Teaching sexual and HIV and AIDS education in schools has been the subject of debate and discussion for a while now southern Africa. The debates have mainly centred around three key issues – at what stage to introduce it, what kind of curricula is appropriate and who is qualified to provide such teaching. South Africa is one of the few countries in the region that have made attempts to introduce sexual and HIV and AIDS education at the secondary school level. Although this has had benefits, it has not been without its challenges. This paper discusses current sexual and HIV and AIDS education in secondary schools across South Africa, and analyses the content and quality of the curricula being implemented, focusing primarily on current life skills and HIV and AIDS programmes and the ability of teachers to effectively convey accurate information. The paper also analyses how sexual and HIV and AIDS education in South Africa can be improved, and serve as a model for other countries in the region.

According to the UNAIDS 2008 report on the global AIDS epidemic, an estimated 5.7 million South Africans were living with HIV and AIDS in 2007. The South African government has attempted to address the epidemic through many means, including expanding sexual and HIV and AIDS education for the country’s youth.

In 1995, the South African Department of Education, in conjunction with the Department of Health and Welfare, began to develop the National Policy on HIV and AIDS Education (Visser 2005, page 206). The policy was designed to respond to the HIV and AIDS epidemic across South Africa by creating and implementing a life skills curriculum in schools (Department of Education 1999). The goals of the national policy were to:

- Provide information about HIV and AIDS to reduce transmission;
- Develop life skills that would facilitate healthy behaviour in youth such as communication and decision-making skills; and

The policy served as a guideline for schools and institutions. The programme was not developed as a pre-set manual or curriculum but as a guide to provide the foundation for specific programmes that would be designed and implemented by schools and institutions across South Africa. While this has been a source of inconsistency, the government adopted this approach ‘in order to meet the demands of the wide variety of circumstances posed by the South African community, and to acknowledge the importance of governing bodies, councils and parents in the education partnership, this national policy is intended as broad principles only’ (Department of Education 1999, page 11). In 1998, the implementation of the programme in schools began. In each province different procedures and approaches were followed when beginning to train the teachers (Visser 2005, page 207), who would be catalysts for developing life skills programmes in their schools.

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

Implementation

Content of Curriculum

The variety of different life skills curricula currently being implemented by South African schools and institutions focus largely on HIV and AIDS awareness and information and do not sufficiently emphasise the importance of physical and mental wellness in youth. The curricula seem to be having a positive effect on students’ knowledge and awareness of HIV and AIDS, but they do not adequately meet the goals of the national policy – namely, to promote healthy behaviour and positive attitudes. Visser (2005, page 214) explains that the curricula being implemented emphasise information about HIV and AIDS and not the advancement of life skills that would allow students to develop ‘healthy life styles’. This overemphasis on
HIV and AIDS information is affirmed by Sumeshni Govender and Stephen Edwards (2009). In their study, it was apparent that the curricula being implemented focused too much on HIV and AIDS prevention awareness (Govender and Edwards 2009). Govender and Edwards (2009, page 120) point out that there is a ‘dire need’ to emphasise physical and mental health and wellness. According to studies such as these, students are not being exposed to the life skills (decision-making skills, communication skills and the development of positive attitudes) that are an integral part of the national policy.

It has been shown by Abel and Fitzgerald (2006, page 107) that increasing youth’s knowledge about sexual interactions and HIV and AIDS does not necessarily lead to the prevention of ‘negative health outcomes’. They found that when developing a programme due attention must be paid to the creation of a ‘richer conceptualization and methodology to understand and evaluate how messages are received, resisted and reworked in youth experience’ (Abel and Fitzgerald 2006, page 107). In essence, curricula must be constructed in a way that engages youth and takes into consideration their specific needs and concerns. The studies show that HIV and AIDS awareness and information is important. However, the studies also make it clear that without the necessary skills to establish healthy behaviour – such as informed decision-making, communication skills and positive attitudes – the information is unlikely to be effective as it could be.

Training of Teachers

The socioeconomic inequalities within the education sector have had a negative impact on educators’ ability to implement the life skills programme in South African schools. In other words, schools and institutions located in poorer communities often lack the resources to provide adequate training for their teachers. In addition, these communities often have a more conservative method of educating, which is not compatible with the content and goals of the life skills programmes discussed above. In order to resolve these issues, the government introduced a new policy called Curriculum 2005. The aim of this policy was to enforce a new method of education that would focus on student participation and critical thinking (Ahmed 2006, page 622). By training teachers to focus more on class discussion and problem solving, the policy promotes a more enriching and engaging teaching style rather than a conservative method, which emphasises the transmission of information rather than the development of skills. However, the legacy of apartheid means that a number of obstacles, such as inadequate training, insufficient material and staff shortages, have made it difficult for the government to enforce the new curriculum (Chrisholm 2005). As a result, the educational sector still struggles to achieve the objectives of new policies, which is reflected in the challenges educators face when trying to implement the life skills programme.

Although there have been some undertakings by the Department of Education to implement the life skills programme in South African schools, inadequate training and experience among educators continue to be a key issue. During the implementation process in 1998, the life skills programme was put into practice through a training process with various educators from South African schools. The method used in the training process consisted of two teachers from every school, who then subsequently became responsible for implementing the life skills programme in each of their own schools (Visser 2005, pages 206-207). However, critical evaluation of the government’s implementation process demonstrates substantial shortcomings. For instance, studies show that most educators suffer from ‘insufficient time in the curriculum dedicated to life orientation, and...limited experience in implementing the lessons’ (Ahmed 2006, page 629). Moreover, educators often feel isolated and singled out as being the sole coordinators of sexual education, while also encountering a lack of support from colleagues (Ahmed 2006, page 629). Studies further indicate that teachers find it challenging to adapt the curriculum in an appropriate manner where the classroom environment often consists of large student groups from various diverse backgrounds, age groups and religious affiliations (Ahmed 2009, page 51). The result is that, due to inadequate training and lack of resources, educators often lack the competence to communicate sexual health education in a successful manner.

The effective implementation of the life skills programme is to a large extent dependent on the quantity and quality of teacher training. Earlier studies support the idea that educators’ implementation of HIV and AIDS programmes is strongly influenced by their personal attitudes and beliefs towards the impact of sex education have on youths (Mathews 2006, pages 392-396). It is still a common belief that sex education encourages sexual activity instead of promoting safe sex behaviour (Jewkes 2009, pages 147-158). However, studies suggest that educators who receive on-going training have significantly deeper knowledge of the subject and also show a more tolerate attitude towards sexual education (Doherty-Poirier 1994, pages 227-235). Therefore, teacher training is essential for achieving a positive outcome as it improves educators’ self-efficacy, commitment and capacity to educate learners about HIV and AIDS (Mathews 2006, page 392).

Community Involvement

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

Studies show that some educators feel uncomfortable when teaching safe sexual behaviour, as the concept can conflict with their beliefs or the beliefs of the community. Therefore, these educators experience a constant dilemma between providing safe sex education and adhering to their own personal or community values (Ahmed 2006, page 50). Moreover, there is still some confusion as to parents’ role in promoting sexual health with their children. Some educators consider values, morals and sexual education to lie within the parent’s realm of responsibilities rather than the school’s (Ahmed 2006, page 50). But some parents feel that it is the school’s duty so that the implementation of the life skills programme has sometimes resulted in sexual education being promoted in school, but not enforced by the parents at home.

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

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

**Recommendations**

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

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

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

**Conclusion**

The National Policy on HIV and AIDS Education shows the great concern the South African government has with regards to reducing the transmission of HIV and AIDS and promoting positive sexual behaviour in youth. However, it is apparent from the research that implementation has been problematic.

Firstly, the content of the life skills curricula emphasise HIV and AIDS prevention information and awareness without providing the necessary life skills envisioned by the national policy, such as decision-
making skills, the ability to develop healthy relationships and positive attitudes (Visser 2005; Govender and Edwards 2009). Secondly, teachers and educators are not being provided with the training, guidance, support and resources that are essential for effective educational practices (Chisholm 2005; Visser 2005). Finally, the lack of community involvement is a barrier that limits the information flow to youths (Visser 2004; Zambuko 2005). Community members and parents often have conflicting views on sexual interactions and relationships and can act as a barrier – preventing educators and schools from providing accurate and quality information to students (Zambuko 2005).

In order for these problems to be addressed the government must re-evaluate its national policy and take into account the problems with regards to content, training, socioeconomic differences and community involvement. South African schools need to focus on developing healthy life skills in youth by providing the training and resources necessary, reaching out to community leaders and parents, and promoting sexual education in communities by taking into account their diverse needs and beliefs. While current sexual and HIV and AIDS education in South African secondary schools is problematic, it does have the potential to be one of the most important and effective mechanism for combating the HIV and AIDS epidemic.

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