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Health and Education: Perspectives on the Role of Schools in Health Promotion

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HEALTH AND EDUCATION: PERSPECTIVES ON THE ROLE OF SCHOOLS IN HEALTH PROMOTION

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Abstract

The purpose of this study was to understand learners' perceptions of the role schools play in health promotion. Health promotion encompasses health education and can be highly effective in the school setting. Given the high rates of HIV/AIDS, teen pregnancy, early sexual debut, and abuse, health education is highly important in South African schools. All learners are required to take Life Orientation classes, which cover many topics including health education. Comparing the views of what learners expect, experience, and the curriculum, my study addressed the gaps in Life Orientation classes with regards to health promotion education.

For this study I utilized a mixed methodology approach using both surveys and interviews. My sample population was young people who had recently graduated high school, aged 18-24. Through the survey I collected quantitative data and used qualitative data collected through interviews to deepen my understanding of the Life Orientation experience. Using both methods, I analyzed the data through graphs, quotes, and patterns found during interviews.

Overall, I found that participants do view schools as important in health education. Many found Life Orientation classes to be impactful in certain health aspects of their lives—specifically in safe sex behaviors and HIV/AIDS education. However, participants reported issues in the implementation of Life Orientation classes and many were opposed to the proposed changes to the curriculum. Participants found Life Orientation to be impactful but had recommendations to increase its effectiveness.

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Introduction

The purpose of my study was to understand learners' perceptions of the role schools play in health promotion. The Department of Basic Education has a standardized Life Orientation curriculum that all learners in high school receive. I was interested in learning how useful learners found those classes and whether lessons taught are applicable to real life. I also wanted to explore learners' opinions on the recent curriculum changes. Exploring these questions would enable me build a better understanding of learners' perceptions of the of role health promotion within schools.

Health promotion within schools is essential within the context of South Africa. According to the Department of Basic Education, there are high birth rates among young people and teens. Additionally, 35.4% of boys and girls experience sexual violence before the age of 17 (Department of Basic Education, 2019). Not only does this effect children's quality of education, but impacts their wellbeing in the future. In order to combat the epidemic among young people, it is essential that health promotion is included within schools.

Furthermore, according to Harrison *et al*. (2010), HIV prevalence is the highest in the world among South African youth, aged 15-24. In order to reduce the transmission of the infection, it is essential to change sexual behaviors. According to one study, comprehensive sexuality education is an essential part of changing behaviors. While school-based interventions are effective, it is essential that they include participatory learning and new engaging tactics. Furthermore, school-based intervention strategies frequently face implementation challenges (Harrison et al., 2010). Health promotion programs within schools are essential in improving the health among South African youth. However, it is important to understand these programs from the perspective of learners. Health promotion programs are only effective if information is properly communicated and behaviors change. By comparing the views of what learners expect health promotion in schools to be, with the health promotion education experienced, as well as reviewing the new curriculum plans, my study aimed to address the gaps in health promotion within schools.

My study data was collected in Cato Manor. Cato Manor is a township within Durban. According to the 2011 Census, 97.6% of the Cato Manor population are Black African and IsiZulu is the most commonly spoken language. The median age of the population is 25 and 41.3% of residents are employed (Wazimaps, 2019). Of the Cator Manor population 78% have completed Grade 9 or higher, 46.3% have completed Matric, and 2% have completed an

undergraduate degree. 87.7% of school-aged children are currently in school (Wazimaps, 2019). The majority of children attend public schools within Cato Manor, a smaller portion of attend private schools within Durban. All private schools attended by participants of this study were Catholic schools. Within Cato Manor, there are 3 public secondary schools, each large enough to accommodate 1000 learners (Gray and Brij Maharaj).

Context and Literature Review

Health Promotion: A key to community health

Health promotion plays a key role in improving public health. Due to the wide array of health indicators that impact public health, health promotion can empower both individuals and communities to improve health. Health education and health promotion are often used interchangeably. However, *"health promotion has a much broader perspective and it is tuned to respond to developments which have a direct or indirect bearing on health such as inequities, changes in the patterns of consumption, environments, cultural beliefs, etc."* (Kumar & Preetha 2012, n.p.). Health promotion requires multisectoral action at many different levels. Health promotion encompasses health education, but also provides resources to increase access to a healthy lifestyle.

Schools: A catalyst for health promotion

Schools serve as an important catalyst for health promotion. Health promotion can be most successful with a settings-based design. A settings-based design addresses the health concerns and issues of a specific population. Interventions can be implemented and designed for the specific population at need, addressing their values, needs, and beliefs. The setting can include places where people live, work, and schools (Kumar & Preetha, 2012). Schools can serve as a productive setting for health promotion programs.

Within schools, the South African Department of Basic Education reports multiple health promotion programs. The programs include *Alcohol and Drug Use Prevention and Management Programme, Care and Support for Teaching and Learning (CSTL) Programme,* the *HIV and AIDS Life Skills Education Programme,* the *Integrated School Health Programme (ISHP),* and the *Peer Education Programme*. While the programs do exist in theory, the Department often uses partners and local organizations to conduct them (Department of Basic Education). This can lead to discrepancies between what learners are taught. Furthermore, planned programs do not necessarily ensure that learners receive health promotion that adequately addresses inequalities and access.

The South African Department of Basic Education has outlined the importance of school health. School health allows for a better learning environment and impacts public health within the home. "*Once educated, these children can potentially become influential sources of health*

information and models of healthy behaviour for their families and the broader community" (Department of Basic Education, 2012, 6). However, the department also highlights that school health must serve children that do not have access to preventative care. Much of the focus remains on those services, rather than health promotion programs (Department of Basic Education, 2012). It is interesting that while the importance of health promotion is recognized, providing care seems to be a priority. Investing more into health promotion could decrease the burden of health care schools provide.

In 1994, the concept of school health promotion was first introduced within South Africa. In order to monitor health changes and health promotion, a questionnaire was created and distributed. The *Health Promoting Schools (HPS) Monitoring Questionnaire* asked learners their opinions and experience surrounding health and school. The *HPS Monitoring Questionnaire* was the first widespread survey to collect information about learners' perceptions of health and promotion. Results and implementation of the survey were analyzed and determined the questionnaire to be valid. However, the study concluded that the results were inconclusive (Struthers, et al., 2017). Due to inconclusive results, more research is required to draw conclusions concerning learners perception of health promotion within schools.

Barriers to Successful Health Promotion

Education itself in South Africa is a major issue. The South African education system in a post-apartheid context faces vast inequalities. While the South African educational system operates under a standard curriculum, the educational outcomes remain varied across the population. In 2018, the matric exam had a pass rate of 78.2%. Of matric graduates who attained a bachelor degree, roughly 25% were White, 15% Indian or Asian, and only 5% Coloured and 5% Black (General Household Survey, 2018). Racial disparities are not only present in the success of learners, but in the education and resources they receive. Within many state schools, learners face hunger, violence, long distance commutes, and dismal learning conditions (McGladdery, 2019). Within the context of a failing education system with a huge lack of resources, a comprehensive health promotion program may not be reaching all learners.

A survey conducted among educators in the Western Cape found that health promotion is generally supported within schools. While many programs are administered, barriers include a lack of both monetary and time resources. Overall, health promotion within schools was

considered highly uncoordinated (Waggie et al., 2004). Within KwaZulu-Natal, an oral health school-based program had positive results. Oral health is affected by many lifestyle factors such as poor diet, drinking, and smoking. Through a health promotion program implemented in 23 schools, oral health improved among children, parents, and educators. However, the study concluded that school-based interventions were only effective if backed by proper resources and funding (Reddy & Singh, 2017). These studies highlight the importance of promotion programs in schools. However, without resources it is impossible for the benefits to reach all learners. While health promotion may be occurring on paper, in practice learners may not be receiving optimal benefits.

Another barrier to coordinated health promotion programs is the personal views of the educator. A different survey conducted in high schools in the Western Cape found that many educators felt uncomfortable discussing issues of safe sex and HIV. Many issues that are discussed in health promotion were considered by the educators to be sensitive topics or taboo (Ahmed, et al., 2009). Learners' perceptions of health promotion can reflect the problems that educators face. Furthermore, educators' beliefs can impact the quality of the health promotion program. There are many factors that can affect the quality of program learners' experience.

While school-based health promotion programs appear to be beneficial, many factors affect the information learned by learners and the services they receive. The implementation of programs does not ensure quality. While research has been done on different health promotion programs in schools, there is little research on learners' perceptions. An understanding of learners' experiences with health promotion programs could lead to policy improvement.

Recently, the curriculum for Life Orientation classes was updated. This change in curriculum is in response to the many barriers which exist within the South African education system with regards to teaching health promotion, and is a sign that there are issues with the current method.

Life Orientation

Life Orientation (LO) classes are a required class among leaners throughout school, specifically at the Further Education and Training (FET) level. The goal of LO classes is to prepare learners for life outside of school and in the real world. The national curriculum encompasses four major learning objectives – personal wellbeing, citizenship education, recreational and physical wellbeing, and career and career choices. The goal of these classes is to

create responsible citizens and to improve personal health among learners. The topics are covered throughout multiple grades, taking into account age appropriateness (Department of Education Republic of South Africa, 2003).

According to one study, *"LO 'Life Orientation' is also specifically intended to help learners face and cope with problems, such as drug abuse, AIDS, peer pressure, and STDs as well as societal issues and problems such as career choices, work ethic, productivity, crime, and corruption"* (Jacobs 2011, 220). Within the context of HIV/AIDS, it is essential that learners learn about personal health practices. Within schools, health education can serve as an essential part of health promotion. Although health promotion includes providing resources (more than simply education), education is the primary role played. Due to the limits of communication, as well as a lack of resources, I focused this study on education as the major health promotion strategy.

The main objective of LO classes is to change the behaviors of learners positively. However, these results are not being seen. According to the Department of Basic Education, there has been a decrease in the age of sexual debut, HIV prevention knowledge, and in safe sexual practices. There remains a high rate of teen pregnancy and learners in relationships with older partners. The Department of Basic Education recognizes these health issues and their social impacts. A change in LO curriculum is seen as necessary in order to combat these trends (Department of Basic Education Republic of South Africa, 2019). The new curriculum aims to improve the information learned by learners. Based on a series of interviews with learners, Jacobs (2011) found that, the content of the old LO curriculum had little meaningful significance to the learners (Jacobs, 2011). The new curriculum aims to cover more topics in an increasingly engaging manner.

Life Orientation Curriculum Changes and Backlash

The Department of Basic Education has made some changes to the LO curriculum in order to respond to the needs of learners. Specifically, changes have been made in sexual education. The *Comprehensive Sexuality Education* curriculum has been a part of the Life Orientation classes since 2000. While no new content has been added to the curriculum, the new model reorients lesson plans (Department of Basic Education Republic of South Africa, 2019). The LO curriculum responds to new health problems emerging among South African youth. This

suggested that changes were necessary in order to increase the impact made. As the plans for a new curriculum are implemented, it is interesting to consider how learners that experienced an older curriculum view the changes. The new curriculum also acknowledges the problems of the former one, such as teachers' biases. As part of the rollout, new teacher training programs will be implemented. The government has developed scripted lesson plans, new textbooks, and new training for educators (Department of Basic Education Republic of South Africa, 2019). The development of these new strategies is based on research. The department recognizes the importance of health promotion and sexual education. However, new policies (specifically surrounding sex education) have been subject to debate.

The new comprehensive sex education plan discusses sexual violence and toxic relationships, starting in Grade 4. During Grades 5, 6, and 7, the learners discuss puberty, bodily changes, and are encouraged ask questions about the material. Within the curriculum, teachers are encouraged to be prepared to answer questions about sensitive topics such as sex, assault, and masturbation. Issues such as consent and power within relationships are also included within the curriculum (Department of Basic Education Republic of South Africa, 2019).

Much of the media coverage has focused on the backlash of parents and teachers in reaction to the new curriculum. Many parents have expressed worry about their children being exposed to harmful ideas surrounding sex and relationships. Much of the backlash and petitioning has been led by the *Family Policy Institute*, a Christian organization. In response, the Department of Basic Education has pointed out the misrepresentations of the new curriculum within media. Furthermore, the new curriculum is based on 2016 review of International Technical Guidelines on Sex Education, which found increased use of contraceptives, prevention knowledge around HIV and STIs, and decreases sexual risk taking (May, 2019). In response to the backlash, the Minister of Education announced a new policy that would allow parents to opt their children out of sex education. However, parents that choose to opt out of the program, must provide alternative approved sexuality education (Maqhina, 2019). The controversy surrounding the new curriculum is based on many myths and false information. However, this does impact the reaction that learners, teachers, and parents have to the changes. Curriculum changes are a new development in understanding and responding to the perceptions of health promotion.

Methodology

For this study I utilized a mixed methods approach to collecting data. Through both surveys and interviews I collected both quantitative and qualitative data surrounding perceptions, opinions, and experiences about Life Orientation classes.

Surveys

In order to gain a broad understanding of experiences in Life Orientation, I conducted a survey among a total of 12 individuals. All participants were ages 18-24 years old, the average age being 21 years and 9 months. The majority of participants completed the survey at one location within Cato Manor. 10 participants gathered at one site for interviews and to take part in the survey. All participants were volunteers, residents of Cato Manor, and were selected through an SIT organized event. Some additional participants completed the survey individually. The additional participants were contacted individually and also participated in interviews.

My survey consisted of 18 questions, including 7 demographic questions. The additional 11 questions asked participants about their experiences in LO classes and how the information they learned affects the health choices they make today. Questions included open-ended questions, scaled questions, and ticked list questions. A copy of the survey can be found in Appendix A. The survey questions included, *"How important is it for schools to teach about personal health?"*, "*Where have you learned about HIV/AIDS?"*, *"What topics do you remember learning in Life Orientation?"* and *"What would you change about Life Orientation Classes?"*. Survey questions were based on questions asked in past studies evaluating LO classes' effectiveness (Jacobs, 2011). Other survey questions were developed based on issues surrounding LO classes identified in the literature. Before distributing the final survey, I asked a Cato Manor resident to test a draft in order to identify any formatting or language issues.

Responses to these questions allowed me to evaluate both the opinions held about LO classes, as well as their perceived effectiveness. I also gained quantitative data in how they affected knowledge about overall health, HIV/AIDS, and the participants' opinions on recent curriculum changes. The responses to open-ended questions prompted further discussion in individual interviews.

After the survey data was collected, it was entered into Excel for analysis. The data was codified by question. Ranked questions and quantitative data were analyzed through pie charts

and bar graphs. Answers to open-ended questions were not codified but read through and analyzed. The open-ended responses prompted further discussion and questions in follow-up interviews after the survey.

Interviews

In addition to the survey, I conducted interviews among the participants. I interviewed participants between the ages of 18 to 22. I chose this age group because they are the population that has most recently experienced Life Orientation classes. In order to collect the most relevant data, it was important for learners' LO experience to be recent. Participants also have been out of school for some time, allowing them to experience the 'real world'. With that experience, this population has the ability to reflect upon the usefulness of LO classes. They also would have more life experience to compare to the information content taught through the curriculum. Due to ethical concerns and scheduling issues, I could not interview learners currently in school to determine their opinions about the most recent LO curriculum. However, interviewing recently graduated learners gave a broader perspective of the usefulness of the curriculum.

A total of 8 participants were interviewed. 4 participants were interviewed at the SIT organized event, and 3 other participants were contacted at later dates following the event. The final participant was recruited through a mutual friend. Through my sampling process, age was the most important requirement. I focused on younger participants in order to gather the most recent experiences of LO classes. I also sampled equally between men and women. All of the interview participants grew up in Cato Manor, attended high school in the area or nearby in Durban, and currently still live there.

Within the interview portion of my study, homogenous sampling played an integral role in my data collection. Homogenous sampling is a form of sampling that selects participants with similar demographic characteristics (Creswell, 2012). In the case of this study, the participants were all within a similar age range (18-22), and all from the same location (Cato Manor). When interviewing a homogenous population, it takes 6-12 interviews to develop meaningful themes (Guest, Bunce and Johnson 2006). While more interviews may gather more information, the themes emerge after a limited number of interviews. Due to the constraints in selecting interview participants, my population was highly homogenous. This was important due to the time constraints of my study, and the limited availability of interview participants. However, falling into the cited range of interviews ensures that consistent themes emerged. In this study, I

conducted 8 interviews with 8 individuals. According to Guest, this qualifies as a sufficient number from which to draw meaningful themes.

The conducted interviews consisted of open-ended questions. I entered each interview with a consistent list of 8 interview questions (see Appendix B). Similar to the survey questions, all preplanned interview questions were developed based on relevant literature. However, follow-up questions were asked based on the interviewee's responses and varied by interview. Questions asked about the learner's experiences in Life Orientation, their opinions on the role that schools should play in health promotion, the effect LO classes have on their lives now, the new proposed LO curriculum, and questions that could have been answered in class. With the participants' consent, the interviews were voice recorded and later transcribed by myself. Interview transcripts were later read and analyzed. Major themes were identified and quotes were pulled as evidence.

Ethics

The questions in my surveys and interviews asked for questions, opinions, and experiences about topics that could be considered sensitive. Questions included topics about sex, HIV/AIDS, and perceived health status. Furthermore, surveys and interviews asked participants for their opinions on recent changes to the Life Orientation curriculum, a divisive topic at the moment. Due to the nature of the questions, all participants remain completely anonymous in order to protect their privacy. Throughout this study, they are referred to by a randomly assigned number. For those that participated in both the survey and the interview, the numbers that they are referred to do not match. During the survey, numbers were assigned to each participant and no identifying information other than age was collected. During the interviews, participants' names were not recorded and numbers were assigned. Participants signed a consent form agreeing to their privacy, anonymity, and confidentiality of their responses (see Appendix C). They were also informed of their right to decline to answer any questions and their ability to withdraw at any point. During interviews, only participants that agreed to a voice recording were recorded. Interviews took place in private with only me and the interview participant present at the conversation. For interviews that took place at the SIT organized event, the participants chose a private space in the room where they felt comfortable discussing the topic. Throughout the duration of this study, all voice memos, interview transcripts, and survey data were stored in a private location in my home or on a password protected device. With the completion of this project, all voice memos taken during interviews were deleted. Before beginning my study, all plans were approved by a Local Review Board.

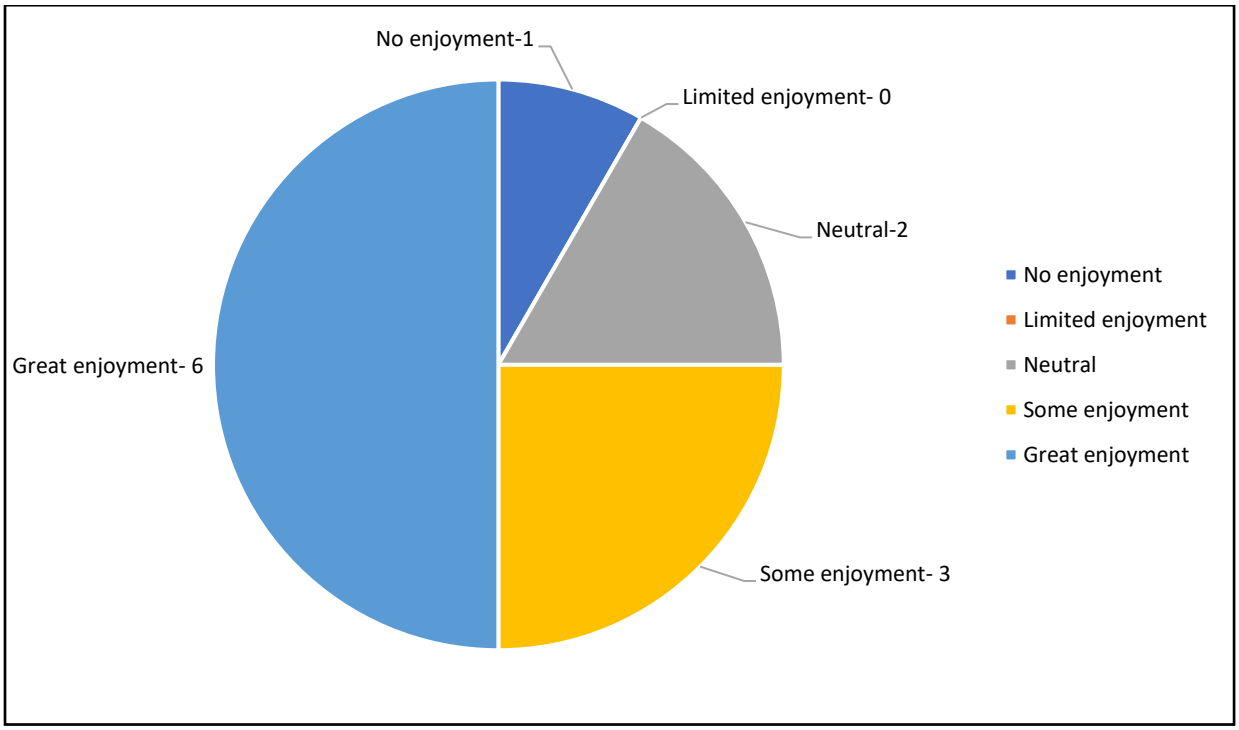
Findings

In this section, the results of both the survey and the interviews are presented. The results of learners' enjoyment of Life Orientation are first presented, followed by the important topics covered in LO. Following that are learners' source of HIV/AIDS information and prevention strategies learned through LO classes. The final graph demonstrates the effect LO had on learners' health choices, followed by opinions on the proposed LO curriculum. Next, interview findings are presented. The findings include opinions on health promotion materials provided, the important role LO plays in sex education, and the lack of sex education with families. Results also cover perceptions of the teaching in LO, barriers to providing effective health education, and topics and gender issues overlooked within the LO curriculum. This is followed by opinions about the proposed LO curriculum expressed during interviews.

Survey Findings

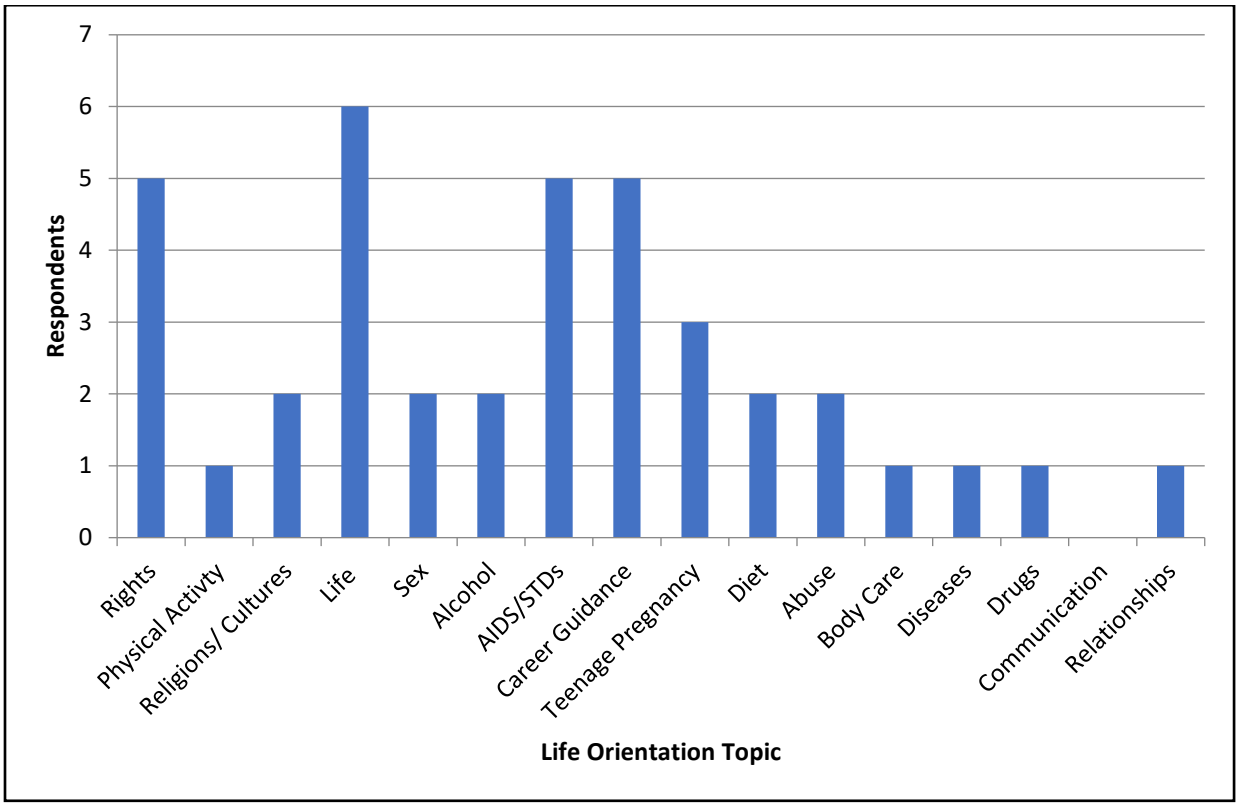
My survey asked 12 participants (ages 18-24) 18 questions on their experiences with Life Orientation classes, the information learned, the effect classes have on their health today, and opinions on the proposed curriculum changes. All participants were high school graduates and had taken LO at the Matric level. The average age of the participants was 21 years and 9 months. All participants attended government high schools within Cato Manor, except for 2 who attended Catholic private schools within Durban.

Figure 1: How much did you enjoy Life Orientation classes?



As cited in past literature, enjoyment is an important factor in how information is learned and retained in classes. Through the survey I found that half of the respondents (6) found great enjoyment of the class. Of the other half, 3 found some enjoyment, 2 were neutral about their experience, and 1 found no enjoyment. No respondents reported limited enjoyment. While the survey showed an overall very positive experiences of the classes, it did not explain individual experiences and the reasons why the classes were enjoyed. When asked the same questions during interviews, participants answers varied. Multiple people reported that they enjoyed the class because of the content. *"I enjoyed it very much because we have to learn about things that were not told at home about at home, like sex and teenage pregnancy"* (Participant 5, personal communication, 2019). However, others enjoyed the classes for different reasons. One participant stated that they enjoyed the class because they were with their friends. Another stated *"I enjoyed them so much. Because that was the class that people had less notes and information only… It was like a free period"* (Participant 7, personal communication, 2019). While the survey results present overall enjoyment of the class, the reasons differed between the learners. Their responses may be indicative of the productivity of the class.

Figure 2: Top 3 most important Life Orientation topics

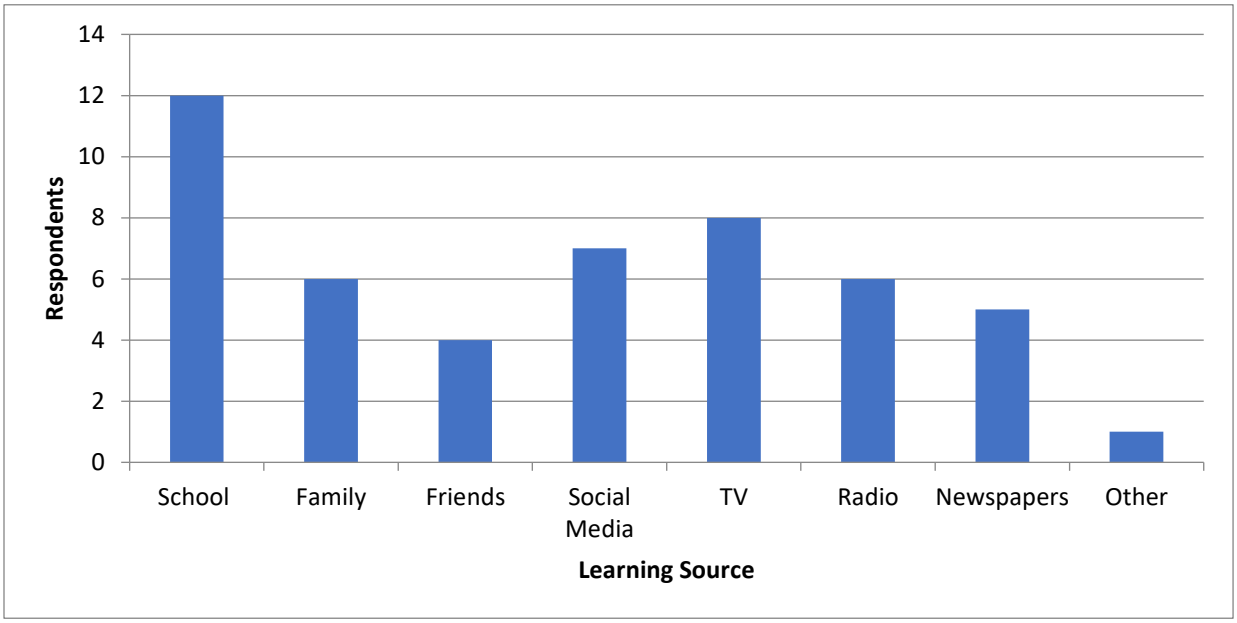


The Life Orientation curriculum covers a wide variety of different topics. In the survey I asked participants to choose what they saw as the 3 most important topics they learned about. The most general topic, Life, was chosen at the highest rate, chosen by 50% of respondents. Rights, AIDS/STDs, and Career Guidance followed each chosen by 5 individuals. The topics seen as least important were Physical Activity, Body Care, Diseases, Drugs, Communication, and Relationships.

When reading the Life Orientation curriculum, especially the proposed version, sex and HIV/AIDs are the highly stressed topics. It was interesting that not all survey respondents felt that way based on their class experience. When asked what topics they learned in the interviews, the answers differed from the survey results. All 8 interviewees mentioned HIV/AIDs and sex as the major topics that they learned about. 6 of the people interviewed also mentioned drugs, teenage pregnancy, and physical activity as the most important topics. This may reflect a difference in what the curriculum focuses on and what learner perceive as important. Survey participants more often ranked the social issues as more important than the health topics. Social education may be seen as more important, or more interesting, than health education topics. As

discussed later in the interview findings section, there may be barriers to health education within the school setting.

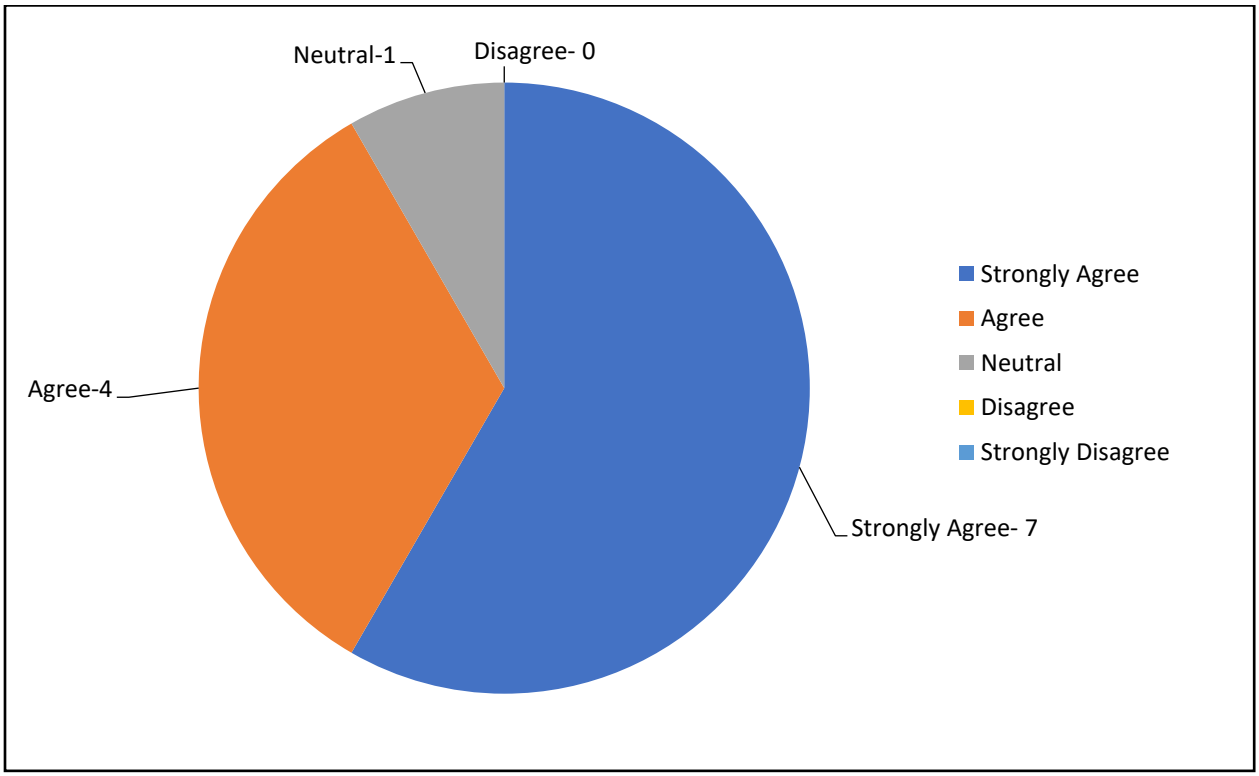
Figure 3: Where have you learned about HIV/AIDS?



A major subject that is stressed in the in the Life Orientation curriculum is HIV/AIDS. The education is specifically targeted at young people, because of the epidemic among the population within South Africa. In this question, the participants were asked to tick all the places they had learned about the disease. All 12 respondents said that they had learned about HIV/AIDS within school. The next most common responses included different forms of media—TV, social media, and radio.

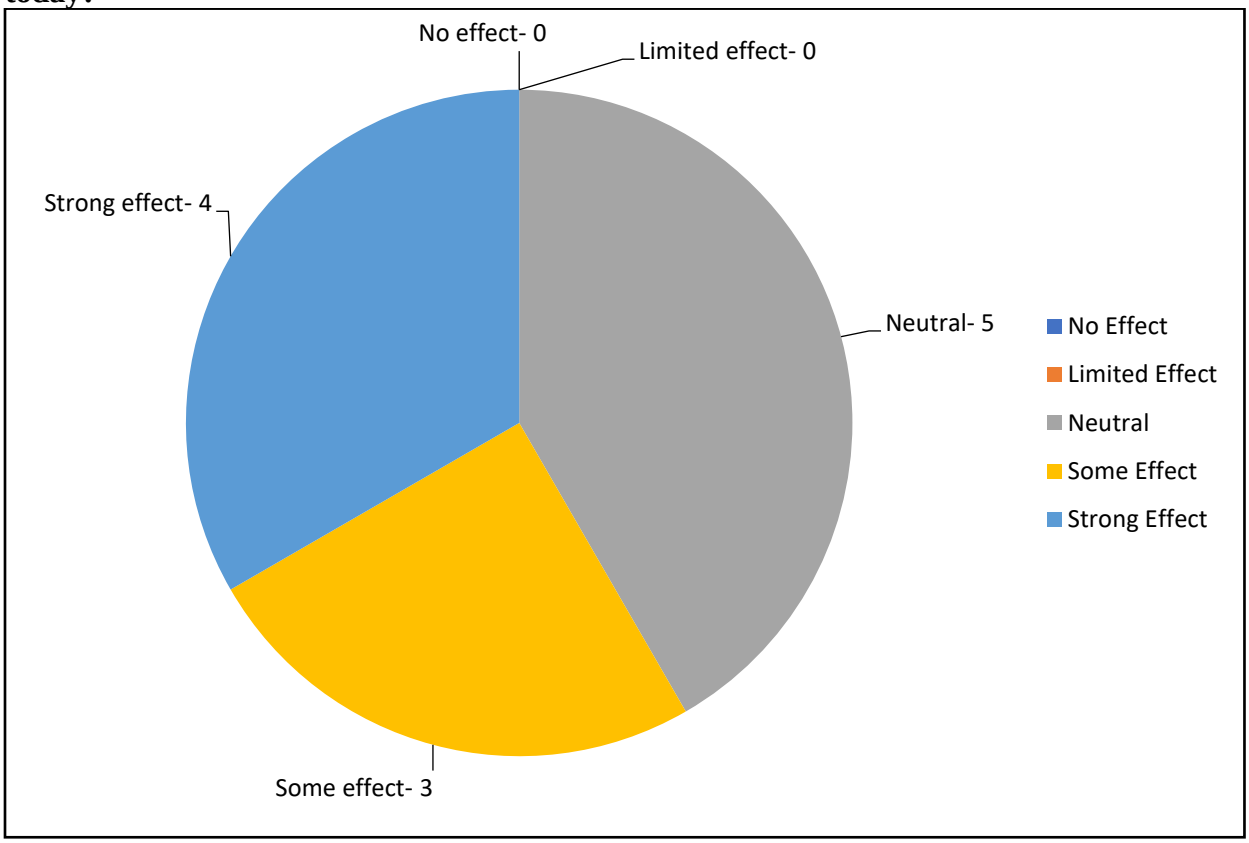
Only 6 (50% of the participants) reported learning from their family. During interviews, a common theme was that families usually do not talk about sex or issues relating to sex due to cultural taboos. This theme is present in the results of this question. It also stresses the importance of learning about these issues in other spheres such as school and media. Only one participant cited learning from an additional source. The answer was specified as “clinic”. This may suggest that clinics take part in health promotion and education strategies.

Figure 4: To what extent do you agree with the following statement: "*Life Orientation classes taught me HIV prevention strategies*."



Because of the high prevalence of HIV/AIDS among young people and the curriculum's focus on the topic, the survey asked about the degree that Life Orientation taught strategies to prevent transmission. The results were positive. 7 of the participants strongly agreed with the given statement and 4 agreed. Only 1 participant was neutral. This suggests that learners learned strategies to prevent infection during the classes. During the interviews, the majority of participants mentioned learning the importance of using protection. Other participants spoke about how HIV/AIDS and prevention was consistently explained throughout the years of the class. *"I feel like they are trying to get the message straight into my head. They always said this is HIV/AIDs and this is how it works. They just don't want us to get HIV/AIDS. That is just the point"* (Participant 7, personal communication, 2019).

Figure 5: To what extent did Life Orientation classes effect the health choices you make today?



The objective of Life Orientation classes is to encourage a healthy lifestyle and good citizenship among learners. This survey asked learners both to rank their health status and to rank the degree to which the classes effect the choices they make today. In the survey, 11 out of the 12 participants ranked their health status as good or excellent. The final participant reported their health status as neutral. Given that the participants generally perceive themselves in good health, the effect of LO classes should be evaluated as well. Of the survey responses, 4 reported that he classes had a strong effect on health choices they make and 3 reported some effect. However, 5 respondents reported they had a neutral effect on their health choices today.

Just over half of participants responded that LO classes effected the health choices they make today, one of the goals of the program. A large portion of respondents reported no effect or a neutral effect, showing the limits of the class. From the learners' perspectives, there are many reasons for this that are expanded on in the interview findings. When asked what changes they would make to the class, almost all participants said "nothing". One participant that reported a neutral effect on their health choices said *"Have it be taught by teachers who have a background*

information in psychology. This will enable them to engage more with learners and any type of problems faced by learners would be easily addressed under the curriculum" (Participant 10, survey, 2019).

Findings: Opinions on the proposed curriculum

Given the controversial nature of the new proposed Life Orientation curriculum to be implemented in 2020, the survey asked an open-ended question about participants' thoughts on the changes. Of the responses given, 3 participants completely opposed the changes, 4 participants supported them, and 5 partially supported and partially opposed. Of those who supported it, many answers cited young children not being educated about sex by their families. One participant *wrote "I do support these changes because it will educate small minds to be aware of sexual intercourses because families usually do not speak about sex or masturbation in front of kids"* (Participant 11, survey, 2019). Other supporters cited sexually transmitted diseases. *"It prevents children from facing circumstances that are ahead of them and being contracted to certain diseases at a young age"* (Participant 4, survey, 2019).

Participants on the fence about the new curriculum also brought up similar benefits to early sex education—giving children knowledge early and education concerning sexually transmitted diseases. However, many thought that Grade 4 was too early to start because it would encourage a younger sexual debut. One participant wrote *"It is more wiser to start teaching about these things at when the learners have reached the 16th age"* (Participant 8, survey, 2019). Those opposed to the changes also mentioned fears of starting sex earlier and contracting sexual diseases. Another concern that was frequently mentioned was teenage pregnancy. One participant wrote *"I don't support the new curriculum due to the early exposure to kids in terms of sex, that alone increases the chances of early pregnancy to kids because they have been exposed to sex"* (Participant 6, survey, 2019). Another frequent concern was that the discussion of masturbation would encourage young children to take part, leading to early sex.

Interview Findings

Schools should provide more materials to promote health

Health promotion is not just health education. Health promotion also supplies materials and resources to assist in promoting a healthy lifestyle. Within schools, the role that they play is usually seen as health education. However, many interview participants stressed the importance

of schools providing other resources in addition to education. One person mentioned that schools provide free sanitary napkins to learners. She saw that as one of the major roles that schools play in promoting a healthy lifestyle. Another learner discussed the food that schools supply to learners but stressed that schools focus mainly on education. *"Schools bring food, they bring food for the children. And also programs about life basically. Yes they should be doing more. I think it is too much information"* (Participant 4, personal communication, 2019). Another interview participant argued that health education has a minimal impact on learners' health. *"They don't provide any supplements. They don't provide injections, which I think they need to provide for them"* (Participant 2, personal communication, 2019). While participants all recognized the important role that education played, many thought that schools should play a larger role.

Schools play a vital role in health promotion—sex education

All interview participants agreed that Life Orientation played an important role in health promotion, specifically in sex education and sexually transmitted diseases. When asked what topics learners remembered as most important, all mentioned HIV/AIDS. *"I feel like they are trying to get the message straight into my head. They always said this is HIV/AIDs and this is how it works. They just don't want us to get HIV/AIDS"* (Participant 3, personal communication, 2019). Sex, diseases, drugs, and teenage pregnancy were also frequently mentioned topics. Another participant answered, *"We started learning about intimacy in Grade 9 I think, that's when they introduced to us being intimate and stuff like that—and viruses"* (Participant 7, personal communication, 2019).

Interview participants also had a generally positive response to the sex education that they received. Similar to the survey results in regards to HIV prevention strategies, many noted that they still use what was taught in class in their lives. When asked for examples, safe sex was the most common response. "*[the class] Has a good effect. I was aware that if I do have sex I should use protection. I know I should know my status. They are doing a great job"* (Participant 2, personal communication, 2019). Sex education, STDs, and HIV/AIDS were generally acknowledged as the most successful topics promoting a healthy lifestyle. When asked if schools make it easy to make those healthy choices, one participant simply responded *"Yeah, they make*

it easy. They just teach you. It is up to you and you decide what you want to do" (Participant 3, personal communication, 2019).

Sex education does not occur at home

Another pattern I noticed throughout the interviews was many people brought up how they only learned these things in school. At home, sex and issues surrounding it are not discussed. Lessons in Life Orientation were seen as exciting because they introduced new and taboo topics. *"We have to learn about things that were not told at home about at home, like sex and teenage pregnancy"* (Participant 5, personal communication, 2019). Another participant recalled being more excited in early LO classes when these topics were introduced. Learners rely on the curriculum in order to gain knowledge of these issues.

Different reasons for were pointed to for this lack of communication and learning in the home. To many families, it is an uncomfortable topic to address with their children. *"Parents are scared. They are scared to talk to us and they are scared for us to have knowledge about these things. But they know it that we will do it and we will know about it. But they are still scared. At the end we will do it whether they like it or not"* (Participant 2, personal communication, 2019). Many pointed to cultural reasons for this lack of discussion. "*Families just hide this type of things to the kids. They don't speak about sex at all. They don't speak about HIV/AIDS and all those things. They just keep quiet. It is like they have these cultural beliefs that they don't speak about sex with their children"* (Participant 6, personal communication, 2019). This increased the importance of health education to many participants. In their experience, school was the primary way that they have been educated on sexual issues.

Tactics in sex education

In addition to the content that was taught, I was interested in how Life Orientation is taught. The tone, methods, and teaching style influence the information and messages that learners absorb. I found that many learners reported sex to be discouraged. Protection was seen as a last resort. One interviewee reported *"They just told us not to have sex and if you feel like you can't control yourself you can use protection"* (Participant 2, personal communication, 2019). Words such as "control" came up frequently throughout the interviews. It seemed to reflect how sex and protection were taught in the classroom.

Some participants viewed the promotion of protection as the promotion of sex. *"Teenagers are going to be like 'Okay, I have to use this and they will just start having sex just to see'"* (Participant 8, personal communication, 2019). Others reported fear of STDs and STIs effected their behavior. *"They taught us about STDs, STIs, and that affected me a lot. So whenever I think about having sex with someone I think about STDs and STIs, so I have to use protection. It's a must. It's a big fear. They show us pictures of it. This is what happens when you have unprotected sex"* (Participant 3, personal communication, 2019). It was interesting to hear how sex seems to be feared, usually because of STIs and HIV/AIDs. Similar to the survey results, these issues came up frequently throughout interviews and were seen as the most important topics.

Barriers in Life Orientation education

Throughout the interviews, many people brought up issues they had regarding how Life Orientation classes were taught. All participants reported that the classes were taught from textbooks, lectures, and worksheets. As shown in Figure 1, overall learners enjoyed the class. But many enjoyed it for other reasons than the information they learned. When asked what they would change about the class, one participant said that they would prefer a more participatory learning style over lectures and notes. Another participant said that the lectures became repetitive, affecting what they were able to learn. *"When we were still kids we enjoyed it… then it started becoming a nuisance"* (Participant 3, personal communication, 2019). Another stated *"They would teach us for like 10 minutes and we already knew like the rest of the stuff… So once we get in class we just sit down and goof around"* (Participant 8, personal communication, 2019). A more participatory learning style may be more effective in retaining student interest.

Health education is often more effective with a peer dynamic. Young people may be more comfortable discussing personal issues with someone who is more likely to understand them. Many interviewees reported that a barrier to their education was the teacher-learner dynamic. *"They couldn't talk to us like peers, they talked to us like they were older, like parents…they were like trying to make us scared of things because we were uncomfortable talking about certain things with them"* (Participant 2, personal communication, 2019). Another expressed that the same cultural beliefs that limited family discussions about issues occur in the classroom as well. *"Teachers are not specific enough because they have kids also. And they have*

religious beliefs also, the cultural belief that you cannot speak about sex with kids" (Participant 7, personal communication, 2019). These complaints were similar to learner complaints found in prior research.

Topics Life Orientation missed

When asked what issues Life Orientation curriculum did not address that learners wish had been, there were a variety of answers. Multiple participant said they wished that rights and discrimination had been addressed. *"They weren't specific about our rights. Our rights are like something that is hidden from us" (*Participant 7, personal communication, 2019). I found this interesting because rights are specifically written in the curriculum. As shown in Figure 3, in learners' opinions it is one of the most important issues within the class. Because it was such a frequent response as a missing part of the curriculum, perhaps the topic is not always stressed to the same degree as other topics such as HIV/AIDS.

Another frequently mentioned issue was suicide and homicide. Many participants reported suicide as a major issue among their peers. "*You know they should talk about suicide. You know there is a high rate of suicide. So they should have talked about that topic. And how to control it, your emotions. And to not let anyone control you"* (Participant 2, personal communication, 2019). The participants that mentioned suicide as an issue also mentioned emotional and mental health. When asked about questions they still have, a frequent response was "*What is the cause of depression?".* Only one person mentioned that they had received mental health and relationship education. *"I can now say that I suffered emotional abuse back then but I used the method that I learned in Life Orientation to get out of it. I used the tools I was taught"* (Participant 1, personal communication, 2019). When the tools to handle emotional and mental health are discussed and taught, they can be utilized. This highlights the importance of addressing these subjects that seem to be missing in the classroom.

Gender issues in Life Orientation classes

Another theme throughout the interviews was a difference in how gendered issues were discussed. Many questions that female participants still had involved birth control. *"Why didn't they tell us that contraceptives have a huge effect on a person's body, and they are all different?"* (Participant 1, personal communication, 2019). "*What are the effects of using*

prevention pill?" (Participant 5, personal communication, 2019). When asked if Life Orientation classes taught about women's health issues, many felt the issues were not discussed. "*They don't dwell on those things. You have to see on your own"* (Participant 1, personal communication, 2019). Another frequent issue discussed during interviews was that sex education did not include a women's perspective. Many felt that the information they did receive was not realistic. I found this issue to be interesting, as LO classes seem to have an inequality in who they serve. Overall, male participants had a more positive view of the information they had learned. Despite how the curriculum is written, societal influences affect the information that is perceived.

Opinions on the new proposed curriculum

As predicted, the proposed Life Orientation curriculum served to be a highly divisive topic. When asked opinions in interview, a higher portion of participants were against the changes than indicated in the survey. Only 2 participants supported the changes while 6 interviewees opposed them. The major concern for those opposed was that kids were still too young at Grade 4 to learn about sex. Many felt that introducing these issues would encourage them to want to experiment earlier on. *"Personally, I think it's a bad thing. I think it is too early to talk about things like that. It is way early. Because kids are messed up. Once you hear about something then you want to do it"* (Participant 3, personal communication, 2019). Many also expressed fears of teen pregnancy. *"I feel like they shouldn't teach kids these things because people will want to do what they have been taught and that's when teenage pregnancy will increase the number of kids falling pregnant as early as 13"* (Participant 7, personal communication, 2019). While more people were against the changes during the interviews, the reasons why remained consistent with the survey results.

The people that supported the changes also had similar reasons to the survey results. They thought that an early introduction to sex and other issues would have a positive future impact. *"It is a good thing to introduce these things very earlier at a young age because children will be aware. They will know how to make good choices. They will know how to face these circumstances"* (Participant 2, personal communication, 2019). Another spoke about how the earlier one learns about these issues, the more engrained they become in one's behavior. Education promotes a healthy lifestyle, particularly targeted at a younger age group.

Analysis

Overall, the survey and interview results indicate that Life Orientation and school is the primary way that learners receive sex education. Throughout the interviews, all participants said that they do not discuss sex or related topics in the home or with their parents. Many cited cultural and religious reasons for this. The survey also supports these findings, as shown in Figure 3. Every survey participant reported learning about HIV/AIDS in school, while only 50% reported learning about it from their family (Figure 3). Therefore, education about these issues cannot be guaranteed outside of a school environment. These results indicate the important role that school plays in sex and HIV/AIDS education. It also shows that learners value that education. Throughout the interviews, all the participants expressed how important that part of the education was for their lives. Although many opposed starting sex education as early as Grade 4, no participant argued that their education had a negative effect. Life and HIV/AIDS topics were most effective being taught in a LO class setting (Figure 2). Overall, results indicate that sex and HIV/AIDS are an essential part of the LO curriculum. From learners' perspectives, these topics made a great impact on the health choices in life outside of school. This lasting impact is the goal of the LO curriculum. As seen in Figure 5, few participants reported LO having a large impact on the health choices made in their lives. While the interviews and survey demonstrated that LO had a significant impact on behaviors relating to HIV/AIDS, there was a limited impact on other health behaviors. In one interview, the participant smoked a cigarette as they discussed how LO taught them the dangers of smoking. *"I see myself as an individual, so like, I just kind of choose to learn things by myself"* (Participant 8, personal communication, 2019). According to past studies, the classes seem to have a limited effect on learners' health choices (Jacobs, 2011). Many interview participants seemed doubtful that these behaviors could be taught in school. This pattern leads to the question of why there is a barrier between health education and implementing that knowledge in real life.

Enjoyment of LO is a significant factor that can have a powerful impact on the effectiveness of health education. While the survey results showed general enjoyment of the classes (Figure 1), interviews highlighted the lack of productivity many learners experienced. In past studies, this was also reported by learners and impeded their ability to effectively learn LO content (Jacobs, 2011). Although LO classes exist to provide a practical life education, learners reported that they were taught through textbooks and lectures. A few even suggested that a

different learning approach would improve the curriculum. This is also supported by literature, suggesting that creative teaching and learning methods both increases enjoyment and engagement with the content. A change in teaching style is essential to optimize learners' learning (Rooth, 2005). Learners' experiences with LO show that this is an issue that can be addressed. Many saw this as a barrier to gaining life education. Another study found that LO is a difficult topic to teach because of its focus on holistic development. Many teachers are ill-prepared and trained to effectively teach sensitive topics (Mthiyane, 2014). Furthermore, a creative learning and teaching style may further breakdown the teacher-learner dynamic. This dynamic was seen as another barrier to education, both in my interviews and past studies (Jacobs 2011). A change in how the information is expressed based on learners' perceptions could have a major impact on implementation later in life.

Another pattern that emerged throughout the study were topics participants felt were not covered in LO. The major issue reported was mental and emotional health. Throughout the interviews, participants frequently mentioned suicide, homicide, depression, abuse, and heartbreak. The female participants also mentioned a lack of conversation around birth control and sex. These concerns suggest there are topics that young people see as important that are not stressed within the classroom. Furthermore, many of these topics are written into the curriculum. The learners' perceived experience shows that these topics are not stressed enough or that there is a barrier in their education. These are issues that should be addressed when evaluating the effectiveness of LO classes.

The major study question asked what learners believe are the role of schools are in health promotion. Overall, participants overwhelmingly agreed that schools must play a role in health education. Many participants also argued that schools should be providing resources to improve learner health. These findings suggest that there is a major role South African schools can play in health promotion, specifically through the Life Orientation program. Moreover, from a learner perspective, there is capacity for schools to do even more to promote health among their learners. While participants support the role that school plays, there are many concerns surrounding the proposed curriculum. Many of the concerns align with health trends that the new curriculum will be implemented to combat, issues such as high rates of teen pregnancy, HIV/AIDS, abuse, and early sexual debut. While these trends are recognized as issues by learners, the government, and schools, there are varying opinions on the best strategies to combat them.

Conclusions

Within the larger context of public health among young people in South Africa, evaluating health promotion strategies is highly important. Health promotion and health education within schools has the potential to be highly effective in improving population health, with proper implementation and resources. In order to properly evaluate the effectiveness of Life Orientation classes, it is essential to gain an understanding of the learner experience, opinions, and perceptions of the role schools play in health. Through a survey and interviews, I collected evidence that suggests that LO classes play an important role in health education concerning HIV/AIDS, STIs, and sexuality. However, learners' still report that LO has limited effect on the health choices they make in other aspects of their lives. I also found there to be issues in the implementation of health education classes. In evaluating responses to proposed curriculum changes, I found many concerns about the effects of introducing sex education at an early age. Finally, participants agreed that there is a role for schools to play in health promotion. In order to improve health education for South African learners, it is essential to evaluate their lived experiences. In conclusion, schools have a major role to play in health education. In order to fully meet that potential, appropriate resources are needed and changes must be implemented based on the learners' experiences and needs.

Recommendations for Further Study

The major limitation of my study was the time period. Due to limited time, the sample size of both my survey and the number of interviews completed were small. Future studies should utilize a larger sample size, specifically for the survey. A survey with more than 12 responses would be more statistically significant and broader conclusions should be drawn. While the number of interviews completed in this study were significant due to the sampled homogenous population (Guest, Bunce and Johnson 2006), more interviews and a more diverse population could draw broader conclusions. Due to ethical and practical concerns, I was limited to learners' experiences that had already left school. While these perceptions, experiences, and opinions are important for this study, it would be interesting to learn about younger learners' perceptions. Another limitation of this study was self-reporting. Because the data asked learners to reflect on their own past experiences, the data is biased. If I had more time, I would have also

spoken to an expert, such as the organization *One Voice*. The expert opinion would have given me more information on the patterns and issues in health education throughout Durban.

A recommendation for further study would concern the new Life Orientation curriculum. As of now, it plans to be implemented in 2020. Because it is so controversial, it would be interesting to explore learners' opinions and experiences with the new curriculum. The opinions could change and their learning experiences could be different. It would be interesting to compare the differences before and after implementation. Another recommendation would be to sample form a broader population and compare and contrast their experiences. This study sampled from Cato Manor only. The majority of participants attended public schools and all schools were in the same area. However, one of the participants that attended a private school indicated they did not receive sex education in school. This suggests that there is a difference in the education received at public and private schools. It would be interesting to compare the experiences at different types of schools, given population, resource, and legislative differences. Studies could compare and contrast the experiences of learners of different areas of Durban. Perhaps Life Orientation experiences differ in different areas, especially since learners frequently cited teachers as effecting their learning. Finally, future studies could examine the health behaviors of learners who have experienced Life Orientation. This study asked learners for their own perceptions of how the classes affected them. However, one's own reported experiences are always biased. A study that objectively examines health behaviors of former Life Orientation learners could draw more reliable results.

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Participant 7. Personal Communication. Cato Manor. 2019, November.

Participant 8. Personal Communication. Cato Manor. 2019, November.

Appendices

Appendix A

SIT Survey and Interview Session Wednesday 13 November 2013

Please note that you are given a number that will match the number on this survey. Page 1 is just general information about yourself that will be made available to all students that you will be doing interviews and focus groups with. We will never identify that number with your name unless you request us to on an informed consent agreement form, so your comments and what you say will remain anonymous. Although we will not identify you with what you say, please to be aware that other members in a focus group may tell others what you said, although we do ask everyone not to do so. If any question is too sensitive, please do not answer. Just say "skip" and we will move along with other questions. You have until 25 November to tell the student or Zed (0846834982) that you do not want your words to be used in the paper that the student will write, put on the internet and give a copy to Thando who will let people in Cato read them. Thank you so much for allowing students to learn from you.

1. **How old are you? _____**

2. **What is your gender? Please tick one.**

   ☐ Man
   ☐ Woman
   ☐ Other
   ☐ Prefer not to answer

3. **What qualifications have you completed? Tick all you have.**

   ☐ Matric
   ☐ FET Diploma
   ☐ University Degree
   ☐ Postgraduate
   ☐ Prefer not to answer

4. **How long have you lived in Cato Manor?_____**

5. **I choose to live according to African Tradition. Please Tick one.**

   ☐ Yes or most of the time
   ☐ It depends, sometimes I do sometimes I don't.
   ☐ No, or most of the time I don't.
   ☐ Prefer not to answer

6. **My religion guides how I live. Please tick one.**

   ☐ Yes or most of the time
   ☐ It depends, sometimes it does sometimes it doesn't.
   ☐ No, or most of the time it does not.
   ☐ Prefer not to answer

7. **What is the name of the high school you attended?**

---

8. **Did you receive sex education while at school? (Y/N)**

   ☐ Yes
   ☐ No
   ☐ Other, please specify _____

9. **How important is it for schools to teach about personal health? Please tick one.**

1 (not at all important)	2 (slightly important)	3 (neutral/neither important or unimportant)	4 (somewhat important)	5 (very important)

10. Where have you learned about HIV/AIDS? Tick all that apply.

- ☐ School
- ☐ Family
- ☐ Friends
- ☐ Social Media
- ☐ TV
- ☐ Radio
- ☐ Newspapers
- ☐ Other, please specify: _____

11. How would you rank your current health status? Please tick one.

1 (Poor)	2 (Fine)	3 (neutral)	4 (Good)	5 (Excellent)

12. The proposed new Life Orientation curriculum intends teaching children about sex and masturbation starting at grade 4. What are your thoughts on these changes? Do you support them? Do you have any concerns?

13. What topics did you remember learning in Life Orientation class? Tick all that apply.

- ☐ Rights
- ☐ Physical activity/exercise
- ☐ Religions/cultures
- ☐ Life in general
- ☐ Sex
- ☐ Alcohol
- ☐ AIDS/STDs
- ☐ Career Guidance
- ☐ Teenage pregnancy
- ☐ Diet
- ☐ Abuse
- ☐ Body care
- ☐ Diseases
- ☐ Drugs
- ☐ Communication
- ☐ Relationships

14. In your opinion, what are the most important topics covered in Life Orientation classes? Please tick ONLY 3 topics.

- ☐ Rights
- ☐ Physical activity/exercise
- ☐ Religions/cultures
- ☐ Life in general
- ☐ Sex
- ☐ Alcohol
- ☐ AIDS/STDs
- ☐ Career Guidance
- ☐ Teenage pregnancy Peer pressure/friends
- ☐ Diet
- ☐ Abuse
- ☐ Body care
- ☐ Diseases
- ☐ Drugs
- ☐ Communication
- ☐ Relationships

15. **To what extent do you agree with the following statement (please tick one):**
Life orientation classes taught me HIV prevention strategies.

1 (strongly disagree)	2 (disagree)	3 (neutral/neither agree nor disagree)	4 (agree)	5 (strongly agree)

Please see the next page

16. To what extent did life orientation classes effect the health choices you make today? Please tick one.

1 (no effect)	2 (limited effect)	3 (neutral)	4 (some effect)	5 (strong effect)

17. How much did you enjoy life orientation classes? Please tick one.

1 (no enjoyment)	2 (limited enjoyment)	3 (neutral)	4 (some enjoyment)	5 (Great enjoyment)

18. What would you change about Life Orientation classes (if anything)?

THANK YOU FOR YOUR PARTICIPATION!

Appendix B

What did you learn in Life Orientation classes?
How much did you enjoy life orientation classes?
What is the role of schools in health promotion?
Did life orientation classes effect how you live your life today?
What are your thoughts on the new life orientation curriculum?
What topics do you wish your life orientation classes had covered?
What questions do you have that could have been answered in your life orientation classes?
As of yesterday, the Minister of Education has said that parents may opt their kids out of sex education. What are your thoughts on that policy?

Appendix C

SIT Study Abroad
a program of World Learning

CONSENT FORM

1. Brief description of the purpose of this project

The purpose of this project is to gather information about Cato Manor Residents' experiences and perceptions of health promotion within the school setting. In this study I will conduct interviews and surveys with graduated students about their experiences with health education and Life Orientation classes in schools. Students' perceptions and experiences with health promotion programs can serve as an indicator of their success. I will also collect data on opinions of the Life Orientation curriculum changes. All answers and responses will be confidential. You may refuse to answer questions or can be withdrawn at any point

2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

a. ***Privacy*** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

b. ***Anonymity*** - all names in this study will be kept anonymous unless you choose otherwise.

c. ***Confidentiality*** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to you.

I understand that I will receive **no gift** or direct benefit for participating in the study.
I confirm that the learner has given me the address of the nearest School for International Training Study Abroad Office should I wish to go there for information. (404 Cowey Park, Cowey Rd, Durban).
I know that if I have any questions or complaints about this study that I can contact anonymously, if I wish, the Director/s of the SIT South Africa Community Health Program (Zed McGladdery 0846834982)

_____	_____
Participant's name printed	Your signature and date
_____	_____
Interviewer's name printed	Interviewer's signature and date

I can read English. If the participant cannot read, the onus is on the project author to ensure that the quality of consent is nonetheless without reproach.

Ethical Clearance Form

SIT Study Abroad
School for International Training

Human Subjects Review
LRB/IRB ACTION FORM

Name of Student: Miranda Powell ISP/Internship Title: Health Education: Perceptions on the Role of Schools in Health Promotion Date Submitted: 10/28/19 Program: Community Health and Social Policy (South Africa) Type of review: Exempt ☐ Expedited ☒ Full ☐	Institution: World Learning Inc. IRB organization number: IORG0004408 IRB registration number: IRB00005219 Expires: 5 January 2021 LRB members (print names): Robin Joubert Clive Bruzas John McGladdery **LRB REVIEW BOARD ACTION:** ✓ Approved as submitted ___ Approved pending changes ___ Requires full IRB review in Vermont ___ Disapproved LRB Chair Signature: [signature] Date: 28/10/2019

Form below for IRB Vermont use only:

Research requiring full IRB review. ACTION TAKEN:

__ approved as submitted __ approved pending submission or revisions__ disapproved

_____

IRB Chairperson's Signature Date

Consent to use Form

Student Name: Miranda Powell

Email Address: mpowell5@tulane.edu

Title of ISP/FSP: HEALTH AND EDUCATION: PERSPECTIVES ON THE ROLE OF SCHOOLS IN HEALTH PROMOTION

Program and Term/Year: SIT South Africa- Community Health and Social Policy, Fall 2019

Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local and academic communities; therefore copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.
By signing this form, I certify my understanding that:

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