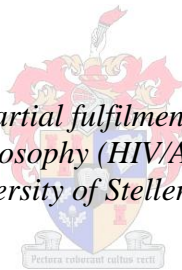


**KNOWLEDGEABILITY OF HIV/AIDS AT PORT ST JOHNS
SENIOR SECONDARY SCHOOL**

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



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DECLARATION

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ABSTRACT

The incidence of HIV infection and AIDS is rising in Africa despite the challenge to have zero infections by 2015. More information is available on knowledge, attitude, and practices (KAP) with respect to HIV/AIDS among school children from developing countries.

Persistent and effective information campaigns, therefore, are necessary to change their attitudes toward the HIV/AIDS pandemic. South Africa is currently experiencing one of the most severe AIDS epidemics in the world with more than 11% of population living with HIV.

This study set out to determine the knowledge, attitude and risk perception of Ports St Johns Senior Secondary School educators and learners to HIV infection and AIDS.

OPSOMMING

Die voorkoms van MIV/Vigs is in 'n opwaartse kurwe in Afrika in die algemeen en Suid-Afrika in die besonder. Ondanks alle pogings om geen nuwe infeksies teen 2015 te hê wil dit voorkom dat die pandemie nog steeds nie onder beheer is nie. Voordat enige verdere inisiatiewe suksesvol aangepak kan word, is meer inligting nodig ten opsigte van die vlakke van kennis, houdings en praktyke, veral onder kinders in ontwikkelende lande.

Die doel van hierdie studie was om die kennis, houdings en persepsies van kinders aan 'n skool in Kwa-Zulu in Suid-Afrika te bepaal.

Resultate ten opsigte van die kennis, houdings en persepsies van leerders aan die Ports St Johns Senior Sekondêre Skool word gerapporteer en voorstelle word gemaak ten opsigte van hoe hierdie inligtinggebruik kan word vir die meer suksesvolle bestuur van die MIV/Vigs pandemie in Suid-Afrika.

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TABLE OF CONTENTS

DECLARATION.....	ii
ABSTRACT	iii
OPSOMMING.....	iv
ACKNOWLEDGEMENT.....	v
TABLE OF CONTENTS	vi
LIST OF TABLES	viii
LIST OF FIGURE	ix

CHAPTER 1 INTRODUCTION

Introduction.....	1
1.1 Background of the study.....	1
1.1.1 Worldwide	2
1.1.2 Sub-Saharan Africa.....	2
1.2 Research problem	2
1.3 Significant of the study.....	3
1.4 Research question.....	3
1.5 Aim and objective of the research	3
1.6 Research outline	4

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction	5
2.2 Changing strategies in addressing HIV/AIDS.....	9
2.3 Impact of HIV/AIDS on Education in South Africa: Supply and Demand	10
2.4 Teachers and Learners HIV/AIDS – Impact	10
2.5 Tools for change – Education and Teachers.....	11
2.6 Knowledge.....	14
2.7 Attitudes	14
2.8 Practices.....	15

2.9 Conclusion	15
CHAPTER 3 RESEARCH METHODOLOGY	
3.1 Introduction	17
3.2 Target population and sampling	17
3.3 Research Design and Methods	17
3.4 Data collection	17
3.5 Data analysis	18
3.6 Ethical aspect	18
3.7 Conclusion	18
CHAPTER 4 ANALYSIS AND INTERPRETATION OF THE EMPIRICAL DATA	
4.1 Introduction	19
4.2 Analysis and interpretation of biological information.....	19
4.3 Analysis and interpretation of HIV/AIDS knowledge and awareness	22
4.4 Analysis and interpretation of attitudes and perceptions about HIV/AIDS	33
4.5 Conclusion	42
CHAPTER 5 CONCLUSION AND RECOMMENDATIONS	
5.1 Introduction	43
5.2 Overall findings	43
5.2.1 Knowledge.....	43
5.2.2 Awareness.....	43
5.2.3 Education	44
5.3 Recommendations	44
5.3.1 Implementation of school policy on HIV/AIDS.....	44
5.3.2 Supporting sick learners	45
5.3.3 Supporting sick colleagues	45
5.4 Conclusion	46
REFERENCE	47
ADDENDUM: A QUESTIONNAIRE.....	50

LIST OF TABLES

Table 4.1 Response according to gender	18
Table 4.2 Response according to age	19
Table 4.3 Response according to Home Language	19
Table 4.4 Response according to ethnic groups	20
Table 4.5 Response according to residing area	20

LIST OF FIGURES

Figure 4.1	One can get HIV by sitting next to a person with HIV	21
Figure 4.2	A person can get HIV by sharing a glass of water with someone who has HIV	21
Figure 4.3	Many schools are already experiencing the effects of HIV epidemic	22
Figure 4.4	A healthy looking person can be infected with HIV, the virus that causes AIDS	22
Figure 4.5	A condom should be used if you are uncertain about your partners HIV status.....	23
Figure 4.6	All pregnant women infected with HIV will have babies born with AIDS	23
Figure 4.7	Taking a test for HIV one week after sex will tell a person if she/he has HIV	24
Figure 4.8	There is no medicine that can prevent us from HIV	24
Figure 4.9	HIV virus spreads from person to person in sexual intercourse	25
Figure 4.10	Eastern Cape has the majority of HIV infection	25
Figure 4.11	AIDS can be cured by healthy meals and antiretroviral	26
Figure 4.12	STIs can be prevented by wearing condom during sex.....	26
Figure 4.13	You get HIV when you have sex without condom with an infected person.....	27
Figure 4.14	We must openly speak about HIV/AIDS, attacking ignorance and prejudice and wrong ideas about the disease.....	27
Figure 4.15	Most people with HIV have no symptoms for a long time	28
Figure 4.16	Three quarters of people with TB now also have HIV	28
Figure 4.17	HIV is very small germ or organism, called a virus which people become infected with	29
Figure 4.18	An employer may terminate an employee contract if they find out that he/she is HIV positive	29
Figure 4.19	Prevention is the only sure way to defeat HIV/AIDS	30
Figure 4.20	Educators can play a central role in changing the course of the HIV	30
Figure 4.21	AIDS is a threat to human health	31
Figure 4.22	HIV/AIDS is more commonly found amongst black people	31
Figure 4.23	Having sex with a virgin can cure HIV/AIDS	32
Figure 4.24	HIV/AIDS infected people deserve to be stigmatized and discriminated.....	32
Figure 4.25	People are likely to get HIV by deep kissing	33
Figure 4.26	All pregnant women infected with HIV will have babies born with AIDS	33
Figure 4.27	People with HIV/AIDS should be allowed to attend school.....	34

Figure 4.28	One can get HIV through witchcraft.....	34
Figure 4.29	Only poor people get HIV/AIDS infection	35
Figure 4.30	HIV does leads to AIDS.....	35
Figure 4.31	We should not accept treatment from HIV infected nurses and doctors.....	36
Figure 4.32	HIV infected students should be legally separated from others to protect those	36
Figure 4.33	The right use of antiretroviral drugs in combination with a healthy balanced Diet can cure HIV	37
Figure 4.34	No learner should be refused admission to or continued attendance, at school On the account of HIV	37
Figure 4.35	Spiritual material and emotional support should be promoted for all HIV and AIDS infected people	38
Figure 4.36	There should be easy access to HIV testing and counselling to all people.....	38
Figure 4.37	Everybody affected by HIV/AIDS should be treated fairly and sympathetically.....	39
Figure 4.38	People living with AIDS must be trusted and accepted.....	39
Figure 4.39	People with HIV should be marked so that it can be easy to identify them	40
Figure 4.40	HIV can be transmitted through unprotected sex.....	40

Chapter 1 Introduction

AIDS has become one of the most devastating disease humankind has ever experienced. Since the beginning of the epidemic, more than 60 million people have been infected with the virus. The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million [31.1 million – 35.8 million]. The total number of people living with the virus in 2008 was more than 20% higher than the numbering 2000, and the prevalence was roughly threefold higher than 1990 (UNAIDS 2009).

Today's young people will be our community leaders tomorrow. They will be our teachers, doctors, engineers, machine operators, labourers, and technicians. They will also be our pastors, husbands and wives, and the mothers and fathers of the next generation.

The human immunodeficiency virus (HIV) is the virus that causes the acquired immune deficiency syndrome (AIDS), a pandemic that is spreading around the world, infecting to date (March 2011) many people. Schools are key settings for educating children about HIV/AIDS and for preventing the further spread of the HIV infection. Success in carrying out this function depends upon reaching children and young adults in time to reinforce positive behaviours and alter the behaviour that place young people at risk. Schools reach children and adolescents between the ages of 5 and 18, and have excellent resources for delivering effective education namely: skilled teachers; an interactive educational process that occurs over time; a variety of learning opportunities; materials and methods; and the ability to involve parents in their children learning.

1.1 Background of the study

In combating HIV infection, the crucial responsibility of schools is to teach young people how to avoid either contracting the infection or transmitting it to others and to serve as a catalyst for the development of HIV-related policies that are based on scientific knowledge about HIV/AIDS. In doing so, schools have the opportunity to make important improvements in the quality of health education provided to young people worldwide.

My interest of this study emanates from the fact that any educator can be assigned to teach Life Orientation which is expected to educate learners about HIV/AIDS awareness. While

the HIV/AIDS epidemic is said to decline (UNAIDS 2008) the situation is described as being on the increase throughout the Port St Johns District.

1.1.1 Worldwide:

HIV/AIDS infected and affected educators and learners are suffering. AIDS has become one of the most devastating diseases in the world. More than 60 million people have been infected with the virus. The continue rise in the population of people living with HIV reflects the combined effects of continued high rates of new HIV infections and the beneficial impact of antiretroviral therapy.

1.1.2 Sub-Saharan Africa:

The number of new infections keeps on increasing slightly. Sub-Saharan Africa accounted for 67% of HIV infections worldwide. 91% of new HIV infections among children also come from the region. The region also accounted for 72% of the world's AIDS-related deaths in 2008.

- Ways to improve HIV/AIDS knowledgeability, e.g.
 - training the educators effectively to impart knowledge about the pandemic
 - creating the awareness of the pandemic through drama and plays at schools.
 - adequate textbooks and pamphlets dealing with HIV/AIDS.
 - importance of HIV/AIDS education and training.

1.2 Research problem

Inspite of the inclusion of HIV/AIDS in the education curriculum of subjects like Life Orientation, Life Sciences and Economics, it seems educators and learners do not receive enough knowledge to fight against the HIV/AIDS pandemic at Port St Johns Senior Secondary School.

Despite the fact that HIV/AIDS awareness is high in South Africa, very little change has been seen in the behaviour of young people. The rate of pregnancy keeps on increasing in our schools which depicts the level of unprotected sex among the learners.

1.3 Significance of the research

The research will be used to establish whether there are efforts being made to fight against the spread of HIV/AIDS in my study community. It will explore the level of knowledge that Port St Johns Senior Secondary School educators and learners have related to HIV/AIDS. This research will be beneficial to both infected and affected people. It will lead to behaviour change and attitudes change from negative to positive by the people towards those infected.

1.4 Research question

This research study therefore proposes that inadequate knowledge on HIV/AIDS and inadequate teaching strategies applied to HIV/IDS education into Life Orientation curriculum is a factor influencing the poor response to HIV/AIDS education at Port St Johns Senior Secondary School. The Research Question can thus be phrased as:

What are the knowledge levels, attitudes and perceptions regarding HIV/AIDS do Port St Johns Senior Secondary School educators and learners have about the pandemic?

1.5 Aim and objectives of the research study

To determine the level of knowledge educators and learners of Port St Johns Senior Secondary School have about the HIV/AIDS pandemic in order to recommend educators to improve their level of knowledge about HIV/AIDS. The study will indicate the gap in delivering HIV/AIDS education by the educators.

Objective(s)

- to establish the existing knowledge of learners about HIV/AIDS at Port St Johns Senior Secondary School.
- to establish the existing knowledge of educators about HIV/AIDS education at Port St Johns Senior Secondary School.
- to provide guidelines for effective training and education to educators and learners to improve their knowledge about the HIV/AIDS.

1.6 Research outline

The work is organised into five chapters. It begins with introduction chapter and continues with the study background, research problem, research question, aims and objectives. The second chapter deals with Literature Review: thus existing knowledge related to the problem. The chapter three captures Research Design, followed by chapter four depicting Findings and analysis. The fifth and the final chapter encapsulate the Conclusion, and Recommendations for the entire thesis work.

Chapter 2 Literature Review

1.1 Introduction

AIDS continues to be a major global health priority. Although important progress has been achieved in preventing new HIV infection and in lowering the annual number of AIDS-related deaths, the number of people living with HIV continues to increase. AIDS-related illnesses remain one of the leading causes of death globally and are projected to continue as a significant global cause of premature mortality in the coming decades (World Health Organisation, 2008). Although AIDS is no longer a new syndrome, global solidarity in the AIDS response will remain a necessity.

The latest epidemiological data indicate that globally the spread of HIV appears to have peaked in 1996, when 3.5 million [3.2 million – 3.8 million] new infections were approximately 30% lower than at the epidemics peak 12 years later.

According to former President Thabo Mbeki (Guideline for Educators, Department of Education South Africa), “HIV/AIDS is among us. It is real. It is spreading. We can only win against HIV/AIDS if we join hands to save our nation. HIV/AIDS is not someone else’s problem. It is my problem. It is your problem. By allowing it to spread, we face the danger that half our youth will not reach adulthood. Their education will be wasted. The country will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as people will be shuttered”.

Many schools are already experiencing the effects of the pandemic, as teachers, learners and members of their families fall ill. Before the epidemic is brought under control, such effects will become harsher and more widespread. Almost every educator will eventually be teaching some learners who have HIV. In most staff rooms, one or more teachers will be infected. Other school employees will not be exempt. Illness disrupts learning and teaching. Well teachers have to take an extra load when sick teachers are absent.

Learners who are ill fall behind with their studies. When family members get ill or die, teachers and learners carry the burden. When teachers and learners die, schools suffer disruption, loss and sorrow. Many schools will be crippled by the impact of the disease of staff, learners and their families. 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 the HIV/AIDS disease and these numbers are continuing to grow on a daily basis (UNAIDS, 2008). This situation passes a threat to education and development initiatives around the world.

According to (White: 2003, p35). 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 combating HIV infection, the crucial responsibility of the schools is to teach young people how to avoid either contracting the infection or transmitting it to others and to serve as a catalyst for the development of HIV-related policies that are based on the most current scientific knowledge about HIV and AIDS. In doing so, schools have the opportunity to make important improvements in the quality of health education provided to young people worldwide as a step towards improving global health.

A new initiative, Focusing Resources on Effective School Health (FRESH), launched at World Education Forum in Dakar, Senegal (April 2000), and sponsored by the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the United Nations children's Fund (UNICEF), the World Health Organisation (WHO) and the World Bank, signals the commitment of these agencies to assist national governments to implement school-based health programmes in efficient, realistic and results-oriented ways. With respect to the growing HIV/AIDS epidemic FRESH have these four pillars:

- Clear school health policies on HIV/AIDS discrimination.
- A healthy environment.
- Skills-based education for prevention of HIV/AIDS.
- School-based counselling and student clubs for HIV/prevention.

“HIV is a direct threat to children heavily, a child’s vulnerability to HIV infection increase as the family’s socioeconomic status decrease. Children not infected perinatally face the possibility of subsequent infection through breast milk if their mothers have HIV. All children are at risk of HIV through contaminated blood transfusions, unsterile skin-piercing instruments, and/or sexual activities – whether coercive or consensual. Few children, if any, have the control over their lives to avoid these risks (Bailey 1992:668). The number of learners going to school will clearly change as a result of HIV/AIDS. Its time also to change.

The social interactions and educational processes which make it work will inevitably be coloured in some way by the epidemic. HIV/AIDS keeps children out of school and so prevent the transfer of skills and knowledge (Richter, Manegold & Pather, 2004). Those in class who are infected or ill, or even members of affected families – both teachers and pupils – may face discrimination, ostracism, and isolation. Teachers may face the suspension of social and health benefits and/or dismissal from the system.

Pupils may face formal suspension by the system or be pressured to leave school voluntary. The supposedly free and open nature of school and classroom relationships may end up being governed by suspicion and fear. In itself, this will necessary affect the teaching-learning process, an input exacerbated by the greater randomness of teaching and learning due to higher rates of absenteeism of both teachers and learners. At the United Nations General Assembly Special Session on AIDS 2001, a joint resolution was made that by the year 2005; at least 90% of the world’s youth (under the age 25) will have access to information and education necessary to reduce their vulnerability to HIV/AIDS.

A proposal was made that educators must understand the subject, acquire good teaching techniques and understand culturally and developmentally accurate teaching programmes. The education sector has a key role in promoting and maintaining the critical behaviour-change agenda and must take these factors into account when planning. Educators must seek every opportunity to include HIV/AIDS prevention in school and training curricula at all levels. (UNICEF, Africa World Bank June 1999). This will lead to a greater behaviour

change and teaching approach that involves students, which is skills-based and uses real-life situations.

Gachuchi (1999) concludes that programmes appear to be more effective when teachers use a positive approach emphasising awareness of values, assertiveness, relationship skills, decision-making, real life situations and self-esteem. “Training must first and foremost enable teachers to protect themselves before they can effectively train children in prevention”. (Education International, WHO, 2001) USAID (June 2002) encourages the roll out of an effective HIV prevention/Life Skills programme for educators and trainers.

The impact of HIV/AIDS on education is reflected by the number of learners who drop out of school because of the disease. HIV/AIDS keeps children out of school and so prevents the transfer of skills and knowledge (Richter, Manegold & Pather, 2004).

The pandemic also compromises the quality of education because it overburdens all material and human educational resources. A UNESCO study (2002) found that in some countries more than one-third of 15 – year olds will die of AIDS-related illnesses.

Those who survive will receive an inferior education.

The physical, material, intellectual, educational and psychosocial needs of affected children are radically undermined as they prematurely take over adult responsibilities such as parenting and maintaining households (Giese et al., 2003; Smart, 1999).

Education leads to the attainment of earthly wisdom and positive life’s skills. It also has the propensity to prolong and prosper a person’s life. The pocket School Dictionary (2005:217) concurs: education is “the process of training people’s minds and abilities so that they acquire knowledge and develop skills”.

Educating individuals about the epidemic may take the form of film shows, inspirational talks, songs and story telling. As information dissemination revolves around the above means, questions were developed to ascertain the diverse sources from which the educators and learners receive such educational information.

In high schools, one specific educator touches briefly on HIV/AIDS in the Life Orientation learning area. No other HIV/AIDS programmes are presented some schools. Occasionally an outside presenter will be contracted to address specific issues about other concerns. Some educators, learners and parents are not as comfortable teaching and learning about sex and sexuality as they are teaching and learning about HIV/AIDS. All high schools teach Life Orientation and majority of people believe that it is the responsibility of the subject educators to take teaching and learning of HIV/AIDS seriously. Schools are the major source of information on HIV/AIDS.

2.2 Changing strategies in Addressing HIV/AIDS

In Africa, HIV/AIDS has – since it was first discovered been predominantly heterosexually transmitted disease which affects men, women and children, although in varying proportions. Because the pandemic poses such enormous challenges, governments and health planners have been hard pressed to find adequate ways of containing its spread and the last two decades have seen a multiplicity of different approaches develop, some which have since been discarded. In Africa, as in other continents, HIV/AIDS was initially seen mainly as health concern, and it was widely assumed that preventive and supportive interventions which directly targeted vulnerable segments of the population (truck drivers, sex workers, drug users, etc.) would succeed in containing the pandemic. However, as the dimension of the problem started to become increasingly evident, the woeful inadequacy of this approach became apparent and the disease quickly spread over to the other segments of the population (World Bank, 2002).

School-age children thus constitute the “window of hope” (IBRD/WB, 2002) for many countries, and the education system provides a privileged opportunity for working with this age group since, in many countries, most children spend at least a few years of their lives in school. According to the World Bank: “education offers a ready made infrastructure for delivering HIV/AIDS prevention efforts to large number of uninfected population” (IBRD/WB, 2002, p.xv). The focus on the education system also makes sense from a cost-benefit perspective. It is widely recognized that basic education is one of the most effective means of making a difference in economic terms since it becomes possible to reach large

numbers of children at a time. Finally, there is ample evidence that: “a good basic education ranks among the most effective and cost-effective – means of HIV/AIDS prevention” (IBRD/WB, 2002, p.xv), because there is a strong inverse relationship between vulnerability to diseases such as HIV, malaria and others, and level of education (Vandemoortele and Delamonica, 2000).

2.3 Impact of HIV/AIDS on education in South Africa: Supply and Demand

In South Africa, as globally, much attention has been focused on the critical role of education in preventing future HIV infections. A number of authors in the field (Shisana et al: 2005, Nzioka: 2005), and Attawell and Elder: 2006). Suggest that the lack of empirically-based studies on the impact of HIV and AIDS on the education sector and lack of accurate data make it difficult to answer specific questions regarding the nature of the impact. Indeed, it was the recognition of these challenges and lack of information in this field that led to the large-scale research project on the factors determining educator supply and demand undertaken by the Education, Labour Relations Council (ELRC) in South Africa during 2004/05. This has been a very important step in addressing issues such as the impact that HIV and AIDS is having on teacher supply and related issues such as learner enrolments, teacher: learner ratios, teacher employment trends, demographics and attrition including morbidity and mortality.

2.4 Teachers and Learners HIV/AIDS – impact.

The prevalence of HIV infection among teachers was found by Education Labour Relations Council (ELRC) Report to be 12.7 nationally. The prevalence of HIV infection among teachers is higher than the 11% national average figure. HIV and AIDS are no doubt contributing to what the national Policy framework for Teacher Education and Development in South Africa (2007) acknowledges as an “impending shortage of teachers in the country”. Quoting the ELRC/HSRC Educator Supply and Demand report (2005) the Framework for Teacher education and Development documents predicts a shortfall of around 15 000 teachers by 2008 (DoE, 2007:7). Some of this shortfall must be attributed to teacher

mortality resulting from HIV and AIDS. The ELRC report confirms that the third largest cause of attrition, after contract termination and resignation, is mortality (2005: xiv). The precise nature of the impact of HIV and AIDS on learners is also difficult to determine. Although data on learner absenteeism, dropout rates etc. are captured as part of the national EMIS (Education Management Information System) there are problems with the collection process. This is due to range of factors including limited resources and capacity both at school and district levels. Teachers are considered as producers, interpreters, mediators and purveyors of knowledge and safe sex messages, who work within discursive fields where this knowledge is contested and may be considered secret and/ or private. Where such gaps in research have been identified, the suggested response has been to examine ways of providing teachers with more information about HIV/AIDS, more training or more effective programmes to “implement the new proposed curricula” (Akoulouse, et. Al., 2001). In some studies, like Rivers and Aggleton (1999), there is a suggestion for a need to consider teachers as sexual beings who themselves might have difficulty teaching sex education. However, their response regarding what is necessary is reductionist and assumes a linearity about the relationship between knowledge and skills that is devoid of context and culture on the one hand, and an underplay of teachers as active agents on the other. Few studies take account of teachers’ lives as a key mediating factor in teaching (delivery) of HIV/AIDS. It would seem that an assumption is made that if they (teachers) have the necessary knowledge about and skills to teach, they will, can and will want to teach effectively, notwithstanding how they position themselves (or are positioned) within the HIV/AIDS discourse.

Therefore, where teachers have been the focus of study, it has been with teachers as objects of a structure and system (deliverers of curricula) rather than teachers as individuals who work and live in contexts and to which they themselves are contributors, shapers, negotiators and mediators.

2.5 Tools for Change - Education and Teachers.

The idea of focus on education makes sense objectively and intuitively when one considers that education system reaches the majority of people in most countries and that almost every prevention effort depends on education and communication in some way or another (Kelly,

2003); UNAIDS, 1997; UNESCO 2002). Education is also necessary to combat the culture of silence, stigmatization, and the discrimination that is associated with HIV/AIDS (UNESCO 2002). From gender specific perspective, there is an additional benefit to be gained, since research has shown that girls who stay in school longer will start sexual activity later, as well as being more likely to require male partners to use condoms later on in life (World Bank, 2002).

The responsibility of promoting change through the education system falls on the shoulders of teachers. Policy and programme documents analysed for the purpose of this study consistently suggest that the role of teachers in combating HIV/AIDS should involve at least the following three key elements:

- Creating preventive measures of the disease by generating knowledge/understanding;
- Promoting attitude development and change; and,
- Ensuring that children develop skills that will allow them to be competent and assertive in managing relationships and sexual issues (UNESCO, 2002).

Knowledge about HIV/AIDS is concentrated on disseminating information about the modes of transmission, means of prevention, and behaviours that enhance susceptibility. Attitudes typically concern not only the overall attitude toward the disease, but also encourage tolerance and understanding of those that have been affected by HIV. The skills that children will need are frequently formulated very broadly (and are therefore often termed life skills) in terms of communication, critical thinking, self-efficacy, among others. In practice, however, a lot of the teaching about HIV/AIDS in schools still focuses only on the knowledge dimension of HIV/AIDS (Action Aid, 2003).

Educators often lack the curricular time and orientation to adequately address the issue within schools (Kelly, 2002). In addition, studies have shown that most educators routinely do not even get the information, training or support that they need in order to be able to implement their work (Malambo, 2000; Kelly, 2003; Action Aid 2003). Educators often rely on rote learning, which promotes an academic/overly scientific interpretation of the subject (Kelly 2003; UNESCO 2002; Action Aid 2003) without ensuring that students have

a true understanding of the factors that affect transmission of the disease and which still leaves them relatively unequipped to prevent becoming infected. An additional complicating factor is that teaching children about HIV/AIDS goes against the predominant view in most societies in which sex is a taboo topic that should not be discussed at any cost. Kelly notes that although educators are usually aware of the knowledge and information gap that exists between the home and the school, they are very often because of the reasons mentioned above – unable to make provision for it. A tension arises between how disease is interpreted in terms of values attitudes and beliefs in the home environment and the scientific way in which it is presented in the schools (Kelly, 2003). At the same time, the nature of the disease is such that open discussion is tremendously important (Kelly, 2003; Macintyre, Brown, Sosler, 2001) since it is the silence about the disease and its effects that facilitates its spread and leads to stigmatization. Some researchers therefore argue that education about HIV/AIDS and related areas should therefore not be seen as an “optional extra ... (but as) ... a matter of life and death” (Kelly, 2002, p. 11).

There is a serious concern about the capacity or willingness of many educators to engage in life skills programmes or to provide the complementary care and counselling support (Coombe 2002). So, as Coombe notes; “it is assumed that teachers will be at the HIV/AIDS battlefield, but they are generally unarmed” (2002, p. 30). Most of the research on HIV/AIDS has focused on assessing the change in the target group (i.e. the children in the schools) in terms of knowledge, attitudes, and intended or actual behaviour (cf. Horizons, 2001; Venier, Ross & Akande, 1997; Nwokocho & Nwakoby, 2002; Brook, 1999, Sikand, Fisher & Friedman, 1996, Davis, Noel, Chan & Wing, 1998; Mkumba & Edwards, 1992). Far fewer studies have specifically and systematically examined: 1) Educators’ knowledge, attitudes and behaviour with regard to HIV/AIDS education; 2) How teachers are juggling this complicated task of contributing towards the fight against HIV and AIDS in their schools and communities; and 3) How they are perceiving the impact of the disease (or how the disease will have an impact on them). As is noted in a recent report by Action Aid: “very limited research has been devoted to the implementation of HIV/AIDS in the classroom” (2003, p. 31), and most of what is known about what happens in school is based on anecdotal evidence (Kelly, 2000). There appears to be an implicit assumption that once teachers are given the right training and support (curriculum and materials), they will

necessary become effective vehicles for contribution to promoting the envisioned change in the “window of hope” target group.

2.6 Knowledge

The success of HIV and AIDS prevention strategies is to empower people with information and knowledge in order to make informed decisions about their life. “Workshops that increase education and awareness are vital tool for addressing discrimination and uninformed responses to HIV/AIDS in the workplace.” KAP surveys are essential element in any workplace programme by:

- Identifying specific risk groups and needs, enabling the development of workplace programme that addresses specific needs of the organisation.
- Attitudes towards company management.
- Sexual practices.
- Behaviour in social life and partnership.
- Providing baseline information important for monitoring implementation of workplace programme and evaluation interventions.

Knowledge or having correct information is one of the primary steps and precursor to attitude and behaviour change. The objective of an HIV/AIDS education programme is to build on employees’ awareness by developing their knowledge and skills to personally respond to the epidemic. One way of informing an HIV/AIDS education and training programme is to base it on knowledge, attitudes and practices (KAP) study.

2.7 Attitudes

The attitude towards people living with HIV/AIDS in the community and places of work has not been supportive. In the family there has been a lot of discrimination in terms the quality of food, clothes they wear are separated from the rest and the utensils they use e.g. plate or cup have been marked to be used by the infected person only. The lack of knowledge, attitude and perceptions by society has created barriers to prevent the spread of AIDS.

Stigma and discrimination are very serious challenging factors in preventing the spread of HIV. In the family situation, people have been stigmatised because of their status and this led to them being discriminated in terms of family benefits. This has an impact on disclosure of HIV status because as people experience rejection from the family members, they withhold their status and discourages them to disclose because of the treatment they receive from family members.

2.8 Practices

Women have been socialized to be submissive to men and in that type of relationship the woman is unable to negotiate for protected sex because if the men refuse the women will have to abide. The word of a man is final. The usage of condom is challenge because cultural belief also contributes to people being reluctant to use condom.

“While surveys reveal the level of AIDS awareness in countries with severe epidemics, risky behaviour persists. The ABC strategy of abstinence, being faithful and correct and consistence use of condoms has become a key component of programmes to modify behaviour. Further more, even when they are knowledgeable about HIV/AIDS, they are frequently powerless to choose abstinence or protected sex. Although condoms are much more likely to be used in sexual relations outside marriage than relations between, married partners, especially women continue to acquire HIV from spouses” (United Nations. P 40 - 45: 2005).

Unfortunately, fear of stigma and discrimination is preventing millions of people, who are probably HIV positive from being tested. People also fear knowing their HIV status because a positive diagnosis has traditionally been seen as a death sentence.

2.9 Conclusion

HIV/AIDS has an impact on the quality of education because a significant percentage of educators and learners are infected; therefore they become ill and die prematurely. The death of learners, educators, family members, and the community members affect education system. The burden of HIV/AIDS needs to be managed comprehensively through the

national AIDS strategic plan as well as a targeted plan directed at educators. Whilst HIV/AIDS programmes and policies have been widely studied and researched throughout the world, the reactions and responses of recipients (the learners) are seldom acknowledged or accorded the attention they deserve.

Chapter 3 Research Methodology

3.1 Introduction

The researcher embarked on this study to assess the HIV/AIDS knowledge levels of educator's and learners of Port St Johns Senior Secondary School. This chapter attempts to explain exactly how the research question has been investigated. Christensen (2007, p.454) describes research methodology as the section of the research paper which "tells the reader how the study was conducted". It gives a detailed description of the target population and how the representative sample was selected, the research design used, and which research instruments were used to collect data.

3.2 Target population and sampling method

All educators and learners will be involved in the research study. The whole group will comprise 10% from each grade from the learners (Grade 10, 11 and 12) respectively. Random sampling will be used. The learner population of Port St Johns Senior Secondary School is 617. The educator population is 16. 10% of the educators will also be given the questionnaire to answer.

3.3 Research design and method

According to Neuman (1997), methodology refers to the technique that a particular discipline uses to manipulate data and acquire knowledge. The research design used in this is a survey. The selected site for the study is Port St Johns Senior Secondary School in the Eastern Cape, South Africa. The research will be done by using quantitative study using questionnaire with limited open-ended questions.

3.4 Data collection method

Self-administered questionnaires will be used with some overlapping questions for the educators and the learners to collect information about the HIV/AIDS knowledge of educators and learners.

3.5 Data analysis

The nature of this research study will be qualitative. A process will be followed whereby the data collected will be transformed into numerical values, called codes (Kumar, 2005). This transformation process of data to numerical values will be done using the statistical package for Social Sciences (SPSS). In order to make sense of the data collected during the survey, Bless and Higson-Smith (1997) emphasise that before descriptive data could be analysed, it should be processed into tables, graphs, figures, etc.

3.6 Ethical aspects

Every researcher has an ethical obligation to participate 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.
- Participants should be debriefed.
- All data should be treated confidentially.

3.7 Conclusion

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 data

4.1 Introduction

This chapter aims at presenting and analysis of findings. The respondents were given the questionnaire to read the instructions before completing them. Confidentiality of information provided by participants was assured.

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

Section A – Demographic information.

Section B - HIV/AIDS knowledge and awareness.

Section C - Attitudes and perceptions about HIV/AIDS.

4.2 Analysis and interpretation of biological information

Demographic for respondents.

Table 4.1: Responses according to gender.

GENDER	FREQUENCY	PERCENTAGE (%)
Male	18	29
Female	45	71

Table 4.1 outlines the ratio between the male and female participants who completed the questionnaire. More females than males answered the questionnaire. The Table indicates that 71% of the participants were females while 29% were males. All survey questionnaires were completed in full. The high rate of female participation indicates the interest of female towards the HIV/AIDS issues.

Table 4.2: Responses according to age.

AGE	FREQUENCY	PERCENTAGE (%)
15 – 17	26	41
18 – 20	33	53
21 – 23	2	3
24+	2	3

Table 4.2 indicates the age range of respondents to the survey questionnaire who completed it. It is interesting to note that the majority of the respondents are below 20 years which constitute 94%. 3% are between 21 – 23 years while above 24 years also constitute 3%. It must be noted that the aim of the survey is to identify the knowledgeability of the respondents on HIV/AIDS.

Table 4.3: Responses according to Home Language.

HOME LANGUAGE	FREQUENCY	PERCENTAGE (%)
Xhosa	61	97
Afrikaans	1	1
Others	1	2

Table 4.3 shows that the total sample of Home Language was topped by Xhosa. Isixhosa had the highest respondents with 61 (97%), Afrikaans 1 (1%) and Others 1 (1%).

Table 4.4: Responses according to Ethnic groups.

ETHNIC GROUPS	FREQUENCY	PERCENTAGE (S)
Isixhosa	61	97
Coloured	1	1
Others	1	2

Table 4.4 reveals that the Xhosa group made up of the majority of the sample, indicating (97%), Coloured formed (1%) while others also constitute (2%). The lower percentage of coloured and other groups of people indicate how the survey area is dominated by IsiXhosa people. Moreover, the aim of the research study was not to determine ethnic group's knowledge about the HIV/AIDS pandemic.

Table 4.5: Responses according to residing area.

RESIDING AREA	FREQUENCY	PERCENTAGE (%)
Port St Johns	55	87
Others	8	13

Table 4.5 shows that the total population of the respondents was 63. 55 (87%) of the respondents reside in Port St Johns while 8 (13%) live outside the Port St Johns town.

4.3 Analysis and interpretation of HIV/AIDS knowledge and awareness

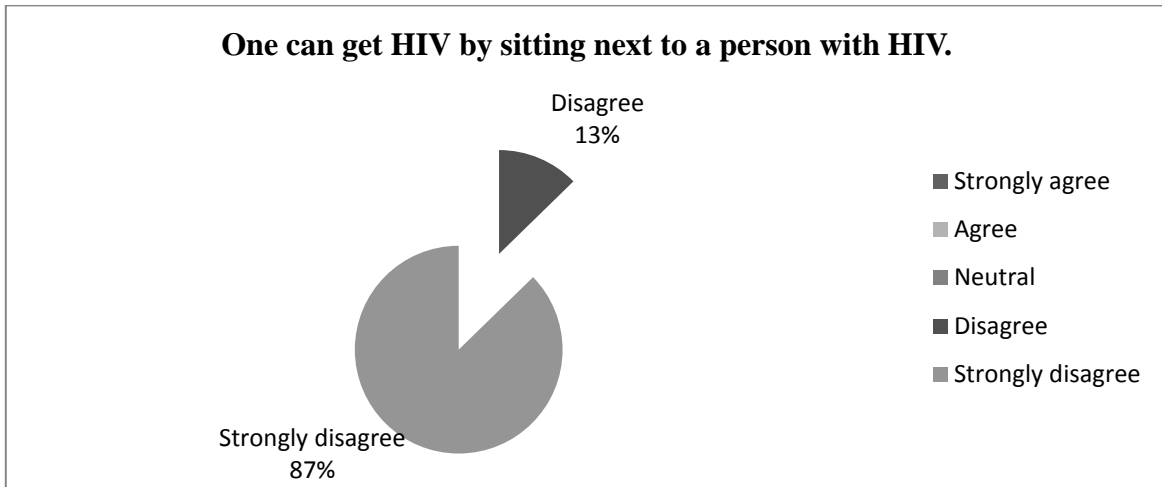


Figure 4.1: One can get HIV by sitting next to a person with HIV.

Figure 4.1 shows that, 87% of the respondents strongly disagreed while 13% disagreed with the statement; one can get HIV by sitting next to a person with HIV. This indicates that respondents are familiar with the transmission of HIV/AIDS.

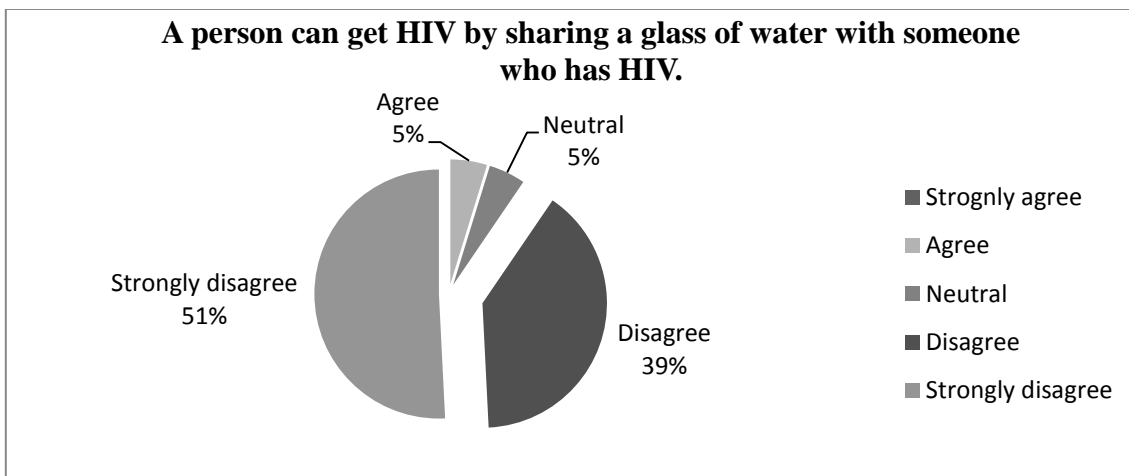


Figure 4.2: A person can get HIV by sharing a glass of water with someone who has HIV.

According to Figure 4.2, 51% of the respondent's strongly disagreed, 39% disagreed, 5% agreed and 5% stayed neutral. This reveals that majority of the respondent's believes that a person may not get HIV by sharing a glass of water with someone who has HIV. This, in fact indicates that respondents answered correctly.

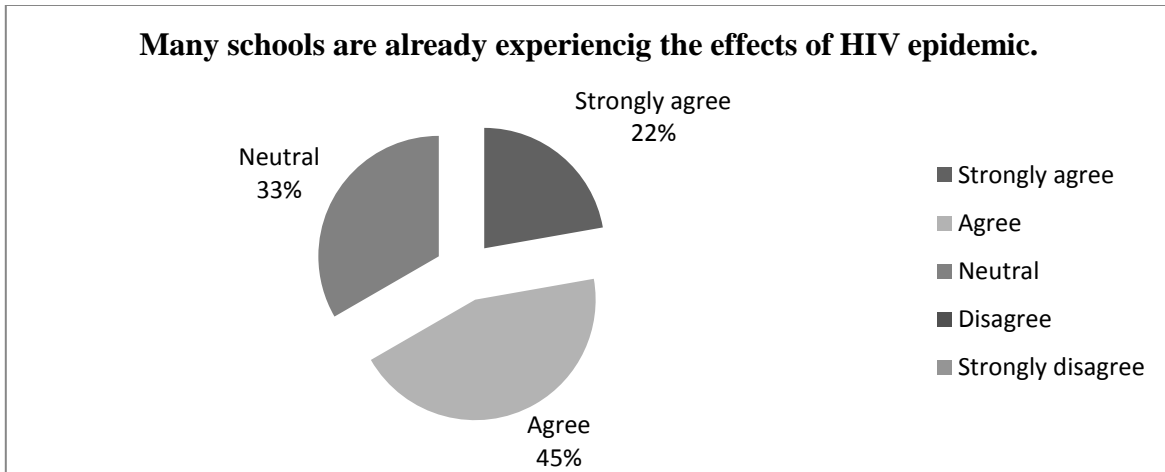


Figure 4.3: Many schools are already experiencing the effects of HIV epidemic.

From Figure 4.3, it can be seen that 22% of the respondent strongly agreed, 45% agreed whiles 33% answered neutral to the statement – many schools are already experiencing the effects of HIV epidemic. This indicates that the majority believes there is effect of HIV on schools.

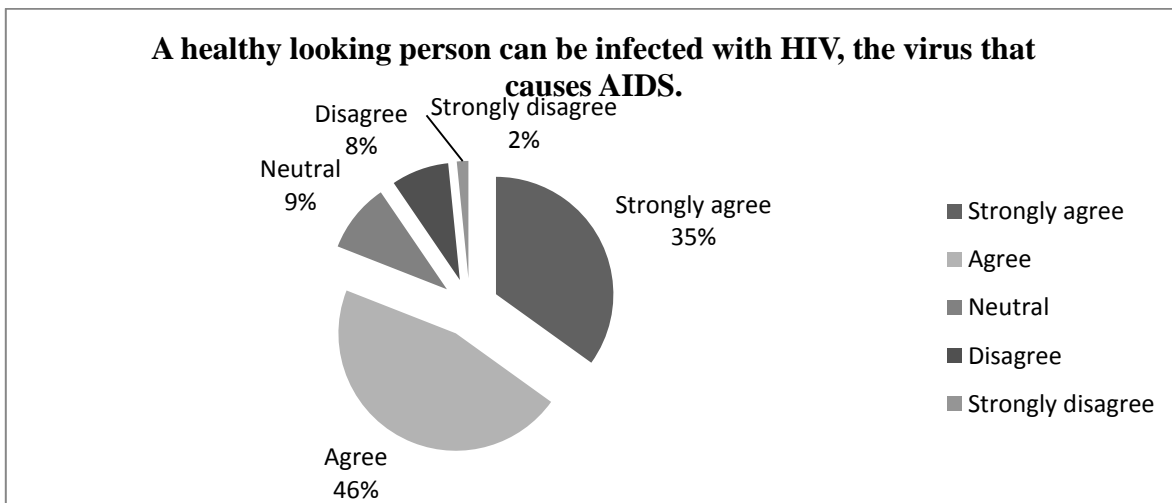


Figure 4.4: A healthy looking person can be infected with HIV, the virus that causes AIDS.

It is evident from Figure 4.4 that, 35% of the respondents strongly agreed, 46% agreed, 9% neutral, 8% disagreed and 2% strongly disagreed to the statement, a healthy looking person can be infected with HIV, the virus that causes AIDS.

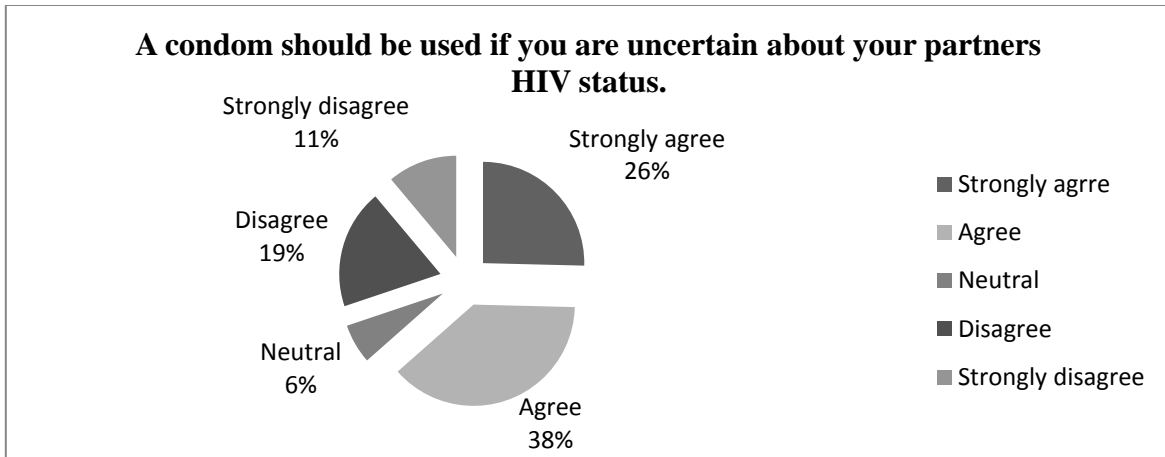


Figure 4.5: A condom should be used if you are uncertain about your partners HIV status.

According to Figure 4.5, 64% of the respondents indicated that condom should be used if you are uncertain about your partners HIV status, 6% responded neutral whiles 30% disagreed with the statement.

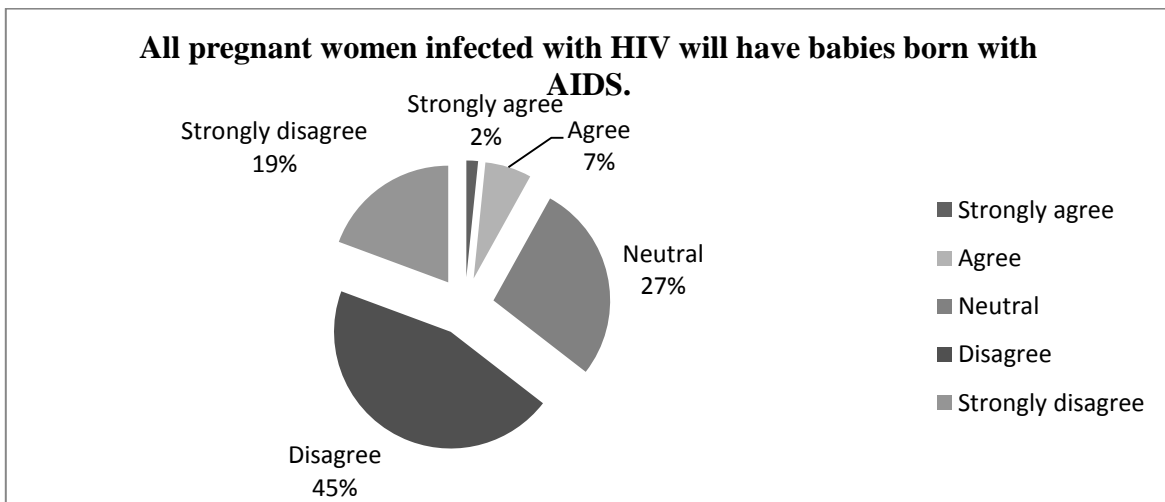


Figure 4.6: All pregnant women with HIV will have babies born with AIDS.

From Figure 4.6, 64% disagreed with the statement, 27% neutral whiles 9% agreed with it. The finding is that some pregnant women infected with HIV may give birth to babies without contracting HIV if the right medication is gone through for prevention.

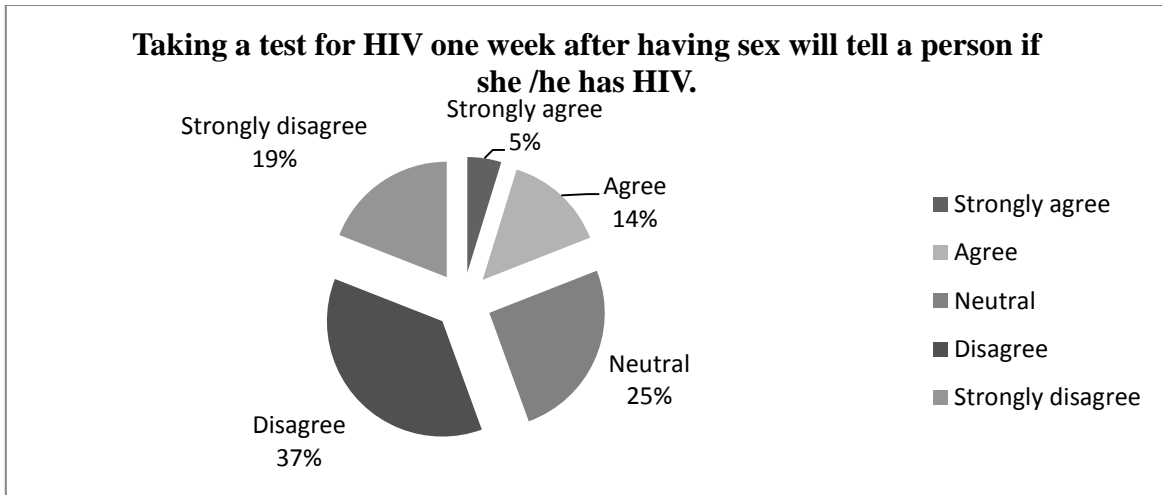
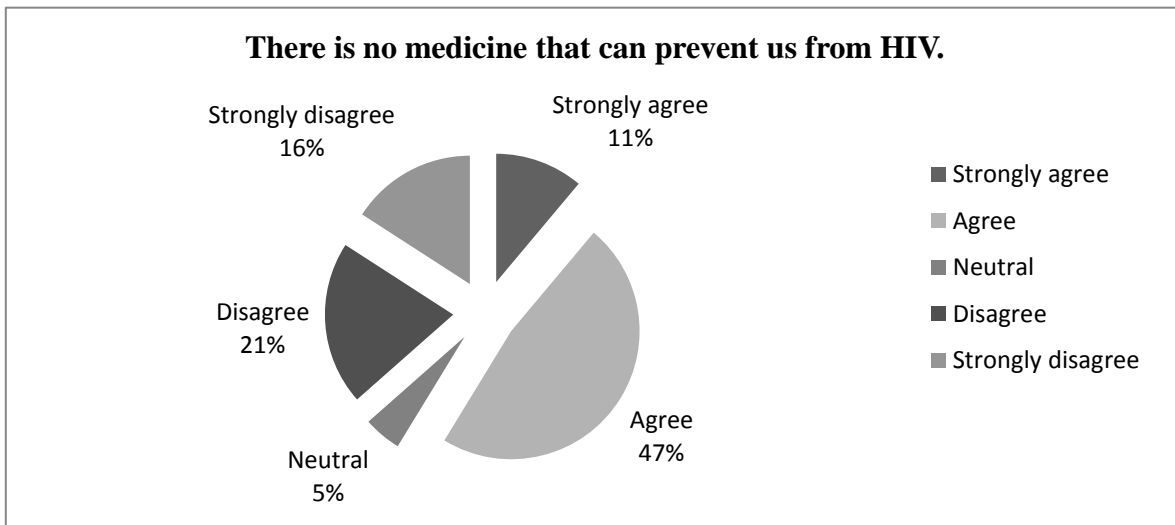


Figure 4.7: Taking a test for HIV one week after having sex will tell a person if she/he has HIV.

Figure 4.7 indicates that, 56% of the respondents disagreed with the statement, 25% remained neutral while 19% agreed with the statement, taking a test for HIV one week after having sex will tell a person if she/he has HIV.



4.8: There is no medicine that can prevent us from HIV.

Figure 4.8 shows that 58% of the respondents strongly agreed or agreed that there is no medicine that can prevent us from HIV, 5% stayed neutral while 37% also disagreed with the statement.

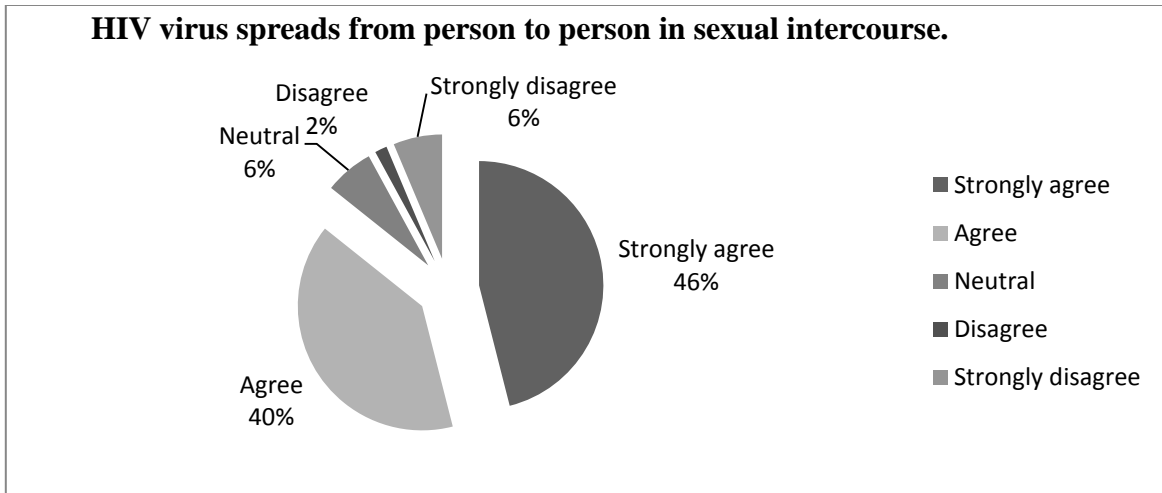


Figure 4.9: HIV virus spreads from person to person in sexual intercourse.

According to Figure 4.9, 86% of the respondents are of the opinion that HIV virus spreads from person to person in sexual intercourse. 6% of the respondents answered neutral, while 8% strongly disagreed or disagreed with the statement.

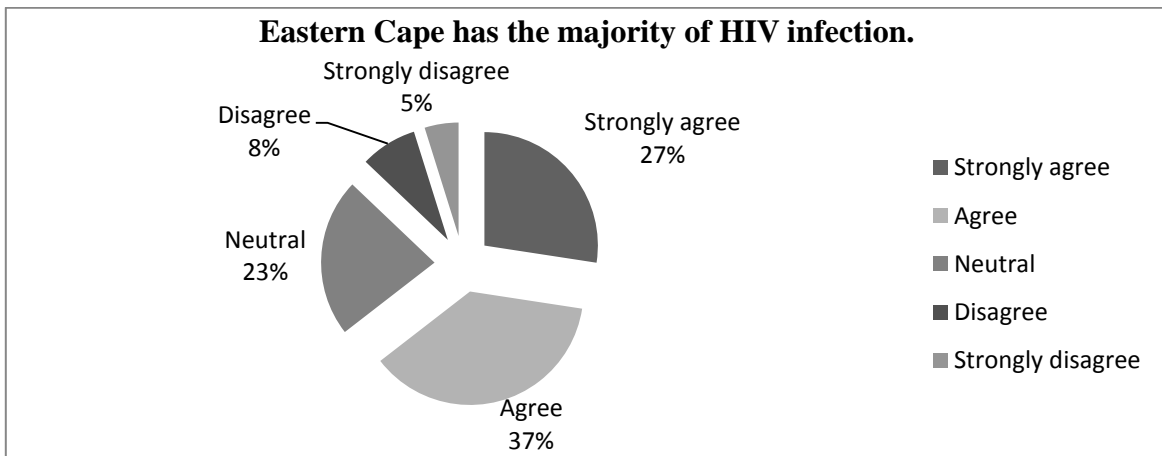


Figure 4.10: Eastern Cape has the majority of HIV infection.

Figure 4.10 shows that, 64% of the respondents indicated that Eastern Cape has the majority of HIV infection, 23% felt to stay neutral, while 13% disagreed with the statement.

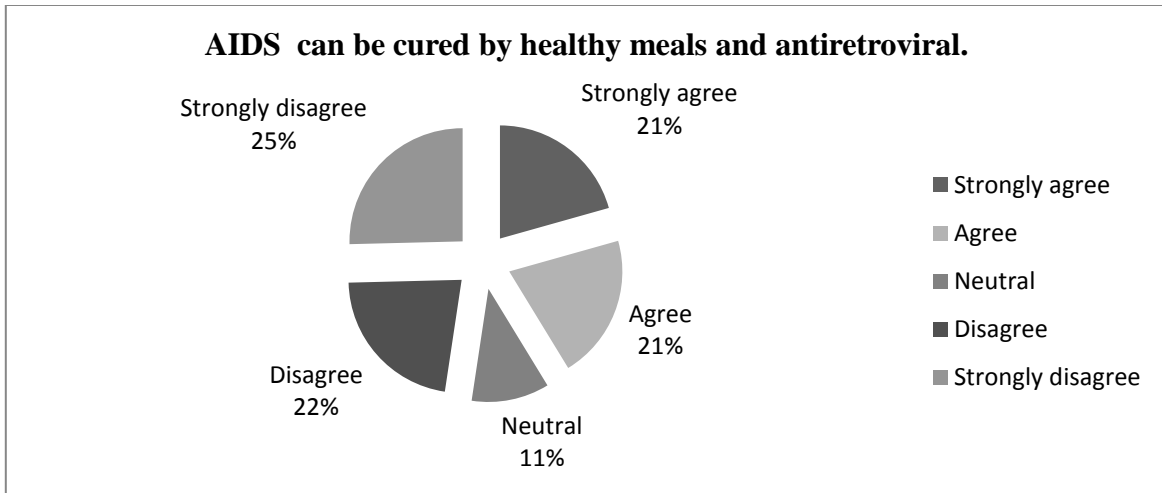


Figure 4.11: AIDS can be cured by healthy meals and antiretroviral.

Figure 4.11 clearly indicates that, 42% of the respondents agreed that AIDS can be cured by healthy meals and antiretroviral, 11% of the respondents answered neutral while 47% disagreed or strongly disagreed with the statement.

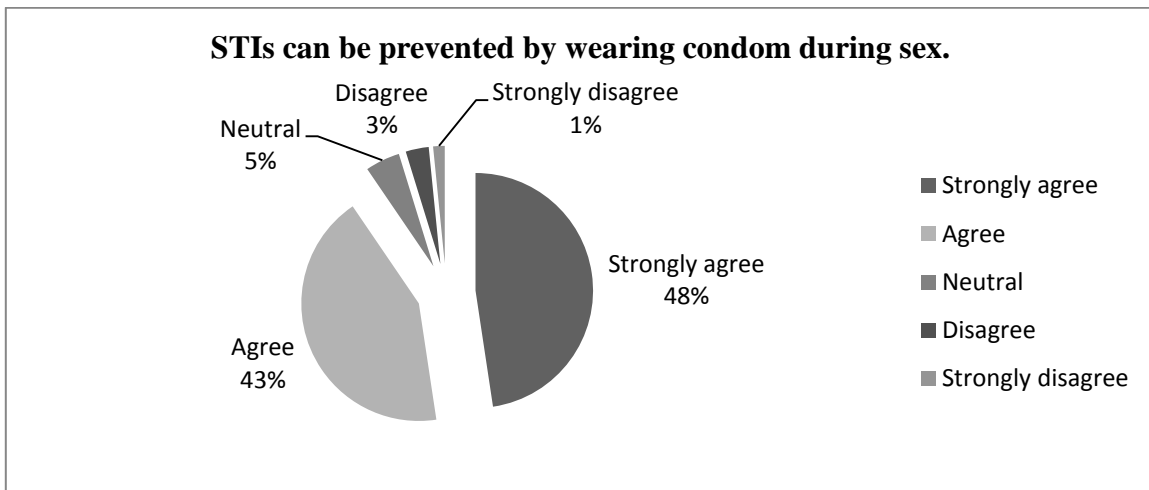


Figure 4.12: STIs can be prevented by wearing condom during sex.

It is evident from Figure 4.12 that, 91% of the respondent's indicated that STIs can be prevented by wearing condom during sex, 5% answered neutral while 4% disagreed with the statement. The majority of the respondent is familiar with the transmission of HIV.

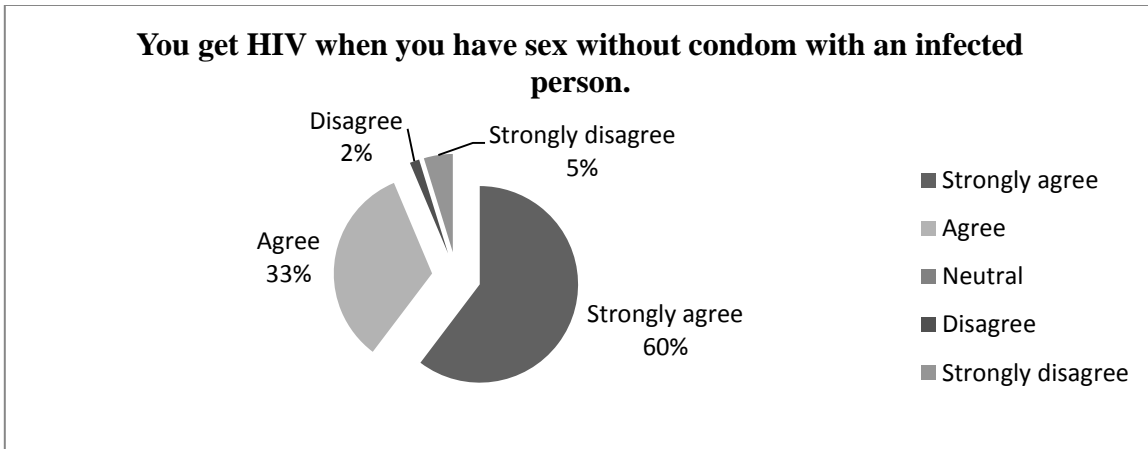


Figure 4.13: You get HIV when you have sex without condom with an infected person.

According to Figure 4.13, 60% of the respondents strongly agreed that you get HIV when you have sex without condom with an infected person, 33% agreed with the statement, 2% disagreed while 5% strongly disagreed. Although a high percentage responded correctly there is the need for more education on HIV transmission.

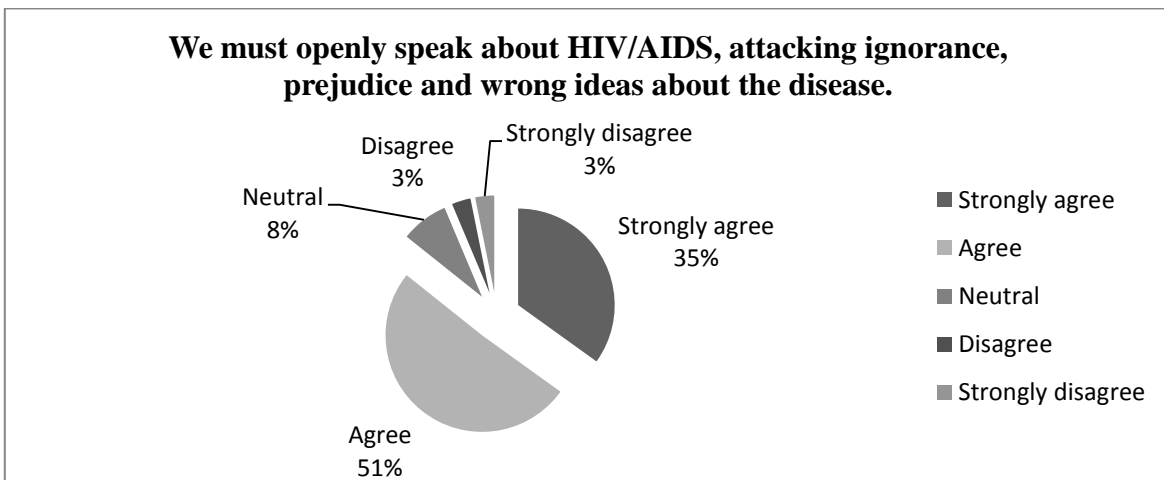


Figure 4.14: We must openly speak about HIV/AIDS, attacking ignorance, prejudice and wrong ideas about the disease.

Figure 4.14 shows that, 86% of the respondents either agreed or strongly agreed, 8% neutral, 6% strongly disagree or disagreed with the statement that, we must openly speak about HIV/AIDS, attacking ignorance and prejudice and wrong ideas about the disease.

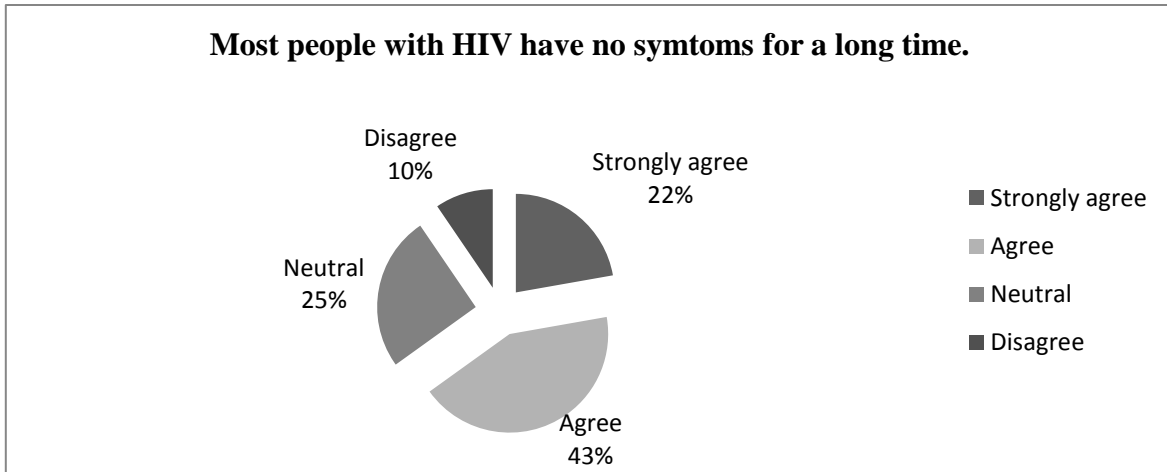


Figure 4.15: Most people with HIV have no symptoms for long time.

Figure 4.15 shows that, 65% of the respondent’s either agreed or strongly agreed, 25% indicated neutral whiles, 10% disagreed with the statement that, most people with HIV have no symptoms for a long time. There was no respondent who indicated strongly disagreed with this statement.

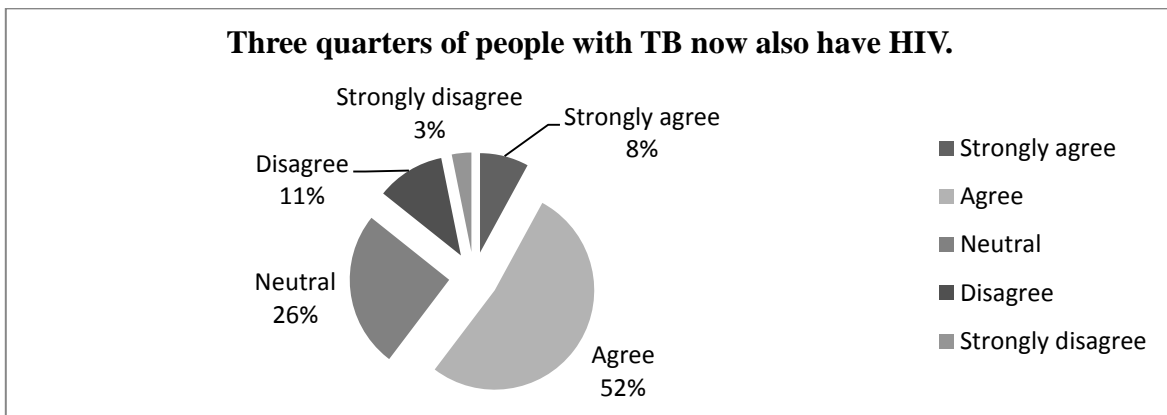


Figure 4.16: Three quarters of people with TB now also have HIV.

According to Figure 4.16, 60% of the respondents agreed or strongly agreed with the statement, three quarters of people with TB now also have HIV. 26% indicated neutral whiles 14% also indicated either disagreed or strongly disagreed to the statement. Possible reasons for the 26% responding neutral may be inadequate information about the link between HIV and TB.

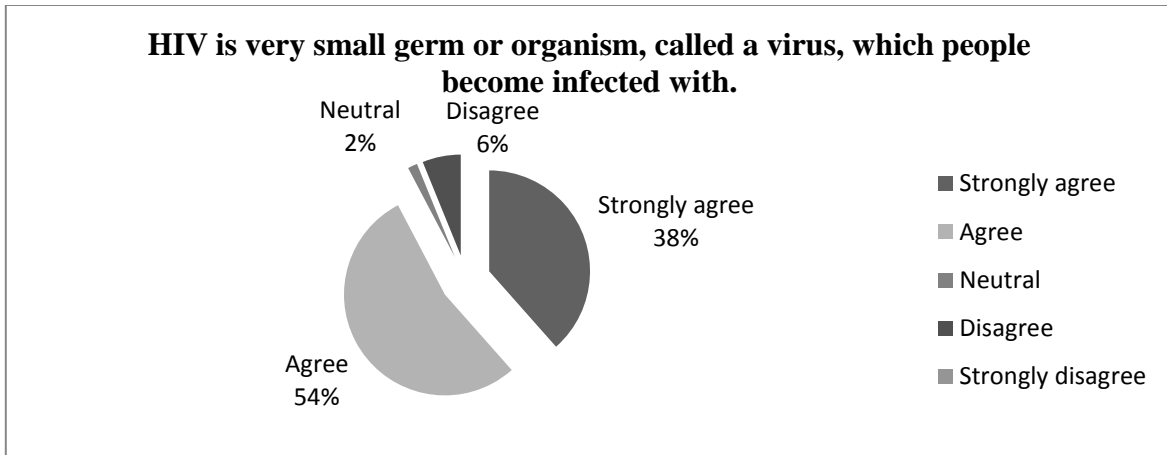


Figure 4.17: HIV is very small germ or organism, called a virus, which people become Infected with.

It is evident from Figure 4.17 that, a total of 92% of the respondents either strongly agreed or agreed with the statement, HIV is very small germ or organism, called a virus which people become infected with. 2% indicated neutral while 6% also disagreed with the statement.

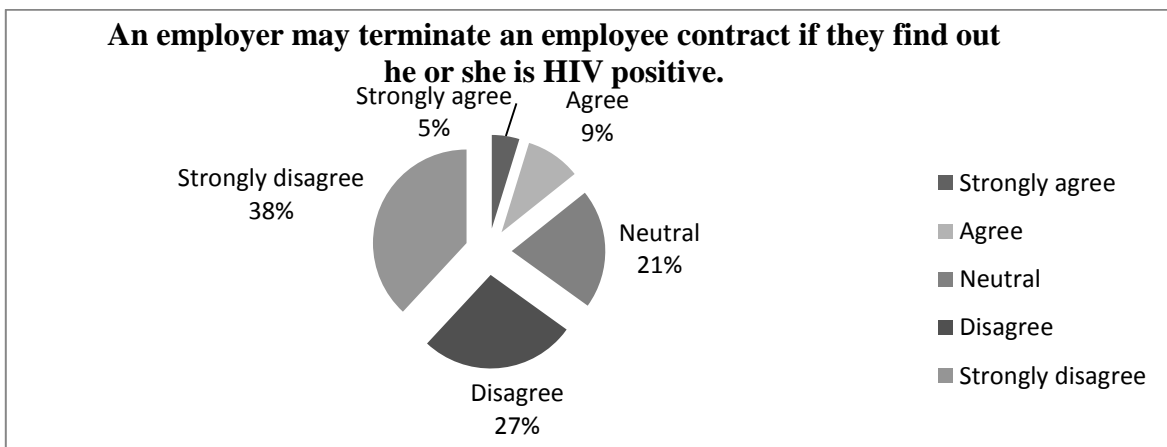


Figure 4.18: An employer may terminate an employee contract if they find out he or she is HIV positive

According to Figure 4.18, 65% of the respondents either strongly disagreed or disagreed with the statement, an employer may terminate an employee contract if they find out he/she is HIV positive. 14% also indicated that they either strongly agreed or agreed while 21% answered neutral. The finding is that HIV infected people have the right to work.

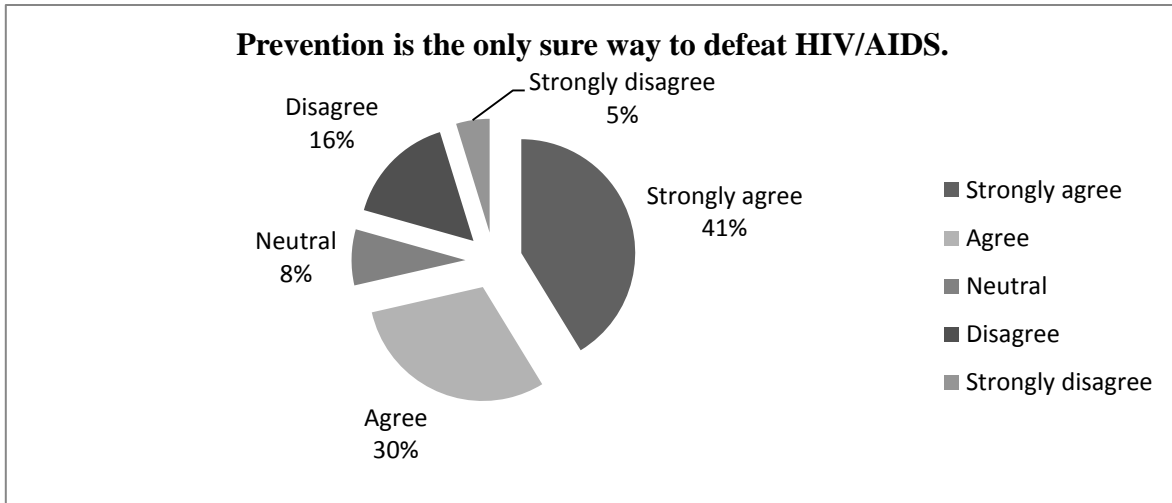


Figure 4.19: Prevention is the only sure way to defeat HIV/AIDS.

Figure 4.19 reveals that, 71% of the respondents either agreed or strongly agreed to the statement, - prevention is the only sure way to defeat HIV/AIDS. 21% also indicated either disagreed or strongly disagreed while 8% answered neutral.

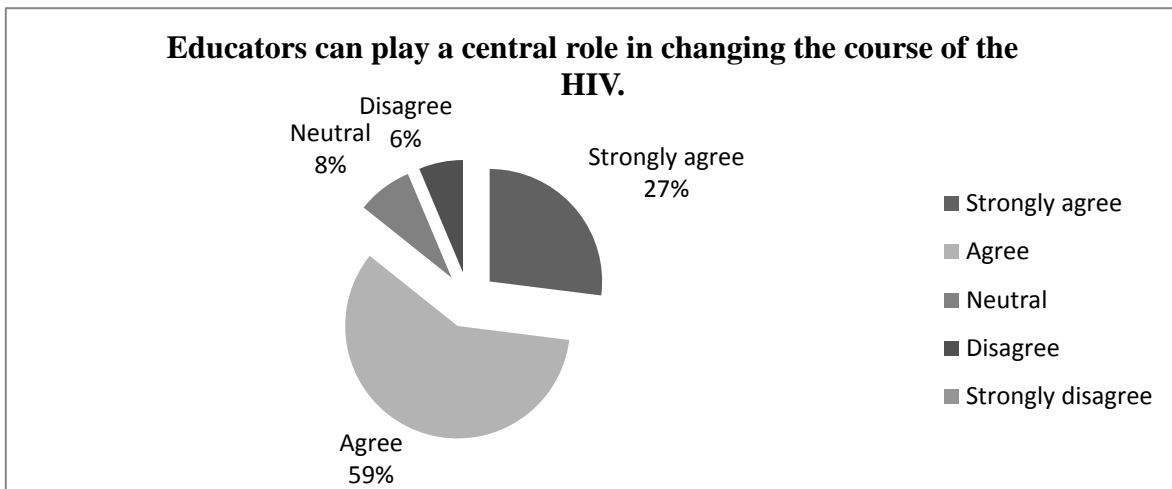


Figure 4.20: Educators can play a central role in changing the course of the HIV.

Figure 4.20 shows that, 86% of the respondents either strongly agreed or agreed to the statement, educators can play a central role in changing the course of HIV. 6% of the respondent’s indicated strongly disagreed while 8% revealed neutral. The high response on strongly agreed or agreed proves that respondents believe enough education can change the course of HIV.

4.4 Analysis, interpretation of attitudes and perceptions about HIV/AIDS.

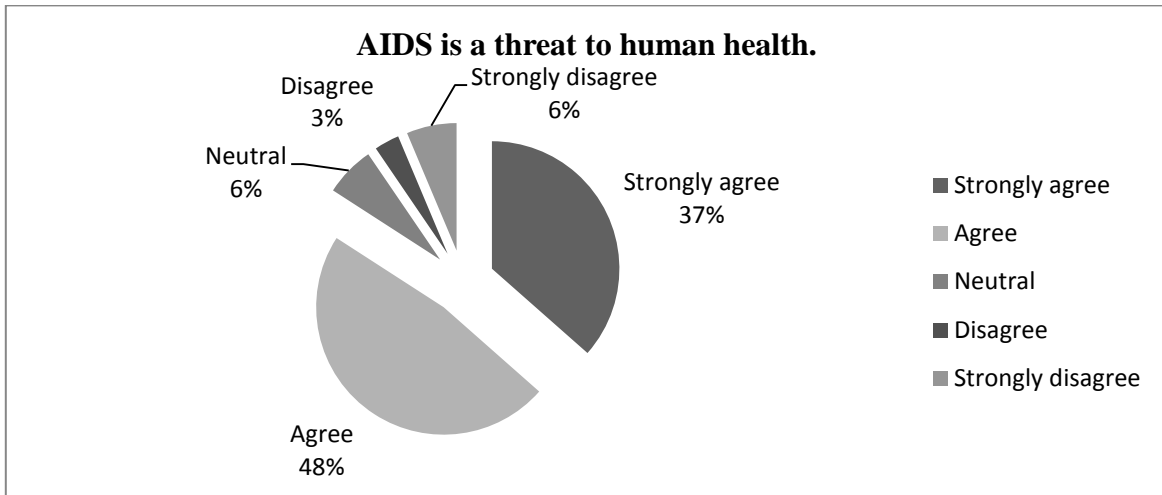


Figure 2.21: AIDS is a threat to human health.

According to Figure 4.21, 85% of the respondents either strongly agreed or agreed to the statement that AIDS is a threat to human health, whereas 9% disagreed or strongly disagreed to the notion. 6% of the respondents also indicated neutral.

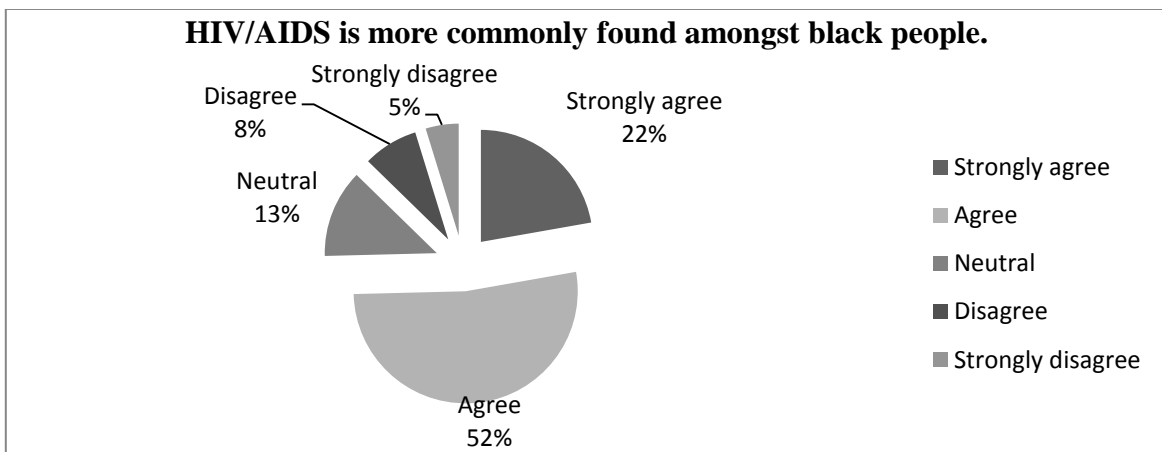


Figure 2.22: HIV/AIDS is more commonly found amongst black people.

Figure 4.22 shows that, 74% of the respondents know that HIV/AIDS is more commonly found amongst black people. 13% of the respondents are of the opinion that they either strongly disagreed or disagreed to the notion. Another 13% of the respondents were undecided and opted for neutral to the statement.

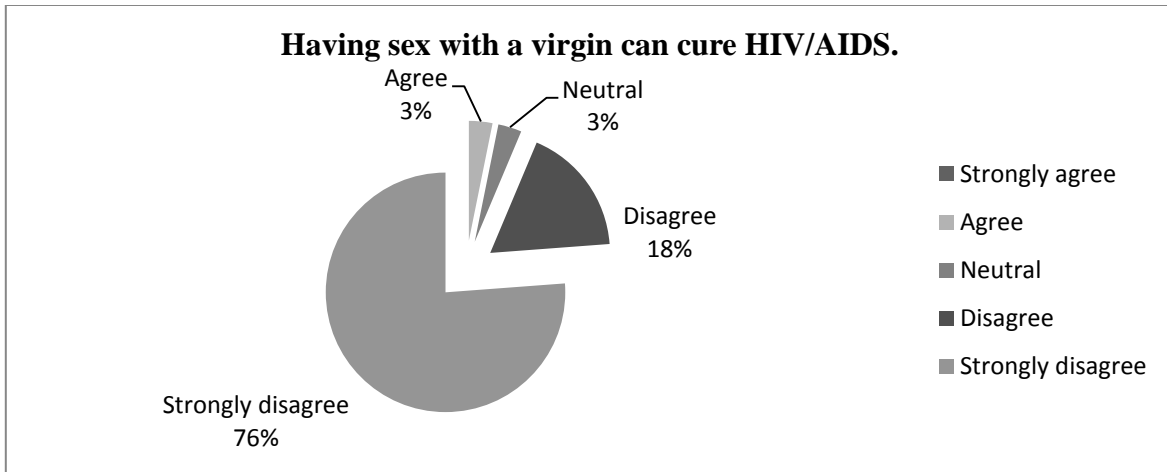


Figure 4.23: Having sex with a virgin can cure HIV/AIDS.

According to Figure 4.23, 95% of the respondents indicated that they either strongly disagreed or disagreed with the statement that having sex with a virgin can cure HIV/AIDS. 3% of the respondents agreed to the notion whereas 3% also were undecided and answered neutral.

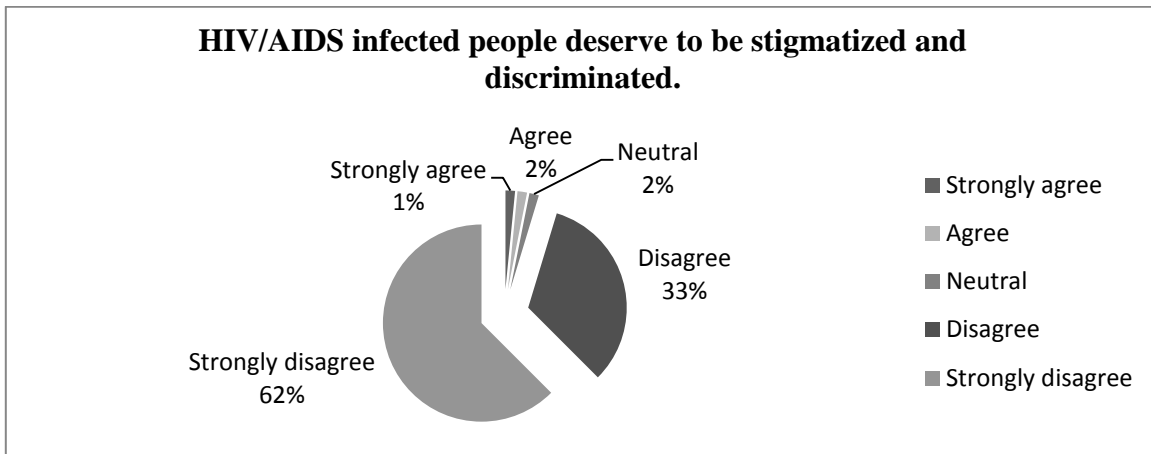


Figure 4.24: HIV/AIDS infected people deserve to be stigmatized and discriminated.

Figure 4.24, shows that most of the respondents (95%) either strongly disagreed or disagreed to the notion HIV/AIDS infected people deserve to be stigmatized and discriminated. 3% of the respondents also reveal that they either strongly agreed or agreed whereas 2% were undecided about the notion.

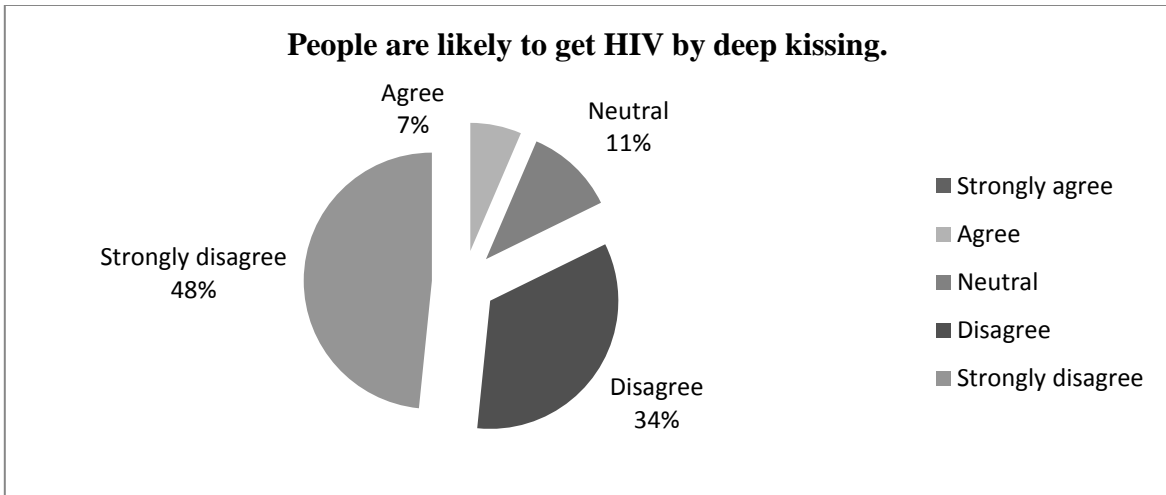


Figure 4.25: People are likely to get HIV by deep kissing.

Figure 4.25 indicates that, 82% of the respondents strongly disagreed or disagreed to the notion that people are likely to get HIV by deep kissing. 7% of the respondents strongly agreed to the notion whereas 11% indicated neutral.

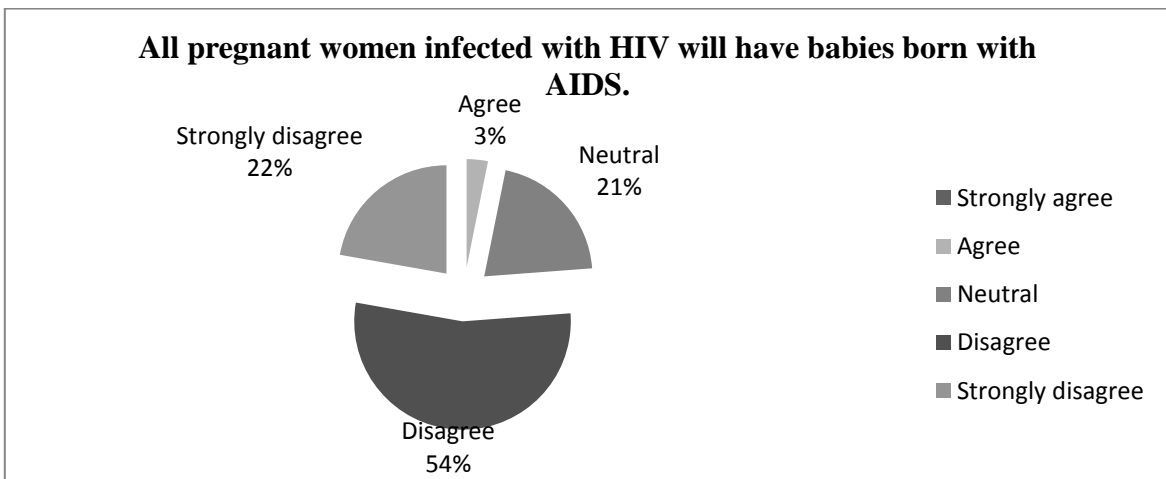


Figure 4.26: All pregnant women infected with HIV will have babies born with AIDS.

According to Figure 4.26, 76% of the respondents either disagreed or strongly disagreed with the notion that all pregnant women infected with HIV will have babies born with AIDS. 21% of the respondents indicated neutral about the notion whereas 3% strongly agreed to it.

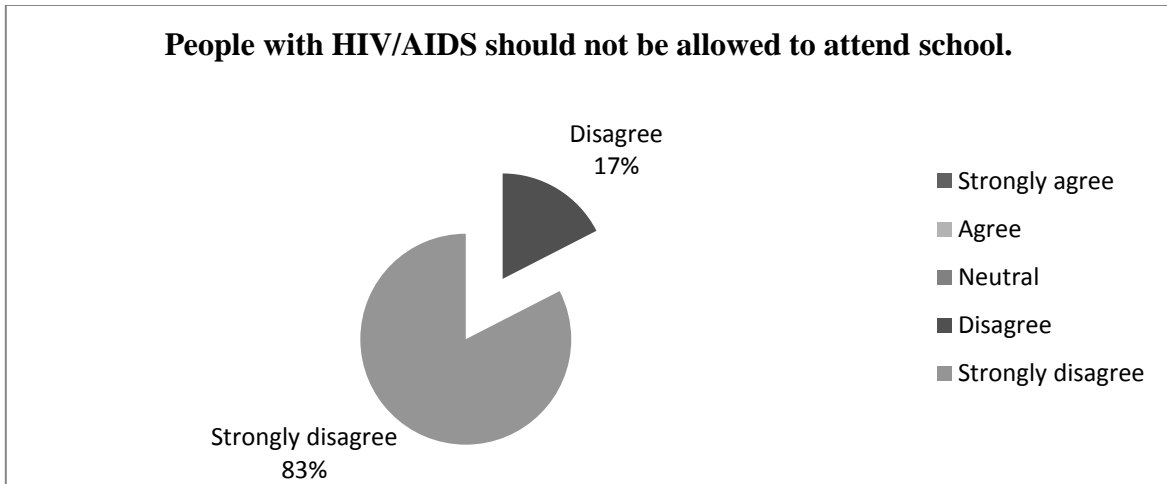


Figure 4.27: People with HIV/AIDS should not be allowed to attend school.

Figure 4.27 reveals that 83% of the respondents indicated that they strongly disagreed or disagreed with the notion that people with HIV/AIDS should not be allowed to attend school. This indicates a 100% correct response to the notion.

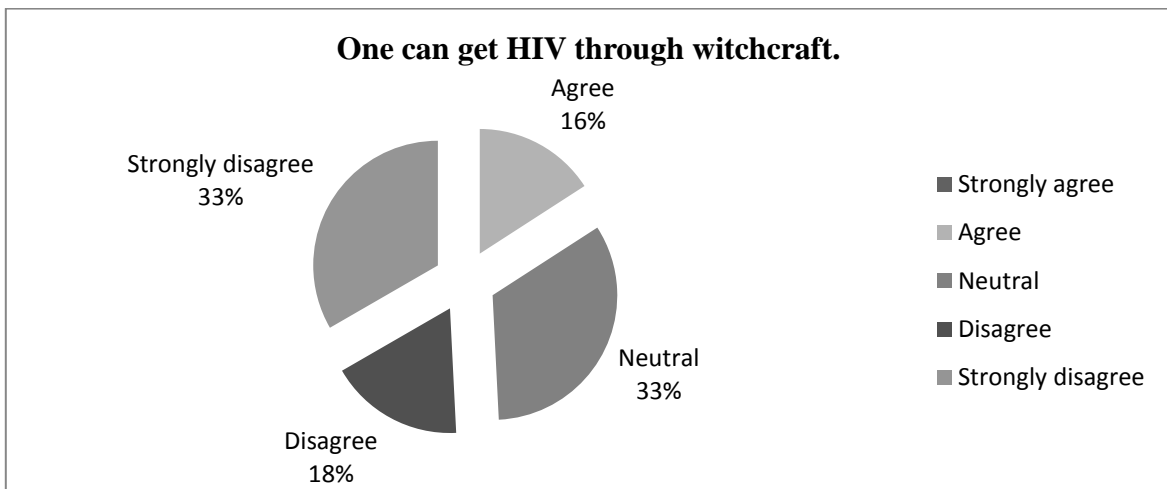


Figure 4.28: One can get HIV through witchcraft.

According to Figure 4.28, 51% of the respondents indicated that they either strongly disagreed or disagreed with the notion that one can get HIV through witchcraft. 16% of the respondents also agreed to the notion whereas 33% were undecided about the statement.

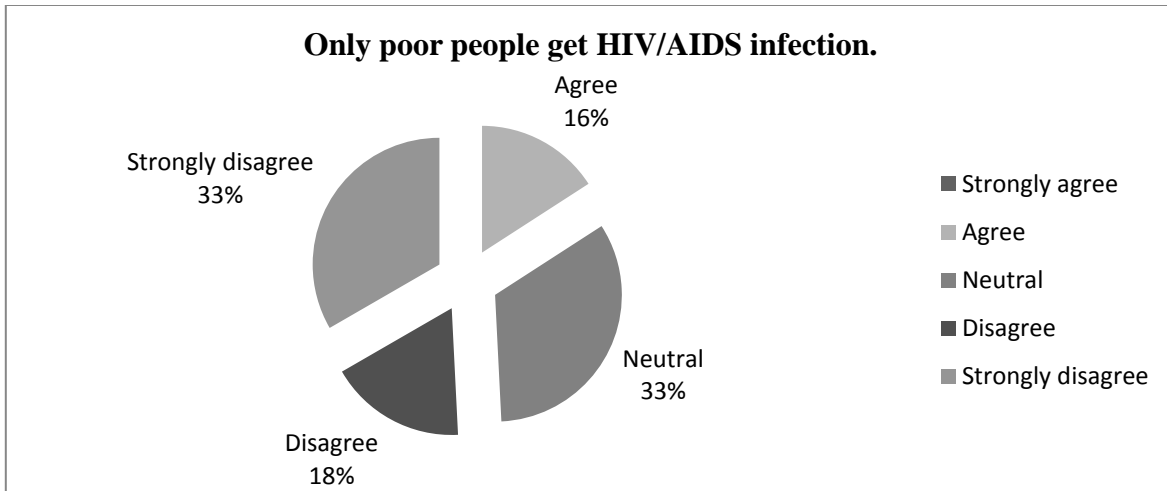


Figure 4.29: Only poor people get HIV/AIDS infection.

It is evident in Figure 4.29 that, 51% of the respondents either disagreed or strongly disagreed with the notion that only poor people get HIV/AIDS infection. 16% of the respondents also indicated that they agreed to whereas 33% were undecided about it to remain neutral.

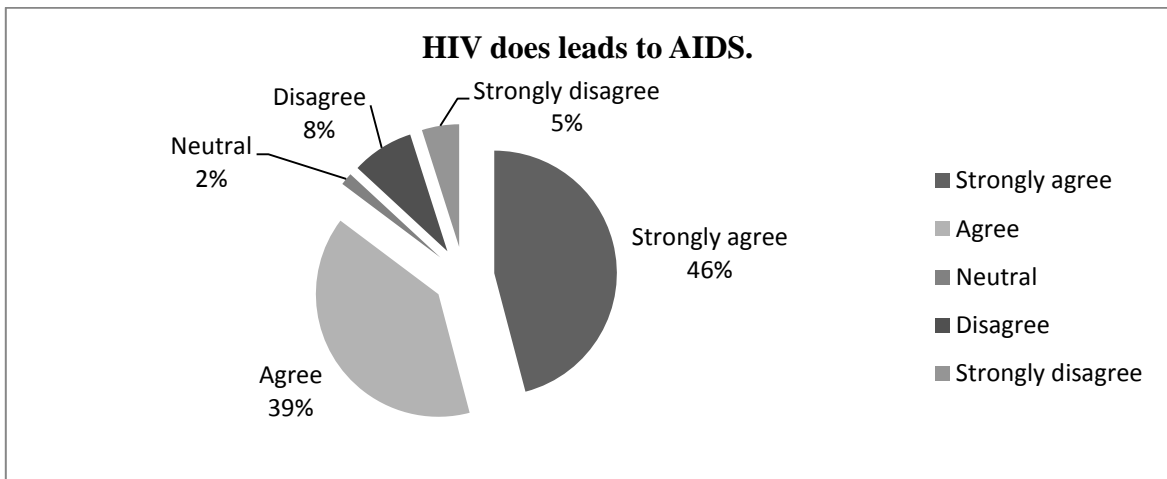


Figure 4.30: HIV does leads to AIDS.

According to Figure 4.30, majority of the respondents (85%) indicated that they either strongly agreed or disagreed to the notion that HIV does leads to AIDS. 13% also indicated either that they disagreed or strongly disagreed whereas 2% revealed neutral.

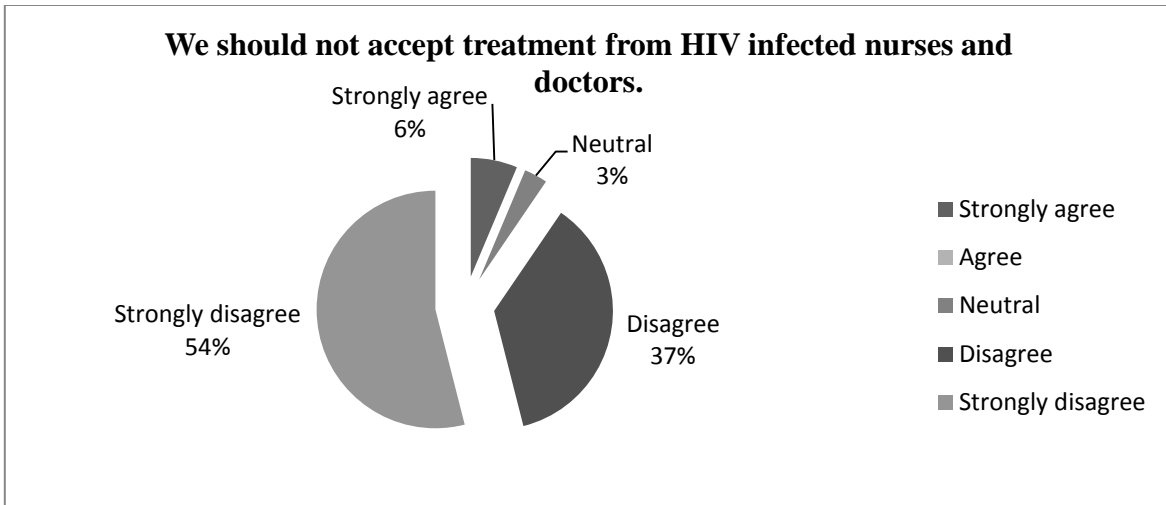


Figure 4.31: We should not accept treatment from HIV infected nurses and doctors.

It is evident in Figure 4.31 that, 91% of the respondents either strongly disagreed or disagreed with the notion that we should not accept treatment from HIV infected nurses and doctors. 6% indicated they strongly agreed whereas 3% were undecided to the notion.

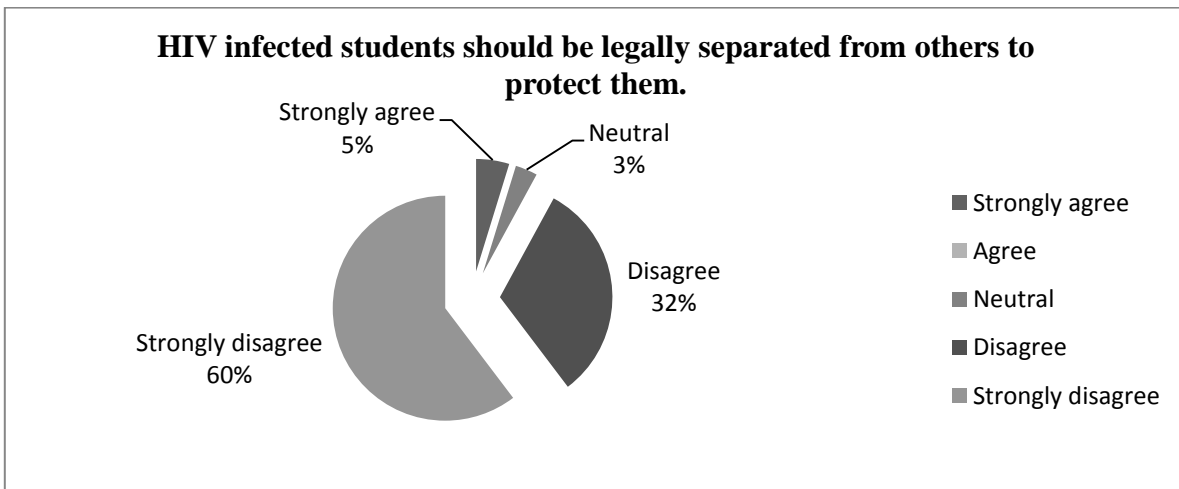


Figure 4.32: HIV infected students should be legally separated from others to protect them.

Figure 4.32 indicates that, 92% of the respondents either strongly disagreed or disagreed with the notion that HIV infected students should be legally separated from others to protect them. 5% of the respondents also strongly agreed while 3% remained undecided on the statement.

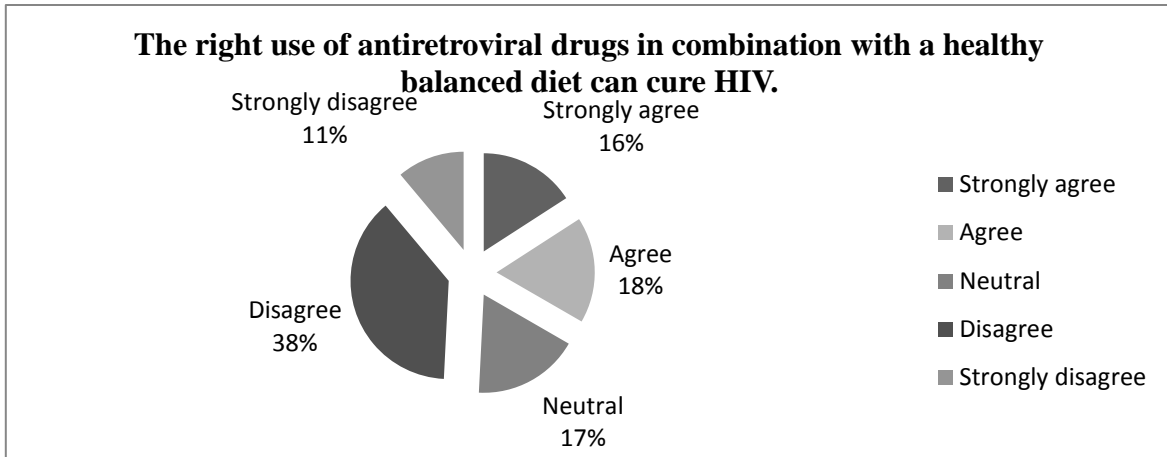


Figure 4.33: The right use of antiretroviral drugs in combination with a healthy balanced diet can cure HIV.

According to Figure 4.33, 49% of the respondents either strongly disagreed or disagreed to the notion that the right use of antiretroviral drugs in combination with a healthy balanced diet can cure HIV. 34% of the respondents also either strongly agreed or agreed whereas 17% were undecided on the notion.

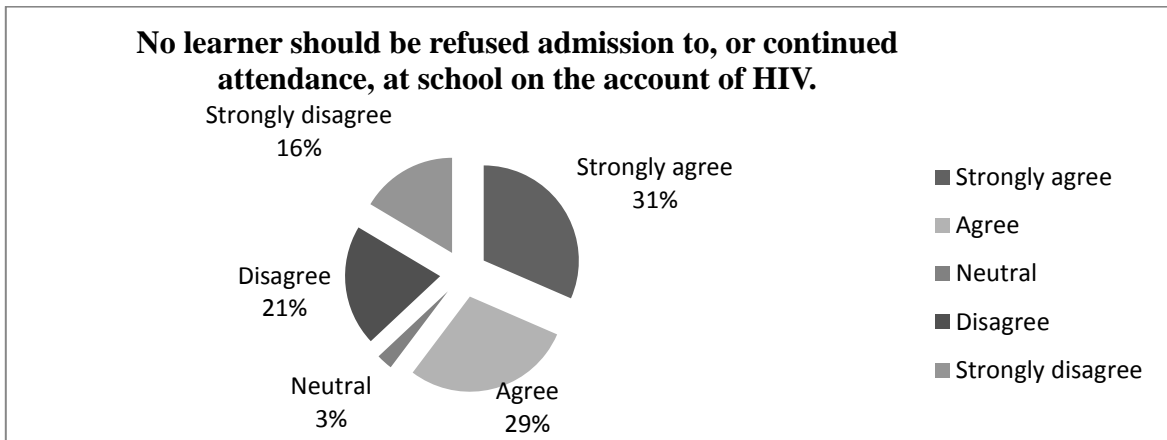


Figure 4.35: No learner should be refused admission to, or continued attendance, at school on the account of HIV.

Figure 4.34 indicates that, 60% of the respondents either strongly agreed or agreed to the notion that no learner should be refused admission to, or continued attendance at school on the account of HIV. 37% also either strongly disagreed or disagreed with the statement while 3% remained undecided about it.

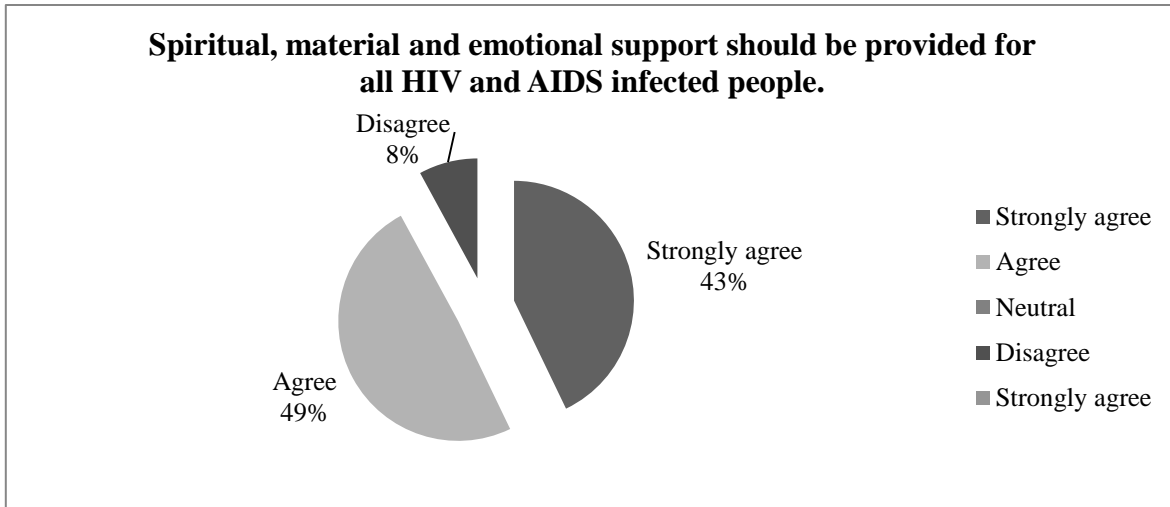


Figure 4.35: Spiritual, material and emotional support should be provided for all HIV and AIDS infected people.

According to Figure 4.35, 92% of the respondents either strongly agreed or agreed to the notion that spiritual, material and emotional support should be provided for all HIV and AIDS infected people. Only 8% of the respondents disagreed with the notion.

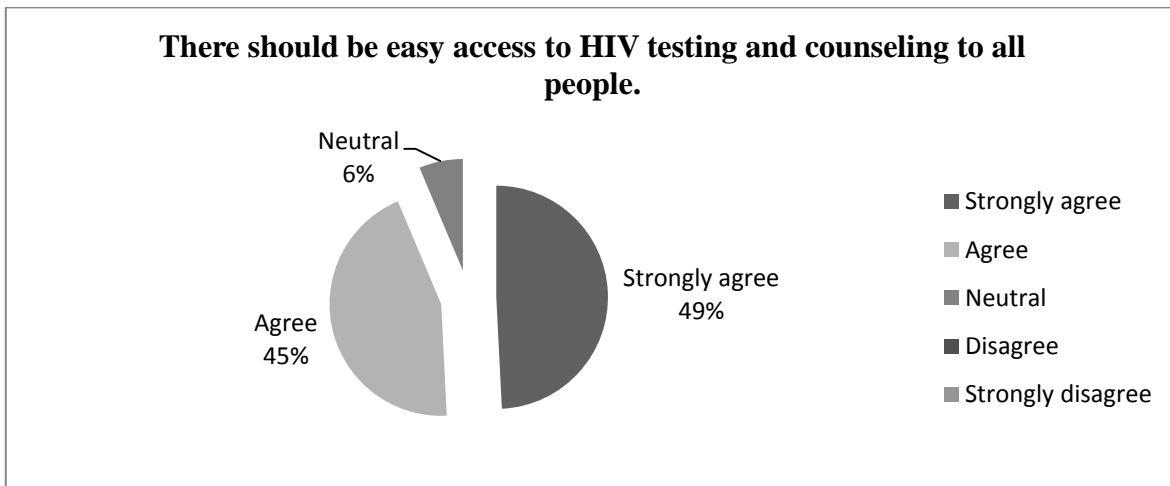


Figure 4.36: There should be easy access to HIV testing and counselling to all people.

It is evident from Figure 4.36 that, 94% of the respondents either strongly agreed or agreed to the notion that there should be easy access to HIV testing and counselling to all people. 6% of the respondents were undecided about the notion

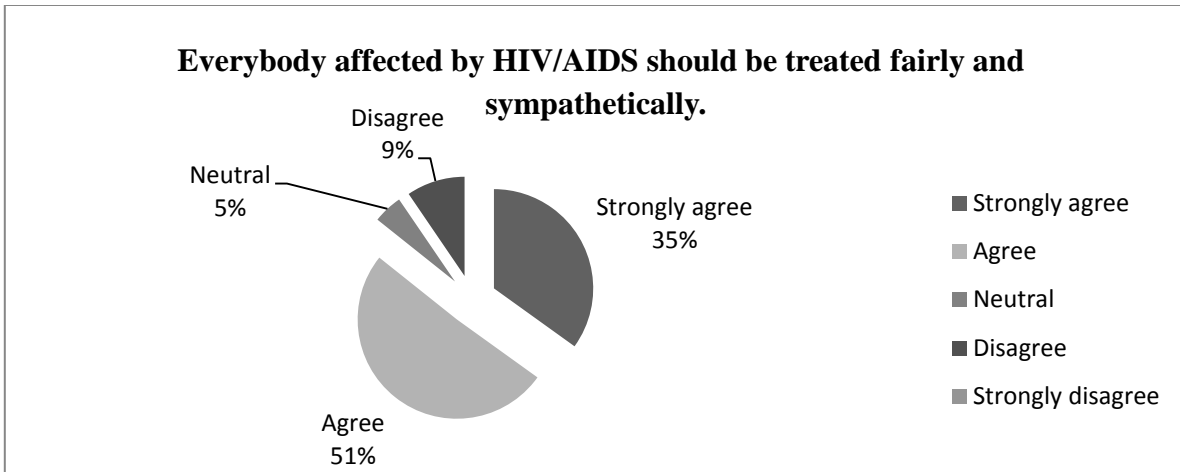


Figure 4.37: Everybody affected by HIV/AIDS should be treated fairly and sympathetically.

Figure 4.37 indicates that, 86% of the respondents either strongly agreed or agreed to the notion that everybody affected by HIV/AIDS should be treated fairly and sympathetically. 9% of the respondents indicated that they disagreed whereas 5% were undecided about the notion.

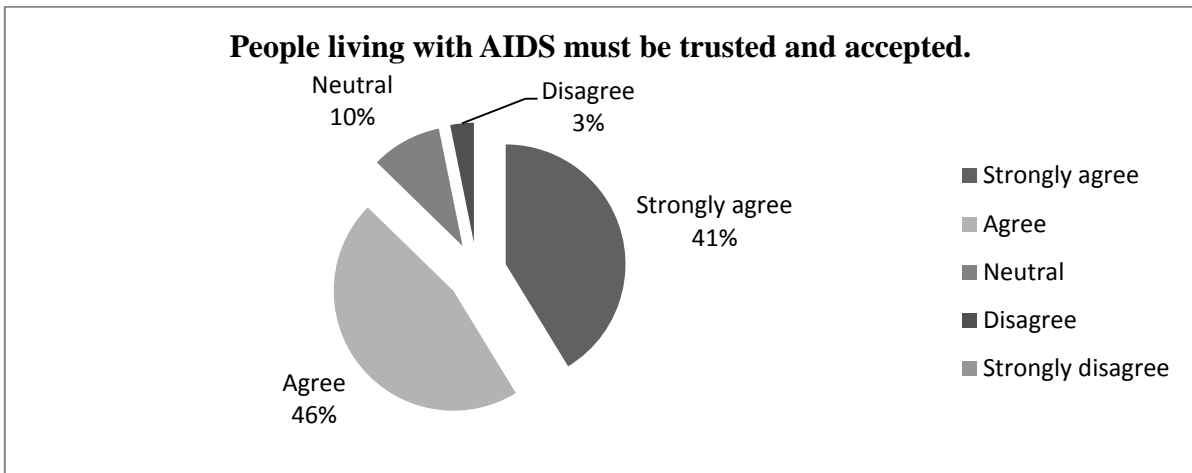


Figure 4.39: People living with AIDS must be trusted and accepted.

According to Figure 4.38, 87% of the respondents either indicated that they strongly agreed or agreed to the notion that people living with AIDS must be trusted and accepted. 3% of the respondents disagreed with the notion whiles 10% were undecided about it.

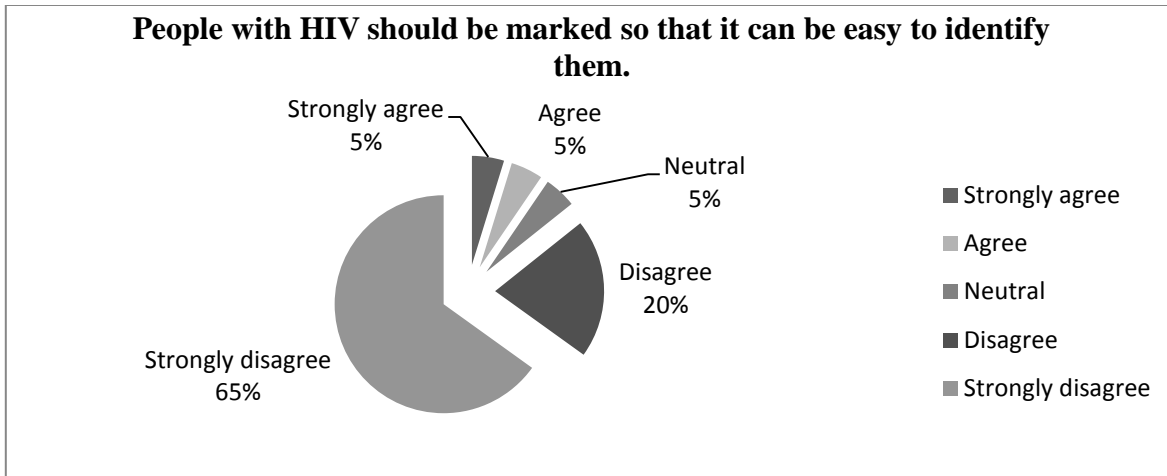


Figure 4.39: People with HIV should be marked so that it can be easy to identify them.

Figure 4.39 indicates that, 85% of the respondents either strongly disagreed or disagreed to the notion that people with HIV should be marked so that it can be easy to identify them. 10% also responded to either strongly agreed or agreed whereas 5% were undecided about the notion.

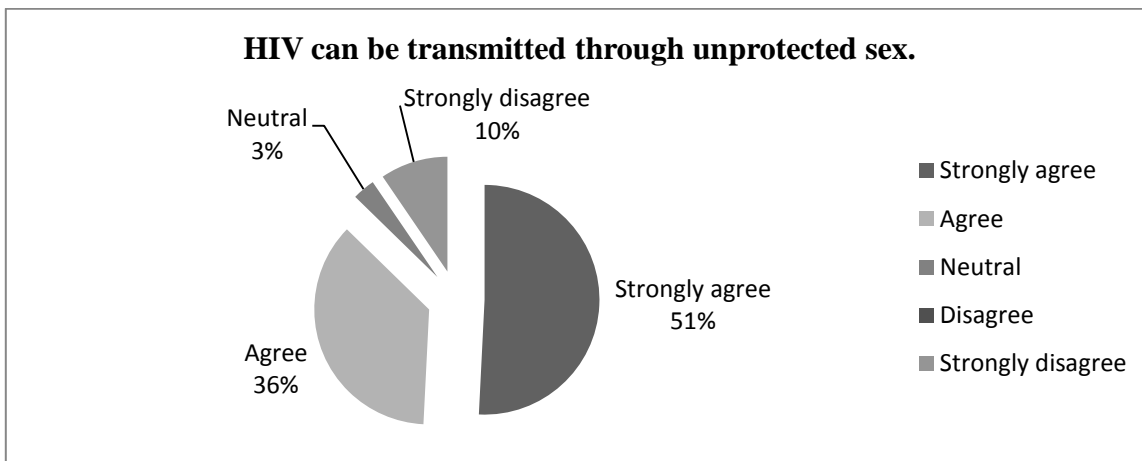


Figure 4.40: HIV can be transmitted through unprotected sex.

According to Figure 4.40, 87% of the respondents indicated that they either strongly agreed or agreed to the notion that HIV can be transmitted through unprotected sex. 10% also strongly disagreed with the notion whereas 3% were undecided about it.

4.5 Conclusion

The main purpose of this chapter was to analyse and interpret the data that was gathered during the studies. The results show that, Port St Johns Senior Secondary School educators and learners are highly knowledgeable of HIV/AIDS. This knowledge can help reduce the spread of the pandemic.

Chapter five, which is the next chapter presents the findings, recommendations and conclusion based on the research results.

Chapter 5 Conclusion and recommendations

5.1 Introduction

This chapter presents a summary of the overall findings of the study conducted at Port St Johns Senior Secondary school. It attempts to make recommendations pertaining to:

- Implementation of a school policy on HIV/AIDS.
- Supporting sick learners.
- Supporting sick educators.

5.2 Overall findings

5.2.1 Knowledge.

An individual's ability to take important decisions pertaining to HIV/AIDS is therefore important in his life. The participants' ability to answer most of the questions correctly indicates their level of knowledge about the pandemic.

It is believed that the causes and prevention of the epidemic are related. Knowing what causes the epidemic obviously helps a person to know how to prevent it. On the contrary, as evident from the research finding, more than 40% of the respondents believe there is medicine for HIV/AIDS. Also, 30% of the respondents disagreed with the usage of condom if you are uncertain about your partners HIV/AIDS status. While this is a stab at the back, the participants' admission that the epidemic is having effect on schools is laudable. More than 90% of the participants have information with respect to condoms preventing the spread of STIs and HIV/AIDS.

5.2.2 Awareness.

According to Beck's (1999, 1998 & 1996), risk and the global economy are alarmingly becoming inseparable; and as it is evident from recent global developments, it has become

clearer that humans are inescapable from the risk. Truly, HIV/AIDS does not discriminate. All persons, whether black/white; male/female; specialist/labourer are at risk of

getting infected if they expose themselves to the risk. As learnt from theory, although recent studies have shown that humans have been embedded with inbuilt mechanism which paves way for mankind to deal with uncertainties in life, Elliot (2002) posits that risk management and monitoring play critical roles in the formulation and calculation of social action.

What makes the difference therefore is one's willingness and ability to adopt a positive behavioural change. But how can behaviour change occur without the accumulation of wealth of knowledge? As the Good Book says, knowledge is power; people therefore perish for lack of it. This section therefore discusses the knowledgeability and awareness of HIV/AIDS issues among Port St Johns Senior Secondary School people.

5.2.3 Education

There is good evidence that well over 3 million people in South Africa have HIV right now. The disease affects men and women of all ages. If the current rate of infection does not slow down, almost one in every four people in the country will have HIV. In some years to come, the disease will have made orphans of three-quarters of a million South African children. Many schools are already experiencing the effects of the epidemic, as teachers, learners and members of their families fall ill.

5.3 Recommendations

5.3.1 Implementing a school policy on HIV/AIDS

- Schools should develop their own policy on HIV/AIDS, in order to give operational effect to National, Provincial and District guidelines. Such a policy must be consistent with the Constitution and the law. A school policy must not contradict national policy, or the guidelines.

- The school has a responsibility to be a centre of information and support on HIV/AIDS in the community it serves. Major role players from the broader community, for example religious and traditional leaders, should be invited to participate in developing the school's policy. These role players within our community can influence the people to understand the HIV/AIDS effects as their support will be welcomed by the school. Considering traditional and religious leaders in HIV/AIDS policy formulation will at the same time help accept different views from those organisations.
- The school policy should be reviewed as new scientific information becomes available, including advice from the national or provincial health or education authorities.
- Educators must set an example of responsible sexual behaviour. They can help create an environment in the workplace where people can be open about their HIV status without fear of prejudice or discrimination.

5.3.2 Supporting sick learners

- Schools should help learners with HIV to form a support group or link one in the community for support.
- Every school with sufficient facilities should have an area where learners and educators who are feeling unwell can lie down during the day for short periods. This will enable learners who are sick to stay in the school for longer hours.
- Medicines often have to be taken at set times in order to be properly effective. Educators need to be aware of this and allow learners with HIV to slip out of class to take medication when necessary.

5.3.3 Supporting sick colleagues.

- Educators and other staff who develop AIDS-related illnesses need understanding from their colleagues. It will be safe for the entire staff to support their colleagues who fall sick. Providing support for the sick colleagues can let them accept the situation and perform well at the work place. Avoiding discrimination and

stigmatization is very important at the workplace. Using an effective HIV/AIDS workplace policy will also help the organisation look after the wellness of the employees to function optimally.

- Educators have to cover their sick colleagues, and this will have an impact on their own work and well-being. In the absence of colleagues falling sick, other educators are to take over their responsibilities as additional work since their absence can affect the performance of the learners.

5.4 Conclusion

This study revealed that participants have enough knowledge information about HIV/AIDS. There is no panacea in alleviating the spread of HIV/AIDS, but there are ways of decreasing vulnerability. Hence, there is the need to incorporate other sectors of society outside the domain of school. Given that the school is ill-equipped to address HIV/AIDS issues alone.

In terms of HIV education, training of the mind and capabilities of people helps them to attain wisdom and acquire positive life skills. On the sources of receiving educational information about the epidemic, the results indicate that participants have more HIV/AIDS information and education on the pandemic. The study further shows that more training and education on HIV/AIDS prevention needs to be made accessible to the participants.

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ADDENDUM A: QUESTIONNAIRE

HIV/AIDS KNOWLEDGEABILITY AT PORT ST JOHNS SENIOR SECONDARY SCHOOL

This questionnaire asks your opinion about Human Immune- deficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS). Your answers are completely anonymous and confidential. Your answers cannot be connected to you in any way. Your participation is greatly appreciated.

DEMOGRAPHIC INFORMATION

Please answer ALL the questions by marking (X) in the appropriate box.

- | | | | | |
|-----------------------|--------------------|----------|------------------------|-----|
| 1. Gender: | Male | Female | | |
| 2. Age : | 15 – 17 | 18 – 20 | 21 – 23 | 24+ |
| 3. Home language: | Afrikaans | Isixhosa | Others (specify) | |
| 4. Ethnic group: | Xhosa | Coloured | Others (specify) | |
| 5. Where do you stay: | Port St Johns Town | | Others (specify) | |

Indicate with (X) in the appropriate box.

HIV/AIDS KNOWLEDGE AND AWARENESS	STRONGLY AGREE 1	AGREE 2	NEUTRAL 3	DISAGREE 4	STRONGLY DISAGREE 5
1. One can get HIV by sitting next to a person with HIV.					
2. A person can get HIV by sharing a glass of water with someone who has HIV.					
3. Many schools are already experiencing the effects of the HIV epidemic.					
4. A healthy looking person can be infected with HIV, the virus that causes AIDS.					
5. A condom should be used if you are uncertain about your partners HIV Status					
6. All pregnant women infected with HIV will have babies born with AIDS.					
7. Taking a test for HIV one week after having sex will tell a person if she/he has HIV.					
8. There is no medicine that can prevent us from HIV infection.					
9. HIV virus spreads from person to person in sexual intercourse.					
10. Eastern Cape has the majority of HIV infection in the country.					
11. AIDS can be cured by healthy meals and antiretroviral.					
12. STIs can be prevented by wearing condom during sex.					
13. You get HIV when you have sex without condom with an infected person.					
14. We must openly speak about HIV/AIDS, attacking ignorance and prejudice and wrong ideas about the disease.					
15. Most people with HIV have no symptoms for a long time.					
16. Three quarters of people with TB now also have HIV.					
17.HIV is a very small germ or organism, called a virus, which people become infected with.					
18. An employer may terminate an employee contract if they find out he or she is HIV positive.					
19. Prevention is the only sure way to defeat HIV/AIDS.					
20. Educators can play a central role in changing the course of the HIV epidemic.					

PLEASE CONTINUE ON THE NEXT PAGE

ATTITUDES AND PERCEPTIONS ABOUT HIV/AIDS	STRONGLY AGREE 1	2 AGREE	3 NEUTRAL	4 DISAGREE	5 STRONGLY DISAGREE
1. AIDS is a threat to human health.					
2. HIV/AIDS is more commonly found amongst black people.					
3. Having sex with a virgin can cure HIV/AIDS.					
4. HIV/AIDS infected people deserve to be stigmatized and discriminated.					
5. People are likely to get HIV by deep kissing.					
6. All pregnant women infected with HIV will have babies born with AIDS.					
7. People with HIV/AIDS should not be allowed to attend school.					
8. One can get HIV through witchcraft.					
9. Only poor people get HIV/AIDS infection.					
10. HIV does leads to AIDS.					
11. We should not accept treatment from HIV infected nurses and doctors					
12. HIV infected students should be legally separated from others to protect Them					
13. The right use of antiretroviral drugs in combination with a healthy balanced diet can cure HIV					
14. No learner should be refused admission to, or continued attendance, at school on the account of HIV					
15. Spiritual, material and emotional support should be provided for all HIV and AIDS infected people					
16. There should be easy access to HIV testing and counseling to all people					
17. Everybody affected by HIV/AIDS should be treated fairly and Sympathetically					
18. People living with AIDS must be trusted and accepted					
19. People with HIV should be marked so that it can be easy to identify them					
20. HIV can be transmitted through unprotected sex					

I thank you for taking the time to complete the survey questionnaire!!!