The level of Knowledge on the subject of HIV/AIDS among grade 6 and grade 7 learners of Idas Valley Primary School in Stellenbosch.

by
Shirle Cornelissen

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

Supervisor: Prof. Johan CD Augustyn
Faculty of Economic and Management Sciences
Africa Centre for HIV/AIDS Management

March 2012

DECLARATION

By submitting this thesis 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.

24 January 2012

ABSTRACT

As a result of the growing number of HIV infections among our youth this study was undertaken to determine what the knowledge levels are among grade 6 and grade 7 learners of the Idas Valley Primary School in Stellenbosch. The researcher conducted two types of questionnaires, one each for the learners and teachers of these grades. Furthermore, the Life Orientation Curriculum, in respect of HIV/AIDS education for these two grades, was examined by means of document analysis.

The results from the learners' questionnaire indicated acceptable knowledge levels, although the areas of fear and myths/perceptions with regards to the subject still require much attention and education. Results from the teachers' questionnaire indicated good knowledge levels on the subject of HIV/AIDS, but also revealed that they feel the school should do more in respect of HIV/AIDS education. The issues on HIV/AIDS covered by the Life Orientation Curriculum were found to be sufficient. With the quality of the Life Orientation Curriculum and the good knowledge levels of the teachers, the challenge remains to effectively educate the learners on the issue of HIV/AIDS. It became apparent that the Life Orientation Curriculum and the knowledge levels of the teachers alone are not enough to effectively educate the learners on this subject. Recommendations are provided for the school on how to improve their HIV/AIDS education.

OPSOMMING

Na aanleiding van die toenemende groei van MIV infeksies onder ons jeug is hierdie studie onderneem om die kennis vlakke oor MIV/Vigs te bepaal onder die graad 6 en graad 7 leerders aan Idasvallei Primêre Skool in Stellenbosch. Die navorsing is gedoen bywyse van twee vraelyste, een aan elk van die leerders en onderwysers, asook die evaluering van die Lewensoriëntering Kurrikulum deur middel van dokument-analise.

Ondanks die feit dat die resultate aangedui het dat die kennisvlakke van die leerders op ‘n gewensde vlak is, wek die resultate rakende hul vrese en mites/persepsies steeds kommer en verdere opvoeding in hierdie verband is noodsaaklik. Die kennisvlakke van die onderwysers blyk ook op ‘n gewensde vlak te wees, maar dit is duidelik dat hulle voel die skool moet meer doen in terme van MIV/Vigs opvoeding. Die aspekte van MIV/Vigs wat gedek word deur die Lewensoriëntering Kurrikulum is ook gevind om voldoende te wees. Alhoewel die kennisvlakke van die onderwysers en die inhoud van die Lewensoriëntering Kurrikulum voldoende is, is die uitdaging nog steeds om die inligting effektief aan die leerders oor te dra. Dit is duidelik dat kennisvlakke van onderwysers en die inhoud van die Lewensoriëntering Kurrikulum alleen, nie voldoende is vir MIV/Vigs opvoeding nie. Aanbevelings word aan die skool voorgelê oor hoe om MIV/Vigs opvoeding te verbeter.

ACKNOWLEDGMENTS

First and foremost I have to give credit to the Almighty for granting me the wisdom to complete this program. To the staff of the Africa Centre for HIV/AIDS Management, University of Stellenbosch, my sincere gratitude for allowing me to be part of this inspiring journey into the heart of the HIV/AIDS epidemic. Massive appreciation to my supervisor, prof Johan Augustyn, for his knowledge and guidance during this program.

This specific study would not have been possible without the consent and participation of the Western Cape Education Department and specifically the principal, staff and learners of grade 6 and grade 7 of Idas Valley Primary School. My deepest appreciation for the role you played in the completion and success of this study. May God bless and protect you all.

I would also like to acknowledge my parents who always believed in me and for the example they have set. If I become half the person you are, my life would have been a success.

Finally, I would like to express my gratitude, respect and deepest appreciation to my wife and two children. Thank you for allowing me to start and complete this journey. Your inspiration and motivation have made this journey worthwhile. You are and will always be the reason for my being.

CONTENTS

List of Tables

List of Figures

Chapter 1: Introduction

HIV/AIDS is a pandemic that affects the entire globe. Many people often think that it is an illness more commonly found among older people. However, the statistics show us a totally different picture.

UNICEF/UNAIDS, 2011, sketches the picture of HIV/AIDS and young people. They estimate that 5 million young people, aged between 15-24, and 2 million young people, aged between 10-19, were living with HIV in 2009. Most of these children live in Sub Saharan Africa. Globally young women make up 60% of all young people living with HIV/AIDS. However, in Sub Saharan Africa young women living with the virus makes up 72% of the young people living with the virus in this area. They estimate that 890 000 young people, aged between 15-24 were newly infected with HIV in 2009. This amounts to nearly 2500 every day, with 79% of these new infections occurring in Sub Saharan Africa. There are various reasons given for this figures which include poverty, poor access to health systems etc. However, the most worrying to them is the lack of knowledge young people has with regards to HIV/AIDS. In their article they describe HIV knowledge levels among very young adolescents as very low and that these children do not have the basic knowledge on the subject they are required to have.

Eaton, L, Flisher, AJ & Aarø, LE (2003), states that Sub-Saharan Africa has the highest rate of HIV infections. Although this region accounts for only 10% of the world's population, 85% of AIDS deaths occur here, with young people having the fastest growing rate of HIV. In 1998, the HIV infection rates among South Africans aged 14-19 years were 21%. They further state that the understanding of the nature of HIV, the mechanisms of transmission and methods of prevention of HIV is fairly poor and that fewer than 50% of young people in the country understood how HIV and AIDS are related.

It is from this background it has been decided to conduct a study at a local primary school in Stellenbosch to test the level of knowledge on HIV/AIDS among learners in grade 6 and grade 7.

The school was established in 1937 as the AME Missionary School. In 1941 the principal, mr Dhelminie, urged Government to start paying the teachers and this resulted in the name of the

school changing to Idas Valley Primary School, as it is still known today. It is situated in one of the historically disadvantaged areas of Stellenbosch, called Idas Valley. Once a school only for "coloureds" it is now home to children from the black neighbourhood of Kayamandi as well. The areas that feed the school are Idas Valley, Kayamandi, Cloetesville, Pniel and the surrounding farms. It is the biggest primary school in the area and, according to the secretary, is home to approximately 860 learners and 29 teachers. This amounts to approximately 30 students per teacher.

Many of the learners' parents work and live on the surrounding farms as labourers, while others work as factory workers in town. There seems to be survival challenges as parents work long hours and without financial prosperity. The neighbourhoods that these children grow up in are subject to poverty, crime and substance abuse. It is believed that alcohol and drug abuse are also the main causes of domestic violence in these neighbourhoods. It has been observed that children are often left at home unattended, having to fend for themselves and this leads to them being vulnerable to sexual abuse. Furthermore, this target group of children is making the transition from childhood to puberty. Biologically, it is normally the time they will experience sexual changes in their body and where most questions with regards to sex and HIV may arise. It is therefore important that these children receive the correct information in order to provide them with the skills to cope with these challenges. They are at an age where they are gullible and incorrect information could be detrimental to their development.

The school is also dependent on funding by the parents and as most parents come from poor areas it is difficult for the school to lodge programs outside of the school curriculum.

A lack of knowledge with regards to the issue of HIV could cause these children to make the wrong choices and further plunge them into already difficult circumstances. Many teachers feel sex education should start at home. However, many parents work long hours or do not have adequate education regarding current HIV information. This situation could lead to many children receiving misguided information on the streets. Often this information is based on peer pressure and what to do to be accepted into a peer group. Unfortunately, this often leads to sexual abuse, as well as early pregnancy amongst girls as well as in extreme cases, rape. It is therefore important that the correct information be conveyed to these children to equip them with the knowledge and skills to cope with these situations when they occur.
Currently it is not clear what the teachers' perceptions are on the level of knowledge of their learners. It is also important to assess the knowledge of the teachers on the subject of

HIV/AIDS and especially whether they are equipped with the necessary skills to address the issues of HIV/AIDS education. This study will therefore give more clarity on what teachers need to focus on in terms of HIV education at school and whether the current Life Orientation Curriculum is effective for HIV education. For this purpose the current Life Orientation Curriculum will be assessed to determine whether or not it is sufficient for building knowledge on the subject of HIV/AIDS.

Chapter 2: Literature Review

A lot has been written on the knowledge and perceptions among learners at school with regards to the subject of HIV/AIDS, as well as the results of HIV programs implemented at schools. Various authors also concentrated on the contributing factors to HIV infection among primary school learners. Following will be a brief overview of some authors' research findings and their perspectives on the issue of HIV/AIDS knowledge among learners.

2.1 Knowledge

The key modes of HIV transmission in young people are unprotected sex and injecting drugs using unsafe needles. The biological changes that take place during adolescence are linked to adolescent risk-taking, which in turn can lead to HIV infection and other risks. Based on population surveys conducted between 2005 and 2009 only three countries have attained a level of knowledge on HIV/AIDS of 50% or more in both young men and young women, namely Namibia, Rwanda and Swaziland (UNAIDS/UNICEF, 2010). This article describes a 2009 study commissioned by UNESCO on the quality of education and learning outcomes in Eastern and Southern Africa, including HIV/AIDS knowledge and confirmed low levels of knowledge among children in the upper-primary school grades despite the existence of good quality curricula to educate young people about HIV/AIDS. The UNICEF/UNAIDS, 2011, article about preventing HIV/AIDS among young adolescents emphasizes this as well. According to this article young adolescents who have sex or inject drugs find themselves at high risk of exposure to HIV infection because they lack knowledge and services and do not see themselves as vulnerable.

Brown, LK., Nassau, JH & Barone, VJ (1990), states the importance of prevention in adolescent years. Given the latency period between HIV infection and diagnosis of AIDS, 20% of the people diagnosed in the 20-29 year old range were infected during adolescence. They further state that information supplied should be based on the specific grades learners are in. They based their study on 441 students from one middle class school district in Rhode Island, who have not received any formal school-based AIDS education. Their findings suggested that grade 7 learners were the least knowledgeable on the issues surrounding HIV, sexuality and drug abuse.

Their findings correlate with Van Dyk, (2009), who explored the perspectives on HIV/AIDS of South African school children and linked it to cognitive development. In her research she states the importance of development programs in different age groups, namely 6-9 year olds,

10-12 year olds and 13-19 year olds. As Brown et al (1990), she finds that the children's ability to comprehend information about HIV/AIDS to which they are exposed will depend on their cognitive, emotional, social, moral, sexual and self-concept development. When looking at the proposed group of learners in this study, ages 12-14, Van Dyk found that in her study, this specific age group, although reasonably informed, are prone to a lot of myths on the subject of HIV/AIDS. They often entertain irrational fears about the transmission of HIV and so perceive themselves as very vulnerable to HIV infection. It is important to determine whether our target group has the same characteristics as Van Dyk's sample. Many of our children come from poorer areas, where crime, drug and sexual abuse are high. They need to know the difference between myth and reality in order for them to survive. By assessing the level of myth amongst our target group, we will be able to determine the need for more HIV knowledge through education.

James, S., Reddy, SP., Taylor, M & Jinabhai CC (2004), assessed students' knowledge and general awareness and sources of information about HIV/AIDS, their perceptions of their personal risk for STI's, their beliefs and attitudes to condom use and sexual behaviour. They performed their study among grade 11 students in the Midlands district of KwaZulu-Natal. They concluded that patterns of behaviour are developed during the formative years (7-18 years), which protect them during their adult life. They found that their target group relied heavily on friends to communicate on issues concerning HIV/AIDS and STI's. This highlights the need for planned programs to provide accurate and relevant information to the youth, as well as the re-orientation of education to include the social, interpersonal and theoretical aspects associated with difficult behavioural choices and behavioural change. In this regard, UNAIDS/UNICEF, 2011, emphasizes the importance of sexuality programs at school. This article states the necessity to combine sexuality programs with awareness-raising and skills development with access to services. This could lead to more responsible sexual behavior. In many HIV-affected countries where large numbers of children are out of school, it is crucial to reach both girls and boys whether through schools, communities or other forums, and provide them with at least the minimum required information and life skills necessary to help them manage their HIV risk.

Campbell and MacPhail (2002) conducted a study on a school-based peer education program in Summertown, Johannesburg. This is a township with approximately 150 000 black African people living in small formal houses and informal shacks. Schools in this area are under-funded, battling with large class sizes and under qualified teachers. They found that generally

students felt that they couldn't communicate with their parents on issues surrounding sex and HIV/AIDS. As in the study of James et al (2004), this leads to them rather consulting with friends about these issues and hence this also strengthens the need for in depth education programs at school. UNAIDS/UNICEF, 2011, also emphasizes the importance of the parents in HIV/AIDS education. Increased communication between young adolescents and the adults in their lives could delay the age at which they start to experiment sexually and also increase their use of condoms when they do start.

The school where our research is aimed has a lot of similarities to the one in Summertown. A large part of the children comes from poor households and class-sizes are relatively large. Many students comes from the surrounding farms where parents are working as farm labourers, who also might not have the necessary time or knowledge to communicate with their children on issues of sex and HIV/AIDS. It often happens that children turn to friends for what they perceive to be the correct information. As it is often difficult to discuss issues on sexuality at home, it is important that the children must be able to discuss these issues with other responsible adults. It is therefore important to assess whether or not the children are comfortable in discussing sexual issues with their teachers.

In a study done by Hoosain (2006) the researcher surveyed 633 primary school learners from four primary schools in Lenasia to test their knowledge and fears on HIV/AIDS. The study included Black and Indian learners. She founded that her sample of students had good general knowledge about HIV/AIDS, but entertained, as previous authors has also noted, many myths about the disease. Most of these myths were related to what causes HIV/AIDS. She also found that in general females are more knowledgeable than males on the subject of HIV/AIDS, but this could be attributable to information communicated through the media.

Pelzer and Promtussananon (2005) assessed HIV/AIDS knowledge and sexual behaviour among junior secondary school students in South Africa. The sample consisted of 3150 students with a mean age of 15.75 years. They found that knowledge on HIV/AIDS was poor in some areas and more satisfactory in others. However, the overall knowledge was not satisfactory enough to sustain adequate prevention of HIV/AIDS. In terms of sexual activity they found that the mean age for the start of sexual activity among males were 14 years and among females were 15.4 years. According to them this suggested that almost 50% of young people in South Africa are sexually active by the age of 16. For this reason AIDS education programs are imperative to prepare these children for the realities they will be facing.

This study is very pertinent to our sample group of 12-14 year old learners. If we concur with the assumptions of Pelzer and Promtussanon (2005), it is imperative that we assess the knowledge of HIV/AIDS among our sample group in order for us to determine the way forward. It is here where the school and especially the teachers will play an important role.

Visser and Moleko, (2008) researched the issue of substance abuse and sexuality among 460 grade 6 and grade 7 learners in four primary schools in a historically disadvantaged community in the Pretoria Metropolitan area. They have found that 24% of the learners were sexually active and that many of them regard their friends as sexually active. This sets a social climate that may influence behavior. Furthermore they found it alarming that many of the learners did not have an accurate knowledge about the transmission of HIV and many of them might be at risk of contracting the HIV virus. The majority of the students had a negative attitude towards AIDS and would not associate with learners who were HIV positive.

As with previous authors peer pressure played a role in this study as well as certain myths about HIV/AIDS. These are all perceptions that could be overcome by effective HIV education programs at schools, as well as teachers who are informed on the circumstances and knowledge of their specific learners.

Providing young people with basic AIDS education enables them to protect themselves from becoming infected. Acquiring knowledge and skills encourages young people to avoid or reduce behaviours that carry a risk of HIV infection. Even for young people who are not yet engaging in risky behaviours, AIDS education is important for ensuring that they are prepared for situations that will put them at risk as they grow older. AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame (Averting HIV and AIDS, 2011). This article stresses the importance of effective HIV/AIDS education as well as the role of the teachers and the school. In the article it is argued that AIDS education requires detailed discussions of subjects such as sex, death, illness as well as drug abuse and that teachers are often not experienced enough to deal with these issues. Therefore they require specialized training in order for them to feel comfortable discussing it with their learners, without letting personal values conflict with the health needs of the children. Teacher training is therefore fundamental to the successful delivery of AIDS education in schools.

2.2 Teachers

Bhana (2009), focused on two primary schools in Durban and how gender and sexuality featured in the teaching and discussion of HIV/AIDS. He states that research into HIV/AIDS education indicates that many teachers are not sure what to teach or how to teach it. In his article he cites Patman and Chege (2003), where they concluded that teachers feel discomfort about teaching HIV/AIDS and life skills education, mostly because of embarrassment discussing issues of sexuality with children. Bhana concluded that there is a perception that HIV/AIDS teachers are conveyors of facts requiring little information. He further states that while teachers are strategically placed to mediate knowledge about sexuality and HIV/AIDS, teachers are agents shaping what is taught and how HIV/AIDS is taught in the classroom despite the formal requirements of the curriculum.

This is an interesting observation which we also wish to find answers on during our study. Do teachers have enough skill to convey information on HIV/AIDS effectively? Have they been to HIV/AIDS education training? Are they feeling any discomfort when it comes to dealing with this subject in the classroom? These are some of the questions we would have to get clarity on in order to determine why knowledge levels are what we perceive them to be. I will assess these levels through a questionnaire that will be distributed to the teachers. It is important that teachers have the knowledge and the confidence to communicate issues of sexuality and HIV/AIDS with their learners.

Pelzer and Promtussananon (2003) assessed teachers' comfort in teaching adolescents about sexuality and HIV/AIDS. The sample consisted of 54 males and 96 females, all life skills teachers from 150 secondary schools across South Africa. They found that most secondary teachers are knowledgeable about AIDS, feel moderately comfortable teaching students about HIV/AIDS-related topics, have the knowledge and ability to teach about HIV/AIDS, but lack some material and community support. Furthermore they've found that teacher in-service training had a significant impact on perceived behavioural control of HIV/AIDS education and HIV/AIDS knowledge.

Maree and Ebersöhn (2002), sees schools as safe haven away from home. A lot of children's home lives are disrupted and because of this they tend to find solace among friends and teachers at school. In their study they identified the importance of teachers and that they should be knowledgeable about HIV as a disease, the traumas associated with the HIV/AIDS

epidemic as well as their roles and responsibilities for guarding and guiding children and young people, and creating for them a safe and secure environment in schools and colleges.

From the abovementioned authors it is clear that teachers play an integral part in HIV/AIDS education and specifically the knowledge levels of learners on this subject. Teachers have to guide and counsel learners on sexuality and HIV/AIDS, and if they do not have sufficient knowledge of their own it is important that they undergo training to equip themselves with the skills to convey the message to their learners. Prevention programs have also been found to increase the knowledge of learners and have led to great success in many areas.

2.3 Education

The Lagos State Ministry of Education, in collaboration with Action Health Incorporated, began to offer the Family Life and HIV education curriculum in government junior secondary schools in 2003. Esiet, AO., Esiet, U., Philliber, S. & Philliber, WW (2009), measured the knowledge and attitudes of 1366 students in Lagos, Nigeria in November 2004, at the beginning of the school year and again in July 2005 after receiving a year of the Family Life and HIV education curriculum. They found that students significantly increased their knowledge of sexuality and HIV/AIDS; there were significant positive changes toward gender equality and rejection of sexual pressure among both male and female students and that abstinence increased. Furthermore they've found that differences do exist between the knowledge and attitudes of girls and boys. Boys were more knowledgeable than girls, but girls expressed more gender-equitable attitudes. Significant of this study was the group discussions with the teachers. The teachers indicated various reasons why knowledge levels did not increase more substantially. Some of the factors that contributed to this were identified as the lack of HIV-education training for teachers, failure to implement the curriculum, a lack of materials to adequately teach the classes and the school's environment. The role of the parents also came under scrutiny by the teachers as they felt that knowledge learned at school should be reinforced at home. Reasons for this lack of reinforcement was indicated as family literacy problems, economic issues take precedence and the fact that parents are uncomfortable communicating with their children on the subject of sexuality and HIV/AIDS.

Schools can be a primary source of information about prevention methods in the fight against HIV. Analysis by the Global Campaign for Education suggests that if all children received a complete primary education, the economic impact of HIV/AIDS could be greatly reduced and around 700 000 cases of HIV in young adults could be prevented each year

(UNAIDS/UNFPA/UNIFEM, 2004). The article describes success of HIV-education programs in Zambia, Uganda and Brazil. In all of these success cases adolescents learn about HIV/AIDS prevention as part of their school curriculum. The article emphasizes that in order to more effectively deal with the impact of HIV/AIDS, education systems must be transformed. Education must impart more than pure knowledge. They should challenge gender stereotypes and misinformation, train girls in skills that can provide economic opportunities and promote knowledge of sexual and reproductive health, including ways to prevent unwanted pregnancy, STI's and HIV/AIDS. The transformation of an education system requires changes to the existing curriculum, specialized training for teachers, outreach to communities and parents and a stronger link between schools and health-care systems.

In their article "Opportunity in Crisis" (UNAIDS/UNICEF, 2011) refers to the importance of dealing with HIV prevention by means of a continuum. The continuum refers to information, support and services being provided to adolescents and young people throughout their life cycle. They emphasize the fact that operating in a continuum not only protects adolescents and young people but also ensures that they can access HIV testing and health care in response to their needs. The eventual goal of this continuum of HIV prevention would be to replace the negative cycle of HIV passing from young people to their partners and the next generation, with a positive cycle of HIV-free living. However, along with a continuum of HIV prevention it is also important to address the underlying problems that lead to young people's risk, such as lack of opportunity, gender inequality and poverty. One factor that can be added to the underlying problems is the issue of education, which I believe is one of the fundamental principles in the fight against HIV, especially among our youth. Through effective education the possibility exists that the three factors, as indicated above as part of the underlying factors, can be eradicated.

This brief literature review has given us glimpse into the world of learners and their knowledge levels on the subject of HIV/AIDS. We have looked at the knowledge levels among certain groups, the role of teachers and the schools and also touched on the importance of the education system and curriculum. We plan to search for answers with regards to the abovementioned during our study and hope to add value to the lives of the learners and the school we intend to research.

Chapter 3: Research Method

3.1 Research Problem

It is believed that young people become sexually active at a much younger age than 20-30 years ago. Pelzer and Promtussananon, 2005, emphasize this in their study where they found that 50% of young people are sexually active by the age of 16. This in itself should pose a warning to parents and teachers and that education and knowledge form an early age is imperative.

Currently the levels of knowledge among grade 6 and grade 7 learners at Idas Valley Primary school are not known. It is unclear whether these learners are equipped with the necessary skills, in order to deal with the daily challenges teenagers are faced with. As many of these learners come from impoverished households where the risks of abuse are high, it is important that these children acquire the skills necessary to deal with difficult situations. It is also important for this study to determine whether the current Life Orientation curriculum is sufficient enough to equip these learners with the necessary skills they require, based on their existing knowledge. We are also unaware of what the teachers perceive the knowledge of their learners to be on the subject of HIV/AIDS. Through this study we are hoping that teachers will get a clearer understanding of what the levels of knowledge among these learners are and how they need to adapt to be able to help these learners.

3.2 Research Question

What is the current level of knowledge on the subject of HIV/AIDS among grade 6 and grade 7 learners at Idas Valley Primary School in Stellenbosch?

3.3 Significance of study

The proposed study will indicate more clearly the current level of knowledge, fear and perception on the subject of HIV/AIDS that exists among the grade 6 and grade 7 learners at Idas Valley Primary School in Stellenbosch. The school will benefit through the research as it will give them an indication as to what their children's knowledge is on the subject of

HIV/AIDS and the route it should follow to further equip these children with the necessary skills to cope with the pressures of an awaiting teenage life. The teachers offering the subject of Life Orientation will also gain a clearer perspective on the areas where the curriculum falls short and how they could adapt their teaching to cover these areas. The study will also be of significance to other scientists researching in the field of HIV knowledge among this specific age group. Although our study will focus on one school only it will give them an indication of the importance of HIV programs, based on the knowledge of these children, as well as what the level of HIV knowledge among this specific age group should be. The group that will benefit the most from this study will undoubtedly be the children. Through researching the shortfalls in terms of knowledge and perceptions on HIV/AIDS, we will be able to recommend HIV programs that will empower these learners with the necessary knowledge and skills to cope with the pressures of teenage life. The eventual findings will be communicated to the school, with the request that the school communicate the findings to the parents, as they need to be aware of their responsibility on the issue of HIV education.

3.4 Aim and Objectives

The aim of this study has been to establish the current perceptions and level of knowledge on the subject of HIV/AIDS among grade 6 and grade 7 learners at Idas Valley Primary School in Stellenbosch and to make recommendations to the school on how to equip their learners with the necessary skills to help them cope with the social challenges of HIV/AIDS.

The objectives of the study were:

- to assess the level of knowledge on HIV/AIDS among grade 6 and grade 7 learners;
- to establish the knowledge needs for HIV information of learners in grade 6 and grade 7;
- to identify the information being conveyed by the school;
- to identify the current Life Orientation Curriculum for grade 6 and grade 7 learners;
- to assess the attitude of teachers with regards HIV/AIDS education;
- to identify the gap between the knowledge of the learners and the HIV/AIDS education being offered by the school;
- to provide recommendations on how to overcome this gap.

3.5 Research Methodology

Research was done in the quantitative paradigm using questionnaires and document analysis. The dependent variable was the level of HIV knowledge and the goal was to determine

whether the independent variables such as school curriculum and HIV-education by the teachers impact on the dependent variable.

The target population was the grade 6 and grade 7 learners of Idas Valley Primary School. There are 112 learners in grade 6 and 111 in grade 7. Questionnaires were done with the teachers of these grades on what their knowledge in terms of HIV is and to test their perception on the knowledge the children has on the subject of HIV/AIDS.

A random sample of 30 grade 6 and 30 grade 7 learners was done using the method of stratified random sampling. Christensen (2011) describes this as being a method whereby the population is divided into mutually exclusive groups called strata and then a random sample is selected from each of the groups. There are three grade 6 and three grade 7 classes. The class lists were divided into male and female and the subjects in both groups were given a set of identification numbers. A random sample was then drawn from each group and combined to form our final sample. The final sample consisted of a sample of boys and girls reflective of the gender percentage among these two grades. 10 learners (five boys and five girls) were selected from each class.

Data was collected in conjunction with logistical arrangements made by the principal and staff of the school. It was arranged that all learners complete the questionnaires at the same time in one location at the school. For this purpose the school prepared their function room and the whole sample completed the questionnaire at the same time. This was a self-administered questionnaire to determine their knowledge on the subject of HIV/AIDS and included some biographical information and a 4-point Likert scale. The responses included “Strongly agree – Agree – Disagree – Strongly disagree. All the questions on the questionnaires were explained in full, so as to limit any misunderstandings and incorrect data. The completion of these questionnaires was done under supervision of the researcher in case any problems would arise. The questionnaires were completed anonymously and after completion of the questionnaire each student was instructed to fold and put their completed questionnaires in a sealed box.

The teachers also completed a self-administered questionnaire on HIV knowledge and perception, based on a 4-point Likert scale. The responses included “Strongly agree – Agree – Disagree – Strongly disagree”. They were given 3 days to complete it and had to submit the completed questionnaire in a sealed box in the principal’s office. Further data on the

curriculum of Life Orientation for these grades was collected by the process of document analysis.

After completion of all the questionnaires the data was logged into the IBM SPSS statistical program for processing. The analysis was done based on the results after processing. The curriculum of Life Orientation was studied based on document analysis form where conclusions were drawn.

3.6 Ethical issues

Ethical considerations were important in this study as young learners and their understanding of HIV/AIDS was tested, which could be perceived to be, a very sensitive subject. Before the research started informed consent had to be received from the parents of the children who were part of the final sample. It was stipulated clearly that all information would be treated with the utmost anonymity and confidentiality. Parents and learners were made aware that they would have the option to withdraw from the study at any time without consequences. Approval was also needed from the principal and the Department of Education to do the research at the school. A brief explanation of what the study is about and the benefits it hold to the learner and the school were also given to the principal and teachers of the two grades.

Chapter 4: Results and discussion

Following will be the findings on knowledge, fear and perceptions/myths among the grade 6 and grade 7 learners of the school. The results of the findings with regards to the teachers' perceptions on the subject HIV/AIDS will also be revealed. Furthermore the Life Orientation Curriculum and its content will also be discussed briefly.

Initially 60 consent forms were sent out to the parents and learners of grade 6 and grade 7, of which only three indicated that they do not wish to form part of the study. Therefore 57 students made up the final sample. The 57 students were made up of 28 grade 6 and 29 grade 7 students, between the ages of 11 and 13 years, with 28 males and 29 females. For the purpose of this study these two grades will not be evaluated separately, but as a combined sample.

4.1 General information

All respondents had to answer the same questions. Besides the biographical information learners were asked to indicate where they heard of HIV/AIDS for the first time. 44% indicate that their parents were the first to inform on the subject of HIV/AIDS, while 35% indicated that the first time they heard of HIV/AIDS was from their teachers. The other 21% were split between friends, the Church and television. In terms of promoting communication between parents and children with regards to this subject this seems to be very positive. It often happens that incorrect information is conveyed by friends which could lead to misguided behaviour. However, it could be construed as a negative that 35% of the learners only heard about the subject for the first time from their teachers. Together with the other modes of information this amounts to 56% of learners not hearing about the subject for the first time from their parents. There might be various factors that could contribute to this state of affairs. Parents might not have the necessary knowledge on the subject, they might be too busy with careers and maintaining basic survival for their families or it might even be that this subject could be seen as a taboo in some households. Whatever the reason for this situation, it is something that needs to be studied more in depth to discover the reasons behind it. Such a study would be very significant as it is important that children be able to communicate with their parents freely on this subject.

When confronted with the question whether or not they had sexual encounters before only two learners indicated that they are sexually active. This can be seen as a positive outcome if we revisit some of the literature above. The challenge is to keep this sexual activity to a minimum or to educate the learners on how to deal with sexual advances that they will definitely be faced with. However, it is still a concern when a 12 year old girl indicates that she is already sexually active. A lot of questions come to mind about why, where and with whom? Hopefully she receives the correct guidance and will be educated in the necessary skills to effectively deal with her current situation.

The issue on how HIV started revealed an array of different responses. It is clear that most of the learners have a fair understanding of how the virus gets transmitted from person to person and that it has something to do with bodily fluid contact. However, the idea is created that they don't clearly understand how the whole issue fits together. Some of the responses were that HIV started when two persons had sex, when the blood of someone got into the contact with other blood, not having safe sex and using needles. All of these responses have some merit and although not completely correct, the learners have some idea how it started or can start. Unfortunately there were also responses such as the virus that has been bought overseas and brought to South Africa and that it comes from TB and cancer. Although in the minority, it indicates that the learners do not have a grasp of the origin of HIV yet. However, there is some connection to HIV in all their responses.

In terms of the prevention of HIV/AIDS the learners display sufficient knowledge on this issue. The majority of the learners responded with the correct use of a condom, having one sexual partner, the sharing of needles and having regular blood tests. Some responded by saying there is nothing that can be done to prevent HIV, but these learners were definitely in the minority. It is safe to conclude that in terms of the prevention of HIV, the learners seem to have sufficient knowledge.

The next couple of pages will deal with the knowledge, perceptions and myths of these learners on the subject of HIV/AIDS.

4.2 Learners' knowledge

Table 4.1 HIV and AIDS is the same thing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	20	35.1	35.1	35.1
	Agree	21	36.8	36.8	71.9
	Disagree	9	15.8	15.8	87.7
	Strongly disagree	7	12.3	12.3	100.0
	Total	57	100.0	100.0	

Table 4.2 HIV and AIDS can be cured

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	10	17.5	17.5	17.5
	Agree	29	50.9	50.9	68.4
	Disagree	8	14.0	14.0	82.5
	Strongly disagree	10	17.5	17.5	100.0
	Total	57	100.0	100.0	

The first 10 questions (Addendum A) on the questionnaire were devoted to the knowledge the learners have on the subject of HIV/AIDS. It is apparent from Table 4.1 that the almost 72% of learners think HIV and AIDS is the same thing, while only 28% is of the opinion that it is not the same thing. What is also significant is that Table 4.2 indicates that 68% believe HIV can be cured, while only 32% believe there is no cure for HIV. Of the 10 questions asked these two were the two which stood out for me in terms of the response received.

4.2.1 Discussion

Learners' knowledge was tested with 10 questions about HIV/AIDS. The results of two of these questions can be seen in the above two tables and could act as basic information that has to be carried over to learners and we would expect that learners in these age groups are familiar with HIV being the virus and AIDS being the illness. The same principle would apply for Table 4.2. It is common knowledge that there is no existing cure for HIV/AIDS. This is also a fact that we would expect learners to know. The fact that the knowledge on these two questions seems to be low could be attributed to a number of factors. It might be that the Life Orientation curriculum does not include information in respect of these two questions or that this information has not yet been conveyed to the students by parents or teachers.

Although the knowledge on these two questions seems to be lacking I cannot conclude that their overall knowledge is at a low level as the knowledge is measured by 10 questions. The rest of the questions consisted of information on the virus' impact on the immune system, Antiretroviral drugs, blood tests, condom use etc. The learners displayed a good level of knowledge on these topics and, based on these questions, the knowledge levels of grade 6 and grade 7 learners seems to be at a sufficient level.

4.3 Fear

These questions (Addendum B) were posed to test the learners' fear of people living with HIV/AIDS and what their feelings are towards these people. As adults we admit that HIV is a reality and proclaim that we have no problem with people living with HIV/AIDS, but unfortunately reality proves otherwise. We tend to discriminate, judge these people and often treat them as outcasts. How can we the expect children to show the same respect to people living with HIV/AIDS, as they do to others, if we don't? In testing this concept the learners were asked to answer questions based on the interaction with HIV positive peers.

The results indicate a clear division between leaners with regards to the responses to the various questions.

Table 4.3 It is safe to play with a HIV-infected person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	11	19.3	19.3	19.3
	Agree	20	35.1	35.1	54.4
	Disagree	12	21.1	21.1	75.4
	Strongly disagree	14	24.6	24.6	100.0
	Total	57	100.0	100.0	

Table 4.4 It is dangerous to eat food that has been prepared by an HIV-infected person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	17	29.8	29.8	29.8
	Agree	12	21.1	21.1	50.9
	Disagree	12	21.1	21.1	71.9
	Strongly disagree	16	28.1	28.1	100.0
	Total	57	100.0	100.0	

Table 4.5 Coughing and sneezing can spread the HIV virus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	13	22.8	22.8	22.8
	Agree	12	21.1	21.1	43.9
	Disagree	14	24.6	24.6	68.4
	Strongly disagree	18	31.6	31.6	100.0
	Total	57	100.0	100.0	

Table 4.6 I am very afraid of getting HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	41	71.9	71.9	71.9
	Agree	9	15.8	15.8	87.7
	Disagree	1	1.8	1.8	89.5
	Strongly disagree	6	10.5	10.5	100.0
	Total	57	100.0	100.0	

4.3.1 **Discussion**

From Tables 4.3 and 4.4 it is clear that there is a division among the learners. While some have no problem with interacting with HIV-infected people, there are some learners who have a definite fear of that type of interaction. There could be various factors leading to this type of response. Learners might have seen pictures or movies of people in an advance stage of AIDS, which might have scared them. Parents or teachers may have explained the health risk people living with HIV/AIDS poses to them and therefore interaction is seen as dangerous. It could also be that these children have not covered the interaction with people living with HIV/AIDS in the Life Orientation curriculum yet. These reasons also need some further in-depth research. It is important to know why these learners feel the way they do, as this could result in severe discrimination towards people living with HIV/AIDS. Table 4.6 actually encompasses the whole issue of fear towards HIV/AIDS. The table indicates that 85% of all learners are afraid of getting HIV. Although this could construed as being normal, as I think many adults would have the same notion, it could affect their interaction with HIV-infected people.

Other questions consisted of whether a cup of water can be shared with a HIV-infected person, whether HIV-infected children should be allowed in a public school etc. Besides the fact that the responses indicate a high level of fear towards HIV/AIDS, it is also an indication of the lack of knowledge some learners might have in respect of the situations posed to them. An example of this is the response found in Table 4.5, where the learners were faced with the question whether or not the HIV virus could be spread through coughing and sneezing and 43% indicated that they agreed with the statement. Although many of the responses indicated a reasonable sufficiency in the understanding of the issue at hand, it I clear that fear does paly a big role in the perceived interaction with people living with HIV/AIDS. Having fear is probably normal, but if it is not "guided fear" it could result in the alienation of people living with the illness.

4.4 **Perception/Myth**

One of the biggest challenges we are faced with in the battle against HIV/AIDS is the myths that surrounds the HIV issue (Addendum C). A lot has to do with cultural beliefs and practices. Young children grow up in communities that hold certain beliefs and they get indoctrinated with these beliefs. Apartheid has been abolished almost 20 years ago, but still you find some young children, who were never part of the apartheid era, still hold the same beliefs as 30 years ago. You then wonder how it is possible for children, who were never part of this tragic history, now have the same beliefs that drove this country into International alienation. The answer will be found at home. It is here that children's perceptions are formed and entrenched. It is here where early ideologies are formed and reinforced. When I looked at the responses to the concept of myth about HIV/AIDS I could not help but to wonder whether we as parents and teachers are aware of the important role we all have to play in the development of our children.

Table 4.7 HIV is also spread by mosquitoes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	11	19.3	19.3	19.3
	Agree	19	33.3	33.3	52.6
	Disagree	14	24.6	24.6	77.2
	Strongly disagree	13	22.8	22.8	100.0
	Total	57	100.0	100.0	

Table 4.8 You can get HIV if you sit on a dirty toilet seat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	14	24.6	24.6	24.6
	Agree	14	24.6	24.6	49.1
	Disagree	17	29.8	29.8	78.9
	Strongly disagree	12	21.1	21.1	100.0
	Total	57	100.0	100.0	

Table 4.9 The HIV virus is spread by black people

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	6	10.5	10.5	10.5
	Agree	5	8.8	8.8	19.3
	Disagree	16	28.1	28.1	47.4
	Strongly disagree	30	52.6	52.6	100.0
	Total	57	100.0	100.0	

Table 4.10 Having sex with a virgin can cure HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	11	19.3	19.3	19.3
	Agree	11	19.3	19.3	38.6
	Disagree	12	21.1	21.1	59.6
	Strongly disagree	23	40.4	40.4	100.0
	Total	57	100.0	100.0	

4.4.1 Discussion

In the analysis there was again an indication that many of the responses were divided when it comes to certain questions posed. When we look at tables 4.7 and 4.8 we see a definite division in the learners' responses. In table 4.7, 52% of the learners believed that HIV can be spread by mosquitoes, while 48% believed otherwise. This is an unhealthy split as again it shows a lack of knowledge on the subject of HIV-infection. However this could also be as a result of adult influences. In table 4.8, 49% of the learners agreed that you can get infected with the HIV virus by sitting on a dirty toilet seat, while 51% believed otherwise. These splits indicate that there is not enough information being conveyed to the children on the different

methods of HIV infection. Learners need to be clear about the methods by which HIV can be carried over from one to another.

The biggest concern rests with tables 4.9 and 4.10. In table 4.9 learners were asked whether they believed that the HIV virus is spread by black people. Although only 19% indicated that they agreed with this statement, it is 19% too many. In its extreme this can be seen as a form of racial discrimination and is something that needs to be dealt with immediately. Learners need to be made aware that HIV is colour-blind and not confined to black people only. Parents and teachers have a major role to play here and need to eradicate any thoughts of this being a "black" disease. Learners need to understand that it is behaviour, irrespective of colour, that plays the biggest role in HIV-infection. On the positive side of things it is commendable to see that 81% does not agree with this statement. The challenge is to convince the other 19%. This should not be that difficult as we are working with young children, who normally follow the guidance of adults. It is therefore important that the adults in this situation lead the way with their perception in this regard.

Table 4.10 indicates the response to whether sex with a virgin can cure HIV. This belief is entrenched in a lot of cultures in South Africa and stories with regards to this have often been reported in the media. This could probably be one of the reasons for 38% of the learners agreeing with this statement. This is a myth that needs to be eradicated as soon as possible. On the positive side 62% does not agree with the statement. Although more than half of the learners do not agree with this statement, it is still worrying that 38% of them believe the statement to be correct. If this perception is not changed it could lead to young children growing up with this belief and promoting sex with virgins. Many girls could be lured into sex with these types of beliefs and they could also fall victim to sexual abuse.

Responses on the other questions were fair and based on these responses there is a fairly good understanding among the learners with regards to how you can get infected with HIV.

4.5 Teachers

4.5.1 General information

Our sample of teachers consisted of three grade 6 and four grade 7 teachers. As seen in the literature the role of teacher is imperative in HIV prevention. Besides parents, teachers deal with these learners on a daily basis and it often happens that learners feel they can confide in their teachers more than with their own parents. For this reason it is important that teachers have the necessary skills and knowledge to deal with sensitive issues as they arise. The questionnaire dealt with the knowledge capacity of the teachers, as well as their attitude towards HIV education.

Some general questions were posed with regards to whose responsibility it is to educate learners on HIV, whether they would recommend the current Life Orientation in terms of HIV education and how they feel HIV education can be improved at schools.

With regards to the responsibility of HIV education four teachers indicated that it is not the sole responsibility of the parents or teachers only. They indicated that everybody including the Church, TV, parents and teachers have the responsibility to educate our youth on the issue of HIV/AIDS. This is a statement which I tend to agree with as, although education is supposed to start at home, we often find that circumstances at home is not conducive to quality and effective education, especially in respect of a sensitive issue such as HIV/AIDS. It therefore remains the responsibility of teachers, the Church and community leaders to fill the education gap, if it does exist. As stated in the introduction and background of our problem, some learners come from circumstances where substance abuse and sexual abuse is common and the teacher and other community leaders play an important supportive and guidance role in lending a hear or a helping hand to these learners.

All the teachers in the sample indicated that they would strongly recommend the Life Orientation program as it creates HIV/AIDS awareness and is a good source of information. Some also indicated that it helps to develop the skill and knowledge level of teachers to be able to convey information effectively. I will discuss my evaluation of the Life Orientation curriculum later on in this paper.

Very interesting responses were received when posed with the question how HIV/AIDS can be improved at schools. The resounding similarity was that HIV education needs to be more visible at school level. Responses ranged from visits by NGO's, the school visiting HIV/AIDS patients in hospitals, more role-plays and education through drama, inviting people living with HIV/AIDS for information sessions and motivational talks with the learners to HIV being taught as a school subject, teachers being sent on skills development courses and making HIV education material more available to all teachers and learners. It is clear that the teachers promote a general awareness of HIV/AIDS and that they believe more direct confrontation with the issue is required. These responses also reflect in some of the questions they were faced with in the questionnaire.

4.5.2 **Discussion**

The questionnaires (Addendum D) revealed that the basic knowledge on the subject of HIV/AIDS is at a relatively high level among the teachers and there seems to be no reason why the learners shouldn't get the correct information with regards to knowledge from any of these teachers. However the statistics of the questionnaire reveal that there is a concern towards the school's role in the education of HIV.

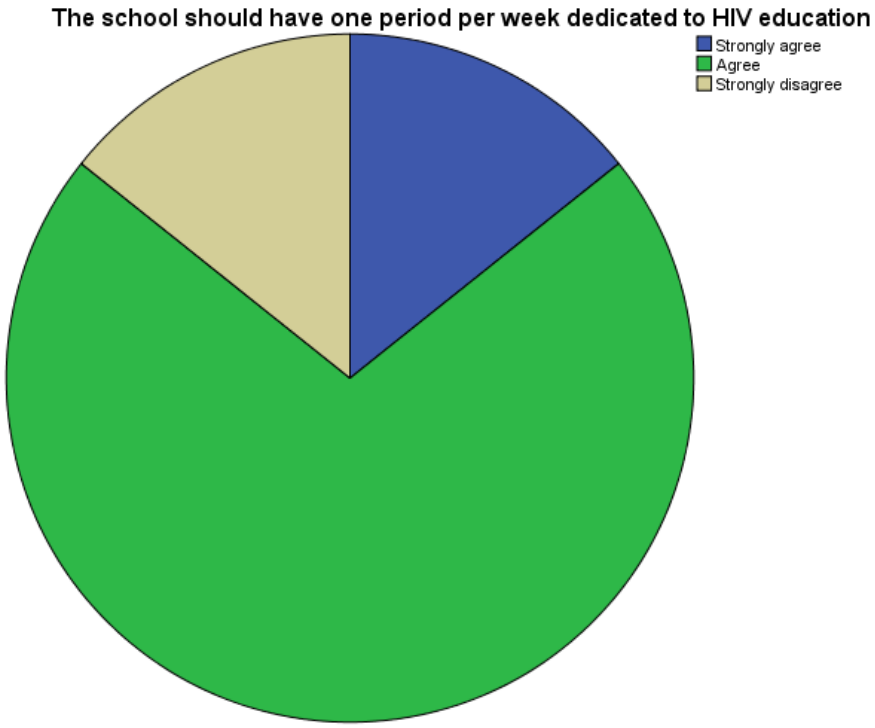

Figure 4.1 The school should have one period per week dedicated to HIV/AIDS education

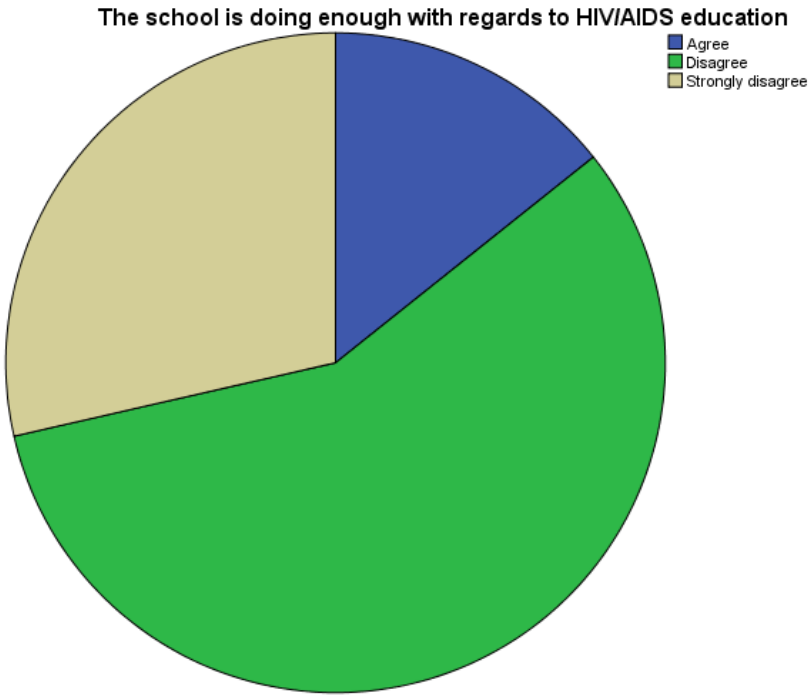

Figure 4.2 The school is doing enough with regards to HIV/AIDS education

From these two figures it is apparent that the teachers feel the school should be doing more for the learners in terms of HIV education. Figure 4.1 indicates their feeling towards a compulsory period per week on HIV education. Most of them feel that it is important that at least one period per week needs to be dedicated to HIV education. If we look at the knowledge levels of the learners, although not poor, it should improve substantially. They have to acquire the necessary life skills and information to be able to deal with the issue of HIV/AIDS more effectively.

Figure 4.2 indicates the feeling of the teachers in terms of the school's overall approach to HIV education. The majority of the teachers feel that the school should be doing more with regards to HIV education. They have mentioned a few options, as stated earlier, and it basically comes down to the visibility of HIV education at school level. The benefits of this will be discussed during the chapter on recommendations.

The implications of the above are seen in Figure 4.3 where the teachers expressed their feeling towards the knowledge levels of the learners.

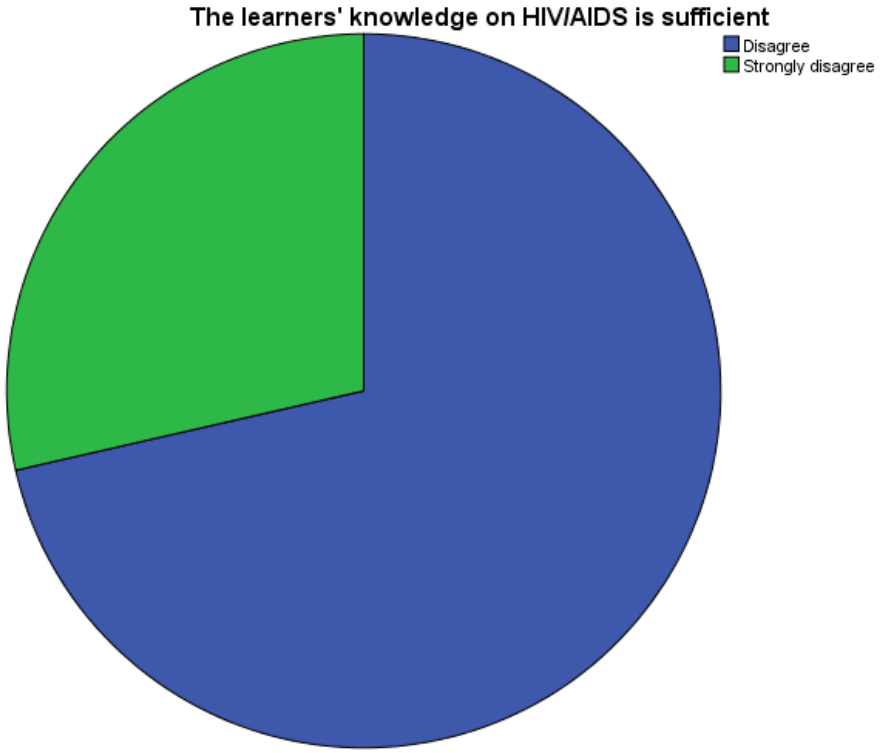

Figure 4.3 The learners' knowledge on HIV/AIDS is sufficient

All the teachers in the sample disagreed with the statement that learners have sufficient knowledge levels. However, it is important to determine what the correct level of knowledge on HIV education should be for grade 6 and grade 7 learners. What should a learner in grade 6 and grade 7 know about HIV/AIDS? What is deemed to be sufficient? These are difficult questions which will be addressed later in this paper.

Other questions posed to the teachers were on issues relating to the freedom of communication between the learner and the teacher. The teachers indicated that although they are able to communicate freely with learners on the issue of HIV/AIDS, learners are not that open to communicate with them. They indicated a certain degree of hesitancy among learners when it comes to issues surrounding HIV/AIDS. This could be because of a lack of confidence in terms of the knowledge levels or the fact that some teachers might be perceived by learners to be unapproachable. It is difficult to determine the real reason for this hesitancy, but it is important that the teachers act in a way where the learners feel free to communicate with them.

Figure 4.4 is a clear indication why communication between teacher and learner is imperative in the fight against HIV/AIDS.

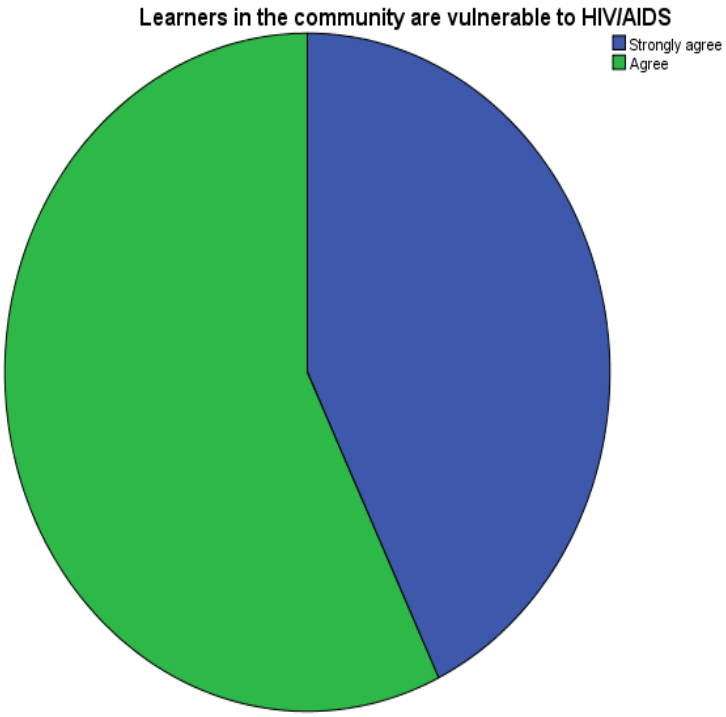

Figure 4.4 Learners in the community are vulnerable to HIV/AIDS

When posed with the question whether they felt that the learners are vulnerable to HIV/ADS within the community all the teachers in the sample agreed with the statement. The fact that they agreed with this statement should put extra emphasis on the importance of communication between them and the learners. It should be the teachers' responsibility to open these lines of communication and create a channel whereby learners affected by the HIV/AIDS issue can raise their concerns and problems they might be encountering outside of the school's boundaries. As stated earlier, many of these children live in circumstances which is conducive to drug and sexual abuse. Therefore, the teacher has to become the "helpline" for these learners.

4.6 **Life Orientation Curriculum**

The Western Cape Education Department (WCED) has committed itself to dealing with the AIDS emergency in two ways. Firstly, as the result of their position as primary transmitter of knowledge, skills and values to the youth, they aim to raise HIV awareness, to disseminate information about HIV and its transmission and to help change the attitudes of young people to inhibit the spread of the epidemic. Secondly, to ensure that students and teachers who have

been affected by HIV are not discriminated against. The abovementioned aims of the WCED are entrenched in their curriculum. Information on HIV/AIDS and sexuality education, which are age-appropriate are integrated in this curriculum. They suggest that approximately 30min per week should be given to HIV/AIDS education. (WCED HIV/AIDS Life skills program, 2003).

In the analysis of the Life Orientation curriculum it became apparent that sufficient areas, relating to HIV/AIDS education, are covered by it. I will discuss the content as it is dealt with in the two grades under discussion.

In Grade 6 learners are confronted with the basic information regarding HIV/AIDS. Topics that are dealt with include elementary information on the white blood cells and the role it plays in protecting the body, the difference between HIV and AIDS, the different means by which the HIV-virus is spread, the various ways by which you can protect yourself against HIV infection and certain myths that exist about HIV. The curriculum also deals with value systems and the changes the learners' bodies are going through. More importantly, the curriculum deals with the aspect of peer/group pressure. In the development phase these learners are in, this plays an enormous part of their growth and character formation. Furthermore learners are required to perform certain activities that display the knowledge they have on the issue. This is supposed to further enhance their knowledge levels on the subject. I believe that the curriculum is sufficient enough for the purposes of creating awareness of HIV/AIDS in grade 6. It covers the most important elementary areas in terms of HIV/AIDS, and I believe it is a very good base from where further education can be done. (Lewensvaardighede, MIV/VIGS onderrig, Graad 6, Departement Onderwys, 2010)

In Grade 7 learners are confronted with the subject on a more emotional level. Values, belief structures and respect for one another's body are some of the more pertinent factors dealt with. The grade 7 curriculum makes provision for further enhancement of knowledge levels on myths and facts surrounding HIV/AIDS. The development of decision-making and problem-solving skills are an important component of HIV education and the grade 7 curriculum deals with this in a big way. Learners are confronted with the different levels of peer pressure and how to adapt in these situations. Learners are also required to perform certain activities as part of this curriculum. This includes research on their part on the various

myths on HIV/AIDS. One of the activities requires them to talk to people within their community and to gather information from them on the issue of myths about HIV/AIDS. An important activity is where learners are required to get the contact details of different organizations such as HIV/AIDS organizations, organizations for drug abuse, TB and sexual abuse. They are then presented with a case scenario and have to indicate how they will assist the person in getting into contact with one of these organizations. This is not only an important lesson, but also makes them aware of where they could go should they fall victim to one of these issues. (Lewensvaardighede, MIV/VIGS onderrig, Graad 7, Departement Onderwys, 2010)

The above discussion on the Life Orientation Curriculum on HIV/AIDS for grades 6 and 7, shows that a lot of relevant information are included in the curriculum which is supposed to prepare the learners for the dangers of HIV/AIDS.

Chapter 5: Limitations and Recommendations

5.1 Limitations of the study

In order for us to get a more comprehensive picture of the situation at the school and among its learners, it would have been helpful to lodge the study with regards to the whole school. HIV/AIDS education is not only limited to grade 6 and grade 7 learners, but starts at a younger age in Primary School. It would therefore have lent much more depth to this study if I could have implemented the study on all grades who receive HIV/AIDS education. However, there were some time constraints which prevented me from including a bigger sample. At the time of implementation of the research at the school, they were preparing for examinations which further prevented me from including a bigger sample.

Considering the responses of the learners and teachers, it would have been helpful for the purpose of the study to get more information on the parents' knowledge levels of HIV/AIDS. This would have required a much bigger study and should be seen as a very important contributing factor to the leaners' knowledge levels. A further in depth study is therefore justified and might be done at Doctoral level.

Socio-economic status, religion, race etc. are all variables that could play a role in the learners' responses to some of the questions that were posed to them. These are variables that require a much bigger study as the one I have done, but it is important that such a study are done to determine the challenges we as researchers and advocates for HIV/AIDS education are faced with.

5.2 Recommendations

The following recommendations are based on the information gathered from the leaners, teachers and the Life Orientation Curriculum. These are processes or steps that could be put into place to further enhance the knowledge levels of the learners on the subject of HIV/AIDS.

As seen from the discussion on the teachers, they feel very strongly that the school is not doing enough with regards to HIV/AIDS education. Their biggest concern is with the visibility of HIV/AIDS education at the school and the issue of these learners being vulnerable to HIV/AIDS within their community. However, when I look at the current HIV/AIDS knowledge levels of the teachers, which according to our results in the discussion in *4.5.2* are good, and the content of the Life Orientation Curriculum, which encompasses a wide range of HIV/AIDS information, I pose the following question to myself, "Why do the teachers feel that the HIV/AIDS knowledge of the leaners are not at a sufficient level"? Is it not the responsibility of the teachers to educate these learners on HIV/AIDS education through using the Life Orientation Curriculum as a tool?

The following recommendations are made:

(a) *Teachers need to further their skills on HIV/AIDS education*

By increasing their skill levels, the teachers will be better equipped to deal with situations that might arise as a result of HIV/AIDS. They will also be better equipped to communicate sensitive issues on the subject with their learners and create an atmosphere where the learners could feel free to communicate with them.

(b) *HIV/AIDS awareness needs to be increased at the school through*

(i) HIV-infected people addressing the learners;
(ii) Mass participation on World AIDS day on 1 December;
(iii) HIV education through the mediums of song and dance;
(iv) Regular visits to hospitals and/or clinics meeting with HIV-infected people.

By increasing HIV/AIDS awareness at school, the call of the teachers will be answered. There is nothing wrong with listening to a lesson given on the basis of a curriculum, but it always creates more interest when learners get to experience it first-hand. By introducing people living with HIV/AIDS to them they have the opportunity to confront them with all the questions that influences their perception on the issue of HIV/AIDS. This might also cause many of the myths on the subject to be eradicated. Through participation in HIV/AIDS awareness days they will play their part in spreading educating others. All learners love music and dance, especially if it is performed to them. By having regular song, dance and drama shows promoting HIV/AIDS awareness, it will create further interest with the learners and increase their knowledge levels on the subject. It is also important that they be confronted with the

reality of HIV/AIDS and the consequences of irresponsible behaviour. Therefore it would be a good idea to arrange with local clinics or the local hospital to have information sessions at these institutions in order for the learners to experience and see first-hand the medication needed to be taken by a HIV/AIDS patient, as well as the treatment prescribed for other related diseases.

(c) *External audit by the school*

With regards to the external audit I am referring to the school launching an in-depth investigation into the socio-economic circumstances of their learners. I am specifically referring to the living conditions of these learners and the challenges they are facing within this context. This will give the school a better perspective on which areas they as educators need to concentrate on. I can compare this audit to the Internal Audit launched by Debswana Diamond Mines (UNAIDS, 2002) in Botswana to determine their strengths and weaknesses in respect of the company's position to HIV/AIDS. This audit gave them a clearer picture on what their needs are and how to effectively address it. Through doing this audit, it might also become apparent that further HIV/AIDS education is needed in the wider community and HIV awareness programs can then be launched within the community.

(d) *HIV/AIDS co-ordinator*

The school is currently without a HIV/AIDS co-ordinator as the previous person retired. The appointment of a HIV/AIDS co-ordinator is important as he/she can then facilitate all the necessary programs in respect of HIV/AIDS awareness etc. This person could also act as the contact between the school and other organizations. The appointment of such a person is also in line with Departmental regulations (WCED HIV/AIDS Life skills program, 2003).

(e) *Engagement with parents*

It is imperative that the school engage with the parents of their learners on a regular basis in respect of HIV/AIDS education. This engagement with parents can lead to other community and faith-based organizations all working together in the formulation of HIV-education programs for the whole community. These programs

will not only lead to parents' knowledge levels increasing, but will also assist them in the development of their skills in terms of HIV education to their children.

The above recommendations should not be seen as the only actions to be taken to eradicate HIV/AIDS in the community and increase the learners' knowledge levels on the subject. Schools cannot function in isolation and therefore the help of all community organizations, NGO's, hospitals, faith-based organizations etc. are needed to effectively fight and protect our youth against HIV/AIDS.

Chapter 6: Conclusion

HIV/AIDS is a disease that has the ability to destroy communities. It has the ability to destroy dreams and hopes we have for the future. It has the ability to weaken our leaders of tomorrow. However, having ability is one thing, but to actually perform to its full capacity is quite something else. As communities we have the ability to combat this dreadful disease and ensure a better future for our youth. When we work together as one big family we can stop this disease from spreading and creating havoc.

The people most at risk are our youth. As discussed earlier in this paper the average age for starting with sexual relations among our youth are getting less each year. It is therefore important that we educate from a young age. As leaners' bodies undergo changes and they move into the puberty phase, they are more aware of their body and tend to start experimenting. The correct guidance is important during this phase in order to ensure a more informed teenager.

HIV/AIDS education is not a once-off type of education. UNAIDS/UNICEF (2011), emphasizes this in their article "Opportunity in Crisis" where they refer to the continuum of education. This entails receiving HIV/AIDS education through your life cycle. Their needs to be a constant reminder of the dangers of HIV, the various methods it can be spread with and the methods on prevention. This has to start at primary school and continue through the whole school career. The aim of this paper was to determine the overall knowledge of learners in grade 6 and grade 7. Results has shown that although their knowledge is not that bad, there is still a lot that can be done to further improve and protect them against the HIV/AIDS epidemic.

Noah's rule is a specialist risk advisory company, providing advice on business strategies and I would like to end off with their company slogan: "Predicting rain doesn't count, building Arks does" (Noah's rule, 2009)

References List

Averting HIV/AIDS (2011). *"AIDS education & Young people",* from http://www.avert.org/aids-young-people

Bhana, D (2009). *"They've got all the knowledge: HIV education, gender and sexuality in South African primary schools"*, British Journal of Sociology of Education, 30: 2, 165-177

Brown, LK., Nassau, JH. & Barone, VJ. *"Differences in AIDS knowledge and attitudes by grade level"*, Journal of School Health, 60: 6, 270-273

Campbell, C & MacPhail (2002). "*Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth",* Social Science & Medicine, 55: 331-345

Christensen, LB., Johnson, RB & Turner, LA (2011). *"Research Methods, Designs, and Analysis – 11th Edition"*, Pearson Education Inc

Departement van Onderwys, (2010). "*Lewensvaardighede – MIV/VIGS Onderrig, Graad 6*", 3de uitgawe.

Departement van Onderwys, (2010). "*Lewensvaardighede – MIV/VIGS Onderrig, Graad 7*", 3de uitgawe.

Eaton, L., Flisher, AJ & Aarø, LE (2003). *"Unsafe sexual behavior in South African youth",* Social Science and Medicine, 56: 149-165

Esiet, AO., Esiet, U., Philliber, S. & Philliber, WW. *"Changes in Knowledge and Attitudes among Junior Secondary Students exposed to the family life and HIV education curriculum in Lagos State, Nigeria"*, African Journal of Reproductive Health 13: 3, 37-46

Hoosain, NY (2006). *"What is Primary School learners Knowledge and Fears on HIV/AIDS"*, MA Research report, School of Human & Community Development, University of the Witwatersrand, Johannesburg, 2006

James, S., Reddy, SP., Taylor, M & Jinabhai CC (2004). *"Young people, HIV/AIDS/STIs and sexuality in South Africa: the gap between awareness and behavior"*, Taylor & Francis 2004, Acta Pædiatr, 93: 264-269

Maree, JG & Ebersöhn, L (2002). "*HIV/AIDS and trauma among learners: Sexual violence and deprivation in South Africa",* Heineman Educational Publishers, from www.learningandviolence.net

Noah's Rule (2009), from www.noahsrule.au.com

Pelzer, K & Promtussananon, S (2003). *"HIV/AIDS education in South Africa: Teacher knowledge about HIV/AIDS: Teacher attitude about control of HIV/AIDS education",* Social Behaviour and Personality, 31: 4, 349-356

Pelzer, K & Promtussananon, S (2005). *"HIV/AIDS Knowledge and Sexual behavior among Junior Secondary School students in South Africa",* Journal of Social Sciences, 1: 1, 1-8

UNAID/UNICEF (2010). *"Preventing infection among adolescents and young people",* Children and AIDS: Fifth stocktaking report, from http://www.unicef.org

UNAID/UNICEF (2011). *"Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood",* Green Communication Design, June 2011

UNAIDS/UNFPA/UNIFEM (2004). *"Women and HIV/AIDS: Confronting the crisis"*, from http://www.unfpa.org/hiv/women

Van Dyk, AC (2008). *"Perspectives of South African school children on HIV/AIDS, and the implications for education programmes"*, African Journal of AIDS research, 7: 1, 79-93

Visser, M & Moleko, A (2008). *"Alcohol & Drug abuse module: high risk behavior of primary school learners",* SA Health Info, from sahealthinfo.org/admodule/highrisk

WCED HIV/AIDS Life Skills programme, 2003, from http://wced.school.za

Addendum A

1. HIV and AIDS is the same thing

Strongly agree *Agree* *Disagree* *Strongly disagree*

2. HIV/AIDS can be cured

Strongly agree *Agree* *Disagree* *Strongly disagree*

3. The HIV virus attacks the body's immune system

Strongly agree *Agree* *Disagree* *Strongly disagree*

4. The only way to get HIV is by having sex with someone who is HIV+

Strongly agree *Agree* *Disagree* *Strongly disagree*

5. You can prevent HIV by using a condom

Strongly agree *Agree* *Disagree* *Strongly disagree*

6. Antiretroviral Drugs can cure a person from HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

7. A HIV+ mother who is pregnant can infect her unborn baby with HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

8. You can test for the HIV virus by doing a blood test

Strongly agree *Agree* *Disagree* *Strongly disagree*

9. Having unprotected sex with more than one partner increases your chances of getting HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

10. My school is doing enough to teach us about HIV/AIDS

Strongly agree	*Agree*	*Disagree*	*Strongly disagree*
☐	☐	☐	☐

Addendum B

1. One can get HIV by sitting next to an HIV infected person

Strongly agree *Agree* *Disagree* *Strongly disagree*

2. Children who have HIV should not be in a Public School

Strongly agree *Agree* *Disagree* *Strongly disagree*

3. It is safe to play with an HIV infected person

Strongly agree *Agree* *Disagree* *Strongly disagree*

4. It is dangerous to eat food that has been prepared by an HIV infected person

Strongly agree *Agree* *Disagree* *Strongly disagree*

5. I will share a cup of water with an HIV infected person

Strongly agree *Agree* *Disagree* *Strongly disagree*

6. Coughing and sneezing can spread the HIV virus

Strongly agree *Agree* *Disagree* *Strongly disagree*

7. I will not be friends with an HIV infected person

Strongly agree *Agree* *Disagree* *Strongly disagree*

8. I can kiss a person who has HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

9. You cannot get infected with HIV by swimming with someone who has HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

10. I am very afraid of getting HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

   

Addendum C

1. HIV is also spread by Mosquitoes

Strongly agree *Agree* *Disagree* *Strongly disagree*

2. Showering after sex will keep a person from getting HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

3. Having sex with a virgin can cure HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

4. A healthy looking person can be HIV+

Strongly agree *Agree* *Disagree* *Strongly disagree*

5. You can get HIV if you sit on a dirty toilet seat

Strongly agree *Agree* *Disagree* *Strongly disagree*

6. The HIV virus is spread by black people.

Strongly agree *Agree* *Disagree* *Strongly disagree*

7. Only homosexual people can get HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

8. I am too young to get HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

9. There is medication that prevents people from getting HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

10. All pregnant woman who is HIV+ will have babies born with HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

Addendum D

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

Teachers' Perspective on HIV/AIDS education

I am teaching Grade _____

The responsibility of HIV/AIDS education lies with the:

Parents: ☐

Teachers: ☐

Friends: ☐

Church: ☐

TV: ☐

Other: ☐ (Please specify) ----------

I would strongly recommend the current Life Orientation curriculum for HIV/AIDS education?

Yes ☐
No ☐

Why?

How can HIV/AIDS education be improved at schools?

Please indicate what your feeling is towards the statements by ticking the appropriate box

1 HIV and AIDS is the same thing

Strongly agree *Agree* *Disagree* *Strongly disagree*

2 Antiretroviral Drugs can cure a person from HIV

Strongly agree *Agree* *Disagree* *Strongly disagree*

3 The HIV virus attacks the body's immune system

Strongly agree *Agree* *Disagree* *Strongly disagree*

4 The only way to get HIV is by having sex with someone who is HIV+

Strongly agree *Agree* *Disagree* *Strongly disagree*

5 I feel comfortable talking to learners about HIV/AIDS

Strongly agree *Agree* *Disagree* *Strongly disagree*

6 The Life Orientation curriculum is sufficient for HIV/AIDS education

Strongly agree *Agree* *Disagree* *Strongly disagree*

7 The learners feel comfortable speaking to me about HIV/AIDS

Strongly agree *Agree* *Disagree* *Strongly disagree*

8 The school should have at least one period per week dedicated to HIV/AIDS education

Strongly agree *Agree* *Disagree* *Strongly disagree*

9 The school is doing enough with regards to HIV/AIDS education

Strongly agree *Agree* *Disagree* *Strongly disagree*

10. The learners' knowledge on HIV/AIDS is sufficient

Strongly agree *Agree* *Disagree* *Strongly disagree*

11. My knowledge on the subject of HIV/AIDS is sufficient

Strongly agree *Agree* *Disagree* *Strongly disagree*

12. I am equipped with sufficient skills to deal with issues relating to HIV/AIDS

Strongly agree *Agree* *Disagree* *Strongly disagree*

13. I need formal training on how to deal with issues relating to HIV/AIDS

Strongly agree *Agree* *Disagree* *Strongly disagree*

14. Drug and sexual abuse are common among our learners

Strongly agree *Agree* *Disagree* *Strongly disagree*

15. Learners in the community are vulnerable to HIV/AIDS

Strongly agree *Agree* *Disagree* *Strongly disagree*