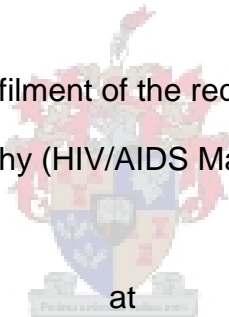


**THE LEVEL OF PREPAREDNESS OF PRIMARY SCHOOL TEACHERS, IN THE  
DISADVANTAGED NORTHERN AREAS OF PORT ELIZABETH, TO MANAGE  
HIV/AIDS IN THE CLASSROOM**

**Paulus Floors**

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at

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Supervisor: Prof Jan du Toit

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## **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 owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2009

## Opsomming

In hierdie navorsing word gepoog om vas te stel wat die vlakke van gereedheid van primêre skool onderwysers, in die voorheen benadeelde Noordelike Areas van Port Elizabeth is, om MIV/Vigs in die klaskamer te bestuur. Hoewel daar meer as 39 primêre skole in hierdie gebied is, is slegs 12 hiervan voor die voet gekies om deel van die studie uit te maak. Een-honderd-vier-en-sestig deelnemers wat insluit onderwysers, skoolhoofde, onderhoofde en departementshoofde, het deel van die studie uitgemaak.

Al die deelnemers moes 'n vraelys voltooi wat uit vyf afdelings bestaan. Vrae in hierdie afdelings handel oor (a) die biografiese inligting van deelnemers, (b) hul kennis van MIV en Vigs, (c) opleiding van onderwysers om met leerlinge te werk wat MIV-positief is en hoe om sulke gevalle in die klas te hanteer, (d) MIV/Vigs-beleide in skole, (e) opvoeding rondom en bewusmaking van die siekte aan leerders en (f) ondersteuning deur die Oos-Kaapse Departement van Onderwys aan skole rakende die epidemie.

Meer vroue as mans het aan die navorsing deelgeneem. Die meeste respondente was ouer as 40 met meer as 15 jaar onderwyservaring. 'n Redelike groot aantal van hulle (45) was nog nooit getoets vir MIV/Vigs nie en het dus nie geweet wat hul Vigs-status is nie.

Die navorsingresultate toon dat respondente 'n gemiddelde kennis van MIV en Vigs het (58.2% uit 'n moontlike telling van 100).

Nagenoeg die helfte van die respondente het aangedui dat daar MIV-positiewe leerders in hul skole ingeskryf is. Die meeste respondente het ook aangedui dat hulle nie voldoende opgelei is om Vigs-gevalle by die skool te hanteer nie. Die meeste van hulle is dit egter eens dat alle onderwysers 'n verpligte kursus in MIV/Vigs-bestuur in skole moet doen.

Minder as 50% van respondente het aangedui dat hul skole 'n MIV/Vigs-beleid het. Daar was egter ook groot onsekerheid onder sommige respondente oor die bestaan van so 'n beleid in hul skole aangesien dit nog nooit met hulle of ouers van leerlinge van deelnemende skole bespreek of aan hulle verduidelik was nie.

Die studie het ook bevind dat daar 'n gebrek aan bewusmaking van die pandemie in skole en skoolgemeenskappe bestaan. Wêreld Vigsdag word selde of nooit in die meeste deelnemende skole herdenk.

Die navorsingresultate dui ook aan dat die ondersteuning wat skole van die Oos-Kaapse Departement van Onderwys ontvang rakende MIV/Vigs heeltemal onvoldoende is. Die meeste respondente word egter nie ontmoedig deur hierdie gebrek aan

ondersteuning vanaf hul werkgewer nie en is optimisties dat hulle Vigs-gevalle by die skool sal kan hanteer. Die meeste van hulle is ook ten volle daarvan bewus dat hulle nie mag weier om onderrig aan MIV-positiewe leerders te gee nie aangesien hierdie leerders, soos alle ander leerders, 'n reg tot opvoeding.

## Summary

This study explored the level of preparedness of primary school teachers, in the disadvantaged Northern Areas of Port Elizabeth, to manage HIV/AIDS in the classroom. Although there are more than 35 primary schools in this area, only 12 were selected randomly to form part of this study. The sample comprised of 164 participants that include teachers, principals, deputy principals and Head of Departments (HOD's) from the randomly selected 12 schools.

All the respondents had to complete a questionnaire which were divided into five sections, namely: **a.** Biographical information, **b.** Knowledge of HIV and AIDS, **c.** Management and Training of teachers on HIV/AIDS in schools, **d.** HIV/AIDS policies in schools, **e.** Education and awareness, and **f.** Support from the Department of Education in the Eastern Cape.

The study found that in all participating schools there were more female than male teachers, that the majority of participants were older than 40 years, most respondents have more than 15 years teaching experience and that a sizeable number of them (45) have never been tested for HIV and therefore do not know their status.

It was also found that respondents have an average knowledge (58.2% out of a possible score of 100) of HIV and AIDS. These scores do not reflect a high level of knowledge on the disease.

Research results show that half of the respondents indicated that they have HIV-infected learners enrolled at their schools. However, most of the respondents were not adequately trained to deal with HIV-related issues in schools. Most respondents nevertheless, indicated that it should be compulsory for primary school teachers to do a formal course on HIV/AIDS Management in schools.

The study also revealed that less than 50% of respondents indicated that their schools have an HIV/AIDS policy. There was, however, great uncertainty about the existence of such a policy at many participating schools as it was never discussed or explained to teachers and parents of learners at these schools.

According to the study, there is a serious lack of awareness about the disease in schools and school communities as HIV/AIDS awareness events never or seldom take

place at participating schools. Most school communities are also not involved in HIV/AIDS awareness campaigns that are organised by the schools. World AIDS Day is also not observed in many of the participating schools.

Research results also indicate that the assistance from the Department of Education on HIV and AIDS in the province is insufficient. Despite this, teachers are optimistic that they will be able to or are coping with HIV-positive learners at their respective schools. Most of the respondents also know that they cannot refuse to give tuition to HIV-infected learners, as these learners, like everybody else, have a right to education.

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## 1. Introduction

Education in South Africa is faced with enormous challenges. The most prominent of these challenges include violence in schools, the implementation of the New Revised Curriculum that most educators are still grappling with, the implementation of the no school fee policy at schools by education authorities, HIV and AIDS among teachers and learners, teacher shortages, and the protracted strike by teachers in 2007.

Stakeholders in education, hopefully, will be able to deal with most of these challenges as time goes on. However, the one challenge that is and will stay an issue for the education authorities in general but for the teachers in particular, will be HIV/AIDS. According to dr. Lesley Wood (2008) HIV/AIDS makes most of the above-mentioned problems worse.

According to the latest statistics on HIV/AIDS, over 42 million people are living with the disease worldwide and 74% of those people infected are living in sub-Saharan Africa (Weekend Post, 29 November 2008).

In 2007 HIV/AIDS killed approximately 5 500 people a day globally while 2.7 million people got infected globally with the virus during that year (City Press, 30 November 2008). This translates into 14 000 new infections every day of which most are sexually transmitted. (Weekend Post, 29 November 2008).

South Africa, which is situated on the most Southern tip of the African continent, is the country with the largest number of people living with HIV and AIDS in the world (The Herald, 10 October 2007; Sunday Times, 4 December 2005; Weekend Post, 1 December 2007). UNAIDS estimated that about 5.7 million South Africans were living with HIV by the end of 2007, among them 280 000 children under 15 years of age (City Press, 30 November 2008; Business Day, 1 December 2008). Waldner (2008) reports that more than 1000 South Africans die daily as a result of HIV/AIDS. According to UNAIDS (Ibid), HIV/AIDS claimed the lives of 350 000 South Africans in 2007. Byrne (2008) compares HIV/AIDS to a war in South Africa.

Boscario & DiClemente; Brucher & Hall; Sunwoo et al. (as cited in Stinnett, Cruce and Choate, 2004) are of the view that teachers will undoubtedly be teaching learners who have HIV/AIDS and they will need a solid fund of information related to the disease. Webster (2008) reports that about 2 million children under age 15 have HIV globally, almost 90% from sub-Saharan Africa. In 2007 about 370 000 children under age 15 got HIV infected globally. According to dr. Lesley Wood (as reported by Willemse, 2008) about 45 000 teachers and nearly 350 000 children under the age of 19 in South Africa are infected with HIV/AIDS. Whether these numbers are accurate and reliable, remain debatable because Chuenyane (2008) reports that the national education department does not have the relevant statistics and cannot say how many teachers are infected or

affected by the HIV/AIDS epidemic. According to Mahuma (as reported by Chuenyane, 2008) there are no credible HIV statistics for teachers.

When looking at what has been reported in Stinnett et al. (2004), one cannot help but wonder about the existence of such a solid fund of information related to HIV and AIDS among primary school teachers in South Africa. It is of the utmost importance to know how primary school teachers would react should a learner/s at their schools be diagnosed with HIV. A study has therefore been conducted to determine the level of preparedness of primary school teachers, in the predominantly coloured community in the Northern Areas of Port Elizabeth, to manage HIV and AIDS in the classroom.

## **2. The problem statement**

Some of the primary schools in the Northern Areas of Port Elizabeth have learners enrolled that are HIV positive. These findings were made during personal communications with Mrs. S. Friesecke, the secretary to the Matron of THE AIDS HAVEN in Salsoneville (March 2, 2008), Mr. Bruce Damons, principal of Sapphire Rd. Primary School in Booyens Park (April 22, 2008) as well as Mr. Meyer, the principal of Triomf Primary School in Salsoneville (May 27, 2008).

The researcher, who is a primary school teacher in the Northern Areas of Port Elizabeth in the Eastern Cape himself, is at a school where there are no known cases of learners infected with HIV as parents of learners cannot be forced to disclose their children's HIV-status. According to the South African Constitution (Act 108 of 1996, Section 14), such information is regarded as confidential. This right ensures that a person should have control over the use of private information (Mubangizi, 2004; HIV/AIDS Technical Assistance Guidelines, p. 16; South African Labour Guide, 2006; Colvin, Du Toit, and Hadingham, 2005).

There may be many more schools in the area with no known cases of HIV infection among learners if one were to look at a newspaper report, which states that 10% (116 074) of residents in Nelson Mandela Bay are HIV positive (Matavire, 2007). The question, however, is: How well prepared are primary school teachers, specifically in the Northern Areas of Port Elizabeth, to manage HIV in their classrooms now that it is known that there are learners enrolled at some primary schools in the area that are HIV positive?

### 3. Clarification of Terms

**Level of preparedness** refers to: the state of being prepared, the state of being ready, a willingness to do / to deal with.

**Manage** means: to handle/ deal/ cope with a situation, to take charge of something, to take care of.

**Primary school teachers** refer to: those teachers responsible for teaching learners in grades one to seven.

**Disadvantaged Northern Areas:** the part of the city (P.E.) where so-called “Coloureds” as a group were removed to under the Group Areas Act during apartheid in South Africa. This act was designed so that every race group in South Africa could live and develop separately. The only race group that benefited from this act were the whites because most development took place in the areas where they were living in, whereas the non-white groups were disadvantaged tremendously by the Apartheid laws that were in place under white rule in South Africa.

### 4. Motivation for the study

Changes, whether good or bad, are taking place across the globe and South Africa is not excluded from this phenomenon. Wessels (cited in Kroukamp, 2004) writes that change is being brought about by things like:

- The growth of the world’s population,
- Urbanisation (which affects the accessibility of all types of government services),
- Industrialization (which impacts on the worsening world environmental situation),
- Integration of national economies into global market mechanisms (which brings about increased insecurity, unemployment, inequality and poverty due to increased competition and flexibility),
- The spread of new epidemics such as HIV/AIDS (which necessitate the adoption of new methods of health care and delivery), and

- Social instability (as a result of wars in various regions in the world).

Many of the changes mentioned by Wessels (in Kroukamp, 2004) are indeed taking place in South Africa. However, some of these changes are so overwhelming that for many fellow South Africans it is difficult to comprehend given how things were in the country before 1994.

There are, for example, many reports on the SABC and in newspapers of changes that are taking place in education in South African schools. Capazorio (2006) for instance wrote about the offering of condoms to pupils by schools in the Eastern and Western Cape in an attempt to urge safer sex. Hlongwa (2006) reported about a possible four months maternity leave for pregnant schoolgirls where it is proposed that pregnant schoolgirls be allowed to go on maternity leave whereby teachers have to tutor them at their homes, so they do not lose out on any schooling. Hayward (2006) reported that many learners in schools are out of control. This unruliness amongst learners leads to frustration among teachers, as they (teachers) do not get proper guidelines from the education department on discipline of learners in schools.

There is, however, a school of thought that regards most of the above-mentioned problems as part and parcel of transition – a state that South Africa is in for the last 13 years since 1994.

Lots of discussions are taking place in education circles and legislation is being worked out on how to deal with most of the above-mentioned issues. What is of concern, however, is that very little is being said and done about HIV/AIDS in schools, particularly primary schools, except for the few very vague policy guidelines by the Department of Education (DoE) on the disease in education.

HIV/AIDS is one of the major challenges that education in South Africa is faced with. Dawson, Chunis, Smith, Carboni & Dawson (2001) report that although high school teachers and learners are or will be affected mostly, comprehensive, age-appropriate AIDS education should begin in primary school. The question asked is whether primary school teachers, especially those in the Northern Areas of Port Elizabeth, are knowledgeable enough to provide such education to learners at their respective schools. This is exactly what this study is trying to determine.

## **5. Objectives / Aims of the study**

- To determine what level of knowledge do primary school teachers in the Northern Areas of Port Elizabeth have on HIV and AIDS.

- To ascertain what their perceived attitudes and actions would be should children in their schools be diagnosed with the virus.
- To ascertain what the comfort levels of teachers in these schools will be should learners be diagnosed with HIV.

## 6. Literature Review

Franks, Miller, Wolff & Landry (2004) report that the HIV/AIDS epidemic is a complex and constantly changing social phenomenon. They say that in order to help teachers deal with it, teachers must be taught and their knowledge assessed scientifically as well as practically.

According to Franks et al. (2004) teachers cannot become medical personnel, but they do need to understand some basic facts about HIV and how it affects children. Teachers also need to know the practical steps they can take to prevent infection in the classroom. In addition, teachers must be prepared for the emotional issues inherent in this epidemic for themselves, their learners and their learners' families.

Although some of the more blatant misconceptions about HIV/AIDS are less prevalent in the general population, the subject continues to be associated with high levels of both fear and grief. On the same day, a teacher may be called upon to comfort a child who has lost a parent to AIDS and to reassure other parents who see that child as a danger to their own. Therefore, awareness of teachers' attitudes about the epidemic will be essential (Franks et al. 2004).

According to UNAIDS (cited in Franks et al., 2004), half of the adults living with HIV worldwide are women. This, according to Franks et al. (2004) means that there is the continuing likelihood that children will be born with the virus. Many of these 19.2 million women, whose infections are mainly the result of sexual intercourse with infected men, reside in the developing world (UNAIDS, 2002) of which South Africa forms part.

According to Barnhart (cited in Franks et al., 2004), children in the USA who acquire HIV infection perinatally survive longer now than at any time in the history of the epidemic. Many of these children diagnosed with HIV infection at birth survive well into the school years. Many people will say that the likelihood of this happening in South Africa, where more than 50 000 HIV-infected children are born each year (Khan, 2007; Herald Correspondent, 2007) is unthinkable given the impact of poverty on the country, poor health services, high cost of medical care, etc. The fact is that it is already happening as mentioned earlier in this article.

Boscarino & DiClemente; Brucker & Hall; Sunwoo (as cited in Stinnett et al, 2004) are of the view that teachers will undoubtedly be teaching students who have HIV

and will need a solid fund of information related to the disease. They will most probably also have a colleague on their staff that may be HIV positive as 21% of teachers between the ages of 25 and 34 in South Africa, according to UNAIDS, are living with AIDS (Waldner, 2008).

According to Franks et al. (2004), primary school teachers need information and support in planning for instruction of children with HIV. However, little is known about teachers' actual skills in dealing with HIV in the classroom, even less is known about the effects of teachers' attitudes on their ability to teach young children with HIV.

According to Boler & Jellema (2005) HIV/AIDS is fast becoming one of the most severe social challenges facing education systems. The epidemic has permanently changed the lives of millions of teachers and children in ways that constrain their ability to go to school, to stay in school and to learn or to teach.

Finding ways to meet these needs, to keep children in school and teachers teaching, are pressing issues for the education community. However, education is a necessary part of any HIV/AIDS prevention campaign and pivotal in stemming the spread of the epidemic.

Boler & Jellema (2005) point out three major reasons why educators must scale up their collective response to HIV/AIDS:

- Without a medical vaccine, education is critically important as the most powerful "social vaccine" against HIV infection.
- Without a systematic strategy for mitigating the impact of AIDS, the epidemic will undermine the provision of education, thereby denying children access to the quality learning they need to stay safe from HIV, and slowing or even reversing progress towards universal education.
- The children who most need the protection and skills afforded by education - those infected or affected by the disease - will not be able to attend school unless their special needs are addressed.

Smith, Kippax et al. & Kinsman (as cited in Boler & Jellema, 2005) say that in many countries school curricula are already over-burdened. With increasing pressure on teachers to meet certain targets, it is understandable why a subject like HIV/AIDS, when neither examinable nor compulsory, is left at the margins of the curriculum.

Teachers are the pillars upon which the success of school-based HIV/AIDS education depends. Their importance cannot be over-emphasised. Yet it is clear that not enough priority is given to investing in teachers as AIDS educators.

## 7. Research Design

This is an investigative project for which the survey technique was used. According to Cohen & Manion (1994), the purpose of surveys is to gather data at a particular point in time with the intention of describing the nature of existing conditions, or identifying standards against which existing conditions can be compared, or determining the relationships that exist between specific events.

According to Irvin (1999), surveys are generally associated with a positivistic approach. However, the entire approach as well as the analysis of data may, for example, fit comfortably within an interpretative approach.

Christensen (2007) reports that the survey technique is applicable to a wide range of problems with quite a number of ways to use for the gathering of data. Surveys, like any other technique, have advantages as well as disadvantages.

Some of the **advantages of surveys** include the following:

- Large amounts of data / information from many people can be collected without great financial expenses.
- Different types of data/information, ranging from 'objective' facts, such as economic statistics or information on height and weight, to highly subjective beliefs, opinions and values can be collected.
- Surveys frequently make use of a 'sample' as the actual population may be too large for inclusion. Under some circumstances, however, an entire population may be included (Irwin, 1999).

**Disadvantages of surveys** include the following:

- All survey data is to a greater or lesser extent subject to manipulation, and hence inaccuracy and some unreliability. This means that 'facts' and opinions, or realities and their interpretation are often difficult to unravel.
- Surveys do not rate high on validity but this does not mean that they are intrinsically invalid (Irwin, 1999).
- The different type of biases people can have when responding to surveys, for example **social desirability bias** which occurs when people respond to a survey in a way that make them look the best rather than responding as they really feel or believe. Another type of bias is a **specific response set** or a tendency to respond in a specific manner to all questions (Christensen, 2007).



As far as the disadvantages of this technique are concerned, the researcher constructed his survey questions in such a way in order eliminate or at least minimize the above-mentioned biases.

## **7.1 Sampling**

There are 39 primary schools with  $\pm$  31 004 learners enrolled in the Northern Areas of Port Elizabeth (EMIS, 10<sup>th</sup> Day Snap Survey, 2008). Questionnaires were given randomly to 12 of the 39 schools to be completed by teachers, principals and deputy principals. One-hundred-and-sixty-four (164) respondents completed the questionnaire.

Stratified random sampling was used during this research. Popham (1975) is of the view that stratified random sampling can add greater precision to sampling estimates. It utilizes supplementary information about the population for samples to be drawn that are more apt to be representative of that population.

According to Stufflebeam (1985) stratified random sampling enables one to draw samples from each of several “strata”, such as teachers, students, administrators, etc. They continue by saying that stratified random samples are useful when one has one or more, or a different, interest in one particular stratum than another.

## **7.2 Data Collection**

Data were collected by means of a questionnaire measuring teachers’ knowledge of HIV/AIDS, training of teachers on issues regarding the disease, support from the DoE in the Eastern Cape to deal with HIV in schools, involvement of teachers and the respective communities on HIV/AIDS-related matters at school as well as teachers’ ability to manage the disease in the classrooms (see Appendix 3). The questionnaire is anonymous and requires little writing to encourage honest responses. Respondents were asked to select a response to the questions according to a five point Likert-scale.

Interviews were also conducted with interested parties such as the principals of Sapphire Road and Triomf Primary Schools, the secretary to the Matron of THE AIDS HAVEN in Salsoneville as well as the HIV/AIDS-co-ordinator from the DoE for the Port Elizabeth district.

## **7.3 Procedure**

The researcher obtained approval for this research from the District Office of the Education Department in Port Elizabeth (see Appendix 1). Consent from the school principals regarding the study was also solicited (see Appendix 2). The researcher handed the questionnaires (Appendix 3) out to the respondents at the randomly

selected schools. The questionnaires were left with the respondents to be completed and were collected a week later.

#### **7.4 Data analysis**

Section A includes the biographical data. It consists of 10 questions about the present position of respondents, their teaching experience, gender, respondents' age in 2008, learner enrolment, tuition grades, number of permanent staff members, staff composition and HIV-testing. The data were compiled in terms of frequency counts and percentages. The participants were requested to put a cross in the appropriate box. Every box was coded for scoring purposes, except for no.8 where participants had to give a number as answer to the question.

Section B consists of 24 questions that test the knowledge of participants on HIV/AIDS. The results are presented in the form of frequency counts and percentages. Correct responses to individual statements by respondents are also presented.

Section C consists of 16 questions that focus on the management and training of teachers on HIV/AIDS in schools. The data were recorded in terms of frequency counts and percentages. Participants had to put a cross in the appropriate box. Every box was coded for scoring purposes.

Section D has seven questions that enquire about the schools' HIV/AIDS-policy. Responses were once again scored in terms of frequency counts and percentages.

Section E consists of four questions only. It was included in the questionnaire to determine mainly the awareness of school communities and teachers of the disease as well as their involvement in educating other community members and learners about HIV/AIDS. Data were recorded in terms of frequency counts and percentages.

Section F has nine questions that focus on the support to schools on HIV/AIDS from the Education Department in the Eastern Cape. The results are presented in terms of frequency counts and percentages.

The responses to most of the questions were presented in either graphic or table format. A software program called Statistica was used to analyse the data.

#### **7.5 Participants**

Participants in this study included:

*Principals & Deputy Principals* from randomly selected schools, because except for teaching, they are also responsible for the safety of learners and teachers at their respective schools. They have to implement regulations set out by the Provincial Department of Education and enforce the policies on HIV/AIDS that were drawn up by all the stakeholders concerned.

*Teachers* from randomly selected schools, because they are the ones that will be or are dealing with the infected and affected learners at their schools on a daily basis.

*Eastern Cape Education Department* - It is important to know what support is available to schools with learners that are HIV positive as well as what guidelines in this regard exist for schools to work from. One has to know what is being done by the Provincial Education Department to allay fears of teachers and parents of non-infected learners about possible HIV infection while at school.

#### **7.6 Delimitation of the study**

This study focused only on the primary school teachers in the Northern Areas of Port Elizabeth, of which the inhabitants are predominantly Coloured.

## 8. Research Results

The findings are presented in numerical order, according to the format of the questionnaire, starting with the biographical data of the respondents. One-hundred-and-sixty-three (164) participants completed the questionnaire.

### 8.1 Section A

The biographical data deals with the present position of participants, number of years in this position, years of teaching experience, sex, age in 2008, number of learners enrolled, grades of tuition, number of permanent staff members, whether there are more female teachers on the staff, and HIV-testing.

8.1.1 Position: The positions of the participants are divided into 4 categories: Principal, deputy principal, Head of Department (HOD), and teacher.

Category	Frequency table: <b>Position</b>		
	Count	Cumulative Count	Percent
Principal	6	6	3.7
Dep. Principal	5	11	3.1
HOD	17	28	10.4
Teacher	135	163	82.8

Table 1: Positions of participants

There were 163 participants. Most of the respondents (135) were teachers. This break down of the participants in Table 1 is quite normal as any school will always have more teachers than senior staff members (e.g. principals, HOD's and deputies).

8.1.2 Years in present position: The present positions of participants have also been divided into different categories ranging from 1 to 26 years and more. Table 2 clearly shows that the vast majority of participants (37) have been in their positions for between 20 – 25 years. The second largest group (33) has been in their positions for 26 years and longer.

Frequency table: <b>Years in position</b>			
Category	Count	Cumulative Count	Percent
1-3	21	21	13.0
4-6	10	31	6.2
7-10	12	43	7.4
11-14	24	67	14.8
15-19	25	92	15.4
20-25	37	129	22.8
26+	33	162	20.4

Table 2: Years in present position

The histogram (Figure 1) below gives an even better indication of the respondents' number of years in their present positions.

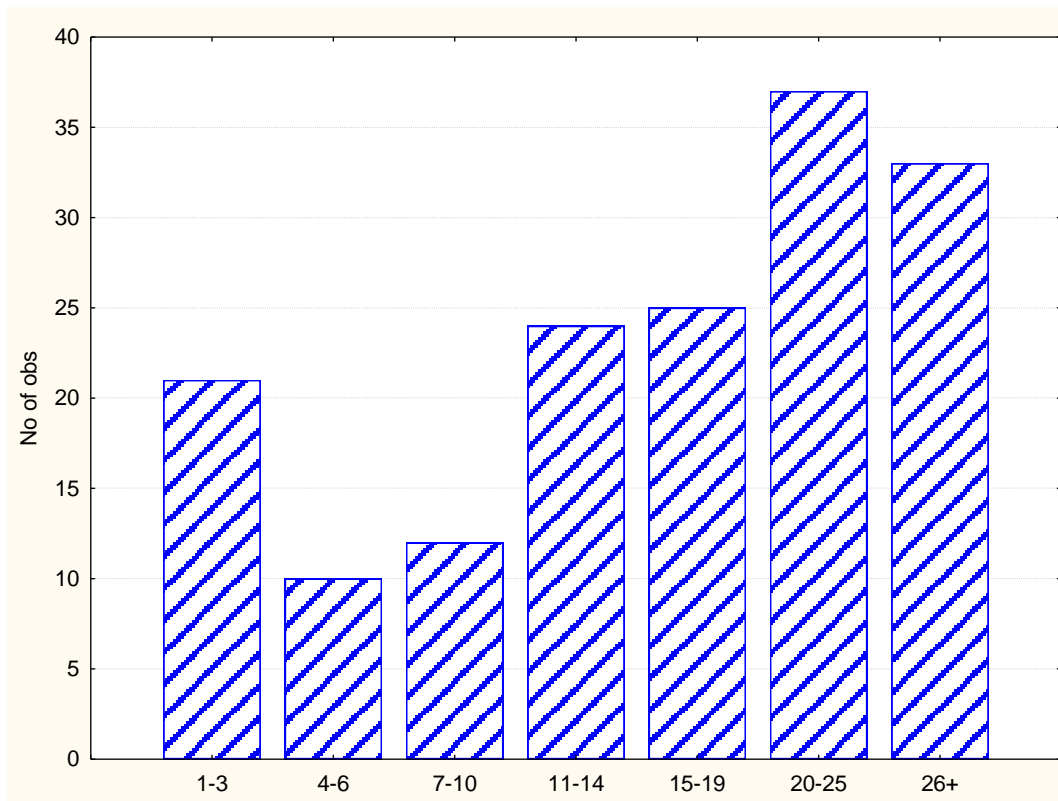


Figure 1: Years in present position

It can be assumed that the long bars in Figure 1 give the years in the present position of mostly teachers as positions for promotions in education have been a bone of contention in the East Cape Province for a long time.

8.1.3 Years of teaching experience: One-hundred-and-sixty-one (161) respondents have provided this information. Different categories ranging from <5 years to >30 years were used. The findings show that the majority of respondents (53) have more than 30 years of teaching experience followed by the second largest group (45) with more than 20 years of teaching experience.

Frequency table: <b>Years teaching experience</b>			
Category	Count	Cumulative Count	Percent
<5	9	9	5.6
<10	5	14	3.1
<15	22	36	13.7
>15	27	63	16.8
>20	45	108	28.0
>30	53	161	32.9

Table 3: Years of teaching experience

Figure 2 below has been included to give a better illustration of the teaching experience of the respondents. It has been reported on numerous occasions that South Africa has an aging teaching force. The bar chart below could be testimony to this statement.

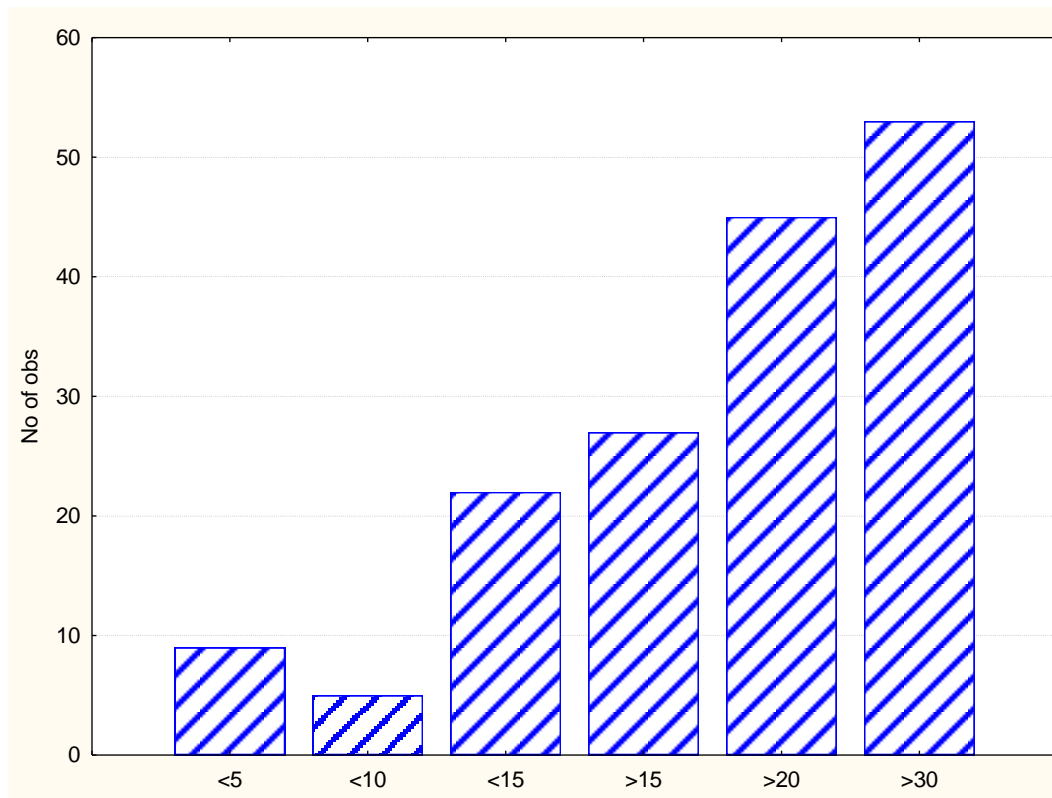


Figure 2: Years of teaching experience

8.1. 4 Gender: The gender distribution of 164 respondents is given in Table 4 below.

Frequency table: <b>Gender</b>			
Category	Count	Cumulative Count	Percent
Male	43	43	26.2
Female	121	164	73.8

Table 4: Gender distribution of participants (n = 164)

Table 4 shows that there were more female teachers (121) than male teachers (43) that participated in this study. According to the researcher, this is a common scenario at most primary schools in the Northern Areas of Port Elizabeth and most probably in the rest of the country. The pie chart (Figure 3) below gives a clearer picture of the gender difference in this study.

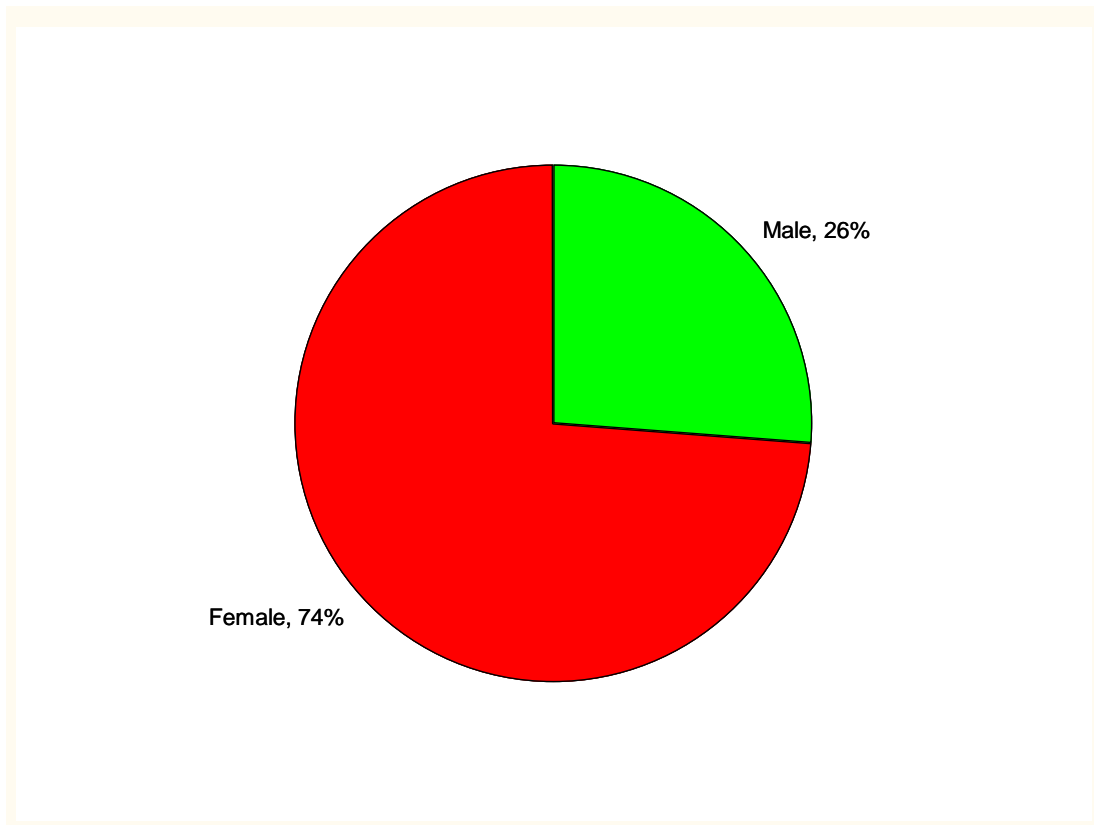


Figure 3: Gender distribution

8.1. 5 Age in 2008: Table 5 below provides a distribution of the respondents' ages. It is divided into 8 intervals ranging from younger than 25 to 56 years and older.

Category	Frequency table: <b>Age</b>		
	Count	Cumulative Count	Percent
Under 25	1	1	0.6
26 - 30	3	4	1.8
31 - 35	10	14	6.1
36 - 40	29	43	17.8
41 - 45	43	86	26.4
46 - 50	26	112	16.0
51 - 55	31	143	19.0
56 and older	20	163	12.3

Table 5: Age distribution of respondents in 2008 (n = 163)

Table 5 indicates that most respondents (43) were between ages 41 – 45 followed by those (31) between ages 51 – 55 years. The graph below (Figure 4) clearly shows that most respondents were older than 40 years of age.

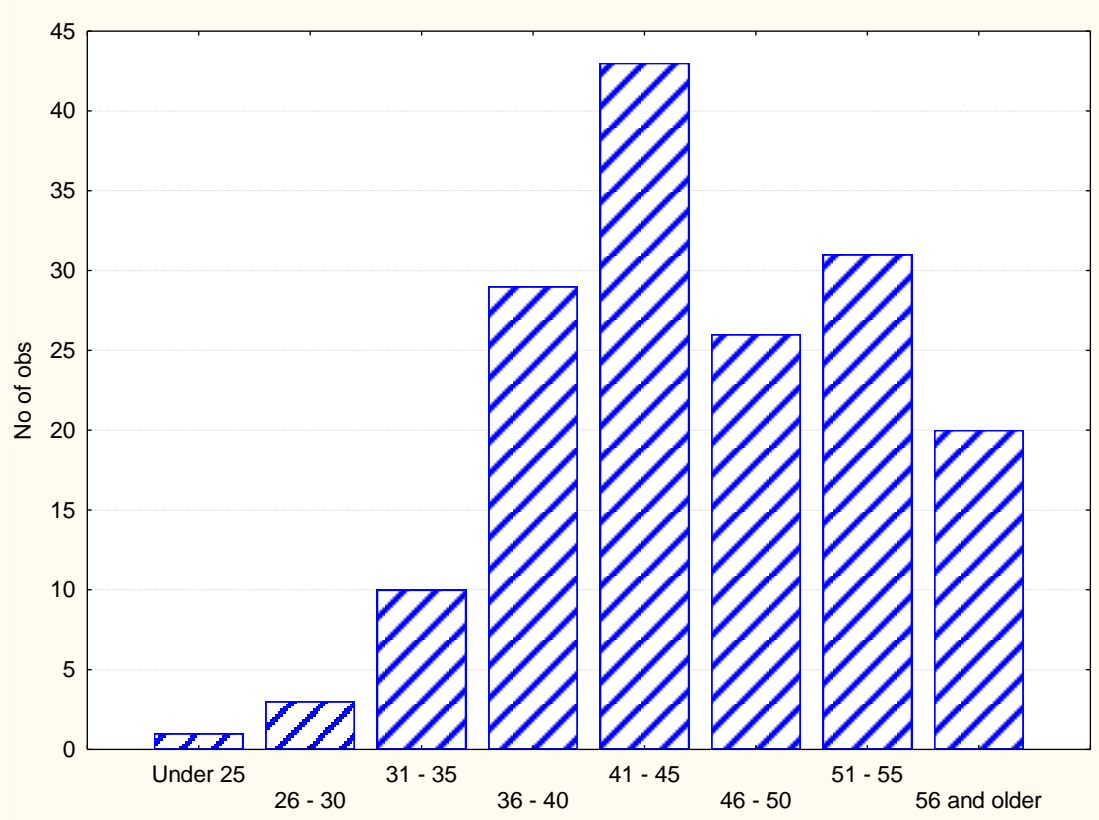


Figure 4: Age distribution of respondents in 2008



8.1.6 Number of learners enrolled: In Table 6 most respondents (75) indicated that their schools have more than 850 learners enrolled.

Frequency table: <b>Number of learners</b>			
Category	Count	Cumulative Count	Percent
500-650	1	1	0.6
651-750	16	17	10.3
751-850	41	58	26.5
851-950	75	133	48.4
>951	22	155	14.2

Table 6: Number of learners enrolled

Figure 5 below clearly shows that participating schools have fairly large enrolments as only one respondent indicated an enrolment of less than 651 learners.

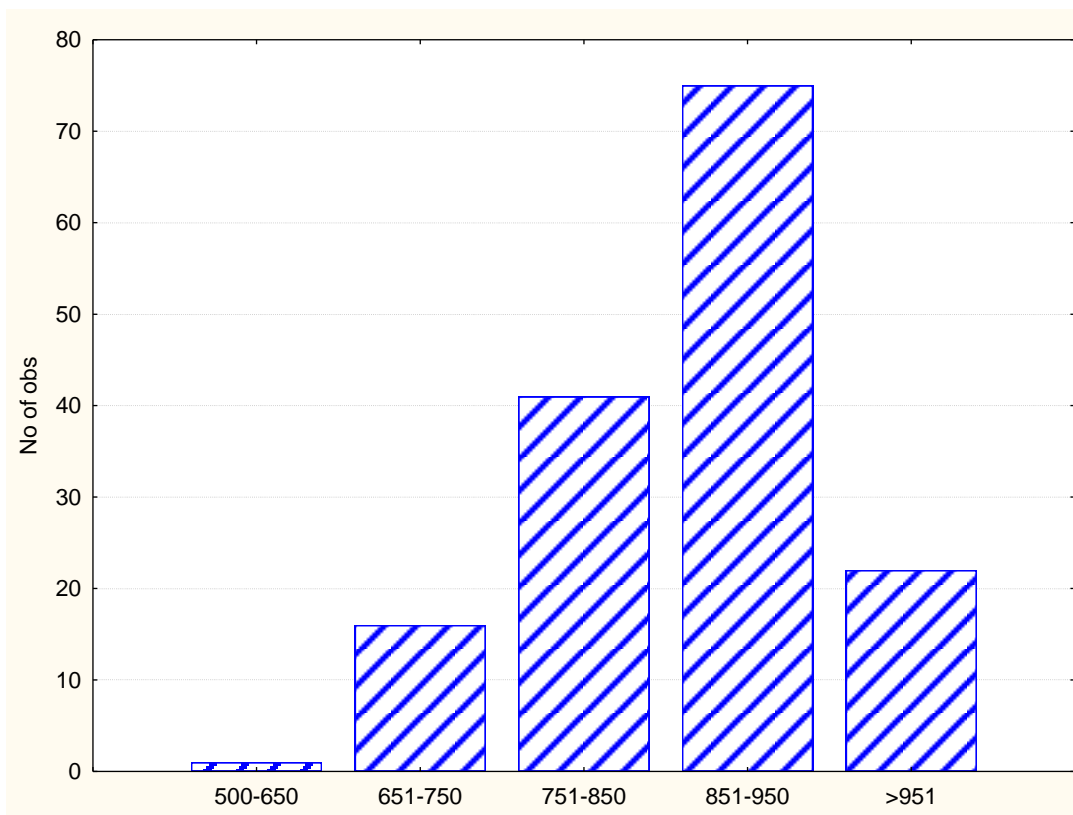


Figure 5: Number of learners enrolled

8.1.7 Tuition to Grades: The majority of respondents (113) in Table 7 indicated that tuition is given from Grade R – Grade 7 at their respective schools. The second largest group of respondents (30) indicated that tuition is given from Grade 1 – Grade 7 and the third largest group (17) indicated that tuition is given from Grade 1 – Grade 9 at their schools.

Category	Frequency table: <b>Tuition</b>		
	Count	Cumulative Count	Percent
R - gr7	113	113	69.8
gr1 - gr7	30	143	18.5
gr1 - gr8	2	145	1.2
gr1 - gr9	17	162	10.5

Table 7: Tuition to Grades

8.1.8 Size of staff: Table 8 indicates the different categories, ranging from 17 – 30, of the size of the staff at the different schools in this study. Most respondents (43) indicated that their staff consists of 24 teachers including the principal. Eighteen (18) participants indicated that they have a staff of 30 teachers, the principal included.

Category	Frequency table: <b>No. of perm staff</b>		
	Count	Cumulative Count	Percent
17	5	5	3.4
18	4	9	2.7
19	7	16	4.8
20	5	21	3.4
21	3	24	2.0
22	12	36	8.2
23	2	38	1.4
24	43	81	29.3
25	14	95	9.5
26	14	109	9.5
27	16	125	10.9
28	3	128	2.0
29	1	129	0.7
30	18	147	12.2

Table 8: Staff size

8.1.9 Staff composition: All respondents (164) indicated that there are more female than male teachers at their respective schools.

Frequency table: <b>More female teachers</b>			
Category	Count	Cumulative Count	Percent
Yes	164	164	100.0

Table 9: Staff composition

8.1.10 Teachers tested for HIV: Most respondents (117) indicated that they have been tested for HIV. It is, however, important to point out that 28% (see pie chart below) of respondents have never been tested for HIV.

Frequency table: <b>I have ...</b>			
Category	Count	Cumulative Count	Percent
Been tested for HIV.	117	117	72.2
Never been tested for HIV.	32	149	19.8
Never been tested, but like to.	13	162	8.0

Table 10: Respondents tested for HIV

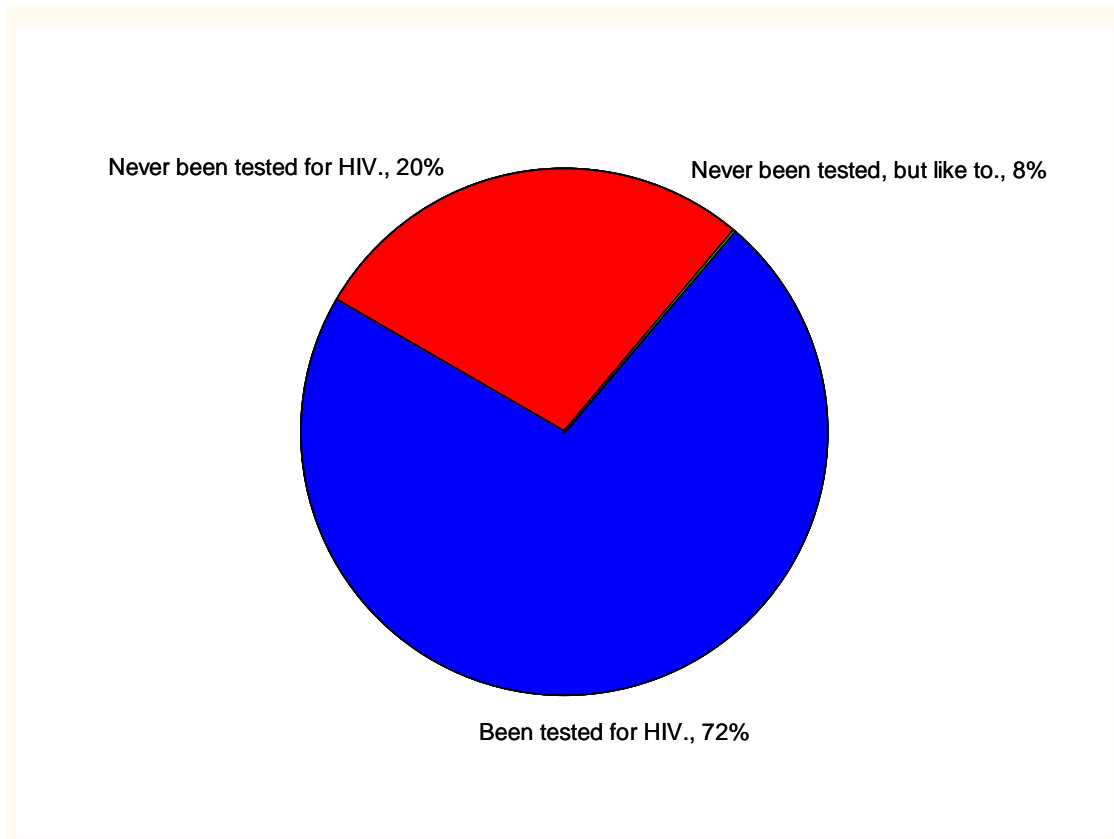


Figure 6: Respondents tested for HIV

## 8.2 Section B

The idea with Section B was to test the knowledge of the respondents on issues related to HIV and AIDS. Although the questionnaire shows only 14 questions for this section, it was actually worked out as 24 because some questions have more than one response. Figure 7 indicates that the participants have an average knowledge of 58.2% out of a maximum possible score of 100. These scores do not reflect a high level of knowledge on HIV and AIDS-related matters. The distribution tends to be negatively skewed. Some of the respondents responded positively (strongly agreed) to certain questions in this section. Most respondents (158), for example agree that the only way to know if one is HIV-positive or not, is to have an HIV-test. The researcher also tried to establish if there were a significant relationship between knowledge and how the respondents responded to questions in Section C. The strength of this relationship has been measured by means of Pearson's coefficient of correlation.

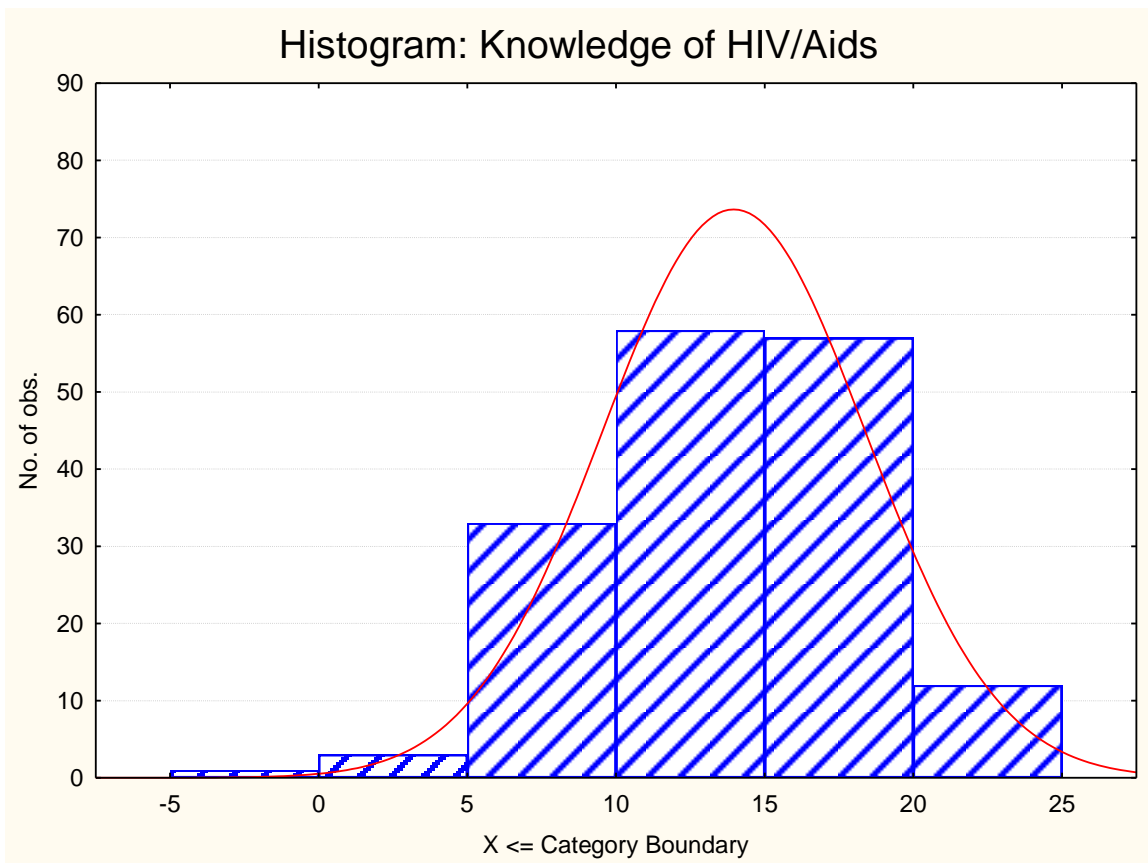


Figure 7: Knowledge of HIV/AIDS

Below is an illustration of the descriptive statistics of Section B on the respondents' knowledge of HIV/AIDS.

Variable	Descriptive Statistics							
	Valid N	Mean	Minimum	Maximum	Std.Dev.	Standard Error	Skewness	Kurtosis
Knowledge	164	13.96341	0.00	22.50000	4.441356	0.346812	-0.140762	-0.485530

Table 11: Respondents' knowledge of HIV/AIDS

There was also an attempt to establish if there were a significant relationship between knowledge and how the respondents responded to questions in Section C. The strength of this relationship has been measured by means of Pearson's coefficient of correlation.

Table 12 shows that there is no significant relationship between the knowledge of respondents and how they responded to questions C1, C2, C3, C6 and C11 of Section C in the questionnaire. However, it has been found that there is a statistical significant relationship (on a 5% scale) between knowledge and the respondents' answering of questions C5, C7 and C10 of Section C in the questionnaire.

Variable	Correlations (Data.sta)												
	Marked correlations are significant at $p < .05000$												
	C1	C2	C3	C5	C6	C7	C8	C9	C10	C11	C12	C15	C16
Knowledge	-0.02	0.00	-0.11	0.20	0.08	0.40	-0.15	0.29	0.29	0.22	0.34	0.26	-0.34

Table 12: Correlation between Knowledge and Management of HIV/AIDS in schools

This relationship is positive which means that the more knowledgeable respondents are on HIV-related issues, the more inclined they will be to agree on the above-mentioned questions in Section C. Less knowledge on HIV-related issues resulted in some respondents disagreeing on the same questions in Section C.

The table below indicates the correct responses to each question in Section B by the total sample of respondents. This section tests the knowledge of respondents on HIV and AIDS. The findings (i.e., mean and standard deviation) reflect the correct responses to the specific statements.

<b>Questions on Knowledge of HIV/AIDS</b>	<b>Mean</b>	<b>Standard Deviation</b>
1. South Africa is the country with the most HIV-infected people in the world.	0.40	0.42
2. HIV is an STI (Sexually Transmitted Infection) for which there is currently no cure.	0.63	0.38
3. The only way to know if you are HIV-positive or not is to have an HIV-test.	0.79	0.28
4. An individual infected with HIV dies within a year or two.	0.64	0.39
5. HIV and AIDS is one and the same thing.	0.51	0.35
6. HIV is spread: By sharing toothbrushes and razor blades with a person who is HIV-positive.	0.41	0.39
7. Through unprotected sex.	0.83	0.26
8. By an HIV-positive pregnant mother to her unborn child.	0.58	0.36
9. By HIV-positive mothers to their babies through breast-feeding.	0.48	0.40
10. Through contact with infected blood.	0.78	0.30
11. HIV cannot be spread through: Kissing	0.49	0.40
12. Shaking of hands	0.57	0.40
13. Mosquito bites	0.48	0.41
14. Sharing plates, cups, sources, etc.	0.56	0.40
15. Sneezing and coughing	0.52	0.40
16. Hugging and touching	0.56	0.39

17. An HIV-carrier is a person who is infected with HIV.	0.61	0.36
18. A child that is HIV-positive is a danger to other children at school.	0.50	0.39
19. A teacher that is HIV-positive is a danger to fellow teachers as well as learners at school.	0.56	0.36
20. Children, who live with someone that has AIDS, can spread HIV.	0.64	0.34
21. Everyone who has TB has HIV or AIDS.	0.70	0.33
22. Anti-retroviral treatment (ART) cures AIDS.	0.53	0.38
23. Just by looking at a person, one can say that such a person has HIV or AIDS.	0.72	0.34
24. AIDS is the end stage of HIV-infection.	0.48	0.39

Table 13: Correct responses to questions in Section B

### 8.3 Section C

The idea with questions in this section is to determine the type of training teachers received on HIV/AIDS and how this training will help them to manage the disease better in their classrooms.

The results in Table 14 show that 68.5% of respondents indicated that they are not trained to deal with learners that are infected or affected by HIV and AIDS.

Category	Frequency table: C1		
	Count	Cumulative Count	Percent
Strongly disagree	37	37	22.8
Disagree	74	111	45.7
Uncertain	27	138	16.7
Agree	19	157	11.7
Strongly agree	5	162	3.1

Table 14: HIV/AIDS - training

More than 60% of respondents in Table 15 indicated that their schools do not have a well-planned program to deal with HIV/AIDS in the classroom and on the playgrounds.

Category	Frequency table: <b>C2</b>		
	Count	Cumulative Count	Percent
Strongly disagree	27	27	16.7
Disagree	71	98	43.8
Uncertain	30	128	18.5
Agree	30	158	18.5
Strongly agree	4	162	2.5

Table 15: HIV program at school

According to the results in Table 16, about 54% of respondents indicated that teachers at their schools attend workshops on HIV and AIDS regularly.

Category	Frequency table: <b>C3</b>		
	Count	Cumulative Count	Percent
Strongly disagree	8	8	4.9
Disagree	43	51	26.4
Uncertain	24	75	14.7
Agree	62	137	38.0
Strongly agree	26	163	16.0

Table 16: HIV/AIDS workshop attendance

More than 50% of respondents in Table 17 indicated that they have HIV infected learners enrolled at their schools.

Category	Frequency table: <b>C4</b>		
	Count	Cumulative Count	Percent
Strongly disagree	4	4	2.5
Disagree	3	7	1.8
Uncertain	72	79	44.2
Agree	62	141	38.0
Strongly agree	22	163	13.5

Table 17: HIV infected learners enrolled



Fifty-four percent (54%) of respondents in Table 18 indicated that they would be/are comfortable to give tuition to HIV infected learners.

Category	Frequency table: C5		
	Count	Cumulative Count	Percent
Strongly disagree	12	12	7.5
Disagree	19	31	11.8
Uncertain	43	74	26.7
Agree	59	133	36.6
Strongly agree	28	161	17.4

Table 18: Comfortable to teach HIV infected learners

It is quite interesting that less than 50% (49,4%) of respondents in Table 19 indicated that they would be/are comfortable to have an HIV-positive colleague on their staff.

Category	Frequency table: C6		
	Count	Cumulative Count	Percent
Strongly disagree	9	9	5.7
Disagree	9	18	5.7
Uncertain	62	80	39.2
Agree	63	143	39.9
Strongly agree	15	158	9.5

Table 19: Feeling about an HIV positive colleague on the staff

Most respondents (91.2%) in Table 20 are of the view that HIV-infected learners should be allowed to attend school with non-infected learners.

Category	Frequency table: C7		
	Count	Cumulative Count	Percent
Strongly disagree	2	2	1.3
Disagree	6	8	3.8
Uncertain	6	14	3.8
Agree	105	119	66.0
Strongly agree	40	159	25.2

Table 20: Feeling about attending the same school by HIV positive and HIV negative learners

The responses to the question on the responsibility for HIV/AIDS in schools are quite encouraging. Results from the respondents for the different categories in the questionnaire were as follows:

Senior staff members	-	81.1%
Teachers	-	87.5%
Parents	-	89.9%
Learners	-	77%

Less than 50% of respondents in Table 21 (49.1%) indicated that teachers at their schools did first-aid training.

Category	Frequency table: C13		
	Count	Cumulative Count	Percent
Strongly disagree	27	27	17.0
Disagree	51	78	32.1
Uncertain	69	147	43.4
Agree	8	155	5.0
Strongly agree	4	159	2.5

Table 21: First-aid training received

Almost 61% of respondents in Table 22 are of the view that teachers at their schools are not trained to give guidance on HIV and AIDS to learners.

Category	Frequency table: C14		
	Count	Cumulative Count	Percent
Strongly disagree	29	29	18.4
Disagree	67	96	42.4
Uncertain	42	138	26.6
Agree	17	155	10.8
Strongly agree	3	158	1.9

Table 22: Teachers trained to give guidance on HIV/AIDS to learners

The majority of respondents (89.4%) in Table 23 indicated that the National Department of Education should make it compulsory for all teachers countrywide to do a formal course on HIV/AIDS-Management in schools.

Category	Frequency table: C15		
	Count	Cumulative Count	Percent
Strongly disagree	3	3	1.9
Disagree	5	8	3.1
Uncertain	9	17	5.6
Agree	61	78	38.1
Strongly agree	82	160	51.3

Table 23: Doing of formal course on HIV/AIDS-Management by teachers

Most respondents (82.4%) in Table 24 indicated that learners from other schools, who which to be enrolled at their schools, should not be tested for HIV.

Category	Frequency table: C16		
	Count	Cumulative Count	Percent
Strongly disagree	76	76	47.8
Disagree	55	131	34.6
Uncertain	10	141	6.3
Agree	11	152	6.9
Strongly agree	7	159	4.4

Table 24: HIV-testing for learners from other schools

#### 8.4 Section D

The idea with these questions was to establish whether participating schools have HIV policies and whether all stakeholders were involved in the design thereof.

According to Table 25 in Section D, less than 50% of respondents indicated that their schools have an HIV policy. There is, however, a great deal of uncertainty amongst respondents (42.7%) of whether their schools have an HIV policy or not.

Category	Frequency table: <b>D1</b>		
	Count	Cumulative Count	Percent
Strongly disagree	5	5	3.2
Disagree	14	19	8.9
Uncertain	67	86	42.7
Agree	44	130	28.0
Strongly agree	27	157	17.2

Table 25: HIV/AIDS policy at school

Table 26 gives an indication of the involvement of teachers in the design of their schools' HIV policy. Most respondents (46.5%) indicated that they are not sure whether teachers were involved in the design of their schools' HIV policy, while 28% indicated that teachers were not involved in the design of their schools' HIV policy at all.

Category	Frequency table: <b>D2</b>		
	Count	Cumulative Count	Percent
Strongly disagree	16	16	10.2
Disagree	28	44	17.8
Uncertain	73	117	46.5
Agree	26	143	16.6
Strongly agree	14	157	8.9

Table 26: Teacher involvement in drafting of schools' HIV policy

According to the results in Table 27, more than 50% of respondents indicated that their schools' latest HIV/AIDS policy was never discussed or explained to teachers. More than 30% of respondents were uncertain about whether such a discussion took place or not.

Category	Frequency table: <b>D5</b>		
	Count	Cumulative Count	Percent
Strongly disagree	21	21	13.2
Disagree	60	81	37.7
Uncertain	49	130	30.8
Agree	25	155	15.7
Strongly agree	4	159	2.5

Table 27: Discussion and explanation of schools' HIV/AIDS policy to teachers

Table 28 shows whether parents of learners at participating schools were aware that these schools have HIV/AIDS policies. The results show that there is great uncertainty (48.4%) among respondents on this issue. Only 27% of respondents indicated that parents were aware that participating schools have an HIV/AIDS policy.

Category	Frequency table: <b>D6</b>		
	Count	Cumulative Count	Percent
Strongly disagree	18	18	11.3
Disagree	37	55	23.3
Uncertain	77	132	48.4
Agree	22	154	13.8
Strongly agree	5	159	3.1

Table 28: Parents know that the schools have HIV policies

In Table 29, more than 50% of respondents indicated that their schools' latest HIV/AIDS policy was never discussed and explained to parents of learners at their schools.

Category	Frequency table: <b>D7</b>		
	Count	Cumulative Count	Percent
Strongly disagree	20	20	12.7
Disagree	63	83	39.9
Uncertain	64	147	40.5
Agree	9	156	5.7
Strongly agree	2	158	1.3

Table 29: Discussion and explanation of schools' HIV/AIDS policy to parents

## 8.5 Section E

The focus in this section is primarily on the awareness of HIV/AIDS in the participating schools as well as the community they serve. Table 30 gives an indication on HIV/AIDS awareness events held annually at participating schools. More than 50% of respondents indicated that such events never or seldom take place at their schools.

Category	Frequency table: E1		
	Count	Cumulative Count	Percent
Never	52	52	32.3
Seldom	31	83	19.3
Uncertain	11	94	6.8
Sometimes	54	148	33.5
Always	13	161	8.1

Table 30: Annual HIV awareness events at school

According to the results in Table 31, the majority of respondents (61%) indicated that the school communities that they serve are not actively involved in HIV/AIDS awareness campaigns that are organized by the respective schools.

Category	Frequency table: E2		
	Count	Cumulative Count	Percent
Never	69	69	43.4
Seldom	28	97	17.6
Uncertain	30	127	18.9
Sometimes	24	151	15.1
Always	8	159	5.0

Table 31: Community involvement in HIV awareness campaigns at schools

Although most teachers and learners (60.3%), have access to brochures on HIV/AIDS at their respective schools, it is quite significant to note that a large number of respondents (28%) in Table 32 indicated that learners and teachers at their schools do not have access to these sources of information.

Category	Frequency table: E3		
	Count	Cumulative Count	Percent
Never	27	27	16.8
Seldom	18	45	11.2
Uncertain	19	64	11.8
Sometimes	61	125	37.9
Always	36	161	22.4

Table 32: Access to brochures on HIV by learners and teachers at schools

Respondents in Table 33 are almost evenly split up on whether or not their respective schools observe World AIDS Day on 1<sup>st</sup> December. About 43.2% indicated that their schools never or seldom observe this day while 43.8% indicated that their schools always or sometimes observe World AIDS Day. More than 10% of respondents were not sure whether their schools observe this day.

Category	Frequency table: E4		
	Count	Cumulative Count	Percent
Never	51	51	31.9
Seldom	18	69	11.3
Uncertain	21	90	13.1
Sometimes	23	113	14.4
Always	47	160	29.4

Table 33: Observing of World AIDS Day

## 8.6 Section F

This section focuses on the support and guidance that schools and teachers get from the Education Department (DoE) in the Eastern Cape. Nine questions were posed to respondents and each question consists of five categories.

Respondents were asked about the seriousness of the DoE in the Eastern Cape about HIV and AIDS in primary schools. Results in Table 34 show that 35.8% of respondents indicated that the DoE is not very serious about HIV and AIDS in primary schools while 31.5% indicated the opposite. A large number (32.7%) of respondents were uncertain about the seriousness of the DoE on this matter.

Category	Frequency table: F1		
	Count	Cumulative Count	Percent
Strongly disagree	17	17	10.5
Disagree	41	58	25.3
Uncertain	53	111	32.7
Agree	32	143	19.8
Strongly agree	19	162	11.7

Table 34: Seriousness of DoE in the Eastern Cape on HIV/AIDS in primary schools

Table 35 gives a breakdown of the responses of respondents on the assistance of the DoE with regard to workshops on HIV and AIDS between June 2007 and June 2008. Seventy-three (73) respondents indicated that their schools received assistance in the form of workshops from the DoE during this period. Forty-two (42) respondents indicated that their schools did not receive assistance on HIV and AIDS from the DoE in the Eastern Cape in the form of workshops. A large number (41) of respondents were not sure whether their schools received assistance from the DoE in the form of workshops on HIV and AIDS.

Category	Frequency table: F2		
	Count	Cumulative Count	Percent
Strongly disagree	16	16	10.3
Disagree	26	42	16.7
Uncertain	41	83	26.3
Agree	60	143	38.5
Strongly agree	13	156	8.3

Table 35: Assistance (workshops) from the DoE

Although 34.5% of respondents in Table 36 indicated that their schools received assistance in the form of HIV/AIDS – related materials from the DoE in the province; a large number (32.5%) of respondents claimed the opposite. Thirty-three percent (33.1%) of respondents were not sure of assistance in the form of HIV/AIDS – related materials from the DoE to their schools.

Category	Frequency table: F3		
	Count	Cumulative Count	Percent
Strongly disagree	22	22	14.9
Disagree	26	48	17.6
Uncertain	49	97	33.1
Agree	41	138	27.7
Strongly agree	10	148	6.8

Table 36: Assistance (HIV/AIDS-related materials) from DoE

Most respondents (61.6%) in Table 37 indicated that their schools did not receive assistance from the DoE in the province in the form of First –Aid kits.



Category	Frequency table: <b>F4</b>		
	Count	Cumulative Count	Percent
Strongly disagree	49	49	34.3
Disagree	39	88	27.3
Uncertain	40	128	28.0
Agree	10	138	7.0
Strongly agree	5	143	3.5

Table 37: Assistance (First-aid kits) from DoE

Most respondents (71%) in Table 38 indicated that the assistance that the DoE in the province provides to schools on HIV/AIDS issues is insufficient.

Category	Frequency table: <b>F5</b>		
	Count	Cumulative Count	Percent
Strongly disagree	53	53	33.1
Disagree	60	113	37.5
Uncertain	31	144	19.4
Agree	12	156	7.5
Strongly agree	4	160	2.5

Table 38: Participants responses on how sufficient the assistance from the DoE on HIV/AIDS is

Table 39 gives an indication of the happiness of respondents with the guidance and support that they receive from the DoE in the province on HIV-related matters. Seventy-six percent (76%) of respondents indicated that they are unhappy with the guidance and support that they received from the DoE in this regard.

Category	Frequency table: <b>F6</b>		
	Count	Cumulative Count	Percent
Strongly disagree	54	54	34.0
Disagree	67	121	42.1
Uncertain	20	141	12.6
Agree	14	155	8.8
Strongly agree	4	159	2.5

Table 39: Respondents' feelings on guidance and support from DoE

Although the research results indicate that participating schools did not receive the necessary support from the DoE in the province, 37. 5% of respondents in Table 40 indicated that teachers will be able to or are coping with learners that are HIV-positive. Thirty-two percent (31. 9%) of respondents indicated that teachers would not be able to cope with HIV-infected learners while 31% of respondents were unsure of whether teachers will or will not be able to cope with such learners at their respective schools.

Category	Frequency table: <b>F7</b>		
	Count	Cumulative Count	Percent
Strongly disagree	20	20	12.5
Disagree	31	51	19.4
Uncertain	49	100	30.6
Agree	51	151	31.9
Strongly agree	9	160	5.6

Table 40: Teachers' ability to cope with HIV-positive learners

Most respondents (83%) in Table 41 indicated that teachers cannot refuse to give tuition to learners that have HIV. A sizeable number (11%) of respondents were not sure whether they can or cannot refuse to give tuition to HIV-infected learners.

Category	Frequency table: <b>F8</b>		
	Count	Cumulative Count	Percent
Strongly disagree	82	82	50.6
Disagree	52	134	32.1
Uncertain	18	152	11.1
Agree	4	156	2.5
Strongly agree	6	162	3.7

Table 41: Refusal by teachers to teach HIV-positive learners

A large number of respondents (69. 5%) in Table 42 indicated that the National Department of Education should encourage teachers countrywide to get tested for HIV. It is, however, of concern to note that about 22% of respondents disagree with this statement while 9% of respondents were not sure whether the National Education Department should encourage such an idea or not amongst teachers.

Frequency table: F9			
Category	Count	Cumulative Count	Percent
Strongly disagree	18	18	11.2
Disagree	17	35	10.6
Uncertain	14	49	8.7
Agree	63	112	39.1
Strongly agree	49	161	30.4

Table 42: Encouraging of HIV-testing

## 9. Discussion of research results

According to the research results, more than 50% of respondents indicated that there are HIV-infected learners enrolled at their schools. With reference to the level of preparedness, the results seem to suggest that most primary school teachers are not prepared adequately enough to deal with HIV and AIDS-related matters as most of them have an average knowledge of the disease. The assumption can therefore be made that most of them would not be in a position to provide the learners as well as the communities that they serve with the exact first-hand information about the disease that is so vital in the prevention of stigmatisation, rejection by families and communities, ostracization, and so on that most AIDS-sufferers are still subjected to.

The fact that most primary school teachers have an average knowledge of HIV and AIDS will make it quite difficult to manage the disease effectively in the classroom. Proper management of the disease in the classroom will even be more difficult given the fact that most of them were never trained to deal with learners that are infected or affected by HIV and AIDS. The majority of respondents also indicated that teachers at their respective schools were not trained to give guidance on HIV and AIDS to learners. According to the research results, more than 60% of respondents indicated that their schools also do not have a well-planned program to deal with HIV/AIDS in the classroom and on the playgrounds.

Management of the disease in the classroom will be further compounded by the lack of support to schools and teachers from the Education Department in the Eastern Cape. A sizeable number of respondents (35.8%) are of the view that the DoE in the Eastern Cape is not fully committed in its fight against HIV and AIDS.

The workshops on HIV and AIDS that were conducted by the DoE in the Eastern Cape between June 2007 and June 2008 should never be regarded as sufficient enough as respondents (42) from some of the schools surveyed indicated that their schools did not participate in these workshops while there was great deal of uncertainty

amongst a large number of respondents (41) about receiving assistance from the DoE in the form of workshops.

Research results show that the DoE did also not supply AIDS-related materials to some of the schools in this survey, while 61,6% of respondents indicated that their schools did also not receive any assistance from the DoE in the province in the form of First-Aid kits.

Despite the lack of support from their employer, 37.5% of respondents indicated that teachers will be able to or are coping with learners that have HIV.

## 10. **Conclusion**

It is often said that knowledge is power, however, the research results in this study show that many teachers lack the knowledge on HIV/AIDS that will enable them to give their learners the necessary guidance that will eventually broaden their knowledge of HIV/AIDS and ultimately help them to combat the disease from a young age.

There may be many reasons for this lack of knowledge on the part of teachers, but be that as it may, a concerted effort will have to be made to empower all teachers in South Africa on HIV/AIDS. Most advocates on the disease are in agreement that the school is the best place to start if we want to give ourselves any chance to win the war against AIDS.

The contribution that teachers can make in the fight against HIV/AIDS should never be underestimated. There are still too many misconceptions about the disease, too many people in the country still do not know their HIV-status, and stigmatisation of those infected with HIV is still taking place on a grand scale. Most of the above-mentioned things can be turned around if teachers are sufficiently empowered and be made aware of the significant role that they have to play to help South Africa in her fight against HIV/AIDS.

The National Department of Education seems to be the only body that is in a position to empower the country's teachers on this disease. Many suggestions in this regard have been put forward in the past on what should be done through education to help combat the disease but because of the stance of the government under the leadership of Mr. Thabo Mbeki, nothing has virtually come of those good intended suggestions. However, since the ousting of Mr. Mbeki as president of the country, a new Minister of Health has been appointed that is willing to tackle the HIV/AIDS pandemic head-on. This latest firmness of the government on this pandemic is further emphasised

by Dr. Blade Nzimande (2008) who said “combating of HIV/AIDS must be intensified...both through the curriculum and through support for students and teachers”.

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## 12. Appendices

**Appendix 1:** Letter to the DoE (Acting District-Director)

**Bethelsdorp Rd. Primary School**

P.O Box 17030

Saltville, **Port Elizabeth**

6059

**The Acting District Director** (Dept. of Education)

Sutton Road, **Sidwell**

Dear Sir/Madam

**Re.: Permission to visit primary schools in the Northern Areas of Port Elizabeth to undertake research**

I am an MPhil student at the Africa Centre for HIV/AIDS Management from Stellenbosch University. My research topic reads as follows: **“The level of preparedness of primary school teachers, in the disadvantaged Northern Areas of Port Elizabeth, to manage HIV/AIDS in their classrooms”**. In conducting this research, the Survey Technique will be followed. I would be grateful if you would grant me permission to visit primary schools in the above-mentioned area to gather information for this project.

My data collection methods will include interviews and questionnaires. I promise to observe good ethical conduct throughout. My research participants will be senior staff members, including principals, and teachers of as many primary schools in the Northern Areas of Port Elizabeth as possible. I will also seek permission from principals in this area to visit their schools to enable me get the information that is needed for this research.

I guarantee confidentiality of information and promise that the names of schools and participants will not be made public without their permission.

I await your speedy response.

Yours in Education

.....

Mr P. Floors

15 July 2008



**Appendix 2:**

Letter to respondents via School Principals

**Bethelsdorp Rd. Primary School**  
Chatty  
**Port Elizabeth**  
6059

**28 July 2008**

**Dear Principal**

Re.: Permission to fill in a questionnaire as part of a research project

I am an MPhil student at the Africa Centre for HIV/AIDS Management from Stellenbosch University busy with information gathering in primary schools in the Northern Areas of Port Elizabeth. The title of my research reads as follows: **“The level of preparedness of primary school teachers, in the Northern Areas of Port Elizabeth, to manage HIV/AIDS in their classrooms”**.

One of my data collection methods will be the completion of **Questionnaires**. As this research will focus on primary school teachers, including principals, I would like to know if you and your entire staff will be so kind to complete a questionnaire each to enable me to gather the relevant information for this research. It will only take about 15 – 20 minutes of your time to complete the questionnaire.

I guarantee confidentiality of information and promise that the names of no schools or any research participants will be made public without their permission.

Thank you for your participation.

Yours sincerely

.....

Paulus Floors

My contact details are: **0845604639** (mobile)

### Appendix 3:

### Questionnaire:

#### Section A- Biographical information:

Please indicate with an “x” in the correct box.

1. My present position at the school .....

Principal		Deputy Principal	
HOD		Teacher	

2. Number of years in present position.

1 - 3		7 - 10		15 - 19		26 and more	
4 - 6		11 - 14		20 - 25			

3. Number of years teaching experience.

< 5		< 10		< 15	
> 15		> 20		> 30	

4. Sex

Male		Female	
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5. Age in **2008**

Under 25		26 - 30		31 - 35		36 - 40	
41 - 45		46 - 50		51 - 55		56 and older	

6. Number of learners enrolled at our school.

< 500		500 - 650		651 - 750	
751 - 850		851 - 950		> 951	

7. At our school, tuition is given to learners from grade:

R - 7		R - 9		1 - 8	
R - 8		1 - 7		1 - 9	

8. Number of permanent staff members, including the principal. ....

9. There are more female teachers on our staff.

Yes	
No	

10. I have...

Been tested for HIV.	
Never been tested for HIV.	
Never been tested for HIV, but would like to get tested soon.	

2. **Section B - Knowledge of HIV and AIDS**

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1. South Africa is the country with the most HIV-infected people in the world.					
2. HIV is an STI (Sexually Transmitted Infection) for which there is currently no cure.					
3. The only way to know if you are HIV-positive or not, is to have an HIV-test.					
4. An individual infected with HIV dies within a year or two.					
5. HIV and AIDS is one and the same thing.					
6. <b>HIV is spread:</b>					
• By sharing toothbrushes and razor blades with a person who is HIV-positive.					
• Through unprotected sex.					
• By an HIV-positive pregnant mother to her unborn child.					
• By HIV-positive mothers to their babies through breast-feeding.					
• Through contact with infected blood.					
7. <b>HIV cannot be spread through:</b>					
• kissing					
• shaking hands					
• mosquito bites					
• sharing plates, cups, sources, etc.					
• sneezing and coughing					
• hugging and touching					
8. An HIV carrier is a person who is infected with HIV.					
9. A child that is HIV-positive is a danger to other children at school.					

10. A teacher that is HIV-positive is a danger to fellow teachers as well as learners at school.					
11. Children, who live with someone that has AIDS, can spread HIV.					
12. Everyone who has TB has HIV or AIDS.					
13. Anti-retroviral treatment (ART) cures AIDS.					
14. Just by looking at a person, one can say that such a person has HIV or AIDS.					
15. AIDS is the end stage of HIV-infection.					

**Section C - Management and Training of teachers on HIV/AIDS in schools**

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1. All teachers at our school are trained to deal with learners that are infected with or affected by HIV/AIDS.					
2. The school has a well-planned programme to deal with HIV/AIDS in the classroom and on the playground.					
3. Teachers at our school attend workshops on HIV/AIDS on a regular basis.					
4. There are HIV-infected learners enrolled at our school.					
5. Teachers at our school would be / are comfortable to give tuition (teach) to HIV-infected learners.					
6. Teachers at our school would be /are comfortable to have an HIV-positive colleague on their staff.					

7. HIV-infected learners should be allowed to attend school with non-infected learners.					
8. People responsible for the management of HIV/AIDS in schools should be:					
• Senior staff members					
• Teachers					
• Parents					
• Learners					
• Everybody					
9. Most teachers at our school did first-aid training.					
10. All teachers at our school are trained to give guidance on HIV/AIDS to learners.					
11. The National Dept of Education should make it compulsory for all teachers to do a formal course in HIV/AIDS – Management in schools.					
12. Learners from other schools, who which to be enrolled at our school, should be tested for HIV.					

**Section D - HIV/AIDS Policy**

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1. Our school has an HIV/AIDS policy.					
2. Teachers at our school were involved in the design of the HIV/AIDS policy.					
3. There is an HIV/AIDS-coordinator at our school.					
4. The HIV/AIDS policy of our school gets revised often.					

5. The school's latest HIV/AIDS policy was discussed and explained to teachers.					
6. Parents of learners at our school are aware that the school has an HIV/AIDS policy.					
7. The school's latest HIV/AIDS policy was discussed and explained to parents of learners at our school.					

**Section E - Education and Awareness**

	Never	Seldom	Uncertain	Sometimes	Always
1. HIV/AIDS awareness events are held annually at our school.					
2. The school community is actively involved in HIV/AIDS awareness campaigns organized by our school.					
3. Teachers and learners at our school have access to booklets and brochures to inform them about HIV and AIDS.					
4. Our school observes WORLD AIDS DAY on the 1 <sup>st</sup> December.					

**Section F: Support from the Department of Education in the Eastern Cape:**

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. The Dept. of Education in the Eastern Cape is very serious about HIV/AIDS in primary schools.					
2. Our school received assistance on matters of HIV/AIDS from the Dept. of Education in the Eastern Cape between June 2007 and June 2008 in the form of:					
• Workshops					
• HIV/AIDS – related materials					
• First-aid kits					

3. The assistance that the Dept. of Education in the Eastern Cape provides on HIV/AIDS-issues is sufficient enough.					
4. I am happy with the guidance and support from the Dept. of Education in the Eastern Cape on HIV-related matters.					
5. Teachers will be able to / are coping with learners that are HIV-positive, despite the many challenges that they face with the New Curriculum.					
6. Teachers can refuse to give tuition (teach) to learners that have HIV.					
7. The National Dept. of Education should encourage teachers countrywide to get tested for HIV.					

**Thank you once again for your willingness to be a participant in this research!**