WHAT ARE THE GENERAL LEVELS OF KNOWLEDGE, ATTITUDES HELD AND BEHAVIORAL PRACTICES OF PUPILS AT KATLEHONG HIGH SCHOOL WITH REGARDS TO HIV/AIDS?

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Assignment presented in partial fulfillment of the requirements for the Degree of Master of Philosophy (HIV/AIDS Management) at the University of Stellenbosch

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March 2012

DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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January 2012

SUMMARY

HIV/AIDS has become one, among many others, of the major challenges facing the South African youth today, with infection rates highest among the 15 – 24 age groups. Continued efforts to curb the spread of infection are absolutely crucial. The foundation of those efforts will be an understanding of the knowledge levels, attitudes and behavioral practices of the youth with regards to HIV/AIDS, so that an appropriate and effective response is formulated. This study aimed to determine Katlehong High School learners' knowledge levels, attitudes and behavioral practices with regards to HIV/AIDS. A convenience-sample of 48 learners took part in the study. A quantitative research design was used to gather data. A questionnaire was administered to students that took part in the study. The results were analysed using statistical analysis. This study found that all research participants had heard about HIV/AIDS, however knowledge levels with regards to modes of transmission were inconsistent. It further found that stigma and discrimination were relatively low among the sample population. Finally, contrary to popular belief that men are the promiscuous ones in relationships, almost as many girls, that took part in this study, as boys reported having multiple partners.

OPSOMMING

MIV/VIGS het een van vele vername uitdagings geword wat die Suid-Afrikaanse jeug in die oog staar, veral met die infeksievlakke wat die hoogste tussen die ouderdomsgroep van 15 -24 jaar is. Voortdurende pogings om die uitbreek van infeksies te voorkom is van kardinale belang. Die grondslag van hierdie pogings is om ‘n goeie begrip te bekom van die jeug se kennisvlakke, denkwyse en gedragspatrone ten opsigte van MIV/VIGS, sodat ‘n geskikte en effektiewe oplossing geformuleer kan word. Hierdie studie beoog om die studente van die Hoërskool Katlehong se kennisvlakke, denkwyse en gedragspatrone ten opsigte van MIV/VIGS te bepaal. ‘n Gerieflikheissteekproef van 48 leerders het deelgeneem aan die studie. ‘n Kwantitatiewe navorsingsontwerp was gebruik vir data insameling deur middel van vraelyste wat aan die leerders gegee is. Die resultate was ontleed met die gebruik van statistiese ontleding. Die studie het getoon dat alle deelnemers van MIV/VIGS gehoor het, maar hul kennisvlakke oor die oordrag daarvan was verskillend. Daar is ook gevind dat die stigma en diskriminasie teenoor mense wat met MIV/VIGS lewe relatief laag is onder die steekproef. Laastens het die steekproef getoon, teenstrydig met normalle denke, dat daar byna net soveel meisies as seuns is wat meer as een seksuele maat gehad het.

ACKNOWLEDGEMENTS

I would like to thank the staff of the Africa Centre for HIV/AIDS Management at the University of Stellenbosch Centre of Africa for their immense patience while I went through this long process, in particular Dr. Qubuda for all his responses to my late night emails and constant words of encouragement. I am eternally indebted to my study leader Prof. Schlechter who provided inspiration when the going got tough.

My sincere thanks and earnest appreciation go to the following:

- My husband, Dr. Molatoli Letlatsa whose constant patience, love and support have not gone unnoticed.
- My dearest son, Letlotlo-la-Bakuena who stayed up late into the night in show of support, while I worked on this research.
- My loving sister, Zanele Serame, with whose commitment and support this research was made possible.
- My parents for instilling in me a love for education and perseverance.

I am also very grateful for the counseling support offered by the Khanya Family Centre to the research participants. Finally, my deep felt gratitude goes to Katlehong High School; the principal and deputy principal, as well as the research participants, who are the stars of this project.

DEFINITION OF KEYWORDS

AIDS	Acquired Immuno Deficiency Syndrome
DoH	Department of Health (South African)
HIV	Human Immunodeficiency Virus
KAP	Knowledge, Attitudes & Practices
NGO	Non Governmental Organisation
PLWHA	People Living With HIV & AIDS

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1 INTRODUCTION

The research study aimed to investigate Katlehong High School pupils' knowledge, attitudes and behavioral practices with regards to HIV/AIDS. The potential value of this research is that it would inform teachers on how to respond to pupils' needs when it comes to HIV/AIDS education. It would also hopefully generate recommendations to enhance the existing education programme with regards to HIV/AIDS.

1.1 Statement of the Problem and Rationale for the Study

It is believed that the global HIV/AIDS epidemic peaked in 1999 (UNAIDS, 2010) and since then there has been a drop in infection rates by about 19%. The gains made in the fight against the spread of the disease are fragile but worth noting. The world must have made some worthwhile investments; prevention and treatment efforts seem to be working. Dissemination of information about HIV/AIDS has been one of the responses. While there is a need to continue with awareness campaigns, an understanding of what knowledge, attitudes and behavioral practices people hold are crucial to implementing an appropriate and effective response. Further progress in preventing the spread of HIV/AIDS heavily depends on all sectors of society jointly pulling together, and this study is one small step towards achieving this goal. The focus of this study is young people because they "present the greatest hope, yet the largest challenge, in curbing the HIV/AIDS pandemic" (McKee, Bertrand & Becker-Benton, 2004, p.110).

1.2 Purpose of the Study

The primary aim of this study was to identify and assess the levels of knowledge, attitudes and behavioral practices of teenage school-going children at Katlehong High School in the East Rand, Gauteng, with regards to HIV/AIDS.

1.3 Secondary Objectives were:

The following were secondary objectives of the research study:

- Identify respondents main source of information on HIV/AIDS
- Indentify respondents' health-information gathering pertaining to HIV/AIDS
- Establish respondents' condom practices and misconceptions of HIV/AIDS

1.4 Research Question

What are the general levels of knowledge, attitudes held and behavioral practices of pupils at Katlehong High School with regards to HIV/AIDS?

2 LITERATURE REVIEW

This chapter presents a brief review of the available literature and addresses issues surrounding HIV/AIDS such as incidence rates and prevalence rates. It further looks at existing levels of knowledge, behavioral practices and attitudes held by young people with regards to HIV/AIDS. In addition, it discusses other KAP (Knowledge, Attitudes & Practice) studies that have been conducted in relation to HIV/AIDS. The chapter concludes with a discussion on the educational interventions available to young people in South Africa.

2.1 The HIV/AIDS Epidemic

Sub-Saharan Africa bears the brunt of the HIV/AIDS epidemic. According to a UNAIDS Report Update (2009), 22.4 million people in this region were living with HIV/AIDS in 2008 and of this estimate 390 000 were newly-infected children. The report further states that 67% of worldwide HIV infections in 2008 were only for Sub-Saharan Africa. The devastation caused by this disease in Sub-Saharan Africa cannot be emphasized enough.

2.2 HIV/AIDS in the South African Context

South Africa is the world's capital of people living with HIV, with estimates of 5.7 million people in 2008 (UNAIDS, 2008) and just over 5000 infections reported daily. Of greatest concern is that the majority of infections are through heterosexual sex and highest among the age group 15-24. Media coverage showed that HIV infection rates were declining among the younger age group in South Africa, specifically the 15-24 age-groups (Sunday Times, 06 Dec 2010). The reduction was observed to be 60% over a six year period; 2002 and 2008 (UNAIDS, 2009). This could mean that there is better knowledge and understanding among this group of HIV/AIDS and that behavioral practices are in line with people's knowledge levels. While these statistics may give some hope, the UNAIDS (2009) warned that the number of people living with HIV/AIDS increased in 2008, due in part, to increased access to ARV treatment which offered a prolonged life-span. The South African HIV/AIDS problem is unique in that the highest infection rates occurred between 1993 and 2000 when the country was undergoing major political changes (Chuene,

2009) and paying very little attention to other issues including HIV/AIDS. Fourie (2006) asserts that government's initial policy response to HIV/AIDS was ineffectual. "The reasons for this include homophobic and racist assumptions regarding disease vectors, an exclusivist approach to policy consultation, resultant inappropriate policy formulations, misplaced actions, ineffective implementation and a general lack of legitimacy, all of which compounded the whole problem" (Fourie, 2006, p.4). Much has changed in the government's response since these statements were made; a massive campaign to test 15 million South Africans for HIV/AIDS by June 2011 was launched in April 2010. The campaign was kicked off by the current president Jacob Zuma in an effort to demonstrate government's leadership in addressing HIV/AIDS issues (South African Government Information, 2010).

The Department of Health (DoH) released the 2010 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa on the 30/11/2011. Findings from the study indicated that the national HIV prevalence among antenatal women in 2010 was 30.2%. The challenge with HIV/AIDS statistics is that they are estimates based on either antenatal clinics, in the South African context, or World Health Organisation/UNAIDS models. The National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa is used to estimate national prevalence of HIV & Syphilis among pregnant women visiting state clinics and then establish HIV prevalence among the adult population of 15-49 year olds. An advantage of the study is that it also determines the geographical distribution pattern of HIV & Syphilis infection among pregnant women attending antenatal clinics at national and provincial level by both district and age. The highest provincial HIV prevalence was recorded in Kwazulu-Natal at 39.5% and Gauteng, the province in which Katlehong High School is found, was at 30.4%. Splitting the findings of the 2010 National Antenatal Sentinel HIV & Syphilis Prevalence Survey by age group showed that there was a slight increase in HIV prevalence across all age groups compared to previous years. A finding of concern from the study was an HIV prevalence rate of 9.4% among 10-14 year olds. It is important to note that this statistic applies only to school-going pregnant teenagers; there is no published data on HIV prevalence among non-school going adolescents. This paints a bleak picture considering that it is more difficult to reach non-school going children. The high dropout rate within South African schools (AVERT, 2010) further compromises effective HIV and sex education.

2.3 Knowledge

According to Fan, Conner and Villarreal (2007), AIDS is the fourth leading cause of death worldwide, after heart disease, stroke and acute lower respiratory infections, whilst in Africa it is the leading cause of death. This begs the question whether people do not know how to prevent the spread of HIV/AIDS. Perhaps the death toll is a result of a mature epidemic; where people that got infected a long time ago are only dying now. Knowledge is crucial in the prevention of HIV/AIDS and care and treatment for those already infected. Knowledge is the precursor to attitude and ultimately behavioural change (UNICEF, 2006). It can be classified into two broad categories; knowledge about transmission and knowledge about prevention.

A study conducted by UNICEF in Namibia in 2006 showed that knowledge about transmission of HIV/AIDS was higher among 10 – 14 year olds as compared to knowledge about prevention. The same pattern was observed for the older group of 15 – 24 year olds who were still in school.

2.4 Attitudes

It has been noted that young people are particularly vulnerable to HIV/AIDS, for various reasons, among which is the early onset of sexual maturity (Tan, Pan Zhou, Wang & Xie, 2007). Girls develop breasts as early as 13 years of age, which coupled with the loss/degradation of traditional value makes sex a past-time of choice. Good morals may fall by the wayside in the throes of strong sexual drive or desire for emotional fulfillment (McKee et al., 2004). The depiction of sex as fun and 'cool' in the mass media also plays a major role in the increased sexual activity. Love is portrayed as an uncontrollable passion and may sometimes be equated with trust which often overpowers personal caution and responsibility. Condom negotiation may ruin the romantic nature of the moment.

The majority of young people underestimate their vulnerability to HIV and other threats to their health – putting themselves at risk of HIV infection more than adults do (McKee et al., 2004). A number of youth may know about HIV and its prevention and may sometimes even think that some of their friends are at risk; their belief is that they themselves are unlikely to get it (Maswanya, Moji, Horiguchi, Nagata, Aoyagi, Honda & Takemoto, 1999). Accompanied by the HIV/AIDS pandemic is stigma and discrimination (USAID, 2006).

People, either out of fear of contracting HIV or morality-related judgments, refuse to have contact with people living with HIV and AIDS (PLWHA). HIV/AIDS has been viewed as some sort of punishment for sin (Kopelman & van Niekerk, 2005); either for being homosexual or leading a promiscuous lifestyle. These judgments are made to explain how or why a person got infected. Other people are absolved because they got infected by a promiscuous partner or intravenous drug users, thus it is not their fault. Whatever the case maybe, stigma and discrimination go a long way towards perpetuating the spread of HIV/AIDS; it may prevent an infected person from seeking treatment or disclose their HIV status to others or even adhere to treatment (USAID, 2006).

Stigma can both be external and internal. External applies to instances where PLWHA are treated differently or unfairly by everyone else and internal is where PLWHA treat themselves badly or unfairly because of their HIV-status (Health and Wellness Education Centre, 2009). Some PLWHA have said that for at least a certain amount of time following an HIV-positive diagnosis, they became socially withdrawn or cut themselves off, from society, completely (Sherr, Hankins & Bennett, 1996). For people that particularly felt that they looked ill, social withdrawal was a common response to diagnosis. That isolation can be very stressful and heighten the sense of shame.

One of the key methods of preventing the spread of HIV is condom use, though ironically, this carries some level of stigma as well. A partner asking another to use a condom implies that the asker has a sexually transmitted disease or may have been unfaithful. Many young people in Sub-Saharan Africa do not use condoms because of the perception that they reduce sexual pleasure (Bankole, Singh, Woog & Wulf, 2004).

2.5 Behaviour

Adolescence is typically a time when the youth explore their world, including sexual relationships. They may engage in high risk behavior by having multiple partners or change partners quite frequently (Bankole et al., 2004), all of which increase the risk of contracting HIV. McKee et al. (2004) assert that adolescent relationships naturally increase the risk of HIV infection. This is because young people enter a multiple of short-term sexual relationships and

when in one, are faithful to the current partner but rarely use condoms and do not consider the risk of HIV infection. If that relationship is severed, chances are that another intimate partner is sought immediately without assessing the risk or adopting behavioral risk-reducing methods.

For a lot of developing countries, young people's reproductive health receives very little attention and in some instances comes at a financial cost, which most teenagers cannot afford.

Gender stereotyping in Sub-Saharan Africa still plays a major role in the transmission of HIV. For men, it is generally accepted that they will experiment with sex before marriage and have multiple partners even after marriage (Bankole et al. 2004). Women on the other hand are expected to abstain from sex until married and be faithful to the husband once married. This is a sexual double standard that jeopardizes the health of a society and increases the risk of contracting sexually transmitted diseases including HIV/AIDS. Gender inequality further compounds the problem in that women may not question the status quo for fear of being beaten up by their wayward partners. In some societies women may not refuse sex or even ask their partners to use condoms despite knowing that they risk contracting HIV or other sexually transmitted diseases.

Women are usually not equal partners in sexual relationships and prevention attempts are limited by "negotiation skills, lack of dialogue, coercion, fear or dependency" (Sherr et al. 1996, p.33). Women are culturally disempowered to negotiate sexual intercourse (Fourie, 2006), in part because young girls are married to older men unto whom they are materially and socially dependent.

Substance abuse is another contributing factor towards the spread of HIV. Casual or chronic substance abuse may lead to high-risk behaviors, such as unprotected sex when under the influence of drugs or alcohol (CDC, 2008).

2.6 Educational Interventions in South Africa

A secondary school children's health risk survey indicates that 54% of all South African children in high schools had some form of HIV/AIDS education (Muravha, 2008).

Other interventions were media messages through programmes such as Soul City, Love Life and Khomanani.

Khomanani is a government initiative which is run through private sector agencies (Mohamed, 2008). The campaign objectives include achieving change in specific areas of knowledge, attitudes and social behavior in relation to HIV/AIDS.

Love Life is a Non-Governmental Organisation(NGO) initiative founded in 1999 by the US-based Henry J. Kaiser Family Foundation. The aim of this project is to impact on the age of sexual initiation, number of sex partners and condom use. It seeks to achieve this through internalizing a desired behavior in the target group – making it a way of life, which makes it a sustainable solution.

Soul City is an Institute for health and development education. It was established in 1992 as a health promotion company. The Institute runs a very popular drama series, by the same name, which provides education through entertainment. The focus of the drama series is a range of issues, including but not limited to the prevention of HIV/AIDS. Soul City Institute also offers education material in the form of leaflets, handbooks, offered free of charge to schools, and DVDs (Soul City Institute, 2011).

3 METHODOLOGY

The research study was both explorative and quantitative in nature. The study sought to understand pupils' knowledge levels, behavioral practices, perceptions and attitudes towards HIV/AIDS. It was felt that by identifying these factors, an appropriate and effective response towards the challenges posed by HIV/AIDS could be designed and implemented.

3.1 Research Design

The research design used for this study was quantitative research. Quantitative research, according to Christensen (2007) attempts to identify causal relationships and consists of numerical data. A (KAP) survey was the research technique employed because it is an effective way of collecting standardized information by interviewing a representative sample of the population of interest. Christensen states that quantitative research is usually a preliminary phase in many research studies, because the ultimate question researchers want answered is "who" and "why" a population behaves in a specific way. This frequency data ultimately increases our chances to predict what will happen in the future given the information obtained. The researcher hoped that by establishing what the learners at Katlehong High School knew and practiced in terms of behavior, a deeper understanding into the knowledge levels, attitudes and behavioural practices of high school learners elsewhere would be gained. In turn these findings could be used to design an effective response to the challenges posed to the youth by HIV/AIDS.

3.2 Data Collection

This section explains the research tool employed and how the information was gathered from participants.

3.2.1 Survey

Data collection was done via a questionnaire with close-ended questions. Limiting respondents to a specified number of predetermined responses was the logical choice because the dimensions of the variables were known and it made data analysis easy as the responses could be categorized. The questionnaire was divided into three sections, namely Knowledge, Attitudes and Behavioural Practices. There were seven questions under each section, with the total number of questions at twenty-one.

The questions under each section were meant to measure the stated attribute, for example, how much participants knew about transmission modes and prevention methods was the theme under Knowledge. Their levels of stigma and discrimination were the themes under Attitudes and questions assessing their behavioral practices in relation to HIV/AIDS were under the last section.

The questions posed in the questionnaire were generated and informed by surveys done within different workplaces such as Discovery Health and Standard Bank, learning institutions (as stated in the literature review) and studies conducted by other universities, a case in point being Wits University. The design of the questionnaire was further informed by the research question.

3.2.2 Procedure

A once-off questionnaire was administered to the sample in one day at their school. This was done at one time to avoid subjects sharing the questions among yet-to-be interviewed respondents. The sample was allowed to ask the researcher questions where they felt they needed clarity.

It was explained to the students and teachers, in separate meetings, that findings from the study would be shared with the school and sample, without linking responses to any one individual.

3.3 Participant Selection

A convenience sample of students from Katlehong High School in the East Rand in Gauteng province took part in the KAP survey. A minimum criterion was used; that students be at least 15 years of age.

The sample was a mixed group of both boys and girls with an age distribution of between 15 and 18. The average age, Y = 16. Questionnaires were administered to students in a classroom setting and they were not allowed to discuss amongst themselves. The questionnaire adhered to confidentiality regulations, with participants' age and gender the only biographical information requested on the questionnaire.

Table 1 Characteristics of the sample

Sample	**Numbers**	**Ethnicity**
Boys	13	All Black
Girls	35	
TOTAL	**48**	

There was an over-representation of girls in the research sample; this was due to the school itself having more girl learners than boys. This female-bias could have also been exacerbated by the general reluctance of boys to take part in the study.

3.4 Data Analysis

The completed questionnaires were statistically analysed using a computer programme by StatKon at the University of Johannesburg. Responses from candidates were first "coded" in an Excel spreadsheet by the researcher, for confidentiality reasons, and then submitted to StatKon for frequency tables to be drawn. The frequency tables were then used by the researcher to analyse the results of the study.

3.5 Ethical Consideration

The research study only proceeded once ethical clearance was provided by the University. Thereafter permission to commence with the research was also obtained from the school and from the potential participants. The nature of this study involves human beings as participants, hence the need to ensure ethical research practice.

The researcher had to request permission from the school and Department of Education in writing.

The participants were informed that their participation was entirely voluntary and that their decision to participate would not disadvantage them in any way. The aim and nature of the study was also explained. Participants were assured that their responses would be kept completely confidential and responses could not be linked to individuals as no identifying information was requested. Participants were informed of their right to stop the interview at any time, should they wish to do so. Free counseling was made available to research participants through a nearby Family Centre called Khanya. They were also informed that interview material would be destroyed after the research had been completed.

Finally, the researcher's contact details were given and encouragement given to contact the researcher should there be any queries regarding the research.

4 FINDINGS AND DISCUSSIONS

This chapter presents the analyses of the pupils' knowledge levels, perceptions held and behavioral practices in relation to HIV/AIDS. The findings have been divided into 3 main sections according to the attribute being measured.

4.1 Knowledge

As outlined in Chapter Three under Research Design, the survey had a total of 48 participants, 13 of whom were male and the rest female. All the respondents confirmed that they had heard of HIV and AIDS. Table 2 shows the percentage of respondents by gender who confirmed having heard of HIV/AIDS.

Table 2: Percentage respondents who confirmed they had heard of HIV/AIDS

Gender	Frequency	Percent
Male	13	27.1
Female	35	72.9
Total	48	100.0

The majority of the respondents, 79.2%, understood that there was a difference between HIV and AIDS, while 12.5 % of the respondents said there was no difference between HIV and AIDS. The percentage of respondents who said they were not sure was equal to those that chose not to respond to the question, at 4.2%.

Questions 3 to 5 under 'Knowledge', measured one common theme - the spread of HIV. Knowledge about how HIV was spread was inconsistent through the sample population, with 22.9% of respondents saying one could not become infected through sharing injecting needles with an HIV-positive person. An overwhelming 72.9% thought that one could get infected with HIV through a blood transfusion. Over 60% believed that an HIV positive mother could pass on the HIV virus to her unborn child as illustrated by chart 1.

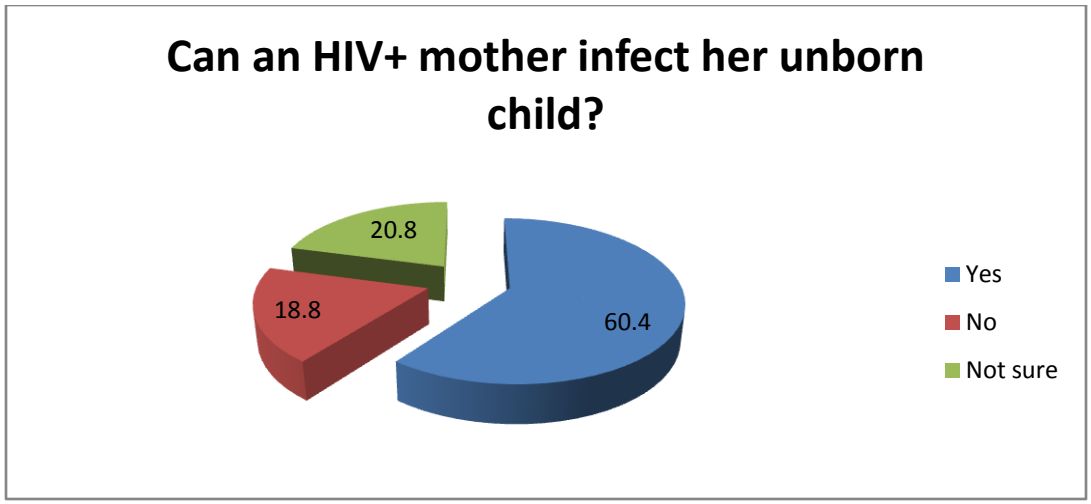

Chart 1: Feedback obtained when respondents were asked if an HIV-positive mother could infect her unborn child

An interesting 10.4% of respondents were not sure whether they could prevent infection by not having sex and just over 50% confirmed they could prevent getting infected by abstaining. Participants were also asked whether excessive use of alcohol/drugs could increase chances of infection and there was almost a tie between respondents who answered yes and those that gave a negative response.

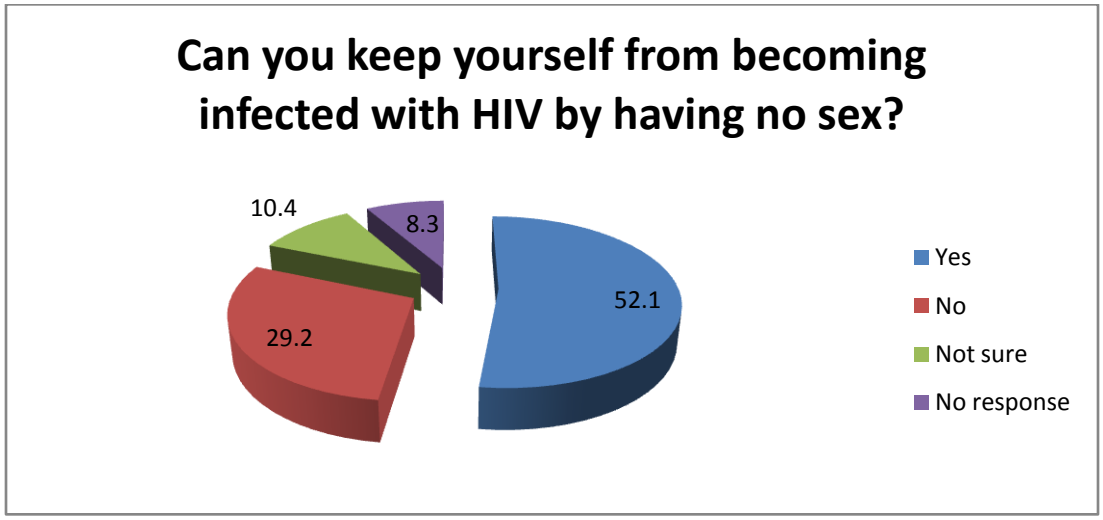

Chart 2: Can you keep yourself from becoming infected with HIV by having no sex?

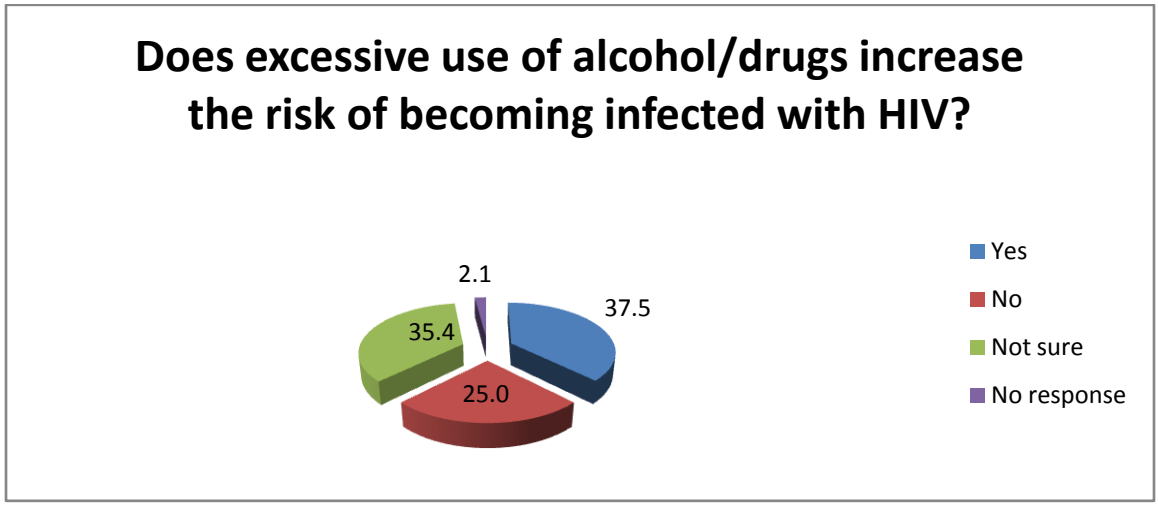

Chart 3: Does excessive alcohol/drugs increase the risk of becoming infected with HIV?

Chart 3 above shows that the majority of respondents, 37.5% agreed that excessive use of alcohol/drugs increased chances of becoming infected with HIV; however of concern is the 35.4% of respondents that were not sure. It is almost the same number of respondents that agreed alcohol/drugs were risks to HIV infection. It seems the youth underestimate the risks associated with HIV/AIDS.

4.2 Attitudes

Stigma is one of the biggest challenges to curbing HIV/AIDS. It is reported that PLWHA state the stigma associated with the disease as far worse than the disease itself (McKee et. al. 2004). Majority of the time people are unaware that their attitudes perpetuate stigma. The following results indicate the sample's attitudes with regards to HIV/AIDS.

When respondents were asked if they would play with a fellow pupil that was HIV+, the majority (87.5%) said they would and 6.3% said no. The remainder was either not sure, 4.2%, or did not give a response. The response to whether a teacher that was HIV+ should be allowed to teach showed a similar trend, 85.4% stated that they would be accepting of an HIV+ teacher, whilst 4.2% would not be comfortable. A slight increase in the respondents who were not sure was noted, 8.3%. The balance of respondents did not give a response.

According to Soul City 6 (2005) factors that increase the likelihood of supporting another person with HIV/AIDS in some way increased with having no education, or, having tertiary education or high exposure to Soul City/Soul Buddyz material. Given that the research sample of this study was made up of high school students, they had some level of education, though not tertiary as yet; the assumption can only be that they had had some exposure to HIV/AIDS education. Their expressed acceptance of fellow students or teachers with HIV/AIDS shows that the stigma and discrimination once associated with HIV/AIDS are dissipating.

The respondents were then asked if they felt they could change their own behavior to reduce the risk of becoming infected with HIV and the responses are shown in the pie chart below.

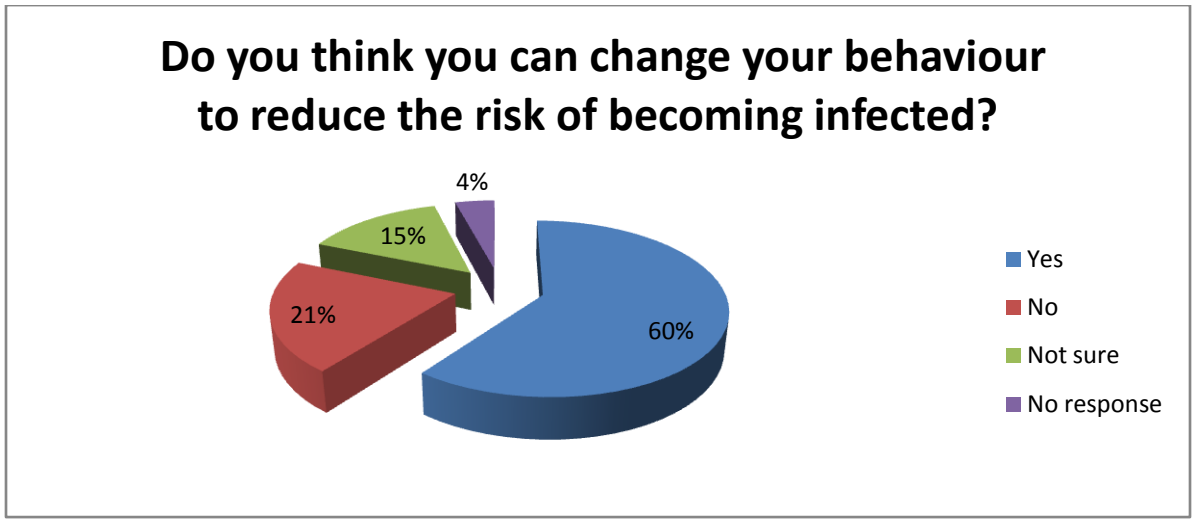

Chart 4: Do you think you can change your behavior to reduce the risk of becoming infected

To assess respondents' perception of their level of risk, they were asked whether they thought they were at any risk of becoming infected with HIV or a sexually transmitted disease. The majority, 52.1% said they were not, while 20.8% confirmed they were at risk. Another 20.8% said they were not sure while the rest opted not to respond to the question. When asked whether it was possible to tell a person's sero-status by looking at them, 64.6% responded 'No' and 16.7% said 'Yes'. In response to whether they would want other people to know if they were HIV positive, relatively few respondents (18.8%) said they would want to hide their HIV status. Others were not sure, while 66.7% confirmed they would let other people know.

The participants were further asked whether HIV+ students must be put in their own special school, just over 77% disagreed. A small group, 16.7% agreed that a special school should be set up for HIV+ students. There were no participants that opted not to respond to this question, though there was a 6.3% of the sample that was not sure.

4.3 Behaviour

Studies have shown that the majority of the youth are not concerned about becoming infected with HIV (CDC, 2008). This can also be observed through, among other things, their sexual behaviour. This section discusses the findings from the research participants in terms of their behavior with regards to HIV/AIDS.

Respondents were asked whether they had ever experimented with sex, and the table below outlines their responses:

Table 3: Sample responses by percentage

Response	**Percentage (%)**
Yes	37.5
No	56.3
Not Sure	0
No Response	6.3

Comparing the responses at gender level, a higher percentage of boys were experimenting with sex than girls, though it has to be mentioned that there were more girls as compared to boys in the research sample. According to Kelly, Ntlabati, Oyosi, van der Riet and Parker (2002), a 1999 survey indicated that 92% of youth had experimented with sex, with the average age of sexual debut for males at 14.8 and 15.9 for females.

Table 4: Respondents feedback by gender in response to whether they had ever experimented with sex

		Yes	No	No response
Male	% within Gender	53.8%	46.2%	0%
Female	% within Gender	31.4%	60.0%	8.6%

Respondents were also asked if they had discussed sex with their parents, and the majority, 58.3%, were not having discussions with their parents related to sex. A relatively small 37.5% had had a discussion with their parents around sex. The rest were not sure whether they had had one or not. The responses in answer to whether their friends were experimenting with sex were the reverse of whether the respondents were experimenting; an overwhelming 72.9% confirmed that their friends were experimenting while the rest were not sure.

Respondents were also asked whether they or their friends carried condoms and the responses are outlined in the pie chart below:

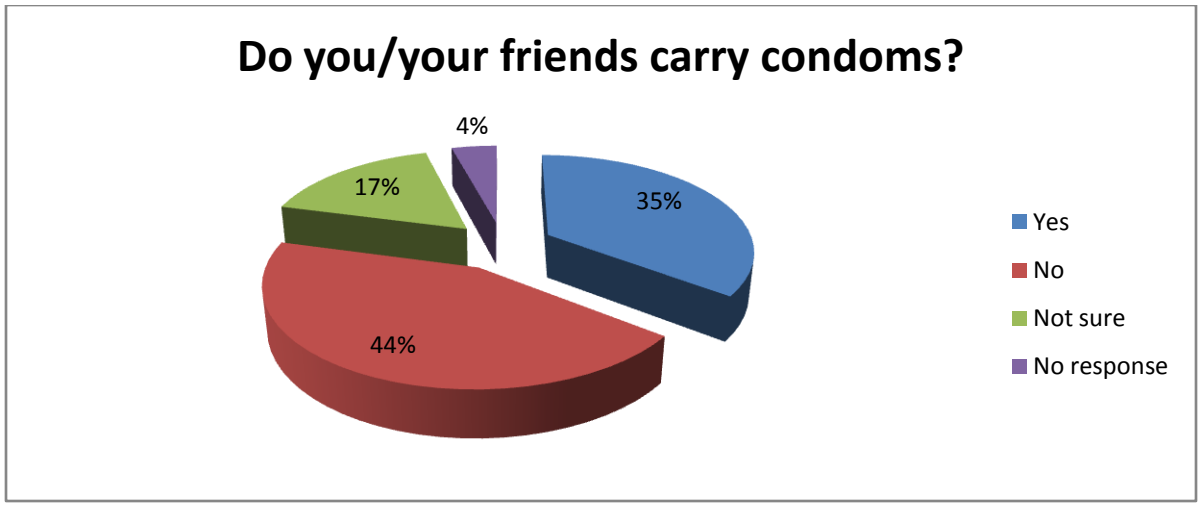

Chart 5: Respondents' feedback on whether they carried condoms

Despite over 70% of respondents' friends experimenting with sex, the percentage of those that carried condoms was around 30% less. Either the youth are not sensitive to the risks posed by unprotected sex or they leave the responsibility of protection with the partner, which in itself is equally risky. According to Bankole et al, (2004), young men are more likely to know where to obtain condoms as compared to females. Looking at this research sample, 69.2% of males carried condoms while only 22.9% of females did. This could be because girls still cede their sexual health responsibility to males, with the fear that carrying condoms will get them labeled promiscuous. In some cultures it is considered unacceptable that women "know" more about sex than men, and carrying condoms as a young woman would go against this cultural expectation.

A study carried out among higher learning institutions by Colvin, Kelly, Connelly and Parker (2010) found that some institutions struggled to access free condoms dispensed by the South African DoH. This was particularly true for those institutions in rural areas where there were few, if any, NGOs involved in HIV/AIDS work. Another challenge was the attitude of nurses towards the youth and condom use. Mariani, Gcaba and Dalton (2003) carried out a KAP survey among professional nurses working at primary health care level in Kwazulu-Natal and found out that 15% of them though that it was a waste of time teaching the youth about using condoms. This percentage might seem small, but if one child got turned away because of a nurse's attitude per day, that would be one child too many.

Perhaps the Education department could look into supplying free condoms within high schools. While this might not necessarily empower the girl child to start taking responsibility for her sexual health, it would make condoms more accessible to the youth.

To assess where else, besides their parents, respondents got sexual related information from, they were asked whether they discussed sex with their friends. The majority of them did, as can be expected from teenagers; they rely heavily on their peers. The results are shown in the pie chart below.

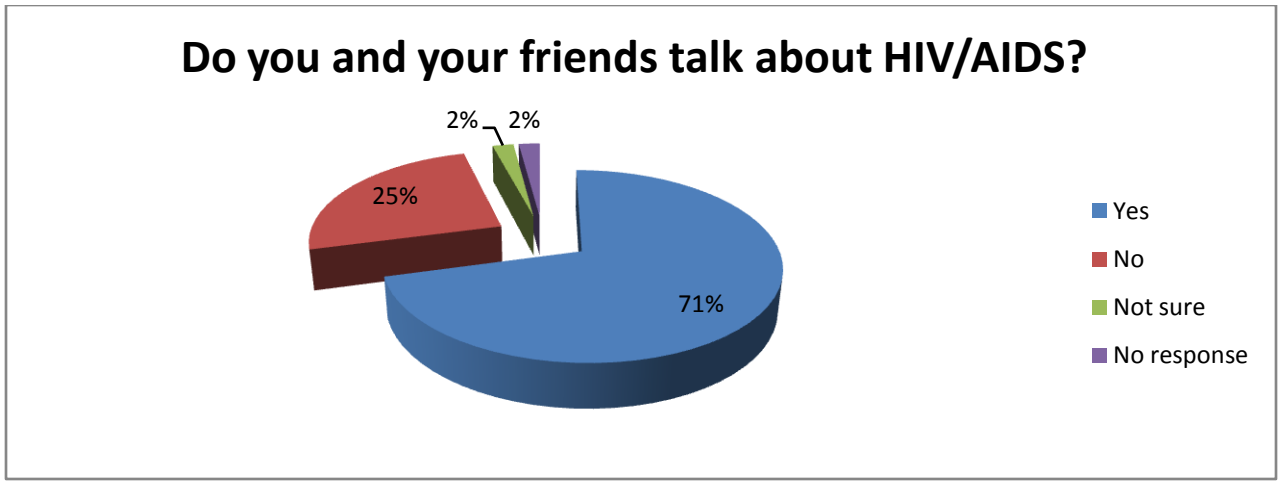

Chart 6: Pie chart showing whether respondents discussed HIV/AIDS with their peers

This presents a strategic opportunity to have HIV/AIDS peer educators among fellow students. The training could be offered by the Department of Education to a handful of students hand-picked by the school principal or teachers, who will in turn be easily identified, through badges for example, by other learners. Because they already rely on their peers for information, they might as well rely on knowledgeable sources. Van Dyk (2005) confirms that peer groups are important in the social development of adolescents and peer group activities should be encouraged and used to influence adolescent behaviour as they often work very well.

A study conducted by the Soul City Institute asked parents how often they had talked to their children about HIV/AIDS and found that exposure to the Soul City TV or radio material increased the chances of those conversations taking place (Soul City 6, 2005). This could be an opportunity for learners to engage with their parents about HIV/AIDS, by asking them to watch the Soul City series together, thereby starting those crucial conversations.

In response to whether they had multiple boyfriends/girlfriends, 66% said they did not have and 34% admitted to having more than one partner at one time. When the sample's responses were split on the basis of gender, 33.3% of females admitted to having more than one boyfriend while 34.3% of males had multiple girlfriends. This is inconsistent with available literature (Bankole et al, 2004) where it has been shown that among the youth a substantially larger proportion of men had more partners at any given time.

Colvin, Kelly, Connelly and Parker (2010) found that among tertiary students in some of South Africa's universities, 19% of male students confirmed having concurrent sexual partners while the figure was 6% for female students. It was further found, by the same study, to be more acceptable among males for males to have more than one partner at any given time. The current South African Minister of Health, Aaron Motsoaledi, controversially stated just a few days before World AIDS Day in 2011, "HIV/AIDS to me is a gender-based disease. It is a disease spread by men but women suffer so we need to concentrate on those who spread it." (SABC News, 29 Nov 2011). It is interesting that the results from this study show both genders; male and female, equally engage in risky behavior in relation to HIV/AIDS; having multiple concurrent partners. This may indicate the development of a new trend where girls are also engaging in multiple-partner relationships and are open about it. These results have to be interpreted within the context that there were more girls than boys participating in the study, there is a possibility that had there been an equal representation, the percentage of boys with multiple partners would be higher than that of the girls.

Other studies have shown that the social standing of women in society makes them more vulnerable as per suggestion by the Health Minister. Cox (2000) cites an example where among intravenous drug users; women have to wait for their male counterpart before using the drug apparatus. He attributes this to the cultural or economical subordination of women to men.

5 CONCLUSION

This section concludes the findings on the research.

Schools could play a major role in educating the youth about sexual relationships and the preventions of sexually transmitted diseases. The entire sample population had heard of HIV/AIDS, this implies that awareness campaigns are reaching the youth. However, their knowledge levels were inconsistent, especially when it came to the modes of transmission. A lot of education still needs to be done around this aspect of the disease. Blood transfusions were perceived by many as a major risk of infection, as well as transmission from an HIV positive mother to child despite the strides made in the prevention of mother to child transmission with Nevaripine.

The youth are left to find out about sexual health on their own, a small percentage had had a discussion with regards to sex with their parents. Parents are missing out on an important opportunity to become the source of sex education. The involvement of parents in their children's lives is of paramount importance because besides their teachers, the majority of children spend their time at home. More HIV/AIDS related information needs to be made available within schools; learners need to know where to turn to for advice, help and support. Details such as the AIDS hotline, HIV/AIDS training and counseling centres should be displayed where learners can access without having to ask. The researcher visited three different high schools, one was a private school, before finally settling on Katlehong High School, and neither of the three had any HIV/AIDS related information on display.

In relation to stigma and discrimination, the youth seem to be tolerant of PLWHA; a status that needs to be advanced by further education and awareness campaigns. Over half the sample would be willing to disclose their HIV status should they test positive.

Comparing the number of the respondents' friends that experimented with sex and the number that carry condoms, it leads to the conclusion that the majority of the youth experimenting with sex are not using protection to prevent infection with HIV.

The study showed that more boys were experimenting with sex than girls, yet almost the same percentage of boys as girls had concurrent partners. This indicates that boys start experimenting with sex earlier than girls. Overall, behavioral practices still pose a risk of HIV infection to the majority of the youth.

HIV/AIDS is a complex disease that requires a multi-pronged approach, with healthcare workers, parents, learning institutions and government working together to prevent the spread of HIV.

5.1 Limitations of the Study

This study was a quantitative type of research. The research tool used was a questionnaire, which by nature, assumes that the participant will report honestly. According to Christensen (2007, p.61) an account given by an individual is "filtered through the lens of a person's language, gender, social class, race and ethnicity," which means that the participants' own life experiences may have biased their analysis or response to the questions.

Another weakness of the study lies with the participants' command of the English language which was sometimes limited. The majority of the participants' mother tongue was isiZulu, a second language to the researcher who sometimes responded to their questions in English or Sesotho which could have resulted in some parts of the message getting lost in translation. An example of one of the questions posed by the students was:

What does the "birds and the bees" mean?

It was explained to the group that it was a discussion about sex.

A social desirability bias could have been introduced; some responses could have been given to make the school look good or the best, instead of honest opinions; participants were aware that a report would be compiled based on their responses. The method used to collect data relied on participants' honesty in their responses. The respondents could have also been uncomfortable discussing topics related to HIV/AIDS, because they are directly linked to sex.

The language used with some of the questions in the questionnaire was not direct, for example, respondents being asked whether they carried condoms would have been more direct if it had been "do you use condoms every time you engage in sexual intercourse?" This was done out of respect to parents who wished not to have their children exposed to explicit messages.

The questionnaire consisted of 21 questions which were equally distributed among the three attributes being researched; knowledge, attitudes and behaviour. These could have been too few questions to obtain a broader and deeper understanding of the participants' attitudes, knowledge and behavioral practice; perhaps a more exhaustive and longer questionnaire would have been more suitable. Recorded interviews with each participant could have also delved deeper into the respondents' levels of understanding as it would provide an opportunity for more probing follow-up questions.

It has to be noted that the study is not representative of the total population of high school children. Results obtained cannot be generalized to all high school-going children but are limited to Katlehong High School.

5.2 Areas for Future Research

Further K.A.P. surveys could be carried out among different high schools and results compared. The comparison could be between different quintile schools as they cater for communities with different needs and social challenges. All too often, a "one-size fits all" approach is taken, assuming that the youth are faced with the same problems and will also respond in relatively the same way.

For any school that partakes in a K.A.P. survey, it might be worth the effort of having learners from different grades take part and the analysis of results be grade-specific, to establish the needs within each grade.

A lot of studies focus on heterosexual modes of transmission of HIV/AIDS, ignoring that not all learners are heterosexual. More studies, as well as education, need to deal with the needs of homosexuals.

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APPENDICES

Appendix A: Structured Interview Schedule

Appendix B: Subject Information Sheet

Appendix C: Participants Consent Form

KAP Survey

Please tick the appropriate box.

Gender of Respondent: Male ☐ Female ☐

Age:

Knowledge	**Yes**	**No**	**Not sure**	**No response**
Have you ever heard about HIV/AIDS?				
Is there a difference between HIV and AIDS?				
Can you become infected with HIV through sharing needles with an HIV+ person?				
Can you become infected with HIV/AIDS through a blood transfusion?				
Can an HIV+ mother infect her unborn child?				
Can you keep yourself from becoming infected with HIV by having no sex?				
Does excessive use of alcohol/drugs increase the risk of becoming infected with HIV?				
Attitudes				
Would you play with a fellow pupil who is HIV+?				
Should a teacher that is HIV+ be allowed to teach you?				
Do you think you can change your behaviour to reduce the risk of becoming infected?				
Are you at risk of becoming infected with HIV or a sexually transmitted disease?				
Can you tell if someone has HIV/AIDS by looking at them?				
Would you want people to know your HIV status, if you were positive?				
Do you think HIV+ pupils should have their own special school?				
Behaviour/Practices				
Have you ever experimented with sex?				
Have your parents discussed "the birds and the bees" with you?				
Are any of your friends experimenting with sex?				
Do you/your friends carry condoms?				
Do you actively look for information about HIV/AIDS?				
Do you and your friends talk about HIV/AIDS?				
Do you have more than one boyfriend/girlfriend?				

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SUBJECT INFORMATION SHEET

Dear Student

My name is Thembekile Serame. I am studying towards a Master's degree in Philosophy in the Management of HIV/AIDS with the University of Stellenbosch. As part of the requirements for the degree, I am conducting research into the knowledge, attitudes and practices of students at Katlehong High School in relation to HIV/AIDS.

I wish to invite you to take part in this study. Your participation will be entirely voluntary and refusal to participate will not be held against you in any way. If you do decide to participate, I shall arrange an interview with you at a time and place suitable for both you and the school. The interview will last about 30 minutes. You may withdraw from the study at any stage and you may also elect not to answer any question that you feel uncomfortable with.

The interview will be through a questionnaire that consists of 21 questions. No one will have access to the completed questionnaires besides me and my supervisor. Upon completion of the study, the questionnaires will be destroyed. No names or personal details will be included in the final research report. Please feel free to ask any questions regarding the study. I can be reached on the following cell phone numbers, 082 043 5415 or 072 460 8511.

Once the study is completed, a report will be compiled. A summary of the findings will be made available to your school. You are welcome to contact me directly should you like a copy.

Thank you for taking the time to consider participating in the study.

Yours Sincerely

Thembekile Serame

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

What are the general levels of knowledge, attitudes held and behavioral practices of pupils at Katlehong High School with regards to HIV/AIDS?

You are asked to participate in a research study conducted by Thembekile Serame, from the Africa Centre for HIV/AIDS at Stellenbosch University. Upon completion of the study, the findings will be written up in a thesis for partial fulfillment of a Master's degree. You were selected as a possible participant in this study because you are a student older than 15 years of age at Katlehong High School.

1. PURPOSE OF THE STUDY

To identify the knowledge, attitudes and behavioral practices of teenagers at Katlehong High School with regards to HIV/AIDS.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to answer a number of questions, in writing, that will be given to you at school, after school hours.

This will be a once-off interview. The questions will be related to HIV (Human Immuno-deficiency Virus) and AIDS (Acquired Immuno-Deficiency Virus). The exercise will take approximately 30 minutes.

3. POTENTIAL RISKS AND DISCOMFORTS

Please be advised that you might experience a level of discomfort due to the probing nature of the questions. You have the right not to answer any questions you do not feel comfortable with. Counseling services are available to you free of charge at Khanya Family Centre (824 Ramokonopi Section) should you experience any discomfort related to this research.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no benefits for you taking part in the study. A report will be generated giving findings of the study that the school and the Department of Education will have a copy of. You may contact me directly if you would like a copy as well. The report will not bear any information that will link you directly to the study.

The final report will assist the school and the Department of Education gain an understanding into the knowledge, behavioral practices and attitudes held by pupils with regards to HIV/AIDS.

5. PAYMENT FOR PARTICIPATION

There will be no monetary gain or remuneration for taking part in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of:

- Respondents will not be asked for any information that may directly link them to the study
- The completed questionnaires will be kept in a locked cupboard and will be seen by only the researcher and supervisor of the study
- Direct quotes of the discussions may be used in the final report, as long as they cannot be linked to any participant
- All responses will remain completely confidential and no identifying information will be included in the final research report
- The final report will be released to the school and the Gauteng Department of Education. It will show only statistics and not individual participants' responses. This is so that interventions, if necessary, may be implemented in the school.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact me on cellphone number 072 460 8511 or my study leader, Prof Anton Schlechter, during office hours on 021 650 2469.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to [*]* by Thembekile Serame in *English/Sesotho* and *I am the participant* in command of this language or it was satisfactorily translated to *me*. *I, the participant* was given the opportunity to ask questions and these questions were answered to *my* satisfaction.

I hereby give consent that to participate in this study. I have been given a copy of this form.

_____

Name of Subject/Participant

_____

Name of Legal Representative (if applicable)

_____ _____

Signature of Subject/Participant or Legal Representative Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*participant]* and/or [his/her] representative _____ [*name of the representative]. [H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in *English and Sesotho* and *no translator was used.*

_____ _____

Signature of Investigator Date