and mental wellness in youth. The curricula seem to be having a positive effect on students' knowledge and awareness of HIV and AIDS, but they do not adequately meet the goals of the national policy – namely, to promote healthy behaviour and positive attitudes. The curricula being implemented emphasise information about HIV and AIDS and not the advancement of life skills and peace that would allow students to develop 'healthy life styles'. This overemphasis on HIV and AIDS information is affirmed by Sumeshni Govender and Stephen Edwards (2009). In their study, it was apparent that the curricula being implemented focused too much on HIV and AIDS prevention awareness (Govender and Edwards 2009). Govender and Edwards (2009, page 120) point out that there is a 'dire need' to emphasise physical and mental health and wellness. According to studies such as these, students are not being exposed to the life skills (decision-making skills, communication skills and the development of positive attitudes) that are an integral part of the national policy.

It has been shown that increasing youth's knowledge about sexual interactions and HIV and AIDS does not necessarily lead to the prevention of 'negative health outcomes'. They found that when developing a programme due attention must be paid to the creation of a 'richer conceptualization and methodology to understand and evaluate how messages are received, resisted and reworked in youth experience'. In essence, curricula must be constructed in a way that engages youth and takes into consideration their specific needs and concerns. The studies show that HIV and AIDS awareness and information is important. However, the studies also make it clear that without the necessary skills to establish healthy behaviour – such as informed decision-making, communication skills and positive attitudes – the information is unlikely to be effective as it could be.

### **Training of Teachers**

The socioeconomic inequalities within the education sector have had a negative impact on educators' ability to

implement the life skills programme in South African schools. In other words, schools and institutions located in poorer communities often lack the resources to provide adequate training for their teachers. In addition, these communities often have a more conservative method of educating, which is not compatible with the content and goals of the life skills programmes discussed above. In order to resolve these issues, the government introduced a new policy called Curriculum framework 2005.

### **The NCF VIEW of peace education**

Moral education has always been viewed as an important subject to be included in the curriculum, to help children make the right choices. The NCF takes this a step further; the goal is now to consciously give the child a nvironment that builds sensitivity to others' cultures, perspectives and rights. The NCF speaks of the compelling need for peace education, clearly stating that education must be oriented to wards values associated with "peaceful and harmonious coexistence." (NCF 2005: 9). According to the NCF, only education has the capacity for building long term peace through intercultural conversations. School aged children are doing well in terms of constructing their moral character. The NCF echoes this thought and describes the various stages of ethical development and how they occur. According to the NCF, at the primary stage, children become conscious of both themselves and their immediate environment and begin to form notions of right and wrong. At the next stage, they develop reasoning abilities and learn to question, discuss and reflect upon ethical dilemmas. The result, an independent individual who can make well reasoned judgments.

It is through this complex process dialogue, sensitisation to issues, learning skills for resolution and imitating good role models that children will learn to construct their value systems, and proactively choose peace over violence. Peace education is, thus, a teaching of skills and values that supports respect for all humans and calls for a change in attitudes.

### **Guidelines across the NCF**

Peace education is clearly a priority; besides the comprehensive section on peace education the NCF also refers to it in two other sections work and social sciences.

The NCF proposes that the values of peace education must be integrated into all aspects of education, including teacher training, curriculum, student teacher relationships, and

examinations. In other words, as stated in the NCF, peace education is not an add on subject per se but a way of making all the subjects in the curriculum peace oriented. There is also a strong emphasis on reorienting education, so that it does not merely lay down the rules for ethical conduct but also nurtures the need to reason, understand and make informed choices.

In this context, disadvantages in education arising from inequalities of gender, caste, language, culture, religion or disabilities need to be addressed directly, not only through policies and schemes but also through the design and selection of learning tasks and pedagogic practices, right from the period of early childhood

The aim of this policy was to enforce a new method of education that would focus on student participation and critical thinking. By training teachers to focus more on class discussion and problem solving, the policy promotes a more enriching and engaging teaching style rather than a conservative method, which emphasises the transmission of information rather than the development of skills. However, the legacy of apartheid means that a number of obstacles, such as inadequate training, insufficient material and staff shortages, have made it difficult for the government to enforce the new curriculum. As a result, the educational sector still struggles to achieve the objectives of new policies, which is reflected in the challenges educators face when trying to implement the life skills programme.

Although there have been some undertakings by the Department of Education to implement the life skills programme in South African schools, inadequate training and experience among educators continue to be a key issue. During the implementation process in 1998, the life skills programme was put into practice through a training process with various educators from South African schools. The method used in the training process consisted of two teachers from every school, who then subsequently became responsible for implementing the life skills programme in each of their own schools. However, critical evaluation of the government's implementation process demonstrates substantial shortcomings. For instance, studies show that most educators suffer from 'insufficient time in the curriculum dedicated to life orientation, and...limited experience in implementing the lessons'. Moreover, educators often feel isolated and singled out as being the sole coordinators of sexual education, while also encountering a lack of support from colleagues. Studies

further indicate that teachers find it challenging to adapt the curriculum in an appropriate manner where the classroom environment often consists of large student groups from various diverse backgrounds, age groups and religious affiliations. The result is that, due to inadequate training and lack of resources, educators often lack the competence to communicate sexual health education in a successful manner.

The effective implementation of the life skills programme is to a large extent dependent on the quantity and quality of teacher training. Earlier studies support the idea that educators' implementation of HIV and AIDS programmes is strongly influenced by their personal attitudes and beliefs towards the impact of sex education have on youths. It is still a common belief that sex education encourages sexual activity instead of promoting safe sex behaviour. However, studies suggest that educators who receive on-going training have significantly deeper knowledge of the subject and also show a more tolerant attitude towards sexual education. Therefore, teacher training is essential for achieving a positive outcome as it improves educators' self-efficacy, commitment and capacity to educate learners about HIV and AIDS.

### **Community Involvement**

Teachers find it challenging to implement the life skills curriculum while facing strong opposition among parents, religious groups and the community at large. In South Africa, it is still a common belief that sexual education belongs in the private sphere and should not be a part of public education. Section 10.3 of the national policy states that the 'ultimate responsibility' for overseeing behavioural changes and development rests with parents (Department of Education 1999, page 23). In addition, section 12.3 states that 'major role-players in the wider school or institution community (for example religious and traditional leaders, representatives of the medical or health care professions or traditional leaders) should be involved in developing an implementation plan on HIV and AIDS for the school or institution' (Department of Education 1999, page 25).

Studies show that some educators feel uncomfortable when teaching safe sexual behaviour, as the concept can conflict with their beliefs or the beliefs of the community. Therefore, these educators experience a constant dilemma between providing safe sex education and adhering to their own personal or community values (Ahmed 2006, page 50). Moreover, there is still some confusion as to parents' role in promoting sexual health with their children. Some

educators consider values, morals and sexual education to lie within the parent's realm of responsibilities rather than the schools' (Ahmed 2006, page 50). But some parents feel that it is the school's duty so that the implementation of the life skills programme has sometimes resulted in sexual education being promoted in school, but not enforced by the parents at home.

Since HIV and AIDS programmes were introduced and implemented by government in a top-down fashion, they often failed to involve the community and to develop community support. While sex education does have a positive impact on youths' sexual behaviour, the extent of that impact is dependent on how sex education is implemented in a community context (Visser 2004, pages 272-277). The ineffectiveness of the life skills programme in some areas is therefore partly due to the lack of involvement of community members from the start.

High-risk sexual behaviour is strongly influenced by peer-group norms, which are observed within the community. Due to the diminishing roles of parents in controlling their children, peers play a central role in influencing the sexual behaviour of others (Zambuko 2005, page 580). For instance, studies show that peer-groups tend to perceive sexual experience as a status symbol, especially among males (Visser 2004, page 273). Moreover, issues such as gender inequality, traditional values and cultural norms are all major factors affecting high-risk social behaviour among youths (Visser 2004, pages 273-274). Hence, it is important to emphasise the educators' role in providing students with the opportunity to critically evaluate social norms regarding sexuality among both peers as well as the community.

### **Recommendations**

A number of recommendations are proposed here to improve the current situation. Firstly, the content of the curriculum must be adapted to emphasise on the development of life skills and building peace. The curriculum should include an overview of what constitutes healthy behaviour and healthy lifestyles. The curriculum should also focus on teaching students how to develop healthy relationships with one another, respect their bodies, positive self-worth, and informed decision-making and communication skills for promotion of peace. Sexual and HIV and AIDS education must not entirely focus on factual information; it must be an active learning environment where students can engage with the material, think about what they are learning and develop skills that will help them

to make healthy life choices with regards to their sexual behaviour.

Secondly, in conjunction with the government, which must provide the necessary support, schools and institutions must provide quality training for their educators. It must be understood that the more training and resources are given to educators, the more effective they will be in implementing the life skills curricula. It is crucial that educators are given the necessary preparation and guidance to implement the life skills programme in order for the schools to successfully achieve the objectives of the curricula. In addition, each institution must adapt the training to meet the needs of each individual community. Some communities are going to need more support and guidance. Furthermore, the training programme should be mandatory for all teachers and should include aspects such as critical thinking and directing free and open discussions among students. With informed, unbiased and motivated educators, the life skills curricula can be more effective in addressing the needs of secondary students.

In addition, community members must be involved in the implementation of the life skills programme. Youth are influenced not only by their educators, but also by their parents, spiritual leaders and peers. It is necessary that these community members play an active role in promoting healthy sexual behaviour in youth. In order for the life skills programme to successfully reduce HIV and AIDS among youths, the government needs to encourage communities to support sexual behavioural change. As high-risk sexual behaviour among youths continues to be one of the main factors drivers of the HIV and AIDS epidemic, interventions must be developed in a community context in order to become more effective. Thus, the life skills programme must be modified to fit the specific needs of each community. Parents must also take the lead in teaching their children about sex and sexuality as part of their socialisation processes.

### **Conclusion**

In order for these problems to be addressed the government must re-evaluate its national policy and take into account the problems with regards to content, training, socioeconomic differences and community involvement schools need to focus on developing healthy life skills in youth by providing the training and resources necessary, reaching out to community leaders and parents, and promoting sexual education in communities by taking into