THE INFLUENCE OF SCHOOL CULTURE ON HIV/AIDS BELIEFS IN AN URBAN SCHOOL: AN EDUCATION MANAGEMENT PERSPECTIVE

by

MIRIAM FARAI SIWELA

submitted in partial fulfilment
of the requirements for the degree of

MAGISTER EDUCATIONIS

(with specialisation in Education Management)

at the
UNIVERSITY OF SOUTH AFRICA

Supervisor: Prof. Cecelia A Jansen

October 2012

DECLARATION

Student Number: 3441-176-3

I, Miriam Farai Siwela (3441-176-3), declare that: "The influence of school culture on HIV/AIDS beliefs: an education management perspective" is my own work. All the sources used or quoted have been indicated and acknowledged by means of complete references. I herewith declare that the language of this management report has been edited by Oswald Davies

----

Miriam Farai Siwela

October 2012

DEDICATION

To my beloved father Mr Joseph Tafirenyika Jabangwe, who always believed in me. At a tender age of 16 years (1981), after completing my General Certificate of Education (GCE) in the United Kingdom, I thought I was fully equipped for a career. My father said these words I will never forget, "*This is not who you are. You have not even started to be the person who you really are. Go back to school my daughter.*"

To all the families in Africa who lost their beloved ones to HIV/AIDS after being treated by traditional healers or faith healers. The modern Africa has various sources of scientific medical solutions for HIV/AIDS offered by the local and international communities, yet millions continue to lose their lives to the epidemic because they believe that the traditional healers and faith healers have a CURE for HIV/AIDS.

To my husband of 23 years, Eugene Siwela, 'the perennial student', always said to me that it is never too late to study. In fact his motto is that if you stop studying to keep abreast, "you die a little". He gave me the confidence and zeal I needed to complete my degree. I love him dearly.

To my sons, Eric Khayelihle and Arthur Mthulisi – my precious gifts from God - who despite my hectic schedule, always encouraged and gave me the support I needed during my most difficult years. Their most common words are – "We love you Mum. It is going to be alright".

To my sisters, Prudence Chindove (Zimbabwe), Vimbai Patience Tsvetai (Zimbabwe), Faith Mango (United Kingdom) and Natalie Paidamoyo Morris (United Kingdom). They never believed there was something I could not do. Their belief in my capabilities made me focused and determined to always do my best. I treasure them dearly.

ACKNOWLEDGEMENTS

Jim Dornan- in his book, Piano on the Beach (2005:20), wherein he stated that *my past is not my future.* As an African woman, there are so many challenges to face and it is easy to give up and think that it is impossible to change my life. If I believe I can succeed, I am right. If I believe I cannot succeed, I am also right. The choice is mine. I therefore choose to believe that I can succeed.

GLOSSARY

AIDS- Acquired Immune Deficiency Syndrome

ABC - Abstain, Be Faithful, Condomise

ARVS – Anti Retroviral Drugs

DoE - Department of Education

DoH - Department of Health

HEAIDS – Higher Education HIV/AIDS programme

HE – Higher Education

HEI - Higher Education Institution

HIV – Human Immunodeficiency Virus

HSRC - Human Sciences Research Council

NGO – Non-Governmental Organisations

SANAC- South African National AIDS Council

MoH - Ministry of Health

StatsSA - Statistics South Africa

STDs- Sexually Transmitted Diseases

THP - Traditional Health Practitioner

UNAIDS- The Joint United Nations Programme on HIV/AIDS

WHO – World Health Organisation

ABSTRACT

THE INFLUENCE OF SCHOOL CULTURE ON HIV/AIDS BELIEFS IN AN URBAN SCHOOL: AN EDUCATIONAL MANAGEMENT PERSPECTIVE

by

MIRIAM FARAI SIWELA

SUPERVISOR: **Professor Cecelia A Jansen**

DEPARTMENT: **Department of Educational Studies**

College of Education

University of South Africa

DEGREE: **MEd (with specialisation in Education Management)**

DATE: **October 2012**

The UNAIDS report on the global AIDS epidemic (2010:9-11), stated that for the estimated 33.3 million people living with HIV, sub-Saharan Africa has a staggering 22 500 000: South Africa having the highest figure of 5 600 000.

The question arises: Why has HIV/AIDS spread faster in Africa than on any other continent, despite similar international strategies? The challenge in Africa is that several HIV/AIDS beliefs and misconceptions distorting management of HIV/AIDS. South African learners receive HIV/AIDS education from the school culture, community, government and the international community, whereas they should be partners in collaborative education: yet, they are not.

The research finding indicated that for effective educational strategies, education managers should be aware of these different voices affecting HIV/AIDS education. Education managers should be the main voice in dealing with this menacing epidemic.

Countries that have approached HIV/AIDS scientifically and speak with one voice successfully reduced their HIV/AIDS statistics.

KEY CONCEPTS

Educator/s

Education Leaders

Education Management

Education Stakeholders

Empowerment

Human immunodeficiency virus/acquired deficiency syndrome (HIV/AIDS)

Popular misconceptions

Faith Healers

Traditional Healers

Faith Healers

CHAPTER 1

INTRODUCTORY ORIENTATION AND STATEMENT OF THE PROBLEM

CHAPTER 2
LITERATURE REVIEW

CHAPTER 3
RESEARCH DESIGN

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF THE RESEARCH RESULTS

CHAPTER 5
CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

CHAPTER 1

INTRODUCTORY ORIENTATION AND STATEMENT OF THE PROBLEM

1.1   BACKGROUND TO THE RESEARCH QUESTION

It is not uncommon to hear the assertion among adherents of South African black cultures that the so-called black African traditional healers ('sangomas' in isiZulu) can cure HIV/AIDS using locally available herbs known as 'traditional medicine' or 'umuthi'. Pope *et al.* (2009:261) notes that 'umuthi' (traditional medicine) consists of plants, and animal products that are specially prepared to address a particular illness or symptom, and that failure to pay due deference to dead ancestors is blamed as the cause of HIV/AIDS.   This belief and many others of equally dubious provenance are prevalent among both young and old in South African society.   The question about HIV/AIDS in light of these folkloristic beliefs is: What influence does school culture have on these HIV/AIDS beliefs among a group of secondary school learners?

General education and specific HIV/AIDS education is an effective, proven weapon against HIV/AIDS (Wood 2008:29). As early as 1985, research on effective schools lent credence to the view that schools can be organised, with the principal in the lead, to improve school culture (Firestone & Wilson, 1985:25).   The quality of educational leadership has to be high in order to cope with the critical issues affecting learners' education and training. The role of the principal in the educational context includes empowering both educators and learners in the fight against HIV/AIDS.

The UNAIDS report on the global aids epidemic (2010:9 - 11) states that for the estimated 33.3 million people living with HIV after nearly 30 years, the gains are real but still fragile. In 33 countries the HIV incidence fell by more than 25% between 2001and 2009.   In 2009 the highest infection rates in sub-Saharan Africa were in Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe, with South Africa in the lead at 5.6 million (UNAIDS, 2010:182).

Lindner (2010:15) confirms that two-thirds (25.8) of the world's HIV/AIDS-infected population are located on sub-Saharan Africa. Van Dyk (2008:164) notes that HIV/AIDS has had a devastating effect on educational systems in many parts of the world, especially sub-Saharan Africa. Van der Westhuizen *et al.* (2007:5) note that research findings have revealed strong correlation between a positive organisational culture and educational advancement. The purpose of this study is therefore to determine how school culture influences learners' perspectives on HIV/AIDS.

Like the rest of Africa, the most challenging developmental issues faced in South Africa are high levels of illiteracy, poverty, and HIV/AIDS. The researcher agrees with Van Dyk (2008: 167) that HIV/AIDS programmes must take account of current popular myths among the community about HIV/AIDS. Beliefs and conduct are closely interconnected; hence in due course the school culture that instils appropriate and accurate HIV/AIDS information is bound to make inroads on the socio-cultural and the socio-educational aspect of learners' beliefs and actions.

It goes without saying that education in South Africa takes place in two spheres, not necessarily mutually enhancing, and possible odds with each other in their effect on learners' understanding of and attitude towards the critical issue of HIV/AIDS. In fact, it is commonly assumed that school culture will have a dominant influence on learners' behaviour, beliefs and actions because school hours take up the bulk of their day (Van Dyk 2008: 213), and that school culture should therefore be utilised to ensure that learners are proof against unfounded beliefs and misconceptions about HIV/AIDS.

In South Africa popular beliefs and attitudes about HIV/AIDS play a dominant role in all areas of life, especially education.   Some of the beliefs are a hindrance to the reception of HIV/AIDS education among learners. Consequently the purpose of the research under review is to determine the impact of popular beliefs on learners who have been exposed to a secondary school culture for more than five years. The targeted learner population were exposed to a variety of in-depth studies and life-skills coaching concerning HIV/AIDS in the course of their school years. Their understanding of the impact of HIV/AIDS is therefore critical for any

campaign to combat the disease. According to Wood (2008:37), HIV/AIDS is a bigger problem in Southern Africa than anywhere else in the world; in fact, Africa is a global epicentre of the AIDS pandemic.

South Africans face the dilemma that they receive conflicting messages from two opposing sources, each with a strong persuasive pull of its own where HIV/AIDS is concerned. On one hand modern medical science proclaims that the disease is caused by a viral infection that suppresses the victim's immune response, while on the other hand spiritual explanations are offered such as witchcraft or angry ancestors (Wood, 2008:38). Conventionally trained and educated (i.e. according to modern medical science doctors and nurses insist that the illness is viral and can only be treated as such, but black traditional African healers blame witchcraft or ancestral displeasure). The researcher's self-imposed task is to discover the extent to which either of these opposing influences is gaining ground at the expense of the other or whether they are mutually exclusive. The ruling assumption here is that the dominance of the scientific approach under the impact of formal education is the only real solution worth striving for.

It is the researcher's contention that despite the infection rate that outstrips all others, South Africa can still turn the tide and gain control of the disease that is ravaging its population beyond all others. The incidence of HIV/AIDS infection is negligible in children below 15 years of age, this is a promising target group for preventive education that will provide them with tools to cultivate safe practices and a healthy life style that could significantly reduce the chances that they may become infected by HIV/AIDS, and may enable them to lead a normal productive, useful lives that will benefit themselves and their communities.

The UNAIDS report on the global aids epidemic (2010:10) reported that among young people in 15 of the most severely affected countries, HIV prevalence has fallen by more than 25% as these young people have adopted safer sexual practices. Similar to treatment access, there is considerable room for continued improvement on this success. Young people's knowledge of HIV is increasing but needs to grow further.

There is a crisis in prevention as is estimated that 1000 people in South Africa are infected by HIV/AIDS every day (UNAIDS 2010:10). The purpose of the research under review is therefore to contribute towards the strategic solutions required to curb the spread of HIV/AIDS by determining the impact of formal schooling on learners' perceptions of and attitudes towards the issue of HIV/AIDS. Squire (2007; 27) states that the spread of HIV in South Africa is due to a combination of factors such as forced and voluntary migration, conditions of poverty, urbanisation, growing alcohol and drug abuse, needle sharing and reuse, the widespread non-acceptance of condoms, and lack of education. There is general consensus among researchers that **popular beliefs, or rather, myths, about HIV/AIDS effectively add** significant impetus to the propagation of HIV/AIDS in Africa (Van Dyk 2008: 10) in the sense that beliefs/ myths stand in the way of the advancement of modern medical science as an effective weapon against the spread of HIV/AIDS. Despite this realisation, however the main HIV/AIDS prevention strategies advocated/promoted in South Africa are condom use, **abstinence** and **faithfulness to a single partner provided it is reciprocal** (Van Dyk 2008:209).

Local and international writers are strongly united in the view that culturally specific programmes are required to combat HIV/AIDS, especially in Africa. As noted by Van Dyk (2008:201), understanding the belief systems of black African communities is a prerequisite for administering therapeutic programmes according to modern medical science because judicious ways need to be sought to eliminate misconceptions and harmful superstitions so that effective treatment can proceed in the educational context. Thus the question arises whether education managers can use school culture and effective educational methods of empowerment to eliminate or overcome counterproductive misconceptions concerning HIV/AIDS among learners in secondary urban schools. The specific counterproductive beliefs emanating from the sociocultural background of mainly black South African learner populations will be addressed later in this chapter.

The discussion so far should give adequate explanations for the research question stated in the opening paragraph and repeated in the paragraph immediately above, namely whether secondary school culture in South Africa can contribute towards

eliminating or overcoming learners' irrational beliefs about HIV/AIDS. The researcher has established that no research on this topic exists to date. According to Van der Westhuizen *et al.* (2007:145) there is proof that organisational culture has an influence on schools' effectiveness as evidenced by the relationship between organisational cultures, academic achievement and learner discipline. Schools should therefore invest the maximum effort in continuously assessing and enhancing their organisational culture.

1.2   RATIONALE FOR THE STUDY

As noted above, the main reason for undertaking this study was to determine the influence (if any) that school culture has on learners' unfounded or "mythical" beliefs about HIV/AIDS. This information would be critical for education managers who are the primary educators where HIV/AIDS is concerned. Lindner (2010:15) states that in South Africa HIV/AIDS infection is most prevalent among young black people between 20 and 34 years of age. It can be assumed that since adolescents and children under the age of 15 are the least affected group they should be the primary target of preventive HIV/AIDS approaches. According to Wood (2008:29), HIV/AIDS impacts greatly on the quality of education, as it affects the learners, the educators as well as the teaching environment. In light of the latest envisaged goal of zero new infections as stated in the UNAIDS report on the global aids epidemic (2010:14), it has been realised that there is a need to focus on the societal structures, beliefs and value systems that present obstacles to effective HIV prevention efforts. Also included is poverty, gender inequity, inequity in the health care and education system, discrimination against marginalised people, and unequal allocation of resources.

The researcher agrees with Van Dyk (2008:201) that the success of education and HIV/AIDS prevention programmes in Africa must take into account the unique traditional African world view. Van Dyk (2008:201) further states that a possible reason for the failure of HIV/AIDS education to curb the spread of HIV/AIDS could be that insufficient or no allowances are made for cultural diversity in African belief systems. Remediation of this oversight is essential in dealing with the scourge of HIV/AIDS at schools. The World Bank's clear commitment to Africa HIV/AIDS for

Action, 2007 - 2011, is an assurance of its long-term support for efforts to curb the spread of HIV/AIDS (2008:5).

The study under review deals with the effectiveness of school culture in an urban Gauteng secondary school as a countervailing influence on learners' scientifically unfounded beliefs concerning HIV/AIDS. The expected positive proof of such effectiveness could be a useful addition to the armament available to combat HIV/AIDS. School managers and teachers are faced with situations in which effective and efficient school management requires new and improved skills, knowledge and attitudes to cope with a wide range of new demands and challenges (Squelch & Lemmer 1994: vii). According to Glanz (2006:17) even the most effective principals cannot manage their schools alone. It is important to involve the parents in the process of securing the academic and social success of the learner, especially by ensuring that they are duly informed and convinced of verifiable scientific medical facts relating to HIV/AIDS and actively support efforts to recruit their children's cooperation in beating back the rampant progress of disease. Parents' informed cooperation is particularly important since counterproductive misinformation about HIV/AIDS often emanates from the home environment, rendering it unnecessarily difficult to roll back its negative conditioning effect on learners' receptiveness to intervention programmes mounted at school to inform learners correctly.

The stakeholders who would specifically benefit from a positive finding that formal schooling at secondary level is a significant means of assisting learners' understanding of the scientific facts relating to the propagation and treatment of HIV/AIDS. The stakeholders who would specifically benefit from the findings of this research are as follows:

- Education Managers who will be enabled to contribute significantly towards understanding how their roles need to fit into the school culture.
- Other relevant HIV/AIDS educators such as non-governmental organisations (NGOs), national government as well as parents and communities, whose main concern is to curb the spread of HIV/AIDS.

- Interested parties in non-educational management disciplines will understand that a close relationship exists between popular misconceptions about HIV/AIDS beliefs and the rate of increase in the incidence of HIV/AIDS in South Africa.

1.2.1   Need for management of school culture

The research falls under the rubric of education management. One of the major problematic areas for the principal as manager of a school is the HIV/AIDS pandemic. According to Marcus (2002:34) there is an urgent need to critically assess assumptions about the influence of popular misconceptions about HIV/AIDS on education management and social relations. The effect of these misconceptions on learner behaviour is posing increasing challenges to managers and teachers' efforts to develop and maintain effective schools. (Van Dyk 2008: 213).

According to The World Bank (2008:1), about 22.5 million sub-Saharan Africans are HIV positive, and AIDS is the leading cause of premature death on the continent. Despite international and local HIV prevention strategies, such as promoting condom usage, faithfulness and abstinence, HIV/AIDS infection is increasing among school going learners, as illustrated by the statement by Jump (2001:11) that effective prevention interventions are a function of good and proper educational planning that is properly concerned about the environment in which the programmes operate, and that entails the adoption of better methods and approaches. The researcher takes a fresh angle in assessing to what extent school culture can be enlisted to erode pernicious popular beliefs about HIV/AIDS among urban secondary school learners in South Africa. The researcher agrees with Van Deventer and Kruger (2003:22) that culture is an important factor to consider as a determinant of effective organisational performance.

1.2.2   Impact of school culture on HIV/AIDS beliefs

The researcher considered in the light of the literature review to what extent school culture could affect common misconceptions about HIV/AIDS. An understanding of

both school culture and HIV/AIDS is necessary for the development of effective instructional methods and techniques to deal appropriately with these misconceptions. As noted by Van Deventer and Kruger (2003:5), the culture of a school is a very important aspect of school life and has a profound effect on all other elements of education. Van Dyk (2008: 213) rightly states that although on the whole educators should take care not to interfere unduly with cultural beliefs and behaviour, some persistent behaviours around AIDS infection attest that harmful behaviours that are attributable to popular misconceptions are probably not being addressed to the extent required.

Lindner (2010:49) confirms that:

> *the knowledge of HIV/AIDS seems to increase from childhood to adolescence and then appears to reach a plateau during adolescence, with no appreciable gains during adulthood. This may be because school guidance programmes and adolescents' increasing interest and participation in sexual activities enable teenagers to acquire knowledge of HIV/AIDS.*

According to Van der Westhuizen *et al.* (2007:128) school culture plays a significant role that encompasses common values, assumptions, norms and convictions which serve as guidelines for the behaviour of individuals. Research has been conducted on the influence of school culture on many aspects of teaching and learning except **HIV/AIDS misconceptions.**

1.2.3   Impact of HIV/AIDS beliefs – incidence of HIV/AIDS statistics

There is a gap in educational research in that it fails to link popular misconceptions about HIV/AIDS to the propagation rate. Though of limited scope, the research under review will open a door of opportunity for further studies to determine the impact of popular misconceptions about HIV/AIDS on the increasing HIV/AIDS infection rate in South Africa. Van Dyk (2008:215) is adamant that there is a link between the increasing incidence of HIV/AIDS infection and misconceived beliefs among black

African populations. Understanding the relationship between the two is a critical element for the success of HIV/AIDS education and prevention programmes in South Africa.

According to Wood (2008:212), no AIDS prevention programme can succeed in Africa without the help of traditional black African healers. The researcher does not agree with this statement. Black traditional African healers' methods of diagnosis and treatment of HIV/AIDS do not conform to those of modern medical science which have the benefit of formal checks and balances of the formal medical profession. Black traditional African healers' influence is pervasive and powerful because for many years they were the primary caregivers in Africa. Their alleged communication with ancestors for medical advice makes it difficult for the non-iniates to challenge them (i.e. their advice is unverifiable. It is the researcher's considered opinion that some black traditional African healers' ill-conceived methods of dealing with and managing HIV/AIDS cases have caused untold misery in the form of massive HIV/AIDS-infection rates throughout Africa, and have given rise to many of the prevalent misconceptions about HIV/AIDS. As stated under 'rationale for study' above, the purpose of the research under review was to determine the extent to which school culture could exert a critical influence that will militate against the influence of popular misconceptions about HIV/AIDS and thereby materially assist the impact of efforts spent to combat the spread of this contagion.

1.3   THE PROBLEM STATEMENT

The object of the qualitative research under review was to understand social life and the meaning that people attach to everyday custom and routine, with particular reference to combating the spread of HIV/AIDS in the secondary school environment (De Vos *et al.* 2005:74). The researcher used the following pivotal question to focus the study of learners' popular misconceptions about HIV/AIDS.

Can school culture be enlisted to circumvent, overcome and influence learners' popular misconceptions about HIV/AIDS?

More correctly: can school culture be enlisted to circumvent and overcome the pernicious influence of learners' popular misconceptions about HIV/AIDS?

This study was conducted in an urban secondary school in Pretoria, South Africa. School culture does not operate in a vacuum but influences the attitudes and work practices of educators as well as learners.

1.3.1   Sub-questions

The following questions arise from the above main research question problem is as follows:

i.   What is school culture?
ii.   What are the popular misconceptions about HIV/AIDS that are current among learners?
iii.   Does secondary school culture affect popular HIV/AIDS misconceptions as manifestly held among learners?
iv.   How can school culture effectively countervail against popular misconceptions held among learners in connection with AIDS?

The researcher will also consider the role of education managers in school culture with specific reference to dealing with learners' misconceptions about HIV/AIDS:

i.   What role do education managers have in managing the school culture?
ii.   What strategies can education managers use to manage school culture?
iii.   What school-cultural activities influence learners directly?

The above sub questions will ensure that the focus at the end of the research will be on education managers as the ultimate catalysts of change in the learners' educational environment, with particular reference to the countermanding effect of school culture on popular misconceptions about HIV/AIDS.

1.4   THE AIMS OF THE STUDY

i.   **Provide** educational managers with information concerning learners popular misconceptions about HIV/AIDS;

ii.   **Provide** education stakeholders with information for the introduction of specific programmes to enhance the influence that they exert on learners' misconceptions about HIV/AIDS by the way of managerial interventions in school culture.

iii.   **Inform** education managers about their role in managing school culture in order to change learner behaviour; and

iv.   **Empower** learners by impressing the importance of HIV/AIDS education in schools upon them.

1.4.1   The objectives of this study

This study is deemed critical in light of the warning by Van Dyk (2008:2) that programmes to counter the spread of HIV/AIDS **must** take account of African perspectives concerning the diagnosis, prevention and care of the disease. Consequently, the objectives at issue here are as follows:

i.   To recommend specific strategies to be employed by educators to educate the learners about their HIV/AIDS education; and

ii.   To contribute to the existing body of knowledge concerning HIV/AIDS beliefs and their impact on the behaviour and actions of learners.

The significance of the project will therefore be discussed below.

1.4.2   Significance of the project

It is the researcher's view that the study under review is of prime importance in light of the persistent increase in the HIV/AIDS propagation rate in South Africa. WHO/UNAIDS/UNICEF (2010:1), stated in 2010 that an estimated 3.91 million people in sub-Saharan Africa received ARVS in 2009, compared to about 2.95 million in 2008,

showing an increase of 33%. The region accounted for 72% of the estimated treatment need in low- and middle-income countries, and 74% of the total number of people receiving treatment at the end of 2009.

As far back as 2005 The South African National HIV Survey (2005:2) reported that the HIV/AIDS infection rate among learners was extremely high and growing rapidly. Cullinan and Thom (2009:ix) states that, when the stand-in President Kgalema Motlanthe gave his first state-of-the-nation address in October 2008, many rejoiced because it was the first time in nine years that a head of state had openly declared that HIV/AIDS was a matter of the foremost priority for the government's attention. Educational leaders and stakeholders have a critical role to play in this war on HIV/AIDS. Youde (2007:2) concurs, adding that government should take advantage of the resources offered by the international AIDS control regime.

According to the Budget speech of the Honourable Dr A Motsoaledi, Minister of Health, delivered to the National Assembly, Parliament of the Republic of South Africa on 13 April 2010, the budget of the Department of Health for 2010/11 grew by 16 percent from R18 billion in 2009/10 to R21,5 billion in 2010/11. The budget included additional funding for HIV/AIDS treatment and hospital revitalisation. Yet government still openly support the operations of traditional healers (Cullinan & Thom, 2009:148).

As noted in Cullinan and Thom (2009:143), Nolaki states that at least 70% of all South Africans consult traditional healers at some time or other. The traditional medicines sector in South Africa is worth R3 billion a year (5.6 per cent of the national health budget), and serves almost 27 million consumers. The researcher agrees with Van Dyk (2008:213) that secondary school educators should take cognisance of traditional beliefs held by and practiced among black African communities with a view to adopting formal educational strategies to wean learners away from misconceptions about HIV/AIDS. The health care professionals who work in Africa should resist the temptation to overtly and summarily dismiss all beliefs and practices concerning health that are current among black African communities as superstitious nonsense. Instead, they should try and identify practices and principles that could be subjected to formal trialling procedures and scrutiny by formal medical establishment for possible

incorporation in preventative and curative regimens as part of formal, scientifically verifiable medical practice. It is common that some herbal medicines administered by black African healers have proven curative qualities that can be a useful addition to the pharmacopoeia at the disposal of medical practitioners if administered correctly.

Moreover, according to Ndaki (Cullinan & Thom 2009:148) the Traditional Health Practitioners Act, which provides a framework for regulating the sector, including registering a practitioners' council, was signed into law by President Thabo Mbeki in 2008. In view of the HIV/AIDS crisis and new legislation relating to the disease, school managers have a definite role to play in educating parents and learners and/or creating a conducive environment to ensure the empowerment of learners becomes worthwhile global campaign.

1.5 THEORETICAL FRAMEWORK

The education system proceeds from a number of theories and varying in scope and application. A theoretical framework could be used in the case of this research to locate the study or apply a theory. The research is based on the learning **theory of constructivism**. It is a philosophy of learning which takes the social context into account and assesses the quality and effectiveness of the education process. The theoretical framework of *constructivism* posits that a person constructs his/her own reality and that on the belief that all knowledge is socially constructed. This means that a person makes sense of phenomena by interpreting what is happening and acting on that interpretation. According to Donald *et al.*(2002:41 - 134), "Social context and cultural patterns has a profound influence on how children develop.... knowledge is actively constructed by an individual, groups and societies and not simply transferred."

According to Donald *et al.* (2002: 41 - 134), problems that a school faces need to be analysed and addressed within an understanding of broader social issues; particularly

13

those issues involving HIV/AIDS beliefs or misconceptions. Therefore the researcher believes that learners who are exposed to a conducive learning environment are able to develop problem-solving skills with the assistance of education managers. Education managers have a primary role to be the main voice that leads learners to acquiring lifelong skills. When following the theory of constructivism, the researcher understands that learners are allowed to explore their environment, interact with it, and learn from it. According to Donald et al (2002:103), "Another very central concept in constructivist thinking is that knowledge is not fixed and given. It is shaped, constructed and re-constructed in different social contexts at different times." The constructivist *educator* acts as a support pillar for learners to lean on when they are in need and through the school environment is able to empower learners to be able to recognize problems and devise solutions for them, rather than parroting information from the community. Therefore it is clear education managers can use the school culture as a conducive environment to empower learners about HIV/AIDS.

1.6   EXPLANATION OF KEY CONCEPTS

It is important for the proper conduct of the research and for the benefit of the reader to provide clear definitions of the concepts that are key to the parameters that map the study under review. The following concepts are germane:

1.6.1   Educator/s

This term is sometimes used interchangeably with "teacher". For the present purpose it is deemed to denote any person engaged in educating learners in a formal or informal setting. This includes teachers, NGOs, government, parents and the community at large. Van Deventer and Kruger (2003:8) describe the educator as a leader who understands the educational needs of the learner and is able to develop sound instructional programmes through effective leadership. The researcher agrees and

further adds that the educator is equipped by training and natural ability as well as inclination to assess and restructure provision made for educational needs according to prevailing circumstances and with due reference to both formal and life skills education.

1.6.2   Educational leaders

This designation refers to the principal or the school manager. As noted by Van Deventer and Kruger (2003: 70 -71), the principal is a central role player who ensures the success of the teaching and learning outcomes of a school by carrying out his instructional leadership tasks or responsibility. The researcher agrees with Squelch and Lemmer (1994:11) that the purpose of school leadership is to make schools more effective and successful in order to improve the quality of learning. The researcher's opinion is that the role of the principal as an educational leader in South Africa is becoming more and more challenging given the general, persistently dismal literacy and numeracy levels reaffirmed once more in the latest authoritative figures provided by relevant authorities. The researcher further agrees with Squelch and Lemmer (1994:14) that an important task of an educational leader is to establish a positive learning culture and environment – which is an essential element for effective and successful management of a school. Effectively the overall system in South Africa looks lethargic if not moribund, stymied by internal incapacities into a state of virtually complete paralysis.

1.6.3   Education management

For the present purpose this term denotes the management of the school as an organisation, to which end application of the management principles of planning, organising, leading, controlling, and motivation is required. As noted by Van Deventer and Kruger (2003:65 – 67), education management comprises interactive, interrelated elements used by educational leaders who manage learning and teaching in schools. The resources available to them include human resources, physical resources and financial resources which they must manage as effectively as possible in order to

satisfy educational needs and achieve the outcomes of establishing and maintaining a culture of teaching and learning.

For the purpose of educational management this does not mean that the principal will be the only key person, but rather that every educator at a school will in some way or other be a leader and perform management duties during the course of the day (Van Deventer & Kruger 2003:67).

1.6.4   Education stakeholder/s

This designation is deemed to refer to anyone who has a material or vested interest in the school, or in associated or attendant matters. It stands to reason in this regard that the school does not exist in a vacuum, but forms part of an open society where many are interested in school management (Van Deventer & Kruger 2003:65 -69).

1.6.5   Empowerment

As noted by Van Deventer and Kruger (2003:5), empowerment is achieved when all the participants derive a shared sense of achievement in creating a constructive, productive and positive environment that is conducive to teaching and learning. For example, empowerment of learners in an urban secondary school will equip them to take active responsibility for their lives in their sexual behaviour. As far back as 1999, Bush *et al.* (1999:131) viewed the opinions that the school culture was recognised as having the ability to empower learners by inculcating values and beliefs that were conducive to positive behaviours and attitudes that could curb the spread of HIV/AIDS.

1.6.6   Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/ AIDS)

For the purpose of the study under review HIV/AIDS is considered as a sexually transmissible disease (although infection by other routes is possible), that it causes illness and death among young and mature adults as well as children. The infection risk is greater for the so-called "sexually active" population aged 15 – 20 years, thus

subsuming the economically active population (i.e. the most productive in any society, including South Africa).

According to The World Bank HIV/AIDS handbook (2004:5):

> *HIV stands for human immunodeficiency virus. When the HI Virus enters the body, it attacks and slowly destroys the immune system (i.e. the body's defence system against infections and diseases). As a result, a person who has the HI Virus will find it harder and harder to resist and fight infections and diseases which lead to serious illnesses, and often death. What's important to remember is that it may take ten years, or even longer, for the HI Virus to totally destroy the immune system. That's why a person who is infected may look and feel well for a long time before they have any symptoms of HIV or become seriously ill. Also remember that a person with HIV does not necessarily have AIDS.*

AIDS is the final stage of HIV infection. It is not a single disease but rather a combination of different illnesses caused by the immune system's total breakdown and inability to protect the body against opportunistic infections such as oral thrush and tuberculosis (TB) (The World Bank HIV/AIDS Handbook 2004: 5).

1.6.7   Popular misconceptions about HIV/AIDS (beliefs)

As noted earlier, AIDS intervention programmes need to proceed with due cognisance of beliefs held about HIV/AIDS among black African people (Van Dyk 2008:201). For the purpose of this study HIV/AIDS beliefs will be referred to as misconceptions about HIV/AIDS. So far these beliefs have been ignored by modern medical science in dealing with HIV/AIDS. If programmes initiated to curb the spread of HIV/AIDS are going to be successful in Africa (thus Van Dyk, 2008:201) the African world view will have to be understood so that strategies can be devised that do not have to contend with typically insurmountable obstacles and may even result in the incorporation of traditional African practices and remedies into formal medical practice, provided of

course that such practices and remedies are formally trialled and scrutinised in advance.

For the present purpose, consideration will be confined to baseless, popular misconceptions about the HIV/AIDS that were found to be current in Pretoria, Gauteng. Kalichman (2009:8) states that it is denialism that propagates myth, misconceptions, and misinformation and therefore distorts and refutes reality. Kalichman (2009:8) further states that denialism is the outright rejection of formal medical science as developed and tested in duly accredited establishments erected for that purpose.

The researcher will treat only the local HIV/AIDS beliefs prevalent in Gauteng, South Africa at the time this research was being conducted. An outline of some of the prevailing beliefs will be given later in this chapter as introduction for the reader, but will not pre-empt the interviewees' confidences before the interview. The researcher does not link these beliefs to any specific racial group or social grouping in South Africa and will use the term "traditional beliefs" to denote what may be generally regarded as falling under the rubric of "traditional cultural myths". A number of researchers have intimated that typical popular misconceptions about HIV/AIDS that they encountered among black African populations have effectively set up barriers to HIV/AIDS education in Africa. The following is a list of some of the more prominent or widely prevalent misconceptions concerning HIV/AIDS in South Africa:

i.   HIV/AIDS is caused by witchcraft (Wood 2008: 52).
ii.   Mosquitoes can spread HIV/AIDS (The World Bank 2004:9).
iii.   HIV/AIDS is confined to black people (Whitehead et al. 2000:49).
iv.   If you consult a traditional healer you may be cured of HIV/AIDS (Van Dyk 2008:202).
v.   Physical illness is caused by disharmony between a person and the ancestors (Van Dyk 2008:201).
vi.   AIDS is caused by witches and not by the HI virus (Van Dyk 2008:203).
vii.   Girls do not have the right to refuse sex with their partners (Van Dyk 2008:200).

viii.   Poverty causes HIV/AIDS: This is said on the spurious ground that the incidence of AIDS is highest in the poorest communities regardless of geographic location (Nattrass 2004: 24).

ix.   I can be cured of HIV/AIDS if I sleep with a virgin (Whitehead & Sunter 2000:58).

x.   I believe in witchcraft and ancestor worship (Wood 2008:49).

xi.   Black African healers (trained in the black African tradition) consider semen an important element to nourish a growing foetus and maintain the mother's health and beauty (UNAIDS 2000:9).

xii.   You can tell that people have HIV/AIDS by looking at them (The World Bank 2004:217).

xiii.   HIV/AIDS is a unique pathological condition inflicted on mankind as punishment for the evil of the wicked (Whitehead *et al.* 2000:5)

All the above HIV/AIDS beliefs are familiar to the researcher and have generated much discussion in various social circles (e.g. schools).

1.6.8   The school

According to Van Deventer and Kruger (2003:72) the school is an open organisation that interacts and coordinates with other organisations and systems (within the community). For the present purpose, unless the context indicates otherwise, a school is deemed to be a normal urban multiracial secondary school in Pretoria, South Africa. Furthermore, a school is deemed to be a centre of academic learning where learners are taught to adopt socially acceptable behaviour (Van Deventer & Kruger 2003:25). That is to say, schools need to operate according to a national curriculum that is not biased with regard to nationality, race or colour. The main aim of the school is to serve as a reliable source of knowledge that empowers learners and builds their capacity.

1.6.9   School culture: organisational culture

For the present purpose the researcher will refer to the working definition of school culture as formulated by Van der Westhuizen *et al.* (2007:620). The cultural

environment or milieu determines the behaviour of its members. A culture exerts pressure on members to conform to specific standards and validate expectations in terms of the interests of the specific community. For the present purpose school culture is deemed to be synonymous with organisational culture.

The researcher accepts the assertion by Van Deventer and Kruger (2003:19) that culture in its widest social sense is established and maintained through a system of rites and rituals, patterns of communication, the informal organisation, expected patterns of behaviour, and perceptions of the psychological contract. The school's environment acts as a strong agency that reinforces behaviour and beliefs.

School culture is a complex phenomenon in the literature review contained in Chapter 2 of this dissertation. The different meanings of school culture will be explored and clarified for the present purposes. School culture will refer to transmitted patterns of meaning that include norms, values, beliefs, ceremonies, rituals, traditions and myths that pervasively influence learners' behaviour and actions (Van Deventer & Kruger 2003:19).

It is common cause that human behaviour is moulded by culture and yet culture is riddled in human behaviour, character and traits, all of which are exceptionally difficult to control by extraneous means. The identified elements are the most difficult to break and control. In a school context leaders are needed who are clear sighted and dedicated to educating young learners about the dangers of HIV/AIDS.

1.6.9.1 Faith healers

Faith healers are linked to religious organisations whose members are adherents of the Christian faith. They claim that they are able to heal people from all sorts of illnesses. Today faith-healing organisations advertise that if a person has enough Christian faith, he/she can be healed of any mental or physical condition, including HIV/AIDS. Squire (2007:87) notes that black African healers insist that their traditional practice is irreconcilable with adherence to the Christian faith (yet self-styled black

20

African healers are known in many instances to maintain Christian pastoral practices in direct contradiction of the "traditionalist" - perhaps keeping the backdoor open?)

1.6.9.2 Traditional healer and traditional medicine

For the purpose of this study, this term will refer to traditional (i.e. Mainly black African) health practitioners or herbalists, not to be confused with practitioners who practice according to formal medical science. Cullinan and Thom (2009:X) note that thousands of South Africans were influenced by Mbeki and Tshabalala-Msimang's skepticism about antiretroviral medication which was born of a stubborn refusal to acknowledge the validity of scientific medical practice, and proposed a diet of vegetables. In 2007, 25,000 traditional healers' medicines were submitted to the Medicines Control Council (MCC), i.e. (sanctioned for use in formal medical practice) without having been tested scientifically (Cullinan & Thom 2009:148-149). One of the most notorious of these medicines, which was purported to be effective in treating HIV/AIDS, was 'Ubhejane'.

Pope *et al.* (2009:260) note that The World Health Organisation defines the traditional healer as someone who has health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicine, spiritual therapies, manual techniques, and exercises. A traditional healer in the sense at issue is not a practitioner or the "dark arts", a sorcerer in the medieval European sense, although people who claim to be healers also claim to be capable of sorcery. According to South Africa law, traditional healers are recognised as health practitioners by the Traditional Health Practitioners Act of 2008. Pope *et al.* (2009:261) confirm that traditional healers normally determine the cause of diseases as some kind of difficulty associated with the individual's interaction with his/her environment, or ancestral possession, or mischief made by evil spirits.

The following observation by a member of the public in a recent letter to the Business Day 8th February 2012 press gives some indication of the uncomfortable crossroads at which black African communities find themselves by and large:

You cannot run a government department with someone who needs "payback: at its head!"

I am shocked that we, a growing nation, still have to endure the philosophies of what tribal customs dictate in this modern world."

The writer is clearly exasperated by the failure of persons in positions of authority to grasp the ordinary facts of life in the modern world.

A similar exasperation seems equally justifiable about some black African communities' apparent failure or refusal to acknowledge the simple fact that medical science has advanced beyond the position where traditional "healers" could still hold people's minds in thrall against all odds, and that in this regard a radical turning point has been reached that will make attempts to cling to the traditional black African practices increasingly hard to defend and justify without attracting the charge of being "backward" from the more developed communities in South Africa and abroad.

The issue of HIV/AIDS has undeniably precipitated an unprecedented crisis in the uncompromising challenge it presents to traditional black African healing practices.

1.7 RESEARCH METHODOLOGY / DESIGN

According to De Vos *et al.* (2005:88) research design refers to a process that is best suited for the proposed research. Maree (2007:70) observes that a qualitative research design is a plan or strategy which moves from stating the relevant premises to selection of interviewees, to data gathering, to data analysis, in that order.

In the present instance qualitative research design was used to gather information about and an understanding of the influence of school culture on HIV/AIDS beliefs. It is the researcher's opinion that this qualitative design was the correct choice for the task in hand considering the sensitive nature of the topic which requires an approach that is best suited for gathering opinions and understanding beliefs, and thus for determining how educations have changed people's (the subjects') lives for the better.

(Maree 2007:70). The researcher used focus group interviews for both learners and educators. An unstructured interview was conducted with them. The focus group interviews are discussed in the latter part of this chapter.

1.7.1 Ethical considerations

The researcher complied with all ethical requirements. A covering letter was used to obtain prior permission from the school principal to conduct the educational research (Annexure A). The researcher made sure that there was:

i.   Informed consent from interviewees to freely take part in the researches (2007:42);
ii. Strict confidentiality and privacy, and participants were not deceived about the nature and purpose of the study;
iii. Anonymity for the interviewees;
iv. Complete cooperation with the interviewees;
v.   Complete candour about the goal of the study; and
vi. Unbiased respect and recognition for all inputs from participants

According to Cohen *et al.* (2008:51), a major ethical dilemma is that researchers are required to strike a balance between the demands imposed on them as professional scientists in pursuit of truth, and the equally professional obligation to protect their subject's rights against threats to which they may be exposed by the research at issue. The researcher concurs with Maree (2007: 41) that the confidentiality of the results and findings of the study, and of the participants' identities, is crucial. It is incumbent on the researcher to understand the type of research being conducted and the impact that it can have on the participants if anonymity is not respected and adhered to.

1.7.2 Validity and reliability

The data collected will be challenging as it is elicited to assess learner beliefs in the area of HIV/AIDS. De Vos *et al.* (2002:339) states that a qualitative study covers a

spectrum of techniques at the centre of which are observation, interviewing, and document analysis.

De Vos *et al.* (2002:166) state that the definition of validity has two parts: the instrument actually measures the concept in question, and the concept measures accuracy. Cohen *et al.* (2008:133) rightly note that validity is a prerequisite for effective research. Validity is thus a requirement for quantitative and qualitative /naturalistic research.

1.7.3 Methodology

Qualitative research is a process that involves the collection and recording of data, managing data, reading and writing memos, describing, classifying and interpreting, and representing and visualising (De Vos *et al.* 2002:354). The researcher used qualitative research methods in view of the natural school setting as the direct source of the research data and the researcher is the key instruments.

1.7.4 Sampling and data collection

Cohen *et al.* (2008:101) rightly note that the quality of a piece of research stands or falls not only by the appropriateness of methodology and instrumentation but also by the suitability of the sampling strategy. Cohen *et al.* (2008:101) further advise that early planning and taking into account expenses, time and accessibility to subjects is of extreme importance in conducting the research.

Qualitative research is descriptive. The data collected are in the form of words or pictures rather than numbers. The written results of the research contain quotations from the participants interviewed to illustrate and substantiate the presentation.

Given the limited scope of the study under review, only three focus groups of learners and two groups of educators were interviewed. At least eight (8) senior learners and seven (7) educators were included in each group. A critical requirement was that

learner participants had to have completed five years of high school but more than eight (8) years' comprehensive HIV/AIDS and life-skills education.

1.7.5   Literature review

A detailed literature review follows in chapter 2. According to De Vos *et al.* (2002:266), a literature review is essential for the qualitative research process for the following reasons:

- It tests and proves/disproves the validity of the research questions:
- It demonstrates whether the researcher is thoroughly familiar with the intellectual contextualises of the study:

> - It shows whether the researcher has identified gaps in the existing research, and therefore whether the proposed study will fill a demonstrable need.
> - It defines and redefines the research questions by embedding them in larger empirical contexts.

Maree (2007:26) notes that a literature review provides the most up-to-date information relating to the topic at issue. The aim is to fill the gap between existing and new research in progress. The researcher considers although existing literature contains limited coverage on black African cultural beliefs and customs, it does provide extensive coverage of the influence of school culture on learner behaviour.

1.7.6   Focus group interviews

The research comprises an ethnographic interview that focuses on culture as seen from the participants' perspective and through the reader's first-hand encounter according to De Vos *et al.* (2002:303). The researcher will use focus group interviews for the following reasons:

- To gain a better understanding of selected participants' views on issues; and

- To determine whether and to what participants' perceptions of the topic or issue coincide.

- The group interview involves collective activities, thereby allowing discussion of more ideas.
- The interview environment is tolerant and encourages participants to share perceptions, points of view, expenses, wishes and concerns without having to contend with being exposed to the charge of undue influence.
- It is easy to facilitate and guide a small group in discussions.
- The open-ended questions in group interviews allow the participants sufficient latitude to express their opinions.
- Participants' discussion and input forms part of the data analysis.

The focus group interview is appropriate for this type of qualitative study in that it brings the researcher into the world of the subjects. The learners are brought together to speak about a subject they are all familiar with. As noted earlier, only learners were selected who had completed 5 years of high school, furthermore, had received eight(8) years of HIV/AIDS and life-skills education in the selected school. According to De Vos *et al.* (2002:307):

> *..focus groups create a process of sharing and comparing among participants. There are powerful means of exposing reality and of investigating complex behaviour and motivation. The method is also friendly and respectful.*

The researcher agrees with Cohen *et al.* (2008:354) that the unstructured interview offers more flexibility and freedom; but this does not mean that it can be taken lightly - it has to be carefully planned.

1.7.7 Limitations

The research problem is challenging and might evoke strong personal feelings among the participants. The interviewees might feel compelled to give false information so as

not to appear uninformed or uneducated. Subjects were clearly informed of the purpose of the research and of the need for complete candour in their responses in the hope that they would be motivated by the appeal to resist any impulse to be less than candid for whatever reason.

The researcher started with questions that merely solicit information without the commitment of personal opinion. For example: "What popular misconceptions or beliefs about HIV/AIDS do you know about?" This question allows respondents to state freely what they know without feeling directly involved. The most important fact to remember is that the learners' inputs might help in the continuous search for effective educational HIV/AIDS prevention mechanisms in South Africa.

The research under review involved the uneasy exercise of questioning traditional African beliefs which could arouse antipathy. Many highly motivated proponents of strict adherence to and maintenance of black African traditions might feel that it is not the level of one's educational background that determines preservation of culture but the level of respect, humility and understanding of cultural practices. Others might feel that the African culture is being questioned dismissively and unfairly just because the majority of black South Africans live in poverty and are considered ignorant due to lack of education. However as noted earlier, there can be no doubt that however friendly, there are popular misconceptions about HIV/AIDS that are irreconcilable with efforts to curb the spread of the disease. The researcher has established that dealing with HIV is a lifelong project that needs patience, dedication, and a large amount of funding and strong research institutions to overcome the depredations of this wasting disease. Having briefly outlined the research designs the chapter divisions envisioned for this study will be given for the rest of this chapter.

1.8   CHAPTER OUTLINE

The content of the six chapters comprising this dissertation is outlined below.

Chapter 1: The first chapter contains the introductory orientation and problem statement, an overview of the study, rationale for the study, problem formulation, aims

and objectives of the research, the definitions of key concepts and a brief description of research methodology. The purpose of the chapter is therefore to place the study in perspective and familiarise the reader with its subject matter.

Recent updated statistics are given on HIV/AIDS infection rates among learners as reflected in the South African National HIV survey. Special reference is made to the hampering influence of popular misconceptions on educational interventions aimed at curbing the spread of HIV/AIDS.

Chapter 2: A detailed analysis is presented here of the literature available on the impact of school culture on learners' behaviour and beliefs. The definition of school culture and beliefs is explored to understand the relationship between the two concepts. The researcher also seeks to clarify the role of educators and the principal in dealing with learners' behaviour and beliefs concerning HIV/AIDS, with particular reference to an education management approach.

Chapter 3: The qualitative research design and methodology are outlined to give the reader a clear view of the way forward in the research. Three different unstructured questionnaires were respectively used for the learners, the principal and the educators/teachers. This dissertation is of limited scope; therefore only one school was used: which is in the urban area of Pretoria, South Africa. The focus group interviews enabled effective data collection. The advantages of the methodology employed are outlined.

Chapter 4: The results and recommendations of the empirical study comprising of the interviews and observations will be discussed in this chapter. Any limitations of the research and the recommendations will be noted. This chapter covers the findings following an in-depth discussion of the focus group interviews with the learners and the educators, and the interview with the school principal. Focus group interviews can be used successfully to discover learners' perceptions in the defined area of interest in a congenial, non-threatening environment as noted by De Vos *et al.* (2002:306). The researcher agrees that the use of the school as the venue for interviews will give added security and freedom of expression to the respondents.

Chapter 5: The final chapter includes a synthesis of the literature study. This will enable the researcher to determine the extent of correspondence between data gained from recent empirical studies and the outcome of the study under review. A summation will also be given in this chapter to indicate whether the aims mentioned in Chapter 1 have been achieved.

1.9   CONCLUSION

This chapter is critical in setting the focus of the research and ensuring that it remains on track with the major themes at issue, namely the influence of school culture on HIV/AIDS beliefs. The epidemic effects of HIV/AIDS on schools in South Africa are a major reason why strategies should be contributed by education managers to provide the tools for cost-effective and efficient ways to educate the learners in regard to HIV/AIDS. Only comprehensive educational strategies sustained to best advantage over time are likely to persuade learners to change their behaviour and actions in ways that are conducive to public health and wellbeing. My view as a researcher is that the principal as the head of the school has to take the lead in this fight against HIV/AIDS.

Chapter 2, as noted above, comprises a literature study that surveys other research reflecting what has been learned about the general subject matter of the topic at issue and will be discussed now in more detail.

CHAPTER 2
LITERATURE REVIEW

2.1   INTRODUCTION

According to an article by Van der Westhuizen *et al.* (2007:120), quoting Jason and Xaba, the idea of organisational culture (including school culture) has become fashionable in the corporate community. In teaching circles more and more people are realising that organisational culture is critical for the achievement of successful outcomes of education. The above article confirms that there is a relationship between organisational culture and the success of teacher and learner activities and behaviour. De Vos *et al.* (2002:269) further states that a decision must be made regarding the extent to which theory and a literature review should guide the investigation.

It is important to conduct a literature review because, as noted by De Vos *et al.* (2002:129), a good literature review places a research project in context as it shows the path of prior research and how the current project is linked to the former. It further shows that the researcher has identified some gaps in previous research, and that the proposed study will meet a demonstrated need.

Education managers are well placed to devise and implement strategies of assisting in waging the constant battle which has to be fought. The success of educational managers is no longer based on academic achievement but on their ability to equip learners with lifelong education that will enable them to deal effectively with social, health, economic and cultural issues in their social milieu.

The biggest challenge for education managers in South Africa is that they base their HIV/AIDS education on assumptions made by western donors concerning HIV/AIDS education in Africa. According to Van der Westhuizen *et al.* (2007:131)

> *Assumptions refer to behaviours, beliefs and perceptions of feelings*
> *that are taken be for granted. Assumptions, as accepted beliefs*

and perceptions of feelings, can be instrumental in shaping the
school's organisational ethos.

The main assumption at issue is that HIV/AIDS education should be uniform and standard regardless of where it is laid on, with the result that the uniqueness of the African cultural environment is in its beliefs and rituals affects the understanding and promotional success of HIV/AIDS programmes. As far back as 1989, Owens and Steinhoff (1989: 20) stated that,

Organisational culture is a significant area of research because it is
emerging as a central concept in at least three bodies of literature
on school improvement and school reform that touch on one
another and, to some extent, overlap.

2.2   DEFINITION OF SCHOOL CULTURE

According to Van der Westhuizen *et al.* (2007:121) culture can be described as the way a group of people live, work and play. It also determines how people react towards each other. The researcher agrees that culture is concerned with the behaviour of a group of people according to principles and roles tacit or otherwise held by that and other groups.

Hall and Hord (2006:35) note that in school cultures featuring collaborative learning, principals remain key to shaping the norms, values and beliefs of the staff. Principals shape culture in the multiple daily interactions they have with the school and the community. The researcher agrees with Hall and Hord (2006:35) that the principal is like a potter who shapes culture through various means. The different actions from the principal produce schools that are anchored in relationships and intellectual tasks that stimulate and challenge each member of the community.

2.3 THE RELEVANCE OF EDUCATION MANAGEMENT IN SHAPING CULTURE

The researcher seeks to focus on how school culture can be used to influence learners' behaviour and perceptions in a way that prevails against the spread of HIV/AIDS. This will be made generally possible by equipping learners with progressive factual education. To this end education must be managed with due consideration of the poverty and illiteracy in SA society, and especially with a view to circumventing and overcoming socio-culturally entrenched but unfounded popular beliefs about HIV/AIDS, or about matters that may affect behaviour and attitudes about HIV/AIDS in ways that effectively promote the spread of the disease.

Kalichman (2009:76) argues that it is ridiculous to conclude that poverty itself is the cause of HIV/AIDS. After all, many American cities are extremely poor but the poverty statistics do not mirror the AIDS incidence. The researcher believes that it is the poverty in Africa that has given rise to inadequate formal education and a lack of exposure to modern scientific ways of living. According to Harman and Lisk (2009: I), HIV/AIDS poses an unprecedented health crisis and poverty has resulted in a lack of access to a proper public health system. This lack of access to a well-developed health system has opened doors for the traditional healers to take advantage of the HIV/AIDS patients with their promise of healing HIV/AIDS by means that include ancestor worship (Culllinan & Thom 2009:149). The researcher agrees with Pope *et al.* (2009:258), that the legacy of apartheid could militate against controlling the spread of HIV. Despite the end of segregation by law, hospitals continued to be segregated. Under apartheid white hospitals were better equipped, staffed and supported. Black hospitals, which provided care for the majority of the population, were not prepared for the magnitude of the epidemic due to lack of resources including education.

Empirical evidence has revealed that socio-economic development in many African countries has led to over-reliance on the ministrations of people without formal medical qualifications where health care is concerned. Pope *et al.* (2009:260) confirms that most South Africans have to travel long distances without public transportation. When they reach health-care centres, they are faced with long queues, demands for fees, and shortages of medicine. This is one of the reasons why many South Africans find

it easier to choose the traditional healers whose services are easily available and cheap. Despite this thriving industry, however, there are still no checks and balances to ensure the safety of the public (Cullinan & Thom 2009:149).

Before 1994, qualified health care was inaccessible to the vast majority of black South Africans. Still today, hospitals and clinics are not available to most black South Africans as well as growing numbers of whites. Health care is therefore largely in the hands of traditional healers who are disproportionately influential for that reason, so much so, in fact, that it is commonly believed they are capable of solving the most vexing social, political and economic problems by exercising the extraordinary powers ascribed to them for centuries (Van Dyk 2008:212).

The researcher accepts that strong (school) cultures with appropriate content can promote school effectiveness, and principals can contribute to such cultures. Many schools have been viewed as successful due to the type of culture they have. The educator's role is to identify and daily note the reasons for the success of these schools. The new management literature on organisational cultures is rather optimistic about the ability of managers to shape cultures (Hall & Hord 2006:21).

The management style in influencing instruction entails democratic processes and the creation and manipulation of symbols and rituals. Managers have to demonstrate the ability to change a negative school into an exemplary school and actively communicate the culture (way of doing things) to learners and staff (Hall & Hord 2006:21).

2.4   IMPACT OF SCHOOL CULTURE ON LEARNERS' BEHAVIOUR

According to Van Deventer and Kruger (2003:21) school culture can be defined as the historically transmitted patterns of meaning that include the norms, values, beliefs, ceremonies, rituals, traditions, and myths that are understood by members of the school community. Bush *et al.* (1999:184) agree with the view of the Van Deventer and Kruger (2008:21):

Culture is the source of values that people share in a society. As such can be viewed as having effects on multiple features of the school and its environment. Culture shapes the institutional and community context within which the school is situated by defining the predominant value orientations and norms of behaviour.

The researcher agrees with Bush *et al.* (1999:185) that given the general tendency towards globalisation and broader access to information technology, the school leader should assume many different roles to ensure that a conducive culture is maintained. The school leaders will influence the school and the classroom processes.

The social culture plays a strong role in the beliefs of learners, but school culture likewise plays a dominant role in learners' lives. The researcher agrees with Van der Westhuizen *et al.* (2007:126) that the question to consider at this point should be: "*What are the mechanisms used by the school to influence and control behaviour in predictable and desirable ways?"* Internal arrangements in school are mainly used to stir learners' beliefs in the desired direction away from popular misconceptions about HIV/AIDS and towards a genuine inquiry into the facts about HIV/AIDS from the perspective of modern medical science.

Kruger (2002:20) notes that values, traditions and beliefs, often manifested in relationships, architecture, symbols, myths and organisational structure, are all part of the culture of an organisation. The common element in the many definitions of culture relates to the values and norms prevailing at the school. These result in specific beliefs and views "which form the background for all behaviour in the school, thus Van der Westhuizen *et al. (*2007:129). The ability of a school to maintain a culture that is enlightened about HIV/AIDS will have a positive and meaningful effect on learners, and subsequently on society as a whole, where AIDS prevention is concerned.

2.5   ROLE OF EDUCATORS IN CHANGING LEARNER BEHAVIOUR VIA CHANGED BELIEFS

The HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 flows from the National Strategic Plan of 2000 - 2005 as well as the Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment. It represents the country's multi-sectoral response to the challenge of HIV infection and the wide-ranging impact of AIDS. This is in line with the HEAIDS strategic framework report (2006 – 2009) which states that the activities and specific roles to be played by teacher education and faculties addressing the pandemic are to:

i   Investigate and establish the particular role which can be played by educators in mitigating the spread and impact of HIV/AIDS in their schools and communities.

ii   Design and develop and pilot HIV/AIDS modules for integration with teacher education curricula.

iii   Evaluate and determine the appropriateness and effectiveness of HIV/AIDS related modules.

The education manager's role in changing learner behaviour is crucial given that South African society with its cultural diversity, has failed to halt or significantly reduce the spread of HIV/AIDS.

2.6   DEFINITION OF HIV/AIDS

The UNAIDS global AIDS epidemic report (2008:65) notes that HIV/AIDS is a pathological condition that is not responsive to medical interventions, but the epidemic has continued to expand, largely due to the failure to tackle societal conditions that increase HIV risk and vulnerability. As noted, the study under review is intended to shed light on the social conditions that inhibit the effectiveness of HIV/AIDS prevention, diagnosis and treatment programmes.

2.7   IMPACT OF HIV/AIDS IN SOUTH AFRICAN EDUCATION SYSTEM

According to the latest count, at end of 2010, an estimated 34 million people were living with HIV/AIDS worldwide, up to 17% from 2001. Sub-Saharan African remains the region most heavily affected with 68% of all people living with HIV resided in Sub-Saharan Africa. South Africa having more people living with HIV (estimated at 5.6 million) than any other country in the world (UNAIDS World Aids Day Report 2011).

The outcome of this research is intended to influence a number of sectors of society, including people who actively and consistently promote culture, HIV activists, and the educational community. Its object is also to challenge the conventional approach to HIV/AIDS prevention campaigns. Assuming that most countries are using the same HIV/AIDS prevention strategies, diagnosis and treatment, why is it that South Africa is still lagging behind in its efforts to combat the disease? (Youde 2007:8). Are illiteracy and poverty the only reasons? The researcher would also like to find out why despite major international strategies and finance towards HIV/AIDS in South Africa, the epidemic still takes a heavy toll. The researcher will use theoretical and empirical methods to determine whether, and to what extent school culture can influence the learners' beliefs and therefore where HIV/AIDS is concerned. The researcher believes that African society has failed itself as shown by the increasing rate of HIV/AIDS propagation throughout the sub-Saharan region.

According to the UNAIDS global AIDS epidemic report (2008:13):

> *No disease in history has prompted comparable mobilization of*
> *political, financial, and human resources, and no development*
> *challenge has led to such strong level of leadership and ownership by*
> *the communities and the countries most heavily affected.*

Van der Westhuizen *et al.* (2007:121) notes that, if a person lives in a specific culture long enough, that culture will influence the person's behaviour. The main aim of the research under review was to investigate to what extent school culture had influenced

learners' beliefs concerning HIV/AIDS, given that they had been part of the urban school cultural environment for more than five(5) years.

Success through education is guaranteed in the long run. According to the UNAIDS global AIDS epidemic 2008:13: the key to effective AIDS prevention and successful adjustment to an adult life in modern universal education:

> *Earlier in the epidemic, evidence about the relationship between educational attainment and risk of HIV infection was ambiguous, but more recent data from 11 African countries clearly linked higher education levels with lower HIV prevalence (Hargreaves 2008). A recent study in South Africa found that each additional year of educational attainment reduced the risk of HIV infections by 7%.*

The researcher agrees with the above comment and hence the need to understand the role and impact school culture in an African context has on HIV/AIDS education.

2.8   HIV/AIDS POPULAR BELIEFS IN SOUTH AFRICA

According to Van der Westhuizen *et al.* (2007:8) beliefs can be regarded as the principles or taken-for-granted assumptions about reality and represent shared explanations of people's experiences. Because they are often shared by the group, they lay the foundation for organisational behaviour, and actually form the basis of convictions.

One traditional healer, Zeblon Gwala, was interviewed by Ndaki (Cullinan & Thom 2009:152) concerning his famous HIV/AIDS concoction (*Ubhejane*). Gwala stated that he helps his patients through the dreams he gets from his guiding ancestors. The ancestors guide him in the process of treatment, hence he could not divulge the ingredients used and the medication (*Ubhejane*) could not be subjected to scientific testing. The researcher stresses that this reality in Africa is one of the major causes of the rapid increase in the HIV/AIDS propagation rate in South Africa. Failure to curb the HIV/AIDS propagation rate is attribute to the use of strategies and techniques that

been successful in other countries without duly considering their appropriateness under local South African conditions.

Moreover the traditional healers assert that ARVs and traditional medicine are not compatible (Cullinan & Thom: 2008:152). The researcher believes that in this generation of scientific and technological advancement, anything that relies on the counsels of dead people (ancestral spirits), especially for the effective remediation of problems should be subjected to careful, thorough going scrutiny. According to Youde (2007:2), given the epidemic HIV/AIDS statistics, the South African government should actively collaborate with international organisations that are recognised experts in the field and create best possible policies.

It is evident that HIV/AIDS education and behaviour are greatly influenced by popular beliefs. Beliefs concerning HIV/AIDS derive from sociocultural beliefs, including beliefs in ancestral spirits and religious faith healing, and indeed such beliefs thrive and are dependent on academic ignorance. The researcher agrees that factual HIV/AIDS education is the key to an effective remedy for the epidemic. Tshabalala-Msimang's promotion of traditional medicine as an alternative to ARVs and the alliance to traditional healers was extremely irresponsible given her educational standing (Cullinan & Thom 2009:156).

2.9   SCHOOL CULTURE, BLACK TRADITIONAL AFRICAN DOCTORS/ HEALERS AND HIV/AIDS BELIEFS

Pope *et al. (2009:261)* note that there is no evidence that the practices of self-styled "healers" among black African communities can cure or prevent infection with HIV/AIDS or that such practices have worked before. It has indeed been recorded that in some instances the traditional black African healers' medicines were purported to have had salutary effects on the progression of HIV/AIDS infections but unfortunately the reports of such apparent effects seem anecdotal since no formal trials have been conducted that could bear out the claimed remedial effects and establish regimens for the treatment of HIV/AIDS with the medicines concerned. Pope *et al.* (2009:262) confirms that individuals suffer severe and sometimes life-threatening effects after

taking substances administered by traditional black African healers. Among these effects are bradycardia, brain damage, cardiogenic shock, diabetic coma, encephalopathy, heart rupture, intravascular haemolysis, liver failure, respiratory failure, toxic hepatitis and even death.

The researcher's own experience shows the difference between consulting traditional black African healers and relying on services of the conventional doctors as outlined below:

CONVENTIONAL DOCTORS VERVES TRADITIONAL DOCTORS/HEALERS

CONVENTIONAL DOCTORS' PROCESS OF TREATING HIV/AIDS	TRADITIONAL BLACK AFRICAN DOCTORS/HEALERS' PROCESS OF TREATING HIV/AIDS
A doctor records the history of a patient.	The illness or condition of a person is revealed to the traditional healer via ancestral spirits. Divination is used by throwing bones or when the traditional healer is possessed by a 'spirit'.
Physical examination is done.	The patient's ancestors determine what is making the patient ill. The ancestor diagnoses the condition and prescribes the treatment that should be administered. The traditional healer alleges that everything he/she knows is communicated to him/her by the ancestors and is not produced by his own mental resources or expertise.
Laboratory tests are done if required.	Medication is produced from raw, natural products (roots, plants, leaves, etc). It is alleged that sometimes animal or human parts are used in the medication, which is one of the reasons why some traditional healers do not divulge the ingredients of their "medicine".
Diagnosis is made.	Traditional healers deal not only with the physical aspects of a person's condition but focus on the mind and soul. They are claimed render effective

CONVENTIONAL DOCTORS' PROCESS OF TREATING HIV/AIDS	TRADITIONAL BLACK AFRICAN DOCTORS/HEALERS' PROCESS OF TREATING HIV/AIDS
	assistance towards overcoming economic, social, psychological and political as well as health problems.
Prescription is given; which a licensed dispensing doctor or pharmacist will use to dispense medicines	Traditional healer claims competence to treat all ailments, including anything from madness to influenza, as well as HIV/AIDS. No area is out of bounds for some traditional healers.
Ingredients of medicine, and side-effects that can be experienced, are made known to the patient.	Patients are given medication without labels or indications of properly adjusted dosages or of the dangers (side-effects) of the medicines. Newspapers and old bottles are used as containers for the medication. Most of the information pertaining to the medical treatment is given.

Kalichman (2009: IX) looked at the denialist government policy emanating from the Mbeki regime with respect to HIV/AIDS, noting that the reason for the regimes denialist position was the government's reluctance to expand access to antiretroviral drugs. This reluctance cost thousands of lives. The researcher believes that it is time for the South African government adopt a meaningful life saving role in regard to combating HIV/AIDS (i.e. To take the initiative in battling this scourge), as it is of critical importance.

According to Van Dyk (2008:202), ancestor worship plays an extremely dominant role in the lives of many African people, for them ancestors are like gods that protect and preserve the honour and traditions of a tribe. Despite the fact that the majority of black African traditional healers are uneducated and living in poverty, they wield a great deal of power, fear and influence in black African society. Because of cultural beliefs, many Africans will not be persuaded to use western medicine (Van Dyk 2008:209). The researcher agrees with Van Dyk (2008:209) that traditional healers exert a powerful

influence in black African society. Some of these healers are no more than herbalists or herbalist/diviners. Both groups are allegedly endowed with the benefit of advanced herbal knowledge gathered over generations by their forefathers and passed on to them by oral transmission.

In the absence of "western" medicine and treatment, this herbal treatment has been extremely useful in treating ailments and diseases. Herbal remedies are not only used by black African communities, but are well-known to many nations as folk medicine. The problem however, lies with the methods used and the beliefs propagated by the black African practitioners who administer these remedies, particularly where HIV/AIDS patients are concerned (Van Dyk 2008:202-2003). These patients need a very specific treatment which cannot be neglected without endangering the patient's life. Unfortunately black African herbalists' knowledge of herbal medicine, combined with their alleged ability to communicate with ancestral spirits (dead people) gives them a supernatural reputation with people in their communities who believe in them implicitly and dread the consequence of being less than reverently deferential towards them. On being consulted black African healers typically proceed as follows: First they consult "the patient's" dead relatives/ancestral spirits, even when they know what traditional medicine to administer (Cullinan & Thom 2009: 152). This practice has in largely convinced HIV/AIDS patients that traditional black African healers' ministrations are indeed helpful, and are bound to the contusion since they speak with oracular authority proceeding from contact with the patient's dead relatives.

Black traditional African healers wield considerable power in most black African communities. Pope *et al.* (2009:260) state that many South Africans would choose traditional medicine over allopathic western health care, as the existing public health care system is overstretched and cannot meet the needs of all who currently need it. About 70% of people in Africa rely on traditional medicine, and since the 1990s the World Health Organisation has advocated the inclusion of traditional healers as participants in HIV/AIDS prevention programmes (Van Dyk 2008:212). The researcher believes that preventative HIV/AIDS education at schools could suffer a severe setback if this adjuration is implemented. There is clear evidence of the problems associated with using ancestral worship in solving medical problems and yet both the

World Health Organisation and the South African state department of health are turning a blind eye (Cullinan & Thom 2009:154). As noted earlier, the status quo is that, learners are exposed to conflicting messages from their socio-cultural and their school environment as matters stand.

The researcher finds that a potentially dangerous oversight has been left unattended in this failure to train black traditional African healers to handle HIV/AIDS with the necessary care and to advise their patients to immediately consult doctors for proper management and control of the disease. Government officials confuse the situation further by actively supporting the use of traditional medicines that have not been tested scientifically, are dispensed in unmarked containers and have ingredients that are unknown, except that they were putatively dictated to the dispenser in a dream for which the dispenser's word has to be taken (**thus flooding the time honoured principle of nemo index in sua cansal)** been taken. (Cullinan & Thom 2009:148). As a member o a typical black African community the researcher can attest from personal observation over several years that deaths occur among black African communities as a result of poor management of HIV/AIDS cases of infection. The researcher believes that it is out of mistaken defence and naïve awe that people hold back from criticising ancestor worship, even when the lack of grounds for their reticence are catastrophically apparent from the deaths of millions (Van Dyk 2008:202).

2.10   SCHOOL CULTURE, FAITH HEALING AND HIV/AIDS RELATED BELIEFS

The researcher agrees with Glanz (2006: xviii) that schools are complex organisations and that it is important to build constructive relationships between schools and communities to effectively address learners' varied needs. Educational managers need to understand the complex oral tradition associated with HIV/AIDS that being perpetuated among black African communities. Bush *et al. (*1999:15) noted that:

> *A major development in educational management over the last decade has placed much greater emphasis on defining effective leadership by individuals in management posts in terms of the*

*effectiveness of their organisations, which is increasingly judged in
relation to measurable learning outcomes for students.*

Religious organisations base their HIV/AIDS education on the Christian Bible. According to the UNAIDS Epidemic update of 2004, the Christian religion teaches abstinence, to be maintained by saying no to premarital sex. However this is particularly worrying in that on its own the advocacy of abstinence cannot help much – as attested by the failure of programmes based on this principle to reduce the numbers of sexually transmitted HIV/AIDS infections and the increasing incidence of unplanned pregnancies among learners (Squire 2007:166). Moral decline (with isolated exceptions) seems to be running rampant towards all-time lows which does not augur argue well for efforts to contain the spread of HIV/AIDS. Faith healing as practised by Christian organisations, particularly where adherents of such organisations are adjured not to submit to the ministrations of conventional medical practitioners should also be considered in dealing with preventive HIV/AIDS education. Intense night vigils (worship) held at the instance of traditional healers are a hindrance to the effective propagation of information aimed at curbing the spread of HIV/AIDS, especially when they make the HIV/AIDS patient believe that he/she can be cured in the sense that no further evidence of the viral infection causing the condition is detectable. At this point it seems justifiable to observe that the educational leader can claim and assert authority over education in a school situation simply in virtue of a commonsense position held as a relatively informed person (i.e. unassisted by supernatural agency) (Van der Westhuizen 2004:27), and also in virtue naturally his position as authorative appointee of the formal educational establishment. He should therefore be able to influence factually, well-rounded progressive HIV/AIDS education. Some Christian organisations blame the HIV/AIDS pandemic on the existence of an inimical supernatural agency and the operation of demonic entities, rather than on the behaviour of the affected individual or other known ways of contracting the infection.

2.11   INFLUENCE OF SCHOOL CULTURE ON HIV/AIDS BELIEFS

According to the UNAIDS Global Epidemic update 2004 there is no single model of school-based education that is appropriate for every country across the board.

Different situations call for different responses. Yet, it is important to learn from countries that have made clear and irreversible inroads on the incidence of the disease (Youde 2007: 3). What is universally clear, though, is that schools are in a position to change young people's attitude and behaviour, and that where this potential is harnessed successfully the impact of the AIDS epidemic can be rolled back significantly.

Principals who are interested in changing their school culture should first try to understand the existing culture. Cultural forms such as routines, ceremonies, rituals, traditions, myths, or subtle differences in school language can provide clues that could be helpful in bringing about cultural change that assists the achievement of desirable educational objectives, thus enabling the appropriate management of many cases (Van Deventer & Kruger (2003:23). South Africa is uniquely different from developed countries but similar to other African countries. There is an urgent need to address the influence that schools can exert on the learners in terms of understanding HIV/AIDS prevention mechanisms. A key finding noticed in the UNAIDS global AIDS epidemic report (2008:64), is that significant investment in girls' education, supported by policies mandating universal primary education and secondary education, would substantially reduce the HIV/AIRDS risk for women and girls. The researcher agrees that formal factual and scientific education has been and will always be the main vehicle of development.

2.12   THE RESEARCHER'S EYE-WITNESS ACCOUNT OF RELIGIOUS ORGANISATIONS

It is rare for any black African child to grow up without ever being exposed to religious and traditional or other commonly held beliefs concerning the causes, diagnosis, and treatment of HIV/AIDS. The following are beliefs encountered by the researcher among black African communities over an extended period of decades.

Religious beliefs:

i.   Faith healing involves night vigils of prayer and worship.

ii.   Any ailment, including HIV/AIDS, is healed instantly by casting out demonic spirits.

iii.   HIV/AIDS patients must have faith and be born again to be fully cured of the disease, and without faith the patient cannot be healed.

iv.   Christians who consult ancestral spirits are worshiping the devil.

v.   Christians should not use any herbs prescribed by traditional black African doctors/healers.

vi.   HIV/AIDS can be cured by faith healers as long as the infected person is a Christian believer.

vii.   There is no need to diagnose the stage of illness or past history of a sufferer; victims of disease only have to believe in Jesus Christ as their personal saviour for healing to take place.

viii.   Any physical defect can be healed by a spiritually anointed pastor or leader of the church using the instrument of prayer.

ix.   Religious organisations find ancestor worship to be offensive and a disgusting practice.

The following section is an account of salient beliefs and practices that are widely prevalent among black African communities according to the researcher's personal observation and experience. These beliefs and practices are essentially religious.

2.13   BELIEFS AND RELATED PRACTICES ENCOUNTERED BY THE RESEARCHER (WITH PARTICULAR REFERENCE TO AIDS)

As a result of being a member of a typical black African community the researcher has been exposed to some of the traditional rituals performed in the community and the family.

i.   Ancestor worship involves sacrifices (i.e. ritual slaughtering) of animals like chickens and goats in order to appease the spirits of the dead.

ii.   A person treated for physical or mental complaints is sometimes washed in the blood of a sacrificed animal, mixed with an unknown concoction of herbs and other ingredients, in order to clean away the diagnosed illness or curse.

iii.   Self-styled healers (practitioners of "folk" medicine) among black African communities contend that HIV/AIDS is a curable disease provided ancestors are consulted (naturally through spirit mediums), and the ancestors in turn divulge (again through the spirit mediums) the particular regimen to follow for each individual patient. Rarely are the regimens indicated by the healer the same for different patients (Cullinan & Thom 2009: 142).

iv.   The patient consults his /her ancestors via the traditional healer who acts as a black African spirit medium through whom the deceased ancestor "tells" the patient what the cause of the illness is (often another unrelated person, or a family member), how to treat the illness using traditional medicine, how to show gratitude for the treatment, which relatives, friends or enemy to avoid, and when to return for further assessments.

v.   Black traditional African doctors/healers (i.e. practitioners of methods originating with black African communities) can cure anything, including HIV/AIDS, by following a regimen as communicated or prescribed to them by the spirits of the client's/patient's ancestors. The healer serves as a spirit medium or mediator.

vi.   Patients considered to be treated by black traditional African doctors/healers may not use syringes or surgical instruments while undergoing such treatment since the methods of conventional medical science are repugnant to the ancestral spirits who insist on methods and practices emanating purely from black African communities (i.e. treatment must follow black African conventions, and not those of formal medical science as taught in institutions of higher learning). Note that medical science which has been developed to a high level of sophistication has its roots in the ancient civilised world (e.g. Egypt, Greece).

vii.   Patients must continuously communicate with their ancestors on a daily basis by having a designated area in their house for worship (shrine). This is done to thank the ancestors, ask for further guidance, protection, for love and financial gain.

viii.   Some black traditional African doctors/healers go to church to create a semblance of innocuous mundane normality that is not part of a pagan world of spirit beings. In other words they are at pains to show solidarity with adherents of the Christian faith. However, the solidarity they profess is only superficial, mere facade to indicate to the black African community that they are not opposed to the Christian faith but in harmony with it. The truth is that their primary allegiance remains with their deep-rooted black African traditional past of pagan beliefs and practices and their churchgoing is lip-service at best, probably in the hope of extracting some personal gain from the association.

ix.   Anyone chosen by ancestors to join the ranks of practitioners of traditional black African medicine cannot resist the calling. Resistance allegedly results in ill fortune, loss of "blessing" (presumably a sense of being at one with the world) and even death. Those who accept will undergo serious training (calling) and will emerge qualified to be mediators between the clients and their ancestors.

Traditional black African healing practices are mostly enveloped in mystery and an awe-inspiring atmosphere of dire threat and menace.   Anyone questioning these beliefs is scorned and threatened with the wrath of the ancestors. The researcher views the opinion that it is feels it is important to understand the background since the effectiveness of HIV/AIDS educational interventions may depend critically on such understanding. The belief about the power of dead ancestors as propagated by black traditional African doctors/healers is the main source of many popular misconceptions and general ignorance about HIV/AIDS.

2.14   EFFECTIVE LEADERSHIP AND AN EFFECTIVE SCHOOL

Far from ignoring the disturbing HIV/AIDS statistics, an effective school leader must become directly involved in the 'war' against HIV/AIDS. According to Okumbe (1999:86), leadership is the process of encouraging others to work towards objectives that will transform the organisation's potential into reality.   The researcher agrees that the principal's task and challenge is to develop a clear vision of the

purposes of the school which should give primacy to instruction and consistently carry through the endeavour to instruct countries interactions (Firestone & Wilson 1985:20). It is also relevant to take note that research on effective schools has promoted the view that schools can be organised to improve instruction and that principals have a key role to play (Firestone &Wilson 1985:25). Van Deventer and Kruger (2003:23) agree with Firestone and Wilson (1985) in the following statement:

> *It is important that effective leadership and workable organisation design and development programmes be based on sensitivity to, and understanding of culture. Excellent leaders are not merely aware of the organisations basic assumptions, they also know how to take action and mould and refine them. The process of cultural management can be achieved through the skilful use of artefacts, stories, myths and symbolic actions so as to reinforce desired patterns of thought and behaviour.*

The researcher agrees that the principal stands in the forefront in understanding and managing the school culture for many different aspects of the foundation of a learner's life. The researcher agrees strongly with Lindner (2010:49), who states that sufficient public knowledge about HIV/AIDS and prevention measures is an essential requirement for any society trying to limit the spread of HIV/AIDS. The most effective change in school culture happens when principals, educators and learners collectively remodel the values and beliefs that are important to the institution. Principals must nurture the traditions, ceremonies, rituals and symbols that already express and reinforce positive school culture (Van Deventer & Kruger 2003: 24**).**

2.15   CONCLUSION

Despite the differences between black African cultures on the African continent and other cultures further afield in terms of geography, linguistics, religion, and ways of life, there is a dominant religious philosophy shared by all sub-Saharan Africans (Van Dyk 2008: 210). Some of these beliefs/ideas may vary slightly from community to community and between cultures, but they may nevertheless instil a mindset that is

resistant to the methods of formal or mainstream medical science. Some popular but unfounded and counter productive beliefs about HIV/AIDS exert a strong influence that persuades learners to ignore health education at school as well as campaigns conducted throughout the country. These popular misconceptions need to be identified and dealt with appropriately in existing educational programmes.

This research is intended to provide constructive food for thought to a significant spectrum of society, including people who are concerned with the interest of black African culture, HIV activists, education managers, and especially the African community who are losing family daily to this epidemic. It challenges the existing approach to HIV/AIDS education and explores ways and means (i.e. by conducting theoretical and empirical studies) of influencing learners' beliefs and therefore their behaviour, where HIV/AIDS is concerned. The intended result is to persuade educational stakeholders to use more appropriate strategies in combating HIV/AIDS. Society faces a major challenge, and failure to meet it will lend disastrous impetus to the already unprecedented levels of HIV/AIDS infection in South Africa. Research approaches that can be used include observational, ethnographic, qualitative, or interpretative procedures that can be adapted discover at first hand what is happening in schools.

This chapter has looked into the literature review on the subject matter at hand. The review covered a number of sources. An eye-witness account was also included to shed light on some of the sources of unfounded HIV/AIDS beliefs that are prevalent in many black African communities. The information presented does not mean that every single member of every community of black African society has the same HIV/AIDS beliefs. Many other races also share some of these beliefs. The focus, though is on the HIV/AIDS statistics, which are highest among black African communities. In fact, the intervention from many local and international stakeholders in providing appropriate educational strategies to counter the spread of HIV/AIDS is gradually gaining momentum. The researcher will deal with the research design and methods.

CHAPTER 3

RESEARCH DESIGN

3.1   INTRODUCTION

Chapter 1 indicated the aspects of a dualistic education system of school and society. In Africa this has caused confusion about the causes, diagnosis and treatment of HIV/AIDS. Maree (2007:70) states that a qualitative researcher should create, during the research process, the research strategy that is best suited to the research topic or even design the whole research project around the strategy selected. Various types of designs and techniques are available.

The first purpose of chapter 3 is to report on the gathering of information from secondary school learners in Pretoria, South Africa, as well as from the educators and the principal of the school concerned. Data were collected by means of focus group interviews. Two interviewees were enlisted to collect the data for triangulation purposes.

The second purpose in chapter 3 was to report on the development of the research design that will inform the reader about the procedures adopted to collect the data for the purpose of addressing the main research problem as formulated in chapter 1. This qualitative research utilised data collection methods that validated collection, analysis and interpretation of research findings.

Educational research favours the use of qualitative study. Qualitative research according to Cohen *et al.* (2008:15) involves "empirical study", which must show how the findings were achieved and how they can be reproduced.

The researcher adopted a phenomenological approach by making use of focus group interviews and unstructured questionnaires. This approach aims to understand and interpret the meaning that subjects give to their everyday lives thus De Vos *et al.* (2002:18). By entering a learner's world or setting the researcher could place him/her self in the shoes of the subject. This was mainly done by means of naturalistic

methods of study analysing the conversations and interaction that researchers have with subjects. Maree (2007:76) confirms that understanding and describing culture involves making sense of the authentic gestures, displays, symbols, songs and way of life that give meaning to the group. The object of the study under review was to determine how and to what extent school culture can be enlisted to overcome the pernicious effects of unfounded beliefs hold by black South African communities about HIV/AIDS.

3.2   THE RESEARCH AIMS

The researcher's aims by solving the research question were as follows:

- To establish what misconceptions about HIV/AIDS are current among learners.
- To explore the different aspects of school culture that have a countervailing influence on learners' misconceptions about HIV/AIDS.
- To establish how education management can deal effectively with HIV/AIDS misconceptions in order to achieve successful HIV/AIDS education.
- To conclude with recommendations to the government on policies that will effectively have impact on HIV/AIDS education management in schools.

As defined in Chapter 1, the school culture is an environment or milieu that determines the behaviour of people nurtured in and integral to that environment. It exerts pressure on those who live in it to conform to specific standards. The results of this research should empower educational stakeholders, especially education managers, to adopt improved strategies for the design and dissemination of education. The literature review has lent prominence to three different sources of HIV/AIDS education for the learners, namely the school culture, the community through oral tradition, and government policy. The problem is that the three sources of education are critically at variance with each other. The researcher will attend to the difficulties in the next chapter 4.

Open-ended questions were formulated to gain insight into the research problem. The questions read as follows:

- What is your understanding of HIV/AIDS?
- How much HIV/AIDS education, dwelling on the verifiable medical specifics of the disease, did you receive during your secondary school career?
- What school cultural activities are learners involved in that impact their understanding of the facts about HIV/AIDS?
- What popular misconceptions about HIV/AIDS do you know about?
- What are the sources of these misconceptions about HIV/AIDS. Do you support them? Also, why?
- How do you feel about these misconceptions?
- Which of the activities kept up at your school have a positive influence on the behaviour attributes and beliefs (perceptions) of learners at your school where unfounded sexual matters are concerned?
- How can school cultural activities be used to make in roads on, and if possible eliminate HIV/AIDS beliefs mainly held by black African learners in the school environment.
- What role do education managers have in managing the school culture?
- What strategies can be used by school managers with a view to eliminating misconceptions about HIV/AIDS?

Chapter Two comprised with a literature review which was conducted to shed light on the research problem. The review took cognisance of:

- existing studies on school culture and its impact on behaviour;
- the HIV/AIDS statistics (i.e. infection rate or incidence) in South Africa and sub Saharan-Africa;
- the sources of HIV/AIDS beliefs (i.e. Popular misconceptions);
- The role of traditional black African healers and faith healers in propagating popular misconceptions about HIV/AIDS in South Africa, as well as government policy relating to the handling and treatment of HIV/AIDS in South Africa.

The literature review filled the gaps and broke the prevailing silence about the subject of school culture and its influence on learners' state of consciousness and attitude about common misconceptions circulating about the disease. The literature review chapter began by defining school culture and exploring its impact on education management as a means of shaping school culture. The high levels of HIV/AIDS in South Africa and the prevailing misconceptions about HIV/AIDS were discussed with all the interviewees. A discussion followed on the influence of black African traditional healers and faith healers in the propagation of HIV/AIDS in society. Reference was made to three sources of HIV/AIDS education that contradicted each other and had the potential to sow confusion in learners' minds. The sources were HIV/AIDS education at school; community oral tradition transmitted by traditional and faith healers; and government HIV/AIDS legislation.

In order to gather the relevant information, the researcher used focus group interviews with learners, educators and an interview with the principal. The interviews were conducted within an environment that was non-threatening to the learners.

3.3   RESEARCH STRATEGY/DESIGN: QUALITATIVE APPROACH

The type of research design determines the credibility of the research results. A qualitative, exploratory and descriptive method was used to describe how the researcher conducted the empirical investigation entailed by the research assignment. The research is based on phenomenological study because according to De Vos *et al.* (2005:268), the object of phenomenological study is to gain insight into people's understanding of and perspectives on a particular situation. In the case under review the specific object was to understand the experiences of school youths after being exposed to more than five years of scientifically verifiable HIV/AIDS education. The youth were exposed in their daily life to community oral tradition on HIV/AIDS as well as government's actions on HIV/AIDS. It was important to find out which of these HIV/AIDS education platforms had more influence on the learners. The data analysis took into account the 'conversation' gained from all the participants.

The researcher utilised both primary and secondary data collection methods. Primary data collection involved the use of focus group interviews with the three groups of learners and two groups of educators, as well as an individual, unstructured interview with the school principal. Secondary data collection comprised a literature review. According to McMillan and Schumacher (2006:315):

> *The qualitative research is first concerned with understanding social phenomena from participants' perspective. That understanding is achieved by analyzing the many contexts of the participants' meaning for these situations and events.*

3.3.1 Characteristics of qualitative research design

According to Cohen *et al.* (2008:15), qualitative research involves an empirical study that shows not only how the findings were achieved but how they can be reproduced. The researcher agrees with Cohen *et al.* (2008:47), that the use of research methodology is important because the range of approaches used in educational research to gather data can be used as a basis for inference and interpretation for explanation and prediction. The challenge for the social scientist is to balance the needs of the profession and the rights and values potentially threatened by the research. Therefore the researcher can develop the design during the process of the research, and the research procedures should reflect the procedures of the chosen strategies.

Qualitative research does not provide a step by step plan or fixed recipe to obtain data. Rather it is used to analyse the information gained from subjects in interviews. An analysis of the contexts and the participants' meaning for questions asked will lead to the understanding of the phenomena (Cohen et al. 2008:47).

The researcher agrees with Maree (2007:78) that qualitative research should be based on a naturalistic approach that seeks to understand phenomena in context (real-life setting). The research under review was conducted at the school premises where all

subjects were able to discuss freely without feeling threatened. McMillan and Schumacher (2006:315) state that:

> *..the setting enables the researcher to understand the social meaning /form the participants' perspective. The findings are* used to interpret the phenomena in terms of the meaning that people assign to them. Moreover, qualitative research is important for theory generation, policy development, improvement of educational practise and illumination of social issues and action stimulation.

3.4 RESEARCH METHODOLOGY

The methodology comprised two elements: focus group interviews, followed by an individual unstructured interview. According to Cohen *et al.* (2008:47), research methodology is important because the 'range of approaches used in educational research to gather data are to be used as a basis for inference and interpretation for explanation and prediction. The researcher agrees with Maree (2007:261) that implementation of that methodology should be accessible and transparent. The focus groups consisted of three groups of learners in the final year of secondary school education (Grade 12) in Pretoria. Each group consisted of eight (total of 24 learners) randomly selected learners who shared the following experimental features, namely that the learners;

- had undergone at least five years of comprehensive HIV/AIDS education via their Life Orientation or Biology lessons and other activities at the school.
- were in their final year of secondary education.
- were from the same school and
- were willing and able to participate in the research.

It was important to purposely select a secondary multiracial and english speaking school in Pretoria. The researcher had to communicate with the Principal first to ensure that the school was involved HIV/AIDS curriculum activities from grade 8, they have a

large group of final year learners who had benefited from HIV/AIDS activities since grade 8 and would be willing and able to take part in the research.

The participants were interviewed in a non-threatening environment. The learners' points of view were taken down and there was no preview of the questions and no prompting of participants. Open-ended interview questions were used in random order.

3.4.1 Ethical considerations

It is important for the researcher to pay due attention to ethical considerations in the process of data collection. According to McMillan and Schumacher (2006:333) ethical guidelines include policies regarding informed consent, deception, confidentiality, anonymity, privacy and caring. Gathering and understanding the HIV/AIDS misconceptions and unfounded beliefs in Africa is a sensitive topic to many people, who take these beliefs as factual information despite receiving them mainly through community oral tradition. HIV/AIDS education involves discussion of sexual matters which are considered out of bounds especially among older black people; moreover discussions of HIV/AIDS would be inclined to deal with the causation of the disease which is quite likely to explore the incorrectness of unfounded yet ingrained beliefs among black African populations. This would be completely unacceptable to the people concerned because at the bottom such beliefs are all tied up with ancestor worship, which is right at the centre of black African belief systems. Moreover, it is considered strictly inappropriate for the youth to discuss their sexual preoccupations with, or in the presence of their elders. Acceptance of scientifically verifiable medical explanations concerning HIV/AIDS and its causation is therefore analogous to the scientific revolution caused when it was proved that the earth revolved around the sun. This particular scientific revelation, referred to as the Copernican revolution, unleashed an unprecedented crisis of faith in the Christian church. The African cultural forces concerned in dealing with the HIV/AIDS question should therefore not be underestimated (cf. Van Dyk 2008:200). The literature review also revealed that traditional healing is a multibillion/dollar industry that even the South African government have legalised. The researcher consulted Cohen *et al.* (2008) on research techniques that are clear and transparent. According to Cohen *et al.* (2008:51) a number of initial considerations should be addressed in planning a research.

3.4.2   Informed consent

It is important to obtain prior consent to interview from all the participants (of. De Vos *et al.* (2002:65).   Informed consent eliminates the issues of deception and violation of privacy. The primary task was to obtain permission from the principal of the school to conduct the research. This was not difficult as the research was not going to disrupt the daily activities at the school.   It was important to request permission well in advance to give clear reasons for the request. The principal was given all the relevant information and informed about the approximate duration of the research. A quiet environment was selected in which the interviews would be conducted. Since schools routines are bound to timetables it was relatively easy for the principal to make time for the interviews and avoid disruption of the normal school activities. The participants had to be told what the research was all about and how they could be affected by it. They were asked for their consent with due cognisance of all the relevant facts, of which they had been duly informed.

3.4.3   Anonymity and confidentiality

A major ethical dilemma is a situation that requires the researcher to strike a balance between the demands made on them as professional scientists in pursuit of truth, and the potential threat posed by the research to the participants. As noted by Cohen *et al. (*2008:63), information collected by the researcher is sensitive as the information concentrates on a person's private life and beliefs if it falls within the private domain of the subject or poses a potential personal threat to the subject.

The learners might feel embarrassed to acknowledge their HIV/AIDS beliefs, especially if they contradict the factual truths about HIV/AIDS they have received. If learners are informed that their participation will be confidential, they might feel less reluctant to reveal their convictions and beliefs. The role of the researcher to be an effective facilitator becomes crucial for the level of the data which was collected.

3.4.4   Role of the researcher

The researcher readily commits to meeting the obligation of all ethical requirements before undertaking the research. According to De Vos *et al.* (2005:358) no qualitative report can exclude the researcher's own perspective and consideration, which should be projected in a professional and scientific manner as it will shape events and interpretations of the research. The role of the researcher in this study was to be a facilitator, ensuring that the necessary procedures are adhered to in terms of organising and managing the research in a scientific manner. The researcher's own perspective is given in the literature review as well as the data analysis, interpretation and presentation of the research findings.

The researcher is the primary data collector of the raw data. It is important for the researcher to conduct the interviews without leading questions or influencing the input of the participants. As noted by MacMillan and Schumacher (2006: 334), researchers devise roles that elicit cooperation, trust, openness, and acceptance. Speaking the truth about the research ensured that the participants' confidence was protected during the interviews and privacy was maintained. During the interviews the researcher had to be skillful in creating a conducive environment and group dynamics that allowed fair participation by all participants to ensure that no-one dominated the interview. It was important to select a comfortable and quiet interview environment. The level of subjectivity had to be reduced to a minimum. The researcher analysed by first transcribing the interview and then picking out the trends and patterns (themes) in the recorded discussions.

3.5   VALIDITY, RELIABILITY AND GENERALISABILITY

As noted by McMillan and Schumacher (2006:324), the validity of research refers to the degree of congruence between the explanations of the phenomena and the realities in the world. The degree in which the recorded interpretations were consonant with the meanings exchanged between the participants and the researcher was of extreme importance. The researcher took pains to ensure that the participants understood the questions being asked. A tape recorder was used to ensure that

information was recorded correctly, notes were taken done and telephonic conversation was also used with the Principal; thus allowing triangulation in data collection. The researcher also observed the school culture and the learner's mannerisms in the focus interviews as well as observed the unspoken mannerism and general behaviour of the learners at the school. The culture of the school can be observed from the manner in which learners generally conduct themselves around the school, including their speech and grooming.

According to De Vos *et al.* (2005:339), the main issues on which validity and reliability depend are articulated in these questions:

- How credible are the particular findings?
- How transferable and applicable to another setting or group of people are these findings?
- How can the researcher be sure that the findings would be replicated if the study were conducted with the same participants in the same context?
- How can you be sure that the findings are reflective of what the participants have discussed?

3.6   LIMITATIONS OF THE RESEARCH

The shortcomings of the study are mainly centred on the gathering of the information:

- It was assumed that learners have been exposed to at least five years of HIV/AIDS education.
- The researcher had to assume that the participants were telling the truth.
- Discussing the beliefs about HIV/AIDS is not the same as discussing HIV/AIDS as a medical condition. HIV/AIDS beliefs that are based on culture and spiritual beliefs and oral tradition are not an easy topic for discussion, especially among black African youths.
- Learners may find it embarrassing to tell the truth about themselves and their sociocultural beliefs or about misconceptions or unfounded beliefs held by their parents or community.

- The participants who were being interviewed were at a growth-phase level where they were sensitive and inclined to be reticent about their cultural beliefs.
- The fact that the participants know the truth and facts about HIV/AIDS as a medical condition means that they follow practices and generally behave in a manner that is calculated to curb the spread of HIV/AIDS.

3.7 DATA COLLECTION

3.7.1 Individual interview: principal

The unstructured one-on-one interview with the principal was conducted last. This was done to ensure that some of the concerns or inputs from the learners and the educators could be added to the questionnaire with the principal. The interview with the principal focussed on:

*   *The HIV/AIDS curriculum and activities followed in the school;*

*   *The principal's opinion on why the incidence of HIV/AIDS is highest in sub- Saharan Africa;*

* *Understanding the HIV/AIDS misconceptions the principal has also encountered;*

* *School culture and its impact on learners' misconceptions about HIV/AIDS;*

* *Discussion on school culture in juxtaposition with social culture (comparative evaluation);*

* *Role of educators in shaping behaviour associated with HIV/AIDS*

The critical purpose of the interview was to assess the principal's role, which includes the management of the school culture in order to affect learners' behaviour. It was also important to find out whether and to what extent the principal understood the relationship between the school culture and learners' known popular misconceptions about HIV/AIDS. The researcher divided the questions into main questions, probes and follow-up questions.

60

Although the principal was interviewed last, he was the first main contact with the researcher. Permission to conduct the interview had to be granted beforehand by the principal who also approved the use of audiotape recorders during the interviews with the participants (see Annexure A: Letter to the Principal).

3.7.2   Focus group interviews

The main aim of data collection is to collect information that reveals participants' perceptions. The researcher selected an urban secondary school in Pretoria.   The principal, educators and learners were the participants in the data collection for the research.   The data collection strategies employed by the researcher included observation, interviewing and data recording.   Data collection and data analysis were conducted separately for the study under review.

3.7.2.1 Focus group interview with learners

The researcher used group interviews, commonly known as structured focus group interviews. The process involved face-to-face interviews with three structured groups of learners limited to eight (8) learners each.   This group size was important in that it allowed individual members sufficient opportunity to participate actively. Focus group interviews involve asking specific, well-planned, open-ended questions to a group who can give informed ideas and opinions about the topic.   The specific questions were unstructured and were sometimes modified during the course of the interview to obtain clarification of a point. Effective planning of the interviews was important to ensure a nurturing environment where the participants could feel comfortable and not under pressure.

The learners were selected through purposive sampling. The target group of learners had common characteristics as mentioned earlier. All were senior secondary school learners; had been exposed to at least five years of HIV/AIDS secondary education

and had given consent to articulate and share their ideas and perceptions on the subject of HIV/AIDS. The sample consisted of equal numbers of both boys and girls. De Vos *et al.* (2005:307) note that focus groups are especially useful in attempting to understand diversity. People feel relatively empowered and supported in a group situation where they are surrounded by others whom they see as their peers.

3.7.2.2 Focus group interviews with educators

Only two groups of educators were interviewed in consideration of the nature of the school culture existing at the selected school. The researcher used unstructured questions and recorded the answers. It was important to understand the type of HIV/AIDS activities that the school engaged in during the learners' secondary education. Although the educators had to follow the prescribed curriculum, it was important for the researcher to become reasonably familiar with the formal and informal content of HIV/AIDS education prescribed by the school. The educators were also asked about misconceptions relating to HIV/AIDS that they had encountered in the school's feeder community and further afield.   The questionnaire for the educators was almost the same as that devised for the principal, bar slight variations.   The questionnaire for the educators emphasised the HIV/AIDS activities to which learners had been exposed during their secondary education.

3.8   DATA COLLECTION PHASES

McMillan and Schumacher (2006:322 - 323) contend that the researcher can conduct the empirical study effectively by using five **strategic data collection** phases:

PHASE 1: Planning: The planning stage is the most important because good planning produces good results. Planning involves sample selection, as well as arranging an appropriate venue and appropriate interview questions. As noted above the researcher used **purposive sampling** in selecting participants who had undergone at least 5 years of urban secondary schooling, including HIV/AIDS education, and were well-primed on that subject. The sample was deliberately made up of equal numbers of girls and boys to ensure that the data collection would not be gender-biased. The

deliberate hand picking of the participants in terms of the characteristics mentioned censured that the research would be rich in the information sought. HIV/AIDS-related deaths in South Africa have left no doubt about the pervasive nature of this scourge.

The researcher's planning and analysis with regard to the formulation of the problem statement and the initial research questions suggested the type of setting or interviewees that would be logically conducive to achieving the purpose in hand as regards data collection. The researcher gained permission from the relevant authorities to use the proposed site and to select suitable subjects to participate in the study. The researcher decided how the unstructured interview was to be conducted with the principal and how the focus group interviews were to be conducted with the educators and learners. The school environment is very busy and abuzz with activities. It was important to select a quiet venue where interruptions would be minimal. The principal's office would not have been well-suited for these interviews during working hours due to frequent interruptions (telephone calls etc.).

PHASE 2: Beginning data collection: This stage allows the researcher to establish rapport, trust, and reciprocal relations with the participants. The researcher had to adjust interviewing and recording procedures depending on the site and participants being interviewed. An audiotape recorder was used to gather information from the principal, the educators and the focus groups. Each participant was given a chance to speak individually to allow ideas to flow easily. The researcher also made use of notes and observation.

PHASE 3: Basic data collection: The researcher listens, observes, and directs the interview in a strategic and non-threatening manner. The collected data are critically analysed during the process to ensure its relevance in terms of in data collection. Tentative data analysis begins by processing ideas and facts while collecting data. Initial descriptions are summarised and identified for later coloration. The entire interview was transcribed to provide a complete record of the discussion. This made it easier to analyse the information gathered to identify the trends and patterns. The principal's one-on-one was also used to record and take notes to avoid losing the information presented. The interview with the principal took longer than 30 minutes.

The one-on-one was an effective way of obtaining a large amount of information in a single session. The focus group interviews were used to gather information from educators and learners. De Vos *et al.* (2002:306) note that focus group interviews encourage participants to share perceptions, points of view, experiences, wishes and concerns, without pressurising participants to vote or reach consensus.

PHASE 4: Concluding stage: The researcher is confident that the collected information is rich enough to address the research problem effectively. Attention is paid to the interpretations and verifications that may be evident from recorded data gained from participants.

PHASE 5: Completion: The collected data are gathered to ensure easy construal, inference and interpretation with the aid of diagrams. They proceeded through the five phases in collecting data from all the participants, namely the principal, the educators and the learners.

3.9   DATA PROCESSING

The collected data had to be processed before being analysed for meaning. To facilitate the data processing the researcher endeavoured to provide clear labelling and notes. Interviews were then recorded. To ensure that the data would be easy to process the researcher tried to ensure that the data were labelled clearly. The notes written correctly, and the interviews captured on a clear audiotape recording in a quiet and conducive environment. Data collection included the use of colour coding, dating of the information, sequential numbering of focus groups, clear observation notes on the school culture and the interview setting. It was also important to organise the interview tapes and written notes immediately after the interview to avoid confusion and ensure complete retention of recorded material.

3.10   DATA ANALYSIS

Analysis of the phenomenological study conducted in this instance entailed organising the data into "themes and general descriptions of the experience analysed within a

specific context to (cf. De Vos *et al.* 2002: 273). The trends and patterns selected from the data could be analysed and interpreted. As noted by McMillan and Schumacher (2006:315), the researcher had to analyse the data which was collected by way of observation, interviewing and data recording. Data analysis is a challenging task that involves assimilation of all collected information into a meaningful whole that would answer the research question concerning the influence of school culture on HIV/AIDS beliefs.

The researcher had to analyse the information manually. According to De Vos *et al.* (2002:339) data analysis is the process of bringing order, structure and meaning to the mass of collected data. It can be messy, confusing and time-consuming, but it is nevertheless a creative and fascinating process. The greater the number of participants the more challenging the process and procedure of data analysis will be.

De Vos *et al.* (2002:340) describe the phases in data analysis as collecting, recording and managing data. This process clearly requires the ability to manage the data by organising it into "file folders, index cards, or computer files." It is also important to read, memo, describe, classify, interpret and represent the data, in order to expose the meaning behind the statements and comments made.

3.11   CONCLUDING SUMMARY

This chapter is a critical part of the research under review. The chapter showed the research design and presented the methodology used by the researcher to gather data on the influence of school culture on irrational beliefs and misconceptions that are prevalent in the community in which the participants (learners in their final year of secondary school reside. The methodology is the data collection plan that gives a detailed strategy for the collection of the required data. The chapter included information concerning where, when and how the study would take place, and from whom the data would be collected, and how the data would be analysed.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF THE RESEARCH RESULTS

4.1 INTRODUCTION

This chapter follows the process outlined in De Vos *et al.* (2002: 340), of collecting, recording and managing data, and of reading, memoing, describing, classifying, interpreting and representing the findings. The main aim of the research was to understand how school culture affects HIV/AIDS beliefs held by secondary school learners.

To achieve this, focus interviews were conducted with the learners and the educators. A separate unstructured interview was conducted with the principal of the school. All the participants were from the same school environment. The researcher was given permission to use audiotape recorders. The researcher used similar questions but rephrased to suit participants' individual character traits. It was important to get the input from the educators and the principal, not just the learners. All the participants shared their information freely and comfortably during the research. The selected environment was conducive to the full participation of all who had been selected for the purpose in hand.

4.2 RESULTS OF THE ANALYSIS

The results were analysed using a qualitative method of data analysis. The data were collected separately for learners, educators and the principal. The distinguishing characteristic that the learners had in common was that they were all final-year students from the same secondary school culture and environment. The researcher will discuss the findings for the learners first, followed by those for the educators, and finally for the principal.

The researcher formulated a list of questions that were put to all the participants. The questions were unstructured and divided into six main categories namely: respondent's background knowledge of HIV/AIDS; the school culture and HIV/AIDS education;

reason why incidence of HIV/AIDS in Africa is unsurpassed; sources of HIV/AIDS beliefs; false beliefs and misconceptions about HIV/AIDS; and recommended strategies for the use of school culture as a vehicle for effective HIV/AIDS education. The results for each interview were placed into these main categories or themes that emerged from the analysis. The researcher will now discuss the findings under each group of participants interviewed.

4.3   FOCUS GROUP INTERVIEW WITH LEARNERS

The learners were divided into three groups of 8. A total of 24 Grade 12 learners were interviewed. Initially the researcher wanted to separate the learners into four groups of boys and girls, but due to time constraints, the principal only allowed the group to be divided into three. The interviewer used the same questions for all participants, but in an unstructured manner. Some of the questions are listed below:

1.   What is HIV/AIDS according to your own understanding?
2.   Is there a cure for HIV/AIDS?
3.   What were you taught about HIV/AIDS that is unique?
4.   Which of the school cultural activities that learners are involved in have the most positive impact on their understanding of the scientifically verifiable medical facts about HIV/AIDS?
5.   H*ow does school culture influence learners' false beliefs and misconceptions about HIV/AIDS* in the school environment?
6.   What role do education managers have in managing the school culture?
7.   What strategies can be used by school managers to influence misconceptions about HIV/AIDS?
8.   What do you think are the reasons why the incidence of HIV/AIDS is higher in Africa, compared to the rest of the world?
9.   What are the strategies that can be used to address this situation?
10.   What are the sources of popular misconceptions about HIV/AIDS?
11.   What are your opinions about these misconceptions?
12.   What popular misconceptions about HIV/AIDS do you know about?
13.   How have the last five years of HIV/AIDS education at your school affected

your understanding of HV/AIDS beliefs?

14.   What measures can be taken to reduce the spread of HIV/AIDS?

The above unstructured questions were posed to all participants but rephrased depending on the receptiveness and sensitivities of the group or person being interviewed. The interviewees were allowed to answer freely but time was managed to ensure that all questions were answered.

4.3.1   Background on HIV/AIDS

The question asked by the researcher to discover what learners know and understood of the basic medical facts concerning HIV/AIDS was:

"What activities has your school done in the past to raise awareness about HIV/AIDS?"

This question was followed by other leading but open questions in no particular order. The focus group interviews with the three groups of learners revealed that the learners were familiar with accurate basic factual information about HIV/AIDS as a viral infection, and about the management of the disease. The school's open approach of educating learners about HIV/AIDS had given the learners a well-rounded knowledge of the disease in terms of cause, prevention and treatment.

The learners indicated that they had received enough factual HIV/AIDS education to realise that there was no essential or final cure for HIV/AIDS. They agreed that HIV/AIDS was contracted in various ways: by sharing needles, in unsafe sexual contact through mother-to-child transmission, or through kissing someone who is an HIV/AIDS carrier with bleeding gums (HIV/AIDS is transmitted through body fluids). The learners described how the virus attacks the immune system and that only the use of antiretroviral can enable the infected person to live a relatively healthy and normal life. The learners also knew that infected persons do not die from AIDS itself but from secondary infections/diseases like tuberculosis. The researcher agreed with the learners when they explained that the secrecy about deaths caused by HIV/AIDS

was a problem because the dire consequences of the contagion remained hidden in this way and people failed to appreciate how deadly the risk of AIDS is. According to Squire (2007:77), the knowledge people should have about HIV/AIDS relates to transmission, symptoms and disease progression and treatment. This factual information is the key to understanding HIV/AIDS. The researcher felt that learners spoke with confidence and knowledge about HIV/AIDS.

4.3.2   School culture and HIV/AIDS education

Learners were asked what could be done for the school culture to be effective in influencing perceptions about HIV/AIDS education. The learners expressed concern about their HIV/AIDS education. They were happy with the wide exposure they had received in different subjects such as Life Orientation, Biology, Physical Science, Business Studies and Sports. Yet they felt that some of the subjects like Life Orientation, did not go into depth about how the body is attacked by the AIDS virus, the window period after initial infection by the virus, and how the medication should be taken by an infected person. One of the students commented that HIV/AIDS education as presented by the school was too repetitious. The learners felt that Life Orientation studies should go further and educate learners on how the AIDS virus attacks the immune system. They also felt that although students at their school were well-informed about the objectively verifiable medical facts of HIV/AIDS infection, many people in society, especially from their particular community, were not aware of the medical routines of treating the disease. Learners felt that there should be a campaign to teach the less educated in society the rudiments in this regard. The researcher felt that the HIV/AIDS education that these interviewees had received was much more than what other learners were receiving in other South African schools, yet these students expressed a need for more education. The attitude of the interviewed learners concerning HIV/AIDS was very impressive.

The learners expressed gratitude for the conducive school environment that enabled them to participate in activities to combat HIV/AIDS infection and thereby gain insight into the disease. The researcher asked the learners to state the activities that made their school unique. The learners responded by citing the following:

- The school has a disciplinary system that starts with the Executive Council of Learners (**ECL**), comprised of elected school prefects. The school also has a Representative Council of Learners (**RCL**) comprising class monitors. These class monitors are very effective and popular as agents to ensure a constructive, mutually beneficial partnership between the educators and learners in meting out discipline and maintaining order.

- The school also has a Peer Support Group (**PSG**) that enables learners to contact their senior peers directly. Learners find it easier to discuss personal issues with their colleagues. Matters discussed varied across such issues as sexual relationships, bullying, drugs and peer pressure. PSG members are elected to engage in informal discussion of personal issues that affect students. If the issue is considered beyond the capacity and jurisdiction of the PSG the learner is referred to the school psychologist.

- The uniform dress code is unique and learners feel proud of their school. The school prefect ensures that everyone is dressed correctly and appears neat and tidy while on school premises.

- Learners have the opportunity every year to tour Europe and experience the way of life there. Many learners are able to benefit from this opportunity.

- School rules reward positive behaviour but sanction negative behaviour by imposing fines, for example R200 for smoking.

- There is a **values period** that all learners in the same age group are expected attend once a week. It discourages negative behaviour and gives learners the opportunity to discuss sexual issues. The school usually invites a prominent person in society to address the school about social relationships.

- The school has a resident psychologist whom learners are free to consult for any psychological assistance they might need. The educators usually make the necessary arrangement for learners facing challenges to visit the resident school psychologist.

- Many sporting activities are available at the school to keep learners busy and out of mischief. These include swimming, rugby, cricket, tennis and table tennis.

- The level of educators' education is high, which makes it easier for them to instil discipline.

- The school offers compulsory Life Orientation classes where educators are more than willing to discuss sex education with learners. Specific and detailed information about the propagation and treatment of HIV/AIDS is normally presented during Biology lessons.

The researcher agreed with learners that the activities as indicated above were indeed unique because many South African schools have yet to introduce such measures.

4.3.3 Reasons why the HIV/AIDS infection rate in Africa remains unparalleled

The researcher felt it was important to obtain the learners' views about why the HIV/AIDS infection rate in Africa was unparalleled, compared with the rest of the world. The researcher noted the information gained from the learners in no particular order:

- **African culture of polygamy:** One learner emphasised that some black African traditional families still believed that a man's wealth was measured by the number of children and wives he had. This made it difficult to curb the spread of HIV/AIDS, as this belief encourages multiple sex partners. The researcher agrees with Nattras(2007:34), who argues that AIDS denialist make it difficult for AIDS activists and scientists to counter baseless beliefs and they also undermine the HIV/AIDS prevention and treatment interventions programmes. Other learners agreed that polygamy was still rife and valued in Africa. This made sexual relations a challenge in Africa.

- **Black African traditional and more recent baseless beliefs:** Traditional healers are held in high esteem throughout black African communities, and have also been given government and societal official recognition on par with conventional medical practitioners. Many traditional healers proclaim an ability to cure HIV/AIDS through drawing healing powers from the patient's ancestral spirits and communicating with dead spirits.

- **Lack of formal school education:** Learners cited the lack of adequate formal education and recreation facilities as critical problems in both rural and densely populated urban areas in South Africa. This situation encourages people to indulge casual sex as a past time. Moreover the learners felt that the lack of formal school education made it more difficult for people to understand how to prevent, diagnose and treat HIV/AIDS.

  One student commented that some people in rural areas use condoms as a saleable commodity instead of freely distributing them as a prophylactic. Moreover lack of formal education also made learners less critical of misconceptions about HIV/AIDS and futile or counterproductive practises used for prevention or cure of infection (Nattrass 2007:35). The learners felt that the level of formal education needs to be raised in South Africa for HIV/AIDS education to have impact.

- **Poverty in South Africa:** The researcher agreed with the learners when they stated that there is a vast pool of jobless people who use sex as a means of earning a living. The black learners commented that the rural areas in South Africa are marginalised and lack of recreation and entertainment facilities for the youth. To make matters worse the health system is non-existent and communication is poor in the rural areas. The researcher agrees that this situation is also the same in the overcrowded South Africa urban areas of Soweto and Alexandra.

- **Rebellion in youth –** One of the male student commented that sexual intercourse was being seen as a personal accomplishment and a casual experience among the youth. They claim that they are not aware of the bad consequences of sexual promiscuity. Peer pressure also forces some learners to find partners to be seen as "cool" by their friends.

- **Limited access to medication in rural areas.** The researcher agreed with learners when they stated that the availability of ARVS is problematic in rural areas due to lack of infrastructure for the easy management of HIV/AIDS treatment. There are very few hospitals or clinics where people can access HIV/AIDS treatment. Many people in the rural areas do not understand the management of disease and think a few dosages of anti-retroviral medication will cure them. The concept of taking the medication at a specific time and for

life is not understood. The learners agreed that misconceptions about HIV/AIDS spread by traditional healers mad it more difficult to manage HIV/AIDS in the rural areas. The Researcher agrees with the learners' observation. Poku (2005:125) also observed that some of the challenges in administering treatment and care programmes in Africa are due to limited capacity of health systems, inadequate laboratory and patient care infrastructure, poor sustainable drug supply and equitable access to treatment and care.

- **Inadequate HIV/AIDS testing centres** all over South Africa: Black learners emphasize that access too HIV/AIDS testing was virtually non-existent in the rural areas. The lack of testing centres makes it difficult for individuals to get tested and obtain the proper counselling. Rural dwellers end up relying on alternative sources of assistance like black African traditional healers who are cheaper to consult and who are also considered reputable among some black African communities in South Africa.

- **General moral degradation**: Learners commented that there is a general moral degradation in the country. Children give birth to children but cannot take care of themselves, let alone their children. There is lack of respect among the youth for older people. Learners also felt that the media does not help in this deteriorating situation because of the amount of pornography available.

- **Stigma**: The Learners commented that people who contracted HIV/AIDS do not feel safe to inform others of their status. They hide their status and go on infecting their partners with HIV/AIDS. They are too scared to reveal their status.

- **Social grants:** The interviewees believe that the social grants being offered to single-parent families and many poor people encourage people to have more children in order to receive money from government. Some young people feel they can make money from government by having children.

- **Immorality is rife**: The interviewees strongly felt that immorality was high not just among the poor, but also among the affluent, particularly in the urban areas. Some of the older men go after the youth promising them wealth and marriage.

4.3.4 Sources of HIV/AIDS beliefs

The learners were asked to indicate the sources of misconceptions about HIV/AIDS which they were aware of. Most cited the news media and their community. They also mentioned beliefs propagated by the former Minister of Health – Mrs Manto Tshabalala Msimang (deceased) - about using vegetables like garlic and beetroot as a remedy for HIV/AIDS. This was a major disservice to the South African public since it institutionalised ignorance about the devastating scourge that HIV/AIDS had already become at that stage. Learners gave it as their considered opinion that there was a general belief among black African people that the ministrations of black African traditional healers can cure HIV/AIDS. They also volunteered the information that people have freely endorsed the claim in private company but have not been prepared to make a public statement to that effect. One male learner commented that some female participants expressed the belief that the availability of condoms made it possible to engage freely in arbitrary sexual intercourse. Other learners felt that members of close-knit communities believed each other rather than officials or anyone else to whom the task might be assigned to distribute correct information about HIV/AIDS; hence the intractable persistence of misconceptions about HIV/AIDS.

4.3.5 False beliefs and misconceptions about HIV/AIDS

The learners freely shared information about popular misconceptions concerning HIV/AIDS that they had encountered at school, at home or in their community. When the learners were asked about the prevalent HIV/AIDS misconceptions which they had encountered, they volunteered that they were not susceptible to such beliefs and in fact expressed surprise that the beliefs they had encountered could still be in evidence despite dissemination of the relevant genuinely (i.e. objectively) verifiable medical facts about HIV/AIDS. The unfounded false beliefs about HIV/AIDS the learners had encountered include the following:

- "Drinking vinegar or Jik as a "cleansing agent" after sex can reduce the risk of contracting HIV/AIDS. A certain measure of Jik is poured in water and

inhibited as a prophylactic curative. Drinking the Jik is believed to cleanse the blood".

- "If a girl jumps up and down after sex she won't get HIV/AIDS, or fall pregnant for that matter".
- "One can contract HIV/AIDS from toilet seats".
- **"Immunity** from HIV/AIDS can be achieved by sleeping with someone who is HIV positive – this will ensure that the person resorting to this measure becomes or remains HIV negative".
- "Condoms are not 100% safe and semen can still escape".
- "One can use double condoms to avoid contracting HIV/AIDS".
- "Immunity against AIDS can be secured by an HIV positive person engaging in sexual intercourse with persons who have already been infected".
- "Only black people get HIV/AIDS".
- "Girls who wear short skirts are asking for sex or rape and expose themselves to getting HIV/AIDS".
- "Traditional healers (*sangomas*) lead people to believe that HIV/AIDS can be cured by taking traditional herbal medication".
- "Some unscrupulous traditional healers encourage sexual intimacy with babies and drinking herbal concoctions to cure HIV/AIDS".
- Some sangomas have been accused of using human parts as "medicine" or "muti" and of spreading the false belief that having sex with a virgin cures HIV/AIDS. This may not be an idle rumour since "muti" murders are well-documented and not at all infrequent.
- **Faith healers can pray for individuals and heal them from HIV/AIDS (Faith healers** is a potentially misleading term used to describe Christian pastors in charismatic churches who claim to perform "miracle cures" by invoking God's divine power.)

The learners attributed most of the pernicious misconceptions and beliefs listed above amongst others, to the mixed and confusing messages propagated by traditional black African healers. Without adequate formal education people who are uninformed about HIV/AIDS rely strongly on oral tradition, traditional healers and mere rumours for knowledge and "wisdom" concerning HIV/AIDS. Note that the list

of beliefs given above should by no means be regarded as exhaustive. It merely represents what was intimated by learners during their interviews.

4.3.6   Strategies for using school culture to improve HIV/AIDS education

The learners cited a number of methods that could be used of HIV/AIDS to increase the effectiveness of education in schools with a view to curbing the spread of HIV/AIDS. Learners felt that **schools should be the definitive centres** of HIV/AIDS education. The normal compulsory AIDS awareness day at most schools, organised by learners in Grades 11 and 12, should be used for HIV/AIDS testing purposes. The testing would be voluntary to ensure that the rights of the children are not wilfully violated. Testing should be publicised as a proud achievement to encourage learners to follow suit. Publicity could take the form of provocative motivational statements on T-shirts saying, **"I WAS TESTED FOR HIV/AIDS. HOW ABOUT YOU?" or "I KNOW MY HIV STATUS, DO YOU?"**

Learners further placed on record that the school needed **appropriate and interesting activities** to entice learners to obtain as much HIV/AIDS information as possible. One of the suggestions was that educators could use school dramas or invite popular speakers to address the learners about HIV/AIDS, thereby highlighting the rampant nature of HIV/AIDS. Furthermore, formal HIV/AIDS-awareness activities should be introduced at an early age as part of the curriculum.

The learners felt that rural awareness campaigns should be improved to get rid of the stigma of HIV/AIDS and assist people to come forward and seek the relevant assistance; as well as to give a voice to the rural people to speak openly about HIV/AIDS. The principal could use influential voices in society, for example actors, musicians, drama artists, local politicians, church leaders, selected local community elders, and parents of some of the students to spread the message to the youth, provided of course that people in the said categories are models of moral probity. Many so-called pillars of society have turned out to be nothing of the sort (i.e. men of straw). Educational stakeholders could enlist the aid of politicians to add the message about HIV/AIDS when they go out campaigning, because during campaigns they are

able to reach remote areas and gather large groups of people together. Again, such spokespersons must be chosen with care. The purpose of the message would be lost, for instance, if the campaigning politician turns out to be suspected on good grounds of immoral or criminal activity.

Black respondents felt that more should be done for rural people concerning HIV/AIDS education and awareness. Some learners felt that finding volunteers to mount HIV/AIDS awareness campaigns in remote areas would ensure that updated information is given to rural people on a regular basis. Plays concerning HIV/AIDS could be used by the volunteers to give more exposure to rural schools. Learners also suggested various measures to curb HIV/AIDS in South Africa. Below are direct quotations from the learners:

- *There is a need to restore traditional values of **ubuntu,** especially among the youth.*
- ***Motivating** nurses in rural areas and reinstating values of "Ubuntu" among hospital workers and employees would help ensure that patients are handled with dignity and respect.*
- ***Testing centres** should be available everywhere, in urban as well as rural schools: Public servants employed at testing centres should be welcoming and helpful and provide proper guidance and counselling. HIV/AIDS results should be kept strictly confidential to preserve the privacy and personal integrity of those tested.*
- *Learners need to come **face to face** with people living with HIV/AIDS. Putting a face to the disease and hearing testimonies helps to make HIV/AIDS a reality.*
- *Educators can **join forces** with other schools to share HIV/AIDS-related social and educational experiences.*
- ***Harsh and stern sentences** need to be handed down for rape offences. Rape has become a fun game for some men who harshly and forcefully impose themselves on unwilling women. During the term of their sentences, convicts need to be exposed to the sight of what happens to HIV/AIDS victims in hospitals so that they will understand and fully appreciate the*

consequences of contracting HIV/AIDS as a result of careless and casual sex.

- *__Parents' involvement__ is crucial: For example, they need to talk actively to children about HIV/AIDS and draw them close to biblical principles which should serve as a yardstick for their children's conduct.*

- *__More hospitals and clinics__ should be built to ensure that adequate assistance is rendered to HIV/AIDS patients. Learners commented that counselling, treatment and regular advice should be prioritised in areas dealing with HIV/AIDS in hospitals and clinics. Money should be spent more on prevention than on curative measures.*

- *The current __laissez-faire approach__ adopted by government in dealing with HIV/AIDS should be discountenanced. Dissemination of confusing or misleading information about HIV/AIDS (e.g. should be met with stern sanctions.)*

The learners spoke passionately about solutions to deal effectively with HIV/AIDS. The researcher noted with interest that none of the learners suggested that traditional healers be asked to provide assistance in dealing with the challenges presented by the spread of HIV/AIDS.

4.4   FOCUS GROUP INTERVIEW WITH EDUCATORS

4.4.1   Background on HIV/AIDS

Educators were asked about their background to teaching HIV/AIDS prevention and remediation in school. The educators intimated that they had all been involved directly and indirectly with HIV/AIDS education, and that the subject was readily communicated by means of exercises and via public media such as television and radio. Some educators commented that they found it difficult to present HIV/AIDS education in Afrikaans, due to the lack of subject specific terminology in that language, but that they nevertheless managed to convey essential factual information about HIV/AIDS despite such limitations.

The Life Orientation educator commented that the subject emphasises the morality and immorality points where relationships are concerned. Creative writing exercises done in the context of Life Orientation sometimes brings out the issues of abusive and ill-judged sexual relations and HIV/AIDS. It also brings out behavioural patterns and the reasons for such behaviours in society. The learners declared that they found this subject most informative about HIV/AIDS.

The Business Studies educator confirmed that his subject looked at the effects of HIV/AIDS on business and the type of assistance business could render to people in general to lessen the impact of the disease on society. Generally speaking, HIV/AIDS education offered in the context of Business Studies did not go into detail about the AIDS virus (e.g. as in Biology), but it did deal with corporate issues that are affected by sexual conduct. The researcher agreed with the English Literature educator who commented that his subject was used to communicate and enhance the learners' understanding of the code of conduct learners should adhere to in sexual matters, and to cultivate a proper defence against the consequences of sexual recklessness. The researcher believes that vulgar ostentation and overweening greed, self-serving materialism at all costs - which usually means giving other people a hard time - are some of the main obstacles to effective HIV/AIDS education. It would be a serious mistake to overlook these facts in whatever strategies were planned to educate people and persuade learners or the general public to change their behaviour patterns and beliefs.

4.4.2   School culture and HIV/AIDS education

The researcher interviewed the educators about the school culture and its effect on the learners. In their responses the educators mentioned a number of activities presented by the school to educate learners on the critical facts concerning HIV/AIDS. In their opinion held in common school culture had exerted a positive effect on the learners. The Life Orientation classes focused on the social relationships and stigmas associated with HIV/AIDS. Educators also recalled that in 2002 the schools organised funds that could be donated to organisations and specific orphanages. Furthermore, the school also has a disciplinary system that moves away from punishing bad and

rewarding good behaviour. Instead moral-value lessons are encouraged and moral behaviour is propagated moral behaviour. The school employed a resident psychologist who assisted learners with difficulties with personal or educational difficulties. Unlike rural schools, this urban secondary school also offered peer counselling.

The sports educator found opportunity to engage in discussion with learners who showed signs of social difficulties or visible signs of abuse. One of the male educators related how the school organised a number of activities during World AIDS Day to enhance learners' HIV/AIDS education. The school also organises blood donation during the World AIDS Day. Learners who were willing to donate blood were counselled and given information about the immune deficiency virus before they gave blood. Despite being multiracial, the school educators communicate well across racial barriers in administering HIV/AIDS education, which did not take its cue from a specific racial or cultural premise. Educators normally concentrated on scientifically verifiable medical facts concerning HIV/AIDS.

One of the educators confirmed that the school curriculum directly and indirectly addressed the subject of HIV/AIDS, with the result that learners were well-informed about the virus and about relationship issues, particularly with regard to sex. Some teachers felt reluctant to discuss sex openly with learners because the subject was considered improper by some African communities, but they did broach the matter of sexual relationships as part of the curriculum. The reason given was that the Mathematics and Technology teachers both felt that they were inadequately informed about the established medical facts concerning the disease. Furthermore educators agreed that the family structures had deteriorated to a great extent as a result of economic and political factors in the history of South Africa. The fact that children were allowed to watch television and surf the internet without supervision had led to considerable moral decay among young people. Single-parent households were increasing and supervision of children at home was a luxury. The school also organised outside speakers to discuss matters of factual relevance concerning HIV/AIDS and its rampant propagation among black African communities.

The researcher asked the educators about their own perspective on why the incidence of HIV/AIDS infection and mortality was higher in Africa than in any other part of the world. The following reasons were given.

4.4.3   Reasons why the HIV/AIDS infection rate in Africa remains unparalleled

The researcher posed the vexed question of the high and ever increasing HIV/AIDS infection rate in Africa to educators. The educators agreed that there were a number of reasons why HIV/AIDS was more prevalent in Africa than anywhere else.   The educators also gave information about HIV/AIDS education in South Africa when answering the question about the high HIV/AIDS infection rate in Africa. The following are some of their responses**:**

- **Cultural aspects:** Male-female relationships in Africa are different from those in other parts of the world such as Europe, USA, Asian countries and Australia. In Africa, male dominance over women can be an insurmountable barrier to effectively curbing HIV/AIDS infection rates. Women are not empowered to assert control over their own physical well-being. Women in South Africa are generally voiceless due to unfavourable economic conditions, poverty and lack of education being the worst features. Poverty bred poverty due to ignorance, lack of education, lack of tools to diminish poverty, and therefore to improve women's economic status and autonomy to control their affairs without consulting a man. Thus sex has become a tool for trade*.*

- **Denial of HIV/AIDS:** Educators commented that some teenagers did not want to accept the fact that anyone could be infected with HIV/AIDS. Some teenage girls who were motivated by materialistic aims associated with men who were much older than themselves. These 'sugar daddies' provided the girls with many things that their parents were unable to give them because they lacked the means to do so. Peer pressure persuades some to engage in sexually exploitative relationships. Fortunately the educators felt very confident that their level of HIV/AIDS exposure at the school in question was adequate to ensure learners would engage in safe sexual conduct.

- **Poverty**: Educators agreed that the general poverty in South Africa makes it difficult for people to get the right treatment for HIV/AIDS. Poor people had limited access to information because they did not have television, newspapers and internet facilities at their disposal. South Africa's economy was still a class society with very poor and very rich people.

- **Black traditional healers:** Educators highlighted how traditional healers exploited people's superstitious dread and general ignorance. Before 1994 black traditional healers had not been allowed to operate as formally accredited medical practitioners (i.e. it was illegal). This meant that access to proper (i.e. formal) medical health services had been severely restricted for black African communities. After 1994 the new government had recognised the rights of individuals to religious freedom. Since then there had been an upsurge of unrestricted practice by people claiming to be healers catering typically for the majority of black African clientele who had limited income at their disposal for antiretroviral healthcare services. The educators agreed that the cultural practice of consulting traditional black African healers was a source of concern in light of its dubious methods and results, which were erratic and even harmful.

- **Moral degradation of society:** One of the female educators was concerned that there was a general loss of moral values in society. The 'ubuntu' or humanity that was being trumpeted by government was not in evidence really. Many people were afraid to walk abroad in daylight or at night as a result of the imminent threat of violence, which was widely prevalent in South Africa. The educators felt that life in general was not valued.

- **The media:** In general the educators debated the effect of the media in encouraging sexual promiscuity by portraying casual, uncommitted sexual relationships, for example on TV and in the cinemas. Educators felt that this was an area where parental involvement was extremely urgent and should complement HIV/AIDS education in schools; yet parents had become less and less involved in the sexual conduct of their children.

- **Migrant workers:** The researcher strongly agreed with educators' observation that in South Africa migrant workers left their partners and homes in search of a better standard of living. According to the educators

the sexual life style of such workers was unstable have sexual relationships with multiple partners.

- Basic urges were simply obeyed on impulse (i.e. there was no deferral of gratification). In the researcher's opinion this trait (i.e. impulse-driven behaviour) has major implications for intellectual-psychic development (e.g. sense of justice). Motivation has to come from outside; hence democratic instincts are poorly developed.

According to Youde (2007:1) the reason why South Africa and Africa have the world's highest incidence of HIV/AIDS is 'denialism'. Instead of collaborating with mainstream international AIDS control regimes, the government actually questions whether the disease exists. The researcher agrees with Youde (2007:2) that African governments hide behind the spectre conjured up expediently by those in authority that South Africa and Africa generally may fall prey to international control and re-colonisation if HIV/AIDS policies followed abroad are accepted locally. Clearly this chimerical fear is devoid of real substance.

4.4.4   Sources of HIV/AIDS beliefs

The educators commented that misconceptions and false beliefs about HIV/AIDS derived from three sources, namely urban myths, oral tradition and black African traditional healers. Despite HIV/AIDS being a well-known disease, myths about its provenance and other characteristics such as prognosis persist due to ignorance caused by a lack of proper education among the vast majority of South Africans. Furthermore poverty in South Africa makes it difficult for knowledge of HIV/AIDS to be disseminated in remote areas of the country, with the result that people living far from developed centres end up getting stale information that is not reliable, or even outlandish, blatantly untenable misconceptions which they tend to accept and propagate as a result of sheer ignorance.

The educators mentioned the following wildly improbable and **nonsensical beliefs that** they had become aware. Below are direct quotations from the educators:

- *Homosexuals have AIDS, and in fact are the only people who are at risk of contracting HIV/AIDS.*
- *Blacks have AIDS.*
- *HIV cannot be the cause of HIV/AIDS because it is not reflected as the actual cause of death; rather it is indicated as a well-defined condition such as pneumonia.*
- *Traditional black African healers can cure HIV/AIDS.*
- *Beetroot, garlic, African potato and lemons can be used in the diet to cure HIV/AIDS.*
- *Conventional medicine (developed by formal medical science) is not effective in curing the disease, so it might as well be ignored.*
- *The HIV/AIDS pathogen was concocted in laboratories by the USA in order to reduce black African populations.*
- *It is contended that black Africans contract HIV/AIDS by eating "bush meat" (i.e. primates), thus presenting the virus with an opportunity to jump species from primates to humans in that the disease was transmitted through body fluids when the meat was partially cooked.*

Researcher's note: This may not be as far-fetched as it seems since a variant of the virus causing AIDS in humans has been found in a species of lemur (a primate species) inhabiting Madagascar which was once joined to Africa. This raised at least the possibility that AIDS may have jumped species.

The educators commented that although the learners at their school laugh and scoff at these false beliefs and misconceptions, well-considered corrective responses should be formulated for learners' benefit. The reason why learners laugh is that they have acquired factual knowledge that shows up the absurdity of false beliefs and misconceptions about HIV/AIDS. The power of formal education is the key to eradicating HIV/AIDS in South Africa. It is not surprising that Africa, and South Africa in particular, continues to have the highest HIV/AIDS infection and death rates of all countries, given the high prevalence of illiteracy which presents a formidable barrier to information campaigns to combat the disease.

4.4.5   Strategies for using school culture to improve HIV/AIDS Education

The educators proposed a number of solutions for improving HIV/AIDS education in schools and in the community at large:

- Every child in the world should be able to read and write. Governments should promote universal literacy as well as numeracy much more efficiently. The educators agreed that the school could contribute to curbing the spread of HIV/AIDS mainly by providing education that gives learners factual (i.e. scientifically substantiated) information about HIV/AIDS.

- HIV/AIDS awareness campaigns should be increased, especially in areas beyond the reach of public media.

- Legislative measures should be enacted to ensure that campaigning is more transparent (e.g. street advertising).

- The government, civil society and the school should join forces in their campaign of preventive education to curb the spread of HIV/AIDS so that they can act in unison and not contradict each other.

- The government should ensure that affordable health care is available to the general public to the extent that it actively contributes towards curbing and even reversing the spread of HIV/AIDS.

- Black African "traditional healers" (*sangomas*) should not be allowed to practice without restriction, especially where HIV/AIDS is concerned.

- The researcher does not condone the fact that black African traditional healers' claim that they can cure HIV/AIDS and cancer. It is interesting that there is a growing trend that the practice of "traditional healing" has been adopted by some members of the white population of South Africa, which raises questions about the inalienable authenticity of the black-ancestor based practice. These questions raise both moral and ethical dilemmas, which the researcher acknowledges cannot be resolved in simplistic terms.

Educators felt that they too did not have adequate HIV/AIDS training to deal with HIV/AIDS, but school activities aimed at combating the spread of HIV/AIDS deemed sufficient to deter learners from reckless sexual conduct. The teachers suggested that they should be allowed to undergo HIV/AIDS education and training during their

teacher training at colleges, and they should continue to attend courses to keep abreast with the rest of the world in this regard.

4.5   UNSTRUCTURED INTERVIEW WITH PRINCIPAL

4.5.1   Background on HIV/AIDS

The interview with the principal revealed that he was aware of the amount of HIV/AIDS education that was being covered directly and indirectly at the school. The principal commented that the school gave high priority to moral education, and HIV/AIDS was a school as well as a community problem. Yet the input from society towards dealing with the problem was minimal. HIV/AIDS was symptomatic of what was going on in society. The principal observed that in 2004 the divorce rate in South Africa had begun to edge past the marriage rate. This was indicative of the loosening of the moral fabric of society.

4.5.2   School culture and HIV/AIDS education

The principal indicated that the school tried to inculcate strong values in the learners. The educators were expected to take the lead in being role models. The school tried to cultivate leaders within the ranks of learners who could assist in dealing with problems and pressures faced by fellow learners. The principal confirmed that if there was a child who remained uninformed about HIV/AIDS at his school, it was because that child had not been paying attention. The school culture had created a conducive atmosphere for HIV/AIDS education. There was a resident psychologist, and Life-Orientation lessons and values education were routinely provided for the learners. The principal was confident that the school had managed to provide adequate knowledge of HIV/AIDS through the curriculum and various activities conducted on a regular basis.

4.5.3 Reasons why the infection rate of HIV/AIDS is unparalleled in Africa

The principal felt that social problems in families were the reason why the prevalence of HIV/AIDS was higher in Africa than anywhere else in the world. The principal commented:

> *You find children brought up in polygamous marriages; and we feel that this sets a bad example to children who see this as a way of life. It forces them to think that it is acceptable to be promiscuous because it leads to having large families that help to work in the fields thereby reducing the task of working long hours. Some children have one father and five stepmothers. Should HIV/AIDS strike them, the whole clan is obliterated. The issue of HIVAIDS education should not be left for the school alone. Parents as primary educators should be part of it.*

Polygamy in Africa did not offer solutions to how HIV/AIDS should be tackled; instead it posed an enhanced risk of infidelity compared to monogamous unions. The principal felt that the moral degeneration of society was also a major cause for concern. The parents were unable to give their full attention to the proper care of their children because of poverty and a lack of time, resources, and education.

4.5.4 Sources of HIV/AIDS beliefs

The principal commented that South Africa lacked real leaders who could inspire learners to contribute positively to the upliftment of society. Although the current Zuma administration had made greater strides than the Mbeki administration, these efforts could still only be described as too little too late. The principal further observed that leaders were needed who could take responsibility for their actions, such as the current Minister of Health, Dr Aaron Motsoaledi who staunchly promoted primary health and preventive HIV/AIDS education. However, he could not drive the HIV/AIDS campaign alone. There was no united voice that spoke out with definitive authority against

HIV/AIDS. Instead there were conflicting voices coming from learners' homes, peers, society (learners' communities), and especially from people in positions of political prominence who should be major role models leading with moral authority. All these voices rose up in a confused babble that left the youth nonplussed. What was needed, therefore, was a harmonising influence that should come from the school as a clear voice of reason, proclaiming demonstrably enlightening scientific truth.

4.5.5   Strategies for using school culture to improve HIV/AIDS education

The principal commented that the rights of the individual in South Africa had been overemphasised. The responsibilities that come with the rights were neglected, with the result that vital ethical and moral standards were compromised. The principal said, "People say it is my right to do this and that, but have they accepted the consequences of their rights?" People should accept the responsibilities associated with the rights they pursue. Parents should be the primary role models. Learners spend only eight hours a day at school and the rest with their parents. The constant factor in the learner's life is the parents. What are parents teaching their children in the absence of the teacher?

Researcher's comment: On the evidence presented so far it seems justifiable to conclude that the school featuring in the study under review serves as a good example of how school culture has positively influenced learners' behaviour. The question to the principal was whether this type of school culture could be duplicated in other areas of South Africa. The principal emphasised that the success of the school culture was directly attributable to the competent educators employed at the school. The principal emphasised that government should employ educators that were prepared to be educators in the full sense of the word, not merely intent on teaching a particular subject, but concerned with the dissemination of sound medical knowledge and advice on HIV/AIDS and other related subjects. On the other hand, there were educators who shirked their responsibility for example by engaging in sexual relationships with students. Such teachers should be deprived of their status as educators. The principal commented that learners should be encouraged to report any irregular and/or unlawful conduct in and around the school grounds to the respective authorities, especially the

police. Drug peddlers targeted the school children and hung around the area. Unfortunately the local police did not react as promptly as they should. Parents should also report changes in the behaviour of their children so that the resident psychologist could be informed to take immediate remedial action to correct whatever might be affecting the child.

The researcher agreed with the principal's expressed assertion that learners should start learning about values early in life. If they had not been imbued with values that could assist them in their adult lives by the age of 15 or 16 years there was very little a school could do. Academic activities were a very important aspect of a child's life, but proper attention to the child's social and spiritual needs was imperative since a fully functional, well-rounded person was needed to be a useful member of society. The principal further stated that the ideal world was one where educators, parents and government spoke with one voice in the interest of the learner, but unfortunately in South Africa this was far from becoming a reality.

4.6   FIELD NOTES

Field notes will be discussed with regard to matters such as appointments, interviews, and transcription of tapes.

4.7   APPOINTMENTS

The principal accepted the appointments for the interviews and the use of audiotape recorders with all the interviewees. The interviews took place in the school staff room, where it was quiet and conducive for the interviews to take place.

4.8   INTERVIEWS

Three lots of learners arranged in groups of 8 were interviewed. The groups consisted of equal female and male representation. The school is multiracial and multicultural. All the learners were in their final year of high school education. All of them had had more than five years of HIV/AIDS education. The research revealed

that the school culture in which the learners were educated used various means of disseminating information about HIV/AIDS and the beliefs associated with it.

4.9   TRANSCRIPTIONS

The sound quality of the audiotape recorder was clear and it was therefore easy to transcribe the interviews.

4.10   COMMENTS AND CONCLUSION

The researcher was able to obtain answers to the main research question as stated in chapter One. Significant evidence was gathered from all participants to the effect that school culture plays a significant role in influencing learners' behaviour and preconceived notions concerning HIV/AIDS. The interviewees agreed that the misconceived HIV/AIDS beliefs were only prevalent in certain areas (i.e. not omnipresent), that is to say, typically in areas where learners were not exposed to extensive HIV/AIDS education at school, with the result that they were more susceptible to the entrenched precepts of traditional medicine as propagated by black African practitioners, commonly referred to as "healers".

Interviewees were able to enumerate quite a few ways in which the school culture had influenced their understanding and perceptions concerning HIV/AIDS. The learners emphasised the high level of relevant activities at the school which served as a critical positive influence in the service of HIV/AIDS education. One of the learners did believe, however, that his ancestors were guiding him and protecting him from evil, but at the same time he also felt that they should not be contacted for any assistance with health problems. A white learner believed his ancestors were in heaven and could see what he was doing, but he did not believe that he should enlist a traditional healer or '*sangoma,*' or anyone else to intercede with them on his behalf, or that he should seek and accept medication from a traditional healer to cure HIV/AIDS. The majority of learners believed that the dead should not communicate with the living. One learner commented that if the dead really knew everything, there would be no problems in the world since all answers would be given to the living.

The researcher believes that misconceived notions about HIV/AIDS tend to flourish in the absence of adequate formal education, which would otherwise serve as a bastion against the pervasive and long-standing influence of customary beliefs held and propagated by black African communities. Without doubt the lack of appropriately targeted education in rural schools contributed towards learners' susceptibility to the influence of the said customary HIV/AIDS beliefs. The learners felt that poverty in many South African schools resulted in the educators' role being compromised, with the result that the school culture could not create a conducive environment in which learners could become duly and constructively informed about HIV/AIDS. The school culture should have activities like value education, sports, individual counselling sessions provided by a resident psychologist, a blood donation week, art and cultural activities, and opportunities to utilise well-stocked libraries for research.

The role of educators in managing the school culture was clearly outlined by the principal. He stated that there was an urgent need for the services of specialised and highly competent educators whose exemplary conduct could serve as a role model for the young people. According to the researcher's view, without effective leaders the school culture would not be an effective tool for learner education.

CHAPTER 5
CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter focused on the research findings, data analysis and interpretation of the information gathered. The research took place in the city of Pretoria. Several interviews took place with groups of learners, groups of educators and the principal of a secondary school in Pretoria East.

The main aims were:

- To investigate the influence of school culture on learners' beliefs about HIV/AIDS beliefs.
- To offer educational leaders a practical and relevant approach to dealing with the HIV/AIDS pandemic;
- To encourage teachers, parents, community and health workers to work together as a team providing in HIV/AIDS education.

The researcher will summarise and draw conclusions from the research findings, and the data collected. Recommendations will be derived from what the learners, the educators and the principal outlined in the study. The researcher will also give her own critical analysis of the findings.

5.2 RECOMMENDATIONS

The research brought to light the reality of the devastation wrought by the HIV/AIDS pandemic in the education sector. Stakeholders in education are clearly well placed to curb and even reverse the spread of this pandemic by taking the necessary concerted action to empower the youth with appropriate knowledge about HIV/AIDS. In general, it was found that school culture had exerted a significant beneficial effect on the perceptions and attitudes concerning HIV/AIDS among the youth, and that this influence prevailed despite the opposing effect of the sociocultural environment. The

level and standard of HIV/AIDS education derived from five years of secondary school education had made it easier for learners to dismiss misconceptions about HIV/AIDS as fallacy.

The recommendations, limitations and conclusions derived from the study under review will now be considered.

5.2.1 Common misconceptions about HIV/AIDS

One of the sub-questions initiating the research at issue was: ***What popular misconceptions about HIV/AIDS do you know about?***

The learners felt that although they had received in-depth factual knowledge in their HIV/AIDS education, they still needed more information on the treatment of HIV/AIDS. The school culture had succeeded in creating a conducive environment to ensure that learners were able to distinguish the facts concerning HIV/AIDS from the myths and misconceptions surrounding the disease. Learners generally agreed that despite their cultural diversity they had been given adequate exposure to factual knowledge about HIV/AIDS through the following interventions, namely spots.

- The school facilitated a variety of activities that served indirectly to help their understanding of HIV/AIDS. For example, the learners were involved in frequent sporting activities that kept them busy throughout the year. The informal setting of these sporting activities was utilised as a convenient venue for a significant amount of HIV/AIDS education.
- The school employed a resident psychologist who was readily available to counsel the learners on societal challenges, especially HIV/AIDS.
- The school offered a curriculum in Life Orientation, Biology and even English which dealt directly and indirectly with life-challenging questions concerning HIV/AIDS and the prevalent perceptions, attitudes and baseless popular beliefs that had formed around the disease.
- The school culture emphasised diversity of information and interaction. The school had a values period that was intended to reinforce the moral fibre of

learners. The school where the research was conducted was certainly setting a prime example in providing a school culture that allowed the effective transfer of information to learners, thereby significantly equipping them with life skills.

- The school encouraged learners to donate blood at least once a year. Special guest speakers were invited to the school to discuss HIV/AIDS on occasions when the blood transfusion service was in attendance for the purpose of enabling blood donation.

The secondary school chosen as the site of the present study was premised on openness, variety and diversity of curriculum as well as a school culture which facilitates constructive activities aimed at empowering students with knowledge about HIV/AIDS. This enabled learners to make informed decisions that took account of the risk attending sexual activity.

5.2.2   Creating a conducive school culture

South Africa is a diverse and multicultural country, with an equally diverse educational and sociocultural environment. A school environment which empowers learners, making it easier for them to understand HIV/AIDS and its attendant issues and challenges, needs to be fostered across South Africa.

Research findings emanating from the study under review clearly showed that the prevailing norms and values at the school contributed to an atmosphere of learner empowerment, to the extent that learners could critique the HIV/AIDS curriculum and activities and propose the inclusion of factual information according to the latest scientific research. A positive culture or school climate was therefore needed to cultivate attitudes, norms, perceptions and values that under girded a conducive learning environment.

5.2.3 Influence of school culture on HIV/AIDS beliefs

The black learners confirmed that traditional healers exerted a powerful influence in the rural areas where they came from. The learners agreed with Pope *et al.* (2009:263) that before the new democratic dispensation traditional healers had played a significant role in South Africa in the absence of a formal public health system, hence a nationwide initiative to meet the health challenges facing South Africans would have to be thoroughly cognisant of the influence of deep-rooted traditional black African practitioners. On this matter the researcher is constrained to sound an immediate grave warning, namely that no significantly useful contribution can be expected from traditional healers in meeting South Africa's health challenges at this stage, particularly in light of their claim that they are a one-stop shop for all social, political, economic and psychological and health problems, which is clearly not feasible and stretches credulity to breaking point. The root of the problem is that medical science cannot be overruled by religious considerations (e.g. ancestor worship) without incurring a serious risk of harmful consequences for people who urgently need assistance from the science and technology of formal medical science. The risk at issue here is inherent in the practice of traditional healers who claim ancestral spirits as the authoritative and definitive source of their knowledge. The secretive unverifiable nature of traditional black African healers' practice is a serious inherent flaw that militates against its acceptance as sound medical practice. Its accreditation by the South African government should therefore probably be seen as a convenient stratagem of following the path of least resistance since the black African healer's practice with its oracular knowledge base, so to speak, is rooted in immemorial customs and beliefs. This is clearly not a reliable base from which to launch a campaign against HIV/AIDS, which needs the full armour of sound medical practice.

The patient may be impressed by ritualistic gestures, utterances and placebos, but the virus will take its toll nevertheless, unless the aid is sought of well-founded medical science. Ultimately, though, there is no substitute for a healthy life style in the first place as a preventive strategy. Where HIV/AIDS is concerned the old adage applies more than ever, that prevention is much better than cure, since by contracting the

disease the patient is sentenced to lifelong struggle, only sustainable with costly medical intervention.

The researcher's argument is not about the traditional healers' success in other social areas of life, nor about their success where other less threatening health and mental issues are concerned. It is about one active campaign to curb and in fact reverse the spread of HIV/AIDS. Any diagnosis and treatment of HIV/AIDS that is purportedly effected through the agency of ancestral spirits cannot be taken seriously. The researcher concludes with firm conviction that the reason why HIV/AIDS will continue to ravage the South African population at an unrivalled pace is that the government as well as many individuals in South Africa and in Africa have continued to rely on this oracular consultation process instead of scientific methods of research and study.

A particularly pernicious characteristic of the practice of traditional black African healers is that it trades in fear, divination, suspicion, paranoia, superstitious dread and the like, thus tending to entrench and lend prominence to these qualities in the community whom they patronise. The long-term retardant effect over a wide front of being ruled by such negative qualities is well documented.

The researcher is sensitive to spiritual beliefs, and believes that herbal medicine can be a source of healing for many ailments, but only on condition that such remedies undergo proper, rigorous research and development that meets international criteria and is duly accredited by the formal medical establishment. Development of organisational capacity and structure to achieve this is the main challenge in South Africa.

5.2.4   Role of educational stakeholders

One of the main research questions was: *How can school cultural activities influence misconceptions and false beliefs about HIV/AIDS?* The false beliefs and misconceptions referred to are clearly those manifest among learners in the first place, but of course, also those lingering, if only residually, in the mental furniture of

educators who come from the same sociocultural background where ignorance is rife and the influence of traditional healers is deeply ingrained.

According to the educators, diversity, multiculturalism and ethnicity did not reduce the effectiveness of HIV/AIDS education provided at the school in question. The educators have a direct role to play in creating a conducive school culture for HIV/AIDS education. The learners felt that the educators were all prepared and able to speak about the disease, albeit indirectly. They felt that the amount of information given to learners was adequate but was still not enough to serve as an effective deterrent to infection in some schools. The educators confirmed that although they dealt indirectly or directly with HIV/AIDS education in the classes, they were not fully equipped to teach on the subject to the best possible advantage. There was an urgent need for educators to be given regular and updated information on HIV/AIDS education. The educators felt that they were not well-informed about the main issue of how to cultivate appropriate routines that would be required to live with HIV/AIDS. The school culture had been effective in delivering HIV/AIDS education that clearly showed up the untenability of popular misconceptions about the disease, where school actively discouraged misconceptions affecting people's physical health, particularly where HIV/AIDS was concerned. Educators did not venture into much detail about religion or culturally specific customs since these were very sensitive matters to broach in the classroom. Nevertheless it was impressed on learners that medical science cannot be overruled in favour of religious dictates where people's lives were at stake: in other words people's physical well-being cannot be sacrificed for the sake of religious precepts. Acceptance of this principle presupposes a certain acceptability of the mechanisms of a modern, developed world. Interestingly, learners agreed that they needed exposure to the experience of people living with HIV/AIDS. The learners urged that educators should be prevailed upon to organise more guest speakers who were living with HIV/AIDS to come and address learners at the school. The speakers could bring antiretroviral medication to school to show learners how the medication was administered.

Learners intimated that formal education had successfully taught them to ignore popular misconceptions about HIV/AIDS. In fact, the focus group interviews revealed

that the learners were conversant with and fully appreciative of the basic facts about HIV/AIDS. The learners spoke familiarly about these facts, including the need to manage the taking of antiretrovirals. They also expressed the view that the curriculum should focus on gender inequalities in society which result in women being powerless to make decisions about how to treat their own bodies.

5.2.5 The role of society

According to Lindner (2010: 54) society's contribution is essential for the development of adolescents' social skills so that they can become active and responsible members of their society and family. If a child learns from his/her social milieu that HIV/AIDS is curable while the school gives out an opposing message, the net effect of such contradictory messages can be confusing for the recipient, with the result that the communication of the verifiable scientific facts may be lost on the child. The researcher believes that a society that encourages the learner to entrust his or her social, economic, health and political future to the putative utterances of ancestral spirits as relayed by a self-appointed medium, instead of relying on properly qualified educational and other institutions that are duly tried and trusted purveyors of scientifically sound knowledge will always lag behind the developed world. Each generation has to seek new ways of doing things in a better and more enlightened manner than its predecessors. It is thus innate desire for and capability of self-improvement within humans that leads to new inventions and technological know-how. When a new generation stands still and fails to contribute towards maintaining the developmental impetus of its society it becomes a "lost" or "forgotten" generation that compromises its own future.

5.2.5.1 Parental involvement in HIV/AIDS education

The principal was primarily concerned about the parents' active involvement in the learners' education. The importance of giving a child a solid foundation of morals and positive social norms should not be the sole responsibility of the educators. Parents or guardians should form a partnership with the educators in giving a solid grounding in terms of moral precepts and positive socialisation (cf. Van Deventer &

Kruger 2003:22). This called for the establishment of a genuine culture of civic virtue, especially characterised by good neighbourliness or 'ubuntu' (honoured in the breach, unfortunately rather than observance in South Africa. Empowerment of parents would avoid blame shifting in response to problems faced by the youth. The school culture was there to build on prior positive lessons given by the parents. The activities at the school were directed with a view to eliminating popular misconceptions. As noted earlier, the researcher feels constrained to reiterate here on grounds of the study at issue that popular misconceptions about HIV/AIDS can be eradicated by education, inculcation of a strong moral background and effective parental and societal involvement. HIV/AIDS education must never be the sole responsibility of the school, however; consequently if a society is 'in denial' (Youde 2007:1) or preserves a conspiracy of silence about HIV/AIDS, the upbringing of the children from that community will not be complete and they will be vulnerable to mistaken beliefs and therefore mistaken actions that could cost them dearly.

To an alarming extent black African communities, or sections of communities, are is in denial about the effects of mistaken cultural beliefs concerning methods of diagnosis, treatment and prevention of HIV/AIDS. The literature review undertaken for this study revealed that only one out of every 200 members of the total population of South Africa depend on medical doctors or have access to them. Again, as noted earlier, this is a major reason why black African people find it easier to contact traditional healers whose services are normally readily available and cheap (Van Dyk 2008:212). Moreover, there is a persistently critical shortage of sufficiently trained medical staff and qualified doctors in urban and rural areas, and to make matters worse, the facilities where medical services are provided are located far from patients, and the medical equipment at these facilities is rarely working. ARVs are distributed erratically or not at all. At this rate it is difficult to persuade people that conventional medical practice is preferable to and an improvement on the dubious practices of local traditional healers who claim ancestral spirits as the infallible source of their knowledge, and that they can 'cure' HIV/AIDS, even though no such claim is made by mainstream medical science. It has to be said that traditional healers' claims about HIV/AIDS cannot be substantiated and that it would be irresponsible to leave such claims unchallenged. A single-minded quest to solve the HIV/AIDS

problem is required, rather than preoccupation with how people might feel if their unfounded claims are challenged and dismissed in the interest of the greater cause of seeking to save people from the depredations of this widespread contagion that ends in death.

5.2.6   The role of government

The study revealed that South Africa did not have a good history of government policies that support internationally recognised strategies for the treatment of HIV/AIDS. Cullinan and Thom (2009: Xi) observe that people in prominent positions in government failed to acknowledge that a crisis was unfolding in South Africa. Instead of mounting massive support for South Africans, President Mbeki and his Health Minister denied the HIV/AIDS problem or underplayed its severity or offered mere trifles (e.g. garlic, beetroot, lemons) as remedies instead of ARVs. Government should not continue to deny the existence of HIV/AIDS and source answers to critical national health problems from the most uneducated people in society who refuse to use scientific methods that have worked in other countries. President Mbeki approved the Traditional Health Practitioners Act in 2008 to provide for all the traditional practitioners to have a minimum standard of education. Cullinan and Thom (2009:148) note that the Department of Health almost went to the extent of allowing herbal or traditional medicine to be distributed without being tested scientifically. As indicated earlier (in chapter 3), the power that the traditional healers (sangomas) wield, is undeniable. It is incomprehensible; however, that government turns a blind eye to the following issues:

- Unwillingness of traditional healers to divulge the ingredients used in herbal or traditional medication without realising or acknowledging that a lack of transparency about such crucial matters has to militate strongly against their accreditation on par with conventional medical practitioners. It is an open secret that some traditional healers are accused of using human and animal body parts in their preparations (referred to as "muti")
- Pope *et al.* (2009:261) confirms that traditional healers normally attribute the cause of diseases to a relational problem between individual persons and their environment, or to sorcery, or to ancestral spirit possession, or to some

- demonic agency. (i.e. trading on atavistic fear of the unknown and suspicion of fellow human beings).

- A particularly pernicious characteristic of the practice of traditional healers is that it trades in fear, suspicion, paranoia, superstitious dread and the like, thus tending to entrench these qualities in the community whom they patronise.

- No scientific testing and registration of traditional medicine is enforced to ensure public safety as required by the World Health Organisation.

- The unchallenged assertion made by traditional healers that their medicines are incompatible with ARVs, and should therefore not be used in conjunction with ARVs, thus confronting the public with a clear ultimatum that challenges medical science and will not be at peace with it.

- Contrary to authoritative prescriptions for conventional medicines, traditional medicine is allowed to be distributed with no labels and dosage indications.

- Pope *et al.* (2009:262) note that in some instances people who take traditional medicine suffer severely from life-threatening effects such as bradycardia, brain damage, cardiogenic shock, diabetic coma, encephalopathy, heart rupture, intravascular, haemolysis, liver failure, respiratory failure and toxic hepatitis. Traditional medication does not come in standard dosages and the ingredients are varied and unknown.

- According to the HIV AND AIDS strategic plan for South Africa (2007-2011: 34) HIV infection is believed to occur during some of the traditional health practices conducted by traditional healers when they use unsterilised sharp instruments such as knives, blades, spears and animal horns; moreover some of these healers are alleged to recommend sex with a virgin as treatment for HIV/AIDS. Practices involving unsterilised instruments are a guaranteed means of transmitting the HIV/AIDS infection from a carrier to another patient. If a conventional medical practitioner performed such operations or recommended sex with a virgin for any reason he/she cold (and should) most certain be struck from the role of medical professions. As matters stand there are no effective controls in place to prevent such potentially lethal practices.

According to Harman and Lisk (2009:102) there is evidence of a drastic crisis of government leadership concerning HIV/AIDS in South Africa. The state has failed to respond adequately to the HIV/AIDS pandemic in the past. According to the budget speech of the Honourable Dr A Motsoaledi, Member of Parliament, Minister of Health, delivered on 13 April 2010 to the National Assembly, Parliament of the Republic of South Africa, the government would have the public believe that it is now very concerned with the pandemic:

> *This ambitious (HIV/AIDS) campaign seeks to mobilise the majority of South Africans to get tested for HIV and AIDS. We aim to provide HIV counselling and testing to 15 million South Africans by the end of June 2011. I have been crisscrossing the country in recent weeks speaking to various constituencies to get them onboard. I can inform this house that all 17 sectors represented in South African National AIDS Council (SANAC) have thrown their weight behind this campaign. Several private sector service providers have also come on board to support us. These include: Pharmacy groups; medical aid schemes; hospital associations; groups of medical practitioners.*

However, this is a typical politician's speech that does not report on verifiable action. According to Youde (2007:88) the South African government adopts a distinctly "African" approach to combating HIV/AIDS. Government policy is intended to craft a new and unique response to South Africa's AIDS epidemic in line with Mbeki's belief that Africa is best qualified to solve Africa's problems (Youde 2007:80). The researcher agrees with Youde (2007:80), except that while it is true that Africa needs to find its own solutions to its own problems, many, many lives are being lost at incalculable cost to the country's development. It is crucial that HIV/AIDS techniques of prevention that have been successful in other countries be considered until a satisfactory local solution is found (i.e. that will save people's lives). Society should not be used as a guinea-pig to experiment with the effectiveness of herbal medication that has not been thoroughly tried and tested by the appropriate and recognised organisations. The persistent devastating loss of human life caused by HIV/AIDS is totally unacceptable and unnecessary, and will therefore continue to be an obstacle to the achievement of

sustainable development in South Africa. Throughout the research reported here mention has been made of the effectiveness of school culture in overcoming and circumventing the influence of false beliefs or misconceptions about HIV/AIDS.

People all over the world have been borrowing technologies from each other since time immemorial. If a technique or remedy can be used to solve a vexing problem it should be done forthwith. Just reach out and take it. Africa should try to understand and admit this. After all, it eagerly embraces the smart cars and many other technological inventions and "mod cons" produced by the developed world, so why not the medical technology in the form of ARVs and the most effective remedy of all, a healthy life style.

5.2.7   Role of learners

Today's learners are the generation who are privileged for the first time in history to be exposed to a superabundance of information. They are even experiencing the brand-new phenomenon of information overload via internet, television, libraries, oral transmission and school. It is important to empower learners to be skilled at recognising problems and devising solutions for them. Educators should try with the resources at their disposal to empower learners to understand the facts about HIV/AIDS so that when they are faced with information that is contradictory to what they have been taught in the formal classroom setting by reputable educators, they can question and debate such anomalies constructively and assertively. The curriculum should provide accurate and appropriate HIV/AIDS information. This is where the old adage applies that 'knowledge is power'.

The research revealed that a number of misconceptions about HIV/AIDS exist in society. According to the literature review in chapter 2 black traditional healers in Africa exert a major influence in propagating misconceptions about HIV/AIDS. The fact that most schools attended by a majority of black learners are not characterised by an adequate and conducive learning environment poses a significant barrier to the dissemination of science-based HIV/AIDS education. Yet, the learners are still able to find ways of obtaining the HIV/AIDS information that will separate them from the older

generation who base their putative knowledge of HIV/AIDS on oral tradition, outdated culture, and consultation of ancestral spirits. The research has shown that the ideal school culture would empower learners to be prepared for challenges posed by society in general.

5.2.8   Black African traditional medicine and conventional medical science

The most controversial data gathered in pursuing the study under review centred on the widespread practice of resorting to the ministrations offered by traditional black African healers as a means of combating the HIV/AIDS pandemic. Some of the learners commented that there was conflict between conventional or formal medical practice and informal traditional-healing practice. Given a choice, local black African people would choose traditional black African medicine because, as noted by Pope *et al.* (2009: 260), since time out of mind they have consulted traditional healers for solutions to their social, health and psychic problems. Moreover the majority of South Africans live in rural areas in a state of abject poverty, are poorly educated and have little access to clinics or hospitals which tend to be seriously understaffed and under equipped anyway. It is estimated, as noted earlier, that approximately 80% of South Africans will consult a traditional healer in their lifetime (Van Dyk 2008:212). The level of information available in rural areas is extremely low (e.g. no access to internet, information on HIV/AIDS, or sports and recreation). It is an undeniable fact that the lack of access to information and technology in the African rural areas is one of the biggest challenges facing Africa. One of the research questions was: What are the popular misconceptions about HIV/AIDS? An underdeveloped environment where poverty and illiteracy are rife and where access to public health care is lacking and there is no corrective influence to counter demand old, outdated ideas and beliefs - this is a fertile breeding ground for false beliefs and misconceptions about HIV/AIDS.

Addressing HIV/AIDS beliefs in schools is a vital concern. The issue of HIV/AIDS beliefs is a critical determinant of how HIV/AIDS is understood and treated. Pope *et al.* (2009:256) note that South Africans are dying from HIV/AIDS in record-breaking numbers. Indigenous beliefs about HIV/AIDS prevail in South Africa and often

present intractable obstacles to prevention and treatment.

A number of strategies can be used by school managers to influence school culture with a view to inculcating positive behaviour. The learners commented that it would be effective to have adequate testing centres near or at the school. This would allow learners to view HIV/AIDS as an epidemic and encourage testing to the same extent that the school encourages blood donation every term. The school should invite more positive role models who are HIV/AIDS positive to give a face to the disease by addressing learners and explaining how the treatment works. Schools should adopt a culture of openness in terms of HIV/AIDS testing, just as they are so open about the distribution of condoms. It is only through extensive HIV/AIDS education delivered across the board (including traditional healers) that acceptance of appropriate treatment of HIV/AIDS according to international standards can be achieved. Without such an educational campaign conducted unremittingly throughout South Africa people will continue to die unnecessarily.

5.2.9   Limitations

The school selected for the study under review used to be a school for whites only. At the time of the study whites outnumbered blacks. The learners interviewed were mostly white. It was evident from the focus group interviews that the black participants regarded misconceptions about HIV/AIDS as a serious impediment to HIV/AIDS education, while the white learners seemed to regard the influence from this source as insignificant. All learners agreed that the number of rapes of young children in South Africa was an indication of a prevalent belief that sleeping with a virgin or young child would cure HIV/AIDS (Whitehead & Sunter 2000:58). Ignorance about HIV/AIDS was therefore dominant in South African society, a major source of such ignorance being the pervasive negative influence of some traditional black African healers.

Black learners raised concerns regarding ancestor worship, professing that they did not subscribe to traditional beliefs due to their exposure at school where the scientific facts about HIV/AIDS were discussed. Their school was not representative generally of the schools in South Africa which are typically characterised by poverty, limited

education resources, unskilled educators, and limited exposure to public media. The school involved in the study under review is an example of how all schools in South Africa should be, which is on par with schools in developed countries where campaigns to combat HIV/AIDS are more effective than in Africa because of the absence of negative factors such as those affecting the majority of South African schools. Misconceptions about HIV/AIDS are mainly found among the black majority of South Africa's population who do not have proper access to well-appointed education and healthcare facilities. Their marginalised circumstances also render them susceptible to the influence of traditional healers who especially propagate misconceptions about HIV/AIDS. The number of whites who practice as traditional African healers in South Africa is negligible. Black learners were emphatic about the influence of traditional healers, which led the researcher to infer that South African black learners sampled from a school with a predominantly black population would probably yield more extensive and in-depth information about the prevalence of misconceptions about HIV/AIDS and the role of traditional healers in propagating and perpetuating such misconceptions. The issue of women's rights where HIV/AIDS is concerned has not been treated here and would therefore have to be dealt with in a different study.

5.2.10 Conclusion

The purpose of the study under review was to explore the effectiveness of school culture as a means to disabuse learners of false beliefs and popular misconceptions about HIV/AIDS at an urban secondary school in Pretoria, South Africa. The methodology used in conducting the study involved a qualitative approach. A number of focus group interviews and one unstructured interview were conducted in order to collect the relevant data to answer the main research question. The research was successful in answering the research question.

5.2.11 The research findings

The study findings revealed that the effectiveness of school culture as a means of combating HIV/AIDS must not be underestimated, especially since it deals with young people who are receptive to new ideas. Effective exploitation of school culture will result in positive learner behaviour and a better understanding of HIV/AIDS. The school offers accessible and appropriate information which dismisses misinformation and misconceptions or myths unfounded about HIV/AIDS. There is very little information in the extant literature that could serve as an irrefutable indication of why HIV /AIDS continues to take a heavy toll on South African and other mainly black African populations.

5.2.12 Further research and possible action

Further research should be directed at herbal medicines and their ability to cure a variety of ailments. Traditional healers want to be given recognition for their knowledge of herbal or traditional medicines.

A number of studies have directed attention to poverty, prostitution and gender inequality, as significant factors that counteract efforts to combat HIV/AIDS. As noted, the researcher found significant evidence to the effect that the negative influence of traditional healers (sangomas) on efforts to curb the spread of HIV/AIDS should be taken seriously. Many researchers have recommended that traditional healers be co-opted into HIV/AIDS prevention programmes. If this should happen it might open doors for more extensive research on this topic. However the facts emerging from the study under review seem strongly counter indicative at this stage.

In the light of extensive personal observation at close quarters, as well as the evidence of the present study, the researcher is convinced that the influence of traditional healers is the most significant barrier to gaining the upper hand in the fight against HIV/AIDS. The element of fear, suspicion and paranoia concerning the traditional healers and the community which they serve should be researched. The researcher is not using this research to question the possible contribution of traditional healers to the

general welfare of the community to whom they offer their services. Instead the object is to show that the prestige of traditional healers in virtually all walks of life has ironically led to their highly counterproductive influence on efforts to combat HIV/AIDS. They are held in such awe that the communities in which they ply their trade dare not speak out against them, yet there is evidence of the harmful effects of the treatment they administer. In the researcher's opinions the most urgent, indeed imperative obligation that has to be met in tackling the HIV/AIDS pandemic in Africa is to adopt legislation to declare it a criminal offence for any person to proclaim to the public at large that HIV/AIDS can be cured completely and that no intervention by the formal medical profession is required to treat the condition. The researcher strongly believes that unless this matter is addressed conclusively many African people will continue to dismiss the use of antiretroviral medication and advocate for traditional methods involving herbal remedies to cure HIV/AIDS. The second challenge is to find means of upgrading the rural schools to be fully equipped with resources that are available at the school interviewed by the researcher. Education is a powerful tool that has proved invaluable in all first-world economies, and there is no reason to doubt that it can succeed in Africa too. The new generation of African youths across the board, but the black youth in particular, must be allowed to challenge the *status quo* of the older generation's sources of wisdom (i.e. consulting ancestral spirits).

5.2.13 Final remark

HIV/AIDS has exacted a heavy toll in Africa mainly due to inadequacies within the education systems of South Africa and other African countries. Illiteracy has led to many black Africans' acceptance of ancestral belief systems and other beliefs (a natural outgrowth of an oral culture), without an established practice of informed critical debate to test such beliefs by. Many parts of Africa are still lacking in access to information, technology and electricity, yet in many developed countries these conveniences are basic rights which are honoured routinely without exception. It is therefore imperative for African governments, donor agencies and all other educational stakeholders to focus on rural and urban education development in Africa, to put a stop to educating children under trees and dilapidated buildings if at all. Education is the proven key that will empower learners to be critical and develop their analytical skills

and change the future of Africa. The researcher agrees strongly with Dornan (2005:98) that **our past is not our future**.

The effectiveness of school culture cannot be underestimated as one of the strategies that should be employed in dealing with the HIV/AIDS pandemic. An effective school culture will result in positive learner behaviour and a better understanding of HIV/AIDS. Education managers are in a position to develop learners in totality enabling them to be skilled at recognising problems and devising solutions for them.

This research has given proof that school culture is the main voice that can influence learners' attitudes and behaviour, and this potential can significantly influence the impact of HIV/AIDS in the education sector. Therefore schools and specifically education managers should invest their maximum effort in continuously assessing and enhancing a positive school culture.

What is universally clear is that schools are in a unique position, and specifically the education managers, to change young people's attitudes and behaviour, and that where this potential is harnessed successfully the impact of the AIDS epidemic can be significantly reduced by effectively promoting a conducive school culture.

REFERENCES

Baden horst, D.C. (Ed.). 2003. School *management. The task and role of the school teacher.* Pretoria: van Schaik: 17-50.

Barnett, T.V., & Whiteside, A. 2006. *AIDS in the twenty-first century. Diseases and globalization.* 2ⁿᵈ Edition. Fully Revised and Updated. London: Palgrave Macmillan: 2-30.

Baxen, J., & Breudlid, A. 2004. *Researching HIV/AIDS and education in sub-Saharan Africa; examining the gaps and challenges.* Pretoria: National Library of South Africa. South African Studies: 3-32.

Berganani, T. 2001. *Factors influencing condom usage among Cape Town High school learners. Thesis.* South African Studies. Cape Town: University of Cape Town: 14-40.

Bell, J., & Harrison, B.T. 1995. *Vision and values in managing education.* London: David Fulton Publishers: 9-10.

Booyse, J.J., Schulze, S., Bester, G., Meller, S.M., Lemmer, E.M., Roelfse, J.J., & Landman, W.A. 2002. *Research in education.* Pretoria: University of South Africa: 3-50.

Bush, T., Bell, L., Bolam, R., Glatter, R., & Ribbins, P. 1999. *Educational management: redefining theory, policy and practise.* London: Paul Chapman Publishing Ltd.: 184-185.

Butler, A. 2005. *The negative and positive impacts of HIV/AIDS on democracy in South Africa.* Journal of Contemporary African Studies, vol. 23, no 1 p. 3-26, 2005. ISSN: 0258-9001.

Cohen, L., Manion, L., & Morrison, K. 2008. *Research methods in education.* 6ᵗʰ edition. London: Routledge. 15(63):133-354.

Coleman, M., Graham-Jolly, M., & Middle-Wood, D. 2003. *Managing schools in south services. Managing the curriculum in South Africa.* London School. Huddersfield: Charlesworth Group: 40-70.

Cryer, P. 2006. *The Research Student's Guide to Success.* Third Edition. Poland: Open University Press: 8-19.

Cullinan, K., & Thom, A. 2009. *The virus, vitamins & vegetables. The South African HIV/AIDS mystery.* Pretoria: Jacana Media. ix(x):149-154.

De Vos, A.S. (Editor), Strydom, H., Fouche, C.B., & Delport, C.S.L. 2002. *Research at grass root level.* Pretoria: van Schaik: 18-354.

De Vos, A.S. (Editor), Strydom, H., Fouche, C.B., & Delport, C.S.L. 2005. *Research at grass root level.* Pretoria: Van Schaik: 74-358.

Dickinson, D., 2004. Traditional healers and HIV-AIDS. Pretoria: *South African Labour Bulletin.* Vol. 28, Iss 4, p.60-62.

Donald D., Lazarus S & Lolwana P. 2002. Educational Psychology in Social Context. 2nd Edition. Oxford Southern Africa. 42 -133.

Dornan, J.2005. Piano on the beach. *Pictures, Principles, and Perspectives for Success in Leadership and life.* Georgia. Network Twenty-one: 98 -107.

Egan, J.P. 2005. *HIV education for Adults.* Califonia: Jossy-Bass: 19-40.

Everand, K.B., & Morris, G.*1996.* 3rd Edition*. Effective school management.* London: Paul Chapman: 18-45.

Feldman, D.A. 1990. *Culture and Aids.* New York: Greenwood Publishing group Inc.: 2-11.

Firestone, W.A., & Wilson, B.L.1985. Using bureaucratic and cultural linkages to improve instruction: the principal's contribution. *Educational Administration Quarterly*, 21(2): 7 – 30.

Glanz, J. 2006. *School-community leadership.* California: Corwin Press. : xvii.

Gleason, L. 1998. Positively false: exposing the beliefs around HIV and AIDS*. Library Journal* New York.Vol. 123, Iss.11, p.100-101.

Government of South Africa (2010, January) *The National Communication Survey on HIV/AIDS 2009.* Pretoria: Government printer.

Government of South Africa (2007, 12th March) *HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011.* Pretoria: Government printer.

Hall, G.E., & Hord, S.M. 2006. *Implementing change. Patterns, Principles, and Potholes.* 3rd edition. New Jersey: Pearson Educational Inc.: 21-40.

Harman, S., and Lisk, F. 2009. Governance of HIV/AIDS. *Making participation and accountability count.* USA and Canada: Routledge: 1-102.

Harman, S. 2010. *The World Bank and HIV/AIDS. Setting a global agenda.* USA and Canada: Routledge: 1-22.

Jazzar, M., & Algozzine, B. 2007. *Keys to successful 21st century educational leadership.* USA: Pearson Educational Inc.: 100-110.

Joubert, R., & Farris, J.A. 2004. *The Law of South Africa.* Vol. 8. Part Two. Durban: Butterworth.

Juma. M. 2001. *Coping with HIV/AIDS in education. Case studies in Kenya and Tanzania.* London: Popular Wealth Secretariat: 11.

Karpicke, H., & Murphuy, M.E. 1996. Productive school climate and school culture: principles working from the inside. *NASSP Bulletin* 80(576) 27 – 34.

Kalichman, S. 2009. Denying AIDS. *Conspiracy theories, pseudoscience, and human tragedy.* New York: Copernicus Books, an imprint of Springer Science and Business Media: (ix)8-76.

Kruger, A.G. 2002. *Managing the school as an organization.* Pretoria: University of South Africa: 18-50.

Levine, S., & Ross, F. 2002. *Perceptions of and attitudes to HIV/AIDS among young adults in Cape Town.* Cape Town: Social Dynamics.

Lindner, M. 2010. *A child's mind required! Evaluation results on a health promoting initiative on AIDS and sex education for primary schools.* Germany: Budrich Unipress Ltd. & Farmington Hills: (15)130-49.

Marcus, T. 2002. Kissing the Cobra: sexuality and high risk in a generalized epidemic- a case study of white university learners. *African Journal of AIDS Research,* 1(1): p. 23-33/ Swedish International Agency Pretoria: (SIDA).

Maree, K. 2007(Editor). *First steps in research.* Pretoria: van Schaik: 20-261.

Maxwell, T.W., & Ross, T.A.1991. School climate and school climate and culture. *Journal of Educational Administration.* 29 (2): 72 – 82.

McMillan, J.H., & Schumacher, S. 2006. Research in education. *Evidence-based inquiry. International Edition.* 6th Edition. Boston. Pearson Education: 315-333.

Moletsane, R. 2002. *What kind of future can we make: education, youth and HIV/AIDS?* African Studies. Durban. African Studies: 30 – 55.

Mouton, J. 2002. *Understanding Research.* Pretoria: van Schaik. 10 – 45.

Nattrass, N. 2004.*The moral economy of AIDS in South Africa*. Cambridge: Cambridge University Press: 24.

Nattrass, N. 2007. *Mortal combat. AIDS denialiasim and the struggle for antiretrovirals in South Africa.* Cambridge: Cambridge University Press: 35.

New World Translation of the Holy Scriptures. 1984. Brooklyn. New York. Watchtower Bible and Tract Society. 87(98), 103(880), 482 – 485.

NISAA, 2005. How can I reduce the risk of HIV/AIDS? Journal for the South African Government, *Business Day,* Treatment Action Campaign, 5(2):1.

N.U.E Comment. 2005. *Extract from the Draft Policy on HIV/AIDS for learners and Comment.* 2 (1): 19. South African Government. Government printer: Pretoria.

Oplade Swedish International Agency. *AIDS Research.* 1(1): p. 23-33. Pretoria: (SIDA).

Okumbe, JA.1999. *Educational management. Theory and practise*. Nairobi: University Press: 86.

Owens, R.G. 2001. *Organisational behaviour in education. Instructional leadership and school reform.* 7th Edition. New York: Allyn & Bacon: 10-50.

Owens. R. G & Steinhoff, C.R.1989. The organisational culture and assessment: a metaphorical analysis in educational setting. *Journal of Educational Administration*. p. 17- 23.

Poku, N.K. 2005. *Aids in Africa. How the poor are dying.* Cambridge: Polity Press: 125.

Pope, C., White, T.R., & Malow, R. 2009. HIV/AIDS. *Global frontiers in prevention/intervention.* New York: Routledge: 256-263.

Skosana, MND. 2001. *Perceptions of adolescents about sexuality and sexually transmitted Diseases.* (Dissertation). Master of Arts. University of South Africa: 10-25.

South African Government: Adult mortality (age 15-64) based on death notification data in South Africa: 1997-2004. Statistics South Africa (2006, September) Pretoria: Government printer.

South African Government: Department Of Social Development. *HIV/AIDS Case studies in South Africa. 2002.* Pretoria: SOCDEV.

South African Government: Human Sciences Research Council .2009. *South African National HIV prevalence, incidence, behaviour and communication survey, 2008: A turning tide among Teenagers?* Pretoria: HSRC.

South African Government: National Education Policy Act No. 27. 1996. Government Gazette, 24 April 1996. Volume 370. 17118:2. Pretoria: Government Printer.

South African Government: National HIV Survey 2005. Pretoria: Government printer.

South African Government: The longer speech of Honourable D.A. Motsoaledi. Member of Parliament: Minister of Health at the National Assembly. 2010. Parliament of South Africa.

South African Government: The Presidency - Republic of South Africa (2009, 1st December) *Address by President Jacob Zuma on the occasion of World Aids Day;* Pretoria Showgrounds.

Squire, C. 2007. *HIV in South Africa.* Milton Park: Routledge Publishers: 27, 77-166.

Squelch, A. & Lemmer, E.M. 1994. *Eight keys to effective school management in South Africa.* Durban: Southern Book Publishers: vii-14.

Swedish International Agency (SIDA). *Journal of AIDS Research.* 1(1): p. 23-33. Pretoria: SIDA

The Global Fund to fight AIDS, Tuberculosis and Malaria (September 2005). *Grants to countries in Africa, Rounds 1- 5 Funding.*

The World Bank: 2004: Education and HIV/AIDS. A sourcebook of HIV/AIDS prevention programs Washington: Government printer: 1-8.

The World Bank. 2008. The World Bank's commitment To HIV/AIDS in Africa. *Our agenda for action, 2007-2011.* Washington: Government printer.

UNAIDS (2000, September). *Collaboration with traditional healers I HIV/AIDs prevention and care in sub-Saharan Africa. A literature review. Best practice collection.* Geneva Switzerland.

UNAIDS (2011) Regional Fact Sheet, *World AIDS Day Report.*

UNAIDS/WHO (2003, August). *Reconciling antenatal clinic-based surveillance and population-based survey estimates of HIV prevalence in sub-Saharan Africa.*

UNAIDS (2008). *2008 Report on the Global AIDS epidemic.* WHO library Cataloging-in-publication data. Geneva Switzerland.

UNAIDS (2010) *UNAIDS report on the global AIDS epidemic.* WHO library Cataloging-in-publication data. Geneva Switzerland.

Van Deventer, I., & Kruger, A.G. 2003. *An Educator's guide to school management skills.* Pretoria: van Schaik: 9-14., 182.

Van der Westhuizen, P.C. 2004. *Effective educational management.* Cape Town: Kagiso Tertiary: 27.

Van der Westhuizen, P.C. (Ed.). 2007. School as an organization. Pretoria: van Schaik: 5-145.

Van Dyk, A. 2008. *HIV/AIDS care and counselling. A multidisciplinary approach.* 4th Edition. Cape Town: Pearson Education: 2-213.

Welman, J.C., & Kruger, S.J. 2001. *Research Methodology.* Cape Town: Oxford: 15-30.

Whitehead, A., & Sunter, C. 2000. AIDS. *The challenge for South Africa.* Cape Town: Human, Rousseau & Tabelberg Publishers: 5-58.

Wood, L. 2008. *Dealing with HIV and AIDS in the classroom.* Pretoria: Juta & Company: 29-52.

WHO/UNAIDS/UNICEF (2010) *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.* Washington DC: World Bank: 1.

Youde, R.J. 2007. *AIDS, South Africa, and the politics of knowledge.* New York: Ashgate Publishing Limited: 2-14.

ANNEXURE A : *Letter to the Principal*

PO BOX 40418

ARCADIA

PRETORIA

15TH February 2010

Dear Principal,

RE:REQUEST TO INTERVIEW MATRICULATES: HIV/AIDS POPULAR BELIEFS RESEARCH

I am student at UNISA pursing a Masters Degree in Education. I am presently undertaking a research study concerning: The influence of school culture on HIV/AIDS beliefs in an urban school: An education management perspective. My research is specifically targeting final year matriculates at the same school environment:

- ➢ who have been educated at an urban secondary school and.
- ➢ who have had HIV/AIDS education since primary school.

I will conduct interviews for approximately 1 hour with each focus group of learners and educators. Each group of learners will consist of approximately 8 -10 participants. The focus interviews with the educators can be divided into two groups. I would also appreciate 30 minutes to interview you alone after I have completed the focus interviews with the learners and educators.

You are advised that this research will be strictly confidential. Interviewees' names will not be divulged. Ethical standards will be highly respected and the privacy of respondents will not be violated.

The contribution of learners and educators will be greatly appreciated and the research will contribute to the continuous search for HIV/AIDS prevention strategies in the country.

I would like to thank you in advance for your assistance.

Kind regards,

Miriam Siwela: Student No: 34411763

ANNEXURE B: Focus Interview Questions with the Learners

BACKGROUND:HIV/AIDS

1. What is HIV/AIDS according to your own understanding?
2. How can HIV/AIDS be cured?
3. What were you taught about HIV/AIDS that is unique?
4. What have you been taught about HIV/AIDS that you do not believe?
5. What is the amount of factual HIV/AIDS education information you had in your secondary school education?
6. What is your background to teaching HIV/ AIDS? (Educator question).

UNDERSTANDING SCHOOL CULTURE AND HIV/AIDS

1. How are things done around your school that is different from other schools (values)?
2. What school cultural activities are learners involved in that have an impact on their understanding the facts about HIV/AIDS?
3. How can school cultural activities influence the misconceptions and beliefs about HIV/AIDS ?
4. What role do education managers have in managing the school culture?
5. What strategies can be used by school managers to influence misconceptions about HIV/AIDS?

HIV/AID INFECTION RATE IN AFRICA

1. Why do you think are the reasons that HIV/AIDS in Africa is higher than in any other continent?
2. What are the strategies that can be used to address this situation?

SOURCES OF HIV/AIDS BELIEFS

1. What are the sources of these HIV/AIDS misconceptions?
2. What are your opinions about these misconceptions?
3. why do you hold the opinions?

HIV/AIDS BELIEFS & MISCONCEPTIONS

1. What popular misconceptions about HIV/AIDS do you know about?
2. What are your opinions about these misconceptions?
3. How have your 5 years HIV/AIDS education at the school affected your understanding of HV/AIDS beliefs?

STRATEGIES FOR USING SCHOOL CULTURE TO IMPROVE HIV/AIDS EDUCATION

1. What measures can be taken to reduce the spread of HIV/AIDS?

ANNEXURE C: Focus Interview Questions With The Educators

BACKGROUND:HIV/AIDS

1.   How do learners explain the causes of HIV/AIDS?

2.   What noticeable changes have been noted in the HIV/AIDS?

3.   What were you taught about HIV/AIDS that is unique?

4.   What have you been taught about HIV/AIDS that you do not believe?

5.   What is the amount of factual HIV/AIDS education information you had in your secondary school education?

6.   What is your background to teaching HIV/ AIDS?

UNDERSTANDING SCHOOL CULTURE AND HIV/AIDS

1.   How are things done around your school that is different from other schools (values)?

2.   What school cultural activities are learners involved in that have an impact on their understanding the facts about HIV/AIDS?

3.   How can school cultural activities influence the misconceptions and beliefs about HIV/AIDS?

4.   What role do education managers have in managing the school culture?

5.   What strategies can be used by school managers to influence misconceptions about HIV/AIDS?

HIV/AID INFECTION RATE IN AFRICA

1.   Why do you think are the reasons that HIV/AIDS in Africa is higher than in any other continent?

2.   What are the strategies that can be used to address this situation?

SOURCES OF HIV/AIDS BELIEFS

1.   What are the sources of these HIV/AIDS misconceptions?

2.   What are your opinions about these misconceptions and why do you hold the opinions?

HIV/AIDS BELIEFS & MISCONCEPTIONS

1.   What popular misconceptions about HIV/AIDS do you know about?

2.   What are your opinions about these misconceptions?

3.   How have your 5 years HIV/AIDS education at the school affected your understanding of HV/AIDS beliefs?

STRATEGIES FOR USING SCHOOL CULTURE TO IMPROVE HIV/AIDS EDUCATION

1. What measures can be taken to reduce the spread of HIV/AIDS?

ANNEXURE D: Focus Interview Questions With The Principal

BACK GROUND:HIV/AIDS

1. How do you feel about the level of HIV/AIDS education at your school?
2. What is the amount of factual HIV/AIDS information that you have in your secondary school education?

UNDERSTANDING SCHOOL CULTURE AND HIV/AIDS

1. How are things done around your school that is different from other schools(values)?
2. What school cultural activities are learners involved in that have an impact on their understanding the facts about HIV/AIDS?
3.   How can school cultural activities influence the misconceptions and beliefs about HIV/AIDS ?
4. What role do education managers have in managing the school culture?
5. What strategies can be used by school managers to influence misconceptions about HIV/AIDS?

HIV/AID INFECTION RATE IN AFRICA

1.   Why do you think are the reasons that HIV/AIDS in Africa is higher than in any other continent?
2.   What are the strategies that can be used to address this situation?

SOURCES OF HIV/AIDS BELIEFS

1.   What are the sources of these HIV/AIDS misconceptions?
2.   What are your opinions about these misconceptions and why do you hold the opinions?

HIV/AIDS BELIEFS & MISCONCEPTIONS

1.   What popular misconceptions about HIV/AIDS do you know about?
2.   What are your opinions about these misconceptions?

3. How have your 5 years HIV/AIDS education at the school affected your understanding of HV/AIDS beliefs?

STRATEGIES FOR USING SCHOOL CULTURE TO IMPROVE HIV/AIDS EDUCATION

1. What measures can be taken to reduce the spread of HIV/AIDS?