Connecting Morals and Values to Combat the Spread of HIV/AIDS in Grade 10 School Children

Pelokazi Nqabeni and Nomasomi Matiso

Department of Educational Sciences, Walter Sisulu University, Eastern Cape 5100, South Africa

Abstract: This paper sought to understand the connection of morals and values to combat the spread of HIV/AIDS in Grade 10 school children. HIV/AIDS is a disease that threatens the lives of everybody including school children and their intellectual ability, which may lead to poor performance in their studies, pregnancy, drug abuse and dropout of school. Since there is no cure for it, and it is transmitted by various ways including sexual contact, it is vital that everyone including school children, teachers, parents know about the disease and how to connect morals and values to combat the spread of HIV/AIDS and for halting further spread of the infection. The paper uses a qualitative case study research design by means of phenomenological investigation of Grade 10 school children connecting norms and values to combat the spread of HIV/AIDS in one of the rural Senior Secondary Schools in the Dutywa District. The findings showed two themes, learner behaviors and lack of independent experience, lack of knowledge about the use of drugs. Forthcoming researchers could carry more research on young people’s behaviors to sustain good practices for effective goals about their lives.

Key words: Morals, values, HIV/AIDS.

1. Introduction

1.1 HIV/AIDS

The human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome (AIDS), a pandemic that is spreading around the world, infecting more than 14,000 individuals every day. Higher Education HIV/AIDS Programme [1] stated that the acquired immune deficiency syndrome (HIV/AIDS) impact assessment for schools in South Africa has revealed the infection levels of 22% and will reach 33% by 2005. With respect to the number of learners with HIV and AIDS in 2000 around 0.7% had HIV and AIDS and this will increase to 36% in 2010 and around 0.5% learners had HIV and AIDS and this will increase to around 4.2% by the end of the decade.

HIV/AIDS is a disease that threatens the lives of everybody including school children. Since there is no cure for HIV/AIDS, and because it is transmitted by various ways including sexual contact, it is vital that everyone including school children knows about the disease [1]. In particular, people need to know what it is, how it is transmitted, how to protect themselves from it and how to relate to people with the disease. HIV/AIDS is not only a medical problem; it has psychological and economic implications. HIV, the virus that causes AIDS, is one of the world’s most serious public health challenges [2]. But there is global commitment of stopping new HIV infections and ensuring that everyone living with HIV has access to HIV treatment [2]. Also, HIV/AIDS remains as one of the world’s most significant public health challenges, particularly in low and middle income countries.

All the same, HIV/AIDS is the most significant challenge to our schools. It imposes a serious threat to schools as it leads to premature disability and death of school children [2]. There are many AIDS related diseases affecting school children, for example pneumonia, tuberculosis and diarrhoea. HIV/AIDS affects school children who regret and their
intellectual ability which may lead to poor performance in their studies and dropout of school children. It also leads to many socio-economic problems as it targets the most physically active and productive groups in society including teachers in schools [1]. This affects the socio-economy because some people are not able to work and school children do not develop as they wish. The stigma associated with HIV/AIDS often leads to isolation, fear, death, misunderstandings and even withdrawals of children from schools. In support, Barnett and Whiteside [3] declared that the HIV/AIDS epidemic reveals many of the features, stresses and strains in a society.

Schools and parents are key settings for educating children on how to connect morals and values to combat the spread of HIV/AIDS and for halting further spread of the infection. Success in carrying out this function depends upon reaching children and young adults to reinforce positive health behaviour, connecting morals and values to combat the spread of HIV/AIDS and altering the behaviour that places young people at risk [4].

In preventing the HIV/AIDS infection, the crucial responsibility of schools is to teach young people how to avoid either contracting the infection or transmitting it to others and to serve as a catalyst for the development of HIV/AIDS related policies based on the most current scientific knowledge [5]. In doing so, schools have the opportunity to make important improvements in the quality of health education provided to young people worldwide as a step towards improving global health.

HIV and AIDS resource guides are developed and produced to be used by schools to prepare an action plan to respond to the pandemic [6]. A Peer Education Programme aimed at assisting learners to develop knowledge, skills, values and attitudes required in making responsible choices, is offered at secondary level.

The Department of Education [6] should identify factors affecting educators including the impact of HIV and AIDS. Educators should set an example of responsible sexual behaviour. In so doing, they would protect their families, colleagues, learners and themselves. Because educators are well educated, they can grasp the facts about HIV/AIDS and help spread correct information about the disease and its effects.

Almost every young person attends school educators have a great opportunity to discuss the disease, and help the young to protect themselves from becoming infected, getting sick and dying [7]. Educators and learners are frequently in touch with parents, and therefore can spread the message about the HIV/AIDS throughout in the community by connecting morals and values to eliminate the spread of the disease. Educators can help create an environment in the workplace where people can be open about their HIV status without fear of prejudice or discrimination [8].

Educators can find creative ways to support their learners, and make the school a centre of hope and care in the community. Higher Education HIV/AIDS Programme [1] declares that all educators should be trained to give guidance on HIV/AIDS. Educators should respect their position of trust and the constitutional rights of learners and students in the context of HIV/AIDS based on needs, moral belief and values. Therefore, the South African Organization, Soul City was formed with the aim of developing media productions to educate people including school children about health issues including HIV and AIDS in schools [6]. During 1984, HIV/AIDS surfaced in South Africa when two white men had an opportunistic infection in Pretoria after having sexual contact in New York.

It was clear that HIV/AIDS had a diverse impact in South Africa. There were many possible reasons why South Africa has been so badly affected by HIV/AIDS, including poverty, social instability and a lack of government action. In 1998, the Treatment Action Campaign (TAC) [8] was founded, to campaign for the rights of learners living with HIV/AIDS and to
demand access to HIV/AIDS treatment in South Africa for all those who were in need of it.

The involvement of parents and other stakeholders e.g. the Department of Education system and communities economically and socially would help to decrease the impact of HIV/AIDS in schools [8]. A variety of learning opportunities, materials and methods and the ability to involve parents in their children’s learning, should take place. Some parents may wish to believe that many young people are sexually active from their mid-teenage years onwards [8]. Government Gazette [8] further argues that young people are also prominent among injecting drug users. Therefore, ignorance about the disease and lack of means of protection will condemn many of these young people to an early death. They have rights to the knowledge how to protect themselves and their partners against infection.

In 2002 a message from the Minister of Education at that time [9], from the Participant Manual Booklet, declared that, educators must set an example of responsible sexual behaviour in schools. In so doing, they will at large protect themselves, learners, colleagues, families, and the society. Because educators are well educated, they can grasp the facts about HIV/AIDS, and help spread the correct information about the disease and its effects in schools in particular; even some educators are HIV positive and have family members who are HIV positive or ill with AIDS related diseases.

There are those who know people who have died from HIV/AIDS. Some of them were surrounded and often overwhelmed by HIV/AIDS and the daily encounter with suffering and death [10]. However, some had little or no experience of HIV/AIDS, and yet they found themselves teaching so that they can work with them. There are also many acknowledged demands that the pandemic makes upon teachers when caring for learners. In a situation of continuing growth of the pandemic, driven by complex factors related to socio-economic contexts and deep-rooted behaviours, the disease affects all learners, whether from AIDS affected families or not [11]. As part of the curriculum, HIV and AIDS education was responsible for the greatest awareness on the subject.

Furthermore, National Policy on HIV and AIDS for schools [12] declared that the ministry is committed to minimizing the social, economic and developmental consequences of HIV and AIDS to the education system. All learners and educators should provide leadership to implement an HIV and AIDS policy in schools. This policy seeks to contribute towards promoting effective prevention and care within the correct text of the public education system.

According to Ref. [1] schools or institutions should develop their own policy on HIV and AIDS, to give operational effect to national guidelines. It maintained that, a school policy should be consistent with the South African constitution and the legislative framework. A school policy should not contradict national policy. The school as a result had a responsibility to be a centre of information and support on HIV and AIDS in the community it serves. There should be HIV and AIDS committees that include staff, parents, learners and health professionals to look generally the welfare of learners about this pandemic [13].

The Department of Education in South Africa, on December 1st World Aids Day the government revealed a draft National Strategic HIV/AIDS plan to guide the South African National AIDS Council (SANAC) from 2015 [14]. The South African Journal of Higher Education 2005 concurs with the above-mentioned HIV and AIDS audit among schools in South Africa. In Education Laws and Policy Handbook [15], it is reported that, up to 50 learners may develop HIV and AIDS in 1999 and up to 240 learners could develop HIV and AIDS by 2005. The origin of HIV and AIDS is still a mystery even today.

Worldwide, the HIV pandemic is a serious challenge to public health, while AIDS is the primary cause of death global for people and children aged
15-49 years [5]. Even though the number of annual AIDS-related deaths is declining, there were an estimated 1.8 million deaths in 2009 [16]. For example, in sub-Saharan Africa an estimated 1.8 million individuals worldwide became newly infected with HIV in 2017—about 5,000 new infections per day. This includes 180,000 children (< 15 years). Most of these children live in and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding.

Zambia is experiencing the economic and social impacts of a mature HIV/AIDS epidemic [17]. The epidemic affected all aspects of society and growth in the country. It devastated individual families, weakened all areas of the public sector and threatened long-term national development. Despite some evidence that the epidemic may have reached a plateau, there remained an urgent need for an integrated response from all sectors of National Governmental Organisations (NGOs), the private sector, and other collaborating agencies. HIV/AIDS remains whelming over development in Zambia.

A recent survey carried out by the Kenya National Union of Teachers (KNUT) showed that Kenyan teachers are not generally well prepared for lessons and that many are not well informed about the subject [5]. Only 45% of teachers surveyed understood that HIV/AIDS had no cure, whereas 24.4% and 12.4% respectively thought that herbs and traditional medicines as well as witchdoctors, could cure infection. More positively, the study found that Kenyan pupils were generally happy to learn about HIV/AIDS; at least 55.7% of students had a positive attitude towards the topic, with only 14.4% displaying a negative response.

As a Life Orientation (L.O) experienced educator and as principal of a school, the researcher obtained the statistics that reflect the high rate of orphans and drop-out learners from Integrated Quality Management System (IQMS) document. Life orientation as a discipline involves the learner’s overall development throughout childhood and adolescence. Life orientation equips learners with the skills, knowledge and values that are captured in the assessment standards within each learning area. The researcher therefore, decided to supplement the study with a framework grounded on moral theory that will be discussed below.

1.2 Theoretical Framework: Moral Theory

Deducing from what has been highlighted above, the researcher believes that, morals are the basic guidelines for behaviour intended to reduce suffering in a living population and to combat the spread of HIV/AIDS in school children [18]. Morals originate from culture, philosophy, religion, society or individual conscience. That means everyone in the society needs to be honest, obedient, trustworthy, knowledgeable and reliable. Morals enable the learners to make informed decisions regarding personal, community and environmental health [19]. When people hold different beliefs about the effects of actions or the status of different groups of people, their judgments about the harmfulness or fairness of behaviors often differ, even when they are applying the same moral principles [19]. Therefore, we became understood that the influence of emotions and beliefs play an important role in moral development.

Moral development focuses on the emergence, change, and understanding of morality from infancy through adulthood [18]. Morality develops across a lifetime and is influenced by an individual’s experiences and their behaviour when faced with moral issues through different periods’ physical and cognitive development. In short, morality concerns an individual’s growing sense of what is right and wrong; it is for this reason that young children have different moral judgments and character than that of a grown adult [18]. Morality in itself is often a synonym for “rightness” or “goodness”. It refers to a certain code of conduct that is derived from one’s culture, religion
Morals and values are communicated to children through storytelling [20]. He further contends that morality provides children guidelines for understanding the core values of their community, the significance of life and ideologies of moral character from past generations. Storytelling shapes the minds of young children in these communities as well as forms the dominant means for understanding and the basic foundation for learning and teaching [20].

According to Arsenio [20], storytelling in everyday life is used as an indirect form of teaching how one should comport him/herself. He believes that stories are embedded with lessons of morals, ideals, and ethics, and are told alongside daily household chores to help children to take the informed decisions about their lives [20]. Gaskins [18] conforms that most children in communities develop a sense of keen attention to the details of a story with the goal of learning from them, and to understand why people do the things they do. The understanding gained from a child’s observation of morality and ethics taught through storytelling allows them to participate within their community appropriately and care for themselves [18]. Thus, children learn how to avoid negative behaviours by connecting morals and values that sometimes lead them not to become infected with opportunistic diseases including HIV/AIDS and change their attitudes on how they perceive this pandemic.

Morals are based upon norms, values and attitudes of the society. Battistich [21] states that, in every organization including schools, there are common norms and values that are set. In South African society especially within the black community, girls and boys are not expected to indulge them in sexual activities. Morals should be followed and understood by everybody in schools and the community at large. There are four forms of morality, for example common morality, reasonable morality, critical morality and positive morality [22]. Though other forms of morality may not be completely ignored, in this paper the researchers considered chiefly positive morality.

According to Battistich [21], positive morality is the values, attitudes and convictions shared by society. Positive morality made the feelings of a reasonable man, the sole criterion for deciding when law can enforce morality. He also stated that, to say the meaning of a particular positive norm is that a person “ought” to behave in a particular way, is simply to say that the norm “requires” or “commands” that the person behaves in that way. Dowling [23] argues that, there is no way of justifying one person’s moral judgment against another’s. What you think is right is right for you and what I think is right is right for me. Ethical subjectivist affirms that what is thought to be good or right by one person may not be thought to be good or right by another. There is no way of resolving the dispute and there is no final way of justifying one moral judgment against another.

On the other hand, the Department of Education-Guidelines [24] for Educators states that, parents have the first responsibility for teaching children what is right and what is wrong, what is acceptable and what is not. Educators have a strong moral responsibility to help protect the lives of the learners they educate and give possible advice to parents. Thus, according to Kay [25], parents and educators can accept that children develop morally, just as they develop intellectually, spiritually and physically. Moral values, are broadly defined as “principles and fundamental convictions which act as general guides to behaviour, the standards by which particular actions are judged to be good or desirable” [26] and which “provide us with reasons for action”. They are fundamental to understand the HIV epidemic.

In part, this is because HIV has historically been understood as a disease of the immoral, related to promiscuity, homosexuality, prostitution and drug
abuse [27]. Even as these prejudices were gradually but not entirely dispelled, AIDS continued to throw up moral issues relating to health and human rights, as highlighted in Ref. [28]. For example, early responses to the epidemic tended to put the rights of a healthy public against the rights of HIV-positive individuals, resulting in coercive and restrictive approaches to the disease.

In preventing the spread of HIV/AIDS, it is essential for children to understand, consider their beliefs, emotions, attitudes, and behaviours that contribute to their understanding of moral values [26]. Additionally, various researchers in the field of moral development consider the role of peers and parents in facilitating moral development, the role of conscience and values, socialization and cultural influences, empathy and altruism, and positive development, in order to understand what factors impact morality of an individual more completely [26]. Therefore, it is not only the responsibility of teachers in schools but also all the stakeholders and institutions for instance, parents and churches. The responsibility of teachers in schools is to teach young children through HIV/AIDS policy across all subjects on how to avoid contracting the infection.

2. Objectives

The main purpose of this paper is to investigate learners understanding on how to connect morals and values to combat the spread of HIV/AIDS in Grade 10 classrooms; to find out whether learners would be able to protect and prevent themselves from becoming infected with HIV/AIDS; to determine exactly children’s awareness about HIV/AIDS and what is right and wrong. I witnessed that Grade 10 learners in one rural school of Dutywa District are particularly falling pregnant, using drugs, drinking alcohol, engaging on misbehaving practices and drop-out from school before they completing their studies. This was marked by the information that some children do not consider their cultural beliefs, morals and values as they are still engaging themselves on unprotected sex which may result to that some get HIV/AIDS. This illustrates little knowledge information is available for them and this paper is compensating to that body of knowledge. The research was undertaken because of the conviction that school children are supposed to connect morals and values to combat the spread of HIV/AIDS. From this perspective, the researcher believes that morals and values are directed towards changing children’s traditional practices in order to improve their understanding of target intentions about their lives. In order to achieve the objective of this paper, question asked looked into how learners connect morals and values to combat HIV/AIDS and what behaviors do they project when they are not with elders to avoid not become infected by this pandemic. The research was conducted in the Eastern Cape Province in South Africa.

3. Research Design and Methodology

3.1 Research Design

This is a qualitative case study research design using phenomenological investigation. Case studies are multi-perspective analyses. This means that the researcher would consider not only the voice and perspective of the actors, but also of the relevant groups of actors and interaction between them [29]. Qualitative research investigates the why and how of decision making, not just what, where and when. Hence, the need is for smaller but focused samples rather than large random samples, qualitative research categorises data into patterns as the primary basis for organizing and reporting results. Two forms of techniques: focus group discussion interviews (FGD) and in-depth open-ended questions will be used to collect data. Stangor [30] declares that FGD in a phenomenological study describes the meanings of a lived experience, for example; learners already know about AIDS related diseases. The aim of phenomenology is to transform a lived experience into a description “its essence” [30]. He further posits that,
FGDs capitalize on group dynamics, and allow a small group of respondents to be guided by a skilled researcher into increasing levels of focus and in-depth on the key issues of the research topic.

### 3.2 Population and Sample

A population is a set of individuals that meet sampling criteria. Bless and Smith [31] postulate that, a population is a set of elements that the research focuses on to which the results obtained by testing the sample can be generalized. It is absolutely essential to describe accurately the target population.

Regardless of this technique, the researcher used a target population of Grade 10 learners in one of the Senior Secondary Schools in Dutywa Education District. The researcher investigated the study using the first year Grade 10 learners who are new in the high school environment and not living with their parents. They are likely to be the victims in the new life style. The old Grade 10 learners were not included as they were already familiar with the high school environment. The school was chosen because it was situated in a rural area and some of the learners were living alone parents on rented spaces and this is where the researcher resided. There seemed to be children of all age groups who amongst them had no knowledge of the HIV/AIDS pandemic as this was shown by means of their behavioural practices.

Out of a population of thirty-six (36) learners, twenty participants were selected by the researcher. Denscombe [32] declares that, specific values that relate to the population such as average age, are called population parameters and in selecting her sample, the researcher considered the above population parameters.

Furthermore, the purposive sampling used in this study is judged to be typical of the population under investigation. McMillan and Schumacher [33] contend that the researcher selects particular elements from the population that is representative or informative about a topic of interest. On the basis of the researcher’s knowledge of this population, a judgment is made about which subjects should be selected to provide the best information to address the purpose of this paper. The target population for this paper was included Grade 10 twenty participants drawn from one selected school in Dutywa Education District. This involves girls and boys, for example, 10 girls of different ages and 10 boys of different ages.

### 3.3 Instrumentation

In this section, the researcher used a range of techniques to collect the data and information. The two following forms of techniques were used for instance, FGD and semi-structured interviews to collect data from the Grade 10 learners of the one Senior Secondary School of the rural area. The researcher decided to use FGD because it assisted the participants to come up with their deep-sited opinions. Cohen and Manion [34] state that, FGD is the most frequently used data collection technique in qualitative investigation. Through their relatively informal interchanges, focus groups can lead to insights that may not otherwise have come to light through the one-to-one conventional interview.

The second instrument used by the researcher in collecting the data is semi-structured interviews with specific reference to open-ended questions. The researcher chose open-ended questions because they are designed to encourage full meaningful answers using the participants’ own knowledge and/or feelings [33]. It was important for the researcher to record the interviews whilst taking field notes. The purpose of using qualitative interviews with open-ended questions, series of questions and statements or items was to ask the participants for instance Grade 10 learners to answer, respond to or comment on them in the way they think best about the phenomenon [33]. The participants were thus free to elaborate more on how they connect moral and values to combat the spread of HIV/AIDS. Interviews were conducted on their classrooms to make them comfortable and
participate without obstruction. After the completion of the interviews all the responses were transcribed [34]. For the validation of the data all the transcribed recordings were safely kept by the researcher.

3.4 Data Analysis and Procedures

The collected data were examined and thoroughly analysed to reveal the unseen evidence from raw data and make over it into user friendly evidence and if any themes have formed [34]. Next, the data collected from the sample were clustered according to the responses, and then analysed manually to regulate the effect of responses. The researcher listened to the voice recorder and organised the data by breaking it into affordable units, synthesising it, searching for patterns, discovering what is imperative to be learnt. The researcher was aiming to construct descriptive, multidimensional categories, which form an introductory framework for analysis. Data were coded, unit categories were designed and patterns were documented. According to Ref. [33] data are designed into revelation of themes and sub-themes and coded.

3.5 Ethical Considerations

The permission to conduct the study was obtained from the Provincial Department of Education in the Dutywa education district and the principals of sampled schools. The permission was indeed granted in writing. The researcher informed the participants about the purpose of the study and asked them to sign a prepared consent form and a response was considered anonymous. All the responses of the participants were kept confidential as to eliminate any material that can cause destruction. Participants were participated voluntarily and there was no harm to withdraw at any time.

4. Findings and Discussion

This section presents data as revealed by the learners of the research site under investigation. The researcher was investigating the connection of morals and values to combat the spread of HIV/AIDS in Grade 10 school children. The responses of two groups were gathered in order to investigate how learners connect morals and values to combat the spread of HIV/AIDS. The qualitative analysis data were derived from the FGD interviews in the form of open-ended questions. In Ref. [33] postulates that qualitative data analysis is usually based on interpretative philosophy that aimed at examining meaningful symbolic content of qualitative data. In this process of data collection, the researcher tried to retain the participant’s voice and the sense of originality. During the researcher’s conversation with the focus groups about morals and values, HIV/AIDS was the main point of focus under discussion. Themes emerged from the data of the analysed conversations were identified upon patterns and ideas of the participants. The findings showed two thematic categories of learner behaviours and lack of independent experience, lack of knowledge about the use of drugs, which marks the connection of morals and values to combat the spread of HIV/AIDS in Grade 10 school children. Themes presented below were from the findings of the participants based on two questions asked earlier on, for example under the objectives of the paper.

Below are the themes emerged from the findings:
- Learner behaviours and lack of independent experience;
- Lack of knowledge on HIV/AIDS and drug use.

4.1 Focus Group Discussion: Group 1

This group comprised of five participants, three girls and two boys who voluntarily offered them to participate in the study. Their ages ranged between 14-16 years. They seemed to show an interest as they had knowledge already from their parents and life orientation educator. That gives the researcher hope that with the new knowledge that they will gain from the conversation will help them to add to their existing knowledge. The researcher asked them to be free
interacts on the following questions:

• Feeling and behaviour to be at high school for the first time living without your parents;
• The importance of connecting norms and values in your life.

Learners emerged from their conversation that, those who are staying alone were not feeling good as their facial expressions showed. Seemingly they were having some problems.

“To be in high school for the first time and stay alone is a challenge to me.”

“I am staying alone, so I will try to take care of myself which I think this is difficult.”

“Oh, yes I am staying without my parents, I have to manage myself and I am scared.”

He also stated that, since his parents are not working during weekends, it is only then that he had a chance to stay with them.

“My parents are working during the week so I only stay with them during week end only.”

“It is not easy to express my feelings when they ask about the whole situation hence they have told me on how to behave.”

He further asserts that when you are staying alone you may be tempted to engage you in wrong behaviour because no one could say no to me.

“Ndizakwenzaunothanda.”—“I will do whatever I like.”

“I will not consider on engaging or doing right or wrong things.”

“I could easily associate myself with friends who may be having good and/or bad influence.”

From this group it was emerged that what they learned from their parents for example, morals and good behaviour should be one of the things children should use every day. They are aware that they are living in times that they are not safe and the use of drugs is escalating which marked today as the most vulnerable youth.

In summary, in this group learners argued that as they were staying without their parents their behaviours were alike. They argued that, those who stay with their parents show respect and obey the law and a common code of behavioral conduct. They also postulated that, they appreciated the value of good morals and beliefs. To support the above statement Louden and Lamptey [26] state that moral values are broadly defined as “principles and fundamental convictions which act as general guides to behaviour, the standards by which particular actions are judged to be good or desirable”. Learners were aware that, morals and values are based on guidelines which helped them to decide between right and wrong.

On the other hand, learners contend that, they are facing many challenges about their lives and how they should behave. In support of this finding, Gaskins [18] postulates that morality develops across a lifetime and is influenced by an individual’s experiences and their behavior when faced with moral issues through different periods’ physical and cognitive development. They were also complained of doing whatever they like because there was no one to say no. They can not distinguish clearly between what is wrong and right. Amongst them, HIV/AIDS was regarded as the most vulnerable and a continuing disease. They even said, one became infected when she/he had unprotected sex with a person whose sexual history is unknown.

However, the use of drugs is wrong because one’s judgment, one’s ability to think and one’s self-respect is impaired. They also believe that, smoking dagga or drinking alcohol made people do things they would not otherwise do if they were not drinking or using drugs e.g. sleep anywhere, become involved in criminal activities. Learners revealed that, if you use drugs it is possible to lose your life or your dreams shattered by the evils of drugs. They also contend that, drugs cause you to become a failure in achieving goals.

4.2 Focus Group Discussion: Group 2

This focus group consists of five learners, four girls and one boy. Their ages range between 14-16 years.
The same process was followed as above on the following question.

Learners from this group stayed without parents. Learners complained that, they may be experiencing problems. Their facial expressions showed the researcher that they were in a bad trouble.

“I am staying alone because my parents are working in mines.”

“I stay with my friends.”

“Since I am staying without my parents it will be easy to forget what I have been taught by them and that may lead to misbehave.”

“To stay alone may give me a chance to misbehave and engage myself in many wrong things and forget to consider norms and values taught by my parents.”

“I do not have positive values and emotions such as kindness, altruism, harmony, peace etc.”

What is more, it is very important to keep your values because you will be recognized by many people.

“To be proud of you it is very important to keep your values.”

“One should strive for positive values and thoughts and encourage others to do the same.”

All the same, one postulates that, in every culture one should help each other.

“Umntungumntungabantu.”—“Birds of the same feather flock together.”

“Attitude is very important in all areas of human life.”

“If your attitude is positive failure could not be a part of your life because you will be able to take an informed decision about your life.”

Nevertheless, the use of drugs and alcohol also contributes to destroying people’s lives. They are exposed to many dangers and involved in doing wrong behaviour.

“Use of drugs and drink of alcohol can cause someone involved on many incorrect things.”

“One become involved and exposed in many things e.g. smuggling, rape, violence, stealing, prostitution, sleep anywhere and getting diseases including HIV/AIDS and falling pregnant.”

“Some are engaging in criminal activities and drop-out from their studies early.”

“We usually tend to forget what our Life Orientation teachers told us because of peer pressure.”

“We taught not to engage ourselves in sex before marriage.”

The importance of keeping norms and values of your society should be considered. When one is self-disciplined it could be easy to achieve his/her goals. It helps one to be even aware about the dangers of misbehaving.

“It is very important to be self-disciplined.”

“I am still in my teenage years and living without parental guidance, the lessons (behaviour) my parents told me still apply even in their absence.”

“When you stay alone you could be unable to cope due to many problems you will be faced with.”

“You can engage yourself on doing wrong things because there is no parental authority.”

“It is easy to take drugs, alcohol and engage on unprotected sex and this result to some to drop out early from school, before completing their studies.”

In summary learners from this group postulated that, some stayed with others and alone. Thus, their behaviour was not the same. Learners also postulated that, the behaviour of those who stay without parents seem not pleasing. They did not have positive behaviour and emotions such as kindness, altruism, harmony, peace etc. In addition, learners further argued that, they should strive for positive values, thoughts, encourage others to do the same and behave well in the absence of their parents. Battistich [21] states that, to say the meaning of a particular positive norm is that a person “ought” to behave in a particular way, is simply to say that the norm “requires” or “commands” that the person behave in that way.

Those who stay with their parents consider and appreciate the value of good morals and beliefs. This was supported by the statement
“Umntungumntungabantu” that means “birds of the same feather flock together”. They postulated that, attitude is very important in all areas of human life. “If our attitude is positive, failure could not be a part of your life”, they said.

They also understood that, one could become infected through unprotected sex and raped by one that is HIV infected. Also, this could have led to one to drop out early in school and unable to complete his or her studies. They also argued that, teenagers should manage their feelings for safety and not engage them in sex before marriage as told by their Life Orientation teachers. This finding is in line with statement in Ref. [5] that Life Orientation equips learners with the skills, knowledge and values that are captured in the assessment standards within each learning area.

Learners contend that, many young people abuse drugs simply because they find it hard to resist peer pressure. Some teenagers smoke, drink alcohol or abuse drugs because they want to be like grown-ups and imitate parents, brothers, sisters and film stars etc. They said, by using drugs one became exposed to and involved in many dangers e.g. sleep anywhere, rape, stealing, criminal activities and prostitution.

5. Conclusions

Even though the Department of Education-Guidelines for Educators state that, parents have the first responsibility for teaching children what is right and what is wrong, what is acceptable and what is not. From the findings on how Grade 10 learners connect morals and values to combat the spread of HIV/AIDS in schools, it was clearly point out that, learners still have a challenge of behaviours and lack of independent experience. Also, learners lack knowledge about HIV/AIDS and the use of drugs. It was renowned that when one is using drugs one become exposed and involved in many dangers e.g. sleep anywhere, rape, stealing, criminal activities and prostitution which sometimes result in getting HIV/AIDS.

Based on the above findings the researcher recommends:

There is a further need to equip and assist the Grade 10 in particular as this paper focuses on developing them on moral values concerning their behaviours. Children in schools and communities should manage their feelings for safety and not engage them in sex before marriage as they told by their Life Orientation teachers and parents. The department of education will develop plans and strategies for implementing HIV/AIDS policies in schools and identify the role of teachers, parents and learners in preventing the spread of the epidemic. Therefore, it is wise for them to think through connecting positive morals and values that have a potential to bring about change in their behaviours. Education should ensure that learners and students acquire age-and-context-appropriate knowledge and skills in order that they adopt and maintain behaviour that will protect them from HIV infection. The Department of Education-Guidelines for Educators state that, parents have the first responsibility for teaching children what is right and what is wrong, what is acceptable and what is not. Forthcoming researchers could carry more research on young people’s behaviours to sustain good practices for effective goals about their lives.

Limitations

This paper is a case study whose scope was limited only to one Senior Secondary School in the Dutywa Education District that has been purposefully selected only Grade 10 new students. Therefore, findings presented can not be generalised.

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