

**STRATEGIES TO FACILITATE THE IMPLEMENTATION OF EXISTING
LIFE ORIENTATION CURRICULUM IN SECONDARY SCHOOLS OF
LIMPOPO PROVINCE, SOUTH AFRICA.**

BY

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DECLARATION

I, Shumani Precious Mulaudzi, hereby declare that the thesis for Doctor of Philosophy in Public Health entitled “**Strategies to facilitate the implementation of existing Life orientation curriculum in secondary schools of Limpopo Province, South Africa.**” submitted to the University of Venda Higher Degree Committee has not been submitted previously for any degree at this or another university or institution. It is original in design and in execution, and all reference material contained therein is appropriately acknowledged.

Signature.....Date.....

DEDICATION

- This work is dedicated to my parents, my father, Mr Lucas Mulaudzi and my mother Mrs Emelina Mulaudzi, you instilled in me the value of education. You knew that a priceless gift any parent can give to her girl child, is education. God spared your lives so that you live to see this day.
- To my darling son, Funi. you are an inspiration, a loving, extraordinary and caring human being. The happiest day of my life was the day you were born. It was the day I discovered my purpose on earth.

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ABSTRACT

There is a growing concern over the rising cases of adolescent pregnancy, drug and substance abuse, poor academic performance, violence, high school dropout rate and HIV/AIDS prevalence among secondary school students. The grounds of these problems are considered to be related to inadequate Life Orientation Education which should equip the learners with psychosocial competencies, but the ability to make informed decision, solve problems, think creatively and critically, communicate effectively, build healthy interpersonal relationships is lacking among the youths (Dash, 2018). The purpose of the study was to develop strategies to facilitate the implementation of existing Life orientation curriculum in secondary schools of Limpopo province, South Africa. An exploratory sequential design was used in this study. This research design had three stages. In the first stage (1a) the researcher collected and analysed quantitative data. Based on the quantitative results, the researcher will then engage a second stage (1b), the qualitative phase, to test and make the general view of the initial findings. This was followed by phase 3, which was the development of the coping strategies and validation of the strategies as outlined. Purposive sampling was employed to select two districts and then four circuits. Phase 1a identified factors influencing implementation of existing Life Orientation curriculum. Eight schools were selected using stratified random sampling. Simple random sampling was used to select 521 grade 10, 11 and 12 adolescent girls. Data was collected through a self-designed and self-administered questionnaire. Data was analysed descriptively using statistical software Stata/IC version 15.0. of the computer program. Validity and reliability were ensured. Phase 1b identified the predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors contributing to the implementation of Life skills programmes in schools. A qualitative approach, and explorative, descriptive and contextual designs were applied. The population were

all guardians and school teachers. Purposive sampling was used to select guardians for the focus groups discussions and teachers for in-depth interviews. Data analysis employed Tesch open coding method. Phase 2 was the development strategies to facilitate the implementation of existing LO programme in Limpopo province. Results from Structured Interviews, Focused group, Questionnaires were fused together with the use of the Precede Proceed Model. Phase 3 was to validate the developed strategies. The aim of validation was to collect and evaluate data, from the process design stage, the consistency and quality of the product or outcome of the strategies. The objectives to validate the strategies were to: determine the credibility of the strategies. The researcher used the non-experimental, intervention validation design to validated the credibility of the developed strategies. The developed strategies were given to the learners, guardians and Life Orientation teachers Vhembe and Mopani district. To collect data, the researcher used a checklist with 6 questions as outlined by Chin and Kramer (refer to table 6.4). Simple descriptive statistics was use where the data was summarized using the frequency distribution.

Key words: Development, Life skills education life skills programme, strategies

TABLE OF CONTENTS	PAGE
DECLARATION	I
DEDICATION	II
ACKNOWLEDGEMENTS	III
ABSTRACT	IV
LIST OF FIGURES	XI
LIST OF ABBREVIATION	XII
CHAPTER 1: STUDY OVERVIEW	
1.1 Introduction	1
1.2 Background of the study	2
1.3 Problem statement	9
1.4 Rationale of the study	10
1.5 Significance of the study	11
1.6 Purpose of the study	11
1.7 Research questions	11
1.8 Objectives of the study	12
1.9 Definition of key concepts	13
1.10 Summary	17

CHAPTER 2: LITERATURE REVIEW

2.1	Introduction	15
2.2	Defining Life Skills	16
2.3	Identifying factors contributing to the implementation of LO	19
2.4	The predisposing, enabling, and reinforcing factors	25
2.5	Policy and Administration	53
2.6	The implementation, the design and actual conducting of LO	57
2.7	Conceptual framework of the study	71
2.8	Application of the framework in this study	76
2.9	Summary	77

CHAPTER 3: RESEARCH METHODOLOGY

3.1	Introduction	78
3.2	Description of the study area	80
3.3	Research design	81
3.4	PHASE 1A: QUANTITATIVE APPROACH	83
3.4.1	Research population	83
3.4.2	Sample and Sampling	84
3.4.3	The instrument for the study	87
3.4.4	Data collection	88
3.4.5	Data Analysis	89
3.4.6	Validity and Reliability	90

3.5	PHASE 1B: QUALITATIVE APPROACH	93
3.5.1	Research population	93
3.5.2	Sample and sampling	94
3.5.3	Sampling of the district municipalities, circuits and schools	94
3.5.4	Sampling of participants	94
3.5.5.1	The instruments of the study for teachers	95
3.5.6	Data collection	97
3.5.7	Data analysis	100
3.5.8	Measures to ensure trustworthiness	101
3.6	PHASE 2: THE DEVELOPMENT OF STRATEGIES	105
3.7	PHASE 3: THE VALIDATION OF THE STRATEGIES	108
3.8	Ethical consideration	109
3.9	The principles of beneficence and respect for human dignity	111
3.10	Summary	112
CHAPTER 4: PRESENTATION OF THE RESULTS		
4.1	Introduction	113
4.2	Phase 1A: Quantitative Data	113
4.3	Phase 1a: Teachers Interviews	123
4.3.1	Results of interviews conducted with Life Orientation teachers	123
4.4	Summary	

CHAPTER FIVE: DISCUSSIONS

5.1	Introduction	135
5.2	Phase 1a: Quantitative Discussion	135
5.3	Phase 1b: Interviews Discussion	157
5.3.2	Phase 1b: Guardians Focus Groups' Thematic Discussion	168
5.5	Summary	172

CHAPTER 6: DEVELOPMENT OF STRATEGIES

6.1	Introduction	173
6.2	Study design	183
6.3	The purpose of the study	175
6.4	The objectives of the study	175
6.4	Methodology for Validation of the developed strategies.	209
6.5	Data collection method	177
6.6	Objectives of this chapter	178
6.7	Analysing emerging concepts	179
6.8	Six practice model	182
6.9	Overview of the strategy	182
6.10	Development of strategies	183
6.11	Validation of the Strategy	183
6.12	Guidelines pertaining to the context	185
6.14	Validation of the developed strategies	190

6.15	Applying the Delphi method	196
6.15	Characteristics of the Delphi method	196
6.16	Proposed techniques	203
6.17	Summary	

CHAPTER 7: RECOMMENDATIONS AND CONCLUSION

7.1	Introduction	207
7.2	Contribution to research	207
7.3	Study limitations	208
7.4	Methodological critique	209
7.5	Study dissemination	210
7.6	Recommendations	211
7.7	Conclusion	222
7.8	Summary	

8. REFERENCES

223

APPENDIX 1: CONSENT FORM FOR GUARDIANS	241
APPENDIX 2: CONSENT FORM BY GUARDIANS	243
APPENDIX 3: QUESTIONNAIRE FOR LEARNERS	244
APPENDIX 4: CONSENT FORM FOR GUARDIANS	249
APPENDIX 6: INTERVIEW GUIDE FOR TEACHERS	254
APPENDIX 7: PERMISSION TO CONDUCT A STUDY	259
APPENDIX 8: APPROVAL TO CONDUCT THE STUDY	260

APPENDIX 9: PERMISSION TO CONDUCT RESEARCH 261

LIST OF TABLES

Table 2.7 The Precede-Proceed model	71
Table 3.1: Summary of sampling	81
Table 3.2: Sample Sizes of Participants Per Cluster	87
Table 3.3: Variables for each section of instrument	88
Table 4.1 Main social factors influencing risky sex to learners	113
Table 4.2: Probability of Grade 10 students engaging in risky sex	115
Table 4.3: Grade 11 Learners' results	118
Table 4.4: Grade 12 Learners' results	118
Table 4.6 Demographic and behavioural characteristics of learners	120
Table 4.7 Multiple logistic regression to assess behavioural	122
Table 4.8: Coding of focus group interviews	130
Table 6.1 A summary of the chapters	178
Table 6.2 Validation of the developed strategies with LO teachers	182
Table 6.3 Validation of the developed strategies with guardians	187
Table 6.4 SWOT analysis	195
Table 6.5 Validation of the developed strategies with learners'	199
Table 6.6 Validation of the developed strategies with guardians	200

Table 6.7 Validation of the developed strategies with learners	201
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LIST OF FIGURES

Figure 3.1: Map of districts in Limpopo Province, South Africa	80
Figure 3.2 Sequential method	81
Figure 4.1: Factors affecting the of Grade 10 learners in risky sex	116
Figure 4.2: Grade 11 learners' results	118
Figure 4.3: Grade 12 Learners' results	119
Figure 4.4 Life Skills Program evaluation by learners	119

LIST OF ABBREVIATION

AIDS:	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral drugs
CDC:	Centre for Diseases Control
DOH:	Department of Health
DSD:	Department of Social Development
EU	European Union
FGD:	Focus Group Discussions
HIV:	Human Immunodeficiency Virus
ILO:	International Labour Organisation
LO:	Life Orientation
LOP:	Life Orientation Programmes
LSE:	Life Skills Education
MDG:	Millennium Development Goals
NDP:	National Development Plan
NSP:	National Strategic Plan
S & P:	Standard and Poor
SASSA:	South Africa Social Services Agency
STI's:	Sexually Transmitted Infections
UHDC:	University Higher Degree Committee
UNAIDS:	The Joint United Nations Programme on HIV/AIDS

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNICEF: United Nations Children's Fund

WHO: World Health Organisation

CHAPTER 1

STUDY OVERVIEW

1.1 Introduction

Since 1994, the National Department of Education in South Africa has embarked on the enormous task of providing quality education to all children. An example of that was the establishment of Life Orientation (LO). Life Orientation was established to engage adolescent learners in the development and practice of a variety of life skills to solve problems and make informed decisions and choices (Department of Education, 2011). Mertens (2014) argued that no school system in Africa can claim to provide quality education when most pupils have no access to guidance and counselling services as an integral component of their curriculum. This study looks at the strategies to facilitate the implementation of existing life orientation curriculum in secondary schools of Limpopo Province, South Africa.

Life Skills have been defined as the abilities which enable an individual to develop adaptive and positive behaviour to deal effectively with the challenges and demands of everyday life. It has been proven that the development of Life Skills in an individual is a lifetime process that begins during early childhood and lasts throughout one's life. Formal education is designed to make a significant influence on how young people relate with others and make informed choices and decisions about their lives. This will include choices associated with important issues like how they interact with their peers, health habits, sexual behaviour and sexuality (Moffitt, 2017).

Bender and Lombard define Life Skills not only as the skills, but also the insight, awareness, knowledge, values, attitudes and qualities that are necessary to empower individuals and their communities to cope and engage successfully with life and its challenges in South African society (Bender & Lombard, 2014). It is emphasised that the importance of Life Skills acquisition should not be under-valued but that Life Skills acquisition can and should go on throughout a person's lifelong learning experiences in formal, non-formal and informal settings (Bender & Lombard, 2014). This is supported by Gómez (2018) when they state that the subject of Life Orientation is defined as the study of self in relation to others and to society. It applies a holistic approach in that it deals with social and personal skills and the development of learners (Gómez, 2018). Life Orientation prepares learners for life and its responsibilities and possibilities. It also deals with health and reproductive life, problem solving and informed decision making which will all enable learners to live meaningful and successful lives in a society faced with problems, such as HIV/AIDS (Russell et al., 2017). Study skills should be developed to form an integral part of the study programme and be assessed. This might address the intricacy of skills comprehensively and in a holistic manner where the provision of learning opportunities for all learners is provided progressively throughout their schooling life (Gómez, 2018).

1.2 Background of the study

Youth all over the world face many challenges because of globalisation. These challenges are psychological, social and economic. The challenges are compounded by various factors such as complex developmental changes during adolescence, lack of positive role models, negative mass media influence and inadequate and unreliable sources of infor-

mation. Youth become disturbed and the consequential behaviours are drug abuse, irresponsible sexual behaviour and sexually transmitted infections (STIs), increased crime, violence, school dropout, teenage pregnancy, thus teenage fatherhood and motherhood, low academic achievements and general indiscipline when the psychological and social needs of the youth and children are not met (Kivui, 2017). The advantage of Life Skills is its capability to enable youth to cope with challenges and manage their life in a healthy and productive manner.

Many more countries are now considering the development of Life Skills Education (LSE) in response to the need to modernise out-dated education systems which appear to be out of step with the realities of modern social and economic life. According to the World Health Organisation (WHO), wide-ranging application of Life Skill Education in primary prevention of violence in schools and student dropout has resulted in a better basis for learning skills that are in greater demand in today's job market (Adhiambo, 2013). The effectiveness of Life Skills Education in managing the emerging issues is however dependant on various factors within and outside the school. The important factors within the school include the teachers and students' attitudes towards the subject, teaching/learning resources and the experience of the teachers.

The broader view is that study skills' advantage is that their use is not only limited to school education, but also for the learners' lifelong personal and professional development (Mertler, 2019). It is important for secondary school education to introduce study skills aiming at the development of an adequate fit for learners between high schools and higher education institutions, in both the content covered, as well as in the teaching and learning approach which will result in the diversity of study skills that are needed for success. Study skills are known to prepare learners with time management and learning skills

and they have a positive impact on learners' learning behaviour and academic achievement (Paulsen, 2014).

Studies show that numerous factors place many South African learners at risk. The introduction of the subject LO was an effort by the Department of Education (DoE) to intervene in this situation and make a difference in learners' lives (Lumadi, 2013). Life Orientation is compulsory for all learners in the Senior and Further Education and Training phases of Basic Education. It offers opportunities for equipping South African learners with the knowledge, skills, attitudes and values that cultivate confidence within them and lead them toward becoming responsible citizens. Life Orientation can be described as a learning area within the educational context that promotes the holistic development of a child. 'Educational context' refers to all the processes, at school level, entailed in training children's minds and abilities so that they can acquire knowledge and develop skills to succeed in life (Department of Education, 2014).

Many social issues in South Africa justify the need for highly trained and specialised Life Orientation teachers, especially because they are expected to contribute to the holistic development of learners. Subject knowledge and experience are central factors to consider regarding Life Orientation teachers, but to be effective they then need to be trained to teach Life Orientation. Life Orientation teachers are expected to teach learners strategies for studying their work, and for this, they require specific knowledge, skills, values and attitudes so that they can make positive contributions in their schools (Ferguson et al., 2014).

Life Skills acquisition should thus become an integral part of any training programme and should be endorsed as part of the process of lifelong learning towards self-actualisation.

These skills are believed to be enormous in modifying young people's behaviours, however the nature and definition of life skills differs across cultures and locations. Ten core principles are said to form the heart of a skills based programme: decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationship skills, self-awareness, empathy, coping with emotions and coping with stress (Dymnicki, 2013). Life skills enhance young people's economic and political involvement (UNICEF, 2015), address gender inequalities, augment the quality of parenting and help in the reduction of anti-social behaviour and crime (Crawford, 2012).

By introducing the interactive teaching methodology into the formal curriculum and process of learning, life skills can promote the development of a learning environment with lower antisocial behaviours, crime, and delinquency. Life skills programmes help cut cost, "prevention than cure", for this approach is a cost-effective strategy that enhances the development of young people (Kibret & Kebede, 2016). Life skills approach has been found to also augment adolescent transitions by building skills that are essential components of healthy development and skills that define a resilient child (Kibret & Kebede, 2016).

It has been widely perceived that through a life skills programme, young people can acquire advocacy skills with which they can influence the broader policies and environments that affect their health (Sawyer, et al., 2012). Young people can also access reproductive and sexual health services including availability of condoms for the prevention of HIV, whereas those who opt to offer Life Orientation as an extracurricular programme ended with little or no achievement. Regardless of its placement, it is crucial that teachers and

school personnel from a wide range of subjects and activities, participate in the implementation of life skills programmes to reinforce and broaden learning across the school environment (Reeve, 2018).

It is evident that initiatives to develop and implement Life Skill Education have been undertaken in many countries around the world. The Convention on the Rights of the Child and several international recommendations dated 20th November 1989, highlighted, directly and indirectly the need for Life Skill Education. There are many different reasons why these life skills are taught, the distinction is however in the rationale. In the United Kingdom, an important life skills initiative was set up to contribute to child abuse prevention, whereas in the United States of America, it was for the prevention of substance abuse and violence (Kibret & Kebede, 2016). But then again, Mexico had a totally different agenda altogether, the desire to introduce life skills programme was motivated by the need to prevent of adolescent pregnancy. However, in Colombia, an important stimulus for life skills education has been the wish to create a curriculum for education for life, called “Integral Education”. In Thailand, like in Zimbabwe, the motivation for introducing life skills education was due to the concern of the scourge of HIV/AIDS in the country, whereas in Ethiopia, a life skills programme was introduced to address risky sexual behaviour, HIV and AIDS, and reproductive health (Rubinstein, 2018).

In many countries, life skills programmes were found to be successful in the reduction of alcohol and tobacco use (Das et al., 2016), reduce substance use (Das et al., 2016), and contribute in reducing gang crime and reoffending (Mabathoana, 2016), more largely, in relation to HIV, life skills are said to assist in reducing the young people’s risk and vulnerability to HIV and AIDS, enabling them to communicate openly and freely about sex and drugs, indicating their preferences and what they wish to avoid. This results in

thinking clearly about their future and having the right attitudes and to remaining safe, to be able to opt to wait or negotiate for safer sex.

However, in South Africa, the Life skill education programme envisioned by the National HIV/AIDS/STI Strategic Plan (NSP) was introduced in the mid to late 1990's (Gómez, 2018). Life skills and HIV/AIDS education was the innovation of the Department of Health (DOH) and commenced in 1997 with backing from the European Union, the DOH and the Department of Education. However, due to lack of funding, it was then decided that the Life skills education programme would be restricted only to secondary schools with only two teachers from each school to be trained to provide life skills education in schools. Trained educators were allocated two specific tasks, to initiate life skills and HIV/AIDS education and to train their peers. The training was founded on the "Cascade Model" (Ghosh, 2017).

Consequently, Provincial Departments of Education began the implementation of the NSP, Life skills programme in secondary schools in conjunction with the plan developed by the DOH between 2000-2005 (Ghosh, 2017). The formulation of Life skills education was delayed due to several factors despite considerable progress in crafting a national framework for life skills programmes. Access to available funds was severely limited to three sources of funding. Most of the delays were because each donor had different procedures and guidelines for releasing funds and the lack of technical expertise by the Department of Education. The implementation of the Life skills education programme in secondary schools was severely affected by these constraints. Provinces like Eastern Cape and Limpopo were affected the most. The unequal provincial contributions to the programme exacerbated the problem. The inability to formulate business plans to access

funding was aggravated by the lack of technical, administrative and managerial support by the DOE (Ghosh, 2017).

Coombe emphasised a crucial need to encourage learners and teachers to assume ownership of education in schools. The design and implementation of the life skills and HIV and AIDS education programmes including the development of learning support material could foster this. He stressed that learners themselves were one of the most underutilised resources in schools, for example, research has widely show that learners learn best practices from their peers, this was specific to issues of sexuality and health. Lastly, the emphasis was that teachers should be encouraged and empowered to adopt peer education techniques when implementing the Life Skills programmes. The approach recognises the powerful socialising influence that young people have over each other and seeks to win the potency of peer pressure over to its side (Dash, 2018).

Because the world has a larger population of adolescents now than ever before, the sexual and reproductive health of adolescents becomes a pressing concern. Adolescence is a period of emerging sexual desires, behaviours and relationships. These are a normal part of development and, when supported by healthy decision making and access to information and services, can form the basis of lifelong sexual health and overall well-being. However, due to a host of biological, social and economic factors, adolescents can be at high risk of adverse sexual and reproductive health outcomes, including unintended pregnancy, unsafe abortion, HIV and other STIs. Should they give birth, adolescents are also at elevated risk for poor health outcomes for themselves and their new-borns, including at the extreme, death (Woog, Singh, Browne, & Philbin, 2015).

The South African Department of Education (2013) outlined that Life Orientation is one of the four fundamental subjects required for the National Senior Certificate, which means that it is compulsory for all learners in Grades 10, 11 and 12. It is a unique subject in that it applies a holistic approach to the personal, social, intellectual, emotional, spiritual, motor and physical growth and development of learners. This encourages the development of a balanced and confident learner who can contribute to a just and democratic society, a productive economy and an improved quality of life for all.

The subject contains the following six topics in Grades 10 to 12: Development of the self in society; Social and environmental responsibility; Democracy and human rights; Careers and career choices; Study skills and Physical Education. The issues dealt with in each topic are related to the issues covered in the other five topics of the subject. Owing to the interrelated and holistic nature of the subject, the six topics of Life Orientation function interdependently and are of equal importance. The time spent on each topic may vary and should not be used as a measure of the importance of the topic. The topics of Life Orientation in Grades 10, 11 and 12 relate to those in Grades R to 9. Both Life Orientation curricula focus on similar areas of skills, knowledge and values. The content taught in lower grades serves as the foundation for the content to be taught in higher grades. Two hours per week is allocated to Life Orientation in the NCS. This means that there are 66 hours available for the teaching of Life Orientation in Grades 10 and 11, and 56 hours in Grade 12.

Cam & Hayes (2016) argued that the development of the self in society: strategies to enhance self-awareness, self-esteem and self-development: factors influencing self-awareness and self-esteem including media: Strategies to build confidence in self and

others: communication, successful completion of tasks or projects, participation in community organisation or life, making good decisions and affirmation of others and acknowledge and respect the uniqueness of self and others and respect differences (race, gender and ability). Definition of concepts: power, power relations, masculinity, femininity and gender: Differences between a man and a woman: reproduction and roles in the community, stereotypical views of gender roles and responsibilities, gender differences in participation in physical activities; Influence of gender inequality on relationships and general well-being: sexual abuse, teenage pregnancy, violence, STIs including HIV and AIDS; Value of participation in exercise programmes that promote fitness: cardiovascular fitness, muscular strength, endurance and flexibility and Relationship between physical and mental health.

Democracy and human rights: concepts: diversity, discrimination and violations of human rights is contexts: race, religion, culture, language, gender, age, rural/urban, xenophobia, human trafficking and HIV and AIDS status; Bill of Rights, International Conventions and Instruments: Convention on the Rights of the Child, the African Charter on the Rights and Welfare of Children, Committee on the Elimination of Discrimination Against Women (CEDAW) and other bills, charters and protection agencies, rules, codes of conduct and laws: Types of discriminating behaviour and violations: incidences of discriminating behaviour and human rights violations in SA and global; The nature and source of bias, prejudice and discrimination: impact of discrimination, oppression, bias, prejudice and violations of human rights on individuals and society Challenging prejudice and discrimination: significant contributions by individuals and organisations to address human rights violations and Contemporary events showcasing the nature of a transforming South Africa: South African initiatives and campaigns, one's own position, actions and contribution in discussions, projects, campaigns and events which address discrimination and human

rights violations, nation-building and protection agencies and their work (Ardelt & Grunwald, 2018).

Social and environmental responsibility: contemporary social issues that impact negatively on local and global communities: Concepts: social and environmental justice; Social issues: crime, poverty, food security, food production, violence, HIV and AIDS, safety, security, unequal access to basic resources, lack of basic services (water and health services) and harmful effects of these issues on personal and community health. Social, constructive and critical thinking skills necessary to participate in civic life: social responsibilities including the knowledge and skills to make informed decisions and take appropriate action; youth service development: youth and civic organisations, community services or projects and volunteerism; purpose and contribution, areas of strength and possible improvements and own contribution to these services, projects and organisations: a group project to address a contemporary social issue that impacts negatively on local and/or global communities

1.3 Problem statement

The results from a study conducted by Department of Social Development, (2013) show that substance use among the youth in Limpopo is a challenge and the prevalence varies in districts. The most commonly used substances are Cannabis (49%), Inhalants (39%), bottled wine (32%), home-brewed beer (30%), and commercially brewed beer (greater than 4% Alc/Vol) used by 54.8% of the youth sampled in this study. The findings also show limited knowledge about the Fetal Alcohol Syndrome (FAS) among the youth. The onset of substance use amongst the youth is as low as under 10 years of age with the median age of substance users being 24 years. Substances used by the youth are easily

accessible and available which increases the potential for substance misuse, and ultimately abuse. To reduce substance abuse amongst the youth in Limpopo Province, the study recommended a need to adopt a multi-stakeholder approach which ought to include Government, private sector, communities and civil society organizations. This should involve interventions related to the provision of substance abuse health promotion activities, programmes and service constructive media-based public education campaigns; development and implementation school-based substance abuse programmes; and provision of recreational facilities. The grounds of these problems are considered to be related to inadequate Life Orientation Education which should equip the learners with psychosocial competencies, but the ability to make informed decision, solve problems, think creatively and critically, communicate effectively, build healthy interpersonal relationships is lacking among the youths (Dash, 2018). Teenage pregnancy indicates that the non-use of condoms is also associated with the high rate of STI's in the province. This problem can be viewed in the context of poverty and unemployment since some of the orphans have no one to look after them and they turn to prostitution for survival and aggravating the problem is the fact that condom use as a contraceptive method is very low and inconsistent amongst the youth (DoH, 2003).

1.4 Rationale of the study

The need for the development of life skills education is highlighted in the Convention of the Rights of the Child and several international recommendations. In many countries where life skill programmes have been implemented, it has been found to reduce untoward health outcome, especially with respect to HIV infection (Phillips et al., 2019). However, due to lack of funding, the Life Skills Programme in South Africa has suffered many

setbacks. Violence in South African schools seems to be increasing and the consequences affect not only the physical, emotional, and academic lives of learners but also their resistance to delinquent and criminal behaviour. Various South African studies attest to the current low status of Life Orientation in the school curriculum as well as the difficulties of teaching Life Orientation. Many of these studies also mention the inadequacy of Life Orientation teachers' preparation for meaningful Life Orientation teaching. Therefore, the present study fills this gap through a novel coupling of an evidenced-based programme and an evidence-based practice for high school learners in Limpopo Province, South Africa.

1.5 Significance of the study

Life skill programmes have the potential to prepare young people for the transition to adult life. Broadly speaking, Life skills have been and continue to be important in sexuality education and HIV prevention. It is anticipated that:

- The present study provides valuable insights on opportunities and constraints faced by teachers and learners in implementing Life Orientation Programmes (LOP) in schools and proper strategies to help enhance the programme is facilitated to make it more interesting for learners.
- The outcomes of this study may provide strategies to facilitate the implementation of Life Orientation in secondary schools.
- At the government level, the present study may provide evidence to inform policy decisions to facilitate the implementation of the existing LO programme to improve its effectiveness.

- This study may provide a database for future research in the field of adolescents and school health.

1.6 Purpose of the study

The purpose of the study is to develop strategies to facilitate the implementation of existing Life orientation curriculum in secondary schools of Limpopo Province, South Africa.

1.7 Research questions

The following research questions guided the research.

- i. what are the views of adolescent girls regarding Life skills programme?
- ii. What are adolescent girls perceived factors associated with risky sexual behaviours?
- iii. what are the views of guardians regarding the Life Orientation programme for their children in the schools?
- iv. What are the challenges experienced by teachers in implementing the Life Orientation programme in schools?
- v. What are the predisposing factors contributing to the implementation of Life skills programmes in schools?

1.8 Objectives of the study

The objectives of the study are based on the planned three phases of the study:

The first phase of the study was to conduct a needs assessment and was divided into phase 1a and 1b.

- a. Phase 1a identified factors influencing implementation of existing Life Orientation curriculum in secondary schools.
 - Determine adolescent girls' views regarding Life skills programme.
 - Explore adolescent girls perceived factors associated with risky sexual behaviours.
- b. Phase 1b: To Identify the predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors contributing to the implementation of Life skills programmes in schools.
 - Assess views of guardians regarding the Life Orientation programme for their children in the schools.
 - Assess challenges experienced by teachers in implementing the Life Orientation programme in schools.
- c. Phase 2: To develop strategies to facilitate the implementation of existing Life Orientation programmes in Limpopo Province, South Africa.
- d. Phase 3: To validate the developed life skills strategies in a school in Limpopo Province, South Africa.

1.9 Definition of key concepts

- **Adolescence**

Adolescence is the developmental period of transition from childhood to adulthood involving biological, cognitive and socio-emotional changes beginning at around 10 years of age and ending in the late teens (Southgate & Smith, 2017). For this study, adolescence is referred as the period from puberty (15 or 19 years) into the early twenties.

- **Life Skills**

Essential skills that makes life easier and increases the prospect of individuals realising their potential (Bereményi, et al., 2017). For this study, Life skills refer to young people's abilities for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life.

- **Life Skills education**

This is a programme that promotes positive health choices by making informed decisions, practicing health behaviour, recognising and avoiding risky situations and behaviour

- **Life Skills Programme**

Life skills programme refers to a process where healthy styles are created and maintained. It involves the development of skills, knowledge and attitude (Navsaria, Pascoe,

& Kathard, 2011). For this study, life skills education programme is a life skill programme that is the current programme that was introduced in secondary schools by the Department of Education aimed at empowering adolescents.

- **Strategies**

Strategy is a high-level plan to achieve one or more goals under conditions of uncertainty, in the sense of the "art of the general", which included several subsets of skills including "tactics", siege craft and logistics (Sherman, 2013). For the study, strategies referred to the ten core life skill strategies and techniques as: problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions.

1.10 Summary

This chapter provided an introduction and overview of the study concerning Life Orientation implementation in secondary schools. The concepts that were used are outlined. The background to the research problem, statement of the rationale, aim of the research, research methods, ethical measures, and data sampling technique, data analysis, clarification of concepts and the primary research questions are formulated. The outline of the research design and research methods and data collection strategies are presented.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

While Chapter one detailed the background and purpose of the study, this Chapter provides the conceptual and theoretical framework of the study. It interrogates the literature with a view to explore further contributions to the existing knowledge on the implementation of Life skills strategies; what is already known about the Life skills programmes and the approaches used to implement Life skills in the schools.

According to Hart (2018), the literature review is the process of reading, analysing, evaluating and summarising scholarly material regarding a specific topic. Literature review describes the theoretical perspectives and research findings of others. Its main function is to look again at what other scholars have done about the topic. It provides one with a broader perspective about the topic and related subjects.

Reading the work of other people (Hart, 2018), provides the following benefits: It provides new ideas, perspectives and approaches, provides more information about what others have done in the area and who to contact for advice or feedback, it broadens one's perspective and sets work in context, it helps to legitimise the arguments, it assists in providing effective criticism and bolsters one's confidence about the worth of the study.

This chapter represents related literature on: availability of the learning and teaching materials; teaching approaches; head teachers' and teachers' attitude towards implementation of Life Skills Education; challenges; evaluation of the effectiveness of LS programmes and summary of the literature review.

2.2 Defining Life Skills

The World Health Organisation has defined life skills as, "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". UNICEF defines life skills as "a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills (Dave, 2017).

The UNICEF definition is based on research evidence that suggests that shifts in risk behaviour are unlikely if knowledge, attitudinal and skills-based competencies are not addressed. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. Most development professionals agree that life skills are generally applied in the context of health and social events. They can be utilised in many content areas: prevention of drug use, sexual violence, teenage pregnancy, HIV/AIDS prevention and suicide prevention. The definition extends into consumer education, environmental education, peace education or education for development, livelihood and income generation, among others. In short, life skills empower young people to take positive action to protect themselves and promote health and positive social relationships (Huang et al., 2019).

'Life Skills' is a general term and its significance to the individual depends on their life circumstances, culture, beliefs, age and geographic location. There are a variety of definitions of the term 'life skills'. According to Nagaraju (2016), life skills are crucial skills that make our lives easier and increase the possibility that we realise our potential and become productively involved in the community. Life skills are defined as skills needed to better manage lives and achievement of full potential. Moreover, Khatoon (2018) defines life skills as those skills or tasks that contribute to the successful, independent functioning of an individual in adulthood.

The World Health Organisation suggests that there are a core set of life skills, relevant across cultures, at the heart of initiatives that promotes health and wellbeing in children and adolescents. These core set of skills are: decision making helps one deal constructively with decisions about our lives, problem solving helps one deal constructively with problems in our lives, creative thinking contributes to decision making and problem solving enabling us to explore the available alternatives and consequences of our actions or non-action, critical thinking is the ability to analyse information and experiences objectively, effective communication enables us to express ourselves verbally and non-verbally appropriate to the culture and situation, interpersonal relationship skills enables us to relate positively with people with whom we interact, self-awareness includes our recognition of ourselves, our character, strengths and weaknesses, desires and dislikes, empathy is the ability to imagine what life is like for somebody else even in an unfamiliar situation, coping with emotions - being able to recognise emotions in ourselves and others, being aware of how emotions influences behaviour and being able to respond appropriately, coping with stress recognising the sources of stress in our lives, recognising how it affects us and acting in ways that helps to control our levels of stress. Specific life skills

that have been identified include: AIDS prevention, budgeting skills, communication, conflict management, decision making skills, goal-setting, leadership skills, planning, problem solving, resiliency, study skills, stress management, substance abuse awareness, time management, job search skills, parenting skills, presentation skills, teamwork and writing and numeracy skills. These skills can be learned through experience and practice or developed through life skills education (Tan, 2018).

The Life Skills Education syllabus and the teacher's guide suggest that teachers use participatory teaching and learning methods in which learners identify their own problems, discuss solutions, plan and carry out effective action programmes (Mertle, 2019). The participatory teaching and learning methods assume that learning is best achieved by requiring learners to be actively involved during lessons. Influential cognitive psychologists, like Piaget (1896-1980), believed that learners learn by constructing their own language. Abobo (2012) study found that the participatory teaching and learning methods recommended for the teaching of LSE includes: case studies, brainstorming, field visits, panel discussions, storytelling, song, group discussion, debates, posters, role play, games, projects, poetry recitals and drama.

Debates are discussions which involve two opposing parties with each group expressing opinions or views about a given topic. Each group competitively attempts to win the other to their side of the argument. When the discussion is over, the group with more points becomes the winner Piller (2017). Story-telling involves telling of narratives with a theme based on an actual event. They give accounts of detailed information about an event in an interesting way while still passing on a moral message. Stories can be composed or collected based on specific themes of life skills, for example, assertiveness, negotiations

and decision making (Piller (2017). When reading, or telling stories, they should be dramatic and larger than real life experiences. The stories could be presented in a variety of ways, for example, tone variation, use of facial expression, and involvement of audience. Students should, therefore, be encouraged to come up with their own stories from their communities or any other source.

Case studies are true or imaginary which describe a problem, a situation or a character. It may be a dilemma in which the participants should come up with opinions on how they would resolve the conflict. Sometimes it offers clues on how to solve a problem or provokes the reader's abilities to solve the problem (Piller (2017). Case studies should be interesting, appealing and relevant to the reader's imagination. They are useful when the teacher want to appeal to the learners' emotions, expects the learners to identify and internalise the concepts and issues raised in the case, expects the learners to apply the skills learned to solve similar problems that they may encounter and when he/she wants the learners to appreciate that others undergo similar challenges, case study can be developed by a teacher or selected from already developed cases in relevant books (Oxford, 2016).

Role plays are short drama episodes in which participants experience how a person feels in a similar real-life situation. Role play can be used when: developing specific skills such as negotiation, assertiveness, communication and self-awareness when discussing sensitive issues such as gender with which the teacher may feel uncomfortable, clarifying new and unfamiliar concepts and demonstrating how a skill can be applied in each situation. Role plays are considered to require little preparation time and are not necessarily rehearsed. They should be as spontaneous as possible. However, the teacher needs to bear in mind situations when and where to use them in the teaching process (Piller, 2017).

Games are interesting and exciting activities which have set rules. They can be used when: clarifying difficult issues, discussing sensitive issues enhancing the quality of interaction in a group, learning and practicing new life skills, increasing the participants' knowledge of each other and making presentations interesting (Ellis, 2017). Miming is acting without words by use of gestures, signs, physical movement and facial expression. Unlike drama, the idea or situation is solely communicated through actions. Miming is suitable for communicating sensitive messages. It helps in expressing messages which cannot easily be put into words (Mathenge, 2018).

2.3 Identifying factors contributing to the implementation of Life Orientation.

A recent review of the literature on this topic Baker et al. (2016) found that evaluating the effectiveness of a LO programme requires a clear programme design. What is the overall purpose of the programme and what are the measurable goals? What are the expected outcomes in terms of improvement in skills, changes in behaviour, or changes in attitude or beliefs in adolescents? What changes could be expected from the programme provider? Although developing measurable indicator often lags advances in programme design, existing LS initiatives provide guidance on how to capture impact. Process components measure the extent to which the programme reaches the intended audience, and how the programme is implemented. Two important dimensions are coverage and quality, including the extent of provider training, fidelity to the programme design, and programme duration are just some of the components of the implementation that may affect intervention outcomes. The outcome indicators selected for programmes generally analyse

changes in skills levels, attitudes and beliefs as well as changes in behavioural outcomes. These can be both self-assessed and assessed by programme providers and parents.

Several studies, for example, Parsons et al. (1988) specified that designing and implementing a life skills program is only a part of the life skills program development process and it is necessary to secure long term support and resources for life skills education, and to engage, from the very beginning, all of the potential agencies that would have a role to play in the process of life skills program development. Implementing a life skills program will require the introduction of teaching methods that may be new to teachers, and the success of the program will depend very much on the availability of in-service training, as well as efforts to include training in participatory learning methods in teacher training colleges. The introduction of life skills education will require input from the school and education authorities, for teacher training and the development of teaching manuals, as well as for the ongoing support of teaching programmes once they are in place. This investment is worthwhile considering that the potential gains of life skills education are so far reaching.

An increasing number of studies have found that change in attitudes and knowledge are other components of an evaluation plan in violence prevention, several self-report measures assess the attitude and knowledge of adolescents about violence. The belief supporting aggression scale (Blankenship et al., 2018) measure normative beliefs about aggression and attitude toward conflict scale (Lam, 1989) measures how young people feel about different methods for resolving conflicts. Since LS programme tend to be comprehensive in scope, it is important to acknowledge proposed effects beyond changes in individual behaviours, attitudes or skills. Changes in social norms or norms among peers,

changes in programme providers and changes in connection to community, family, parent or school are all potential effects and should be measured.

A recent review of the literature on this topic conducted by Wodkowski & Ginsberg (2017) found that a wide variety of materials are necessary for effective teaching of any subject. These must be relevant and interesting to benefit the learning process. The teacher should determine the best resources for a lesson and the resources should be used in the most natural and logical manner known to reinforce a learning activity. Some resources can be bought or sourced from the environment or borrowed. They make learning of LSE interesting, real and enjoyable and encourage students to retain knowledge (Bryant, 2017). Cicourel (2017) highlights that the use of teaching was important since it is used to increase learning, generate interest and create a situation where the students could fully engage in classroom activities. The materials and equipment presented in the classroom situation should be chosen to provide many and varied opportunities for students to acquire the learning they need.

As mentioned by Ellsberg et al. (2015) several benefits of life skills that have been recorded by authors and in journals. (i) In Southern Africa, life skills and HIV/AIDS education programmes have experienced increased levels of knowledge in HIV/AIDS, improve assertiveness, positive attitude towards people living with HIV/AIDS, delayed sexual activities, more condom use and fewer sexual partners. They also reported (ii) changed risky sexual behaviour for specific HIV/AIDS life skills and (iii) a positive impact on children and adolescents for preventive life skills programmes. However, Edmunds et al. (2018) perceived noticeable changes, such as the delay on the inception age of substance abuse. Makhitha & Botha (2017) concurred with this the afore said statement, and emphasized

the high-risk sexual behaviour or delinquent and helping in the improving academic performance.

Aggleton et al. (2018) affirms that that Life Orientation was an effective tool to empower young people to make informed and responsible decisions about their well-being, Life skills training not only helps minimise high-risk behaviour, it also builds youth's confidence for engaging in creative problem-solving to overcome the social and economic barriers to self-development. The UN (2009) intervention project entitled "Strengthening Life Skills for Positive Youth Health Behaviour" showed that the intervention made a difference for many young people to the extent of developing coping and negotiation mechanisms in various situations. It helps with looking beyond one's direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can furthermore help one to respond adaptively and with flexibility to the situations of one's daily lives.

Aggleton et al. (2018) argues that the critical thinking, which is the ability to analyse information and experiences in an objective manner and this can contribute to health by helping people to recognise and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media. Effective communication allows people to express themselves both verbally and non-verbally in a way that is appropriate to their cultures and circumstances. It may impact on the ability to express opinions and desires, but also needs and fears and it may mean being able to ask for advice and help in a time of need.

It has now been suggested that there is evidence that sexuality education has many benefits for young people, particularly later in their lives. For example, young people who

receive comprehensive sexuality education engage in fewer risky sexual practices (Kao & Manczak, 2013).

Burns (2016) suggested that developing life skills helps adolescents translate knowledge, attitudes and values into healthy behaviour, such as acquiring the ability to reduce special health risks and adopt healthy behaviour that improves their lives in general (such as planning, career planning, decision-making, and forming positive relationships). The adolescents of today grow up surrounded by mixed messages about sex, drug use, alcohol and adolescent pregnancy. On one hand, parents and teachers warn of the dangers of early and promiscuous sex, adolescent pregnancy, STDs/HIV/AIDS, drugs and alcohol, and on the other hand, messages and behaviour from entertainers and peer pressure contradict those messages. Often, they even promote the opposite behaviour. It is through life skills that teenagers can fight these challenges and protect themselves from teenage pregnancy, STDs, HIV/AIDS, drug violence, sexual abuse, and many other health-related problems. Hopefully, developing life skills among adolescents will empower girls to avoid pregnancy until they reach physical and emotional maturity, develop in both boys and girls responsible and safe sexual behaviour, sensitivity and equity in gender relations, prepare boys and young men to be responsible fathers and friends, encourage adults, especially parents, to listen and respond to young people, help young people avoid risks and hardships and involve them in decisions that affect their lives.

As mentioned by van Rijsewijk (2019), interpersonal relationship skills help adolescents to relate in positive ways with the people with whom they interact. This may result in them being able to make and maintain friendly relationships, which can be of great importance to their mental and social well-being. It may mean keeping good relations with family members, who are an important source of social support. It may also mean being able to

end relationships constructively. Self-awareness comprises our recognition of self, our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help one to recognise when one is stressed or feel under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as for developing empathy for others. Empathy is the ability to imagine what life is like for another person, even in a situation with which we may not be familiar. Empathy can help us to understand and accept others who may be very different from ourselves, which can improve social interactions, for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatised and ostracised by the very people they depend upon for support.

In addition, Barlow et al. (2019) added that coping with emotions involves recognising emotions in oneself and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow, can have negative effects on our health if we do not react appropriately. Coping with stress is about recognising the sources of stress in one's life, recognising how this affects one, and acting in ways that help to control one's levels of stress. This may mean that we act to reduce the sources of stress, for example, by making changes to the physical environment or lifestyle. Or it may mean learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems. The life skills described above are dealt with at this juncture in so far as they can be taught to young people as abilities that they can acquire through learning and practice.

Hesse et al. (2015) supported, adding that problem solving, as a skill, can be described as a series of steps to go through, such as: 1) define the problem; 2) think of all the different kinds of solutions to the problem; 3) weigh up the advantages and disadvantages of each; 4) chose the most appropriate solution and plan how to realise it. Inevitably, cultural and social factors will determine the exact nature of life skills. For example, eye contact may be encouraged in boys for effective communication, but not for girls in some societies, so gender issues will arise in identifying the nature of life skills for psychosocial competence. The exact content of life skills education must therefore be determined at the country level, or in a more local context, however, described in general terms, life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures., conceptualising the role of life skills in health promotion.

In his view, Zhou (2017) proposed a crucial role for an education system that seeks to form attitudes and practices that will minimise HIV transmission to work strenuously and systematically for greater gender equality, the championing of women's rights and the empowerment of women; many countries have attempted to deal with genders issues from the perspective of life skills. Nonetheless, there is still a need to address gender issues more fundamentally, as this would ensure that, over time, new cultural understandings and practices may emerge that will show more respect for the rights of women and girls and more readiness to accept that they should be in control of their own lives.

On the other hand the United Nations identified 15 key priorities to address challenges faced by the youth, these include: education, employment, hunger and poverty, health, the environment, drug abuse, juvenile delinquency, leisure, girls and young women, participation, globalization, information and communication technologies, HIV/AIDS, youth and conflict, and intergenerational relationships. Poor health, high HIV/AIDS prevalence,

and high rates of violence and substance abuse South Africa's health challenges are more than medical risky behaviours and unhealthy lifestyles also play an important role in ill health. Although chronic diseases, especially those associated with risky sexual behaviours, gender based violence, early pregnancy, unemployment are amongst the relatively uncommon in young people, and many of the behaviours that place individuals at increased risk of developing these conditions later in life are adopted during adolescence hence the South African National Strategic Plan 2012-2016 identified adolescent girls as a key priority area for HIV prevention and for intervention to aim at reducing their vulnerability to HIV infection by retaining them in schools, and increasing access to post-school education and work opportunities (Zhou, 2017).

UNAIDS (2013) affirms that that investing in adolescent girls, particularly through education, benefits not only girls and their families, but the entire communities and economies. Adolescent girls in rural communities are vulnerable to several challenges. They are vulnerable to early marriages, early childbearing, increased fertility rates, higher rates of HIV/AIDS and other reproductive morbidities, and greater gender inequalities. Importantly, these problems accrue to the next generation. Each extra year of girls' education is correlated with a 5–10 percent reduction in infant mortality. Addressing maternal mortality is one area where progress toward achieving the MDGs was slow. In 2014 the UN Secretary General stated that, "to truly triumph over maternal mortality, focus our initiatives on the adolescent girl. Adolescent girls need to be able to go to school and pursue education to the highest levels possible.

2.4 The predisposing, enabling, and reinforcing factors.

Moreover (Limpopo Department of Safety and Security Report (2003) highlighted that in Limpopo Province, there is mounting evidence that indicates that a substantial number of new cases of HIV infection is due to sexual violence at homes, schools and workplace and other social environments. In this province, the proportion of women who report physical assault an intimate partner varies form 5% to more than 10%). Physical violence; the threat of violence and the fear of abandonment act as significant barriers for women who have to negotiate the use of a condom or leave relationships that they perceive to be physically unsafe. This therefore dramatically increases their chances of acquiring HIV (Manaka, 2002).

Louw (2002) concurred, adding that when she stated that domestic violence reduces women's control over their exposure to HIV, in settings where violence is regarded as a man's right, women are in poor positions to question their partners about their extra marital encounters, negotiate for condom use or refuse to have sex. Sub service in marriage, often reinforced by violence, can compromise women's ability to protect themselves against HIV infection. Women are at times reluctant to report sexual violence regardless of when it is even is extremely common in the community; they would rather opt to do nothing. Some of the women are embarrassed to report sexual abuse cases because they might have been raped by a family member.

A report by in Limpopo Child Protection Unit's (SAPS) publication (2003) highlights the link between child abuse and HIV. In the report, it was indicated that according to cases

received in the year 2004, the number of sexually abused children has risen. Forty per cent (40%) were girls under three years and 60% were under ten years. 90% of perpetrators were biological family members and only 10% were strangers.

From all that has been discussed above, young women and girls face a greater risk of HIV infection because they are perceived to be free from HIV infection. To address this situation, the government, private sector and communities, in partnership, should increase the visibility of violence against women and children. Rape and gang rape become have become extremely potent methods of spreading HIV in Limpopo Province and considering the high prevalence of HIV in the province, the high risk of sexual behaviour of rapists, the high levels of violence against rape victims and the risk of acquiring HIV transmission, since the victim is more likely to bleed because of being forcibly violated (Manaka, 2002). Geary (2001) concurred, indicating that “women raped suffer not just immediate physical injury and the risk of pregnancy, but are also exposed to higher risk of HIV infection and other sexually transmitted infections than they would be through other unprotected sex. This is not just because rape can result in torn tissue and hence create an easy entry point for HIV but because rapists have a higher risk of being infected”.

The above passage implies that rape and HIV go hand in hand, that is if a woman is raped, she is already at risk of HIV infection because the rapist does not come to her carrying a condom. In fact, the woman is not in a position where she can easily negotiate using condom because she is not in a relationship with him. It is also of importance to realize that rape can happen to anyone regardless of age, income, appearance, or personal reputation though evidence indicates that majority of rape victims’ women children. Though there is no way of predicting which women are likely to be selected as victims,

the one common element is that rape is a frightening and a degrading experience and that victims require a period to recover (Louw, 2002).

Teenage pregnancy and birthrate are excessively high in Limpopo Province and they show a steady increase in black communities (Department of Health, 2010). Teenage pregnancy indicates that the non-use of condoms is also associated with the high rate of STI's in the province. This problem can be viewed in the context of poverty and unemployment since some of the orphans have no one to look after them and they turn to prostitution for survival and aggravating the problem is the fact that condom use as a contraceptive method is very low and inconsistent amongst the youth (DoH, 2003).

There is evidence that indicates that poverty causes adolescents to face health risks of child bearing unintended pregnancy and parenthood, sexual exploitation, sexual coercion, STI's and HIV infection. The high rate of teenage pregnancies calls for HIV and AIDS awareness campaigns that emphasize condom use and the need for family planning. At the same time and of equal importance there is a need for programs aimed at addressing esteem issues that drive adolescent girls to become pregnant to confirm their woman rights of teenage girls are infringed through acts of sexual violence and exploitation (DoH, 2003).

In her study, Abobo (2012) also found out that most of the sampled schools in Tran-zoia lacked adequate teaching learning materials which included textbooks, teacher's guides, reference materials, charts, videos that influenced negative implementation. This study therefore was to reveal the level of availability and adequacy of teaching learning facilities whether they affect the teaching of LSE in secondary schools. The researcher sought to find out whether there is effective implementation of LSE in Awendo and Uriri District.

According to Kelly (2000a), many educators resist teaching about HIV because they doubt whether issues of sexuality or appropriate sexual attitudes form part of their work as educators since their entire educator training and orientation were directed towards academic areas. It is thus important for training programs to challenge these perceptions by impressing upon educators their crucial role in fighting the pandemic. The training program must balance knowledge, skills, values and. Teaching methodologies like the use of participatory techniques, drama, theatre, small group discussion.

Training in this area must address underlying issues like value systems and power relations. Value clarification is also a necessary component of any HIV and AIDS training program. This gives teachers a safe space to confront their prejudices and stereotypes, examine their values and effects these have on their teaching and relationships with learners. In addition to this, it assists in developing values and attitudes and respect the rights of all individuals. Furthermore, the issues of gender should not be confined to teaching girl's communication skills and how to be assertive there is also a need to for boys to make paradigm shifts too. This cannot be done in the classroom alone but needs to involve parents and communities. Training should develop in teachers the skills to negotiate these challenging issues with a sense of confidence (Kelly, 2000a). The trainers and models for training must ensure that the program achieves maximum impact. Teachers prefer to be trained by peer educators rather than people who have had no experience in the classroom; they have rapport and relate to each other making it easier to deal with controversial issues. The cascade model has proved to be ineffective in equipping educators to deal with HIV and AIDS (Kelly, 2000a).

The training model should reduce the number of training ties and include a special cadre of trainers that moves from one cluster of schools to another. This cadre of trainers must include school based educators; the training program should be on going and include support, monitoring and evaluation components. Furthermore, all trainers should be accredited (where possible); training programs should be quality assured and reflect the contextual challenges facing educators and department officials in their fight against HIV and AIDS. Wherever possible, the language of training and teacher support material should accommodate the teachers' first language of training and teacher support material should accommodate the teacher's first language, as well as language of teaching and learning in school (Kelly, 2000a).

The training programs and support material should not be limited to scientific and medical components of the diseases but should include broader social, economic and cultural components. In this way, responses can resonate with people's real experiences. Such programs become relevant and therefore more effective in challenging behavior and attitudes. To state an example, EI, WHO, SADC teacher unions and other partners have developed a training manual on school health and HIV and AIDS prevention. This manual is unique in the sense that the activities and learning experiences were organically developed by teachers and union members who gave the manual its authenticity by capturing their true-life experience in their schools and communities. It is crucial for support materials and training programs to resonate with the socio cultural and socio economic context of learners as nobody is going to listen to anything that makes not (Kelly, 2000a).

The unfortunate high levels of poverty impact severely on young people mostly leading to the stunted growth and high levels of child and infant mortality (Manaka, 2002), especially in rural areas, subsistence farming on marginal lands in the absence of expandable

income to buy adequate food supplies is also related to poor nutrition of infants, children, pregnant women and breastfeeding mothers. This situation contributes to the spread of HIV infection. In Limpopo Province, it is especially the poor that suffer the negative health effects of a subsistence lifestyle, whether in rural or urban areas (Manaka, 2002).

Kelly (2000) indicated that HIV and AIDS aggravates poverty, it does so by thrusting households back on ever more limited resources, reducing employment opportunities inhibiting economic growth because of loss of skilled human resources and use of resources for consumption rather than investment. Manther (2002) supported this view that poverty is one of the factors contributing to the spread of HIV and AIDS; he stated that “it is poverty that forces poor women and young girls into prostitutions, thus placing them at high risk of unwanted pregnancies, HIV infection and AIDS”. This is supported also by Nourse (2000), when he stressed that the “sugar daddies” phenomenon means that young girls render sexual favors to affluent men known sugar daddies in exchange for money and other material goods. Men and girls both become carriers of HIV and they in turn spread the virus.

Dawood (2015) emphasized that adolescence is an age of opportunity for children, and a pivotal time to build on their development in the first decade of life and to help them navigate risks and vulnerabilities, setting them on the path to fulfilling their potential. The world is home to 1.2 billion individuals aged 10–19 years and these adolescents have lived most or all of their lives under the Millennium Declaration, the unprecedented global compact that since 2000 has sought a better world for all.

Karen and Ghat (2010) indicated that as girls approach adolescence, they face the start of a narrow bridge, that as they move through adolescence they must cross this bridge,

emerging at the end as adult young women. However, unfortunately the bridge through adolescence is a risky one for girls; they are significantly more vulnerable than their male counterparts and are more likely to fall off the bridge. Adolescent girls face poorer health outcomes, are more likely to become infected with HIV, more socially isolated, less likely to make the transition to secondary school or to complete it, and have fewer income-generating opportunities. UNICEF (2015) maintained that as logic might have it, that a lot of effort in these arenas is being made to reach these adolescent girls, to help them build social, health and economic assets and to provide them with the support and protection they need so that they do not drop out of school, get pregnant before they want to, or become infected with HIV or an STI. However, unfortunately, that is not the case and that normally, what is available are general youth programs that are meant to include adolescent girls, but in reality, do not.

Experience has shown that to reach adolescent girls, especially vulnerable adolescent girls, programs must be designed with them as the target audience. Empowerment is vital to ensuring a better quality of life for all children and a better world for all people. And that those goals can never be achieved if girls are left behind. In country many countries, educating girls yields spectacular social benefits for the current generation and those to come this might be due to the fact that educated girl tends to marry later and have healthier children and many others.; her children will be more likely to survive when she has them at the right time; they will be better nourished and better educated; She will be more productive at home and better paid in the workplace; she will be better able to protect herself against HIV/AIDS and to assume a more active role in social, economic and political decision-making throughout her life hence the goal of UNICEF is to get more girls into school and ensure that they stay in school and hopefully equipped with the basic tools they need to succeed in later life (USAID, 2016).

Although Brizendine (2006) argued that more have benefited from the gains in child survival, education, access to safe water, and other areas of development that stand as concrete successes of the drive to meet the Millennium Development Goals, the human development targets at the core of the Declaration that they have however now arrived at a pivotal moment in their lives, just as the world is facing a critical moment in this new millennium. Regrettably, confidence in the world economy has plummeted; unemployment has risen sharply; and real household incomes have fallen or stagnated. In the late 2010, the global economic outlook remains highly uncertain and the possibility of a prolonged economic malaise with negative implications for social and economic progress in many countries developing and industrialized alike still looms. This economic turmoil and uncertainty have raised the specters of fiscal austerity, particularly in some industrialized economies, resulting in a more stringent approach to social spending and overseas development assistance. In developing countries, too, public finances have tightened, and social spending, including investments in child-related areas, has come under greater scrutiny.

All over the world, gender inequalities are main driving force behind spread of HIV. Steward (2002) highlighted that it is inequalities in relationships that often restrict people from acting in accordance from what they know. As supported by Geary (2001), gender inequality has been identified as a number one obstacle to women protecting themselves from HIV infection which indicates that gender based inequalities often overlap with other social, cultural, economic and political inequalities between men and women and that the different attributes and roles that societies assign to males and females affects women's ability to protect themselves against HIV infection.

Unfortunately, black women living in rural areas are more adversely affected by HIV and AIDS because conditions of poverty, patriarchy and violence seemingly seal their vulnerability to and powerlessness against HIV and AIDS. Many women all over South Africa face the risk of abandonment and abuse should they dare disclose the HIV status and find themselves again being discriminated against when trying to access care and support after they have been infected with HIV (Employment Equity Act, 1998).

There is a need to provide young people with knowledge that will inform them about the basic facts of HIV and AIDS such as how it is transmitted and how it can be prevented. Due to the lack of knowledge about HIV and AIDS, the disease is still a matter that brings shame and judgement on people. Pick (2003) indicated that “there is presently no vaccine or cure for HIV and AIDS; the most effective way to slow down the spread of HIV is to reduce the rate of transmission from infected to uninfected people. The first step towards lowering a person’s risk of becoming infected is providing knowledge and awareness of HIV. Knowing about and practicing safer sex is the best way of remaining HIV negative, since the most common way of being infected with HIV is through sexual intercourse”

The above is a fact, awareness and information on related issues in HIV and AIDS field within the spectrum of cultural background, age and gender remains crucial. Health professionals, HIV and AIDS counselors and educators are well positioned to educate young people about HIV and AIDS. It seems that education programs on HIV and AIDS should go beyond just providing information through campaigns but it should rather also aim at providing youth with skills that can help them adopt healthy behaviours that will protect them from HIV and STI’s e.g. negotiation and assertiveness skills. It is also imperative that educational programs on HIV and AIDS be on going rather than once or annual training course as this allows the effectiveness of the programs to be monitored as it takes

place and the content to be changed when necessary. It also keeps people thinking about HIV and AIDS and that way the younger people know about it, the more they are able to protect themselves, share the knowledge with family and friends (Manther, 2002).

It is reported that a significant number of cases of HIV and AIDS infection is due to ignorance. Young people with more knowledge are expected to live healthier and more productive lives. This notion is supported by Manther (2002), where he cited that better educated young people have an advantage to access information than those who are not educated and they are more likely to make well informed choices and act on that information. In addition, educated young people have access to better jobs and great access to money other resources which can help in improving their lives.

The fact that adolescent women in developing countries face structural, cultural and legal barriers to obtaining reproductive health information and services has been well-documented. These barriers operate at the individual, family and community levels. Understanding and addressing them is essential for enabling adolescent women to exercise their right to sexual and reproductive health information and services (Woog, Singh, Browne & Philbin, 2015).

The sexual and reproductive health of adolescents is a pressing concern, especially because the world has a larger population of adolescents now than ever before. Adolescence is a period of emerging sexual desires, behaviors and relationships. These are a normal part of development and, when supported by healthy decision making and access to information and services, can form the basis of lifelong sexual health and overall well-being. However, due to a host of biological, social and economic factors, adolescents can be at high risk of adverse sexual and reproductive health outcomes, including unintended

pregnancy, unsafe abortion, HIV and other STIs. Should they give birth, adolescents are also at elevated risk for poor health outcomes for themselves and their newborns, including at the extreme, death (Woog, Singh, Browne & Philbin, 2015).

The sustainable development agenda must be rooted in principles of human rights, human security, equality and social justice so that nobody is left behind. Sustainable development will not be achieved unless the needs and rights of all people are fulfilled, especially those living in poverty or otherwise discriminated against. Priority must be placed on ending gender inequality as the most pervasive form of inequality¹ and on advancing the rights of women, adolescents and youth as the largest groups facing systematic inequality worldwide. Beyond the harm and injustice caused to individuals and communities, inequalities especially as faced by women, adolescents and youth perpetuate poverty, stall development progress, reduce economic efficiency, hinder growth, threaten social cohesion and stability, and undermine human capital accumulation (Gender Equality and Women's Empowerment, 2014).

Gender Equality and Women's Empowerment (2014) states that gender equality and the human rights and empowerment of women and girls must be a stand-alone goal as well as mainstreamed across all other goals, targets and indicators. A major lesson learned from the Millennium Development Goals (MDGs) is the shortcomings of a fragmented approach to advancing gender equality. To be effective, a gender equality goal should encompass commitments and targets across the range of social, economic, cultural, civil and political rights, including to: end gender-based violence and harmful practices, including child, early and forced marriage, and ensure universal access to critical services for all survivors; fulfill sexual and reproductive health and rights; secure equal economic opportunities and access to productive resources, including land, inheritance and property

rights, financial services and agricultural supports; equal social protection; and increase women's leadership and participation in public and private decision-making. Investments in adolescents and youth should be prioritized, with a focus on adolescent girls, including targets on school completion through at least secondary education and gender parity at all levels of education; universal access to comprehensive sexuality education for all young people, both in and out of school; youth-friendly sexual and reproductive health information and services; and decent work with decent wages (Issues Brief: Gender Equality and Women's Empowerment, 2014).

UNAIDS (2015) highlighted the impacts of gender inequality are far-reaching. Gender equality matters intrinsically because the ability to make choices that affect a person's own life is a basic human right and should be equal for everyone, independent of whether person is male or female. But gender equality also matters instrumentally because it contributes to economies and key development outcomes. To be effective, any health and development agenda needs to focus on the root causes of the gender gap, and the AIDS response is no different. But there is also good news on which to build. In the past 20 years, the gender gap has closed in many areas with the most noticeable progress made in primary school enrolment and completion, in almost all countries. In addition, life expectancy of women in low-income countries is now 20 years longer on average than in 1960, and over the past 30 years' women's participation in paid work has risen in most parts of the developing world.

There is also significant political commitment from Africa to gender equality and women's empowerment, with specific goals and targets for the response to HIV and sexual and reproductive health and rights. African leaders have enshrined the priorities of gender equality and rights in (among others) the African Union Agenda 2063; the Protocol to the

African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Declaration 2003); the Solemn Declaration on Gender Equality in Africa (2004); the Sexual and Reproductive Health Strategy for the Southern African Development Community Region (2006–2015); the 2013 Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights in Eastern and Southern Africa; the Arab Strategic Framework on HIV and AIDS (2013-2015); and the Arab AIDS Initiative 2012; the Addis Ababa Declaration on Population and Development in Africa Beyond 2014; and the 2013 Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria. The depth and breadth of this political platform and the potential for action to transform the lives of young women and adolescent girls in Africa cannot be underestimated. The purpose of this report is to guide regional and global advocacy and inform political dialogue over the coming year, including in the contexts of the African Union Agenda 2063 and the post-2015 sustainable development agenda.

Glick and Sahn, (2007) highlighted that to examine why girls are behind in hotspots, we begin with the girl and her family at the center, but also trace gender differences to the norms, resources, and constraints in the broader community and economy that influence choices and outcomes. This framework is well known and it ultimately allows us to see that gender gaps in education reflect, in large part, gender inequality in other aspects of society and the economy are also often instruments for perpetuating that gender inequality. Some of the root causes of the gender gap in education are:

The direct costs (like. school fees where they exist, uniforms, transportation) and opportunity costs (such as. time could have spent working or helping family) of school often impact boys and girls differently. Many non-experimental studies using household survey data find that girls' schooling is more sensitive to cost, however defined, than is boys'

schooling, for example, in Kenya, higher school fees increase dropout probabilities for girls but have no effect on boys (Lloyd, Mensch, & Clark, 2000). A study in Ethiopia finds that boys are less likely than girls to combine work and schooling or to be engaged in work only, and are more likely to be involved in leisure activities only compared to girls, so the sum of domestic and non-paid work for girls is higher for girls (Woldehanna, Jones, & Tefera, 2008).

Social norms define the roles that women and men have in the family and the community, the expectations they have about their futures, their individual preferences and the kind of relationships they form. For example, West Bengal Beaman (2011) find that, in places where no woman had ever been the local leader, 86 percent of parents wanted their daughters to be either a housewife or whatever their in-laws would decide for her, compared with less than 1 percent for their sons. Also, twice as many parents reported that they wanted their teenage sons to graduate from secondary school or college as those who wished the same for their daughters. In all, the degree of autonomy and empowerment that girls and women possess affects how much they can expect to gain from schooling.

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Unfortunately, black women living in rural areas are more adversely affected by HIV and AIDS because conditions of poverty, patriarchy and violence seemingly seal their vulnerability to and powerlessness against HIV and AIDS. Several women all over South Africa face the risk of abandonment and abuse should they dare disclose the HIV status and find themselves again being discriminated against when trying to access care and support after they have been infected with HIV (Employment Equity Act, 1998).

Today, one in three girls in low- and middle-income countries (excluding China) continue to be married before the age of 18 and one in nine girls are married before their 15th birthday. While countries with the highest prevalence of child marriage are concentrated in Western and sub-Saharan Africa (e.g. in Niger 76 percent of girls marry before age 18), due to population size, the largest number of child brides reside in South Asia. Child marriage imposes heavy costs for girls socially, physically, and emotionally and undermines efforts to improve girls' education. In rural Bangladesh, for example, each additional year that marriage is delayed between ages 11 and 16 could add 0.22 year of schooling and 5.6 percent higher literacy (Field & Ambrus, 2008).

The relationship of school-related violence to educational participation and academic performance is typically not examined in research on the determinants of schooling, perhaps because of the absence of systematic information on its prevalence. However, what data exist paints a picture of extensive school-related violence inflicted on girls. This violence ranges from extreme acts such as kidnapping, bombing, maiming, and killing acts which often occur in contexts of armed conflict, militancy, and political violence and in 15 countries around the world are directly targeted at girls e.g. Malala in Pakistan, Chibok girls in Nigeria. But it also includes the often invisible but pervasive practices of sexual abuse,

exploitation, and bullying. For example, one study finds that more than 30 percent of girls in southern Africa are raped in and around school (Prinsloo, 2006).

The girls who face multiple disadvantages are farthest behind. While gender accounts for observed disparities in education, poverty persists as the most important and pervasive factor for education inequality (UNESCO, 2010 & Filmer, 2008b). Data from 24 low-income countries show that poverty alone accounts for 38 percentage points of the gender difference between, but gender exacerbates that educational disadvantage, accounting for about 10 percentage points of the difference (King & Nguyen, 2013). Education lags most significantly among people who face multiple sources of disadvantage, not only income poverty, but also place of residence, disability and/or ethno-linguistic background.

Taylor (2016) under the leadership of President Obama managed to put gender equality and the advancement of women and girls at the forefront of U.S. foreign policy. This is embodied in the President's National Security Strategy, the Presidential Policy Directive on Global Development, the U.S. Quadrennial Diplomacy and Development Review, and the Presidential Memorandum on the Coordination of Policies and Programs to Promote Gender Equality and Empower Women and Girls Globally. It is also demonstrated by the issuance of Executive Order 13595 and the U.S. National Action Plan on Women, Peace, and Security to support women's voices and perspectives in decision-making in countries threatened and affected by war, violence, and insecurity, as well as Executive Order 13623 directing departments and agencies to implement the first ever U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally.

These achievements have contributed to significant improvements for many women and girls globally, as outlined in the annual reports for these respective strategies and in the

U.S. Report on the Implementation of the Beijing Declaration and Platform for Action. However, the enormous potential of adolescent girls, as well as the distinct challenges they face, are too often subsumed under discussions around either children or women Taylor (2016).

Lueddeke (2018) has clearly demonstrated that the current epidemic of undereducated and an impoverished girl is tomorrow's crisis of instability and conflict, health, hunger, and avoidable child deaths. Concerted efforts to address the challenges faced by adolescent girls, safeguards their rights, and encourage their participation is critical to achieving U.S. foreign policy and security objectives and development priorities. The welfare and active participation of this population will be an essential determinant of our success in attaining the Sustainable Development Goals adopted in the 2030 Agenda for Sustainable Development.

Spiker (2019) added that to further advance its commitment to gender equality and women's empowerment, the Obama Administration has developed the United States Global Strategy to Empower Adolescent Girls ("U.S. Adolescent Girls Strategy") and agency-specific implementation plans to advance the human rights and welfare of adolescent girls worldwide. The purpose of this strategy is to establish a whole-of-government approach that identifies, coordinates, integrates, and leverages current efforts and resources. It outlines several guiding principles and a set of shared objectives that agencies will pursue according to their own priorities and mandates through concrete actions outlined in their respective implementation plans.

Girls from relatively wealthy households are much less likely to drop out of school than other girls and girls from households in the top 40 per cent of the income distribution are

less likely than other girls to have ended up in a lower grade than they would if they had enrolled in school at the right age and progressed steadily through the school system. Girls who are behind at school, in turn, are less likely to pass the senior certificate examination when they reach Grade 12 and also more likely to have a baby than other girls, which independently reduces girls' chances of matriculating. In addition, whether they are behind at school, girls from the highest-income fifth of households are less likely to have a baby than other girls of the same age. The overall outcome of this web of influences linking socioeconomic status to examination success via progress at school and teenage childbearing is that, among those in Grade 11 or 12 in 2008, 40 per cent of girls from households in the top 40 per cent of the income distribution matriculated by 2010, compared to only 21 per cent of girls from households in the bottom fifth of the income distribution (Timaeus, 2013).

A massive scale-up of comprehensive and youth-friendly sexual and reproductive health and HIV services for young women and adolescent girls should be planned and rolled out, taking into consideration rapid population growth was identified in UNAIDS report (2015). It looked at the projections for urbanization; these services need to be focused increasingly on urban areas and in particular to reach poor urban women and girls. The type of service is important. Condom programming designed to reach young people, such as through schools, can increase accessibility and confidence among those who are sexually active. In addition, removing barriers such as parental and spousal consent, which further institutionalizes sexual and reproductive rights violations, is critical for scaling services and ensuring access. One of the pernicious features of gender inequality is that it feeds on itself; parents may have lower aspirations for their daughters than for their sons, and so their daughters too have lower aspirations for themselves. Yet, if given the chance, girls and women can have the confidence and skills to be change-makers.

A recent review of the literature on women's leadership found that most women leaders started early, engaging in education and leadership activities as adolescents (O'Neil, Plank & Domingo, 2015). Several cases from India to Rwanda have shown that having women leading in their communities can make a difference, driving policies and programs that improve family and community well-being (Abbott, 2008).

Empirical research finds that more gender equality in education is correlated with higher economic growth. In addition, research concludes that years of schooling is not an adequate measure of educational progress. Instead, it is the quality of schooling that matters. Hanushek & Woessmann (2008) find that an increase of one standard-deviation in average reading and math scores is associated with a substantial two percentage-point increase in annual GDP per capita growth, even holding constant the average years of schooling. In other words, a big portion of the benefits of girls' education come from not just being in school but learning well while there.

Louw (2002) pronounced that domestic violence reduces women's control over their exposure to HIV, in settings where violence is regarded as a man's right, women are in poor positions to question their partners about their extra marital encounters, negotiate for condom use or refuse to have sex. Sub service in marriage, often reinforced by violence, can compromise women's ability to protect themselves against HIV infection. Women are at times reluctant to report sexual violence regardless of when it is even is extremely common in the community; they would rather opt to do nothing. Some of the women are embarrassed to report sexual abuse cases because they might have been raped by a family member. A report by in Limpopo Child Protection Unit's (SAPS) publication (2003) highlights the link between child abuse and HIV. In the report, it was indicated that according to cases received in the year 2004, the number of sexually abused children has risen.

Forty percent (40%) were girls under three years and 60% were under ten years. 90% of perpetrators were biological family members and only 10% were strangers.

Rape and HIV go hand in hand, that is if a woman is raped, she is already at risk of HIV infection because the rapist does not come to her carrying a condom. In fact, the woman is not in a position where she can easily negotiate using condom because she is not in a relationship with him. It is also of importance to realize that rape can happen to anyone regardless of age, income, appearance, or personal reputation though evidence indicates that majority of rape victims are women and children. Though there is no way of predicting which women are likely to be selected as victims, the one common element is that rape is a frightening and a degrading experience and that victims require a period to recover (Louw, 2002).

Poor women are more vulnerable to gender based violence because they often live in uncertain and dangerous conditions. Traveling long distances to fetch water, food, and firewood in relatively isolated areas puts women at risk for violence and sexual assault daily. Cases of daily violence and rape are perpetuated because they often go unreported and unpunished in impoverished areas, due to discriminatory cultural norms or limited local capacity to enforce laws and protect citizens. Studies have found that violence directed towards girls in schools, or on the walk to school, can be a factor in low enrollment, absenteeism, and high drop-out rates, which can in turn impact future opportunities. Intimate partner violence (IPV), which occurs within a family, domestic unit, or between former or current partners, is the most prevalent form of GBV and is also linked to poverty. IPV was found to be more frequent and severe among poorer groups in several countries and has a prevalence of 40 percent and over in Africa and South Asia. This form of violence impacts women's physical and mental health, increasing the risk of chronic illness,

depression, HIV/AIDS, and substance abuse. These effects and others contribute to health costs, absenteeism, and decreased productivity, leading to lost income and limited access to opportunities for human capital development. Some estimates have found that IPV costs equal approximately 5 percent of worldwide GDP (USAID, 2015).

Women living in extreme poverty often have limited control over their reproductive health, resulting in early childbirth, narrow spacing between births, and increased fertility, all of which can impact a woman's overall health and keep her from continuing her education or pursuing wage employment. Poor women in several countries in Africa were found to have become sexually active at earlier ages and were less likely to use condoms than wealthy women, putting them at higher risk of unplanned pregnancy and disease transmission. On a household level, high fertility rates contribute to extreme poverty since they reduce the per capita investment in the health and education of children. Nation-wide, high fertility rates reduce a government's per capita investments in infrastructure and social services (USAID, 2015).

The fact that adolescent women in developing countries face structural, cultural and legal barriers to obtaining reproductive health information and services has been well-documented. These barriers operate at the individual, family and community levels. Understanding and addressing them is essential for enabling adolescent women to exercise their right to sexual and reproductive health information and services (Woog, Singh, Browne & Philbin, 2015). Although many family planning clinics and reproductive health services exist throughout the country; the utilization of these services by the youth and teenagers is limited for various reasons which include: societal values and morals; judgmental and negative attitudes of health care workers (especially with regard to access to contraception) and financial constraints and many others. Other contributory risk factors

to teenage pregnancy in South Africa include, ignorance, curiosity, peer pressure, gender based violence, power imbalances in sexual relationships and family conflict. The lack of parental supervision is viewed by teenagers as a contribution to teenage pregnancy in South Africa. Being a teenage mother is more prevalent in rural areas with 60 per cent more likelihood (DSD, 2016).

Lack of empowerment in the realm of reproductive health also contributes to disease transmission. For example, young women 15–24 years old in sub-Saharan Africa are twice as likely as young men to be living with HIV. HIV/AIDS can push people and households into poverty, by reducing labor capacity and increasing medical expenses, and can have long-term consequences on children and families. When women are empowered in the realm of reproductive health, far-reaching, multigenerational effects can ensue, because healthier women with fewer children are more able to seek employment and increase household income and assets, maintain the health of their families, and send their children to school (USAID, 2015).

The sexual and reproductive health of adolescents is a pressing concern, especially because the world has a larger population of adolescents now than ever before. Adolescence is a period of emerging sexual desires, behaviors and relationships. These are a normal part of development and, when supported by healthy decision making and access to information and services, can form the basis of lifelong sexual health and overall well-being. However, due to a host of biological, social and economic factors, adolescents can be at high risk of adverse sexual and reproductive health outcomes, including unintended pregnancy, unsafe abortion, HIV and other STIs. Should they give birth, adolescents are also at elevated risk for poor health outcomes for themselves and their newborns, including at the extreme, death (Woog, Singh, Browne & Philbin, 2015).

According to 2013 data, in sub-Saharan Africa, only eight male condoms were available per year for each sexually active individual. Among young people, and particularly among young women, condom access and use remain low, despite offering dual protection against HIV and unwanted pregnancy. Sub-Saharan Africa accounts for 44% of all unsafe abortions among adolescent girls aged 15–19 years in low- and middle income countries (excluding East Asia). Africa’s young population presents challenges in terms of access to sexual and reproductive health and HIV information commodities and services; yet, this burgeoning youth population is also the region’s greatest asset. Reaching and engaging young women and adolescent girls, and empowering them to make their own health choices in safe and equitable environments, has the power to change the trajectory of the HIV epidemic (UNAIDS, 2015).

One of the biggest challenges for young people in South Africa is the issue of sexual and reproductive health. In 2011/12, the third Youth Risk Behavior Surveillance was conducted by the Medical Research Council in collaboration with the department of Health and Education. The study, with samples of grades 8, 9, 10 and 11 learners selected from public schools in all the nine provinces, found that 36 percent of learners reported having had sex and 12 percent reported their age of initiation of sexual activity as being under 14 years. Among the learners that had ever had sex, 47 percent had two or more sexual partners in their lifetime, 18 percent had sex after consuming alcohol, 13 percent had sex after taking drugs, 33 percent practiced consistent condom use, and 18 percent had been pregnant or made someone pregnant. One in seven learners reported having received HIV/AIDS education at school (National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy, 2015).

NYP (2015) stressed the need to expand access to services and information related to sexual and reproductive health and right needs and for people to be able to make their own decisions about their health care guided by non-judgmental and empathetic health, social and community workers. It also highlights the necessity for barriers to be broken down to allow people to seek health care, including through innovative campaigns to get youth to test for HIV and take an interest in personal health. It is also stated that people need to be protected from sexual and gender-based violence, sexually transmitted infections, substance abuse and unplanned pregnancies that illegal cultural practices that abuse human rights need to be better policed and social determinants of health should be addressed; interventions that provide information and challenge taboos, myths, misperceptions, stereotyping and discrimination related to sexuality should be implemented. The skills and capacity of families and communities should be built so they can talk to adolescents about sexual and reproductive health freely and confidently using their home language.

Young women between the ages of 15 and 24 years are four times more likely to have HIV than males of the same age. This risk is especially high among pregnant women between 15 and 24 years, and survivors of physical and/or intimate partner violence. On average, young females become HIV-positive about five years earlier than males. Completing secondary schooling is protective against HIV, especially for young girls. In addition, men and women with tertiary education are significantly less likely to be HIV-positive than those without tertiary education (NSP, 2012-2016).

These facts point to an undeniable truth, which is that both now and in the coming decades, the fight against poverty, inequality and gender discrimination will be incomplete, and its effectiveness compromised, without a stronger focus on adolescent development

and participation and that this truth is known and accepted by many. In the push to meet the Millennium Development Goals and other aspects of the Millennium Declaration there is a risk that the needs of adolescents are not being given sufficient consideration and their voices, though heard, are rarely heeded. Adolescents have long demanded that we keep the promise made in the 2000 Millennium Declaration, which is to create a world of tolerance, security, peace and equity, a world fit for children, adolescents and young people and indeed for all of us (Harrison, 2008). Strickland (2007) argued that the global economic crisis has produced a generation' of adults, called the future generation or simply the future, he states that adolescents are also firmly part of the present living, working, contributing to households, communities, societies and economies, that they do deserve protection and care no less than children, essential commodities and services, opportunities and support, as well as recognition of their existence and worth and that indeed, in some contexts particularly with regard to child protection risks such as child marriage, commercial sexual exploitation and children in conflict with the law, adolescents, out of all children, may have the greatest needs (Department of Social Development, 2016).

It has been pointed out on UNESCO (2004) that even though the substance of why youth leadership may be important or what young people should get out of a program may not be universally agreed upon, some characteristics or pre-conditions for good youth leadership programs seem to arise repeatedly in the literature. Schoenberg & Salmond (2005) identify several phrases that describe the core elements of youth leadership: youth engagement, youth-driven, youth participation, youth voice, and youth action. They argued that leadership can be developed at any age, although there can be different levels of leadership depending on the girls' age and stage of development.

Girls' leadership programs appear to be more successful when in addition to providing the opportunities for acts of leadership and that that they also include structured activities for self-reflection and discovery. These "transformational" leadership opportunities are ones in which youth can see how their efforts make change happen in their communities. In an article by Currie (2002), the author state that girls must be well acquainted with themselves and critical of the status quo in order to lead and that they equate critical reflexivity with empowerment because it might enable girls to challenge discourses that help sustain women's subordination to men. In developing country contexts, such critical reflexivity could come with considerable risk to girls, who could pay a high price for questioning patriarchal norms that subjugate women and girls sometimes even as a matter of law but then again experience from various organizations shows that this kind of critical reflection can still be done in safe spaces where relationships and the enabling environment are set up to support girls and manage expectations for the change that they can make in their world, such as CARE's experience with a social learning curriculum in India helps children in the 10- to 14-year-old age group reflect on critical social issues in the classroom by combining classroom activities with real-life experiences (Currie, 2002),

Blohm (2003) has argued that while there is a preponderance of research on the use of formal schools to promote girls' education, there is little on teaching leadership within the formal school setting. One article that does discuss in-school programming for developing girl leaders is "Partnerships for Success,"³⁰ which describes the Young Women's Leadership School in East Harlem, New York, a single-sex, public school for grades 7 through 12. The school, established for motivated girls who are committed to working hard and accepting responsibility for personal and civic leadership, emphasizes inquiry learning, with a heavy emphasis on written and oral expression. Students are given many opportunities to learn how to lead and collaborate with others in a supportive environment.

Opportunities to apply the skills and experiences in real-life community settings are a related strategy. Girls actively participate in projects that build their leadership skills, their ability to work in a team, and their capacity to contribute to their community.

Hengstler, Enkel, & Duelli, (2016) state that democratic school environment emphasizing open communication, caring, and trust provides the backdrop. During focus-group interviews, participating girls and their parents indicated that the benefits of being involved in the program related to understanding the “nitty-gritty” of leadership and making decisions when practicing leadership. Although these examples are both from the United States, one can quickly see the possible application of leadership development activities in classrooms. Many programs in the developing world are already using girls’ leadership activities to advance educational outcomes.

For example, in Mali, a girls’ mentoring and life-skills program was one of five activities implemented under the USAID-supported Strategies for Advancing Girls’ Education (SAGE) Project to address inequities in educational access, retention and achievement. Similarly, CARE has programs in Bolivia, Guatemala, Honduras, India, and Tanzania that use leadership development activities for school girls. Given restrictions on free time for girls in developing countries, school-based models of leadership development certainly deserve a closer look in program design and policy implementation that aim to promote girls’ leadership (Borges, 2003).

Lewis (2007) alluded that in many developing countries, historically one’s propensity for leadership has been defined by social roles deeply entrenched in culture and the role theory of leadership loosely speaks to this phenomenon and that unfortunately leadership roles are defined and facilitated by expectations of others. Youths, specifically girls, may

not see themselves in a leadership role because their society does not consider them potential leaders it is crucial for girls' leadership models to overcome this barrier and encourage the inclusion of leadership in girlhood and this cannot happen without a critical mass of supportive mentors and champions for girls.

Chant & Gutmann (2005) highlighted the importance of building these networks in support for girls' leadership is also underscored by other organizations. UNICEF has girls' empowerment (GEM) clubs, with program elements that seem to echo those of girls' leadership. Through informative sessions, peer-to-peer counseling, and other activities, girls learn life skills and assertiveness, build self-confidence, and get support for speaking out against things they see need to change. Although the word leadership is not mentioned, GEM club members do raise awareness and spur peers and community members to action. The critical importance of supportive relationships is clear in these examples. The Girls Leading Our World (GLOW) program offered by Peace Corps shows how the out-of-school, safe-spaces strategy can be implemented in the developing world. GLOW includes camps designed to encourage young women to become active citizens by building self-esteem and confidence, increasing self-awareness, and developing skills in goal setting, assertion, and career planning.

Covey (2004) concurred adding that although each camp reflects the unique characteristics and diversity of the local community, all share similar principles and themes: developing leadership skills, improving self-esteem, increasing knowledge of women's health issues, and respecting one another. GLOW camps promote the belief that every young woman can make a difference in her community and offer adolescent girls self-development opportunities in a fun and friendly atmosphere. The creation of these various types of safe spaces and support from caring adults highlights the fact that many communities

do not place as strong an emphasis on girls' rights as they do other members of society. Safe spaces allow girls to have an outlet to freely express themselves and in so doing not only recognize their individuality, but also find their voice. With the help of thoughtful mentors, girls are more likely to speak out and try their leadership skills. This will help girls develop the confidence they need to increase their leadership abilities.

Meanwhile UNICEF (2004) maintained that these environments foster space for girls to speak freely and engage in activities without fear or shame of ten pathways to change have been identified. These pathways represent specific leverage points, referenced in the literature, about how to accelerate each of the three domains presented in the theory of change. This list is not exhaustive. Instead, it is designed to be selective and somewhat focused in order to test the theory of change over time. Ciulla (2005) demonstrated a pathway and indicated that this pathway includes activities to ensure that education processes, content and environments support learning for all girls and boys. It also acknowledges that students come to schools with different needs, and that getting children into school is not enough there must be learning involved as well. Above all, equitable, quality education ensures school systems treat all learners with dignity and respect, regardless of gender, culture or socioeconomic status; thus, allowing them to build a foundation for leadership competencies.

Evidence from evaluations of programs and policies, mostly in the developing world, that have been undertaken to increase girls' and women's education point to, among others, several important strategies. Textbook provision is almost universally accepted as an important tool for teaching and learning when the textbooks are used. But thumbing through textbooks used in primary schools in many countries around the world, one gets an immediate sense of the traditional and accepted gender roles in those countries. Over the

past three decades, an increasing number of studies have been undertaken to examine the gender content of textbooks: females tend to be greatly underrepresented; males and females are associated with certain personal traits; they are depicted in stereotyped ways in both occupational and domestic spheres (Blumberg, 2007). The content of textbooks has been slow to change, so they do not reflect actual progress in women's empowerment and changing roles in society and the economy. Ensuring gender equality is reflected in teaching and learning materials and across the education system may represent the strongest source of counter messages to traditional norms learned in the family, community, and national media (Stromquist, 2007 as quoted in Blumberg 2007).

Education opens doors of opportunities for young women, especially when they cannot count on family wealth, property, or business connections. Women with more years of schooling are more likely to find employment, own and operate productive farms or firms, and earn higher wages. In Kenya, for example, more education (and more inputs) for female farmers relative to male farmers increases farm yields by as much as 22 percent (Quisumbing, 1996).

A child whose mother can read is 50 percent more likely to live past age five. Indeed, the global decline in child mortality has been traced to increases in mothers' schooling, even after controlling for household income. Gakidou et al. (2010) estimate that, of the 8.2 million fewer deaths of children aged 5 years and below around the world between 1970 and 2009, one-half of the decrease can be attributed to the global increase in the schooling of women of reproductive age. Numerous empirical studies have shown that mother's education is critical for investments in the human capital of the next generation. For example, in India, children of more literate mothers study nearly two hours more a day than children of illiterate mothers in similar households (Behrman et al., 1999).

More educated mothers can protect their children's welfare during economic or environmental crises through a higher quality of care and their greater ability to mitigate adverse shocks, such as food price changes, that might reduce food intake. Finally, in the words of Urvashi Sahni, an Indian girls' education activist, "even without all the 'developmental and economic goodies' that come from girls' education, we should care about educating girls because it is inherently valuable to them and is their right" (Sahni, 2015). Whilst decision making helps in dealing productively with decisions about our lives, this can however have consequences for health if young people actively make decisions about their actions in relation to health by assessing the different options, and what effects different decisions may have; equally, problem solving permits one to deal constructively with difficulties in their lives. It is proven that substantial challenges that are left unsettled can cause mental stress and give rise to accompanying physical strain. On the other hand, creative thinking contributes to both decision making and problem solving by enabling one to explore the available options and various consequences of our actions or non-action (Yankah and Aggleton, 2008).

King & Winthrop (2015) give encouragement by highlighting progress that has been made. They indicated that globally, there are more girls getting educated than ever before and the gender gap in education has narrowed considerably. This progress reflects another type of progress that is worthy of celebration and one we can build on the emergence and consolidation of political and programmatic support for gender equality in education by civil society, national governments, the media, private sector and international development organizations. Any work today in accelerating progress in girls' education can build on very strong foundations.

Girls themselves, their parents, teachers, and communities have for decades worked to advance their education. Researchers have long studied girls' and boys' schooling and their different experiences of education. However, in the last quarter century, grassroots-level action has been promoted and amplified into national policy debates, donor strategies, media campaigns, multilateral action, and initiatives of increasingly high-profile global advocates (Basit (2017)).

Basit (2017) highlighted that HIV and AIDS is most likely to stop population growth in the provinces, as other proportion of potential parents (20-40) declines, the number of orphaned children will increase and poverty will deepen and school enrolment rate will rise. There may be negative school population growth in some places. Dropout rates due to poverty, illness, lack of motivation and trauma are clearly set to increase in the province. Absenteeism among children who are caregivers or heads of the households, those who help to supplement income and those who are ill, is bound to rise.

There may be an increased demand among sick parents for early childhood education and an increase in preschool intake. There may be greater demand for second chance education by learners returning to education after absence from the system or for more flexible learning opportunities for those who are ill, care givers or wage earners. On the other hand, these demands may be offset by fewer births and more deaths of under-fives and the fact that families will have less disposable income for school fees, voluntary funds, transport cost and uniforms (Kelly, 2000).

In a few years to come, fewer children will enroll in schools because of HIV positive mothers dying young of HIV complications. Children who are ill, impoverished, orphaned caring

for the younger children or earning and producing stay out of school. Kelly (2000) indicates that because of the impact, HIV and AIDS has diverse effects on the quality of education since it is most unlikely that learning achievement will remain unaffected. HIV and AIDS is eroding the supply of educators and thus increasing class sizes, which is likely to dent the quality of education. The disease is eating into family budgets, reducing the money available for school fees and increasing the pressure on children to drop out of school. This indicates that HIV/AIDS has a great impact on the education sector (Kelly, 2000).

In 2014, more than 5 million South Africans (over 9 percent) were unemployed; 3.4 million (nearly 70 percent) were youth aged 15 to 34 years. This is not unusual young people in this age group have 13 made up about 70 percent of total unemployment over the last decade. The rate of youth not in employment, education, or training has also stagnated at around 30 percent since 2012. Youth poverty is high, varies per province, and mirrors the patterns of unemployment. The economic context of young people in South Africa varies depending on race, class, and location, and directly impacts their quality of life, including access to housing, education, health, and other services. This is especially concerning, as households headed by young people aged 15 to 34 years accounted for 26 percent of all households in the country (Kelly, 2000).

Adolescent girls and young women are particularly impacted by economic opportunity and support networks. Family structure, the presence or absence of parents, and access to income and basic goods fundamentally affect access to schools and other critical services. This, in turn, affects individual behaviours and risk factors. Low levels of economic opportunity and weak support networks make adolescent girls and young women vulnerable to risky sexual behaviour and alcohol and substance abuse, which subsequently

increase their vulnerability to HIV infection and exposure to gender-based violence (Kelly, 2000).

2.5 Policy and Administration

Klein (2016) indicated that establishing a life skills initiative at national or sub-national level requires an infrastructure capable of developing a life skills program of widespread relevance and acceptability as well as managing the implementation and evaluation of the program over time. This infrastructure may take the form of two bodies: one being to manage the technical tasks of program design, implementation and evaluation, whereas the other to advise and supervise this process. These may be called, for example, the Life Skills Development Group and the Life Skills Advisory Panel, respectively.

The initiative for forming these groups may come from currently established agencies that have responsibility for health education (for example, a school curriculum development group or health education authority) or responsibility for specific aspects of preventive health education or interventions (for example, a drug abuse control council, AIDS prevention agency). The groups, as described here, are not necessarily new structures, since they may involve people that already work together on other areas, and may be brought together using an established forum (Klein, 2016).

A Life Skills Development Group may be formed for working on the development, implementation and evaluation of a life skills program. The coordinator of this group, the "project manager", is likely to have responsibilities for school (health) curriculum development, or a role in planning and developing school curriculum materials or school-based health

and social interventions. The project manager should be able to establish links with government agencies that should be mobilized in support of the life skills initiative. Members of the Life Skills Development Group might include people that hold posts which entitle them to decision making responsibilities over the content of school-based interventions, or represent established institutions with recognized authority in this field. They would be expected to have expertise in curriculum development or school-based interventions, and should have familiarity or expertise in the design of educational activities that matches the learning capabilities of the age groups targeted for life skills education. However, it should not be limited to these individuals. The contributions of other child and youth experts are helpful, for program design and later, during the implementation stages. Life skills-based education differentiates itself from skills-based health education in the content of topics that are covered. Skills-based health education focuses on health; life skills-based education concentrates on several topics such as human rights, citizenship, and social issues such as health Klein (2016).

It is the principal and other teachers who finally decide the arrangement of learning experiences and the methods of content presentation and he/she does most of the evaluation. In South Africa, it was found that lack of commitment by some principals to make the programme a success at the school level was a challenge facing the implementation of LSE. Some principals indicated that it was difficult for them to support the implementation of LSE because many learners in their schools are careless, irresponsible and have no vision and mission in life (Kyriakides, et al., 2018).

The principals felt there was little impact LSE could make on the learners even if the principals provided some support for the teaching of the subject in their school. The principal excuse for their lack of commitment to make Life Skills programme a success in

their schools may be considered a negative attitude. In Kenya, the principals complain of lack of time and overload which show a negative attitudes and thus inadequate implementation. In this study, the researcher intended to find out the head teachers attitudes towards the teaching of LSE as one of the reasons for ineffective implementation in Awendo and Uiri District (Kyriakides, et al., 2018).

Boelens et al. (2018) pointed out that most secondary school teachers are trained at public universities and diploma colleges and are required to specialise in two teaching subjects upon graduation. Since LSE was introduced in 2005, this means that most secondary school teachers have not received any LSE training as part of their pre-service training. The current situation calls for an urgent development of a comprehensive in-service training programme to empower teachers to deliver the changes that have been made in the existing school curricula including the introduction of LSE in secondary school in 2005. Training of teachers in the LS curriculum in Zimbabwe involves three days of training. This short duration of training is not sufficient to develop an understanding of content and empower teachers to teach LSE topic with confident (Latchem, 2018).

In Kenya, before the implementation of LSE started in schools, a cascade system of training was adopted. Education officers were trained who in turn, trained principals and two teachers from every school. The two trained teachers were to train other teachers in the school to teach LSE. In Kenya, Life Skills has been introduced in the curriculum and it is taught 1 as one lesson per week, but nobody has done a follow-up to establish whether the curriculum is being implemented or not. Although some teachers are willing to implement the programme, they still experience many challenges. These include: lack of sup-

port from the Ministry of Education; inadequate time allocation for teaching LSE and insufficient support and monitoring from the LSE department. They are also burdened by a workload and shortage of materials (Adhiambo, 2013).

Life Orientation has a long history of supporting child development and health promotion in many parts of the world. In 1986, the Ottawa Charter for Health Promotion recognised life skills in terms of making better health choices. The 1989 Convention on the Rights of the Child (CRC) linked life skills to education by stating that education should be directed towards the development of the child's fullest potential. The 1990 Jomtien Declaration on Education for All took this vision further and included life skills among essential learning tools for survival, capacity development and quality of life. The 2000 Dakar World Education Conference took a position that all young people and adults have the human right to benefit from an education that includes learning to know, to do, to live together and to be, and included life skills in two out of the six Education for all Goals (Giri & Sharma, 2019).

According to the Department of Education (2013), The National Curriculum Statement Grades R-12 serves the purposes of equipping learners, irrespective of their socio-economic background, race, gender, physical ability or intellectual ability, with the knowledge, skills and values necessary for self-fulfilment, and meaningful participation in society as citizens of a free country; providing access to higher education; facilitating the transition of learners from education institutions to the workplace; and providing employers with a sufficient profile of a learner's competences.

The National Curriculum Statement Grades R-12 is based on the following principles: social transformation: ensuring that the educational imbalances of the past are redressed, and that equal educational opportunities are provided for all sections of the population;

active and critical learning: encouraging an active and critical approach to learning, rather than rote and uncritical learning of given truths; high knowledge and high skills: the minimum standards of knowledge and skills to be achieved at each grade are specified and set high, achievable standards in all subject, progression: content and context of each grade shows progression from simple to complex; human rights, inclusivity, environmental and social justice: infusing the principles and practices of social and environmental justice and human rights as defined in the Constitution of the Republic of South Africa. (Department of Education (2013).

The National Curriculum Statement Grades R-12 is sensitive to issues of diversity such as poverty, inequality, race, gender, language, age, disability and other factors; Valuing indigenous knowledge systems: acknowledging the rich history and heritage of this country as important contributors to nurturing the values contained in the Constitution; and Credibility, quality and efficiency: providing an education that is comparable in quality, breadth and depth to those of other countries (Department of Education (2013).

The National Curriculum Statement Grades R-12 aims to produce learners that can: identify and solve problems and make decisions using critical and creative thinking; work effectively as individuals and with others as members of a team; organise and manage themselves and their activities responsibly and effectively; collect, analyse, organise and critically evaluate information; communicate effectively using visual, symbolic and/or language skills in various modes; use science and technology effectively and critically showing responsibility towards the environment and the health of others; and demonstrate an understanding of the world as a set of related systems by recognising that problem solving contexts do not exist in isolation (Department of Education (2013).

2.6 The implementation, the design and actual conducting of LO.

The life skills and HIV/AIDS education program initiative of the Department of Health and Education was implemented in 1995 targeting secondary schools in certain grades. Yet, implementation on a large scale in all grades is proving to be difficult. The program has experienced limited success in some schools with the better resourced schools experiencing the most benefits and presently in school curriculum, issues relating sexuality and HIV and AIDS infection is offered within the Life Orientation Class and is expected to cover a wide range of issues from environmental education, sexuality education, HIV and AIDS, career and the world of work. Additionally, this learning area has been allocated the least amount of time in the school timetable, unfortunately is usually not taught at all and in most schools' teachers use Life skills period to teach other examination period (Kelly, 2010).

Coombe (2000a) alluded research on the inclusion and quality of HIV and AIDS education courses for student teachers was conducted in departments of education at universities, and in colleges of education in South Africa. Findings indicate that the development of appropriate courses is still inadequate in the face of growing epidemic (beyond awareness campaign as cited by Crombe, 2000a). Life skills remain a neglected area in the training of new teachers entering the profession. Life skills courses are on offer but HIV and AIDS compulsory for all teachers in training. One of the aims of the WHO/EI collaborative project is to address this issue and make recommendations to the Council for Higher and training to ensure that HIV and AIDS become a compulsory part of the core curriculum for the pre-service training for new teachers (Coombe, 2000a).

HIV and AIDS must be given a priority in the nation's curriculum including the curriculum for the teachers training (both in service and pre-service. This would be translated into more time allocated to teach Life skills and more teachers trained in the area and all principles, school management teams, schools governing bodies being work shopped and trained to provide the support required to implement the Life skills curriculum effectively. Furthermore, the Life Skills program should cut across all levels of education from pre-school to secondary levels (Coombe, 2000a).

International research and the South African experience have shown that complicity between teacher and learner facilitates the success of education programs in schools. Encouraging learners and teachers and teachers to assume ownership of learning in schools is crucial. This can be fostered by including the inclusion of teachers and learners in the conceptualization, design and implementation of the Life Skills and HIV and AIDS education programs and the development of learning support material can foster this (Coombe, 2000a).

Learners themselves are one of the most underutilized resources in schools hence research has overwhelmingly illustrated that learners best from their peers, especially on issues of sexuality and health. Teachers should be encouraged and empowered to adopt peer education techniques when implementing the Life Skills programs. The approach recognizes the powerful socializing influence that young people have over each other and seeks to win the potency of peer pressure over its side (Coombe, 2000a).

Research indicated that very few programs on HIV and AIDS seek to contextualize messages about HIV and AIDS within the cultural discourse of traditional ideas hence they do

not acknowledge the build on the understanding and belief of those they seek to influence (Kippax, Smith & Aggleton, 2000). It would therefore be appropriate for Like Skills programs to be developed within the contextual boundaries of school community. The health promoting schools concept attempts to bridge this gap between community and the schools within a right based framework. This concept includes parents, community leaders, health workers and traditional healers who will work alongside the school, share their experience and expertise with the school and shape the school curriculum to meet the needs of the community. These programs must include counselling for those who are infected and affected as well as community outreach programs for AIDS orphans (Kippax, Smith & Aggleton, 2000).

The huge challenge of HIV and AIDS demands that, where possible, all teachers should be equipped to fight the disease on a personal and professional level. According to researchers Life Skills as a subject in schools suffer a “Cinderella” status and therefore usually falls to female teacher. The subject suffers a lack of credibility because it is viewed as a “woman issue” by some male learners and male teachers in the schools. Male educator in most secondary schools teach high-status subjects like Mathematics and Science, while Life Skills, which is viewed as a low –status subject is given to female teachers. It therefore becomes essential to shift this perception by ensuring that there is a gender based balance in the spread of teachers teaching Life Skills and implementing HIV and AIDS education programs (Klippax, Smith & Aggleton, 2000).

Whitley et., al (2019) state that the training programs for Life Skills and other HIV and AIDS education programs must be holistic and comprehensive they should include the following issues: the role of teachers in implementing Life Skills or HIV and AIDS educa-

tion programs, the role of educators in fueling the pandemic, work related issues regarding HIV and AIDS, for example, absenteeism, confidentiality, policies, legislation and codes of conduct and building partnership in the fight against HIV and AIDS, especially establishing community schools for AIDS orphans. Women continue to be under represented in the leadership and the high-profile position in education system and the teachers' unions for that reason this practice needs to be urgently addressed to challenge the low status of women and break down the male "buddy" system which fuels the epidemic.

Teacher unions in South Africa are now employing a quota system that promotes gender equality. Quotas are established to ensure that women are present in activities of the unions including representation on its constitutional structure. The education on the other hand is governed by the Employment Equity Act which requires the employment hierarchy to reflect the demographics of this country. Albeit these are progressive actions that could empower women, they are far from being implemented hence great needs exist for a greater commitment from all sectors to ensure that these obligations are met (Klippax, Smith & Aggleton, 2000).

HIV and AIDS education for adolescents in grade 10-12 does not differ much from adult education, though it is important to remember that adolescents respond better to messages to messages that emphasize their rights rather their responsibilities. Adolescents must be given assurance that they have the right to education, the right to protect themselves and that the right to information and protection indirectly implies responsibilities.

The following guidelines for HIV and AIDS prevention are offered in Davidson (1988):

- Information given in the senior phase must be revised and insurance must be made that learners have correct information about the definition of AIDS/HIV, the effect on the immune system, symptoms and the management of infection.
- The knowledge around prevention of HIV by abstaining, delaying sex, by using a condom (even in combination with other birth control methods), by using drugs, and by never sharing needles or syringes.
- The needs for young people who are not heterosexual are often ignored or avoided in turn they lack access to information about same sex practices. It is critical that sexuality education include the needs and questions of all young people and that if educators feel uncomfortable about discussing safer sex with gay or lesbian adolescents, they should refer them to an organisation where they can access appropriate information.
- As we teach HIV and AIDS issues as real and vivid as possible, we should be mindful of not frightening learners.
- Movies about HIV positive people or classroom visits from people with HIV often help students to overcome their denial of the disease and give HIV/AIDS a human face.

HIV/AIDS is most likely to stop population growth in the provinces, as other proportion of potential parents (20-40) declines, the number of orphaned children will increase and poverty will deepen and school enrolment rate will rise. There may be negative school population growth in some places. Dropout rates due to poverty, illness, lack of motivation and trauma are clearly set to increase in the province. Absenteeism among children who are caregivers or heads of the households, those who help to supplement income and

those who are ill, is bound to rise. There may be an increased demand among sick parents for early childhood education and an increase in preschool intake. There may be greater demand for second chance education by learners returning to education after absence from the system or for more flexible learning opportunities for those who are ill, care givers or wage earners. On the other hand, these demands may be offset by fewer births and more deaths of under-fives and the fact that families will have less disposable income for school fees, voluntary funds, transport cost and uniforms (Kelly, 2000).

In a few years to come, fewer children will enroll in schools because of HIV positive mothers dying young of HIV complications. Children who are ill, impoverished, orphaned caring for the younger children or earning and producing stay out of school. Kelly (2000) indicates that because of the impact, HIV and AIDS has diverse effects on the quality of education since it is most unlikely that learning achievement will remain unaffected by factors such as:

- Frequent educator absenteeism
- Repeated bouts of educators' sickness
- Increased reliance on less qualified educators
- Sporadic student attendance
- Low educator morale
- Considerable student and educator trauma
- Inability on the part of both educators and students to concentrate on the school-work because of the concern for those who are sick at home;
- Repeated occasions for grief and mourning in the school, in families and in the community,
- Fear by girls and young that may be sexually or maltreated,

- Unhappiness and fear of stigmatization and ostracism on the part of both educators and learners who have been affected by HIV and AIDS and
- Educators uneasiness and uncertainty about personal status

HIV and AIDS is eroding the supply of educators and thus increasing class sizes, which is likely to dent the quality of education. The disease is eating into family budgets, reducing the money available for schools' fees and increasing the pressure on children to drop out of school. This indicates that HIV/AIDS has a great impact on the education sector (Kelly, 2000).

It is argued in UNICEF (2014), that adolescence is another critical window of opportunity upon which to build and consolidate investments made in early childhood and that the foundations laid down during this period in terms of emotional security, physical well-being, education and skills will have profound implications for successful transitions to adulthood and equality in outcomes. Agreeably, adolescence is a time when gender roles are consolidated and vulnerabilities are heightened although if not adequately addressed, girls' lives can be severely constrained by child marriage, school dropout, early pregnancy and gender-based violence. On the other hand, boys face pressures such as premature adult responsibilities, punitive criminal justice policies, and exposure to violence, labour and other challenges that limit their full development and sadly for adolescents, these adverse influences can be life-changing.

Unfortunately, without adequate support for early childhood and adolescent development according to Rehm (2014), potential demographic dividend in terms of social welfare,

economic growth and political stability will not be realized. The arguments for investing in adolescence are fivefold:

The first is that it is right in principle under existing human rights treaties including the Convention on the Rights of the Child, which applies to around 80 per cent of adolescents, and the Convention on the Elimination of All Forms of Discrimination against Women, which applies to all adolescent females. Second, investing in adolescence is the most effective way to consolidate the historic global gains achieved in early and middle childhood since 1990 (Dawood, 2012).

The 33 per cent reduction in the global under-five mortality rate, the near elimination of gender gaps in primary school enrolment in several developing regions and the considerable gains achieved in improving access to primary schooling, safe water and critical medicines such as routine immunizations and antiretroviral drugs all are testament to the tremendous recent progress achieved for children in early and middle childhood. But the paucity of attention and resources devoted to adolescents is threatening to limit the impact of these efforts in the second decade of an individual's life (Dawood, 2012).

Austrian (2011) concurred, painting a gloomy picture highlighting that there is some evidence from around the world which revealed just how precarious that decade can be, that 81 000 Brazilian adolescents, between the ages of 15–19 years old were murdered between 1998 and 2008 and that global net attendance for secondary school is roughly one third lower than for primary school of which one third of all new HIV cases involve young people aged 15–24 worldwide. In the developing world with an exemption of China, 1 in every 3 girls gets married before the age of 18. It is then extremely hard to avoid this question when confronted with such facts: Are our efforts in support of children's rights

and well-being limited by a lack of support or adolescents? Thirdly, it has been proven that investing in adolescents can help accelerate the fight against poverty, inequity and gender discrimination. Adolescence is the pivotal decade when poverty and inequity often pass to the next generation as poor adolescent girls give birth to impoverished children with evidence showing that this is particularly true among adolescents with low levels of education and sadly almost half the world's adolescents of the appropriate age do not attend secondary school (Spatig, L et al., 2001).

Strickland (2007) argued that the global economic crisis has produced a generation' of adults, called the future generation or simply the future, he states that adolescents are also firmly part of the present living, working, contributing to households, communities, societies and economies, that they do deserve protection and care no less than children, essential commodities and services, opportunities and support, as well as recognition of their existence and worth and that indeed, in some contexts particularly with regard to child protection risks such as child marriage, commercial sexual exploitation and children in conflict with the law, adolescents, out of all children, may have the greatest needs.

These facts point to an undeniable truth, which is that both now and in the coming decades, the fight against poverty, inequality and gender discrimination will be incomplete, and its effectiveness compromised, without a stronger focus on adolescent development and participation and that this truth is known and accepted by many. In the push to meet the Millennium Development Goals and other aspects of the Millennium Declaration, however, there is a risk that the needs of adolescents are not being given sufficient consideration and their voices, though heard, are rarely heeded. Adolescents have long demanded that we keep the promise made in the 2000 Millennium Declaration, which is to

create a world of tolerance, security, peace and equity, a world fit for children, adolescents and young people and indeed for all of us (Harrison, 2008).

Girls' leadership programs appear to be more successful when in addition to providing the opportunities for acts of leadership and that that they also include structured activities for self-reflection and discovery. These "transformational" leadership opportunities are ones in which youth can see how their efforts make change happen in their communities. In an article by Currie, et al. (2002), the authors state that girls must be well acquainted with themselves and critical of the status quo to lead and that they equate critical reflexivity with empowerment because it might enable girls to challenge discourses that help sustain women's subordination to men. In developing country contexts, such critical reflexivity could come with considerable risk to girls, who could pay a high price for questioning patriarchal norms that subjugate women and girls sometimes even as a matter of law but then again experience from various organizations shows that this kind of critical reflection can still be done in safe spaces where relationships and the enabling environment are set up to support girls and manage expectations for the change that they can make in their world, such as CARE's experience with a social learning curriculum in India helps children in the 10- to 14-year-old age group reflect on critical social issues in the classroom by combining classroom activities with real-life experiences.

Blohm (2003) has argued that while there is a preponderance of research on the use of formal schools to promote girls' education, there is little on teaching leadership within the formal school setting. One article that does discuss in-school programming for developing girl leaders is "Partnerships for Success,"³⁰ which describes the Young Women's Leadership School in East Harlem, New York, a single-sex, public school for grades 7 through 12. The school, established for motivated girls who are committed to working hard and

accepting responsibility for personal and civic leadership, emphasizes inquiry learning, with a heavy emphasis on written and oral expression. Students are given many opportunities to learn how to lead and collaborate with others in a supportive environment. Opportunities to apply the skills and experiences in real-life community settings are a related strategy. Girls actively participate in projects that “build their leadership skills, their ability to work in a team, and their capacity to contribute to their community.”

A democratic school environment emphasizing open communication, caring, and trust provides the backdrop. During focus-group interviews, participating girls and their parents indicated that the benefits of being involved in the program related to understanding the “nitty-gritty” of leadership and making decisions when practicing leadership. Although these examples are both from the United States, one can quickly see the possible application of leadership development activities in classrooms (Borges, 2003).

Many programs in the developing world are already using girls’ leadership activities to advance educational outcomes. For example, in Mali, a girls’ mentoring and life-skills program was one of five activities implemented under the USAID-supported Strategies for Advancing Girls’ Education (SAGE) Project to address inequities in educational access, retention and achievement. Similarly, CARE has programs in Bolivia, Guatemala, Honduras, India, and Tanzania that use leadership development activities for school girls. Given restrictions on free time for girls in developing countries, school-based models of leadership development certainly deserve a closer look in program design and policy implementation that aim to promote girls’ leadership (Borges, 2003).

Lewis (2007) alluded that in many developing countries, historically one’s propensity for leadership has been defined by social roles deeply entrenched in culture and The Role

Theory of Leadership loosely speaks to this phenomenon and that unfortunately leadership roles are defined and facilitated by expectations of others. Youths, specifically girls, may not see themselves in a leadership role because their society does not consider them potential leaders it is crucial for girls' leadership models to overcome this barrier and encourage the inclusion of leadership in girlhood and this cannot happen without a critical mass of supportive mentors and champions for girls.

Chant, S., and M. Gutmann (2005) argued that the importance of building these networks in support for girls' leadership is also underscored by other organizations. UNICEF has girls' empowerment (GEM) clubs, with program elements that seem to echo those of girls' leadership. Through informative sessions, peer-to-peer counseling, and other activities, girls learn life skills and assertiveness, build self-confidence, and get support for speaking out against things they see need to change. Although the word leadership is not mentioned, GEM club members do raise awareness and spur peers and community members to action. The critical importance of supportive relationships is clear in these examples. The Girls Leading Our World (GLOW) program offered by Peace Corps shows how the out-of-school, safe-spaces strategy can be implemented in the developing world. GLOW includes camps designed "to encourage young women to become active citizens by building self-esteem and confidence, increasing self-awareness, and developing skills in goal setting, assertion, and career planning."

Covey (2004) concurred adding that although each camp reflects the unique characteristics and diversity of the local community, all share similar principles and themes: developing leadership skills, improving self-esteem, increasing knowledge of women's health issues, and respecting one another. GLOW camps promote the belief that every young

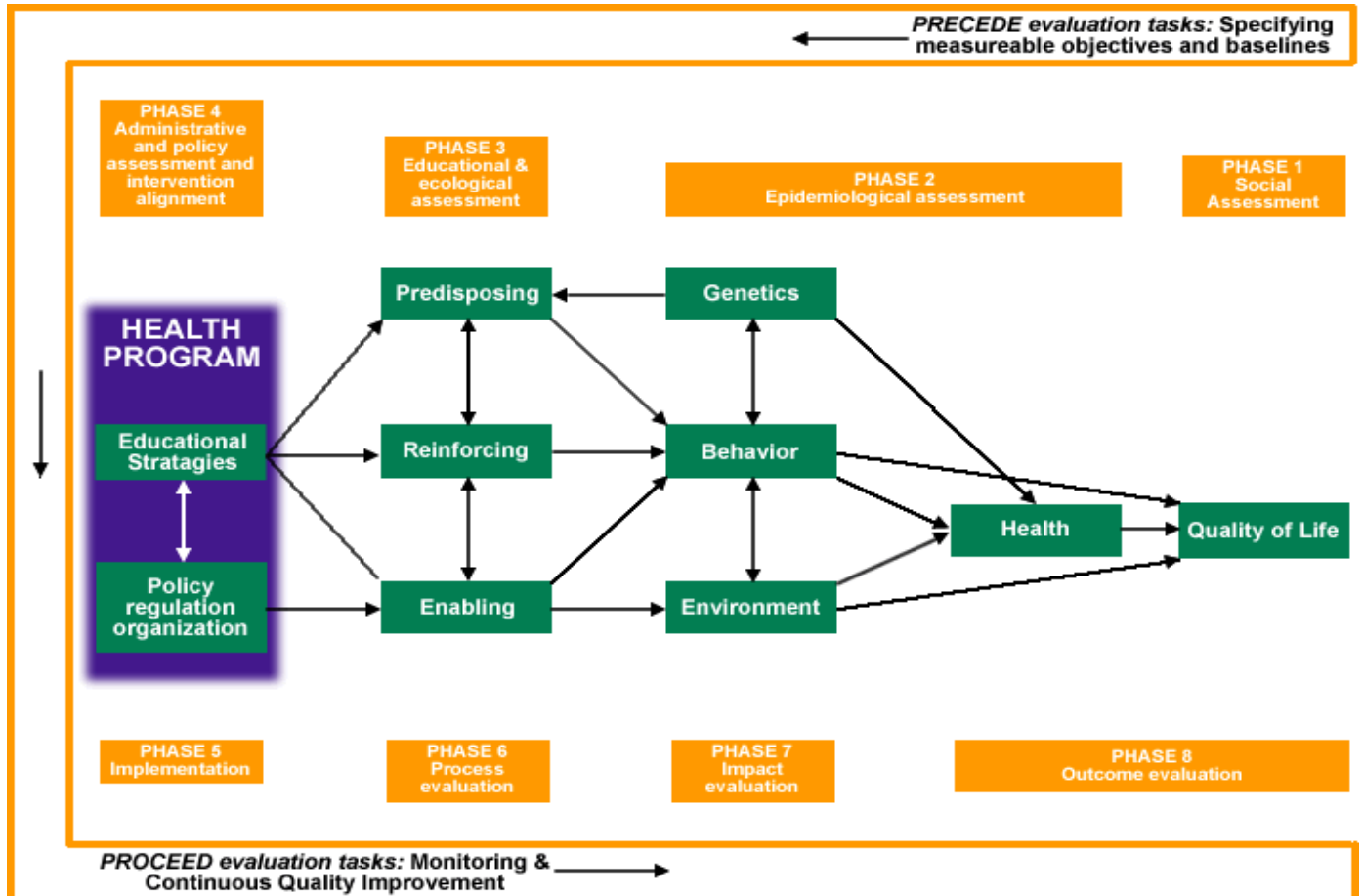
woman can make a difference in her community and offer adolescent girls self-development opportunities in a fun and friendly atmosphere. The creation of these various types of safe spaces and support from caring adults highlights the fact that many communities do not place as strong an emphasis on girls' rights as they do other members of society. Safe spaces allow girls to have an outlet to freely express themselves and in so doing not only recognize their individuality, but also find their voice. With the help of thoughtful mentors, girls are more likely to speak out and try their leadership skills. This will help girls develop the confidence they need to increase their leadership abilities.

Meanwhile UNICEF (2004) maintained that these environments foster space for girls to speak freely and engage in activities without fear or shame of ten pathways to change have been identified. These pathways represent specific leverage points, referenced in the literature, about how to accelerate each of the three domains presented in the theory of change. This list is not exhaustive. Instead, it is designed to be selective and somewhat focused in order to test the theory of change over time.

Ciulla (2005) demonstrated a pathway and indicated that this pathway includes activities to ensure that education processes, content and environments support learning for all girls and boys. It also acknowledges that students come to schools with different needs, and that getting children into school is not enough there must be learning involved as well. Above all, equitable, quality education ensures school systems treat all learners with dignity and respect, regardless of gender, culture or socioeconomic status; thus, allowing them to build a foundation for leadership competencies.

2.7 Conceptual framework of the study

The Precede-Proceed model



Crosby, R. & Noar, S. (2011)

The Precede-Proceed model

The study objectives set the scene and identified the key tasks that needs to be undertaken (Ahmed et al., 2017). The researcher applied the *PRECEDE-PROCEED* theory to

achieve the objectives of the study. The benefit of this conceptual model is that it reduces the risk of subjectivity by creating disparate sources of data to ensure that initiatives with the greatest potential of achieving the best health outcomes are implemented. The Model is based on the evidence that the determinants of health and health risks are multifactorial and that multifaceted and multi-sectoral efforts are required to effect behavioral, environmental, and social change (Singh et al., 2017).

PRECEDE is an acronym that stands for predisposing, reinforcing, and enabling constructs in education, diagnosis, and evaluation, while PROCEED is the second part of the conceptual model and involves four phases that are focused on implementation and evaluation. These processes work in unison with the PRECEDE phases facilitating the identification of priorities and the setting of objectives, while the PROCEED phases assist in identifying the criteria for policy implementation and subsequent evaluation (Phillips, 2012). A major strength of this Model is its capacity to facilitate identification of the desired outcomes at the outset of the planning process, which determines the evaluation metrics between the priority health problems and the communities' needs to be established and focused on the planning process (Phillips, 2012).

Phases 1 and 2: Identify factors influencing implementation of existing LO.

Phase 1 and 2 subjectively defined the Quality of Life (problems and priorities) of the priority population. In this case, for this study, the problem facing adolescent girls, between the ages of 15 and 24 is risky sexual behaviours, resulting in high rates of HIV infection, teenage pregnancies and school dropout. According to this framework, there is a need for social diagnosis when implementing a programme. This is when the community is asked about what they want and need to improve their quality of life. It is in these two

phases where the objectives of the intervention are created. Adolescent must be encouraged to drive the programme, support the implementation of interventions, and provide input into the strategy and direction of the campaign. An area of concern was highlighted that learners felt that they were not considered during the development of Life Orientation curriculum. In a study conducted by Karlsdóttir et al. (2019), learners expressed concern that they felt underutilised. Sufficient research has overwhelming illustrated that learners learn best from their peers, especially on issues of sexuality and health. Looking at the disintegrating Life Orientation programme in South Africa, it is safe to say that there is a need to review the current programme and for new strategies to improve the current curriculum.

Phase 3: Behavioural and Environmental Assessment.

The “behavioural and environmental assessment” facilitated identification of the specific health problems that may contribute to the target populations’ quality of life, social goals or problems. This phase assisted in identifying risk factors that deserve priority based on their perceived importance and changeability. In phase 1 and 2, it was identified that the lack of support the Department of Education was impacting the successful implementation of LO programme. the teacher felt that the Department of Education was not providing the necessary support which left them feeling demoralised (Phillips, 2012).

The impact of this then is the disproportionate burden of HIV among 15-24-year-old adolescent girls and young women. In addition, there are babies born to adolescent girls and young women aged 18 years and younger each year many of them unplanned. Adolescent girls still engaged in risky sexual behaviours and a third of young women who have dated older men have experienced violence, and this age group has the highest rate of

rape reported to the police. These problems both compound and are compounded by high school dropout, and low education attainment. This results in a large section of the population who are under-equipped for contributing to the national economy and thus many experience long term unemployment and poverty. Limpopo needs an evidence-based, strategic response to lift the burden of ill-health and disadvantage from the shoulders of young women and release our communities from the web of health and social problems and the Department of Education is to support this (Phillips, 2012).

Phase 4: Educational and Ecological Assessment.

In Phase 4 of the model, the researcher identifies the predisposing, enabling, and reinforcing factors that act as supports for or barriers to changing the behaviours and environmental factors identified in Phase 3. In this phase, intervention is planned. The researcher identifies and classifies factors that have potential to influence behaviour or change the environment. This phase facilitates systematic identification of health problems and associated risk factors that deserve priority based on their perceived importance and changeability, whilst considering the effective allocation of limited resources. Importantly, this stage focuses on the development of the intervention to address the identified health problem. Having the critical reference groups assess and ranked the predisposing, reinforcing or enabling factors helps drive the change management processes(Phillips, 2012).

Francis (2012) stated that with the current Life Orientation, many educators resist teaching about HIV because they doubt whether issues of sexuality or appropriate sexual attitudes form part of their work as educators since their entire educator training and orientation were directed towards academic areas. He emphasised the importance for training

programmes to challenge these perceptions by impressing upon educators their crucial role in fighting the pandemic. He added that the training programme must balance knowledge, skills, values and attitudes and others. Teaching methodologies should be examined for example. use of participatory techniques, drama, theatre, small group discussion and so on.

Phase 5: Administrative and Policy Assessment

In Phase 5, administrative and policy diagnosis, the researcher identifies (and adjusts where necessary) the internal administrative issues and internal and external policy issues that can affect the successful conduct of the intervention. Those administrative and policy concerns include generating the funding and other resources for the intervention and determining if capabilities and resources are available to develop and implement the programme. Milton & Lambe (2016) allude that, this stage is close to the end of PRECEDE and moving toward PROCEED. It focuses on administrative and organisational concerns which must be addressed prior to programme implementation. It includes assessment of resources, budget development and allocation, development of implementation timetable, organisation and co-ordination with others. Policies, resources and circumstances and prevailing organisational situations that could hinder or facilitate the development of the programme policy are analysed. The compatibility of the programme goals/objectives with those of the organisation and its administration are assessed.

In South Africa, provincial departments of education began the implementation of the NSP (2000-2005) life skills programme in secondary schools in conjunction with the plan developed by the DOH (Nchabeleng, 2018). The formulation of life skills education was de-

layed due to several factors despite considerable progress in crafting a national framework for life skills programmes. Access to available funds was severely limited to three sources of funding and others. DOH, DOE and EU. Most of the delays were because each donor had different procedures and guidelines for releasing funds and the lack of technical expertise by the DOE. The implementation of the life skills education programme in secondary schools was severely affected by these constraints. Provinces like Eastern Cape and Limpopo were affected the most. The geographical rate of infection was not reflected due to these provinces' inability to access funds since funds were unequally distributed. The unequal provincial contributions to the programme exacerbated the problem. The inability to formulate business plans to access funding was exaggerated by the lack of technical, administrative and managerial support by the DOE (Nchabeleng, 2018).

2.8 Application of the framework in this study

The study will only focus on phases from 1 to 5. In the application of the *Precede -proceed*, the researcher used an interesting scenario a contractor setting out to build a house, the builder would not just pick out whatever material he finds lying around and begin building. However, he would consult first with the owner, and start with an idea of the house she wanted. They will discuss the desired size, shape, features. The builder must be given a picture of the finished house, and a floor plan as well, with some notes on measurements and materials. He would plan the construction with owner, and set out a process for getting it done. And would do all this before you ever picked up a tool, because otherwise the process would be hit-or-miss: the client wouldn't get the house she wanted, and the contractor would have waisted his time.

The scenario same is applicable in developing an intervention to address a health or community problem, this study refers to the Life Orientation programme. It makes no sense to pick for the health worker to pick an issue at random, and to use whatever resources that happens to be available to try to address the problem. The health worker consult with the community, understand and analyse community information, his or her own and others' observation, and the context of the issue to create an intervention that will bring about the changes the community. With this, study while applying the PPM, health workers are advised to first consult with learners, guardians, teachers, policy makers for the programme to effective, something that did not happen when LO was introduced.

Behind PPM lie some assumptions about the prevention of social ills and promotion of health, and, by extension, about other community issues as well. Since the health-promoting behaviours and activities that individuals engage in are almost always voluntary, carrying out health promotion must involve those whose behaviour or actions the health worker wishes to transform. PRECEDE-PROCEED should be a participatory process, involving all stakeholders those affected by the issue or condition in question – from the beginning. Health is, by its very nature, a community issue. It is influenced by community attitudes, shaped by the community environment (physical, social, political, and economic), and coloured by community history. Health is an integral part of a larger context, probably most clearly defined as quality of life, and it's within that context that it must be considered. It is only one of many factors that make life better or worse for individuals and the community. It therefore influences, and is influenced by, much more than seems directly connected to it.

For this study, PRECEDE will follow four phases: Phase 1: At the onset, the ultimate desired result is identified. Phase 2: it is crucial that we are identifying and set priorities among community issues and their behavioural determinants that stand in the way of achieving that result, or conditions that must be attained to achieve that result; and identifying the behaviours and lifestyle factors that affect those issues or conditions of people of the Vhembe and Mopani communities. Phase 3: We will be identifying the predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors given priority in Phase 2. Whilst, phase 4, concentrate on identifying the administrative and policy factors that influence Life Orientation programme. This might be policies governing the school curriculum.

2.9 Summary

The chapter reviewed various literature in relation to the teaching of LO in secondary schools. It has been found that most teachers have not been trained on LO and those few who have attended the in-service training on LO argue that the in-service training is inadequate, and it has failed to equip teachers with requisite skills to handle it successfully. The literature review has also revealed that the level of availability and adequacy of teaching /learning resources affects effective implementation and challenges faced in implementing Life Skills Education. The literature has also reviewed teaching methodologies by teachers. Literature has also revealed that there are limited studies on LO as a subject in secondary schools that have been carried out.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This section details and justifies the preferred research approach, the designs underpinning the research, data collection strategy, the sampling techniques that were employed to construct the desired sample and data analysis procedures. The remainder of this section addressed issues of reliability and validity, limitations of the study as well as research ethics. The aim was to demonstrate steps that the researcher followed when conducting the study.

Research does not always guide decisions. Scholars define it as a collection of methods that researchers apply systematically to produce scientifically based knowledge about the social world (Neuman, 2006). Whether simple or complicated, research is always a process involving several stages which form a cycle. The process starts with a problem and ends with suggested solutions to the problem. The problem statement is a stem which the whole research revolves around, because it explains in short, what the researcher aims to achieve.

Secondly, research is a purposeful and systematic process of collecting or searching for new knowledge, skills, or a personal view of something and analyzing information or data to increase the understanding of the problem with which one is concerned or

interested. Research can either be qualitative, quantitative or mixed method. Quantitative research relies primarily on the collection of quantitative data, whilst qualitative research is structured, logical, measured and wide. Researchers tend to use surveys and questionnaires for this type of research. In short, quantitative research generally focuses on measuring social reality (Neuman, 2006).

Research of this nature can be divided into two main types, relational and prediction studies, the first being an investigation of possible relationships between phenomena to establish if correlation exists and if so to what extent, and then the second type (prediction studies) which are normally carried out where correlation is already known, and the knowledge is then used to predict possible future behaviour or events, on the basis that if there has been a strong relationship between two or more characteristics or events in the past, then these should exist in similar circumstances in the future, leading to a predictable outcome (Walliman, 2005).

On the other hand, there is qualitative research, which stands in contrast to the methods of quantitative research, and employs different knowledge claims, strategies of inquiry and methods of data collection, where a qualitative researcher often goes to the site of the participant and such research usually happens in the natural environment. Creswell (2003) indicates that qualitative research uses the language of cases and context; they employ bricolage, examine social processes and cases in the social context and look at interpretations or the creation of meaning in a specific setting (Neuman, 2006).

Since literature and practice suggest that institutions Life Orientation is effective is implemented correctly, the study will examine the claims of the presented research questions

in the next chapters. It would not, however, become clearer on its own, hence the researcher needed to measure both a social phenomenon and a quantitative aspect thus leading to the researcher adopting a mixed method approach. Creswell (2003) confirms that whilst a research problem can emanate from different sources, some of these problems might need a mixed method approach for several reasons, amongst them being that the concept is immature due to a conspicuous lack of theory and previous research, or it may be that the available theory is incorrect, inaccurate or inappropriate. Thus, the researcher finds herself having to deal with both the aspect of perception which is generally a qualitative issue and the concept of the level of awareness which is largely a quantitative issue.

3.2 Description of the study area

The study subject is adolescent girls, from Vhembe and Mopani Districts. For the purposes of this study, focus was directed and limited to the adolescent girls between the ages of 15-19 years old who were attending secondary schools at the above mentioned selected districts. This research study aims to facilitate existing Life Orientation programmes in Limpopo, by adopting both quantitative and qualitative approaches. Questionnaires were used to gather data from learners and structured interviews were directed at teachers and focus group discussions was used to capture perception from guardians.



Figure 3.1: Map of districts in Limpopo Province, South Africa
https://www.places.co.za/html/limpopo_map.html.

3.3 Research design

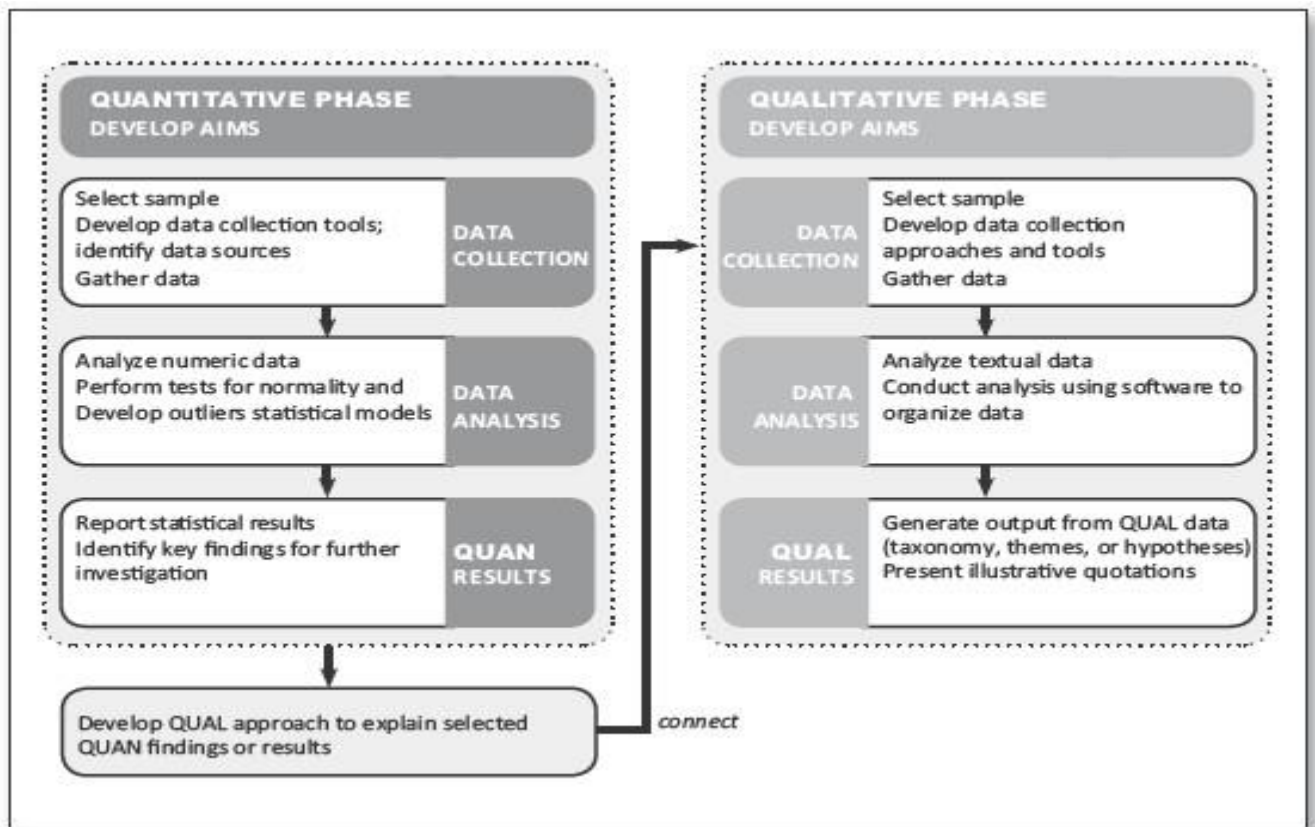


Figure 3.2 sequential method: <https://dx.doi.org/10.4135/9781483390659.n6>

A research design is the plan according to which research participants (subjects) are identified and information obtained from them, describing what will be done with the participants with a view to reaching conclusions about the research problem (Welman, 1999). A research plan that shows how the researcher will go about meeting the objectives of the study. It details the process that will be followed to collect the required data; the target

group from which such data will be obtained as well as the strategy that will be used to report the results (Ary et al., 2018). Whilst the definition of research design may be contested by scholars, Devos (2005) concurs with Rubin and Babbie (2001) in that they all see it as the logical arrangement regarding the decisions taken when planning the study. To be more specific, Devos uses the word research design to refer to those groups of small formulas from which prospective researchers can select or develop an approach suitable to their specific research goals and objectives (Devos, 2005). It is a blueprint or plan about how one wants to do research in line with the questions they want to answer.

The researcher employed a sequential design using a questionnaire to identify factors influencing implementation of existing Life Orientation curriculum in secondary schools and then follow up with in-depth focus group discussions with guardians and interviews with teachers to identify the predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors contributing to the implementation of Life skills programmes in schools. Thus, the researcher collects quantitative data as well as individual qualitative interview data (Ivankova, Creswell and Plano Clark, 2007).

According to Ivankova, Creswell and Plano Clark (2007) there are three recognized approaches for the procedures for conducting research: Quantitative, Qualitative and Mixed methods. Quantitative and Qualitative approaches to research are well established in the social and behavioural sciences.

The study begins with a broad quantitative approach to generalise results to a population and then, and the second phase, focused on qualitative, open-ended interviews to collect detailed views from participants to help explain the initial quantitative survey. Furthermore, a mixed method focused on interpreting, analysing, and mixing both qualitative and

quantitative data in a single study or series of studies. New technologies and methods have afforded new opportunities for researchers to address questions with quantitative methods. Quantitative research relies on a positivist approach to social science, applying reconstructed logic and following a linear research path that includes variables and hypothesis. The emphasis of a quantitative study is on measuring variables and testing hypotheses that are linked to general causal explanation (Neuman, 2006).

3.4 PHASE 1A: QUANTITATIVE STRAND

The quantitative strand of the study will be the first phase of the study. This is because the researcher will start with the quantitative study and based on the results of the study then there will be a qualitative study (Creswell, 2014).

Quantitative approach is built on measurement of amount, and the outcome is a number or set of numbers. It is numerical, non-descriptive with definite results often presented in graphs and tables (Rajasekar, Philominathan, & Chinnathambi, 2013). Phase 1a identified factors influencing the implementation of existing Life Orientation curriculum in secondary schools.

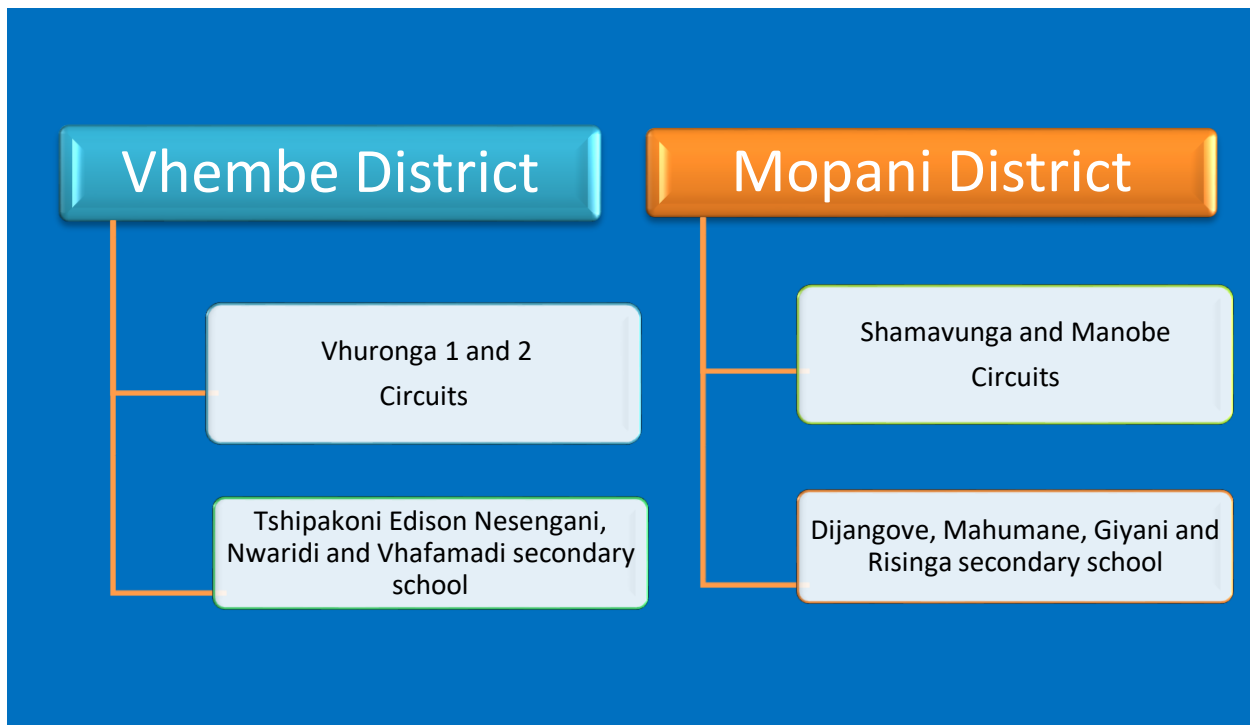
3.4.1 Research population

Creswell (2013) describes a population as any group of individuals who have one or more characteristics in common that are of interest to the researcher. In the same vein, Creswell and Planoclark (2007) elaborate that population in a research context is any target group of individuals that has one or more characteristic(s) in common that is of interest to the researcher for purposes of gaining information and drawing conclusions.

The population of this study was all girl learners in grade 10, 11 and 12 in Mopani and Vhembe Districts.

3.4.2 Sample and Sampling

Table 3.1: summary of sampling



The term sample implies the simultaneous existence of a population or universe of which the sample is a smaller section or a set of individuals selected from a population (De Vos, Strydom, Fouche and Delpont, 2005:193). According to Arkava and Lane (in De Vos et al., 2005) a sample thus comprises elements of the population considered for actual inclusion in the study, so inherently, the sample is studied in an effort to understand the population from which it was drawn. Generalizing the results of a study based on working

with such a sample means that it is assumed that any other portion of the same population would yield the same observations. Sampling is done to increase the feasibility, cost-effectiveness, accuracy and manageability of the survey that is conducted (De Vos et al., 2005). The sample was school girls in grades 10, 11 and 12 of the selected schools in Vhembe and Mopani districts.

a. Sampling of districts

Limpopo Province is comprised of five districts: Capricorn, Sekhukhune, Vhembe, Waterberg and Mopani. The principle of sampling is based on the understanding that one would not be able to include everyone because of the size and would rather work with a representative sample. Two districts were selected for this study using purposive sampling, Mopani and Vhembe Districts respectively.

b. Sampling of circuits

In a purposive sampling technique, individuals are included in the sample because they are judged to possess important, special, unique information that the researcher feels that such information is a representation of that population (Ottoson, 2006). Purposive sampling technique was used to select the four Circuits for this study, the researcher purposively selected eight schools from Vhuronga 1 Vhuronga 2, Shamavunga and Xihoko.

c. Sampling of Schools

A sample is a small group obtained from the accessible population (Best & Kahn, 2016). Fourteen schools within the Limpopo Province of South Africa were sampled for participation in the study. For the quantitative data collection, adolescent girls at each school, thus 521 participants were requested to complete a questionnaire pertaining to the development strategies to facilitate Life skills programme.

d. Sampling of Participants

The reason why the researcher chose to focus on grade 10, 11, 12 girl learners is evidence which suggests a disproportionate burden of HIV among 15-24-year-old adolescent girls and young women in South Africa (WHO, 2017).

The researcher calculated the number of sampling size using the formula below. For a 95% confidence level (which means that there is only a 5% chance of sample results differing from the true population average), a good estimate of the margin of error (or confidence interval) is given by $1/\sqrt{N}$, where N is the number of participants or sample size (Chow et al., 2017).

Simple random sampling was used to select participants. The sample was selected by assigning numbers to the adolescent girl learner studying in selected schools in Limpopo Province. This included only grade 10, 11 and 12 learners. Numbers were selected randomly one by one until the desired number 521 was reached. This ensured that all participants had an equal chance of being selected. The minimum required sample size

based on the mean using $n = \frac{z^2 \sigma^2}{d^2}$, was 78 per school. Where n = required sample size, σ (the Greek letter sigma) = the school standard deviation, a measure of the variation in each school from previous studies and d = the degree of precision required by the researcher. However, since the sample represents a significant (over 5%) proportion of the population, a finite population correction factor was applied in each school as follows.

$n = \frac{n_r}{1 + \frac{(n_r - 1)}{N}}$, Where n = the adjusted sample size, n_r = the original required sample size and N = number of girls per school.

These are summarised in Table 3.1 below:

Table 3.2: Sample Sizes of Participants Per Cluster

Schools in vhembe and Mopani district	No of girl learners per school	No of girl learners selected	Percentage
Tshipakoni secondary	154	73	47.4
Edison Nesengani	162	69	42.5
Nwaridi secondary	159	58	36.4
Vhafamadi secondary	147	77	52.3
Gwambeni secondary	139	67	48.2
Sevengwana secondary	130	49	37.6
Giyani high	121	54	44.6
Risinga high	142	74	52.1
TOTAL	1154	521	

3.4.3 The instrument for the study

A questionnaire can be defined as a set of questions on a form that is completed by the respondent in respect of a research project (Silverman, 2005; De Vos *et al.*, 2005). Babbie and Mouton (2001) mention the fact that although the term *questionnaire* suggests a collection of questions, a typical questionnaire will probably contain as many statements as questions, especially if the researcher is interested in determining the extent to which respondents hold an attitude or perspective. The basic objective of the questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on the issues. Questionnaires are probably the most generally used data collection instruments of all. Questionnaires were developed from literature review.

The researcher became involved in the initial stages of the construction of the questionnaire (Appendix 3) with the statistician thus self-designed. This was done with the Department of Education in the Limpopo Province. In addition to using the quantified data for the purposes of this study, the data were also presented to the Department of Education.

Given the nature of the intended study, the best possible way to find answers to the research questions and problems was to use of self-administered questionnaires, which were first tested by handing out a few to ensure they measure what they are supposed to measure the questions were sent by hand to randomly selected schools (in line with the sampling frame taken from the population). In the questionnaires, the participants were asked close-ended questions; data collected from close-ended questions is not ambiguous and can be interpreted to represent the exact views of the population, whilst this could

prove to be difficult with open-ended questions. It was therefore easier to produce a rich description or picture of level of knowledge of Life skills programme.

Based on the specific objectives for this phase of the study, the questionnaire covered the following variables:

Table 3.1: Variables for each section of instrument

SECTION A	Biographical information of learners: gender, age, name of school and grade
SECTION B	Social Assessment and Epidemiological Assessment.
SECTION C	behavioural and environmental assessment
SECTION D	Administrative and Policy Assessment
SECTION E	Implementation of the Intervention

3.4.4 Data collection

Questionnaires were used to obtain data relevant to the study's objectives and research questions. Selected adolescent school girls who were attending one of the selected schools participated in the study where data was collected. Before actual data collection informed consent was obtained from each learner signed by parents. The research assistants were 8 Life Orientation teachers from the identified schools. When a school was visited, a teacher from that school was excused to minimize bias. The researcher, assisted by research assistants handed out the questionnaires. The instructions were given orally and waited for the participants to answer the questions and thereafter collected the

questionnaires when participants were done. Data collection was done in learners' classrooms during school lunch breaks to avoid class disruptions and it took 30 minutes for each learner to complete the questionnaire. Data collection took place over a five-day period as per the arrangement with the schools. Two hours were spent in each school. When an estimate of 521 adolescent girls had completed questionnaires, the completed questionnaires were handed to a statistician for data analysis.

3.4.5 Data Analysis

There was a dedicated data analyst for the study. Independent data clerks for the data analyst double entered data into an MS ACCESS database and any discrepancies were corrected. The data clerks addressed all queries in consultation with the researcher and data analyst. In this study, data was re-checked for incompleteness, inconsistencies, range of values for each of the variables and outliers for each of the variables using the statistical software Stata/IC version 15.0.

The prevalence of risky health behaviour was described using descriptive statistics, such as mean, frequencies, proportions and standard deviations. In addition, tabulations were utilised to describe the participants' knowledge of the dangers of risky sexual behaviours. The variables of interest were categorised to allow for counts and proportions using frequency tables. Furthermore, this is represented graphically using bar charts. The association of factors with risky sex behaviour were investigated with a backward elimination logistic regression model in Stata. To select variables that are statistically significant, a p-value of 0.05 was used.

3.4.6 Validity and Reliability

The quality of research results is important for both readers and users of research information respectively. This places a duty on researchers to ensure that the information they generate through research is not only useful, but also accurate and truthful.

Reliability and validity are central issues in all measurements, and both concern connecting measures to constructs. Perfect reliability and validity are virtually impossible to achieve but are rather the ideal. However, the researcher aspired to attain the highest possible level of reliability and validity hence the adoption of the mix-match approach which helped to double-check data from the quantitative questionnaire and information from the qualitative interviews (Merriam & Tisdell, 2015).

3.4.6.1. Validity

The definition of validity has two parts; firstly, that the measuring instrument is measuring the concept in question and not some other concept, and secondly, that the concept is being measured accurately. One could have the first without the second, but not the converse. Validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of an account (Merriam & Tisdell, 2015).

On the other hand, reliability addresses the consistency of the measuring instrument, where a measure is reliable if the measurement does not change when the concept being measured remains constant in value. However, if the concept being measured does change in value, the reliable measure will indicate that change. Validity is about

how well an empirical indicator and the conceptual definition of the construct that the indicator is supposed to measure fit together, thus validity could be used to mean true or correct. When a researcher says that the indicator is valid, it is valid for a purpose and definition; the same indicator could be less valid for other purposes. Such knowledge as reflected above, was applied to this study. It thus goes without saying that the instrument to be used to collect data must collect data that is representative of the total population and should also be reliable in terms of equivalence.

Since this study used questionnaires which could be prone to problems of validity and reliability, the researcher combated this by first testing the questionnaire with respondents from two schools that were not part of the study to check if it answered the questions of level of awareness, and whether the interviews addressed the perception issues. The researcher ensured that the questionnaire being used repeats some of the questions as a reliability check.

3.4.6.2. Content validity

Content validity looks at whether the instrument adequately covers all the content that it should with respect to the variable. In other words, does the instrument cover the entire domain related to the variable or construct it was designed to measure? A panel of experts is used to evaluate the content validity of new questionnaires (Polit & Beck 2010). Content validity was ensured through the literature review and by giving the questionnaire to the supervisor and statistician to check if the instrument covered all aspects under study.

3.4.6.3. Face validity

Face validity is the quality of an indicator that makes it easy to measure a variable (Babbie, 2013). The researcher ensured this by getting some of the colleagues in research and the supervisor to test-run the instrument to see if the questions appear to be relevant, clear and unambiguous.

3.4.6.4. Construct validity

Construct validity is defined as the degree to which the measurement questions measure the existence of those variables one intends to measure (Saunders *et al.*, 2009). Construct validity was ensured by making sure that different kinds of meanings are relevant to the participants in their natural environment and by grounding the measures in a wide literature search that outlines meanings of the construct and its elements.

3.4.6.5. Criterion-related validity

Criterion-related validity is sometimes referred to as predictive validity and is grounded on some external criterion (Babbie, 2013). Criterion-related validity was ensured through adhering to the inclusion criteria.

3.4.7. Reliability

Pretesting is important because it helps in revealing deficiencies in questionnaires (Mugenda & Mugenda, 1999). Reliability is defined as a quality of measurement method that

suggests that the same data would have been collected each time in repeated observations of the same phenomenon (Babbie, 2013). Reliability in this study was ensured through conducting a pilot study to pre-test the questionnaire so that vague questions and statements could be attended to. Through pretesting the instrument is consistency, the instrument confirmed the same results during data collection after pretesting the instrument.

Test-retest reliability was applied to measure test consistency of Explore adolescent girls perceived factors associated with risky sexual behaviours. Prior to data collection a pre-test was conducted and during data collection, pre-test test conducted brought the same results during data collection.

3.5 PHASE 1a: QUALITATIVE APPROACH

The second phase of this study is qualitative. This is because all the qualitative facts were preceded with the quantitative part of the study (Creswell, 2014).

While quantitative research provides hard data, like, statistics and measurements, qualitative research, on the other hand, aims to understand research phenomena from the perspectives of the respondents (Kumar, 2019). Because it focuses on meaning, qualitative research provides an ideal opportunity for the researcher to understand how stakeholders within Limpopo province feel about Life Orientation's contribution to the implementation of life skills education. Furthermore, since qualitative interviews facilitate close interactions between the researcher and the respondents, it was easier to detect underlying issues and concerns that participants might have had about the implementation of life orientation programme in schools. For this study, a qualitative approach afforded a

deeper insight into views of school teachers and parents on the need to facilitate a life skills education programme in the school setting to identify predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors contributing to the implementation of Life skills programmes in schools.

3.5.1 Research population

A perfect random sample was taken to ensure representation of all the elements of the population through use of a sampling frame. In many cases, the population is so large that it cannot be used due to inability of a researcher to handle it. In this case, some subset of the population was used for the study. A subset of the population that is used for the study is called a sample (Crombie and Davies, 1996). According to Lune & Berg, (2016), population is defined as entire groups of individuals, events or objects having a common observable characteristic. The population of this study was all guardians and LO teachers in Limpopo Province.

3.5.2 Sample and sampling

The sample was grades 10, 11, and 12, guardians and Life orientation teachers from the selected schools in Vhembe and Mopani district as in phase 1a. Non-probability sampling was used, given the use of simple random sampling. Several scholars have addressed this subject, (Terre Blanche et al., 2006; Neuman & Celano, 2006; Neuman, 2013; Welman & Kruger, 1999) and define it as a representative of a population if elements in the sample have been randomly selected from a sampling frame, listing everybody in the population.

3.5.3 Sampling of the district municipalities, circuits and schools

The same selection technique illustrated in phase one, section 3.3.3.2 was employed to select two districts, circuits and schools.

3.5.4 Sampling of participants

As it is normally impossible to study a whole population, a sample is usually drawn from a larger population, to conduct research on. A sample can be described as a subset of the population selected to obtain information concerning the characteristics of the population (Mack, 2005). However, there are different types of sampling techniques that can be used during a research project. The non-purposive sampling technique was used in the present case. Purposive sampling is a method that involves selecting participants who will yield results that will adequately address the research question. The researcher used purposive sampling based on her knowledge and her expertise concerning the field of education and Health promotion to do what. The sample used in this phase of the study consisted of teachers and guardians. According to Gentles (2012), the main advantage of purposive sampling is that one can possibly better ensure a cross-section of the population in a small sample (Gentles, Charles, Ploeg, & McKibbon, 2015). Life Orientation teachers of grade 10, 11 and 12 learners were purposively selected.

For the study, 80 guardians of grade 10, 11 and 12 learners were purposively selected.

3.5.4.1 The inclusion criteria

This study was conducted with the guardians and teachers of learners from the selected schools' because the researcher believes that they had direct experience as they were responsible for teaching Life Orientation subject.

3.5.4.2 The exclusion criteria

This study excluded the guardians of learners who did not study at the selected schools and those learners who were not in the grade 10, 11 and 12 and teachers who did not teach Life Orientation and not from the selected schools.

3.5.5 Instruments

3.5.5.1 The instruments of the study for teachers

For this study, a semi-structured interview guide (Appendix 6) was developed to facilitate the interview process with teachers. Semi-structured interviews allow considerable leeway for questions to be adapted to suit the respondent (Martin & Winters, 1998). This ensured that the participants had a better understanding of the research question. Semi-structured interviews have a predetermined list of topics to cover however, the sequence or way the questions are asked are not specified but arise from a natural conversational style (Sanders, 2010). Life skills and positive youth development literature was consulted to inform the interview guide. The list of questions used in each semi-structured interview in this study can be found in *Appendix 6*. The questions acted as a guideline and were

not created to encourage pre-determined responses, but rather to ensure that the information obtained to ensure that the information obtained from the participants was relevant to the focus of this study.

The guide comprised of opening, introductory, key and closing questions. Opening questions were of the objectives of the Life Orientation programme (for example. What are the objectives of the Life Orientation programme and if these objectives were aligned with the strategic goals of the Department of Education) to help put the participant at ease. Introductory questions introduced the general topic of discussion and provided the participant with the chance to reflect on their experience of the life skills program. The types of questions asked were; “What are the objectives of the Life Orientation programme?”; “What is your role in the implementation of Life Orientation programme in the school?” “Are there any challenges that prevent you from exercising these roles?”; “Is the current content of Life skills relevant in meeting the educational development of the learners?”. Key questions focused the discussion on the resources and support provided in teaching Life Orientation by teachers.

Types of questions asked were; “Are you provided with enough support (like material, financial and moral support) to implementers of the Life Orientation programme in the school?”; “How would you describe time allocation for the Life Orientation programme? Motivate. “What steps, if any, are being taken to improve implementation of the Life Orientation programme in your school? Give examples?”; “Are you happy with the current teaching methodology of life skills”? Motivate your answer. Closing questions brought the discussion to an end, and ensured that the participants had adequate opportunity to talk about issues they felt were relevant. The interview guide included open ended questions about their experiences of the current life skills program.

3.5.5.2 Instrument for Guardians

To collect data from guardians of learners included in the study, focus group discussion was applied since it involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest (Refer to appendix 5). Focus group discussions are a form of qualitative research where questions are asked about perceptions, attitudes, beliefs, opinion or ideas of people. In focus group discussion, participants are free to talk with other group members (Gilmore, 2015). The main question that guided the focus group was:” Please *tell me your understanding of Life Orientation Programmes at school*. Probing questions followed after each response from the participants until saturation, a point where no new data no longer emerged during the data collection process **(Annexure A)**.

The researcher encouraged participants to justify and validate their perceptions. Summarizing, highlighting the main ideas, thoughts and feelings expressed by participants. It was also ensured that participants contributed equally to the discussions. When data saturation was reached, the cassettes were labeled accurately in preparation for transcription. The cassettes were destroyed after the research report was written (Krueger, 1994). The researcher paid careful attention during the focus group interviews, asked probing questions and summarized each response at the end. The researcher then analysed the discussions and interactions that occurred, assigned meaning and created categories and general descriptions of the experiences.

An interview of a focus group is a planned, relaxed, naturalistic dialogue among a small group of people on a specific topic (Israel and Galindo-Gonzalez, 2011). According to Morse and Niehaus (2009) focus groups are a very efficient way to elicit opinions or to

rapidly develop an initial understanding of an area. Focus groups were used to explore the participants' beliefs, attitudes and opinions concerning the research problem.

3.5.6 Data collection

3.5.6.1 Teachers

The participants were invited to share their opinions and viewpoints on the matter in an informal way. It was ensured that every teacher was given equal opportunity to contribute to the discussion. The data collection phase represents a critical moment in any research project as it puts the research design to the test. First-hand information from the Life Orientation teachers was gathered by means of semi-structured interviews. Open-ended questions enabled free and flexible discussions about the strategies to facilitate teaching of Life Orientation in schools. Life Orientation teachers were interviewed in their respective schools in a classroom provided by the schools. During the interviews, questions were put forward to the participants in line with the interview guide. I planned to audio-record each semi-structured interview by using a tape-recorder for transcription later. As part of maintaining trust, I sought for verbal consent from guardians by informing them of the recording process prior to interviewing and recording.

Before commencing each interview, the researcher adhered to the same protocol; informed consent was obtained from each participant, briefed about the study, informed of the aims and objectives of the study, what procedures would be followed and informed that their participation would be completely voluntary. They were then invited to sign the consent form. The researcher then engaged the participants in informal conversation for a few minutes to establish rapport and to encourage a relaxed mood. Although the researcher attempted to ask each question in the same order to ensure consistency, the

order of introductory and key questions was changed at times to support the direction or flow of the interview. Prior to finishing each interview, the researcher asked each participant whether they wished to add any further information or detail that they felt relevant to the topic which had not been covered in the interview guide. Each interview session lasted for about 30 - 45 minutes and participants were assured of anonymity.

The researcher also observed the non-verbal communication such as gestures and facial expressions from guardians. The researcher followed the following critical points when writing the field notes to minimize loss of data: not talking about the observation before it was recorded, found a quiet place to write, set aside adequate time to complete the notes, sequenced the events in the order they occurred, and let the events and conversation flow from mind on to the paper (Richardson & Koller, 1996).

3.5.6.2 Guardians

The basic method in the qualitative data collection was focus group interviews for groups of participants asked the same questions at the same. According to Creswell (1998), focus groups are especially useful when time is limited; people feel more comfortable talking in a group than alone or when interaction among participants may be more informative than individual conducted interviews. In the focus group interviews, the researcher talked to a group of participants.

In this study eight focus group interviews were conducted. Guardians were asked a main question that guided the whole interview and the researcher guided the interview by asking probing questions and in a relaxed atmosphere. This flexibility provided an ideal opportunity for the researcher to pose follow-up questions to the guardians through Focus

Group Discussions (FGD) to generate more data and to verify parents' views and experiences on the implementation of the life orientation programme in schools. Data was collected, and meanings, themes and general descriptions of the experiences was analysed within a specific context. The researcher identified two assistants to assist during data collection. The research assistants helped with time keeping, following an agreed upon agenda, and keeping clear records.

The researcher took the responsibility of arranging appointments with guardians at venues most convenient for them within the community. Eight focus groups were conducted with 80 guardians from selected schools. Four FDG's from each district. Focus Group discussions (FGD) were conducted after work and over the weekend. Each focus group discussion did not exceed 45 minutes to an hour. Data was captured using flip charts and audio recording. The principal researcher had the following traits: listening skills, sensitivity and empathy and could listen and think simultaneously. Four focus group interviews were conducted with guardians. Each interview consisted of the researcher and two to three participants, one of which was the Life Orientation teacher. Focus group interviews proved to be appropriate as a method of data collection during this research project since it enabled the researcher to get the guardians' views of the Life skills programme being taught in schools.

Both principal researcher and assistants welcomed participants, helped them make their name tents, and directed them in completing pre-group paperwork. As the researcher was conducting the FGD, the research assistants assisted with the following: ran a tape recorder during the session, took notes in case the recorder failed, or the tape was inaudible, noted/recorded body language or other subtle but relevant clues and allowed the principal researcher to do all the talking during the group session.

3.5.7 Data analysis

The purpose of data analysis is to give a clear meaning and understanding in a logical consistent manner of the collected information. Practically, data analysis entails reporting the research findings to the scientific community (Padgett, 2016). In this study, data was organised in an orderly way to create logic between parts and to identify similarities, variations and key themes regarding the implementation of Life Orientation programmes in schools. This approach resonates with Creswell's (2006) view that data analysis in qualitative research is a cyclical process involving interrelated steps. Data sets from teachers was compared and contrasted to test their reliability and consistency with the literature (Creswell, 2013).

For the analysis of data collected from teachers, a thematic coding framework was developed to analyse the interview data. The thematic analysis method is used to identify, analyse and report themes within data as well as organise and describe the data in rich detail (Sands, 2018). The researcher carefully analysed all responses given by respondents. The transcribed interviews were analysed for units of meaning. All units of meaning were clustered into themes and categories which were supported by direct quotations from the respondents. The researcher carefully went through each of the transcripts and made a list of all the topics covered during the interviews. After compiling the list, similar topics were grouped together and arranged into major and unique topics respectively. The most descriptive wording for the topics were turned into themes and sub-themes. Related topics were grouped together to reduce the list of categories. The researcher drew the lines between the categories to show the interrelationships. This implies that the

data from four sub-groups was combined by clustering to obtain the themes and sub-themes; meanings that the four sub-groups were treated like a single group.

However, the collected data with guardians were analysed through the Tesch method. Narrative analysis formats were used to analyse and capture variations and expectations, and portray the need and available resources as completely as possible (Gilmore, 2015). According to Neuman (2013), narrative analysis is a type of qualitative data analysis. As raw data, a narrative refers to the condition of social life. Narratives are how people organise their everyday practices and subjective understandings, and they appear in oral or written texts to express the understandings. It is a quality of lived experience and a form by which people construct their identities and locate themselves in what is happening around them, at the macro and macro levels (Creswell, 2013). The researcher carefully analysed all responses given by respondents. The transcribed interviews were analysed for units of meaning. All units of meaning were clustered into themes and categories which were supported by direct quotations from the respondents. The themes were created in order to capture the meaning from the responses given (Krippendorff, (2018).

3.5.8 Measures to ensure trustworthiness

To ensure the trustworthiness of qualitative research, Guba's model which describes general criteria for evaluation of trustworthiness was applied (Merriam & Grenier, 2019). Trustworthiness as Merriam & Grenier (2019) indicated, becomes a matter of persuasion whereby the scientist is viewed as having made those practices visible and therefore auditable (Merriam & Grenier, 2019) study is trustworthy if and only if the reader of the research report judges it to be so. Trustworthiness has been further divided into

credibility, which corresponds roughly with the positivist concept of internal validity; dependability, which relates more to reliability; transferability, which is a form of external validity; and confirmability, which is largely an issue of presentation. The four criteria outlined for trustworthiness are truth value, applicability, consistency and neutrality (Merriam & Grenier, 2019).

3.5.8.1 Credibility

Credibility is defined as being parallel to internal validity (Heale, & Twycross, 2015). Truth value was obtained from the discovery of human experiences as they are lived and perceived by participants and is termed 'credibility'. Credibility was ensured through member checking as participants were asked to comment whether the analysis of findings is a true reflection of their responses. Prolonged engagement with the participants and clear description of the findings enhanced credibility. To increase the credibility of the findings, peer engagement and debriefing with the independent coders and supervisors was used. The researcher achieved credibility through establishing a match between the constructed realities of respondents and those realities represented by the researcher(s).

The use of multi-method techniques such as questionnaires, semi-structured interviews and field notes permit the triangulation of data (Kaplan & Maxwell, 2005). With triangulation, the data collected with one instrument is confirmed by the data collected using a different instrument (Creswell, 2013). In this study, the researcher used data collected using questionnaires to confirm, corroborate and augment data collected using semi-structured interviews. In the end, this strategy helped to enhance trustworthiness of the study. To ensure credibility, the researcher familiarised herself with the participating schools before the data collection process started. The interviews were transcribed, and

in using verbatim data transcriptions, a more reliable conclusion was drawn. The raw data were included to provide a trail of evidence (Cohen, 2006). I used multiple and different sources of data, which included learners, classroom observation and document analysis. This allowed the corroboration of the findings from these different methods of data collection. At the end, I provided rich, thick descriptions of the setting, participants, processes, and interactions.

Prolonged engagement with study participants and community is recommended in order to gain their trust and establish rapport. This is likely to enable the researcher to get more in-depth information from the respondents and identify pertinent characters in the community concerning the issue being studied to focus on them in more detail and ensure that the research topic is explored comprehensively. Prolonged engagement may promote the credibility of a qualitative study. The researcher ensured prolonged engagement through interviewing as a Social worker, probing, follow up and showing interest. During data collection, the researcher will do reflection to verify what the participants said. Credibility will also be achieved through observation of non-verbal cues.

3.5.8.2 Transferability

Transferability would be a more appropriate perspective as the criterion against which the applicability of qualitative data is assessed. It can be further achieved through sufficiently describing the research methodology, the location and the participants who differed from one another. Transferability thus explains the probability that the research findings have meaning to other similar situations, in this case, other provinces. The researcher presented a dense description of the methodology and the results to enhance transferability to other provinces (Krefting, 1991). It is envisaged that the strategy would

be transferrable to other similar settings. Transferability is considered parallel to external validity or generalisability in quantitative research. It depends on the degree to which salient conditions overlap or match (Sinkovics, Penz, & Ghauri, 2008). This was achieved through sufficiently describing the research methodology, the location and the participants who differed from one another with the hope that the model would be transferrable to other similar settings.

3.5.8.3 Dependability

Consistency assesses whether the findings would be consistent if the inquiry were replicated with the same subjects in a similar context; consistency is described in terms of dependability due to the uniqueness of human nature. Dependability refers to variability that can be ascribed to the identified sources (Krefting, 1991). The researcher's role and the participants' roles were described. The consensus discussion with the independent coder and supervisors was done during each step and an agreement was reached with the emerging themes. Dependability is a criterion which is considered equivalent to reliability and similarly concerned with the stability of the results over time. The researcher described her role and the participants described theirs. The consensus discussion with the independent coder, teachers and students was done during each step and an agreement was reached with the emerging themes. To ensure the dependability of this study, I have kept the voice tapes containing raw focus group interview data, the typed transcripts, field notes, observation checklist, focus group interview instruments and the final draft of the research project for auditing and verification by interested groups and individuals. The auditing of the research processes can also be used to authenticate conformability.

3.5.8.4 Confirmability

Neutrality involves freedom from biases, motivation and perspectives in the procedures and results. It is further defined through conformability, which is the criterion for neutrality. This was tested through the involvement of the supervisor, who as an independent coder, analysed, reviewed raw data, tape-recorded data, written field notes and confirmed the results independently (Wolcott, 1990). The researcher afforded the participants the same status for participation in the research. Confirmability is what objectivity is to quantitative research. Researchers demonstrated that their data and the interpretations drawn from were rooted in circumstances and conditions outside of researchers' own imagination and are coherent and logically assembled (Ghauri, 2004). In this study the responses were quoted extensively to rule out possible presuppositions of the researcher.

Dependability and conformability are interwoven processes, hence the material that has been identified for auditing was made available for those interested in auditing the study. Throughout the data-collection process, the keeping of a field journal allowed me to record all issues that could affect my personal attitude and emotions, as well as those of the participants. The researcher ensured that my personal views, feelings, and attitudes did not influence the investigation.

a. Member checks

Member checks refer to the process where the researcher validates emerging themes and findings with the participants (Henning, 2005). The researcher often validated her findings with the participants with whom she had follow-up verification interactions on Strategies to develop Life skills programme.

b. Using a co-coder

The supervisor of this research project acted as an independent overseer of the research process, the methodology that was utilized, the analysis of the data, the codes and themes that were identified as well as the interpretation of the phenomenon of Life Orientation in the schools (Heale, & Twycross, 2015).

c. Sequential

The concept of sequential triangulation assumes that any bias inherent in a data source, investigator and method would be neutralised when used in conjunction with other data sources, investigators and methods (Struwig and Stead, 2003; De Vos, Strydom, Fouche and Delport, 2005). In this research project both quantitative and qualitative methods were used to gain a clearer understanding of the nature Life Orientation in the schools.

3.6 Phase 2: The development of strategies to facilitate life skill programme in Limpopo Province, South Africa

Data from questionnaires, structured interviews and FGD were processed through the analysis, synthesis, and derivation in determining emerging concepts as identified by Sandelowski (1993a). The researcher reviewed the approaches in the process of strategy development to check for strategy efficacy. In addition, the applied research method by Sandelowski (1993a) is described below:

a. Analysis

Walker and Avant (1995) state that the concept selected should be significant and important to the research problem; that is, it should further theoretical development in the area of interest. The concept *lack of knowledge* emerged during focus groups with guardians, *lack of support and resources* also emerged during interviews with teachers. Guardians lacked knowledge regarding Life Orientation subject and expressed concerns. With the above in mind, the concept *lack of knowledge* was selected for analysis for the following reasons:

- It reflects the greatest interest in the researcher's work.
- Its analysis would further the theoretical development of this concept in education.
- It is an attempt to clarify poorly understood relationships and related issues.

In this study, the evidence of analysis was seen in the parts that deal with the processing of the data gathered in phases one and two (Sandelowski, 1993a). Analysis was done in the following manner:

- i) An inductive approach was used on the data collected through focus group interviews and individual interviews.
- ii) A deductive approach was utilised on empirical data collected through questionnaires in Phase 1.
- iii) Concept analysis was conducted in the development of strategies of life skills programmes. The developed programme was clarified using the existing body of theoretical literature, expertise and empirical data. It's processes, dynamics, contexts

and outcomes were refined in order for each component to be better understood (Mthembu, 2017). In addition, the researcher examined the relationship of each of the remaining parts which will bring out the overall outcome of the program, namely, strategies to facilitate life skills program (Walker & Avant, 1995).

- iv) Finally, analysis was done on the refinement of the model using a guide for critical reflection on a theory from Sandelowski (1993a).

b. Synthesis

Three different methods of synthesis were used in meta-ethnography. One involves the 'translation' of concepts from individual studies into one another, thereby evolving overarching concepts or metaphors. Noblit and Hare (2013) called this process reciprocal translational analysis (RTA). Refutational synthesis involves exploring and explaining contradictions between individual studies. Lines-of-argument (LOA) synthesis involves building up a picture of the whole (like, culture and organization.) from studies of its parts. The authors conceptualised this latter approach as a type of grounded theorizing (Banett and Thomas, 2009).

In this study, the effects of synthesis were derived from the following stakeholders:

- Learners, Teachers, and guardians
 - (i) The construction of the theoretical framework in phase 1A and B and
 - (ii) Structuring and development of the programme's strategies in phase 2.

c. Derivation

Derivation employs analogy or metaphor in transposing and redefining a concept, statement or theory from one context to another. This approach to theory building can be applied to areas in which no theory exists. Derivation may also be used in fields in which there are existing theories that have become outmoded and new innovative perspectives are needed. Derivation provides a means of theory building through shifting the terminology or the structure from one field or context to another.

The purpose of theory derivation is to acquire a means of explanation and prediction about some phenomenon that is currently poorly understood, or for which there is no present means to study it (Walker & Avant 1995). In interpreting the inputs of participants of the study, derivation was used to determine the development of strategies to be employed. Derivation was employed in the integration of the results of qualitative and quantitative data.

In addition to the basic approaches according to Walker and Avant (1995) and Sandelowski (1993a)'s framework for theory development were used to develop the programme strategies. Theory generation is a dynamic process of research whereby scientific knowledge is generated. At the most basic level, scientific knowledge is made up of concepts that act as the carriers of meaning by defining the characteristic features of a phenomenon. Emerging concepts were analysed further to identify the elements of the conceptual programme suitable for the development of strategies to improve Life skill programmes in Limpopo Province. The framework of Sandelowski (1993a) was used to classify concepts for the programme and the associated guidelines. Descriptive elements

of a programme include the context, the agents, the stakeholders, the process and the dynamics as well as the outcomes (Sandelowski, 1993a).

3.7 Phase 3: The validation of the developed strategies

The results derived from Objectives 1 to 4 formed the basis for describing the strategy to facilitate the implementation of Life skills programme in Limpopo. The survey practice list of Dickoff, et al. (1968) was used as a framework for model development. The research of Chinn and Kramer (1999) was used to describe and validate the strategy. Guidelines derived from all three phases were also described. The aim of validation was to collect and evaluate data, from the process design stage, the consistency and quality of the product or outcome of the strategies. The objectives to validate the strategies were to: determine the credibility of the strategies; substantiate the accuracy of the concepts used in the strategies and examine the suitability of its inclusion in the institutional policies. The researcher used the non-experimental, intervention validation design (Grove, 2013).

The developed strategies were given the learners, guardians and LO teachers of Vhembe and Mopani district respectively. This was done to test if the strategies were applicable to the actual situations which was the secondary schools of Limpopo Province. The researcher used a checklist with 6 questions as outlined by Chin and Kramer (2008), Annexure 8. The appraisal of guidelines research & evaluation tool (AGREE) reporting checklist 2016 was also used to assess the quality and applicability of the guidelines (Brouwers et al., 2016). Simple descriptive statistics was used where the data was summarized using the frequency distribution. Thereafter the data was arranged systematically from lowest to highest order with the use of percentages. This is simple to follow as this

show the lowest and the highest score (Brink et al., 2006). The mean, the mode and the median was used to express the average scores in a distribution (Brink et al., 2006).

3.8 Ethical consideration

3.8.1 Ethical clearance and permission to conduct the study

To obtain ethical clearance to carry out the study, the proposal, a completed ethical clearance form, was presented to the School of Higher Degree's Committee then submitted to University Higher Degree Committee (UHCD) for approval and the University of Venda Ethical Committee for ethical clearance. Following this, ethical clearance was obtained from the office District managers of the Department of Education (DOE), Limpopo Province. The clearance certificate obtained from the DOE was taken to Vhembe and Mopani District to seek permission to carry out the study. Letters of permission to conduct interviews were obtained from offices of the circuits and relevant school Principals, involved in the study. Informed consent was sought from guardians of learners, teachers and guardians participating in the study.

3.8.2 Actions and Competence of the Researcher

The supervisor and the co-supervisor were both astute professional researchers and are experienced in research. The researcher completed the theory on research methodology and has experience in completing her thesis towards a Master's Degree in Public health obtained from the University of Venda. This competency, plus supervision

ensured that even the work of other researchers and authors were acknowledged accordingly in every respect.

3.8.3 Informed consent and voluntary participation

Consent to gain access to the respondents was obtained from the Heads of schools, then guardians. Before distributing questionnaires to the potential respondents, the researcher sent an introductory letter to explain the purpose of the study and encouraged respondents to complete the questionnaires. Before conducting semi-structured interviews and focus groups, the researcher gave a fair explanation of the purpose of the study, and ask participants to sign voluntary, informed consent forms and informed them that they could withdraw from the study at any stage.

3.8.4 Privacy, anonymity and confidentiality

Before the start of any focus group session, the researcher ensured that the participants' identity, privacy and their dignity was protected. Respondents were sufficiently informed of their right to self-determination and that the information given by them would neither be made public nor lead to the disclosure of their identities without their permission. Respondents were not expected to put their names on the questionnaire to protect their identity.

3.8.5 Protection from harm

The researcher undertook maximizing the possible benefits, while decreasing possible harm. The researcher requested the participants who were guardians willing to participate in the study irrespective of age, because it is assumed that guardians and teachers of the

target population would not be under the age of 18 years. The participants were requested to fill in the consent form to participate in the study. Any participant who was not well and not comfortable to take part in the study was excused. Guardians were requested to sign consent for learners who were minors and below the age of 18.

3.9 The principles of beneficence and respect for human dignity were observed during data collection.

a. Principle of Beneficence

Beneficence can roughly be understood to mean having the interests of research participants in mind. The principle of beneficence is behind efforts by researchers to minimize risks to participants and maximize benefits to participants and society. For example, when considering a research design, the principle of beneficence should cause us to ask if there is another way that we could obtain the same knowledge but with lower risks to participants (Gallardo, 2012). The researcher's telephone numbers were provided should any respondent wished to discuss any aspect. The researcher would have referred participants who experienced psychological discomfort because of completing the questionnaires to a counsellor.

b. Principle of Respect for Human Dignity

The Belmont Report argues that respect for persons consists of two distinct principles: individuals should be treated as autonomous and individuals with diminished autonomy should be entitled to additional protections. The principle of respect for persons is inter-

preted to mean that researchers should, if possible, receive informed consent from participants, and the Belmont Report identifies three elements of informed consent: information, comprehension, and voluntariness. That is, respect for persons implies that participants should be presented with relevant information in a comprehensible format and then should voluntarily agree to participate (Gallardo, 2012).

Respondents' rights to self-determination was honoured because respondents could decide independently, without any coercion, whether to participate in the study; they had the right not to answer any questions that might cause discomfort; to disclose or not to disclose personal information and to ask for clarification about any aspect that caused some uncertainty. The right to full disclosure was respected because the researcher described the nature of the study as well as the respondents' rights to participate or to refuse to participate in the study. This was done in the form of a letter. The signed consent forms were folded and placed in a box prior to completion of the questionnaire. Each completed questionnaire was placed in a separate container. No signed consent form could be linked to any specific questionnaire. This ensured anonymity of the respondents. Confidentiality was maintained by omitting names in the final research report. Any participant who wished to obtain a copy of the research report could contact the researcher who would supply such a report.

3.10 Summary

In this chapter, research methodology was described and justified. Thus, the data collection tools used were in line with the research design which resulted from both qualitative and quantitative research paradigms. Justification for embarking on the research project

was provided in the need for analysing the participants lived experience within the realm of Life Orientation as a learning area at school. I created an atmosphere in which I was regarded as one of the participants in the focus group interviews which means that I listened more than I talked to allow them to express their views freely, the knowledge I obtained from the Social work profession made this possible. The researcher placed herself directly in the shoes of the learners, teachers and guardians. The ethical measures, sampling method, site selection and sample size, role of the researcher, validity, reliability, neutrality, conformability and data analysis techniques were also taken into consideration to ensure the trustworthiness of the research (De Vos, 2000).

CHAPTER 4

PRESENTATION OF THE RESULTS

4.1 Introduction

The preceding chapter described the research methodology used in this study and the process of attaining trustworthy findings.

This chapter includes a presentation and discussion of the findings of the study. Data obtained during from the study were analysed in phases: Phase 1(a) aimed to assess the social epidemiological factors contributing to the implementation of Life skills programme in Limpopo whilst phase 1(b) hoped to assess educational and ecological factors contributing to the implementation of Life skills programmes in schools.

4.2 Phase 1A: Quantitative Data

Table 4.1 below give a summary of the variables in terms of their descriptive statistics. That is, mean, standard deviation, minimum, maximum and number of observation.

Table 4.1 Summary of the main social factors influencing risky sex to learners.

Variable		Mean	Std.			Observations
			Dev.	Min	Max	
Age	overall	17.260	2.137	11.000	25.000	N = 173
	between		1.214	16.000	19.176	n = 8
	within		1.833	11.365	24.999	bar = 21.625
Experiment	overall	2.641	1.441	1.000	5.000	N = 181
	between		0.435	2.042	3.190	n = 8
	within		1.383	0.450	5.599	bar = 22.625
HIV awareness	overall	1.102	0.304	1.000	2.000	N = 176
	between		0.115	1.000	1.364	n = 8
	within		0.284	0.739	2.055	bar = 22
Gifts	overall	1.223	0.417	1.000	2.000	N = 175
	between		0.074	1.083	1.292	n = 8
	within		0.411	0.931	2.140	bar = 21.875
Multi-sex Partners	overall	1.168	0.375	1.000	2.000	N = 173
	between		0.100	1.042	1.375	n = 8
	within		0.362	0.793	2.126	bar = 21.625
Alcohol influence	overall	1.313	0.465	1.000	2.000	N = 150
	between		0.112	1.208	1.565	n = 8
	within		0.451	0.748	2.105	bar = 18.75
School dropout at 14 yrs	overall	0.578	0.495	0.000	1.000	N = 192
	between		0.305	0.000	0.958	n = 8
	within		0.404	-0.380	1.120	T = 24

Table 4.2: Probability of Grade 10 students engaging in risky sex

Dependent Variable: P (Grade 10 students engaging in risky sex)						
	Odds Ratio	Robust Std. Err.	z	P>z	[95% Conf.	Interval]
Age	1.517	0.167	3.800	0.000	1.223	1.881
Religion	1.113	0.226	0.530	0.597	0.748	1.656
HIV awareness	0.596	0.133	-2.310	0.021	0.384	0.925
Gifts	25.291	29.378	2.780	0.005	2.596	246.441
Multi-se partners	6.457	5.467	2.200	0.028	1.228	33.940
Alcohol Influence	0.377	0.255	-1.440	0.150	0.100	1.422
Guidance Occupation	0.927	0.551	-0.130	0.899	0.290	2.969
Experiment	0.068	0.050	-3.630	0.000	0.016	0.290
Alcohol Influence	0.125	0.087	-2.970	0.003	0.032	0.492
Log pseudo likelihood	-39.90					
No of observation	131					
Wald test	40.59					
Chi-square (p-value)	0.000					

The results in table 4.2 above show that the estimated coefficients of age, alcoholic influence, experiment, multi-se partners and sex for gifts school dropout at 14 years are positive and highly significant. In terms of age, grade 10 students become prone to risk sex as they grow and drop out from school. Grade 10 students are also vulnerable to risky sex in return for gifts. They also tend to have multi-sex partners to maximise their return for financial gifts. Part of them are prone to risky sex under the influence of alcohol while most do sex to experiment yet they don't use condoms because of unawareness of HIV

pandemic. The estimated coefficients of guidance occupation and religion are positive and statistically insignificant at 5% implying that the factors do not contribute anything in driving students towards risk sex.

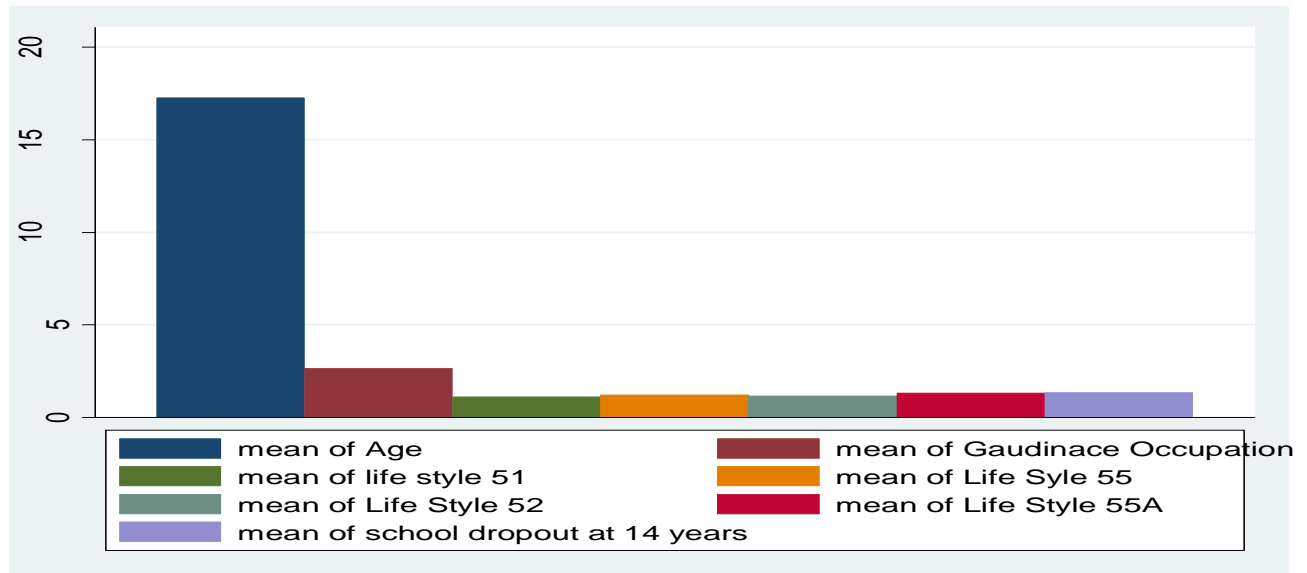


Figure 4.1: Mean of the factors affecting the engagement of Grade 10 learners in risky sex

Table 4.3: Grade 11 Learners' results

Dependent Variable: P (Grade 11 students engaging in risky sex)						
	Odds Ratio	Robust Std. Err.	z	P>z	[95% Conf. Interval]	
Age	1.139	0.081	1.830	0.067	0.991	1.310
Religion	0.985	0.132	-0.120	0.908	0.758	1.280
HIV awareness	0.850	0.131	-1.050	0.292	0.628	1.150
Gifts	1.856	1.588	0.720	0.470	0.347	9.931
Multi-se partners	2.053	1.505	0.980	0.326	0.488	8.640
Alcohol Influence	1.116	0.773	0.160	0.875	0.287	4.337
Guardian Occupation	0.877	0.647	-0.180	0.859	0.207	3.720
Experiment	0.192	0.205	-1.540	0.123	0.024	1.560
Alcohol Influence	0.452	0.222	-1.610	0.106	0.172	1.185
School dropout at 13yrs	1.217	0.390	0.610	0.541	0.649	2.281
School dropout at 14yrs	0.622	0.269	-1.100	0.273	0.266	1.454
School dropout at 15 yrs	0.607	0.363	-0.830	0.404	0.188	1.961
Log pseudolikelihood	-80.24					
No of observation	131					
Wald test	39.59					
Chi-square (p-value)	0.001					

As learners develop to grade 11, only age is positive albeit statistically significant at 10%. This implies that some students learn about risky factors associated with sex at teenage age as they progress with their education hence there is a greater possibility that as

awareness increases at this level risky sex can decrease. The corresponding bar graph is shown in Figure 4.2 below.



Figure 4.2: Grade 11 learners' results

Table 4.5: Grade 12 Learners' results

Dependent Variable: P(Grade 12 students engaging in risky sex)						
	Odds Ratio	Robust Std. Err.	Z	P>z	[95% Conf. Interval]	
Age	0.889	0.054	-1.940	0.052	0.789	1.001
Religion	0.984	0.138	-0.120	0.905	0.748	1.294
HIV awareness	0.935	0.167	-0.370	0.709	0.659	1.328
Gifts	4.562	3.657	1.890	0.058	0.948	21.950
Multi-sex partners	3.720	2.649	1.850	0.065	0.922	15.016
Alcohol Influence	0.647	0.434	-0.650	0.517	0.174	2.413
Guardian Occupation	0.300	0.189	-1.920	0.055	0.088	1.029
Experiment	0.977	0.688	-0.030	0.973	0.246	3.884
Alcohol Influence	1.069	0.500	0.140	0.886	0.427	2.676

Log pseudolikelihood	-78.55
No of observation	131
Wald test	25.35
Chi-square (p-value)	0.080

This is the indolence stage where most school children tend to have increased appetite of experiment in sex and alcohol abuse. In addition, most students precisely girls tend to have an increased appetite to explore fashion and hence more often happen to have multiple sexual partners in return of more financial gifts to buy clothes and make up. On the other dimension, school dropout exposes learners to irresponsibility for example drug abuse and this factor often lead to many engaging in sex irresponsibly.

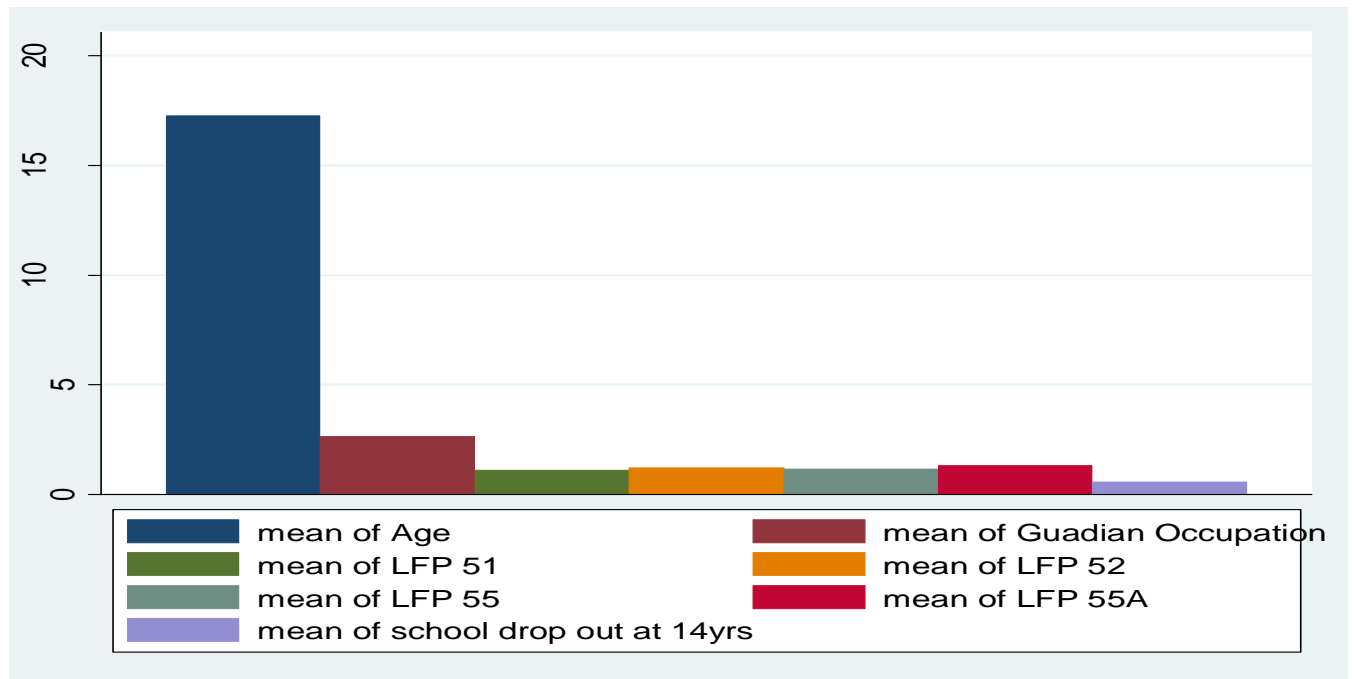


Figure 4.3: Grade 12 Learners' results

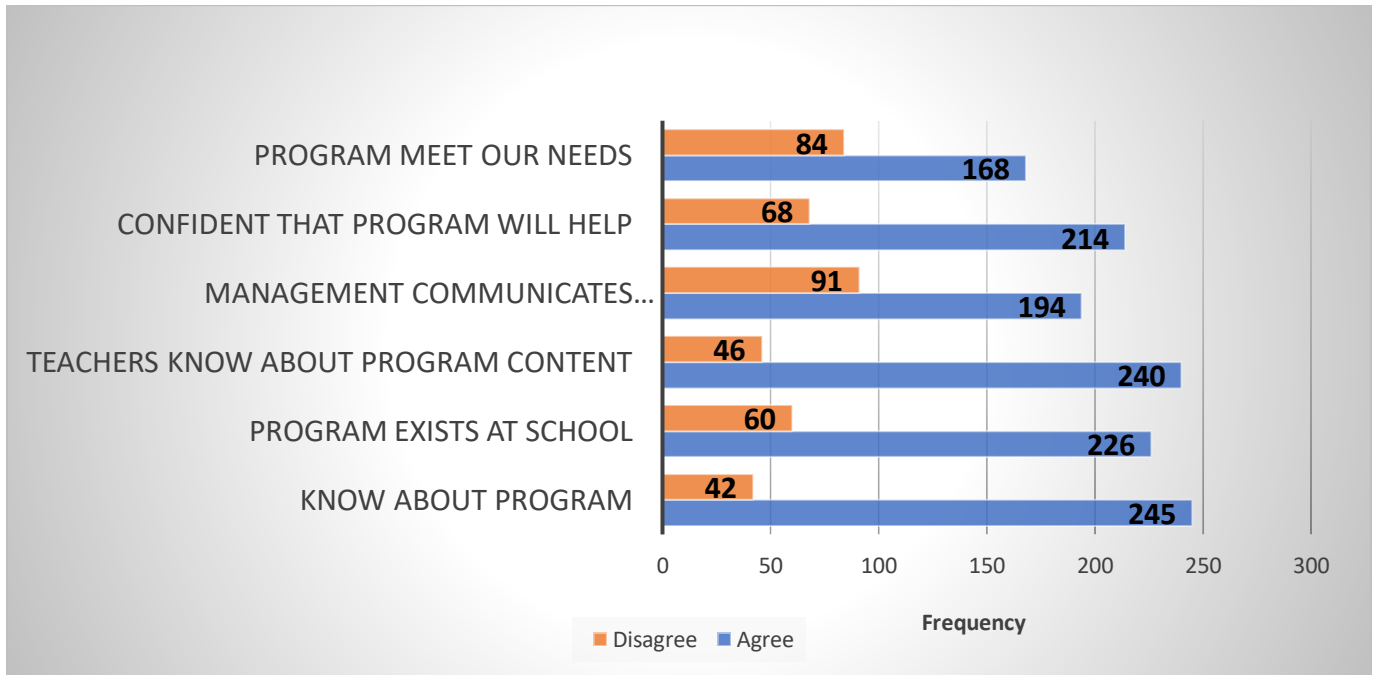


Figure 4.4 Life Skills Program evaluation by learners.

Most learners had an appreciation of what the Life Skills Programme is. Only around 40 learners of our total sample did not know about the programme and about 20% did not know about its existence at their respective schools.

Table 4.6 Demographic and behavioural characteristics of learners.

VARIABLE	Description	Frequency (N)	Percentage (%)
Age	18 and above	146	47.25
	Less than 18	163	52.75
Grade	10	39	13.13
	11	145	48.82
	12	113	38.05
Religion	Christian	247	79.94
	Other	62	20.06
Know about life skills program	No	64	20.71
	Yes	245	79.29
Language	Venda	179	57.93
	Other	130	42.07
Exposure to media	No	82	26.54
	Yes	227	73.46
Guardian			
	Both parents	118	40.00
	Single parent	123	41.69
	Other	54	18.31
Guardian employed	No	122	42.26
	Yes	166	57.64
Social factors			
Experienced gender-based violence (is this behavioural characteristic?)	No	198	64.08
	Yes	111	35.92
Engage in risky sex (behavioural)	No	102	33.01
	Yes	207	66.99
Intergenerational relationships	No	244	78.96
	Yes	65	21.04

About two thirds of the learners engage in risky sexual behaviour (66.99%). Learners are evenly distributed below and at least 18 years. The majority of the learners interviewed were in their 11th grade while only 13% were in grade 10. About 36% of the learners experienced gender-based violence. They were either raped, had forced sexual intercourse, shouted at by the partners or abused at home. Close to 80% of our sample belonged to the Christian religion at the time of interview. Our sample consisted of students of either the Tshivenda or Xitsonga descent. Only two learners were of other home languages. Approximately three quarters of the learners had exposure to media during their leisure time. The majority (73%) reported watching television. Forty percent of the learners stayed with both parents. About the same proportion stayed with either their mother or father. Most guardians (58%) were employed, part-time or self-employed. In our sample, having intergenerational relationships was not a common phenomenon. Only 21% of the learners reported having had a relationship with older men before.

TABLE 4.7 MULTIPLE LOGISTIC REGRESSION TO ASSESS BEHAVIOURAL FACTORS ASSOCIATED WITH RISKY SEXUAL BEHAVIOUR.

Variable	Description	Odds ratio (95% CI)	P-value
Gender-based violence	No	Reference	
	Yes	3.11 (1.56; 6.21)	0.001
Inter-generational relationships	No	Reference	
	Yes	1.20 (0.55; 2.61)	0.652
Media exposure	No	Reference	
	Yes	0.91 (0.46; 1.79)	0.778
Language	Other	Reference	
	Venda	0.76 (0.32; 1.83)	0.546
Know about Life skills program	No	Reference	
	Yes	1.02 (0.47; 2.21)	0.956
Age, years	18 and above	Reference	
	Less than 18	1.31 (0.58; 2.98)	0.516
Religion	Other	Reference	
	Christian	1.11 (0.54; 2.29)	0.77
Grade	10	Reference	
	11	1.80 (0.65; 4.93)	0.255
	12	1.58 (0.56; 4.45)	0.389
Guardian	Both parents	Reference	
	Single parent	1.07 (0.57; 2.00)	0.835
	Other	0.67 (0.29; 1.52)	0.337
Guardian employed	No	Reference	
	Yes	0.85 (0.46; 1.56)	0.592

There was overwhelming evidence to show that experiencing gender-based violence was associated with engaging in risky sexual behaviour. Learners who experienced gender-based violence were three times more likely to engage in risky sexual behaviour compared to those who did not (OR 1.02: 95% Confidence Interval: (0.47; 2.21): P-value:

0.001). Despite statistical insignificance, learners who had intergenerational relationships were more likely to engage in risky sexual behaviour relative to their counterparts. Similarly, having exposure to media and having a working guardian was protective of engaging in risky sexual behaviour (OR: 0.91 95% Confidence Interval: (0.46; 1.79) and OR: 0.85 95% Confidence Interval: (0.46; 1.56), respectively. Furthermore, the likelihood of engaging in risky sexual behaviour was not statistically significant across religious groups, tribal groups, grade, age, knowledge of the life skills programme and the guardian with whom the learner stayed (P-value = 0.770; 0.546; 0.663; 0.516; 0.956 and 0.394, respectively).

4.3 PHASE 1a: TEACHERS INTERVIEWS

The researcher employed a constant comparison method (Boeije, 2002) between different categories (different transcripts). The data were analysed according to the six steps (data familiarisation through reading and re-reading transcripts. Initial code generation, searching for themes, reviewing and naming themes, comparing themes across different categories and reporting). Initial code generation was developed by the researcher, and verified by an independent researcher unrelated to this study. The codes represented a theme or idea with which each part of the data was associated. For example, the code “Lack of support” was attributed to all form of support that teachers lacked (be it from parents or top management) in implementation of the LO. Having coded the first transcript, each subsequent reading of this and other transcripts was carried out. New codes were added as necessary while discussing any discrepancies with the independent reviewer. After the coding process, a list of categories was compiled to relate to the research

questions. This information was compared across all the five transcripts, reviewed, and verbatim excerpts were used to report the dominant themes.

4.3.1 Results of interviews conducted with Life Orientation teachers

The qualitative part of this study aimed at exploring the challenges and opportunities that were in place for the implementation of the LO in schools in Limpopo. It also aimed at strategies that were taking place, together with other recommendations that would facilitate a positive uptake of the programme. This section presents educational factors impacting teachers' implementation of Life Orientation:

- a. Teachers' understanding of LO objectives
- b. Role of teachers in LO implementation
- c. LO meeting learners' education development
- d. Opportunities in place for LO implementation
- e. Challenges for LO implementation
- f. Recommendations

4.3.2 Teachers' understanding of LO objectives

I began by investigating teacher's understanding of the LO objectives to schools. The findings show that almost all teachers were aware of the objectives of LO, as exemplified by the following excerpts:

“The objective of LO are to guide and prepare learners for life and its possibilities. And provide learners with strategies on how to make healthy choices that contribute to a meaningful life” (Teacher 1)

“To teach learners to exercise the constitutional rights and responsibilities and to respect the rights of others and also to guide learners to achieve their full physical, intellectual, emotional and social potential” (Teacher 5)

It was also reported by all teachers that LO objectives were well aligned to strategic plans of the department of education:

“They are indeed aligned with the strategic goals of the department as it strives to invoke a feeling of unfolding learner’s potentials by all means”. (Teacher 2)

“Yes, because they equip them for meaningful and successful living in a rapidly changing and transforming society.” (Teacher 1)

Yet, it was established that few learners understood what LO was about and also how seriously they took it:

“It is well understood by some few learners because most learners just take it as just an additional learning area.” (Teacher 2)

Thus, one participant said: “No, lifestyle and conduct are among learners has not improved or is not improving.” (Teacher 5)

Role of the teacher in LO implementation:

Teachers play a key role to education change and the acquisition of essential life and work skills. In this study, I sought to explore teachers' understanding on their role of LO implementation. Findings show that all teachers were aware of their roles in LO implementation as stated below:

“As an educator, I have to facilitate the achievement of all those thing as well as also identifying and guiding learners towards achievement”. (Teacher 4)

“My role is to facilitate learning among learners to develop or promote self-motivation, how to apply goal setting, problem solving and decision making strategies”. (Teacher 5)

“To promote the holistic development of a Lerner and to equip learners with the knowledge, skills, attitudes and values to develop confidence within themselves and to become responsible citizens.” (Teacher 1)

Although they understood their roles quite well, it was revealed that teachers were not able to implement LO successfully because of:

“I sometimes fail because some learners' background make them rigid and difficult to change their mind-sets.” (Teacher 4)

“Not really due to insufficient knowledge on the subject matter.” (Teacher 5)

Life Orientation meeting learners' educational development

This study also sought to understand if the LO met learners' educational development and whether it had improved learner's skills and changes their attitudes, because this is what LO is intended to do. Few teachers believed that LO met learners' educational development:

"Yes, it prepares learners for practical life skills that will assist them to respond to challenges and to play an active and responsible role in the society, and provide the opportunity for the holistic development of learners, to reduce their vulnerability and empower them". (Teacher 1)

Yet, most teachers expressed their concern that the programme did not fit in their school context when they said:

"It's relevant in meeting learners' educational development for learners in urban areas in particular because learners there are familiar with most if not all the materials." (Teacher 4)

"Not really. It is mainly based on the European culture rather than African culture. I think the textbooks must first be decolonised". (Teacher 5)

In addition, when asked whether the programme had instilled knowledge and skills to learners, teachers expressed mixed feelings; some felt that LO had improved the learners while others had different opinions:

“Yes, most of the learners seem to have acquired the required skills towards their development.” (Teacher 1).

“There is, however, we have a few learners we can pick who have come up with their items depicting their skills and creativity.” (Teacher 2).

“Not really. Although the programme is being implemented, learner’s knowledge, attitudes and skills are below average. Besides this, poor discipline, vandalism and drug abuse is evident.” (Teacher 5).

Opportunities in place

I explored whether there were any opportunities in place for LO implementation in Limpopo. This basically tackled the current steps in LO implementation and whether teachers were supported to implement the programme or not. This study revealed that there were several current steps towards LO implementation:

“We have come up with competitions of encouraging learners to be creative and innovative and utilize their skills and talents.” (Teacher 2)

“We have introduced a competition where learners are encouraged to be innovative and come up with what they have made to solve another challenge in life.” (Teacher 4)

However, almost all the teachers said that the current steps were not always successful because of lack of support from all stakeholders - including parents and the department of education. This was in part since people were not taking the subject seriously as described below:

“There is a serious lack of moral support especially from parents. Financial support is the main lacking one since at times, we receive minimal materials.” (Teacher 1)

“No, there isn’t provision with enough support in that from the departmental side down to the school level, they view LO as a useless subject”. (Teacher 4)

“There are limited resources. Vhembe district has only 2 curriculum advisors for life orientation.” (Teacher 3)

In addition, support from management was also said to be lacking:

“Not really. Presently, there is no HODs for this subject. Support from senior management is very minimal since the feedback is received at the end of each, though not every term” (Teacher 5).

“At times, you find learners seeking help or support in this sphere and then shunned by senior management’s responses.” (Teacher 2)

Challenges for LO Implementation

Because of the above discussions, it was reported that LO implementation experienced a number of challenges. Specifically, it was said that the subject has not been highly valued by the department of education like other subjects:

“LO has been neglected or undermined by the department of education” (Teacher 1)

“The recent theory created for LO [makes it] to look like just a useless subject to make numbers is the most challenge hindering implementation” (teacher 4)

Language barriers and non-alignment of LO to fit the school's contexts were also discussed here:

“Learners do not understand English well. Besides this, English culture is translated into African languages. I think the text book need to be decolonised to meet the African culture. Moreover, hard work and commitment remains a challenge among teachers.”
(Teacher 5)

Challenge of implementation also touched on the time allocation for the programme. It was revealed that the time allocated was too short which could not enable coverage of the required content:

“Time allocation is only 2 hours per week and 1 hour is for physical education and 1 hour is for personal development.” (Teacher 1)

“Life Orientation is not allocated enough time in that, even higher offices seem to make their plans with the thinking that LO is useless.” (Teacher 4)

Teachers also complained that they were not well trained to implement the programme:

“I have not been trained for this subject. Moreover, workshops provided are not impressive as they are conducted in the day from 12:00 noon”. (Teacher 5)

One teacher wrapped the challenges up by positing that there was a need to train teachers based on the current social events unfolding at the community for them to teach students what was relevant:

“Little knowledge is known about the current social problems that learners are facing. And this is escalating in the schools. There is a need for highly trained and specialized LO teachers”. (Teacher 1).

When asked whether they were happy with the current teaching of LO, teachers stated that:

“Not that much. More materials are needed as well as much training in this respect. Media library can also assist much here.” (Teacher 2)

“At least not very happy. Learners are exposed to various skills only during exams and are not monitored for further improvement.” (Teacher 5)

In this tone, teachers provided various recommendations that would facilitate efficient and successful implementation of LO at schools in Limpopo:

“Short quick workshops with a lot of information will leave teachers confused and frustrated, utilization of the experts in training teachers will be of utmost importance because teachers will understand what would be expected from them.” (Teacher 1)

“Increase time allocated to LO and ensure we provide enough resources to it” (Teacher 2)

“Further training of teachers and provision of adequate resources. Specialization and interest should be considered.” (Teacher 3)

“Textbooks should be decolonised. This subject should also be given in African languages since most of them are regarded as official languages.” (Teacher 5)

Focus Group Discussions results conducted with guardians

A comprehensive discussion of the qualitative research approach, research design and data collection strategies used is presented in this chapter. The participants’ responses were documented during focus group interviews with guardians. This chapter presents the validation of the empirical data collected and audio-taped with the participants’ permission. Thereafter, data were transcribed, coded and explored within the context of emergent themes, categories and sub-categories relating to the way the participants understood, responded to and implemented Life Orientation education at their schools (Miller & Brewer, 2005). The discussion follows a thematic pattern relevant to details of data but also takes cognisance of the research questions (as indicated in Chapter 5).

To maintain the anonymity of the research site as well as of the participants, a coding system was devised for the responses that emerged from the transcripts.

Table 4.8: Coding of focus group interviews

CODE	EXPLANATION
SZW	Vhuronga 1
TGE	Vhuronga 2
VQP	Shamavunga circuits
IBM	Xihoko circuits

The discussion in this chapter explains the researcher's explanatory approach to data analysis, validating the presentation of "meaningful and symbolic data" (Lune & Berg, 2016). In addition, it must be noted that the qualitative nature of the study dictated that the process of "data collection, processing, analysis and reporting" did not result in distinctive categories and occurred concurrently throughout the research process (Nieuwenhuis, 2007). Lastly, the outcome of the responses' analysis provided by guardians in terms of Life Orientation as a learning area was the emergence of distinct and significant themes. The interpretation of the data suggested that the findings were trustworthy and relevant to the research questions. Although the collected data was classified into thematic groups, the researcher encountered situations where it became necessary to adapt the groups or themes as the research progressed. The subsequent contentions highlight the themes, categories and sub-categories that emerged from the interactions with the participants. It must be noted that discussions pertaining to the data collection strategy of "observation" are included in the ensuing thematic discussion.

Theme one: Guardians faced numerous challenges relating to the understanding of Life Orientation subject.

While some parents in our study expressed concern about what they perceived to be controversial issues, they also pointed out the contradiction that 'difficult knowledge' was unlikely to be spoken about between parent/carer and child at home. Many children are turning to alternative sources to get this information, including peers and the media because they understood from adults that this knowledge was considered taboo.

As a mother from a Christian background, I believe that it is not right. But I want the kids to know that all people regardless of their beliefs should be respected even if we don't agree with them (Mother, aged 39, a child in grade 12).

Theme two: Guardians did not feel comfortable to discuss sexuality with their children.

Most participants in each of the four focus group interviews indicated that they lacked the appropriate knowledge of Life Orientation. They stressed the fact that they were not well informed about content knowledge in the learning area which results in the lack of support to the children. One of the guardians expressed her lack of understanding as follows:

A mother explained that talking about same-sex attraction was difficult for her to address because she was uninformed about the topic: Perhaps homosexuality, as I don't want to misinform children. People who are homosexual should be treated with the same respect as heterosexual. (Mother, aged 50, with a son in grade 11).

Theme three: Guardians viewed Life Orientation as an important subject

A father (aged 44) of a five-year-old considered sexuality education as important to his daughter's and other children's sexual subjectivist, commenting:

'I believe that children have their own experiences of desire/sexuality, and my child has an interest in body and behaviour differences'.

This father's response operates as a counter-narrative to dominant discourses about children and sexual knowledge, as he views children as agentic sexual subjects who have the right to access sexuality education. In contrast to this perspective, the dominant discourse of childhood and sexuality is one that constitutes children as largely innocent latent sexual subjects or as asexual subjects, denied a sense of bodily desire, until they reach puberty in early adolescence. In addition, for some guardians' children's access to sexuality education was primarily a matter of children's rights, a right to access knowledge about their bodies to develop a healthy awareness of their own sexuality. For these parents, positive sexuality education was a way to counter negative knowledge about sex and sexuality as shameful or dirty, a discourse that framed the sexuality education experiences of many parents/carers in this research.

Theme four: Mixed feelings regarding the teaching of sexuality education at schools were expressed

Though the majority of guardians believed that it was critical to provide sexuality education at home, as they felt that this way they would be able to control and regulate the information their children received; the centrality of family in developing their children's morals, values and ethics; the importance of passing on family cultural and religious values that may not be held by the school; and to avoid parent and teacher conflicts around these issues. Only a few guardians in this research considered sexuality education of children to be the primary responsibility of schools. Some parents spoke about feeling

unable to talk with their children about sexuality, indicating that it was too difficult and too challenging. These guardians did not have relationships with their children that were conducive to having such intimate discussions. Teachers were viewed to be in a better position to talk to children about these issues. As one mother (aged 30, with a girl in grade 9) commented:

“Children learn from their parents. You don’t have children to have someone else teach them about life”.

Theme five: Guardians believed that it was the teachers’ role to teach sexuality education to children

Though some guardians were concerned about the content of sexuality education and believed that issues they perceived to be controversial should be discussed at home, many indicated that they did not address these issues with their children due to a lack of knowledge, embarrassment and/or conflict in values. Some parents spoke about feeling unable to talk with their children about sexuality, indicating that it was too difficult and too challenging. These parents/carers did not have relationships with their children that were conducive to having such intimate discussions. Teachers were viewed to be in a better position to talk to children about these issues. A mother with a learner in grade 11 said the following:

“There are so many youths out there that know too much about sex and feel they are immune to problems. I refused to let my children go because all of them were not emotionally ready for that. I did not ignore the situation. I bought a Christian book about how

the body changes for both girls and boys that was easy for them to read and understand. I believe sex is something sacred for marriage and I felt that letting them learn at school and not at home that they could be taught things that I felt were morally wrong”.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapters dealt with an introduction and background to the problem, an in-depth literature review, a discussion about the appropriate research methodology as well as analysis of data after structured interviews. The discussion in Chapter 4 presented the results of the research in relation to the three broad themes identified, while chapter 5 offers the overview, synthesis and recommendations and confirms the results of the research study. This chapter summarises the findings of the entire study and provides conclusions; it points out the limitations and makes recommendations for further research. This chapter is presented in phases. Phase 1a focused on qualitative discussion results from learners, phase 1b, discusses interview results from teachers and focus group discussions with guardians.

5.2 PHASE 1a: QUANTITATIVE DISCUSSION

The study found that about two thirds of the learners engaged in risky sexual behaviour (66.99%), demonstrating a contrast to significant progress in the global HIV response. Louw, Peltzer, & Ramlagan, (2018) estimated new HIV infections among adolescent girls and young women (10–24) globally every year at approximately 380,000. They added

that girls and young women account for 71 percent of new HIV infections among adolescents in sub-Saharan Africa. HIV-positive pregnant women are at increased risk of life-threatening infections such as sepsis and opportunistic infections, including tuberculosis, pneumonia, and meningitis. For adolescents, these risks are exacerbated by early and repeated pregnancies and in cases in which HIV results in the death of the mother, the impact on her surviving children is devastating. Most students, precisely girls, tend to have an increased appetite to explore fashion and hence more often happen to have multiple sexual partners in return of more financial gifts to buy clothes and make up. On the other dimension, school dropout exposes learners to irresponsibility for example drug abuse and this factor often leads to many engaging in sex irresponsibly.

In South Africa, early childbearing is low with 5 per cent of female adolescents aged 15 to 19 giving birth each year. The mean age for sexual debut in all nine provinces in the country occurs either at the age of 16 or a little below age 16.7. Despite this, research in South Africa shows teenage girls often date a partner whose age is typically five or more years older, and this is seen as a significant risk factor related to teenage pregnancy. There is a significant percentage of willing consent to sexual activity below age 16 (Department of Social Development, 2015).

On the other hand, WHO (2011) cited that about 16 million adolescent girls between 15 and 19 give birth each year. Babies born to adolescent mothers account for roughly 11% of all births worldwide; 95% occur in developing countries. Surprisingly, for some of these young women, pregnancy and childbirth are planned and wanted, even so for many others they are not. There are several factors that contribute to this. Girls may be under pressure to marry and bear children early, or they may have limited educational and em-

ployment prospects. Moreover, some do not know how to avoid a pregnancy, or are unable to obtain contraceptives. The likelihood may be that, others may be unable to refuse unwanted sex or to resist coerced sex. Those that do become pregnant are less likely than adults to be able to obtain legal and safe abortions. They are also less likely than adults to access skilled prenatal, childbirth and postnatal care. In low- and middle-income countries, complications from pregnancy and childbirth are the leading cause of death among girls aged 15 to 19. And in 2008, there were an estimated three million unsafe abortions among girls in this age group. The adverse effects of adolescent childbearing also extend to the health of their infants. Perinatal deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20 to 29. The newborns of adolescent mothers are also more likely to have low birth weight, with the risk of long-term effects.

Ranking above all others, many young women who marry or enter partnerships early do not have the knowledge or the personal agency that enables them to protect themselves from HIV, for example, they cannot negotiate when to have sex or to use condoms (UNAIDS, 2015). Another key thing to remember is that It is estimated by that each year an estimated 16 million women aged 15–19 years give birth and that a further million become mothers before age 15 years. In most countries, these adolescent births are concentrated among poorer, less educated women, and early motherhood further compounds disadvantage by disrupting school attendance and limiting future livelihood opportunities. Though, context can vary greatly both between and within countries. Most adolescent births in developing countries are planned and occur within the context of marriage. Notably, these pregnancies are driven by traditional practices and norms, and encouraged and sanctioned by families and the wider community (Matthews; Neal & Camacho, 2014).

Despite successes made, in contrast, progress among young women and adolescent mothers has been slow with many challenges. The average adolescent birth rate in Africa is 115 per 1000 girls, more than double the global average of 49 per 1000 girls. In western and central Africa, 28% of women aged 20–24 years have reported a birth before the age of 18 years, the highest percentage among developing regions. In Chad, Guinea, Mali, Mozambique and Niger, 1 in 10 girls has a child before the age of 15 years. In sub-Saharan Africa, an estimated 36 000 women and girls die each year from unsafe abortions, and millions more suffer long-term illness or disability (UNAIDS, 2015).

Moreover, in most developed countries, as well as in Latin America and the Caribbean, and some parts of sub-Saharan Africa, most pregnancies in adolescents occur outside of marriage, and are usually unplanned. The potential health, social, and economic disadvantages that adolescent mothers face are widely recognized, and their right to access adequate reproductive health care has been enshrined in a series of important international agreements and documents since 1990. However, mortality risks to adolescent mothers have not been accurately or comprehensively quantified. A frequently cited statistic is that girls younger than 15 years are several times more likely to die from maternal causes than women in their early 20s and those aged 15–19 years are also at additional risk (Matthews; Neal & Camacho, 2014). Ironically, despite extensive attention given to adolescent sexuality and teenage pregnancy, many teenagers are still falling pregnant (Van Eijk, 2007). Teenage pregnancy has become a national epidemic, partly because more and more teenagers who give birth decide to keep and raise their children. There is a great cost to individuals, families and society when children have children of their own. Mwaba (2000) indicated that teenage pregnancy is more common amongst young people who have been disadvantaged and have poor expectations of either their education or the job market. The alarming figures released by Morake (2011) for the South African

Provincial Education Department concussively show that schoolgirl pregnancies have doubled in the past year, despite a decade of spending on sex education and Human Immunodeficiency Virus (HIV) and AIDS awareness. Furthermore, premature sexual intercourse results in high rates of sexually transmitted diseases, HIV transmission, adolescent pregnancy and abortions (Mkhwanazi, 2006).

On the other hand, Medical Research Council (2008) cited the risks that accompany young girls dropping out of school early often due to economic barriers and sometimes poor school performance, the risk for early pregnancy is significantly higher. When girls grow up in residential areas where poverty is entrenched (informal areas and rural areas), they are at risk of experiencing an early pregnancy, contracting HIV and that they are susceptible to gender based violence. Several adolescents are at elevated risk for teenage pregnancy because of the social conditions in which they live. Adolescence and early adulthood are considered the healthiest stages of the lifespan. High HIV prevalence among adolescent girls and young women demonstrates they are sexually active and at risk of falling pregnant. An annual household survey conducted by Statistics South Africa assesses pregnancy in the past year among females aged 15 to 19 years old; the results for 2010 through 2013 are captured in Figure 3, below. The percentage of females falling pregnant increases twelve-fold from age 15 to 19 (from about 1 percent to about 12 percent).

A study by Delany, Jehoma and Lake (2016) found that still in South Africa, pregnancy accounts for around 5% of drop outs amongst teenage girls not attending school. Research has shown those children from disadvantaged backgrounds with limited economic resources, lower levels of parental education, or who have lost one or both parents are indeed less likely to enroll in school and are more prone to dropping out or progressing

more slowly than their peers. There is also little variation in school attendee rates across the income quintiles. Though the section 29 (1)(a) of the South African constitution states that “everyone has the right to basic education” and section 29(1)(b) states that “everyone has the right to further education” and that the state must make such education “progressively available and accessible”.

Cummings (1997) cited another important factor facing young brides’ such as. the great pressure to bear children as quickly as possible to prove their fertility. Approximately 16 million adolescent girls aged 15-19 years old give birth each year, comprising about 11 percent of all births globally. Early pregnancy and childbirth have severe consequences for adolescent girls as compared to young women, including an increased risk of miscarriage and complications at birth, obstetric fistula, and death. Despite progress in overall rates around the world, maternal mortality remains a leading cause of death among girls aged 15-19. In general; the clear majority of maternal deaths are preventable when women have access to quality antenatal and postnatal care and safe delivery attended by skilled personnel, backed by emergency obstetric care.

In addition, Viner (2012) stated that adolescent girls do not always have access to these forms of care or information about the importance of these services, especially when they are married at an early age and have become socially isolated within their husbands’ households. In addition to the harm placed on adolescent mothers, sadly their children also face numerous hardships. The children of young mothers have higher rates of infant mortality and malnutrition and are less likely to be educated than children born to mothers older than 18. Lack of access to contraception is a challenge to approximately 225 million women worldwide, who would like to avoid pregnancy but are not using a modern method of contraception. This is a challenge for girls who would like to stay in school.

Teenage pregnancy is a “disease” mostly in Africa and has a lot of social problems. It results in “overpopulation” and a very high proportion of youthful population. Besides, there are most noticeable consequences related to teenage pregnancies which include: school drop-out or interrupted education; waywardness and criminal activities; abortion; and child neglect; poverty and many others. Pregnant teenagers are less likely to complete high school and attend tertiary institutions. Besides overpopulation, teenage pregnancy results in high infant mortality rate, an increase in underprivileged families, high maternal mortality, and other deaths due to sexually related diseases. The number of pregnant schoolgirls in the Gauteng province in South African jumped from 1169 in 2005 to 2336 in 2006 despite a decade of spending on sex education and AIDS awareness. In spite of the increase in programs aimed at preventing teenage pregnancies, the rate of teenage births is still very high. One in three girls has had a baby by the age of 20 (Harrison, 2008). In a country where HIV prevalence is 18.8 percent, the high level of teenage pregnancy has heightened concerns. The latest national survey into HIV prevalence recorded that 16 percent of pregnant women under the age of 20 years tested HIV positive (MRC, 2008).

In South Africa, there was a concern raised in 2003 by the Department of Basic Education that teenage pregnancy among school learners was quite high, and that learner pregnancy rates were higher in schools located in poor areas and schools that were poorly resourced. Some people felt that the rise in teenage births was due to child support grant (CSG). Other people alluded that the rise in learner pregnancy was more likely due to improved reporting than a real increase. According to the Demographic and Health Survey (SADHS) data 1998 and 2003, teenage pregnancy is well over 12 percent (Kyei, 2012). Teenage pregnancy and birthrate are excessively high in Limpopo Province and

they show a steady increase in black communities (Department of Health, 2010). Teenage pregnancy indicates that the non-use of condoms is also associated with the high rate of STI's in the province. This problem can be viewed in the context of poverty and unemployment since some of the orphans have no one to look after them and they turn to prostitution for survival and aggravating the problem is the fact that condom use as a contraceptive method is very low and inconsistent amongst the youth (DoH, 2003).

There is evidence that indicates that poverty causes adolescents to face health risks of child bearing unintended pregnancy and parenthood, sexual exploitation, sexual coercion, STI's and HIV infection. The high rate of teenage pregnancies calls for HIV and AIDS awareness campaigns that emphasize condom use and the need for family planning. At the same time and of equal importance there is a need for programs aimed at addressing esteem issues that drive adolescent girls to become pregnant to confirm their woman rights of teenage girls are infringed through acts of sexual violence and exploitation (DoH, 2003).

Considerable amount of literature has been published on adolescent girls' vulnerability to HIV and AIDS. It has been conclusively discussed on DoH (2007), where key factors that contribute to women and girls' greater vulnerability to HIV infection is clearly outlined, for instance, culture of silence surrounding sexuality, exploiting transactional and intergenerational sex and violence against women within relationships. In this context, it is worthwhile to consider other factors affecting the spread of HIV among women and girls in the region, some notable examples are poverty, early marriages, trafficking, sex work, and migration, lack of education, gender discrimination and violence. Another key to remem-

ber is that, breaking the culture of silence is critical. As in many regions, both industrialized and developing, complex social and cultural barriers have made talking about sexuality extremely difficult.

Though Dawood (2005), argued that adolescence is a unique period of rapid physical, biological, intellectual, behavioral, emotional growth, this heterogeneous group of pubertal children and young adults are more vulnerable and at an increased risk of HIV acquisition. He argued that adding to the problem is that adolescents are less likely to present for testing or be tested for HIV infection. It has been discovered that young women are often diagnosed with HIV after the diagnosis of an unplanned pregnancy, leading to the dual impact of a new diagnosis and an unplanned pregnancy. Biological factors such as the presence of a sexually transmitted infection (STI), exposure to partners with acute HIV infection, and sharing partners within sexual networks may increase the likelihood of HIV exposure to a recently infected partner. In young women, the immature cervix is lined with columnar epithelium instead of squamous epithelium; this may increase the susceptibility to HIV infection. Moreover, larger volume and activity in adolescents may slow natural progression to acquire immune-deficiency syndrome (AIDS) as compared with older adults.

Highlighting to this, WHO (2015) stresses that sexual practices among adolescents play an important role in HIV transmission in that adolescents do not consider oral or anal sex as 'real sex'. Oral sex is viewed as less risky and often this is not explored in the sexual history. Physicians usually communicate ineffectively and are unclear when obtaining a sexual history; hence, risky behaviours are often missed. Sexual reproductive healthcare is central to medical care of adolescents and should include screening for STIs, risk-reduction counselling and contraception counselling. Human papillomavirus vaccination

and screening are important elements of this care. HIV counselling, testing and HIV disproportionately affects adolescent girls and young women beginning in adolescence and continuing into early adulthood.

Demonstrating contrast to significant progress in the global HIV response, WHO (2015) exposes a staggering approximately 380,000 new HIV infections among adolescent girls and young women (10–24) globally every year. Girls and young women account for 71 percent of new HIV infections among adolescents in sub-Saharan Africa. HIV-positive pregnant women are at increased risk of life-threatening infections such as sepsis and opportunistic infections, including tuberculosis, pneumonia, and meningitis. For adolescents, these risks are exacerbated by early and repeated pregnancies and in cases in which HIV results in the death of the mother, the impact on her surviving children is devastating.

Compelling evidence in WHO (2013), proves that adolescent girls are at a disproportionately high risk of acquiring HIV/AIDS due various predisposing factors such as. early marriage, sexual abuse, and economic vulnerability. High inflows of mostly male construction workers in communities near construction sites often increase the risk of HIV/AIDS, along with the risk of prostitution and pregnancies and to address this, Medical Research Council standard bidding documents include an HIV-related clause requiring that contractors conduct an HIV/AIDS awareness program in the project areas and undertake other measures to reduce the risk of the transfer of HIV between and among the contractor's personnel and the local community, to promote early diagnosis and to assist affected individuals.

Subsequently, adolescent girls and young women face an unparalleled burden of HIV even compared to the same age cohorts in other countries. New HIV infections among adolescent girls and young women per week in South Africa compared with other Eastern and Southern African countries. New infections among South Africa's adolescent girls and young women are over four times greater than seen in Uganda, Mozambique, and Kenya. In fact, adolescent girls and young women in South Africa face more new infections per week than the next five countries combined.

Demonstrating this, in 2003 by UNAIDS, stats revealed that globally, there were 17 million women and 18, 7 million men between the ages of 15 and 49 years living with HIV and AIDS. Compared to current reports, this seems to have changed with all new HIV infections worldwide happening in women. It is presumed that most HIV infected young women will not live to the age 30. HIV and AIDS seriously affect adolescent girls throughout the world. One third of currently infected individuals are youth ages 15-24 and of all new infection occurs in youth the same age. More than five young five young people acquire HIV every minute, over 7 000 each day and more than 2.6 million each year. About 1.7 million new adolescent HIV infections, over half the world's total occur in Sub-Saharan Africa with nearly 70 % people living with HIV live in Sub Saharan Africa (UNAIDS, 2014). Several studies have revealed that South African women aged 15 - 24 years were found to be the group with the highest rate of new HIV infections and therefore be most at risk. Studies show that among this age group, heterosexual transmission of HIV infection is the predominant risk factor (WHO, 2013). UNAIDS (1999) supported, adding that the HIV epidemic has a devastating effect on most African female youth who often lack access to sexual health information and services. It is cited that married youth have great difficulty getting needed sexual health services. Cultural, social and economic norms and pressures often put young African women at excess risk for HIV infection. In Sub Saharan

Africa, as in other regions of the world, a culture of silence surrounds most reproductive health issues. Many adults are uncomfortable talking about sexuality with their children. Other people lack accurate sexual health knowledge with many Africans unable to discuss sexuality across perceived barriers of gender and differences. Many Africans are also reluctant to provide sexual active adults with condoms (UNAIDS, 2008).

Adolescent girls and young women experience unacceptably high rates of HIV. In 2012, HIV prevalence among females aged 15 to 19 was 5.6 percent; this is nearly eight times higher than the HIV prevalence experienced by males of the same age group (0.7 percent). The HIV prevalence of females aged 20 to 24 (17.4 percent) is roughly three times greater than men in the same cohort (5.1 percent).

Archbishop Desmond Tutu said that “If we are to see any real development in the world, then our best investment is women.” This holds true for the AIDS response, which needs greater attention, reaffirmed commitment and resourced action to ensure the health, rights and well-being of adolescent girls and young women throughout their life-cycle. The solution is to engage all sectors of society and to embrace innovations. With the platform provided by the post-2015 sustainable development goals, and leveraging the successes of the AIDS response so far, Africa has a historic opportunity to end the AIDS epidemic as a public health threat by 2030. This requires adapting to the dynamism and opportunities of the continent and reaching people most vulnerable to HIV including young women and adolescent girls. It also requires acting to target the root causes of vulnerability. The magnitude of young women’s and adolescent girls’ vulnerability to HIV cannot be explained by biology alone but lies in pervasive conditions of gender inequality and power imbalances as well as high levels of intimate partner violence (UNAIDS & The African Union, 2015).

Despite the availability of antiretroviral medicines, AIDS-related illnesses remain the leading cause of death among girls and women of reproductive age in Africa. Many of these young women and girls are born and raised in communities where they are not treated as equal. Many cannot reduce their vulnerability to HIV because they are not permitted to make decisions on their own health care. They cannot reduce their vulnerability because they cannot choose at what age or who to marry, when to have sex, how to protect themselves or how many children to have (UNAIDS & The African Union, 2015).

Every hour, around 34 young African women are newly infected with HIV. The reasons for relatively high rates of infection and low scale-up of services for young women in Africa are complex and interwoven. Changing the course of the epidemic requires addressing the root causes and understanding the core conditions that exacerbate vulnerability. Seven core conditions stand out:

- Inadequate access to good-quality sexual and reproductive health information, commodities and services, in some measure due to age of consent to access services;
- Low personal agency, meaning women are unable to make choices and act on matters of their own health and well-being;
- harmful gender norms, including child, early and forced marriage, resulting in early pregnancy;
- Transactional and unprotected age-disparate sex, often because of poverty, lack of opportunity or lack of material goods;

- Lack of access to secondary education and comprehensive age-appropriate sexuality education;
- Intimate partner violence, which impacts on risk and health-seeking behaviour;
- Violence in conflict and post-conflict settings.

Individually or in combination, these factors severely inhibit the ability of young women and adolescent girls to protect themselves from HIV, violence and unintended or unwanted pregnancy. Gender inequality and lack of women's empowerment or agency are key themes that cut across these drivers (King & Winthrop, 2015).

Comparing this to the past decades, HIV-prevention programmes focused on risky sexual behaviour amongst young people, the continued increase in new cases could be an indication that sexual risk behaviours are still occurring in many communities. The United Nations (UNs) documented some indicators of risky sexual behaviour in a study conducted in Uganda, namely: low levels of education, early sexual debut, unprotected sexual intercourse, teenage pregnancy, multiple partners, sexual intercourse for reward and forced sexual intercourse (Brook, Brook, Pahl & Montoya 2002). These indicators were used in this study to determine the extent of sexual risk behaviour amongst young people in the participating villages. According to Asiimwe-Okiror, Opio, Musinguzi, Tembo, & Caraël (1997), changes in sexual behaviour amongst the urban Ugandan population resulted in a decline of HIV prevalence over a period of time.

A need to provide young people with knowledge that will inform them about the basic facts of HIV and AIDS was identified such as. how it is transmitted and how it can be prevented. Due to the lack of knowledge about HIV and AIDS, the disease is still a matter

that brings shame and judgement on people. Pick (2003) concurred, when he indicated that “there is presently no vaccine nor cure for HIV and AIDS; the most effective way is to slow down the spread of HIV is to reduce the rate of transmission from infected to uninfected people. The first step towards lowering a person’s risk of becoming infected is providing knowledge and awareness of HIV. Knowing about and practicing safer sex is the best way of remaining HIV negative, since the most common way of being infected with HIV is through sexual intercourse”

It has been conclusively shown that many scholars have recommended that awareness and information on related issues in HIV and AIDs field within the spectrum of cultural background, age and gender remains crucial. Health professionals, HIV and AIDS counselors and educators are well positioned to educate young people about HIV and AIDS. It seems that education programs on HIV and AIDS should go beyond just providing information through campaigns but it should rather also aim at providing youth with skills that can help them adopt healthy behaviours that will protect them from HIV and STI’s e.g. negotiation and assertiveness skills. It is also imperative that educational programs on HIV and AIDs be continuous, rather than once or annual training course as this allows the effectiveness of the programs to be monitored. This helps to keep people thinking about HIV and AIDS and that way the younger people know about it, the more they can protect themselves, share the knowledge with family and friends (Manther, 2002). Numerous studies have argued that a significant number of cases of HIV infection is due to ignorance. With more studies revealing that young people with more knowledge are expected to live healthier and more productive lives. Manther (2002) demonstrated this, when he alluded that better educated young people have an advantage to access information than those who are not educated and they are more likely to make well informed choices and act on that information. In addition, educated young people have access to

better jobs and great access to money other resources which can help in improving their lives.

Colosson et al. (2018) describe the phenomenon of cross-generational sex as sexual relationships between an adolescent girl and a partner who is older, usually by 10 or more years – and can be linked to many life-long consequences. From a child protection perspective, the power differential between adolescent girls and older, usually wealthier, men are a risk factor for abusive relationships, and can be linked to violence. In the case of girls, premature sex can trap them in an adverse poverty and vulnerability cycle as they may become adolescent mothers; may be forced to leave school; are at risk of entering marriage early to preserve the honour of their family and themselves; and, particularly when having sex with older men, are more exposed to contracting sexually transmitted diseases (STDs), including HIV and AIDS. The consequences of young girls dating older men may lead to them having little or no decision-making power. Their relationships with older boyfriends were characterised by coercion and manipulation. Negotiation for condom use was difficult for this group.

In most cases, these cross-generational relationships become transactional. In high-density urban settlements, the relationships adolescents engage in largely take the form of transactional sex, driven by desperation to earn quick cash for daily survival, but also increasingly as a 'lifestyle choice', fostered by peer pressure, to gain easy access to 'luxury' material items and services that would not be affordable through other income generation options available to adolescents. One distinction that is apparent is the different perceptions held by men and women, both young and old: men and boys tend to perceive that girls seek 'luxuries' in cross-generational relationships, whereas girls and women often declare a stronger interest in meeting basic needs. The consequences adolescents

experience because of engaging in cross-generational relationships are common across rural and urban contexts. Some of the adverse effects include sexual abuse and exploitation, physical abuse, early marriage, unwanted pregnancy, single motherhood, exposure to HIV/AIDS and other STDs and psycho-emotional trauma. These consequences usually overlap, resulting in adolescents being unable to access their rights (Augustyn, Thornberry & Henry, 2019).

While poverty is a driver of girls or boys taking part in cross-generational sex, and the negative consequences are well known in both rural and urban contexts, socially sanctioned attitudes and behaviours linked to cross-generational sex, especially that involving men and teenage girls, are not well understood among policymakers and practitioners. For instance, in both contexts, there appears to be an element of girl-to-girl 'peer pressure' in seeking cross-generational relationships. In rural contexts, intergenerational sex is the norm, and is often socially accommodated (in observed behaviour although not in terms of attitudes). Interestingly, though, in some cases, particularly when girls take part in such relationships, it is without parental consent or practiced as a lifestyle choice, the attitude in the community can shift from one of acceptance to one of criticism and stigmatisation (de Mendoza Zabalgoitia et al., 2017).

Outlaw, Waters & Wenning (2015) discussed the ambiguity in the definition of cross-generational sex has negatively affected the framing, structuring and implementation of child protection policies and interventions in both rural and urban contexts. The legal and punitive interventions meant to mitigate child sex violations, for instance, have been turned into lucrative avenues that benefit not the girl victim but her family, the perpetrators and law enforcement officials such as the police and local village counsellors. The result has been the perpetuation of child protection and other violations with impunity. In their review

of transactional sexual relationships in Sub-Saharan Africa. Outlaw, Waters & Wenning (2015) cite several studies that show how older girls and young women frequently seek out relationships with men who can provide the money they need for school fees and supplies or help them secure work or advance professionally. Younger girls often obtain very much less from such relationships. As Ranganathan et al (2017) point out in a review of the literature from Sub-Saharan Africa, same-age adolescent relationships frequently include gift giving, and both boys and girls may seek out multiple partners to maximise resources. These relationships and gift exchanges are strategically negotiated, and generally not seen as abusive by the young people concerned. This may lead to girls having considerable negotiating power over certain aspects of sexual relationships with older men, including partnership formation and continuation; however, they have little control over sexual practices within partnerships, including condom use and violence.

Perspectives on transactional sex vary considerably. On the one hand, transactional sex with adults is very common in some social contexts in Sub-Saharan Africa, and not considered necessarily abusive or exploitative. However, it may attract some moral censure from adults, and at least some young people argue it is inherently exploitative because adolescents are unable to fully comprehend the potential consequences and risks involved (Ranganathan et al., 2017). Stoebenau et al. (2016) show that, while transactional relationships are consensual, they may lead to rape or to physical violence if girls are not keeping their side of the bargain, for example withholding sex after expensive gifts have been made. Furthermore, girls have very little power to negotiate condom use in such relationships, putting them at significant risk of HIV/AIDS and other STDs.

Exchange of sexual favours for material support as a survival strategy has put women more at risk of HIV infection than men, given that the power differential makes it more

difficult for girls to negotiate the use of a condom (Ranganathan et al., 2017). Poverty seems to make women less able to exercise control over their sexual health, reduces ability to bargain for safe sex and shatters self-esteem, making it more difficult for young girls to have productive future lives hence compounding the cycle of sexual abuse and exploitation.

All over the world, gender inequalities are main driving force behind spread of HIV. Steward (2002) highlighted that it is inequalities in relationships that often restrict people from acting in accordance from what they know. As supported by Geary (2001), gender inequality has been identified as a number one obstacle to women protecting themselves from HIV infection which indicates that gender based inequalities often overlap with other social, cultural, economic and political inequalities between men and women and that the different attributes and roles that societies assign to males and females affects women's ability to protect themselves against HIV infection.

Ochen, Perezniето & Walker (2014), suggested the phenomenon of cross-generational sex as sexual relationships between an adolescent girl and a partner who is older, usually by 10 or more years can be linked to many life-long consequences. In the case of girls, premature sex can trap them in an adverse poverty and vulnerability cycle as they may become adolescent mothers; may be forced to leave school; are at risk of entering marriage early to preserve the honor of their family and themselves; and, particularly when having sex with older men, are more exposed to contracting sexually transmitted diseases (STDs), including HIV and AIDS. From a child protection perspective, the power differential between adolescent girls and older usually wealthier men is a particular risk factor for abusive relationships, and can be linked to violence.

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Unfortunately, black women living in rural areas are more adversely affected by HIV and AIDS because conditions of poverty, patriarchy and violence seemingly seal their vulnerability to and powerlessness against HIV and AIDS. A number of women all over South Africa face the risk of abandonment and abuse should they dare disclose the HIV status and find themselves again being discriminated against when trying to access care and support after they have been infected with HIV (Employment Equity Act, 1998).

The unfortunate high levels of poverty impact severely on young people mostly leading to the stunted growth and high levels of child and infant mortality (Manaka, 2002), especially in rural areas, subsistence farming on marginal lands in the absence of expandable income to buy adequate food supplies is also related to poor nutrition of infants, children, pregnant women and breastfeeding mothers. This situation contributes to the spread of HIV infection. In Limpopo Province, it is especially the poor that suffer the negative health effects of a subsistence lifestyle, whether in rural or urban areas (Manaka, 2002).

Kelly (2000) indicated that HIV and AIDS aggravates poverty, it does so by thrusting households back on ever more limited resources, reducing employment opportunities inhibiting economic growth because of loss of skilled human resources and use of resources for consumption rather than investment. Manther (2002) supported this view that poverty is one of the factors contributing to the spread of HIV and AIDS; he stated that “it is poverty that forces poor women and young girls into prostitutions, thus placing them at high risk of unwanted pregnancies, HIV infection and AIDS”. This is supported also by Nourse (2000), when he stressed that the “sugar daddies” phenomenon means that young girls render sexual favors to affluent men known sugar daddies in exchange for money and other material goods. Men and girls both become carriers of HIV and they in turn spread the virus.

Dawood (2015) emphasized that adolescence is an age of opportunity for children, and a pivotal time to build on their development in the first decade of life and to help them navigate risks and vulnerabilities, setting them on the path to fulfilling their potential. The world is home to 1.2 billion individuals aged 10–19 years and these adolescents have lived most or all of their lives under the Millennium Declaration, the unprecedented global compact that since 2000 has sought a better world for all.

Karen and Ghat (2010) indicated that as girls approach adolescence, they face the start of a narrow bridge, that as they move through adolescence they must cross this bridge, emerging at the end as adult young women. However, unfortunately the bridge through adolescence is a risky one for girls; they are significantly more vulnerable than their male counterparts and are more likely to fall off the bridge. Adolescent girls face poorer health outcomes, are more likely to become infected with HIV, more socially isolated, less likely to make the transition to secondary school or to complete it, and have fewer income-

generating opportunities. UNICEF (2015) maintained that as logic might have it, that a lot of effort in these arenas is being made to reach these adolescent girls, to help them build social, health and economic assets and to provide them with the support and protection they need so that they do not drop out of school, get pregnant before they want to, or become infected with HIV or an STI. However, unfortunately, that is not the case and that normally, what is available are general youth programs that are meant to include adolescent girls, but in reality, do not.

Experience has shown that to reach adolescent girls, especially vulnerable adolescent girls, programs must be designed with them as the target audience. Empowerment is vital to ensuring a better quality of life for all children and a better world for all people. And that those goals can never be achieved if girls are left behind. In country many countries, educating girls yields spectacular social benefits for the current generation and those to come this might be due to the fact that educated girl tends to marry later and have healthier children and many others.; her children will be more likely to survive when she has them at the right time; they will be better nourished and better educated; She will be more productive at home and better paid in the workplace; she will be better able to protect herself against HIV/AIDS and to assume a more active role in social, economic and political decision-making throughout her life hence the goal of UNICEF is to get more girls into school and ensure that they stay in school and hopefully equipped with the basic tools they need to succeed in later life (USAID, 2016).

Although Brizendine (2006) argued that more have benefited from the gains in child survival, education, access to safe water, and other areas of development that stand as concrete successes of the drive to meet the Millennium Development Goals, the human development targets at the core of the Declaration that they have however now arrived at

a pivotal moment in their lives, just as the world as a whole is facing a critical moment in this new millennium. Regrettably, confidence in the world economy has plummeted; unemployment has risen sharply; and real household incomes have fallen or stagnated. In the late 2010, the global economic outlook remains highly uncertain and the possibility of a prolonged economic malaise with negative implications for social and economic progress in many countries developing and industrialized alike still looms. This economic turmoil and uncertainty have raised the specters of fiscal austerity, particularly in some industrialized economies, resulting in a more stringent approach to social spending and overseas development assistance. In developing countries, too, public finances have tightened, and social spending, including investments in child-related areas, has come under greater scrutiny.

Adolescence involves moving toward social and economic independence, including exploring livelihood options and secondary education. Staying in school past the primary years involves more challenges for adolescents who must pay fees themselves (or with community support) or help support a family. Orphaned adolescents often have more demands placed on them to become household caretakers or income earners. High unemployment rates and lack of secondary or vocational schooling opportunities exacerbate the problem. “The economic impacts of HIV/AIDS on households jeopardize many adolescents’ chances of staying in school, especially if they have to assume new responsibilities for supporting the family,” reports *Children on the Brink 2004*, a publication of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), and the U.S. Agency for International Development (USAID). “Some become the head of the household if the alternative is for siblings to be separated or if siblings risk losing their inheritance after the death of their parents.” Orphaned adolescents then face the difficult choice of working or attending school (Brizendine (2006).

A 2008 survey by the Organization for Economic Cooperation and Development (OECD) ranked South Africa the worst in terms of unemployment between the ages of 15 and 24, followed by Spain with a figure close to 25% and Italy at around 20%. Worldwide youth account for nearly one-half of the unemployed and represented one-quarter of the labour force. High youth unemployment often comes as a result of lack of skills and experience which works against these young jobseekers. While some might have the required levels of education, these are however not adequate for the required skills. Pillay (2001) alluded that the AU Youth Charter specifies that every young person shall have the right to social, economic, political and cultural development with due regard to their freedom and identity and in equal enjoyment of the common heritage of mankind. However, despite the declarations, the South African labour space remains by and large characterized by exploitation; with a large casual labour force. Most unskilled young people find their services utilized here (Brizendine, 2006).

It is important to note that there are distinctions between commercial or transactional sex and intergenerational sex. Intergenerational sex does not 'necessarily' take place for a cash or in-kind remuneration; although in many cases it can be transactional. In rural areas, for instance, it is not an open form of transactional sex, but may be seen by many girls as a way of getting into a more formal relationship (including marriage) with a man who will support them, but this does not often materialise. In urban areas, by contrast, intergenerational relationships may be focused on more temporary and immediate material gains, although they might not be formalised as a commercial transaction (Denzin, 2017).

The study show that showed that experiencing gender-based violence was associated with engaging in risky sexual behaviour. Learners who experienced gender-based violence were three times more likely to engage in risky sexual behaviour compared to those who did not (OR 1.02: 95% Confidence Interval: (0.47; 2.21): P-value: 0.001). The fact that adolescent women in developing countries face structural, cultural and legal barriers to obtaining reproductive health information and services has been well-documented. These barriers operate at the individual, family and community levels. Understanding and addressing them is essential for enabling adolescent women to exercise their right to sexual and reproductive health information and services (Woog, Singh, Browne & Philbin, 2015). While the evidence is not conclusive, research suggests that violence limits women's ability to negotiate condom use. Violence or fear of violence has been implicated as a barrier to women seeking HIV testing.

UNAIDS (2015) highlighted that the impacts of gender inequality are far-reaching. Gender equality matters intrinsically because the ability to make choices that affect a person's own life is a basic human right and should be equal for everyone, independent of whether person is male or female. But gender equality also matters instrumentally because it contributes to economies and key development outcomes. To be effective, any health and development agenda needs to focus on the root causes of the gender gap, and the AIDS response is no different. But there is also good news on which to build. In the past 20 years, the gender gap has closed in many areas with the most noticeable progress made in primary school enrolment and completion, in almost all countries. In addition, life expectancy of women in low-income countries is now 20 years longer on average than in 1960, and over the past 30 years, women's participation in paid work has risen in most parts of the developing world.

Brizendine (2006) argued that coercive sex poses a direct biological risk for HIV infection resulting from vaginal trauma and lacerations; Intimate partner violence poses an indirect risk for HIV infection in several ways: Women with a history of violence may not be able to negotiate condom use. Diver (2019) cited another important factor facing young brides. Great pressure to bear children as quickly as possible to prove their fertility. Approximately 16 million adolescent girls aged 15-19 years old give birth each year, comprising about 11 percent of all births globally. Early pregnancy and childbirth have severe consequences for adolescent girls as compared to young women, including an increased risk of miscarriage and complications at birth, obstetric fistula, and death. Despite progress in overall rates around the world, maternal mortality remains a leading cause of death among girls aged 15-19. In general; the clear majority of maternal deaths are preventable when women have access to quality antenatal and postnatal care and safe delivery attended by skilled personnel, backed by emergency obstetric care.

5.3 PHASE 1B: QUALITATIVE DISCUSSION

5.3.1 Life Orientation Teacher Interviews discussions

The introduction of Life Orientation as a subject in the South African curriculum became fundamental to ensure that all learners were treated equally, and that they recognise themselves as worthwhile human beings. Its key mandate is to, promote social justice, human rights, and inclusiveness, as well as a healthy environment (Carey, 2018). This could be achieved through, equipping learners to engage on personal, psychological, neuro-cognitive, motor, physical, moral, spiritual, cultural, socio-economic and constitutional levels, to respond positively to the demands of the world, to assume responsibilities,

and to make the most of life's opportunities (Thani, 2016). The researcher aimed to establish a needs assessment in schools and to develop strategies to facilitate life skills programmes in Limpopo Province. Studies revealed that Life Orientation implementation has not been well implemented at schools in Limpopo, a finding that has been reported in another context in South Africa (Oberle, Domitrovich, Meyers & Weissberg, 2016). This has contributed to the rapid increase of adolescence pregnancy, drug and substance abuse, poor academic performances, violence, high school dropout rate and HIV/AIDS prevalence among secondary school students, among other factors.

In summary, this study found that teachers were aware of Life Orientation aims and objectives and believed that the objectives were well aligned with the department's strategic objectives. They articulated well their roles pertaining Life Orientation implementation and described some of the current steps that were taking place towards Life Orientation implementation at schools in Limpopo. In addition, some teachers reported observable evidence from some of the learners such as improved skills and behaviour; however, the majority of the teachers felt that most learners were still below average and believed that the Life Orientation implementation has not served its purpose well. Ultimately, several challenges were reported to affect Life Orientation implementation as expected. The challenges range from people not taking the Life Orientation subject seriously, lack of materials, insufficient support from parents and department, limited time allocated to Life Orientation, Life Orientation not aligned to social context and lack of teacher training to facilitate Life Orientation implementation.

Most educators have major concerns about both the design and delivery of HIV and AIDS curriculum with only 20% of secondary school teachers agreed with the statement that

this curriculum is well designed. Educators have the following objectives to the way in which the HIV and Curriculum components have been designed:

- Educators have not been involved in the development of the curriculum
- Educators have been given little or no orientation on HIV and AIDS
- Educators feel they need in-service training on how to deliver sensitive topics

Parsons et al. (1988) specified that designing and implementing a life skills program is only a part of the life skills program development process and it is necessary to secure long term support and resources for life skills education, and to engage, from the very beginning, all of the potential agencies that would have a role to play in the process of life skills program development. Implementing a life skills program will require the introduction of teaching methods that may be new to teachers, and the success of the program will depend very much on the availability of in-service training, as well as efforts to include training in participatory learning methods in teacher training colleges. The introduction of life skills education will require input from the school and education authorities, for teacher training and the development of teaching manuals, as well as for the ongoing support of teaching programmes once they are in place. This investment is worthwhile considering that the potential gains of life skills education are so far reaching.

Apart from the impact on child health, there may be other benefits for the school as an institution. For example, evaluative studies of life skills programmes suggest that the methods used can help to improve teacher-pupil relationships and that there are indications that life skills lessons are associated with fewer reports of classroom behaviour problems. Research indications of improved academic performance because of teaching life skills also exist (Weissberg et al., 1989). Other positive effects include improved

school attendance (Zabin et al., 1986), less bullying, fewer referrals to specialist support services and better relationships between children and their parents, however a life skills program will have to be proven worthy of the resources allocated to it, process and outcome evaluation studies should be carried out, and results shared with all the relevant decision makers that could affect the future of the life skills program. A program that has a component of ongoing assessment of its use and impact offers scope for keeping in touch with changing priorities and is more likely to be modified and maintained over time. Though well-designed, tested and delivered life skills programmes can achieve much in helping children and adolescents become more responsible, healthy and resilient both during childhood and as adults.

There are major problems with how HIV and AIDS curriculum is being delivered in most schools in Malawi. Most of these relate directly to the commitment competence of teachers to teach what sensitive and difficult topics are (Kadzamira et al., 2001). In secondary schools the carrier subject is Life skills and HIV and AIDS topics only covered under the topic “sexually transmitted diseases”. It is possible that a number of students do not even take this subject. Some educators actually skip the HIV related topic and ask students to read on their own because they feel profoundly uncomfortable and unprepared to teach this subject. Most educators are ill prepared to teach the HIV and AIDS curriculum. Furthermore, more than 25% of the secondary school teachers were too embarrassed to talk about HIV related issues and were put off by both students’ laughter and lack of material. Even when educators had attended orientation seminars still felt uncomfortable talking about sexual issues. The only systematic training of teachers about HIV and AIDS components in the secondary curriculum seems to be provided through the WHY WAIT program (Kadzamira et al., 2001).

Although some teachers mentioned that there was some evidence that Life Orientation had instilled knowledge and skills to learners, the majority believed that most learners were below average, with some teachers mentioning that cases of poor discipline, vandalism and drug abuse were still rampant. This finding concurs with the research conducted by Masson (2019), which pointed to the general erosion of social values amongst South African learners, thus affecting their ability to live and work optimally in the outside world. Readjustments in the curriculum are to be carried out so that education becomes a forceful tool for the cultivation of social and moral values.

Specifically, some teachers expressed frustration in the way Life Orientation is structured reflecting high income settings or urban areas and hence does not match Limpopo province. Also, the language was said to be difficult for learners in Limpopo. Ultimately, other teachers reported challenges with regards to curriculum content they feel that their learners' specific socio-cultural needs are not being adequately met, and thus require life skills to adapt to their environment. These experiences tie in strongly with Barnhardt's study, (Umaña-Taylor, 2018) in which he concludes that, a development of an integrated cultural perspective suitable to the student's needs and circumstances are needed, to address the issue of contextual or cultural implementation of the curriculum.

Umaña-Taylor (2018) believed that, curriculum development usually does not explicitly address the social context in which learning takes place, nor does it consider the underlying cultural processes by which the content is acquired and utilised (Baker, 2016). According to Chikovore et al. (2012), the poor performance of learners in South Africa reflects the continued use of an instructional model that emphasizes school-based learning with abstract outcomes, and evaluates pupils on the basis of constructs and concepts that ignore what children know and learn outside the school environment.

Insufficient teacher training in Life Orientation implementation came out across all participants as a challenge. Most reported that they were not very conversant with how they were supposed to implement the subject. They recommended further teacher training if Life Orientation implementation was to be successful. This training, they believed, should concentrate on counselling skills, as well as skills in creativity and innovation. This finding ties in with the statement & Dollarhide (2015), “Teachers need to possess the qualities of role models, counsellors and compassionate leaders, as it is their role to lead and guide the youth of our country in developing the skills and values necessary for life and careers in the outside world, which includes making morally responsible decisions”. Liaw & Ware (2018) has also point out that the most important precondition for an improvement in the quality of lessons is ‘teacher competence’, and he believes that by being socially competent, teachers will be able to “react appropriately to different pupils in different situations”. Thus, there is need to have teachers who are well trained and socially competent to implement the Life Orientation.

Most of the participants felt that the department has not valued Life Orientation that much (compared to other subjects in school). This was perceived to be one of the reasons why the department is reluctant to train teachers or even allocate more time for the Life Orientation subject. This kind of an attitude left the teachers feeling uninspired and ill-equipped to deliver the dynamic and essential subject that is Life Orientation. In addition, our findings revealed that teachers received little support from all stakeholders (parents, department) in LO implementation, with limited resources channelled towards its implementation. Resources play a large role in the adaptation and implementation of the curriculum, as access to, and familiarity with, technology is an essential component of global functioning for today’s learners, irrespective of context, the pedagogical aim of teachers

is becoming heavily influenced by efficiency, economics and the politics of the consumer (Gilpin, 2016).

It is argued that resource allocation to facilitate implementation of Life Orientation is crucial if the programme is to be successful in Limpopo province. There is a need to have enough time allocated to the programme. Again, teachers need proper training on how to facilitate Life Orientation lessons to learners. With adequate training, teachers will be able to adapt Life Orientation content to make it more appropriate to their learners in their contexts, making use of creative and innovative methods of implementation. On the other hand, this creativity and innovation may be suppressed if the rigidity and inflexibility of the design and implementation of the national curriculum is not addressed. Importantly, cognisance of the key role of Life Orientation in learners' life and after school life will enable all stakeholders involved to take the subject seriously. This research targeted teachers and guardians to assess their experience with Life Orientation implementation and find their recommendations to successful implementation of Life Orientation (Gilpin, 2016).

Kelly (2000b) alluded that arising out of the issues it would seem appropriate to focus all our efforts on the following critical areas: curriculum, teacher training, gender hierarchies, and power relations. According to a crucial role for education system that seeks to form attitudes and practices that will minimize HIV transmission to work strenuously and systematically for greater gender equality, the championing of women's rights and the empowerment of women, many countries have attempted to deal with genders issues from the perspective of life skills. Nonetheless, there is still a need to address gender issues more fundamentally as this would ensure that, over time, new cultural understandings and practices may emerge that will show more respect for the rights of women and girls and more ready to accept that they should be in control of their own lives.

Kelly (2010) suggested that the life skills and HIV/AIDS education program initiative of the Department of Health and Education was implemented in 1995 targeting secondary schools in certain grades. Yet, implementation on a large scale in all grades is proving to be difficult. The program has experienced limited success has experienced limited success in some schools with the better resourced schools experiencing the most benefits and presently in school curriculum, issues relating sexuality and HIV and AIDS infection is offered within the Life Orientation Class and is expected to cover a wide range of issues from environmental education, sexuality education, HIV and AIDS, career and the world of work and many others. Additionally, this learning area has been allocated the least amount of time in the school timetable, unfortunately is usually not taught at all and in most schools' teachers use Life skills period to teach other examination period.

Coombe (2000a) alluded research on the inclusion and quality of HIV and AIDS education courses for student teachers was conducted in departments of education at universities, and in colleges of education in South Africa. Findings indicate that the development of appropriate courses is still inadequate in the face of growing epidemic. Life skills remain a neglected area in the training of new teachers in training of new teachers entering the profession. Life skills courses are on offer but HIV and AIDS compulsory for all teachers in training. One of the aims of the WHO/EI collaborative project is to address this issue and make recommendations to the Council for Higher and training to ensure that HIV and AIDS become a compulsory part of the core curriculum for the pre-service training for new teachers.

Coombie (2000a) stressed that HIV and AIDS must be given a priority in the nation's curriculum including the curriculum for the teachers training (both in service and pre-service). This would be translated into more time allocated to teach Life skills and more teachers trained in the area and all principles, school management teams, schools governing bodies being work shopped and trained to provide the support required to implement the Life skills curriculum effectively. Furthermore, the Life Skills program should cut across all levels of education from pre-school to secondary levels. International research and the South African experience have shown that complicity between teacher and learner facilitates the success of education programs in schools. Encouraging learners and teachers and teachers to assume ownership of learning in schools is crucial. This can be fostered by including the inclusion of teachers and learners in the conceptualization, design and implementation of the Life Skills and HIV and AIDS education programs and the development of learning support material can foster this.

Learners themselves are one of the most underutilized resources in schools hence research has overwhelmingly illustrated that learners best from their peers, especially on issues of sexuality and health. Teachers should be encouraged and empowered to adopt peer education techniques when implementing the Life Skills programs. The approach recognizes the powerful socializing influence that young people have over each other and seeks to win the potency of peer pressure over its side.

Kippax, Smith & Aggleton (2000) indicated that very few programs on HIV and AIDS seek to contextualize messages about HIV and AIDS within the cultural discourse of traditional ideas hence they do not acknowledge the build on the understanding and belief of those they seek to influence It would therefore be appropriate for Like Skills programs to be developed within the contextual boundaries of school community. The health promoting schools concept attempts to bridge this gap between community and the schools within

a rights based framework. This concept includes parents, community leaders, health workers and traditional healers who will work alongside the school, share their experience and expertise with the school and shape the school curriculum to meet the needs of the community. These programs should include counselling for those who are infected and affected as well as community outreach programs for AIDS orphans.

Klippax, Smith & Aggleton, 2000 argued that the huge challenge of HIV and AIDS demands that, where possible, all teachers should be equipped to fight the disease on a personal and professional level. According to researchers Life Skills as a subject in schools suffer a “Cinderella” status and therefore usually falls to female teacher. The subject suffers a lack of credibility because it is viewed as a “woman issue” by some male learners and male teachers in the schools. Male educators in most secondary schools teach high-status subjects like Mathematics and Science, while Life Skills, which is viewed as a low –status subject is given to female teachers. It therefore becomes essential to shift this perception by ensuring that there is a gender based balance in the spread of teachers teaching Life Skills and implementing HIV and AIDS education programs,

Klippax, Smith & Aggleton (2000) argued that when women continue to be under represented in the leadership and the high-profile position in education system and the teachers’ unions for that reason this practice needs to be urgently addressed to challenge the low status of women and break down the male “buddy” system which fuels the epidemic. Teacher unions in South Africa are now employing a quota system that promotes gender equality. Quotas are established to ensure that women are present in activities of the unions including representation on its constitutional structure. The education on the other hand is governed by the Employment Equity Act which requires the employment hierarchy to reflect the demographics of this country. Albeit these are progressive actions that could

empower women, they are far from actually being implemented hence a great need exist for a greater commitment from all sectors to ensure that these obligations are met.

When it comes to teaching Life Orientation, Kelly (2000a) alluded that many educators resist teaching about HIV because they doubt whether issues of sexuality or appropriate sexual attitudes form part of their work as educators since their entire educator training and orientation were directed towards academic areas. It is thus important for training programs to challenge these perceptions by impressing upon educators their crucial role in fighting the pandemic. The training program must balance knowledge, skills, values and attitudes such as. content on HIV and AIDS e.g. transmission, prevention, and many others. Teaching methodologies like the use of participatory techniques, drama, theatre, small group discussion and many others.

Kelly (2000a) proposed that the training in this area must address underlying issues like value systems and power relations. Value clarification is also a necessary component of any HIV and AIDS training program. This gives teachers a safe space to confront their prejudices and stereotypes, examine their values and effects these have on their teaching and relationships with learners. In addition to this, it assists in developing values and attitudes and respect the rights of all individuals. Furthermore, the issues of gender should not be confined to teaching girl's communication skills and how to be assertive there is also a need to for boys to make paradigm shifts too. This cannot be done in the classroom alone but needs to involve parents and communities. Training should develop in teachers the skills to negotiate these challenging issues with a sense of confidence. The trainers and models for training must ensure that the program achieves maximum impact. Teachers prefer to be trained by peer educators rather than people who have had no experience in the classroom; they have rapport and relate to each other making it easier to deal with

controversial issues. The cascade model has proved to be ineffective in equipping educators to deal with HIV and AIDS.

Kelly (2000a) added that the training model should reduce the number of training ties and include a special cadre of trainers that moves from one cluster of schools to another. This cadre of trainers must include school based educators; the training program should be on going and include support, monitoring and evaluation components. Furthermore, all trainers should be accredited (where possible); training programs should be quality assured and reflect the contextual challenges facing educators and department officials in their fight against HIV and AIDS. Wherever possible, the language of training and teacher support material should accommodate the teachers' first language of training and teacher support material should accommodate the teacher's first language, as well as language of teaching and learning in school.

Kelly (2000a) added that is important the training programs and support material is not be limited to scientific and medical components of the diseases but should include broader social, economic and cultural components. In this way, responses can resonate with people's real experiences. Such programs become relevant and therefore more effective in challenging behavior and attitudes. To state an example, EI, WHO, SADC teacher unions and other partners have developed a training manual on school health and HIV and AIDS prevention. This manual is unique in the sense that the activities and learning experiences were organically developed by teachers and union members who gave the manual its authenticity by capturing their true-life experience in their schools and communities. It is crucial for support materials and training programs to resonate with the socio cultural and socio economic context of learners as nobody is going to listen to anything that makes not

Teachers suggested that the best way they can give HIV and AIDS education, information and messages is by giving advice to girls one by one, making it a separate subject instead of integrating it into other subjects and availing materials to schools for the teaching of HIV and AIDS. People infected with the virus should be invited to give talks to pupils and most of the educators do not have adequate information of HIV and AIDS do not therefore feel competent to talk to students. There were also suggestions to have educators trained on how to teach HIV and AIDS within pupils' cultural context. Materials on HIV and AIDS need to be updated and parents need to be given education to support HIV and AIDS programs in schools (UNICEF, 2000).

A baseline survey conducted by Kenya Institute (KIE) in 1994 to identify appropriate sources and channels of communicating HIV and AIDS education so as to interviewed consisted of educators, students, sponsors and community leaders from eight districts found that, the sources and channels for communication of HIV and AIDS education were radio, television, peers, siblings and newspapers. This survey further pointed out that most youth express confidence and openness among their peers and this was considered an important avenue for conveying the messages to the youth facilitate the AIDS education project for youth in and out of the school (KIE, 1994).

The Kenya Institute of Education's (KIE) Education project for youth has been providing and publishing HIV and AIDS educational material for primary and secondary schools. They also publish facilitators' handbook, good health magazines and curriculum for the same. However, these materials had not been disseminated at national level to all education institutions. Furthermore, the project although also intended for youth out of school

does not address how similar HIV and AIDS education messages can be get communicated to this group. Children also get information from specific location or sites which include: schools, health information, home and churches (KIE, 1994). According to UN-AIDS (1997), in a brief paper ‘learning and teaching about AIDS at school’ the constraints to HIV and AIDS education in school included that the subject is considered controversial, the curriculum is already overcrowded, education may be limited to certain age groups, behavioral skills are not taught, only facts about HIV and AIDS include, designing a curriculum adapted to local culture and circumstances, establishing a partnership (UN-AIDS, 1997).

5.3.2 PHASE 1a: GUARDIANS FOCUS GROUPS’ THEMATIC DISCUSSION

Theme one: Guardians faced numerous challenges relating to the understanding of Life Orientation subject.

A need for schools to provide guardians with more information about the sexuality curriculum and pedagogical approaches to teaching sexuality education to children was raised. One way of achieving this was through the development of a pamphlet that outlines why it is important to address sexuality education with children, what the curriculum entails for different year groups, and providing other information about frequently asked questions. Inviting parents/carers to an information session to discuss the sexuality education of their children would provide the opportunity to address any concerns they may have. There also needs to be greater consistency of the implementation and monitoring of a national comprehensive sexuality curriculum across South Africa, to ensure access and equity for

all students. This needs to comprise a focus on building respectful and ethical relationships in the early years of school, including addressing gender, gender expression and sexuality diversity (Grant & Ray, 2018).

While some parents in our study expressed concern about what they perceived to be controversial issues, they also pointed out the contradiction that 'difficult knowledge' was unlikely to be spoken about between parent/carer and child at home. Many children are turning to alternative sources to get this information, including peers and the media because they understood from adults that this knowledge was considered taboo. Most participants in each of the four focus group interviews indicated that they lacked the appropriate knowledge of Life Orientation. They stressed the fact that they were not well informed about content knowledge in the learning area which results in the lack of support to the children.

Eskridge (2017) emphasised the critical role in promoting sexual health among adolescent learners. He stated that parents can influence the sexual and reproductive health of their adolescents indirectly by creating a supportive environment for their children. This was furthermore supported by Simon (2017) who argued that sexuality education programmes can be more attractive and effective provided young people are involved.

This father's response operates as a counter-narrative to dominant discourses about children and sexual knowledge, as he views children as agentic sexual subjects who have the right to access sexuality education. In contrast to this perspective, the dominant discourse of childhood and sexuality is one that constitutes children as largely innocent latent sexual subjects or as asexual subjects, denied a sense of bodily desire, until they reach

puberty in early adolescence. In addition, for some guardians' children's access to sexuality education was primarily a matter of children's rights, a right to access knowledge about their bodies to develop a healthy awareness of their own sexuality. For these parents, positive sexuality education was a way to counter negative knowledge about sex and sexuality as shameful or dirty, a discourse that framed the sexuality education experiences of many parents/carers in this research.

The preceding statement is supported by Kibret, (2016), who alluded that Life Orientation has been found to enhance adolescent transitions by building skills that are essential components of healthy development and skills that define a resilient child. Sufficient evidence suggest that life skills approach promotes social, cognitive, emotional and behavioural competencies that are critical in reducing negative or high risk behaviours (delay the onset of drug use, prevent high-risk sexual behaviours, reduce anger and violence), as well as numerous positive attitudes, social adjustments, healthy life styles, and, even academic performance among adolescents. Above and beyond individual benefits, life skills programmes still promote positive social norms that can impact on the greater environment of adolescent health services, schools, staff and families.

In addition, UNICEF, National HIV/AIDS Council Secretariat and others, feel that life skills programmes make many other societal (educational, social, cultural, legal, economic) contributions. For instance, academically, life skills training may still improve teacher-student relationship, motivate students to learn, increase teachers' job satisfaction and professional ethicality. It may also help reduce student dropouts and absenteeism rates, improves peace and stability in the school environment, and learning and achievement in academic subjects. By introducing the interactive teaching methodology into the formal

lecture-based teaching and learning process, socially; life skills training promotes development of a social setting that has fewer antisocial behaviours, crime, and delinquency. Economically, concentrating on prevention than cure, the life skills approach is a cost-effective strategy of supporting the development of young persons (Kibret, 2016). Life skills-based education is now recognised as a methodology to address various issues of child and youth development and thematic responses mirrored those expressed in UN-GASS on HIV/AIDS (2001), UNGASS on Children (2002), World Youth Report (2003), World Program for Human Rights Education (2004), UN Decade on Education for Sustainable Development (2005), UN Secretary General's Study on Violence Against Children (2006), 51st Commission on the Status of Women (2007), and the World Development Report (2007).

Life skills-based education (LSBE) has a long history of supporting child development and health promotion in many parts. In 1986, the Ottawa Charter for Health Promotion recognised life skills in terms of making better health choices. The 1989 Convention on the Rights of the Child (CRC) linked life skills to education by stating that education should be directed towards the development of the child's fullest potential. The 1990 Jomtien Declaration on Education for All took this vision further and included life skills among essential learning tools for survival, capacity development and quality of life. The 2000 Dakar World Education Conference took a position that all young people and adults have the human right to benefit from "an education that includes learning to know, to do, to live together and to be", and included life skills in two out of the six EFA Goals (Giri & Sharma, 2019).

Though the majority of guardians believed that it was critical to provide sexuality education at home, as they felt that this way they would be able to control and regulate the

information their children received; the centrality of family in developing their children's morals, values and ethics; the importance of passing on family cultural and religious values that may not be held by the school; and to avoid parent and teacher conflicts around these issues. Only a few guardians in this research considered sexuality education of children to be the primary responsibility of schools. Some parents spoke about feeling unable to talk with their children about sexuality, indicating that it was too difficult and too challenging. These guardians did not have relationships with their children that were conducive to having such intimate discussions. Teachers were viewed to be in a better position to talk to children about these issues.

The most frequently expressed reasons parents/carers involved in the survey, interviews and focus groups gave for believing that sexuality education was relevant and important for young children included: the need to develop children's media literacy in order to counteract the sexual narratives children encounter through various media outlets and platforms; to build children's understandings about respect around intimacy and relationships; to try and keep children safe and to reduce their risk-taking behaviours as they grow older; and to correct the misinformation they often receive from peers. As highlighted in these comments, the tensions associated with the sexuality education of children and young people can stem from religious, cultural and moral concerns held by parents/carers, who fear that school-based sexuality programmes clash with their family morals and values (Rasmussen, 2015). Children, often despite some parents' efforts to restrict their access to this knowledge, find this information from other sources, including peers, older siblings, media, books, television, the Internet, and even from watching the sexual practices of family pets and other animals (Young, 2017). Restricting access to comprehensive, accurate sexuality education can reinforce the notion that sexuality is a taboo subject that children or young people should not talk about, particularly to adults.

Though some guardians were concerned about the content of sexuality education and believed that issues they perceived to be controversial should be discussed at home, many indicated that they did not address these issues with their children due to a lack of knowledge, embarrassment and/or conflict in values. Some parents spoke about feeling unable to talk with their children about sexuality, indicating that it was too difficult and too challenging. These parents/carers did not have relationships with their children that were conducive to having such intimate discussions. Teachers were viewed to be in a better position to talk to children about these issues.

Even though most guardians in the study believed that schools and homes should share the responsibility of children's sexuality education, only a third of guardians participating in the study had a plan or strategy for talking to their children. This is reinforced by Morawska et al. (2015). Ashcraft and Murray (2018) concurred, adding that for most parents and their children, the prospect of talking about topics related to sexuality creates anxiety and apprehension, and this may lead to avoidance of discussion.

5.5 Summary

In this chapter, the data collected during this study was analysed, interpreted and discussed. Studies found that, despite statistical insignificance, learners who had intergenerational relationships were more likely to engage in risky sexual behaviour relative to their counterparts. Results from questionnaires found that about two thirds of the learners engaged in risky sexual behaviour (66.99%), demonstrating a contrast to significant progress in the global HIV response. Interviews conducted with teachers found that teachers were aware of Life Orientation aims and objectives and believed that the objectives were

well aligned with the department's strategic objectives. Their roles pertaining to Life Orientation implementation and some of the current steps that were taking place towards

Life Orientation implementation at schools in Limpopo were well articulated and described. In addition, some teachers reported observable evidence from some of the learners- such as improved skills and behaviour; however, the majority of the teachers felt that most learners were still below average and believed that the Life Orientation implementation has not served its purpose well. Ultimately, several challenges were reported to affect Life Orientation implementation as expected. The challenges range from people not taking Life Orientation subject seriously, lack of materials, insufficient support from parents and department, limited time allocated to Life Orientation, Life Orientation not aligned to social context and lack of teacher training to facilitate Life Orientation implementation. FGD highlighted a need for schools to provide guardians with more information about the sexuality curriculum and pedagogical approaches to teaching sexuality education to children was raised.

CHAPTER 6

DEVELOPMENT OF STRATEGIES AND VALIDATION.

6.1 Introduction

In chapter 5 the results obtained from the interviews, focus group discussions and questionnaires are discussed with reference to the literature consulted. The aim of this chapter is to analyse the different concepts that emerged from data analysis in Chapter 4, describe the conceptual framework for the development of strategies, validate the strategies and develop guidelines to implement the strategies. Analysis clarifies, refines or sharpens concepts, statements or theories (Chinn & Kramer, 1999). The process of concept analysis involves dissecting the whole into parts for better understanding (Rodgers & Knaf, 1993). “Support” is the concept that emerged from data analysis.

The framework of Dickoff et al. (1968) was used to integrate the results of the concept analysis and to form the building blocks of the model. Among the six-survey list of Dickoff et al. (1968), ‘Support’ is viewed as a path and pattern, or steps according to which the activity is performed. With “support”, the LO programme will assist learners with confidence and it will assist them with coping with the most difficult challenges during adolescent phase. With support guardians, can be able to support their children with regard to life skills and again with support, learners can cope well during puberty.

6.2 The study design

The study design is sequential with equal weighting of qualitative and quantitative methods to increase objectivity. Sequential designates a conscious combination of qualitative and quantitative methodology within a single study and enables the expansion of research methods to enhance diversity and enrich understanding of the research problem (Schneider, Elliot, Lobiondo-Wood & Haber 2004). The sequential mixed method design was employed because of the following advantages:

It allowed the use of multiple worldviews or paradigms for greater assortment of divergent views and perspectives and made researcher alert to possibilities than issues. It combined inductive and deductive reasoning. It allowed the researcher to develop a life skill program and instrument to measure its effectiveness based on the qualitative information. The design was straight forward to describe, implement and report the phenomena. It provided strength that offsets the weaknesses of both qualitative and quantitative design and therefore has a potential to provide better inferences. Inclusion of quantitative component allowed triangulation and makes it acceptable to quantitative biased audience.

The accessible population was comprised of LO teachers, learners and guardians in Limpopo province. Purposive sampling was used to select LO teachers, guardians and learners. The researcher was the main data collector in-depth one-to-one interviews was conducted with 10 LO teachers and 10 guardians to make a total of 30, semi-structured interview guide was used. Trustworthiness constructs and criteria of Lincoln & Guba's model were considered for this study, included credibility, transferability, confirmability and dependability. Summated rating scale was used to collect data from 10 LO teacher and 50 guardians and 60 learners from selected districts, 10 LO teachers, 45 guardians

and 30 learners participated in the validation of data, the overall total of participants were 85, assistant researchers were used to administer the rating scale to managers. Validity and reliability was ensured by intensive literature review and use of statisticians.

The study was conducted in three phases, namely, qualitative and quantitative, development of strategies to facilitate the implementation of LO programmes in schools. In the first phase of the study, a qualitative and quantitative research design was applied to conduct needs assessment and was divided into two: phase 1 (a) 1a identified factors influencing implementation of existing Life Orientation curriculum in secondary schools. This phase of the study was quantitative in nature: a cross-sectional descriptive study design was applied to determine adolescent girls' views regarding Life skills programme and to explore adolescent girls perceived factors associated with risky sexual behaviours. In quantitative research a formal, rigorous, objective, systematic process is implemented to obtain information, describe variables and their relationships, and deal with numerical data and measurements that focus on specific variables that are quantified through rating scales, frequency counts and means (Burns & Grove, 2005). Quantitative data was analyzed by using SPSS (Statistical Package for Social Sciences) Version 19. Frequencies were examined and data was analysed descriptively to create relevant tables and charts.

Phase 1 b: to identify predisposing enabling and reinforcing factors that can affect behaviors, attitudes and environmental factors contributing to the implementation of Life skills programme in schools. Furthermore, the researcher attempted to get a first-hand, holistic understanding of phenomena and data collection evolved as the study proceeded. This was achieved by assessing views of guardians regarding the Life Orientation programme. And assessing challenges experienced by teachers in implementing the Life Orientation

programme in schools. The data was analyzed using Tesch's method (Cresswell, 2003) by classifying themes and subthemes.

6.3 The purpose of the study

The purpose of this study was to develop strategies to facilitate the implementation of Life Skills programme in Limpopo province. The framework of Dickoff, et al. (1968) was used to describe the model as the practice survey list formed the basis for strategy development. The strategy was described in accordance with Chinn and Kramer, (1999).

6.4 The objectives of the study

The objectives of the study that were set in Chapter 1 are evaluated as follows:

Phases 1: Objectives 1a and 1b - 1a identified factors influencing implementation of existing Life Orientation curriculum in secondary schools.

Objectives 1a and 1b were met during the first phase of this study were experiences and challenges were explored during FGD, individual interviews questionnaires. The discussions that emanated from a central question of the focus group discussions and a questionnaire for the individual interviews were explored. Data were analysed according to Tesch's eight steps (in Cresswell, 2003) and themes, categories and sub-categories emerged. Dense descriptions of the findings of the development of strategies to facilitated the existing Life skills programme were also completed against relevant literature. Central to the results elicited from the participants, it was identified that LO teachers were not adequately trained to teach the LO subject.

Most participants in each of the four focus group interviews indicated that they lacked the appropriate knowledge of Life Orientation. They stressed the fact that they were not well informed about content knowledge in the learning area which results in the lack of support to the children. Some guardians were concerned about the content of sexuality education and believed that issues they perceived to be controversial should be discussed at home, many indicated that they did not address these issues with their children due to a lack of knowledge, embarrassment and/or conflict in values. Some parents spoke about feeling unable to talk with their children about sexuality, indicating that it was too difficult and too challenging.

These parents/carers did not have relationships with their children that were conducive to having such intimate discussions. Teachers were viewed to be in a better position to talk to children about these issues. The challenges range from people not taking the LO subject seriously, lack of materials, insufficient support from parents and department, limited time allocated to LO, LO not aligned to social context and lack of teacher training to facilitate LO implementation.

The majority of guardians lacked adequate and relevant information on the Life skills programme curriculum. The data drawn from these participants formed the basis for concept analysis and strategies development, hence the importance of this phase on strategies development.

6.5 Methodology for Validation of the developed strategy.

The researcher used the non-experimental, intervention validation design as this is commonly used in nursing research (Grove, 2013) and the Delphi method. The developed strategies were given the learners, guardians and LO teachers Vhembe and Mopani district. This was done to test if the strategies will be applicable to the actual situations which was the secondary schools of Limpopo Province. After the analysis of data, the researcher wrote a letter to the senior manager Vhembe district to request meeting with LO teachers and learners through the assistance of the senior manager the researcher requested 2 LO teachers per school, 5 learners and to attend a workshop scheduled for two days see attendance. The researcher presented the draft to participants, after the presentation the participants were given the checklist to assess the draft of guidelines presented, see detailed analysis below.

6.6 Data collection method

The researcher used a checklist with 6 questions as outlined by Chin and Kramer annexure 8 (Chinn and Kramer, 2008). The appraisal of guidelines research & evaluation tool (AGREE) reporting checklist 2016 was also used to assess the quality and applicability of the guidelines ((Brouwers et al., 2016).

6.7 Data analysis

Simple descriptive statistics was use where the data was summarized using the frequency distribution. Thereafter the data was arranged systematically from lowest to highest order with the use of percentages. This is simple to follow as this show the lowest and

the highest score (Brink et al., 2006). The mean, the mode and the median was used to express the average scores in a distribution (Brink et al., 2006).

Table 6.1 A summary of the chapters

Chapters	Explanation
1	Outlined the orientation, introduction and background, problem statement, purpose and objectives of the study, research questions research design and method, and ethical considerations were addressed.
2	Detailed the literature reviewed to gather information already known and existing strategies that are used to facilitate Life Orientation programme globally, other African states and within South Africa.
3	Described the methodology used, method of validation of the strategies to facilitate the implementation of Life Skills in Limpopo.
4	Presented the research findings or empirical phase that had built on to the development of the strategies to facilitate Life Skills programme in Limpopo.
5	Outlined the development strategies to facilitate the implementation of Life skills programme in Limpopo.
6	The chapter focused on the conclusions which were drawn from findings, the validation of the developed strategies, methods that were used in the validation of developed guidelines. The limitations of the research study were indicated and recommendations were made.

6.6 objectives of this chapter

The objectives of this chapter are to:

- To analyse the concept of that emerged using Rodgers & Knafli's (1993) steps;
- Develop a graphic representation of support;
- Classify activities according to Dickoff et al.'s six survey lists;
- Develop a strategy to facilitate strategies to facilitate the implementation of LO curriculum;
- Develop guidelines to implement the strategies.

In this chapter, the researcher will develop and validate the developed strategies. The researcher employed the precede-proceed model framework to develop the strategies. However, only phases 1 to 5 were selected.

6.7 Analysing emerging concepts

a. Support

The concept of support was raised several times in the study. Results from teachers indicated that they received little support from all stakeholders (parents, department) in LO implementation. With limited resources channelled towards the implementation of LO. Studies show that resources play a large role in the adaptation and implementation of the curriculum, as access to, and familiarity with, technology is an essential component of global functioning for today's learners, irrespective of context, the pedagogical aim of

teachers is becoming heavily influenced by efficiency, economics and the politics of the consumer.

Teachers pointed out to the fact that because they were not adequately trained, due to lack of material and capacity, they were unable to support the learners. They wished that they could get support so that they able to support their learners.

Guardians on the other had indicated that due to lack of knowledge of the LO curriculum, they are not able to support their children are sceptical of supporting the curriculum, something they wished to do considering challenges facing the youth today. Therefore, support is central for the successful implementation of LO programme. This study has emphasized the difficulties experienced by teachers who are teaching Life Orientation in schools. The lack of support from the Department of Education and from Heads of Department in schools contributes to frustration, leading to resistance to the teaching of the Life Orientation subject. Ignorance amongst the teachers presenting the learning area creates feelings of helplessness and fear of implementing the learning area. A major problem is the incompetence of teachers in interpreting the policies for effective teaching practice. Challenges experienced by teachers are crucial for the implementation of the learning area Life Orientation at schools, Higher Education Institutions and the Department of Education.

The sexual and reproductive health and rights of youth should be supported by both schools and the family to enable youth to have access to necessary information, to seek health care when necessary, and to practice positive behaviours. Values void of gender stereotyping and prejudices should be instilled in young people to foster a sense of inner-belief, self-respect and mutual respect, along with a deepened understanding people's sexuality. It is important that people in the communities are taught to be assertive when

making decisions about sexual and reproductive health and rights, and to report violations of these rights. This is a core responsibility of schools and families.

As identified by adolescents, parents have a critical role of supporting the promotion of sexual health among their adolescent children. This is preferred source of sexuality education which might not always be possible due to cultural beliefs. Parents can influence the sexual and reproductive health of their adolescent children indirectly by creating a supportive environment for their children.

b. Exciting

It addresses skills, knowledge and values about the self, the environment, responsible citizenship, a healthy and productive life, social engagement, recreation and physical activity, careers and career choices. Life Orientation is one of the compulsory subjects required for the National Senior Certificate (NSC). Life Orientation guides and prepares learners for life and its possibilities and equips them for meaningful and successful living in a rapidly changing and transforming society. It guide learners to make informed decisions about their health, environment, subject choices, further studies and careers. However, adolescent learners felt that the programme was not exciting enough. They said that instead, they use this period to prepare their exams for other challenging subjects. They stated that teachers were not enthusiastic to teach LO, hence it is boring. Some learners reported that they feel that those teachers who had nothing to so were given this period just to pass time. Teachers indicated that they did not find the subject stimulating for them to teach. Teachers expressed a feeling of helplessness and a lack of confidence due to insufficient knowledge, skills, training and support from the Department of Educa-

tion and the Heads of Department at schools. Teachers resisted teaching LO and demonstrated a lack of experience because they lacked initiative when they faced challenges to implement Life Orientation. They become frustrated, confused and delayed implementation or ignored the new curriculum.

c. Risky behaviour

Guardians were of the view that because of learners' risky behaviour, the subject was good to have since it addresses such social ills. Teachers expressed concerns with the subject because they said that bullying is rising at schools, violence, teen pregnancy, HIV. It was concerning to them as they hoped that the subject will help curb all the phenomenon. Adolescent girls were viewed to still engage in risky sexual behaviours.

Engaging in risky sexual behaviours may be demonstrating a lack of psychosocial abilities for adaptive in positive behaviours that enable young women to deal effectively with the demands and challenges of everyday life and making informed choices. At times, young girls are in child headed homes, orphaned due to AIDS, living in poverty. Unfortunately, older men take advantage of this unfortunate situation and exploit these orphaned and vulnerable children. It is believed that investing in adolescent girls, particularly through skill empowerment benefits them and their families, therefore there is a need to empower adolescent girls.

There is a need to build the confidence of young women, build their resilience and unlock their strength and worth. When young women acquire life skills and feel supported by their peers and caring adults, they become confident enough to take charge of their lives

and put a stop to abuse, risky behaviours, violence and exploitation. In a patriarchal society where girls do not have full control over their bodies and lives, LO is a vehicle for female empowerment. Schools in Limpopo province serve particularly a large population of adolescent girls but since the school curriculum focus on education more than skill development there is a need to orientate the school program towards empowerment of adolescent girls from poor families to improve their chances of escaping from the cycle of poverty. This program is meant to bridge this gap.

The study found that young women in Limpopo Province face challenges of high HIV infection rate, STI's infections, child headed homes, early pregnancies, school drop-out, sexual and gender-based violence and a shortage of economic opportunities for girls and young women. Vhembe district is a patriarchal community, girls and women are accorded lower social status and find themselves under the control and authority of men. The high levels of gender-based violence and the higher HIV infection rates among girls and women are tragic consequences of female disempowerment. Girls are often socialized to become home keepers and child-bearers, placing less value on their educational attainment.

There is a disturbing observation that more and more girls were falling pregnant, dropping out of school early and at times getting married at an early age. Adolescents engaging in risky sexual behaviours may be demonstrating a lack of psychosocial abilities for adaptive and positive behaviours that enable them to can deal effectively with the demands and challenges of everyday life. This may be a cry for help. Most girls in the villages are growing up in child headed homes mostly because parents have died due to HIV and AIDS. Some of these young ones are left to take on the burden of looking after the younger

siblings. At times, older men take advantage of this unfortunate situation and exploit these orphaned and vulnerable children.

The study stressed the need to expand access to services and information related to sexual and reproductive health and right needs and for young women to be able to make their own decisions about their health care guided by non-judgmental and empathetic health, social and community workers. It also highlights the necessity for barriers to be broken down to allow young women to seek health care, including through innovative campaigns to get youth to test for HIV and take an interest in personal health. The study found that young women need to be protected from sexual and gender-based violence, sexually transmitted infections, substance abuse and unplanned pregnancies that illegal cultural practices that abuse human rights need to be better policed and social determinants of health should be addressed; interventions that provide information and challenge taboos, myths, misperceptions, stereotyping and discrimination related to sexuality should be implemented. The skills and capacity of families and communities should be built so they can talk to adolescents about sexual and reproductive health freely and confidently using their home language.

d. Sex

Sex was repeated many times. Teachers reported that a growing number of adolescent girls were engaging in sexual activities with older man and sex for cash. A problem of intergenerational sex was reported. Adolescent girls were seen to have sex with older men to furnish their lifestyle. Guardians were concerned because when young girls have sex with older men for money, they are at risk of contracting HIV and of being victims of gender based violence. The other concern was when girls from poor background engage

in sexual activity for money, it increases their chances of being poorer, since they will drop out of school because of pregnancy and falling sick. Literature suggests that women who engaged in transactional sex were more likely to be HIV-positive, and that adolescent girls and young women engage in these relationships for three main groups of reasons: accessing basic needs, increasing their social status and receiving material expressions of love from male partners

e. Peer pressure

Peer pressure was constantly mentioned. Peers play a large role in the social and emotional development of children and adolescents. Their influence begins at an early age and increases through the teenage years. Peers play a large role in the social and emotional development of children and adolescents. Their influence begins at an early age and increases through the teenage years. It is natural, healthy and important for children to have and rely on friends as they grow and mature. Peers can be positive and supportive. They can help each other develop new skills, or stimulate interest in books, music or extracurricular activities. It's normal for young people to worry about fitting in. Peer groups play an important role in young people's lives, particularly during adolescence. 'Peer pressure' refers to the influence that these groups can have on how an individual thinks and acts. Guardians can often find out who their child's peers are by paying attention to who they socialise with and speak about. Supporting the child to recognise teen peer pressure, when it helps and hinders them, and how they can develop their own individuality, is an important role for parents.

However, peers can also have a negative influence. They can encourage each other to skip classes, steal, cheat, use drugs or alcohol, share inappropriate material online, or

become involve in other risky behaviors. The majority of teens with substance abuse problems began using drugs or alcohol as a result of peer pressure. This pressure can happen in person or on social media. Adolescents often give in to peer pressure because they want to fit in. They want to be liked and they worry that they may be left out or made fun of if they don't go along with the group. Most of teens with substance abuse problems began using drugs or alcohol as a result of peer pressure. Adolescent girls were reported to be easily influenced by their peers. They were seen to be doing things not because it was what they wanted but to please their friends. Peer pressure was an issue to guardians as they felt the pressure from peers was concerning. They wished they could talk to the children about sex because even if they don't, their peers will tell them and sometimes influencing them negatively. Adolescent also agreed with statements from their teachers and guardians as they felt that peer pressure was real. They wanted a sense of belonging and sometimes it was from bad friends, doing bad things.

On the other hand, guardians can also help by recognizing when their child is having a problem with peer pressure. The following are tips for were discussed by guardians to help their children deal with peer pressure:

- Encourage open and honest communication. Let kids know they can come to you if they're feeling pressure to do things that seem wrong or risky.
- Teach your child to be assertive and to resist getting involved in dangerous or inappropriate situations or activities.
- Get to know your child's friends. If issues or problems arise, share your concerns with their parents.
- Get to know how your child interacts with friends and others online. Communicate openly about safe internet and social media use.

- Help your child develop self-confidence. Kids who feel good about themselves are less vulnerable to peer pressure.
- Develop backup plans to help kids get out of uncomfortable or dangerous situations. For example, let them know you'll always come get them, no questions asked, if they feel worried or unsafe

f. Peer Influence

Guardians discussed that peer influence could be positive too. They referred to what they already knew, that the teen years can be tough. It is a phase where they were figuring out who they are, what they believe, what they're good at, what your responsibilities are, and what your place in the world is going to be. They discussed that, it is comforting to face those challenges with friends who are into the same things that you are. But you probably hear adults' parents, teachers, guidance and counsellors, talk about peer pressure more than the benefits of belonging to a peer group. Several benefits were discussed, these are benefits that are not often spoken about, but peers have a profoundly positive influence on each other and play important roles in each other's lives.

Among peers one is likely to find friendship and acceptance, and share experiences that can build lasting bonds. Peers set plenty of good examples for each other. Having peers who are committed to doing well in school or to doing their best in a sport can influence one to be more goal-oriented, too. Peers who are kind and loyal influence one to build these qualities in yourself. Even peers you've never met can be role models! For example, watching someone your age competes in the Olympics, give a piano concert, or spearhead a community project might inspire one to go after a dream of their own.

Friends listen and give feedback as one tries out new ideas, explore belief, and discuss problems. Peers can help you make decisions, too: what courses to take; whether to get a haircut, let it grow, or dye it; how to handle a family argument. Peers often give each other good advice. Friends may be quick to tell you when they think you're making a mistake or doing something risky.

Peer group gives opportunities to try out new social skills. Getting to know lots of different people such as classmates or teammates gives one a chance to learn how to expand one's circle of friends, build relationships, and work out differences. One may have peers that agree or disagree with, compete with, or team with, peers one admire, and peers one don't want to be like.

Peers encourage one to work hard to get the solo in the concert, help you study, listen and support you when you're upset or troubled, and empathize with you when they've experienced similar difficulties.

Your peers might get you involved in clubs, sports, or religious groups. Your world would be far less rich without peers to encourage you try sushi for the first time, listen to a CD you've never heard before, or to offer moral support when you audition for the school play.

g. HIV

HIV came up several times. Adolescent girls knew about HIV and what their risk behaviours could lead to. Guardians were worried that the risky sexual behaviour put adolescent girls at risk and were concerned about their futures. Intergenerational sex (when young people have sexual relationships with older people) is thought to be an important driver of the HIV epidemic in sub-Saharan Africa.

Older partners are more likely to be living with HIV, therefore risking exposure to young people, and are more likely to expose a young person to unsafe sexual behaviours such as low condom use. In many instances, age-disparate sexual relationships take place between older men and young or adolescent women and are transactional in nature, in that they are motivated by the implicit assumption that sex will be exchanged for material support or other benefits.

HIV incidence among sexually exploited adolescent girls remains high in many settings. It is particularly important that sexually exploited adolescent girls are reached early with programmes, since a significant proportion of new infections may occur soon after they begin to sell sex

h. Attitude

Attitude took many different forms. There was an attitude of learners towards LO. Attitude of guardians towards the curriculum, due to their lack of knowledge. There was an attitude of adolescent towards the subject. There was concern from teachers and guardians regarding adolescent girls attitude towards HIV, substance abuse and teenage pregnancy. This was perceived to be one of the reasons why the department is reluctant to train teachers or even allocate more time for the Life Orientation subject. This kind of an attitude left the teachers feeling uninspired and ill-equipped to deliver the dynamic and essential subject that is Life Orientation. Attitude came again when teachers were complaining about the department's attitude towards LO, this is evident in the 2 hours given to the subject, lack of capacity and lack of resources provided. Teachers hoped that the department could change their attitude and support the curriculum.

6.8 Six practice model

The following list provides the identification of the practical activities in relation to the six survey lists of questions suggested by Dickoff et al. (1968).

Table 6.2 Six practice model

SIX ELEMENTS OF THE PRACTICE MODEL		
Component	Description	
Agents	Who performs the activity?	Teachers
Recipient	Who is the recipient of the activity?	Adolescent girls
Context	In what context is the activity performed?	Community cultural context, family context and the educational system.
Procedure	What is guiding procedure of the activity?	The procedure/ process to facilitate the implementation of existing life orientation curriculum in secondary schools
Dynamics	What is the energy source of the activity?	Influence of the environment
Terminus	What is the end point of the activity?	A successful LO strategy developed

6.9 Overview of the strategies

A brief discussion of the context, dynamics, processes and purpose of the strategy is presented. The primary purpose of the strategy is to develop guidelines that will help in the implementation of the LO curriculum. The strategy further contains the following six components, namely: goals concepts, definitions, relationships, structure and assumptions as outlines in Chinn & Jacobs (1987). The strategy attempts to provide guidelines on how to implement a successful LO curriculum, regarding support in rolling out the LO curriculum in schools.

6.10 Development of strategies

Like most models, a strategy is a graphical representation of the theory and its parts should correspond with the parts of the theory they represent (Walker & Avant). De Vos, Schurink, & Strydom (2001) posit that a model classifies the concepts; with the aim of discovering the exposing certain relationships between them. Conceptual frameworks for the model development were used according to the six elements of Dickoff et al. (1968).

6.11 Validation of the Strategies

Walsh (1998) states that a model becomes part of the wider professional community, and it should be open to scrutiny, critique, evaluation and amendments. In this study, validation was done by means of critical reflections essentially as described by Chinn & Krammer (1999). Critical validation involved evaluating the model for simplicity, clarity, accessibility and importance.

a. Simplicity

With regard to simplicity, the strategy was checked to determine the number of elements within each category and particularly whether concepts and their relationships were minimal in order to avoid misinterpretations. In other words, the strategy was checked for breadth of scope of the concepts, their purpose within the model and their applicability in other situations (Chinn & Krammer (1999)).

b. Clarity

Concerning clarity, the strategy was checked for the extent to which it could be understood as well as consistency of conceptualisation.

c. Accessibility

Accessibility of the strategy was checked for the extent to which concepts were groups in empirically identified manner. The strategy was checked to determine if it could be accessed through other sources.

d. Importance

Finally, concerning importance, the strategy was checked for the extent to which it led to valued goals in practice, research and education (Chinn & Krammer (1999)).

In this study the purpose of strategy validation in the education sector was to determine the worth of the strategy and the evidence that could support or refute its relevance. Furthermore, validation would contribute to the improvement of the strategy, refinement of the data and the evaluation process. Experts in the development of the health strategy would be requested to evaluate the strategy according to the above criteria. Changes could then be effected accordingly in order to promote the authenticity of the support of the strategy.

The final step in developing strategies is the application of the strategies which involves a description of guidelines on how to implement the strategies (Chinn & Kramer, 1999). The guidelines for the strategies to facilitate the implementation of LO curriculum will be presented in table 6.1 according to the in the practice model as presented in Chapter 5.

These elements are:

- Agents, Recipient, Context, Procedure, Dynamics and Terminus

6.12 Guidelines pertaining to the context

The following guidelines were derived from data analysis and conceptualisation of the context where implement strategies to facilitate LO in Vhembe and Mopani. The community, family and education system were the context where strategies were to be implemented.

WHO (1994) indicated that establishing a life skills initiative at national or sub-national level requires an infrastructure capable of developing a life skills program of widespread relevance and acceptability as well as managing the implementation and evaluation of the program over time. This infrastructure may take the form of two bodies: one being to manage the technical tasks of program design, implementation and evaluation, whereas the other to advise and supervise this process. These may be called, for example, the Life Skills Development Group and the Life Skills Advisory Panel, respectively. The initiative for forming these groups may come from currently established agencies that have responsibility for health education (for example, a school curriculum development group or health education authority) or responsibility for specific aspects of preventive health education or interventions (for example, a drug abuse control council, AIDS prevention agency and many others.). The groups, as described here, are not necessarily new structures, since they may involve people that already work together on other areas, and may be brought together using an established forum.

A Life Skills Development Group may be formed for the purpose of working on the development, implementation and evaluation of a life skills program. The coordinator of this group, the "project manager", is likely to have responsibilities for school (health) curriculum development, or a role in planning and developing school curriculum materials or

school-based health and social interventions. The project manager should be in a position to establish links with government agencies that should be mobilized in support of the life skills initiative. Members of the Life Skills Development Group might include people that hold posts which entitle them to decision making responsibilities over the content of school-based interventions, or represent established institutions with recognized authority in this field. They would be expected to have expertise in curriculum development or school-based interventions, and should have familiarity or expertise in the design of educational activities that matches the learning capabilities of the age groups targeted for life skills education. However, it should not be limited to these individuals. The contributions of other child and youth experts are helpful, for program design and later, during the implementation stages. Life skills-based education differentiates itself from skills-based health education in the content of topics that are covered. Skills-based health education focuses on health; life skills-based education concentrates on a number of topics such as human rights, citizenship, and social issues such as health (WHO, 2003).

6.13 Guidelines to facilitate life orientation programme

GUIDELINES FOR THE COMMUNITY CONTEXT	GUIDELINES FOR THE FAMILY CONTEXT	GUIDELINES FOR THE EDUCATION SECTOR CONTEXT
<ul style="list-style-type: none"> ▪ Learners as a key stakeholder ▪ Life Skills programme multi-sectoral ▪ youth led ▪ driven through peer education and peer support ▪ Adolescent girls and young women must be supported to drive the programme ▪ Adolescents to encouraged to support the implementation of interventions and provide leadership around the strategy and direction of the programme. ▪ The biomedical interventions for girls will help increase their access to sexual and reproductive health information since there is a need to intensify services through adolescent- and youth-friendly clinics and the Integrated School Health Programme. ▪ Socio-behavioural interventions will help increasing community 	<ul style="list-style-type: none"> ▪ Guardians to be more involved ▪ parents in our study expressed concern about what they perceived to be controversial issues. ▪ Guardians to be guided by teachers on how to support the children. ▪ Introduction of mentors and coaches ▪ Positive role modelling adolescent girls ▪ Encouragement of Peer education ▪ Collaboration of stakeholders ▪ Intergenerational transfer of knowledge culture and tradition. ▪ Assist in the empowerment of adolescent girls to become independent and be able to stand up for their rights. ▪ Empowerment of girls and women is necessary to fight against the problem of gender-inequality. The study will also help empower ad- 	<ul style="list-style-type: none"> ▪ Short quick workshops with a lot of information will leave teachers confused and frustrated, Utilization of the experts in training teachers will be of utmost importance be-because teachers will understand what would be expected from them. ▪ Increase time allocated to LO and ensure. ▪ we provide enough resources to it ▪ Further training of teachers and provision of adequate resources. ▪ Specialization and interest should be considered. ▪ Textbooks should be decolonized. ▪ This subject should also be given in African languages since most of them are regarded as official languages. ▪ HIV and AIDS must be given a priority in the nation's curriculum including the curriculum for the teachers training (both in service and pre-service). This would be translated into more time allocated to teach Life skills and more teachers trained in the area and all principles, school management teams, schools governing bodies being work shopped

<p>mobilisation and support;</p> <ul style="list-style-type: none"> ▪ Peer groups and clubs; opportunities for awareness and information on gender, violence against girls and young women, substance abuse, stigma, and discrimination; and access to parenting programmes for parents of teenagers and for teenage and young parents. ▪ The structural interventions will increase access to economic opportunities, such as funding to increase access to post-school education, and increase post-schooling options, including employment, mentorship, and internships for youth. ▪ The life skills-based education training program will assist in addressing the following: decrease new HIV infections in girls and young women, decrease teenage pregnancies, to decrease the number of deliveries in girls less than 18 years of age, keep girls in school until matric, 	<p>olescent girls to be resourceful, disciplined and assertive.</p> <ul style="list-style-type: none"> ▪ Contribute in ensuring that homes are happier places. Home life would be brightened if there can be educated wives and mothers. ▪ Educated girls can brighten the future of their country by upbringing of their children in a good way. Education gives a woman freedom of thought; it broadens her outlook and makes her aware of her duties and responsibilities. ▪ Promoting the importance of education/skills empowerment for rural girls since rural girls are not getting ample opportunity for a proper education; education of these girls would have positive impact on both economy and society. ▪ Educated women can prove to be highly successful in the fields of life. A girl-child should get equal opportunity for education, so that, 	<p>and trained to provide the support required to implement the Life skills curriculum effectively.</p> <ul style="list-style-type: none"> ▪ The Life Skills program should cut across all levels of education from pre-school to secondary levels. ▪ International research and the South African experience have shown that complicity between teacher and learner facilities the success of education programs in schools. Encouraging learners and teachers and teachers to assume ownership of learning in schools is crucial. This can be fostered by including the inclusion of teachers and learners in the conceptualization, design and implementation of the Life Skills and HIV and AIDS education programs and the development of learning support material can foster this. ▪ Learners themselves are one of the most underutilized resources in schools hence research has overwhelming illustrated that learners best from their peers, especially on issues of sexuality and health. ▪ Teachers should be encouraged and empowered to adopt peer education techniques when implementing the Life Skills programs. ▪ The approach recognizes the powerful socializing influence
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<p>and increase the retention of adolescent girls and young women in school, decrease sexual and gender based violence amongst adolescent girls and young women and increase economic opportunities for young people, particularly for young women.</p> <ul style="list-style-type: none"> ▪ Peer to peer support is encouraged. ▪ Leadership in young women to be encouraged. ▪ Needs and involve young women in the programme to be identified. ▪ Existing government services meet the needs of young women Mobilizes community support for vulnerable girls and young women. ▪ Advocate and lead: Identify and communicate the needs of young women ▪ Advise: Inform how the campaign is implemented ▪ Mobilize young women to participate: Ensure the campaign reaches 	<p>she can plan to become a successful doctor, engineers, nurses, air-hostesses, cook, or choose a profession of her choice.</p> <ul style="list-style-type: none"> ▪ Education contribute towards the reduction and prevention of HIV and AIDS and address other social challenges facing adolescent girls. ▪ Adolescent girls have been classified as a key population highly infected by HIV and AIDS, making them a good target for LO education. ▪ The skills and capacity of families and communities should be built so they can talk to adolescents about sexual and reproductive health freely and confidently using their home language. ▪ Most guardians, whose children play the games with their peers, motivate and encourage those children to pursue with the games. ▪ Through playing games, families and 	<p>that young people have over each other and seeks to win the potency of peer pressure over its side.</p> <ul style="list-style-type: none"> ▪ It would therefore be appropriate for Like Skills programs to be developed within the contextual boundaries of school community. ▪ All teachers should be equipped to fight the disease on a personal and professional level. According to researchers Life Skills as a subject in schools suffer a “Cinderella” status and therefore usually falls to female teacher. ▪ The subject suffers a lack of credibility because it is viewed as a “woman issue” by some male learners and male teachers is the schools. ▪ The training model should reduce the number of training ties and include a special cadre of trainers that moves from one cluster of schools to another. This cadre of trainers must include school based educators; the training program should be on going and include support, monitoring and evaluation components. ▪ Furthermore, all trainers should be accredited (where possible); ▪ Training programs should be quality assured and reflect the contextual challenges facing educators and department officials
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<p>young women effectively</p> <ul style="list-style-type: none"> ▪ Young women leaders will be identified supported and developed through youth organizations and youth wings of community sectors. ▪ Young women will play a leading role. ▪ Identify high risk young women with stakeholders. ▪ Deliver youth development and poverty relief programs. 	<p>friends become united due to sport.</p>	<p>in their fight against HIV and AIDS.</p> <ul style="list-style-type: none"> ▪ Wherever possible, the language of training and teacher support material should accommodate the teachers' first language of training and teacher support material should accommodate the teacher's first language, as well as language of teaching and learning in school. ▪ The training programs and support material should not be limited to scientific and medical components of the diseases but should include broader social, economic and cultural components. In this way, responses can resonate with people's real experiences.
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6.14 Validation of the developed strategy

The researcher fused the results from phase 1a and b, aligning this with steps 1 to 5 of the PRECEDE PROCEED framework.

Evidence that Life Orientation has been ineffective in Limpopo is in the rapid increase of adolescence pregnancy, drug and substance abuse, poor academic performances, violence, high school dropout rate and HIV/AIDS prevalence among secondary school students, among other factors. Cognisance of the key role of Life Orientation in learners' life and after school life will enable all stakeholders involved to take the subject seriously.

Numerous challenges were reported to affect Life Orientation implementation as expected. The challenges range from stakeholders not taking the Life Orientation subject seriously, lack of materials supplied by the Department of Education, insufficient support from parents, principals and Department of Education, limited time allocated to Life Orientation, Life Orientation not aligned to social context and lack of teacher training to facilitate Life Orientation implementation. Most of the participants felt that the department has not valued Life Orientation that much compared to other subjects in school. This study has revealed that Life Orientation implementation has not been well implemented at schools in Limpopo and that for Life Orientation programme to be successful there is a need for resource allocation.

There is also a need to have enough time allocated to the programme. Specifically, some teachers expressed frustration in the way Life Orientation is structured, reflecting high income settings or urban areas and hence does not match Limpopo province. Most teachers were not well conversant with how they were supposed to implement the subject. The government must be consistent in the way resources are distributed in urban areas and rural areas. Ultimately, other teachers reported challenges with regards to curriculum content they feel that their learners' specific socio-cultural needs are not being adequately met, and thus require life skills to adapt to their environment. Insufficient teacher training in Life Orientation implementation came out across all participants as a challenge. Learners not finding the subject interesting was also an area of concern.

However, this study found if that properly implemented, life skill education, lays the foundation for learning skills which enhance self-determination of the individual. This could be a way of empowering one's people to build their lives and their dreams. It would be a means of handholding them through the critical phases in their life and assisting them tap

their potential to the fullest. Thus, it is hoped that the current life skill programme can be enhanced. This would allow the Province to build individuals who believe in themselves, who are efficient leaders and administrators, who can understand their potentials and achieve them. By realising these skills, one's people will be able to monitor their own understanding and learning needs. They will have the commitment to learning as life long process.

Applying the Precede -proceed, the researcher will apply the same scenario of a setting out to build a house, one wouldn't just pick up whatever material one found lying around and begin. But one would consult first with the owner, and start with an idea of the house she wanted. One will discuss the desired size, shape, features. One'd want a picture of the finished house, and a floor plan as well, with some notes on measurements and materials. One would plan the construction with owner, and set out a process for getting it done. And one'd do all this before one ever picked up a tool, because otherwise the process would be hit-or-miss: she wouldn't get the house she wanted, and one's time would be wasted.

Like the Precede -proceed Model, Phase 1 and 2 subjectively defined the Quality of Life (problems and priorities) of the priority population. According to this framework, there is a need for social diagnosis when implementing a programme. This is when the community is asked about what they want and need to improve their quality of life. It is in these two phases where the objectives of the intervention are created. It is important that adolescents are encouraged to lead and drive the programme, since it is meant to improve their lives. They are again encouraged to support the implementation of interventions, and provide input into the strategy and direction of the strategies. An area of concern was highlighted that learners felt that they were not considered during the development of Life

Orientation curriculum. Learners expressed concern that they felt underutilised. Sufficient research has overwhelmingly illustrated that learners learn best from their peers, especially on issues of sexuality and health. Looking at the disintegrating Life Orientation programme in South Africa, it is safe to say that there is a need to review the current programme and for new strategies and for learners to become key role players, where they determine what they want and how they want it.

The same is true if one is developing an intervention to address a health or community issue, this study refers to the Life Orientation programme. It makes no sense to pick an issue at random, and to use whatever service happens to be available to try to address it. One must consult with the community, understand and analyse community information, one's own and others' observation, and the context of the issue to create an intervention that will bring about the changes the community wants and needs. With this, study while applying the PPM, policy makers will be advised to first consult with learners, guardians, teachers, for the programme to effective.

Behind PPM lie some assumptions about the prevention of social ills and promotion of health, and, by extension, about other community issues as well. These includes: Since the health-promoting behaviours and activities that individuals engage in are almost always voluntary, carrying out health promotion must involve those whose behaviour or actions one want to change. PRECEDE-PROCEED should be a participatory process, involving all stakeholders those affected by the issue or condition in question – from the beginning. Health is, by its very nature, a community issue. It is influenced by community attitudes, shaped by the community environment (physical, social, political, and economic), and coloured by community history. Health is an integral part of a larger context, probably most clearly defined as quality of life, and it's within that context that it must be

considered. It is only one of many factors that make life better or worse for individuals and the community. It therefore influences, and is influenced by, much more than seems directly connected to it.

For this study, PRECEDE followed four phases: Phase 1: At the onset, the ultimate desired result is identified. Phase 2: it is crucial that we are identifying and set priorities among community issues and their behavioural determinants that stand in the way of achieving that result, or conditions that must be attained to achieve that result; and identifying the behaviours and lifestyle factors that affect those issues or conditions of people of the Vhembe and Mopani communities. Phase 3: We identified the predisposing, enabling, and reinforcing factors that can affect the behaviours, attitudes, and environmental factors given priority in Phase 2.

The study found that Educators resisted teaching about HIV because they doubt whether issues of sexuality or appropriate sexual attitudes form part of their work as educators since their entire educator training and orientation were directed towards academic areas. He emphasised the importance for training programmes to challenge these perceptions by impressing upon educators their crucial role in fighting the pandemic. He added that the training programme must balance knowledge, skills, values and attitudes. Content on HIV and AIDS for example. Transmission and prevention. Teaching methodologies should be examined for example, use of participatory techniques, drama, theatre, small group discussion and so on.

Whilst, phase 4, concentrate on identifying the administrative and policy factors that influence Life Orientation programme. This might be policies governing the school curriculum. the researcher identifies (and adjusts where necessary) the internal administrative

issues and internal and external policy issues that can affect the successful conduct of the intervention. Those administrative and policy concerns include generating the funding and other resources for the intervention and determining if capabilities and resources are available to develop and implement the programme. This stage is close to the end of PRECEDE.

In South Africa, provincial departments of education began the implementation of the life skills programme in secondary schools in conjunction with the plan developed by the DOH. The formulation of life skills education was delayed due to several factors despite considerable progress in crafting a national framework for life skills programmes. Access to available funds was severely limited to three sources of funding. Most of the delays were because each donor had different procedures and guidelines for releasing funds and the lack of technical expertise by the DOE. The implementation of the life skills education programme in secondary schools was severely affected by these constraints. Provinces like Eastern Cape and Limpopo were affected the most. The geographical rate of infection was not reflected due to these provinces' inability to access funds since funds were unequally distributed. The unequal provincial contributions to the programme exacerbated the problem. The inability to formulate business plans to access funding was exaggerated by the lack of technical, administrative and managerial support by the DOE.

Table 6.4: SWOT ANALYSIS OF THE LIFE ORIENTATION SUBJECT

STRENGTH	WEAKNESSES
<ul style="list-style-type: none"> ▪ Has potential to teach young people how to have an opinion. ▪ Scholars could debate life's circumstances and choices with classmates and teachers. ▪ Teachers were seen to be doing an excellent job of shaping the minds of scholars ▪ Guides and Prepares learners for life and its possibilities ▪ Equips them for meaningful and successful living in a rapidly changing and transforming society. ▪ Teaches learners to exercise their constitutional rights and responsibilities ▪ Guide learners to make informed decisions about their health, environment, subject choices, further studies and careers. ▪ Guides learners for life and its possibilities ▪ prepares learners for life and its possibilities ▪ Equips them for meaningful and successful living in a rapidly changing and transforming society. ▪ Guide learners to make informed decisions about their health, environment, subject choices, further studies and careers. ▪ Addresses skills, knowledge and values for the personal, social, intellectual, emotional and physical growth of learners, and is concerned with the way in which these facets are interrelated. ▪ Has potential to expose learners to the world and all avenues that lie in front of them. Inspire their students. 	<ul style="list-style-type: none"> ▪ It is viewed as just a free period where students get the notes for what they need to study for the exam. ▪ Due to the lack of stimulating lessons, LO has built up such negative connotations that no one takes it seriously anymore. ▪ Teachers perceived as not being enthusiastic about this subject by learners. ▪ Learners were frustrated because they felt that the two hours per week allocated to teach LO by the NCS was not enough. One hour for physical education and the other hour for theory. ▪ Although they understood their roles quite well, it was revealed that teachers were not able to implement LO successfully. ▪ Guardians lacked the appropriate knowledge of Life Orientation. ▪ Guardians not being able to support their children. ▪ Sexuality education perceived to be a controversial issue by many parents.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ▪ LO objectives were well aligned to strategic plans of the department of education. ▪ Teachers believed that LO met learners' educational development. 	<ul style="list-style-type: none"> ▪ Teachers complained that the programme did not fit in their school context. ▪ Teachers felt learner's knowledge, attitudes and skills were below average, poor discipline, vandalism and drug abuse was evident.

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| <ul style="list-style-type: none"> ▪ Training of teachers based on the current social events unfolding at the community for them to teach students what was relevant ▪ Learners are exposed to various skills only during exams and are not monitored for further improvement ▪ Teachers were viewed to be in a better position to talk to children about these issues ▪ Teachers were viewed to be in a better position to talk to children about these issues. ▪ Guardians viewed Life Orientation as an important subject | <ul style="list-style-type: none"> ▪ Teachers were concerned that the current steps taken to improve LO programme were not always successful because of lack of support from all stake-holders including parents and the department of education. ▪ A lack of moral support especially from parents ▪ Financial support from the department was lacking one since at times, minimal materials were received. ▪ Teachers were concerned that the department viewed LO as a useless subject. ▪ There are limited resources. ▪ Support from senior management was reported to be minimal ▪ Language barriers and non-alignment of LO to fit the school's contexts ▪ the time allocated was too short which could not enable coverage of the required content. ▪ Teachers not adequately trained to implement the programme |
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The table above illustrate the developed the SWOT analysis that demonstrate the strength, weaknesses, opportunities and threats of the Life Orientation programme. One strength of the Life Orientation was that it has potential to teach young people how to have an opinion. The weakness of Life Orientation programme was that it the lacked stimulating lessons and that it had built up negative connotations that no one takes it seriously anymore. The opportunity of this programme was that it has objectives that were well aligned to strategic plans of the department of education. One of the alarming threat was that the programme did not achieve what it had set out to achieve, this was evident with the learner's knowledge, attitudes and skills that were below average, poor discipline, vandalism and drug abuse was evident.

6.15 Applying the Delphi method

The researcher employed the Delphi method to conduct round table with experts to validate the findings. The Delphi is a methodical and interactive research procedure for obtaining the opinion of a panel of independent experts concerning a specific subject. (Holsapple & Joshi, 2002; Day & 2005). Rowe & Wright (2001) suggest that Delphi technique use is effective when statistical method use is unsuitable, several experts are available, the alternative is simply to average the forecasts of several individuals, or the alternative is using a traditional group. The Delphi research strategy is particularly appropriate for acquiring expert recommendations when addressing a research issue. Due to these specialist authorities having extensive knowledge of specific areas of the specific interest, using the Delphi technique confirms Powell's (2003) observed that the method was exceptionally useful where the judgments of individuals are needed to address a lack of agreement or incomplete state of knowledge.

6.15 Characteristics of the Delphi method

a. Use of experts

Lilja, Laakso and Palomaki (2011) suggest that an expert fit for a Delphi panel requires the individual to be: at the top of his/her field of technical knowledge, interested in a wide range of knowledge not only in his/her own field but everything around it, able to see connections between national and international as well as present and future development, able to see connections between different fields of science, able to disregard traditional viewpoints, able to regard problems not only from the known and safe but also from unconventional angles, and interested in creating something new. Rowe & Wright (2001).

b. Panel

The panel should consist of a group of selected experts, with no limit on size. However, as the main task is to include experts who have the greatest knowledge and experience in the field under review, group size often remains small. Delbecq et al. (1975) suggest a panel as little as 4 experts under ideal circumstances. Baldwin and Trinkle, (2011) recommended a panel of between 10 and 30 experts.

In so far as research studies have not found a consistent relationship between panel size and decision-making effectiveness, it is highly unlikely that another equally expert group will produce radically different results from a panel of 15 experts (Martino, 1985) suggest using heterogeneous experts. Delphi inquiries are conducted with groups where the individual participants might be expected to view the group differently, particularly since they are often anonymous. For most, "being on a Delphi panel" has no meaning independent of the topic. Frequently the presentation of the inquiry items and other information is indefinite or ambiguous about the nature of the panel as a group. This directs the panel's attention and energy, in part, to the task of defining the reality of their relationship instead of creating richer realities for the domain of the purported topic (Brockhoff, Boje & Murnighan, 1982).

Further, the quality of the reality within which the individual inquiry items are elaborated varies with the ways the panelists view the meaning of the group and its findings, insights, recommendations. This means that it is not enough that the panelists share a firm idea of

the group's identity, but the perception of that identity tends to shape the nature of the individual messages, the quality of the interaction, and the character of what is produced.

The monitor (or modulator) of a Delphi inquiry strongly shapes which conceptualization of the group is assumed by each participant. This usually implicit concept of the group dictates the mode of interaction that each finds appropriate and determines the reality each uses as a frame of reference in attempting to contribute. Several different assumptions can often be made depending on how individuals interpret the implications for reality of the messages in the communications and materials provided them to begin the interaction. Until each panelist is comfortable with his notion of the group's nature and believes it to be confirmed by responses, it is difficult to produce meaningful contributions. In the paragraphs below, I suggest some ways in which a Delphi monitor can shape the group's conceptualization of itself and adopt a mode of interaction that can produce results which will be congruent with their anticipated use.

The panel comprised of 2 LO teachers, 2 policy makers, 5 guardians and 10 learners.

c. Anonymity

This characteristic supports panellist independence by avoiding: the official position status of a panellist potentially affecting the opinion of others, problems of expression, fear of losing face, or being wary of attitudes that might be inappropriate to express in public (Lilja et al., 2011). It also removes potential for mimicking others, and provides a safety net for panellists where the panellists are competitors. This guarantees more objective answers and results. Anonymity's central role in countering judgment bias is evaluated in more detail in a later section.

Participants were asked not to identify themselves to ensure confidentiality.

d. Rounds

The procedure is executed in a series of rounds (von der Gracht, 2012). Insofar as 2 rounds are considered the minimum (Bradley and Stewart, 2003), between 3 and 6 rounds are required to facilitate realistic findings (Custer et al., 1999). Up to 10 rounds have been suggested as necessary for achieving consensus (Lang, 1994). However, Rowe and Wright (2001) suggest that 3 structured rounds are generally sufficient. Thus, the researcher facilitated 3 round table sessions with stakeholders.

e. Iteration and feedback

Not only are opinions collected for analysis, but also information on the answers is feedback to the panellists for comments and/or as a basis for the next round. In using this feedback, the panellists are obliged to justify their choices, with the build of information proceeding round by round so that the previous phase becomes the source for the next. Deciding to use the Delphi method. Given a research subject, researchers must consider whether Delphi Method use is the most productive technique for acquiring maximum insight. This consideration obliges the researcher to appreciate the method's advantages versus its limitations, and its strengths versus its weaknesses.

6.16 Proposed techniques to complement the existing Life Orientation curriculum.

Adolescent girls indicated that the current curriculum was not stimulating and they found it to be boring. Life Orientation education can be designed to be spread across the curriculum, to be a separate subject or to be in integration. Following are some techniques to enhance life skills in students:

The study proposes the Peer Educators Approach, which is considered to be one of the best approaches to impart Life Skills Education in a school setting. This approach, involves one teacher and 3-4 student representatives from each school (forming the core Life Skills team) at the school. They learn these skills through active learning and participation in a 6 session inter school training workshop programme. They further train their peers at school in these skills through the same process. They follow up with the main resource team for feedback, discussions and training material. Each workshop is particularly designed to impart a skill and involves all or some of the techniques such as: class discussions, brainstorming, demonstration and guided practice, role plays, audio and visual activities, like arts, music, theatre, dance, small groups, educational games and simulations, situational analysis and case studies, storytelling, debates, decision mapping or problem trees.

6.16.1 Peer Educators Approach (PEA) technique

TEACHING METHOD	DESCRIPTION	BENEFITS	PROCESS
Class discussion (in small or Large groups)	The class examines a problem or topic of interest with the	Provides opportunities for students to	<ul style="list-style-type: none"> Decide how to arrange seating for discussion

	<p>goal of better understanding an issue or skill, reaching the best solution, or developing new ideas and directions for the group.</p>	<p>learn from one another and practise turning to one another in solving problems.</p> <p>Enables students to deepen their understanding of the topic and personalise their connection to it. Helps develop skills in listening, assertiveness, and empathy.</p>	<ul style="list-style-type: none"> ▪ Identify the goal of the discussion and communicate it clearly ▪ Pose meaningful, open-ended questions ▪ Keep track of discussion progress
Brainstorming	<p>Students actively generate a broad variety of ideas about a topic or question in each, often brief period. Quantity of ideas is the main objective of brainstorming. Evaluating or debating the ideas occurs later.</p>	<p>Allows students to generate ideas quickly and spontaneously.</p> <p>Helps students use their imagination and break loose from fixed patterns of response. Good discussion starter because the class can creatively generate ideas. It is essential to evaluate the pros and cons of each idea or rank ideas per certain criteria.</p>	<ul style="list-style-type: none"> ▪ Designate a leader and a recorder ▪ State the issue or problem and ask for ideas ▪ Students may suggest any idea that comes to mind ▪ Do not discuss the ideas when they are first suggested ▪ Record ideas in a place

			<p>where everyone can see them</p> <ul style="list-style-type: none"> ▪ After brainstorming, re-view the ideas and add, delete, categorise
Role play	Role play is an informal dramatization in which people act out a suggested situation.	Provides an excellent strategy for practising skills; experiencing how one might handle a potential situation in real life; increasing empathy for others and their point of view; and increasing insight into one's own feelings.	<ul style="list-style-type: none"> ▪ Describe the situation to be role played ▪ Select role players ▪ Give instructions to role players ▪ Start the role play ▪ Discuss what happened
Small group/ buzz group	For small group work, a large class is divided into smaller groups of six or less and given a short time to accomplish a task, carry out an action, or discuss a specific topic, problem, or question.	<p>Useful when groups are large and time is limited. Maximises student input. Let's students get to know one another better and increases the likelihood that they will consider how another person thinks.</p> <p>Helps students hear and learn from their peers.</p>	<ul style="list-style-type: none"> ▪ State the purpose of discussion and the amount of time, available ▪ Form small groups ▪ Position seating so that members can hear each

			<p>other easily</p> <ul style="list-style-type: none"> ▪ Ask group to appoint recorder ▪ At the end have recorders describe the group's discussion
Games and simulations	<p>Students play games as activities that can be used for teaching content, critical thinking, problem-solving, and decision-making and for review and reinforcement. Simulations are activities structured to feel like the real experience.</p>	<p>Games and simulations promote fun, active learning, and rich discussion in the classroom as participants work hard to prove their points or earn points. They require the combined use of knowledge, attitudes, and skills and allow students to test out assumptions and abilities in a relatively safe environment.</p>	<p>Games:</p> <ul style="list-style-type: none"> ▪ Remind students that the activity is meant to be enjoyable and that it does not matter who wins ▪ Simulations: work best when they are brief and discussed immediately ▪ Students should be asked to imagine themselves in a situation or should play a structured game or activity to

			experience a feeling that might occur in another setting
Situation analysis and case studies	<p>Situation analysis activities allow students to think about, analyse, and discuss situations they might encounter. Case studies are real-life stories that describe in detail, what happened to a community, family, school, or individual.</p>	<p>Situation analysis allows students to explore problems and dilemmas and safely test solutions; it provides opportunities to work together, share ideas, and learn that people sometimes see things differently. Case studies are powerful catalysts for thought and discussion. Students consider the forces that converge to make an individual or group act in one way or another, and then evaluate the consequences. By engaging in this thinking process, students can improve their own decision-making skills. Case studies can be tied to specific activities to help students practise</p>	<ul style="list-style-type: none"> ▪ Guiding questions are useful to spur thinking and discussion ▪ Facilitator must be adept at teasing out the key points and step back and pose some 'bigger' overarching questions ▪ Situation analyses and case studies need adequate time for processing and creative thinking ▪ Teacher must act as the

		healthy responses before they find themselves confronted with a health risk	facilitator and coach rather than the sole source of 'answers' and knowledge
Debate	In a debate, a problem or issue is presented to the class, and students must take a position on resolving the problem or issue. The class can debate as a whole or in small groups.	<p>Provides opportunity to address an issue in-depth and creatively. Health issues lend themselves well: students can debate, for instance, whether smoking should be banned in public places in a community. Allows students to defend a position that may mean a lot to them.</p> <p>Offers a chance to practise higher thinking skills.</p>	<ul style="list-style-type: none"> ▪ Allow students to take positions of their choosing. If too many students take the same position, ask for volunteers to take the opposing point of view. ▪ Provide students with time to research their topic. ▪ Do not allow students to dominate at the expense of other speakers. ▪ Make certain that students show respect for the

			<p>opinions and thoughts of other debaters.</p> <ul style="list-style-type: none"> ▪ Maintain control in the classroom and keep the debate on topic.
Story telling	<p>The instructor or students tell or read a story to a group. Pictures, comics and photo novels, filmstrips, and slides can supplement. Students are encouraged to think about and discuss important (health-related) points or methods raised by the story after it is told.</p>	<p>Can help students think about? local problems and develop critical thinking skills. Students can engage their creative skills in helping to write stories, or a group can work interactively to tell stories. Story telling lends itself to drawing analogies or making comparisons, helping people to discover healthy solutions.</p>	<ul style="list-style-type: none"> ▪ Keep the story simple and clear. Make one or two main points. ▪ Be sure the story (and pictures, if included) relate to the lives of the students. ▪ Make the story dramatic enough to be interesting. ▪ Try to include situations of happiness, sadness, excitement, courage, serious thought, decisions

Table 6.5 Proposed process to accompany the PEA technique

- Class discussions:
- Decide how to arrange seating for discussion
- Identify the goal of the discussion and communicate it clearly
- Pose meaningful, open-ended questions.
- Keep track of discussion progress
- Brainstorming
- Designate a leader and a recorder
- State the issue or problem and ask for ideas
- Students may suggest any idea that comes to mind
- Do not discuss the ideas when they are first suggested
- Record ideas in a place where everyone can see them
- After brainstorming, review the ideas and add, delete, categorise
- Role plays
- Describe the situation to be role played
- Select role players
- Give instructions to role players
- Start the role play
- Discuss what happened
- Small groups
- State the purpose of discussion and the amount of time available
- Form small groups
- Position seating so that members can hear each other easily
- Ask group to appoint recorder
- At the end have recorder describe the groups discussion
- Educational games and simulations

Games: student must be reminded that the activity is meant to be enjoyable and that it does not matter who wins

Table 6.6 Validation of the developed strategy with LO teachers' n = 10

Validation questions	Yes	%	No	%
1. Are the strategies goals and practice goals congruent?	10	100	0	0
2. Is the intended context of the strategies congruent with the practice?	10	100	0	0
3. Is there, or might there be similarity between the strategies and practice variable?	10	100	0	0
4. Are the explanations of the strategies sufficient to be used as basis for the strategies to implement Life skills programme?	10	100	0	0
5. Is there research evidence/literature supporting the theory?	10	100	0	0
6. Will the users of these strategies influence the practical implementation of Life skills programmes?	10	100	0	0

Table 6.6 revealed 100% of LO teachers agreed that the goals of strategies were congruent to practice goals, the context of the strategies were congruent with practice, there were similarity between the strategies and the practice, the literature was used to support the strategies that would influence the facilitation of the implementation of Life skills programmes. About 100% of the participants agreed that the explanation of the strategies was sufficient to be used as basis of facilitating the implementation of Life skills programme.

Table 6.7 Validation of the developed strategy with guardians' n = 80

Validation questions	Yes	%	No	%
1. Are the strategies goals and practice goals congruent?	80	100	0	0
2. Is the intended context of the strategies congruent with the practice?	80	100	0	0
3. Is there, or might there be similarity between the strategies and practice variable?	80	100	0	0
4. Are the explanations of the strategies sufficient to be used as basis to facilitate the Life skills programme?	80	100	0	0
5. Is there research evidence/literature supporting the theory?	80	100	0	0

Table 6.7 revealed 100% of guardians agreed that the goals of strategies were congruent to practice goals, the context of the strategies were congruent with practice, there were similarity between the strategies and the practice, the literature was used to support the strategies that would influence the facilitation of the implementation of Life skills programmes. About 100% of the participants agreed that the explanation of the strategies was sufficient to be used as basis of facilitating the implementation of Life skills programme.

Table 6.8 Validation of the developed strategy with learners' n = 521

Validation questions	Yes	%	No	%
1. Are the strategies goals and practice goals in agreement or in harmony?	521	100	0	0
2. Is the intended context of the strategies in agreement or in harmony with the practice?	521	100	0	0
3. Is there, or might there be similarity between the strategies and practice variable?	521	100	0	0
4. Are the explanations of the strategies sufficient to be used as basis for strategies to implement Life skills programmes?	521	100	0	0
5. Is there research evidence/literature supporting the theory?	521	100	0	0
6. Will the users of these strategies influence the to implement an effective Life skills programme?	521	100	0	0

Table 6.8 revealed 100% of learners agreed that the goals of strategies were congruent to practice goals, the context of the strategies were congruent with practice, there were similarity between the strategies and the practice, the literature was used to support the strategies that would influence the facilitation of the implementation of Life skills programmes. About 100% of the participants agreed that the explanation of the strategies was sufficient to be used as basis of facilitating the implementation of Life skills programme.

Table 6.9 Validation of the developed strategy to implement the existing Life Orientation curriculum checklist.

Validation questions	Yes	No
1. Are the strategies guidelines goals and practice goals in agreement or in harmony?		
2. Is the intended context of the strategies in agreement or in harmony with the practice?		
3. Is there, or might there be similarity between the strategies guidelines and practice variable?		
4. Are the explanations of the strategies sufficient to be used as basis for midwifery action?		
5. Is there research evidence/literature supporting the theory?		
6. Will the users of these strategies guidelines influence the practical functioning of the midwifery units?		

Comments.....

6.17 Summary

In this chapter, the researcher analysed the concept of that emerged using Rodgers & Knafi's steps. In this chapter, the researcher developed and validated the developed strategies. The researcher employed the Delphi method to conduct round table with experts to validate the findings. The conceptual frameworks for the model development were used according to the six elements of Dickoff et al. The researcher employed the precede-proceed model framework to develop the strategies, validation was done by means of critical reflections. Critical validation involved evaluating the model for simplicity, clarity, accessibility and importance. Developed guidelines were derived from data analysis and conceptualisation of the context where implement strategies to facilitate LO in Vhembe and Mopani. The community, family and education system were the context where strategies were to be implemented. To validate the developed strategy, the researcher combined the results from phase 1a and b, aligning this with steps 1 to 5 of the PRECEDE PROCEED framework. The researcher used the SWOT analysis that demonstrate the strength, weaknesses, opportunities and threats of the Life Orientation programme. At the end, the researcher employed the Delphi method to conduct round table with experts to validate the findings.

CHAPTER 7

RECOMMENDATIONS AND CONCLUSION

7.1 Introduction.

In this chapter the contribution to research of the study precedes and study limitations. The recommendations suggested that the Department of Education policy makers should optimize and prioritize teachers support. Recommendations based on the findings and implications of this study are made against the backdrop of the challenges that educators reported to experience. The purpose of the recommendations is to serve as a firm basis from which action strategies can be implemented to promote the status and practice of Life Orientation in schools. The spirit in which the recommendations are made emanate from a supportive and collaborative stance.

Specific recommendations relating to the research findings and general recommendations to enhance the status and practice of Life Orientation are made. The researcher discussed the limitations of the study and suggests further areas for research. The implications of the study are outlined and conclusions drawn to end the study.

7.2 Contribution to research

This study was designed to develop strategies to facilitate the implementation of Life Orientation curriculum I secondary schools. The purpose of the study is to develop strategies to facilitate the implementation of existing Life orientation curriculum in secondary schools

of Limpopo province, South Africa. The study developed a strategy and guidelines to facilitate the implementation of Life Orientation in schools.

The results of this study provide Department of Education policymakers, curriculum designers, practitioners (facilitators) and researchers with insight into teachers' experiences, challenges, frustrations and understandings in teaching study skills. Hopefully they will review the Life Orientation curriculum, consider involving students, guardians and teacher in improving the programme.

Practitioners can use these findings to make programmatic decisions that improve teachers' content and educational knowledge of Life Orientation by conducting effective workshop on the subject and guiding teachers on how to implement those topics stipulated by the subject programme like the teaching of study skills to learners in secondary schools. Apart from guidelines, the study proposes a unique technique called the Peer Education Approach (PEA) technique that teachers can use to make Life Orientation more stimulating and exciting since participants found it to be boring. Because of the energy that young people have, they get bored easily, they find activities which are fun and engaging more exciting.

7.3 Study limitations

Burns and Grove (2009) define limitations as 'theoretical and methodological restrictions in a research study that may reduce the generalizability of the findings.' Although the research was planned, organised and executed according to sound scientific principles, the following limitations and shortcomings emerged during the course of the study.

The study was conducted during November-December; during this period, learners, teachers and guardians are busy with examinations. Conducting a study in a different Province from the one the researcher is not based in, is not easy. It is difficult to coordinate meetings and for participants to honour them, which affected the sample size.

The researcher had difficulties accessing some of the schools. The schools are spread out over the whole Limpopo Province, as the most populated province in South Africa. Some of the communities are very densely crowded and the roads are gravel. Travelling and finding the way was a challenge. To communicate with the schools was also a challenge. It took some time before a proper communication line was established. Quite a few schools had neither functioning telephones nor any other means of communication. Private cell phones of the teachers were used in most cases.

The process of identifying participants and scheduling the interviews was protracted. Reasons for this included; the teachers were responsible for the identification of the participants and arranging of filling of questionnaires, since this study was not their priority the scheduling of interviews took longer than the researcher anticipated.

The fact that the researcher had to travel out of province to conduct most the interviews also affected the scheduling of the interviews. Communication with the schools was difficult. It took some time before a proper communication line was established. Quite a few schools had neither functioning telephones nor any other means of communication. Private cell phones of the teachers were used in most cases. The researcher had difficulties accessing some of the schools. The schools are spread out over the whole Province of Limpopo, as the most populated province in South Africa. Some of the communities had very bad roads. Travelling and finding the way was a challenge.

7.4 Methodological critique

The methodology used in this study (Chapter 3) assisted the researcher in answering the research questions and in achieving the aims stated in Chapter 1 of the study. The literature review in Chapter 2 was comprehensive and current. The literature throughout the chapter is relevant to the topic and gave me an in-depth understanding of the topic, the research problem and questions. It was informative and was used to clarify or emphasise findings. The theoretical background (Chapter 2) and power of evidence from the literature (Chapter 1 and 2) supported the study, research methodology, data analysis and provided a framework for the research approach. The literature and theoretical framework also assisted with the presentation and contextualisation of strategies and arguments.

Focus group interviews afforded the researcher an opportunity to reach participants simultaneously in a manner that was effective and cost effective. The sample size of my report increased by interviewing several people at once. The group discussion produced data and insights that would be less accessible without interaction found in the group setting. Participants demonstrated respect, listened as others verbalised their own experiences, stimulated memories, ideas, and experiences. The focus group members discovered a common language to describe similar experiences. This enabled the researcher to capture the “native language” or “vernacular speech” to understand the discussions. The focus group interviews provided an opportunity for learning and disclosure among guardians from the same learning area. The number of focus group members was not sufficient to be a representative sample of the population of guardians of learners from selected areas. Therefore, data obtained from the groups is not necessarily representative of the whole population. Focus group interviews were in some cases, disturbed by

overindulgence by some members. As an observer, the researcher guarded against her method of questioning that included how questions were phrased and posed.

The qualitative research methodology used in Chapter 3 produced useful insights from the participants. Guardians' interaction in the focus group and individual interviews from teachers assisted participants in providing rich data. The process allowed the researcher to function at an interpretivist level to attain an "holistic" insight into the phenomenon under study.

7.5 RECOMMENDATIONS

7.5.1 Recommendations for policy makers

Parallel public resources, focusing on broader youth employment and vocational training initiatives, could be tapped to ensure the most vulnerable are receiving both material and social awareness support on the core risks concerning cross-generational sex.

It is important that youth policies and interventions integrate well-defined poverty reduction and sociocultural components aiming to explicitly address the stultifying effects of income poverty and the regressive effects of discriminatory sociocultural institutions that increase youth's risk of suffering protection violations. These interventions should ideally be both short and long term in nature and preventative and responsive, while taking heed of the positive formal and informal coping mechanisms and limiting the negative coping mechanisms already used by girls. Demand for such programs ventures within NGOs, donors and public services should also be fostered.

There is a need to strengthen delivery of access to social services that are deemed to have the most protective functions for youth particularly primary and secondary education, primary health care, information about sexual and reproductive, community sensitization around sexual abuse and related risks/social norms and judicial facilities. Investments in these areas will ultimately be cost-effective, particularly if instituted using a 'systems strengthening' approach.

New, locally focused training initiatives based on lessons from integrated programming best practice must be promoted. These initiatives should be constructed to differentiate and respond to the contextual 'pull' and 'push' factors that cause girls to enter exploitative cross-generational relationships and lead to a variety of 'downwardly spiraling' impacts.

Youth protection policies and programmes should integrate a specific component to address the issue of early sexual relationships, including information about possible exploitative relationships and their risks, using both international and national policy and programme initiatives and the areas of 'early marriage' and HIV/AIDS proliferation as an entry points. Men and boys, as much as girls and women, should be targeted. Key to this will be communication to practitioners and policymakers of the drivers and consequences of cross-generational relationships, as much as the risky social behaviours formally or tacitly promoted at community level. The broader and stronger constituency of HIV/AIDS policymakers and practitioners would be able to amplify this message.

Formulation of policies and design of programmes should integrate an education and mass sensitization component targeting both rural and urban communities, and all relevant child protection stakeholders, focusing on the provision of information on the specific risks linked to this situation, and when it is deemed as abusive.

There is a need to conduct nationally representative research into best practice in integrated programming design and delivery that incorporates sociocultural change and income (livelihood) components whether they be at the individual, familial, community or national level. The findings of such research will provide a sound, informed basis for the design of alternative policies and the implementation of programme actions.

7.5.2 Recommendations for the education sector

The Department of Education should consider adding more time to Life Orientation. This study demonstrates that most guardians, teachers and adolescent girls consider Life Orientation to be both important and relevant to the lives of their children and that it needs to be a collaborative process between families and schools.

This study recommends that LO implementation has not been well implemented at schools in Limpopo and that for LO programme to be successful there is a need for resource allocation. There is also a need to have enough time allocated to the programme. Once more, teachers need proper training on how to facilitate LO lessons to learners. With adequate training, teachers will be able to adapt LO content to make it more appropriate to their learners in their contexts, making use of creative and innovative methods of implementation. On the other hand, this creativity and innovation may be suppressed if the rigidity and inflexibility of the design and implementation of the national curriculum

is not addressed. Importantly, cognisance of the key role of LO in learners' life and after school life will enable all stakeholders involved to take the subject seriously. Evidence that LO has been ineffective in Limpopo is in the rapid increase of adolescence pregnancy, drug and substance abuse, poor academic performances, violence, high school dropout rate and HIV/AIDS prevalence among secondary school students, among other factors. Professional development for teachers aimed at enhancing and improving LO teachers' knowledge and competency of teaching study skills.

However, about a third of guardians indicated that sexuality education was either not appropriate or significant to school children or were uncertain if it was appropriate and significant. Guardians did not have a problem with Life Orientation but were worried about the lack of consultation and were unsure of the content. They suggested that several issues be addressed. These issues were more around the teaching of sexuality education.

A suggestion made by some teachers was that HIV and AIDS education, information and messages is given to girls one by one, making it a separate subject instead of integrating it into other subjects and availing materials to schools for the teaching of HIV and AIDS. People infected with the HIV should be invited to give talks to pupils. Teachers were concerned that most of the educators do not have adequate information of HIV and AIDS do not therefore feel confident to talk to students. There were also suggestions to have educators trained on how to teach HIV and AIDS within pupils' cultural context. Materials on HIV and AIDS need to be updated and parents need to be given education to support HIV and AIDS programs in schools.

The findings have significant implications for sexuality education policy and practice. Therefore, this study advises that since sexuality education is a health and well-being

issue, as well as an equity matter, it will be best if it is viewed as a shared responsibility between families, schools and health organisations. This will afford a more effective basis for a comprehensive learning. Apart from addressing not just children and young people, sexuality education needs to address gaps that exist in adult learning in this area. It is crucial that the government provide funding to allow for the provision of community sexuality education programmes led by relevant allied health groups that provide guardians with up-to-date evidence-based information on the importance of developing children's sexual literacy early in life. These programmes would also provide skill development training, resources and support to guardians with regard to best practices around talking with children about sexuality education within a multi-sectoral context. Allied health sexuality education programmes could also support school-based sexuality education and provide an alternative information service that can be accessed by young people if required. Majority of guardians, learners and teachers were lacked proper knowledge regarding

Life Orientation programme. it is important that the programme clearly and that it is unambiguous well clarified defined and described, it is important that a common interpretation and understanding is attained. For proper implementation of Life Orientation, it is substantial that teachers reach a shared appreciation of Life Orientation and accept the way it is defined in the Revised National Curriculum Statement (Department of Education, 2002b).

LO program was introduced in 1995, targeting secondary schools in certain grades. However, the implementation on a large scale in all grades is demonstrating to be difficult. The program has experienced limited success in some schools with the better resourced schools experiencing the most benefits and presently in school curriculum, issues relating sexuality and HIV and AIDS infection is offered within the Life Orientation class and is

expected to cover a wide range of issues from environmental education, sexuality education, HIV and AIDS, career and the world of work etc. Additionally, this learning area has been allocated the least amount of time in the school timetable, unfortunately is usually not taught at all and in most schools' teachers use Life skills period to teach other examination period.

LO must be given a priority in the nation's curriculum including the curriculum for the teachers training. This would be translated into more time allocated to teach LO and more teachers trained in the area and all philosophies, school management teams, schools governing bodies being trained to provide the support required to implement the LO curriculum effectively. Furthermore, the LO program should cut across all levels of education from pre-school to secondary levels.

The time allocation for Life Orientation at schools should follow Department of Education (2002a) guidelines of a minimum teaching time. At schools where minimal time is allocated and used for Life Orientation, the time allocation should increase. Communication should be sent out to all schools outlining the specified time allocation for Life Orientation. Life Orientation teachers who indicate that they integrate Life Orientation in other learning areas and hence do not specifically need to teach it, should be guided on how to teach Life Orientation. Schools that include assembly and afternoon sports as part of the Life Orientations time allocation, need to add extra time to the Life Orientation period in order for the curriculum to be completed.

The actual time usage during the Life Orientation period needs to be improved so that the Life Orientation curriculum is the focus, and the periods are not used for administrative, disciplinary or other matters. The usurping of Life Orientation time slots for other

learning areas that are regarded as ‘more academic’ or important or easier to teach, should not be condoned. The practice of some educators of using the Life Orientation period for a ‘free period’ should be curtailed. Timetable slots should ensure that Life Orientation is not consistently given the last two periods on a Friday afternoon or the first hour on a Monday morning, to the exclusion of all other time slots. In the event of public holidays, sport meetings, choir competitions and other events that may impede some learning areas’ completion of the curriculum, it should not be normative to use the Life Orientation period to ‘make up’ for lost time. Life Orientation is an academic learning area and should be treated as such. The practice of saving time by grouping all classes in a grade for the Life Orientation lesson should be restricted to situations that are conducive to such a combination. This could be, for example, when there is a guest speaker, or when the classes need to present their projects to a larger audience, or participate in a games tournament.

7.5.3 Recommendations for a multi sectoral approach

The training programs for Life Skills and other HIV and AIDS education programs must be holistic and comprehensive they should include the following issues:

- The role of teachers in implementing Life Skills or HIV and AIDS education programs.
- The role of educators in fueling the pandemic
- Work related issues regarding HIV and AIDS, e.g. absenteeism, confidentiality and many others.
- Policies, legislation and codes of conduct

- Building partnership in the fight against HIV and AIDS, especially establishing community schools for AIDS orphans.

it is recommended that the Department of Education partner with other stakeholders in implementing a successful Life Orientation programme. the schools can involve the services of Social workers and counsellors to help them deal with some of the challenges confronting learners. Social workers are skilled in dealing with HIV and AIDS, substance abuse, bullying and other challenges. This will mean that the Department of Health, the Department of Social Development collaborate. The department of Health specialises in providing health services, whilst the Department could provide psycho social support.

Psychosocial competence will assist in developing is adolescents' ability to deal effectively with the demands and challenges of everyday life. It will help with the development of their ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture and environment. Psychosocial competence has an important role to play in the promotion of health in its broadest sense; in terms of physical, mental and social well-being. Where health problems are related to behaviour, and where the behaviour is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psychosocial competence could make an important contribution. This is especially important for health promotion at a time when behaviour is more and more implicated as the source of health problems. The most direct interventions for the promotion of psychosocial competence are those which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, this can be done by the teaching of life skills in a supportive learning environment.

There also needs to be greater consistency of the implementation and monitoring of Life Orientation curriculum across South Africa, to ensure access and equity for students in rural and urban areas. This needs to comprise a focus on building respectful and ethical relationships in the early years of school, including addressing gender, gender expression and sexuality diversity.

This study demonstrates that most guardians consider Life Orientation to be both important and relevant to the lives of their children and that it needs to be a collaborative process between families and schools. However, about a third of guardians indicated that sexuality education was either not appropriate or significant to school children or were uncertain if it was appropriate and significant. Guardians did not have a problem with Life Orientation but were worried about the lack of consultation and were unsure of the content. They suggested that several issues be addressed. These issues were more around the teaching of sexuality education. This study the recommend a consultation with guardians regarding the content and curriculum of Life Orientation programme.

There is a need for schools to recognise and provide guardians with more information about the sexuality curriculum and pedagogical approaches to teaching sexuality education to reassure parents of the content around the subject. This can be achieved by developing pamphlet that outlines why it is important to address sexuality education with children, what the curriculum entails for different year groups, and providing other information about frequently asked questions. Schools should invite parents/carers to an information session to discuss the sexuality education of their children, this will provide the opportunity to address any concerns they may have.

The health promoting schools concept attempts to bridge this gap between community and the schools within a right based framework. This concept includes parents, community leaders, health workers and traditional healers who will work alongside the school, share their experience and expertise with the school and shape the school curriculum to meet the needs of the community. These programs must include counselling for those who are infected and affected as well as community outreach programs for AIDS orphans.

7.5.4 Recommendations for Life orientation programme to be youth lead

It is recommended that adolescent girls voice be heard regarding how the programme should be implemented. In disability, there is a slogan that says, “nothing about us without us.” Adolescent girls should be encouraged to play a pivotal role, be more involved and show commitment. Currently learners find the programme to be boring and not stimulating.

7.5.5 Study recommends that further research be conducted

This study recommends that further research should be conducted with learners in different contexts, and their experiences explored, so that greater knowledge can be gained with respect to learners’ needs and perceptions of the Life Orientation curriculum and its implementation. More time need be allocated to LO programmes for teachers and learners to accommodate the lessons. Both teacher training as well as curriculum design (to fit local contexts with regards to more flexibility) be reviewed. Educators should be trained in adapting and modifying content within the broad themes of the Life Orientation curriculum, allowing for greater in-depth focus on specific topics deemed relevant to the socio-

cultural context of the learners. There needs to be a greater awareness and acknowledgement of this subject, and of the great relevance and importance that it has for today's youth.

Findings of and recommendations made in this study to address the problems experienced by teachers are crucial for the implementation of the learning area 'Life Orientation' at schools, Higher Education Institutions and the Department of Education.

7.5.6 Recommendation for a National Annual Life Orientation Promotion Day

In her study, Rooth (2005) recommended that a national annual Life Orientation promotion day needs be scheduled (in addition to the dissemination of information strategies outlined earlier) to give publicity and highlight the significance of this programme. It is proposed that on the day, fairs, markets, carnivals, tournaments and exhibitions are held, with guest speakers, learners' and educators' presentations highlighted and parents in attendance. Advertisers, career exhibitions, corporates and NGOs, as well as government departments, could help finance the promotion, as well as showcase the work they do that is relevant to Life Orientation. Events that can be offered at schools to coincide with the day include a forum where educators' success stories in Life Orientation can be highlighted and the opportunity for learners to present aspects of their Life Orientation work, such as poster presentations, collages, debates, short dramas, indigenous games tournaments and other sporting events, environmental awareness campaigns, outcomes of their volunteer work, career expos and HIV and AIDS awareness promotions. Media such as newspapers, radio, television and the internet can play a useful role in promoting Life Orientation by giving publicity to these events.

7.5.7 Department of the South African Police service

Historically, South Africa is a nation with high moral values. This is expressed in part by how the people (black and white) were united and determined to fight against apartheid. They came to understand the problems of this country and how to solve the challenges through peaceful negotiation. The process of reconciliation and nation building, across colour lines, underlines the moral character of the South African nation.

The Constitution of the Republic of South Africa provides a framework for the realization of this country's moral values. All South Africans can play their part in promoting national morals and values. It is not just up to religious based organisations to uphold these values. The contribution of citizens in the 'moral renewal crusade' is necessary and encouraged. The building of moral communities is a necessary requirement for the fight against immoral behaviour in communities and public institutions. There is a need to build vigilant communities who can identify potential acts of immoral behaviour and refer to legitimate institutions with a mandate to deal with such issues.

To bring back values in young people, a Moral Regeneration Movement (MRM) can be introduced, the movement will help in encouraging young people to recommit to efforts of building communities, grounded on positive values and rededicate to building a caring society in pursuit of creating lasting peace and prosperity in the country. It will afford young people a networking platform that facilitates and coordinates all processes and initiatives aimed at combating moral degeneration. As a civil society driven initiative, it will provide the opportunity to redouble the efforts as a full partnership of the people, and pay special attention to the issues of development, social cohesion and nation building. The

program will also support and encourage traditional and cultural programs. This will help prevent crime, the use of substance abuse and sexual promiscuity.

This social movement will call all on youth to come together with young adults to enhance and restructure their mind. Youth together have the power to make difference. Youth blame lack of resources for their misfortunes, this movement will attempt to assist youth to rediscover the power within them, show them that you can be fully equipped with the little that you have. The main aim is personal development. The minute one restructure the way they see things start working out. This is a platform where young people are encouraged to take charge of their lives, they can achieve this by addressing their situations and then act to improve their access to resources and transform their consciousness through their beliefs, values, and attitudes.

As a civil society driven initiative supported by government, the MRM Programme gives an opportunity to redouble the existing efforts as a full partnership of the people, also to pay special attention to issues of development, social cohesion, and nation building. This way they, the country will shape youth who will not ask what the country can do for them but ask what they can do for their country. It has been proven that through working together, the country can achieve more. We can only reach the highest height, if we encourage each other. “The best way to find you is to lose yourself in the service of others.” Mahatma Gandhi.

7.5.8 The Department of Sports and recreation

Socially, the indigenous games benefit the society enormously. The communities around are unified through the games. The people from diverse cultures compete. They make

friendship, share ideas, work in groups and teams, socialize, support, sympathize, learn to make decisions and solve problems and above all, they learn discipline. The players learn to exercise patience, acceptance and tolerance towards one another. Young people come together, sing and dance when the games are played. The adults mingle with each other. They become socially occupied which lead them to forgetting the elements which made them angry before they involved themselves in the company of other people. They put their concentration on the game. Players develop positive thinking towards themselves and the entire team as they work together. They build each other's confidence to be able to handle defeat where necessary.

Most parents, whose children play the games, motivate and encourage those children to pursue with the games. Families and friends become united due to sport. Youth's engagement in the games delay them exposure to early alcohol drinking, doing drugs and teenage pregnancy. They become involved in the game and have less time for crime. The players grow as disciplined, responsible and accountable members of the community. Instead of going to the shebeens, they visit sports field where they play, go home being tired, eat, wash and sleep. Exposure to criminal activities is minimal.

Through games skills, values, knowledge and attitudes are learned. In '*morabaraba*' (a board game), a skill of decision making is developed. Players also gain knowledge as they play, on how to solve a problem the opponent put forward. Having a problem-solving skill will assist a player to solve problems in real-life situation. The game teaches a player to solve future problems he or she may encounter.

Playing indigenous games not only improves physical development and brain stimulation. They get to experience and let their imagination wonder. Children also learn social skills

because most of these games are played in a group. They also learn and understand rules traditional and cultural programmes. Indigenous games are part of the heritage, it is important for communities to find people who can teach children how to play indigenous games to transfer knowledge and skills.

These games can also be of great benefit to the young people, since they require physical activity, social skills, creativity, imagination, competition, camaraderie and many more. Quite simply, traditional children's games stimulate their growth, physically as well as intellectually. In games, such as street fighting, stick fighting and 'diketo' (stone throwing), parents do not expect their children to lose. As such, they give them an enormous courage. But, a defeated fighter accepts defeat, shakes hands and respects his opponent. After the game, the winner gains respect and self-confidence.

African people have a rich beautiful tradition to be proud of. An example of this is their dance and games: dibeke (a running ball game); diketo (a coordination game); kgati (a rope jumping game); morabaraba (a board game); jukskei (a throwing and target game); kho-kho (a running game); lintonga (a stick fighting game); arigogo (similar to rounders); drie stokkies (running and jumping game; mulenze).

7.5.8 Department of Social Development

Several learners from indigent families in South Africa are facing a serious challenge regarding management of their monthly periods (Menstruation) and period pains (Dysmenorrhea). It has come to the attention of the Department of Education (DoE) that some of these learners are forced to miss school/classes because they do not have sanitary towels to use during this period and those whose menstrual pains are such that they cannot

go to school and do not even have pain tablets to help ease the pain. On average, an indigent girl child will miss four of her school days due to menstrual cycle where the child does not have sanitary towels. The total of days a girl child may miss amounts to forty in a year.

It is crucial that the South African government's commit to promoting the provision of sanitary towels to women on the indigent list of municipalities. It is stated that eventually poor females in the indigent list of municipalities should receive free sanitary towels. The implementation of this commitment is a sign that the Government deeply cares about the wellbeing of the people of South Africa, poor women and girls. With high levels of unemployment and poverty, there is a greater need to put women at the center of both economic and social policies of Government such as the Job Fund, economic development and engendering women to the Growth Economic Path even among women who work, the extent of poverty underscores the need for a far greater number of government interventions and programs. As supported by UNESCO, one in ten African adolescent girls miss school during their menstrual cycle and eventually drop out of school because of menstruation-related issues, such as the inaccessibility of affordable sanitary protection, the social taboos related to menstruation and the culture of silence that surrounds.

7.5.9 The Department of Safety and Security

School visits by the educational units of the police can be linked to the Life Orientation curriculum, and anti-crime and violence prevention drives need to be run in conjunction with the Life Orientation educators' learning programmes. Self-defence lessons could be offered by this department, as well as safety tips.

7.6 Study dissemination

The study will be published in Accredited Journals; a copy will be placed in the University of Venda library; another copy will be given to the Department of Education. Scientific papers will be presented at national and international conferences. Feedback Participants will be provided to participants and guardians.

7.6 Conclusion

There is an African proverb that says, “it takes a village to raise a child”; for Life Orientation to be effective, there is a need for a proper collaboration between teachers, guardians and learners. Multi-sectoral approaches have been found to be effective. Guardians did not feel they were well equipped to develop the confidence to speak about sexuality matters with their children. The Department of Education needs to provide guardians with more information about the sexuality curriculum and pedagogical approaches to teaching sexuality education to children. Doing so could involve the development of a booklet outlining the importance of addressing sexuality education with children, what the curriculum entails for different year groups, and providing other information about frequently asked questions. Inviting guardians to an information session to discuss the sexuality education of their children would provide the opportunity to address any apprehensions they may have. There is also a need for consistency of the implementation and monitoring of a national comprehensive sexuality curriculum across provinces in South Africa, to ensure access and equity for all students. The curriculum’s standard in Gauteng must be like that

one of Limpopo. This needs to comprise a focus on building respectful and ethical relationships in the early years of school, including addressing gender, gender expression and sexuality diversity. Education system plays a proactive role in Life Skills development among learners.

Any program that intend to reach adolescents should be incorporated into the educational system to be feasible, effective, and cost-effective. In a Province like ours, where there is shortage of resources and trained professionals, it is more be practical for communities to involve and work with the teachers. It is true that the teachers interact with the adolescents closely and most of the time. It is essential that they are well equipped to transfer skills to adolescents. Imparting life skill training through inculcating life skill education will help our adolescents to overcome difficulties in life. Life skill education serves as a precaution for the problems because it helps adolescents with living a healthy life. Therefore, life skill education is necessary for society education system should incorporate in school curriculum as it can produce positive healthy lifestyle, interpersonal relationships and well-being of individuals. A need is there to integrate an approach to provide opportunities of experiential learning to them especially adolescent. It is important that Peer Educators Approach is integrated during curriculum development.

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APPENDIX 1: INFORMATION SHEET AND CONSENT FORM FOR GUARDIANS

Who Am I?

Hello, I am Shumani Mulaudzi, conducting a study on the development of strategies to facilitate life skills program in a school setting Limpopo area.

What is the purpose of the research and how will it help us?

The purpose of the study is to develop a strategies to facilitate the implementation of the existing programme in Limpopo province to address the needs and challenges facing learners. The information I will collect from you will assist me to come up with strategic ways that will help to develop the life skills programme.

Learner participation

I am kindly asking you for concern for the learner to participate in the research by completing a questionnaire. By providing his or her views, this will help to develop a life skills programme. The questionnaire will take approximately one hour. Please understand that the learner's participation is voluntary and you are not being forced to take part in this study.

Confidentiality

Any study records that identify you will be kept confidential. We will refer to you by a code number or by another name in any publication.

Benefits

Now, I do not see any risks in the learner's participation in the research. Instead, this study will be extremely helpful to me in developing intervention strategies and means of improving life skills programmes in schools. This will in turn, benefit you as the programme will be tailored to meet your child's needs.

Who to contact if you have been harmed or have any concerns

This research has been approved by the Research Ethics Committee of the University of Venda

If you feel that the learner has been harmed in any way by participating in this study, please call Dr. Ramakuela Nditsheni at 082 406 6574. She is my study supervisor.

APPENDIX 2: CONSENT FORM BY GUARDIANS

I.....hereby agree that my child
.....participate in research on the strategies to facilitate the life skills
programme.

I understand that my participation is free, and that the child is not being forced in any way to do so. I understand that this research project will, in the long run, help in improving and in meeting the needs and challenges of the youth. I understand that my participation will remain confidential.

Signature of participant

Date

APPENDIX 3 : QUESTIONNAIRE FOR LEARNERS

Instructions :

- You are requested to participate in the study on strategies to facilitate the implementation of existing Life Orientation curriculum in secondary schools.
- Please answer all questions, be honest and open to maximise results.
- The survey is **Strictly Confidential** and will only take one hour of your time
- Kindly do not put your name on the questionnaire

Note that this information will only be used in combination with all other responses to determine the need for a life skills programme.

Please make an X in the appropriate block:

Biographical Details

Name of the school

Gi-yani	Gwam-beni	Sevengwan a	Ris- inga	Nwaridi	Edson	Tshipa- koni	Vhafamadi

Grade:

10	11	12

What is your age?

.....

Home language

Tshivenda	Xitsonga	Sepedi	English	Afrikaans	Other Specify

Guardian Religion

Christian	Muslim	Hindu	Buddhist	African	Other Specify

Guardian occupation

Em- ployed	Part time employed	Grant re- cipient	Self employed	Unemploy- ment	Other Specify

With whom do you stay with at home?

Both par-ents	Mother only	Father only	Grand mother	Grand father	Other Specify

1. Life skills program		Agree	Agree
1.	I know what life skills programme is		
2.	I know of the existence of a life skills programme in my school		
3.	My teachers are knowledgeable about the life skills programme content		
4.	Top management communicates a clear vision for the future of the department.		
5.	I have full confidence that the existing life skills programme will help me reach my full potential		
6.	The life skills programme provides what we need.		
2. Risky sexual behaviour		Agree	Disagree
7.	I have sex under the influence alcohol or drugs		
8.	I have had sexual intercourse in return for a gift		
9.	I have had unprotected sex		
10.	I have had multiple partners		
11.	I don't know my sexual partner HIV status		
3. Teenage pregnancy		Agree	Disagree
10.	I am a teen mom		
11.	I know the consequences of having a child whilst in school		
12.	All my friends are having sex		
4. School drop out		Agree	Disagree

13.	More girls drop out of in my school		
14.	A lot of girls reach grade 12		
15.	I wish to pass grade 12		
5. intergenerational relationships		Agree	Disagree
16.	There's nothing wrong with dating older men		
17.	I have dated an older man		
18.	A lot of girls in my school date older men		
6. Leisure time		Agree	Disagree
19.	at home, relaxing		
20.	In the streets		
21.	At church		
22.	Watching TV		
23.	Listening to music		
24.	Playing sport		
25.	Clubbing		
26.	Reading		
27.	At home looking after my siblings		
28.	at home, relaxing		
29.	In the streets		
30.	At church		
31.	Community work		
6. Role model		Agree	Disagree
32.	Father		
33.	Mother		
34.	Sibling		
35.	Friend		
35.	Pastor		
36.	Relative		
37.	Celebrity		
38.	Teacher		
39.	Grandfather		
7. Bullying		Agree	Disagree
40.	I have been bullied at school		
41.	I have been touched inappropriately		
42.	I feel safe at school		

43.	I don't enjoy being at school		
44.	I bully others		
45.	Bullying is bad		
8. Gender based violence		Agree	Disagree
46.	I have been raped		
47.	My boyfriend forces me to have sex with him		
48.	My boyfriend shouts at me		
49.	I am scared to raise my opinion		
50.	I am abused at home		

9. Life skills as an intervention programme

51. Do you think learning life skills has helped you to correct negative behaviour?

Yes	
No	

52. Learners in your grade can say no to negative behaviour such as smoking, drinking getting involved in sexual relationships and committing crime.

Yes	
No	

53. Learners in your grade can say 'Wait' to somebody who wants to have sex with them.

Yes	
No	

54. What do you think about the following statement?

Learners in your grade can cope with difficult situations they face in life, such as the death of their loved ones, relatives or friends.

Agree	Disa- gree

55. Tick any of the methods below that are used in the teaching of life skills in your class.

Method	Teaching	Discus- sion	Group work	Role play	Debate	Practical
Tick						

56. Which of the methods do you think helped you learn life skills better? (Tick as many as possible)

Method	Teaching	Discus- sion	Group work	Role play	Debate	Practical
Tick						

57. Suggest 2 ways in which Life Orientation teaching in your class can be improved.

(i) -----
----- (ii) -----

APPENDIX 4: INFORMATION AND CONSENT FORM FOR GUARDIANS

UNIVERSITY OF VENDA

CONSENT TO PARTICIPATE IN RESEARCH

Topic: strategies to facilitate the implementation of existing Life Orientation curriculum in secondary schools in Limpopo Province

You are kindly requested to participate in a research study that will be conducted by Shumani Mulaudzi as part fulfilment of her PHD, Public health Degree, at the University of Venda. You were selected as a possible participant in this study because of your virtue of being a parent of a learner studying within the selected school for the study.

1. PURPOSE OF THE STUDY

The purpose of the study is to find out the extent to which the life skill programme in the school curriculum addresses the needs and challenges of learners and to align Life Orientation taught in schools with learners' needs to improve the programme for it to effectively address the needs and challenges of the youth.

2. PROCEDURES

If you volunteer to participate in this study, I would ask you to do the following things:

(i) Keep time: Once you have been notified of the date, venue and time of the focus group discussion, you are kindly requested to keep to the time. The meetings will take place at the school 14:00 or 2.00 p.m. to avoid using tuition time and will end at around 16:00 or

4.00 p.m. should you need any assistance, do not hesitate to call me in time at 082 850 34 74.

(ii) Focus group discussion: You will be expected to sit in a horse shoe circle. I will do the introduction of the topic, aim and objectives of the study. You are asked to feel free to make your contributions and ask questions where you do not understand. Questions will be given and the discussion will take place.

(iii) Recording and note taking: I will be involved in taking notes of our discussions with one or two people either audio or videotaping so that I can have record of what transpired in the discussion which will be used for writing my final report. These records will be destroyed once the report is written.

(iv) Expectations during discussions: No one's answer is right or wrong. You are expected to respect the opinions of every educator. One person should talk at a time. We shall also formulate our own ground rules for ourselves before discussions so that there is minimal disturbance throughout the session.

1. POTENTIAL RISKS AND DISCOMFORTS

I do not anticipate any foreseeable risks, discomforts or inconveniences.

2. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The study will benefit you in that you will determine the usefulness of the Life skills programme and suggest improvements that you would want to see that will benefit you and the learners. Your contributions will help learners to use these life skills effectively and hence contribute towards developing strategies to improve Life skills and that will benefit not only them but you and the rest of the community.

3. PAYMENT FOR PARTICIPATION

There will be no payment for participating in the discussion. The researcher is depending on your kindness as participants to provide your time and efforts to answer all the questions to be discussed.

4. CONFIDENTIALITY

Any information that is obtained about this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained firstly by not asking to write your names but to identify you by the school you are representing. Secondly, the information obtained will be kept safely at the researcher's home office and computer where the information will not be given to anybody to use. Only the researcher will have a computer where the information will not be given to anybody to use. Only the researcher will have access to the data. If information is audio or videotaped as might be the case, the tapes will be erased immediately after the data had been recorded and analysed and only the researcher will have access to the data.

5. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

6. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Shumani Mulaudzi at 082 850 3474

Study Leader: Dr. Ramakuela Nditsheni

Telephone number 082 406 6574; email address: Nditsheni.ramakuela@univen.ac.za

7. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

SIGNATURE OF RESEARCH SUBJECT

The information above was described to me, the participant by Shumani Mulaudzi, the researcher, in English and I am in command of this language. I was given opportunity to ask questions and these questions were answered to my satisfaction. I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

NAME OF SUBJECT/PARTICIPANT SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Date

APPENDIX 5: FOCUS GROUP GUIDE WITH GUARDIANS

TOPIC: DEVELOPMENT OF STRATEGIES TO FACILITATE THE EXISTING LIFE SKILLS PROGRAMME IN LIMPOPO PROVINCE.

1. Do you know of Life Orientation subject offered at schools?
2. What are the content of Life Orientation subject
3. What are your thoughts on your children being taught sexuality education?
4. How effective is sexuality education?
5. How do you think Life Orientation teaching impacts on a youth upbringing?
6. What is your role as a guardian in educating adolescents on life skills matters
7. How comfortable are you in talking about sexuality with your children?
8. Whose role is it to teach young people sexuality education
9. At what age do you think sexuality education is appropriate

APPENDIX 6: INTERVIEW GUIDE FOR TEACHERS

1. LIFE ORIENTATION TEACHERS

1.1 What are the objectives of the Life Orientation programme? Give examples.

1.2 Are these objectives are aligned with the strategic goals of the Department of Education? Explain.

1.3 What is your role in the implementation of Life Orientation programme in the school?

1.4 Are you able to perform these roles meaningfully? Give reasons.

1.5 Are there any challenges that prevent you from exercising these roles? Explain.

1.6 Is the current content of Life skills relevant in meeting the educational development of the learners? Give reasons to your answer.

1.7 Are you provided with enough support (material, financial and moral support) to implementers of the Life Orientation programme in the school? Explain.

1.8 Is there evidence that the programme has instilled in the learners, knowledge, attitude and skills?

1.9 How would you describe time allocation for the Life Orientation programme? Motivate.

1.10 What steps, if any, are being taken to improve implementation of the Life Orientation programme in your school? Give examples.

1.11 Do you receive enough support from senior management to be able to perform these roles effectively in Life Orientation programme? Explain.

1.12 Would you say that the Life Orientation programme is well understood by learners? Give reasons.

--

1.13 What challenges, if any, hinder the implementation of Life Orientation programme in the school? Give examples

1.14 Have you made progress in the implementation of the Life Orientation in the school? Motivate

1.15 Have you been trained on how to teach Life Orientation to learners? Motivate.

1.16 Is there evidence that the programme has instilled in the learners, knowledge, attitude and skills?

1.17 Are you happy with the current teaching methodology of life skills? Motivate your answer

1.18 Which challenges are there in using the recommended teaching methodologies?

1.19 Suggest ways in which you can improve the teaching and learning of life skills.

1.20 Is there any useful information that you would like to share with the researcher regarding the implementation of the Life Orientation programme in the school?

APPENDIX 7: PERMISSION TO CONDUCT A STUDY

District Manager
Department of Education

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SCHOOLS

Dear sir or madam

My name is Shumani Mulaudzi, and I am a Public health student at the University of Venda. The research I wish to conduct for my Doctoral thesis involves strategies to facilitate the implementation of existing Life Orientation curriculum in secondary schools in grades ten, eleven and twelve. This project will be conducted under the supervision of Dr Ramakuela (University of Venda, South Africa).

I am hereby seeking your consent for the Mopani/ Vhembe district to provide participants for this study. I have provided you with a copy of my dissertation proposal which includes copies of the measure and consent and assent forms to be used in the research process, as well as a copy of the approval letter which I received from the University of Venda Research Ethics Committee.

Upon completion of the study, I undertake to provide the Department of Education with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me on 082 850 3474 or email shumzni@webmail.co.za. Thank you for your time and consideration in this matter.

Sincerely, _____

Shumani Mulaudzi

APPENDIX 8: ETHICAL CLEARANCE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms SP Mulaudzi

Student No:
9813925

PROJECT TITLE: **Strategies to facilitate life skills program in Limpopo Province, South Africa.**

PROJECT NO: **SHS/18/PH/39/1611**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr NJ Ramakuela	University of Venda	Supervisor
Ms SP Mulaudzi	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: November 2018

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: 

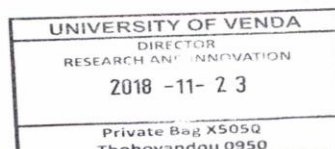
Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse



University of Venda

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APPENDIX 9: PERMISSION TO CONDUCT RESEARCH IN SCHOOLS



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION
VHEMBE DISTRICT

REF 12/1//10/18

ENQ : MATIBE M.S

CELL : 082 3004 4774

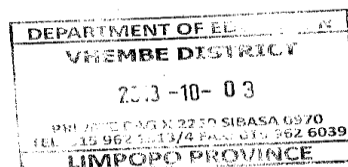
MISS MULAUDZI SHUMANI PRECIOUS

1080 STELLENBERG ROAD 72

PARKVIEW

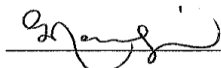
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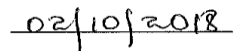
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**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN SCHOOLS IN VUWANI AREA –
VHURONGA ONE AND TWO CIRCUITS**

1. This serves to inform you that your request for permission to conduct research in schools in Vuwani area on the development of strategies to facilitate skill-based education program in Limpopo, has been approved.
2. You are expected to ensure that your interactions with learners in the selected grades will not disrupt teaching and learning activities.
3. Kindly inform the circuit managers and principals of the selected schools prior to commencing your visits in schools.
4. Wishing you the best in your studies.


DISTRICT DIRECTOR


DATE

Thohoyandou Government Building, Old Parliament, Block D, Private Bag X2250, SIBASA, 0970
Tel: (015) 962 1313 or (015) 962 1331, Fax: (015) 962 6039 or (015) 962 2288

Appendix 10: confirmation of proofreading

This serves to confirm that I have proofread this research report and have made the necessary corrections and emendations:

STRATEGIES TO FACILITATE A LIFE SKILLS PROGRAMME IN LIMPOPO PROVINCE

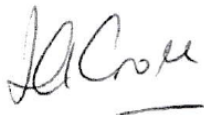
BY

MULAUDZI SHUMANI PRECIOUS

I have been proofreading articles, Honours, Masters and Doctoral dissertations, research reports and theses for the past 12+ years for, *inter alia*, the following institutions: University of the Witwatersrand; GIBS; University of Cape Town; Milpark; Mancosa; University of KwaZuluNatal; University of Johannesburg; Unisa; Tshwane University of Technology; Stellenbosch; Henley Business School, and, more recently, the Da Vinci Institute.

I have also undertaken proofreading for publishers, such as Oxford University Press and Juta & Company, companies, institutions and non-governmental organisations.

I have a major in English, and excellent knowledge of Afrikaans.



Jennifer Croll

BA(Wits); H.Dip.Lib. (UCT); B.Tech(LIS), B.Inf.Sc.(Hons)(Unisa); MM(Research),
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Mobile: 072-351-7997

Date: 22nd March 2019