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HIV/AIDS Talks: An exploration of HIV/AIDS education at a children's institution (Clouds of Hope) in the Underberg area.

ABSTRACT

In order to explore development communication and the main theories on which it is based, this research project aimed to examine HIV/AIDS education at a children's institution called Clouds of Hope. Research was conducted at Clouds of Hope through focus groups with the house mothers and interviews with the caretakers, both of which are qualitative means of gathering data. The research had two main objectives: the first was to establish which development communication theories inform HIV/AIDS education at Clouds of Hope; the second was to explore some of the challenges the house mothers and caretakers face when educating the children about HIV/AIDS. This research found that two very contrasting development communication approaches informed HIV/AIDS education at Clouds of Hope. The house mothers' approach was largely based on the modernization paradigm, while the caretakers approach was largely based on a participatory paradigm. This difference in approaches is one of the main challenges that both parties face in educating the children about HIV/AIDS as well as the number and range of ages of the children living at Clouds of Hope.

Keywords:

Development communication, HIV/AIDS education, children's institution

INTRODUCTION

Over 1.8 million children in South Africa have been orphaned due to HIV/AIDS related causes (WHO, 2007). Over 320 thousand children under the age of 18 are infected with HIV/AIDS in South Africa alone (WHO, 2007). There were 420 thousand HIV/AIDS related deaths in South Africa in 2007 (WHO, 2007). These startling statistics highlight the importance of effective, holistic HIV/AIDS education programmes for children, implemented at both a micro and macro level, in preventing the spread of HIV/AIDS. It is vital that children are provided with comprehensive HIV/AIDS education in the home as well as the school and the community. This is especially true for already vulnerable children such as institutionalized children, in order to prevent the transmission of HIV/AIDS.

This research was conducted through qualitative means at a children's institution, called Clouds of Hope, in the Underberg area in KwaZulu-Natal. Clouds of Hope was established by a Sister Abbey in 1987 as a home for children who had been orphaned due to HIV/AIDS related causes. Over the years it has grown from eight children to seventy two children (Clouds of Hope Website, 2009). Many of the current house mothers were in fact raised by Sister Abbey and now continue to live and work at Clouds of Hope (Sister Abbey, 2009). Each house mother has their own separate house and looks after six children who range from a few months old to eighteen years old (Mr Van de Spy, 2009). Clouds of Hope provides orphaned or neglected children with a safe environment in which they can learn and grow and ultimately develop the life-skills they need to cope with life.

The main objective of this study was to explore development communication in relation to HIV/AIDS education, by conducting research at Clouds of Hope. The study aimed to investigate which developmental approach or approaches informs HIV/AIDS education at the institution, while simultaneously exploring the challenges that the house mothers and caretakers face when it comes to educating the children about HIV/AIDS. These objectives are explored and placed within the conceptual framework of two developmental paradigms namely the modernization paradigm and the participatory paradigm.

The structure of this research project includes a theoretical framework which consists of a literature review, examining past research conducted on the topic of HIV/AIDS education, as well as a conceptual framework which relates the literature and this present research to particular developmental paradigms. The methodology section discusses the qualitative research approach used in this study as well as the different methods used for data collection and analysis. A section on data analysis interprets the data that was collected in terms of the research questions and developmental paradigms. The conclusion presents a brief summary of the findings and highlights future recommendations.

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

The literature which forms the basis of this research project was selected specifically to explore HIV/AIDS education in the home. This review is limited in that it only covers a selected few of the papers published on the topic. The literature explored highlights some of the main issues surrounding HIV/AIDS education, but does not explore the topic specifically within the context of a children's institution like Clouds of Hope. This research project aims to fill some of the information gaps that the literature review has exposed. The literature examined below is placed within a conceptual framework which aims to outline the theory behind the research.

Past and Present Education in South Africa

The South African National Department of Education, Health and Welfare has developed intervention programmes that aim to educate children about HIV/AIDS through the principle of life skills (Pengpid, Peltzer, & Igumbor, 2008). This approach is based on providing children with the tools and skills to improve their self-esteem and ability to develop healthy relationships (Pengpid *et al*, 2008). Life skills are defined by the World Health Organisation (WHO) as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life” (WHO, n/d: 3). There has been a recent focus on incorporating the life skills approach in the South African education system through Outcomes Based Education (OBE).

This change of focus is a result of dissatisfaction with the past approach to education in South Africa. Education in the past has been based on a top-down approach where the teacher assumed the position of power. This was achieved through a linear process of communication, where the teacher sent a message via a channel to a receiver and got a response known as feedback (Dyll, 2009). Interaction between teacher and student was not encouraged which affected the development of a relationship between the two parties (Akhurst & Fordyce, n/d). Learning was measured through students' results which were based on strict marking sheets (Akhurst & Fordyce, n/d). Teachers and students were expected to follow an exact curriculum and deviating from this curriculum was frowned upon (Akhurst & Fordyce, n/d). Education in this form followed a banking approach where the process of learning was dependent on teachers "depositing knowledge into their students" (Melkote & Steeves, 2001).

These elements of education largely reflect many aspects of the modernization paradigm. The modernization paradigm is centred on development through the transfer of knowledge and the removal of "traditional and indigenous obstacles to development" (Melkote & Steeves, 2001: 51). Communication and development was initiated through different theoretical frameworks such as the *Shannon-Weaver Model of Communication* and Rogers' *Diffusion of Innovation*. These theoretical frameworks were believed to affect the "processes of attitude formation and attitude change by which a society is shaped" (Lerner, 1977: 152). Development through these theoretical frameworks was assumed to follow a uni-linear course. Therefore many of the problems of South Africa's past education system are similar to the problems of development created by the modernization paradigm. The modernization paradigm has been criticised for the "abstractness, ahistoricity and inappropriateness" of many of its models in relation to development (Dyll, 2009). One of the major aspects of education in the past which exemplifies the modernization paradigm is didactic learning. Didactic learning follows the communication pattern of the Shannon-Weaver model of communication. The Shannon-Weaver model consists of a sender, receiver and message (Manyozo, 2008). Locality and interaction are excluded and communication is approached vertically (Manyozo, 2008). Therefore one of the major critiques of the modernization paradigm, and thus South Africa's past education system is its failure to include the local context into development and communication. Development was assumed to be standardized and follow the same path worldwide

and the education system therefore did not meet the needs of the variety of cultures and contexts of South Africa.

A Participatory Approach to Education

OBE aims to provide solutions to the many problems experienced with this top-down, uni-linear approach to education. There are two main principles of OBE which are “to develop a clear set of learning outcomes around which all of the system’s components can be focussed” and “to establish the conditions and opportunities that enable and encourage all students to achieve those essential outcomes” (Akhurst & Fordyce, n/d: 5). These principles highlight the very different approach that OBE takes in response to the problems of the past education system. The process of learning is more important than the summative results and the outcomes of learning are more practically based rather than theoretically based. Life skills are a major element in OBE as they provide students with the skills they need to use the knowledge they gain in school to ultimately succeed in life.

This life skills approach is more practical and emphasizes experiential learning, though participatory methods rather than didactic learning (WHO, n/d). The life skills approach is based on a participatory paradigm which encourages grassroot participation and horizontal communication (Waisbord, 2002). This paradigm aims to involve the people that are most affected and ultimately allows them to be part of the process of development instead of just the outcome (Waisbord, 2002). Participatory development is a postmodernist paradigm of development which emphasizes a “plurality of viewpoints and multiplicity of voices” (Servaes, 1996). A major tenet of the participatory paradigm is the awareness and inclusion of culture and diversity into development. Promoting a participatory approach in HIV/AIDS education for children, encourages children to be involved in the actual learning process. There are many elements that make up this participatory paradigm such as peer-led education and empowerment.

At the core of the life skills approach are teachers as they are responsible for implementing HIV/AIDS education and teaching life skills (Pengpid, *et al*, 2008). Although HIV/AIDS education in the school is important it also raises many

challenges which are highlighted in the work of Pengpid *et al* as “lack of specific time, lack of support in term of resources from other staff members and principals, and the attitudes of teachers toward learners” (2008:49).

These challenges undermine the effectiveness of HIV/AIDS education in schools and make it vital that HIV/AIDS education is implemented in the home as well as in the school. Parents and caregivers are considered primary educators when it comes to HIV/AIDS and sex education, including HIV/AIDS education is a life-long process that occurs through parent-child interactions (Pengpid *et al*, 2008). HIV/AIDS education needs to be based on a participatory approach which encompasses a continual, open relationship between parent or caregiver and child.

Miriam Lyons (2008) highlights the importance of empowerment in HIV/AIDS education. She suggests that adults tend to over-simplify HIV/AIDS issues and reduce them to facts. Gwanzura-Ottmoller and Kesby (2005) highlight that facts alone are not enough to change children’s behaviour and ultimately stem the spread of HIV/AIDS. HIV/AIDS education needs to provide children with the skills to use these facts effectively and make safer decisions. Therefore although children may be provided with the facts about HIV/AIDS they are not provided with the life skills to use these facts effectively. Intervention programmes are therefore important in providing children with the tools and skills they need to make decisions. Parents need to empower their children by providing them with comprehensive HIV/AIDS education that allows them to “improve their self-esteem and the ability to develop healthy relationships”.

Empowerment is a major aspect of the participatory paradigm. It is defined by Waisbord as “a social action process through which people gain mastery over their lives and their communities” (2002: 24). Freire’s approach also encourages empowerment in that education aims to liberate through dialogue and participation (Waisbord, 2002). It is through including people in the process of development that they become empowered. Development should not be forced upon people but rather people should be given the power to choose whether and how they shall be developed. In relation to HIV/AIDS education, a sense of empowerment should be created for children in that an internal locus of control should be developed. Children themselves

should be involved in the HIV/AIDS education process and should to a large degree dictate how they are taught about the topic. This research project examines to what degree the children at Clouds of Hope are involved in their own HIV/AIDS education and subsequently to what degree they are empowered.

Although Lyons does highlight the importance of HIV/AIDS education in the home as a prevention strategy she takes a more macro view in that she focuses on a child's social context. Children need to grow up in a social context that provides them with the opportunities to develop strengths and skills as well as parental support (Lyons, 2008). Lyons suggests the concept of sustainable development, which she defines as "the continued ability to develop and provide for one's needs", as a means to healthy development (Lyons, 2008: 6). This is a holistic approach which includes all levels of the system working together to ensure that children have the opportunities to develop and become productive adults. This cycle forms the basis of sustainable development. HIV/AIDS education in the home is an important part of this sustainable development but can only achieve its full potential if it is implemented holistically.

Challenges to HIV/AIDS Education in the Home

Lindy Wilbraham (2009) suggests that HIV/AIDS education between parents and children is based on the assumption of willingness. Thus communication about sex and HIV/AIDS in the home is reduced by parent's unwillingness to address such topics and can be rectified through more effective techniques. Wilbraham focuses on the "lovelife" campaign, specifically the program "Scamto" or "Talk about it", in South Africa. *Scamto* is used to promote open communication between parents and children about topics such as sex and HIV/AIDS. She suggests that this open, interactive approach is too idealistic and cannot be applied effectively in a South African context. Audiences, namely parents and adolescents, are assumed to be willing to talk about sex and HIV/AIDS issues but just lack the skills to do so. Therefore *Scamto* is seen as a tool to provide parents with the opportunity and "know how" to discuss these topics.

In reality, South African cultures do not fit into neat categories, and many parents and children battle to relate to the programme. Another problem which she highlights is

the issue of power relations. In other words who controls the direction of the discussion? Wilbraham (2009) suggests that in many South African cases, parents are given the power to control discussions and children are expected to agree. This approach is based on the modernization paradigm where communication is top-down. Teachers are given complete control and are the ultimate source of knowledge and children are viewed as “empty vessels” that need to be filled (Waisbord, 2002). This approach encourages a banking system to learning where information is deposited into the child through little interaction and discussion.

Despite Wilbraham’s view of HIV/AIDS education, parents and caregivers do still play a fundamental role in educating their children about HIV/AIDS and therefore it is vital that research is done to explore HIV/AIDS education in homes as well as in institutions. A study conducted by Baillie and Steinberg (1995) found that South African youth perceive their parents or caregivers to be the most influential source for sex and HIV/AIDS education. This finding suggests that parents or caregivers advice on HIV/AIDS has a greater chance of influencing their children’s behaviour and therefore preventing the spread of HIV/AIDS. Although HIV/AIDS education should be an important part of the school curriculum, it is just as important that children receive this education in the home.

Parents need to overcome their reluctance to talk to their children about HIV/AIDS as they have the most influential affect in ensuring their children practice safe sex. Schools need to encourage parents to be actively involved in educating their children about HIV/AIDS. At the same time the overall approach should be based on a participatory paradigm which encourages two-way communication and interaction between parents and children.

But despite the very influential role HIV/AIDS education in the home can play it is not being exercised to its full potential (Department of Health, 2001). The reasons for this are “embarrassment, lack of knowledge, poor communication and parenting skills, differences in values about sex and dating and the desire to avoid conflict have been implicated in the poor parental participation in sex education” (Pengpid, *et al.* 2008: 50). These factors contribute to the challenges parents or caregivers face in providing comprehensive HIV/AIDS education to their children.

Despite the importance of sex and HIV/AIDS education in both the home and the school many parents are still against it. The majority of parents in the Pengpid *et al* (2008) study supported the programme because of its importance in HIV/AIDS prevention but at the same time highlighted the difficulties they had in talking to their children about the topic of sex. The parents who were against sex and HIV/AIDS education in the schools were primarily afraid of the potential outcomes of such educational programmes and that their children would want to experiment with sex.

The differences in parental responses may be due to the fact that some of their socio-cultural and religious values were in conflict with overall objectives of the sex education programme (Pengpid, *et al.* 2008). This conflict can be resolved through “consultation and consensus building” (Pengpid, *et al.* 2008: 59). Vergnani, *et al* (1998) highlight the need for “participatory approach to curriculum development with particular emphasis on including adolescents, teachers, parents and the community”.

A Micro and Macro Approach to HIV/AIDS Education

Lyons (2008) takes a similar to position to Vergnani *et al* (1998) through her holistic view of HIV/AIDS education. She states that article HIV/AIDS education should be introduced at all levels of the system and involve children themselves, their parents, their teachers and their communities. One of suggestions she makes in strengthening children’s development is peer-led sex and HIV/AIDS education.

Peer-led education

Peer-led education is one of the methods of the participatory paradigm and should be used in educating children about HIV/AIDS (Lyons, 2008). This is a participatory approach that revolves around parents or teachers being facilitators of learning rather than the only source of learning. Children themselves are encouraged to teach each other about HIV/AIDS while teachers facilitate and guide the learning. This approach opens up the communication channels and encourages greater degrees of interaction between parents or teachers and children and also helps children learn more about the topics they are being taught. This approach could be especially useful for children in institutions, as children far out-number the caregivers. Encouraging children to teach

each other about HIV/AIDS may be more effective than one house mother trying to teach a number of children the same thing. Peer-led education is more likely to lead to children being comfortable discussing sensitive topics and therefore it provides them with the opportunity to discuss issues in far greater depth. Children not only become more responsible for their own learning but they develop a stronger self-esteem and become more confident (Lyons, 2008).

Outcomes of HIV/AIDS education

With regards to HIV/AIDS education promoting promiscuity Zabin *et al* (1992) investigated 68 studies only 3 of which reported an increase in sexual activity associated with receiving HIV and/or sex education. This highlights the misguided view that many people have, especially parents. As highlighted by Gwanzura-Ottmoller and Kesby (2005) , many parents are against HIV/AIDS education because they believe it puts inappropriate ideas in their children's heads. This attitude towards HIV/AIDS needs to be overcome. As Zabin *et al* (1992) suggest HIV/AIDS education may not change actual behaviour relating to sexual practices but it does have an impact on attitudes and factual information. Therefore although children may still engage in sexual practices comprehensive HIV/AIDS educations increases the likelihood of them doing so safely.

In support of this argument, research conducted by Zabin *et al* (1992) found that sex and HIV/AIDS education had a strong impact in reducing unwanted outcomes of young people's sexual behaviour. Zabin *et al.* (1992) suggest that safe sex practices are even more likely if sex and HIV/AIDS education are timed prior to children's sexual debut. This highlights the importance of HIV/AIDS education from an early age. Sex and HIV/AIDS education should not just be introduced by teachers in high schools but should also be a topic that is openly discussed in the home. Parents should feel comfortable enough to discuss sex and HIV/AIDS with their children from an early age as this is more likely to ensure that they practice safe sex in the long-run. Although sex and HIV/AIDS education may not have a major impact on children's sexual practices it does influence their attitudes towards safe sex practices (Zabin, *et al.* 1992). This means that although sex and HIV/AIDS education may not modify sexual practices, providing children with the correct information and life skills to

make informed decisions decreases the chances of them contracting the HIV/AIDS virus (Zabin, *et al.* 1992). Therefore comprehensive sex and HIV/AIDS education plays a major role in stemming the spread of the disease.

Parent-led education

Gwanzura-Ottmoller and Kesby (2005) established that children do in fact want to talk about these sensitive topics with their parents and to a large degree their attitudes towards safe sex were more advanced than those of adults (Gwanzura-Ottmoller and Kesby, 2005). It has previously been assumed that until sexual debut there is little point talking to children about sex and so children under the age of 15 have been neglected. The cultural values and norms in the research population of Zimbabwe made the topic of sex and HIV/AIDS difficult between parents and children. As was found in Pengpid *et al.* (2008) many parents still maintain the belief that talking to their children about sex will lead to sexual experimentation (Levy *et al.*, 1995). Therefore ignorance is assumed to be an effective means to abstinence (Gwanzura-Ottmoller and Kesby, 2005). This assumption is having the opposite effect as the age of sexual debut decreases (Rivers & Aggelton, 1998).

An integrated approach

Both HIV/AIDS and sex education has to a large degree been neglected by parents. The literature I explored mainly focused on HIV/AIDS education in schools. My approach to HIV/AIDS education is not one that solely focuses on it in the home but rather one that is based on Bronfrenbrenner's ecosystemic model (Donald, Lazarus & Lolwana, 2005). Bronfrenbrenner's approach is based on four interacting dimensions namely the microsystem, the mesosystem, the exosystem and the macrosystem (Donald *et al.*, 2005). This is a holistic approach and takes into consideration the continually changing relationships that develop between the different systems. This systems approach is vital for the long-term success for HIV/AIDS education. HIV/AIDS education needs to be integrated into all aspects of a child's life if it is to have maximum impact.

Through my literature review I aimed to show the primary need for my study. This being that children living in an institution, who are predominantly there because of HIV/AIDS related reasons, are already very vulnerable and therefore need to be given both the facts and life skills they need to make safe, informed decisions. Children have the right to be given correct information, as well as the appropriate life skills that they need to use this information to its maximum potential. The literature that I reviewed does not take into consideration sex and HIV/AIDS education at multiple levels. The focus remains on HIV/AIDS education in schools, by teachers. This focus is flawed as although HIV/AIDS education in schools is important it needs to be implemented in homes as well. Teachers cannot be solely expected to take responsibility for children's sex and HIV/AIDS education. HIV/AIDS education should begin in the home and should be a life-long process that occurs continuously between caregiver and child.

In South Africa HIV/AIDS education comes into conflict with some cultures. In the past a modernization approach dominated HIV/AIDS education. Western beliefs and values were forced upon many people despite their cultural backgrounds. HIV/AIDS education was not adapted to suit specific cultural needs and ideals. Nowadays it is vital, for HIV/AIDS education to be effective, that a participatory approach is used where local knowledge, beliefs and values are incorporated into all aspects of HIV/AIDS education. Each family needs to develop their own specific approach to HIV/AIDS education that is in line with their culture and ensures that their children are able to make safe, informed decisions. There is no singular approach to HIV/AIDS education, as each family is different. But in order to stem the spread of HIV/AIDS and to ensure that children are able to make safe healthy decisions it is a vital part of all aspects of a child's environment, especially the home.

METHODOLOGY

Systematic research should be guided by planned research questions and a research design (Terre Blanche *et al*, 2004). Most importantly the research methodology must suit the study's requirements. In this section the current study's methodology is explained under the following headings: research approach, research method,

sampling technique and data collection. These contribute towards the overall research process and are applied specifically to this current study.

Research Approach

The research approach which informs this research is based on the interpretive paradigm. The interpretive paradigm aims to study the “internal reality of subjective experience” (Terre Blanche *et al*, 2004: 6). The interpretive paradigm was most appropriate for this research because it aimed to study and explore the subjective experiences of both a caretaker and house mothers in relation to HIV/AIDS education at a children’s institution. The methodology, which is described in detail further on, is qualitative and allows for greater interaction between researcher and participants. The purpose of this research is to explain subjective reasons and meanings that lie behind social action and therefore place this research within the framework of a interpretive paradigm.

Research Method

Although quantitative research has its many advantages, in many cases qualitative research can be a more effective means through which to gather and analyse data.

Quantitative research is useful in situations where important variables are known in advance and therefore researchers are able to devise ways of controlling or measuring them (Terre Blanche *et al*, 2004). Often it is not possible to identify these variables before hand which makes it necessary to engage in open-ended, inductive exploration (Terre Blanche *et al*, 2004). This open-ended, inductive exploration is made possible through qualitative research, which is the method applied in this research.

Sampling Technique

The sampling method sets out a framework to approach research and does influence the research results. The sample for this research was chosen on a non-random basis. Using a non-probability (non-random) sample is more cost-effective and also allows for a more in-depth study of the participants.

The participants were selected according to their accessibility and willingness to participate and therefore are considered to be a convenience sample. This sample consisted of five participants all of whom work at a children's institution called Clouds of Hope. Although it would be interesting to examine the actual children's perception of HIV/AIDS education at Clouds of Hope it was beyond the scope of this research. Therefore the sample was limited to adults, three of whom are house mothers and two of which are caretakers. Although the size of the sample is fairly small, qualitative research enables more in-depth data to be collected and therefore is just as valuable as quantitative research. Selecting the participants from an institution like Clouds of Hope allows the research to explore HIV/AIDS education in an already vulnerable context, which differs largely from the research examined in my literature review.

Data Collection

Qualitative research allows researchers to make sense of “feelings, experiences, social situations or phenomena as they occur in the real world” (Terre Blanche *et al*, 2004: 287). This research examined HIV/AIDS education in its natural setting, which is a children's institution. The context surrounding HIV/AIDS education was central to this research and was constantly taken into consideration. Ultimately data collection should be based on triangulation, which involves applying both quantitative and qualitative methods, but for the scope of this research project it was simply not feasible.

The first data collection technique that was used was interviewing. Interviewing involves conversing with a research participant and is a more natural form of interacting with people than making them fill out a questionnaire for example. A thirty minute, semi-structured interview was conducted with each of the caretakers, namely Mr Van der Spy and Sister Abbey, of Clouds on Hope. The second technique that was used to collect data was a focus group discussion. Interviewing allows the researcher to access subjective experiences, whereas a focus group allows the research to access inter-subjective experiences. Inter-subjective experience is “experience shared by a community of people” (Terre Blanche *et al*, 2004: 304). The “community

of people” which made up the sample were the house mothers at Clouds of Hope. The focus group was an hour long and was semi-structured.

A semi-structured interview and focus group was preferred over other more formal or informal structures because it provided a guideline for the conversation while at the same time allowing a certain degree of flexibility (Terre Blanche *et al*, 2004). A guideline ensured that the information collected in the interview contributed towards answering the research questions. Flexibility on the other hand enabled a free flow of information which allowed both the researcher and participants the freedom to direct the conversation away from the set questions. This in turn provided more comprehensive data and introduced new information that the researcher had not thought of before hand. The data from both these techniques was collected through the researcher taking notes as well as the interview and focus group being recorded.

Before the interview and focus group were conducted the participants were provided with information about the purpose of the study as well as the researcher thoroughly going through the informed consent form with them. The data obtained was analysed by the researcher alone, through qualitative means. Throughout the data collection process the researcher was aware of their own subjective perceptions and interpretations and did take this into consideration when analysing the data.

DATA ANALYSIS

In presenting the findings from the research conducted at Clouds of Hope, this section continues to employ the research methods and techniques noted in the previous section. In order to interpret the results of this research in the most reliable way it is vital that they are analysed within the context that they were attained. Therefore the first part of this section aims to describe certain elements of the institution, Clouds of Hope, which had a direct effect on the findings. These elements are based on the information that was gained through dialogue with the caretakers as well as the Clouds of Hope website (2009). The second part of this section then aims to interpret and analyse the results in conjunction with the context of Clouds of Hope and ultimately draw reliable conclusions.

Focus Group with House Mothers

A major aspect of Clouds of Hope which had a significant effect on the results is that Sister Abbey (founder of Clouds of Hope) and the house mothers are Christians and the children are brought up knowing Christian values. These are reinforced through activities such as saying prayers at meal times and before going to bed as well as going to Church. Therefore the children are continuously in direct contact with Christian norms and values. One of these Christian values is abstinence, which involves abstaining from sex until marriage.

The focus group that was held with the three house mothers revealed interesting results relating to these Christian values and abstinence. Considering that the majority of the children at Clouds of Hope are orphaned due to HIV/AIDS related causes, sex and HIV/AIDS education should be a major part of their lives. The literature reviewed suggests that the house mothers in particular should be responsible for conducting this as they are supposedly the ones that the children are closest to and parents have a greater influence over their children when it comes to sex and HIV/AIDS education. Through the focus group it was revealed that the house mothers do not engage in open discussions about HIV/AIDS with the children. The house mothers rely on the values of Christianity that they instil into the children to protect them from HIV/AIDS. The house mothers deem sex and HIV/AIDS education unnecessary because they believe that the children will abstain from sexual practices because they have brought up in the Christian faith.

This view is largely based on the top-down communication of the modernisation paradigm, as open dialogue and communication about sex and HIV/AIDS is largely discouraged. The abstinence approach to sex, preached to young people through Christianity was the preferred approach to sex education in the past, especially in the western world. The approach the house mothers take towards sex and HIV/AIDS education fulfils the criteria of the modernisation paradigm where certain beliefs held by one party, in this case the house mothers, are assumed to be applicable to another party, in this case the children of Clouds of Hope, without taking into consideration their unique wants and needs. These beliefs are enforced through top-down communication as the house mothers do not incorporate the children's preferences

surrounding sex and HIV/AIDS education. The children are not encouraged by their house mothers to talk or to ask questions about HIV/AIDS.

This approach to HIV/AIDS education has been proven by the research that was examined in the literature review to be ineffective. Lack of information does not increase the chances of children abstaining from sexual practices but rather makes these sexual practices far riskier and largely increases the chances of them being infected by HIV/AIDS. The house mothers' modernisation approach to HIV/AIDS education is particularly ineffective due to the already vulnerable context surrounding these children.

There are other elements, which were brought to my attention by the caretakers, which need to be taken into consideration when analysing the house mothers approach to HIV/AIDS education. The first is that some of the house mothers are fairly new and have only been working at Clouds of Hope for a year. The second is that there is only one house mother to six or seven children (both male and female). The third is the house mother's actual knowledge about HIV/AIDS. These elements need to be considered in relation to the approach the house mothers adopt towards HIV/AIDS education.

The relationship between the house mothers and their "children" cannot be put compared to the relationship experienced between parents and children in a traditional nuclear family. Sex and HIV/AIDS in most contexts are controversial subjects and many parents battle to talk openly to their children about them. Although the house mothers are filling the role of 'the parent' at Clouds of Hope, the relationship between them and their children is not as developed as in a nuclear family. Therefore the topic of sex and HIV/AIDS may be even more difficult and awkward. This is also true when considering the number of children each house mother has to look after. Not only do the children range in ages, which makes it difficult to discuss HIV/AIDS at the right level for each child, but it is also difficult for the house mothers to give each child individual attention and education that would be a part of most nuclear families. Gender differences may also make it more awkward for the house mothers to talk about sex. One of the comments Sister Abbey made is that the older boys find it quite awkward talking to their house mothers about sex. In families where both a mother

and father are present, in most cases fathers will talk to their sons about sex and HIV/AIDS. The third reason that may influence the house mothers approach to HIV/AIDS education was the house mother's lack of knowledge about the topic. Although the house mothers are in constant contact with children with the HIV virus and are to some extent educated about how the virus is transmitted, this knowledge is limited. Mr Van de Spy suggested that the house mothers do not know enough about HIV/AIDS to educate the children properly and may give them false information, which is even more dangerous. These three aspects directly affect the house mothers approach to HIV/AIDS education and in order for their approach to change these need to be addressed.

Interview with Caretakers

In my interview with the caretakers a major aspect of the house mother's failure to educate their children about HIV/AIDS education was uncovered. Mr Van de Spy pointed out that in his opinion it was better that the house mothers did not speak to the children about HIV/AIDS because they themselves have not been properly taught about the topic or the teaching of the topic. One of the future aims at Clouds of Hope is to provide all house mothers with the proper training needed to educate the children about HIV/AIDS. Although both Mr Van de Spy and Sister Abbey both recognised that the house mothers needed training in order to educate the children about HIV/AIDS, it is worrying that this training has not yet taken place despite the constant presence of HIV/AIDS and its effects at Clouds of Hope.

Both Mr Van de Spy and Sister Abbey approach sex and HIV/AIDS education very differently to the house mothers. Sister Abbey was recently at a HIV/AIDS conference held in America and is very educated about the topic of HIV/AIDS. She has seen the effects of HIV/AIDS first hand and is aware of the lengths needed to stem the spread of the disease, especially in a vulnerable context like Clouds of Hope. Their approach to HIV/AIDS education exemplifies key aspects of the participatory paradigm. Open, bottom-up communication is encouraged between themselves and the children. This communication is not limited to formal discussion about sex and HIV/AIDS but rather is a constant process that is part of everyday life at Clouds of Hope. One of the points made by Sister Abbey is that the children feel more

comfortable in discussing sensitive topics like HIV/AIDS with her because she has known the children for a lot longer than most of the house mothers. In some cases Sister Abbey actually looked after some of the children's parents and there is stronger history and bond between Sister Abbey and the children. To a large extent many of the children see Sister Abbey as more of a parent than their house mothers and therefore find it easier to communicate with her about sex and HIV/AIDS. Sister Abbey is also very open about sex and HIV/AIDS and does not make it an awkward, secretive topic. Instead she encourages the children of all ages to ask questions even if they perceive them as embarrassing.

One of the major aspects of the participatory paradigm is peer-led education. In my interview with Sister Abbey I established that peer-led education was one of the techniques she encouraged to increase the dialogue surrounding HIV/AIDS. Older children were encouraged to teach the younger children about different aspects of HIV/AIDS that they had been taught previously by Sister Abbey. Because of the informal nature of HIV/AIDS education that Sister Abbey encouraged, the children were not divided into specific groups. When discussing certain topics the children were given the option to be separated according to gender, but both the boys and girls preferred to discuss the topic of circumcision and the role it plays in helping prevent the spread of HIV/AIDS together. Talking openly about sex and HIV/AIDS with both girls and boys present largely decreases the secretiveness of the topic and helps the children feel more comfortable talking about the topic with the opposite gender. This perhaps can help both genders to effectively negotiate safe sexual practices in the future.

Considering the number of children at Clouds of Hope and the house mothers approach to HIV/AIDS education, effective HIV/AIDS education is difficult to achieve. In order to try and counteract this Clouds of Hope often hosts people from LoveLife and other organisations. These groups conduct workshops and other activities with the children in order to educate them about sex, HIV/AIDS and the lifeskills needed to make educated decisions. One of the techniques that these groups used that Sister Abbey found to be effective, was entertainment education. The groups put on plays that not only entertain the children but educate them at the same time about various topics. Promoting safe sex is at the centre of these workshops and is a

major aspect in helping stem the spread of HIV/AIDS. This technique is participatory in that children are incorporated into the plays and therefore to some degree become responsible for their own and their peers' education under the guidance of professionals.

CONCLUSION

From the above data analysis it is clear that both the modernisation and participatory paradigms inform HIV/AIDS education at Clouds of Hope. There are several factors that contribute to these results, which are primarily based on the context and environment in which Clouds of Hope functions. In the literature review preceding the data analysis it was established that sex and HIV/AIDS education needs to be incorporated in the home by parents as well as in the school and surrounding community. But to a large degree Clouds of Hope cannot be compared to a traditional nuclear family and home environment. Therefore HIV/AIDS education needs to be analysed within the specific and unique context of Clouds of Hope.

In this instance, Clouds of Hope can be said to be the home, while the house mothers can be said to be the parents. Despite these roles, HIV/AIDS education is being neglected by the house mothers due to religious beliefs. According to the house mothers HIV/AIDS education is unnecessary because the children are brought up in the Christian faith and therefore should abstain from sex. To a large degree the approach the house mothers use towards sex and HIV/AIDS education is based on the modernisation paradigm. This is because a top-down approach to communication is practiced and the house mother's beliefs are enforced on the children without their input.

A key factor behind the house mothers' failure to talk to their children about HIV/AIDS is not so much due to religious reasons but because they do not feel comfortable talking about the topic. In the focus group that I held with the three house mothers it was clear, mainly through their body language and the fact that they continually tried to change the subject, that sex and HIV/AIDS was not often spoken about. A reason behind their discomfort is related perhaps to their cultural background.

On the other hand the caretakers approach sex and HIV/AIDS education from a participatory approach. Open, bottom-up communication is encouraged between themselves and the children at Clouds of Hope. This communication is promoted through participatory techniques like peer-led education and entertainment education which involves the children in all levels of the communication process. Sister Abbey especially constantly encourages open channels of communication. From her perspective, HIV/AIDS education is not limited to a once off, formal discussion but is topic that is included in all aspects of life at Clouds of Hope.

The contrasting approaches that the house mothers and the caretakers take towards sex and HIV/AIDS education at Clouds of Hope perhaps poses the greatest challenge to its effectiveness. HIV/AIDS education, especially in a vulnerable context like Clouds of Hope, needs to be approached with consistency. The different approaches followed at Clouds of Hope may cause the children to become confused about HIV/AIDS and therefore they are more likely to not be able to make informed decisions. Children need to be educated fully about HIV/AIDS in order to make informed decisions that protect them against the disease.

This research has been useful in exploring a “parents” perspective and approach to HIV/AIDS education in the home. But in future studies it would be interesting to explore HIV/AIDS education in the home from a child’s perspective. In the case of this study it would be interesting to examine the children’s perspectives and opinions relating to HIV/AIDS education at Clouds of Hope. It would also be useful to interview more of the house mothers to explore whether they all adopt the same approach to HIV/AIDS education.

Ultimately HIV/AIDS education cannot be rigid. Each context needs to adapt the different approaches available to suit their own specific needs. From the literature examined in this research project it is clear that open dialogue and communication, which forms the basis of the participatory approach, is vital if HIV/AIDS education is to be effective. This approach to HIV/AIDS education needs to be adapted throughout all levels of a child’s system including the home, the school and the community.

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