

Strategy (ies) in Dealing with HIV/AIDS in Our Schools: Changing the Lenses

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ABSTRACT The purpose of the study is to evaluate the impact of life skills as a strategy to combat HIV/AIDS among school-going young people. Life skills as an intervention strategy were implemented in one secondary school in Free State Province in Motheo District. A cohort of 120 learners from secondary schools in Botshabelo, Free State Province participated in the study. The respondents comprised forty learners from grade 10, forty from grade 11 and forty from grade 12. Learners were between the ages of 15 and 19 years. Between these ages their cognitive development allows them to be more aware of life skills as an intervention strategy to combat HIV/AIDS at school. Thus, it was easy for them to verbalise life skills as an intervention strategy to fight HIV/AIDS because at these ages, their operational thinking allows them to develop hypotheses about the possible outcomes of the problems and to evaluate these outcomes comparatively. The results showed that most learners were orphans as result of AIDS and that the households were now headed by teenagers who have had to take on parental responsibilities. According to the results, life skills changed the behaviour of the learners and their attitude towards HIV/AIDS. Therefore, learners should be educated about HIV/AIDS, teenage pregnancy and its prevention, as a strategy to reduce HIV/AIDS in schools. In addition, the study revealed that learners feel free to talk to one another and that coaching by a life skills educator assists in ensuring that the HIV/AIDS-related topics are discussed with ease. The results showed that most learners agree that life skills empower them with a sound and helpful background to HIV/AIDS. From the study a few valuable lessons were learned by the learners: an awareness of the epidemic and its consequences on their lives.

I. INTRODUCTION

The learning area Life Orientation (LO) is aimed at educating healthy, responsible young people who are able to live productive lives in the new democratic South Africa. The learning area Life Orientation forms part of a life skills component, which is widely implemented in educational settings; for example, by the World Health Organisation (Jacobs 2011: 1).

In South Africa, a number of schools have yet come to terms with the importance of issues regarding sexuality and AIDS (Kelly 2000: 29-32). This suggests that most schools are doing too little to help the learners improve their understanding of this very important aspect of their lives and change their behaviour where necessary, in order to manage their emergent sexuality in a responsible manner. Govender (2001: 1) emphasises the importance of teachers becoming more open in their attitude to the HIV/AIDS issue at school level and about the important role they fulfil in setting a good example to the learners in their schools.

Kok (2000: 83) states that an AIDS awareness programme would address the factual reality of the matter, but it ignores the importance of

the learners' values, beliefs and attitudes towards their emerging sexuality. Furthermore, combined Life Skills and HIV/AIDS education could help to distribute knowledge and build on the understanding and beliefs of those who seek to influence others in their attitudes and beliefs (Marce and Lessing 2004:110). According to Gachuhi (1999: 12), family life and sex education officers have the potential to promote positive adolescent reproductive health beliefs and behaviours. In addition to what Gachuhi proposes, Reddy (2005: 13) points out that talking about sexuality and schooling in the same breath can be seen as disturbing in many societies. This view is also supported by Shikhibane (1997: 7) who asserts that an effective programme would not only address the facts, but most importantly, the values, the beliefs and attitudes of the persons involved.

In the context of the HIV/AIDS epidemic, the aim of life skills training is to develop young people's knowledge and the skills needed for healthy relationships, effective communication and responsible decision-making that will protect them and others from HIV infection and optimise their health (Visser 2005: 205).

The personal problems of learners suffering from HIV/AIDS affect the learning process in every school; learners were not in school regular as some head the household. One priority is, therefore, to protect the learning process and to effect quality education. The experience of the business community shows that the HIV/AIDS epidemic not only causes a high level of absenteeism, but also affects schools in other ways (Mather 2002: 13). Some learners infected with HIV/AIDS or who have relatives suffering from HIV/AIDS are often lonely and depressed, because they receive little support and protection from external sources. Emotional suffering is probably the strongest legacy of HIV/AIDS in learners. They are exposed to anxiety and suffering over a long period of time as they watch their parents, friends, relatives and guardians suffer from the effects of the killer disease. Some of them even have to take care of dying relatives who are too weak to look after themselves. They may also worry that they themselves will become infected, being in daily contact with sufferers of the disease. They fear death and wonder what will happen to them when their parents or guardians die. This may lead to a feeling of helplessness about their future, which could have a very detrimental effect on their schoolwork in general (Mather 2002: 9).

According to Jacobs (2011: 1), life orientation is aimed at developing and engaging learners' personal, psychological, neuro-cognitive, motor, physical, moral, spiritual, cultural and socio-economic areas, so that they can achieve their full potential in the new democratic South Africa (Department of Education 2003b, 2010). Life Orientation is further more intended to promote social justice, human rights and inclusiveness, as well as a healthy environment (Department of Education, 2003b: 5). It also aims to empower learners to use their talents to achieve in practice. Since learners can raise their voices in LO, it is important to listen to the learners' voices as the object of LO is to provide a platform for unique insights of learners' opinions and experiences, thus shedding light on current practice and its effectiveness (Jacobs 2011: 213). It is further expected that LO will ultimately promote social justice and a healthy environment in schools. According to Visser (2005: 204), the prevention of HIV/AIDS among South African school-going young people is therefore a priority. Awareness programmes that focus on the

delay of sexual activity and on behavioural change towards 'safe' sexual practices are priorities and remain the only means of primary prevention.

It is in this regard that the current paper aims at looking at the impact of HIV/AIDS among high school learners, with the intention of proposing strategies to deal with HIV/AIDS among secondary school learners.

II. THEORETICAL RATIONALE

Life orientation can be described as the ability to effect adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life (Visser 2005: 205). Increasing efforts are currently being devoted to the development of life skills programmes, especially in view of the disturbing level of risk behaviour displayed by young children and adolescents (Jacobs 2011: 212).

An estimated 5.2 million people are living with HIV/AIDS in South Africa; more than in any other country, however Swaziland has more per capita. Moreover in 2008, more than 250,000 South Africans died as result of AIDS-related diseases (DoE 2004: 46). The impact of the AIDS epidemic is reflected in the dramatic change in South African mortality rates. It is a fact that the death of many South Africans contributes to a high number of orphans which is beginning to affect the education system. In the past, orphans were taken care of by the extended families of the deceased parents. Today however, families may find it difficult to cope with the large numbers of children who need care and orphans experience similar problems (DoE 2004: 44). Their loss and enforced silent grieving can have a detrimental emotional effect on them for the rest of their lives. One way of helping learners to grieve, is to talk to them about death, so that they can come to terms with their situation (DoE 2004: 45).

Learners' perception about HIV/AIDS could change as a result of the initiative of the HIV/AIDS awareness programme offered at secondary school concerning safe sex, teenage pregnancy and education about HIV/AIDS. The programme increases learners' knowledge and provides education in connection with HIV/AIDS. This comprehensive programme dealing with HIV/AIDS is included in Life Orientation and is part of the curriculum.

According to the Department of Education (2004: 11), the goal of the life skills programme is to empower learners with skills to help them make informed decisions regarding their sexuality and how to protect themselves against HIV/AIDS. Life skills help learners to practise safe sex and educate them on how to protect themselves against sexually transmitted infections (STIs), including HIV/AIDS. Sexually transmitted infections have resulted in a revision of the life skills programme designed to promote safe sexual behaviour among learners of school-going age who are, or are about to become sexually active.

Sexual abstinence is the best and safest strategy against HIV infection and unwanted pregnancy. Since some of the learners are sexually active and intend to continue being so, they require different HIV prevention strategies from the majority of high school learners who are not sexually active. If some learners are not sexually active, they might influence those who are active and educators can also encourage them to practise safe sex and use condoms (Kalipeni et al. 2004: 118).

According to Visser (2005: 202), the prevention of HIV/AIDS among South African school-going young people is therefore a priority; in the face of no vaccine or cure, prevention through education is the only way to combat the disease. Among young people, safe sexual practices are a priority and remain the only means of primary prevention.

There have been attempts to address the problem of sex education in South Africa. The objectives of such attempts have varied, with limited success; for example, in reducing teenage pregnancy rates and its consequent effects, such as the school drop-out rate (DoE 2004: 4). The ultimate goal is behavioural change intervention in the fight against HIV/AIDS, thereby reducing behaviours that increase the risk of HIV/AIDS. The most important goal of behavioural change programmes should be to reduce unprotected sexual contact (Max et al. 2002: 33).

Problem Statement

The aim of this study was to investigate how Life Orientation as a learning area could be used as an intervention strategy in the fight against HIV/AIDS through influencing the behaviour patterns of school-going young people. Before

the introduction of Life Orientation as a learning area, there was never any serious official attempt to highlight and actively conscientise learners in a formal teaching and learning environment on how to recognise the danger of HIV/AIDS and how to react to the pandemic.

Research Objective

The objective of this paper is to establish the impact of life skills among school-going young people with regard to the knowledge gained in this process.

III. METHODOLOGY

Research Design and Data Sources

The study was qualitative and interpretive. In this research, learner's understandings and experiences are derived from and fit into a larger discourse. The larger discourse in this study addresses how individual learners can internalise the knowledge gained from life skills as a learning area and apply the knowledge in their daily life. The study involved both interviews and surveys in order to gather data that would shed more light on the impact of HIV/AIDS, particularly on teaching and in the home environment. The purpose of the interview was to obtain an in-depth understanding of learners toward life skills as a learning strategy. The purpose of the survey was to verify the outcomes from the interviews, as well as to gauge whether outcomes, with regard to motivations, are a general trend among learners.

Sampling: Convenience sampling was used to find participants for the study, which meant selecting learners from one secondary school in the Free State Province. The participants were 120 learners drawn from different grades (40 grade 10s, 40 grade 11s and 40 grade 12s). These learners were not performing badly academically but most were missing school days. From a total of 120 learners, the study further clustered the sampling according to gender as follows: 51 (42.5%) male learners and 69 (57.5%) female learners responded to the questionnaires. From the responses received it was clear that the majority of the respondents were females. This study was conducted with learners either excluded from paying school fees or those referred by the Social Development Department.

These learners were able to speak and understand their mother tongue, that is, Sesotho, or English. These are the main languages that are used in the province and the interviewer is also fluent in them. Learners were between the ages of 15 and 19 years. At this age their cognitive development has allowed them to be more aware of life skills as intervention strategy to fight HIV/AIDS at school; thus, it was easy for them to verbalise life skills as an intervention strategy to fight HIV/AIDS. Between these ages, their operational thinking allows them to develop hypotheses about possible outcomes of the problems and to evaluate these outcomes comparatively. Learners who were 18 years of age and above were concerned about themselves as they were heads of households.

Data Collection and Analysis: A life history approach was adopted in conducting the interviews to obtain a holistic understanding of the participants' life events related to their home environment. The interview guide covered such dimensions as their family backgrounds and schooling. In the interview process, the researcher used the techniques of crystallisation and confrontation to enhance the clarity and trustworthiness of their narratives. In cases of ambiguity, the researcher asked the respondents for detailed and concrete examples and, in cases of inconsistency, for further clarification and re-interpretation.

The interview data were later transcribed for data analysis. The grounded theory approach (Cohen et al. 2007) was adopted to analyse the interview data, through which the categories of learners' perceived motivations emerged naturally from their narratives. This evolving process comprised the following steps: (1) careful and repeated reading of transcriptions; and (2) open content coding to signify any units of meaningful narratives in the passages. Ethical approval to conduct the study was sought and obtained from participating respondents and their respective institutions.

Instrument: The learners were not interviewed in the presence of their educators; the purpose of conducting the interviews separately was to ensure confidentiality and to facilitate the research. Most questions asked in interviews, discussions or conversations were unstructured because they were posed after the observation session in the classroom or outside. The interviews were conducted to supple-

ment the information collected through the questionnaires. The interviews took five days after the questionnaires had been collected because the researcher analysed the questionnaires first, then conducted the interviews. The researcher asked permission to conduct the interviews and this was granted as the matter involved some ethical considerations. The interviews concentrated on life skills as an intervention strategy to fight HIV/AIDS at school level.

IV. RESULTS AND DISCUSSION

The aim of the study, as mentioned at the beginning of this paper, was to investigate the teaching of life skills as an intervention strategy in the fight against HIV/AIDS among learners with the help of curricula reforms. In the school that took part in the study, the researcher learnt that most of the respondents actually stayed on their own without any adult in the household, thereby making the study richer in terms of the input and experience of these adolescents who have had to assume parenting roles in their different households.

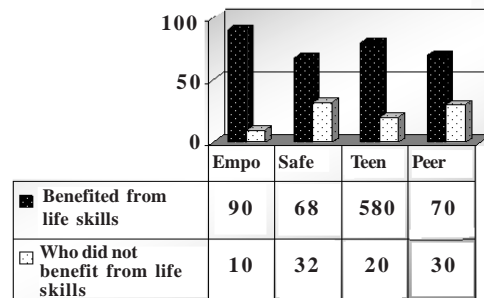


Fig. 1. Learners who benefit and who do not benefit from life skills

The responses of learners are summarised in Figure 1. Their answers to the questions were placed in the following categories: whether life skills empowered learners with making decisions pertaining to their real life situation; the extent to which life skills capacitate learners to make informed decisions regarding sexual activity; a focus on teenage pregnancy and lastly, the effect of peer pressure among school-going young people.

From a total of 120 respondents, 109 (90%) admitted that the life skills programme really assists them with various skills in advancing life

topics such as career preparation, as well as study skills, including many other topics. A small number of learners did not respond to this question. Learners also admitted that life skills empower them with diversity and respect for their fellow learners. Most learners admitted that a life skill effectively empowers them to discover sexuality and learn about themselves through reflective practice.

In an interview with a learner A, the response was as follows:

Sir, my Life Orientation (LO) teacher and my friends are open when we talk about HIV/AIDS issues. We do not discuss sexuality at home; my parents are very strict and discourage us from talking about sexuality and HIV/AIDS at home. I feel free to talk about sexuality and HIV/AIDS to my LO teacher and my friends, since they give me a lot of information about sexuality and HIV/AIDS. Maybe it is because my parents are traditional and old. It helps me a lot and now I am educated about HIV/AIDS prevention, care and support. I share with others and I am well informed about HIV/AIDS.

A second learner B supported his colleague by stating:

It is through education and the life skills programme offered at school that we can reduce HIV/AIDS. It is important that we expand this to some of the parents who are not prepared to talk freely to their children. We need to educate people, friends, neighbours and family.

The majority (90%) of learners supported the view that life skills empower them with a sound background to HIV/AIDS issues. In addition, LO makes a positive contribution to their lives; whereas 10% of the learners were uncertain regarding the contribution of life skills. More importantly, 70% of the participants agreed that they did indeed benefit from attending LO classes; while 30% mentioned that they did not learn anything new from this learning area. According to the learners in category number three, 80% of the learners benefited from life skills; whereas 20% felt that they did not benefit. Lastly, according to category number four, 70% of the learners felt that they benefited from life skills as it helps them to deal with peer pressure; 30% felt that they did not benefit. Overall, learners felt that they were empowered by attending life skills.

Most of the learners agreed that life skills had an impact on their behaviour with regard to

their attitude to HIV/AIDS. It was clear from the learners' responses that the strategy of being taught life skills assisted them with an awareness of personal risk prevention. There was growing evidence from the respondents that the teaching of life skills has a positive impact on their lives. One learner C had this to say:

Self awareness does indeed affirm the value of our lives and life skills has assisted us in the following way....now as learners, we know what will happen if one indulges in unprotected sex. I need firstly, to be cautious in terms of abstaining, but definitely, life skills has made me realise that my life is important.

It is in this regard that the researcher investigated the learners' perception of the dangers of HIV/AIDS in their daily lives and how this epidemic has an influence on their futures, as well as their experiences regarding the impact of HIV/AIDS on their immediate family or extended family. It is important to mention that a number of factors were identified by the researcher from the literature review.

These factors include, among others, the alarming rate of teenage pregnancy as a contributing factor to the spread of HIV/AIDS. Sadly, the majority of the respondents (female), were more concerned about pregnancy when having unprotected sex, than about being infected with HIV/AIDS. The majority of the respondents (85%) mentioned the high rate of pregnancy at schools and its effects on their education, since some learners in having to assume the role of a parent, leave school to look after their children. In some instances, the grandparent takes care of their great-grandchildren, whose mothers wish to go back to school.

One respondent had this to say:

The teaching of safe sex is good and assists us in taking preventative measures, but most of us feel that we are not ready to engage in sexual activity. Since I am well informed and get a lot of information about HIV/AIDS and sex education from my LO teacher and other people, I play an important role in the community where I stay by sharing information about HIV/AIDS and sex education. I volunteer even at church to educate others about HIV/AIDS.

This strategy was evidently uneven in different grades as in some instances parts of the study were used selectively. Educators felt that some of the topics are not relevant to particular groups of students.

Orphans

One of the most tragic impacts of the HIV/AIDS epidemic is the millions of orphans the disease is generating. The rise in the number of orphans is more than a demographic and social problem; it is also an economic issue. The epidemic has had an effect on household economics; the ability of the household to sustain itself from day to day has been affected by the epidemic. For example, the respondents indicated that many of them (55%) are less likely to have proper schooling as they are orphans. The death of a prime-age adult reduces a child's school attendance. Some families were not able to pay school fees as a result of the death of parents or have parents that are so sick that they cannot be employed.

It is in this regard that the study establishes that AIDS disrupts the child's social roles, rights and obligations to his/her schoolwork. In the event of illness or on the death of a parent, children's time is allocated away from schooling towards care giving, household chores and part-time work to supplement the family income. Most (68%) learners have indicated that becoming an orphan as a result of AIDS is a shocking and sudden change of role in one's life. This sudden switch of roles damages them emotionally, as many of them have to take on the dual role of taking care of the little ones and, to a certain extent, caring for the adult(s) who is bed-ridden as a result of the epidemic. These children may be forced to be absent from school on a number of days, as they play a parental role due to the fact that some have parents who have passed away; some look after their siblings, while others look after their parents, siblings and relatives who are ill; therefore, it is difficult to attend school regularly.

The South African government has introduced various care options and it is in this regard that more than 60% of the respondents mentioned feeding schemes at schools as an intervention strategy by the Department of Education. This is a test of the Government's promise of service delivery and its fiscal policy, as the situation is dependent on the Government's capacity to deliver. Appropriate resource allocation and attention to practical issues are the major areas that need to be addressed, if the basic needs of AIDS orphans are to be realised. In some instances, it has been reported that the

school feeding scheme has had to be stopped on several occasions as the Department has exhausted its budget allocation.

Poverty at School as a Challenge

Although the study was not aimed at making pronouncements regarding the poverty level of the unit of analysis, it was obviously visible during the study that HIV/AIDS has an impact in poverty levels. This epidemic has escalated to the extent of testing the Government's social development strategy. Learners who are not informed about the state grant should be informed and be encouraged to register on the social development database. Those who access the state grant should use the money in the correct manner and under supervision. It was in this regard that the questions on poverty were included in the study as the respondents indicated that they sometimes attend school on an empty stomach.

Some learners do not have anyone who can assist them in terms of basic needs, such as buying food and clothes. More than 50% of the respondents indicated that some learners are likely to commit crime as they do not have food on the table. Many learners grow up without the proper supervision of a parent or are badly supervised by relatives and social workers, resulting in a deleterious effect on their moral upbringing. Learners should be fed at school so that they eat healthy food. The provision of a free meal is not only important to ensure that at least, some of the nutritional needs of learners are met, but it provides a major incentive for some learners who are from poor families and poverty-stricken backgrounds to attend school. It is recommended that learners should be identified according to the family background.

According to Figure 2, category number 1 60% of learners are involved in the feeding scheme; whereas 40% are not being fed due to the results of HIV/AIDS. This has re-energised the commitment of learners to accept the strategic implementation of life skills as way forward. It is in this regard that the learners have realised that the results of HIV/AIDS have a negative impact on their life; thus, they are committed. According to category number 2, HIV/AIDS left learners in poverty and 50% of them claimed that poverty is a result of this epidemic. According to category number 3, 55% of the respondents were orphans, while 45% still live

with their parents. Category number four had 68% of learners who are heads of households; whereas 32% are not. In this regard, the researcher investigated the status of learners in connection with the feeding scheme, poverty, orphans and household learners because of HIV/AIDS.

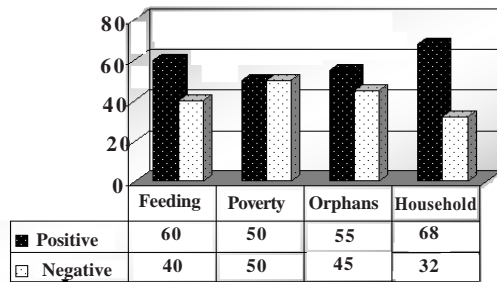


Fig. 2. The contribution of the positive and negative results of HIV/AIDS

In some instances, certain schools have plans and strategies to raise funds to try to create their own feeding schemes. Businesses have been approached and schools have sought assistance from non-profit organisations. It is also recommended that specially designated social workers be formally assigned to work with schools, offering guidance and counselling, since it is difficult for educators to do this work because they are already overloaded and cannot give learners this type of specialised attention.

Education

Education is a key issue related to human capital and the need to ensure that whatever intervention is implemented, the formal education sector can play an important role in assisting in the fight against the epidemic. The formal teaching process should introduce issues such as morality and human values and more importantly, make learners aware of HIV/AIDS issues. The findings of this study further reveal that the teaching of life skills at school plays an important role in educating learners about the dangers of HIV/AIDS. Life skills increases the knowledge of learners about HIV/AIDS and encourages learners to act and behave responsibly. Parents seem not to be playing their role responsibly, mainly through the fear of talking freely to their children about sex and HIV/AIDS.

The learners in the study identified the HIV/AIDS awareness programme as one of the important ways of teaching learners about HIV/AIDS. The following statement has been taken from the questionnaires completed by the learners and emphasises the awareness programme. One learner responded as follows:

It is a great subject to be taught and it helps us to know about many things around HIV/AIDS. A life skill as a subject gives us more information. My life has changed because of life skills. A life skill is a good subject because we are taught about things that we, as the youth, are facing. It teaches us how to protect ourselves and prevents our being infected with HIV/AIDS.

HIV education taught before young people become sexually active does not result in an earlier age of sexual debut; in fact, it may have the opposite effect of delaying the initiation of sexual activity and encouraging protective behaviour upon sexual initiation. This is what learners B had to say:

At school we have different activities that teach us about sexuality and HIV/AIDS. We have a group called REEDS; it consists of learners from different schools who share information about HIV/AIDS. There is a committee responsible for this organisation. We do different activities and our educators are involved. Sir, in this organisation we empower one another, talk freely about sex and for me, this is good.

Sometimes we organise a music competition, requesting learners to compose a song which talks about HIV/AIDS. Sometime we organise different games and the aim is to teach other learners about HIV/AIDS and keep them busy.

Sir, sometimes we meet at the LOVE LIFE centre in Botshabelo to talk about HIV/AIDS and sometimes listen to people who are HIV positive.

Sometimes we go LOVE LIFE and listen to motivational speakers and tutors who teach us about HIV/AIDS. A life skill has helped me a lot since I started to attend the love life programme.

Active learning should be stressed rather than passive listening in the classroom and it can be linked to peer education during the life skills period. The establishment of the peer education aspect should be done differently and all learners should be encouraged to participate.

This should be done formally in the classroom; thus giving learners an informed approach to HIV/AIDS. The school will ultimately do a good job since the study revealed that many parents want to talk to young people about sex, but do not feel that they have the appropriate skills to do so. The involvement of parents in curriculum matters can improve parents' own knowledge about HIV/AIDS; thus enhancing and building on the life skills programme followed by the learners at school. Parents will begin to support the school curriculum in the form of life skills for their children.

V. CONCLUSION

The HIV/AIDS epidemic confronts the Government with new and difficult challenges, while our communities remain poor. Large numbers of orphans and the disappearance of mature adults who used to head households is now the rule, rather than the exception. These tragic scenarios have affected household incomes and changed the lifestyle of many families. AIDS deepens poverty and increases inequalities at every level: the household and the community.

The epidemic undermines the efforts of poverty reduction as part of the *manifesto* of the African National Congress (ANC)-led Government which aims at improving economic growth. The Government will have to double its efforts in trying to reach its desired goal of poverty reduction. Firstly, the Minister of Health seems to be bringing in new mechanisms to deal with the epidemic with the intention of chasing the impact of the epidemic rather than leading it; therefore, it is imperative that we change the lenses. Instead of chasing the impact of the epidemic, the schools should take the lead in educating the youth of the country.

Secondly, the study established that the model of the extended family adopting orphans does not really assist these orphans, even though the Government sees this model as a counter mechanism; a way of addressing the impact of the mortality rate. This ploy has not worked, as in most cases the same extended family is itself, largely challenged economically. Poverty was a factor of the extended family even before the adoption of orphans. The study finds it problematic as to know how to support these orphans and because there is still a stigma associated with the epidemic, it is not easy to allocate caregivers to the orphans.

Accordingly, recognising the contributions of parents in mobilising them towards a greater common good, will not only result in the empowerment of learners and their communities, but also ameliorate the impact of the HIV/AIDS pandemic on learners. However, it is noteworthy that empirical knowledge about HIV/AIDS, per se does not automatically lead to changes in the behaviour that will protect learners against infection. As such, it is important to acknowledge that knowledge ought to be complemented by changes in values and attitudes, thereby resulting in appropriate decisions being taken by the people who possess the espoused knowledge. This is furthermore compounded by the hidden curriculum of school culture and the attendant organisational which make deep and lasting impressions on learners' attitudes and values.

In support of the research findings as much as learners accept the positive impact of life skills on their knowledge and behaviour, learners feel that the topic of HIV/AIDS is perhaps over-taught, thus compromising other valuable life lessons. The study intends to cultivate awareness among and disseminate information to learners. Broadly speaking, the role of life skills in the prevention of HIV/AIDS infection is based on the belief that the 'education vaccine' is still the best preventative measure. Although the study cannot draw precise conclusions that life skills is a strategy to fight HIV/AIDS among school-going young people, a strong view is that life skills is a better vaccine/ strategy than nothing at all.

It is the researcher's contention that many issues about life skills as an intervention strategy to fight HIV/AIDS have not been dealt with comprehensively in this study, due to the scope and operation of the research. Much research is still needed in the future, especially involving the questions: What is the future of learners who are affected by HIV/AIDS and what kind of support/ assistance do they need? What can be done to help them?

Nevertheless, it is hoped that the results of this study will help schools to urgently identify and then combat the impact of HIV/AIDS on learners.

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