

VIEW FROM INSIDE



Perceptions of Eastern Cape FET students regarding HIV and high risk situations (2009) Executive Summary



Executive Summary

1. Introduction and Background

The Centre for the Support of Peer Education (CSPE) is a division of the Health and Education Training and Technical Assistance Services (HETTAS), a registered South African Section 21 Non Profit Organisation (NPO), in partnership with the Harvard School of Public Health (HSPH) whose vision is to expand and sustain peer education. The CSPE's mission is to build the capacity of South Africa's governmental and civil society institutions to enable them to offer meaningful integrated prevention education and early intervention and support. Thus, the CSPE endeavours to illustrate that peer education in South Africa can achieve more efficient regular, face-to-face access with communities, families and youth. It aims to equip and empower those involved with peer education with sustainable life skills, health promotion and an effective disease prevention system.

To achieve the goal, CSPE collaborates with South African partners from many sectors also geared towards strengthening peer education programmes; integrating HIV and AIDS prevention, testing, care and support. Amongst other targeted settings, the 'Peer Education' partnerships is focused on the Public Further Education and Training (FET) Colleges, precisely because they cater mostly for the youth and young adults; the designated focal groups for peer education. These Public FET Colleges are designed to work closely with diverse stakeholders from various disciplines and industries to help fulfil the great need that exists for trained, skilled and qualified employees through customised education and training programmes. In addition to scholarship achievement, some of the FET Colleges prioritise the health and well-being of their students. For example, Buffalo City FET College in East London, Eastern Cape province established a 'Health Medical Centre' at the East London and John Knox Bokwe Campuses to meet the health related needs of the students and staff members within the institutions. The medical centre aims at providing the following services: primary health care for basic day to day minor ailments; general HIV/Aids specific supportive counselling; health promotion, particularly youth and high risk behaviour focused; and referral for ongoing/continued care and treatment. In summary, the Eastern Cape Department of Education desires to prevent HIV infection amongst adolescents and young adults living an independent life especially on college campuses.

In South Africa, statistics shows that approximately one in five adults is HIV positive. Each person living with HIV, in South Africa and elsewhere, not only

experience a far-reaching impact on their own lives, but also those of their families, friends and wider communities. Studies have indicated that in South Africa, HIV is spread mainly through unprotected sexual intercourse between men and women; casual sex with many partners that are also attributed to impaired self-esteem and fatalism. Therefore the promotion of strategic interventions and the prevention of HIV infection remains a great challenge because sexual behaviour is intertwined with the complexity of the South African social and economic structure as well as traditional cultural behaviour. In essence, sexual behaviour characteristics are perceived to be premised upon the cultural/religious beliefs and social behaviour in a particular setting. The cultural/religious and social scenarios entail communal norms and normative orientations that influence and direct sexual behaviour. They inform an individual as to who, what, where, when, why, and how to engage in a sexual interaction. The interpersonal character includes the subjective and individual processing of norms, personal experiences, socialisation, and motives that inform action in the sexual sphere. A review of the literature has indicated that there are many individual variables that have to be accounted for high risk behaviour that contribute to HIV infection. However, there is less certainty about understanding the extent to which the high risk behaviours characterise certain sectors of society.

2. The Conceptual Basis of the Study

The FET College student population is a setting that is perceived to have more influence on the lives of adolescents and young adults than any other social institution apart than the family. Therefore it could be utilised, amongst others, to assess the impact of policies, risk behaviour tendencies as well as the development of health promoting strategies that could improve and sustain the health status of the student population. In this regard, the conceptual basis of this study is the population health approach theory which puts emphasis on the identification of determinants of health in a particular setting, with the aim of implementing intervention strategies that will reduce inequalities in health status.

The population health approach takes into consideration the entire range of individual and collective factors and conditions and their interactions which are to some extent construed to be correlated with health status. Thus the study is set out to gather information on the perception and needs concerning risk behaviour tendencies directly linked to the following determinants of health: income and social status; social support networks; education; social environment; physical environment; personal health practices and coping.

3. The FET College Focus Group Survey

The study is premised on a focus group discussion methodology; a qualitative survey of Public FET College students aged between 16 and 25 years of age, a reiteration that the most vulnerable population groups to HIV infection are the pre-adolescents (12-14), adolescents (15-18) and young adults (19-24). For these particular age groups, behaviour change remains a great challenge as sexual behaviour is not always rational and many individuals are unwilling to acknowledge risk or to sacrifice sexual freedom.

The survey is collaboration between the CSPE and the Eastern Cape Department of Education. It is funded by the President's Emergency Plan for AIDS Relief (PEPFAR). The gist of the survey is to assist the Department of Education (DoE) in the Eastern Cape, to develop a strategic response to HIV and AIDS, and other high risk situations, for the FET College sector. The observation is that an increasing number of students need direct support from the college campuses. Hence the realisation by the Eastern Cape DoE and FET College sector that they must solicit information that will inform the development of a coordinated response to the HIV and AIDS threat on the FET College campus. Due to the ever increasing abuse of substances and unwanted teenage pregnancy rate, the survey's focus was broadened to accommodate issues such as: HIV prevention, voluntary counselling and Testing (VCT), treatment, care and support.

In this regard, the question being tested (hypothesis) is

"Although high risk behaviour remains an extremely important concern in terms of HIV infection, such behaviour is further differentiated by age, culture, socio-economic conditions, lifestyle and urban/rural residence".

In order to obtain in-depth information on concepts, perceptions and ideas of a group of people, a research protocol was developed and submitted to the University of the Witwatersrand's Human Sciences Medical Research Ethics Committee which was approved¹.

In July 2009, CSPE appointed researchers to facilitate six focus group discussions. The two youth age groups were age 16 to 19 (new students – 2009 intake) and 20 to 25 (existing students). A total of sixty-nine new intake and existing students of whom 38 (55%) of the students were from an urban FET college (Buffalo City College in East London) and 31 (45%) were from a

¹ Reference No: 14/49 and Clearance Certificate No: M090666.

rural FET College (King Hintsa College in Butterworth - Centane, Idutywa and Teko campuses. Out of the six focus groups, only two were mixed i.e., (16 to 19 years) and (20 to 25 years) in East London consisted of total of 17 (68%) blacks, two (8%) whites, five (20%) coloureds and one (5%) Asians. The other four focus groups consisted of blacks only. In all the six focus group the moderator asked questions in English. It was agreed that participants would be at liberty to express themselves in their mother language i.e., isiXhosa. Overall, a total of 25 (36%) teenagers - minors and 44 (64%) young adults participated in the focus groups. (whites=2 (3%)), (Asians = 1 (1%)), Coloured= 5 (7%), and (Black=61 (89%)).

The profile of the focus group was:

a) Teenagers-adolescents (16 to 19 years old)

Twenty-five new intake (2009) students participated in two focus groups in an urban and rural precinct; fifteen females and ten males. The overall attendance per focus group ranged from eleven to fourteen participants:

- The focus groups were conducted at the Buffalo City FET College in East London (mixed) and in the King Hintsa FET College at the Idutywa campus (black only);
- In the mixed focus group, sixty-four percent were black, seven percent were white and 29 percent coloured ;
- All black focus groups were conducted in English and isiXhosa was used in instances where students had difficulty speaking English;
- All participants were first year students at the FET Colleges; and
- The participants accounted for thirty six percent (25) of the overall participants (69).

b) Teenagers-young adults (20 to 25 years old)

Twenty-four existing (pre 2009) students participated in the two focus groups based in an urban precinct, one was mixed and the other had only black participants of which thirteen were females and eleven males. The attendance per focus group ranged from eleven to fourteen participants:

- Both focus groups were conducted at the Buffalo City FET College in East London (mixed) and (all black);
- In the mixed focus group,79 percent were black and 21 percent coloured and in the other focus they were all black;
- In both focus groups, the moderation was in English and isiXhosa was used in instances where students had difficulty elaborating in English;
- All participants were existing students at the FET Colleges; and
- The participants accounted for thirty-four percent (24.) of the overall participants (69).

c) Teenagers-young adults (20 to 25 years old)

Twenty existing (pre 2009) students participated in two focus groups based in rural FET colleges of whom eleven were females and nine were males. Ten students participated in each of the focus groups

- The focus groups were conducted at the King Hintsa FET College in Butterworth at the Centane and Teko campuses;
- In both focus groups, all participants were black;
- Both focus groups was conducted in English and isiXhosa was used in instances where students had difficulty elaborating in English;
- All participants were existing students at the FET Colleges; and
- The participants accounted for twenty-eight percent (20) of the overall participants (69)

The key findings of the survey are presented within the following broad study indicators: 1) Understanding HIV and HIV Infection; 2) Stigmatisation of HIV infected people; 3) Educating society about HIV; 4) Health and well being of HIV infected people; 5) HIV and AIDS impact on society; 6) Sources of information about HIV and AIDS, 7) Promotion of HIV prevention; 8) FET HIV prevention support services; 9) Voluntary counselling and testing; 10) health promotion campaigns; and 11) high risk factors.

3.1. Understanding HIV and HIV Infection

The two age groups in both urban and rural FET Colleges concurred that unprotected sex followed by contact with infected blood is the major concern which is in alignment with the Department of Education (1999) study which showed that in South Africa, HIV is spread mainly by unprotected sex. In line with Hartell's (2007) assertion that people lack detail knowledge about HIV and prevention, some FET College students' perceptions is that ARVs could be used by everyone to prevent HIV infection.

3.2. Stigmatization of HIV infected people

All six focus groups – urban and rural – acknowledged that stigmatisation of HIV infected people still exist and is a result of inadequate HIV awareness campaigns which confirms the UNAIDS (2008) conclusion that fear of contagion coupled with negative, value-based assumptions about people who are infected leads to high levels of stigma surrounding HIV and AIDS. The perception of the FET College students that stigma exist in our society is in line with the findings of the USAID/AB project (Louw, 2007) which concluded that the stigmatisation of HIV infected people continues to be a concern precisely because the

South African government leadership contributes to the confusion about HIV and AIDS.

3.3. Educating society about HIV

In line with the findings of Galloway (1999), in all six focus groups, it was acknowledged that awareness and knowledge about HIV/AIDS are high in adolescents, but the acquired knowledge does not translate into behaviour change. Therefore the need is to continue to educate society through workshops and other campaigns with special focus on marginalised rural people. The conclusion drawn is also that educating without showcasing the consequences of HIV infection (people living with HIV and AIDS) will fail to bring about behaviour change.

3.4. Health and well being of HIV infected people

All the age groups (mixed and black) in urban and rural FET Colleges understand why and how HIV infected people can maintain their health and well-being. For example: undergoing counselling and acceptance of your HIV positive status in order to understand the importance of eating healthy food and liquids, physical exercise and knowledge that spreading the disease through unprotected sex result in re-infection. However, it was noted that there is still some misunderstanding about the diet that constitutes a healthy meal and how HIV infected people must live amongst family members, e.g. eating garlic, organic food and using your own household utensils if you are HIV infected. The findings underscore the assertion by Johnson, Schierhout, Matabeni and JHHESA (2006) that the mass media communication enables people to know why and how to stay healthy and maintain their well being if they are infected. Therefore, the study conclusion is that peer education and campaigns must put emphasis also on healthy lifestyle, regular check-ups and the importance of avoiding re-infection is important for maintaining health and well being.

3.5. HIV/AIDS impact on society

The conclusion drawn from this study is that indeed HIV and AIDS have a devastating impact on the economy when taking into consideration that scarce resources have to be redirected to the fight against HIV and AIDS. This results in a shortage of resources and skilled manpower to improve the social well-being of society. The dwindling number of productive people was confirmed by the SAARF (2004) and the Centre for Actuarial Research (2006) that a staggering 71% of deaths among those aged between 15 and 49 are a result of HIV and AIDS and scarce resources are used in caring for HIV infected people and funerals.

3.6. Sources of information about HIV and AIDS

All six focus groups indicated that they do have access to different sources of HIV information, which include family members and even at primary school they were informed about HIV. All FET College students have, in one way or the other, had access to information from mass media; TV, Radio and Newspaper.

3.7. HIV prevention awareness campaigns

All six focus groups indicated that HIV prevention campaigns are very important because they are premised on the dissemination of HIV information and therefore need to be vigorously pursued by stakeholders with vested interest in the FET College students and community at large. The FET College students expectation was that FET College administration must reinforce HIV and AIDS campaigns by bringing to the FET College campuses government sponsored awareness campaigns like Khomanani to provide posters, T-shirts, pamphlets and condoms because unprotected sex is the major concern on FET College campuses. Both urban and rural FET College students highlighted the importance and their willingness to participate in on-campus and outreach 'peers education' programmes focused on HIV prevention, substance abuse, sexual relationship and unwanted teenage pregnancy. In student support groups and mandatory course on HIV was also proposed as a means of extending the HIV prevention campaigns to all. The study findings validate the CSPE (2009) agenda of networking with stakeholders in its endeavour to strengthen peer education programmes; integrating HIV and AIDS prevention, testing, care and support, whereby the overall goal is to prevent new HIV infections, encourage testing and early treatment, and support the vulnerable FET College students.

3.8. FET HIV prevention support services

All six focus groups indicated that FET Colleges must have HIV prevention support programmes that could be coordinated from a local health centre equipped to provide counselling, prevention, treatment, care and support, health promotion and outreach campaigns. The focus group discussion findings are in line with the FET Colleges future plans (2009) of establishing medical/health centres in campuses aimed at providing the following services: primary health care for basic day to day minor ailments; general HIV and AIDS specific supportive counselling; health promotion, particularly youth and high risk behaviour focused; and referral for ongoing/continued care and treatment. In

acknowledgement of the fact that resources are needed in terms of putting in place structures and processes, the focus group students perception was that the DoE and Department of Health are the major role players in terms of allocating resources. For example, the DoE is accountable for the provision of an HIV and AIDS specialist educator, who will provide accurate information about HIV and AIDS to all learners, furthermore, the Department of Education Curriculum Development Division is responsible for ensuring that the Life Orientation Course/ programme is mandatory and exciting i.e., entails visuals on HIV and must include high risk factor discussion/debates. On the other hand, the Department of Health was perceived to be accountable for: the provision of free condoms and the reassurance of students that it is quality condoms through a "Condom Use Awareness Campaign"; maintenance of the timely supply of ARVs in FET College health centres; assisting the FET College to set up HIV Support Groups and Peer Educators; ensuring that the FET College medical/health centre is properly staffed and provides VCT counselling. In addition, the Department of Health was perceived to be accountable for speeding up the search for an HIV and AIDS cure – prevention vaccine. The FET Colleges were also seen to be contributing to high risk factors because of the lack of recreational activities on campus – instead students moved into high risk situations hence the need for "HIV Awareness Days" and "Peer Education" health promotion activities on campus. It was also generally agreed that FET Colleges in rural areas deprive students access to general health care and HIV counselling services on campus; if students desire such services, they have to go to town which is an expense in terms of transport.

3.9. Voluntary counselling and testing

It was ascertained that a majority of the FET College students did not know much about VCT. However, those who were acquainted with the term and the services gave a good account of the overall VCT process. In the fight against the spread of HIV infection, VCT is very important. Thus the CSPE and FET College's endeavour to explore some of the intervention measures, for example: prevention, Voluntary Counselling and Testing (VCT), treatment, care and support is commendable.

3.10. Health promotion campaigns

Health promotion is perceived as the overarching – holistic approach in dealing with HIV and AIDS. Amongst others, the following envisaged FET College Health Promotion Campaigns were prioritised:

- Peer Education campaign – *the FET College students confessed that the youth are sceptical and feel uncomfortable relating to adults on sexual issues;*
- Substance abuse campaign– *it was confirmed that FET College campus based female students go out with ‘sugar daddies’ which often results in the abuse of alcohol on weekends;*
- HIV stigma campaign – *It was confirmed that some FET College students live an unhealthy lifestyle therefore the need to disseminate information about HIV infection, prevention and well being;*
- Abstinence, being faithful and condomise campaign - *It was confirmed that some FET College students do not believe in the use of government distributed condoms because of the perception that the ‘Choice Brand’ is a cheap and of poor quality and hence students engage in unprotected sex;*
- Home based care campaigns - *It was highlighted that some FET College students have had an opportunity to experience and assist people living with HIV and AIDS which was an eye opener for those who had experienced this.*

Overall, knowledge and participation in the different types of health promotion campaigns have empowered some of the FET College students, hence the knowledge about HIV and high risk situations. Last, but not least, most of the FET College students (who participated in the focus group) believe that an attitude relationship problem exists between adults and the youth. Therefore, even lecturers will have a problem reaching out to students on sexual relationships, hence the appropriateness of health promotion campaigns premised on peer education.

3.11. High risk factors

As alluded to by Dworkin (2005), in some instances, sexual behaviour characteristics are premised on the interrelationship between cultural/religious paradigms, interpersonal relationships and intra-psychic arbitrations; the present study confirms that some of South Africa’s existing cultural practices and people’s beliefs, for example, circumcision, polygamy, forced marriage, usage of traditional medicine and belief in witchcraft are perceived to be high risk factors for all age groups, because of the exposure to HIV infected blood and unprotected sex. For all of the focus group students, economic hardships, poverty, lack of self-esteem, fatalism and being in a new situation were perceived as high risk factors. Even though FET College students understand the consequences of unprotected sex, they knowingly indulge in drugs and alcohol,

succumbing to peer pressure and temptation for money, often in denial about their susceptibility and vulnerability to HIV infection. The conclusion that FET College students are subjected to high risk factors is a cue that behaviour change remains a great challenge as sexual behaviour is not always rational, especially amongst the youth under the influence of peer pressure. In short, individuals are unwilling to acknowledge risk or to sacrifice sexual freedom and the quest for trendy and expensive lifestyles (Louw, 2007).

4. Salient Observations

4.1. Literature Review

The focus group discussion survey findings confirms the conclusion drawn by the South African Demographic and Health Survey (1998), Galloway (1999), Department of Education (1999 & 2001), Coombe (2002), Dworkin (2005), Hartell (2007), Louw (2007) and the UNAIDS (2008) that each age group has its own characteristics, especially adolescents. They have very specific developmental issues, social and cultural inherited lifestyles that are deemed to be high risk. All of these issues need to be taken into account when instituting intervention measures geared towards combating the HIV and AIDS epidemic that is affecting a large number of adolescents and young adults.

4.2. Conceptual Basis of the Study

The study is premised on the population health approach theory and therefore the analysis of the findings and the resultant recommendations are geared towards the identification and implementation of health promotion strategies that will reduce inequalities in health status of the FET College student population. In order to enable the process of implementing the study findings, the following Canadian School Health strategic indicators proposed by Beazley et al., 1999 were adapted and used in presenting the study findings: HIV prevention goals and roles; health care systems; high risk behaviour; social support; sustainable support for implementation; better system coordination; and better monitoring and reporting.

4.3. Hypothesis

The survey also vindicates the study hypothesis which states that; *“While high risk behaviour remain an extremely important concern in terms of HIV infection, high risk behaviour is further differentiated by age, culture, socio-economic conditions, lifestyle and urban/rural residence”*. In this regard, the FET College urban and rural based students (16 to 19 years old) and

young adults (20 to 25 years) who participated in the focus group discussion confirmed that adolescents and young adults residing on campus are faced with age and situation related high risks. Even though there is a high awareness and knowledge about HIV and AIDS amongst the rural and urban participants across age groups, this has not translated into substantial behavioural change. The root causes being socio-economic hardship and exposure to a risky lifestyle especially substance abuse and circumstances which eventually leads to unprotected sex.

4.4. High Risk Situations in FET College Campus

It is noteworthy that the FET College students who participated in the survey admitted that they are exposed to high risk situations and they acknowledged that there is a need for intervention measures which must also involve FET College students. The involvement should take into consideration that adolescents relate better to each other than to adults, especially on issues of sexuality. Peer education was singled out as the most appropriate health promotion strategy for reaching out to FET College students. Ultimately, the survey endorses the establishment of a partnership with CSPE as a resource to support the envisaged FET College 'Peer Education' programme that would focus on the following areas: *training and empowering role players; continuing technical assistance in terms of planning campaigns and educational material development; and research and evaluation* and the proposed FET College Medical/Health Centres to provide: *primary health care for basic day to day minor ailments; general HIV and AIDS specific supportive counselling; health promotion, particularly youth and high risk behaviour focused and referral for ongoing/ continued care and treatment.*

5. Recommendations

As alluded to by Beazley et al., (1999) the views of the FET College students selected to participate in the focus groups cannot be interpreted as representing all the Eastern Cape FET College students. However, the results are generally consistent with the literature review on HIV prevention and studies on high risk factors and other small scale investigations in South Africa.

The following general considerations in the development and implementation of the FET Strategic Plan on HIV and AIDS are suggested from an examination of the findings. These are included here for consideration by Eastern Cape's Departments of education and health policy-makers and practitioners and the FET College administration.

5.1. HIV Information Dissemination – Goals and Roles

An overwhelming perception that came out of the focus groups was that the 'Life Orientation Course/Programme' is inadequate and the students wish to be involved in experiential education whereby students visit people living with HIV and AIDS etc. As suggested by Health Canada (1993) and Beazley et al., (1999), the FET College curricula could stipulate more specifically the minimum knowledge, skills, attitudes/beliefs and forms of social support that can be achieved through curricula (instruction) and other FET College activities.

These standards need not include all of the factors that influence high risk behaviour, but must be realistic and resonate with existing confines of curricula, for example the 'Life Orientation Course/Programme'. Furthermore, these learning outcomes could then be pursued in cross-curricular learning, as well as earlier and later within the 'Life Orientation Course/Programme'. The scope and sequence of the 'Life Orientation Course/Programme' could be reviewed to enhance the efficiency by means of the coordination of essential HIV and sexuality content with decision-making skills and other generic skills that can be taught in the overall FET College curricula. The understanding is that the cross-curricula learning will help circumvent competition for time and/or duplication and will increase the amount and quality of the instructional time available for HIV and high risk factors (Health Canada, 1993; Beazley et al., 1999).

5.2. FET College health care system

As a result of HIV pandemic, some FET College students are destitute, some may need counselling as a result of being exposed or caring for sick family members who are infected and affected by HIV or else death in the family as a result of AIDS; many students are in dire need of health and support care services. Thus the establishment and upgrading of health care centres in urban and rural campuses is imperative. As recommended by Health Canada (1993), Beazley et al., (1999) and WHO (2001) the FET College must benchmark and articulate the objective and minimum standards for preventive service delivery in adolescents and young adult sexual health promotion. This pertains to the role of the nurse and HIV counsellors which must be clearly defined, adequately staffed and supported more effectively. The education and qualifications required of educators and health care staff could be defined and promoted in pre-service and in-service training programs. As a key health promoting setting in the FET College, health centres must spearhead the

rolling out of stakeholder engagement HIV prevention programmes. Among the intervention programmes, the following must be prioritised; mobilising students to engage in peer education and support groups and minimisation of high risk situations (i.e. strict rules for students residing on campus) and behaviour change educational campaigns must be an integral part of all the HIV prevention programmes.

5.3. Focusing on Higher Risk Behaviour

Taking cue from the plethora of high risk factors that confronts FET College students it must be noted that the students know about the fatal consequences of engaging in high risk situations, but the freedom and vast opportunity to explore leisure at the expense of focusing on learning is a pressing concern. The need for Colleges to provide recreational and productive activities must be urgently addressed. The students at highest risk would also benefit from greater protection and improved health services. Therefore, the quest must be to strive for behavioural change, in some instances enforcing restrictions to boarding students and providing recreational and health-enhancing activities on campus.

Teaching practices and material about sexual orientation can also be improved. More involvement from other public, private and non-governmental stakeholders and agencies could help these students through health promotion campaigns and other preventive sexual health services, for example condom distribution. As well, these health services could be adapted to address student perceptions towards HIV/AIDS and to meet with the FET College students in person (Health Canada, 1993; Beazley et al., 1999; WHO, 2001).

5.4. Sustained Support for Implementation

The FET College strategic response to HIV and AIDS must ensure that detailed information dissemination is the central theme and the message about the relationship between HIV and AIDS is clear and unambiguous to avoid misunderstanding about HIV and AIDS which achieved a certain prevalence during President Thabo Mbeki's era. Educators and students would benefit significantly from enhanced electronic access to learning resources, more community and parent involvement and organised activities that engage students in health-promoting activities.

Beazley et al., (1999) articulate that the perceived lack of interest in the 'Life Orientation Course/Programme' takes cognisance of the possibility that educators are either not aware of, or are not using, teaching materials on topics such as sexual orientation, oral and anal sex,

pornography, masturbation and pleasure/fulfilment derived from caring, sexual relationships. These materials need to be developed or disseminated more effectively especially through the electronic media, for example, SMS and TV adverts.

The present study indicates that youth-led health promotion strategies are relevant for HIV prevention and sexual health education, hence the need for support measures to sustain the momentum on how to maintain personal health and well-being through awareness campaigns, for example, peer education, student support groups, posters, pamphlets and SMS. The concept of social responsibility should also be advanced, – the idea that the community, peers and society have responsibilities towards their fellow community members. For example, *“Take responsibility for your friend, colleague, family member and girl or boyfriend”* needs to become a community motto.

5.5. Better System Coordination

As informed by the study findings, the FET College health promotion strategy development and implementation must focus on behaviour change in order to have the greatest impact on population health risks. It must have the support and endorsement of the Departments of Education and Health. Internally, there needs to be a concerted and cooperative effort between the FET College administration, educators, students, parents/guardians and health care centre personnel. In addition, Beazley et al., (1999) elaborates that the health promotion strategy development includes the identification of (a) who will employ strategies, (b) to whom, (c) when, and (d) where, in order to ensure maximum contribution to desired health outcome.

Health Canada (1993) also highlighted that a more transparent and explicit policy direction and support for the FET Strategic Plan on HIV and AIDS could ensure that FET College-based resources are used effectively and efficiently. As well, personnel involved – educators and students could receive training in collaboration and be assigned time for interdisciplinary and inter-agency cooperation.

5.6. Better Monitoring and Reporting

The Eastern Cape Departments of Education and Health, FET College administration and stakeholders must acknowledge that the FET College Strategic Plan on HIV and AIDS implementation can also be better served if it is premised on proven conceptual basis like the population health theory.

As is the case with the Canadian School Health Approach, the monitoring process must be informed by data that is continuously being collected on student knowledge in health, HIV information, high risk factors and sexuality education. The data analysis results will reveal the effectiveness of programmes and services and, in addition, regular client satisfaction surveys could be undertaken.