AN INVESTIGATION ON WHAT NEEDS TO BR DONE FOR GRADE SEVEN LEARNERS OF SHUKUMANI PRIMARY SCHOOL TO ACCESS MORE INFORMATION ON HIV AND AIDS

by

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ABSTRACT

The study sought to determine the knowledge of the Grade seven learners of Shukumani Primary School in Tembisa. The study sought to find out whether learners are able to access more information on HIV and AIDS. The research sought to find out, whether learners are provided with adequate resources and learning materials, in order to acquire more information.

The study aims to establish what needs to be done for Grade seven learners of Shukumani Primary School to access more information on HIV and AIDS. Communities need to be educated on HIV and AIDS prevention.

The study was conducted at Shukumani Primary School with the Grade seven learners. The school is situated at Ecaleni Section in Tembisa, Ekurhuleni Metropolitan Municipality in Gauteng, South Africa. The main focus was on accessing information on HIV and AIDS. This was prompted by the number of learners who fall pregnant whilst in Primary School.

Data collection was done through a questionnaire, interviews and discussions. The results determined there are no specific programs that are in place in order for the learners to access more information. The research determined that more Grade seven learners at Shukumani Primary school should be part of The Soulbuddyz Club. The Soulbuddyz Club is an initiative by Soul City which tackles social issues including HIV and AIDS. The research further determined the Department of Education should set up programs which will enable learners and the parents to access more information.

It was evident that HIV and AIDS resource materials for learners were not adequately available. The only teaching material for the learners is only that which are supplied by Soul City through the Soul Buddyz Clubs. The teaching material for HIV prevention education is left in the hands of the Life Skills or Life Orientation educators.

The research has determined that the key to the success of accessing information is to educate both the learners and the community. When looking at the response of the learners, it is clear

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that some have benefitted from the Life Orientation as the subject although a lot still needs to be done for them to practice what they have learnt. Issues of abuse are still evident hence some of these children fall pregnant.

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OPSOMMING

’n Oogmerk van die studie was om die vlak van die kennis betreffende MIV/Vigs van Graad 7-leerders van die Primêre Skool Shukumani in Tembisa te bepaal. Die studie wou bepaal of leerders wel toegang tot meer inligting oor MIV/Vigs het en of leerders voorsien word van voldoende hulpbronne en leerdermateriaal ten einde meer inligting oor die onderwerp te verwerf.

Die studie wou ook vasstel watter stappe gedoen moet word sodat Graad se we-leerders van die Primêre Skool Shukumani groter toegang tot inligting oor MIV/Vigs kan hê. Die studie het bevind dat gemeenskappe opgevoed moet word oor die voorkoming van MIV/Vigs. Graad sewe-leerders van Primêre Skool Shukumani, geleë in Ecaleni Section in Tembisa in die metropolitaanse munisipaliteit Ekurhuleni in Gauteng, Suid-Afrika is vir die studie gebruik. Daar is hoofsaaklik gefokus op die evaluering van inligting oor MIV/Vigs. Die getal leerders wat swanger geraak het terwyl hulle in die primêre skool was het die fokus van die studie bepaal.

Data is ingesamel deur middel van ’n vraelys, onderhoude en besprekings. Die resultate toon dat daar geen spesifieke programme bestaan waarmee die leerders toegang kan verkry tot meer inligting betreffende MIV/Vigs nie. Die navorsing bepaal dat meer Graad sewe-leerders by die Primêre Skool Shukumani moet deel uitmaak van The Soulbuddyz Club. The Soulbuddyz Club is ’n inisiatief van Soul City wat aandag skenk aan maatskaplike vraagstukke met inbegrip van MIV/Vigs. Die navorsing het verder bepaal dat die Departe ment van Onderwys programme in werking moet stel wat leerders en ouers in staat sal stel om meer toegang tot inligting oor MIV/Vigs te hê.

Dit was opvallend dat hulpbronmateriaal vir leerders oor MIV/Vigs nie genoegsaam beskikbaar was nie. Die enigste onderrigmateriaal beskikbaar vir die leerders was slegs die materiaal wat deur Soul City deur die Soul Buddyz-klubs verskaf word. Die ontwikkeling van onderrigmateriaal rakende die voorkoming van besmetting met die MIV word oorgelaat aan die opvoeders van Lewensvaardighede of Lewensoriëntering.

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Die navorsing het bepaal dat die deurslaggewende faktor tot die sukses van toegang tot inligting geleë is in die feit dat die leerders sowel as die gemeenskap opgevoed moet word. Wanneer 'n mens let op die reaksie van die leerders, is dit duidelik dat sommige bevoordeeel is deur die aanbieding van die vak Lewensoriënteri ng hoewel veel meer steeds gedoen moet word sodat hulle dít kan uitleef en toepas wat hulle geleer het. Kwessies soos mishandeling kom steeds algemeen voor soos blyk uit die voorkoms van tienerswangerskappe .

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CHAPTER 1

INTRODUCTION

1.1 Introduction

It is so disturbing to learn there are still people who are infected by HIV every day. This proves that some people do not have adequate information on this deadly pandemic. According to the 4th Global Report on HIV/AIDS people have a right to know how to protect them from being infected with HIV (4th Global Reports on HIV and AIDS). It is further stated that, people have a right to know their status, and if they are infected, they have a right to know how to obtain treatment, care and support (UNAIDS 2006) This information seems to be meant only for a small number of people especially adults**.** This can be said because as far as children are concerned, some of this information is never passed onto them because of their age (UNAIDS 2006). Primary School learners seem to be the ones who do not get more information from their teachers or parents on HIV /AIDS. The reason is because Primary Schools are regarded as institutions with very young and innocent children, whereas that is not the case.

It is well known that HIV/AIDS does not discriminate between individuals. Any person can be infected or be affected with this pandemic irrespective of age, race or gender. HIV/AIDS affects everybody, the community, health sector, the government as well as individuals. Many children are orphaned when their parents die these days because of this pandemic. The most disturbing fact about HIV/AIDS is that it is not yet curable.

1.2 Research question

Research requires solving a problem in a particular field and that creates vacuum to formulate the question. Once an answer has been generated a solution to the problem will be provided. In the present research project a problem was detected and the

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following statement was formulated: How can Grade Seven Learners of Shukumani Primary School Tembisa access more information on HIV/AIDS?

1.3 Background problems and nature of the problem

The research will take place at Shukumani Primary School .The school is situated at Ecaleni section in Tembisa, Ekurhuleni West in Gauteng Province. The school caters for about 720 learners who come from different parts of Tembisa and surrounding area such as Ivory Park which falls under Midrand and WINNIE Mandela informal Settlement the number of the learners fluctuates because some learners leave the school to stay with relatives after their parents or guardians pass away and other learners join our school from other Provinces with the same problem.

Some primary school children are exposed to indecent sexual issues. These issues are brought to the attention of teachers who are also members of the School Based Support Team (SBST). The greatest problem is people think all children in primary schools are below the age thirteen; however, that is a misconception. The information that is given to these learners is as far as HIV/AIDS is concerned is abstinence. It raises a question why the Department of Education has a Pregnancy Policy in place even in primary schools but at the same time teachers are not expected to discuss the ‘combination prevention’ (ABC) but only the ‘A’ which is abstinence, forgetting that there are also older learners in the schools. The reason is that, many parents fear that informing young children about sex and teaching them how to protect themselves will make them sexually active. In surveys from Cambodia, Haiti, Malawi and Zimbabwe, at least 40 percent of adults felt that children aged 12 to 14 should not be taught how to use condoms (UNICEF 2002).

1.4 Aims and objectives of the research

The current research was initiated by the constant rise of pregnancies among the adolescents who happen to be Grade seven learners of Shukumani Primary School. This continues to happen despite the information which is distributed by means of HIV awareness and through and through educational information during Life Orientation period. Some information is presented in a form of booklets, newspapers

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and magazines from Soul City. Some information is distributed though drama on TV which is done by the Soul Buddyz Clubs on which is also an initiative of Soul City and the Department of Education.

The main objectives of this research was therefore to establish what needs to be done to make sure that the Grade seven learners of Shukumani Primary School access more correct information on HIV and AIDS. To investigate how these learners, boys and girls relate to their gender and sexuality:

- To determine the knowledge and information of the learners regarding the relationship between pregnancy and HIV.
- To determine if the provision of sex education and HIV/AIDS will help reduce pregnancy among the Grade seven learners.
- To investigate the reason why learners in Primary School fall pregnant.
- To identify appropriate sources of information on HIV and AIDS issues.
- To develop a plan of action based upon the gender and the sexual identities that they are commonly constructing, the type of relationship they are forging with the relevant adults in their lives and the kind of issues and concerns are rising to mitigate the spread of HIV and AIDS.

1.5 Operational definitions for the problem

Human Immunodeficiency Virus (HIV): HIV is a virus that causes Acquired Immune Deficiency Syndrome. A virus is an infectious particle that cannot be seen with an eye or even a conventional light microscope. The HIV is smaller than most bacteria and can only be seen under an Electronic microscope.

IMMUNO - Immuno is derived from immune; system protecting the body against disease causing germs.

DEFICIENCY – This term describe s a condition which impairs the body's ability to fight against diseases.

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VIRUS - It is a living organism called a retrovirus because its genetic material is in the form of single stranded RNA (ribonucleic acid)

(ii) AIDS - (Acquired Immune Deficiency Syndrome) is caused by the Human Immuno deficiency virus, which attacks and weakens the body's immune system causing person to be vulnerable to various life threatening infections and diseases

ACQUIRED - This means that it is the result of contact with a source external to the person.

IMMUNE - Immune is the system protecting the body against disease.

DEFICIENCY - Deficiency describes a condition which impairs the ability to protect itself against disease.

SYNDROME - Syndrome means a group of or symptoms which result from a common cause or appear in combination to clinical picture of a disease. People do not die from Aids but from opportunistic diseases.

(iii)Confidentiality- Confidentiality refers to the ethical and or legal duty of the health care professional ,and other professionals such as lawyers and social service providers, not to disclose to anyone else, without authorization ,information that was given to ,or obtained by, the professional in the context of his or her professional relationship with a client. In the context of HIV and AIDS:

- Confidentiality applies to a person's HIV status and requires that the health authorities should seek the consent of the person infected for the disclosure of his or her HIV and AIDS status to others.
- Confidentiality also includes the expectation by a person with HIV and AIDS that his or her status will not be disclosed, without his or her consent, by other person's with whom the information may be shared.

(iv) Disclosure

- In the context of HIV and AIDS, disclosure refers to the act of informing any individual or organization, (such as a health authority, an employer or a school) of the serostatus of an infected person (UNAIDS2000).

(v) Incidence

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- It is the number of new cases arising in a given period in a specified population.

(vi) Prevalence

- It is the number of cases in a given population at a specified point in time.

1.6 Primary school and pregnancy

There is a misconception of the age profile of the students namely; there are older learners up to the age of eighteen years and over who are in these institutions. These learners are deprived of the information on prevention especially for sexually transmitted infections as well as HIV/AIDS. Some of these learners engage in unprotected sexual intercourse and this became evident where girls fall pregnant whilst in primary school. The Shukumani Primary School in particular has this problem of having a pregnant learner especially in Grade Seven almost every year. Some of these girls conceive whilst in Grade six towards the end of the year and give birth when in Grade seven. This problem does not only end in Primary School because these learners proceed to high school and the situation is perpetuated.

An alarming number of Gauteng teenagers are having unprotected sex, resulting in thousands of unplanned pregnancies. New statistics obtained by The Times show that almost 5 000 school girls in the province became pregnant in only one year (Hariet Mclea, The Times 20 February 2011). Apart from the high pregnancy rate recorded by the provincial Department of Health for 2009-2010, a shocking feature of the statistics is that more than 113 primary school girls became pregnant in the same period. This comes against a backdrop of increasing concern about HIV infection among teenagers. The Health Minister Aaron Motsoaledi said that teenage pregnancy statistics were a greater concern than those of HIV (The Times 21 February 2011). Tembisa is reported to be the area with the highest rate of teenage pregnancies when compared to other areas (Health MEC MEKGWE).

At Tembisa and Esangweni clinics, 1756 girls under 18 years gave birth between April and December last year. Another 203 girls had abortions at the two healthcare

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centres in the same period. Statistics compiled by Mekgwe's department show that 4816 Gauteng schoolgirls from 545 schools were pregnant in the 2009- 2010 financial year (The Times, 21 February 20110). Two schools in the southeast and Tshwane North districts had the highest number of pregnancies in the province in this period-56. The provincial breakdown includes:

397 pregnant pupils at 42 schools in Ekurhuleni North;
530 pupils at 56 schools in Ekurhuleni South;
483 pupils at 53 in Gauteng East;
111 pupils at 18 schools in Gauteng North;
433 pupils at 51 schools in Gauteng West;
444 pupils at 45 schools in Johannesburg Central;
239 pupils at 32 schools in Johannesburg East;
191 pupils at 35 schools in Johannesburg North;
289 pupils at 33 schools in Johannesburg South; and
249 pupils, at 34 schools in Johannesburg West.

The Gauteng director of multi-sectoral AIDS unit, Dr Liz Floyd said that condoms were not distributed at schools but could be if their governing bodies agreed. Dr Floyd said that 4% of Gauteng teenagers were HIV positive by her estimates (The Times, 21 February 2011).

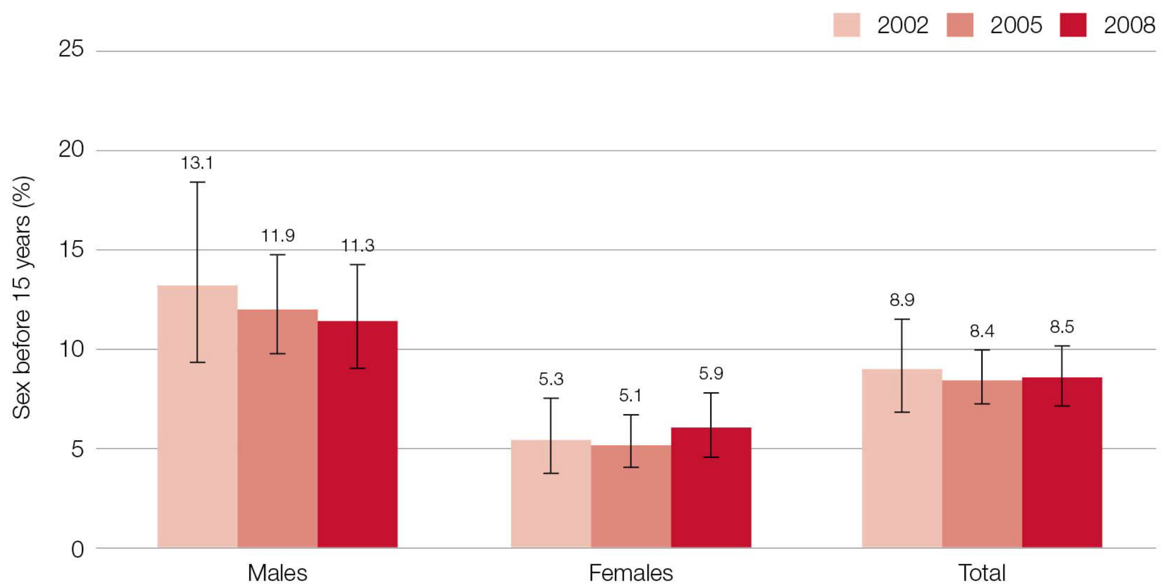
Informing boys concerning the consequences of engaging in sexual activities are usually forgotten when it comes to prevention issues. When girls fall pregnant they are alone blamed for their conditions, however, they are the ones who carry the responsibility of giving birth to a child. Some of the primary school boys are sexually active and they end up fathering babies at a young age when they are not in a position to respond to the responsibility. This proves that both boys and girls could be at risk of contracting HIV due to promiscuity and lack of control over behaviour. There is evidence to substantiate this situation because some children were born with the HI Virus and without adequate information to provide guidance for their actions and related consequences; they could be at risk of re-infection should they find themselves engaging in unprotected sex.

According to UNICEF there are approximately 1,800 new infections in children under 15, mostly from mother-to-child transmission; 1,400 children under the age of 15 die of AIDS-related illness. More than 6,000 young people aged 15-24 are newly infected with HIV. It is further stated that millions of children, adolescents and young people in the path of the HI Virus pandemic are at risk and need protection (UNICEF 2002). It is important to understand the years at which young people become sexually active. In 2007, young people aged 15 -24 accounted for an estimated 45% of new HIV infections worldwide (UNAIDS 2008).

Gender disparities play an important role when it comes to HIV infection. Young females in South Africa are said to be three or four times the prevalence of HIV than their male peers. HIV prevalence is overall higher for females and peaks at an earlier age than males (Shisana et al. 2005). Figure 2.1 shows the sexual debut by age among 15 – 24 year olds in South Africa.

Figure 2.1

Sexual debut by age among 15- 24 year olds, South Africa 2002, 2005 and 2005



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1.7 Caring for orphans and other vulnerable children

At school level it is not easy to tell which learners are orphaned by AIDS. This is because many people do not disclose their HIV status. The reason for others is that they do not know they are HIV positive, because they have never tested for the virus. Those who did test and know about their condition never told anyone they are HIV positive because of fear of being discriminated against. This becomes a problem to the school to ask questions about how their parents died. The school becomes aware of AIDS orphans only if some of the parents disclose their status whilst they were alive.

The other instance is when NGO'S such as the 'THE HEART BEAT' requires the school to grant permission to certain learners to attend skills building camps. The information on the forms indicates that the skills building camp is for AIDS orphans and children headed families.

According to UNAIDS, millions of children have been orphaned by AIDS or heavily affected by the multiple impacts of AIDS on their families and communities. As the epidemic continues to result in rising mortality and a heavy burden of illness among adults, the challenge for government and communities is to provide safe and healthy childhoods for these young people and to do so for increasing numbers over the next decade (UNADS 2006).

In order to care for the orphans, UNAIDS and UNICEF published the frame for the Protection, Care and Support Orphans and Vulnerable Children in a World with HIV and AIDS (UNICEF/UNAIDS, 2004). It is said that by the end of 2005, The frame work had been endorsed by the end of 2005 by 30 diverse organization .This frame work has five key strategies that can be applied from local to national level and are:
Strengthens the capacity of families to protect and care for the orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.

- Mobilize and support community based responses.

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- Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others.
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV.

Governments agreed they would "by 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans, girls and boys infected and affected by HIV and AIDS (UNAIDS 2006)".

Countries such as Botswana, Namibia, Rwanda, Zimbabwe and Malawi made progress since the declaration. These countries have all created comprehensive national policies for orphans and other children made vulnerable by AIDS while other countries such as Haiti, Cambodia and Kenya deal with them specifically within their national AIDS strategies (FHI, 2005). Support and care involve much more than physical support such as food, clothing, housing and medication. The social, emotional and spiritual needs of persons infected with or affected by HIV and AIDS will become prominent in the future. As far as AIDS orphans and other disintegrated family situations are concerned, the school can play a major role in kind of support.

The educator will more than likely be one of a few trustworthy adults who can fulfil many of these needs of the learner and the family. In order for individuals to offer effective care and support it is imperative to first explore their attitude, because HIV and AIDS is often accompanied by stigmatization, discrimination, and prejudice. Individuals should look at them self and explore their attitudes and this will enable them to realize whether they are a suitable candidate for such a commitment. An attitude is a settled opinion or way of thinking and it is reflected in the person's behaviour.

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1.8 Rejection and Isolation

The effect of stigma and discrimination leads to rejection and isolation. Stigma and discrimination are not only an obstacles to HIV prevention, care and treatment for people living with HIV, but are among the epidemic's worst consequences (UNAIDS 2006). HIV related stigma consists of negative attitudes towards those infected or suspected of being infected with HIV and those affected by AIDS such as orphans, children and families of people living with AIDS. According to UNAIDS Protocol for Identification of Identification of Discrimination against people Living with HIV, discrimination defined as any form of arbitrary distinction ,exclusion or restriction affecting people because of their confirmed or suspected HIV-positive status. Discrimination is also defined as when someone is unjustly or unfavourably treated, based on prejudice, especially because of race, colour, sex, religion or illness (The Concise Oxford Dictionary, 1990).

Stigma is largely due to lack of knowledge and consequently often people living with HIV and AIDS are treated with indignity and their human rights may be violated. The direct consequence of this is that people are scared to be open about their status, forcing the disease to go underground. This often prevents them from seeking the help they need, and also makes it very difficult to control the further spread of HIV (Khomanani 2004).

Out of fear of stigma and discrimination, many people deny there is a problem and this leads to non-disclosure and they also may not acknowledge their positive status.

This may result in:

- The epidemic remaining largely invisible. People have a false security thinking that there is no risk.
- People not using condoms
- People fearing being tested, especially if they think they may be HIV positive.
- People who are living with HIV not getting care or treatment for fear that their status will be disclosed, or that they will be turned away from health care centres.

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- Undue stress being put on people living with HIV. This can speed up the onset of AIDS. (Khomanani 2004).

It is even amazing to learn that even health care workers are afraid to test for HIV. In Southern Africa a study on needle-stick injuries in primary health care clinics found that nurses did not report the injuries because they did not want to be tested for HIV. In one study on home care schemes, fewer than one in ten people who were caring for an HIV infected patient at home acknowledged their relative was suffering from the effects of the virus (UNAIDS 2006).

UNAIDS has reported on a 2002 study conducted among some 1000 physicians, nurses, and midwives in four Nigerian states, that resulted in some disturbing findings related to discrimination by health care professionals towards people living with HIV:

- 10% of respondents admitted to having refused care to a patient with HIV or AIDS.
- 40% expressed the belief that a person's appearance could indicate his or her HIV status.
- 20% claimed that persons living with HIV or AIDS had behaved immorally and thus 'deserved' his or her fate.

Some of the root causes behind such prejudicial attitude noted in the study were (UNAIDS 2006):

- Fear among doctors or nurses of exposure to HIV or AIDS in the health care setting due to lack of protective equipment.
- Frustration at not having medication to treat people with HIV or AIDS

An HIV positive person is regarded as someone who is dirty or who is promiscuous. When looking at some of the awareness posters, they also contribute to the uncertainty of other people. Some read as "Be faithful, AIDS kills". This gives wrong information as if all those who are HIV positive were unfaithful. Women are the most people to be rejected by their families. The reason is that they are usually the first to

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be tested for HIV during the Ante Natal Clinic when they are pregnant. Husbands or boyfriends usually place the blame on them as the ones who brought the virus home.

1.9 Structure of the study

This chapter identifies the background of the research problem. It also provides the objectives of the study and at the same time describes the reason for the problem identified. This chapter also provides some operational definitions.

Chapter 2 illustrates a review the relevant literature on the variable. This chapter further provides a review on the impact of HIV and AIDS on the socio- economic life of the infected as well as the affected person. The review of global statistics is also provided. It also provides a review of the situation of school children in the world. This chapter also give a review of what the government is doing to combat HIV and AIDS.

Chapter 3 is about the research method used in this study with reference to instruments, procedures and the subjects.

Chapter 4 deals with the interpretation as well as the discussion of the data that was analysed.

Chapter 5 includes conclusion and the findings of the study.

1.10 Conclusion

It is imperative that parents should come to terms with the fact that young children do have sex and allow them to be taught sex education at school. Parents say that sex education and condom distribution in schools will encourage their children to have sex.

Research conducted by the South African Medical Research Council (MRC) Health Systems Unit shows that comprehensive sex education programmes in schools delay

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sexual debut and increase condom use amongst 12- 14 years (Media Statement 5 October 2012).

It is imperative for the parents to remember that the South African Children's Act gives adolescents 12 years and older the right to reproductive health. This means the right to have access to the means to protect themselves from HIV. The origin of HIV, the impact there of and what the government is doing will be discussed in the Chapter 2.

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CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

HIV stands for Human Immuno-deficiency Virus. It is the virus that causes acquired immune deficiency syndrome (AIDS) and it is a member of a family of viruses (Parker 1998). When HIV infects a cell it combines with that cell's genetic material and may lie inactive for many years. Most people infected with HIV are still healthy and can live for years with no symptoms or only minor illnesses. They are infected with HIV but they do not have AIDS. People who are HIV positive are both infected and infectious for life. Even when they feel and look healthy, they can transmit the virus to others (UNAIDS 1999).

The virus can become activated after a period of time and then leads progressively to the serious infections and other conditions that characterize AIDS. Although there are treatments that can extend life, AIDS is a fatal disease. Research continues on possible vaccines and ultimately a cure and for now prevention of transmission remains the only method of control (UNAIDS 1999).

2.2 The route of infection in adults

HIV targets two groups of white blood cells called CD4+ lymphocytes and monocytes/macrophages. The CD4+ cells and macrophages help recognize and destroy bacteria, viruses or other infectious agents that invade a cell and cause disease (UNAIDS 1999). The CD4+ lymphocytes are killed by the virus in an HIV infected person, while the macrophages act as reservoirs, carrying HIV to a number of vital organs. HIV attaches itself to the CD4+ lymphocyte and makes its way inside and this causes the cell to produce more HIV but the cell is destroyed. As the body's CD4+ cells are depleted, the immune system weakens and is less able to fight viral and bacterial infections.

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2.3 The route of infection in infants and children

Most HIV infected infants and children acquired the infection from their mothers before or during birth, or after birth during breast feeding. There is only a small proportion who are infected through HIV contaminated blood or injection (UNAIDS1999). An example of a boy from Bethal in the province of Mpumalanga in South Africa can be given who contracted the HI Virus through an HIV contaminated blood (Pienaar 2003). There are two patterns of disease progression in children infected at birth. About half of them progress rapidly to AIDS, but others remain symptom free for years just like adults. Studies show that, in developed countries, approximately two thirds of infected children are still alive at 5 years. In developing countries the figure ranges between 30 and 65 percent (UNAIDS 1999).

2.3.1 How HIV is transmitted

HIV is a fragile virus and doesn't survive well outside the human body. This fragility makes the possibility of environmental transmission very remote. Outside a host cell, HIV doesn't survive for very long. In laboratory studies the Centre for Disease Control (CDC) has shown that once the fluid (blood, semen, tears, etc.) containing the HI Virus dries, the risk of environmental transmission is nearly zero (Pan African Health Supply).

To date, there are only four primary methods of transmission of HIV (MTCT):

- Sexual intercourse (anal and vaginal)
- Contaminated blood and blood products, tissues and organs.
- Contaminated needles, syringes and other piercing instruments
- By a mother to her baby during pregnancy or childbirth, or as a result of breastfeeding

2.3.2 Sexual intercourse

HIV can be transmitted through unprotected sexual intercourse from an HIV infected partner, which is any penetrative sexual act in which a condom is not used. Anal and

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vaginal intercourse can transmit the virus from an HIV infected man to a woman or to another man, or from an infected woman to a man.

2.3.3 Window Period

The window period refers to the weeks prior to seroconversion. During this period, the antibodies are not detectable and the blood test, such as the Elisa anti-body test, may return a false negative result (Pan African Supply). This usually takes 3-4 weeks in the case of the most sensitive HIV antibody tests currently available. For less sensitive tests, the period can be longer, approximately 6 weeks. In some cases the window period can be as long as 12 weeks or in rare cases as long as 6 months and any HIV antibody test taken during this period may give a false negative result (van Dyke 2005). This means that, although the virus is present in a person's blood, antibodies cannot yet be detected. The window period is usually much shorter for tests that detect the presence of the virus itself. During the window period the individual is already infectious and may unknowingly infect other people.

2.3.4 The HI virus tests

A test called an HIV test or HIV antibody test is the usual way in which a diagnosis of HIV infection is made. The test identifies the antibodies to HIV. Antibodies are produced in response to infection. The HI virus tests detect the actual HI virus in the blood and do not rely in the development of antibodies. Diagnosis of HIV infection using viral tests is based on the following (Van Dyk 2005): detection of viral antigens such as p24 (a core protein of the virus):

- Detection of viral nucleic acid (the genome of the virus either in its RNA or DNA form); and
- The isolation of the virus in lymphocyte cell culture.

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2.3.5 Types of HIV tests:

There are two main types of HIV tests and they are the antibody tests and the antigen tests.

a) **The antibody tests:** The antibody tests detect the HIV antibodies. They are unable to detect the presence of the virus itself. Antibodies can be detected in blood, saliva and urine (Pan African Health Supply).

- **Blood tests:** The most common screening tests that used today are EIA (enzyme immunoassay) and the ELISA (enzyme-linked immunosorbent assay). A second test, referred to as the Western Blot test, is run to confirm a positive test. When the EIA or ELISA is used to is used in conjunction with the Western Blot confirmation test, the results are more than 99% accurate. These results from the EIA/ELISA tests are usually available several days to several weeks later (Pan Africa Health Supplies).

- **Rapid HIV Tests** refers to tests which can be performed quickly and provide some results within 5-30 minutes. These tests include home tests or they can be performed at a clinic or by a doctor. There are several types of rapid tests and the difference is the type of body fluid which is used for testing and how these specimens are collected. These include blood antibody, saliva antibody and urine antibody tests. An example of such a test is saliva or oral fluid, which detects the presence of the HIV antibodies found in saliva like fluid collected from between the cheek and the gum. Studies show that the Ora Sure test is highly accurate for testing for HIV-1 however testing a blood specimen is more accurate. Oral fluid test must be confirmed with a blood test.

  Advantages of Rapid tests

  - They are relatively cheap.
  - They can often be done where there is no laboratory.
  - They are easy to use.

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- They can be carried out by non-laboratory personnel (doctors, nurses) or can be self –tests.
- However, they can be inaccurate if the instructions are not carefully followed. A confirmatory test is therefore recommended for all patients who test positive on a rapid test.

The most important thing is that Rapid tests must be conducted according to the same ethical standards as for any other HIV test including pre and post test counselling, informed consent, privacy and the right of refusal (Pan African Health Supplies).

b) Tests for the Virus itself: Antigen Tests

These tests detect the actual HI virus in the blood. The PCR Test or Polymerase Chain Reaction (PCR (P24 Antigen) is one of few tests that detects the actual presence of the HI virus in the blood and not the antibody response. It is very expensive and not available at government hospitals and clinics. It is used by blood banks along with antibody test for screening donated blood, to reduce the risk of HIV infection acquired through blood transfusions. The Western Blot Test is highly specific and sensitive method of testing for HIV antibodies. This method is not used often because it is very expensive.

2.3.6 What the results mean

A positive test result (or reactive) HIV antibody test means that the individual has been infected with HIV and is able to spread the HI virus during sex through his or her blood or during pregnancy, childbirth and breastfeeding. A positive HIV antibody test does not reveal for how long the person has been infected. It also does not give any indication of the stage of infection. It cannot tell how the person was infected. It does not provide information about whether a person with HIV infection has transmitted the virus to anyone else.

A positive test result in a child under 15 months old can mean either that the child is infected with HIV, or the child not infected HIV, but has received antibodies against HIV from its mother in the same way as many other antibodies are transferred during

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pregnancy. It is important to wait and test the child when he or she is 15 months old, when the antibodies from the mother are usually no longer present (Pan African Health Supply). A negative (non- reactive) HIV antibody test means that no antibodies against HIV were found in the blood. This means either that the person has not been infected with HIV, or that he or she may have been infected but antibodies have not yet formed because of the window period (Van Dyke 2005).

2.3.7 When to re-test if the result is a negative HIV result

Retesting for HIV should be done on people and their sexual partners who have been at risk for acquiring HIV in the 6- 12 weeks before the test. It is also necessary to ask your client about his or her sexual partner for a history of any risky sexual behaviour in the past 3 months, or any sexually transmitted infections; of any sharing of needles and syringes and of blood transfusion. Rape and needle – stick injuries during the past three months will also fall into this category (Evian, 2003).

2.4 The origin of HIV AND AIDS

The HIV then, virus that causes acquired immune deficiency syndrome (AIDS), is a member of family of viruses. The first member of this family, HTLV-I, was found in Africa, South America and the Caribbean. It was related to STLV-I, a virus found in African monkeys. Researchers believe that both viruses came from a common ancestor in Africa (Packer 1998)

- **The concept of Zoonoses**

Zoonoses are infections that are transmitted from animals to man. In nature, animals are the preferred hosts for these zoonotic diseases. Man only gets infected when he accidentally gets into contact with one of the preferred animal hosts of the zoonotic organism. Man is then often a dead end of infection (Red peg Unpublished)

- **The relationship between SIV and HIV**

The most likely theory is that SIV, the Simian Immuno-deficiency Virus carried by chimpanzees in Central Africa forests, caused a zoonotic infection in human beings slaughtering the chimpanzees for meat and as part of ritual practices. Contact with

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the blood of the animal on to a broken skin could have allowed the virus to be transferred. Once inside the human host, SIV mutated into HIV, which was able to spread from one person to person. (Red peg Unpublished). The first documented death due to an HIV infection was in 1959 in Leopoldville in, Belgian Congo (Kinshasa, Zaire). The second one was that of an African American teenager who died in St. Louis in 1969. The third one was the Norwegian sailor who died around 1976 (Life Line Southern Africa 1997).

Then the acquired immune deficiency syndrome was (AIDS) was described in 1981 in homosexual men in North America, following reports to the Centres for Disease Control in on Kaposi's sarcoma and Pneumocystis carinii. Cases dating back from 1978 and 1979 were diagnosed later on. The first case of AIDS in a Haitian immigrant in the United States was diagnosed in 1980 and up till 1983 AIDS was only described in homosexual men, intravenous drug users (IVDU), haemophiliacs and Haitians immigrants in the United States (Buve,A 2006)

There are five lines of evidence that are used to substantiate cross species transmission and they are:

- Similarities in viral genome organization
- Phylogenetic relatedness
- Occurrence of SIV in the host population of
- Geographical coincidence
- And plausible routes of transmission

HIV belongs to an unusual group of viruses called retroviruses, which includes leukaemia viruses in humans, cattle and other animals (Life Line, Southern Africa). Retroviruses also belong to a group of viruses called lent viruses, being slow to cause disease. HIV has been identified in various body fluids, but it is highly concentrated in blood, semen and vaginal fluids. Although HIV is present in saliva, tears sweat and urine, the concentration of the virus in these fluids is too low for successful transmission (Van Dyke 2005). There are two things that must happen for an infection to occur:

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- The virus must find the way to enter the blood stream,
- The virus must ‘take hold’.

This is more likely to happen if:

- The virus is present in sufficient quantities(in the semen, vaginal fluid, blood or breast milk):
- The virus gets access into the blood stream;
- The duration is long enough. The risk of infection increases with the length of time a person is exposed to the virus (Brouard et al., 2004:5).

2.5 HIV and AIDS Treatment

There is no cure for HIV and treatment is the only method available. There are different drugs that have been used during the past years. The first antiretroviral drug called AZT (zidovudine) was approved for use in 1987. In 1984 ART was used for the first time to prevent mother to child transmission of HIV. In 1995 the use of triple therapy or HAART (highly active antiretroviral therapy) was introduced (Van Dyke 2005). These drugs have been used to fight both the HIV infection and its associated infections and cancers. (Red peg, Unpublished). These drugs called highly active antiretroviral therapy (HAART) have substantially reduced death. The medications do not cure HIV and AIDS. In one case, a patient treated for cancer apparently was cured was cured of HIV through the use of stem cell transplant, but this ‘’stem cell cure” is not recommended due its mortality and uncertain chance of success. Therapy is initiated and individualized under the supervision of a physician who is an expert in the case of HIV infected patients. A combination of at least three drugs is recommended to suppress the virus from replicating and boost the immune system Red peg, Unpublished).

Antiretroviral therapy has four primary goals:

- Virological goal: to reduce the HIV viral load as much as possible-preferably to undetectable level for as long as possible.

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- Immunological goal: to restore and or preserve immunological function so as to improve immune functioning, reduce opportunistic infections and delay the onset of AIDS.
- Therapeutic goal: to improve the quality of the HIV-positive person's life.
- Epidemiological goal: to reduce HIV related sickness and death, and to reduce the impact of HIV transmission in the community (van Dyke 2005).

The different groups of antiretroviral medicines

A distinction can be made between four kinds of antiretroviral medication on the grounds of the stage of the reproductive cycle in which they act on the virus. Although these medicines do the same function, they do it in a different way (red peg, Unpublished):

- Nucleoside Reverse Transcriptase Inhibitors (NRTIs): This is the first group of antiretroviral drugs. They were the first type of drugs available to treat HIV infection in 1987 and they are better known as nucleoside analogues or nukes. These drugs slow down the production of the reverse transcriptase enzyme and make HIV unable to infect cells and duplicate itself.
- Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) are the second group of antiretroviral drugs which started to be approved in 1997 and they are generally referred to as non-nucleosides or nukes. This group of drugs also stops HIV from infecting the cells by intervening with the transcriptase of the virus. The non-nucleoside drug blocks the duplication of the spread of the HIV.
- Protease Inhibitors (PIs) are the third group. Almost every living cell contains protease. It is a digestive enzyme that breaks protein and is one of the many enzymes that HIV uses to reproduce itself. The protease in HIV attacks the long healthy chains of enzymes and proteins in the cells and cuts down the reproduction of the virus.
- Fusion or Entry Inhibitors (FIs) are the fourth group. These drugs were approved in the beginning of 2003. The surface of the HIV carries proteins called gp41 and gp120.

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2.6 Opportunistic Infections

Opportunistic infections are usually associated with HIV positive people. HIV people suffer from different diseases once they reach a certain stage. Individuals with HIV do not necessarily suffer from the same opportunistic infections. Each person will experience illnesses depending on his or her immune system. However there are opportunistic infections that are common with people with HIV or AIDS. Opportunistic diseases common to people with HIV cause symptoms such as coughing seizer, lack of coordination, severe diarrhoea, nausea, abdominal cramp, vomiting extreme fatigue and severe headache (NIAD 2000:26).

People with AIDS are also particularly prone to developing various cancers (UNICEF 2000:1) Many HIV positive people develop phases of intense life-threatening illness followed by phases during which they are unable to do household chores. The HIV prevalence in tuberculosis (TB) patients is higher than 70 percent and TB accounts for more than 2 million death annually in South Africa (Summers 2000).

Opportunistic infections are infections caused by micro-organisms that do not occur under normal circumstances. According to UNICEF, a child-focused framework for nationally owned programmes around the 'Four P'S should be provided they are:

- Prevent mother- to- child transmission of HIV
  By 2010, offer appropriate services to 80% of women in need.
- Provide paediatric treatment
- By 2010, provide either antiretroviral treatment or cotrimoxazole or both to 80 percent of children in need.
- Prevent infections among adolescents and young people.
- By 2010, reduce the percentage of young people living with HIV percent globally.
- Protect and support children affected by HIV/AIDS
- By 2010, reach 80 per cent of children most in need.

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Adolescents and young people are missing information and they cannot protect themselves because they do not know the facts about HIV transmission and how to prevent it. Although it is more than two decade into the pandemic, it is said that surveys have established that the majority of young people still have a limited understanding of how to protect themselves from the virus .It is said that in none of the 34 countries in sub -Saharan Africa with recent surveys were more than half of women aged 15-24 aware of critical prevention and transmission.

The prevention of HIV infection works best when adolescents and young people can control their health and their future, are empowered to make informed choices and possess the skills needed to change their behaviour.

Treatment of Opportunistic Diseases

Opportunistic diseases are life-threatening infections that occur because the immune system is weakened (Evian 1995). Van Dyke (2001) agrees that the opportunistic are caused my micro organisms which normally do not become pathogenic in a healthy person. Van Dyk (2000) lists the following opportunistic infections .The prevalence of TB is said to be dramatically increased because HIV represses the immune system.

2.7 Universal Precautions

Universal precautions are a set of general guidelines that, if followed correctly will protect a person against any blood borne infection while providing first aid or health care. Universal precautions apply to all blood, as well as other body fluids containing visible blood, semen and vaginal secretions. Universal precautions include the following (Red peg Unpublished):

- Assume that all blood and body fluids are HIV positive- this is referred to as universal infection control.
- Keep all cuts and wounds covered with waterproof plaster.

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- Never touch blood, other body fluids, contaminated with blood semen or vaginal secretions without wearing gloves. In an emergency situation when no gloves are available, plastic shopping bags can be used.
- Wear gloves when handling items or surfaces soiled with blood, body fluids, semen or vaginal secretions.
- Change gloves before moving from one patient to the next.
- Wash hands as soon as possible if they accidentally came into contact with blood, blood contaminated body fluids, semen or vaginal fluids.
- Wash hands immediately after removing gloves.

2.8 The Spread and the Impact of HIV and AIDS

Estimates are used to determine the HIV infection rate. At the end of 2010 it was estimated that 34 million people [31.6 million – 35.2] million were living with HIV worldwide which is up by 17% from 2001. This shows that people are continuing to be infected (UNAIDS).

Many people are now receiving antiretroviral treatment which is why AIDS related deaths have reduced especially in more recent years. The number of people dying of AIDS related causes doped to 1.8 million [1.8 million – 1.9 million] in 2010. Some deaths were averted because of the use of antiretroviral therapy. In the year 2000 alone, 700 000 AIDS related deaths were averted. The new infections were 2.7 million including an estimated 390 000 among children. This was 15% less than in 2001. The number of new infections continues to fall in other countries. Of the estimated 1.8 million people (1.6 million – 1.9 million) people who died of AIDS related illnesses were in 2010, 250,000 (220,000 – 290,000) of them were children Table 2.1 illustrates the global summary estimated AIDS epidemic, in 2010. UNAIDS

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Table 2.1

The Global Summary of the AIDS epidemic in 2010

Global summary of the AIDS epidemic, 2010	
Number of people living with HIV in 2010	
Total	34.0 million [31.6–35.2 million]
Adults	30.1 million [28.4–31.5 million]
Women	16.8 million [15.8–17.6 million]
Children under 15 years	3.4 million [3.0–3.8 million]
People newly infected with HIV in 2010	
Total	2.7 million [2.4–2.9 million]
Adults	2.3 million [2.1–2.5 million]
Children under 15 years	390,000 [340,000–450,000]
AIDS deaths in 2010	
Total	1.8 million [1.6–1.9 million]
Adults	1.5 million [1.4–1.6 million]
Children under 15 years	250,000 [220,000–290,000]

Source: WHO, UNAIDS and UNICEF, Global HIV and AIDS responseAvert.com

The Effect of AIDS on age and sex

Women are more vulnerable than men in some regions. This robs their families of caregivers. AIDS related deaths are changing the age structure of populations in severely affected counties. Most deaths occur among the very young and the very old in the developing countries with low levels of HIV and AIDS. It affects primarily adults in their working ages. These are the people who were infected as adolescents or young adults and this shifts the usual pattern of deaths and distorts the age structure in some countries.

Since AIDS deaths are concentrated in the 25 to 45 age groups, communities with high rates of HIV infections lose disproportionate numbers of parents and experienced workers. This creates gaps that are difficult for society to fill. Women and girls now comprise 50 percent of those aged 15 and older living with HIV (UNAIDS 2006).

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Children are affected by HIV due to their own infection or parental illness or death. These children are likely to receive an education as they leave schools to care for their sick parents and younger siblings. In 2008, 430 000 children and young girls under the age of 15 were infected and 280 000 died of AIDS. In addition about 15 million have lost one or both parents due to the disease.

Table 2.2: African Regional Statistics

Region	Adults & children living with HIV/AIDS	Adults & children newly infected	Adult prevalence*	AIDS-related deaths in adults & children
Sub-Saharan Africa	22.9 million	1.9 million	5.0%	1.2 million
North Africa & Middle East	470,000	59,000	0.2%	35,000
South and South-East Asia	4 million	270,000	0.3%	250,000
East Asia	790,000	88,000	0.1%	56,000
Oceania	54,000	3,300	0.3%	1,600
Latin America	1.5 million	100,000	0.4%	67,000
Caribbean	200,000	12,000	0.9%	9,000
Eastern Europe & Central Asia	1.5 million	160,000	0.9%	90,000
North America	1.3 million	58,000	0.6%	20,000
Western & Central Europe	840,000	30,000	0.2%	9,900
Global Total	34 million	2.7 million	0.8%	1.8 million

2.9 The situation of school children in the world

When parents become ill the education of a child is disrupted (Gilborn et al. 2009). A study that was done in Uganda shows that 26 percent of children reported a decline in

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school attendance and 25% reported a decline in school performance when parents become ill. These children suffer emotional distress that interferes with school, and they have less money for school expenses. In another study of children in Uganda by Sengendo and Nambil, 1977, it was found among children 15- 19 years of age whose parents had died, 29 percent had continued schooling undisrupted, 25 percent had lost school time and 45 percent had dropped out of school.

Many countries in the Sub-Saharan Africa have experienced a decline in school enrolment. Infected and affected children by HIV and AIDS face considerable barriers to schooling. According to the World Bank, these barriers include the following: the cost of schooling (uniform, textbooks, fees, etc.) to the household, the opportunity costs to schooling when the child needs to work due to poverty (World Bank). The removal of children from school, to care for parents and family members, is one of the barriers.

Studies from across the world have established that the majority of young people have no idea how HIV and AIDS is transmitted or how to protect themselves from the disease (UNICEF, 2002). In countries with generalized HIV epidemics, such as Cameroon, Central African Republic, Equatorial Guinea, Lesotho and Sierra Leone, more than 80 per cent of young women aged 15 to 24 have not sufficient knowledge about HIV.

Two thirds of young people in their last year of primary school in Botswana thought they could tell if someone was infected with HIV by looking at them. Teaching about HIV at school can help prevent the spread of HIV and AIDS. It is of great importance to teach young people between the ages of 10 – 24 years. They can help in preventing and bringing the epidemic under control. This is because they are experimenting in sexual matters and they can adopt safer practices more easily than adults (UNAIDS). Good education covers effective care and support for people with HIV and AIDS, and non- discrimination. Education has shown to help young people to delay sex and when they become sexually active, they avoid risk behaviour (UNAIDS). AI DS education in school is often denied to children and young people because:

- The subject is too sensitive or controversial to be taught.

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- It is difficult to find a pace for AIDS in the already overcrowded curriculum.
- Education maybe limited to a certain age groups.

Incomplete coverage – AIDS education in countries where it exists is usually taught only in Secondary School. The disadvantage is that there is a high dropout rate in children especially girls and they have left school before Secondary School age. This means they do not get AIDS education. The HIV education maybe taught but it may deal only with medical facts. It may lack the real life situation that young people find them.

2.10 What is the Government doing to combat AIDS?

On the 27th October 2010, the Minister of Finance Mr Pravin Gorham announced that there was additional money that would be used on HIV and AIDS. That money was an extra R1.5 billion on HIV and AIDS prevention programmes. The Minister further mentioned that R100 millions of this money would be used in 2010, bringing the total of HIV and IDA and sexually transmitted diseases budget for 2010/2011 to R6, 6 billion.

The government has a number of large scales of communication campaigns related to raising awareness of HIV and AIDS as well as broader health related issues. The government aims to bring about general discussion of HIV through the country by using the media. This includes publicizing the availability of free testing and counselling in health clinics, through doo to door campaign and billboards messages. The government aims to cover 50 per cent of the population with the campaign messages. Government is using organization for HIV awareness. These organizations are Soul City and Soul Buddyz, Love Life and Khomanani.

Soul Buddyz and Soul City are the organizations which are multi media campaigns targeted adults and children respectively. They have an amount of R100 million which they utilize broadcast, print and outdoor media to promote good sexual health and well-being. In 2011 a research into the impact of the Soul City campaign found

that it was having a positive effect on the sexual behaviour of adults who had been exposed to the campaign message.

The Campaign of Love Life has run since 1999 and uses a wide range of media directed mainly towards teens. It also runs youth centres or Y – centres around the country, which provide sexual health information, clinical Services and skills development.

Khomanani, meaning "caring together" ran since 2001 and was the health department's premier AIDS awareness campaign. It used the mass media to broadcast its messages including radio announcements and the use of situational sketches on television.

2.11 Education

Females are always the centre of discussion when issues relating to HIV/AIDS are mentioned. The reason can be found in the situation where girls are more vulnerable and many times the victim compared to boys. The UN focuses on females and has a programme which is called 'EDUCATE GIRLS FIGHT AIDS'. They argue that there is growing evidence by prolonging the time period of education of young people particularly girls markedly lowers their vulnerability to HIV (UNAIDS). By itself merely staying at school makes young people significantly less likely to contract HIV.

When young people remain in school through the secondary level, education's protection against HIV is even pronounced. Girls exposed with increased years in an education institution gain greater independence, are better equipped to make decision related to their engagement in sex and in addition have the potential to earn higher levels of income when in paid employment. By education young women with greater economic options and autonomy, education also affords them knowledge, skills and opportunities they need to make informed choices about how to delay marriage and child bearing. They will have healthier babies and the ability and means to care for children and avoid commercial sex and other risky behaviour and ultimately gain awareness of their rights (UNICEF.2002)

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In the sub-Saharan and the Caribbean young women account for 3 out of 4 of all 15-24 year olds living with HIV. The number of young women living with HIV is rising in every region of the world (UNAIDS). Despite some recent increase in overall school enrolment rates and some encouraging progress towards gender parity in southern and eastern Africa, gender disparities in education enrolment, retention and completion of studies remain high in many countries where the incidence of AIDS is substantially on the increase.

The situation has given rise to UNAIDS-led Global Coalition on Women and threat of AIDS has made education for girls a top priority (UNAIDS)Given the importance of education as an HIV prevention strategy and the many barriers that young people, especially girls, face in getting and staying in school, this should become a global priority.

2.12 Education can protect boys and girls from HIV

Studies from around the globe show that HIV infection rates are at least twice as high among young people who do not finish primary school compared to those that complete their studies (UNICEF).

A review of 113 studies from five continents found that teaching a subject related to unacceptable behaviour in school was effective in reducing sexual activity and high risk behaviour. A recent analysis in a study of eight sub-Saharan Africa countries, women with eight or more years of schooling were up to 87% less likely to have sex before the age 18 compared to women with no schooling (WOMENANDAIDS.UNAIDS.ORG).

In South Africa, the Minister of education has declared the HIV epidemic a national emergency. The condition identified has been supported by the Department of Education when they issued a national policy on HIV and AIDS together with guidelines for dealing with HIV. The disturbing fact has been conceptualized that the function and purpose of schools can be deeply affected if HIV disrupts the lives of children (DEPARTMENT OF EDUCATION, SOUTH AFRICA, 2003).

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Schools are urged to take cognizance of the five critical priorities when they embark in constructing an action plan to address the present situation (DEPARTMENT OF EDUCATION, SOUTH AFRICA, 2003):

- Preventing the spread of HIV
- Providing care and support for learners affected by HIVandAIDS
- Providing care and support for educators affected by HIV and AIDS
- Working together to continue to protect the quality of education
- Managing the coherent response.

There is evidence to support the notion when children who drop out of school early are more likely to have sex at a young age, drink alcohol earlier and become infected with HIV (DEPARTMENT OF EDUCATION SOUTH AFRICA, 2003). Educating young people about HIV and teaching them skills in negotiation, conflict resolution, critical thinking, decision- making and communication will assist them to understand the impact of HIV/AIDS. This will improve their self- confidence and the ability to make informed choices. They will be able to postpone sex until they are mature enough to protect themselves from HIV, other sexually transmitted infections as well as unwanted pregnancies (UNICEF 2002).

2.13 Conclusion

The importance of education was affirmed by the 2010 Millennium Summit, which concluded that, “Ensuring children’s access to school is an important aspect of HIV prevention as higher levels of education are associated with safer sexual behaviour, delayed sexual debut and overall reduction in girls’ vulnerability to HIV.”(UNESCO 2011).

Although the above statement seems to be promising, girls continue to be at risk of contracting HIV because of the dire poverty and the abuse they experience from older people.

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CHAPTER 3
RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research method and the research design that has been used. This study uses the quantitative as well as the qualitative approaches. Data was collected from school children using a questionnaire, discussion groups and a structured interview respectively. The choice of data collection and research design methods was based on the research objectives.

3.2 Research question and objectives

How can Grade Seven Learners of Shukumani Primary School Tembisa access more information on HIV/AIDS?

The main objectives of this research was therefore to establish what needs to be done to make sure that the Grade seven learners of Shukumani Primary School access more correct information on HIV and AIDS. To investigate how these learners, boys and girls relate to their gender and sexuality:

- To determine the knowledge and information of the learners regarding the relationship between pregnancy and HIV.
- To determine if the provision of sex education and HIV/AIDS will help reduce pregnancy among the Grade seven learners.
- To investigate the reason why learners in Primary School fall pregnant.
- To identify appropriate sources of information on HIV and AIDS issues.
- To develop a plan of action based upon the gender and the sexual identities that they are commonly constructing, the type of relationship they are forging with the relevant adults in their lives and the kind of issues and concerns are rising to mitigate the spread of HIV and AIDS.

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3.3 Research design

This research is a qualitative in nature and a survey will be administered to a predetermined sample; stratified sample is a probability sampling technique wherein the researcher divides the entire population into different subgroups or strata, then randomly selects the final subjects proportionally from the different strategy (Castillo, 2009). Stratified random sampling is used when the researcher wants to highlight a specific subgroup within the population. This technique is useful in such researches because it ensures the presence of the key subgroup within the sample.

The data will be collected from schools, clinics and church personnel. Three methods are used for the collection of data namely through observation, interviews and conversations. The three methods were chosen to gain an advantage in the ultimate analysis of the data as recommended by Silverman (2000) and Flick (1998. They further state a single form of data collecting may distort the required information for reporting the findings of the investigation. Silverman (2000) and Flick (1998) state the researcher's confidence in the results can be realized when different methods of data collection bring the same results. A principle that should be followed is the interviewer to respect all the respondents participating in the study.

Due to confidentiality and reluctance of participants to divulge sensitive information a personal interview may be a way to gather relevant information. People need to be assured at all times that whatever information they provide by responding to probing questions will be treated with utmost confidentially. Some people are reluctant to be interviewed because they do not trust the contents of the interview would remain confidentially. The open-ended questions in a questionnaire will be qualitative in nature by providing the respondent to provide information freely and without restricting structure (Flick 1998).

The information or data collected during interviews and observations will be supplemented by data obtained from other sources in the form of literature on the problem investigated. The main issue in this research is to find out what needs to be done in order for Primary school learners to access more information on HIV/AIDS?

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My findings were that Primary school learners are only taught about abstinence instead of all information as far as HIV/AIDS is concerned

3.4 Target Population

The group comprised of the learners of Shukumani Primary School. Some of the participants are the members of The Mighty Buddyz Club which is an initiative of Soul City. The collected data will help draw conclusions about the need for the learners to be enabled to access more information on issues pertaining to HIV and AIDS. This will help learners to know that falling pregnant is a great risk of contracting the HI virus.

3.5 Sampling criteria

The researcher should be specific about the criteria to be applied in sampling of participants (Polit and Hungler 1999). In this study the selection was based on the Grade seven learners of Shukumani Primary School and those who are members of the Soul Buddyz Club at the school. The data collected would be used to draw up conclusion based on the principles of non-probability sampling.

3.6 Sampling of grade seven learners

The participants had to be Grade seven learners in a Primary School. This is because the Grade seven learners are the ones who were identified as the ones with a problem as far as pregnancy is concerned. Both boys and girls would be part of the research because they are all part of the problem. Grade seven learners would be able to share their experiences because most of them are members of different youth clubs and also the part of the debating teams. Consent forms were sent to the school governing body and the parents to ask for permission to allow the learners to participate in the study. These forms had to be signed and returned if the parents grant the permission.

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3.7 Data collection process

According to Burns and Grove (2001), data collection is a process of selecting and gathering data from the respondent.

3.7.1 Method applied in data collection

Three methods were applied by the researcher. These methods are Questionnaire, Observation and focus group discussion. Data was collected from the Grade seven learners at Shukumani Primary School in Tembisa at Ekurhuleni, Gauteng Province.

3.7.2 Questionnaire

The researcher drafted a questionnaire in order to be able to gather required information which is relevant to the problem. A questionnaire is a tool which is reliable and flexible that ensures objectivity.(Leedy, 1993). This type of a tool allows a respondent to answer questions without prejudice. Parents had to be made aware of the content of the research and the reason thereof.

3.7.3 Observation

Grade seven learners were invited to attend a Soul Buddyz workshop where learners were engaged in some discussions. The discussion included pregnancy and HIV and AIDS. The researcher gathered information through observation of the discussions.

3.7.4 Focus group discussion

The focus group discussion is a type of group interview where a researcher leads a discussion with small groups of individuals to examine how in details how the group members think and feel about a topic (Johnson & Christensen 2000).

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3.7.5 Validity and reliability of the findings

Validity refers to the extent that the study measures what it claims to measure.(Gorg &Gail, 1989). The researcher discovered that some of the learners were uncomfortable to talk. Learners who belong to Youth Clubs such as the Soul Buddyz were freer to talk than those that do not belong to any members. The researcher took control of the process and made sure that the participants do not lose focus. The learners displayed more knowledge on the transmission of the HI virus but were reluctant to talk about pregnancy.

3.8 Conclusion

This chapter described the design and the methods used to collect data in the study. The designs were useful to gain insight into the effect of creating the reliable and necessary resources in providing the right information on sex education programmes and HIV and AIDS awareness campaigns. The findings of the study will be revealed and discussed in chapter 4.

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CHAPTER 4
DATA ANALYSIS

4.1 Introduction

The data that was collected during the interview and observation was recorded and systematically coded. Coding means representing the operation by which data are broken down, conceptualized and put back together in a anew way (Straws and Corbin 1988). Open coding may be done in three ways and that is by analyzing the first interview and observation line by line or coding paragraph of he sentence. The collected data was broken after broad areas were identified. This method is called axial coding in grounded theory methodology (Flick 1988).

4.2 Sampling Procedure

The sample comprised of a group of 110 grade seven learners (i.e. learners who are currently in their seventh year of schooling) sourced from Shukumani Primary school in Tembisa at Ekurhuleni. Demographic factors such as race, ethnicity, age and demographic location was considered during the sampling. The characteristics of the sample is summarised in Diagram 1 and Diagram 2 below. Acquiring a list of the Grade seven learners was not difficult because all the learners were from the same school. The objective was to make sure that no learner is feels unimportant hence all the learners were chosen to participate. The characteristics of the sample is summarised in Diagram 4.1 and Diagram 4.2 below. It can be seen in figure 4.1 that the largest group of respondents was the females. This is the total number of the girls doing grade seven at Shukumani Primary School.

Figure 4.1

Gender

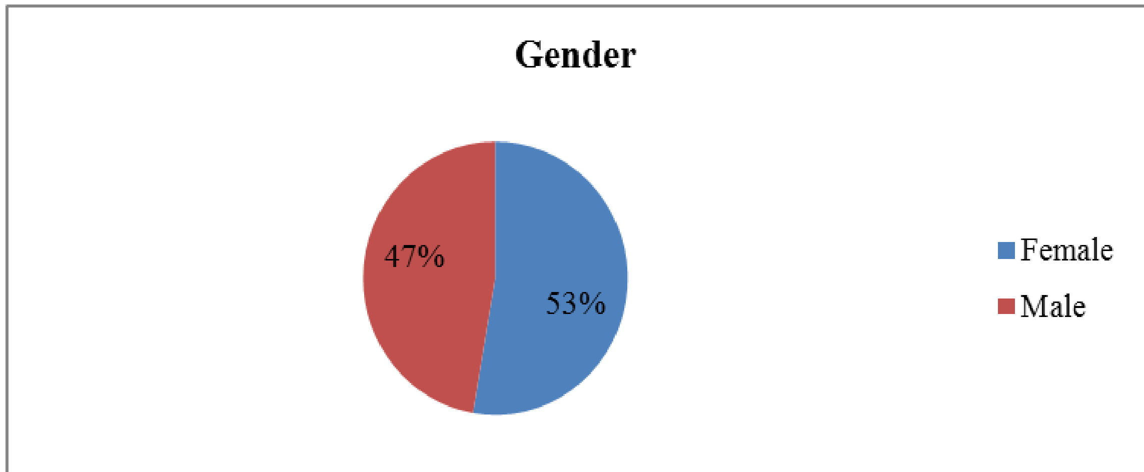
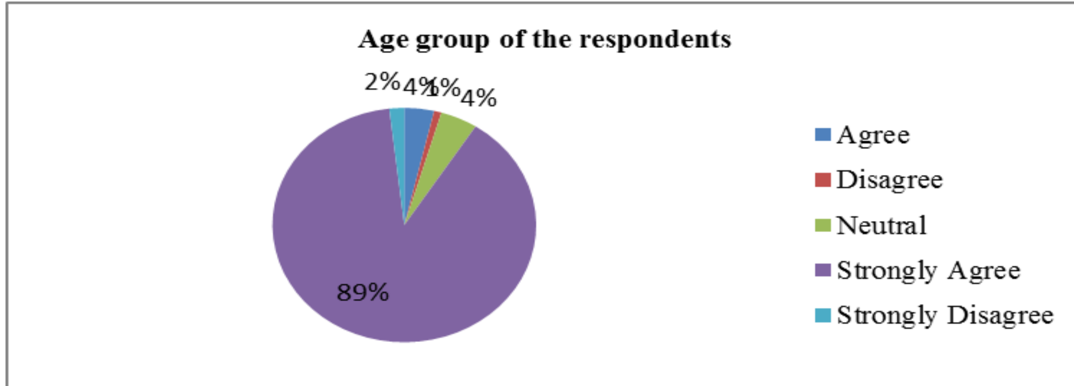


Figure 4.2 illustrates the overall response of all the participants.

Figure 4.2

Age of respondents

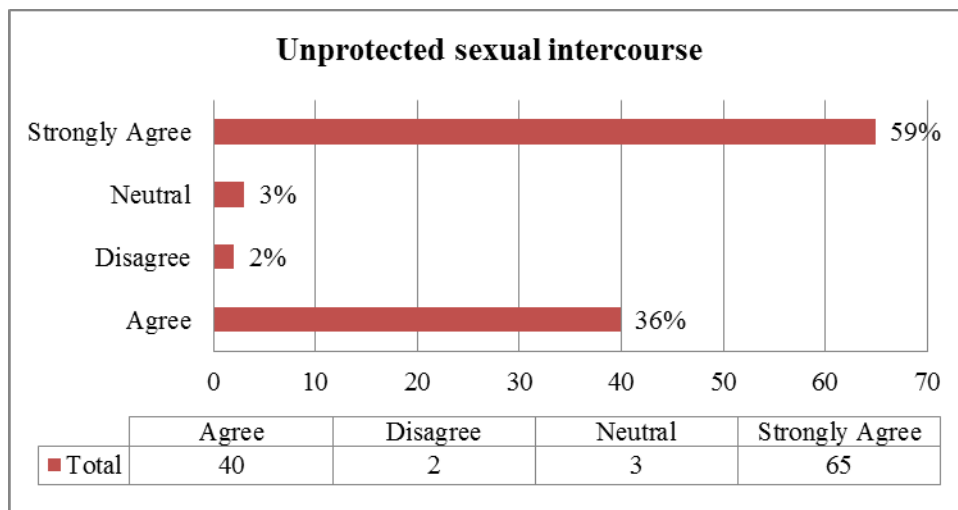


Section B

Figure 4.3 for statement 1 of section B assessed learners if they know the ways in which HIV is transmitted. The results illustrate that the majority of learners know how HIV can be transmitted. In this statement only 2% of the participants disagreed and only3% were neutral. Even though 59% of the participants strongly agreed, there is still the 36% of the participants who disagreed.

Figure 4.3

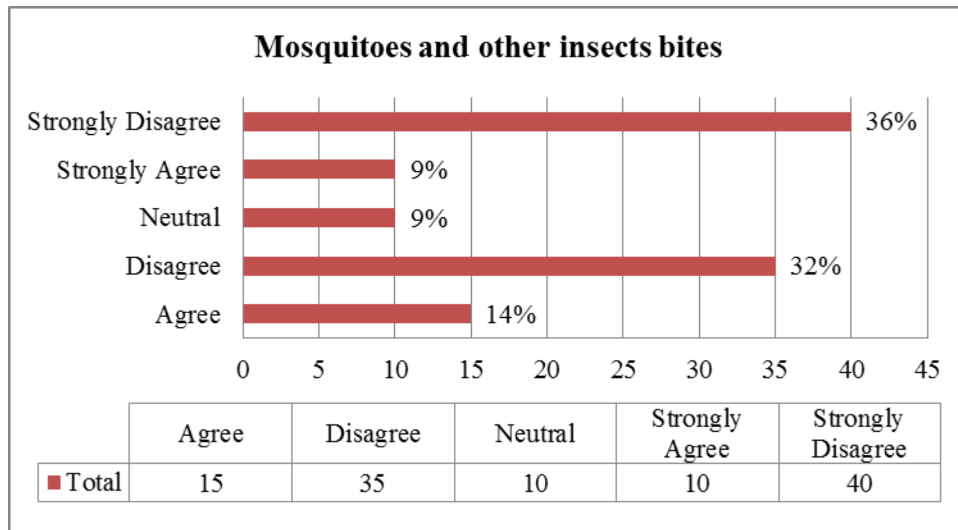
Ways in which HIV can be transmitted



In figure 4.4 statement 2 of Section A the participants were assessed how much the y know about mosquitoes and other insects bites as far as the transmission of HIV is concerned. The results indicate that there is a mixed feeling about this. For this statement 36% strongly disagreed and 36% disagreed that you can get HIV from mosquitoes and other insects bites. 9% of the participants were neutral while the other 9% were neutral. Figure 4.4 shows the bar chart distribution of the result.

Figure 4.4

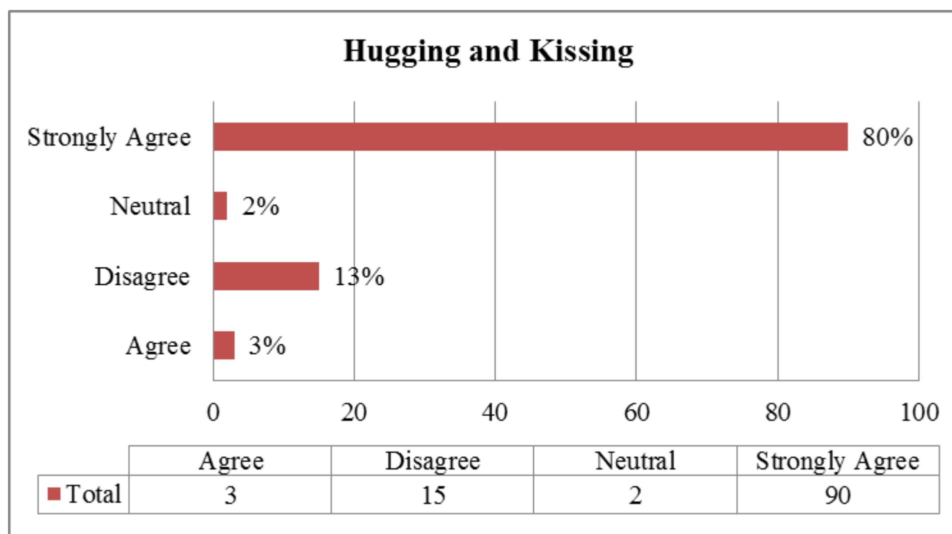
Mosquitoes and other insects bites



	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	15	35	10	10	40

Statement 3 Figure 4.5 assessed what the participants think about hugging and kissing as a way in which HIV can be transmitted. It is amazing to see that participants think that hugging and kissing is a way in which HIV can be transmitted. In this statement 80% of the participants strongly agreed and only 13% of the participants disagreed. 3% of the participants agreed whereas only 2% were neutral.

Figure 4.5



	Agree	Disagree	Neutral	Strongly Agree
Total	3	15	2	90

Similar result to statement 3 Figure 4.5 was illustrated in statement 4 Figure 4.6. Participants were assessed how much they know about shaking hands as far as HIV

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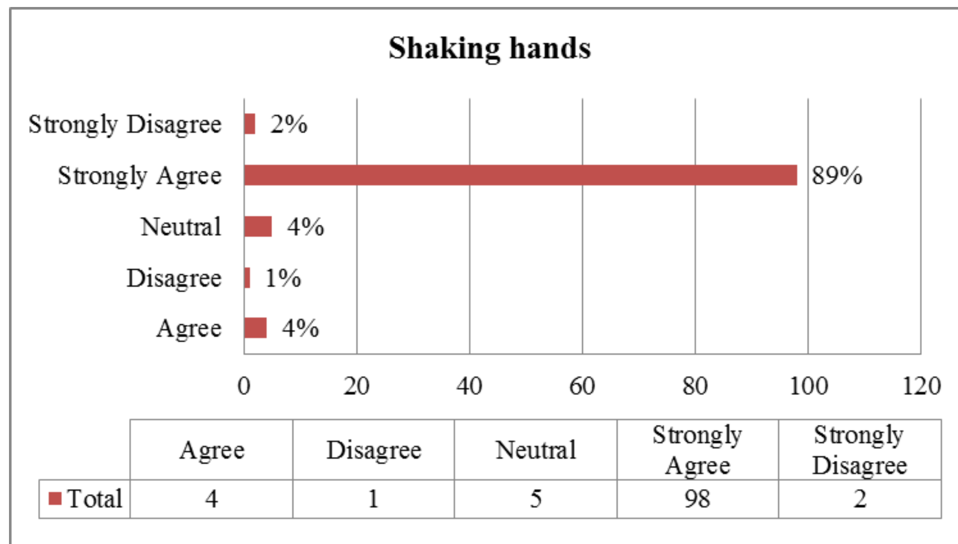
transmission is concerned. Figure 4.6 shows that 80% strongly agreed and 13% were in disagreement while 3% agreed and another 2% of the participants were neutral. Figure 4.6 illustrate the results.

Figure 4.6

Shaking hands



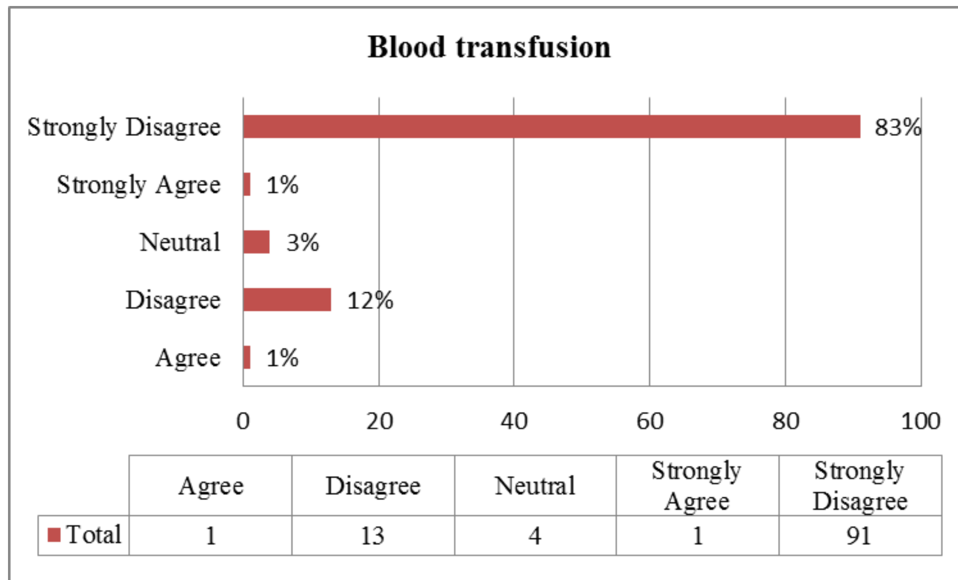
	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	4	1	5	98	2

Section C measures the ways in which HIV is not transmitted. In this section, statement 1 participants were assessed to rate whether HIV is not transmitted through blood transfusion. In this statement 83% strongly agreed and 12% agreed. Figure 4.7 shows that a smaller percentage 3% were neutral and the smallest 1% agreed and another 1% strongly agreed.

Ways in which HIV is not transmitted

Figure 4.7

Blood transfusion

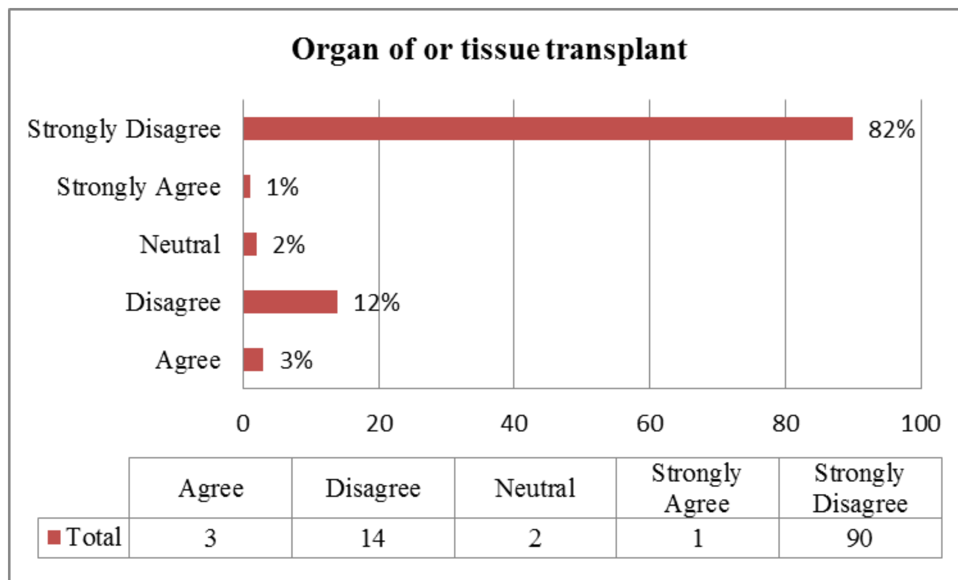


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	1	13	4	1	91

Statement 2 of Section C asked participants to rate that HIV is not transmitted through organ or tissue transplant. The rating showed that 82% strongly disagree and 12% disagreed. Figure 4.8 shows that a smaller percentage of 3% agreed and 1% strongly agreed while 2% were neutral.

Figure 4.8

Organ or tissue transplant

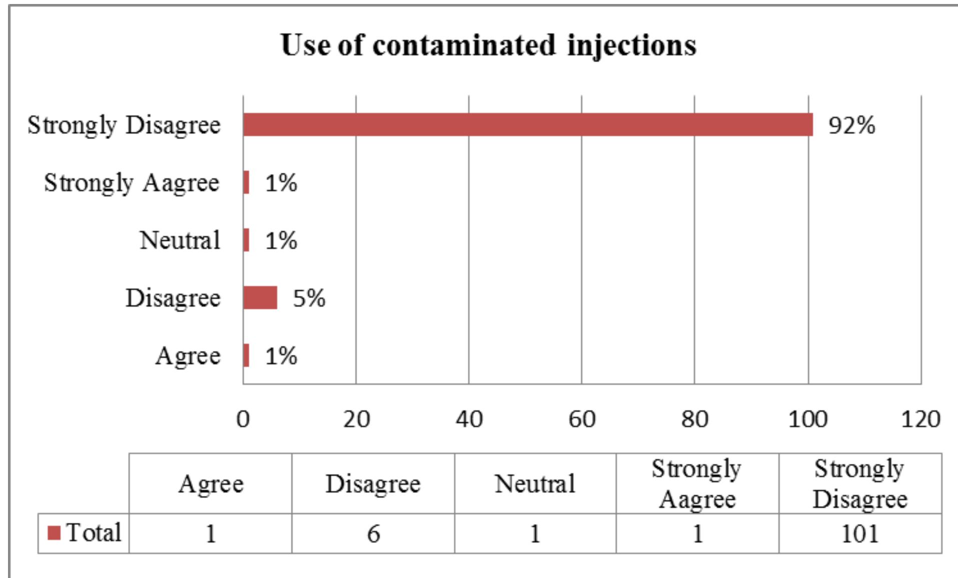


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	3	14	2	1	90

Statement 3 of Section C asked participants to rate that the use of contaminated injections does not lead to HIV transmition. The rating showed that 92% strongly disagree and 5% disagreed. Figure 4.9 shows that smaller percentages of 1% strongly agreed and 1% agreed while another 1% was neutral.

Figure 4.9

Use of contaminated injections

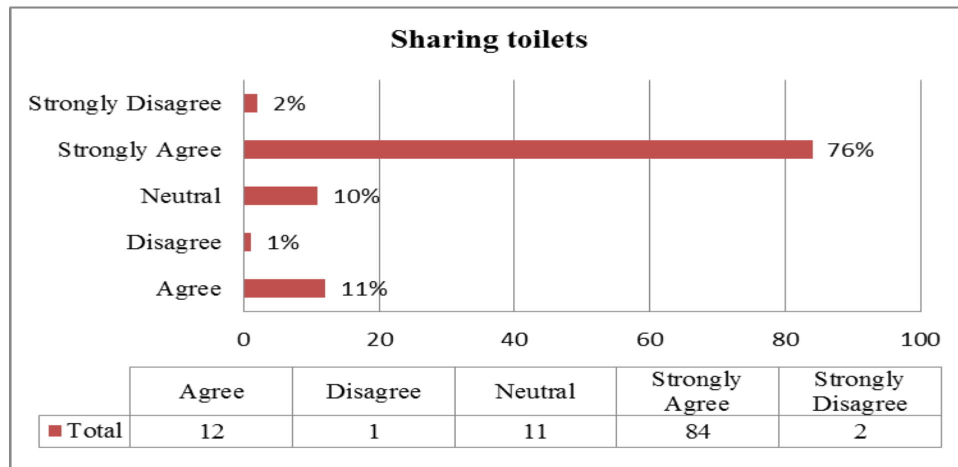


	Agree	Disagree	Neutral	Strongly Aagree	Strongly Disagree
Total	1	6	1	1	101

In this last statement of Section C the participants were asked to rate that HIV is not transmitted by sharing toilets. The result from this statement shows that you cannot get HIV from sharing toilets with 76% of the participants who strongly agreed and 11% who agreed to the statement. Figure 4.10 llustrate the result that only 1% of the participants disagreed and 2% strongly disagreed while 10% was neutral.

Figure 4.10

Sharing of toilets



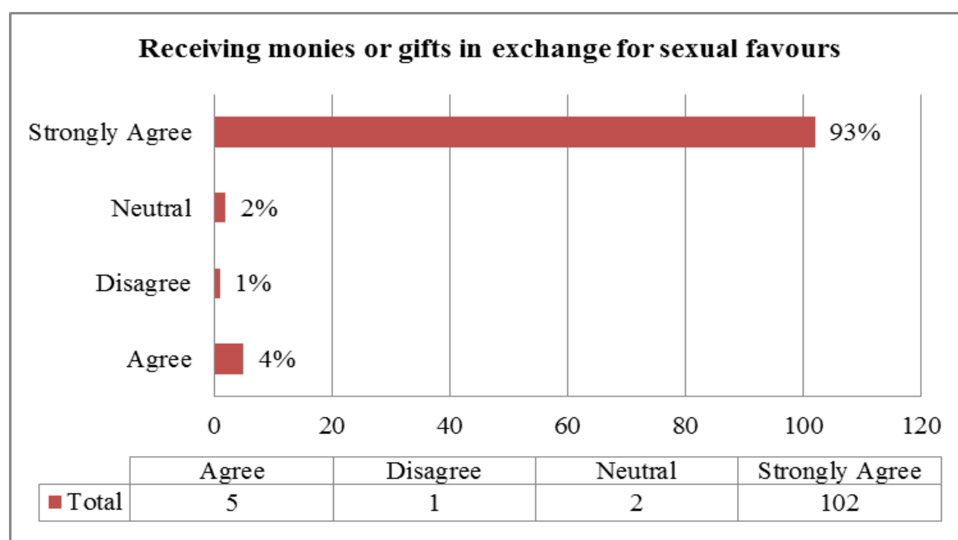
	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	12	1	11	84	2

Section D. This section measures the activities that can put one at risk of contracting HIV. In statement 1 of this section, the participants were asked to rate receiving money or gifts in exchange for sexual favours. The results from this statement illustrate that 93% of the participants strongly agree and 4% agree. Figure 4.11 shows that only the smallest percentage 1% disagreed while only 2% were neutral.

Activities that can put one at risk of contracting HIV

Figure 4.11

Receiving money or gifts in exchange for sexual favours

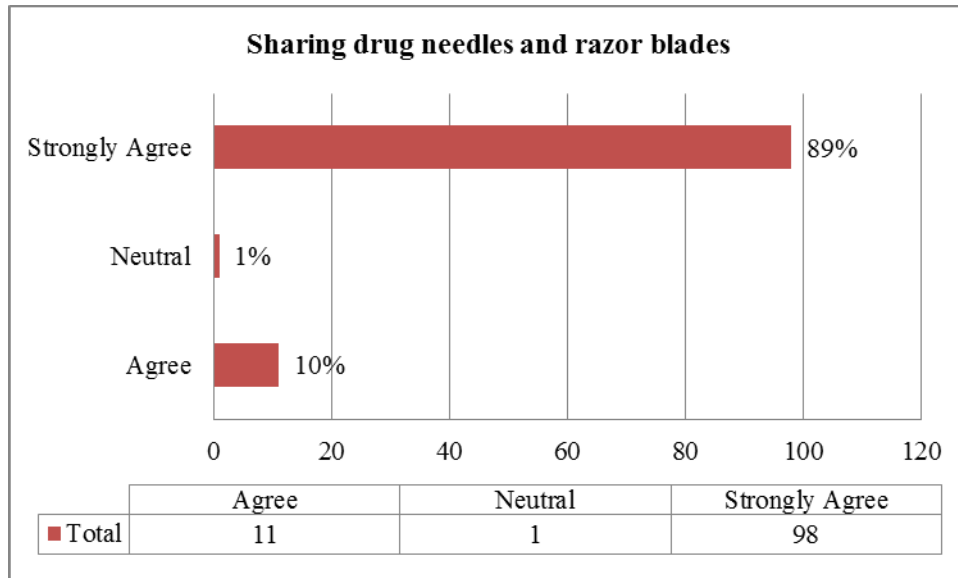


	Agree	Disagree	Neutral	Strongly Agree
Total	5	1	2	102

Statement 2 of Section D asked participants to rate that sharing of drug needles and razor blades can put one at risk of contracting HIV. The results of the rating showed that 80% of the participants strongly agreed and 10% agreed. Figure 4.12 shows that only 1% was neutral.

Figure 4.12

Sharing drug needles and razor blades

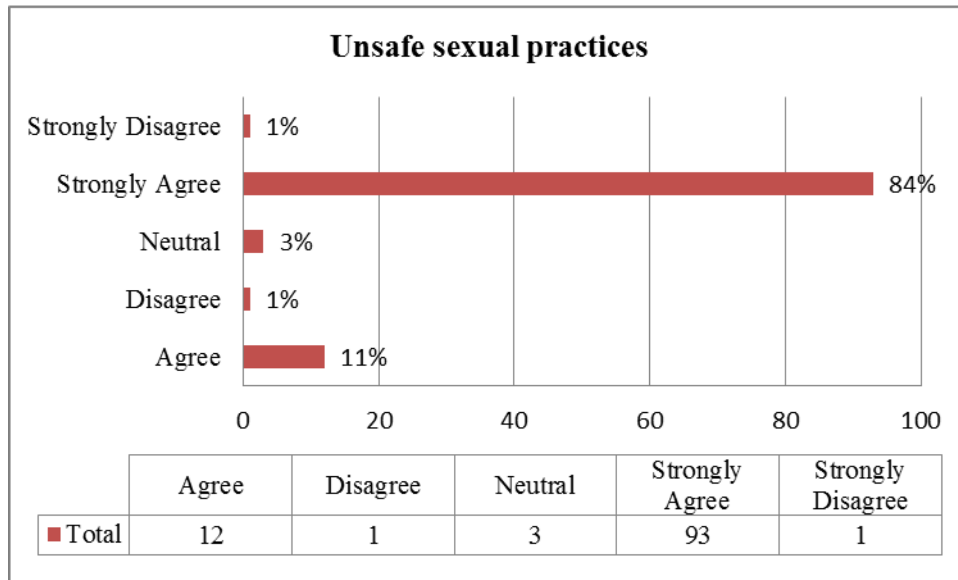


	Agree	Neutral	Strongly Agree
Total	11	1	98

Statement 3 of Section D asked participant to rate unsafe sex practices whether they put one at risk of contracting HIV. Figure 4.13 shows that 84% of participants strongly agree and 11% agree. The rating also illustrates that 1% strongly disagree and another 1% disagree while 3% were neutral

Figure 4.13

Unsafe sexual practices

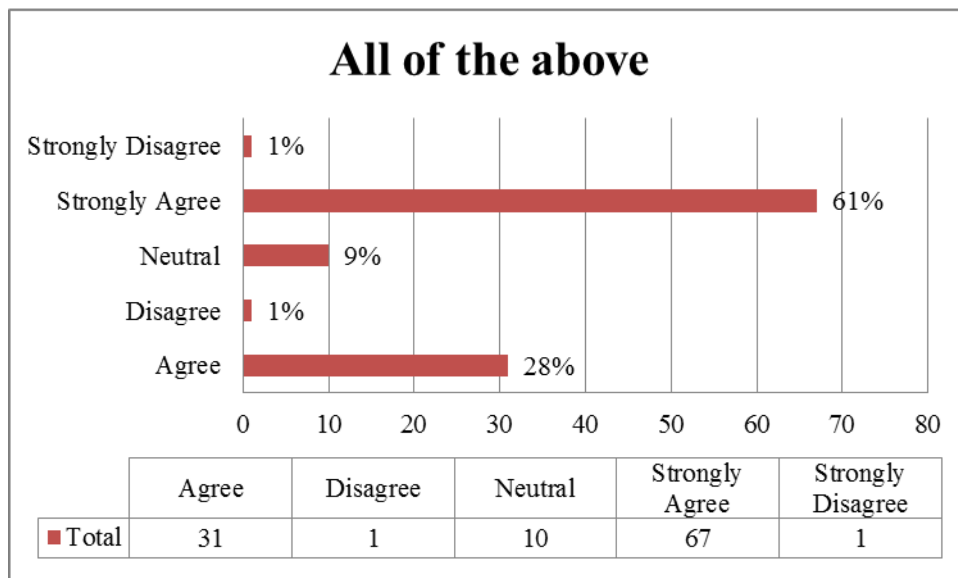


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	12	1	3	93	1

Statement 4 of Section D asked participant to rate the above three statements. The results illustrate that 61% of the participants strongly agree and 28% agreed. Figure 4.14 shows that 1%strongtly disagree and 1% disagrees while 9%were neutral.

Figure 4.14

All of the above



	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	31	1	10	67	1

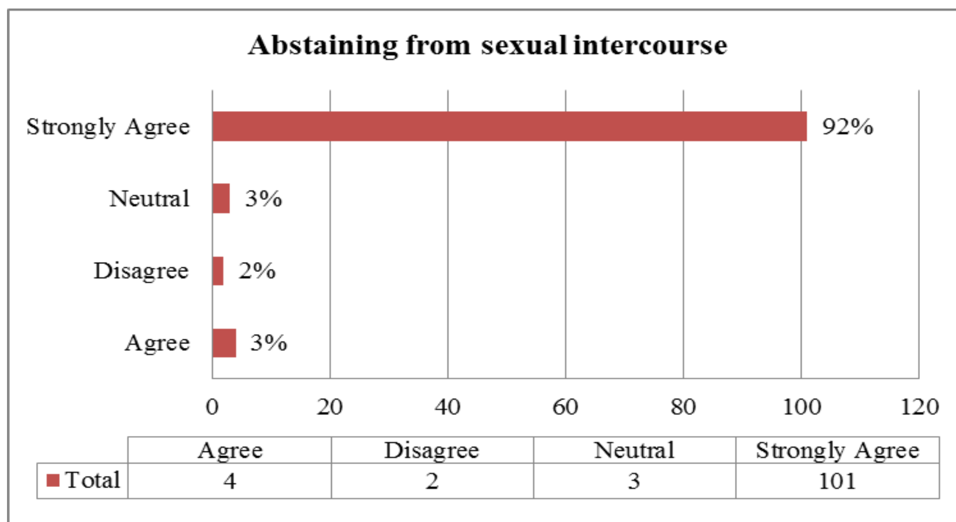
Ways in which HIV can be prevented

Section E: This section measures the ways in which HIV can be prevented. Statement 1 of section D asked participants to rate whether abstaining from sexual intercourse can prevent HIV infection. The results from this statement illustrate that 92% of the participants strongly agree and 3% agree. Figure 4.15shows that 2% disagree and 3% were neutral.

Ways in which HIV can be prevented

Figure 4.15

Abstaining from sexual intercourse



Statement 2 of section E asked participants to rate being faith if it is one of the ways in which HIV transmission can be prevented.

Figure 4.16

Being faithful

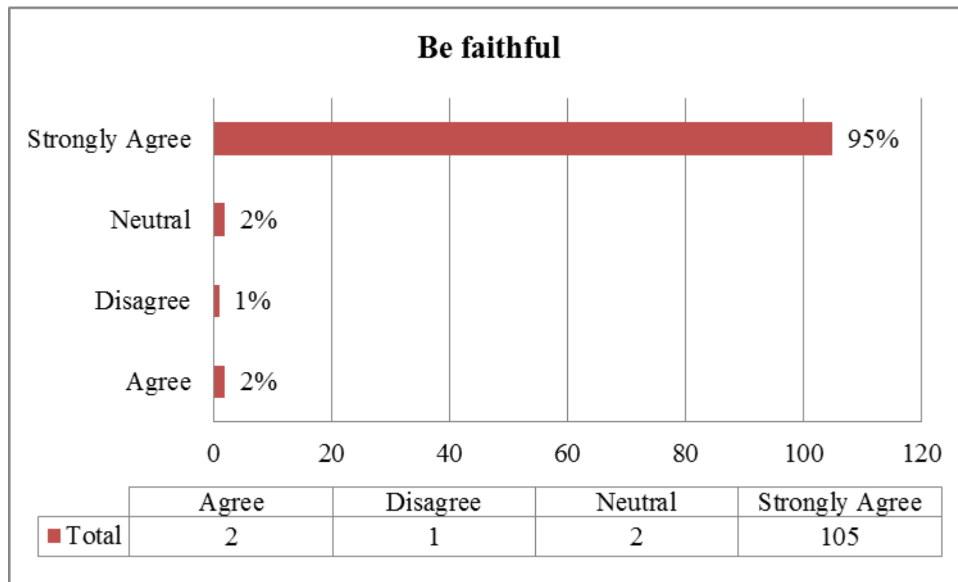
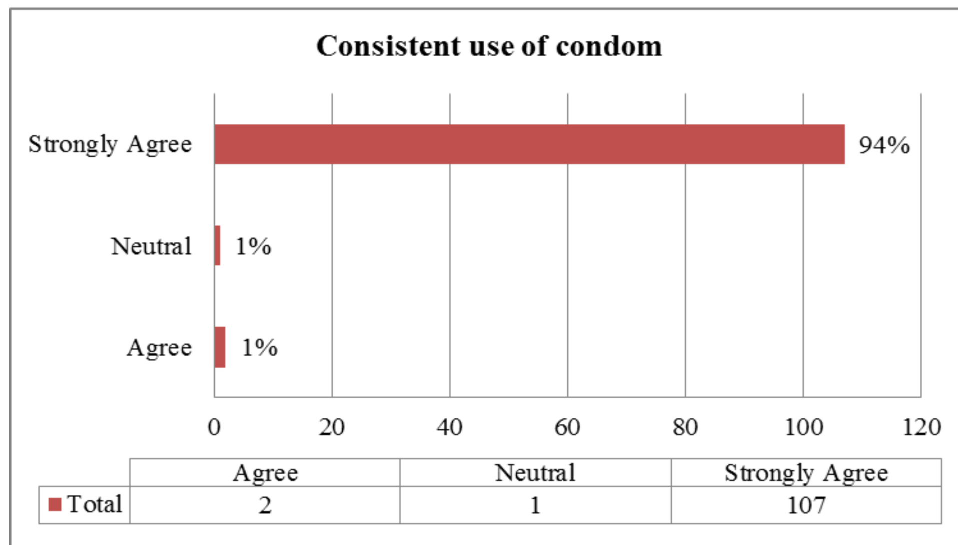


Figure 4.17

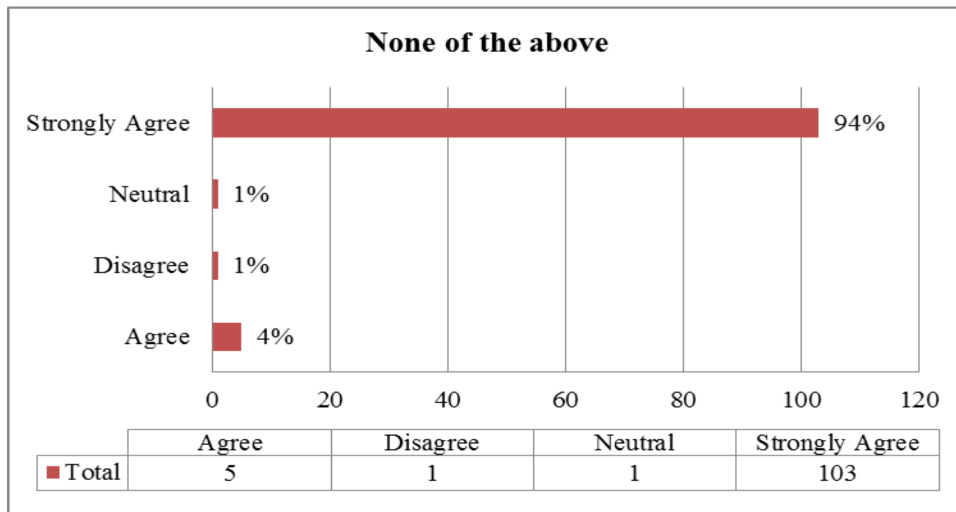
Consistent use of condom



Statement 4 of section E asked participants to rate whether ways that were mentioned in statements 1 to 3 of section E can prevent the spread of HIV. The results illustrated a contradiction because the majority of participants said none of the above statements are the ways in which HIV can be prevented. Figure 4.18 shows that 94% strongly agree and 4% agree. The figure further shows that only 1% disagrees and also 1% was neutral.

Figure 4.18

None of the above



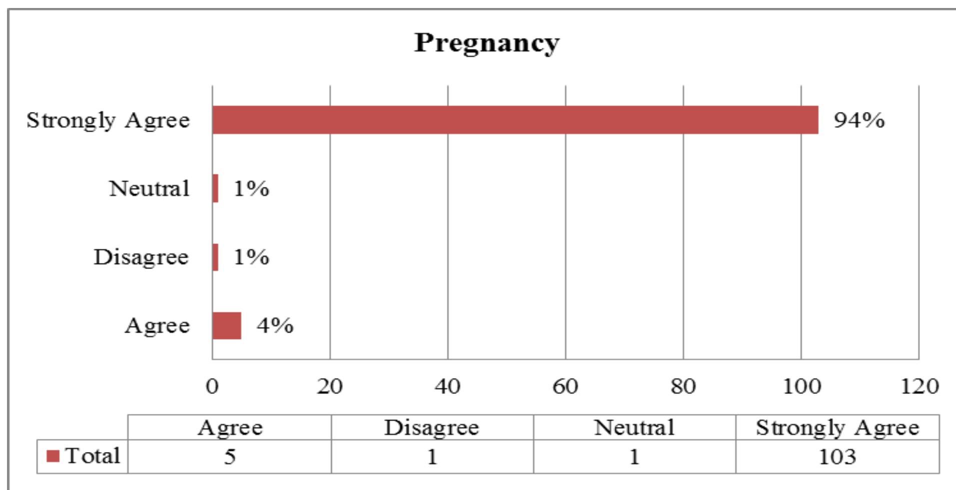
	Agree	Disagree	Neutral	Strongly Agree
Total	5	1	1	103

Section F: This section measures the parent to child transmission. This used to be called mother to child transmission but it was changed because of its discriminatory connotation. Statement 1 of section E asked the participants to rate whether an HIV positive parent can pass the HI virus to her unborn baby. The results from this statement show that the majority of the participants agree that a pregnant parent can pass the HI virus to her unborn baby. Figure 4.19 shows that 94% strongly agree and 4% agree and shows only a small percentage 1% disagree while 1% was neutral.

Parent to child transmission

Figure 4.19

Pregnancy

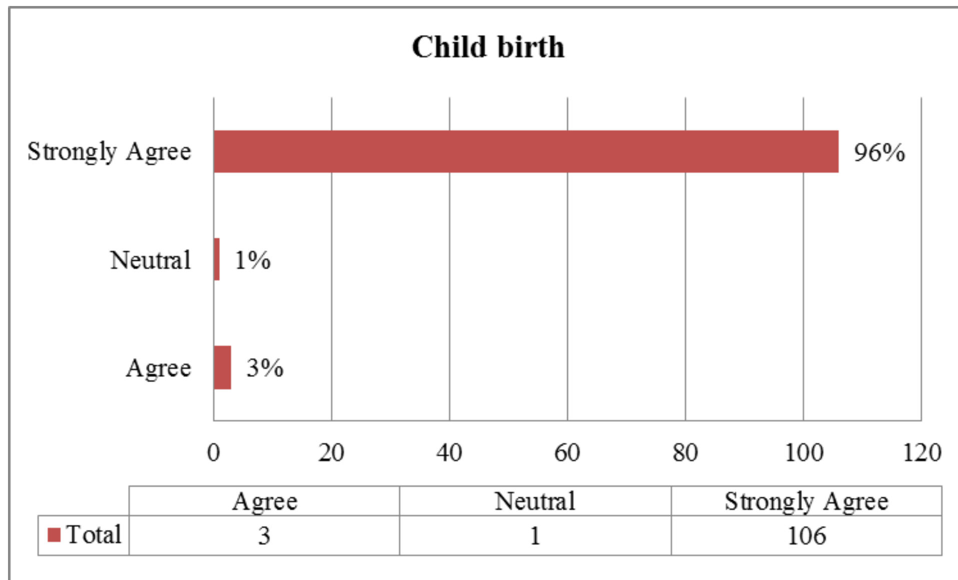


	Agree	Disagree	Neutral	Strongly Agree
Total	5	1	1	103

Statement for 2 of section F asked participants to rate whether an HIV positive parent can pass on to the infant during child birth. The results from this statement show that 96% participants strongly agree and 3% agree while 1% was neutral.

Figure 4.20

Child birth

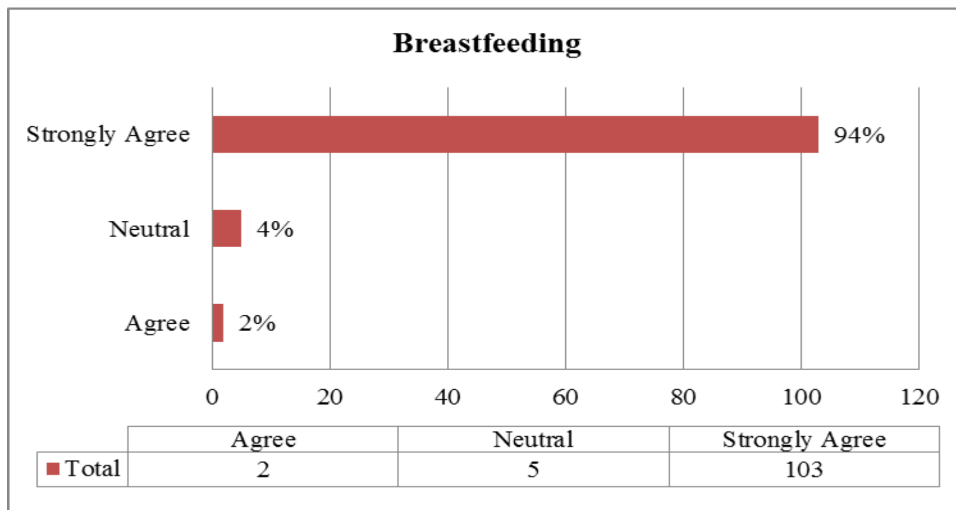


	Agree	Neutral	Strongly Agree
Total	3	1	106

Statement 3 of section F asked participants to rate whether an HIV positive mother can pass the HI virus through breastfeeding. The results from the statement show that 94% participants strongly agree and 2% agree while only 4% were neutral. Figure 4.21 illustrates the results.

Figure 4.21

Breast feeding

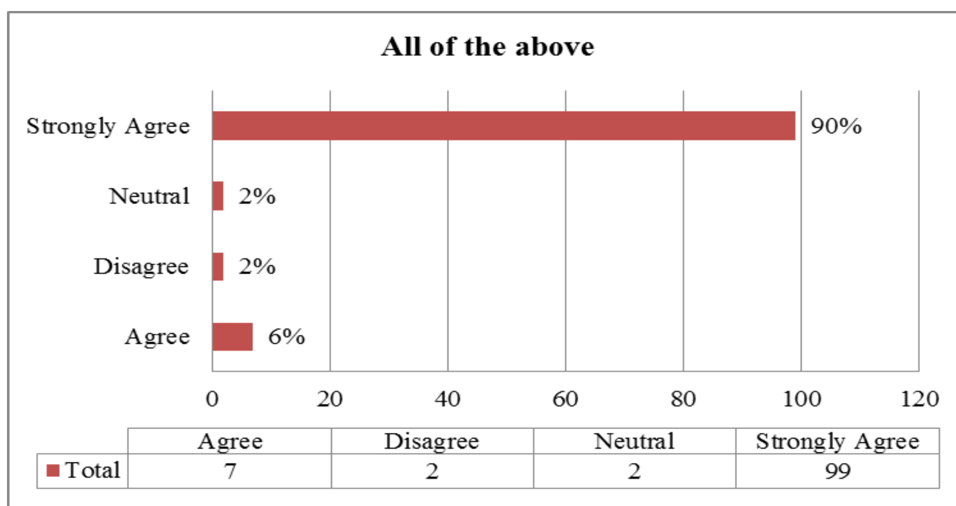


	Agree	Neutral	Strongly Agree
Total	2	5	103

Statement 4 of section F asked participants to rate whether all of the above statements were contributing to the passing on of HIV to a child from an HIV positive parent. The results from this statement show that the majority of the participant agree. Figure 4.22 below illustrates that 90% participants strongly agree and 6%agree. This figure shows that only a small percentage 2% disagree while the other 2% were neutral.

Figure 4.22

All of the above



	Agree	Disagree	Neutral	Strongly Agree
Total	7	2	2	99

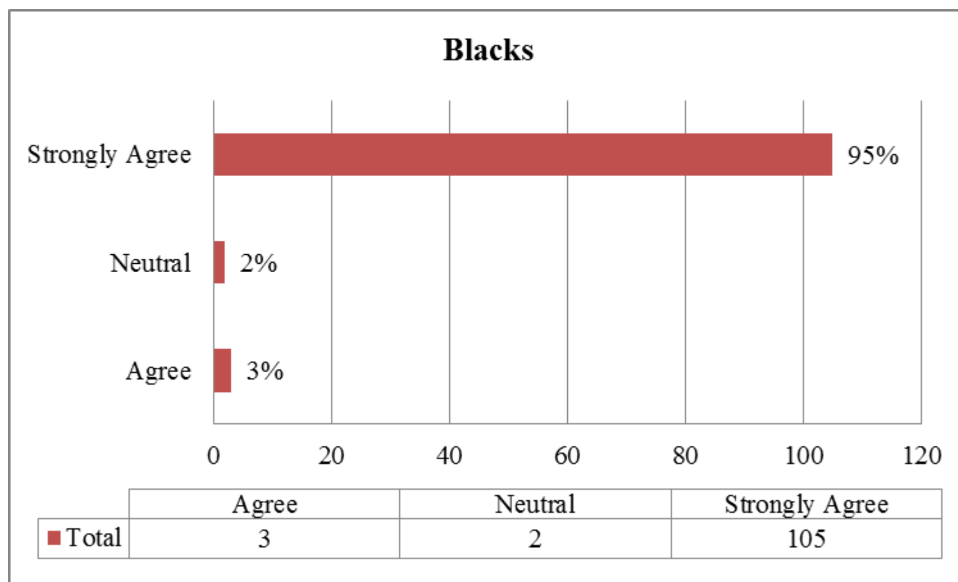
SECTION G: This section measures the race groups' myth as far as the infection of HIV is concerned. Section F sought to establish the knowledge of the learners

regarding the HIV infection and the different races. Statement 1 of section E asked participants to rate if Blacks can be infected by HIV. The results show that 95% participants strongly agree and 3% agree. Figure 4.23 illustrates that a small percentage 2% were neutral.

Race group's myth

Figure 4.23

Blacks

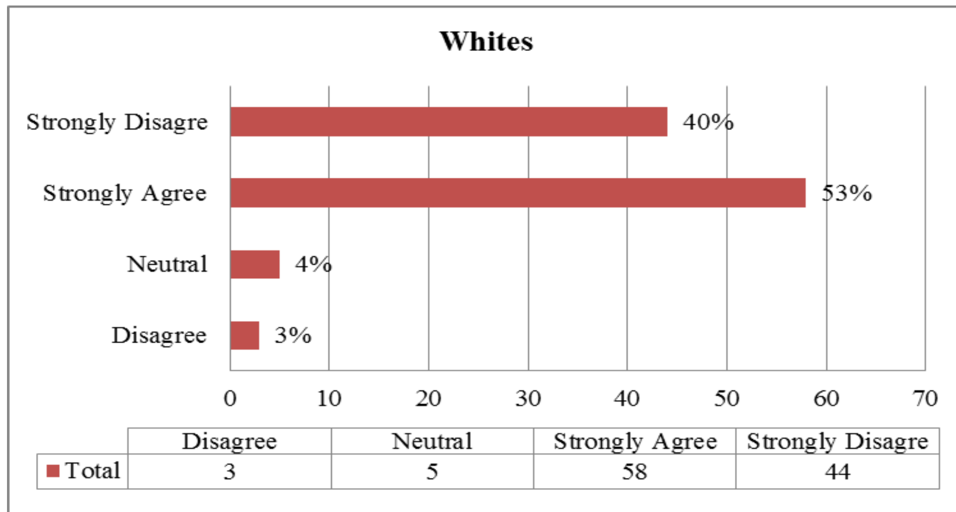


	Agree	Neutral	Strongly Agree
Total	3	2	105

Statement 2 of section G asked participants to rate whether Whites can also be infected with HIV. The results from the statement show that participants differ greatly with 53% strongly agreeing. Figure 4.24 show that 40% strongly disagree and 3% disagree while 4% were neutral. These results illustrate that there's a myth that a certain group of people can be infected by the HI virus. This is truly disturbing.

Figure 4.24

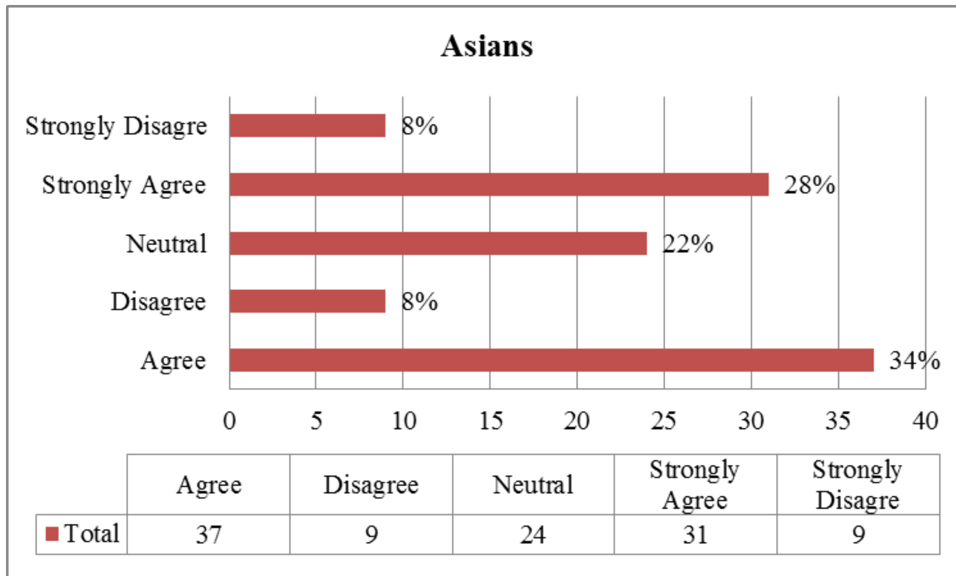
Whites



Statement 3 of section G asked participants to rate whether Asians can be infeced with the HI virus. The rating from this statement show that participants have mixed opinions. The results clearly illustrated that 28% strongly agree and 34% agree(i.e total 62%) that say Asians can be infected with HIV. Figure 4.25 show that 8% participants strongly disagree and another 8% disagree(i.e total 16%) that think Asians cannot be infected with HIV while 22% were neutral.

Figure 4.25

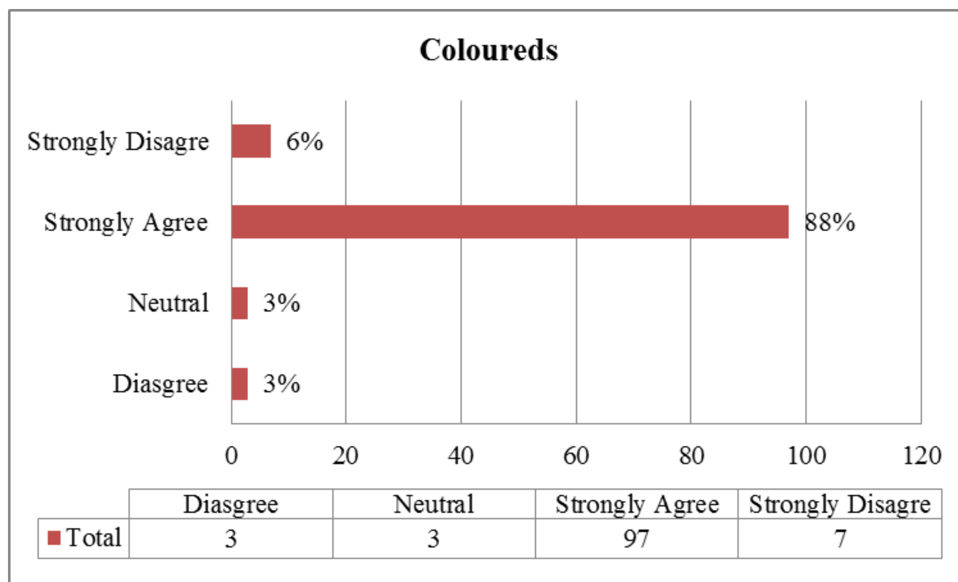
Asians



Statement 4 of section G asked participants to rate whether Coloureds can be infected with HIV. The results show that 88% participants 6% strongly disagreed and 3% disagree (i.e. total 9%) who think Coloureds cannot be infected while only 3% were neutral. Figure 4.26 illustrates the results.

Figure 4.26

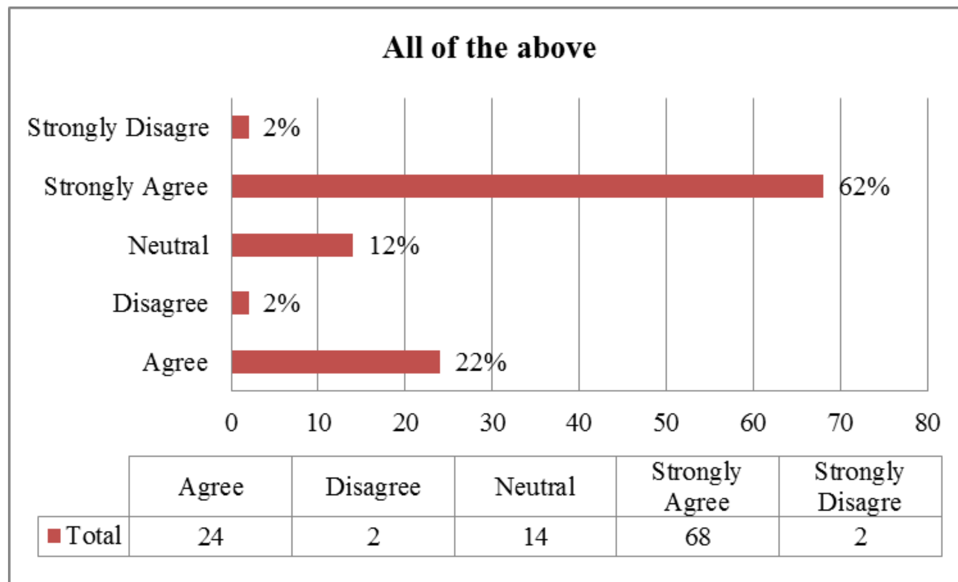
Coloureds



Statement 5 of section G sought to establish how participants rate statement 1to 4 of section E as far as the myth pertaining to race groups' infection with HIV. The results from statement 5 of section E show that the majority of participants agree that all races can be infected with HIV. Figure 4.27 illustrate that 62% strongly agree and 22% agree (i.e. total 84%) agree that all races can be infected with HIV. This figure further shows that 2% disagree while 12% were neutral.

Figure 4.27

All of the above

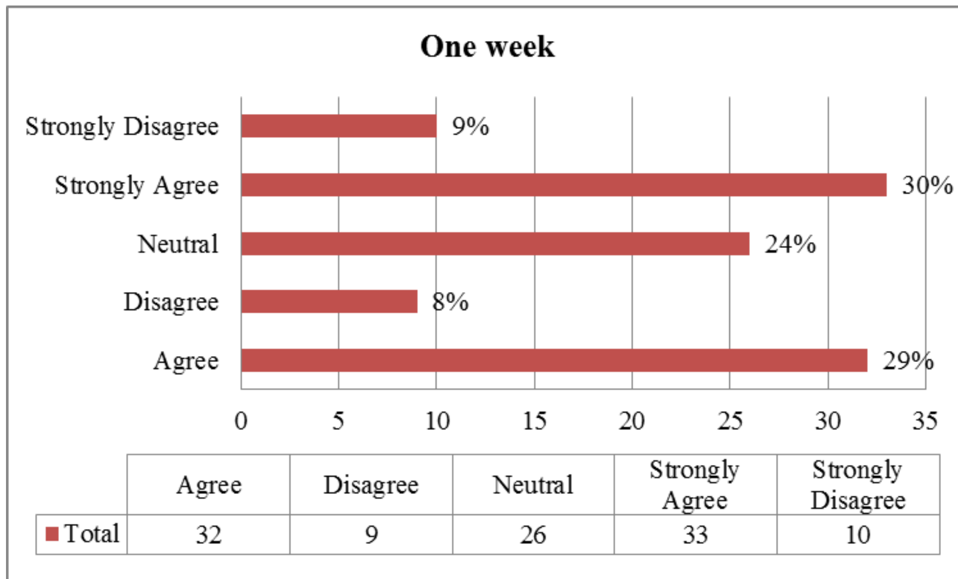


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagre
Total	24	2	14	68	2

SECTION H: Rape victims' visits to health care centres

This section measures when the rape victims' should visit to the health care centres to receive Post Exposure Prophylaxis. Statement 1 of section F assessed the knowledge of participants regarding rape. The researcher wanted to establish whether the participant know what to do should they encounter rape and how soon should they visit the health care facilities. The results show that 30% participants strongly agree and 29% agree (i.e. 59%) this means the majority of participants think they should seek help from the health care facility within one week of being raped, to receive Post Exposure Prophylaxis. Figure 4.28 illustrates that 9% strongly disagree and 8% disagree (i.e. total 17%) while 24% were neutral.

Figure 4.28

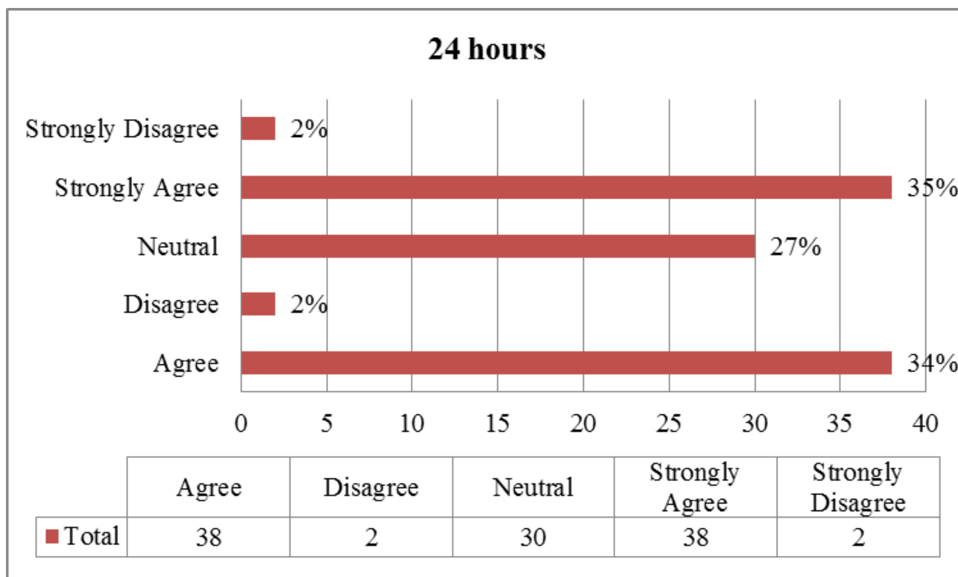


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	32	9	26	33	10

Statement 2 of section H asked participants to rate if rape victims should seek help in a health care centre within 24 hours of being raped. The results from this statement show that 35% participants strongly agree and 34% agreed (i.e. total 69%) who think that rape victims should go to a health care centre to seek help within 24 hours after being raped. Figure 4.29 show that 2% strongly disagree and another 4% disagree. (i. e. total 8%) which say victims should seek help within 24 hours of being raped, while 27% were neutral.

Figure 4.29

24 hours

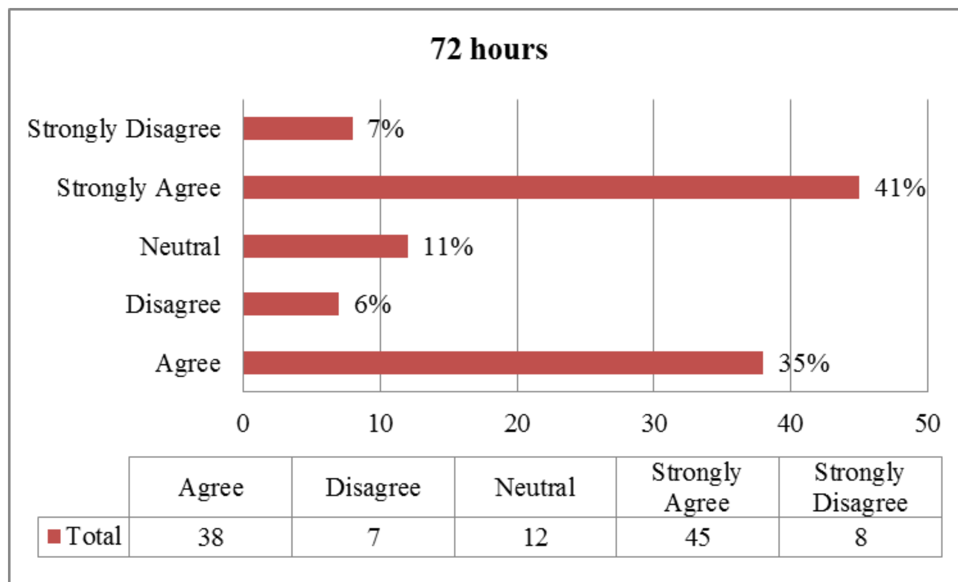


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	38	2	30	38	2

Statement 3 of section H asked participants to rate whether rape victims should visit health care centre within 72 hours of being raped to get Post Exposure Prophylaxis. The results show that 41%strongly agree and 35% agree (i.e. total 76%) who say this is the appropriate time to seek help at health care centres after being raped. Figure 4.30 illustrate that 7% strongly disagree and 6% disagree while 11% were neutral.

Figure 4.30

72 hours

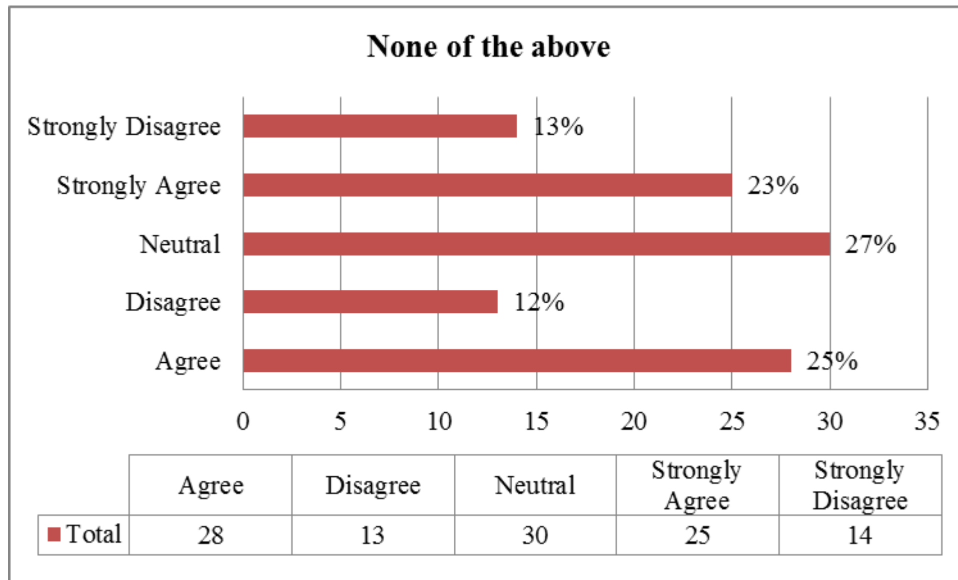


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	38	7	12	45	8

Statement 4 of section H asked participants to rate statements 1 to 3 of section F. The results from this statement show that 23% strongly agree and 25% agree (i.e. 48%) say all the statements are true. Figure 4.31 show that 13% disagree and 12% disagree while 27% were neutral.

Figure 4.31

None of the above

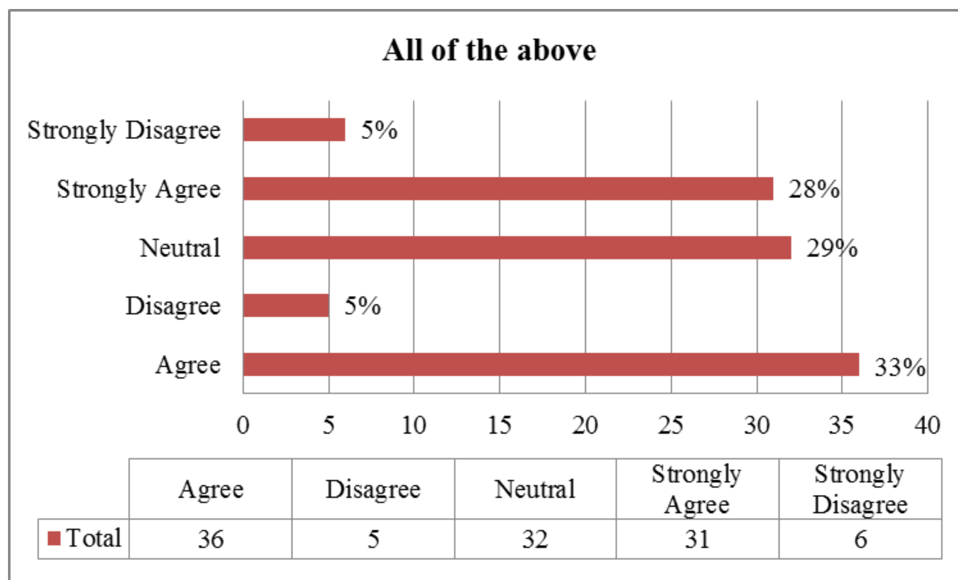


	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	28	13	30	25	14

Statement 5 of section H asked participants to rate if statement 1 to 3 of section F. The results show that 28% strongly agree and 33% (i.e. total 61%) say all three statements are correct. Figure 4.32 illustrates that 29% were neutral while 5% strongly disagree and another 5% disagree(i.e. total 10%) say not all of the three statements are correct.

Figure 4.32

All of the above



	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Total	36	5	32	31	6

The expected results

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The expected results are that the law makers will change in the way they view primary school learners. Learners will be taught the combined prevention method which is ABC.

Pregnancy will reduce because those girls who are older and sexually active will now know the danger of engaging in unprotected sex and the spread of HIV/AIDS will be minimal. These learners will take precautions of taking care of themselves and would be able to report any kind of abuse because they would knowledgeable and well equipped.

Learners who take care of ill relatives will know how to protect themselves whether the person they are taking care of is ill or not .Programmes on substance abuse should be developed. This will help the young boys who are already addicted to these substances as well as the other young boys and girls who have not yet started with these substances.

4.3 Conclusion

It is clear that Life Skills Education is playing an important part in the lives of school children. The children have the information about HIV and AIDS but they seem not to associate it with HIV infection. Most learners get the information at school during the Life Orientation period.

Conclusions and recommendations will be dealt with in chapter 5.

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CHAPTER 5
RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

Many people are dying today because of the lack of relevant information to assist them to stay alive and fight the disease. It is very much disturbing to know that elderly people and other people die of AIDS related illness. This happens when these people take care of their loved ones without necessary precautions like the use of hand gloves. Children also take care of their parents who are HIV positive. With more information on HIV/AIDS, children will help their parents by sharing the information they get at school.

The problem statement is: How can Grade Seven Learners of Shukumani Primary School Tembisa access more information on HIV/AIDS? The main objectives of this research was therefore to establish what needs to be done to make sure that the Grade seven learners of Shukumani Primary School access more correct information on HIV and AIDS. To investigate how these learners, boys and girls relate to their gender and sexuality:

- To determine the knowledge and information of the learners regarding the relationship between pregnancy and HIV.
- To determine if the provision of sex education and HIV/AIDS will help reduce pregnancy among the Grade seven learners.
- To investigate the reason why learners in Primary School fall pregnant.
- To identify appropriate sources of information on HIV and AIDS issues.
- To develop a plan of action based upon the gender and the sexual identities that they are commonly constructing, the type of relationship they are forging with the relevant adults in their lives and the kind of issues and concerns are rising to mitigate the spread of HIV and AIDS.

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According to Alta van Dyk all people have the right to proper education and full information about HIV/AIDS, as well as the right to full access to and information about prevention methods (van Dyke 2005). Many schools are already facing problems caused by the HIV epidemic. Many schools do not have enough resources and the HIV epidemic makes things worse (The Department of Education, South Africa 2003). There is a toll free number that is advertised which people can call to get more information on HIV and AIDS. In this study learners were asked about this number.

The learners showed a high level of understanding as far as HIV and AIDS is concerned. They do have the information although some of the facts are distorted. This became evident when some of the learners say that they can tell by looking at a person that he or she has AIDS. Some of the learners referred to HIV as a disease. The learners who have televisions at their homes have more knowledge on the subject that those who do not have.

Sex education and HIV and AIDS is a subject which is not favoured by the parents. They fear that their children will have sex but they forget that these young children are already having sex. Young people cannot protect themselves if they do not know the facts about HIV and AIDS. It is stated that adolescents must learn the facts before they become sexually active, and the information needs to be regularly reinforced and built on, both in the classroom and beyond. (UNAIDS/UNICEF 2001).

The problem that we are facing is that some of these learners are already having sex and now it is difficult to stop them. This becomes evident when they fall pregnant.
A number of children in primary school fall pregnant. Poverty was cited as on of the underlying factors for girls to fall pregnant. Some of the girls that fell pregnant were not from poverty stricken families but it is more of vulnerability that poverty. Some girls want to keep the relationship by having sex with the boy who tells them that he will look for a willing girl if she refuses. Some are told that they will not fall pregnant if they only have sex once.

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Poverty is the driving force amongst the other girls who fall pregnant. They fall prey to older man who promise and give them some money. Some people say that the child support grant is the cause for these girls to fall pregnant.

Educators should be the source of information. This can only succeed if every educator has HIV and AIDS basic knowledge but life skills education should be handled by skilled, trained suitable educators. The use of mass media is also important. The mass media can convey information efficiently. Schools should have Television sets to enable the learners to get information whilst at school. This is because some of the children do not have electricity and have no televisions.

Staging of drama on HIV and AIDS is source information. Educators are supped to screen each drama before it is shown to the children. Reading materials from the Soul City should be made available to the learners and their parents. These reading materials are available at Soul City for both learners and parents. The local clinic plays an important role in supplying the right information. The schools must embark on a campaign called ‘Adopt a Nurse’ campaign. This should not be just a nurse but the one with the knowledge of HIV. This nurse will conduct information sessions with the learners and should also be invited to attend the parents meeting to address the parents

The results of this study made it clear that learners need to get correct information. More work needs to be done in terms of delivering HIV and AIDS education. As far as the general knowledge is concerned, Life Orientation as the Learning played a very great job. What learners need to get, is the new updated materials on HIV and AIDS. The reason is because learners kept on referring to HIV as a disease and not a virus.The results of this study calls for more work to be done in terms of delivering HIV and AIDS transmission. Knowledge is good on the subject but there is for more work to be done in terms of providing the correct information on HIV and AIDS.

Prevention is the key to reducing infection rates and ultimately defeating AIDS. Intervention must be relevant to local conditions. It is suggested that they must be tailored between boys and girls, young people living in rural and urban areas, children in school and out of school, younger adolescents and young people married and

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Unmarried(UNICEF 2002). HIV prevention efforts must also recognize young people's immediate needs for shelter and food, as well as their need to earn income in safe and non –exploitative ways (UNICEF 2002). The study showed that 66% of the learners know the prevention strategies of HIV. However, it is disturbing to know that 24% of the learners did not know at all how to prevent the HIV transmission. This is disturbing because most girls fall pregnant and this is an indication that a lot needs to be done to educate them. Boys as well need not be excluded because they also engage in sexual activities.

It is well known that HIV affects and infect anyone regardless of gender, race, age or sexual orientation. (UNICEF2002). Misconceptions about HIV and AIDS are widespread among. They vary from one culture to another, and particular rumours gain currency in some populations both on how HIV spread and who can be infected. In a study about which race can be infected by HIV, 64% of the learners said all races while the other learners mentioned different races.

Human Rights Watch found that sexual abuse and harassment of girls by both teachers and other students is widespread in South Africa. It is said that girls who encountered sexual violence at school were raped in school toilets, in empty classrooms and hallways, and in hostels and dormitories. (Human Rights Watch, South Africa 2001).

The reason for including only the above respondents is the topic is only directed to Shukumani Primary School grade seven learners. Most of the respondents were aware of what happens to Grade seven learners whilst at the school and soon after they reach Grade eight. Some of these learners, especially girls fall pregnant during their first four months of high school. Most respondents pointed out that the reason for that is due to peer pressure and vulnerability that leads these young girls to have unprotected sex.

Most respondents pointed out that awareness programmes should be put in place. The School based Support Team felt that the following people should be invited to give some talks to the learners:

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- Local health workers
- Social workers
- People Openly Living with HIV/AIDS
- Learners who fell pregnant

One particular respondent felt that Life skills programmes should be established. This idea is easy to carry out because Life Skills focuses in the Life Orientation Learning Area. This Learning Area is taught at schools. It was pointed out during the interviews that, every educator should have basic knowledge of HIV and AIDS. Life skills education should be handled by skilled, trained, suitable educators, the most important thing about the Life Skills educators have to be examples of good behaviour. This will require educators to think of their own behaviours and attitudes.

According to Alta van Dyk, learners would be helped to develop some life skills in which they can implement the knowledge, attitudes, values and decisions they make during the learning process:

- Self-awareness
- Critical thinking
- Responsible decision making
- Problem solving
- Assertiveness
- Communication skills(as well as listening skills)
- Refusal skills (also known as “how –to-say-no skills)
- Planning for the future(goal setting)
- Conflict resolution
- Handling emotions (such as fear, anger and uncertainty)
- Handling failure
- Positive self-concept

Tolerance towards others whose values, behaviour, manners or appearance may differ from our own and handling failure and coping with related feelings.

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Organizations such as Soul City are doing great in conscientising young children on issues pertaining to HIV /AIDS, abuse in general and many other topics. Primary School learners especially grade seven would be encouraged to join the Soul Buddyz Clubs. The Soul Buddyz Club will help all those learners who are openly living with the HI Virus, especially when they are supposed to administer their medication whilst at school.

5.2 Recommendations

New studies from across the globe have established that the vast majority of young people have no idea how HIV AND aids is transmitted or how to protect themselves from the disease.(UNICEF 2002). Adolescents who are not yet sexually active must be encouraged to delay sexual activity. It is said though for those children who engage in sexual activities though rape and abuse.

Teachers in schools both Primary and Secondary are faced with a problem of not getting support from the parents. Parents are against sex education as well as the distribution of condoms in schools. They alluded to the fact that teaching children how to use a condom and also making condoms available will encourage their children to have sex.

Young people cannot protect themselves if they do not know the facts about HIV and AIDS. Adolescents must know the facts before they become sexually active, and the information needs to be regularly reinforced and built on, both in the classroom and beyond.

Information is an important tool for countries to determine the impact of the epidemic. This will enable them to develop cost effective responses especially for the young ones because they are at higher risk and vulnerable to HIV and AIDS. Evidence is mounting that comprehensive sexuality education empowers young people to make informed decisions regarding their sexual health and behaviour while playing part in combating damaging belief and misconceptions about HIV and sexual health (UNAIDS 2010).

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HIV and AIDS information and Life-Skills education can be provided to young people in a number of ways. The National Life Skills and HIV and AIDS education in Primary Schools should be introduced. This will help the learners to be well informed. Teachers must have the correct information about HIV and AIDS. Provide an open climate for discussing and presenting accurate information about sexuality and HIV and AIDS while dispelling misinformation and fear. Information should not be withheld, and facts should be presented in an honest manner.

The Department of Education must provide teachers with the curricula, materials, and training opportunities they need to effectively teach HIV and AIDS in schools. All sectors of society must be mobilised to reach young people out of school. (UNICEF2002.) There should be some programmes that enable young people to develop a range of skills. Media should be used to increase knowledge. The Mass media are a powerful tool for the fight against HIV and AIDS. The media can disseminate information among young people. Young people should be involved by the media in all stages. This is will ensure that what is said will be understood, disseminated in an effective format and accessible to young people. Soul City is a good example of programmes that involve children through the Soul Buddyz Clubs.

Children should be encouraged to join the Soul Buddyz Clubs at their schools and Libraries. In these clubs, children have an opportunity to be part of the drama series as actors. These drama series are run on television and also have radio series which focus on range of issues, such as sexuality, HIV and AIDS and many more. Billboards and TV campaign should be used to enable the young people to get more information. Different types of theatre and entertainment as well as the internet should be used as the source of information on HIV and AIDS issues.

Staging a play can be a powerful way of conveying important information. Not only the participants in the play learn from this method, but the audience can also be brought into the drama. Young people are particularly open to this form of learning. Learning through games and plays help a lot. Board games, making models out of clay or dough, and puppets can all be used to present important messages. Puppets often help to make the subject matter more playful and less intimidation. Puppets can be made by students and they can also collaborate in the making of the story that the

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puppets will present. (van Dyke 2005) also collaborate in the making of the story that the puppets will present. (van Dyke 2005).

Young people should be encouraged to be leaders. They are much more comfortable hearing messages about sex and related issues from their young people. This has made peer education programmes and youth club so worthwhile. Learners should also be trained as peer counsellors. Hold community awareness workshops. Make the school a public display for HIV and AIDS. Encourage parents to talk to their children about HIV.

Faith based organisations should be encouraged to play a more leading role in educating young people in the fight against HIV infection. Information should not be withheld, and facts should be presented in an honest manner. Information workshop should be conducted in order for all the Grade seven learners to acquire information relevant information.

5.3 Limitations of the study

The researcher would have liked to include learners from different primary schools in order to cover all geographical areas as this would have revealed different views from learners of different cultures. This was unfortunately impossible because of the time. The reason was that, the researcher herself was a full time school teacher. The school and the parents could only allow their children to be available during the teaching time. It is possible that learners from different community backgrounds would come up with different information pertaining to their communities

5.4 Areas for further investigation

The study raised a number of areas of concern that need to be researched:

1) The level of training of the teachers and the community leaders.

2) The level of training of health care givers that includes nurses, medical practitioners as well as the home based care givers.

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3) Closing the gap between the health information and myths surrounding HIV and AIDS.

4) The attitude of teachers and parents towards the learners and teachers living with HIV and AIDS.

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Addenda

Addendum A – letter to the School Governing Body and the School Management Team (SMT)

Enq: Joyce
Tel: 082 785 6130

27 Danie Malan Street
The Orchards Ext 13
Akasia
0118
13 July 2009

Shukumani Primary School
Attention: The School Governing Body
Cc: The School Management Team
RE: Permission to conduct a research at your school

I am Thwala J A, MPhil (Master's Degree student: Management of HIV and AIDS) the University of Stellenbosch. I am engaged in a research entitled: What needs to be done for the Grade Seven learners of Shukumani Primary School to get more information on HIV and AIDS.

Learners at your school are selected as research participants. I therefore request for a permission to conduct a research at your school. I further promise that the information gathered during this research will remain anonymous and confidential. Learners will be asked nine questions related to this research. Their participation relies on your permission and that of their parents or guardians an

Their participation is voluntary and relies on your permission and that of their parents or guardians.

Your co-operation in this regard will be highly appreciated.

Yours faithfully

……………………………

Thwala J A

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Addendum B- Consent to participate in Research

Researcher: Thwala Joyce Annah
Cell number: 082 785 6130
E-mail Address: thwalajoyce@yahoo.com

The main objective of this research is to investigate ways on what needs to be done for the grade seven learners of Shukumani Primary School in order that they get more information on HIV and AIDS. The research is mainly focussed on the Grade seven learners of Shukumani Primary School.

Learners are requested to participate in an interview to share their knowledge of HIV and AIDS with the researcher. Please take note that the participants will remain anonymous and may not be used for any reason. Participation in this research is voluntary.

If you agree, please sign the return slip and send it back to the researcher with your child.

I . . . . . . ……………………………. . . . . .being the parent/ guardian of . . . .

. . . . . ……. . . . . have read the consent request and understand that

it is for the purpose of research. I therefore agree that my child participate in the interview.

Signature of the respondent . . . . Date. . . . .

Signature of the researcher. . . . . Date. . . . .

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Addendum C - Focus Group with Grade Seven learners

"What needs to be done for grade seven learners of Shukumani Primary School to access more information on HIV and AIDS". A FOCUS ON GRADE SEVEN LEARNERS OF SHUKUMANI PRIMARY SCHOOL.

FOCUS GROUP DISCUSSION WITH SHUKMANI PRIMARY SCHOOL GRADE SEVEN LEARNERS

.Guide:

1. What is HIV?
2. What IS AIDS?
3. What is VCT?
4. How does a person get HIV?
5. How does a person know he or she is HIV positive?
6. How is HIV not transmitted?
7. Can you tell by looking with your naked eyes if a person is HIV positive?
8. Can you live with someone whom you know has AIDS?

What are the precautions for caring someone with AIDS?

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Addendum D - Questionnaire

Section A: Demographics of respomdents

Please mark with an **(x)** or a **(✓)** in the box with the appropriate response. **NB Mark one box only**

1. What is your gender?

Female	
Male	

2. What is your age?

Below 10 years	
11-12	
13-14	
15-16	

Section B: Ways in which HIV can be transmitted

This section measures the ways in which HIVcan be trnsmitted. Please put a cross **(x)** or tick (✓) next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disgaree	Strongly Disagree
1	Unprotected sexual intercourse					
2	Mosquitoes and other insects bites					
3	Hugging and kissing					
4	Shaking hands					

Section C: Ways in which HIV is not transmitted

This section measures the ways in which HIV is not transmitted. Please put a cross **(x)** or tick (✓) next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Blood transfusion					
2	Organ or tissue transplant					
3	Use of contaminated injections					
4	Sharing toilets					

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Section D: Activities that can put one at risk of contracting HIV

This section measures the activities that can put one at risk of contracting HIV. Please put a cross **(x)** or tick **(✓)** next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disgaree	Strongly Disagree
1	Receiving monies or gifts in exchange for sexual favours					
2	Sharing drug needles and razor blades					
3	Unsafe sexual practices					
4	All of the above					

Section E: Ways in which HIV can be prevented

This section measures the ways in which HIVcan be prevented. Please put a cross **(x)** or tick **(✓)** next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disgaree	Strongly Disagree
1	Abstaining from sexual inrecourse					
2	Being faithful					
3	Consistent use of condom					
4	None of the above					

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Section F Parent-to-child transmission

This section measures the parent-to-child transmission. Please put a cross **(x)** or tick (✓) next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disgaree	Strongly Disagree
1	Pregnancy					
2	Child birth					
3	Breastfeeding					
4	All of he above					

Section G: Race groups' myth

This section measures the race groups' myth. Please put a cross **(x)** or tick (✓) next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disgaree	Strongly Disagree
1	Blacks					
2	Whites					
3	Asians					
4	Coloureds					
5	All of the above					

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Section H: Rape victims visits to health care centres

This section measures the rape victims' visits to health care centres. Please put a cross **(x)** or tick **(✓)** next to the applicable box to rate your level of agreement.

No	Items	Strongly Agree	Agree	Neutral	Disgaree	Strongly Disagree
1	One week					
2	24 hours					
3	72 hours					
4	None of the above					
5	All of the above except 4					

Thank you very much for your cooperation and for the time taken to fill in this questionnaire