

**Knowledge and attitudes of high school learners regarding  
people living with HIV/AIDS.**

**by**

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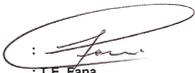
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**DECLARATION**

By submitting this dissertation electronically, I the undersigned, hereby declare that the work contained in this theses is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

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## **SUMMARY**

South Africa (SA) is the leader in the world with regard to the number of people that are infected with HIV/AIDS in the world. This poses a threat to South Africa's political, social and economic development initiatives as majority of those that are infected are between ages 15 - 49 . HIV/AIDS has no cure and it is a serious problem that need everybody undivided attention and dedication.

It was previously an accepted belief in life that children will grow and take care of their parents once they are grown ups, but today they never live to see that happening as they continue to be robbed of this opportunity by deaths caused by HIV/AIDS infection. Children are also robbed of parental warmth, guidance and caring environment as their parents are also dying of HIV/AIDS infection and then left behind to fend for themselves. HIV/AIDS infected people are also facing the challenge of dealing with negative societal attitudes while at the same time they had to fight for their lives against the disease as it is not regarded as other diseases by the broader society. They are continuously rejected ostracized, discriminated against, not treated with respect, love, cared and supported for. Everyone needs to help in creating a supportive and enabling environment where HIV/AIDS victims can speak out openly without the fear of being victimized and rejected.

The aim of this study is to assess the learner's knowledge of HIV/AIDS and to determine their attitudes towards People Living with HIV/AIDS (PLWHA). It was found that HIV/AIDS knowledge and awareness was high among learners, even though there was some limited knowledge in certain aspects. With regard to perception and attitudes it was discovered that learners had a fair and positive attitude towards PLWHA.

It is recommended that these positive attitudes, perception and high knowledge and awareness be sustained through education at schools as they are the appropriate places to teach youth about HIV/AIDS prevention strategies and high risk behaviors.

## **OPSOMMING**

Die doel van die studie was bepaling van die kennis, houding -en persepsievlakke van leeders wat leef met MIV/VIGS.

Bevindings van die studie dui daarop dat kennisvlakke van leerders dikwels gebrekking is en redes word daar voor aangevoer.

Dit word verder bevind dat die houding – en persepsievlakke redelik goed is by die leerders.

Voorstelle word gemaak vir die beter bestuur van MIV/VIGS op skoolvlak ten einde die pandemie so doeltreffend as moontlik op skoolvlak te bestuur.

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## CHAPTER 1

### INTRODUCTION, BACKGROUND AND RATIONALE

The Human immunodeficiency virus or Acquired immune deficiency syndrome (HIV/AIDS) was first identified in 1981 (Van Zyl, 2009: 1). Since then the epidemic has become a serious health and development problem in many countries around the world. Almost five million people became newly infected in with HIV in 2003, the greatest number in any year since the beginning of the epidemic. At the end of the 2006 the Joint United Nations Programme on AIDS (UNAIDS) estimated the number of HIV infections worldwide at about 40 million. About 24, 7 million infected people which are 62% of the total infections were in Sub- Saharan Africa. South Africa (SA) has the largest number of HIV/AIDS infected people in the world (UNAIDS, 2007).

HIV/AIDS knows no social, gender, age and racial boundaries, but it is universally accepted that socio-economic circumstances do influence the disease patterns. HIV thrives in an environment of poverty, rapid urbanization, violence and destabilization.

Transmission is further exacerbated by differences in resources and continuously changing patterns of migration from rural to urban areas.

Coupled with this some cultural practices such as polygamy also play part in the increase of HIV/AIDS infection as they cannot negotiate sex with condom with their husband as they might be accused of having extra marital affairs even though this might be the case with their husbands. SA is further burdened by Tuberculosis (TB) as its TB rate is double than those found in the other developing countries.

In 2005 Multi Drug Resistant TB (MDR TB) was first identified in Kwa-Zulu Natal and it then spread to other provinces of South Africa. These diseases poses a serious threat to the economic, health and world development initiatives as they mainly affect people between age 15 to 49 who are economically active.

There is no quick fix to the problem as there is no cure for HIV/AIDS, hoping for vaccine is not a sound strategy. Sitting back and waiting for a breakthrough is not a realistic option as it will take time which can be ill afforded (White, 2003: 12).

HIV/AIDS together with Drug resistant TB strains Multi and Extreme Drug Resistant Tuberculosis (MDR and XDR TB) are spreading very fast and are continuing to bring the worst and the best out of communities. They bring the best when communities came together and mobilize themselves to take action against HIV/AIDS. On the other hand they bring the worst when the community does not treat those infected with love, respect and dignity or when they are abused, ridiculed, marginalized and rejected even worse by their families.

These factors provided a motivation for this study. The researcher is currently working in an XDR and MDR TB Hospital. This is a very infectious environment and the author had seen an increasing number both adults and youth who are of school going age being admitted at the Hospital and losing out on their schooling years and lives. This had motivated the author to assess the high school learner's knowledge and attitudes regarding people living with HIV/AIDS as youth are the most infected group.

### **1.1. THE RESEARCH PROBLEM.**

South Africa (SA) has the highest number of HIV/AIDS infected people in the world. In 2004 SA was ranked number five (5) by the World Health Organization, among high burdened TB countries. With the identification of MDR and XDR TB the well being of people was further threatened. Those infected with HIV/AIDS run the risks of being co-infected with these resistant strains of TB. They further find themselves in a very difficult and serious situation as they face double jeopardy.

While faced with death from the disease they are still abused, ridiculed and marginalized. They are not treated with love, respect and dignity once their diagnosis or status is publicly known. They are discriminated and by their colleagues at work, families and community members at large. In certain areas in the Nelson Mandela Metropolitan Municipality people do not dare touch or talk to HIV positive people while those with Drug Resistant TB are isolated from other people and even chased away from their homes by family members.

What are the knowledge levels and attitudes of High school learners regarding People Living with HIV/AIDS?

### **1.2. DELIMITATION OF THE RESEARCH**

The scope of this study was limited to Grade 12 learners at Walmer High School. The school is situated at Walmer Township which is within the Nelson Mandela Metro Municipality (Port Elizabeth). The study was only limited to the evaluation of the HIV/AIDS knowledge and awareness levels among grade 12 learners and on determining their attitudes towards PLWHA.

### **1.3. SIGNIFICANCE OF THE RESEARCH**

The fight against HIV/AIDS cannot be won unless the level of awareness and commitment of the authorities and the general public at large is raised up to a point where everyone understand that this diseases is monstrous and that it need each and everyone's undivided attention. The author is of the opinion that this research will help in understanding if whether the High school learners have got the right knowledge and attitude about HIV/AIDS.

Secondly it will help in that it will present them with an opportunity of doing a reality check on their attitudes towards the people diagnosed with this disease. It will also help if it can lead to more educational drives regarding the disease and thereby lead to change of negative attitudes to positive attitudes towards those living with this disease.

This research will be beneficial to both the infected and affected especially if it will lead to behavior change and attitudes change from negative to positive by the community towards those infected. This will further help if it can lead elimination of stigma and discrimination and thereby to the acknowledgement of the fact that we are all affected and so we need to work together towards finding a common solution to the problem.

### **1.4. AIMS AND OBJECTIVES OF THE RESEARCH.**

The aim of this study is to establish the level of HIV/AIDS knowledge and attitudes of High school learners regarding people living with HIV/AIDS (PLWHA).

## **OBJECTIVES OF RESEARCH**

- Assess the level of HIV/AIDS knowledge of high school learners
- Establish the attitudes of high school learners towards PLWHA
- Analyze existing literature to establish what should be known and acceptable attitudes
- Identify gaps between high school learners attitudes and those that have been found on the literature reviewed
- Provide guidelines on how to close the HIV/AIDS knowledge gap and on how to acquire the required attitudes.

## **1.5. RESEARCH DESIGN AND METHODS**

According to Neuman (1997), methodology refers to the technique that a particular discipline uses to manipulate data and acquire knowledge. The method of a research consists of a literature study and an empirical survey.

In order to promote the logical solution to the problem the following broad procedure was followed:

(a) A literature study was undertaken wherein concepts, issues relating to HIV/AIDS transmission, prevention, and legal aspects relating to management of HIV/AIDS were fully examined in order to discover the right way of dealing HIV infected people.

The above procedure was achieved by using relevant published, unpublished, electronic texts and studies.

(b) The Empirical data required to achieve the research objectives obtained through the use of the Postal survey.

The survey took a form of a questionnaire and was administered within the delimitations as identified in section 3.

The qualitative and quantitative approaches were used as a holistic view of the primary data was achieved together with the more insights into the particular variables of the study. Together with the development of the methodology, the statistical techniques for the analysis and interpretation of information were decided upon.

(c) Conclusions were drawn and recommendations made based on the data that was gathered through theoretical research and from questionnaires and interviews.

#### **1.6. ORGANISATION OF THE RESEARCH.**

In Chapter one of the research study the problem statement is presented together with the delimitations, significance, aims and the objectives of the research. The research design is then outlined. In Chapter two the key concepts, issues together with the legal aspects regarding management of HIV/AIDS are examined. In chapter three the researcher outlines the research design in detail and discusses the development of the empirical study. In Chapter four the results of the empirical study are discussed and presented. The study then cumulates with Chapter five in which conclusions and recommendations are drawn or presented.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1. INTRODUCTION

HIV/AIDS is one of the greatest health hazards that the whole world has ever faced. In the world more than 40 million people are infected with this disease and these numbers are continuing to grow on a daily basis (UNAIDS, 2008). This situation poses a threat to economic and development initiatives all over the world as people who are economically active are the ones that are mostly infected. To date HIV/AIDS is recognized as one of the ten leading causes of death Stine (1993).

HIV/AIDS prevalence is continuing to grow as people are hiding their status as they fear being rejected, ridiculed, stigmatized and discriminated by the society. Stigmatization and discrimination are adding fuel to the fire of HIV/AIDS, whereas a more enabling environment need to be created to create openness and visibility of PLWHA as a normal part of the broader society.

This chapter will deal with concepts, issues relating to HIV/AIDS management, prevention, transmission and the legal aspects

#### 2.2. Key concepts and issues relating to HIV/AIDS transmission and prevention.

According to Van Zyl (2009, p1) HIV is defined as Human immunodeficiency virus while AIDS on the other hand is defined as Acquired immunodeficiency syndrome. HIV/AIDS was first identified in 1981 when unusual lung infections were seen in men who had sex

with other men in the United States. Due to ignorance, discrimination and stigmatization the disease continued to grow up to such an extent that 40 million people are infected with this disease in the world. According to Van Zyl (2009, p3) HIV/AIDS can be transmitted in the following ways:

- \* Sexual transmission – in both heterosexuals and homosexuals when infected secretions come in to contact with the mucous membrane
- \* Blood born – when infected blood is transferred to another individual either through transfusion, needle sticks and sharp objects and intravenous drug users.
- \* Vertical transmission – mother to child transmission in the womb or during the birth process or after birth through breastfeeding.

In order to prevent the spread of this disease education about abstinence, having one partner or being faithful to each others and also use of condom is regarded as the best strategy in terms of the findings of the study by (White: 2003, p35).

HIV/AIDS infected people find themselves in a serious situation and face double jeopardy. While faced with death because of the diseases they still need to keep up with the challenges that life and the broader society throws at them in that they are ridiculed, rejected, isolated and abused. The family members, brothers and sisters together with the broader society has developed negative attitudes them as they are blamed for HIV infection (Stine: 2003, p350).

Attitudes related to HIV/AIDS are stable predispositions a general and enduring positive or negative feeling about some person, object or issue a mental state of readiness, learned and organized through

experience and consisting of three distinct components (Cox & Cox: 1991, p5):

- \* Cognitive component - consists of person's perceptions, opinions and beliefs
- \* Affective component - feelings and emotions a person has towards an object
- \* Behavioral component - refers to tendency of a person to act in a certain way

Attitudes originate from human cognitions and are closely linked and influenced by perceptions. Prejudice and stigmatization normally refers to a specific attitude - a combination of hostile feelings, negative emotions and hostile behavior towards others. These hostile and negative attitudes are the result of lack of knowledge (Lewis: 1990, p36).

Stigmatization is a discrediting attitude, or a process of devaluation or a perceived flaw which allows for its bearer to be treated in a dehumanized way or reducing a status of a person who possesses it resulting in a spoiled identity (Mashabela: 2006, p45)

Discrimination can be defined as an unjust or unfair treatment of an individual based on his or her perceived HIV status, and discrimination is usually seen to follow stigmatization (UNAIDS, 2007).

In most societies HIV/AIDS is still seen as a result of irresponsible or wrong sexual behaviors. In some Christian families it is regarded as a punishment or curse from God for the sins that one has committed. The communities have become more judgmental and moralistic towards People Living with HIV/AIDS.

In December 1998, Gugu Dlamini was stoned to death for disclosing her positive HIV status on the World AIDS Day by her neighbors in her township near Durban in South Africa (Anon: 2000, p3).

HIV infects CD4 cells which are the ones that are responsible for coordinating the immune system and protecting the body against diseases. Once infected the body tries to fight the virus but due to continued replication of the virus on the body the CD4 cell eventually becomes weakened and destroyed. The infected person becomes very ill for long periods in some cases and then dies. It is during these times that the support of the family friends and the community is really needed. PLWHA are not treated with love respect and dignity once it becomes known that they are HIV positive. The society as a whole ill treats them (Salehi: 2000, p1)

PLWHA suffer alone as they get rejected and kicked off the houses by their families and in some cases the community at large. Rejection by family members causes stress as they are regarded as an important unit in every person's life. Stigmatizing PLWHA leads to the feeling of withdrawal, guilt, anger and rejection and leads to the increase in number of HIV infection as people deny and also do not disclose their status (Anon: 2000, p2).

### **2.3. Legal aspects relating to management of HIV/AIDS**

In this section the researcher will use the rights as mention in the Bill of rights, ILO code of Conduct and the South African Constitution which are affected and relevant to HIV/AIDS management. According to Louw (2008, p2) the following are the rights that are afforded to everyone:

- \* The right to non-discrimination.

- \* The right to privacy and confidentiality.
- \* The right to a healthy working environment.
- \* The right to the continuation of the employment relationship.

2.3.1. The right to non - discrimination - in section 9 of the South African Constitution PLWHA are protected from potential discrimination. This section gives every person the right to equality to everyone. Section 9 prohibits unfair discrimination on the basis of the race, sex, gender, pregnancy, marital status, sexual orientation, age, disability religion. Although HIV/AIDS is not included in this list it qualifies to be included in this list as it is analogous to include it. The Employment Equity Act (EEA) prohibits discrimination of HIV/AIDS infected people. In the Labour Relations Act (LRA) dismissal of employee due to her or his positive HIV status is also prohibited. Medical schemes Act prohibit discrimination on provision of medical benefits due to HIV/AIDS status.

2.3.2. The right to privacy and confidentiality - section 14 of the constitution gives everyone the right to privacy. EEA prohibits testing for employment reasons unless it's justified by the Labour Court. In terms of the common law people are prohibited from disclosing their patients HIV status without their consent. In terms of the Code of good Practice there is no legal duty to disclose ones status. Written consent should be given

2.3.3. The right to a safe and healthy working environment - in terms of the Occupational Health and Safety Act employers has a legal duty of providing a safe working environment. Procedures that need to be followed are in the event of exposure are prescribed and employees need to be assisted in the event of claiming when an exposure

2.3.4. The right to continuation of employment relationship - in terms

of section 2 of the ILO code of Good practice HIV should not be considered as a cause for termination of employment. The infected people should be allowed to work as long as he or she is medically fit to do so in an appropriate work. Dismissal for being HIV positive is prohibited in the LRA and it constitutes an unfair Labour practice. In terms of the LRA code of practice reasonable accommodation should be made for the infected person and alternative and suitable employment should be offered.

#### **2.4 CONCLUSION**

In this chapter the researcher had reviewed relevant literature. Key concepts and issues relating to HIV/AIDS transmission, prevention and legal aspects for HIV/AIDS management were discussed.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1. INTRODUCTION

The main purpose for this study was to assess the HIV/AIDS knowledge levels of grade 12 learners at Walmer high school and to determine their attitudes towards PLWHA. The attempt to solve this main problem was based on a proposal that school needs to play an active role in ensuring that they teach life skills so that youth can be acquire these skills as early as possible if we had to reduce HIV/AIDS related discrimination and stigma.

In chapter two of this study key concepts, aspects relating to HIV/AIDS transmission and prevention and legal issues regarding HIV/AIDS management were dealt with.

The purpose of this chapter is to describe the research methodology used during this study. This chapter elaborates on the research sample, construction of questionnaires and the response rate.

#### 3.2. ETHICAL CONSIDERATION IN RESEARCH

Researchers have an ethical obligation to participants in a research study. George and Jones (2002, p688) acknowledges that there is disagreement about the exact nature of these obligations, but the authors offer guidelines to which all researchers should adhere:

- \* The researcher should obtain the informed consent of research participants. When consent is informed, participants know that they are taking part in a research

- study and do so voluntarily.
- \* Participants should not be harmed in any way by the research conducted.
  - \* Participant's right to privacy should be respected.
  - \* Participant's should be debriefed.
  - \* Data should be treated confidentially.

### **3.3. THE RESEARCH METHOD**

The following procedure was followed during this research:

A letter was written to the Principal and the school governing body at Walmer high school requesting approval to conduct the study. A meeting was held with the SGB and school principal in order to clarify what was expected and also to get parents consent for participation of their children in the study. The researcher was advised to seek permission from the Department of Education District Office (NMMM) before applying at the school. Having submitted the application letter together with the research proposal to the District Manager, approval letter was granted to conduct the research at Walmer high school. The Principal also approved the request to conducting the study and stipulated that it should not interrupt school schedule and that participants should remain anonymous.

A questionnaire was developed with the help of Prof. Augustyn and a colleague who is working as an HIV/AIDS Co-coordinator. A pilot study was then conducted in order to test the accuracy with which the questionnaire was constructed. This exercise resulted in minor adjustments to the structure of the questionnaire.

The final questionnaire consisted of 45 close-ended questions that are based on a 4 point likert scale (these ranged between strongly agree, agree, strongly disagree and disagree).

This questionnaire is divided into three sections. The first section consisted of the biographical information, the second section consisted of HIV/AIDS knowledge and awareness questions and lastly the third section consisted of attitudes and perception questions.

The questionnaire was then sent together with self addressed stamps and fast mail envelopes to 40 learners who were randomly selected by picking every 5<sup>th</sup> learner from the school register that consisted of 200 grade 12 learners. Learners were given four weeks to complete and send back the questionnaire. This was from the 27<sup>th</sup> of November to the 25<sup>th</sup> of December 2009.

Based on the above discussion, the researcher has chosen the combination of descriptive and analytical method.

#### **3.4. DATA COLLECTION METHODS**

Ferreira (2001, p17) highlight the postal surveys as the most popular method of data collection. Postal surveys are instruments that require the respondents to complete a questionnaire and they serve as the only communication medium between the researcher and the respondent. Kemp (1997, p181) notes that a postal survey is relatively cheap and that one person can handle its administration and that it has more anonymity than other forms of communication and that mailed questionnaires can easily be standardized.

Emory and Cooper (1991, p338) concur that postal survey have the following advantages:

- \* Postal surveys cost the least with regard to time and money.
- \* Respondents have sufficient time to think about questions.

- \* Data is obtained from many respondents within a limited time period.
- \* Postal surveys are usually highly structured and the use of open-ended questions is limited and that makes data capturing relatively easy.
- \* The stimulus provided to each respondent is identical in all cases, as the questionnaire is the only means of communication between the researcher and the respondent.

The disadvantages of postal surveys are as follows:

- \* The research sample is limited to respondents who are literate
- \* There is a low response rate due to high degree of self-selection
- \* Respondents are not able to qualify answers or discuss the meaning of statements with the researcher.
- \* The questionnaire must be limited with regard to length and scope of the questions as respondents can lose interest or become fatigued.

The researcher believes that this opinion is still relevant. The above discussion indicates that the postal survey is the most feasible method to use in this research. Although there are certain disadvantages associated with the postal survey, they are outweighed by the advantages and hence the postal survey was selected as the data collection method.

### **3.5. RESEARCH SAMPLE**

The researcher has made use of simple random sampling as each respondent had an equal chance of being selected for the sample.

### **3.6. THE DEVELOPMENT OF THE QUESTIONNAIRE**

According to Leedy (1997, p191) the questionnaire is a common instrument used for studying data beyond the physical reach of the observer. Christensen (2007, p178) add that a questionnaire is a technique of data collection whereby each person of the sample provides a response to a question that is posed to the entire sample in a predetermined order.

Saunders et al (2000, p279) state that reliability and validity of the data collected can be affected by the structure of the questionnaire.

The questionnaire was developed with the help of Professor Augustyn and a colleague who works as an HIV/AIDS coordinator.

The researcher has tried and maximized the validity and reliability of the data collected by making use of the following:

- \* Using close ended questions in the questionnaire
- \* Using clear and simple language in the questionnaire
- \* By clearly explaining the purpose of the questionnaire
- \* The completion of a pilot study which resulted in minor adjustments of the original questionnaire
- \* Properly and accurately designing the questionnaire

#### **3.6.1. TYPES OF QUESTIONS**

For the purpose of this study a questionnaire with 45 closed ended questions was used. These questions were also based on a 4 point likert scale format.

This is considered to be the best method as the researcher is not experienced and also wanted something that will be easier to compute while also intending to analyzing relationships between statements.

### **3.6.2. THE PILOT STUDY**

The questionnaire developed for this research was subjected to a pilot study. Four participants were considered for the pilot study and they consisted of two life skills or orientation teacher and two HIV/AIDS co-coordinator.

The objective of the pilot study and instructions for completing the questionnaire were provided in a cover letter (Annexure A). The feedback from the pilot study resulted minor in changes being made on the questionnaires.

### **3.6.3. THE QUESTIONNAIRE COVER LETTER.**

The researcher included a cover letter when posting the questionnaire. The letter was written by the researcher and signed by the research supervisor.

The questionnaire cover letter consisted of the following components:

- \* The person who constructed the questionnaire.
- \* The aim of the research project.
- \* The time required to complete the questionnaire.
- \* The assurance that the questionnaire is private and confidential.
- \* A specific return date.

This was done in order to establish a sense of authority while also conveying the significance of the research project. The researcher also included pre-stamped and addressed fast mail envelope in the questionnaire and the cover letter for ease of return.

In this study the final draft of the survey questionnaire and its cover letter was used to collect the empirical data for this research project. These are shown in annexure B and C.

The questionnaire comprised of the following three sections:

Section A: Biographical information

Section B: HIV/AIDS knowledge and awareness

Section C: Attitudes and perceptions regarding HIV/AIDS

### **3.7. THE RESPONSE RATE**

Questionnaires were posted to 40 participants. Participants were identified using the sampling method as established in section 1.3. Seven days prior to the due date participants were reminded about questionnaires and encouraged to complete and return them. 35 participants completed and returned the questionnaires and this indicated that an 87, 5 percent response rate was achieved. The other five participants advised that they could not complete and return the questionnaires due to reasons that cannot be disclosed for the purpose of this study. This indicates a non-response rate of 12, 5 percent.

### Source postal survey

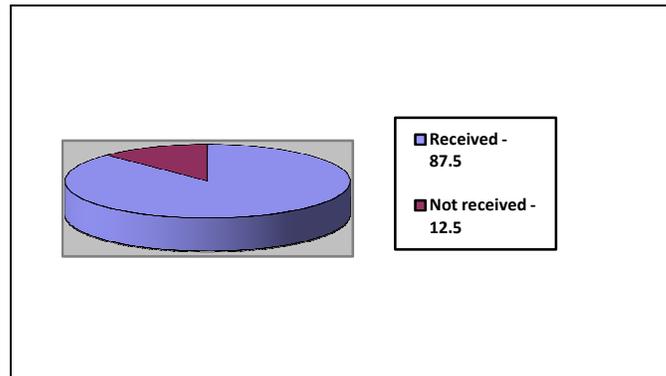


Figure 3.1: Graphical depiction of the response rate.

Saunders et al (2000, p158) states that a 30 percent response rate is a reasonable and acceptable response rate for a postal survey.

Salkin (2000, p137) is of the opinion that researchers should expect approximately 35 percent response rate from a postal survey.

Based on the above a response rate of 87,5 percent which was achieved in this case is considered above average for postal survey and is acceptable for the purpose of this study.

### **3.8. CONCLUSION**

This chapter provided a comprehensive review of the research methodology that is used in this study.

The discussion provided evidence that the researcher would need to look very carefully on issues relating to ethics and the measurement theory.

In chapter four the researcher will undertake the statistical analysis and interpretation of the responses to the survey, which was undertaken in terms of the guidelines as provided in chapter three.

## CHAPTER 4

### **ANALYSIS AND INTERPRETATION OF THE EMPIRICAL STUDY**

#### **4.1. INTRODUCTION**

The purpose of this chapter is to investigate the intrinsic meaning of the research data that was gathered through the empirical study.

Research results and inferences drawn from data that was collected will be compared to the theory that was analyzed during literature review. This comparison will also help in verification of the theory found on during the literature review.

Data will also be analyzed according to the structure of the questionnaire which is as follows:

Section A: Biographical information

Section B: HIV/AIDS knowledge and awareness

Section C: Attitudes and perceptions regarding HIV/AIDS

A summary of the respondent's responses to the survey will be arranged and presented in tabular form.

#### **4.2. ANALYSIS OF BIOGRAPHICAL INFORMATION**

This section analyses the gender, age and ethnicity of the respondents as well as their home language and the areas where they stay.

Table 4.2.1

Respondents according to Gender distribution of respondents

<b>Gender</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Male	23	66
Female	12	34

Data in Table 4.2.1 reveal gender distribution of the respondents. It shows that two-thirds of the respondents were males. The researcher is of the opinion that this is a trend especially within the (urban) formal and informal settlements as girls drop out from school either to look for work or because of pregnancy even though this is not substantiated by any statistics in this study.

Table 4.2.2

Responses according to age distribution of the respondents

<b>Age</b>	<b>Frequency</b>	<b>Percentage (%)</b>
16	1	2.85
17	8	22.85
18	9	25.71
19	8	22.85
20	6	17.14
21	2	5.71
22	0	0
23	1	2.85

Data in Table 4.2.2 shows that the majority of respondents which is 74% were aged between 16 to 19 years and only 26% of the respondents were between 20 and 23 years. This is generally acceptable age for learners to be in grade 12.

Table 4.2.3

Responses according to ethnicity of the respondents

<b>Ethnic group</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Black	34	97
Coloured	1	3

Data in Table 4.2.3 shows that of the total, 34 (97%) respondents were black and 1 (3%) was a coloured. This could be expected as the school is situated in the black community.

Table 4.2.4

Responses according to home language of respondents

<b>Home language</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Xhosa	35	100
Afrikaans	0	0

Data in Table 4.2.4 shows that the total sample home language was Xhosa. This is also expected as the school is situated in the black community and the majority of residents are Xhosa speaking people.

Table 4.2.5

Responses according to the residing area of respondents

<b>Residing area</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Informal settlements	12	34
Formal settlements	23	66

Data in Table 4.2.5 shows that of the total population, 23 (66%) reside on the formal settlements (urban and semi urban areas) while 12 (34%) live in the informal settlements (shacks and farming areas).

### **4.3 HIV/AIDS KNOWLEDGE AND AWARENESS**

<i>Statements relating to HIV/AIDS knowledge and awareness.</i>	<i>Correct Male</i>	<i>Correct Female</i>	<i>Incorrect Male</i>	<i>Incorrect Female</i>
1. A vaccine is available to protect people from HIV infection	11	7	12	5
	48%	53%	52%	47%
2. A pregnant women can pass HIV infection to her unborn baby	15	9	8	3
	65%	75%	35%	25%
3. HIV/AIDS was carried over from Chimpanzees to human beings	13	2	10	10
	57%	17%	43%	83%
4. AIDS is a disease that has no cure	21	11	1	1
	91%	92%	9%	8%
5. Majority of HIV infected people live in Sub-Saharan Africa	14	5	9	7
	61%	42%	39%	58%
6. Province with the majority of HIV infected people is EC.	14	8	9	4
	61%	67%	39%	33%
7. Antiretroviral together with healthy meals can cure HIV/AIDS	19	8	4	4
	83%	67%	17%	33%
8. HIV/AIDS can infect anyone regardless of race, colour, gender and age	19	9	4	3
	83%	75%	17%	25%
9. HIV/AIDS makes the body so weak that it cannot fight diseases	22	11	1	1
	96%	92%	4%	8%
10. Only poor people get HIV/AIDS infection	23	10	0	2
	100%	83%	0%	17%
11. People who are HIV infected can be easily identified	20	3	3	9
	87%	25%	13%	75%

12. Women are more likely to get HIV infection than men	21	11	2	1
	91%	92%	9%	8%
13. About 40 million people are HIV infected in the world	21	8	2	4
	91%	67%	9%	33%
14. In South Africa more men are infected with HIV than women	18	10	5	2
	78%	83%	22%	17%
15. A condom is 100% effective in protecting people against HIV infection	5	9	18	3
	22%	75%	78%	25%
16. HIV can be only transmitted through unprotected sex	12	7	11	5
	52%	58%	48%	42%
17. Anti retroviral help by reducing viral load and increasing CD4 count	19	11	4	1
	83%	92%	17%	8%
18. All TB patients are HIV positive	22	0	1	12
	96%	0	4%	100%
19. All HIV positive people have got TB	20	2	3	10
	87%	17%	13%	83%
20. You can get HIV by sharing used syringes or needles	16	8	7	4
	70%	67%	30%	33%
AVERAGE	345	149	115	91
	75%	62%	25%	38%

Data in Table 4.3 tries to identify the HIV/AIDS factual knowledge and awareness level of the respondents. On average males achieved a 75% score while females achieved 62% scores on HIV/AIDS knowledge and awareness questions.

Based on the above data it can be said that Walmer high school male learners are more aware and knowledgeable of HIV/AIDS than their

female colleagues. This is in contrast to the findings of the study by Cornelissen (2005: 11) which indicated that females were more knowledgeable and aware of HIV/AIDS than males. Having achieved an overall average of 71%, it can be concluded that Walmer high school grade 12 learners have a high HIV/AIDS factual knowledge and awareness levels.

Despite the high overall average that was achieved there are some causes for concern when it comes to some of the answers that were given to the questions that were asked.

In question one only 51% of the learners answered correctly while 49% answered incorrectly. This illustrates that some learners do not know that there is no vaccine for HIV/AIDS, and it poses a challenge for more information and education to the youth. This is supported by the findings of White (2003: 34) which states that until a vaccine is found, the only way to prevent new HIV infection is through education, abstinence, condom use and being faithful to one partner.

In question 11, which states that HIV positive people can be easily identified 75% of females answered incorrectly compared to 87% of males who answered correctly while in question 18 and 19 which states that all HIV positive people have TB and that all TB positive people have HIV, its interesting to note that almost 90% of females answered incorrectly, compare to 90% of males who answered correctly and this is very stressing and shows lack of facts and knowledge when it comes to HIV and TB among female learners.

The above findings are supported by the study of White (2003: 45) which states that people have misconceptions that HIV positive people can be easily identified, and that all HIV positive people have TB and that all people with TB are HIV positive.

The findings of this study are also similar to those of the study by Strydom (2002: 190) which stated that learners scored high on some factual HIV/AIDS prevention and transmission knowledge questions but also low on issues that were not of general knowledge

Another interesting finding was the fact that only 40% of the learners answered correctly and 60% answered incorrectly when it comes to the effectiveness of the condom as an HIV prevention tool or method. This is in contrast to the findings of the study by Strydom (2002:66) in which 63% of learners stated that condoms are not 100% effective as even a minute break in the latex is sufficient to allow HIV infection.

#### **4.4 ATTITUDES AND PERCEPTIONS REGARDING HIV/AIDS**

<i>Statements relating to attitudes and perceptions regarding HIV/AIDS.</i>	<i>Correct Male</i>	<i>Correct Female</i>	<i>Incorrect Male</i>	<i>Incorrect Female</i>
1. People with HIV should be marked so that it can be easy to identify them	21	10	2	2
	91%	83%	9%	17%
2. HIV/AIDS infected people deserve to be stigmatized and discriminated	22	12	1	0%
	96%	100%	4%	0
3. People with HIV/AIDS should not be allowed to attend school or work	21	12	2	0
	91%	100%	9%	0%
4. I cannot share my bedroom with an infected person as I fear infection	19	11	4	1
	83%	92%	17%	8%
5. People with HIV infection deserve to be treated with love and respect	20	12	3	0
	87%	100%	13%	0%
6. HIV infected people got what	17	8	6	4

they deserve and must be punished	74%	67%	26%	33%
7. HIV infected people health information should be treated as confidential	19	9	4	3
	83%	75%	17%	25%
8. If I can get infected with HIV/AIDS I will commit suicide and deny it	19	11	4	1
	83%	92%	17%	8%
9. I cannot date or associate myself with an HIV infected person	18	8	5	4
	78%	67%	22%	33%
10. If a family member get HIV infection, I can accept and support them	21	10	2	2
	71%	83%	29%	17%
11. I can never accept treatment from an HIV infected nurse or person	21	12	2	0
	91%	100%	9%	0%
12. HIV infected people deserve being rejected and isolated	19	9	4	3
	83%	75%	17%	25%
13. It is okay to keep health status of the HIV infected confidential	20	10	3	2
	87%	83%	13%	17%
14. HIV infected people should not be afforded the same basic rights	20	9	3	3
	87%	75%	13%	25%
15. HIV infected people deserve it as they failed to practice safe sex	18	9	5	3
	78%	75%	22%	25%
16. HIV infected people status should be publicly known	17	7	6	5
	74%	58%	26%	42%
17. HIV infected people should be legally separated from others to protect them	16	8	7	4
	70%	67%	30%	33%
18. Employers can force prospective employees or employees to test for HIV	17	10	6	2
	74%	83%	26%	17%

19. Employers can dismiss employees who are HIV/AIDS infected	20	11	3	1
	87%	92%	13%	8%
20. I am angered and disgusted by people living with HIV/AIDS	17	9	6	3
	74%	75%	26%	25%
AVERAGE	382	197	78	43
	83%	82%	17%	18%

Data in Table 4.4 tries to establish the attitudes and perceptions of the respondents regarding HIV/AIDS. On average scores of 83% and 82% were achieved respectively by both the males and female grade 12 learners at Walmer High school. Having achieved an 83% score, the deduction can be made that, Walmer high school grade 12 learners have a positive attitudes and perceptions regarding or towards HIV/AIDS.

The statements above relate issues regarding discrimination, stigmatization, rejection, isolation, acceptance and love of PLWHA. The large percentage that was achieved shows that the majority of respondents have a positive attitude towards HIV/AIDS victims, as they do not want victims to be marked for easy identification or ill-treated, rejected, discriminated against and but afforded the same rights as other citizens.

The above results are the similar to the findings of the study by Strydom (2002: 63) and Ranklin and Strydom (2003: 45) in which young people showed sympathy as they did not want PLWHA to be discriminated against while also 58, 7 % of learners were against formulation or compilation of a list of HIV victims or infected people while 64, 1% supported the statement that HIV infected should be afforded the same basic rights as everyone else and also allowed to work or attend school.

The majority of learners also felt that PLWHA should be loved, respect and cared for. This indicates non discrimination towards PLWHA. This is in line with the findings of the study by (Marjorie, 1991:20) in which emphasis was placed on care being everyone's concern.

74% of Walmer high school grade 12 learners are willing to date and associate themselves with HIV/AIDS infected people. This shows that these learners have positive attitudes towards PLWHA. Strydom (2003: 65) also found in his study that 64, 1% of the high school learners were willing to be friends with infected people.

Data in Table 4.3 and 4.4 provide enough evidence to conclude that grade 12 learners at Walmer high school are highly knowledgeable and aware of HIV/AIDS and that they have a fairly positive attitude and perception towards PLWHA as they had achieved an average score of 76,6%. Furthermore differences in mean scores were observed and males achieved 31, 6 and females got 28, 8. Males were found to be more aware and knowledgeable and having fairly positive attitudes perceptions towards PLWHA than females with average scores of 51, 9% and 24, 7%.

#### **4.5 CONCLUSION**

The purpose of this chapter was to analyze and interpret the data that was obtained from the empirical study.

The results indicate that Walmer high school learners are highly aware and knowledgeable of HIV/AIDS and that they have a fairly positive attitudes and perception regarding PLWHA.

In Chapter five the researcher will present conclusions and recommendations, based on the research results in chapter four. Problems encountered during the research will also be discussed.

## CHAPTER 5

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

It would be unreasonable to conclude any research project without attempting to investigate implications of the research results.

At this stage, therefore, it is appropriate to summarize the research endeavour.

In this chapter the main findings relative to the main problem will be reiterated. Problems and limitations associated with the research will be addressed, and finally, recommendations for application of the findings will be presented.

#### **5.2 SUMMARY OF THE MAIN FINDINGS OF THE STUDY**

The study try to solve the main problem as stated in Chapter 1:

What are the HIV/AIDS knowledge levels and their attitudes of high school learners towards PLWHA?

The study firstly examined the literature regarding HIV/AIDS management. It was important to begin by addressing this issue so as to ensure that concepts, epidemiology, origin, approaches and strategies for managing HIV/AIDS are clearly understood. This provided the researcher with information which was then used to try and establish issues relating to acceptable behaviors towards PLWHA and also issues that should be known with regard to HIV/AIDS in general.

In the empirical study the researcher set out to identify the HIV/AIDS awareness levels and attitudes of high school learners towards people living with HIV/AIDS.

- The empirical results provided evidence that there was high HIV/AIDS awareness and knowledge among high school learners even though there were areas where limited knowledge was displayed especially among females.
- The analyses of the research findings also indicated a positive attitude towards people living with HIV/AIDS among high school learners, as high school learners did not want people living with HIV/AIDS to be labeled, discriminated, isolated, victimized and rejected.

In summary therefore, it is clear that the main problem of this study was solved by conducting a comprehensive literature review or survey and substantiating those findings with that of the empirical survey. Analysis of the empirical study helped in establishing the level of HIV/AIDS awareness, knowledge and attitudes of high school learners regarding PLWHA.

### **5.3 PROBLEMS AND LIMITATIONS**

No major problems were encountered during the completion of the theoretical aspect of this study. Literature is available such as books, non-print media, articles and journals.

The only problem that was experienced was in conducting the empirical component was late approval of the project which then coincided with the exam of the learners and then resulted in lack of focus and co-operation from some of the learners. Follow up was made and reminders were sent with the school Secretary and

Principal and this then lead to 87, 5% response rate.

The research was conducted in a limited area, namely, Walmer high school grade 12 learners within the Nelson Mandela Metropolitan Municipality (NMMM).

The researcher notes that it would be unwise to assume that the results would be similar if the research was conducted in the whole school, or all school in the district or the whole NMMM.

#### **5.4 RECOMMENDATIONS**

In order to bring this research project to a logical conclusion, it is important that recommendations for the application of this research are offered. Furthermore, it is also essential that the researcher suggest where further study would be appropriate. On the basis of the research results the researcher would like to make the following recommendations.

- It is recommended that learners be continuously encouraged and motivated so as to ensure that the supportive, caring and positive attitudes that they poses are sustained or kept up until they get older.
- HIV/AIDS awareness programmes with emphasize on the factual aspects of the disease should be intensified to create a better understanding of the disease while also encouraging behavioral modification or change from high risk to more responsible sexual behavior.
- It is also recommended that, since schools are the primary socializing influence for the children, they should continue with empowering and equipping school learners with more relevant factual information which they deserve

It is also recommended that a comparative study be conducted on a much larger scale or between model C schools and the ordinary schools so as to establish if whether the similar result will be achieved. It is also recommended that a follow up study be conducted to establish the relationship between HIV/AIDS knowledge and discriminatory practices towards PLWHA.

### **5.5 CONCLUSION**

The purpose of this chapter was to present conclusion and recommendations of the research. Problems limitations and recommendations were also explained and presented.

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**ANNEXURE A**

8 Ncapayi Street  
New Brighton  
PE

Dear Colleague

**PILOT STUDY: RESEARCH ABOUT KNOWLEDGE AND  
ATTITUDES OF HIGH SCHOOL LEARNERS REGARDING  
PEOPLE LIVING WITH HIV/AIDS.**

I am currently researching knowledge and attitudes of High School learners regarding People Living with HIV/AIDS. This research is conducted in order to fulfill the requirements for M Phil in HIV/AIDS Management at Stellenbosch University.

I would appreciate your assistance in completing the enclosed questionnaire. You may answer all the questions and also mark those that are ambiguous or difficult to answer. Criticism regarding the length, layout, language and the content will be highly appreciated. You can fax it back to me before the 13 November 2009 at 041- 3721987.

Your comments will determine whether any adaptations need to be made before the questionnaire is mailed to the targeted population.

**Please note the following:**

- \* Your participation is confidential and there are no right and wrong answers
- \* The results of the questionnaires will be processed by means of a computer.
- \* All personal information that is required in Section A is only required to summarize and correlate the conclusions of the study in a proper manner.

Thank you for your co-operation.

Thanduxolo Fana  
Researcher

Johan Augustyn  
Research Supervisor

**ANNEXTURE B**

**8 Ncapayi Street, New Brighton PE**

**Dear Sir/ Madam**

**CONSENT FORMS TO BE COMPLETED BY PARENT(S) OR  
GUARDIAN.**

The following serves to inform you that Grade 12 learners at Walmer High School are requested to participate in a research study conducted by an M Phil in HIV/AIDS Management Student at the University of Stellenbosch. The aim of this study is to assess the learner's level of HIV/AIDS knowledge and awareness and also to establish their attitudes and perceptions regarding People Living with HIV/AIDS.

You are therefore requested to grant your child permission to participate in the study. A questionnaire will be mailed to your child which he or she will have to answer and send back with pre addressed and stamped fast mail envelop that will be provided.

Name of the learner (print) Optional .....

Parent name and Surname .....

Signature .....

Date .....

Should you require more information please do not hesitate to contact Mr. T.E. Fana at 0732301771 or at 041 372 8000

Thank you for your co-operation

TE Fana  
Researcher

**ANNEXURE C**

8 Ncapayi Street  
New Brighton  
PE

Dear Learner

**GRADE 12 HIGH SCHOOL LEARNERS HIV/AIDS KNOWLEDGE AND ATTITUDES SURVEY.**

You are invited to participate in a 20 minutes survey aimed at assessing Grade 12 learners HIV/AIDS knowledge and attitudes towards People living with HIV/AIDS. This research is conducted in order to fulfill the requirements for M Phil in HIV/AIDS Management at the Africa Centre for HIV/AIDS Management at Stellenbosch University.

It is based on the assumption that for effective HIV/AIDS management a conducive environment need to be created where PLWHA can disclose their status without fear of discrimination, stigmatization, prejudice and punishment. The aim of the study is to assess learners HIV/AIDS knowledge and establish their attitudes towards PLWHA.

I would greatly appreciate it if you can kindly complete the attached questionnaire and return it **before 25 December 2009** by means of the enclosed stamped envelope. For further information, contact Mr. Thanduxolo Fana at 041 - 3728000.

**Please note:**

- \* Your participation is confidential and there are no right and wrong answers.
- \* The results of the questionnaires will be processed by means of a computer.
- \* A summary of results will be made available to participants but individual responses
- \* All personal information that is required in Section A is only required to summarize and correlate the conclusions of the study in a proper manner.

Thank you for your co-operation.

Thanduxolo Fana  
Researcher

Johan Augustyn  
Research Supervisor

**ANNEXURE D**

**SECTION A: BIOGRAPHICAL INFORMATION**

Please answer all the questions by ticking in the appropriate box

1. Gender

Male		Female	
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2. Age

16	17	18	19	20	21	22	23
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3. Ethnic group

African	Coloured	Other, specify
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4. Home Language

Xhosa	Afrikaans	Other, specify
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5. Area where you stay or reside

Informal settlements	Formal settlements
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**SECTION B: HIV/AIDS Knowledge and Awareness**

For the purpose of this questionnaire these abbreviations meant the following:

- SA = Strongly Agree
- A = Agree
- D = Disagree
- SD = Strongly Disagree

<b><i>Statement relating to HIV/AIDS Knowledge and Awareness</i></b>	<b><i>SA</i></b>	<b><i>A</i></b>	<b><i>D</i></b>	<b><i>SD</i></b>
1. A vaccine is available to protect people from HIV infection				
2. A pregnant women can pass HIV infection to her unborn baby				
3. HIV/AIDS was carried over from Chimpanzees to human beings				
4. AIDS is a disease that has no cure				
5. Majority of HIV infected people live in Sub-Saharan Africa				
6. Province with the majority of HIV infected people is eastern Cape				
7. Antiretroviral together with healthy meals can cure HIV/AIDS				
8. HIV/AIDS can infect anyone regardless of race, colour, gender and age				
9. HIV/AIDS makes the body so weak that it cannot fight diseases				
10. Only poor people get HIV/AIDS infection				
11. People who are HIV infected can be easily identified				
12. Women are more likely to get HIV infection than men				
13. About 40 million people are HIV infected in the world				

14. In South Africa more men are infected with HIV than women				
15. A condom is 100% effective in protecting people against HIV infection				
16. HIV can be only transmitted through unprotected sex				
17. Anti retroviral help by reducing viral load and increasing CD4 count				
18. All TB patients are HIV positive				
19. All HIV positive people have got TB				
20. You can get HIV by sharing used syringes or needles				

**SECTION C: Attitudes and perception regarding HIV/AIDS**

For the purpose of this questionnaire these abbreviations meant the following:

- SA = Strongly Agree
- A = Agree
- D = Disagree
- SD = Strongly Disagree

<b><i>Statement relating to Attitudes and Perception regarding HIV/AIDS</i></b>	<b><i>SA</i></b>	<b><i>A</i></b>	<b><i>D</i></b>	<b><i>SD</i></b>
1. People with HIV should be marked so that it can be easy to identify them				
2. HIV/AIDS infected people deserve to be stigmatized and discriminated				
3. People with HIV/AIDS should not be allowed to attend school or work				
4. I cannot share my bedroom with an infected person as I fear infection				
5. People with HIV infection deserve to be treated with love and respect				

6. HIV infected people got what they deserve and must be punished				
7. HIV infected people health information should be treated as confidential				
8. If I can get infected with HIV/AIDS I will commit suicide and deny it				
9. I cannot date or associate myself with an HIV infected person				
10. If a family member get HIV infection, I can accept and support them				
11. I can never accept treatment from an HIV infected nurse or person				
12. HIV infected people deserve being rejected and isolated				
13. It is okay to keep health status of the HIV infected confidential				
14. HIV infected people should not be afforded the same basic rights				
15. HIV infected people deserve it as they failed to practice safe sex				
16. HIV infected people status should be publicly known				
17. HIV infected people should be legally separated from others to protect them				
18. Employers can force prospective employees or employees to test for HIV				
19. Employers can dismiss employees who are HIV/AIDS infected				
20. I am angered and disgusted by people living with HIV/AIDS				

**THANK YOU FOR YOUR ASSISTANCE.**