

**AN ASSESSMENT OF LIFE SKILLS EDUCATION
AT PRIMARY, MIDDLE &
HIGH SCHOOL**

BY

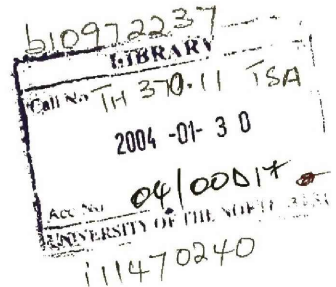
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**SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF SOCIAL SCIENCES (SOCIAL WORK)**

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DECLARATION

"I declare that the dissertation for the degree of Master of Social Work in social work at the University of North West hereby submitted, has not been previously submitted by me for a degree at this or any other university, that it is my own work and that all material contained herein has been duly acknowledged".

DEDICATION

This dissertation is dedicated to the memory of my parents, Elizabeth and Michael Tsatsi. Their determination in life instilled the value of education, discipline, respect and ambition (beginning with the end in mind). I am truly indebted.

ACKNOWLEDGEMENTS

At the very onset, my deepest appreciation goes to the Almighty God, for giving me the strength to complete this project.

I acknowledge with gratitude the support and guidance afforded me by Professor W.W. Anderson, my supervisor. His unfailing support helped to make this dissertation a reality.

I am also indebted to Mrs Thandiwe Manong for her willingness and patience to type the report. Sincere thanks to principals, educators and guidance counsellors of schools in Mpumalanga and North-West Provinces, who took their time in completing the questionnaires. The research could also not have been a success without the co-operation of them.

Finally my deepest thanks go to my family and my fiancé (David) who expressed confidence in me and gave me support. It is difficult for me to express what their love, prayers and strength have meant in my life. You made it all worthwhile!

ABSTRACT

In South Africa, many health and social problems such as HIV/AIDS, substance abuse, teenage pregnancy, truancy and violence are constantly on the increase. Measures to combat these problems have until now proved unsuccessful. As a result the social functioning of young people become detrimentally affected. Therefore it is necessary to find new ways of preventing these pathological phenomena, since the future demography of the country depends on the physical, psychological, emotional and cognitive aspects of the present generation.

The study was undertaken to assess life-skills education at schools. The researcher felt that it is important because inadequate life-skills education make children vulnerable to social pathologies. The major tools used for data collection were questionnaires and literature reviews. A sample of 43 schools was drawn in the North-West and Mpumalanga Provinces.

The findings revealed that the schools and parents do not prepare children for life. That is schools do not offer Life-Skills education or the time spent on Life Skills education is minimal and educators are insufficiently equipped to offer Life-Skills education programmes. It is also found that children receive their sex education from their peers. This shows that parents do not play their role with regard to the proper socialisation of children.

The study suggests that life-skills education programmes and more in-service training be organised for educators so that they can offer effective Life-Skills education to learners.

Finally, the study submits that, to be successful, prevention should focus on comprehensive team approach. Prevention is not a limited function of educators, social workers or health

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professionals, but it can be provided in a concerted effort by all these professionals, parents as well as the community. Through this, the increase of health and social problems can be minimised among young people.

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CHAPTER ONE

1.1 GENERAL INTRODUCTION

It is sufficing to say that many health and social problems such as AIDS, substance abuse, child sexual abuse, teenage pregnancy and violence are constantly on the increase. Measures to combat these problems have until now proved unsuccessful or ineffective. As these problems are becoming more serious, it has become necessary to find new ways of preventing these pathological phenomena. In this regard we specifically refer to primary prevention, as we believe that the only solution to these problems is to focus on the next generation.

Life Skills education is a comprehensive psycho educational system with applications in psychotherapy, training, education and rehabilitation. It is perceived as an effective modality for both prevention and remediation of psychosocial dysfunction (Peck and Hong, 1988:46). Life Skills education programmes conduct positive health and welfare education programmes starting with the first year of school (including nursery schools) and following the learners through their primary school life.

The programme increases the child's knowledge of the systems and structures of the body and focuses on its wonder and beauty as a human machine. They look at peer pressure, self esteem, advertising and refusal skill in order to help children to be able to say "No" to another person and walk away unscathed and with dignity. They examine friendships, for children to identify both positive and negative influences of friends and the importance of making decisions independently.

To safeguard people against the onslaught of health and social pathologies, focus should be on efforts to internalise an accepted life style (primary prevention) or to change the life style of people. Life style is considered to be the general behaviour pattern of an individual as expressed by his motives, coping capacities, cognitive thinking and attitudes. The mode of living is influenced by factors such as culture, values and socialization whereas peer pressure and the media also play a vital role in shaping lives of people, especially young people. Therefore, whatever the nature of the problem, we need to realize that it is the product of a specific life style, which implies that the only solution will be to purposefully employ a continuous positive prevention approach in order to stabilize or change the life style of people.

1.2 STATEMENT OF THE PROBLEM AREA

The problem area anticipated for this particular research firstly is the increase in social and health problems mostly amongst the youth.

This is the case because it is estimated that 1 015 198 (5.8%) of South Africans over the age of 15 is dependent on alcohol (Social Welfare Paper, 1998). In addition to that it is estimated that 13.5 million Africans have died of AIDS, representing 85% of those who have died of AIDS related illnesses worldwide (City Press of 16th April 2000). According to the City Press of 11th June 2000, in South Africa, it is suggested that 6 million people would be HIV positive by the end of the year. The implication is that young people would not live a normal life and their social functioning will be detrimentally affected.

Secondly, parents are not properly prepared to socialise their children. Reasons being ignorance, limited time, permissiveness and technological devices e.g television.

Thirdly, schools are not offering purposeful life skills education. As a result young people will remain at risk. According to the survey done at the University of the North West by the Social Work Department during 1999/2000 concerning life skills education at schools, it was found that educators do not have sufficient training in life skills programmes. That is why they lack knowledge of life skills that they can offer to the learners. It is pointed out that only 17.9% respondents were sufficiently equipped to offer life skills, guidance and counselling. This may also put children at risk of becoming vulnerable to social pathologies.

1.3 OBJECTIVES

The objectives of this research are as follows :-

- 3.1 To determine the nature and extent of social and health pathologies.
- 3.2 To do a content analysis of the nature and extent of life skills education in schools.
- 3.3 To recommend the introduction of (changes) an effective life skills counselling programme to schools.

1.4 SIGNIFICANCE OF THE RESEARCH

The research will be valuable to the country at large especially the South African citizen. It will benefit the community (including children, parents, the social workers and policy makers).

Firstly, it will benefit children in the community since the programme is directed towards the timely prevention of social pathological circumstances of which children are most vulnerable. Therefore the more knowledgeable they are, the more defensive they will be and their social functioning will be enhanced. In addition to these, the programme will supplement parents in their role of upbringing of their children with the necessary knowledge and the community will be in a better position to mobilize resources or facilities for life skills so that it will be responsive to the needs of the children.

Secondly, the study will benefit social workers (i.e the profession) in the sense that they will be able to devise effective preventative community awareness programmes that can be incorporated into life skills education. Also social workers will be able to realise their roles and contribution for training educators about life skills.

Lastly, the study will benefit policy makers or educational authorities because they will be able to change or create policies on how to prevent or deal with social and health pathological circumstances.

1.5 **HYPOTHESIS**

A hypothesis refers to a tentative statement about the relationship between two variables. This implies that its truth can be tested. Therefore the hypothesis for this research is as follows :-

Inadequate life skills education and inappropriate knowledge make, especially young people, vulnerable to social and health problems.

1.6 **LIMITATIONS**

It is important to note that findings of the research may not be sufficiently accurate since some short comings may exist with regard to it.

Limitations may be as follows :-

1.6.1 Firstly, the lack of adequate resources, material and literature on the topic as this topic has not received sufficient attention in South Africa.

1.6.2 The research is demarcated to the North West and Mpumalanga Province, therefore it will not represent the whole country.

1.7 **DEFINITION OF CONCEPTS**

Important concepts to be defined in this research are as follows : Life, skills, life skills, education, competence, social pathology/problem, life skills counsellor and socialisation.

1.7.1 **Life**

According to Longman's Dictionary (1987:604) life implies the typical qualities of human existence. It is the period between birth and death. Basically the

term or concept life includes the time from one's conception until the end of his existence.

1.7.2 Skills

According to Jones (1991:11) a skill is defined as the proficiency, competence and expertise in some activity. However the essential element of any skill is the ability to make and implement a sequence of choices to achieve a desired objective.

1.7.3 Life Skills

William (1990:249) defines life skills as those skills needed to help a person to function in society as an independent adult. It includes personal skills such as hygiene and body care, domestic skills, household management as well as the ability to understand and deal with the institution of society. Peck and Hong; (1988:99) refer to life skills as the living skills, which enable people to care for themselves in a supportive environment. Life skills are therefore concerned with independence in self care, understanding of the environment and living with others.

1.7.4 Education

Page (1991:112-113) defines education as the total process developing human ability and behaviour. It is a social process in which one achieves social competence and individual growth, carried on in a selected controlled setting, which can be institutionalised.

1.7.5 Competence

Competence is defined as the ability of a person to interact effectively with the environment. Through it, people are able to face challenges in an outside world (Northern, 1969:1050).

1.7.6 Pathology

Pathology refers to an abnormality or deviation from the normal. In recent writings the term deviant behaviour has come into use because of the association of the word pathology with disease (Collin, 1988:24). The concepts pathology and problems will conversely be used in the text.

1.7.7 Social Pathology

According to Le Roux (1994:96) social pathology is defined as phenomena which are negative, destructive and socially deviant when measured against the accepted norms, values and rules of conduct that are applicable within society. This means that social pathologies are acts which are socially unacceptable in the society and clashes with the norms and standards of society.

1.7.8 Life Skills Counsellor/Educator

Life skills counsellor is an experienced teacher who assists people to develop self-help skills. He or she helps people to develop skills that they require for their survival, maintenance and enhancement. In addition to that, life skills counsellor enables people to deal with their problems and potentials in all areas of life such as relationships, sex, parenting, occupational choice, work, study and examinations, leisure and health (Nelson-Jones, 1997:51).

1.7.9 Socialisation

According to Louw and Edwards (1994:515) socialisation refers to the process by which children learn to conform to the moral standards, role expectations and requirements for acceptable behaviour in a particular community. It encapsulates the process of culture transmission from the older generation to the younger generation.

1.8 METHODOLOGY

Methodology basically encompasses techniques a researcher uses to manipulate data to acquire knowledge. This term or concept sets the models of investigating truth and estimating evidence and causation, conceptualisation and classification (Mitchell, 1968:125). Methodology covers the research design and methods of data collection.

1.8.1 Research Design

It is defined as the conditions for collection and analysis of data. According to Grinnell (1988:41) research design is a plan that includes every aspect of a proposed study from conceptualisation of the problem to data presentation. Its intention is to plan and restructure the research so that validity of the research findings are maximised.

The research design to be used in this study will be the descriptive design. This is the case because through it, the researcher will be able to describe characteristics of the phenomenon, estimate proportions, establish predictions and discover the possibility of the association between variables.

1.8.2 Methods of Data Collection

This refers to the instruments when collecting data. Therefore the instruments to be used throughout the research when gathering data include the following - literature studies, questionnaires and content analysis.

1.8.2.1 Literature Studies

A literature search acquaints the researcher with previous inquiries into the subject. It answers the question: what have others written about the problem area. The search also improves understanding of the topic, supplies information about the importance of the endeavour and provides the basis for the methodology to be used (McKendrick, 1990:254).

A comprehensive literature review will be made by the researcher in order to gather more information regarding the extent of social pathologies, life skills in general and the development of an effective life skills programme.

1.8.2.2 Questionnaires

In this case, personally administered questionnaires will be used. It refers to a list of questions to be asked to the respondents by the researcher herself in a face to face situation. This type of data collection method is considered more effective since the researcher will be able to make corrections or clarify questions put to the respondents. A questionnaire will be administered to the principals, educators, life skills counsellors pertaining to the nature of life skills programmes offered to the learners. Areas covered in the questionnaires are amongst others the main problems experienced by school children, why they think social and health problems especially amongst the youth are on the increase; and the quality of life skills education in schools.

1.8.2.3 Content Analysis

The detached contents of life skills knowledge offered at schools were evaluated. In this regard attention was given to life skills (knowledge) offered by each school; who is responsible for offering the courses and how well they were prepared for this task. Furthermore the mode of the courses in which it is offered were also investigated. The main objective of the content analysis was to measure the effectiveness or impact of the present life skills education programmes offered by schools to the learners.

1.9 * SAMPLING

Sampling is the procedure by which we can infer the characteristics of a large body of people although we talk with only a few. The main purpose of sampling is to obtain information from a small number of individuals or entities that represent the aggregate or population. The type of sampling method used was probability sampling. In this regard, a systematic random sampling combined with cluster sampling was followed. The Department of Education provided the researcher with a list of schools from which 43 schools were selected systematically. The cluster sampling was mainly used for convenience purposes where schools in the proximity of already sampled schools were included into the sample.

1.10 * DATA ANALYSIS

Reid (1984:243) explained that data analysis is the categorising, ordering, manipulating and summarising of data to obtain answers to research questions. In analysing data, descriptive and inferential statistics were used. That is using the principle of probability theory which imply that inferences about a population can be made from a sample by means of inferential

statistics. The data gathered were analyzed through using frequency distribution tables or other forms of presenting the data.

1.11

DIVISION OF THE REPORT

The study is arranged as follows :

The present chapter, is an introductory chapter. It outlines the purpose and research methodology of the study.

Chapters two (2) to five (5) concentrate on selected literature that is relevant to the subject under study. Chapter six (6) presents the analysis of empirical data followed by the discussion of the major findings, conclusions and recommendations in chapter seven (7).

CHAPTER TWO

SOCIAL PATHOLOGIES - AN OVERVIEW

2.1

INTRODUCTION

South Africa is experiencing a high rate of pathologies which are on the increase. Pathologies which are threatening the lives of individuals among others include: HIV/AIDS, teenage pregnancy, substance abuse, child sexual abuse, juvenile delinquency, satanism, rape etc. Due to the devastating effects of these pathologies on the lives of the youth, all young people need to be prepared for life at all levels, physically, emotionally, spiritually, intellectually and socially. Craig et al. (1996:6) believe that life skills can be learnt, modified and improved as the person develops and adjusts to life's challenges because if a person has these skills, we will have a society comprising of mentally healthy balanced individuals capable of contributing to a strong nation.

Young people in schools are faced with a huge crisis concerning their lives due to improper preparation for their youth. They are probably not fully prepared for life and how to cope with it, as a result, many of them end up being vulnerable or victims of life itself hence their social functioning become impaired.

Many social problems/pathologies exist in schools since a great number of schools do not offer sufficient guidance and counselling or it may seem that some of the educators consider themselves insufficiently equipped to offer purposeful life skills to their learners. The most prevalent and pressing social

pathologies in schools of which the learners are victims, include among others; indiscriminate sexual relations which makes them vulnerable to HIV/AIDS, teenage pregnancy, STD's, substance abuse, satanism and truancy. Therefore in this chapter attention will be given to the main health and social problems experienced in schools and their learners. An attempt will be made to describe these pathologies with special reference to their effects as well as suggestions by writers of how to handle them.

2.2 VULNERABILITY TO SEXUAL DISEASES

2.2.1 HIV/AIDS

The abbreviation AIDS according to Hubble (1990:5) comes from Acquired Immune Deficiency Syndrome. It is a disease caused by a virus infection called the Human Immuno Deficiency Virus. HIV lives only in blood, sperm and vaginal fluids. Following infection, people are initially asymptomatic for several years and many remain so indefinitely. They are however HIV infected and are able to transmit the virus. Progressively the virus will weaken the immune system. In the AIDS related complex there is evidence of moderate immunodeficiency from increased susceptibility to more serious opportunistic infections or tumours that take advantage of the weakened immune defence against them. Furthermore, Anord (1990:81) stated that HIV incephalopathy, which typically occurs after the development of AIDS, but occasionally may precede it, causes progressive damage to the central and peripheral nervous system with gradual development of dementia and disorders of sensation and motor control. HIV is transmitted sexually and non sexually by sharing syringe needles with infected drug users, by contact with infected blood (blood transfusion) or by birth from infected mothers.

2.2.2 Extent of HIV/AIDS

According to Dr Chipacacha, South Africa which trailed behind some of its neighbour in HIV infection levels, is unfortunately catching up fast: one in seven infections on the continent of Africa during 1998 are believed to be in South Africa. There was a 32.4% increase in new infections from 1998 and the infection rate among the under twenties went up by 65%. In North West Province, there has been a rise in prevalence among pregnant mothers from 0.1% in 1990 to 23% in 1998. The national statistics show an increase from 0.7% in 1990 to 22.8% in 1998 (Department of Health : North West Province).

Startling statistics were also revealed by "True Love" August, 1999. These figures can be summarised as follows :

- In about five years time it is predicted that approximately 5.6 million people will be HIV positive in South Africa. By then 2.1 million would have died from the disease (Thomas Munk, AIDS Researcher for the Metropolitan Employee Benefits).
- More than 1.500 people in South Africa become infected every day.
- At present there are approximately 100.000 AIDS' orphans in the country. It is estimated that within three years, there will be 590.000 AIDS orphans (Newsletter of the Women Health Project).
- The recent Government statistics on HIV/AIDS revealed that there is a 65% increase in the disease amongst teenagers 15-19 years of age.

To conclude, the National Report of The Girl Child Survey (1998:17) reported that HIV/AIDS is high amongst young women aged 15 to 19 years. The Department of Health of North West Province reported that during the period May 1994 to April 1995 there had been an 80% increase of the disease. The prevalence and increase of HIV/AIDS is a clear indication that somehow our efforts to combat the disease, have not been successful as the following quotation from the report undoubtedly proves: "our information attests to the fact that the majority of school going children have heard about HIV/AIDS but do not have information on it".

2.2.3

STD's

STD's refer to Sexually Transmitted Diseases. These are illnesses transmitted through sexual contact with an infected person. The best known of these diseases are syphilis, gonorrhoea, chancroid, herpes and chlamydia. All these mentioned diseases have the same characteristics in common i.e they usually form sores or lumps or produce discharge on or from the sexual organs (Teenagers and AIDS Magazine, 2000).

There is a link between STD's and AIDS which most people are not aware of: the sores on the sexual organs which have been caused by STDs makes it easy for the AIDS virus to penetrate the body, or for someone with a sore to pass the disease onto another person. The virus needs a broken skin in order to enter the body. It is possible to get AIDS and STDs through sexual contact between men and women, between men and men and possibly two women. Since it is observed that young people become sexually active at an early age, it is obvious that they can become infected without realising these possible dangers.

2.2.4 Measures to combat HIV/AIDS and STD's

Various studies have found that boys and girls become sexually active from the age of 14 years (Anderson, 1994, Mogotsi, 1996 and the Girl Child Survey, 1998). Mogotsi, (1996:86) and the Girl Child Survey (1998) further found that most school children received their sex education from peers and exclaimed that the most threatening finding is the minimum role played by parents. When she asked the school children about their attitudes with regard to pre-marital sex 60.20% said that it was completely acceptable.

Subsequent to the findings of Mogotsi, the Girl Child Survey (1998:17) remarked that schools do not offer sexual education as part of their curricula and some cultures prohibit families from discussing issues of sexuality with their children until they go to initiation school or are above 21 years old. This scenario leads to a high level of ignorance and misinformation for girls and boys regarding their sexuality. Therefore it is evident that health and sexual education should be introduced at an early stage of the child's life. Collier and Donnelly (1991:700) support this statement by stating that AIDS' education programmes need to be developed in schools which aim particularly at learners who are younger than the age group likely to have risk behaviours. They further stated that the programmes should broadly focus on dealing or making young people aware of various sexually transmitted diseases as well as sexuality and human relationships. Sapire (1994:47) is of the opinion that although it is tempting to start sexual education late in a child's life, learners start experimenting with sex at an early age. Van Coevden de Groot and Great-head (1987:434/6) found in their study that 81% of female adolescents were sexually active and the average age reported at first coitus was 14:7

years. Based on these figures they strongly recommend that sex education be engraved in the school curriculum and offered to children at an early age.

2.3 TEENAGE PREGNANCIES

2.3.1 The concept teenage pregnancy

A teenager is a young person between 13 and 19 years old. Pregnancy refers to a condition of being pregnant. That is when a female or woman is having an unborn child (Longman Dictionary : 812). According to the South African Journal of Psychology (1999:1) teenage pregnancy is perceived as an "epidemic of adolescent child-bearing and child having children". This denotes that it is a condition whereby an under-aged falls pregnant.

2.3.2 Extent of teenage pregnancy

It is pointed out that there is a sky-rocketing rate of teenage pregnancies coupled with the increasing rate of HIV/AIDS' infection among the youths in South Africa (City Press of February 2001). It is evident that without tangible steps to curb this scourge South Africa will soon be heading for a crisis. According to Anderson and Okoro (2000) adolescents are in general at high risk of falling pregnant. The highest risk groups are young adolescents and those from socially and economically disadvantaged backgrounds. According to the South African Journal of Psychology (1999/1) the extent of teenage pregnancy is measured in terms of the following circumstances. Firstly the disruption of schooling, secondly poor child outcomes, thirdly health risks associated with early pregnancy, and lastly demographic concerns and relationship difficulties. Boulton and Cunningham (1992) cited in S.A. Journal of Psychology found from their survey on teenage pregnancies that of 145

respondents (sample) about 86% of teenage pregnant girls thought of returning to school.

2.3.3 Effects of teenage pregnancy

Firstly it is perceived to be detrimental to the teenager as it limits her future career prospects and therefore contributes to a lower socio-economic status for her and the newborn child. Secondly, regarding outcomes whereby the physical part of an individual may be harmed. Thirdly inadequate mothering i.e in cases where teenage mothers found mothering to be difficult as a result of parenting skills. Fourthly it also affects the teenager's relationships with their families of origin as well as with her partner and friends. Lastly it contributes towards unplanned population growth.

2.4 SUBSTANCE ABUSE

2.4.1 The concept substance abuse

According to Ghodse and Maxwell (1990:6) substance abuse implies any drug taking which harms the physical or mental health or well being of an individual or other individuals of society at large. Sue (1997:251) stated that substance abuse is a maladaptive pattern of recurrent use that extends to distress and continues despite social, occupational, psychological or safety problems. This means that substance abuse is the misuse of drugs which ultimately affects one's social functioning.

2.4.2 Extent of substance abuse

Available statistics of drug abuse/substance abuse, which are totally inadequate, only touch the tip of the iceberg (ICPA, 1998 Conference, an U.N

Narcotics Commission, 1989). It is therefore impossible to determine the full extent of the drug problem. However the South African Council on Alcoholism and Drug Dependency has estimated that there were at least 350 000 alcoholics in South Africa in 1985 which increased to approximately two million in 1998. According to De Miranda (1990) the consumption and abuse of psycho active substances, including alcohol, have increased at an exceptionally rapid pace in developing countries. South Africa is no exception and drug abuse, with all its implications, has become one of the most pervasive problems facing our community, especially young people. He continues to say that drug abuse represents one of South Africa's most serious public health and psychosocial problems. The threat to the community and public health in terms of accidents, invalidity, health care and the potential spread of diseases such as Hepatitis B; AIDS as well as the increasing incident of severe foetal damage inflicted on countless new born babies, has put an almost unbearable strain on health resources of our country.

According to the Social Welfare Paper (1998) it is estimated that 1.015 198 (5.8) of the South African population over the age of 15 is dependent on alcohol. High risk groups include women, youth, children and people living in the townships, informal settlements and rural areas. In conclusion Louw (1993:187) is of the opinion that drugs and especially legal drugs have become an increasing common part of everyday life-style and hence has become a major public concern.

2.4.3 Effects of substance abuse

It is a fact that nearly every organ in the human body can be damaged by excessive and prolonged consumption of drugs. This includes amongst others

brain damage, heart diseases, high blood pressure, strokes and cancer of the throat, mouth and lungs, diabetes, pancreatitis and cirrhosis of the liver. Concomitant circumstances of drug abuse are foetal alcohol syndrome, child abuse and neglect, children killed by drunken drivers, motor accidents, crime and violence. Finally one can say that substance abuse is considered to be a social, psychological and health problem since those who abuse them in the long run destroy themselves physically and mentally. In other words it affects the individual's intra and interpersonal functioning. It is also a universal problem for the fact that drugs, in all its diversity, various manifestations and devastating effects, are rampant in every country on earth including South Africa, afflicting harm and claiming willing victims.

2.4.4

Measures to combat/prevent substance abuse

Ghodse (1989:254) identified three preventive measures to prevent substance abuse. Firstly, in primary prevention the aim is to prevent the initiation of drug abuse by limiting the availability of drugs combined with educational programmes for those who are perceived to be at risk of starting to experiment with drugs. The underlying principle is that there should be sufficient drugs available for any genuine medical need and that surplus drugs should be effectively controlled to combat illicit drug dealing whereas drug dealers should be severely punished. Educating the public to reduce the demand for drugs also offers the best hope for the prevention of drug abuse.

Secondary prevention depends on the early identification of drug abusers so that they can be treated promptly to prevent the development of a state of severe dependence. Tertiary prevention is involved in the treatment of those with a severe dependence problem based on the principle that successful

treatment will also have preventative effects. The main approach in this regard is to reduce the demand for drugs which will consequently reduce the supply.

The primary prevention approach is supported by Watson (1990:363) with the proviso that it must be school based. Learners should be made knowledgeable about the pharmacological effects and psychological consequences of drug usage. He is also of the opinion that teachers need timely drug education in order to effectively guide their learners.

Effective measures to prevent and combat drug usage/abuse should be based on scientific drug research findings. Anderson and Okoro (2000) supports the importance of research stating that the use and misuse of alcohol among young people have received increased research attention in recent years. The hope is that greater understanding of the initial experience with alcohol and the early stages of alcohol related problems will shed light into directions toward the later and often more severe consequences of alcohol misuse in adulthood and towards the earlier actions that might be required for a comprehensive effort in primary prevention.

2.5

TRUANCY

2.5.1

The concept truancy

Reynold and Murgatroyd (1977) in Compton and Galaway (1985:21) define truancy as absenteeism from school irrespective of reason. According to Le Riche (1995:1) a truant is defined as a boy or girl who might be absent from school altogether or from a particular lesson or lessons with or without

parental knowledge. This is one of the pathologies that affects our schools today and Fisher and Cochros (1975:375) stated that "no problems related to school is as potentially destructive to the child as his refusal or inability to attend school". Fisher and Cochros (1995:375) further explained that chronic absence from school may be the result of many factors including illness, resisting authority, embarrassment about their clothing or appearance, fear of either their classmates or teachers, or simply being bored.

Although the causes are many, the majority of people believe that truants have an irresponsible or indifferent attitude towards education.

2.5.2 The extent of truancy

Truancy like all other social pathologies has many causes and has detrimental effects on the learner and his significant others. If nothing is done to combat or prevent truancy, it will escalate until society is unable to do a thing about combatting it. According to Compton Galloway (1985:157) the longer the pupil remains out of school, the greater becomes the chances that they will become street children and most of these deviances are the result of truancy and dropping out of school which are significant risk factors for delinquency and eventually adult criminality. Therefore the issue of truancy should be dealt with to avoid future pathologies.

2.5.3 Measures to combat or prevent truancy

In order to find practical solutions to school absenteeism, Le Riche (1994:5) suggested that it would be ideally desirable to approach the pupils to evaluate their perception of their education as they are the recipients of the system which the government and education are imposing on them. Truancy as a

multifaceted pathology concerns not only educators but also school governors, politicians, sociologists, psychologists, economists, police, social workers, lawyers and of course parents and pupils/learners (Le Riche, 1994:1).

In order to find practical solutions to school absenteeism, Le Riche (1994:1) suggested that the voice of the pupil/learners should be listened to if truancy is to be minimised or dealt with in a successful manner. If the voice of the learners are taken note of and deficiencies exposed and addressed, schools would be more appealing and absenteeism subsequently reduced.

2.6 SATANISM

2.6.1 The concept Satanism

According to La Voy (1969) cited in Els and Jonker (2000:4) Satanism is defined as the formalised religion based upon "The Satanic Bible". It is a religion of flesh, the mundane, carnal, all of which are ruled by Satan, the personification of the left hand path.

Tiillet (1978) cited in Els and Jonker (2000:4) stated that traditionally Satanism has been interpreted as the worship of evil, a religion found upon the very principles which Christianity rejects. As such Satanism exists only where Christians exists and can be understood only in the context of the Christian views. Things are also to speak reversed such as the Christian devil becomes Satanist's god and Christian virtues becomes vice versa and are turned into virtues.

Life is interpreted as a constant battle between the powers of light and darkness and the Satanists fight on the side of darkness, believing that ultimately this will achieve victory. In addition to this, it is a religion in as far as those who practice it, worship and honour Satan. However at the same time Satanism is the practice of criminality.

2.6.2 The extent of Satanism in South Africa

The emergence of Satanism in South Africa in the early seventies, gradually increased into the middle eighties. It is also perceived as a social pathology among the youth. Therefore learners especially those in high schools are at risk of becoming Satanists. According to Els and Jonker (2000:41) no one knows how many people are into Satanism or to what degree they are in. There is simply not enough evidence to assess the number of people involved. Since the majority of Satanists are self-styled and have developed their own religion, they practice their faith in solitude.

Els and Jonker (2000:43) stated that before the seventies only sporadic cases of Satanism were recorded in South Africa. Since then it has increased alarmingly. Former practising Satanists as well as police investigations and reports, verify the increase. Few of such occurrences are recorded as follows:

- * Dave Grissel became the first South African Satanist priest in 1980. He boasted that there were 165 000 active Satanists in more than forty cells across the country.

- * The magazine (Personality) published two articles on the increase of Satanism in this country on 8th and 15th August 1988. The following aspects were emphasised in the articles.
 - i. Satanism is, in some cases, passed down from generation to generation e.g in one such family, a young boy suddenly started displaying alarming deviant symptoms. He also became sick when ministers spoke to him about Jesus.
 - ii. According to former Satanists there are more than two thousand active Satanists in Sasolburg.
 - iii. Numerous children in Bloemfontein actively practice Satanism in houses in Naval Hill and in a church in Hilton.
 - iv. An East Rand pastor mentioned five covens in his community.
 - v. On numerous occasions occult material was found in nursery schools. Videos, films, books and magazines which advertise the occult and Satanism were confiscated (Jonker, 1993:50-51).

Russel Molefe from the Sowetan (1997:1) reported in July 1997 that black youths are increasingly getting involved in Satanism. The school children are recruited to Satanism under false promises of acquiring power and leading a life of luxury. "The number of telephonic enquiries from principals seeking help, requests from principals to address teacher/parent meetings on the subject, requests from para-school organisations like the Transvaal Teachers

Association to address meetings, all attest to the fact that Satanism has become a problem among school children, particularly high school children" (Els and Jonker, 2001). This articulates that Satanism is increasing daily as a social pathology and young people are the victims.

2.6.3 Measures to combat/prevent Satanism

No family is immune to the threat of cult activities or ritual crime and abuse simply by virtue of their religious beliefs, moral standards or the locks on their front doors. All children are potential victims of Satanism. The trap of Satanism is not reversed for those who are troubled, those who are going through the adversary of family splitting up, or those who are being neglected as children. Not only parents who are careless about their children, but also caring parents fall prey to the devastation that come along with Satanism. The key to dealing with the problem is through understanding it, becoming aware of the indicators and fiction. This strategy will help in cases where there is a possibility that a family member or friend has become engulfed in harmful occult activities or that a potentially dangerous situation manifests in a community (Els-Jonker, 2001:311).

Morriarry (1992:44) is of the opinion that parents who are seriously seeking help for their troubled children, must obtain a reasonable objective understanding of the principles of Satanism. If parents realise that their children are experimenting with or involved in Satanism, they should firstly show acceptance and not rejection to them, secondly to set boundaries as parents like permissive, uninvolved parenting styles cause as much damage to the child's security and experience of parental love as parents with an autocratic, rigid style. They should know that occasions will arise where they

will not be able to prevent a child choosing to become involved in Satanism. Thirdly they should support the child, and lastly they should listen with impartiality and openness to a child deciding to break away from Satanism, but is panic-stricken and afraid. Therefore parents need to be open to listen with empathy and love.

2.7

CONCLUSION

The increase of the prevalence of social pathologies especially their effects on the life of young people is perceived to be a problem worldwide. This is the case because their effects will affect the physical, psychological, intellectual and cognitive aspects of them. As a result they'll be unable to function as full individuals in future.

CHAPTER THREE

SECTION A

3. RESPONSIBILITIES OF PARENTS AND SCHOOLS IN LIFE SKILLS EDUCATION

3.1 OVERVIEW OF PARENTING

Parenting is one of life's most challenging and demanding roles. It is also the role for which one is likely to be the least prepared as there is no clear job description and selection or training for parenthood (Gerdes, 1998:13). This implies that there is no tests for assessing parenting readiness. Most new parents are ranked as immatures who learn largely through job training, and by a great deal of trial and error. Gerdes (1998:12) further stated that many parents do quite well and most children are resilient enough to survive their parent's inexperience or inadequate life skills knowledge and develop into reasonably well adjusted adults. Nevertheless, it is likely that many parents suffer a great deal of unnecessary anxiety because they lack the necessary knowledge and direction. This may lead to unrealistic expectations of themselves or their children. Anxiety, doubt, frustration are but some of the likely results of parenting.

Gerdes (1998:12) indicated that effective parenting demands knowledge and understanding and knowledge of life skills. It requires knowledge of oneself, one's partner and child. However such knowledge should be enriched by imagination which enables one to walk in the shoes of another to try to understand their point of view, their feelings and worries. Being a family is an

ongoing human relationship process and developmental exercise for both parent and child. The following skills are suggested by Gerdes (1998:12) for better parenting (family):- good/effective communication, thoughtful decision making and coping constructively with conflict or stress. Most of all, parenthood is a matter of heart, love, concern, kindness, compassion and patience stretched to limits. Being so emotionally involved makes parents vulnerable. They suffer with and for their children.

According to Gerdes (1998:13) we are living in a rapidly changing society in which values and norms of what is right and wrong may be uncertain. Yet parenthood demands a definite sense of direction. Trying parenting without clearly defined values, beliefs and standards of behaviour is akin to navigating a ship through a stormy sea without a compass. It is far easier for parents in times when standards are rigidly prescribed by society but today the onus to a great extent rests on each family to define their own standards than was the case with previous generations. This implies that presently the way children are being socialised differ from one family to the other depending on their norms, beliefs and standards. There are certain skills and principles which can make it more rewarding to be a parent, more exciting to be a child and help make the family a safe haven in an uncertain world. Such skills and principles will thus perpetuate on accepted socialization process.

3.2

DIFFERENT PARENTING STYLES

Parenting styles tend to reflect the personality, values and ideals about child-rearing of the parents. These parenting styles may however have an effect in the acquisition of life skills by the children. That is the way or the manner in

which a child might acquire life skills from his/her parents, may also depend on the type of parenting style a particular parent possesses.

Gerdes (1998:27) identified three styles of parenting namely authoritarian, the permissive and the democratic style.

3.2.1 The Authoritarian Style

In this type of parenting, emphasis is placed on the absolute authority of the parents. It is assumed that they know best and children should obey them unquestioningly (Gerdes, 1998:27). Some parents strongly emphasise their authority and see their role as that of decision making and controlling. They tend to be strict disciplinarians enforcing rules that they have made. This means that in this style of parenting, children are told what to do and to maintain or follow their parents' rules and regulations. There are strict, rigid family boundaries. According to Gerdes (1998:27) extreme authoritarianism may lead to social inhibition, lack of confidence and independence in children.

Therefore to support Gerde's statement, children lacking confidence or being socially inhibited, may have difficulty in acquiring the necessary life skills such as assertiveness, decision making, interpersonal relationship skills etc. Such children might develop fear, anger and poor relationships towards their parents.

3.2.2 The Permissive Style

In this type of parenting style, emphasis is on the freedom of the child, allied to the notion that such freedom from restraint will foster the development of the child. Furthermore this kind of parenting style may be categorized into

permissive - indifferent and permissive - indulgent parenthood. Firstly permissive - indifferent parents are uninterested and uninvolved in their children's lives e.g they often do not know what their children's lives are or what they are doing. The effects may be poor self control, sensation and pleasure seeking experienced by their children. By contrast, permissive - indulgent parents are very involved with their children and make few demands on them. The results may therefore be that children lack self control, respect and consideration for others. Acquisition of life skills such as empathy and self awareness may be hampered. For parents being uninterested or uninvolved about the whereabouts of their children may put the children at risk because they may end up being the victims of abuse or be negatively influenced by their peers.

3.2.3

The Democratic Style

In this regard the authority of the parent rests upon his or her qualities of leadership. This style is founded on decision making in which the child is encouraged to participate, especially as his understanding increases. Emphasis is on control, encouragement and agreement rather than on punitive discipline. According to Keech (1993) cited in Gerdes (1998:28) children of democratic parents tend to function well socially. Children of parents possessing such parenting style, stand a good chance of acquiring the necessary life skills.

Different parenting styles may in certain instances hamper effective socialisation of children. For instance some children may respond best to gentleness whereas other children to firmness. Some children may be affected by their parents' behaviour which may hamper their growth and development.

The personality of the parents and of the child, its age, their life circumstances and in particular cultural backgrounds will all exert a greater or lesser influence on parental ways of dealing with their children.

3.3 **IMPORTANCE OF LIFE SKILLS KNOWLEDGE FOR THE EFFECTIVE SOCIALISATION OF CHILDREN**

3.3.1 **Socialisation Process**

Socialisation is the process whereby people learn the attitudes, values and actions appropriate to individuals as members of a particular culture (Schaefer and Lamn, 1989:98).

From a sociological perspective, socialisation is the process by which individuals learn the culture of their society. Primary socialisation, probably the most important aspect of the socialisation process, takes place during infancy, usually within the family. By responding to the approval and disapproval of its parents and copying their example, the child learns the language and many of the basic behaviour patterns of its society (Haralambos and Holborn, 1993:4). In this instance learning theory is applicable whereby children learn the norms and standards of society through observing or imitating the behaviour of others.

It is a process of transmitting culture from the older generation to the younger generation which amongst others includes the transmission of values, norms, standards, beliefs and even life skills.

3.3.2 Agents of Socialisation

The lifelong socialisation process involves many different social forces which influence our lives and alter our self image. The family, church, school and mass media are considered to be the societies' agents of socialization. But for the purpose of this study more attention will be on the family as the most important agent of socialisation especially for children because it is the immediate environment which one finds himself or herself in.

The family is the institution most closely associated with the process of socialisation. One of its primary functions is the care and rearing of children. People experience socialisation first as babies and infants living in families and it is here that they develop an initial sense of self. Most parents seek to help their children become competent adolescents and self sufficient adults, which means socialising them into the norms and values of both the family and the larger society (Schaefer and Lamn, 1989:117). In this instance life skills such as effective communication, self esteem (assertiveness), decision making, creative thinking, self awareness etc. are crucial in the socialisation process.

Interactions remind us that socialisation is not only concerned with masculinity and femininity, but also marriage and parenthood which begin in childhood as part of family life. Children observe their parents as they express affection, deal with finances, quarrel, complain about in-laws and anticipatory socialisation issues. The child develops a tentative model of what being married and being a parent are like (Schaefer and Lamn, 1989:117). In this regard knowledge of life skills such as interpersonal relationships, communication and empathy is crucial in the socialisation process. This is

important because such knowledge will enable them to relate in a positive way with other people they interact with and to be able to understand other people's internal frame of reference.

In some instances the socialisation process may be hampered by for example factors such as workaholic parents, peer interests and mass media.

3.4 FACTORS HAMPERING EFFECTIVE SOCIALISATION

3.4.1 Parents

The way parents try to discipline children have an impact on the child's behaviour e.g domination or over restrictive parenting may result in the child becoming a cold person, exceedingly abrasive or harbour anger over a long period of time. Because children do not spend quality time with their parents, they internalise unacceptable behaviour patterns learned from peers or the media. In this regard working mothers struggle to distribute their energies across the multiple demands placed on them. The children may be maternally deprived rather than paternally deprived. In this instance it may be found that the children do not receive the necessary love and belonging needs they require. Some children of working parents receive less attention and are more likely to have erratic meals, bedtimes and to be late for school. In addition, playful interactions associated with care such as bathing, eating or reading before going to bed are less likely to be practised.

3.4.2 Peer interests

As a child grows older, the family becomes somehow less important in his or her social development. Instead peer groups increasingly assume the role of

"George Herbert Meads" significant others. Within the peer group, young people associate with others who are approximately their own age and who often enjoy a similar social status. Peer groups such as friendships, cliques, young gangs and special interest clubs, frequently assist adolescents in gaining some degree of independence from parents and other authority figures (Schaefer and Lamn, 1989:119).

Peer groups also provide for anticipatory socialisation, into new roles that the young person will later assume. Teenagers imitate their friends in part because the peer group maintain a meaningful system of rewards and punishment on the one hand. The group may encourage a young person to follow pursuits that society considers admirable such as being in a school club engaged in volunteer work in hospital and nursing homes. On the other hand the group may encourage someone to violate the cultural norms and values by using drugs, alcohol, indulging in indiscriminate sex, driving recklessly, shoplifting, engaging in acts of vandalism etc. Peer groups however serve a valuable function by assisting the transition of a person to adult responsibilities. At home, parents tend to dominate, at school, the teenager must contend with teachers and administrators whereas within the group, each member can assert himself or herself in a way that may not be possible elsewhere (Schaefer and Lamn, 1989:119).

3.4.3

Mass Media

Technological innovations such as radio, motion pictures, recorded music and television have become important agents of socialisation. Television in particular is a crucial force in the socialization of children. Many parents in essence allow the television set to become a child's favourite 'play mate',

consequently in our society it may be that children typically watch television for approximately 3 hours per day. Furthermore it has been observed that young people between the ages of 16 and 18 spend more time watching the 'tube' than working in schools. Apart from sleeping, watching television is the most time consuming activity of young people (Schaefer and Lamn, 1989:119).

Television has certain distinctive characteristics. It permits imitation and role playing and encourage more complex forms of learning. Watching television is, above all, a passive experience where one sits back and waits to be entertained. Psychologist, Urik Brofenbremer (1970), among others has expressed concern about "insidious influence of television in encouraging children to forsake human interaction for passive viewing (Schaefer and Lamn, 1989:119). Critics of television are further alarmed by the programming that children view as they sit for hours in front of a television set. It is generally agreed that children are exposed to a great deal of violence on television. Experiments in this regard documented that children do not tend to become more aggressive and hyperactive after viewing a violent sequence on television (Schaefer and Lamn, 1989:119). According to Gerdes (1998:140) television hampers the socialisation process through its programmes that reflect acts of domestic violence, use of violence, violent sex, cruelty to children and animals, murders, horrendous road accidents, sexuality, rape, suicide and substance abuse.

3.5 APPROPRIATE LIFE SKILLS OR KNOWLEDGE FOR BETTER PARENTING (See Addendum 4)

3.5.1 Relationships

Important aspects in this regard include amongst others communication, assertiveness, rights and feelings of others, making and keeping friends, your position in the family and conflict resolution. The main aim for parents to transfer these to children, is to help them to acquire the social and communication skills needed to form friendships with members of the same and opposite groups.

According to the researcher's opinion, parent-child relationships are pivotal, that is parents need to be aware of the fact that a healthy relationship between them and their children is essential for the benefit of the children and for parents to serve as role models to their children.

3.5.2 Healthy Life Style

First and foremost, the approach to maintain a healthy life should be positive. Initially attention should be given to those matters which are vital to maintain and develop a healthy body (Anderson and Okoro, 2000:221). Parents should see that matters such as nutrition, rest, recreation, safe living, stress management, which forms part of healthy life style need to be of primary importance in the upbringing of their children. However basic knowledge of substances or acts which can harm their normal body functioning such as drugs, indiscriminate and premature sexuality should be skilfully conveyed by parents to their children.

3.5.3 Interests and Values

According to Anderson et al. (2000:24) the core of this section is to establish and develop a sound accepted value orientation towards life situations. They further stated that children need to know themselves and know what their values are in relation to the more important life issues. Through values, interests and ideals, young people will be aware of their individual and group interests, values and ideals to recognize the importance of emotional and moral maturity and an awareness of their physical, mental and spiritual growth. These attributes can mainly be achieved through the assistance and example of parents.

3.5.4 Sexuality

Sexual maturation and reproduction are areas which prove to be extremely difficult and in many instances, sensitive. A great amount of thought is necessary to decide what and to which level of children information on sexuality should be departed. Because of the prevalence of HIV/AIDS the general opinion is that sex education should start as early as possible in a child's life.

However, the general objective of this section is to provide information that will enable younger people to understand sexuality and to gain control over their sexual functioning. The specific objectives are to alleviate any anxiety expressed by the children with regard to their sexual development and to allay myths and fallacies.

Within the area of sexuality attention should be given to sexual maturation and reproduction, sexual behaviour, attitudes and feelings, love, sex and the

teenager (including teenage pregnancies), marriage and parenthood. Although it is a taboo matter in many households, the general opinion is still that sexual education should be the prime responsibility of parents.

3.5.5 Decision making

Decision making skills are probably the most important skills we can hope to develop in children if we want them to become effectively autonomous and able to resist negative influences around them. These skills will help them to be able to convert their knowledge and attitudes into healthy behaviour. It is important that parents should teach their children and make them aware of the fact that they are on a regular basis involved in decision making. Initially many of these decisions follow the advice and direction of adults whereas in many instances and gradually they will be expected to make their own decisions especially in times where they are faced with situations where no authority figure is present to assist or where they need to make their own independent choices e.g whether or not to take drugs. Being made aware that they should at times be capable of taking their own decisions affecting their own lives will boost their self confidence and assure them that they have the right to exert some control over their own lives.

Values and attitudes play a vital role in the process of decision making. The presence of values removes the association that there are right or wrong answers or outcomes. Learning decision making skills increases the possibility of an individual attaining what he or she values. Young people must realise that every decision made has consequences, and he or she must accept responsibility for the consequences of the decisions made.

3.5.6 Self esteem/Assertiveness

Self concept is the way we, as individuals, perceive ourselves. It is the concept of "the kind of person I am". Self esteem is intrinsic to our self concept. It is the value we place on ourselves, how much we respect our unique abilities and qualities, and can accept our short comings (Life Education material, Uniwest, 2001:2-13). Self esteem largely determines what we accomplish. This is particularly relevant to education, and the way in which it encourages children to reach their emotional and intellectual potential. People with the greatest impact upon the formation of a child's self concept and self esteem are significant adults such as parents and teachers.

For parents and teachers to help develop children's self concept/self esteem, the following suggestions are made to help :

- For the child to be what he or she is, he or she needs to feel valued for his/her own unique abilities.
- To have a room for personal growth not personal defeat.
- Be encouraged to express his or her genuine feelings and emotions or opinions.
- To have realistic expectations.

3.6 CONCLUSION

This section focused on the short comings of the parents with regard to life skills education on their children. How various parenting styles and ineffective

socialisation processes can hamper effective or normal developmental growth of children, which may end up putting them at risk of being the victims of social pathologies mentioned in chapter 2.

SECTION B

REASONS WHY LIFE SKILLS EDUCATION IS NOT OFFERED IN MOST SCHOOLS

According to Louw, Weitsz and Radebe (1996:71) life skills such as sexual education in the schools has not been part of the teachers task in all the schools of South Africa. They further stated that many teachers may feel that it is not their responsibility but instead the task of parents. Furthermore according to these writers, teachers may avoid sexual education because it is a sensitive topic and they do not really have the courage or training to properly present it. They may argue that talking about sexuality at school will offend the parents and will cause the learners to become sexually active at an earlier age or increase teenage pregnancy and HIV/AIDS infections.

However, ignorance does not guarantee innocence and teachers feel a growing sense of responsibility regarding sexual education as problems such as rape, substance abuse, teenage pregnancy and HIV/AIDS are escalating in the community. Schools and parents ineffectiveness in providing learners with the necessary life skills and knowledge make the learners more vulnerable to these pathologies. Radebe et al. (1996:71) support this statement by stating that children are exposed to sexual messages in their daily lives and that their knowledge about human sexuality is incomplete and riddled with myths and superstitions. Their source of knowledge is often other

children who talk about sex in a vulgar and sensational way. The lack of adult role models e.g teachers and the influence of the mass media, leave children confused about the moral and ethical issues surrounding sexual behaviour.

Educators are often lacking in knowledge about sex and wisely are reluctant to teach it, however, knowledge and willingness to teach may be improved through course work. In a comprehensive class on sexual education, the method of instruction is usually teacher lecturing or some modifications such as the use of films or guest speakers. Experimental programmes are trying the use of discussion groups and peer directed groups. Parents and educators are concerned about the qualifications and attitudes of instructors of sexual education and surveys of educators reveal inadequacy in knowledge and uneasiness at the prospect of teaching about sex and sexuality (Mitzel, 1982:1713).

LIFE SKILLS EDUCATION

It is interesting to note that Ruben (1959:238) forty one years ago believed that one of the major shortcomings in the educational system is the lack of knowledge of life skills among learners.

Ruben's concern is apparently still a reality. Possibly the best and most user-friendly introduction to the complex and more holistic educational context of South Africa is "a policy framework for Education and Training" suggested by the African National Congress (1995). In this document the mission of an Education Support Services (ESS) is described as follows:- "Education Support Service encompass all education-related health, social work, specialized educational, vocational and general guidance and counselling and

psychological services". The document further explains that the Educational Support Services has historically been marginalised, fragmented and unable to meet the needs of student, especially those learners of the previously Black townships. The document envisaged the restructuring of the Education Support Services as an agency that is holistic and integrated and which promotes the optimal development of the physical and mental health of all.

From the elaboration of the Education Support Service's principles, it becomes clear that the services of the comprehensive school guidance counsellor are of paramount importance. For instance, the document calls for a preventative developmental approach to such domains as life skills, vocational issues, psycho-social health concerns and behavioural issues. A close reading of the document shows that the comprehensive school guidance counsellor can amongst others ensure that life skills, so critical to adult coping and functioning, are created and nurtured within the restored culture of learning of the transformed South African system.

Anderson and Okoro (2000:21) in their survey conducted at the University of North West during 1999 found that the above-mentioned undertaking has not as yet been fully implemented. The survey which included 245 educators in the North West Province, revealed that 62.0% of the educators considered themselves insufficiently equipped to offer guidance and counselling/life skills education; 14.7% were uncertain, whereas only 23.3% considered themselves sufficiently equipped to offer such courses. Fortunately all the participants illustrated a realistic and thorough assessment of school guidance and counselling/life skills education. This realisation apparently urged 75.5% of

the educators to declare that they need and are prepared to undergo specialised training in life skills counselling.

According to a research report compiled by Anderson and Okoro (2000:12) various studies found that boys and girls become sexually active from an average age of 14.7 years (Anderson, (1994), Mogotsi, (1996), and the Girl Child Survey, (1998). Mogotsi (1996:86) cited in Anderson and Okoro (2000:12) further found that most children received their sex information from peers and exclaimed that "the most threatening finding is the minimum role played by parents". Subsequent to the findings of Mogotsi, the Girl Child Survey (1998:17) cited in Anderson and Okoro (2000:13) remarked that "schools do not offer sexuality education as part of their curricula, and some cultures prohibit families from discussing issues of sexuality with their children until they go to initiation schools or are above 21 years old. This scenario leads to a high level of ignorance and misinformation for girls and boys regarding their sexuality".

3.9

THE INCLUSION OF LIFE SKILLS EDUCATION AND COUNSELLING INTO THE CURRICULUM

The Department of Welfare negotiated with the Department of Education about the implementation of social support and development services including life skills training programmes which could be run throughout the school going years and be incorporated into the school curriculae. They urged for the training of personal relationship skills, sexuality education, substance abuse and other appropriate programmes. It should be aimed at teaching interpersonal skills, development of self esteem/assertiveness, communication

skills, decision making skills and problem solving skills (White Paper - Social Welfare, Chapter 8 : Enhancing Social Integration).

Both the Department of Welfare and Education recognised the importance of life skills and took a major interest in promoting life skills education. As early as 1995, the African National Congress in their document "A policy framework for education and training" set the trend that all forms of education should include life skills education.

The document reads: "The curriculum in the General Education (first 10 years of schooling) will be oriented towards :-

- Individual development (moral, intellectual, aesthetic, psychological);
- Social and environmental development;
- Knowledge about work; and
- Social participation

All these areas put emphasis on developing the capacity of learners to solve problems, to communicate and apply their knowledge (Brack's material: 2000:14).

3.10

CONCLUSION

There are some gaps from the school point of view with regard to life-skills education. The exclusion of life-skills education and the insufficiency of educators to offer life-skills education to learners put them at risk of being the victims of social pathologies. It is important that life skills education be part of school curriculum and educators should be properly trained to offer life-

skills education to learners. Therefore the parents and the school must take their responsibilities as part of the agents of socialisation process to help young people to attain necessary skills for personal growth. Life-skills education should form part of the preventative measures to combat health and social problems.

CHAPTER FOUR

4. LIFE-SKILLS EDUCATION

4.1 INTRODUCTION

In a previous chapter some of the more pressing social and health pathologies were discussed. To combat or minimise these problems, we need to maintain a healthy balance between preventative, controlling and treatment measures with prevention playing the dominant role. Skidmore (1994:332) supports this statement by saying that prevention is the process of action taken to minimise anti-social behaviour and to see to it that those social and health pathologies do not arise at all.

Preventative measures can be classified into three categories, namely primary, secondary and tertiary prevention. The aim of primary prevention is to restrain the prevalence of a disorder/problem by anticipating the disorder before it becomes manifested in any way. Secondary prevention involves techniques that seek to reduce the prevalence of the disorder. Programmes designed to reduce the residual effects and adverse consequences of rooted disorders/problems are formally designated as tertiary prevention, but are better known as curative or rehabilitation measures (Mafora, 1991:61-63).

Without any doubt the most effective way of dealing with social and health problems is to direct primary prevention programmes at young children where the internalisation of a healthy lifestyle and a sound socially acceptable value system is still possible. In this regard primary prevention includes the elimination of causes or developing a positive competence in children to

safeguard them against possible social and health problems. This process is known as the empowering of children through appropriate education. Appropriate education again refers to a positive approach in which the target group is provided with knowledge and life-skills to purposefully assist them to cope more effectively with everyday life situations (Anderson & Okoro, 2000:151).

4.2

THE CONCEPT LIFE-SKILLS

According to Jones (1993:10-11) life-skills involve personally responsible choices. Yalom et al. (1980:214) further stated that when people are being personally responsible, they are in the process of making choices that maximise their happiness and fulfilment. Personal responsibility is a positive concept in which people are responsible for their own well being and for making their own choices within the context of their environment. Life-skills are the component skills through which people assume rather than avoid personal responsibility for their lives. Life-skills are self helping skills that people use to help themselves. As such they empower people rather than disempowering them (Hopson and Scally, 1981). Life-skills are personally responsible sequences of self helping choices in specific psychological skills areas conducive to mental wellness. People require a repertoire of life-skills according to their developmental tasks and specific problems of living.

Peck and Hong (1988:99) stated that life-skills are skills which enable people to care for themselves in a supportive environment and is concerned with independence in self care, understanding the environment and living with others. Skills also enable people to make decisions concerning the situations. From a practical point of view Smith (1983:103) described the taxonomy of

222 life-skills required for a person to become a balanced self-determined person. This taxonomy includes elementary, complex and very complex skills from the five content areas of self, family, job, leisure and community. Furthermore, Peck and Hong (1988:107) outlined the following :

Firstly, personal skills which refer to those skills which are necessary to establish and maintain a network of appropriate and meaningful relationships, interests and support systems such as developing friendships, leisure interests, environmental and road safety, communication, social life, sexual relationships and marriage. Personal skills are of great importance for especially young people to fully understand the influence of peer pressure. Secondly home management skills which include theoretical and technical knowledge necessary to live safely, comfortably and healthy. Skills such as budgeting, nutrition and hygiene may serve as examples. Thirdly self reliance skills which include those skills which are necessary for the individual to be able to organise his or her own life and to maintain and utilise the resources they need.

According to Brack (2000:114) life skills are framed as abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. He further stated that the analysis of the life skills field suggest that there is a core set of skills that are at the heart of skill-based initiatives for the promotion of the health and well-being of children. These skills have been identified as follows :-

Decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationships skills, self awareness, empathy, coping with emotions and coping with stress.

Decision making - helps individuals to deal constructively with life situations. For instance in a situation whereby a young person finds himself or herself in a very complicated and confusing situation and having a number of solutions. Through the decision making skill, he or she will be able to choose the correct decision. This implies that having decision making skill, young people will be able to decide what is good for them in their lives, that is not to be influenced by peer pressure e.g abuse of drugs, career choice, healthy life style.

Problem solving - it enables people to constructively deal with problems in their lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Creative thinking - contributes to both decision making and problem solving by enabling people to explore the available alternatives and various consequences of their actions or non actions. It helps people to look beyond their direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help them to respond adaptively and with flexibility to the situation of their daily lives.

Critical thinking - is an ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping people to recognise and assess the factors that influence attitude and behaviour, such as values, peer pressure and the media.

Effective communication - enable people to express themselves, both verbally and non-verbally, in ways that are appropriate to their cultures and situations. This means being able to express opinions and desires and also needs and fears. It may also mean being able to ask for advice and help in a time of need.

Interpersonal relationship skills - help people to relate in a positive way with the people they interact with. This may mean being able to make and keep friendly relationships which can be of great importance to people's mental and social well being. It may also mean keeping good relations with family members who are an important source of social support. It may also mean being able to end relationships constructively.

Self awareness - includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self awareness can help people to recognise when they are stressed or feel under pressure. It is also often a pre-requisite for effective communication and interpersonal relations, as well as for developing empathy for others.

Empathy - it is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help people to understand and accept others who may be very different from themselves and it can improve social interactions, e.g in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers or people with mental disorders who may be stigmatized and ostracized by the very people they depend upon for support.

Coping with emotions - involves recognizing emotions in ourselves and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on people's health if they do not react appropriately.

Coping with stress - involves recognising the sources of stress in life, recognising how this affects people and acting in ways that help to control the level of stress. This may mean that people should take action to reduce the sources of stress e.g by making changes to their physical environment and improving their quality of life. It may also mean learning how to relax so that tensions created by unavoidable stress do not give rise to health problems (World Health Organization material, 1997).

In the United States of America, discussions on life-skills issues do not use the term "life-skills" per se. Instead such discussions are framed more in terms of "student competencies" or national standards. In fact at both the national and state level the incorporation of a standard set of student competencies has been generally established. The main difference between life-skills and a student competency or standard is that the former focuses upon what the person does, and the latter upon what the person achieves. It is really an emphasis of action (life-skills) versus outcome (competencies) (Brack, 2000).

The American School Counselling Associations (ASCA) framed both life-skills and competencies as "life-skills".

Three major groups :-

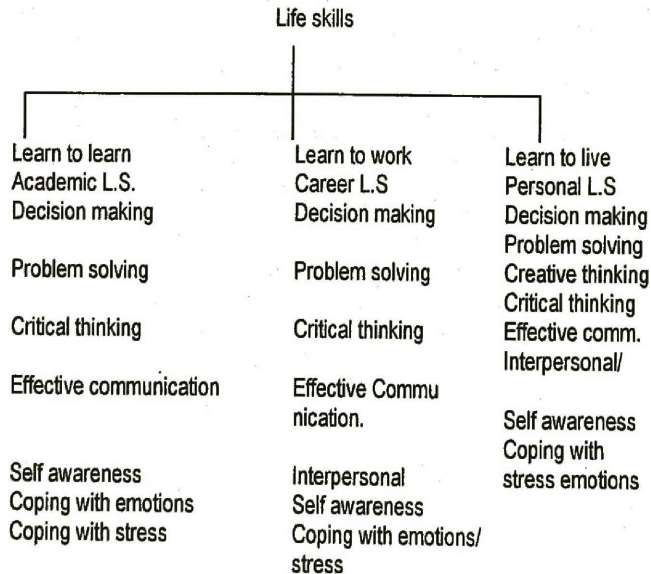
- Learning to belong as a lifelong learner (academic life-skills)

- Learning to belong as a lifelong worker (career life skills)
- Learning to be safe and to survive (personal/social life skills)

Similarities of the American School Counselling Association (ASCA) standards to those in the World Health Organisation (WHO) document are striking. For instance, ASCA defines the academic life-skills as “decision making, problem solving and goal setting, critical thinking, logical reasoning and interpersonal communication”. Further, decision making is also included in both the career and personal or social life-skills.

Brack (2000:115) illustrated by means of a diagram how the WHO and ASCA life-skills teach people to approach life-skills (LS)' challenges.

ASCA and WHO diagrams are as follows :-



According to the above diagram life-skills are grouped into three categories i.e academic, career and personal life-skills. The diagram simply explains which

life-skills to learn in case one needs to progress academically, personally and in the work situation.

4.3

THE CONCEPT OF BELONGING IN DEFINING LIFE-SKILLS

Both the WHO and ASCA imply that all life skills no matter at what level or dimension, must include the ability to facilitate a sense of belonging. Jim Anderson (2000), a licensed school psychologist in the USA, has written more on belonging as a component of a healthy and productive culture of learning. In educational settings it can be defined as close relationships between teachers, students and peers.

According to Brack (2000:24) "belonging plays a key role in the growth and development of self esteem, social skills and initiative while creating a sense of belonging does not mean being a "buddy" and always getting along, it does mean that a person is always welcome into a group as long as they do not try to harm or disrupt the group. It also means that assertive communication and trust exist. It includes a sense of safety, both physical and emotional. The need for belonging is also emphasised by Alfred Adler (1870-1937) who concluded that a part of human nature is a strong innate potential for kinship and belonging to the human race. Each person is born with a natural desire to belong to a group, such as family or a culture, and to contribute to the growth and well being of that group. It is a genetic need, genetic potential and it simply exists in everyone at birth. As noted above, an innate or genetic potential is a potential capability, which is likely to be developed if a person is given the right opportunities. Of course, without the right opportunities this need can be distorted or destroyed.

What is important to note here is that belonging, the ability to pursue meaningful relationships and contribute to society, is not automatic, it needs to be consciously developed and when it is developed, it is intrinsically rewarding. However people have to actually learn ways of trusting others, giving and accepting care and being sincere. According to Adler, learning these skills is intrinsically rewarding because the skills fulfil a genetic potential and because this need is rooted in a strong genetic potential whereas the fulfilment of their need for belonging is also a prerequisite for emotional well being. When the need for belonging is not met, a person may easily become aloof, manipulative and self centred. When the feeling of belonging and interpersonal connectedness develops, a sense of social interest, co-operation and equality emerges. Belonging is met by obtaining results which provides closer relationships with others and competence is met by obtaining results which are useful in many ways.

Basically, belonging consists of forming a psycho-social bond with other individuals. Belonging is a pro-social component of normal human development. It allows a person to express his or her social interest in a healthy and mutually reciprocal manner that builds upon the strength of all group members.

4.4

THE IMPORTANCE OF LIFE-SKILLS

According to the Journal of Social Psychology Vol. 63 No. 1-3 (1998:257) life skills are vital because they help prepare children for their puberty and adolescent stage. Life-skills also help children to become defensible from being the victims of various pathologies. Herbert (1988:182) stated that life skills help children to become more flexible and socially competent so that

they may have fewer resources to self defeating behaviours and feelings. Also they help young people to develop skills for interacting with people and for them to change specific person to person behaviours that influence the quality of relationships such as assertiveness, ability to listen, conversational skills, non verbal skills, observational skills and problem solving skills.

The Journal of Social Psychology Vol. 63 (1998:528) identified six aims of life skills education for young people:

- To reinforce knowledge of human sexuality, reproduction, STD's and AIDS.
- Equip the youth with basic skills like assertiveness, negotiation skills, problem solving and decision making.
- Learn the youth to identify and develop core values like honesty, respect, caring, tolerance, loyalty and commitment.
- Help the youth to promote attitudes and behaviour changes that will prevent infection.
- Help the youth to develop caring attitudes towards people who are HIV positive.
- Help to address or prevent problems in the community like alcohol/drug abuse, relationship problems, violence and crime.

The Department of Welfare viewed the importance of life-skills in a more broader context. Life-skills are viewed as a critical component of a comprehensive solution. The Department of Welfare states that "The well being of children depends on the ability of families to function effectively". Because children are vulnerable they need to grow up in a nurturing and

secure family that can ensure their survival, development, protection and participation in family and social life (White Paper - Social Welfare, 8 August 1997, chapter 8: Enhancing Social Integration).

4.5

TYPES OF LIFE-SKILLS NECESSARY FOR EFFECTIVE LIVING

Firstly life-skills should contribute towards helping children to grow and survive. They need to be provided with knowledge of how to read and write and how to think and solve problems constructively. This will enable them to think clearly and logically in all central areas of life and how to make effective decisions. This will help young people to develop decision making strategies so that they could apply them to any arena of life that one chooses (Peck and Hong, 1998:102).

Secondly, the type of skills necessary for effective living involves those that help young people to relate effectively to others. Focus should be on equipping them with skills of how to communicate in an assertive manner so that they could clearly express their preferences which will not be at the expense of trampling over the rights of others. Also focus on how to make and keep relationships is an essential survival skill to be able to relate well and quickly with people.

Lastly, the type of life-skills needed for effective living are those that enable young people to manage conflict. This includes skills of stating preferences, communicating unambiguously, confronting differences, looking for situations that make both parties aware of conflict as an integral part of human existence (Peck and Hong, 1988:103).

In conclusion, the equipping of young people with life-skills knowledge for coping in everyday life, will enhance the promotion of mental well being and healthy interactional behaviour. They will utilise such knowledge in resolving problems such as assertively dealing with peer pressure or to have unprotected sex or to become involved in acts of vandalism.

4.6

THEORETICAL PERSPECTIVES OF LIFE-SKILLS

The following are theoretical perspectives of the topic being studied by the researcher. These theoretical perspectives are discussed in line with the objectives of the study. The researcher is focusing on the content analysis of schools with regard to life skills education and the following theories relate to the topic under study and are looked at in order to get a better understanding of how life skills enhance human capabilities (physically, socially, psychologically etc.). Such theories include the following Ecological Perspective and Experiential/observational learning theory.

4.6.1

Ecological Perspective

Ecological perspective stresses the goodness of fitting between the person and his environment. It focuses more on promoting people's adaptive capacities and enhancing the mutuality between people and the environment. Compton and Galaway (1994:4) emphasise that this perspective views individual human beings as living in constant reciprocity with their environment. This means that both people and their environment influence and shape one another. Therefore it views human development and functioning as the result of the interaction between the individual and his environment.

Rooth (1995:10) provides an explanation of human-environment relationships in relation to life skills. She emphasises the importance of life skills in human environment relationships. In this regard the ecological perspective provides an understanding of the possibility of human environment interactions and relations being improved by the cross-fertilisation between life skills and environmental interactions. It is emphasised that "we" human beings are organic outgrowths of our physical and social environment and not detached nor independent entities (Rooth, 1995:5). This implies that no person is an island on himself but are constantly influenced by the physical and social environment. The environment moulds and shape people's behaviour.

According to Leff (1978) cited in Rooth (1995:6) an understanding of ecological processes and a continuing awareness of how these processes operate in one's life and surroundings are of great importance. He further mentioned that to separate life skills interventions from environmental contextuality is to do a disservice to both people and the environment. In other words human beings are not separate and independent from their environment.

In explaining life skills in terms of the ecological perspective/human - environment perspective, emphasis is on the following concepts: clarity, locus of control and participants' feelings of being in charge of their environments.

The concept of clarity, stresses that an environment that is involved and that makes sense will foster the achievement of clarity; just as the absence of these two factors will incline the balance towards confusion and chaos (Rooth, 1995:6). In other words an environment that is conducive for people to learn,

participate and make decisions, will enable them to be clear of what they want, need and in turn it will be responsive to the needs of them.

The concept of the locus of control involves how a person will respond to a specific situation (Rooth, 1995:6). A high internal locus of control causes people to adopt proactive strategies. Bandura (1995:217) indicates that self efficacy, which is marked by internality of locus of control is related to positive self concept, high self esteem, greater social influence, greater reliance on self reinforcement, being less anxious, having less psychosomatic symptoms and coping better with stress. Bandura (1995:218) further mentioned that an affirmative sense of self efficacy contributes towards psychological well being and performance accomplishments. This implies that life skills education is intrinsically concerned with encouraging internality of locus of control, efficacy and proactivity for greater community and environmental benefits. From this it can be deduced that life skills in the context of the human environment paradigm, is concerned with enhancing people's locus of control so that they could develop strategies and skills of how to deal with environmental pressure.

According to Rooth (1995:7) locus of control, self efficacy and self concept are constructs that cannot be removed from the environment in which they are adhered to. Life skills accretion is closely connected to environmental situatedness. In conclusion Nelson and Jones (1992:41) indicate that life skills enhancement are usually maintained both by what people do to themselves and by what the environment keeps doing them.

4.6.2 Experiential Learning Theory

Rooth (1995:13) explained experiential learning as being more or expanding on observational learning. She stated that experiential learning is the process of holistic learning from experiences.

Rooth (1995:13) goes on to say that this theory is rooted in an epistemological perspective of emancipatory education, which permeates modes of implementation and has manifold implications for its use and practice. Research indicates that young people may learn more from life skills when their experiences are acknowledged and used in the learning process. The existing experiences should be incorporated whereas opportunities to practice life skills in the confines of a safe environment should be created.

Reflection as an important ingredient of experiential learning is explained as a facet having a potential for enhancing learning. It refers to the ability to think about what has been experienced and learned, to become aware of feelings, the realisation and insights as well as an idea of knowledge acquisition and future work required for skill enhancement (Rooth, 195:14). It enables participants to consolidate and internalise learning and promotes skills development and extension. Therefore from this theory of learning, one can deduce that young people may acquire knowledge on various life skills such as problem solving, decision making, effective communication including assertiveness. Through considering their experiences by using "reflection" as a facet of experiential learning i.e to mirror back their feelings and experiences that originally put them at risk of being the victims or being vulnerable to social pathologies, and learn from that experiences e.g a teenager who has been influenced by peer pressure to abuse drugs may learn from his experiences

of how peers are destructive in one's life and as a result may learn or practice assertiveness in order not to repeat their past mistakes.

4.7

CONCLUSION

In conclusion the concept life skills is broad. It encompasses a wide range of skills necessary for effective living. That is for the enhancement of an individual's physical, emotional, psychological well being. Also the concept of belonging is considered in defining or understanding the concept of life skills. In this case, emphasis is on the fact that no person is an island, that is all people are gregarious in nature. Each and every person is born with a natural desire to belong to a group such as a family. In such a group life skills such as creative thinking, assertiveness, decision making are learned. Therefore the importance of ecological perspective/theory comes in which stresses the importance of the person - environment paradigm. That is the goodness of fitting between an individual and his or her sociophysical environment in acquiring life skills education.

CHAPTER FIVE

5.1

IMPORTANCE OF SEXUAL EDUCATION AS PART OF LIFE-SKILLS PROGRAMMES

As indicated in the previous chapters life-skills education comprises of a whole range of capabilities which should be imparted to especially young people in an organized and purposeful manner. The programme should therefore be characterised by its holistic, integrated and continuous nature. Because literature and empirical studies such as Anderson and Okoro (2000), Mogotsi, (1996), the Girl Child Survey (1998) have emphasized the high prevalence of teenage pregnancies, HIV/AIDS and STD's as well as indiscriminate sexual relations by school children, it is necessary to specifically look at sexual education offered to learners bearing in mind that the researcher is not in favour of a compartmentalized course. Sexual education should also form part of a comprehensive life-skills education programme.

According to the Department of Health's HIV/AIDS and STD's Directorate the introduction of life-skills education to all school-going youth is one of the five most important strategies which needs to be introduced. Youth is being identified as a crucial group for education and support, and recommended that the task of taking HIV/AIDS and sexuality education to youth should be the responsibility of schools. This is the case because young people are at risk of or are vulnerable to HIV/AIDS including other STD's and teenage pregnancy since they engage in sexual activities at an early age or due to insufficient knowledge concerning sexuality education. Therefore to minimise the prevalence of HIV/AIDS and teenage pregnancy among people, sex education should be part of a holistic life-skills education programme.

Research on teenage sexuality throughout the world indicates that the sexual behaviour patterns of teenagers have changed and that teenagers are engaging in high risk sexual behaviours such as unprotected sex, sex with multiple partners and the consumption of drugs or alcohol before sex.

One of the most common and important changes in sexual behaviour has been the decline in the age at which young people first begin having sex. According to Coleman and Cressey (1987:315) the increase in sexual intercourse amongst teenagers is just one part of an overall trend towards more liberal sexual attitudes and behaviours which pose some special problems. Teenagers are often confused about how to deal with their sexuality; they are often exposed to the overwhelming importance given to sexual attractiveness in the media yet many of their parents are religious and tell them that sex is wrong. As a result, many teenagers are having sex without really intending to and without the proper precautions.

Due to these unsafe sexual practices, these teenagers are exposed to many dangers or become vulnerable to various pathologies. It is vital that young people are equipped with sufficient knowledge on life-skills including information on sex so that they are comfortable with their own sexuality, have 'healthy' attitudes about sex and are in a position to make informed mature decisions regarding their sexual life.

This chapter is a review of literature on various aspects that relate to sexual practices amongst teenagers, as well as the dangers, consequences and the prevention methods that are used to reduce the risks that are associated with risky sexual behaviours. It is divided into the following sections:

- Knowledge and attitudes about sex
- Sources of knowledge
- Pre-disposing factors and teenage sexuality;
- Consequences of pre-marital and unprotected sex; and
- Life-skills as part of sexuality education

5.2 KNOWLEDGE AND ATTITUDES ABOUT SEX

5.2.1 Theories and Models

Theories and models help us to understand how a particular phenomenon is developed or formed and how it affects other phenomena that are linked to it. Both the theory of Reasoned Action and the Dissonance Theory try to explain how attitudes are formed, and how it affects one's actions (behaviour).

The theory of reasoned action explains the relationship between attitudes and behaviour, while the dissonance theory explains why people do not internalise certain information that is available to them. The researcher therefore felt that it is important to discuss or use these theories because it is important to change the 'unhealthy' attitudes that some youth have towards protected sex as well as why many of them engage in risky sexual behaviours although a vast amount of information on safer sex is available to them.

5.2.2 Theory of Reasoned Action

The theory of reasoned action was developed from the basis of the expectancy - value model by Fishbein and Adzen. According to Fishbein and Adzen, a person's attitude is derived from the beliefs about an entity and the values associated with those beliefs. They further stated that beliefs are a

person's opinions, knowledge or thoughts about an entity or beliefs may refer to a person's expectations that the entity possesses certain characteristics (Scott and Spencer, 1998:440-447).

According to this theory, a person's intention to perform behaviour is the immediate predictor of their actions. The person's intention is predicted by their attitudes towards the behaviour and by their subjective norm (their perceptions of social approval for their performing the behaviour) regarding the behaviour. Attitudes towards behaviours are determined by their beliefs about the consequences of the behaviour multiplied by evaluations of those consequences. The subjective norm component is determined by beliefs about the consequences. The subjective norm component is determined by beliefs about whether specific others approve of the person's performing the behaviour (Scott and Spencer, 1998:448).

This theory of reasoned action has been successful in predicting a variety of behaviours, including contraceptive use (Scott and Spencer, 1998:448).

5.2.3

Dissonance Theory

According to Festinger's dissonance theory, people prefer information that is consistent with their current attitudes rather than information that is inconsistent (dissonant). Because a person wants to believe that their attitudes are 'right', inconsistent information is perceived as undermining the person's attitudes and intentions which thereby produces tension (dissonance). The person will therefore try and reduce the tension experienced by avoiding the dissonant information and or seeking out information that is consistent with their attitudes (Scott and Spencer, 1998:444).

Taking into account the above theory, it is possible to assume that although a vast amount of information on sexuality is available to young people, many of them do not internalise it as it may not be consistent with their attitudes. Therefore in order for them to have sufficient knowledge and accept this information they must first change their attitudes. As a great number of youngsters are not prepared to change their attitudes (behaviour) most of them end up being the victims of teenage pregnancy, contracting STD's including HIV/AIDS.

Both the theory of reasoned action and the dissonance theory maintain that a person's attitude influences a person's behaviour. While the theory of reasoned action takes into account social influences, the dissonance theory focuses on what a person believes to be right or wrong.

5.3

SOURCES OF KNOWLEDGE

Many teenagers receive information about sex from various sources. However, sometimes these sources are not reliable and therefore many teenagers may receive incorrect information, which in turn may lead them to make dangerous decisions regarding their sexual lives. Teenagers therefore need to be well informed about safe sex practices as well as the dangers of unprotected sex. This information needs to be obtained from a reliable source. For example, as already stated the World Health Organisation has found that teenagers are ignorant of the basic facts about sexuality, conception and contraception.

In studies done by Hendricks, Howard & Caesarin and by Rivara, Sweeney & Henderson cited in Freeman, (1992:235) it was found that young males to a

great extent influence the sexual behaviour of their peers. It was also found that most male adolescents receive their first sex education from peers and spend most of their free time with those peers.

According to Deane & Maphumolo, (2000:11-12) attitudes towards sex and HIV are constantly challenged in urban areas with aggressive media campaigns. Youth in general still stigmatize people living with AIDS and are uncomfortable talking to parents and friends about HIV and sex. Most of young people seem to prefer to speak to people of their own age about sex.

Despite the above, another important source of information for many teenagers is their parents. However one of the major problems regarding sexuality in South Africa and other countries is that parents do not communicate effectively with their children about sexuality. According to Maposhera (cited in Kesby, 1723:211) sex is happening but people are not talking about it. Sex is not discussed in relations and society as a whole.

The results of the study by Jaccard, Dittus, James (2000:189) indicate that the amount of communication, which mothers have with their teens about sex, is important in predicting adolescent behaviour.

New studies have focussed on the reasons why parents fail to engage in discussions with teenagers on sexuality. Aldous (cited in Jaccard, Dittus, James, 2002:1999) identified barriers in this regard.

- Mutual embarrassment and the threat of publicly failing to live up to the expected norms of behaviour,

- Parents and teens seemed to be flippant rather than serious in the discussion of birth control; and
- Both parties made non committal remarks when asked about opinions regarding birth control.

In a later study by Jaccard and Dittus cited in Jaccard, Dittus, James (2002:189-191) three major reservations that parents had about discussing sex with teens were identified as follows :-

- The possibility of embarrassing the teen;
- Having difficulty in finding the right time and place to have such discussions; and
- Having difficulty - explaining things clearly.

5.4

PRE-DISPOSING FACTORS AND TEENAGE SEXUALITY

Some important points that need to be considered when dealing with teenage sexuality are the factors that influence the decisions that teenagers make on a daily basis that impact on their sexual life. Such factors include the following:

5.4.1

Poverty

Many studies have shown that the socio economic conditions that a teenager is exposed to, have an influence on his/her sexual behaviour.

According to the National Research Council's, 1987 report, a large number of teenagers of all classes and races are sexually active, however most poor teenagers may be initiated into sex at a slightly younger age than the non poor. However it is found that in poor neighbourhoods, people experience less control over many aspects of their lives than the non poor. Teenagers in the

poor neighbourhoods therefore experience less control over whether or not they become pregnant and are less likely to try to prevent pregnancy (Keller, Hilton and Ankrah, 1999:70). Similar findings from a national survey of boys aged 15-19 suggested that lack of economic resources and job opportunities at that neighbourhood level was associated with sexual activity (Ky, Sonenstein and Plek cited in Smith, 1997:355).

Economic factors that influence male sexual activities are similar to the economic factors that influence female sexual activities. For example: Research has shown the influential role of neighbourhood on teenage sexuality. Using data from the National Survey of Family Growth on Girls aged 15-19 years old, Brewster (1994) and Billy & Grady (1993) found that differences in neighbourhood characteristics, including employment, income, race and education, accounted for part of the race differences in rates of sexual activity, although individual and family risk factors were also important (Smith, 1997:335).

Due to lack of employment and education, many teenagers are forced to resort to one of the oldest methods of earning money in order to survive i.e. prostitution. "What is happening in many countries is that young girls may simultaneously become infected by HIV/AIDS and get pregnant often because they are on the streets and lack of life skills knowledge" (Lachman, 2000:155).

5.4.2

Peer Pressure

Peer pressure plays an important role in many aspects of a teenage life, including the teenager's sexual decisions. Teenagers sometimes feel isolated and want to feel that they belong to a particular group or want to be accepted

by a certain group of people. In order to achieve this they must "blend" in with the members of these groups, and therefore they often engage in activities that they would not normally engage in, and this include sexual activities that may be risky.

According to Watson (1992:395) "A teenager's peers are terribly important people, and one sees a lot of conformity to the beliefs and actions of the teens group". In a study compiled by Madlala (2000:4) with young people in a township near Durban, it was found that sex with a nameless person help the girls to be popular and fashionable.

The above finding show to what extent teenagers will go in order to belong to a particular group, and this further shows the strong influence that peer pressure has on teenage sexuality.

5.4.3 Drugs and Alcohol

One of the riskiest times to engage in sexual intercourse is when a person is intoxicated. However many researchers have found in their studies that a large percentage of teenagers do engage in sexual intercourse while intoxicated.

In a study conducted using 2071 respondents with an average age of 20 years old it was found that:-

- Early involvement with drugs is related to early initiation of sexual activity;
- Female drug users were younger than female non users when they lost their virginity;

- Male participants with some college education were older at first sexual intercourse than male participants with no college education;
- Respondents with some college education had fewer sex partners compared with respondents with no college education;
- Male participants reported riskier sex practices; and
- Female participants were more likely to use condoms than male participants regardless of their early substance use patterns (Staton, Logan, Lynam, 1991:148-151).

According to Mc Calum, Bhopal and Mudock cited in Staton et al. (1999:147) the heavy use of alcohol has also been linked to increased incidents of casual sex without condoms and with increased numbers of sex partners among the 18 to 21 years olds.

5.4.4

Education

Another factor that affects teenage sexuality is the level of education that a teenagers has or the academic expectations that a teenager may have. Also the career plan and aspirations that a teenager has will influence his or her sexual activities.

According to Smith (1997:336) school factors including grades and educational aspirations have been linked to teenage sexual activity. A study by Jesser cited in Smith (1997:336) done at a predominantly white high school sample found that higher expectations for academic achievement were associated with later sexual initiation, in addition to personality and family factors.

According to Hambright cited in McWhirter et al. (1993:140-141) girls with greater career and life options were significantly less likely to engage in intercourse and more likely to use contraceptives when they did engage in sexual activities.

Although many predisposing factors have a negative influence on teenage sexual behaviour, such as poverty, substance abuse, other precipitating factors such as educational aspirations have a positive influence on teenage sexual behaviour.

5.5 THE EFFECTS OF SEXUALITY AS A MAJOR PROBLEM AMONG YOUNG PEOPLE

5.5.1 Unplanned Pregnancy

An unplanned pregnancy has major consequences on the teenage mother's socio-economic status, her education, health and family development. An increasing rate of teenage pregnancies may be seen as a problem in the country and also in the society. The teenager who has become pregnant has been described as having 90% of her life scripts written for her.

Mdaka, Mbatha, Sejaramane (2000:23) outlined the following as the consequences of teenage pregnancy:

- Disruption of schooling;
- Loss of opportunity e.g career;
- Dangers associated with maternal health in young mothers; and
- Abandonment, foster care or adoption of the child.

According to McWhirter et al. (1993:143-144) teenage girls who decide to keep their babies are likely to suffer consequences such as standard housing, poor nutrition and health, unemployment, lack of education and financial dependency.

According to Anastasiow cited in Whirter et al. (1993:144) the educational problems faced by adolescent parents are frequently carried over into the next generation. A disproportionate number of children born to teenagers meet the criteria for "exceptional" or "handicapped" children. A further problem that teenagers' parents have to endure is the responsibility of parenthood. In many instances children born to teenagers never know who their biological fathers are, and in some cases these children are also unaware of whom their biological mothers are.

According to Furstenburg et al. cited by McWhirter et al. (1993:145) "many teenage fathers never acknowledge parenthood. Some of these boys never know that they are fathers, but many more do know and are simply unwilling to deal with the responsibilities of parenthood".

5.5.2

Sexually Transmitted Infections

Due to the large number of teenagers that are engaging in high risk sexual activities there has been an increase in the number of STD's among teenagers. Each year, approximately three million cases of sexually transmitted diseases occur among teenagers and approximately one million become pregnant (Lachman, 2000:393).

The World Health Organisation has also reported that STD's such as gonorrhoea and syphilis are very common, especially in areas where there is rapid social change. In developing countries, two thirds of all reported cases of gonorrhoea occur among persons under 25 years old. WHO further estimated that 12% to 20% of females with untreated gonorrhoea will eventually develop salpingitis, which can lead to serious complications including ectopic pregnancy, tubo ovarian abscesses and infertility (UN Chronicle, 1986:41). Cases of genital herpes among white adolescents have increased five times and cases among white people in their twenties have doubled over the past few years (Flemming cited by Staton, Logan, Lynam et al., 1999:148).

This in relation to South Africa, places many teenagers at risk, because many South African traditions require girls to be virgins when they first marry, and therefore child marriage is common, which in turn increases the risks of STD's.

5.5.3 HIV/AIDS

Although HIV/AIDS is one of the sexually transmitted diseases and one of the most pressing social pathologies discussed earlier, the researcher felt that it is vital to highlight it as part of the problems related to sexuality among young people. HIV/AIDS is considered to be one of the greatest epidemics facing not only South Africa but the world at large and young people are one of the largest groups that are infected with this deadly virus. Further, in many societies the topic HIV/AIDS is a taboo, and even when teenagers have access information on this disease they still believe it does not affect them.

Many still believe the myths associated with the disease and they engage in risky sexual behaviours.

In South Africa the proportion of pregnant 15 to 19 year olds infected with HIV rose to 13% in 1996 from around half that level just two years earlier (Lachman, 2000:17). According to the Center for Disease Control, risky sexual behaviour is an important factor to consider for young adults, because the documented cases of HIV among 13 to 24 years olds showed that 6% of young men and 51% of young women were infected heterosexually (Lagan, Staton, Lynam et al, 1999:148).

In the North West Province, the 1999 figures suggest that the most significant increase have been registered in the age groups 14 to 19 years and 25 to 29 years. The least increase has been in the age groups 20 to 24, 30 to 34 years and 40+ years (The Mail, 5 September 2000:9). Research had shown that youths are the most highly sexually active age group and that the higher the sexual exposure the higher the risk of infection especially when their age group portrayed the highest prevalence. HIV/AIDS is an "enemy" that has invaded human nature. According to Dr Molefi Sefularo, North West MEC for Health, HIV has infected 47 million in the world since 1980. There is an estimated 1600 new infections daily in South Africa alone. The figure of the infected persons would have increased to more than half a million by the year 2008 in South Africa.

5.6

IMPORTANCE OF INCORPORATING SEX EDUCATION INTO LIFE-SKILLS EDUCATION PROGRAMMES

One of the most important phases in the parental duty is sex education. Scatter (1987:21) defines sex education as "the full training of boys and girls to enable them to meet and solve the problems that arise in connection with the instinct of procreation". It includes the necessary instruction in the facts of life, but goes far beyond that. Good sex education includes, the teaching of religious and moral principles, safeguarding the emotional approaches as well as many other lesser things, all of which will provide a mature outlook on the so called sexual problem.

Sexuality is the most difficult and sensitive topic to be conveyed to children. Parents usually feel embarrassed or uncomfortable talking about sex and sexuality to their children. Although there are those who can easily talk about these important issues because of the relationship that they have with their children, they do not go into depth with this topic.

From the practical point of view, children especially the youth are faced with many problems such as HIV/AIDS, substance abuse, teenage pregnancy etc. The increase of these pathologies is an indication that they have not received proper life-skills education during the socialisation process. Most parents do not spend quality time with their children; they do not involve themselves in their children's studies and extra-mural activities and thus do not know what is going on in their children's lives. Children end up doing wrong things behind their parents backs such as using drugs and experimenting with sex at an early age without realising the possible consequences and even acquiring inaccurate information from friends.

In some instances, parents are not knowledgeable about the existing pathologies. As natural caretakers, protectors and educators of the children, they have the responsibility to ensure that their children are not at risk. Parents are not always properly equipped with life-skills education to prepare their own children. Parents and teachers should attend workshops and in-service training so that they could acquire more knowledge on life-skills such as sexuality, healthy life style, decision making and assertiveness so that they could transmit these to their children.

Sex education as part of life-skills education can serve as a powerful tool to overcome ignorance and provide correct information on sexuality. According to Wilpert (as cited by Lachman, 2000:520) "specifically educators have access to children/young people for many years and they interact with them as learners at a time in their lives when they are developing knowledge, attitudes and skills, that will enable them to develop healthy life-style". This quotation indicates that there is a clear and urgent need to improve sex education at schools.

How, when and where to give sex education

The primary goal of most sex education curriculae remains to prevent or reduce sex related problems with the underlying assumption that knowledge alone can change behaviour. The attitude that knowledge changes behaviour is reflected in decisions about whether sex education is to be taught. Sex education in elementary school programmes is usually incorporated in curriculae such as self-awareness, family roles and reproduction science or social studies. There are few formalised sex education programmes in elementary schools. Some people have suggested that since the majority of

elementary school learners are not having sexual intercourse, there is no need for specific programmes. Others point out that sexual awareness, sexuality and sensitivity begin at an early age and should be developed during the pre-adolescent years (Mitzel, 1982:1712).

The truth is that 12 year olds are going to raves and bashes meant for over 18 year olds only, drinking cider, smoking and "chilling out" with boys. One thing leads to another and before they know it, there is another statistic in a nightmare that is spiralling out of control. According to Drum Magazine (13 September, 2001:9) nursing staff at Chris Hani Baragwanath Hospital say girls as young as 13 year olds are having babies which is an indication that youngsters are ignoring warnings not to have sex or to use condoms.

Formal sex education is most often taught in high schools and colleges, but it is difficult to estimate how many students actually receive sex education. According to Nkumane cited in Drum Magazine (13 September 2001:9) separate sex classes for boys and girls will be more preferable for effective sex education programme. He said that girls will feel freer to talk and ask questions if they are taught by a woman and there are no boys in the classroom. They will be less inhibited. He goes on to say "we need education that will develop a child's mind, body and soul".

According to sex lobbyists for sex education, the main problems are the lack of teacher training, overcoming taboos surrounding sexual matters at schools, discrimination of girls who have been raped and educators who do not know how to spot the signs that a girl has been abused. According to Drum (13 September 2001) the education Minister, Kader Asmal and his department are

formulating a policy on when and how to address sex education beyond biology lessons and lightweight guidance and life-skills classes.

Most of the children do not know much about sex because of the poor communication in their families. Communication is a crucial aspect of family life, affecting the quality of the relationship between parents and the healthy functioning of both individual family members and the family as a whole. In particular, supportive communication in the family encourages the development of more positive identities among adolescents and higher levels of social and coping skills. Families with better parent-adolescent communication is more close and loving. They have a more flexible approach to solving family problems, and are more satisfactory than families where parent-adolescent-communication is poor. Democratic parenting, where parents and children communicate and negotiate, seems to foster a sense of independence in the adolescent, and at the same time increases the bonds of affection and closeness between parents and children. Thus, families where there is positive communication between parents and children are more likely to produce adolescents who can stand on their own feet, and who will function more effectively as independent adults.

According to Anderson and Okoro (2000:25) sexual maturation and reproduction are an area which proves to be extremely difficult and, in many instances sensitive. A great amount of thought is necessary to decide what and to which level of learners information on sexuality should be departed. Because of the prevalence of HIV/AIDS, the general opinion is that sex education should start as early as possible in a learner's life. However the general objective of this is to provide information that will enable learners to

understand sexuality and to gain control over their sexual functioning. The specific objectives are to alleviate any anxiety expressed by the learners with regard to their sexual development and to allay myths and fallacies. In the area of sexuality, attention should be given to sexual maturation and reproduction, sexual behaviour, attitudes and feelings, love, sex and the teenager (including teenage pregnancies) and marriage and parenthood.

According to Sunday Sun Newspaper (25th November, 2001:22) parents must teach the children about their bodies, giving them the correct names for all the parts of their bodies. That does not mean parents cannot use names like 'willy' or 'fanny'. The details you provide depend on the age of the child and their level of understanding. If you have an open attitude about sexuality in your family, it is more likely that children will feel comfortable telling you if something has happened.

According to Mitzel (1982:713) the greatest number of studies are reports of attempts to measure the impact of sex education courses upon the knowledge and attitudes of learners. It has been found that knowledge does increase and learners gain more quantitative and qualitative knowledge through planned instruction. Unfortunately, attitudes are more difficult to measure. The research findings seem to indicate that as a result of sex education courses, attitudes about the self are relatively unchanged, whereas attitudes about others may become more tolerant of dissimilar behaviour. Measures of the effect of sex education on past behaviour, present behaviour and projections about future behaviour while taking a course in sex education. Most of these studies have used college students, and no clear pattern emerges as to the effect of sex education upon behaviour.

Many people believe that talking about sex encourages promiscuity, but quite the opposite is true. Research has shown that young people who are well informed are far more likely to have protected sex, or not have sex at all. According to Drum (13 September 2001:8) shocking new findings show roughly that 20% of South African teenagers are HIV positive and experts warn that the figure is bound to rise unless we start giving youngsters proper sex education.

According to Weisberg (1985:113) teenagers face numerous problems with regard to their early sexuality. Some teenagers end up being involved in prostitution and most of them do this lacking the facts and knowledge about sex. These teenagers possess limited information on sexuality. Many juvenile prostitutes left home and school at an early age. Consequently, their sexual education may be incomplete and much of their information originates from other street youth. They are likely to be unaware, for example of the subtle forms that venereal diseases can take whereas many will not seek medical attention unless they have more recognizable and more serious symptoms of the disease. The teenagers limited knowledge about sexuality also poses other problems. Few female teenagers have consistent access to reliable forms of birth control. Furthermore male teenagers possess lack of knowledge of the variety of homosexual related sexually transmitted diseases (Weisberg, 1985:237).

CONCLUSION

It is clear that there are shortcomings from parents and school's point of view with regard to the knowledge of life skills they need to transmit to young people. As a result young people end up being vulnerable to social

pathologies such as teenage pregnancy; HIV/AIDS including STD's and substance abuse. Sexuality is considered as a predisposing factor which puts young people at risk. Past research indicated that many teenagers have unhealthy attitudes towards pre-marital and protected sex, and are engaging in high risk sexual behaviours. Research also indicates that although teenagers may be receiving sex education from various sources, some of the information may be incorrect and the sources may be unreliable e.g peers. Therefore sex education should be part of life-skills education and it should be exposed to young people at an early age so that they should not engage themselves into risky sexual behaviours.

CHAPTER SIX

EMPIRICAL STUDIES/ANALYSIS OF DATA

6.1

INTRODUCTION

This chapter focuses on the presentation and analysis of data. It outlines the background information of the respondents' knowledge of life skills education and counselling and content analysis of schools with regard to life skills education programmes.

The sample was drawn from schools situated in the North-West and Mpumalanga Provinces consisting of 43 high, middle and primary schools. The responses received from the schools are presented as follows:

It is important to note that in some tables the number of respondents is not 43 but lesser or higher than 43. This occurred in tables where the respondents were expected to provide more than one answer and where they didn't provide an answer at all e.g table 12, 13, 14 etc.

The first table represents the designation of respondents who answered the questionnaires on behalf of each school.

Table No.1

Designation of Respondents

	No.	%
Principals	13	30.2
Guidance Counsellors	10	23.3

Educators	20	46.5
Total	43	100

As this table merely give a description of the person who responded to the questionnaire, it is however, significant to note that in only 23.3% of the schools a guidance counsellor responded.

The following table presents the respondents perception of what life skills entail.

Table No. 2
Perception of life skills

	No.	%
Skills for living	25	58.1
Pathologies	9	20.9
Knowledge to prepare young people	8	18.6
No comment	1	2.3
Total	43	99.9

The above table indicates that the majority (58.1%) of the respondents view or perceive the concept as skills for living whereas (20.9%) view life skills as knowledge concerning the pathologies which need to be conveyed to learners. This is clear that life skills such as decision making, assertiveness, creative thinking, communication skills etc. will enable young people to manage life in a particular situation. This is supported by Nelson-Jones (1993) cited in Anderson and Okoro (2000:19) in which they state that life skills involve

personally responsible choices. Personal responsibility is a positive concept wherein people are responsible for their well being and for making their own choices within the givers of their existence.

The reason why 20.9% of the respondents mentioned pathologies is because a great number of schools do experience an increase in specific social and health problems such as indiscriminate sexual practices, substance abuse and teenage pregnancy. These problems need to be addressed. The information, however reflects that educators do have a good idea of what is meant by the concept life skills.

The following table represent the most pressing problems experienced by school children as reflected by the respondents.

Table No. 3

Most pressing problems

Problems	No.	%
Substance abuse	5	13.5
Delinquency	6	16.2
Teenage pregnancy	10	27.0
Child abuse	2	5.4
Satanism	0	0
Truancy	13	35.1
Other	1	2.7
Total	37	99.9

From the above table it is clear that health and social problems are prevalent in schools. It is indicated that truancy (35.7%), teenage pregnancy (27.0%) and delinquency (16.2%) are the most pressing problems among school children. As a result of the increasing social and health problems, children are more vulnerable or are the victims and as such their social functioning become impaired e.g teenage pregnancy result in dropping out of school, physical and psychological complications etc.

The following table explains why social and health problems are constantly on the increase especially among young people.

Table No. 4

Increase in social and health problems

Reasons	No.	%
Inadequate parenting skills	21	36.2
Inadequate life skills education in schools	13	22
Poverty	7	12.4
Peer group pressure	9	15.4
Cultural influences	2	3.4
Misinterpretation of human rights	6	10.3
Total	58	

36.2% of respondents indicated that parents fail to prepare children for life whereas schools (22.0%) also do not play their role in empowering children with the necessary life-skills' information to safeguard them against pathologies. There are two main sources responsible for the proper

socialisation of children and these are considered to be primarily parents and secondarily, to supplement parents in this task, the school. Furthermore it is indicated that peer pressure plays an important role in influencing their members to live according to their "sub-cultures" which may include certain deviances.

However, ignorance does not guarantee innocence and teachers feel a growing sense of responsibility regarding, amongst others, sex education as problems such as teenage pregnancy, HIV/AIDS are escalating in the community. Schools and parents' ineffectiveness in providing learners with necessary life-skills and knowledge make them more vulnerable to these pathologies. Radebe et al. (1996:71) support this statement by stating that children are exposed to sexual messages in their daily lives and that their knowledge about human sexuality is incomplete and riddled with myths and superstitions. Their source of knowledge is often other children who talk about sex in a vulgar and sensational way. The lack of role models e.g educators and parents have children confused about moral and ethical issues surrounding sexual behaviours.

The following table determines whether educators responsible for life skills education have received any basic training in life skills education and counselling.

Table No. 5

Training in life skills

	No.	%
No training	12	26.7

Compulsory course during initial degree	1	2.3
Ancillary course during initial degree	3	6.7
Received specialized programme	5	11.1
In-service training	22	48.9
Total	43	100

According to the above table it would seem that the majority of educators have received some form of training in life skills. The majority (48.9%) indicated that the most commonly training received in this regard was in-service training. Although the duration and contents of in-service training in life-skills are not indicated, it is promising to see that schools do realise the urgency in providing some source of training.

The World Health Organisation material on Life Skills Education (2000) supports this statement by stating that implementation of life skills programmes require the introduction of teaching methods that may be new to teachers and the success of the programme will depend on availability of more in-service training and efforts to include training in participatory learning methods in especially teacher training colleges.

In conclusion it is disappointing to note that in this day and age in which life skills education is so important, training institutions have not as yet taken this matter seriously.

The following table gives an indication of the efficiency of educators to conduct life skills education courses.

Table 6Efficiency to conduct L.S.E.

	No.	%
Sufficiently equipped	13	30.2
Insufficiently equipped	25	58.1
Uncertain	5	11.6
Total	43	99.9

} 69,7%

The above table is a clear indication that 69.7% of educators are insufficiently equipped to offer life skills education. This shows that, as according to Hopson and Scally (1981:96), in schools priority is given to personal academic development rather than to interpersonal and group skills. This may be one of the reasons why health and social problems are constantly on the increase, hence the need for life skills education. This correlates with the findings in table 3 that indicates that as a result of inadequate life skills education, social and health problems are on the increase.

The following table indicates the manner in which life-skills education is conducted.

Table No. 7Manner in which life skills education is conducted

	No.	%
Not offered at all	6	13.9
Part of school curriculum	26	60.5
After school hours by educators	3	6.9

After school hours by experts	3	6.9
Other	5	11.6
Total	43	99.9

According to the above table 60.5% of respondents indicated that life skills education is conducted as part of the school curriculum.

The inclusion of life skills education in the school curriculum may prove to be the most effective way of dealing with this tuition. However there may be certain shortcomings which are indicated as follows: Firstly the contents and effective integration in the appropriate curriculae are not known and therefore the expected outcome or impact of these messages have on learners are unknown; secondly, learners do not follow all school subjects; therefore those subjects not followed by a learner will deprive him of the life skills messages contained in those subjects; thirdly, by responding that life skills forms part of the curriculae is merely a tiny part of a whole skills development that schools could introduce.

The following table indicates time spent on life skills education at schools.

Table No. 8

Time spent on life skills

	No.	%
No time spent	11	25.6
One period per week	12	27.9
Two periods per week	3	6.10

Three periods per week	6	13.9
Four or more periods per week	9	20.9
After school hours only	2	4.6
Total	43	99.9

The majority (53.5%) of respondents in the above table indicated that they (25.6%) spend no time and (27.9%) spent one period per week on life skills education at schools. This shows that, as according to WHO/MNH/PSF/93.71. REV 2:10, many young people are not sufficiently equipped with life skills to help them deal with the increased demands and stresses they experience. This response also supports Anderson and Okoro's (2000:14) finding that in some schools especially high schools, life-skills education is offered only for one period per week which is minimal.

In the following table the methods used to convey life skills education to learners are indicated.

Table No. 9

Methods used to convey life skills

	No.	%
Through audio visual aids	3	7.0
Through modelling	1	2.3
Through role playing	5	11.6
Through workshops/seminars	4	9.3
Through normal school lectures	29	67.4
Other	1	2.3
Total	43	99.9

The above table indicates that 67.4% of respondents use the method of normal school lectures which correlates with table 7 where it was mentioned that life skills education is incorporated into the school curriculums.

According to WHO/MNH/PSF/93. 7A. Rev 2:10, the methods used to facilitate active involvement in life skills education include working in small groups and pairs, brainstorming, role plays, games and debates. The teacher will assign homework to encourage the children to further discuss and practice the skills with their families and friends. According to the above table the suggested methods to be used to have a greater impact on learners are not utilized by schools. This is a clear indication that life-skills education at schools is not purposefully offered.

The following information was included in the questioning to determine the methods of evaluation of learners' knowledge of life skills.

Table No. 10

Methods of evaluation

	No.	%
By means of examinations	20	46.5
By means of questionnaires	7	16.3
No evaluation	12	27.9
Other (oral, class work, projects)	4	9.3
Total	43	100

The above table indicates that the majority, (46.5%) of the respondents mentioned that evaluation is done by means of examinations. This finding also correlates with table 7 where it was mentioned that life skills are included in the curriculae. The mentioned method of evaluation is therefore merely the final exams on the various subject matters. A total of 27.9% of respondents indicated that learners receive no evaluation. This shows that learners are not assessed to be encouraged to practice life skills in their everyday life. According to WHO/MNH/PSF/93. 7A. Rev. 2:21, learners should be encouraged to extend their analysis and practice of life skills to their lives at home and in their communities.

WHO/MNH/PSF/93. 7A. Rev. 2:37 further explained that a systematic review of the use of a life skills programme will be an essential part of ensuring its long term value. Even when a programme is securely in place and running well, it will continue to require ongoing assessment and revision to ensure that the life skills programme continues to meet the needs of young people. This statement fully supports the importance and specific evaluation of life-skills education programmes at schools.

The following table gives an indication of the measures taken whenever a child is identified with a serious health or social problem such as rape or drug abuse.

Table No. 11

Measures taken to deal with problems

	No.	%
Refer to social workers	19	44.2

Counsellors deal with matter	5	11.6
School and parents deal with matter	16	37.2
No steps taken	1	2.3
Uncertain	2	4.6
Total	43	99.9

It is clear from the above table that 44.2% of respondents agree that measures taken to help the children, by means of help from social workers. According to the above table a total of 37.2% of respondents agree that schools and parents are used as measures to help whenever a child is identified with a serious problem.

According to the above information, two important matters arise:

Firstly, because of the lack of social workers who are attached to schools, it would seem that the services of practising social workers in community based welfare organisations are readily made use of. Apart from the fact that social workers are more competent in dealing with social problems it also proves co-operation between schools and the community. Secondly, when a serious problem arises it is preferable for the school to co-operate with parents because ultimately it becomes the responsibility of parents to deal with their children's problems. Also with purposeful life skills education in schools, parents also need to participate to ensure a holistic educational programme. In other words, the programme can and should be supported by parents at home.

The following table outlines factors which hamper the effective introduction of life-skills' education at schools.

Table No. 12Factors hampering the purposeful introduction of life skills

	No.	%
Educators not properly trained	18	37.5
Lack of support from education authorities	10	20.8
Lack of parental support	9	18.8
Insufficient time allocated to life skills	6	12.5
Cultural opposition	3	6.2
Opposition from religious movements	2	4.2
Total	48	100

Firstly, a total of 37.5% of respondents as indicated from the above table agree that the main factor hampering the effective introduction of life-skills' education in schools is because educators are not properly trained. According to the research findings in table 6, 58.1% of the educators themselves indicated that they were insufficiently equipped to conduct life-skills education courses. This shows that the findings in table 6 correlates with the findings in the above table. Furthermore there is lack of life-skills education to impact to the learners with the knowledge necessary for quality living so that they could be fully empowered and defensible. Secondly, it is clear from the above table that educational authorities are reluctant to support schools to implement life skills programmes, as indicated by a total of 20.8% of respondents. Thirdly, there are short-comings from the parents' point of view in preparing children for life. This is indicated by a total of 18.8% from the above table.

The following table outlines measures despite life-skills education to combat social and health problems.

Table No. 13

Measures to combat social and health problems

	No.	%
Regular seminars & talks	8	22.2
Strict disciplinary measures	7	19.4
Strict control on play grounds	2	5.6
Individual attention on learners	9	25.0
Purposeful parental participation	8	22.2
Other (BLO, YMCA programmes)	2	5.6
Total	36	100

According to the above table 25.0% of respondents indicated that apart from life skills education individual attention given to learners can help combat social and health problems. In this case emphasis is on individuality. That is each person is a unique human being with inherent dignity that is to be respected. Compton and Galaway (1994:221) support this statement by stating that diversity and variety among individuals are to be welcomed and encouraged. Furthermore 44.4% of respondents indicated that regular seminars/talks (22.2%) and purposeful parental participation (22.2%) can play a vital role in combatting social and health problems.

The following table highlights measures to be taken to improve life skills education in schools.

Table No. 14

Measures to improve life skills education

	No.	%
Specialized training for educators	21	41.2
Support from education authorities	9	17.6
Life skills should form part of school curriculum	8	15.7
Regular workshops/in-service training	10	19.6
Parental support	1	2.0
Induction by experts	2	3.9
Total	51	99.9

According to the above table 41.2% of respondents agree that there should be specialised training for educators as a measure to improve life skills education in schools. This shows that there is a need for life skills education at schools. Educators need to be trained in order for them to be able to convey life-skills education to learners in a purposeful, holistic and meaningful manner. A total of 17.6 respondents agree that there should be support from educational authorities. This is supported by WHO/MNH/PSF/93. 7A. Rev. 2:11, that the introduction of life-skills education will require input from the school and education authorities, for teacher training and the development of teaching manuals, as well as for the ongoing support of teaching programmes once they are in place. This investment is worthwhile considering that the potential gains of life skills education are so far reaching as indicated in the following:-

Apart from the impact on child's health, there may be other benefits for the school as an institution e.g evaluative studies of life-skills programmes

suggest that the methods used can amongst others help to improve teacher and pupil relationships; Weisberg et al. (1959) is of the opinion that life skills education programmes improves academic performance; and Zabin et al. (1986) cited in WHO/MNH/PSF/93. 7A Rev. 2:12 stated that life skills programmes bring about positive effects such as improved school attendance. This in turn will improve the problem of truancy which as indicated in table 3 is on the increase.

6.2

TABLE NO.15

Content analysis of life skills education at schools : an average comparison between primary and high schools

Life skills/knowledge	Primary schools				High schools			
	O	C	E	S	O	C	E	S
Self esteem	11	22	18	48	42	44	0	14
Assertiveness	4	11	15	71	39	33	0	28
Decision making	22	0	22	56	31	47	0	17
Relationships	11	15	40	33	47	31	0	22
Interest/values/ideals	4	22	33	40	31	31	0	39
Sexuality	22	22	26	29	47	39	0	14
Healthy lifestyle								
Diet	4	18	4	74	0	33	3	64
Rest	0	15	11	74	0	17	8	75
Constructive leisure	22	7	4	67	11	5	11	72
Home safety	11	29	15	44	11	22	11	56
Drugs	15	26	15	44	39	30	20	11
Diseases (AIDS)	40	26	7	26	42	34	14	11

Child neglect	11	7	15	67	11	25	8	56
Child sexual abuse	0	15	22	63	22	47	14	16
Delinquency	11	4	22	63	25	28	8	39
Truancy	22	7	4	67	22	22	8	47
Teenage pregnancy	7	4	33	56	25	36	22	17
Satanism	4	0	18	78	14	8	8	69
Feelings	0	15	11	74	30	22	11	36
Basic needs	22	11	7	60	17	31	17	36
Peace education	22	0	0	78	22	33	3	42
Budgeting	0	22	0	78	0	22	8	70
Environmental awareness	22	22	7	48	25	28	6	42
Conflict management	0	0	11	89	17	28	5	50
Road safety	26	40	7	26	25	17	5	53
First aid	18	0	11	71	3	19	0	78
Pets	0	0	0	100	0	5	0	95

In the table attention is given to the nature and extent of life skills education in schools. Firstly, attention is given to the area of skills and knowledge imparted to learners and secondly, the manner in which it is done. The manner of tuition included :

- Offered by educators themselves during or after school hours (0)
- Offered as part of the school curriculum (C)
- Offered by experts on invitation (E); and
- are not offered but respondents were of the opinion that it was necessary to offer these subject matters (S).

- 6.2.1 Offered by educators: A broad comparison between primary and high schools indicates that life skills receive less attention in primary schools than high schools. With the exception of a few areas it would seem that little purposeful attention is given to any specific area. In primary schools AIDS is expected to receive more attention whereas in high schools the most significant areas are amongst others relationships, sexuality and AIDS. Interesting is that all percentages for all areas are far below 50% which indicates that life skills education is not purposefully offered by educators because as mentioned earlier that they are not sufficiently prepared for this task and is not given sufficient time to offer such courses.
- 6.2.2 Offered as part of the school curriculum: In both primary and high schools there are not significant percentages to indicate that life-skills play a major role in the compilation of curriculae. There is a considerable amount of doubt concerning the purposeful integration of life-skills. If these matters are not significantly stressed, learners may see it as mere knowledge forming part of the subject-matter and not as something that needs to be internalised. Furthermore, all learners do not study all subjects offered by a school and will then obviously miss out on these messages.
- 6.2.3 Offered by experts on invitation: Both levels of schools make very little use of experts within the community to share their expertise with learners. Most probably this is the case because educators may feel that using other professionals may point at their incompetency or that they feel that they somehow cover these areas and therefore outside people are not necessary. However, whatever the reasons the low percentages do indicate that limited use is made of experts and it is mostly on an ad hoc basis.

6.2.4 Life-skills courses not offered but should be offered: In this regard and reflecting on the previous discussion where it is clear that life-skills education is not purposefully offered in schools, a greater percentage of schools recognised that life-skills education is important and all the areas mentioned should be included into a life-skills programme.

In analysing the table, two further important points come to the fore:-

1. Knowledge without the internalisation of life skills such as self esteem/assertiveness and responsible decision making. An example of this statement is that how can we expect an adolescent to say "No" to drugs or sex if they find these actions, especially pleasurable. They can only resist these temptations if they have sufficient knowledge of the subject matter (drugs or indiscriminate sex); its effects (harm to the human body and many other concomitant effects) knowledge about a healthy life style as well as internalised skills such as self esteem/assertiveness and decision making.

To support this statement Mogotsi (1996) after doing an extensive study on AIDS in schools, mentioned that although children know about AIDS it still does not prevent them from being sexually active. Although education authorities and schools apparently do not realise this, social and health pathologies can only be prevented by means of purposeful life skills education. The last mentioned statement is further supported by information received during this research. Respondents were requested to categorise life-skills' knowledge in descending order of importance. These categories were listed as follows :-

CATEGORY 1	CATEGORY 2	CATEGORY 3
Drug abuse	Decision making	Child neglect
Child sexual abuse	Self esteem	Delinquency
HIV/AIDS	Assertiveness	Truancy
Teenage pregnancy	Sex education	Satanism
CATEGORY 4	CATEGORY 5	CATEGORY 6
Environmental awareness	Budgeting	Gender issues
Interest/values/ideals	Home safety	Relationships
Road safety	Conflict management	Peace education
	Diet	First Aid

According to the above categories drug abuse, child sexual abuse, HIV/AIDS and teenage pregnancy received prominence because schools realise that all these problems are mainly youth problems and are on the increase.

Unfortunately, important life-skills which need to be internalised prior to or simultaneously with knowledge of concerned pathologies was only mentioned as a second less important category. This again proves that educators do not realize the actual rationale of life skills education as a most important preventative measure. For the rest of the categories there are little to commend on except the fact that "relationships" were listed in the last, least important category. It would have been expected that this life skill would have received greater emphasis.

2. Compartmentalising social and health problems:- Life skills education should be seen and approached in a holistic manner to be successful.

Pathologies such as drug (substance) abuse, HIV/AIDS or even sexual education cannot be offered by its own without looking or considering broader life skills issues. Because of a scaring situation such as AIDS, the education authorities launch a unique AIDS programme which in the end proves to be unsuccessful. Whether it is sex education, drug abuse, teenage pregnancy or any other life style issue, success can only be achieved if a programme can be devised which is holistic, preventative, educational and continuous, and receives the full support, expertise and co-operation from the authorities, schools, parents and the community.

6.3

CONCLUSION

According to the information contained in the content analysis of life skills education at schools, it is clear that purposeful programmes are not offered. The reason for neglecting this vital educational opportunity are amongst others the following :-

1. The perception of life-skills is not well understood by educators (Table 2).
2. The majority of educators indicated that they are not sufficiently trained or equipped to offer life-skills education (Table 5 and 6).
3. The education authorities allow insufficient time for life skills-education purposes (Table 8); and
4. Finally, there is lack of support from the education authorities and parents.

CHAPTER SEVEN

7. MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The main purpose of this chapter is to review the findings emanating from literature and empirical research and to provide recommendations.

7.2 RESTATEMENT OF THE OBJECTIVES

Before discussing the main findings and recommendations, the objectives will be restated as follows :

- To determine the nature and extent of social and health pathologies
- To do a content analysis of the nature and extent of life skills education in schools
- To recommend the introduction of (changes) an effective life skills counselling programme to schools

7.3 GENERAL RESUME

The study was conducted in all schools i.e primary, middle and high schools in the North West and Mpumalanga Provinces. Subjects were educators, principals and guidance counsellors. The sample consisted of 43 schools. The questionnaire comprised of 14 questions on the main problems experienced by school children why they think social and health problems especially amongst the youth are on the increase and the quality of life skills education

in schools. In addition to the questionnaires there is a content analysis (table 15) the main objective of which was to measure the effectiveness or impact of the present life skills education programmes offered by schools on the learners.

7.4

MAIN FINDINGS

The study proved that the majority of schools do not offer life-skills education to learners. The majority of the respondents indicated that educators are insufficiently equipped to deal with pressing problems experienced by the learners. The research indicated that apart from educators being insufficiently equipped to offer life skills education programmes, there is also less time spent on life skills education.

According to the research findings in table number 3, the respondents mentioned the most pressing problems experienced by learners. This shows that social and health problems are prevalent in schools and are constantly on the increase. The reasons for this being inadequate parenting skills and inadequate life-skills education in schools.

Most respondents agree that a life-skills' education programme is an absolute necessity to safeguard youngsters against pathological dangers which might affect their social functioning (taking into account their interaction, capabilities, resources, growth and development). The major short-comings from the schools and parents' point of view proved that they have not prepared children for life so that they can be able to deal with all life situations. The indication is that there is a growing recognition that with changes in cultures, and life styles,

many young people are at risk or vulnerable to social pathologies and are unable to deal with the increased demands and stresses they experience.

In this regard, for instance, one of the researchers mentioned that the most threatening finding concerning learners' sex information was the minimum role played by parents. According to the findings from the literature, it is stated that young people receive sex education mainly from their peers. As a result some writers remarked that educators need timely training to guide their learners to be defensible.

Implementation of a life-skills education programme as according to some researchers require the introduction of teaching methods that may be new to educators, and that the success of the programme will depend greatly on the availability of in-service training as well as efforts to include training in participatory learning methods in teacher training colleges. Furthermore in order to bring about changes to an effective life skills education programme, researchers remarked that life-skills education should not be integrated in the whole curriculae. This is reflected where majority of respondents mentioned that time spent on life-skills education at schools is one period per week or completely unprovided for which is completely insufficient.

Ideally, life-skills education should occur or start at an early age before negative patterns of behaviour and interaction have become established. The educators and parents should in this regard take their responsibility as agents of socialisation. The role of parents and the school in the socialisation of children, experienced educators already in place, high credibility with parents and the community and possibilities for short and long term evaluation should

serve as preventative measure against social pathologies. Life-skills' education is highly relevant to the daily needs of young people e.g when it is part of the school curriculum, indications are that it helps to prevent school drop-outs.

Effective life skills education programmes have to be developed for the promotion of health and the well being of especially young people. It should ideally be targeted at all children (including those at nursery schools) and adolescents as a positive response to social and health needs, rather than as an intervention programme aimed only at those already at risk. Educators and parents should provide support to children's acquisition and practice of life skills. There should be an introduction to life skills education for school principals, emphasizing the potential benefits of the programme for the institutional goals.

7.5

RECOMMENDATIONS

— Life Skills Education

The Department of Education should organise more in-service training on life-skills education programmes in order for all educators to purposefully and effectively convey life-skills education to learners.

Life-skills education programmes should include all life skills areas whether prevalent or not. That is, not all life-skills' areas in the content analysis table should be imparted to learners. All schools (primary, middle and high) should consider life education programmes as a preventative measure towards social and health problems. This has been proved as a school based preventive programme and it has been

effective and successful in changing students' unsafe sexual practices e.g in countries such as Uganda and Zaire.

For Schools who do not offer life skills education or those at which a life-skills education programme has been implemented, the following explanation of a life-skills education programme should serve as a direction or base for understanding the programme in its totality.

Life education concept which emphasises the completeness of human beings and their enormous potential, is a positive preventive approach to all forms of social and health problems.

According to Anderson (1994:52) the aim of the programme is to instill in children 5-12 years of age, while in their most formative years, a deep respect of life, so that they will consider it unthinkable to abuse their human bodies.

The programme further emphasises the value of one's individuality, refusal skills, self esteem as well as how to deal with peer pressure. In this way, young people are empowered to make the right decisions about their lives (see appendix for a detailed outline of a life education programme).

The combination of both life education and other school based programmes hopefully will help in curbing the scourge of pathologies. Life education may serve as the basis or major programmes and other school based programme will supplement it. In this way education becomes an ongoing process until the learners complete their schooling.

In conclusion it is strongly recommended that life education programmes should be integrated into the educational system in this

country. Ongoing research needs to be undertaken to evaluate the implementation of the programme in schools. By this, South Africa will manage to create healthy children who will again create a healthy generation of the future.

School Social Workers

It is recommended that both the Department of Education and Social Development should take into consideration the best interest of children as their first priority. That is to minimise the vulnerability of young people becoming the victims of social pathologies. In this regard school social workers can play an important role. This is supported by the African National Congress (1995) which emphasise the restructuring of the educational system whereby the Education Support Services will be put into place to address the psycho-social, health and behavioural problems experienced by learners.

As part of the support services the school should serve as the host agency for school social workers. As a result learners' problems will be addressed either on an individual level, small group or community level of the human ecosystem. For instance the school social worker might work with the community e.g through organising campaigns to address problems such as child abuse and substance abuse as these problems may have been influenced by the social environment in which the school is located. Lombard (1992:17) support this by stating that the complexity of the human ecosystem justifies an integrated approach to social work, based on an ecological perspective. Ecological approach permits social workers to approach their practice on a micro level (individual, family) as well as a macro level

(environment, organisation, community) or on both levels simultaneously which will benefit and facilitate the education support services.

– **A multi-professional team approach**

Various professions participating in life skills education to learners should be taken into account in schools. This implies that various disciplines can make a contribution towards the development of learners. In this regard the school social worker should be the lead member of the team. Lombard (1992:282) is of the opinion that social work implies a strong concept of team work. "Strong" meaning a portfolio of tasks and skills held by a team, with the team taking collective responsibility for the work being done by each of its members. It will be of great benefit to the learners if the team can comprise of a social worker, educator, health professional, community member eg. religious men, CPU/SAPS, parents, learners themselves eg. student representatives. Such a team should be considered as "a fellowship of people" and ideas, linked by a common bond of service. Skidmore and Thackeray (2000:335) stated that every team member pursues a common aim and every member is eager to render maximum service, either to prevent or to cope with needs and problems.

Among others such a team may concentrate on the following :

- * Ensuring that young people are protected and receive the most effective services for reducing the trauma of abuse and necessary life-skills eg. assertiveness, decision making, conflict management.

- * Provide a clear understanding between role players regarding their respective roles, responsibilities and functions on a life-skills education programme.
- * To provide for joint decision making to facilitate decisions in the best interest of the learners.
- * To ensure that the implementation of a life-skills education programme at schools is in place. Furthermore, to see to it that more time is allocated for life-skills education; methods used to convey life-skills are improved, problems of learners are dealt with; and parents and the community take part in decision making concerning the learners needs and development.

7.6

CONCLUSION

In order to combat or minimise social and health problems we need to maintain a healthy balance between preventive, controlling and treatment measures with prevention playing the predominant role. As emphasised by some researchers that the most effective way of dealing with the existing problems is to direct primary prevention programmes towards young people where the internalisation of a healthy lifestyle and a socially accepted value system is still possible. Primary prevention in this regard mainly refers to educating young people to develop a positive competence to safe-guard them against possible social and health problems. This process is known as empowering children through appropriate education.

BIBLIOGRAPHY

1. Anderson W. and Okoro L. (2000) : The development of a Life-Skills Education Programme for Nursery Schools and Grade 1 Learners, unpublished manuscript Uniwest.
2. Adler (1937) Social Interest a challenge to mankind.
3. Arnold B. (1990), AIDS a moral issue, St Martins publishers. New York.
4. Bandura A. (1995) : Learning Theory, McGraw Hill, London.
5. Brack G. (2000), Compilation of Life-Skills Presentations, Unpublished Manuscript Uniwest.
6. Coleman J. and Cressey C. (1987), Social Problems, Harper and Row Publishers Inc. New York.
7. Collier and Donnelly (1991), Social Psychology, Gillford Press USA.
8. Collin P. (1988), How to deal with AIDS in South Africa, R.S.A. : HSRC.
9. Compton B. and Galaway B. (1994), Social Work Processes, Brook/Cole Publishing. USA.
10. Craig G. and Specht R. (1987), Human development : A Social Work Perspective, Prentice Hall New Jersey.

11. Deane N. and Maphumelo N. (2000), It will not happen to us, Mail and Guardian, September 1st - 7th.
12. De Miranda S. (1990), Drugs and drug abuse in Southern Africa, J L Van Schaik (Pty) Ltd. Pretoria.
13. Els F. and Jonker G. (2000), Satanism in South Africa, Amabhuku Publications, Pretoria.
14. Fisher J. and Cochros M. (1975), Effective Social Work Practice : An eclectic approach, McGraw Hill, New York.
15. Freeman M. (1992), Adolescent male sexuality : "Boys will be boys". Social Work in Education, 14, 235-237.
16. Gerdes L. (1998), Bringing up parents and children, Sigma Press, UNISA.
17. Girl Child Survey (1998).
18. Ghodse H. and Maxwell D. (1990), Substance abuse and Dependence : An Introduction for the caring professions. Hampshire. MacMillan Press.
19. Grinnel R. (1988), Social Work Research and Evaluation, Peacock Publishers Co. Itasca.
20. Haralambos R. and Holiborn G. (1993), Sociology : Themes and Perspective, University Tutorial Press. Britain.

21. Herbert M. (1988), Working with children and their families : Psychology in Action, Comelot Press, Britain.
22. Hopson & Scally M. (1981). Life-skills teaching, McGraw Hill, London.
23. Hubble J. (1990), The AIDS Handbook, MacMillan Publishers Ltd. London.
24. I.C.P.A. drug abuse manual (1998). Pretoria.
25. Jaccard J., James, Dittus V.V., (2000), Parent-Teen communication about Pre-marital sex : Factors associated with the extent of communication. Journal of adolescent Research, 15, 187-109.
26. Jones R. (1991), Life-skills handbook, Educational Ltd London.
27. Journal of Social Psychology, (1998), Vol. 63 No. 1-3.
28. Journal of Psychology, (1999) Vol. 72 No. 2-5.
29. Keller E., Kilton D. and Ankrah K.T., (1999), Teenage Pregnancy and Motherhood in a Ghanaian Community, Journal of social development in Africa, 14, 69-83.
30. Kesby M. (2000), Participatory diagramming as a means to improve communication about sex in rural Zimbabwe : A pilot study. Social Science and Medicine, 50, 1723-1741.

31. Lachman C. (1995), Heterosexual HIV/AIDS as a global problem, TPS Drug Information Centre (Pty), Ltd Braamfontein.
32. Le Roux J. (1994), The black child in crisis, Van Schaik, Pretoria.
33. Longman Dictionary of Contemporary English (1987).
34. Louw D.A. and Edwards D.J.A. (1994), Psychology : An Introduction for students in Southern Africa, Lexicon Publishers, Johannesburg. SA.
35. Louw D., Weitz J. and Radebe P., (1996), Sexuality Education, Randse-Afrikaanse University material.
36. Madlala S.L. (2000), Exposing the mystery of AIDS. Sunday Tribune Perspectives. 13 August, 4.
37. Maforah F. (1991), An investigation into the knowledge and attitudes of the with regard to the prevention of Genetic diseases and mental retardation. Unpublished manuscript.
38. Mdaka S., Mbatha T. and Sejanamane M.M. (2000), KZN Peace Initiative. Inthunga Art Project, Arts publishing and communications, Davenport Avenue, Durban.
39. McKendrick W. (1990), Introduction to Social Work in South Africa, Haum Tertiary, Pretoria.

40. McWhirter, Mc Whirter, Mc Whirter & Mc Whirter, (1993), At - Risk Youth - A Comprehensive Response, Wadsworth Inc. Belmont, California, USA.
41. Mitchel J. (1965), Adolescence : Some critical issues, Holt, Rinehart and Winton, Canada.
42. Mitzel N.E. (1982), Encyclopedia of Educational Research : Fifth Edition, The Free Press, USA.
43. Mogotsi M. (1996), An investigation into the knowledge and attitudes of school girls with regard to sexual practices and AIDS, unpublished manuscript Uniwest.
44. Nelson and Jones, (1997), Life-Skills Helping, Brooks/Cole Publishers : USA.
45. Northern N. (1969), Social Work with Groups, Columbia University Press, New York.
46. Page G.S. (1981), International Dictionary of Education, Britain.
47. Peck and Hong I.L. (1988), Life-Skills, McGraw Hill, London.
48. Reid K. (1985), Social Work Practice with Groups : A Clinical Perspective, Wadsworth Pub., California.
49. Report on National Research Council (1987).

50. Rooth E. (1995), Life-Skills : A Resource Book for Facilitators, Nolwazi education, Pub. Braamfontein.
51. Sattler N.V. (1987), Parents, Children and the Facts of Life : A Manual for Parents and Teachers, Doubleday & Company, New York.
52. Sapire E. (1990), AIDS - Are Teenagers at Risk, Medical Sex Journal 1(2).
53. Schaefer and Lamn (1989) Sociology, McGraw Hill, London.
54. Scott P. & Spencer C. (1998), Psychology - A comprehensive Introduction, Blackwell publishers Inc. Oxford, Britain.
55. Skidmore R., Fairley O, & Thakeray W, (1995), Introduction to Social Work : Prentice Hall International, Englewood Cliffs.
56. Smith C.A. (1997), Factors Associated with early sexual activity among Urban Adolescents, Social Work, 42, 334-346.
57. Smith M. (1983), Formulating Research Goals & Problems I.L. Peacock Pub. Itasca.
58. Staton M., Logan T.K. & Lynam D. (1991), Risky sex behaviour and substance use among young adults, Health and Social Work, 24, 147-153.
59. Sue S. (1997), Understanding Abnormal Behaviour, Houghton Mifflin, USA.

60. South Africa is a Policy Framework for Education and Training by African National Congress (1995).
61. Social Welfare, White Paper, (1997), General Notice 1108.
62. Teenagers & AIDS magazine of (2000).
63. The City Press of 11th June 2000.
64. The True Love magazine of August (1999).
65. The City Press of January 2001.
66. The Mail of September 2001.
67. The Drum magazine of September 2001.
68. The Sunday Sun newspaper of 25 November 2001. (News paper).
69. United Nations Cronicle (1986).
70. Van Coeverden De Groot A. & Greathead, E. (1987), The Cape Town Teenage Clinic, S.A. Medical Journal 71 April 436.
71. Watson D.L. (1992), Psychology, Brooks/Cole Publishing Company, Pacific Grove, California.

72. Weisberg, D.K. (1985), *Children of the Night*, DC Health and Company, USA.
73. William P. (1990), The special Education Handbook, Britain, Britain.
74. World Health Organisation, MNN & PSF/93 of (2000).
75. Working Women magazine of August 1999.
76. Yalom D., Frank G., & May N., (1980), The theory and Practice of Group Psychotherapy, Basic books, New York.

ADDENDUM 1

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TO WHOM IT MAY CONCERN

The University of North West (Department of Social Work) is at present embarking on an extensive research project to determine the necessity and value of life skills education especially for young people.

Because of the vital importance of this research it will be appreciated if you will be prepared to assist us in completing the questionnaire.

We sincerely wish to thank you for your interest in the future of our children and for giving us some of your time to help us in our efforts.

Yours sincerely

PROF. W.W. ANDERSON
PROJECT CO-ORDINATOR

LIFE SKILL QUESTIONNAIRE

1. Name of School
2. Designation of Respondent

Principal	
Guidance Counsellor	
Educator	

3. According to your own perception what is Life Skills education.

.....

.....

.....

.....

4. What would you consider to be the two most pressing problems amongst school children in your school.

No problems	
Substance abuse	
Delinquency	
Teenage pregnancy	
Child abuse	
Satanism	
Truancy	
Other (mention)	

5. Give reasons why you think these problems especially among the youth are constantly on the increase as existing statistics indicate.

.....

.....

.....

.....

6. Have those educators who are responsible for Life Skills Education in your school received any basic training in life skills education and counselling.

Not applicable	
Yes	
No	
Uncertain	

If yes indicate type of training:

1. Compulsory course during training	
2. Ancillary course during training	
3. Specialized programme	
4. In-Service training	

7. Do you consider your educators responsible for Life Skills Education and counselling sufficiently equipped to offer programmes/courses in Life Skills Education and counselling.

Not applicable	
Sufficiently equipped	
Insufficiently equipped	
Uncertain	

8. In which manner is Life Skills Education conducted at your school.

Not offered at all	
Part of the school curriculum	
After school hours by educators	
After school hours by invited experts	
Other (specify)	

9. Time spent on Life Skills Education at your school.

Not applicable	
One period per week	
Two periods per week	
Three periods per week	
Four or more periods per week	
After school hours only	

10. Which of the following methods do you use to convey Life Skills Education to your learners.

Through audio visual aids	
Through modelling	
Through role-play	
Through workshops/seminars	
Through normal school lectures	
Other (specify)	

11. Methods of evaluation of learners knowledge of Life Skills.

By means of examinations	
By means of questionnaires	
No evaluation	
Other (specify)	

12. What measures or steps are taken whenever a child is identified with a serious health or social problem such as drug abuse.

.....

.....

.....

13. What measures apart from Life Skills Education are used in your school to combat/prevent health and social problems.

Regular seminars and talks	
Strict disciplinary measures	
Strict control on playgrounds	
Individual attention of learners	
Purposeful parental participation	
Other (specify)	

Please indicate on the following schedule which of the following life skills are specifically/purposefully offered at your school; which life skills are offered as part of the school curriculum; offered by experts specially invited for this purpose; and not offered at present but according to your opinion should be offered.

Environmental awareness												
Conflict management												
Road safety												
First aid												
Pets												

15. From the above list choose four areas which you consider to be of utmost importance for inclusion into a life skills educational programme (If there are areas not mentioned in the list which you also consider of importance, please mention them).

1.
2.
3.
4.

16. What factors hamper effective delivery or introduction of Life Skills Education in your school?

.....

.....

.....

.....

17. What do you think should be done in order for Life Skills Education and Counselling to be more effective in your school?

.....

.....

.....

.....

18. Remarks:.....
.....
.....

[illegible]

[illegible]

ADDENDUM 3

Dear Parents and Life Skills Facilitators

Stories are often a wonderful opportunity to introduce children to sensitive issues.

Preventive information is considered essential and valuable to help children cope with many different aspects of their daily lives.

A story line can help children to remember what to do in difficult situations. This story, we hope, will provide an entry point for helping children identify, express and talk about their feelings. The characters experience different situations which look at developing assertiveness skills and how to say no. Other important **skills are negotiation, communication and critical thinking.** **By exploring saying no in various situations,** helps children anticipate when and where to apply the rules.

The story encourages Life Skills Facilitators and parents to expand on this central theme of personal safety. Perhaps by creating realistic scenarios and the 'what if ...' situation will help develop other needed skills. It opens the door to issues that are often avoided because of their sensitive nature, such as the difficulty in saying no to adults.

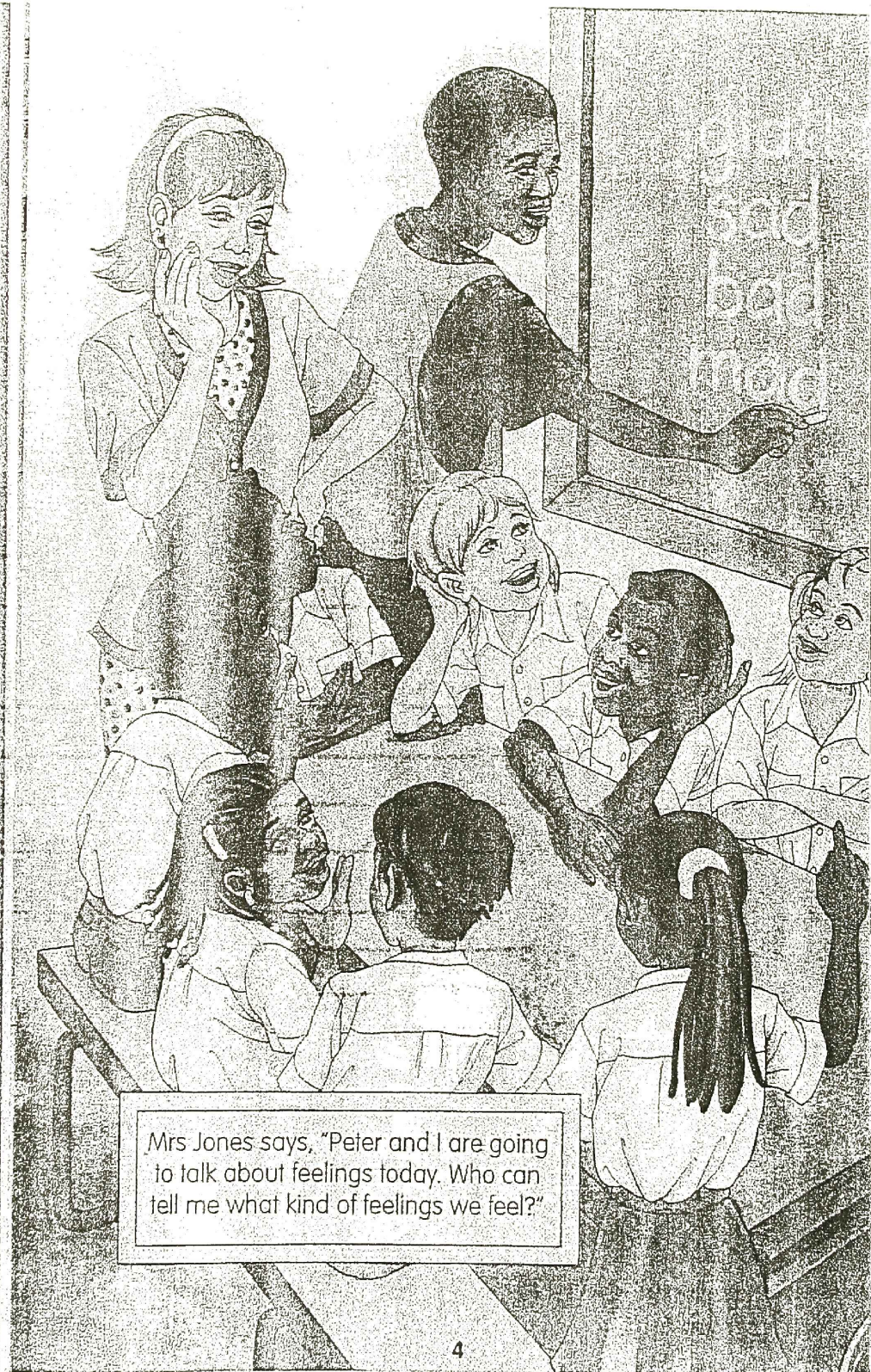
Some other discussion points that you could link to this story include :

- Knowing myself and what I like and dislike, what makes me special
- People I trust and people who can help me
- Knowing my body and body parts
- Exploring my five senses
- Touches, good and bad touches, exploring that sometimes a bad touch feels good - what do I do about this? Is it okay to feel this way?
- Dangerous situations, such as lonely places ...
- Safety in the home and in my environment
- Secrets - different kinds of secrets and what secrets mean



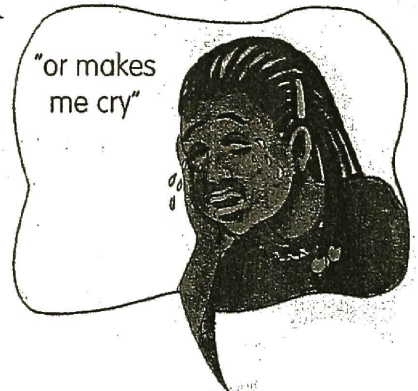
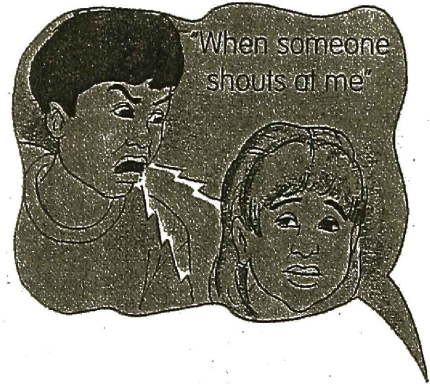
She is very excited because her teacher, Mrs Jones, said that Peter is coming to visit the school today.

She rushes outside to meet David who lives down the road. David and Anna are good friends.



Mrs Jones says, "Peter and I are going to talk about feelings today. Who can tell me what kind of feelings we feel?"

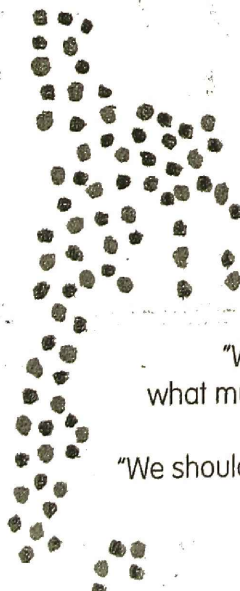
Mrs Jones says, "now let's think of things
that make us sad."



Peter says, "some things give us a **no** feeling and
some give us a **yes** feeling.

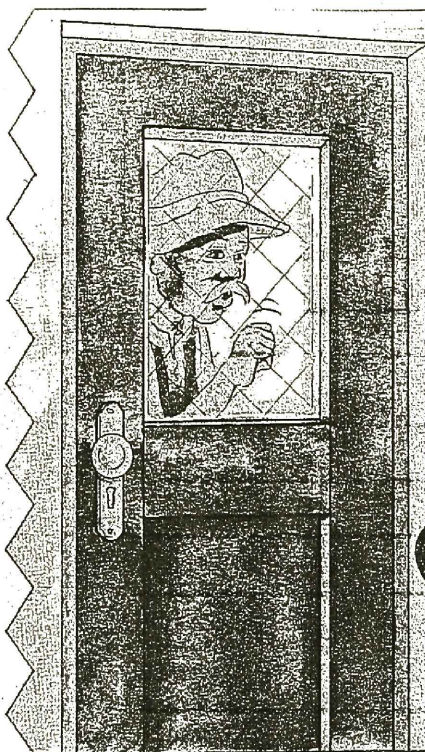
We all like hugs but sometimes someone can touch us
in a way that makes us feel uncomfortable.
Sometimes just being with them gives us a **no** feeling.

Some people are bullies and hurt kids.
They make us feel scared and bad."



"When we walk home from school –
what must we do to keep safe?" asks Mrs Jones.

"We should walk together with friends and not alone."



"When we are alone at home and a stranger comes to the door, what can we do?"

"Don't open the door – keep it locked and tell someone you trust as soon as you can."



"What if someone we don't know calls on the phone and says things that give us a **no** feeling?"



"It's okay to hang up the phone and tell our mom or dad."

"Who knows about secrets?" asks Peter.

"A secret is something special that two
or more people can share!"

"Yes, that's right, secrets can be fun, like
a birthday present or a big surprise."



"Wow!" exclaimed Peter. "We have learned a lot of important things today. Things to help keep us safe."

It was time for Peter to say goodbye.

Anna and David and all the children were ready to go home too, as Mrs Jones rang the hometime bell.



It's very important to walk away from a stranger no matter how nice they seem. Talk to your mom or dad about what to do when a stranger approaches you again.



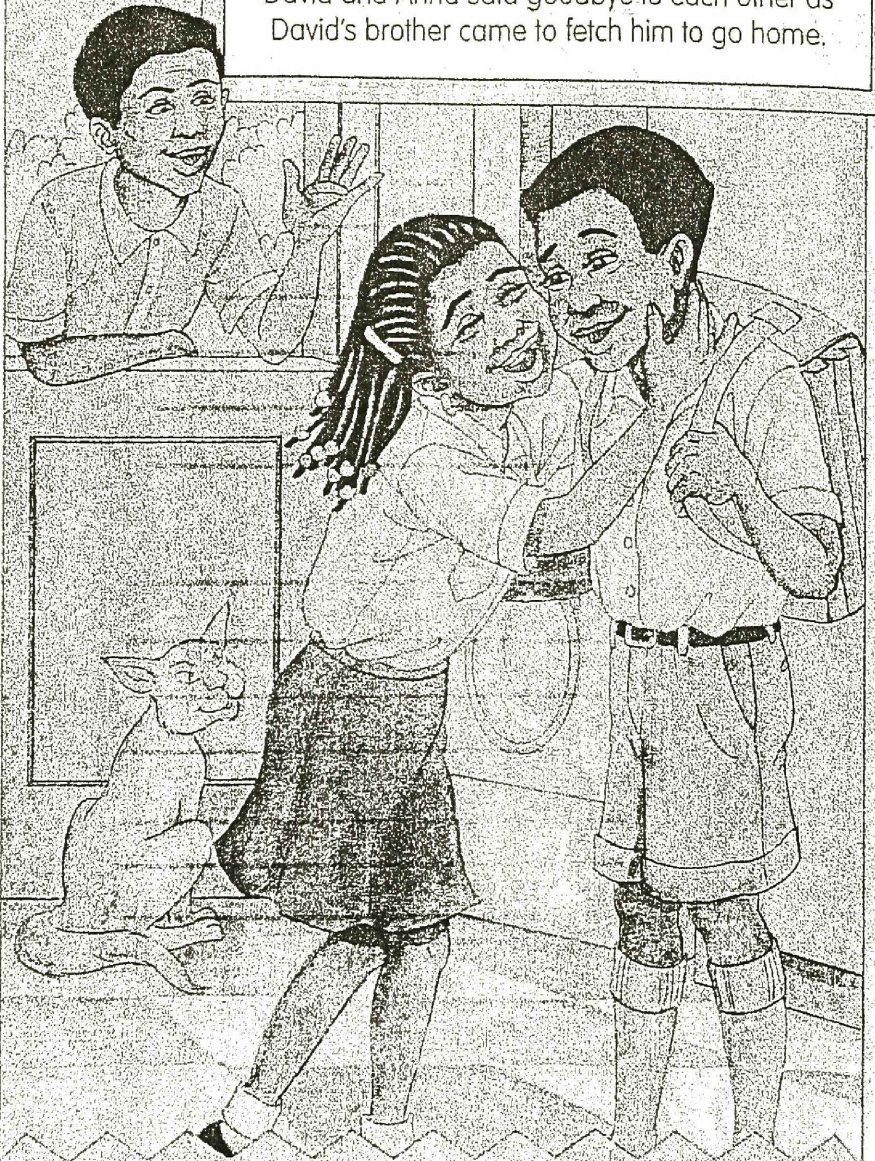
Anna and David look at each other.

"No thanks," says David and takes Anna's arm. They walk faster and catch up with their friends.

Anna and David remember what they learned today. It's safer to walk home together with your friends from school.

"It's really good to have a friend like you David."

David and Anna said goodbye to each other as David's brother came to fetch him to go home.



Friends are special.
They are fun to play with, to be with and to talk to.
Friends share good and bad feelings too.

