

An Evaluation of the Implementation and Management of an HIV/AIDS Prevention Programme in Lesotho Schools

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ABSTRACT Lesotho has, amongst other strategies, implemented an HIV/AIDS prevention programme that sought to enmesh HIV/AIDS content into the school curriculum. It is however, not clearly stated that teachers, deemed to play a pivotal role in respect of implementation of the programme, were adequately prepared, trained and convinced to make what seems to be a selfless and necessary contribution, that is, effectively implementing the prevention programme. Data were collected using mixed methods. Structured questionnaires were used to collect data from 191 randomly selected teachers in both primary and secondary schools in Lesotho and these data were analysed by the Statistical Package for the Social Sciences (SPSS) version 17.0. In addition, semi-structured interviews were used to collect data from ten school principals. The study revealed that HIV/AIDS content has been enmeshed into the school curriculum. The majority of teachers and learners are in possession of textbooks containing HIV/AIDS content and most teachers were found to have undergone inadequate training. It was further found that the monitoring of the programme was very poor. This means that the programme may not be as effective and intended results may not be achieved.

INTRODUCTION

The World Bank (2005:14) indicated that the HIV/AIDS prevalence rate among persons aged 15 to 49 in Lesotho continues to increase drastically from 4% in 1993 to 29% in 2004, making Lesotho a country with the fourth highest prevalence rate, following Botswana (38.8%), Zimbabwe (33.7%) and Swaziland (33.4%). The HIV/AIDS pandemic is not only a health problem but also a developmental problem that has social, economic and cultural manifestations. It generally affects the most productive segment of the population and it is debilitating, incurable and fatal, making it a threat to economic development of societies. The epidemic does have devastating and far-reaching impact on the education system. Kimaryo et al. (2004:31) indicate that HIV/AIDS affects both the demand and supply elements of education. Demand for education may decrease as a result of infected and affected learners and orphans who may no longer afford to pay school fees or who may forfeit valuable school time attending to sick family members.

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Orphans and vulnerable children need more support from their teachers. UNAIDS (2000:16) view education as the most effective response to the HIV/AIDS pandemic. UNESCO further pointed out that good quality HIV/AIDS prevention programmes result in the adoption of positive behaviour, including the delay in the age of first sexual encounter, and increase in the use of condoms, a reduction in the number of sexual partners, a reduction in alcohol and drug use and the risks associated with injecting drug use.

The first case of HIV/AIDS was diagnosed in 1986 in Lesotho. The epidemic made rapid and devastating advances to the extent that it is now deemed to have reached crisis-level proportions (UNICEF 2003). Since the first diagnosis, Lesotho designed and implemented several prevention endeavours. Kimaryo et al. (2004) point out that 61% of all recorded HIV/AIDS projects in Lesotho are focussed on prevention. However, so far their efforts to combat the spread of the disease have been characterised by limited success (World Bank 2005:15). In keeping with the fight against HIV/AIDS, the Ministry of Education and Training (MoET) and some non-governmental organisations (NGOs) embarked on prevention programmes such as the HIV/AIDS road show, the school HIV/AIDS peer education and the incorporation of HIV/AIDS content into the primary and secondary school curriculum. Subjects included in the programme are Health and Physi-

cal Education, Science, Agriculture, Home Economics, and Geography (Ruscombe-King 2008). Even though the programme was intended to be offered in all primary and secondary schools in Lesotho, evidence does not suggest that all teachers were adequately trained to implement it. Kimaryo et al. (2004) contend that teachers are faced with a lack of concrete support and a limited understanding of the dynamics of the virus and how it is transmitted. For example, at a meeting held at the United Nations House, it was reported that one teacher said that he would not assist with an injury because he might be infected. Moreover, high teenage pregnancy occurrence in Lesotho schools tends to suggest that learners continue to practice unprotected sex. The current study sought to evaluate the implementation and management of an HIV/AIDS programme in Lesotho schools. The study adopted a critical inquiry paradigm.

Paradigm

It is important to note that all scientific research is conducted within a specific paradigm (De Vos 2005). A paradigm is a worldview that resembles a manner of thinking about and making sense of the complexities of the real world (Patton 2002). The important features of paradigms are that they are incommensurable; that is, they are inconsistent with one another because of their divergent assumptions and methods. In this study the researcher will employ critical inquiry theory because it goes beyond the common sense constructs of everyday life, and aims to identify the operation of the systematic-distortions of people's understanding of what they are doing. According to Bourdieu and Wacquant (1992), critical inquiry states that the researcher practices neither detachment, nor participant observation, but participant objectivities.

The critical approach to educational policy research aims to generate critical actions in others and give rise to conditions to replace one distorted set of practices with another, hopefully less distorted set of practices (Carr and Kemmis 1986). The use of critical inquiry in education policy research transcends the quantitative-qualitative dichotomy. According to Waghid (2003), critical inquiry in education policy research accepts the use of both causal theories based on quantitative observation and qualitative de-

scription. In this study the researchers will use critical inquiry because it is concerned with radical change, transforming social system and potentially providing a vision of what could be done. The researchers will evaluate the HIV/AIDS preventive programme to establish whether it is effectively implemented. The researchers employed both the quantitative and qualitative approaches to determine the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho schools.

HIV/AIDS Prevention Programmes in Lesotho Schools

The resolve of the Ministry of Education and Training to tackle the HIV/AIDS epidemic is unshaken and it is reflected in a number of activities that have been identified in the Education Strategic Plan 2005-2015. Addressing the challenges posed by HIV/AIDS in education and training is among the nine Education Strategic goals for the education sector over the 2005 to 2015 period. As a result, the Ministry of Education and Training's overall policy for secondary education during the period 2005-2015 focused on mainstreaming HIV/AIDS awareness in the education sector by:

- ♦ Establishing structures for the effective coordination of HIV/AIDS activities in the sector;
- ♦ Incorporating HIV/AIDS issues into the school curriculum; and
- ♦ Promoting workplace intervention to maximise continued labour force participation (MoET 2005:62).

Non Governmental Organisations and the Ministry of Education and Training have also made a joint effort to raise HIV/AIDS awareness among learners as a way to enable them to be knowledgeable about HIV/AIDS from an early stage. Consequently, the researchers discuss the following HIV/AIDS prevention programmes in Lesotho schools: the HIV/AIDS road show, the school HIV/AIDS peer education and the incorporation of HIV/AIDS content into the school curriculum. Thereafter, the researcher will investigate the management and implementation of incorporating HIV/AIDS content into the school curriculum in Lesotho, since this is the only HIV/AIDS intervention which has been implemented in all schools.

HIV/AIDS Road Show Programme

The ministry of Education and Training and UNICEF embarked on an interactive educational HIV/AIDS road show as a HIV/AIDS intervention prevention programme for young people in both primary and secondary schools. According to Ruscombe-King (2008), in 2005, UNICEF and the government of Lesotho through the Ministry of Education and Training embarked on an interactive educational HIV/AIDS three-day road show. The HIV/AIDS road show was developed by young people in both primary and secondary schools who are members of the Girls and Boys Education Movement club to address the devastating impact of HIV/AIDS which they perceive as a threat to their existence (UNICEF 2005). It was also intended to address the extent of information, knowledge and understanding of human rights, to provide clear linkages between the Lesotho 2020 vision, the Poverty Reduction Strategy and the Millennium Development Goals, especially the goal to halting and reversing the spread of HIV/AIDS.

The road show provided entertainment such as talent shows, poetry, sports and dance, peer education, peer counselling, HIV/AIDS testing and educational tools explaining the spread of HIV/AIDS (Ruscombe-King 2008). In preparation for the road show, an appointed peer counsellor trained young people on counselling techniques so that they could offer counselling to their peers, as well as advise on the overall protective and legislative framework established for young people, equipping them with the basic skills in counselling and encouraging them to provide information to their peers (Ministry of Education and Training 2005). UNICEF has been able to train 60 Girls and Boys Education Movement members from different districts on peer counselling and thus far, the Movement has managed to organise three road shows which have attracted more than 5,000 youth countrywide (UNICEF 2007).

Peer education has been another important aspect provided during the road show and is the process in which well-trained and motivated young people undertake informal or organised educational activities with others, similar to themselves in age, background or interests (Davtyan 2007). Peer education is a crucial component of prevention programmes for addressing HIV/AIDS and other threats to health, because for many young people, adults are not credible mes-

sengers of sensitive sexual issues since adults do not feel comfortable discussing sexual issues with their children (UNESCO 2004b). Peer educators were trained so that they could dispel any misconceptions, shatter myths and present information on preventing HIV in a way that other young people will find pertinent (UNAIDS 2002). Peer educators were also provided with basic information on HIV/AIDS such as the phases of HIV/AIDS infection, opportunistic diseases such as tuberculosis, sexual transmitted disease and infection control. The Government of Lesotho and UNICEF have been able to train 7,000 young girls and boys as peer educators to spread the word about HIV/AIDS prevention and to campaign for equality education for all (UNICEF 2005).

In addition, Girls and Boys Education Movement members have successfully published newsletters, organised radio shows, and helped orphans with items such as stationery and undertook environmental improvements such as planting trees.

School HIV/AIDS Education Programme

The Lesotho Durham Link has established a School HIV/AIDS Peer Education for learners as an HIV/AIDS intervention and prevention programme. It was established in 1986 and is an NGO working towards improving Basotho lives in Lesotho under extremely difficult conditions (Lesotho Council of NGOs 2006). It is the link between churches in Lesotho and in the United Kingdom. It is engaged in programmes which provide young people with life skills. It brings together organisations that work with children such as the Girl Guide Association, Save the Children Fund, Support groups for HIV/AIDS orphans and Kananelo Centre for the Deaf. The groups have formed the Youth Active Project. From the members of this project a new project called School HIV/AIDS Peer Education was formed. School HIV/AIDS Peer Education is an interactive programme for 15-16-year-old adolescents (Letsema 2007).

The School HIV/AIDS Peer Education course trained children to educate others about HIV/AIDS and sexual awareness during school holidays, so that they can educate their peers about what they have learnt during the term. The Programme has proved that young people equipped with knowledge often make wise decisions and

engage in low-risk activities. The School HIV/AIDS Peer Education course disseminated information through role plays, drama, outdoor activities, and development in order to reiterate and reinforce important values such as communication, trust and leadership. Unfortunately, the School HIV/AIDS Peer Education programme has only 10 courses of 20 people every year at the Maseru Link Headquarters (Letsema 2007). This means that just 200 people are trained annually which is a small number in relation to the rate at which HIV/AIDS is spreading in Lesotho. Trained members of the School HIV/AIDS Peer Education programme have begun to help support home-based carers and orphans in their villages. The Lesotho Durham Link would like to expand its influence in order to reach grassroots schools; however, the Link has found it difficult to garner financial support for their important activities. As a long-term aim, the Link hopes to eventually be able to educate peers in every school in Lesotho (Lesotho Council of NGOs 2006).

Incorporation of HIV/AIDS Content into the School Curriculum

The Government of Lesotho through the Ministry of Education and Training has integrated/incorporated HIV/AIDS content into primary and secondary school curricula as an HIV/AIDS prevention programme. According to UNESCO (2004a:120), the integration or incorporation of HIV/AIDS into the curriculum is one strategy for providing learning experiences on the prevention and control of HIV/AIDS in the school setting. Integrating HIV/AIDS content into the curriculum is the process of placing facts, concepts and messages in the context of other subjects. HIV/AIDS content can be incorporated into academic disciplines such as Science and Sociology. In Lesotho, HIV/AIDS content has been incorporated into the school curricula in both primary and secondary schools (MoET 2005:66). The aim of integrating HIV/AIDS content into the curriculum was to provide pupils at an early stage with HIV/AIDS information so as to raise awareness and encourage the development of safe behaviour, thus minimising the risk of infection, as well as strengthening HIV/AIDS mitigation in the education system (MoET 2005).

According to the American Association of Health (2005), the implementation of an AIDS education prevention programme can only be achieved after the development of the AIDS

school curricula. The Curriculum Development Centre and the HIV/AIDS unit embarked on a revision of curricula with a view to incorporating HIV/AIDS content in primary and secondary school subjects in 2003. Revised textbooks were made available free of charge to primary school learners as an obligation consistent with the free primary education programme (MoET 2005:12). On the contrary, only teachers were provided with free copies whilst learners were expected to buy them in secondary schools. This presupposes that only those learners who could afford to buy the books have access to their content. Noting the development, MoET introduced the secondary school textbook rental scheme with a view to availing textbooks at a reasonable price throughout the academic year. This augmented the number of secondary school learners having access to textbooks that contain HIV/AIDS content.

In order to ensure effective and efficient implementation of the HIV/AIDS prevention programme in schools, teachers' contribution cannot be dispensed with. Amongst others, teachers need professional preparation and ongoing support about prevention, disclosure laws, referrals and community resources (UNAIDS 1999:54). In order to prepare teachers for the challenge, two teachers teaching the subject with HIV/AIDS content were trained in how to effectively integrate it in their lessons (MoET 2007). In 2004, 854 primary and secondary school teachers from 304 schools received training (WHO 2005). Teachers who received training were expected to train other teachers in their respective schools. In addition, the MoET, Lesotho Association of Teachers and UNICEF jointly developed the teachers' manual titled 'HIV/AIDS, gender, and life skills manual for training of teachers'. The manual was developed with the aim of providing teachers at every level with the opportunity of learning about and understanding the impact of the HIV/AIDS pandemic so as to be in a better position to teach and support learners in their schools and communities (UNICEF 2005).

RESEARCH METHODOLOGY

Programme Evaluation

Programme evaluation was used as a research strategy, using mixed methods in data collection. Programme evaluation is the systematic collec-

tion of information about the activities, characteristics and outcomes of a programme, to assess its effectiveness, indicate how improvements can be made and provide a basis for future decision making (Patton 2002). The authors carried out the utilisation/implementation research to determine the implementation and management of an HIV/AIDS programme of incorporating HIV/AIDS content into the school curriculum. Implementation evaluation researchers gather detailed and descriptive information about what the programme is doing.

Data Collection Instruments

Semi-structured interviews and questionnaires were used to collect data on the implementation and management of an HIV/AIDS prevention programme in Lesotho schools. Both quantitative and qualitative methods were used. The phase unfolded through the use of questionnaires, which was followed by semi-structured interviews. This methodological triangulation, was aimed at enhancing the reliability of the data.

Questionnaire

Two hundred self-administered questionnaires were distributed among primary and secondary school teachers and 191 were returned. The questionnaire comprised closed questions with statements to be responded to on a Likert scale. It consisted of four sections. Section A sought to glean data on the academic details of the respondents. Section B gathered information on HIV/AIDS content incorporated into the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science. Section C dealt with teacher training HIV/AIDS content in the subjects whilst Section D gathered information on the management of the programme.

Semi-structured Interviews

Interviewing is regarded as the predominant mode of data collection in qualitative research. In qualitative research, an interview is usually conducted involving some form of conversation to achieve a purpose through active engagement by the interviewer with the respondent around relevant issues, topics and experiences during

the interview itself (May 2002). The semi-structured interview is flexible and fluid. Ten school principals were interviewed one-on-one. They were assured of anonymity and confidentiality. Each of them was provided with a consent form which had to be read and signed before the interview could proceed. The interviews were tape recorded with the full permission of the interviewees.

Sampling

Sampling is the process of selecting units from a population so that by studying the sample the researcher may fairly generalise the results back to the population from which they were chosen (Trochim 2006). The ultimate purpose of sampling is to select a set of elements from a population in such a way that these elements accurately portray the parameters of the population from which they are selected. This study was conducted in the Maseru Education District. The district is constituted by 65% of all schools from the ten districts in Lesotho. Twenty primary schools were randomly sampled from a list of schools provided by the Maseru Education Office. Five principals were also selected from five primary schools. Secondary schools offering subjects indicated above were also sampled. A total of 191 questionnaires were secured and analysed.

Summary of Triangulation of Data Obtained from the Interviews and Questionnaires

Response to the question about whether HIV/AIDS content has been incorporated into the textbooks of the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science.

All five primary principals, who were interviewed, stated that HIV/AIDS content has been incorporated into the textbooks of Health and Physical Education. In secondary schools, all the principals indicated that HIV/AIDS content was incorporated into Home Economics and Science; two also indicated that HIV/AIDS content was incorporated into Agriculture. Three respondents stated that it was incorporated into Geography. Thus, the principals interviewed held almost the same views as the teachers (86.8%) who indicated in the questionnaires that textbooks in their subjects contained HIV/AIDS content.

- ♦ Response to a question about whether all pupils had textbooks.

Three principals of secondary schools indicated in the interview that all the pupils had rented the textbooks, while two principals of the five secondary schools indicated that textbooks have been rented by a majority of the pupils. Thus, five principals held almost the same view as more than 61.1% of the teachers who indicated in the questionnaires that all the pupils had textbooks containing HIV/AIDS content in their subjects.

- ♦ Responses to a question about whether, apart from textbooks containing HIV/AIDS content, teachers and pupils had additional support material such as audio-visual materials on HIV/AIDS content.

All the principals who were interviewed stated that in their schools they did not have any audio-visual materials to assist both teachers and pupils on HIV/AIDS content. Thus, all the principals interviewed held almost the same views as all the teachers who teach Agriculture who indicated in the questionnaires that in their schools they do not have additional audio-visual materials containing HIV/AIDS content to assist both teachers and pupils.

- ♦ Response to a question about the training teachers received regarding the HIV/AIDS prevention programme.

Seven principals who were interviewed indicated that most teachers in their schools received training on HIV/AIDS content. Thus, seven principals held almost the same views as more than 71.8% of the teachers who indicated in questionnaires that they received training on HIV/AIDS content in their subjects.

- ♦ Responses to a question about whether teachers received initial in-service training organised by the Ministry of Education and Training on HIV/AIDS content.

Seven principals who were interviewed stated that two teachers received the initial in-service training organised by the Ministry of Education and Training. Thus, seven principals held the same views as more than 20.5% of teachers who stated in the questionnaires that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content.

- ♦ Responses to a question about the inspection of the programme by the Central Inspectorate on how teachers integrated HIV/AIDS content.

Nine of the ten principals who were interviewed stated that the Central Inspectorate of the Ministry of Education and Training had never visited their schools to monitor the programme since it was introduced. Thus, nine principals held almost the same views as more than 94.5% of teachers who indicated in the questionnaire that they had never been inspected at their schools by Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching.

- ♦ Responses to a question about whether principals monitored-if HIV/AIDS content is include in the scheme books.

Three principals who were interviewed indicated that they did-monitor whether HIV/AIDS content was included in the scheme books of the teachers. Thus, three principals held-the same views as more than 25.7% of the teachers who indicated in the questionnaires that principals monitored -whether HIV/AIDS content is included in their scheme books.

OBSERVATIONS AND DISCUSSION

There is abundant evidence from the empirical investigations and the interviews that HIV/AIDS content was incorporated into the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science. The textbooks of these subjects also contained HIV/AIDS content. The majority of primary pupils have textbooks as in primary schools they are freely available to the pupils. In secondary schools the majority of the pupils have textbooks although they are rented to them. This implies that teachers and pupils can learn about HIV/AIDS. However, most of the schools did not have additional materials, more especially audio-visual materials to assist both teachers and learners in effective learning and teaching. A study by Harrison et al. (2010) found that another way to address the HIV/AIDS pandemic would be for school-based interventions to include more group-based, rather than didactic, learning

The current study suggests that the-majority of the teachers have received training pertaining to the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum. Some teachers received initial training organised by the Ministry of Education and Training who, in turn, trained others while some received training at the teacher training college.

The investigation undertaken in this research has also proved beyond doubt that principals had never been trained in the management of this programme or experienced any other training pertaining to HIV/AIDS prevention. Some studies show that the learners' views are important. For example, Griessel-Roux et al. (2005) indicated that learners expressed a need for different kinds of information. They felt overwhelmed by too much factual information of a technical kind.

It can also be concluded that the inspection of the programme was not done effectively in most schools. The principals have seldom monitored the programme, as they indicated that they had a lot of other work to do. Similarly, Heads of Department have seldom monitored the programme because they also had many responsibilities. The Central Inspectorate Officers have monitored only few schools. Complete absence of or limited supervision and monitoring efforts, mechanisms from authorities underscored both successful implementation and management of the programme. Without consistent monitoring, authorities may not be able to revise, support and improve the programme.

CONCLUDING REMARKS

It was stated at the beginning of this paper that the effective implementation of an HIV/AIDS prevention programme in schools can help to reduce the spread of HIV/AIDS among learners. This study has proven that the HIV/AIDS prevention programme on incorporating HIV/AIDS content into the school curriculum is not implemented and managed effectively as not all teachers have received training in the programme, nor have principals received any training on how to monitor the programme. There is poor monitoring of the programme by Heads of Department, principals and the Central Inspectorate Officers, together with a lack of additional material on HIV/AIDS.

The authors believe that the guidelines based on the research evidence embodied in this paper could provide assistance in implementing and managing the programme effectively. The fundamental point of departure for solving this problem is to make certain that teachers and principals receive training; that Heads of Department, principals and the Central Inspectorate Officers monitor the programme; and that schools work hand-in hand with HIV/AIDS associations. The

primary goal should be to enhance the HIV/AIDS prevention programme by incorporating HIV/AIDS content into the school curriculum in Lesotho.

RECOMMENDATIONS

According to the findings, most of the schools did not have any additional materials especially audio-visual material to assist in the effective teaching and learning of HIV/AIDS content. Furthermore, not all the teachers were found to have received training on how to implement the programme. In order for the teachers to implement the programme effectively, they have to undergo training. Therefore, the Ministry of Education and Training should ensure that all teachers receive this training. All principals should receive the same training as the teachers so that they are able to assist the teachers when the need arises. The findings also revealed that principals have also not received any training regarding the management or monitoring of the programme so that they are able to monitor the programme effectively and assist teachers with its implementation. Therefore, the Ministry of Education and Training should ensure that teachers receive such training so that the programme can be implemented and managed effectively.

The empirical investigation indicated that the Central Inspectorate Officers have not done any monitoring of the programme in most schools. In primary schools, the majority of principals have seldom monitored the teachers on the implementation of the programme. In secondary schools, the majority of both Heads of Department and principals have seldom monitored the implementation of the programme. There is a need for stronger monitoring of the programme in order to improve its implementation, as well as to provide relevant information about the programme. The Central Inspectorate Officers of the Ministry of Education and Training should monitor the programme's progress, needs, and challenges so as to develop appropriate strategies to address those challenges and improve the programme. It should deliver feedback to schools and teachers on their overall performance. The effective monitoring and delivery of feedback will consequently effect stronger monitoring by principals and Heads of Department. These recommendations might help in the effective implementation and

management of the programme and hopefully prevent the further spread of HIV/AIDS.

The investigation also indicated that most schools were not engaged in other HIV/AIDS preventions programmes- HIV/AIDS prevention programmes out of class can help pupils and teachers to understand HIV/AIDS better and schools should ensure that the teaching of HIV/AIDS extends beyond the classroom. They should work closely with associations involved in addressing HIV/AIDS, as well as establishing HIV/AIDS clubs at their schools and encourage pupils to join. This might help in curbing the escalation of HIV/AIDS in Lesotho.

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