

## **Educators' roles in developing adolescent HIV/AIDS knowledge and attitudes within school culture**

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*This paper reports on part of a study with the aim of exploring how Muslim learners' knowledge and attitudes of HIV/AIDS were influenced by family and school culture. Findings from data collected during individual semi-structured interviews with the principals, Life Orientation educators, and school guidance counsellors are discussed. Reviewed literature supported the assumption that there were collaborative relationships within school culture that permitted children to learn about sexuality and HIV/AIDS. Bandura's Social Cognitive Theory and the Eight Gateways or "entry points" of school culture supported the data collection and reinforced the findings theoretically. A purposive sample was used for the qualitative case study within an interpretivist paradigm. The study indicated that the educators believed that the school should teach adolescents' about HIV/AIDS. The aim of the school was to create awareness about non-risky behaviour in terms of HIV/AIDS among the learners. Educators were aware that this education did not always lead to positive behaviour changes. The school interventions had generally engendered positive values and dependable, safe relationships that helped adolescents to make responsible decisions in the face of HIV and AIDS. Educators did concede that despite the education at school, learners had to sometimes make difficult decisions as they were tempted to behave against the principles and education within the macro-society.*

**Keywords:** adolescents; AIDS; attitudes; HIV; entry points; knowledge; school culture; Social Cognitive Theory

### **Introduction**

This article discusses the results of a larger study specifically in terms of the data accessed from semi-structured individual interviews with educators regarding their perceptions of HIV/AIDS education within the school culture. The study was prompted by research findings (Nupen, 2006; Griessel-Roux, Ebersöhn, Smit & Eloff, 2005) that the South African youth were perplexed by contradictory messages in terms of HIV/AIDS that even the school does not help to demystify. Kelly (2000) maintains that while African societies are responsive to the demands of HIV/AIDS, there is a tendency to delegate a more prominent role to the school to create safe sexual behaviour among adolescents. In this regard, the South African Department of Education (2001) has attempted to modify the school curriculum by incorporating HIV/AIDS into the Life Orientation curriculum. However, the indifferent attitudes of some adolescents and officials at many South African schools justify the need for further scientific inquiry to establish how the youth may be assisted to overcome their ignorance and avoid HIV infection (Mosia, 2009). Of significance to this study is that within the framework provided by the Department of Education (2001), it is compulsory for Life Orientation educators to teach

learners about HIV/AIDS and sexuality (Jacobs, 2011:212). Mosia (2009) and Prinsloo (2007) have revealed that many educators still do not understand and implement the Life Orientation programme correctly as they are generally dissatisfied with the content and aims of the programme as well as the standard of training provided by the Department of Education (2001). Teaching is left to educators who often do not present themselves at lessons as the subject is not taken seriously. Educators were also aware that their teaching did not go beyond the classroom as learners forgot what they learnt when they were challenged by influences outside the school (Mosia, 2009; Prinsloo, 2007:165).

## **Background**

The research position of this qualitative study coincides with that of other researchers (Adu-Mireku, 2003; Leclerc-Madlala, 1997) who accepted that HIV/AIDS had a cultural basis. The assertion is that the adolescent is often unable to put into practice knowledge about non-risky sexual behaviour. Cultural myths and misconceptions are also major contributors to why South Africa has a high HIV prevalence (Hartell, 2005). Nupen (2006) and Hartell (2005) submit that even though learners were informed about HIV/AIDS they were inclined to ignore the guidance provided by the family and school culture believing that they were invincible. Schools are embedded in communities and are meant to reflect the values, beliefs and cultures of the families and communities they serve, reproducing the community's cultural and social practices (Geertz, 1973). The researcher conceded that culture shapes education while education can function as a medium to preserve and promote culture. In relation to Geertz's (1973) notion of culture, it may be assumed that school culture will also be influenced by teacher-perceptions, experiences and attitudes.

Accordingly, while a school culture is recognizable by its unique values, beliefs, climate, ethos, atmosphere, character and tone (Elbot & Fulton, 2008:18-19), the school culture also imbibes certain characteristics from the community it serves. Be it in the home or at school, the child socializes within a specified cultural backdrop uncovering skills and knowledge that may sanction confident social integration and communication (Hallinger & Leithwood, 1998:131). The assumption was that culture can influence content and subsequently, content can promote culture — hence school culture plays an undeniable role in facilitating the child's ability to make informed decisions about personal well-being and HIV/AIDS.

Of particular consequence to the present research, was an investigation conducted by Reddy, James & McCauley (2005) that analyzed an HIV/AIDS programme during Life Orientation for Grade nine learners at a school in Kwa-Zulu Natal, South Africa. The findings (Reddy *et al.*, 2005) indicated that the programme enhanced the learners' knowledge of HIV/AIDS. HIV/AIDS education and policy implementation, and the realization of curriculum guidelines from the Department of Education regarding HIV/AIDS education are not consistent throughout all schools in South Africa even though HIV affects all South African cultures (Mosia, 2009). The development and implementation of the curriculum was just as important to the teaching of HIV/AIDS as educators who were suited to the task and committed to encouraging positive behaviour-change in the learners (Reddy *et al.*, 2005:2-3). Some South African school cultures dictated that HIV/AIDS education was discretionary since these school cultures contended that learners from such schools were not affected by the virus and individuals feel that they are "safe" (Varga, 1997:47).

### **HIV Prevalence among Muslims in South Africa**

Muslims in Cape Town, Western Cape, South Africa portray social differences and practice their religion in varying ways despite their common Islamic religious faith. Although HIV infection rates are significantly low among Muslims in South Africa (The World Bank, 2006), Kagee, Toefy, Simbayi & Kalichman (2005) claimed that behavioural risks for HIV infection among Muslim individuals were possibly higher than generally accepted. Kagee *et al.* (2005) aimed to establish the prevalence of HIV among the Western Cape Muslim community. They (Kagee *et al.*, 2005:24-25) concluded that HIV was not a “trivial” issue within this community and required a concerted effort to mitigate the proliferation thereof. Paruk, Mohamed, Patel and Ramgool (2006) stated that there was under-reporting as a result of the stigma associated with HIV. UNAIDS (UNAIDS, 2007) figures are dependent upon reporting in any particular country so the effectiveness or the lack thereof will determine HIV estimates.

Esack (2005) claimed that Muslims had not always acknowledged that HIV or AIDS had existed among them. Thus, they had previously responded to the epidemic as if it belonged elsewhere (other religious and racial groups) and generally did not believe that factors such as drug abuse or rape could lead to HIV infection (Esack, 2005). Among Islamic communities, denialism, the conviction that HIV would not gain a foothold and the belief that an enhanced value-system would prevent the proliferation of HIV infections were responsible for the casual reaction to HIV/AIDS (Esack, 2005). The rapid development of the burden of the disease has been masked by the lack of proper surveillance and under-reporting in some countries (Esack, 2005). The South African Muslim AIDS Programme (MAP NEWS, 2007) acknowledges that, notwithstanding the low HIV infection rate among Muslims in South Africa, HIV is a serious problem that could become more prevalent in the community where the root of the problem is sexual promiscuity and drug abuse (MAP NEWS, 2007).

Moosa (2009:66-67) asserts that the “strict moral code of conduct” that Muslims are expected to live by often created the misapprehension that HIV/AIDS would not affect them. The belief that HIV infections were spread by homosexuality and promiscuity created the impression that they would be safe as these were taboo in Muslims’ lives (Moosa, 2009:66-67). However, AIDS is a “social disease” and Muslims have since realized that they are not exempt (Moosa, 2009:76-77). Despite the fact that data in relation to South African Muslims is not available and considered low in relation to other religious groups, the prevalence of AIDS could be on the increase in this community according to Moosa (2009:77).

### **Rationale**

Within the context of the high prevalence of HIV infections among the adolescents in South Africa the researcher was motivated to establish how school culture influenced the Muslim youth on the subject of HIV/AIDS. As a result of the researcher’s interest in HIV/AIDS education among adolescents, school culture was an important focus area. The reason for selecting adolescents of Islamic descent for this study was the hypothetically low HIV infection rate among the Muslim youth in South Africa (The World Bank, 2006) and that they are from one of the many conservative communities with stringent moral conventions pertaining to pre-marital sexual behaviour. The researcher worked on the premise that the Muslim youth adhered to certain cultural values or perspectives that might be useful to other cultural and racial groups that aspired towards low HIV infections among the youth. Muslims are also most representative of the South African populations as they come from all races, communities and language groups.

Consequently, the focus of the investigation was based primarily on certain assumptions. Firstly, that the school is an extension of the community and reproduces the community's (family's) cultural and social practices and should therefore influence the way in which Muslim adolescents respond to HIV/AIDS (Elbot & Fulton, 2008:2/5). Secondly, it was assumed that interventions by the South African Department of Education and the Department of Health are not accomplishing the goal of significantly reducing the rate of HIV infections among the South African youth (Hartell, 2005:170). The final assumption was that Muslims as a cultural group in South Africa display low HIV prevalence (Paruk *et al.*, 2006:511).

The main research question of this study was defined as:

*How do the culture of the family and that of the school contribute towards inculcating knowledge of and attitudes to HIV/AIDS among Muslim adolescents?*

The research sub-questions relevant to this article are as follows: what the school regarded as its role and responsibility in relation to HIV/AIDS education; what the primary aim of the school was with regard to HIV/AIDS education and how the school contributed towards HIV/AIDS education.

### **Theoretical frameworks**

Bandura's (1994) Social Cognitive Theory and Elbot & Fulton's (2008) Eight Gateways formed the theoretical framework of the study that observed the human element within the qualitative case study. Bandura (1994:2) is of the view that the dissemination of knowledge via public awareness is important to change risk-taking behaviour and the proliferation of HIV infections. Moreover, it is imperative to instil personal "skills in self-motivation and self-guidance" to change behaviour for the better (Bandura, 1994:2). This meant that the researcher had to explore the Muslim learners' access to knowledge within the school culture to discover if it inculcated "self-belief in (their) efficacy" to modify their knowledge and attitudes towards HIV/AIDS (Bandura, 1994:2).

Bandura (2001:3) proposes that the effectiveness of "functional consciousness" in the regulation of an individual's actions can be established once there is cognitive deliberation. The social cognitive theory contends that in terms of agentic factors individuals ought to be able to reflect rationally upon their complex socio-educational circumstances to survive HIV/AIDS (Bandura, 2001:2). Thus, a person has to have the ability to take cognizance of physical factors within oneself and social factors around one while striving to achieve goals (Bandura, 2001:2-4). The vital agencies of intentionality, forethought, self-reactiveness and self-reflectiveness form the nucleus of what it entails to be human (Bandura, 2001:6-11).

Elbot & Fulton's (2008) exposition of the Eight Gateways specify that certain concepts exclusive to school culture represent "entry points" of influence with the child at the centre. Specific actors have a direct impact upon the way a school operates and with time each may transform the very ethos of the school in varying degrees. Elbot & Fulton (2008:75) uphold that within school culture, learners will benefit from high-quality teaching and learning and assessment; caring relationships; unique problem-solving methods; superior, principled expectations, accountability and sense of trustworthiness; the ability to express their views freely; a safe and clean, inviting and inspiring school environment conducive to learning; respect for rituals and traditions and strong leadership. The Eight Gateways (Elbot & Fulton, 2008) were used to explain how the Muslim learner develops certain attitudes and behaviour HIV/AIDS within the school culture.

## **Methodology**

The qualitative research paradigm was strategic to complement the interpretive nature of the methodology (Nieuwenhuis, 2007a:47). Interpretive conclusions were possible regarding the factors contributing to the Muslim learners' knowledge of and attitudes to HIV/AIDS.

### **Data collection**

A purposive research sample was obtained after the necessary steps were taken in terms of access, consent and assent from the relevant school officials, principals, parents, educators and learners. Thereafter, ethical clearance was obtained from the University of Pretoria. It was mandatory to observe ethical steps meticulously throughout the collection of data, administration of the research and even after completion to protect the participants' identity. Data collection strategies permitted responses to the main research question and sub-questions of this study.

The purposive sample consisted of 31 participants: ten Grade 10 male learners and 10 Grade 10 female learners (between 15 and 17 years of age); the Principals of the girls' and boys' schools; the Life Orientation educators from the girls' and boys' schools; the school guidance counsellor in charge of learners from both schools; and three parents of learner-participants from the school and three parents who were members of the School Trust or PTA (Parent-Educator Association). The reason for working with Grade 10 learners was that the adolescents are at the developmental stage when their secondary sexual characteristics develop and their Life Orientation curriculum included HIV/AIDS education. The Muslim children were from varying socio-economic homes not only from the suburb the school was situated in but also from other areas. As a result of the representative nature of the sample, the data gleaned from the study satisfied the aim of the study.

The "intersubjective" nature of the in-depth, semi-structured, individual interviews allowed the researcher to ascertain the views of the principals, school guidance counsellor and Life Orientation educators in relation to the theme. Open-ended questions within the interview guide provided participants the opportunity to be responsive and discuss their views without reservation. They often made comments relating to HIV/AIDS and Islamic culture that revealed that they were comfortable with the researcher. Interviews were audio-recorded once the research participants were informed of this decision that was meant to facilitate analysis and discussion of findings.

### **Perspectives on validation**

The credibility of the research was enhanced by the use of field notes, memos, observation notes and audio recordings of the interviews. Transcriptions were taken back to the participants to be checked for accuracy. Comparisons between field notes and the audio-recordings further enhanced the credibility of this investigation (Nieuwenhuis, 2007b:114). The contextual connotations vary within each specific research interaction making findings of this study more generalizable rather than transferable. Participant input would reinforce the possibility of the findings of the research being dependable and most likely analogous to other groups of participants and research situations. The research would display dependability rather than reliability as findings were authentic rather than that the researcher would repeatedly achieve the same results each time adolescent-responses towards HIV/AIDS were investigated. In terms of confirmability, it was difficult to exercise complete self-control with regard to the research topic such as HIV/AIDS so the researcher needed to be guarded that personal impressions were not moulded to suit any preconceived notions or preferences.

### Data analysis

Data analysis followed the thematic arrangement of data from transcripts facilitating discussion via relationships, patterns, silences, unexpected trends, codes and themes (Creswell, 2007:148). Categorization and coding meant that words and segments that related to HIV or AIDS in terms of family culture, school culture, Bandura's Social Cognitive Theory (1994;2001) and Elbot & Fulton's Eight Gateways (2008) were identified.

### Discussion of findings

The discussion that follows is based on the data collected from interviews with the principals, school guidance counsellor and the two LO educators outlining what they thought of the HIV/AIDS education within this school culture.

#### **THEME: Position of the principals and educators about the expectations of Muslim parents with reference to HIV/AIDS education**

##### The perception of the boys' school principal on the school culture

It was established that the male principal of the boys' school acknowledged the collaborative relationship involving the school staff, learners and parents as well as members of the Trust, governing body and religious leaders who were part of this school culture. Cooperation contributed to the aim of the school to enhance the quality of the child's education, especially about HIV/AIDS. As a result, the boys' school principal maintained that he had an "*open-door policy*" and that there were parents who accepted and responded to his invitation to discuss all matters relating to the education of the child, including HIV/AIDS.

*"I think the HIV programmes in the school [...] enlighten [...] necessity to safeguard [...] against the (HIV) infection [...] we should tell them very boldly what causes it and where it comes from and how we can become infected [...] what they do is up to them."*

The revised school curriculum, according to the principal, taught learners to be steadfast in relation to HIV/AIDS and issues of sexuality.

The principal felt that parents approved of the separate boys' and girls' schools that supported their efforts to prevent the premature relationships frowned upon within the school culture. He pointed out that although there were some parents who insisted that the school culture ought to inculcate Islamic principles to "*modify the behaviour of the child*" they did not regulate their children's behaviour at home within the family culture. He accepted that the learners were trying to keep up with the contemporary trends in terms of prevailing fashions and technology. The boys' school principal said that some parents were of the opinion that by applying a rigid tradition especially at this Islamic school they could guide their children in the fight against AIDS seeing that they will appear modestly attired to avoid immoral behaviour. He explained further that there were Muslim parents who preferred that their daughters "*be educated strictly according to Islamic rites*" by insisting on customary practices which he sometimes felt hindered the development of the child within a multicultural society.

##### The opinion of the girls' school principal on the school culture

The goal of the school culture, according to the principal of the girls' school, was that it ought to provide a channel of communication between the girls and their parents or guardians so that the learners had innovative learning opportunities while they promoted their Islamic culture (Bandura 2001:8). According to her, learners were provided with accurate information about HIV/AIDS to be able to make "*informed decisions*" as outlined by Bandura's explanation of

“intentionality” within the Social Cognitive Theory. This principal was of the view that the educators at her school willingly provided the necessary guidance that the Muslim parents demanded especially regarding HIV/AIDS.

*“I find my educators very supportive in that as well. And I think they (parents) expect us to go that extra mile for the learners and we actually do that – because they expect it of us”.*

This principal also articulated that the “*increasing number of single parents in their community had an adverse effect*” upon the children’s attitudes and behaviour towards life and marriage. Her opinion was that respect for authority and development of trustworthy relationships were evident in the principles of the school culture and HIV/AIDS education.

*“HIV/AIDS — it is not something to be ashamed of, [...], it is something that needs to be talked about in our community, make no mistake it’s still very hush-hush — some people who have misconceptions [...] which you can contract the disease [...] also so I think that needs to change.”*

She asserted that the community that the school served had come a long way but they needed to grow even further in terms of HIV/AIDS so that they can speak freely about it. She asserted that parents often undid the “*accurate knowledge that children obtained from their educators at school*” as parents sometimes imposed their own views (including “misconceptions”) upon their children at home. Although it was apparent from this interview that the school included important aspects of HIV teaching and learning in curriculums the principal also considered a more “hands-on” approach to education would be more productive.

This principal felt that the girls needed to be educated about the Islamic community’s sometimes “*patriarchal stance*” on polygamous relationships since they might suffer the consequences of HIV/AIDS as a result thereof.

*“[...] we need to empower the learners if [...] there is going to be polygamy which is allowed you must know what is the situations when it is allowed and when it is not allowed.”*

**The view of the school guidance counsellor on the matter of school culture and learner behaviour**

The school guidance counsellor’s counselling sessions with the learners dealt directly with their dilemmas — some of which were about HIV/AIDS. In his work he observed that the learners came with “*the same problems as those children at public schools*” especially *vis-à-vis* HIV/AIDS. He emphasized that the school culture was a “*definite advantage to the educators and learners because the school aimed to promote a safe environment*” that was conducive to learning as Elbot & Fulton (2008:92) maintain in their analysis of school culture.

In his opinion, Muslim learners must be made aware of the behavioural consequences of HIV/AIDS. Appropriately, he explained to learners that “*it was important to abstain from sexual relationships before they were married*”. As a consequence, the school itself advocated a policy of sexual abstinence. The guidance counsellor did find that learners admitted that they were sometimes weak within the demands of the broader society.

*“Yes, in Islam, we preach [...] abstinence [...] that is important for us [...] the motto of all your HIV [...] AIDS in terms [...] of sexuality [...] they also plead abstinence.”*

He stated that there was a time around early 2002 when the issue of HIV/AIDS was totally brushed aside by Muslims in general. Hence, he said that social stigma still hampered attitudes about HIV/AIDS since the Islamic culture did not previously make allowances for behavioural

risks to infection.

*"[...] the head-in-the-sand that - it can never happen to me until it happens [...]"*  
(SGC13-311)

It was apparent from the responses of the guidance counsellor that over time Muslim attitudes regarding HIV/AIDS were changing. This educator found that candid discussion and deliberation displayed a collective acknowledgment that HIV is not just a sexually transmitted disease but that there are other means of acquiring the dreaded disease.

*"... so until it didn't happen to you, you can still say I'm still fine, I'm still fine, I'm still fine and you don't give much of attention to it until it hits home..."*

Educators, he said, held regular discussions to guide learners to behave responsibly and safely. Although he had not encountered any child who was infected he had come across a few learners who had been personally affected by HIV/AIDS in some way.

### The perspectives of the two Life Orientation educators on Muslim culture and HIV/AIDS education

Life Orientation educators considered that they taught the learners about HIV/AIDS to the satisfaction of the school culture and according to the Department of Education. The Life Orientation educator at the girls' school referred to an incident that resulted in great confusion and anxiety among their learners during an HIV/AIDS camp organized by a Western Cape-based NGO (Non-Governmental Organization). She alluded that sexual "*abstinence*" was emphasized at this school. According to the educator, during an AIDS camp that was held for learners in the area, learners from this school were condemned for staunchly holding on to their principles and told that "*condomization*" was advisable. The learners, though disconcerted by this episode, held on to what they were taught at school and insisted that they believed in "*Save Sex*" rather than "*Safe Sex*".

*"The kids were told to condomize and be wise, and as a Muslim we have the concept of 'abstinence', you know, 'save sex' and not 'safe sex'"*.

The perception of the educator was that Muslims believed that there was no change in the prevalence of AIDS in communities where people had been encouraged to make use of condoms. According to the female Life Orientation educators, the school condemned sex outside marriage so as to encourage the children to lead healthy lifestyles while they socialized.

The educator of Life Orientation at the Girls' Secondary School said that some parents guided their children strictly according to cultural beliefs and expected the school would align themselves according to that ideology.

*"[...] there are homes [...] are traditional and children are not over-exposed. So [...] one coming from a home where everything is discussed openly and [...] respect has gone out of the window"*.

The Life Orientation educator at the boys' school was of the view that at home, the boys were not necessarily getting the guidance crucial to the prevention of AIDS. She said that boys generally did not read about HIV/AIDS as widely as they ought to and that they were also less likely to ask questions about HIV/AIDS issues that bothered them. This educator was concerned that peer pressure could overwhelm family and school influences leading to deviant behaviour that could in turn give rise to the danger of further HIV infections.

*"Parents are too busy [...] own lifestyle [...] work [...] home [...] really no time when they can actually sit. So a lot of the kids [...] are just yearning for 'just listen to me'."*

The interview with the boys' Life Orientation educator revealed that the boys were eager to

discuss sex education since they considered this an important aspect of their development. Her observation was that the Islamic home did not always provide such guidance and the learners were often left to deal with their dilemmas in their own misguided ways.

## **Discussion**

This study illustrates a cultural approach to HIV/AIDS education as proposed by Adu-Mireku (2003) and Leclerc-Madlala (1997) where the school had an important role and responsibility to provide accurate HIV/AIDS knowledge. The school curriculum took into account deeply embedded attitudes and values of the school culture as represented by the principals, teachers, families, officials and learners in HIV/AIDS education programmes. This school reproduced the community's cultural and social practices as alluded to by Elbot & Fulton (2008) in that there was a collaborative proactive response to HIV/AIDS based upon the school culture.

Primarily, HIV/AIDS education was entrenched in the school culture and based on honest expectations, trust and a strong sense of accountability for the welfare and guidance of the youth. The school had devised a Life Skills programme that included HIV/AIDS education during the Life Orientation lessons held separately at the boys' and girls' schools. Findings regarding Life Orientation and Life Skills education concurred with those of Reddy *et al.* (2005) in that the educators maintained that lessons were structured with the aim of guiding the child in terms of safe sexual behaviour and HIV/AIDS. Learners were taught about the ways in which one became HIV positive such as rape, multiple sleeping partners, unprotected sex, drug abuse, mother-to-child transmission or blood transfusions.

Educators saw themselves as social agencies of influence and did their best to teach the learners according to the guidelines from the Department of Education and the importance of rational behaviour. Contrary to the findings of Esack (2005) regarding the prior lack of acknowledgement of HIV/AIDS among Muslims, the principals, schools guidance counsellor and educators felt the need to equip learners to make informed decisions not just in terms of HIV/AIDS but in all aspects of their lives. In terms of the educators' roles within this context, the principals and educators who were interviewed were convinced that they ought to be suitable role models, in keeping with Varga's (1997:47) discussion of maintaining responsible, ethical standards.

Denialism and discrimination rife in Muslim communities in the past (Esack, 2005) were not obvious within this school culture as the principals, educators and school guidance counsellor promoted tolerance and condemned discrimination. HIV/AIDS education within this school culture was structured to promote the "strict moral code of conduct" referred to by Moosa (2009:66-67) and adapted to suit the ethos of the school as suggested by Elbot and Fulton (2008). This approach was seen as a positive step towards enhancing the learners' vulnerability and their appreciation of the seriousness of the disease. The school guidance counsellor concurred with the boys' school principal that learners should be sensitized in terms of HIV/AIDS but that teaching should guide the youth to cope with the demands within the macro-society.

## **Limitations**

The researcher who belonged to a different culture had to accept that personal perceptions acquired prior to the qualitative research would in some way cloud interpretations of the reality as presented by the case study itself. Any investigation within the realms of HIV/AIDS faces ethical challenges. It would not be possible for the researcher to monitor the learners who

might discuss the content of the focus group interviews despite the appeal for confidentiality. The study might have been affected by the fact that HIV/AIDS is a sensitive issue to research especially within the context of a community that is conservative. Some of the research participants may not have taken kindly to being questioned by a stranger from another belief-system about aspects of HIV/AIDS. At the same time learners who formed part of the focus group might have been circumspect about what they thought they might have been allowed to say by the Muslim adults regarding their families or the school culture. As a female researcher, it might not have been possible to elicit relevant information regarding sensitive issues because male participants might have found some questions intrusive. A limited comprehension of Islamic traditions and practices could have resulted in misinterpretation of certain responses. However, it was the researcher's opinion that the main research questions were nevertheless answered.

## Conclusion

Catering for a variety of cultures within a sensitive theme such as HIV/AIDS is an onerous task for the educator who may not be aware of all the cultural backgrounds of the learners. This study illustrates that the dual relationship between the family/community and school may assist in making the curriculum more relevant to the children ensuring that they have constant reminders of HIV/AIDS. Education within the cultural context needs to consider existing adverse influences if the HIV infections are to be reduced. Educators who participated in the research were fully appreciative of the need to guide the learners towards rational behaviour but conceded that they had little control over them within the macro-society. However, the researcher is mindful that within the majority of the multicultural South Africa schools it is difficult for educators to incorporate each cultural influence into the curriculum. Furthermore, while it is naïve to believe that the ideal, safe world can be created by all educators and parents, it is vital that all adult role-players within the school culture work unstintingly towards the creation of safe, HIV-free environments for children.

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