

**AN INVESTIGATION INTO THE FACTORS THAT CONTRIBUTE TO AN
INCREASE IN HIV PREVALENCE IN THE LEARNERS BETWEEN THE
AGES 15 TO 24 YEARS AT MIDDELBURG COMBINED SCHOOL
(MPUMALANGA)**

by

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DECLARATION

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ABSTRACT

HIV/AIDS is a serious problem all over the world especially on the youth who are already at school. Some of these learners are dropping out due to pregnancy while some are being absent many times which affects performances in the schools. The level of HIV/AIDS is increasing instead of decreasing.

This paper focuses on the factors that contribute to an increase in HIV/AIDS prevalence in the learners aged 15 to 24 years at Middelburg Combined School in Mpumalanga Province. It reveals various factors that contribute to the increase in HIV within this age group. The learners acknowledges that ignorance and irresponsibility, the effect of drugs and alcohol, poverty, peer pressure, fear of pregnancy not HIV/AIDS and the impact different cultural practices amongst the communities as the factors that contribute to the increase. The teachers are also in agreement with the learners except that they view media influence instead of peer pressure as one of the factors that contribute to the increase.

Literature around this issue point to a problem that need to be solved and it is obvious from the findings that something need to be done if the Millennium Development Goal number Six of reversing the spread of HIV/AIDS by 2015 is to be met. The Department of Basic Education is also aware of the problem therefore different stakeholders in education together with Non-Governmental Organisations need to come on board to help solve the problem. Parental involvement is crucial so that the dangers of certain cultural practices around HIV/AIDS can be outlined to them with the aim of modifying or abandoning them. There must be unity with the purpose of decreasing the level of HIV/AIDS amongst the learners in the schools so that the world cannot run out of intellectuals who will contribute positively to the economy.

OPSOMMING

MIV/VIGS is 'n groot probleem onder ons jeug, veral die wat reeds op skool is. Hierdie tendens gebeur regoor die wêreld. Sommige van hierdie leerders verlaat die skool as gevolg van swangerskap terwyl ander baie afwesig is. Dit beïnvloed hulle akademiese prestasies.

Hierdie navorsingstuk fokus op die faktore wat bydra tot MIV/VIGS toename by leerders by Middelburg Gekombineerde Skool, Mpumalanga. Die ouderdomsgroep van hierdie studie wissel tussen 15 – 24 jaar. Hierdie navorsingstuk belig die faktore wat bydra tot die toename in MIV/VIGS in hierdie ouderdomsgroep. Die leerders erken dat onkunde en onverantwoordelikheid die uitwerking van dwelms, alkohol, armoede, groepsdruk, vrees vir swangerskap en nie MIV/VIGS en die impak van verskillende kulturele praktyke tussen die gemeenskappe as die faktore wat bydra tot die toename in MIV/VIGS. Die onderwysers stem saam met die leerders. Hulle uitgangspunt is egter dat die media ook 'n groot bydraende rol speel en dat dit nie soseer groepsdruk is wat bydra tot die toename in MIV/VIGS.

Literatuur rondom hierdie kwessie dui aan dat die probleem uitgesorteer moet word. Dit is voor die hand liggend vanaf die bevindings dat iets gedoen sal moet word as die Millennium Ontwikkelings Doel No 6, om die verspreiding van MIV/VIGS om te keer teen 2015. Die Departement van Onderwys is ook bewus daarvan dat al die verskillende rolspelers in die onderwys en Nie Regerings Organisasies sal moet saamstaan om die probleem te help oplos. Ouer betrokkenheid is van kardinale belang sodat die gevare rondom sekere kulturele praktyke van MIV/VIGS uitgelig kan word met die doel om dit te modifiseer of heeltemal daarvan af te sien. Daar sal eenstemmingheid moet wees met die doel om 'n afname in die vlakke van MIV/VIGS tussen leerders in skole te bewerkstellig. Dit sal teweeg bring dat die wêreld nie gedreineer sal word van intellektuele kapitaal wat 'n positiewe bydrae sal kan lewer jeens die ekonomie.

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CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

The issue of HIV/AIDS has created concern in Mpumalanga considering it is the second province with an infection rate that is higher behind KwaZulu-Natal. The focus of this study is in the Middelburg Combined School in Mpumalanga. This school is situated in Nkangala region which showed an increase in HIV prevalence from 26.8% in 2006 to 31.8% in 2008 according to the report by Mpumalanga Premier David Mabuza in May 2010. The target of this study is learners aged 15 to 25 years in this school. This age group was targeted because there are signs that show they do not practice safe sex as many of them are falling pregnant. Some of these learners are leaving school to be mothers at a young age. The rate of absenteeism is high in the school and that consequently has an effect on their education level and preparation for life.

1.2 BACKGROUND OF THE STUDY

An increase in HIV/AIDS prevalence at Middelburg Combined School is a serious problem where too many learners especially girls are getting pregnant and leaving school annually. According to a study by Buchel (2009) these learners are compelled to drop out of school and have to fend for themselves and their siblings and some have to head households. The Grade 8's at present are sexually active because from observations some of them are getting pregnant and leaving school. Some girls even run away from home to stay with their boyfriends. Some often ask to go to the nearby clinic to have injection like nuristenate; will only help in the prevention of pregnancy but not prevent HIV/AIDS and other sexually transmitted diseases. The action by the learners indicates they engage in unprotected sex.

It appears the problem stems from their home environment where some of them enter into early marriage while still at school and have not yet reached the age of 20. This is due to poverty at home which indicates the learner will play the role of a wife that must bear children and also act as a learner at school. The availability of drugs and alcohol also contribute to the increase in HIV/AIDS prevalence in the school environment. Some of the learners buy drugs and alcohol which was identified from information given to them by one of the learners who appeared before the school's disciplinary committee; he indicated more learners, girls and boys use drugs. There is the possibility this behavior can lead to the learners engaging in sexual encounters that are

not protected due to being high on drugs and alcohol. They lack basic information about HIV/AIDS will reduce their reasoning that infection does not exist.

1.3 SIGNIFICANCE OF THE STUDY

The issue of HIV/AIDS is a serious challenge especially for the learners and even South Africa and the world at large should confront. The learners between 15 and 24 years are at their earliest stages of adolescent and are sexually active. This study seeks to identify the factors that contribute to the increase in HIV prevalence in this school so that the curriculum can be structured in such a way it will address the issue of HIV/AIDS in the schools all over South Africa. If possible HIV/AIDS education should be a separate learning area from Life Orientation (LO). If the curriculum is failing to address the issue of HIV/AIDS in the school set up then the country will be robbed of future leaders as well as people who will contribute positively to the economy.

The learners will be provided with the necessary knowledge from the curriculum about the various prevention strategies to stop the spread of HIV/AIDS as well as encourage them to focus on their studies after the factors that contribute to HIV/AIDS have been identified by the study.

An interest was developed in this study because as an educator learner absenteeism as a results of HIV/AIDS impact negatively on the results of the school and of the province at large. As a member of the community the researcher is eager to make a positive contribution to society by making ensuring the learners become aware the dangers of having unprotected sex and to contribute to the curriculum so that learners in future can have in-depth knowledge of HIV/AIDS and how to take care of themselves. The study will provide health officials to design intervention mechanisms based on the information gathered from the project. The school will have the necessary skills and expertise to ensure the issue of stigma and discrimination is well addressed with the involvement of the educators. The parents of the learners will have adequate information that can assist in alleviating some of the culture practice. The high prevalence of HIV/AIDS in the school can be addressed by providing knowledge that HIV/AIDS is a reality together with the findings of this project. Once information is available discussions at home can take place between young people and their parents and place HIV/AIDS as well as sexually transmitted diseases in context. The millennium Development Goal 6 with these efforts of awareness creation can contribute towards curbing and reversing the spread of HIV/AIDS as advocated by the World Health Organisation (WHO).

1.4. PROBLEM STATEMENT

The problem statement of the study has been formulated as:

What are the factors that contribute to an increase in HIV/AIDS prevalence in the learners between the ages 15 – 24 years at Middelburg Combined School?

1.5. OBJECTIVES OF THE STUDY

- To establish reasons for the learners to engage in unprotected sex at Middelburg Combined School.
- To identify educators' perspective of the factors that contributes to an increase in HIV/AIDS prevalence as well as unprotected sex at the school.
- To assess the availability of knowledge and information regarding HIV/AIDS as well as sexually transmitted infection on the learners aged 15 and 24 years in this school.
- To provide guidelines about the different strategies that can be utilized to encourage safe sex among the learners

1.6. RESEARCH METHODOLOGY

Qualitative research design was selected as a medium to be used for this study. The theory applied for this kind of research methodology was the case study theory. Qualitative data will be collected by using structured face-to-face interviews conducted from the five life orientation teachers while learner's qualitative data was collected by using open and closed format questionnaires that were given to 150 learners. Both quantitative and qualitative data was collected and analyzed at the same time and compared to each other (Triangulation).

Purposive sampling was employed for the collection of quantitative data from the learners while convenience sampling was used to gather qualitative data from the teachers.

1.7. LIMITATIONS OF THE STUDY

Difficulties were encountered with some of the parents who did not want to allow their children to take part in the study but filled in the consent form and not the questionnaire with the results valuable data could not be obtained from those who did not comply. Some of the questions were not responded to which left the project with limited information on the findings of the study. Some of the learners did not return the questionnaires and out of a total of 150 questionnaires

distributed, 120 of those questionnaires were analyzed. Fifteen of the questionnaires were not returned and 15 of them were returned but not completed.

Some of the learners were of the opinion that they want payment for their efforts. The time frame for data collection was not enough (1 Month), as it even overlapped to the time when the learners were writing examinations; some were no longer concentrating on the questionnaire but on the examination. There were teachers not willing to participate in the study citing their workload as the main problem for being unable to make a contribution.

1.8. OUTLINE OF CHAPTERS

- Chapter 1: Introduction of how the problem manifests itself, the research problem, research question and purpose of the study.
- Chapter 2: Literature review on the issue of HIV prevalence among learners aged 15 and 24 in South African schools and the policies dealing with that.
- Chapter 3: Research methodology and research design to be used.
- Chapter 4: Presentation of raw data, analysis of data and the findings according to the survey and the case study.
- Chapter 5: conclusion and recommendations.

1.9. CONCLUSION

This study highlights the background of HIV/AIDS as a challenge to the school and also the country. It also highlights the learners between ages 15 – 24 years are at risk because of them practicing unsafe sex. It is also showing the importance of undertaking the study and why an interest was developed to solve this problem. The success of this study in providing the factors that contributes to an increase in HIV/AIDS prevalence at Middelburg Combined School depends upon the literature survey which is outlined in chapter two.

CHAPTER TWO

LITERATURE SURVEY

2.1. INTRODUCTION

HIV/AIDS is a combination of two acronyms which can be dissected into HIV which stands for Human Immunodeficiency Virus and AIDS which stands for Acquired Immune Deficiency Syndrome. According to Havemann (2005) HIV is a variant virus of HTLV 1 (Human T Cell Leukemia Lymphoma Virus 1) and is the causative agent of AIDS which first surfaced in June 1981 as a result of reports from a Los Angeles area, to the Centre of disease control, of a type of pneumonia caused by fungus in homosexual males. The virus will come in contact with the host cell and at a severe stage will end up killing the host cell. It binds to a CD 4 receptor which is a protein receptor. After HIV had killed CD 4 + T Cells then they are no longer immune to the virus and the condition that follows is AIDS. A person suffering from AIDS will be required to use anti-retroviral drugs (ARVs) so they are able to live for a longer period with this disease.

According to UNESCO (2009) few young people receive adequate preparation for their sexual lives which leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs) including HIV. This is what is happening to the learners because they end up engaging in sexual encounters leaving them with sexually transmitted infections. Some of these learners end up being pregnant as in many schools around South Africa with an example being one in Mafikeng, North West wherein at least 17 pupils are pregnant and their parents have to sit under trees in the school grounds waiting, ready to be midwives while their heavily pregnant daughters write exams (Sowetan, November, 2012). UNESCO (2009) reported effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information which is a vital part of HIV prevention. Sex education is not part of the curriculum at the moment which leaves the learners to be vulnerable and ignorant about HIV/AIDS.

Coupled with sex education there should be Health Education Programmes to prevent HIV because these focus on a specific behavioural goals, such as delaying initiation of intercourse or using protection; provide basic, accurate information that is relevant to behaviour change especially risks of unprotected intercourse and methods of avoiding unprotected intercourse. Further advocate for extensive training for teachers and implementers to enable them to master

basic information about HIV/AIDS and to be given an opportunity to practice and become confident with life skills training methods (fresh tools for effective school health, 2004).

The Department of Education realised HIV/AIDS disrupts learning and teaching and they came up with guidelines for educators in the year 2000 wherein they outline among others the impact of HIV/AIDS which included the fact that if the epidemic is not controlled almost every educator will eventually be teaching some learners who are HIV. The department was able to show this illness disrupts learning and teaching and learners who are ill fall behind with their studies. This brings forth the issue of results which will eventually drop as most of the time some of the learners will be absent from school because of being sick as a result of HIV. The guidelines from the department indicated almost every young person attends school, so educators have a great opportunity to discuss the disease and help the young to protect themselves from being infected, getting sick and dying. This is an indication learners young as they are engaging in behaviours that are a danger to their lives.

It is evident from the statistics provided by the World Health Organisation (WHO) at the end of 2009 33,3 million individuals were living with HIV and new infections that year were 2,6 million. All of those people living with HIV 68% were in sub-Sahara Africa (WHO: 2012). More people especially the learners are being infected as this point is furthermore strengthened by the increase in HIV prevalence in Mpumalanga. There is evidence from 2002, 2005 and 2008 in the age groups 2+ years wherein in 2002 it was 14,1% , 2002 it was 15,2% and 2008 it was 15,4 (HSRC: 2008). This information pertained in statistics indicates learners of school going age are being infected which is why the prevalence rate is sometimes high. According to HSRC some of the youth refused to test where 15+ is the age that is associated with risky behavior where most of these learners who are infected are female learners with some of them in their sexual debut. The statistics from the Department of Health in South Africa, 2000 and 2001 shows women in their 20s continue to form the majority of the pregnant ones infected with HIV and prevalence rates, among women aged 20-24 years increased sharply from 25,6% in 1999 to 29,1% in 2000 (Anne et al: 2002). The information available is an indication of the pregnancy level of learners and that HIV prevalence is high among the learners and is progressively increasing.

Even though there are life skills program such as Life Orientation, these have more impact on younger youth (age 10 to 14) than older youth (age 15 to 24) with the result that HIV prevalence among the older youth ages 15 to 24 is estimated to be over 10 percent as compared to the prevalence for youth ages 10 to 14 which is estimated to be over 1 percent in 2001 and 2005

respectively (Reddy et al. 2001; Shisana et al. 2005). These statistics show learners within the age group 15-24 are always putting themselves at risk of being infected with HIV because of not accepting the messages that are given to them about the dangers of the disease which can be avoided. According to Horizons (2003) young people 10 to 14 years old are particularly receptive to messages about abstinence or delaying sex and being faithful (The Transition to Adulthood study Team. 2003). Individuals age groups 15 to 24 feel they have matured at school, they have a conviction they need to engage dangerously in adult encounters and some of them become parent learners. The issue of 15 to 24 years experiencing among the highest prevalence in the world is a problem Harrison et al (2010) also identified. He advocates for the development of an effective HIV prevention programs which is a top public health and policy priority. There is a belief that comprehensive sexuality education is considered an important means of addressing adolescent risk behavior, although little evidence supports its direct impact on biological measures of preventing success, particularly HIV and other sexually transmitted infection (Harrison et al, 2010). This implies adolescent risk and the sexually related behaviors that can contribute to the high prevalence of HIV/AIDS can be dealt with by using different intervention strategies. Therefore Harrison et al (2010) after realizing findings indeed confirmed high prevalence on the youth advocated for among others the use of additional person, perhaps from outside the school setting, to deliver interventions, this relieving a burden on teachers and also to direct interventions at school, as well as individual level. All these were done so that social norms about HIV can be altered and learners can change their behavior to make the management of HIV possible.

Efforts to prevent this increase in HIV/AIDS prevalence in the schools the Simbayi et al (2005: xvii) study recommended the Department of Education's HIV/AIDS policy need to look in more depth at theories of behavior change, as the current policy recommends principally information sharing, which is inadequate for encouraging the modification of attitudes towards life. This implies the policies are not specifically looking at social and contextual factors that affect behavior and this is clearly indicated in the curriculum when it is evident the subject matter does not address behavior change but only information sharing of how dangerous unprotected sex is for individuals. This cannot unearth the real factors that will lead to an increase in HIV prevalence at the school. Simbayi et al. (2005) also expressed a desire for SGB's and the parents of the learners to provide some support to the teachers in their role of HIV/AIDS education. These recommendations came forth because Simbayi et al. (2005) realised there was a mixed response from educators who were willing to teach the learners about sexuality

instruction. In order for one to be effective in teaching learners about HIV/AIDS prevention, educators must feel comfortable about the issues of human sexuality and also about having multiple parents as this increase the risk of infection (Simbayi et al, 2005). If some of the educators are not comfortable in teaching a subject focusing on sexuality and about having multiple parents then the learners will only feel what they are doing is acceptable even if they are having multiple parents and engaging in unprotected sex.

There is also the issue of learners who are sometimes engaging in unprotected sex with educators. This is done with the hope of securing favours in the classrooms or for financial gains. The situation is made worse because some of the learners especially girls come from poor backgrounds and the educators take advantage of the situation. The South African Democratic Teachers Union (SADTU) and The National Professional Teachers Organisation of South Africa (NAPTOSA) came up with policies around that issue. These policies were brought forward to declare sexual encounters between learners and educators were deemed as misconduct as this helps in the spread of HIV/AIDS. The problem with these policies is to be implemented; however, the end result is ineffective outcomes.

Realizing there is a high prevalence of HIV in society and in the schools Adler and Qulo (1999) believed the high prevalence and poor treatment of sexually transmitted diseases (STDs) can be responded to by providing information, education and communication (IEC), school life skills programme and barrier methods, the improvement of STD management and control, the prevention of transmission through blood transfusions and other blood products and the protection of the rights of the people with HIV/AIDS (Adler et al. 1999). This gives a clear indication the school can play a role in the alleviation of HIV/AIDS and therefore the high prevalence of HIV among other learners need to be dealt with through education and the provision of information to the learners especially the others in the age groups 15-24 because they are the ones who are at a stage of adolescent and they have the belief they need to engage in sex not unprotected which is dangerous to them.

This idea of managing HIV prevalence in the schools is further enhanced by The National Policy on HIV/AIDS for Learners and Educators in Public Schools Volume 410 Number 20372 (1999) which seeks to prevent the spread of HIV infection after realizing that almost 25% of the general population will be HIV positive by the year 2010. When one policy in place today it can help in the management of HIV prevalence at schools so that these learners who are pregnant will not be stigmatized even if it may come to the attention of the learners that some of them are HIV

positive since some of the learners are already having a belief if their fellow learner is pregnant that means she can be positive since she engaged in unprotected sex with someone.

The issue of learners being absent due to caring for the sick parents, sister or siblings was identified by Porter (2002). Buchel (2009) explained countless children are living with and caring for parents who are sick and dying and the societal impact of AIDS goes beyond orphans themselves but also on other people receiving care. This implies some of the learners will often be absent from school because they will be busy taking care of their sick mother, sisters and brothers. It is often a recurring problem and further enquiries on the behavior will indicate the learners are indeed caring for either parents, sisters or even brothers. This situation impacts negatively on the examination results at the end of the year because of the extra responsibility they have to bear.

According to Buchel (2009) an educated guess puts the figure at an estimated 258, 000 HIV-positive learners in South Africa in 1999. This is a serious situation and shows how society will suffer in future because of the high prevalence of HIV in the schools. It was also reported in 2008 the risk of HIV infection among children 15-18 years of age is predominantly through unprotected heterosexual intercourse (UNAIDS, 2008). Once more a report by SADC (2006) identified sex with multiple and concurrent partners in the context of low prevalence of male circumcision as key driver of HIV in Southern Africa. This scenario is applicable in the learners also because they tend to have multiple partners with the hope of scoring big in terms of pocket money not realizing the risk that they are exposing themselves to. Another factor that was identified to contribute to high HIV prevalence was early sexual debut particularly among adolescent under 18 years of age. This is an indication that if they engage in sexual encounter for the first time they are likely to engage in unprotected sex with the belief that they want to experience what the others have experienced.

After realizing the severity of the prevalence of HIV in schools, the University of Kwa-Zulu Natal in collaboration with the Department of Basic education came up with a draft integrated strategy on HIV and AIDS. This seeks to address the management of HIV/AIDS in schools by instituting eight imperatives for a new HIV and AIDS strategy in basic education which encompasses HIV and AIDS as a development challenge, the impact of HIV on the education sector and education outcomes, lessons from available evidence on effective response, schooling as a protective factor – the role of prevention, a duty of care in schooling, alignment with NSP, alignment with government's outcome focus and also a sustainable integrated response (Department of Basic

education, 2010). All these is done with the intention of coming up with an intervention strategy that will not only benefit schools in KZN but all the other schools in the rest of the country because the strategy will be applicable to ensure HIV prevalence is dealt with effectively and if possible the prevalence the estimation should be at 20 percent.

2.2. CONCLUSION

The literature survey has provided an in depth information about the problem in the school set up. It gave an indication something is missing that will help in the alleviation of the problem of HIV/AIDS on the learners especially those between the ages of 15 and 24 years which can be viewed as the ages wherein these learners are sexually active. Information is provided about programmes that should be followed in order for HIV/AIDS to be managed. All these programmes indicate learners are the ones who are most affected by this epidemic; something needs to be done to make sure the school is protective. Nothing can be done before the root cause of this problem is investigated with proper methodologies the factors that contribute to the increase in HIV/AIDS in the learners aged between 15 and 24.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This study was conducted at Middelburg Combined School. Qualitative research design was used in this study. Case study theory was applied for this study. Data from the learners was collected by using open and closed format questionnaires and interviews were used to collect data from the teachers. Purposive and convenience sampling were used for data collection.

3.2. PROBLEM STATEMENT

It is not obviously known what induces learners to engage in unprotected sex to the extent they fall pregnant and do not envisage it could lead to HIV/AIDS infections as well as the transmission of diseases associated with sexual encounters. It is not known what are the factors behind this culture of forcing learners who have not reached 20 years into marriage with old men and where does it come from and whether when these situations highlight the issue of HIV/AIDS which will increase especially among the learners at Middelburg Combined School. Another point that needs to be established is whether the learners are actually using drugs and alcohol and ultimately engage in unprotected sex which will increase the prevalence of HIV/AIDS in the school. Further there need to be determined whether their mentality of looking at HIV/AIDS as a myth stem from lack of basic knowledge about it or because of ignorance even if they have relevant information. These unanswered question lead to a problem statement: What are the factors that contributes to unprotected sex in the learners between 15 and 21 years in Middelburg Combined School?

3.3. OBJECTIVES OF THE STUDY

The objectives of the study are:

- To establish reasons for the learners to engage in unprotected sex at Middelburg Combined School.
- To identify educators' perspective of the factors that contributes to an increase in HIV/AIDS prevalence as well as unprotected sex at the school.

- To assess the availability of knowledge and information regarding HIV/AIDS as well as sexually transmitted infection on the learners aged 15 and 24 years in this school.
- To provide guidelines about the different strategies that can be utilized to encourage safe sex among the learners

3.4. RESEARCH APPROACH

The research approach used for this study was a qualitative research approach. This approach is interpretive research relying on subjective data and investigation of people in particular situation in their environment (Christensen et al, 2011). In this study the subjective data from the learners aged between 15 and 24 years within the vicinity of Middelburg Combined School will be interpreted. The situation learners are facing is an increase in HIV/AIDS prevalence. After interpretation of the subjective data then the research question can be answered and the results can be relied on because they are from the people who are faced with the problem (i.e. the learners). Qualitative research allows the learners to portray the situation that they are faced with within the school set up and also within society. This approach enables to have a clear understanding of what is happening in the minds of learners with regard to behaviour and their experiences as according to Nachmias (1992, 271) “qualitative approach enables scientists to gain an empathic understanding of social pneumonia, and they must recognize both the historical dimension of human behaviour and subjective aspect of the human experience”.

In describing the different cases from the data, the case study theory was used which is closely related to qualitative approach. The use of the case study theory was useful for this approach as this involves different learners with different cases that must be analysed because it is described as the intensive and detailed description and analysis of one or more cases (Christensen et al, 2011). Again this case study research answered why there is an increase in the prevalence of HIV/AIDS in the school since it answered “how” and “why” questions and offer a multi-perspective analysis where not just the voice and perspective of one or two participants are considered in a situation, but also the views of other relevant group of actors and the interaction between them (Maree, 2007). In this case the perspective will be gained from learners and also the views of educators as they are closer to them on a daily basis.

3.4.1. DATA COLLECTION BY QUESTIONNAIRES

Data was collected by means of open and closed format questionnaires that were given to 150 learners. Questionnaires were pilot tested first on 30 learners that were selected randomly and afterwards they were given to the 150 participants.

The heading of the questionnaire was “Questionnaires on the causes of an increase in HIV/AIDS prevalence between the learners aged 15 – 24 years at Middelburg Combined School. The questionnaire contained 28 questions with a combination of open and closed questions. The instruction on the questionnaires was:

- From question number 1 to question number 24 tick the appropriate response according to your opinion.
- From question number 25 to 28 use your opinion to answer the question on the spaces provided.

The advantages of questionnaires are:

- They are not expensive to administer as a large group of people can be reached at a low cost.
- They ensure that confidentiality is maintained as no names are written on the questionnaire with the results that participants can provide reliable information without fear of being identified.
- It can be administered without personal contact with the respondents.
- It is easy to respond to the questions as a tick or a mark is only required therefore even people who are illiterate can fill it in.
- It alleviated misunderstanding and misinterpretations of questions since the answers that are provided are clear.

The disadvantages of questionnaires are:

- Open-ended questions generated large amounts of data which take long to analyse and interpret.
- The response rate is often low with the results that the information given may not give a clear picture.
- The participants are not given the chance to be clarified when there are some words that they don't understand.

- The questions for the questionnaire are very difficult to design.
- Questions may be easily manipulated to suit the researcher's needs.
- If the questionnaire takes long to complete, the participants may deliberately omit some of the questions especially the ones that needs a lot of thinking.

3.4.2. DATA COLLECTION THROUGH INTERVIEWS

Interviews were conducted with five Life Orientation teachers to gain their views on the identified problem. The teacher's interviews were conducted immediately after the distribution of questionnaires to the participants. The questions for the face-to-face interviews were structured questions that were testing their perceptions about HIV/AIDS in the school.

A set of open ended, pre-determined questions were developed in order to provide guidance during the interviews. Life Orientation educators were chosen because at present it is the only learning area the Department of Basic Education is using as a life skill learning area that includes an attempt to give information about HIV/AIDS and its dangers. An interview was useful for this study because it provided an opportunity to have a purposeful discussion with the Life Orientation teachers and provided reliable data that is relevant to the study.

The advantages of face-to-face interviews:

- Allows the researcher gain more in-depth information from the participants and can have follow up questions.
- They achieve a high response rate as it is face-to-face with the respondents.
- Clarity is given where the respondents does not understand a word or question.
- The interviewees are not influenced by others since it is only the researcher and the respondent.
- They give the researcher a chance to ask more detailed questions.

Disadvantages of face-to-face interviews:

- It happens that researchers may understand and transcribe interviews in different ways which will create misunderstanding on the respondent.
- They are time-consuming as they involve a lot of procedures like setting up, interviewing, analysing and reporting.
- Sometimes the location can affect the mood or attitude of the interview process.

- It is sometimes difficult for the interviewer and the respondent to jump from one concept to another.

3.5. SAMPLING TECHNIQUE

Purpose sampling was employed for the collection of the quantitative data by means of using questionnaire. This sampling technique was chosen because learners were targeted within the ages of 15-24 years at Middelburg Combined School as according Christensen at all (2011) “a researcher specifies the characteristics of the population of interest and then locates individuals who have those characteristics”.

The following characteristics were met at Middelburg Combined School:

- Participants were learners aged between 15 and 24 years at this school.
- Participants were able to read and write English as English is their home language of learning and to some it is an additional language.

Convenience sampling was also chosen for the collection of qualitative data in the form of an interview of Life Orientation teachers. This was chosen because Life Orientation educators were easily and conveniently available at the school as according to Maree (2007) this method refers to situations when population elements are selected based on the fact that they are easily and conveniently available. The criteria for getting suitable were that:

- They must be teaching Life Orientation either at GET or FET levels.
- They must be teaching at Middelburg Combined School.

3.6 CONCLUSION

Data was collected using questionnaires which were returned and interviews were also conducted with the Life Orientation educators. This approach was successful as it was completed by a suitable case study theory and sampling techniques (purpose and convenience sampling) that proved to work well for this kind of approach. This research approach provided important information that needs to be reported in the following chapter.

CHAPTER FOUR

REPORTING OF RESULTS

4.1. INTRODUCTION

The presentation of results will be done from both the perspective of the questionnaires and the interviews. These results seek to address the objectives of this study to ultimately solve the proposed problem. The findings of the questionnaire and the interviews will be organised under the guidance of the following themes: lack of knowledge on HIV/AIDS issues, the effect of drugs and alcohol use, poverty, peer pressure/media influence, fear of pregnancy not HIV/AIDS, and the impact of some cultural practices.

4.2. FINDINGS ON BOTH THE QUESTIONNAIRES AND INTERVIEWS

The findings on both the questionnaires from the learners and the interviews from the teachers were almost the same except for peer pressure and media influence. The learners are of the opinion that peer pressure is pushing them to engage in unprotected sex while the teachers feel that media influence is to blame for learners to engage in irresponsible sexual behaviour. They both shared the same sentiments in all other factors that are outlined below.

4.2.1. The findings on the questionnaires

Ignorance and irresponsibility: The finding in this theme indicated that 90 of the learners do not have a thorough knowledge of how to prevent HIV/AIDS, are ignorant and also irresponsible. They do not know what constitutes irresponsible behaviour. The respondents indicated HIV/AIDS is caused by not using a condom yet they do not carry condoms when they visit taverns. These learners also indicated they are not sure about the impact of male circumcision on the reduction of HIV/AIDS and indicated that it is 100% safe. They also believe sleeping with a virgin can cure HIV/AIDS. Only 22 indicated a degree of responsibility on HIV/AIDS issues and how to practice safe sex because they carry condoms in their pockets. They also indicated a 100% condom use wherever they engage in any sexual activities. They are also aware people in polygamous marriages are at risk of being infected with HIV/AIDS and that male circumcision is not a 100 percent tool to prevent HIV/AIDS. Only 8 were not sure about the impact of condom use and male circumcision.

The effect of drugs and alcohol: There is an indication from 110 of the respondents that drugs and alcohol lead to irresponsible behaviour. Some are saying “when one is drunk one cannot control ones feelings with the results that you will end up doing something that you will regret the following day”. They believe people who are high on drugs do not know what they are doing. They indicated one of the causes of HIV/AIDS is the use of drugs and alcohol. Although some of them indicated they have not engaged in sex when they are drunk, the feeling is that most of the people are infected in HIV/AIDS when they are drunk. Ten of the respondents were not sure about the impact of drugs and alcohol

Poverty: Seventy five respondents had a feeling that getting married to somebody with money can help alleviating poverty at home. Some indicates “the person will be able to meet them half way and provide what they could not afford”. They went on to say they can have sex with the breadwinner and not tell anyone. Ten were unsure of the impact of poverty on learners’ behaviour. Thirty five respondents are against the idea but acknowledged it can work in ones favour but the idea will lead to most people especially girls to go for prostitution with the idea of generating money to support them at home. These respondents indicated they will refuse to have sex with the breadwinner and go on to report the case to the police and move out of home.

Peer pressure: Forty two respondents indicated they do not often get influence from peers to engage in sex. Seventy eight are of the opinion they are sometimes influenced by their peers to engage in sexual activities especially the one that is not protected; influenced them by saying it is enjoyable. These 78 respondents do not see peer education as a way of reducing the spread of HIV/AIDS.

Fear of pregnancy not HIV/AIDS: Ninety of the respondents indicated contraceptives are safe especially if one is making the right choice. They do indicate they can encourage the use of contraceptives as according to some of them “it stops the egg from being fertilized”. This is an indication they are not scared of getting HIV/AIDS but are terrified of getting pregnant. They ignore the issue of prevention in favour of using contraceptives that will help the prevention of getting pregnant. Eighteen realised contraceptives can lead to unprotected sexual behaviour while 12 indicated they do not know what contraceptives are and therefore it is hard to express an opinion.

The impact of some cultural practices: Most of the respondents come from communities who are still giving value to cultural practices like polygamy and organizing marriage for the learners (ukuthwala). 89 of the respondents gave an indication that the idea of getting married at an

earlier age is crossing their minds. They do acknowledge the fact that sexual relationships at an earlier age leads to unprotected sexual encounters but they feel that they can get married at an earlier age in line with their cultures as most of these are from the Ndebele tribes, Pedi tribes, Swati tribes, and the Zulu tribes. 31 respondents feel that the idea of getting married at an earlier age does not cross their minds. Most of these are the ones who emanate from the coloured community of Nazareth and they do not believe in those cultural practices of polygamy and ukuthwala that makes encourages unprotected sex with the husband in the hope of getting pregnant.

4.2.2. The findings from the interview:

Ignorance and irresponsibility: Indications from the teachers are there is ignorance, irresponsibility and lack of information that increases HIV/AIDS infections among the learners. They both agree learners are having unprotected sex and they are exposed to promiscuous behaviour from an early age. The teachers had an opinion learners are sometimes informed about the dangers of HIV/AIDS but “they take the cue from their parents and grandparents as children learn what they live and when someone dies in the family, adults shy away from giving the real illness of the deceased”. This will make the learners to continue engaging in unprotected sex because they do not believe one can learn of the danger from that behaviour. The teachers cited the issue of multiple partners as the one that can lead to an increase in HIV/AIDS in the school; contributes 20% according to the educators.

The effect of drugs and alcohol: The teachers indicated alcohol and drugs are responsible for the unprotected sex the learners are engaged. There was an indication some are coming to school being drunk and talks about their boyfriends over the weekend. One educator indicated that when children are drunk, date rapes without condoms are on the rise. Most learners are having unprotected sex when they are under the influence of alcohol and drugs. According to the educators drugs and alcohol contributes 25% to the dire situation.

Poverty: Poverty plays a role in the spread of HIV/AIDS according to educators some of the learners receive money as a reward from adults who are infected. Some starts prostitution at an earlier stage because of poverty. One indication is they are pushed into unprotected sex to meet the demands of modern world including poverty alleviation at school and at home. The parents will accept the money and food that comes from the trade of selling bodies to older partners and they turn a blind eye to the dangers thereof. It was highlighted by one of the teachers when the children are at a point of no return, then parents start looking for help; poverty accounts for 20%.

Media influence: The issue of pressure was highlighted strongly by the educators but they do not believe that it comes from their peers but instead from the media. This encourages learners to take risks and be open-minded. The issue is that the media portrays sex videos which pressurize the learners to start thinking about doing what they see in the movies. This media influence will become a topic of discussion and some of the peers will be bragging and sharing their experience about their latest conquest. According to educators peer pressure contributes 15%.

Fear of pregnancy not HIV/AIDS: The feeling is the Government is sometimes to blame for the learners are not scared of HIV/AIDS. They are doing this by providing child grants instead of making sure that the learners are advised about the dangers of HIV/AIDS. The provision of the child grants make the learners do not fear something that kills but instead knows that even if there can be a mistake the Government will come to their rescue. The teachers feel there is no sex education except for Life Orientation which does not emphasize in addressing HIV/AIDS issues; accounts for 10%.

The impact of cultural practices: The teachers indicated culturally the parents are not supposed to talk to their children about sexual issues. The only problem is they are able to organize marriages for their children which put them in a situation wherein they have to engage in unprotected sex. Society is still very conservative when it comes to sex life and cultural practices are often followed each and every time even if it is dangerous. Cultural practices only contribute 10% to the issue of HIV/AIDS in the school.

4.3. GRAPHICAL REPRESENTATION OF FINDINGS

Figure 4.1 is a representation of the responses from the learners on a bar graph. This was based upon the six concepts as identified during analysis. These concepts are: ignorance and irresponsibility, the effect of drugs and alcohol, poverty, peer pressure, fear of pregnancy not HIV/AIDS and the impact of different cultural practices.

Figure 4.1

Percentages of responses according to the questionnaires:

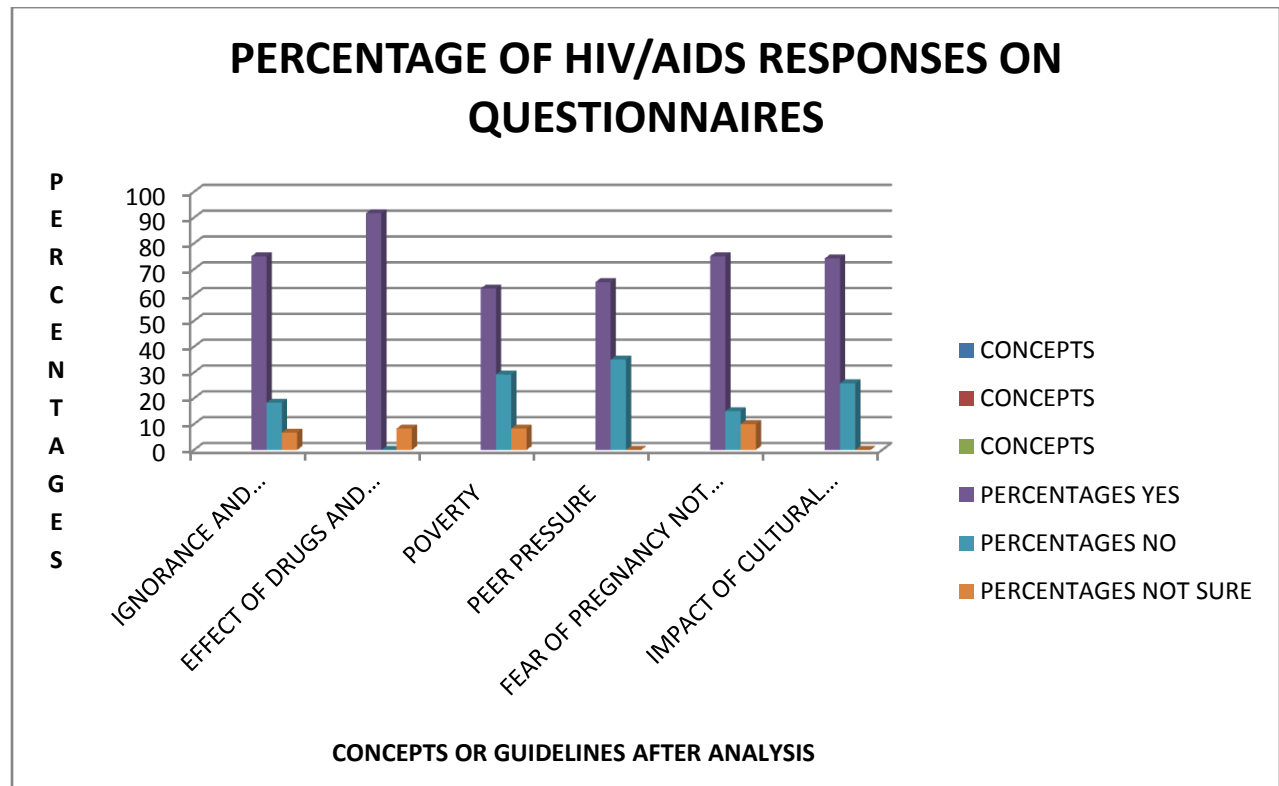
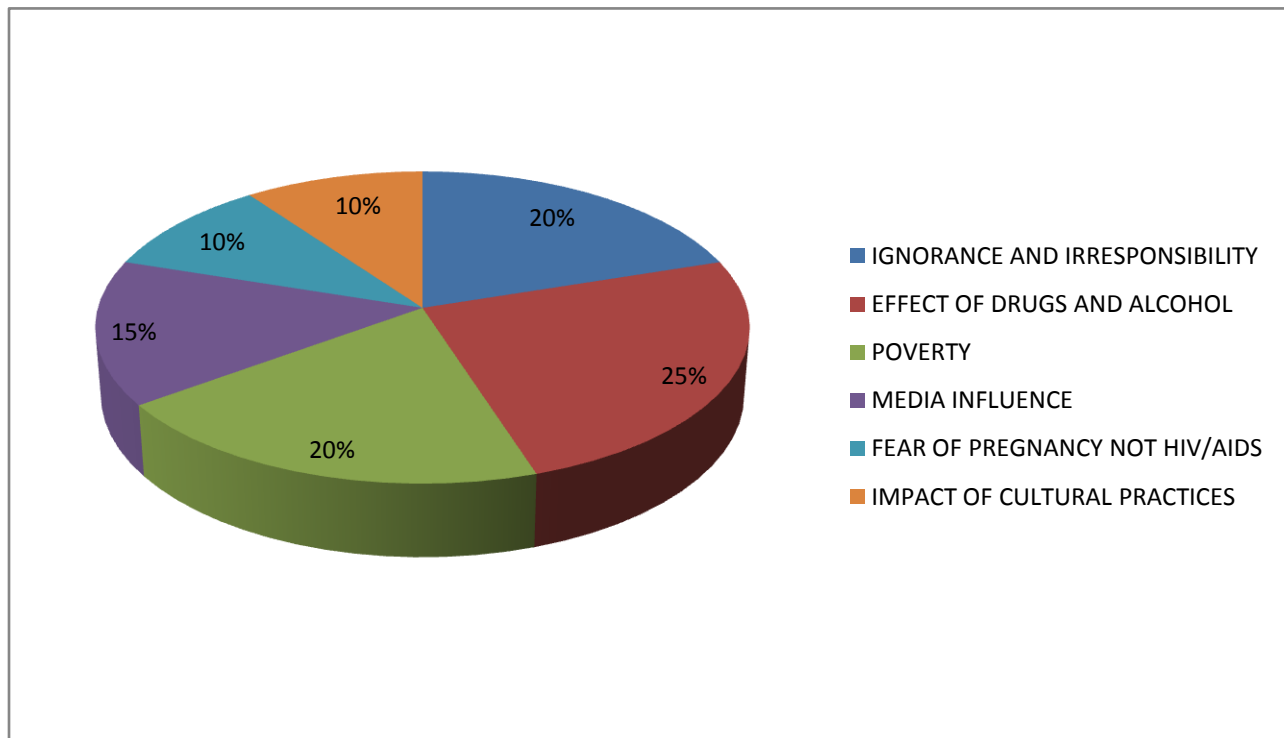


Figure 4.2 is a pie chart representing the responses from the interviews with the five Life Orientation educators. These responses are based on these concepts: ignorance and irresponsibility, the effect of drugs and alcohol, poverty, media influence, fear of pregnancy not HIV/AIDS and the impact of cultural practices.

Figure 4.2
Percentages responses from the teacher's interviews:



4.4. CONCLUSION

The findings from the questionnaire and interviews indicated there are some indications that the increase in HIV/AIDS is due to many factors. The information from the learners is almost similar to those of the educators with some slight differences. These factors need to be addressed as a matter of urgency. The recommendations will be outlined in details hereunder in chapter Five.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

It is evident from the findings of the study that indeed there is an increase in HIV/AIDS among the learners especially those aged between 15 and 24 years. Their response from the questionnaires gives an indication that does really acknowledge that there is a problem of HIV/AIDS. They can see with their eyes but seemingly they do not know what to do. They look at their teachers to come up with something to help them that is why most of them responded to some of the questions which ask what can they do if they are forced to organised marriage? By saying they will seek advice from teachers. The teachers are also aware that there is a problem which need solution therefore it is very important to work together as teachers, the Department of Basic Education, the community and everyone to make sure that something is done about the level of HIV/AIDS in the schools. These concerns lead to a problem statement: What are the factors that contribute to unprotected sex in the learners between 15 and 21 years in Middelburg Combined School?

5.2. CONCLUSION

One of the objectives of this study was to establish reasons for the learners to engage in unprotected sex at Middelburg Combined School. It is indeed a reality that learners are engaging in unprotected sex because it is evident in the number of learners who are getting pregnant each and every year. The Department of Basic Education is also aware of the situation even in other schools to the extent they are allowing these learners to give birth then come back and continue with their studies. Some of these learners are writing final examination being pregnant with their parents waiting for them outside to play the role of being midwives in case something can happen. The Department of Basic Education is turning a blind eye on the problem even though they are aware of the situation.

There is evidence that one of the reasons for this unprotected sex is ignorance and irresponsibility because they just ignore they need to use protections in the form of condoms. They prefer to have multiple partners so they can boast about the number of partners they are having who can at times help them at times of needs. The use of alcohol and drugs is the biggest contribution as the learners cannot control their feeling when they are drunk. These

learners are sometimes pushed by poverty to engage in irresponsible behaviour so that partners can meet them half way. It is not only girls but also boys who want to go out with sugar mommies who can provide. The learners do not fear the ripple effects of HIV/AIDS but instead they are scared of getting pregnant because they prefer the use of contraceptives to prevent pregnancy as compared to the use of condoms. They are also having pressure from their peers who encourage them to enjoy sex to the fullest without using a condom not realizing that it is dangerous. Making sure they feel accepted by their peers, they must do what their peers are encouraging them to do. Most of the learners emanate from cultural backgrounds that favour polygamy and ukuthwala (the practice of early forced marriages by parents) is a problem. The learners are sometimes forced into marrying older people at an earlier age which will compel them to engage in unprotected sex to provide a baby for the husband. The worst part is the practice does not encourage the bride and bridegroom to go for HIV/AIDS tests.

These factors can be managed if the various stakeholders are involved, the Department of Basic Education should structure the curriculum to fully address HIV/AIDS education unlike at present which does not go deep into the issues of protection strategies that are available because Life Orientation is too general and not specific to HIV/AIDS issues. This will also cover the issue of peer pressure wherein provision can be made to NGO's that can create awareness of the dangers of peer pressure that can ultimately push the learner to engage in sex while not ready. Teen pregnancy workshops like those organised by Afrika Tikkun involving Love Life groundbreakers should be given a platform in the schools because at present the Department of Basic Education does not include this workshops. Cultural practices like polygamy and ukuthwala should be discouraged by involving parents in workshops to teach them about the dangers of these practices and how they can be operated if they are to be continued. In the quest to alleviate poverty the Government must train the parents of the learners and equip them with skills to fend for themselves unlike provide child's grants that seem to encourage these learners to engage in unprotected sex.

Another objective is identifying educator's perspective in the factors that contributes to an increase in HIV/AIDS prevalence as well as unprotected sex at school. The teachers are also aware the level of HIV/AIDS is on the increase. Their opinions indicate learners are ignorant about the use of condoms and they are engaged sexually with many partners that will make them to be tempted to engage in sex without protection so as to satisfy each partner. The contribution of drugs and alcohol is seen as one of the contributing factors. The educators like the learners feel if somebody is high on drugs or drunk it is likely the person could be raped or

engage in unprotected sex not aware because of the alcohol. Poverty is also one of the factors that were highlighted as the contributing factor to the learners engaging in unprotected sex and some end up being prostitutes. The feeling is some will spend only two days per week at school and the other three days they will be busy as prostitutes. This is dangerous because they end up engaging in unprotected sex that will contribute to an increase in HIV/AIDS in the school since he/she is a learner in the school.

On the issue of pregnancy the educators feels the Government is partly to blame because of the child's grants they are providing. The learners are not scared of HIV/AIDS and if it may happen getting pregnant they will be provided with money by the Government to take care of the baby. Sometimes this goes back to poverty but at times it is just a question of a mistake that cannot do a lot of damage. It happens the educators also believe that peer pressure is rife among the learners. The idea behind this is based upon the fact that the learners are befriending each other and some are caught at school in groups drinking alcohol and using drugs. This behaviour signals they encourage each other to have unprotected sex. The learner's culture and parents influence is also one of the ideas put forward that what the parents are practising at home will have an impact on the learners and they will end up following orders from their parents. The end product at some stage will be the organised marriages for them with older partners with the view of producing children with them. The educators are looking at the problem from the same angle as the learners and their feelings is also these are problems that require urgent attention to make sure HIV/AIDS is managed in the schools.

The educators as part of the stakeholders need to be involved in all the strategies. They are to be involved in the form of the curriculum that will address HIV/AIDS issues. Educators with the necessary qualifications and expertise need to be used as HIV/AIDS co-ordinates in the schools. Chief education specialists and senior education specialists must be given the necessary skills on how to manage HIV/AIDS and properly qualified people on HIV/AIDS must be appointed as Chief education specialists and senior education specialists so that HIV programmes can be implemented effectively in the schools. These factors teachers are highlighting cannot be dealt with tomorrow since there is no magic bullet that will just get rid of them now but a solution will only take place in the long term; Department of Basic Education should invest in teacher training around HIV/AIDS as it will benefit future generations.

The third objective was to address the availability of knowledge and information regarding HIV/AIDS as well as sexually transmitted infection on the learners aged 15 and 24 years in this

school. There is some evidence the learners do not have knowledge about HIV/AIDS. They just know that it existed but are not aware of the dangers thereof; is evident when they do not want to use condom. They claim to use it sometimes but when they visit hotspots like taverns they do not carry it with them which indicate they do not use condoms practically. A person who has basic knowledge of HIV/AIDS will avoid having many partners because he/she is aware that too many partners will lead to a situation wherein one can be tempted to engage in unprotected sex with one or two of the many partners that he/she is having. A learner who knows about the dangers of HIV/AIDS will not be scared of getting pregnant or impregnating someone but will worry about the impact of HIV/AIDS which will encourage her/him to use condom when engaging sex. When visiting hotspots for sex like taverns a person who has basic knowledge of HIV/AIDS will always carry condoms for precautionary measures. Highlighting lack of knowledge and information about HIV/AIDS the learners are just not interested in the use of condoms since they do not even carry them while they indicated they do engage in sexual activities.

This is a clear evidence some work needs to be done in terms of making sure learners are well informed and have basic knowledge of HIV/AIDS in the management of this epidemic. Love Life ground breakers need to be invited to the schools to provide basic information about HIV/AIDS. These ground breakers must be utilised frequently especially during the periods for life orientation to educate the learners about HIV/AIDS. The curriculum must place emphasis on HIV/AIDS to address the issue of stigma and discrimination. They must also be encouraged to go for voluntary testing as part of the Department's prevention strategy and encourage each other to be tested and practice safe sex.

The last objective was to provide guidelines about the different strategies that can be utilized to encourage safe sex among learners. The information given by the learners to indicate there is a reluctance of condom use encourages teachers and everybody involved in HIV management to make sure those proper guidelines is provided which highlights the dangers of HIV/AIDS and that people must either abstain from sex until the right time or use condom. The mere mentioning of drugs and alcohol is a case for concern that requires the authorities to make sure drug and alcohol consumption is discouraged at all levels and the parents must be involved to assist.

The involvement of parents will help in educating them about the danger from the different cultural practices they are following. They must be encouraged to minimize them and ensure

they encourage the learners to concentrate on schooling without disturbances of husbands and wives. Non-governmental organisations that are working with drug abuse and alcohol such as the Alcohol and Drug Abuse Research Unit (ADARU) of the medical research council need to be involved. They can provide support staff who will talk to the learners about the dangers of drugs and alcohol. This proved successful in Kenya when they created the National Coordinator for the campaign against drug abuse in 2001 which conducted drug abuse and prevention activities to create awareness.

5.3. RECOMMENDATIONS

The aim of this study was to identify the factors that contribute to the increase in HIV/AIDS prevalence in the learners between the age ages 15 – 24 years at Middelburg Combined School.

The results of this study recommend that:

- The Department of Basic Education must structure the curriculum in such a way that Life Orientation as a life skills programme should be a priority in educating the learners about HIV/AIDS as well as the different protection strategies when engaging in sexual activities. It is a fact the learners are sexually active therefore schools must be provided with condoms at strategic places. This does not mean they have to use them in the school grounds but must be available to them even if they go outside as many of them waiting for transport of which no-one is supervising them as to what is it that they are doing?
- As a way of supplementing the life skills programme life orientation to seriously address HIV/AIDS issues, the Department of Basic Education must encourage authors to write books on sexuality education including HIV/AIDS. This will alleviate the problem of shortage of Learner Teacher Support Material (LTSM) that deals with sexuality education and HIV/AIDS. The availability of LTSM will enable teachers to work easily and the learners will realise that indeed the Department is serious about the management of HIV/AIDS in the schools. Real life situations that affect the learners must be taught in the schools rather than the provisions of medical and biological facts.

- The Department of Basic Education must organise teenage pregnancy workshops in the schools. These workshops must address teenage pregnancy and the dangers of engaging in unprotected sex with regard to HIV/AIDS. Peer education must be included in these workshops. The Department must make use of the Love Life ground breakers for these workshops around HIV/AIDS.
- Parents and community must be advised on cultural practices like polygamy and ukuthwala. The Government should organize community workshops around these issues especially the practice of ukuthwala. These workshops should include people from one commission of gender equality to highlight the dangers of this practice in terms of the spread of HIV/AIDS and how the practice can be modified by relaxing the rules and requiring both the bride and bridegroom to go for test before the marriage can be approved by inkosi (The chief).
- The Government should come up with poverty alleviation programmes such as training the people who are unemployed to be self-employed instead of providing grants in the form of money. These grants seems to be the one factor that encourages these learners to alleviate poverty at home by engaging in unprotected sex knowing if they get pregnant the Government is there to provide financial support.
- Twice a year the Department of Basic Education should invite the Alcohol and Drug Abuse Research Unit (ADARU) of the medical research council to give support and advice to the learners on the dangers of alcohol and drug usage. This will alleviate the problem of drug and alcohol usage that makes the learners to be date raped or engage in unprotected sex.

5.4. HOW TO OVERCOME THE LIMITATIONS OF THIS STUDY?

Parents of learners must be given advice that questionnaires are not meant to encourage their children to engage in sexual activities. They must be made aware the information is going to benefit the schools and the South African society. Furthermore they should be encouraged to advice their children to complete the questionnaires and return them in time so that the information can be analysed. They must be given information that if they allow their children not to submit the questionnaires in time, they are encouraging them to do the same with home-

works of which it will affect their children negatively. The time frame should be extended to be within a 3 months period for data collection as there was a struggle to collect the questionnaires from the learners. The schools must inculcate the culture of being time conscious to the learners about everything that they are doing. Teachers must know that the data collected during interviews is not going to benefit the researcher but the school and the Department of Basic Education so they must be willing to come forward and be interviewed as they are part and puzzle of the school and of the Department of Basic Education. The problem that arises within the school and Department will affect them.

5.5. CONCLUSION

The study recommends the Department of Basic Education must be willing to ensure life orientation as a Life Skill subject addresses HIV/AIDS issues. Non-governmental organisations need to be involved in the school as part of support and advice on HIV/AIDS issues by inviting Love Life ground breakers to conduct workshops on HIV/AIDS, teenage pregnancy as well as workshops on how to resist peer pressure. Parents need to be invited to workshops that target cultural practices like ukuthwala and polygamy so that they can have information about the dangers of these practices in the spread of HIV/AIDS. Learner teacher support materials around HIV/AIDS need to be a priority in the management of HIV/AIDS.

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ADDENDA

Questionnaire on the increase in HIV/AIDS between the learners aged between 15 and 24 years in Middelburg Combined School:

1. Engaging in sexual intercourse without a condom is risky.
 - ☐ Strongly disagree
 - ☐ Disagree
 - ☐ Not sure
 - ☐ Agree
 - ☐ Strongly agree
2. Male circumcision can prevent transmission of HIV/AIDS.
 - ☐ Strongly disagree
 - ☐ Disagree
 - ☐ Not sure
 - ☐ Agree
 - ☐ Strongly agree
3. Having multiple partners increases the chance of HIV/AIDS infections.
 - ☐ Strongly disagree
 - ☐ Disagree
 - ☐ Not sure
 - ☐ Agree
 - ☐ Strongly agree
4. Drugs alcohol abuse can lead to unprotected sexual intercourse.
 - ☐ Strongly disagree
 - ☐ Disagree
 - ☐ Not sure
 - ☐ Agree

- ☐ Strongly agree

5. Involvement in sexual relationship at earlier age can lead to unprotected sexual encounters.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

6. Contraceptives lead to unprotected sexual behavior.

- ☐ Yes
- ☐ No

7. Do you believe in condom use when engaging in sexual encounter?

- ☐ Yes
- ☐ No

8. Circumcised people cannot be infected with HIV/AIDS.

- ☐ Yes
- ☐ No

9. People in polygamous marriages cannot be infected with HIV/AIDS.

- ☐ Yes
- ☐ No

10. Sleeping with a virgin can cure HIV/AIDS.

- ☐ Yes
- ☐ No

11. Peer education can reduce the spread of HIV/AIDS.

- ☐ Yes
- ☐ No

12. If your partner engaging in unprotected sex would you?

- ☐ Allow him/her
- ☐ Advise him/her on the danger
- ☐ Threaten to leave
- ☐ Insist on using condom

13. What would you do when you are forced into an early organised marriage by your parents?

- ☐ Ask the partner to go for test before sex.
- ☐ Agree to have unprotected sex to avoid losing her/him.
- ☐ Seek advice from the teachers.
- ☐ Agree but insists on using condom.
- ☐ Other (specify)_____

14. What would you do if you are drunk and one of your friends insists on having sex with you?

- ☐ Tell him to use condom.
- ☐ Agree to his request without using a condom.
- ☐ Would you ask for condom somewhere?
- ☐ Ask for postponement until you are both sober.
- ☐ Other (specify)_____

15. What would you do if a breadwinner at home wants to have unprotected sex with you?

- ☐ Refuse.
- ☐ Insist on condom use.
- ☐ Agree and not tell anyone.
- ☐ Tell one of the family members.
- ☐ Other (specify)

16. How often do you engage in unprotected sex with somebody that you have just met for the first time?

- ☐ Always.
- ☐ Most often.
- ☐ Not at all.
- ☐ Sometimes.

17. How often do you visit a tavern and engage in sex?

- ☐ Always.
- ☐ Most often.
- ☐ Not at all.
- ☐ Sometimes.

18. How often do you carry a condom with you?

- ☐ Always.
- ☐ Most often.
- ☐ Not at all.
- ☐ Sometimes.

19. How often does the idea of getting married at an earlier age visit your mind?

- ☐ Always.
- ☐ Most often.
- ☐ Not at all.
- ☐ Sometimes.

20. How often do you get influence from your peers to engage in sex?

- ☐ Always.
- ☐ Most often.
- ☐ Not at all.
- ☐ Sometimes.

21. One of the following is not a means of spreading HIV/AIDS.

- ☐ Protected sex.
- ☐ Having sex with multiple partners.
- ☐ Irresponsible behavior.
- ☐ Sharing needles and razors.

22. Male circumcision is _____% safe in the reduction of HIV/AIDS infections.

- ☐ 20
- ☐ 100
- ☐ 70
- ☐ 10

23. Teenage pregnancy can be managed by the following.

- ☐ Providing more condoms in the schools.
- ☐ Having HIV/AIDS education.
- ☐ Encouraging contraceptives.
- ☐ Encouraging protected sex.

24. What would you do if it happens that you do not have money for lunch at school?

- ☐ Think of getting pregnant to access child's grant.
- ☐ Ask money from your parents.
- ☐ Think of the dangers if you engage in unprotected sex.
- ☐ Just wait for the day you have money for lunch.

25. What do you think are the causes of HIV/AIDS among the learners?

26. How do drugs and alcohol abuse leads to irresponsible behavior?

27. In your opinion, do you think getting married to somebody with money can help in getting rid of poverty at home?

28. Do you think the use of contraceptives can help in controlling pregnancy among the learners?

END OF THE QUESTIONNAIRE

Interview schedule on the educator's opinion on the increase in HIV/AIDS among learners aged between 15 and 24 years at Middelburg Combined School:

OPENING

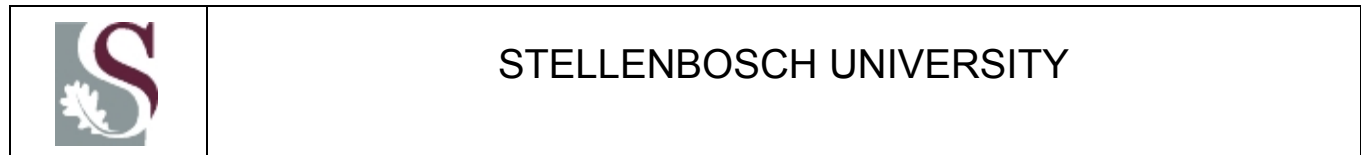
This interview of educators who are teaching Life Orientation at Middelburg Combined School is to obtain information about their views regarding HIV prevalence at the school as well as the issue of unprotected sex on the learners aged between 15 and 24 years. The interview will take approximately 25-30 minutes. The interview will be guided by the following semi-structured questions:

- 1. In your opinion what causes an increase in HIV/AIDS infection among the learners aged 15 – 24 years at the school?**
- 2. What is it that shows that the learners are not taking preventative measures around HIV/AIDS?**
- 3. Do you think Drug/alcohol abuse is in use at the school?**
- 4. Do you think this alcohol abuse can be a leading factor in the spread of HIV/AIDS?**
- 5. Do you think the learners are informed regarding the dangers of HIV/AIDS?**
- 6. How is poverty playing a role in the spread of HIV/AIDS in the learners?**
- 7. Is there any behavior that shows that the learners are not taking HIV/AIDS as a disease that kills seriously?**
- 8. Is there any influence in the learners regarding how to engage in sexual relationships?**
- 9. Is the government providing enough in the management of HIV/AIDS in the school?**
- 10. Do you see any influence from the government that can push the learners to act irresponsibly?**
- 11. What is it that the government is doing to encourage the learners to act responsibly?**
- 12. What measures are in place in the school to ensure that there is sex education which includes HIV/AIDS?**
- 13. Is the issue of male circumcision taken seriously in order to encourage learners to go for it?**
- 14. What influences to the parents have on the sexual life of the learners?**
- 15. Does the environment around the school and home having any negative influence on the sexual behavior of the learners?**

16. Do you think family background plays a role in the spread of HIV/AIDS among the learners?

CLOSING

17. Is there any other information regarding HIV prevalence and sexual behavior at this school that you would like to provide.



PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM



TITLE OF THE RESEARCH PROJECT: *AN INCREASE IN HIV PREVALENCE IN THE LEARNERS BETWEEN 15 AND 24 YEARS IN MIDDELBURG COMBINED SCHOOL IN MIDDELBURG (MPUMALANGA).*

RESEARCHERS NAME(S): SELOANE HLAGA AARON

ADDRESS: PO BOX 584 MHLUZI 1053

CONTACT NUMBER: 083 9738 422 / 078 4656 991

What is RESEARCH?

Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping, or treating children who are sick.

What is this research project all about?

THIS RESEARCH IS ABOUT COLLECTING INFORMATION FROM THE LEARNERS AGED 15 AND 24 YEARS IN MIDDELBURG COMBINED SCHOOL. THE INFORMATION IS COLLECTED BY ASKING QUESTIONS ON A QUESTIONNAIRE THAT THE LEARNERS ARE TO FILL IN WHEN RESPONDING. THIS IS TO INVESTIGATE THE FACTORS THAT ARE RESPONSIBLE FOR AN INCREASE IN HIV PREVALENCE IN THE LEARNERS ESPECIALLY THOSE AGED BETWEEN 15 AND 24 IN THIS SCHOOL.

Why have I been invited to take part in this research project?

YOU HAVE BEEN INVITED TO TAKE PART IN THIS RESEARCH PROJECT BECAUSE YOU ARE PART OF THE LEARNERS AGED BETWEEN 15 AND 24 YEARS IN THIS SCHOOL AND THE RESEARCHER SAW YOU TO BE FIT TO PROVIDE INFORMATION THAT WILL HELP IN IDENTIFYING THOSE FACTORS CONTRIBUTING TO INCREASE IN HIV PREVALENCE IN THIS SCHOOL.

Who is doing the research?

THE RESEARCH IS DONE BY SELOANE HLAGA AARON AND I AM AN EDUCATOR AT MIDDELBURG COMBINED SCHOOL. I AM DOING THIS RESEARCH FOR THE FULFILLMENT OF THE DEGREE OF MASTER OF PHILOSOPHY IN HIV/AIDS MANAGEMENT AND TO MAKE SURE AS TO WHICH FACTORS CONTRIBUTE TO HIV PREVALENCE SO AS TO MAKE INPUTS TO THE CURRICULUM SECTION OF THE DEPARTMENT OF EDUCATION WITH THE VIEW TO STRUCTURE THE CURRICULUM TO SPECIFICALLY ADDRESS HIV/AIDS MANAGEMENT IN THE SCHOOLS BY INTRODUCING A LEARNING AREA TARGETING HIV/AIDS ISSUES.

What will happen to me in this study?

AS A PARTICIPANT YOU WILL BE REQUIRED TO FILL IN QUESTIONNAIRES IN RESPONDING TO THE QUESTIONS POSED. YOU ARE TO RESPOND TO THE QUESTIONS BASED ON YOUR OWN OPINION. YOU MUST NOT GET HELP FROM ANYONE WHEN FILLING IT IN. YOU ARE NOT ALLOWED TO SHARE IDEAS ABOUT THE QUESTIONS AND ARE NOT TO FORM GROUPS WITH THE VIEW OF GIVING IDENTICAL ANSWERS. YOU ARE TO WORK ON THE QUESTIONNAIRE FOR A MONTH BUT IF YOU FINISH IT BEFORE YOU ARE FREE TO SUBMIT IT TO THE RESEARCHER. RESPOND TO THE QUESTIONS AS HONESTLY AS POSSIBLE. DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE AS THE INFORMATION GIVEN WILL BE CONFIDENTIAL.

Can anything bad happen to me?

SOME OF THE QUESTIONS MAY CAUSE DISCOMFORT AND IF IT IS UNCOMFORTABLE TO THE EXTENT THAT YOU FEEL PAIN AS A RESULT OF MEMORIES CAUSED BY A QUESTION DISCUSS THAT WITH YOUR PARENT AND THE PARENT WILL COMMUNICATE IT TO THE RESEARCHER. THEN THE RESEARCHER WILL ORGANISE COUNSELLING

Can anything good happen to me?

THE BENEFITS WILL BE FROM THE CURRICULUM IN FUTURE WHICH WILL HAVE HIV/AIDS MANAGEMENT ISSUES THAT ARE SPECIFICALLY ADDRESSED BY LEARNING AREAS.

Will anyone know I am in the study?

YOUR PARTICIPATION IN THE STUDY WILL REMAIN CONFIDENTIAL AND THE RESULTS THAT ARE NOT SPECIFIC ON INDIVIDUALS WILL BE SENT TO THE INSTITUTION WHERE THE RESEARCHER IS STUDYING.



Who can I talk to about the study? TALK TO SELOANE HLAGA AARON CONTACT DETAILS IS 083 9738 422 / 078 4656 991, EMAILS hlage@webmail.co.za / hlage.seloane@gmail.com and PROFESSOR ELZA THOMSON, TELEPHONE NUMBER 021 5554 991, EMAIL IS elzathomson@gmail.com.

What if I do not want to do this? THE ONUS LIES WITH YOU EVEN IF YOUR PARENTS AGREE THAT YOU TAKE PART IN THIS STUDY YOU CAN REFUSE OR ELSE YOU CAN WITHDRAW AT ANYTIME IF YOU FEEL THAT YOU CANNOT CONTINUE WITH THE STUDY, YOU WON'T GET INTO ANY TROUBLE.

Do you understand this research study and are you willing to take part in it?

☐ YES

☐ NO

Has the researcher answered all your questions?

☐ YES

☐ NO

Do you understand that you can pull out of the study at any time?

☐ YES

☐ NO



Signature of Child

15 JUNE 2012

Date



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jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

AN INCREASE IN HIV PREVALENCE IN THE LEARNERS BETWEEN 15 AND 24 YEARS IN MIDDELBURG COMBINED SCHOOL IN MIDDELBURG (MPUMALANGA).

You are asked to participate in a research study conducted by **SELOANE HLAGA AARON FOR MPhil IN HIV/AIDS MANAGEMENT**, from the **AFRICA CENTRE FOR HIV/AIDS MANAGEMENT** at Stellenbosch University. **THE RESULTS WILL CONTRIBUTE TOWARDS A MASTER'S DISSERTATION.** You were selected as a possible participant in this study because **AS A LIFE ORIENTATION EDUCATOR AT MIDDELBURG COMBINED SCHOOL I SAW IT FIT THAT THE INFORMATION FROM YOU WILL BE RELIABLE AND HELPFUL IN THE STRUCTURING OF THE CURRICULUM TO SUIT THE NEEDS OF THE LEARNER AND THE EDUCATOR POPULATIONS IN SOUTH AFRICA REGARDING HIV/AIDS MANAGEMENT.**

1. PURPOSE OF THE STUDY

TO ESTABLISH THE FACTORS THAT CONTRIBUTE TO INCREASE IN HIV PREVALENCE AT MIDDELBURG COMBINED SCHOOL WITH THE VIEW THAT THE DEPARTMENT OF EDUCATION WILL STRUCTURE THE CURRICULUM TO INCLUDE MITIGATING FACTORS IN HIV/AIDS MANAGEMENT BASED UPON THE FINDINGS OF THE STUDY.

2. PROCEDURES

RESPONSE TO THE INTERVIEW

YOU ARE REQUIRED TO GIVE HONEST OPINIONS WHEN RESPONDING TO THE QUESTIONS ASKED BY THE INTERVIEWER. ASK FOR EXPLANATIONS FOR ANY QUESTION THAT YOU DO NOT UNDERSTAND. YOUR RESPONSE WILL BE KEPT CONFIDENTIAL. THE TIME FRAME FOR THE INTERVIEW WILL BE NOT MORE THAN 15 MINUTES.

3. POTENTIAL RISKS AND DISCOMFORTS

SOME OF THE QUESTIONS ON THE INTERVIEW SCHEDULE MAY CAUSE DISCOMFORTS AND MEMORY OF PAINFUL EXPERIENCES BUT THAT WILL BE MANAGED BY WAY OF THE PARTICIPANTS CONTACTING THE RESEARCHER WHO WILL IN TURN ARRANGE FOR A SESSION WITH THE COUNSELLORS IN THE LOCAL VICINITY.

THERE ARE NO PSYCHOLOGICAL PHYSICAL RISKS IN THIS STUDY.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

THE SUBJECTS WILL BENEFIT IN THAT THEY WILL HAVE KNOWLEDGE ABOUT THE VARIOUS STRATEGIES THAT CAN BE USED TO MINIMISE THE RISK OF HIV/AIDS INFECTIONS AND SEXUALLY TRANSMITTED INFECTIONS WHICH WILL BE FORTHCOMING FROM THE CURRICULUM THAT WILL SPECIFICALLY ADDRESS HIV/AIDS MANAGEMENT IN THE SCHOOLS.

SOCIETY WILL BENEFIT AS WHAT IS TAUGHT IN THE SCHOOL REGARDING HIV/AIDS MANAGEMENT AND STRATEGIES TO BE USED FOR MINIMISING THE RISKS OF HIV/AIDS WILL BE APPLIED TO SOCIETY AS THE SUBJECTS ARE PART OF THE SOCIETY.

5. PAYMENT FOR PARTICIPATION

NO PAYMENT WILL BE GIVEN TO THE SUBJECTS.

6. CONFIDENTIALITY

CONFIDENTIALITY OF THE DATA WILL BE MAINTAINED BY SAFEGUARDING THE DATA COLLECTED ON A PASSWORD PROTECTED PERSONAL NOTEBOOK AND NETWORK DRIVES. THE RESEARCHER WILL BE THE ONLY ONE ACCESSING IT. HARD COPIES OF THE INTERVIEW SCHEDULE WILL BE STORED IN LOCKED CUPBOARDS AT THE RESEARCHER'S OFFICE WHEN NOT IN USE FOR DATA ENTRIES AND ANALYSIS. THIS DATA WILL BE DESTROYED AFTER 3 YEARS.

NO INFORMATION WILL BE RELEASED TO OTHER PARTY AND THERE IS NO AUDIO- OR VIDEOTAPES TO BE USED.

THE RESULTS WILL NOT BE PUBLISHED IN ANY PUBLICATION.

7. PARTICIPATION AND WITHDRAWAL

THE SUBJECT CAN CHOOSE WHETHER TO BE IN THE STUDY OR NOT AND IF THE SUBJECT VOLUNTEERS TO BE IN THE STUDY, HE/SHE CAN WITHDRAW AT ANYTIME WITHOUT CONSEQUENCES. THE SUBJECT MAY REFUSE TO ANSWER QUESTIONS HE/SHE DOES NOT WANT TO ANSWER BUT STILL BE REGARDED AS PART OF THE STUDY AND THE RESEARCHER MAY WITHDRAW THE SUBJECTS IF CIRCUMSTANCES ARISE WHICH WARRANT SUCH WITHDRAWAL. IF THE PARTICIPANT DECIDES TO SHARE HIS/HER RESPONSES WITH ANOTHER PARTY OR DISCUSS THE DATA COLLECTION TOOLS AS A GROUP HE/SHE WILL BE TERMINATED FROM THE STUDY WITHOUT REGARD TO THE SUBJECT CONSENT.

8. IDENTIFICATION OF INVESTIGATORS

IF THE SUBJECT HAS ANY QUESTIONS OR CONCERNS ABOUT THE RESEARCH, PLEASE FEEL FREE TO CONTACT THE PRINCIPAL INVESTIGATOR: SELOANE HLAGE AARON, CELL NUMBERS 083 9738 422 / 078 4656 991 (DAY AND NIGHT), EMAILS hlage@webmail.co.za / hlage.seloane@gmail.com, THE SUPERVISOR: PROF ELZA THOMSON, TELEPHONE NUMBER 021 5554 991, EMAIL elzathomson@gmail.co.za.

9. RIGHTS OF RESEARCH SUBJECTS

FOR QUESTIONS REGARDING THE RESEARCH SUBJECT'S RIGHTS HE/SHE MAY CONTACT Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to the participant by **SELOANE HLAGÉ AARON** in *English as this is the language of learning and teaching in this school*. The educator was given the opportunity to ask questions and these questions were answered to *his/her* satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Educator

Signature of Educator

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to the parent/guardian of the participant. She/he was encouraged and given ample time to ask me any questions. This conversation was conducted in *English/Zulu/Sepedi* and *no translator was used*.



Signature of Investigator

Date



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jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

AN INCREASE IN HIV PREVALENCE IN THE LEARNERS BETWEEN 15 AND 24 YEARS IN MIDDELBURG COMBINED SCHOOL IN MIDDELBURG (MPUMALANGA).

Your child is asked to participate in a research study conducted by ***SELOANE HLAGÉ AARON FOR MPHIL IN HIV/AIDS MANAGEMENT***, from the ***AFRICA CENTRE FOR HIV/AIDS MANAGEMENT*** at Stellenbosch University. **THE RESULTS WILL CONTRIBUTE TOWARDS A MASTER'S DISSERTATION.** Your child was selected as a possible participant in this study because **AS A LEARNER AT MIDDELBURG COMBINED SCHOOL I SAW IT FIT THAT THE INFORMATION FROM HIM/HER WILL BE RELIABLE AND HELPFUL IN THE STRUCTURING OF THE CURRICULUM TO SUIT THE NEEDS OF THE LEARNER AND THE EDUCATOR POPULATIONS IN SOUTH AFRICA REGARDING HIV/AIDS MANAGEMENT.**

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2. PROCEDURES

RESPONSE TO THE QUESTIONNAIRE.

YOUR CHILD IS REQUIRED TO GIVE INFORMATION BY RESPONDING TO QUESTIONS ON THE QUESTIONNAIRE THAT WILL BE PROVIDED TO HIM/HER. HE/SHE DOES NOT HAVE TO SHOW OR DISCUSS THE QUESTIONNAIRE WITH ANYONE. HE/SHE MUST PROVIDE HONEST RESPONSES TO ALL THE QUESTIONS. HIS/HER RESPONSE WILL BE KEPT CONFIDENTIAL (WILL NOT BE DISCLOSED TO ANYONE). HE/SHE DOES NOT HAVE TO WRITE HIS/HER NAME ON THE QUESTIONNAIRE.

HE/SHE WILL BE GIVEN THE QUESTIONNAIRE FOR A PERIOD OF A MONTH BUT IF HE/SHE CAN FINISH RESPONDING ON IT WITHIN A MONTH HE/SHE IS WELCOMED TO SUBMIT IT.

3. POTENTIAL RISKS AND DISCOMFORTS

SOME OF THE QUESTIONS ON THE QUESTIONNAIRE MAY CAUSE DISCOMFORTS AND MEMORY OF PAINFUL EXPERIENCES BUT THAT WILL BE MANAGED BY WAY OF THE PARTICIPANTS BEING REFERRED TO CMR COUNSELLORS WHO ARE HAVING THEIR OFFICES WITHIN THE SCHOOL AND THEIR NUMBER IS 013 282 7261.

THERE ARE NO PSYCHOLOGICAL PHYSICAL RISKS IN THIS STUDY.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

THE SUBJECTS WILL BENEFIT IN THAT THEY WILL HAVE KNOWLEDGE ABOUT THE VARIOUS STRATEGIES THAT CAN BE USED TO MINIMISE THE RISK OF HIV/AIDS INFECTIONS AND SEXUALLY TRANSMITTED INFECTIONS WHICH WILL BE FORTHCOMING FROM THE CURRICULUM THAT WILL SPECIFICALLY ADDRESS HIV/AIDS MANAGEMENT IN THE SCHOOLS.

SOCIETY WILL BENEFIT AS WHAT IS TAUGHT IN THE SCHOOL REGARDING HIV/AIDS MANAGEMENT AND STRATEGIES TO BE USED FOR MINIMISING THE RISKS OF HIV/AIDS WILL BE APPLIED TO SOCIETY AS THE SUBJECTS ARE PART OF THE SOCIETY.

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SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to the subject's parent by **SELOANE HLAGÉ AARON** in *English/Zulu/Sepedi as these are the languages that are spoken by the parents in this area. The parent was given the opportunity to ask questions and these questions were answered to his/her satisfaction.*

I hereby consent voluntarily to allow my child to participate in this study. I have been given a copy of this form.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to the parent/guardian of the participant. She/he was encouraged and given ample time to ask me any questions. This conversation was conducted in *English/Zulu/Sepedi* and *no translator was used.*



Signature of Investigator

Date



Education

DEPARTMENT: EDUCATION
MPUMALANGA PROVINCE
MIDDELBURG 2 CIRCUIT

Private Bag x1824

MIDDELBURG 1050
39 SADC Street
Beta Building
Fax: 013-2827784

Tel: 013-249 8553/04/25

Litiko leTemfundvo UmNyango weFundo Department van Onderwys Department of Education

Eng: M.K Skhosana

18 APRIL, 2012

TO : MR SELOANE H.A
MIDDELBURG COMBINED SCHOOL

FROM : THE ACTING CIRCUIT MANAGER
MIDDELBURG 2 CIRCUIT

SUBJECT : PERMISSION TO CONDUCT A RESEARCH ON HIV/AIDS MANAGEMENT

1. The above matter refers.
2. Permission is hereby granted in respect of yourself to can conduct a research at Middelburg Combined School, only if the information obtained from learners and educators respectively is used for the purpose of the research and nothing else and also that you should not disclose the information to anybody except to a person/s intended to.
3. Congratulations on your academic achievement and good luck for all future endeavours.
4. Yours faithfully,



ACTING CIRCUIT MANAGER
(Mrs M.K Skhosana)





*Gekombineerde Skool
Middelburg
Combined School*

18th April 2012

Mr. H. Seloane

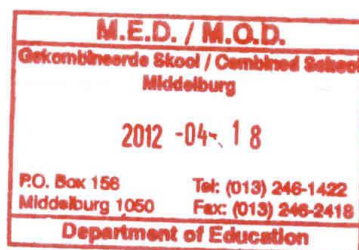
Application for permission to conduct research at school

1. Permission is herewith granted to you to conduct research on HIV/AIDS at Middelburg Combined School, on condition that data and information obtained from educators, non-educators and learners be solely used for research purposes and nothing else, and that the information obtained not be divulged to anybody except the institution and individuals at the institution of higher learning, that are directly involved in your studies.
2. We would also like to congratulate you on your academic achievement and good luck with you further studies.

Yours faithfully

Mr. W.C. Jansen (Principal)

Mr. G. Brown (Chair- SGB)



P.O. Box 158
Middelburg 1050



Tel: (013) 246 1422
Fax: (013) 246 2418

Email address: mid.combined@gmail.com

BOX 584
MHLUZI
1053

Dear Respondents/Participants

RE: An increase in HIV prevalence in the learners between 15 and 24 years in Middelburg Combined School in Middelburg (Mpumalanga)

In partial fulfillment of the requirements of the Master of Philosophy Degree in HIV/AIDS Management from Africa Center for HIV/AIDS Management at Stellenbosch University. I am carrying out a study on the above mentioned title. The information that will be supplied is for academic purposes and will be treated with the strict confidence it deserves. The purpose of this study is to investigate the factors that contribute to increase in HIV prevalence at Middelburg Combined School with the view that the Department of Education will structure the curriculum to include mitigating factors that can make prevalence rate to be manageable. Through questionnaires and interviews I intend to answer the following research question – What are the factors that contribute to an increase in HIV/AIDS prevalence in the learners between the ages 15-24 years at Middelburg Combined School? The aim of the study is to determine what factors contribute to the increase in HIV/AIDS prevalence among the learners aged between 15 and 24 years in Middelburg Combined School.

The objectives of the study are:

1. To establish reasons for the learners to engage in unprotected sex in Middelburg Combined School.
2. To identify educator's perspective of the factors that contributes to an increase in HIV/AIDS prevalence as well as unprotected sex at the school.
3. To assess the availability of knowledge and information regarding HIV/AIDS as well as sexually transmitted infection on the learners aged 15 and 24 years in this school.
4. To provide guidelines about the different strategies that can be utilized to encourage safe sex among the learners.

Please feel free to contact me personally or on 083 9738 422/078 4656 991 should you have any questions or you need clarifications.

THANK YOU

Yours Sincerely

Seloane H.A

