

**AN INVESTIGATION INTO THE KNOWLEDGE
AND ATTITUDES OF YOUTHS TOWARDS
HIV/AIDS AND HIV/AIDS SUFFERERS IN
KWAZULU-NATAL:
IMPLICATIONS FOR HEALTH EDUCATION**

by

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**Submitted in fulfilment of the requirements of Doctor of
Philosophy in the Department of Nursing Science at the
University of Zululand**

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DEDICATION

This study is dedicated to late Gugu Dlamini and all those people affected by HIV/AIDS, we are always with you in our prayers. Be brave, be strong, we love you.

DECLARATION

I declare that this study represents my own work both in conception and in execution. All sources that I have used or quoted have been indicated by means of complete references.

N.D. LUTHULI

A handwritten signature in black ink, appearing to read 'N.D. Luthuli', written in a cursive style.

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ABSTRACT

The main aim of this study was to ascertain the knowledge and attitudes of youths towards HIV/AIDS and people living with AIDS and its implication on health education. The study was done in five high schools in KwaZulu-Natal Province. A descriptive survey was undertaken. The total sample consisted of seven hundred (700) pupils from grades 8- 12.

The study revealed that some youth have negative attitudes towards HIV/AIDS and HIV/AIDS sufferers.

The majority of youths expressed that they were haunted with fear, killings, torture and discrimination of people living with AIDS. The study also revealed cultural; political; religious and psychological factors that contributed to negative attitudes to some, however others were quite sympathetic and the majority was against the discrimination of HIV/AIDS sufferers.

Recommendations made highlighted the urgent need for health education and HIV/AIDS awareness campaigns. AIDS stigma is still a problem that all health professionals should root out. Health education about HIV/AIDS programmes must also integrate diverse cultural beliefs when dealing with black traditional African people.

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

The epidemic of HIV/ AIDS in South Africa is a major problem. The high statistics of young people between the ages of 15 – 30 years in KwaZulu-Natal is causing great concern since these are important productive people of the country. Gathiram (2000:4) reported that the rapid progression of the epidemic of HIV/ AIDS and the catastrophic proportions it has assumed of numbers affected, and the burden of human suffering it has left in its devastating sweep through out the continent of Africa and almost all the other parts of the world knew no precedent.

According to Pendry (1998:30), what is certain is that South African women living in one of the most violent countries in the world are disproportionately likely to be victims of that violence. Mthembu (1998:27) who cited that some women with HIV are chased out of their homes supports this. Bhengu (2001:3) also reported a sad experience of a woman who was forced out of her home she had occupied for four years. They called her names and said she would spread the disease. They turned her into a circus, calling everyone to see what a person with AIDS looked like. She died after eviction, she is an example of the negative attitudes held by people towards people living with AIDS.

It is very clear that HIV/ AIDS sufferers are faced with many problems and they die a painful death. Sewpaul and Mahlalela (1998:37) reported that 73% of participants with HIV/AIDS experienced suicidal thoughts especially at the initial phase of the diagnosis because so many HIV positive people are rejected and stigmatized by their own families, friends and communities (Mthembu 1998:27).

1.2 **MOTIVATION FOR THE STUDY**

The researcher experienced that the number of HIV/AIDS sufferers in South Africa, especially KwaZulu- Natal, is horrific. MacGregor (1999:1), stated that the incidence of HIV/ AIDS infection in pregnant women is increasing yearly.

TABLE 1.1: YEARLY INCREASE OF HIV/ AIDS INFECTION IN PREGNANT WOMEN IN KWAZULU-NATAL

YEAR	PERCENTAGE OF INFECTED PREGNANT MOTHERS
1990	1.6
1991	2.9
1992	4.4
1993	9.6
1994	14.4
1995	18.2
1996	19.9
1997	26.9
1998	32.4

From the above statistics there is no doubt that millions of people will die in the next five to eight years. The members of society, especially the youth, are overwhelmed by fear and denial of HIV/AIDS. The HIV/AIDS sufferers are faced with various challenges such as dealing with the physical aspect of the disease, and knowing that they could die. They also have to deal with negative attitudes of society, family and friends. This could be extremely painful as most sufferers experience rejection (Luthuli 1994:22). Msomi (2000:6) reported that HIV/AIDS discrimination is rampant in South Africa despite a number of laws and sections of the constitution protecting HIV positive people.

The human element to have someone to blame for the infection of HIV/AIDS has caused a lot of damage in the communities, it is not amazing that some HIV/AIDS sufferers have attempted suicide. It is important therefore to investigate these problems

through scientific research so that this human suffering, which is unnecessary, can be alleviated through health education.

Studies about HIV/AIDS have been conducted internationally, nationally and locally, but no one study indicated in its findings the killings and death threats of HIV/AIDS sufferers as it happens in South Africa, KwaZulu-Natal.

Erikson (2000:1214) findings in a qualitative study of 25 HIV patients in Sweden on the health related quality of life in HIV infected persons found that the investigated patients felt doubly stigmatized and the HIV positive diagnosis had a profound impact on the individual's psycho-social aspect of life. Molina and Basinait-Smith (1998:12) studied 40 women at battered women's shelter in four Massachusetts countries. The researchers found that multiple exposures to HIV were associated with all high to extreme levels of abuse, especially psychological abuse. Kunene, Nene and Kunene (2000:23) in their study on attitudes of male students towards the use of condoms, identified a positive attitude towards the use of condoms, 20% and 36.5% of the subjects endorsed the strongly agree notion while 21% of the subjects had a negative attitude towards the use of condoms.

AIDS has become a worrying factor. Studies undertaken internationally, nationally and locally all revealed that people with HIV infection face greater emotional strain than most people ever do (Molina & Basinait-Smith, 1998:12). It was only in South Africa where an AIDS sufferer was killed and many others threatened with death. Kortjaas and Msomi (1998:1) cited the brutal killing of a young AIDS worker after going public about being HIV positive which raised public concern to health professionals. No research has been noted so far to address the public concern of health professionals about the brutal killing of HIV positive AIDS people.

It is clear therefore that HIV/AIDS has caused a profound grief and fears of the unknown on sufferers, that if they reveal their status of being HIV positive they may be rejected, ostracized, discriminated and stigmatized even by their own families. Loss of

jobs and fear of dying alone without the loved ones, and the worst is to be tortured and killed.

1.3 STATEMENT OF THE PROBLEM

The attitudes of the youths towards HIV/AIDS and AIDS sufferers in KwaZulu-Natal need to be investigated. The brutal killing of a young AIDS worker after going public about being HIV positive raised public concern, especially to health professionals (Kortjaas & Msomi 1998:1).

Mbhele (1999:13) also reported that a young girl was in hiding after death threats that followed her HIV/AIDS status disclosure. The concern is that the youth does not accept HIV/AIDS as a disease like other diseases, but display negative attitudes and resort to killing those disclosing their HIV positive status.

According to Shezi (1999:10) the concern was also displayed by King Goodwill Zwelithini kaBhekuzulu who appealed to the nation to unite in fights against HIV/AIDS. At present there is no information that explains why the youth does not accept this condition, and why they resort to giving threats to victims who reveal their HIV/AIDS status. This study attempts to investigate their attitudes towards HIV/AIDS and HIV/AIDS sufferers.

1.4 SIGNIFICANCE OF THE STUDY

It is hoped that the findings of this study may:-

- i) Assist the health professionals in planning future health education programmes that will give knowledge to the youth on HIV/AIDS.
- ii) Influence positive attitudes of the youth towards HIV/AIDS.

- iii) Contribute to the effective management of HIV/AIDS epidemic in KwaZulu-Natal Department of health and also in other provinces of South Africa.
- iv) Develop some strategies for health education about HIV/AIDS to cover a wide spectrum of the community, especially schools.

1.5 **OBJECTIVES OF THE STUDY**

1.5.1 To assess attitudes of youths towards HIV/ AIDS and HIV/AIDS sufferers.

1.5.2 To determine factors such as cultural; political; religious; psychological and health education that contributes to the youths' attitudes towards HIV/AIDS.

1.5.3 To assess youth's level of knowledge about the disease (HIV/ AIDS).

1.6 **STUDY ASSUMPTIONS**

It is assumed that:-

- i) Cultural factors influence one's attitude towards HIV/AIDS.
- ii) One's level of knowledge on the disease (HIV/AIDS) influence one's attitude towards it.

1.7 **DEFINITION OF TERMS**

1.7.1 **AIDS**

AIDS as cited by Nzimande (2000: 36) is Acquired Immune Deficiency Syndrome. According to De Haan (1997:129) AIDS may be defined as a syndrome of opportunistic infection of neoplasia occurring in a person with acquired deficiency resulting from the HIV virus. In this study AIDS will be defined as an illness

characterized by the presence of one or more opportunistic infections caused by organisms that do not usually cause illness in healthy people, but may cause severe life threatening infections in people suffering from HIV/AIDS.

1.7.2 **HIV**

Refers to Human Immuno-Deficiency virus which attacks the body's immune system to fight off infection (De Haan 1997:129).

1.7.3 **Youth**

Refers to young person between 14 and 17 years of age (Oxford Dictionary 1994:935). In this study youth will refer to high school pupils from standard six to standard ten (Grade 8 – Grade 12).

1.7.4 **Attitude**

According to the English Dictionary (1994:48) it is a way of thinking or behaving.

1.7.5 **Victim**

According to the Oxford Dictionary (1994:1086), a person injured or destroyed.

In this study victim will be defined as a person suffering from HIV/AIDS who is tortured, determinated, stigmatized or killed because of her/his HIV/AIDS status.

1.7.6 **Knowledge**

According to Oxford advanced learners dictionary, it is understanding (Oxford Dictionary, 1989:693).

In this study knowledge will mean all what the youth know about HIV/AIDS and familiarity gained through learning experiences.

1.8 ORGANIZATION OF THE RESEARCH REPORT FRAMEWORK

1.8.1 Chapter One: Orientation to the study

Presents the motivation for the study, statement of the problem, significance, objectives and assumptions of the study it also includes definition of terms and organization of the research report.

1.8.2 Chapter Two: Literature review

This chapter presents the information obtained from literature review such as journals, books and research studies relating to HIV/AIDS. It also presents the theoretical frame that guided the study.

1.8.3 Chapter Three: Research methodology

This chapter presents the research methodology used in conducting the study. It includes delimitation of the area of study, data collection method, target population, sampling and sample size, research instrument, pilot study and ethical considerations.

1.8.4 Chapter Four: Data analysis, interpretation and discussion of the findings

This chapter presents analysis, interpretation and discusses data that was collected.

1.8.5 Chapter Five: Summary, conclusion, limitations of the study and recommendation

This chapter presents the summary of the report, conclusion, limitation of the study and recommendations resulting from the research findings.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews literature and studies undertaken on HIV/AIDS and discusses the present studies theoretical background. It also presents the theoretical framework that guided the study.

2.2 THE HISTORY OF HIV/AIDS

The Acquired Immune deficiency Syndrome (AIDS) was first discovered in America in 1981 after a number of homosexual men had developed a rare pneumonia caused by parasite called pneumocystis carinii. They developed severe immune deficiency, which led to the rare pneumonia. Soon after, it was discovered in Central Africa among heterosexual people, causing severe weight loss and diarrhea, which they called 'slims disease'. It was present in heterosexually oriented people. In 1983 scientists discovered the human immune deficiency syndrome virus (HIV) to be the cause of this new disease called AIDS (Evian 2000:3).

The history of the discovery of the HIV virus was controversial because Dr Luc Montagnier of the Louis Pasteur Institute in Paris, France discovered HIV-1 in 1983. A year later Dr Robert Gallo of the United States claimed he had been the first to discover the virus. What followed was a protracted court case about the alleged 'theft' by Gallo of Montagnier's virus, which had been sent to Gallo in good faith for research purposes. The bi-parts on feelings aroused by that court case were so intense that they threatened to undermine the 1987 bilateral talks between French prime minister, Jacques Chirac and American president Ronald Reagan. The issue was eventually

resolved by a last minute compromise, which permitted both Gallo and Montagnier to be the officially recognized as discoverers of the virus (Van Dyk 2001:5).

2.3 HISTORICAL MANAGEMENT OF HIV/AIDS

According to Sher (1986:23) in South Africa two homosexual men died in Pretoria from AIDS. The first South African to go public about AIDS was Shaun Mellon in 1985 (Munusamy 2000:23). The doctor said "young man you have six months to live" "I nearly died of shock" responded Shaun. Shaun was admitted to an isolated ward with a 'RESTRICTED' entry sign at the door. There were two big plastic bags at the entrance for his crockery and cutlery, the other for his sheets. His food was slid across the floor to his ward (Munusamy 2000:23). From the above history it is very clear that at first everybody was very scared of HIV/AIDS.

Gilder (1987:373), reported that most people who were told that they were HIV positive regarded it a death sentence. Society shunned them, jobs were lost and marriages were wrecked. Very few diseases are as frightening to patients as AIDS. This is supported by the study conducted by Young, Forth and Preston in 1996 on rural nurses' universal precautions in relation to perceived knowledge of patients HIV status. Target population was two thousand (2000) registered nurses from Pennsylvania and New York. Findings revealed that 43.9% were afraid of acquiring AIDS from their patients, 23.2% felt that they should be able to refuse to care for AIDS people with, 20% would be willing to care for people with AIDS and 17.3% did not feel they will be prepared to care for people with AIDS. The research identified little known aspect of the problem of caring for AIDS patients (Young, Forth & Preston 1996: 249).

Peters (2000: 2), reported that the former state president of South Africa, Doctor Nelson Mandela emphasized that "discrimination against people with HIV/AIDS must stop since history will judge us harshly if we fail to save our people right now", these were his words. It is clear that HIV/AIDS created many problems because it was not known. Health professionals were afraid to treat patients with HIV/AIDS.

2.4 **HISTORICAL WORLD-WIDE INCIDENCE OF HIV/ AIDS STATISTICS**

HIV/AIDS is a world-wide problem. In developing countries like Sub-Saharan Africa, as early as 1970 – 1980 14 million people were already living with HIV/AIDS.

TABLE 2.1: GP BULLETIN NOVEMBER/DECEMBER (1997:20) HIV/AIDS PREVALENCE

WORLD REGIONS	YEAR (EPIDEMIC STARTED)	ADULTS AND CHILDREN LIVING WITH HIV/AIDS	PREVALENCE
Sub- Sahara Africa	1970-1980	14 million	5.6%
South and South East Asia	1980	5.2 million	0.6%
North America, Western Europe, Australia/New Zealand	1970-1980	1.3 million	0.3%
Caribbean	1970-1980	270 000	1.7%
Central/East Europe/Central Asia	1990	50 000	0.015%
East Asia pacific	1980	100 000	0.001%
North Africa, Middle East	1980	200 000	0.1%

Table 2.1 shows that Sub-Saharan Africa was leading in HIV/AIDS epidemic as early as 1970, it is not surprising therefore that the death rate is so high in the Sub-Saharan Africa.

2.5 **INCIDENCE OF HIV/AIDS IN KWAZULU-NATAL PROVINCE**

HIV/AIDS epidemic in KwaZulu-Natal is horrific, MacGregor (1999:1), Otto and Swindells (2001:1). The following table indicates the incidence of HIV infection in pregnant women in KwaZulu-Natal.

TABLE 2.2: 1990 – 2000 STATISTICS FROM OTTO AND SWINDELLS REPORT (2001:1) OF KWAZULU-NATAL PREGNANT WOMEN LIVING WITH HIV/AIDS

YEAR	PREGNANT WOMEN LIVING WITH HIV/AIDS IN KWAZULU-NATAL
1990	1.6%
1991	2.9%
1992	4.8%
1993	9.6%
1994	14.4%
1995	18.2%
1996	19.9%
1997	26.9%
1998	32.4%
1999	32.5%
2000	36.2%

Otto and Swindells reported to the Government survey that the number of South Africans living with HIV/AIDS has risen at an estimated rate of 12% to 4.7 million. KwaZulu-Natal is still the province with the highest prevalence. The HIV infection rate increased from 32.5% in 1999 to 36.2% in 2000 (Otto & Swindells 2001:1).

According to Larsen (1996:96), negative attitudes towards condom use by HIV/AIDS positive people is a problem, since in spite of being HIV positive safe sex is not practiced and this may be the cause of the disease to spread. This should be one of the major problems of this epidemic in KwaZulu-Natal. Davies Wilkinson and Calvin (1996:91), further reported that the prevalence of HIV infection among adults diagnosed with tuberculosis in Hlabisa Health District of KwaZulu-Natal was 36%, which suggest that the disease is spreading fast. According to Whiteside (2000:4) AIDS prevention methods are not working in this country and their failure is contributing to the ever increasing AIDS epidemic. According to Davids (1995:88), it is difficult to change the behaviour of a person that already has a well established set of values, attitudes, beliefs and psycho-social factors which intrude upon the effectiveness of these HIV/AIDS interventions. This suggest that health education on sexuality and HIV/AIDS prevention must be started early involving parents and teachers.

2.6 INCIDENCE ON HIV/AIDS AND HIV PREVALENCE IN SOUTH AFRICA

Marais (2000:1) reported that South Africa has become the site of one of the fastest growing HIV epidemic in the world. On average 1 500 citizens are being infected each day in addition to the 3.6 million South Africans who were estimated to be living with HIV by middle of the year 1999. Among teenage girls infection rose by almost two thirds to 21% Marais (2000: 6-7). This indicates that the youth is still vulnerable to HIV/AIDS infections.

2.7 GENDER INEQUALITIES IN HIV/AIDS

Abdool Karim (1998:15) identified the reasons for women's greater susceptibility to transmission and argued for holistic interventions which acknowledge the role of gender inequality in the spread of HIV/AIDS.

Mthembu (1998:27) explained her suffering by saying "I am one of these young women living with HIV/AIDS. I share some of my experience of living as a positive woman to highlight the stigma, discrimination and hardships that woman experience. My partner started to blame me for bringing HIV into his life..... he beats me because he is HIV positive and frustrated". Mkhize (2000:3) supports Mthembu by further reporting a three hundred and fifty thousand rand (R350 000) monument built in honour of a woman martyr who was stabbed and stoned to death for disclosing her HIV status.

It was only in South Africa, KwaZulu-Natal where an incident of stoning and stabbing to death of a person because of revealing her HIV positive status in public. The whole world was shocked by that incidence. The implication to health educators is that, this is still a problem because young people in particular are afraid to reveal their status about HIV to their partners. Some women are chased out of their homes and others killed. The vulnerability of women to HIV and their sexual and reproductive health status is centrally related to the content of their lives within a patriarchal society. Male dominance pervades every aspect of women's lives (Abdool Karim 1998: 18). So far the

statistics reveal that women are the victims of torture, accused of spreading the disease.

AIDS is an issue that affects women more seriously due to their greater vulnerability to HIV infection resulting from their reproductive roles. Factors that facilitate the spread of HIV include biomedical factors, including the stage of infection, presence of other sexually transmitted diseases and gender of partner. HIV/AIDS is a crisis for women especially the poor and marginalized (Tallis 1998:6). This can be true because women who are dependent on man cannot refuse sex even if a man is without a condom. Youth can be easily enticed with money so that they can be able to buy expensive clothing.

2.8 ATTITUDE OF YOUTHS TOWARDS HIV/AIDS

It is important to know the attitudes of youths towards HIV/AIDS and HIV/AIDS sufferers whether negative or positive so as to plan relevant intervention and health education. Youths would be receptive to HIV/AIDS freely at home, at schools and address their fears.

Davids (1995:35) cited that school pupils lacked knowledge about AIDS and also hold negative attitudes towards affected persons. Some youths have negative attitudes towards HIV/AIDS, black males re-act aggressively when a partner refuses sex, they can desert, torture or kill them (Catalan, Sherr & Hedge 1997:9). This is true because some youths are raping virgins deliberately, they believe that AIDS can be cured by raping virgins; this is a negative attitude tantamount to killing.

Kortjaas & Msomi (1998:1) reported the brutal killing of a young AIDS worker by youths after going public about HIV positive. Some youths were in hiding after death threats. It is therefore clear that youths have negative attitudes towards HIV/AIDS and HIV/AIDS sufferers.

Youths are very afraid of HIV/AIDS. The fatal consequences of HIV/AIDS may lead to psychological distress because youths affected with HIV/AIDS are stigmatized and can be tortured and killed. Health education to eradicate misconception about HIV/AIDS must be continued. Peer group education and motivation to assist HIV/AIDS sufferers can help to alleviate their plight and suffering.

2.9 ATTITUDES OF SOCIETY TOWARDS HIV/AIDS SUFFERERS

Minnaar (2001:25) cited that 20% of nursing population might be HIV positive, with estimation of 34000 nurses HIV positive in South Africa. This can have a negative impact on health education given by nurses. People can easily blame nurses as the ones who are spreading the disease.

HIV has become a worrying factor because studies revealed that people with HIV/AIDS face greater emotional strain than most people ever do due to negative attitudes about HIV/AIDS. Nkabinde (1994:39), revealed that 10% of respondents indicated that they would reject their relatives if they are HIV positive; Shikibane (1997:40) revealed that 80% of teenagers were very worried about contracting HIV/AIDS; Minnaar (2000:30) cited that the problems faced by marginalized people, in developing countries, is discrimination based on gender and race. Ngcamu (1991) in his re-structured study revealed that 35% felt that AIDS sufferers should be 'legally killed' to prevent the spread of HIV/AIDS, 50% felt that sufferers should be isolated, kept together and not to mix with other people. Rabbets (1997:76) revealed that some people accept having AIDS with courage whereas others are terrified by the awareness, feeling utterly helpless. Erikson (2000:1214) revealed that 25 HIV infected patients investigated, felt doubly stigmatized and the HIV positive diagnosis had a profound impact on the individuals' psycho-social aspect of life. The studies alone still reveal the negative attitudes towards HIV/AIDS. People are still very afraid of this disease. Awareness on HIV/AIDS and health education projects aimed at changing peoples' attitudes towards the disease and the affected people is a necessity.

Malatjie (2003:2) reported that villagers ban kids from soccer team of AIDS victim. After disclosing HIV status during an HIV/AIDS awareness campaign, parents claimed they withdrew their children from the team because they feared that they would be infected. It is clear that HIV/AIDS sufferers experience discrimination after disclosure of HIV positive status.

The sufferers complained bitterly that the government is not doing enough to educate communities about HIV/AIDS. Kyi (2000:9) emphasized openness and compassion to bolster the fight against AIDS and to achieve a happier and more peaceful world. The tendency to discriminate against those who have HIV is the worst killer, he further stated that it is not HIV itself that kills people fast but the lack of compassion and information that is making people to die from AIDS. Majova (2003:3) reported shame and fear of being victimized as the two major obstacles preventing HIV positive women from revealing their HIV positive status. The KwaZulu-Natal minister of health said the rural women were not only victimized but even killed after disclosing their HIV positive status.

Raping of children by HIV positive men was condemned by the KwaZulu-Natal premier because it is a myth that this would cure AIDS. HIV/AIDS has caused confusion amongst people and community leaders in many countries. Mercury reporter (2001:8), cited that the Ethiopian opposition parties discriminated and dismissed the country's HIV/AIDS programme as ineffective and called on the government to a state of emergency to stop the spread of HIV/AIDS. This shows the amount of stress and fear about HIV/AIDS.

Makhanya (2002:1) reported that the state president of South Africa has come round to accepting the negative impact that the pandemic is having on South African society and the country's image abroad. Munusamy (2002:1) reported that the former state president of South Africa Nelson Mandela called for an end to the debate on HIV/AIDS calling for all South Africans to focus on fighting the 'war' against the disease.

HIV/AIDS reveals and aggravates the social prejudices, economic inequalities, discriminatory practices and political injustices that have been the cornerstone of the apartheid. HIV/AIDS in South Africa flourishes mostly in societies that are burdened by unemployment, homelessness, welfare dependency, prostitution, crime, high school drop out rate and social unrest. It is no surprise therefore that areas of KwaZulu-Natal that have been worst affected by political conflict, violence and poverty have the highest incidence of HIV/AIDS in South Africa (Shikibane 1997:58). Gillies in his findings revealed that overall attitudes towards HIV/AIDS have become more hardened and prejudicial which may result in increased discrimination (Gillies 2001:2).

Sanders (2000:9) cited the impact on societies by stating that nine-tenth of all people living with HIV/AIDS are in poor countries. The statement indirectly supports South African president Mbeki's theory of poverty as the biggest predisposing factor to HIV/AIDS (Ngubane & Leeman 2000:1). Ateka (2000:4) expressed concern about some African cultural values in some African societies by saying that "fidelity was never a virtue among African men ... it was manly to have as many sexual liaisons as possible". Estimates suggest that between 60% – 80% of women currently infected with HIV in Sub-Saharan Africa have only one sexual partner. This is a serious problem in many black societies because culturally females cannot refuse sex with their husbands (Ateka 2000:4).

Peters (2000:2) stated that the former state president Nelson Mandela said that the grave threat posed by HIV/AIDS in our societies is to rise above our differences and combine in our efforts to save our people so that history does not judge us harshly for failing to do so right now. This is true because diseases have no boundaries, people must unite, work together and ignore political differences and fight HIV/AIDS.

2.10 ATTITUDES OF THE FAMILY TOWARDS HIV/AIDS

When a person realizes that he/she is living with HIV/AIDS, the major concern is not about the disease alone but the reaction of the loved ones. The main fear is that

HIV/AIDS may provoke rejection from the family. This is supported by Kruger (2000:17), who reported that a fifteen year old HIV positive girl who had a five month old baby was rejected by her boyfriend and the mother left her because she was very disappointed. Fox (1999:1) further reported that some of the HIV/AIDS sufferers committed suicide because their families did not show any support. This suggest that negative attitudes towards HIV/AIDS is still a serious problem and it must be addressed through health education and counseling.

Taitz (2000:1) reported that HIV/AIDS has a negative impact on families since in South Africa, young people are dying before their parents. The impact is most prominently seen in terms of decreased life expectancy and increase in the number of HIV/AIDS orphans. Matsebula (2000:2) reported that the impact of HIV/AIDS in Swaziland is affecting family life, Kingdom's parliament is considering a motion of the sterilization of all people suffering from HIV/AIDS to prevent the spread of the disease, which may spread fast and furthermore sterilization may not stop HIV/AIDS infection.

Thom (2000:6) mentioned that a patient attempted to commit suicide after she was diagnosed HIV positive. It is therefore clear that HIV/AIDS has a devastating effect on families. Health professionals must be aware of these problems so as to devise strategies to assist the families to cope through counseling and health education. McGregor (2000:129) further reported that of a woman who was infected by her husband; regarded it as a death penalty for sleeping with an unfaithful husband.

The woman explaining her plight said "there is still a hole in a chair at home after he tried to stab me for refusing sex; I would have never dared to ask him to use a condom". Families are torn apart by HIV/AIDS. This shows that black males are very aggressive, they may refuse to use a condom spreading the disease deliberately to their partners.

2.11 FACTORS CONTRIBUTING TO THE SPREAD OF HIV/ AIDS ESPECIALLY ON YOUTH

According to Kalibala (2000:23) the major issue is the way adults perceive the sexuality of youth. He explained that adults must be intellectually aware that children start sex quite early in their adolescence; giving an example that 65% of 11 – 19 year olds in Lusaka are sexually active. Failure of parents to talk about sex and dangers that are associated with it, such as HIV/AIDS and other STD's as well as teenage pregnancy will always contribute to the spread of HIV/AIDS. Shikibane (1997:74) stated that some of the secondary school students first had sexual intercourse then contracted HIV infection because of ignorance, poor sex education, low self esteem, depression and lack of parental supervision. Some parents are still too embarrassed to discuss sex with their children because cultural values that sex is dirty and wrong, is a taboo.

Other factors that contribute to HIV/AIDS to youths is lack of recreational facilities, poor living conditions , violent community atmosphere and negative attitudes towards condom use (Kalibala 2000:23).

He further mentioned other factors such as lack of recreational facilities, poor living conditions, violent community atmosphere and negative attitudes towards condom use as contributing to HIV infection. Davids (1995:38) cited that adolescents constitute a high risk group, because many of them engage in behavioural patterns which put them at risk of becoming HIV infected. According to Forti and Preston (1996:250) the incidence of AIDS in the rural areas of the United States of America is growing more rapidly than in the urban areas due to socio-economic reasons.

Catalan, Sher and Hedge (1997:81) cited factors in South East Asia such as poor social conditions and lack of infrastructure on which prevention campaigns in much of the developed world have been based. Liao (2000:17) cited the giant body of migrant rural women in economic transition in China end up as sex workers of some sort which contributes to HIV/AIDS. Cultural and psychological realities for young adult females

such as peer pressure, co-dependency and chemical dependency lead women to putting themselves at risk.

The myth that raping a virgin cures HIV/AIDS is contributing to the spread of this dreadful disease, is supported by Khumalo (2002:1) who reported, it was shocking that rape incidence was increasing in KwaZulu-Natal. Bernstein (1991:39) recommended an urgent need for vigorous AIDS prevention programme on the campus, supporting them there is a need for vigorous AIDS prevention at schools in South Africa, peer group teaching about the disease will help young pupils to protect themselves from HIV/AIDS.

2.12 IMPACT OF HIV/AIDS ON INDUSTRY

The impact of HIV/AIDS could reduce the number of potential customers because it attacks young people. There are projections that economic growth can slow down as a result of this pandemic of HIV/AIDS. Hospersa (2000:1) supported this statement by further reporting that 40% of the youth will be infected with HIV/AIDS, the implication of that will be staff shortages. Mzolo (1999:3) further reported that the Gauteng health department warned that some communities will lose 25% – 30% of their young people in the next fifteen years. Pretorius (2000:1) further reported rocketing school drop-out in South Africa. The overall drop out rate is heading for 20%. There are many reasons but HIV/AIDS might be the cause, this will definitely have an impact on industry. Monare (2001:1) reported that 20% of teachers have tested positive in KwaZulu-Natal, which suggests that teachers are also affected by HIV/AIDS. Whiteside, O'Grady and Alban (2000:2) cited that HIV/AIDS will have greater social and economic impact at the level of individuals. HIV/AIDS cost to companies is absenteeism.

According to Naidoo (2003:9) there is a marked increase in productive people attending the municipal clinic at Umhlathuze suffering from HIV/AIDS, officials believe that HIV/AIDS has reached a high level. There are many people at the clinic than at work due to Tuberculosis, sexually transmitted diseases and HIV/AIDS causing a burden on

the municipality in terms of less productivity, increased benefits payout and cost of recruiting. HIV/AIDS strikes young adults during their most economic productive years, it will have a greater socio- economic impact than any other disease in the Sub-Saharan Africa.

Poverty is expected to increase and that will cause more pain and suffering because this will create a huge impact on the level of the individuals and households (Whiteside 2000:5).

Vaida (2003:1) reported that South Africa has been accused of discrimination against HIV positive employees. The International Labour Organization's first global report on discrimination in the workplace noted issues such as dismissal, demotion, denial of insurance benefits, salary cuts and harassment. Other countries reported of discrimination are Brazil, Ivory Coast, France, Hungary, India, Indonesia, Jamaica, Mexico, Thailand and the United States of America.

This is a serious problem that so many countries are still discriminating against HIV/AIDS, this will make health education on HIV/AIDS very difficult.

Nobody will reveal his/her status knowing very well that he/she will lose the job and be discriminated. Talking alone is not going to help the HIV/AIDS sufferers, what is important is the action plan to protect them against discrimination, dismissal and harassment. The truth is that negative attitudes on HIV/AIDS still exist. Buthelezi (2002:1) once said "if we say we are beyond awareness campaigns we are fooling ourselves, people are being infected now". It is clear that the impact of HIV/AIDS is still a serious problem since AIDS sufferers are still discriminated upon and even killed.

2.13 THEORETICAL FRAMEWORK

THE NEUMAN SYSTEM MODEL

INTRODUCTION

The theoretical framework on which the study is based will be explained. Use of specific education theories enables predictions and gives some clues to possible outcomes and most probably minimize negative attitudes and unexpected negative behaviors. Health educators cannot afford to use their intuition to handle the problem of HIV/AIDS pandemic. Theories assist to solve problems and to plan and implement accordingly. The study is based on Betty Neuman systems model whose major components are stress (George 1995:284).

THE NEUMAN SYSTEMS MODEL

According to Neuman, the human being is viewed as an open system that interacts with both the internal and the external environmental forces or stressors (George 1995:280). Neuman maintains that due to environmental stressors, the human being is moving towards a dynamic state of system stability or towards illness of varying degrees. The dynamic state of the human being is due to environmental factors that are affected by the system (the human being) (George 1995:280).

Health is defined by Neuman as the degree of stability and is viewed as a continuum from wellness to illness. According to Neuman stability occurs when all system's parts and sub-parts are in balance and harmony (George 1995:280).

Neuman maintains that the primary concern of nursing is to determine the appropriate action in situations that are stress related or in relation to possible reaction of the client to stressors (George 1995:281). Neuman's systems model is relevant to this study

since the client affected by HIV/AIDS is viewed as an open system, it is in constant interaction with the environmental factors that affect or are affected by him/her.

Stressors and the individual's action to stressors are important concepts on which the model's application to the study is based. Neuman's systems model may be applied to the youth, in a group, community or society as they are all open systems interacting with the internal or external environmental stressors leading to illness and reaction to illness.

In this study, the youth in the community or society as open systems are affected by HIV which is viewed as, both the internal and external environmental factor or stressor. HIV affects the individual as a whole (holistically). The virus affects the physiological (the structure of the body and its organs) variable, and as it progresses eventually the psychological, socio-cultural, developmental and spiritual variables of the individual are affected. In accordance with Neuman's model, the nurse should consider these variables when assessing the individual, group, community or society's reaction to HIV/AIDS.

In this study the youths are viewed as open systems affected by HIV/AIDS which is an environmental stressor resulting in illness. Due to HIV/AIDS the client variable's harmonious and stable functioning is disturbed by the environmental stressors (HIV/AIDS and its effects). According to Neuman's systems model, the lines of resistance protect the basic structure and become activated when the normal line of defense is invaded by HIV. If the client's lines of resistance are ineffective, energy is depleted and death results.

In applying Neuman's systems model, the youth reacts negatively to HIV/AIDS as stressors, therefore all variables (physiological, psychological, socio-cultural, developmental and spiritual are affected, as a result harmony and stability is not maintained. As supported by Neuman, the nurse must consider all client variables when assessing youth's reaction to HIV/AIDS as a stressor. This will assist nurses to develop

strategies of promoting youth stability. The investigation of the youth towards HIV/AIDS is aimed at assessing and identifying youth's reaction to HIV/AIDS.

Neuman maintains that the client's reactions and outcomes may be positive or negative. The aim of nursing is therefore to implement specific actions and retain, attain and maintain optimal client wellness and thereby facilitate a linkage of the client environment, health and nursing. Neuman identifies three levels of prevention in nursing intervention, those levels are primary, secondary and tertiary (Neuman 1995:33).

PRIMARY PREVENTION

According to Neuman the goal of primary prevention is to promote client wellness by stress prevention and reduction of risk factors, this includes a variety of strategies for health promotion. A nurse is viewed as a resourceful person giving health education to society at large, identifying target groups in communities like school children and encouraging peer group teaching at schools during AIDS campaigns. This primary prevention is relevant to this study because HIV/AIDS sufferers are exposed to severe stress, youth may be experiencing severe stress too, due to fear of HIV/AIDS and may resort to killings of HIV/AIDS sufferers. Issues such as abstinence; safe sex; 'No' to sex and condom use must be emphasized. Youth must be involved in community approaches to HIV/AIDS education to provide information. They must also be involved in planning and implementation of programmes in order to develop positive attitudes towards the disease and sufferers.

Nurses are viewed as health professionals to provide full knowledge, to the community, about the causative organism; mode of spread; signs and symptoms of HIV/AIDS and how the disease can be prevented from spreading. This information will empower all the members of the communities to eradicate misconceptions and myths about HIV/AIDS, like the raping of children and virgins to cure HIV/AIDS. There is no cure for HIV/AIDS at present so faith healers and traditional healers cannot cure HIV/AIDS.

Neuman (1995:33) maintains that health promotion must include a variety of strategies in primary prevention as intervention. It is important that nurses motivate the community members to modify those behavioural patterns and practices which are harmful to health like prostitution; drug abuse and excessive alcohol consumption. Children must be given health education at an early age to say 'No' to sex and maintain their virginity. Nurses in this study are viewed as health professionals capable of carrying out nursing interventions through community outreach projects in HIV prevention by actual involvement of community leaders such as school teachers; Indunas and general public to increase HIV/AIDS awareness and knowledge.

Variety of strategies mentioned by Neuman are relevant to this study because the goal is to promote well-ness by stress prevention and reduction of risk factors to HIV/AIDS sufferers as they can be killed because of their HIV status. The emphasis that HIV/AIDS has no cure should persuade members of the community to take responsibility and prevent the spread of HIV/AIDS and also protect those people suffering from the disease from discrimination, torture and death threats; stigma must also be eradicated through health education. AIDS counselling is the form of intervention by nurses characterised by the client counteracting harmful circumstances caused by HIV/AIDS before the production of stress reaction and system instability, so that HIV/AIDS infected people should try to regain the feeling of hope. Nurses should assist HIV/AIDS infected people to live positively and make choices that are good for their health. Emphasis on nutritious food that is cheap and available in the area like eggs; fish; offal; chicken; fruit and vegetables i.e. bananas; guava; avocado pear are easily available in Natal. Community members must be encouraged to eat three times a day. Self-help projects, like gardening and chicken farming, to eradicate poverty can assist HIV/AIDS sufferers to live positively, they should also work as long as possible to keep active. Work assist HIV/AIDS sufferers to forget about problems and focus on the future and also reduce fear, but employers must assist by accepting them and protect them from discrimination and stigma.

Neuman (1995:33) maintains that primary intervention can begin at any point at which a stressor is either suspected or identified. This is very true to people who are for HIV antibody pretesting.

HIV ANTIBODY PRE-TEST COUNSELLING

It is important that health workers are aware of the importance of the HIV antibody pre-test counselling because HIV/AIDS can have serious psychological and physical complications. Studies have revealed that some HIV/AIDS sufferers have attempted suicide after positive HIV tests. This shows that pre- test counselling was not done properly. HIV antibody post-test counselling must also be done and follow up care must be arranged, if any problems are encountered the client must be referred to professional counsellors. Confidentiality and respect must be maintained at all times.

SECONDARY PREVENTION

According to Neuman (1995:34) secondary prevention, the goal is to provide appropriate treatment of symptoms to attain optimal client system stability. This is applicable to this study because HIV/AIDS sufferers need treatment. Patients must be aware that there is no cure for HIV/AIDS. Zidovudine (AZT) may only prolong life, but as yet there is no known cure for HIV/AIDS.

Intervention to decrease mother to child transmission by giving antiretroviral agents like Nevirapine is usually administered as early as fourteen weeks of gestation throughout the pregnancy, during labour and delivery (Wilfert 2000:39).

HOME BASED CARE

In home based care nurses are viewed as professionals who are equipped to educate the public and families in terms of caring for their families as the open system affected by stress of this person who is ill, they do not have knowledge to care. Terminally ill

patients will need home based care to assist the family. Community members trained by health professionals can assist the families with terminally ill patients. This is relevant to Neuman's theory because Neuman (1995:34) maintains that through the synthesis of comprehensive client data, nursing diagnostic statement is made from which nursing goals in collaboration with the client can be determined. The nurse can provide health education emphasis on infection control and personal hygiene. Home based care also assist the terminally ill to spend their last days with the family. Counseling must be a continuous process to help the family to accept the situation. Spirituality needs must be catered for, ministers of religion can assist in that regard and also the religious groups of the community if the patients request that. It is important to observe cultural beliefs of the patients. These beliefs influence variables such as practices, rituals and customs. These collective beliefs are extremely powerful and the violation of any of them can result in conflict with the family and patient.

Van Dyk (2001:9) cited that nurses should resist the temptation to discard all traditional African beliefs and practices as ridiculous, superstitious and harmful. AIDS care and counseling programmes cannot succeed in Africa without collaboration with traditional healers. Traditional healers have a role to play in the care and support of AIDS patients, their families and AIDS orphans, therefore traditional healers must be empowered with health education, personal hygiene, infection control and proper home care. HIV/AIDS prevention short courses in this regard about HIV/AIDS to traditional healers and members of the community can assist the health care system. In future it will be difficult for health professionals to cope with the pandemic of HIV/AIDS.

Neuman (1995:33) maintains that stress and risk factors can be prevented.

TERTIARY PREVENTION

It is important that rehabilitation of clients must include counseling so as to treat patient's physical, psychological and spiritual needs. Avoidance of specific known hazardous stressors such as stigmatization and discrimination of HIV/AIDS sufferers

must be emphasized. HIV/AIDS patients need empathy, love, trust and acceptance. It is important for nurses to recognize spiritual distress and concerns of their patients so that they can address these needs by guiding the patients in the expression of fear, feelings of guilt, hopelessness and despair. Patients must be involved in health education community projects so as to encourage meaningful purpose in their lives, they must not be rejected by industries if they feel fit for duties. Cultural rituals, ceremonies and herbal remedies need not be changed and should be respected, but if the ritual is harmful to people's health suggest ways to make it safer (Van Dyk 2001:10).

According to Neuman (1995:33) the aim of nursing is to implement specific actions and to maintain optimal client well-ness. According to Neuman (1995:125) in tertiary prevention the nurse attempts to reduce the client impact of residual effects caused by stressor penetration. It is applicable to this study because nurses are better equipped to assist HIV/AIDS patients on re-adaptation and reconstitution of the client system stability by maximizing their strength and closely monitoring areas of weakness and potential reaction from stressors such as depression anxiety and fear of discrimination. The Neuman systems model accommodates this broad issue approach on HIV/AIDS, it serves as a framework for nursing care.

2.14 CONCLUSION

Neuman systems model of nursing care and health education has been discussed in this chapter. The rationale for its relevance in this study has been highlighted. The importance of effective responses of health professionals to assist HIV/AIDS patients to cope with frustrating and stressful situations has been explained. Information from literature on various aspects of HIV/AIDS such as historical background of HIV/AIDS and its management, incidence and attitudes of society and family towards HIV/AIDS and HIV/AIDS victims has been discussed.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the description of methods and procedures used in this study. It describes the research design, the population sample and sampling methods and also the research instrument used for data collection.

3.2 DELIMITATION OF THE AREA OF STUDY

This study was limited to Empangeni district which consists of five regions and circuits.

- Mtunzini region with Isikhala Senkosi circuit
- Eshowe with Inkanyezi circuit
- Stanger-Lower Tugela with Stanger circuit
- Lower Umfolozi with Ntambanana circuit
- Hlabisa with Hluhluwe circuit

The study was limited to these regions because they were accessible to the researcher and have the targeted population. Geographically these regions are predominantly rural. Only high schools that were categorized as 'black schools' during the previous regime were chosen because of the high statistics of young black people infected with HIV/AIDS in KwaZulu-Natal.

3.3 RESEARCH DESIGN

A descriptive survey was undertaken. In social research, descriptive studies are of considerable value, they can be used to investigate people's behavior and attitudes. This

method was relevant to the study as the researcher assumed that some of the youth still have negative attitudes towards HIV/AIDS and the behavior of this nature towards HIV/AIDS sufferers had to be investigated and described. The selection of this study supported by Polit and Hungler (1995:201) who maintains that descriptive survey is relevant to collect data that provides the basis for action.

3.4 **TARGET POPULATION**

The target population for this study was high school pupils from five regions of Empangeni district consisting of male and female pupils between the ages of 12 and 21 years, the school going age of high school pupils, from grade eight to grade twelve.

3.5 **SAMPLING AND SAMPLE SIZE**

Sampling was undertaken in two phases. Firstly it was the selection of schools and secondly the selection of pupils. The main aim was to select a certain number of schools from five regions and five circuits that were included in the sample.

Selection of pupils was also important because it was not going to be feasible to research on a total target population of 3 699.

3.5.1 **Sampling of Schools**

Rural schools from the Empangeni district were selected for the study from the following regions.

- **Mtunzini region** – one high school under the Isikhala Senkosi circuit was Tisand High School located at Esikhawini Township which consisted of 1 011 enrolled pupils for the year 2000.

- **Eshowe region** – one high school under Inkanyezi circuit was Mgitshwa High School which consisted of 946 enrolled pupils for the year 2000.
- **Hlabisa region** – Mbopha High School under the Hluhluwe circuit, it had 893 enrolled pupils for the year 2000.
- **Lower Umfolozi region** – Mningi High School in the Ntambanana circuit, it consisted of 1 017 enrolled pupils for the year 2000.
- **Stanger region** – Groutville High School at Stanger circuit consisted of 832 enrolled learners for the year 2000. The total target population was 3 699.

The researcher randomly selected schools that were conveniently accessible to which the researcher could travel, schools near supermarkets, police stations, hospitals and clinics were relatively safe.

3.5.2 Sampling of Pupils

The next step was to select a sample of pupils from a target population of 3 699. It was going to be difficult to do research on the whole population therefore 22% of the target population was chosen. A total number of 800 pupils constituted a sample size. The class register with pupils' names on each school was used to select the sample. One hundred and sixty pupils from each high school were randomly selected, this was done in five high schools that were included in the sample.

Stratified random sampling was used. The aim of stratified sampling was to obtain a greater degree of representativeness from all grades of which an

appropriate number was selected at random, this worked well to sub-divide participants into homogenous participants. The variable used as basis for stratification was school grades of pupils. This was done to ensure that all grades of pupils were represented. After the division of the population into strata, that is thirty two (32) respondents from the class register were grouped together according to their grades, that is grade 8, grade 9, grade 10, grade 11 and grade 12. A total of five grades was formed.

3.5.3 Sample Size

The sample size from each school was one hundred and sixty (160) pupils from each grade. Thirty two (32) participants were selected from the class register. Every third pupil selected from the class register was selected to participate in the study. The total number of participants from all five high schools was eight hundred (800).

3.6 RESEARCH TOOL

A questionnaire was used to collect data. The instrument was developed by the researcher in consultation with several experts in various areas of nursing, Clinical Psychology and Psycho-Pedagogics. The use of the questionnaire for collecting data was relevant for this study considering that face to face interview was not going to be appropriate because HIV/AIDS in our black communities is still a very sensitive issue.

A questionnaire was individualized and ensured anonymity and confidentiality, no names were allowed, that is, the name of the respondents and the name of the school were not allowed. The aim was to allow respondents time to contemplate on this sensitive issue which is not possible with face to face interviews. The population for this study was large, 800 pupils, therefore, the questionnaire allowed information to be collected easily and cheaply. This is in line with Polit and Hungler (1995:289) who state that a questionnaire is a useful tool for collecting data from a large, widely dispersed

population cheaply, rapidly and as efficiently as possible.

3.6.1 The Structuring of the Questionnaire

The questionnaire consisted of four (4) sections.

- Section one consisted of personal particulars of the respondents, that is, gender, age, grade, residence, religious denomination.
- Section two consisted of background knowledge on HIV/AIDS.
- Section three consisted of the pupils' attitudes towards infected individuals.
- Section four consisted of questions to determine factors such as cultural, religious, political and psychological that may contribute to attitudes towards HIV/AIDS and HIV/AIDS sufferers.

3.7 VALIDITY OF THE INSTRUMENT

Polit and Hungler (1995:352) describe validity as the ability of the instrument to measure what it is actually meant to measure. The researcher wanted someone to judge whether the content of the instrument was appropriate and in this case a jury of opinions is better than an individual. The researcher managed to get different opinions from a group of teachers, community health nurses, HIV/AIDS committees and also experts from other disciplines.

3.8 PILOT STUDY

The sample of the pilot study was selected at random from twenty-five pupils from one high school at Esikhawini Township. Participants who participated in the pilot study

were not included in the main study. The aim of the pilot study was to test the validity and reliability of the instrument before the major study. The few comments from participants assisted the researcher to modify the questionnaire. No problems were encountered.

3.9 ETHICAL CONSIDERATIONS

The research proposal was submitted and approved by the University of Zululand faculty of Arts research committee. The permission to conduct the study was requested in writing and obtained from the principals of schools which were selected. At first the permission was telephonically requested, and then the schools were visited to collect the permission.

School principals informed staff and pupils about the proposed research, no problems were encountered in getting permission from high schools, and in fact they were pleased that HIV/AIDS research was to be conducted at their schools. Permission from the participants was verbally requested by the researcher jointly with the principals, the request was also indicated on the questionnaire. The purpose of the study was explained. Freedom to participate or decline was also explained to the participants, they gave the permission and positively co-operated in the study. Anonymity and confidentiality was ensured by excluding the names of the respondents and schools from the questionnaire.

3.10 DATA COLLECTION

Data was collected by means of a questionnaire. Four research assistants were used to collect data because it was going to be difficult for the researcher to cope alone. Two (2) qualified teachers, one (1) professional nurse with a B.Cur degree and a B.A. graduate were deployed as research assistants. The assistants were briefed by the researcher on the contents of the questionnaire.

Class teachers assisted in calling respondents to assemble in the classrooms. Respondents from each grade completed their questionnaires in their own classrooms in the presence of the researcher, assistant researchers and class teachers to ensure that respondents were giving their own opinions. Class teachers were very helpful to make sure that pupils did not talk to each other, in fact one would think they were writing an examination paper. The researcher is quite certain that the pupils gave their own information independently. Data was collected for one day from each school; the researcher spent five days for data collection from five high schools.

3.11 **METHODS OF SCORING**

Each respondent had to categorize the response he/she made in relation to each statement. The respondent had to indicate by means of a check mark (x) in the appropriate space.

- | | |
|---------------------|------------|
| • Strongly agree | assigned 5 |
| • Agree | assigned 4 |
| • Not sure | assigned 3 |
| • Disagree | assigned 2 |
| • Strongly disagree | assigned 1 |

The scoring was reversed for negatively worded items. The total score of each individual person was obtained by summing up value of individual positive attitude and low negative attitudes as supported by Polit and Hungler (1995:281).

In chapter 4, during analysis, interpretation and discussion of data negative responses will be combined together and also positive responses will be combined to give accumulative percentage.

Example:

25% strongly agree

10% agree

Accumulative percentage: $25\% + 10\% = 35\%$ positive

60% disagree

10% strongly disagree

Accumulative percentage: $60\% + 10\% = 70\%$ negative

3.12 **PLANNING FOR DATA ANALYSIS**

Since the sample was large and the questionnaire comprehensive, it was impossible to process data manually within a reasonable time. It was therefore decided to process the data using a computer. The computer program was written in S.A.S. language using the lotus program. Frequency tables, graphs and pies were also constructed in order to facilitate the analysis, presentation and discussion of data.

3.13 **CONCLUSION**

The data collected from 800 participants who formed the sample of the study will be analyzed and interpreted and its findings discussed in the next chapter.

CHAPTER 4

ANALYSIS, INTERPRETATION OF DATA AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This questionnaire was distributed to 800 pupils. When analysing data and checking of questionnaires, only 700 questionnaires were completed, the 100 were incomplete and therefore were excluded.

As indicated in chapter three accumulative reporting is used for negative and positive responses.

Example:

25% strongly agree

10% agree

Accumulative percentage will be $25\% + 10\% = 35\%$ positive responses and the same format will be used for negative responses to give the clear picture of negative and positive responses.

4.2 DEMOGRAPHIC DATA

Demographic data was aimed at identifying the characteristics of the sample.

4.2.1 Gender Distribution

The aim of investigating gender was to identify whether the sample was equally representative of both males and females.

FIGURE 4.1: GENDER DISTRIBUTION (N=700)

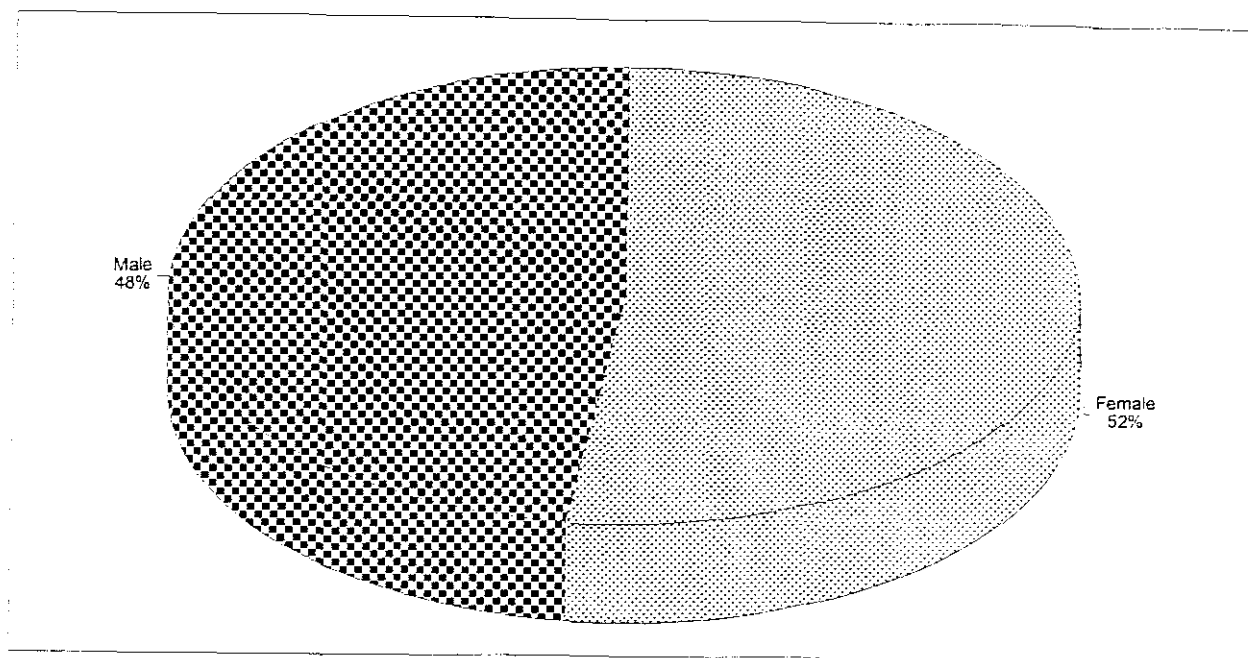


Figure 4.1 indicates that 52% (364) of respondents were female and 48% (336) were male, numerically there is little difference between male and female, this will result in a balance in the findings in terms of gender. The findings of the study are generalisable for all youths of different genders.

4.2.2 Age Distribution

The reason for age distribution was to check the age distribution of pupils at high schools.

FIGURE4.2: AGE DISTRIBUTION (N=700)

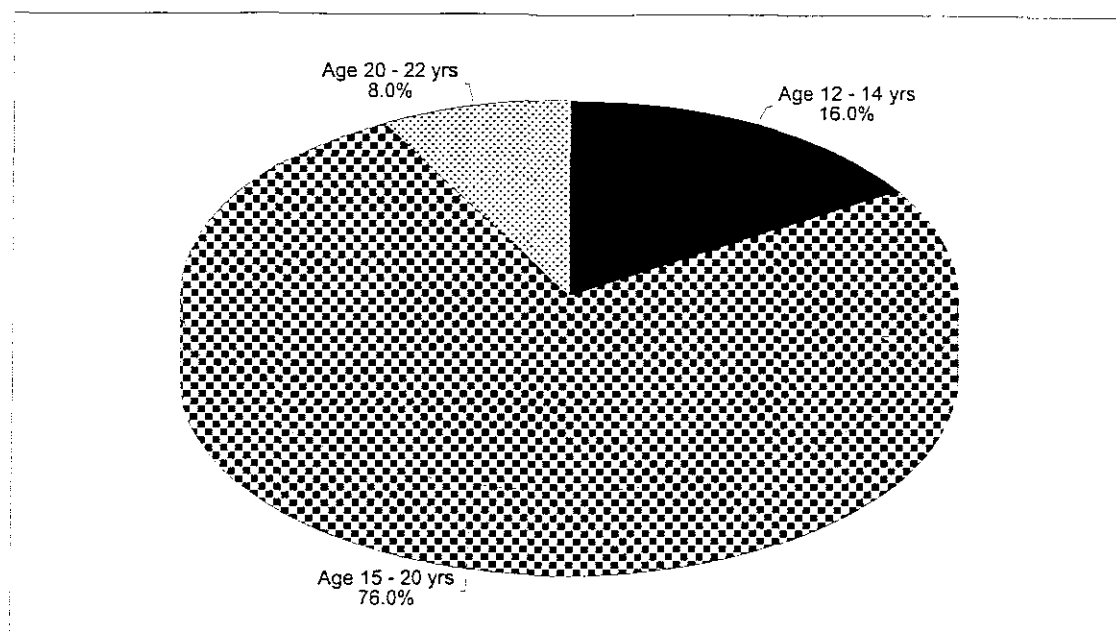


Figure 4.2 shows that the majority of respondents 76% (532) were between 15 – 20 years, 16% were between 12 – 14 years of age. This is a vulnerable group (12 – 14) which is targeted for this attitude towards HIV/AIDS and HIV/AIDS sufferers. If they are poorly informed about the disease, they may have negative attitudes. If empowered with knowledge and life skills they can play an active role to eradicate misconception and negative attitudes towards HIV/AIDS and HIV/AIDS sufferers. This is a vulnerable group which is targeted to investigate attitudes towards HIV/AIDS and HIV/AIDS sufferers.

4.2.3 Educational level of respondents

It was important to acquire the educational level of the respondents to identify whether the sample was representative of all grades from grade 8 – 12 as stated.

FIGURE 4.3: EDUCATIONAL LEVEL ACCORDING TO GRADES (N=700)

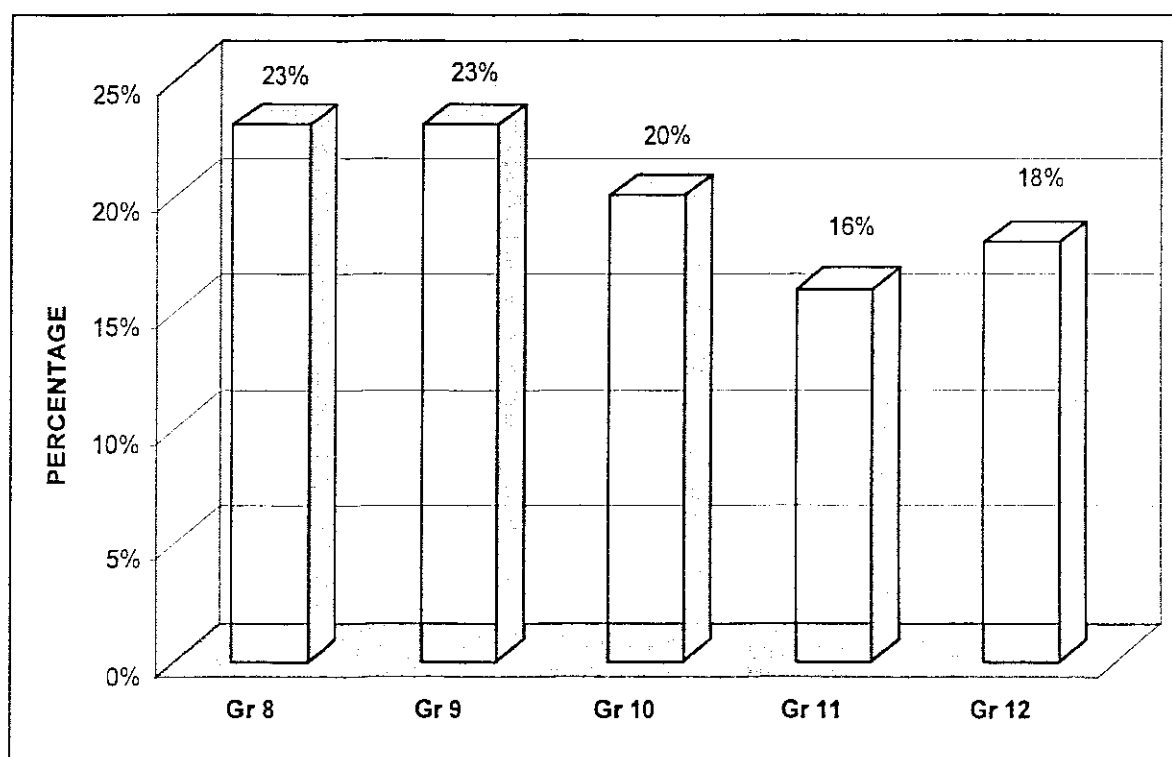


Figure 4.3 indicates that 23% (161) of respondents were from grade 8 and 9.

The 23% of grade 8 and 9 are the vulnerable group because usually they are very young, 12 – 18 years of age, their attitudes towards HIV/AIDS and HIV/AIDS can be easily influenced by the attitudes of senior pupils from grade 10 to 12.

This is supported by Sibisi (1999:8) who maintains that older students above twenty years of age should not be allowed to attend schools with young pupils who are more

vulnerable, they can be easily influenced whether negative or positive it will depend to attitudes of senior students from grade 10 and 12.

Therefore, health education can be planned according to the level of educational standards of respondents for better understanding of HIV/AIDS and HIV/AIDS sufferers.

4.2.4 Distribution of respondents according to education standards of parents (mothers)

The importance of investigating the educational standards of parents (mothers) was to check the background of youths because mothers are very influential to their children and culturally black pupils have a strong bonding with their mothers.

**FIGURE 4.4: EDUCATIONAL STANDARDS OF PARENTS (MOTHERS)
(N=700)**

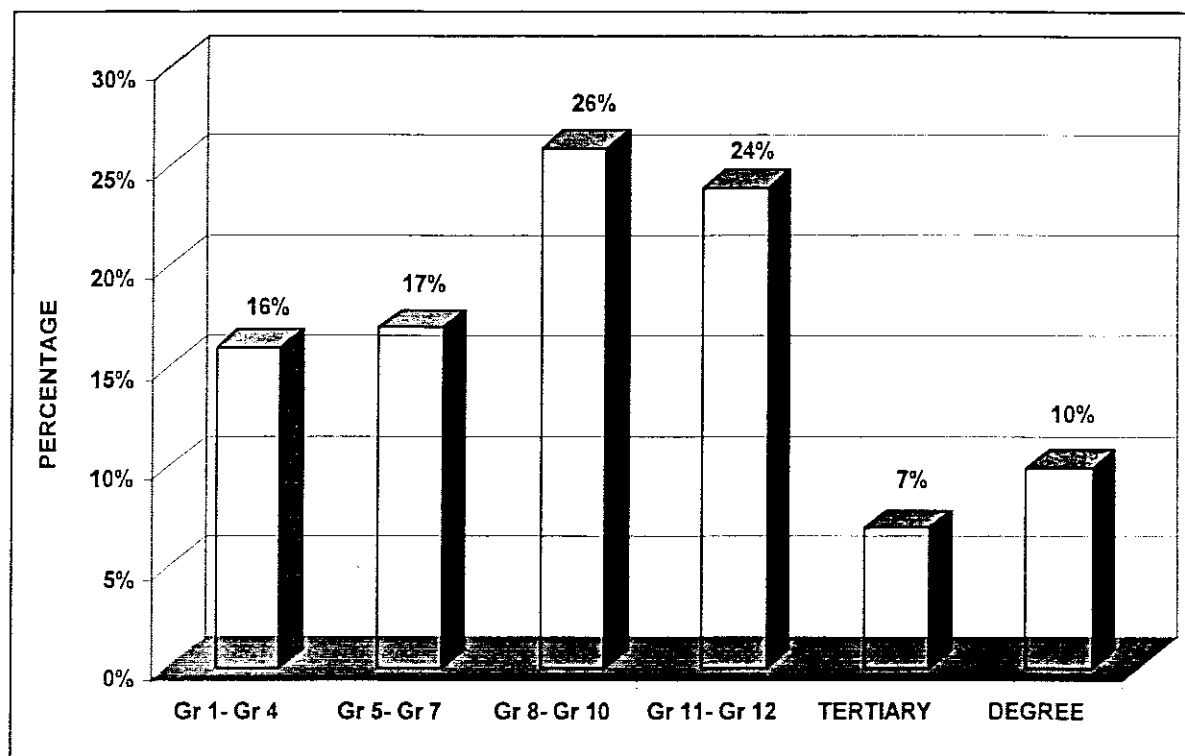


Figure 4.4 shows that the majority of respondents' mothers 26% (182) who had the highest level of education were between grade 10 and grade 12. Therefore they can be able to teach their children about HIV/AIDS and instil positive attitudes towards HIV/AIDS and HIV/AIDS sufferers and assist in health education to correct misconceptions about HIV/AIDS and discrimination of HIV/AIDS sufferers. This is supported by Davids (1995:35) by stating that parents need to obtain information about HIV/AIDS to educate their children.

4.2.5 Distribution of respondents according to educational standards of parents (fathers)

The importance of investigating the educational standards of parents of the respondents (fathers) was to check the background of youths because the cultural influence of fathers and socialization of pupils by their fathers can affect the attitudes of pupils towards HIV/AIDS and HIV/AIDS sufferers.

It can be of great assistance to observe culture from the standpoint of beliefs because beliefs that people hold are those derived from the person's culture of origin and can influence pupils' attitudes towards HIV/AIDS.

FIGURE 4.5: DISTRIBUTION OF RESPONDENTS ACCORDING TO EDUCATION STANDARDS OF PARENTS (FATHERS) (N=700)

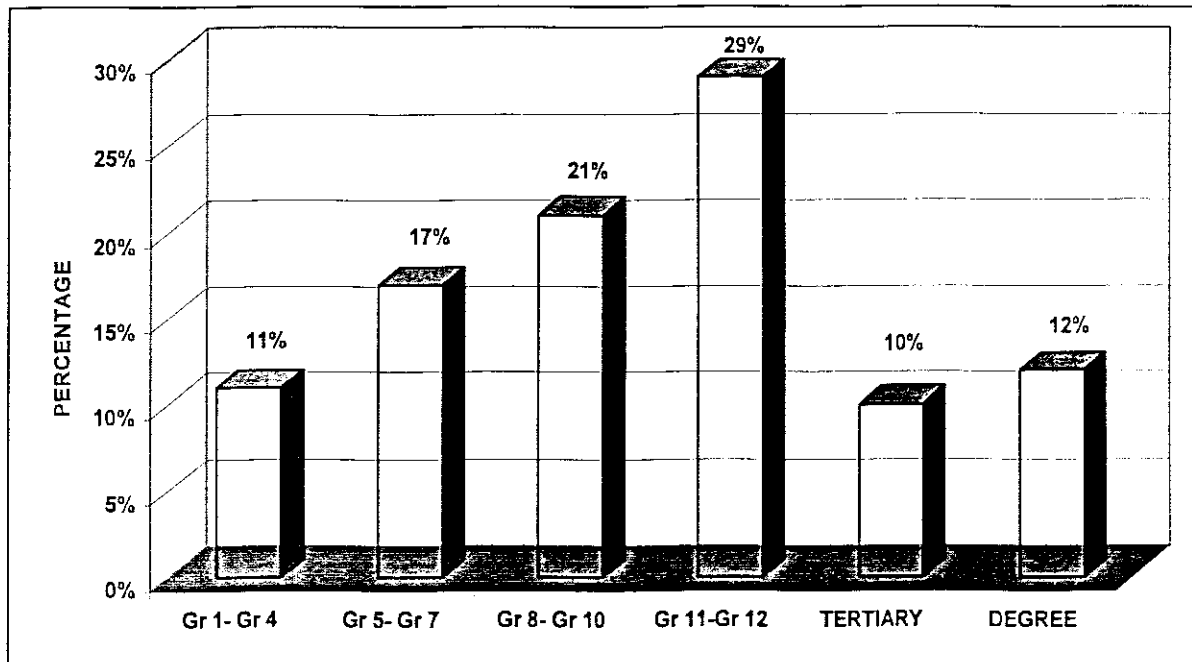


Figure 4.5 shows that the majority of fathers (29%) are educated enough to assist their children about full knowledge of HIV/AIDS and changing attitudes towards the disease and HIV/AIDS sufferers and instil positive attitudes towards HIV/AIDS and HIV/AIDS sufferers.

The 11% percent of fathers with lower level of education may have problems in assisting their children about HIV/AIDS because they may not be able to convey the message from pamphlets. This can affect the attitudes of pupils towards HIV/AIDS and HIV/AIDS sufferers due to cultural beliefs, they may be clinging to cultural beliefs that a person is not suffering from HIV/AIDS but bewitched. This is supported by Shikibane (1997:56) by saying traditional healing permeate all aspects of African life. Therefore HIV/AIDS to them will not pose serious problems as they believe that traditional healers (sangomas) will treat HIV/AIDS. Therefore, attitudes towards HIV/AIDS and HIV/AIDS

sufferers may be different. To blame external factors such as witches for AIDS has a protective function, because it prevents feelings of guilt and it alleviates anxiety.

Attributing HIV infection to witchcraft may help HIV/AIDS sufferers not to carry the stigma. The attitudes may be sympathetic and supportive and those who are suspected of being witches causing HIV/AIDS may be killed. Therefore, the educational level of fathers is important to prevent these misconceptions about HIV/AIDS.

4.2.6 Distribution of respondents according to residential area

The importance of this question is that residential areas have community members with characteristics which can be influential to the youths' attitudes about HIV/AIDS and HIV/AIDS sufferers.

FIGURE 4.6: DISTRIBUTION OF RESPONDENTS ACCORDING TO RESIDENTIAL AREA (N=700)

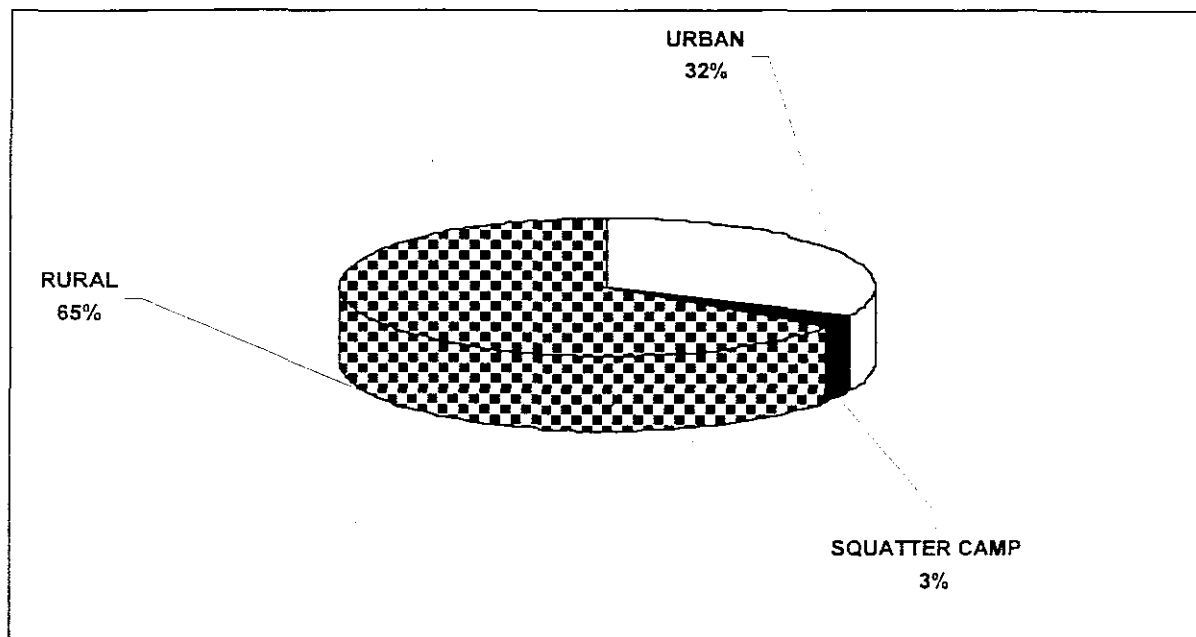


Figure 4.6 shows that 65% (455) of the respondents were from the rural areas, and 32% (224) were from the urban areas. Since more respondents 65% were from rural areas, it is possible that they can reveal unique attitudes about HIV/AIDS and HIV/AIDS sufferers because they may not have had enough knowledge about HIV/AIDS due to inaccessibility to health services. Maybe clinging to traditional beliefs that a person is not suffering from HIV/AIDS but bewitched. This is supported by Van Dyk (2001:6) who states that many people in Africa do not consider their own behaviour as a possible reason for HIV infection but they consider the individual as bewitched. This proves that some people still have negative attitudes about the fact that the disease is also sexually transmitted.

4.2.7 Distribution of respondents according to religious denomination

The importance of this question was to establish the religious background of the respondents because religion may be a factor contributing to attitudes towards HIV/AIDS and HIV/AIDS sufferers.

FIGURE 4.7: DISTRIBUTION OF RESPONDENTS ACCORDING TO RELIGIOUS DENOMINATIONS (N=700)

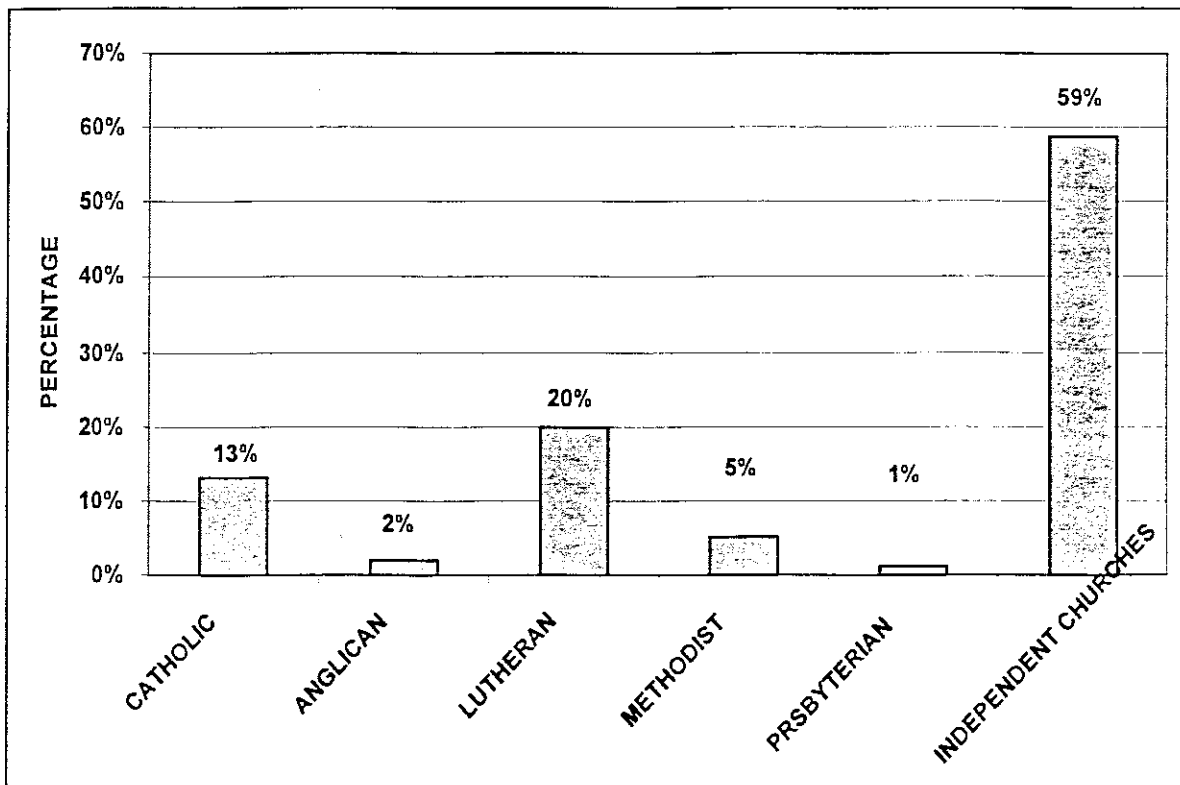


Figure 4.7 indicates that the majority of respondents 59% (411) were from independent churches and others were affiliated to different religious groups and the attitudes will depend on their religious denominations.

The respondents may portray different beliefs, and attitudes towards HIV/AIDS and HIV/AIDS sufferers. Some may have positive and some negative attitudes towards HIV/AIDS as supported by Neuman (1995:29) by stating that spiritual variable considerations are necessary for a truly holistic perspective and truly caring concern.

HIV/AIDS is still a problem because there is no cure, thus it is also necessary at each intervention stage to inquire whether the nursing approach is accepted by the church or it violates religious beliefs. It is possible that the majority of youths will have influence from their religious background whether negative or positive on HIV/AIDS.

The influence of the church can assist the health educators to instil positive attitudes to youths so that they can accept HIV/AIDS positive sufferers. The religious background may also influence the religious leaders to recognise the spiritual needs and to address these needs by guiding patients suffering from HIV/AIDS in the expression of fear, guilt and protect them from discrimination by church members.

This is supported by Van der Walt (2000:7) who states that the Diagonal Council of Churches from Durban visited Ngwelezane Hospital to show solidarity and concern for people suffering from HIV/AIDS and also moral support to health professionals looking after HIV/AIDS patients.

4.3 **RESPONDENTS BACKGROUND KNOWLEDGE OF HIV/AIDS**

It was important to assess the background knowledge of respondents on HIV/AIDS so as to identify attitudes that can be caused by ignorance about HIV/AIDS.

FIGURE 4.8: RESPONSES ON KNOWLEDGE ABOUT AIDS (N=700)

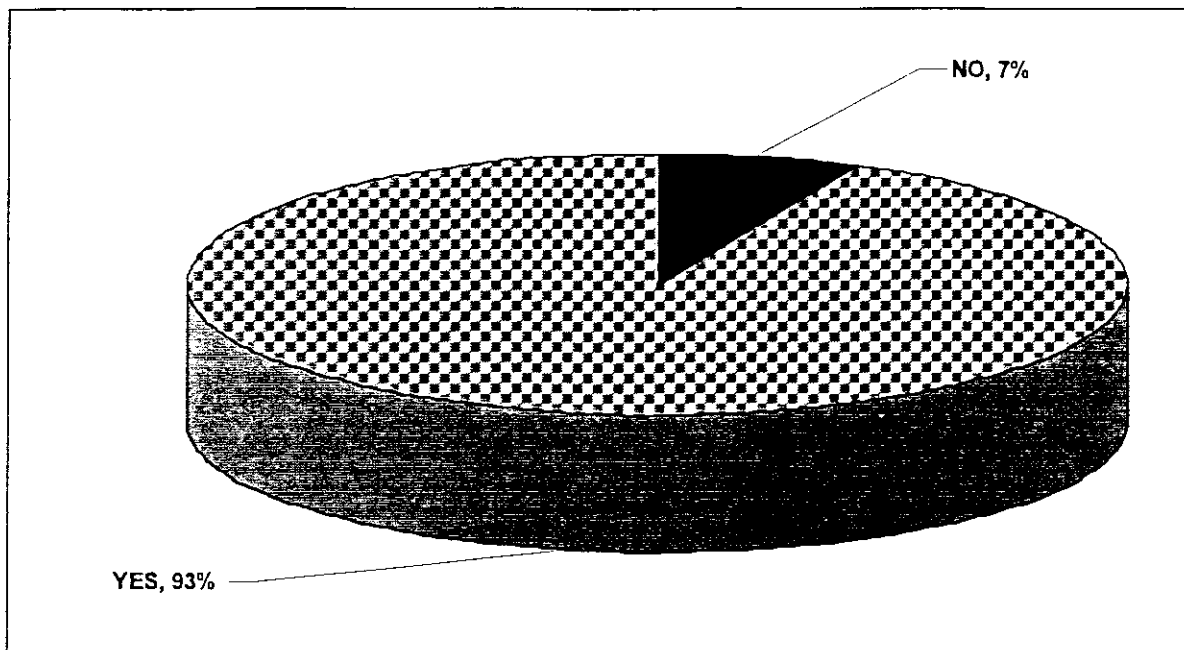


Figure 4.8 reveals that the majority of respondents 93% (651) do have knowledge of HIV/AIDS. Knowledge does have an impact on attitudes, whether positive or negative. According to these statistics pupils may be expected to reveal positive attitudes towards HIV/AIDS but according to Stremlau and Nkosi (2001:19) pupils' attitude towards HIV/AIDS causes concern because in spite of the knowledge they have about the disease their attitudes towards the disease are negative. Seven percent (49) of the respondents indicated that they have no knowledge about HIV/AIDS. In support of Stremlau and Nkosi (2001:19) health education is still needed for pupils to be educated about HIV/AIDS so that their attitudes toward the disease and disease sufferers may change from negative to positive.

4.4 SOURCES OF HIV/AIDS INFORMATION

From Figure 4.3 findings revealed that 93% (693) stated that they had knowledge about HIV/AIDS. They were further requested to state the sources from which they obtained the information about HIV/AIDS. The responses were as follows:

TABLE 4.1: SOURCES OF HIV/AIDS INFORMATION (N=693)

SOURCE	FREQUENCY	PERCENTAGE
Radio	168	24
Television	125	17.9
Dramaid	4	0.6
School nurse	42	6.0
AIDS health worker	70	10
Teacher	14	2
Parent or guardian	55	7.8
More than of the above	215	31.7
TOTAL	693	100

Table 4.1 reveals that 31.7% (215) of the respondents have heard about HIV/AIDS from more than one source mentioned in table 4.1; 7.8% (55) from parents, and only 2% (14) from teachers. This means that 31.7% of respondents who have heard about HIV/AIDS from more than one source may have positive attitudes but there is still concern about little input from parents and teachers on HIV/AIDS 7.9% and 2% respectively. Shikibane (1997:56) explains the little input as a cultural problem. Shikibane maintains that sex is never discussed openly and is a taboo subject in many black cultures. This creates enormous problems when sex related questions such as AIDS are at issue.

These findings are negative because it is expected that teachers and parents should play the key role to inform pupils about the dangers of contracting HIV/AIDS and to instil positive attitudes towards people suffering from HIV/AIDS.

The significance of this information is that pupils may not have full knowledge about HIV/AIDS; the majority heard about the disease from television and radio.

4.5 KNOWLEDGE ON TRANSMISSION

The aim of this question was to assess if pupils know the mode of spread of HIV/AIDS because poor knowledge can affect their attitudes towards HIV/AIDS and HIV/AIDS sufferers.

FIGURE 4.9: RESPONSES ON TRANSMISSION OF HIV FROM ONE PERSON TO ANOTHER (N=700)

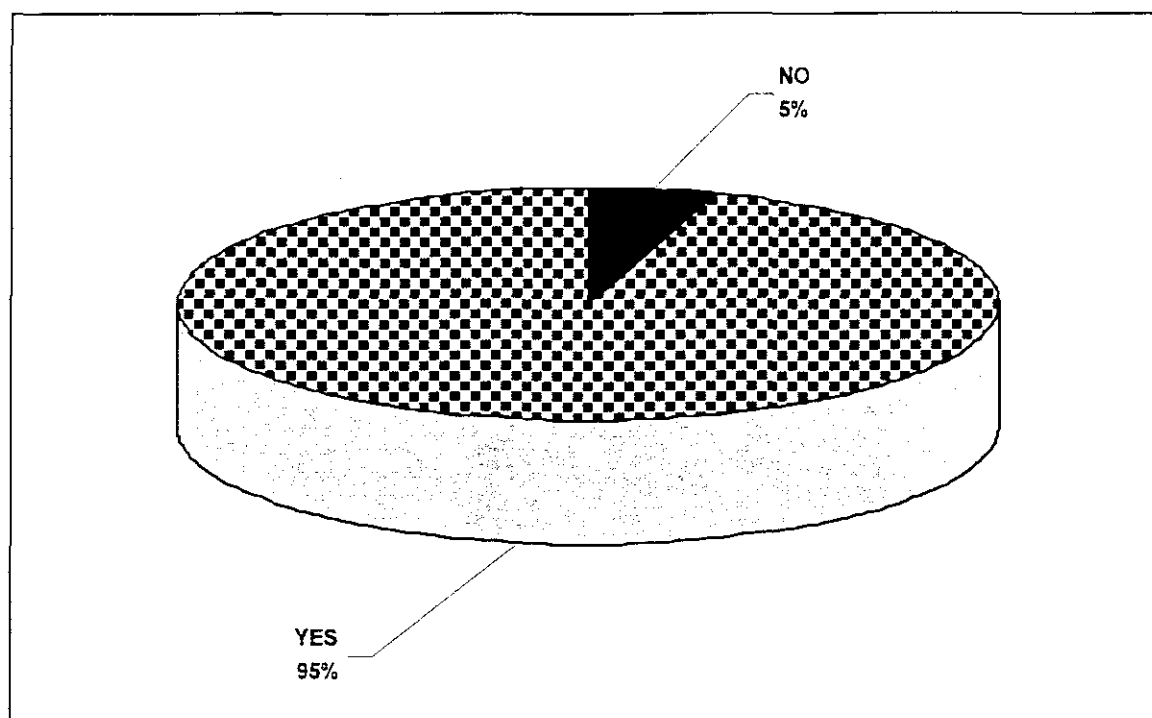


Figure 4.9 indicates that 95% (665) of the respondents agreed that HIV/AIDS can be transmitted from one person to another and only 5% (35) disagreed. These findings reveal that the majority 95% of the respondents have knowledge of how the disease is transmitted, therefore, they may be expected to have positive attitudes towards HIV/AIDS but that may not be the case because according to Xulu (2001:111) in her study on the profile of HIV/AIDS positive workers at Portnet Richards Bay 52% of the respondents stated that HIV/AIDS is sexually transmitted but they do not want to take steps to change their sexual behaviour.

The small percentage (5%) which is not aware that HIV/AIDS can be transmitted from one person to another may display negative attitudes in protecting themselves against contracting the disease and prevention of its spread. Health education about HIV/AIDS is very important so as to change negative attitudes about the disease.

4.6 SPECIFIC TREATMENT FOR AIDS

The aim of asking this question was to identify attitudes and beliefs about the cure of HIV/AIDS.

FIGURE 4.10: RESPONSES ON SPECIFIC TREATMENT FOR AIDS (N=700)

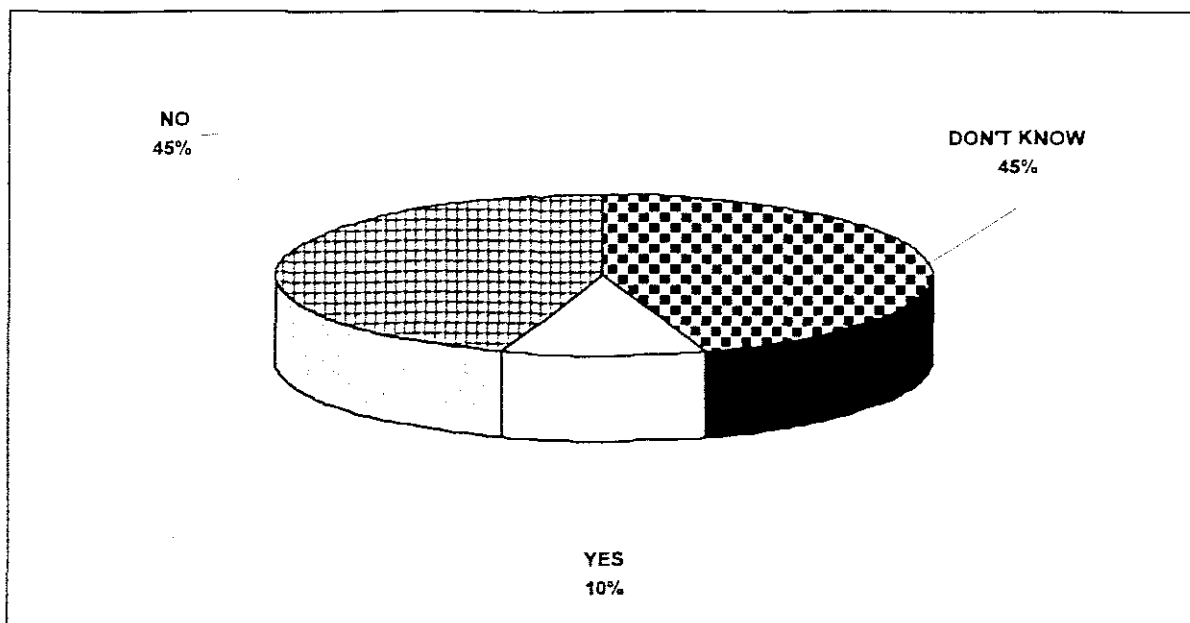


Figure 4.10 indicates that 45% (315) of the respondents agree that there is no cure for AIDS, 45% (315) of the respondents do not know whether there is any specific treatment for AIDS and 10% (70) agreed that there is a cure for AIDS. These results reveal that the majority 45% have positive attitudes towards the disease because they know there is no treatment and can assist HIV/AIDS sufferers to have positive attitudes not to spread the disease, because if they spread the disease to other pupils they may

arouse anger and probably be victimised for spreading the disease knowing very well that there is no cure.

The 10% who believe that there is a cure for HIV/AIDS may have negative attitudes towards the disease because they may probably believe that traditional healers can cure HIV/AIDS. They can regard HIV/AIDS sufferers as people spreading the disease if they do not go to traditional healers for the specific treatment they believe it cures the disease. Health education is needed to this group in instilling positive attitudes. This is supported by De Haan (1997:18) who maintains that health education is an active process directed at changing people's behaviour in health-related matters.

4.7 KNOWLEDGE ON PREVENTION OF HIV/AIDS FROM SPREADING

The aim was to identify the pupils knowledge on prevention of HIV/AIDS spread.

FIGURE 4.11: RESPONSES ON PREVENTION OF SPREAD OF HIV/AIDS FROM SPREADING (N=700)

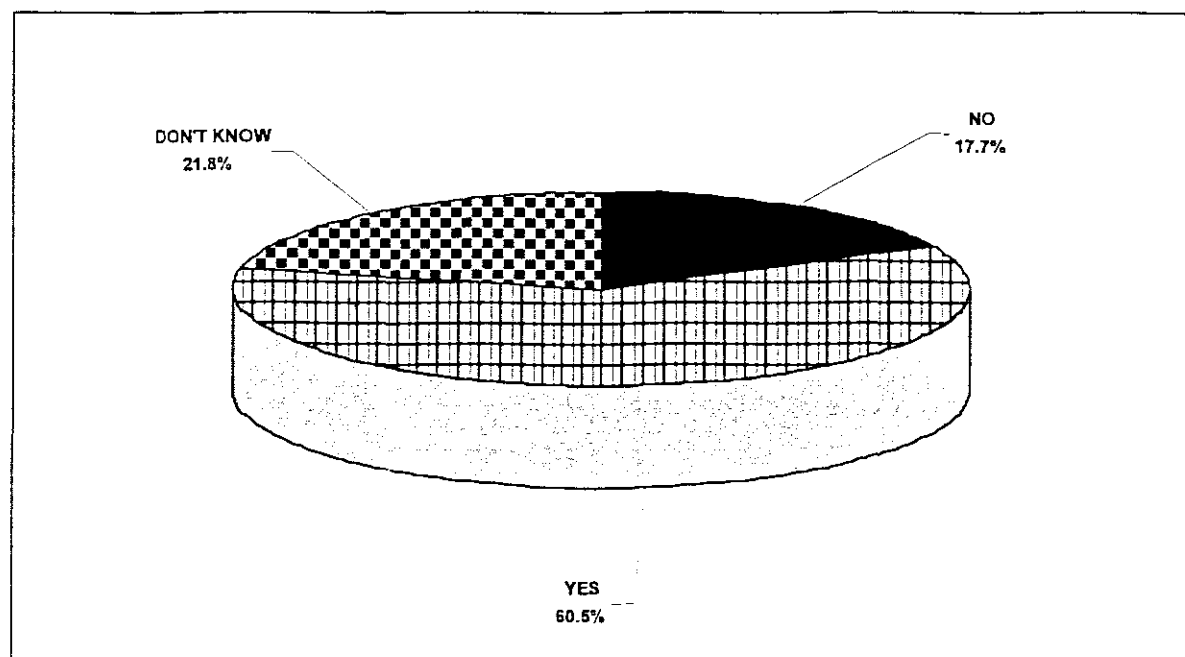


Figure 4.11 shows that 60,5% (423) of the respondents agree that AIDS can be prevented. This indicates that the majority of the respondents are aware that HIV/AIDS can be prevented which shows positive attitudes on HIV/AIDS prevention of spread. These findings are in contrast with the findings of Ubuane (2000:40) which reveals that youth was poorly informed with HIV/AIDS prevention. Health education, therefore, is important to empower youths with knowledge and skills to prevent the disease from spreading.

4.8 METHODS BY WHICH HIV/AIDS CAN BE PREVENTED

TABLE 4.2: WAYS/MEANS/METHODS BY WHICH HIV/AIDS PREVENTION (N=700)

METHOD	FREQUENCY	PERCENTAGE
By using a condom when having sex	475	67.9
By abstaining from sex	150	21.4
By using contraceptive treatment	16	2.3
By not using same utensils that are used by an HIV positive person	10	1.4
More than one of the above	49	7.0
TOTAL	700	100

Table 4.2 shows that 67,9% (475) of the respondents recommended the use of condoms when having sex; 21,4% (150) preferred abstaining from sex; 7.0 % preferred more than one of the above; 2.3% (16) preferred using contraceptives and 1.4% (10) preferred not using the same utensils that are used by an HIV positive person. The majority of the respondents are aware of how to protect themselves from HIV/AIDS.

The study reveals that the majority of respondents 67,9% (475) recommended condom use when having sex. These findings reveal positive attitudes towards HIV/AIDS prevention. Awareness of HIV/AIDS prevention can promote positive attitude towards HIV/AIDS sufferers because pupils will not be afraid to sit next to them or to play with them because of fear of contracting the disease.

Although in these findings abstinence is a small percentage, the behaviour can influence positive attitudes and good morals. Xulu (2001:123) who maintains that abstinence should be stressed to young adults as part of safer sex education, school teachers being involved in HIV/AIDS education as part of the school curriculum.

4.9 CAN YOU CONFIRM THAT A PERSON IS SUFFERING FROM AIDS BY MERE LOOKING

The aim of the question was to assess if the respondents would easily identify a person suffering from HIV/AIDS.

FIGURE 4.12: I CAN TELL FROM LOOKING AT SOMEONE WHETHER HE/SHE IS HIV POSITIVE (N=700)

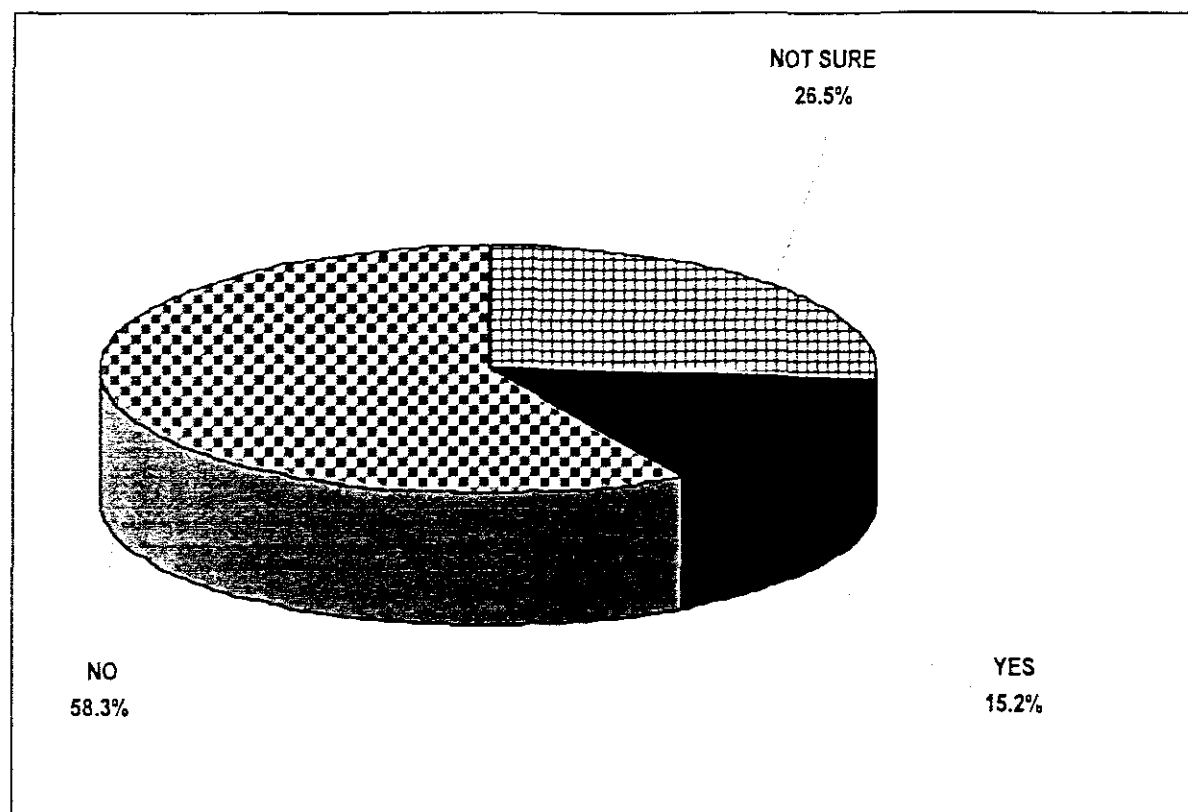


Figure 4.12 shows that 58,3% (408) of the respondents cannot tell from looking at someone his/her HIV status; 15.2% (107) can be able to tell from looking at someone his/her HIV status; 26.5% (185) were not sure. Although the majority is aware that they cannot tell from looking at someone whether he/she is HIV positive, the number of those who are not sure and the few who believe they can tell a person's status by looking indicate that people are still very afraid of the stigma attached to HIV/AIDS. Mthembu (2003:5) reported that a Durban teacher was on the verge of committing

suicide when told he was HIV positive, apparently the diagnosis was made without a blood test and the following day the blood test was done and it came back negative.

4.10 SIGNS AND SYMPTOMS OF AIDS

The reason to ask this question was to assess the background knowledge of pupils the signs and symptoms of AIDS because the distorted information of HIV/AIDS can affect their attitudes towards HIV/AIDS sufferers.

FIGURE 4.13: RESPONSE ON SIGNS AND SYMPTOMS OF AIDS (N=700)

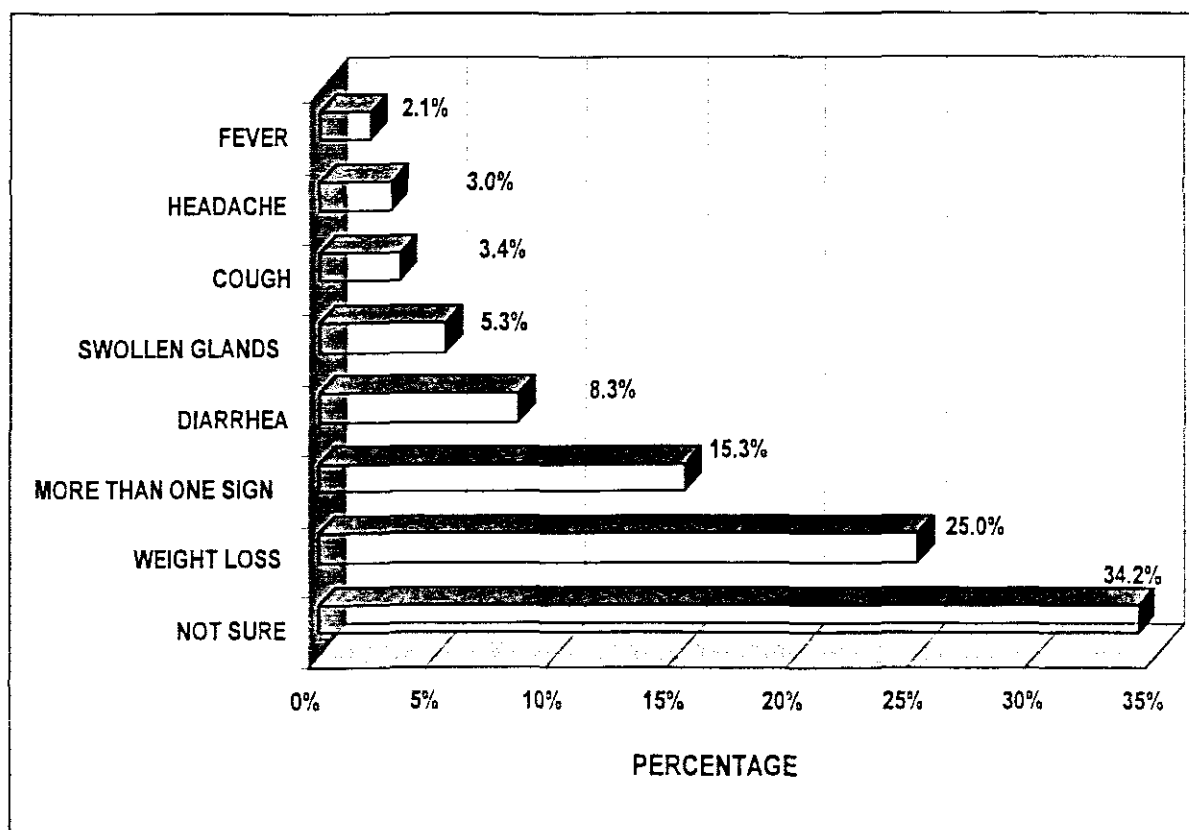


Figure 4.13 revealed that 34.2% (240) of the respondents of the respondents were not sure of the signs and symptoms of AIDS; 25% (176) indicated rapid weight loss; 15.3% (107) cited more than one sign; 8.3% (58) chronic diarrhea; 5.3% (37) mentioned swollen glands; 3.4 (24) cough; 3.1% (22) depression; 3.0% (21) severe headaches; 2.1% (15) fever. The findings reveal that the majority of the respondents are not sure

of the signs and symptoms of HIV/AIDS. The respondents do not know all the signs and symptoms of HIV/AIDS, so health education must be a continuous process to make sure that HIV/AIDS is known. This indicates a need for continuous health education to protect themselves against HIV/AIDS are taken, and to change negative attitudes towards people suffering from HIV/AIDS, such as stigma and discrimination.

4.11 PUPILS' ATTITUDES TOWARDS INFECTED INDIVIDUALS

The respondents were asked this question to determine whether they feel HIV/AIDS should be protected against discrimination.

FIGURE 4.14: PROTECTION OF HIV/AIDS SUFFERERS AGAINST DISCRIMINATION (N=700)

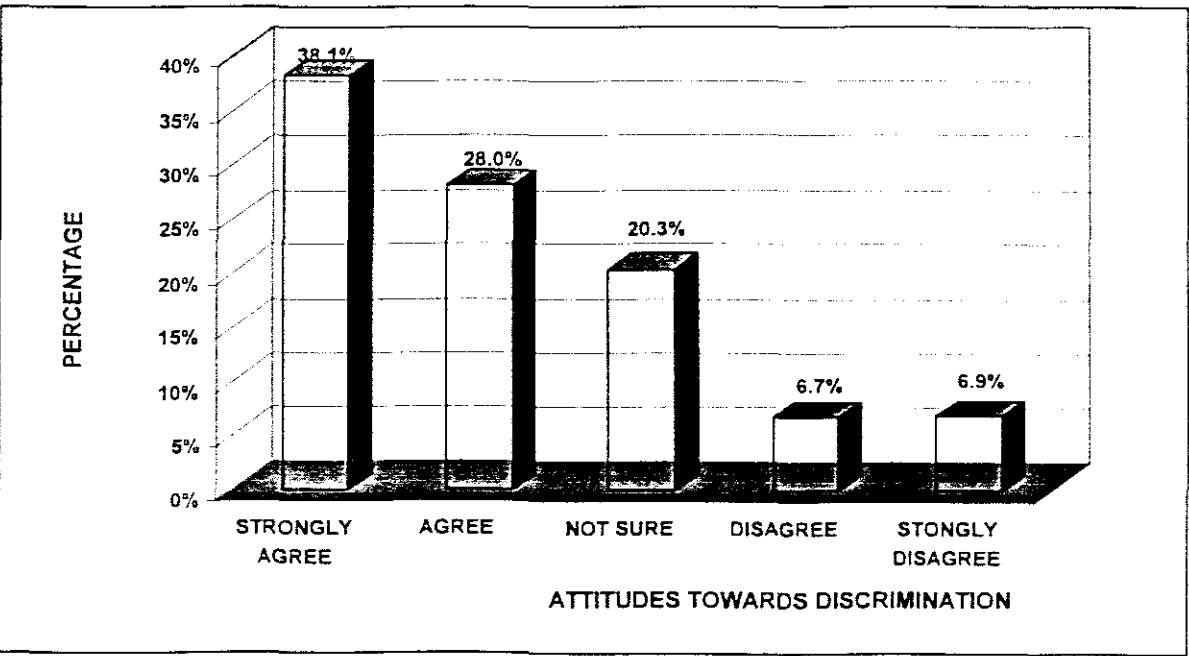


Figure 4.14 shows that cumulative percentage 66.1% (463) of the respondents are against discrimination of victims suffering from HIV/AIDS; 20.3% (142) of the respondents were not sure and only 13.6% (95) of the respondents supported discrimination of HIV/AIDS sufferers.

These findings reveal that the majority of respondents, 66.1% have positive attitudes towards HIV/AIDS sufferers, supported by Vilakazi (1995:25) in his findings indicates that 70% of the respondents were against discrimination and only 30% of the respondents supported discrimination. Although the majority have positive attitudes but the few respondents with negative attitudes towards HIV/AIDS and HIV/AIDS sufferers can make life difficult for HIV/AIDS sufferers and can even victimise them if they believe that they are spreading the disease.

The problem of discrimination against AIDS sufferers still exists in our communities; this is really challenging health education programmes. Msomi (2000:6) quoted Mdladlana (2000) saying "discrimination is rampant in South Africa despite a number of laws and sections of the constitution protecting HIV/AIDS positive people. The findings reveal positive attitudes of pupils towards HIV/AIDS sufferers because the majority of the respondents (66.1%) are against discrimination. However, a small percentage (30%) of respondents supported discrimination which indicates that some pupils may victimise HIV/AIDS sufferers.

Health education about HIV/AIDS is very important to combat discrimination against HIV/AIDS sufferers. This is supported by Van Dyk (2001:95) who maintains that combatting stigma, isolation, stereotypes and discrimination of people living with HIV/AIDS, prevention strategies will become more successful when HIV/AIDS is treated like any other disease and when people feel safe.

4.12 ISOLATION OF PEOPLE LIVING WITH HIV/AIDS

The respondents were asked this question to assess their attitudes towards isolation of HIV/AIDS sufferers due to fear of the disease.

FIGURE 4.15: ISOLATION OF PEOPLE LIVING WITH HIV/AIDS (N=700)

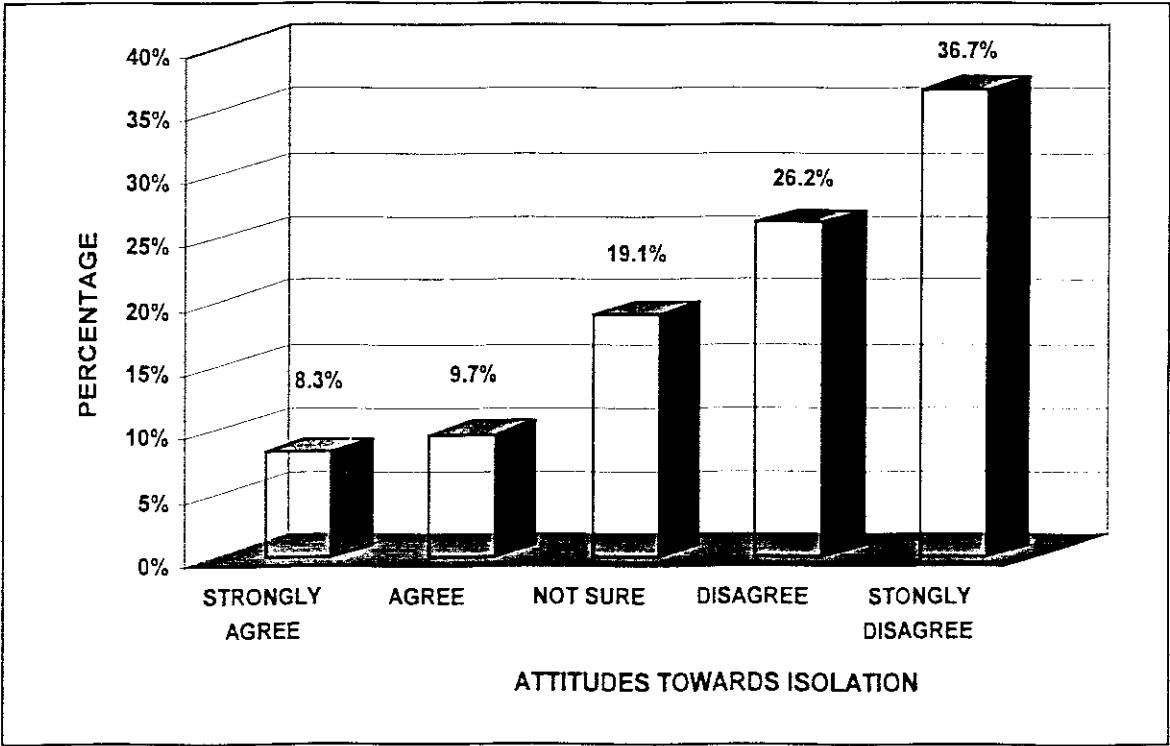


Figure 4.15 cumulative percentage 62.9% (440) indicates that HIV/AIDS sufferers should not be isolated; 19.1% (134) were not sure and only 18% (126) maintained that HIV/AIDS sufferers should be isolated. These findings reveal that the majority of respondents 62.9% have positive attitudes towards HIV/AIDS and HIV/AIDS sufferers, but 18% still have negative attitudes toward the disease and HIV/AIDS sufferers and discriminate against them if the isolation is not done. These findings are supported by Mbowane (1994:44) in her findings indicated that 57% of respondents held positive perception and 30% held negative attitudes towards HIV/AIDS sufferers because they supported isolation. This implies that there is a need for health education about which

means can HIV/AIDS be transmitted, so that people know the reason why people infected with AIDS should not necessarily be isolated.

4.13 ISOLATION OF PUPILS WITH HIV/AIDS

The question was asked to identify the attitudes of pupils towards infected pupils with HIV/AIDS.

FIGURE 4.16: DANGER OF ALLOWING PUPILS WITH AIDS TO ATTEND SCHOOL WITH HEALTHY CHILDREN (N=700)

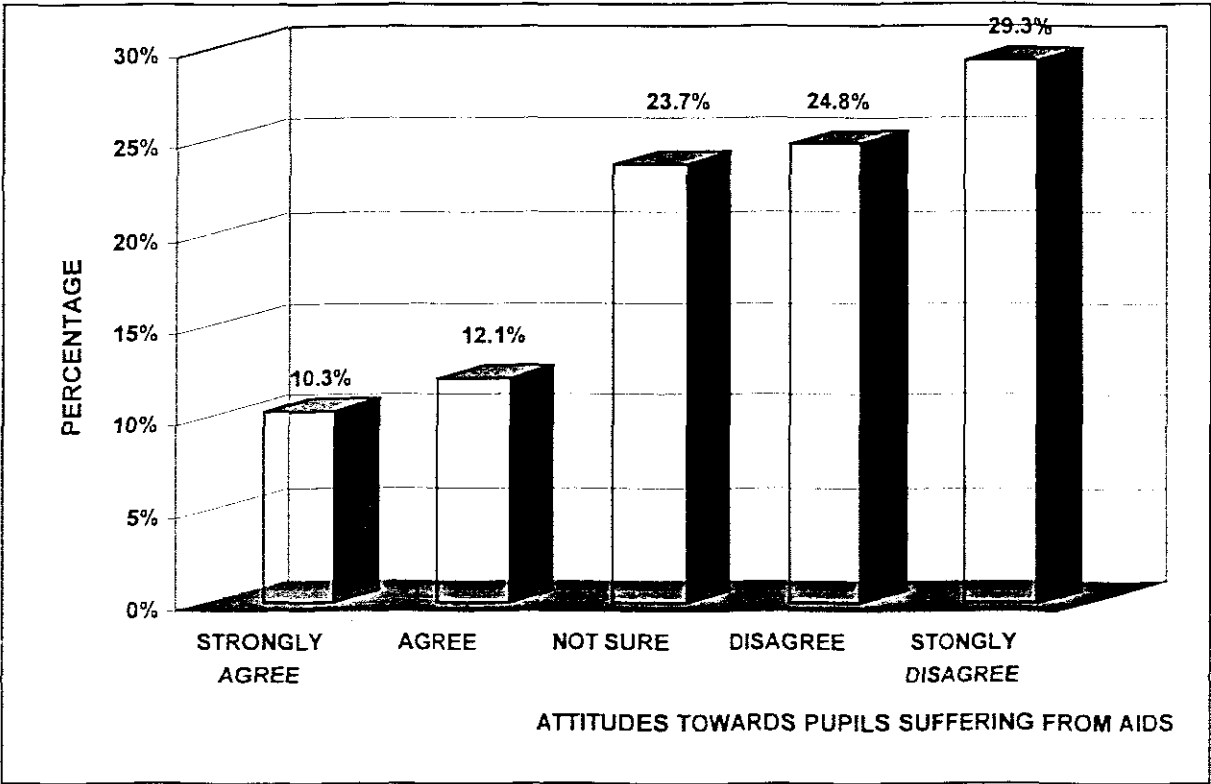


Figure 4.16 indicates that cumulative percentage 53.9% (377) of the respondents were not against pupils suffering from HIV/AIDS to attend school with healthy children, therefore, they have positive attitudes towards the disease and pupils suffering from HIV/AIDS.

However, the 22.4% (157) of the respondents believe that it is dangerous for pupils with AIDS to attend school with healthy children. This suggests that they have negative attitudes towards the disease and HIV/AIDS sufferers. Although the majority of respondents show positive attitudes towards HIV/AIDS and HIV/AIDS sufferers, the 22,4% (157) that is totally negative towards HIV/AIDS sufferers can make life very difficult for HIV/AIDS sufferers at school. This implies that teachers should play a crucial role in HIV/AIDS to eradicate misconceptions about HIV/AIDS and also instil positive attitudes to pupils. If pupils receive accurate information about the disease, they may be capable of learning important concepts about HIV/AIDS and negative attitudes can change to positive attitudes.

Schonfeld and Quackenbush (1996:3) maintain that children who receive accurate, clear age appropriate information is capable of learning important concepts about AIDS, how it is transmitted and how it can be prevented.

4.14 PARENTS RIGHTS ON PROTECTION OF THEIR CHILDREN TOWARDS HIV POSITIVE TEACHERS

The aim of this question was to investigate the attitudes of pupils towards HIV/AIDS teachers whether they like the intervention of their parents to decide on their behalf.

FIGURE 4.17: RIGHTS OF PARENTS TO DECIDE WHETHER HIV/AIDS POSITIVE TEACHERS SHOULD TEACH THEIR CHILDREN (N=700)

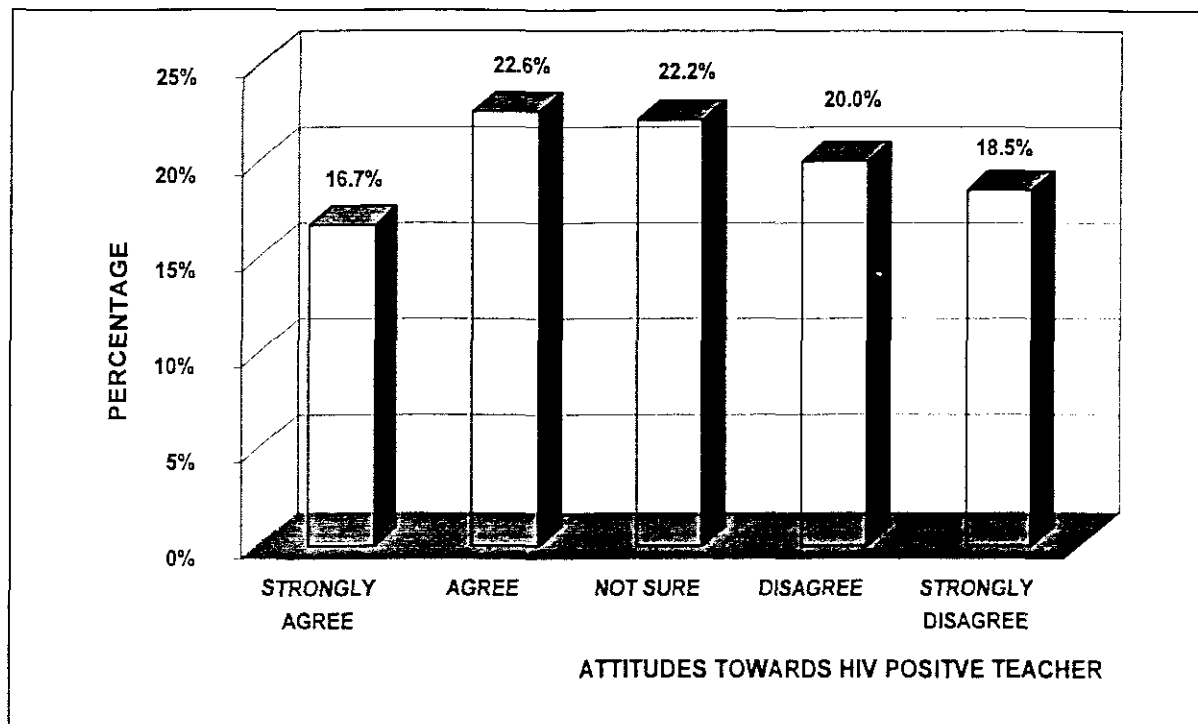


Figure 4.18 shows that cumulative percentage 39.3% (275) of the respondents agreed that parents have a right to decide whether HIV positive teachers should teach at schools. These findings reveal that pupils have negative attitudes towards teachers who are HIV positive hence they need the intervention of their parents. This is supported by Starkman (1988:18) who illustrated the attitudes of parents towards teachers suffering from HIV/AIDS by stating that one parent said to his children "all of you will suffer from HIV/AIDS from breathing same air in the classroom, everyone will leave the school if the teacher suffering from HIV/AIDS does not leave". Some parents still have negative attitudes towards people suffering from HIV/AIDS. Negative attitudes of parents towards HIV/AIDS can affect the attitudes of pupils towards HIV/AIDS sufferers. However, HIV/AIDS sufferers are to be respected like any person suffering from any disease. This is a legal requirement of Act 108 of 1996, Section 10 which says

"Everyone has inherent dignity and the right to have their dignity respected and protected."

4.15 PARENTS RIGHTS ON PROTECTION OF THEIR CHILDREN TOWARDS INFECTED PUPILS WITH HIV/AIDS

The aim of the question was to investigate the attitudes of pupils towards HIV/AIDS pupils whether they would like the intervention of their parents to decide on their behalf.

TABLE 4.3: RIGHTS OF PARENTS TO DECIDE WHETHER HIV/AIDS INFECTED PUPILS SHOULD ATTEND OR NOT (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	79	11.3
Agree	124	17.7
Not sure	186	26.6
Disagree	165	23.5
Strongly disagree	146	20.9
TOTAL	700	100

The 29% of respondents revealed negative attitudes hence they need the intervention of their parents. Negative attitudes towards HIV/AIDS sufferers makes pupils to be very afraid. This is supported by Starkman (1988:33) who states that one pupil was so afraid of contracting HIV/AIDS, he dreamed having AIDS and no one would go near him, all of his friends were running "AIDS" stay away! "AIDS! Stay Away".

The reasons for this dream he saw people suffering from AIDS being discriminated, even friends running away from them. Negative attitudes towards HIV/AIDS are not needed because they can affect normal people.

4.16 **ATTITUDES OF PUPILS TOWARDS HIV/AIDS SUFFERERS VISITING SCHOOLS ON AWARENESS CAMPAIGNS ABOUT HIV/AIDS**

The aim of this question was to investigate attitudes of pupils towards HIV/AIDS sufferers visiting schools talking about HIV/AIDS.

TABLE 4.4: PEOPLE WITH HIV/AIDS SHOULD NOT BE ALLOWED TO VISIT SCHOOLS TO TALK ABOUT THIS DISEASE BECAUSE THEY MAY INFECT PUPILS AND TEACHERS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	85	12.1
Agree	46	6.6
Not sure	68	9.7
Disagree	137	19.6
Strongly disagree	364	52.0
TOTAL	700	100

Table 4.4 reveals that 71.5% (501) of the respondents believe that HIV/AIDS infected people may visit schools and talk about the disease; 18.7% (131) of the respondents are against the HIV/AIDS sufferers visiting schools talking about the disease and only 9.7% (68) were not sure. These findings reveal positive attitudes towards HIV/AIDS sufferers. However, the 18.7% (131) of the respondents reveal negative attitudes towards HIV/AIDS sufferers. They may victimize the HIV/AIDS sufferers visiting their schools. Mbhele (1999:13) reported that those who disclosed their HIV positive status were threatened and even murdered.

4.17 **HIV/AIDS SUFFERERS ARE AT RISK IF THEY VISIT SCHOOLS TALKING ABOUT HIV/AIDS**

The question was asked to indicate if HIV/AIDS sufferers would be attacked if they visit schools by those pupils who are very afraid of HIV/AIDS.

TABLE 4.5: HIV/AIDS SUFFERERS ARE AT RISK IF THEY VISIT SCHOOLS, TALKING ABOUT THIS DISEASE, FROM BEING ATTACKED BY THOSE PUPILS WHO ARE VERY AFRAID OF HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	66	9.4
Agree	114	16.3
Not sure	211	30.2
Disagree	171	24.4
Strongly disagree	138	19.7
TOTAL	700	100

Table 4.5 indicates that 44.1% of the respondents have positive attitudes since they stated that HIV/AIDS sufferers are not at risk if they visit schools talking about HIV/AIDS. These positive attitudes can assist in peer group teaching to instil positive attitudes to other pupils who are still negative towards HIV/AIDS, and they can also assist to protect HIV/AIDS sufferers from being attacked by those pupils who are very afraid of the disease. However, 25.7% (180) indicated that HIV/AIDS sufferers may be attacked by those pupils who are very afraid of HIV/AIDS.

Although the majority of respondents, 44.1% (309) have positive attitudes towards HIV/AIDS sufferers, the 25.7% who have negative attitudes may discriminate, stigmatize, isolate or victimize the HIV/AIDS sufferers if they believe that they may contract the disease. This is supported by Ngcamu's (1991:33) findings on the research on attitudes towards HIV/AIDS, 35% of the respondents maintained that HIV/AIDS sufferers should be "legally killed" to prevent the spread of HIV/AIDS. It is important therefore that health education about HIV/AIDS must be a continuous process to protect HIV/AIDS sufferers.

4.18 SEPARATE SCHOOLS FOR HIV/AIDS PUPILS

The aim of this question was to identify attitudes of pupils towards HIV/AIDS positive pupils.

TABLE 4.6: SEPARATE SCHOOLS FOR PUPILS WITH HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	110	15.7
Agree	119	17.0
Not sure	111	15.9
Disagree	149	21.3
Strongly disagree	211	30.1
TOTAL	700	100

Table 4.6 shows that 51.4% (360) of the respondents were against HIV/AIDS pupils having their own schools and teachers; 32.7% (229) were for the separation of HIV/AIDS pupils and only 15.9% were not sure. These findings reveal positive attitudes towards infected pupils. The pupils with positive attitudes can assist other pupils who are still negative and help them to develop positive attitudes, empathy and love for pupils infected with HIV/AIDS. However, the 32.7% who are negative towards HIV/AIDS pupils can make HIV/AIDS pupils miserable at school by isolating and discriminating them. Msomi (2000:6) maintains that discrimination is rampant in South Africa despite a number of laws and sections of the constitution protecting HIV/AIDS positive people.

4.19 CULTURAL FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS

The aim of the question was to identify cultural beliefs that can influence attitudes of pupils towards the disease, like witchcraft.

TABLE 4.7: HIV/AIDS IS CAUSED BY WITCHCRAFT (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	32	4.6
Agree	33	4.7
Not sure	189	27
Disagree	155	22.1
Strongly disagree	291	41.6
TOTAL	700	100

Table 4.7 reveals that the majority of respondents, 63.7% (446) do not believe that HIV/AIDS is caused by witchcraft; 27% (189) were not sure and 9.3% (65) believed

that HIV/AIDS is caused by witchcraft. These results show that health education about HIV/AIDS in schools is eradicating some of the misconceptions about HIV/AIDS that it is caused by witches.

Van Dyk (2001:113) maintains saying that witches or sorcerers are usually blamed for illnesses and misfortune in traditional African societies. Therefore the small percentage of 9.3% (65) who believe that HIV/AIDS is caused by witchcraft indicates attitudes on various cultural beliefs about diseases. Health education may change negative attitudes to positive.

4.20 INDICATIONS ON ATTITUDES OF VARIOUS CULTURAL BELIEFS OF WITCHES AND SORCERERS

The aim of this question was to identify cultural beliefs about witchcraft.

TABLE 4.8: HIV/AIDS HAS NOTHING TO DO WITH WITCHCRAFT (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	211	30.1
Agree	181	25.9
Not sure	163	23.3
Disagree	78	11.1
Strongly disagree	67	9.6
TOTAL	700	100

Table 4.8 reveal that the majority of respondents 56% (392) are positive towards the disease, they may assist other pupils who believe that HIV/AIDS is caused by witchcraft. However, the smaller percentage of 20.7% (145) who believe that HIV/AIDS is caused by witchcraft may have negative attitudes towards HIV/AIDS. This may be due to pupils' socialization and background believing that diseases which are unknown are caused by witches. This is supported by Van Dyk (2001:116) who maintains that experience has taught AIDS educators working in Africa, that to ignore and ridicule traditional witchcraft beliefs have adverse effects on their HIV/AIDS prevention programmes. Many traditional Africans believe that witches or sorcerers use sexual

intercourse as the contact point for their medicine or spells to infect people with STD's and HIV.

4.21 RESTRICTION OF HIV/AIDS SUFFERERS ON CULTURAL RITUALS

This question was asked to identify attitudes on various cultural beliefs and rituals whether HIV/AIDS are free to participate and mix with other people during these ceremonies.

TABLE 4.9: HIV/AIDS SUFFERERS MUST NEVER MIX FREELY WITH OTHER PEOPLE (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	47	6.7
Agree	99	14.1
Not sure	134	19.1
Disagree	245	35.1
Strongly disagree	175	25
TOTAL	700	100

Table 4.9 reveals the majority 60.1% (420) of the respondents accepts that HIV/AIDS sufferers must mix freely with other people; 19.1% (134) were not sure and 20.8% (146) believed that HIV/AIDS sufferers must not mix with other people. Findings revealed positive attitudes towards HIV/AIDS sufferers. They also revealed that 20.8% (146) of the respondents believed that HIV/AIDS sufferers must not mix with other people, this shows that some pupils still have negative attitudes towards HIV/AIDS sufferers. These findings are supported by Nzimande (2000:60) who states that there is no need for isolating people suffering from HIV/AIDS from friends and family, since living positively with HIV/AIDS means that one can make the best of his/her life as a person.

4.22 FREE MIXING OF HIV/AIDS SUFFERERS WITH PEOPLE DURING CULTURAL CEREMONIES AND RITUALS

This question was asked to identify if HIV/AIDS sufferers are allowed ceremonies and rituals.

TABLE 4.10: HIV/AIDS PEOPLE MUST MIX FREELY WITH OTHER PEOPLE (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	192	27.4
Agree	244	34.9
Not sure	123	17.5
Disagree	90	12.8
Strongly disagree	51	7.4
TOTAL	700	100

Table 4.10 shows that the majority of the respondents 62.3% (436) agree that HIV/AIDS sufferers must mix freely with other people; 17.5% (123) were not sure and 20.2% (141) believed that HIV/AIDS people must not mix with other people. Although the majority accepts HIV/AIDS sufferers, but the 20.2% (141) who are still negative towards HIV/AIDS sufferers which indicate that some pupils are still afraid to mix with HIV/AIDS sufferers.

4.23 CULTURALLY IT IS BELIEVED TRADITIONAL HEALERS CAN CURE HIV/AIDS

The aim of this question was to identify the attitudes towards traditional treatment because cultural beliefs can have influence on HIV/AIDS.

TABLE 4.11: TRADITIONAL HEALERS CAN HAVE A CURE FOR HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	39	5.6
Agree	64	9.1
Not sure	278	39.7
Disagree	163	23.3
Strongly disagree	156	22.3
TOTAL	700	100

Table 4.11 indicates that 45.6% (319) of the respondents are aware that traditional healers cannot cure HIV/AIDS; 39.7% (278) were not sure and only 14.7% (103) believed that traditional healers can cure HIV/AIDS. Findings revealed that the majority of respondents, 45.6% (319) are aware that traditional healers cannot cure HIV/AIDS because there is no cure for HIV/AIDS. Therefore, they may portray positive attitudes towards the disease. This may be due to community outreach programmes teaching pupils about HIV/AIDS. However, Shikibane (1997:53) maintains that traditional healing should not be neglected in decreasing the spread of HIV/AIDS because traditional healers' methods fit in with local beliefs and customs.

There is still a need for health education for the few 14.7% (103) who believe that HIV/AIDS can be cured by traditional healers, because there is no cure for HIV/AIDS. Visagie (1999:55) maintains that neither medical doctors nor traditional healers have drugs that can destroy the virus.

4.24 CULTURAL BELIEFS ABOUT TREATMENT OF HIV/AIDS

The aim was to identify the attitudes towards traditional treatment.

TABLE 4.12: TRADITIONAL HEALERS CANNOT CURE AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	135	19.3
Agree	152	21.7
Not sure	246	35.1
Disagree	98	14.1
Strongly disagree	69	9.8
TOTAL	700	100

Table 4.12 shows that the majority of respondents 41% (287) stated that traditional healers cannot cure AIDS; 35.1% (246) were not sure and only 23.9% (167) stated that traditional healers can cure HIV/AIDS.

The findings revealed that the majority of respondents 41 (287) have positive attitudes towards HIV/AIDS, they may protect themselves and practice safe sex because they know that there is no cure for HIV/AIDS.

However, 23.9% (167) who stated that traditional healers can cure HIV/AIDS need more health education because they may not protect themselves if they believe that they will be treated by traditional healers. They may also spread the disease. Van Dyk (2001:116) maintains that programmes should recognize the beliefs that the personal or ultimate cause of an illness may be witchcraft but the fact should be stressed that the immediate cause is a 'germ' which is sexually transmitted.

4.25 PUPILS MAY ASSOCIATE THE DISEASE WITH CERTAIN PEOPLE AND MAY THINK THAT THEY ARE SAFE IF THEY DO NOT BELONG TO THAT SUB-CULTURE

The aim was to identify cultural beliefs that HIV/AIDS can affect prostitutes and gay people.

TABLE 4.13: HIV/AIDS IS ASSOCIATED WITH PROSTITUTES AND GAY PEOPLE THEREFORE I CANNOT SUFFER FROM IT (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	90	12.8
Agree	88	12.6
Not sure	179	25.5
Disagree	154	22.1
Strongly disagree	189	27.0
TOTAL	700	100

Table 4.13 shows that 49.1% (343) of the respondents do not believe that HIV/AIDS is associated with prostitutes and gay people. This indicates that pupils are aware that AIDS does not discriminate between people, anyone can suffer from HIV/AIDS. These findings are supported by Visagie (1999:16) who maintains that AIDS is not a homosexual ('gay') disease because in South Africa heterosexuals have been identified as the highest-risk group.

However, the findings revealed that some 24.5% (178) believed that HIV/AIDS is associated with prostitutes and gay people, therefore, they cannot suffer from it. The findings revealed that some respondents 24.5% lack knowledge about how the disease can be contracted. They may have negative attitudes towards prostitutes (sex workers) and gay people regarding them as people who are spreading the disease. This shows lack of knowledge about how the disease can be contracted. The health educators must be aware of the number of people who are still ignorant about the disease. It is a challenge to all health educators to teach pupils about the HIV/AIDS until everybody is aware of the dangers of this disease. Lack of knowledge may lead to negative

attitudes towards HIV/AIDS and HIV/AIDS sufferers.

4.26 **HIV/AIDS IS NOT ASSOCIATED WITH PROSTITUTES AND GAY PEOPLE ONLY ANYONE CAN SUFFER FROM IT**

The aim was to identify cultural beliefs that HIV/AIDS does not affect prostitutes and gay people.

TABLE 4.14: HIV/AIDS IS NOT ASSOCIATED WITH PROSTITUTES AND GAY PEOPLE ONLY ANYONE CAN SUFFER FROM IT (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	303	43.2
Agree	192	27.4
Not sure	88	12.6
Disagree	60	8.6
Strongly disagree	57	8.2
TOTAL	700	100

Table 4.14 shows that 70.6% (495) of the respondents were aware that HIV/AIDS is not associated with prostitutes and gay people only, anyone can suffer from it. The results reveal positive attitudes towards HIV/AIDS and HIV/AIDS sufferers. Also supported by Visagie (1999:17) who maintains that everybody is at risk whether heterosexual or homosexual, because HIV infection is about what you do and not who you are.

The 16.8% (117) of the respondents who stated that HIV/AIDS is associated with prostitutes and gay people show negative attitudes towards the disease and HIV/AIDS sufferers who may be labelled as people engaging in prostitution and homosexual activities, which is not accepted in the black culture, regarded as a taboo. HIV/AIDS sufferers may be exposed to rejection and harsh punishment by the black communities.

The 16.8% (117) of the respondents may not take necessary precautions to prevent

HIV/AIDS infection if they regard the disease as associated with prostitutes and gay people only.

Therefore, health education about HIV/AIDS is very important so as to protect HIV/AIDS sufferers from being attacked because some people perceive AIDS as a form of punishment from God for homosexuality and promiscuity (Shikibane, 1997:47).

4.27 CULTURALLY YOUTH MAY NOT DISCUSS SEXUALLY TRANSMITTED DISEASES INCLUDING HIV/AIDS WITH THEIR PARENTS

The aim of this question was to identify if pupils are free to talk about HIV/AIDS with their parents.

TABLE 4.15: IT IS EMBARRASSING TO DISCUSS HIV/AIDS WITH PARENTS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	93	13.3
Agree	136	19.5
Not sure	76	10.8
Disagree	219	31.2
Strongly disagree	176	25.2
TOTAL	700	100

Table 4.15 reveals that the majority of respondents 56.4% (395) agrees that it was not embarrassing to them to discuss HIV/AIDS with their parents. This implies that some of the misconceptions about HIV/AIDS, which may lead to negative attitudes towards the disease, may be correct. However, the smaller percentage 32.8% (229) with negative attitudes towards talking about HIV/AIDS with their parents still need health education to highlight the importance of talking to their parents about diseases and to ask questions to avoid distorted information and misconceptions about HIV/AIDS.

The involvement of parents can prevent the discrimination and torture of HIV/AIDS sufferers provided parents themselves have positive attitudes towards the disease and

HIV/AIDS sufferers. These results are supported by Catalan *et al.* (1997:14) who maintain that many adolescents find issues relating to sex awkward, embarrassing and difficult to discuss.

4.28 **CULTURALLY YOUTH MAY NOT DIVULGE THE INFORMATION ABOUT THE USE OF CONDOMS TO THEIR PARENTS**

The aim was to identify if pupils are free to talk about condoms to their parents.

TABLE 4.16: MY PARENTS CAN PUNISH ME SEVERELY IF THEY DISCOVER THAT I AM USING CONDOMS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	65	9.3
Agree	65	9.3
Not sure	152	21.7
Disagree	178	25.4
Strongly disagree	240	34.3
TOTAL	700	100

Table 4.16 reveals that of 59.7% (418) of the respondents stated that their parents would not punish them if they discover that they are using condoms. This shows that HIV/AIDS awareness campaigns about the dangers of contracting the disease are improving. Pupils would prefer to use condoms instead of exposing themselves to HIV/AIDS infection, hence they stated that their parents would not punish them if they discover that they are using condoms.

However, 18.6% (130) cited that their parents would punish them if they discovered they were using condoms. The negativity towards condom use may be due to cultural beliefs that pupils must maintain their virginity. This is supported by Catalan, Sherr and Hedge (1997:9) who maintains that cultural differences in male and female relation also suggest ethnic differences in condom use.

Shikibane (1997:28) further explains the impact of cultural values by saying "some

parents are too embarrassed to discuss sex with children because of their own upbringing that sex is dirty and wrong”.

4.29 POLYGAMY IS STILL ACCEPTED AS A NORMAL CULTURAL PRACTICE AMONGST BLACKS

This question was asked to identify cultural beliefs about men to have a right to many partners.

TABLE 4.17: CULTURAL VALUES FOR MEN TO HAVE MANY PARTNERS (N=700)

RESPONSES	FREQUENCY	PERCENTAGE
Strongly agree	41	5.8
Agree	76	10.8
Not sure	198	28.2
Disagree	176	25.2
Strongly disagree	209	30.0
TOTAL	700	100

Table 4.17 shows that according to 55.2% (385) of the respondents believed that a man has no right to have many partners, this shows the impact of modern life and Christian values which are against polygamy and many partners. This shows positive attitudes towards HIV/AIDS, because the spread of HIV/AIDS can be prevented if this attitude by young coming generation is maintained.

Only 16.6% (117) of the respondents agreed that it is accepted for a man to have many partners regardless, this is supported by Shikibane (1997:47) who maintains that polygamy and concubinage are still accepted a normal cultural practice amongst Blacks.

Health education is still very important about AIDS awareness.

4.30 CULTURAL VALUES ON CONDOM USE BY YOUNG BOYS AND GIRLS RELATING TO HIV/AIDS PREVENTION

The aim of this question was to identify cultural values about use of condoms in HIV/AIDS prevention.

TABLE 4.18: IT IS EMBARRASSING TO TALK ABOUT CONDOMS BECAUSE YOUNG BOYS AND GIRLS DO NOT RELATE THIS PRACTICE TO HIV/AIDS PREVENTION (N=700)

RESPONSES	FREQUENCY	PERCENTAGE
Strongly agree	76	10.8
Agree	132	18.8
Not sure	117	16.7
Disagree	218	31.2
Strongly disagree		
TOTAL	700	100

Table 4.18 revealed that according to 53.7% (375) were not embarrassed to talk about condoms. This shows positive attitudes towards the disease because they may abstain from sex or practice safe sex by using condoms to protect themselves from HIV/AIDS infections.

However, 29.6% (208) were embarrassed to talk about condoms. This implies that they are negative towards condom use, they may not practice safe sex. This may be due to cultural beliefs as cited by Catalan, Sherr and Hedge (1997:14) who reported that negative attitudes towards condom use is associated with 'promiscuity', therefore, many adolescents find issues relating to condom use as awkward and embarrassing.

4.31 POLITICAL BELIEFS ABOUT HIV/AIDS

The reason to ask this question was to assess the influence of political beliefs which can affect the attitudes of pupils towards HIV/AIDS.

TABLE 4.19: RESPONSE TO A QUESTION I SUSPECT POLITICAL INTERFERENCE IN THE EPIDEMIC OF HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	57	8.1
Agree	95	13.6
Not sure	315	44.9
Disagree	122	17.5
Strongly disagree	111	15.9
TOTAL	700	100

Table 4.19 showed that 44.9% (315) of respondents were not sure; 33.4% (233) did not suspect political interference in the HIV/AIDS epidemic and only 21.7% (152) suspected political interference. The majority of 44.9% (315) were not sure. This reveals different perceptions of respondents about political interference in HIV/AIDS epidemic. It is possible that the history of political violence in the province may create some confusion in the minds of the pupils hence the majority of 44.9% were not sure.

However, Ngcamu (1991:34) reveals that respondents believed that AIDS was a political propaganda aimed at reducing certain racial groups. Visagie (1999:17) maintains that everybody is at risk, whether one is White, Black, Coloured or Asian, because HIV infection is about what one does and not who you are. Health education is important so that pupils may understand clearly that AIDS does not discriminate between people.

4.32 POLITICAL BELIEFS ABOUT THE COMMITMENT OF THE GOVERNMENT TO FIGHT HIV/AIDS

The aim of this question was to identify if the youth is satisfied about the programmes initiated by the government to fight HIV/AIDS.

FIGURE 4.18: THE GOVERNMENT IS DOING ENOUGH TO FIGHT HIV/AIDS IN SOUTH AFRICA (N=700)

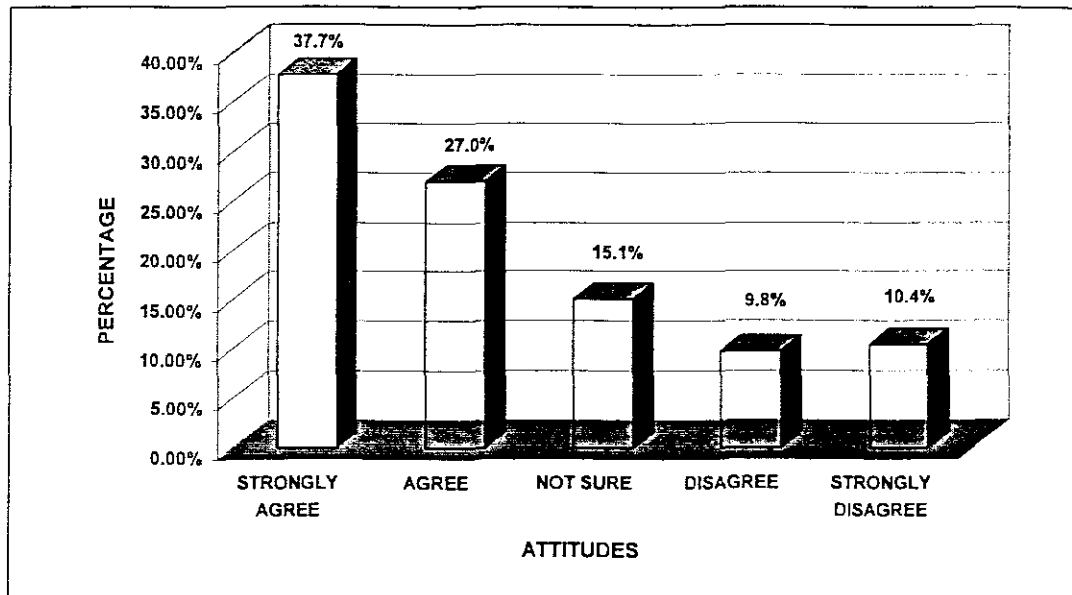


Figure 4.19 reveals that 64.7% (453) of the respondents believed that the government is doing enough to fight HIV/AIDS in South Africa. 20.2% (141) believed that the government is not doing enough to fight HIV/AIDS in South Africa and only 15.1% (106) were not sure. The results revealed that the majority of respondents have positive attitudes towards programmes initiated by the government about HIV/AIDS, therefore, attitudes towards HIV/AIDS and HIV/AIDS sufferers may change from negative to positive. These findings are being supported by Government Communications (2003:1) by saying "the fight against AIDS has many fronts that are prevention, treatment, care and support."

Mercury correspondents (2002:20) further reported that former president Mandela backed official policies on HIV/AIDS in South Africa as best in the world.

The few respondents that believed the government are not doing enough to fight HIV/AIDS may have negative attitudes toward HIV/AIDS and HIV/AIDS sufferers may be involved in toyi-toyi fighting for their rights to get the treatment for AIDS prevention.

Government communications (2003:11) stated that the fight against AIDS has many fronts: prevention, treatment, care and support.

4.33 **POLITICAL BELIEFS ABOUT THE SPREAD OF HIV/AIDS**

The aim of this question was to identify whether youth suspected the apartheid era for the spread of HIV/AIDS.

TABLE 4.20: APARTHEID ERA PROMOTED THE SPREAD OF HIV/AIDS IN SOUTH AFRICA (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	68	9.7
Agree	94	13.4
Not sure	292	41.7
Disagree	139	19.9
Strongly disagree	107	15.3
TOTAL	700	100

Table 4.20 reveals that the majority of respondents 41.7% (292) were not sure whether the apartheid era promoted the spread of HIV/AIDS, 35.2% (246) cumulative percentage disagreed and 23.1% (162) stated that the apartheid era promoted the spread of HIV/AIDS in South Africa.

Shikibane (1997:58) who maintains that "AIDS revealed and aggravated the social prejudices, economic inequalities, discriminatory practices and political injustices that has been the cornerstone of apartheid." Health education is very important to address these problems of HIV infections such as eradication of poverty and improve socio-economic conditions. However, Visagie (1999:56) maintains that poor socio-economic conditions are a breeding-ground for HIV through poverty, crime, violence and rape. Therefore, political interference may affect the attitudes of pupils toward HIV/AIDS whether positive or negative.

4.34 **POLITICAL INTERFERENCE IN THE SPREAD OF HIV/AIDS**

The aim of this question was to identify whether youth did not suspect any political interference in the spread of HIV/AIDS.

TABLE 4.21: APARTHEID ERA HAS GOT NOTHING TO DO WITH HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	111	15.9
Agree	227	32.4
Not sure	187	26.7
Disagree	114	16.3
Strongly disagree	61	8.7
TOTAL	700	100

Table 4.21 reveals that 48.3% (338) of the respondents stated that the apartheid era had nothing to do with HIV/AIDS; 26.7% (187) were not sure and only 25% (175) stated that apartheid era promoted the spread of HIV/AIDS.

The findings revealed positive attitudes towards HIV/AIDS because the majority, 48.3% stated that apartheid had nothing to do with AIDS, positive attitudes of youth will also promote peace, love and respect as one rainbow nation.

According to the constitution of the Republic of South Africa, Act 108 of 1996, Section 185(1)(b) to promote and develop peace, friendship, humanity, tolerance and national unity among cultural religions and linguistic communities is very important.

4.35 **GOVERNMENT SHOULD PROTECT THE PUBLIC BY PUNISHING SEVERELY THOSE WHO ARE HIV POSITIVE SPREADING THE DISEASE DELIBERATELY**

The aim was to identify whether pupils are aware that it is illegal to spread any disease including HIV/AIDS deliberately.

TABLE 4.22: THE GOVERNMENT SHOULD PUNISH SEVERELY ALL THOSE WHO ARE HIV POSITIVE AND SPREADING THE DISEASE DELIBERATELY (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	142	20.3
Agree	130	18.6
Not sure	77	11.0
Disagree	134	19.1
Strongly disagree	217	31.0
TOTAL	700	100

Table 4.22 shows that 50.1% (351) of the respondents stated that they were against the punishment of those people who are HIV positive spreading the disease deliberately; 38.9% (272) stated that the government should severely punish all those who are spreading the disease deliberately and only 11% (77) of the respondents were not sure. The majority of respondents 50.1% (351) revealed positive attitudes toward HIV/AIDS because they are against punishment. But the 38.9% (272) stated that the government should severely punish all those who are spreading the disease deliberately. The findings revealed negative attitudes towards HIV/AIDS, because although it is illegal to spread diseases, that does not mean people must be punished severely. This also reveals that some of the respondents can punish people severely if they discover that they are spreading the disease deliberately.

4.36 GOVERNMENT STANDPOINT ON DISTRIBUTION OF CONDOMS AT HIGH SCHOOLS

The aim of this question was to identify the expectations of pupils about the distribution of condoms at high schools.

FIGURE 4.19: RESPONSES TO A QUESTION CONDOMS SHOULD BE DISTRIBUTED FREELY AT HIGH SCHOOLS (N=700)

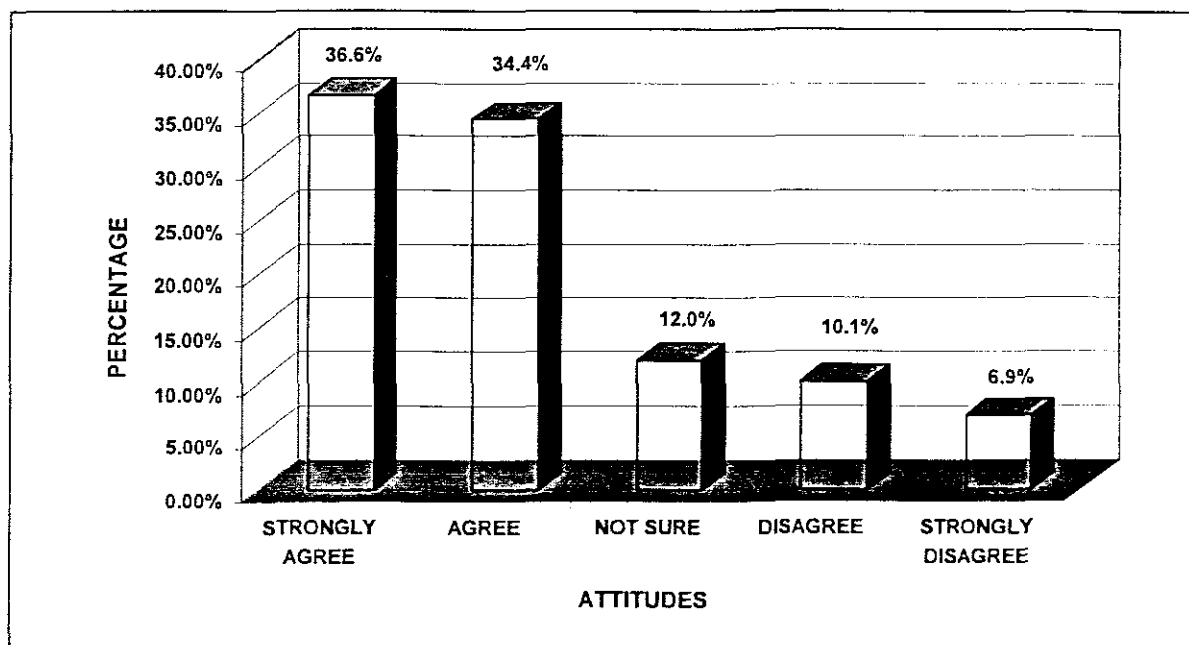


Figure 4.20 showed that 71% (497) of the respondents wanted the government to distribute condoms freely at high schools. Seventeen percent (119) were against distribution of condoms at high schools and only 12% (84) were not sure. These findings revealed that 71% of high school pupils are more likely to be involved in sexual activities, therefore, they need condoms to protect themselves. They are aware that HIV/AIDS prevention is important, therefore, they are likely to have positive attitudes toward HIV/AIDS and HIV/AIDS sufferers. Those who are HIV positive may be responsible to use condoms and prevent the spread of HIV/AIDS.

The 17% (119) who are against the distribution of condoms may feel that the government is promoting promiscuity by distributing the condoms freely. Pupils who are sexual active may not use condoms if they feel they will be regarded as pupils with low morals. Kalibala (2000:23) maintains that children start sex quite early in their adolescence, giving an example that 65% of 11 – 19 year olds in Lusaka are sexually active. Kalibala further maintains that other factors that contribute to HIV/AIDS to

youths are lack of recreational facilities, poor living conditions and negative attitudes towards condom use.

4.37 **GOVERNMENT STANDPOINT ON DISTRIBUTION OF CONDOMS TO HIGH SCHOOLS**

The reason was to identify the reaction of pupils about the government being against the distribution of condoms at high schools.

TABLE 4.23: THE GOVERNMENT SHOULD NOT ALLOW THE DISTRIBUTION OF CONDOMS TO HIGH SCHOOL PUPILS BECAUSE IT WILL LOWER MORAL VALUES AND INCREASE PROSPECT OF HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	87	12.4
Agree	130	18.6
No sure	127	18.1
Disagree	187	26.8
Strongly disagree	169	24.1
TOTAL	700	100

Table 4.23 reveals that 50.9% (365) of the respondents stated that the government should distribute condoms to high schools. This shows positive attitudes toward HIV/AIDS prevention if they are aware that they are sexually active they need protection.

The 31% (217) of the respondents stated that the government should not allow the distribution of condoms at high schools because that will lower moral values and increase prospect of HIV/AIDS. The findings revealed negative attitudes towards condom use. Davids (2002:2) reported that the Zulu King called on a return to cultural roots and practices with a direct message of abstinence before marriage and also put an emphasis on virginity testing as a cultural and dignified practice.

4.38 **GOVERNMENT STANDPOINT ON DISTRIBUTION OF ZIDOVUDINE (AZT) TO HIV/AIDS SUFFERERS**

To identify the expectations of respondents in the distribution of AZT to HIV/AIDS sufferers.

TABLE 4.24: THE GOVERNMENT SHOULD SUPPLY MEDICINE CALLED ZIDOVUDINE (AZT) TO HIV/AIDS SUFFERERS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	190	27.1
Agree	221	31.6
Not sure	207	29.6
Disagree	51	7.2
Strongly disagree	31	4.4
TOTAL	700	100

Table 4.24 reveals that 58.7% (411) of the respondents stated that the government should supply Zidovudine (AZT) to HIV/AIDS sufferers. This shows positive attitudes towards HIV/AIDS sufferers. The 29.6% (207) were not sure and only 11.6% (82) were against the supply of Zidovudine (AZT) to HIV/AIDS sufferers. This shows negative attitudes towards HIV/AIDS. Visagie (1999:55) maintains that neither medical doctors nor traditional healers have drugs that can destroy the virus.

4.39 **GOVERNMENT STANDPOINT IN PROTECTING HIV/AIDS SUFFERERS TO SIDE-EFFECTS OF ANTIVIRAL DRUGS (ZIDOVUDINE – AZT)**

To identify the reactions of respondents in the distribution of Zidovudine (AZT) to HIV/AIDS sufferers.

TABLE 4.25: THE GOVERNMENT MUST NOT EXPOSE HIV/AIDS SUFFERERS TO DANGEROUS SIDE-EFFECTS OF AZT (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	58	8.3
Agree	135	19.3
Not sure	333	47.6
Disagree	118	16.8
Strongly disagree	56	8
TOTAL	700	100

Table 4.25 reveals that 47.6% (333) of the respondents were not sure; 27.6% (193) cited that the government must not expose HIV/AIDS sufferers to dangerous side-effects of AZT and only 24.8% (174) stated that the government will not be exposing HIV/AIDS sufferers to dangerous side-effects of AZT. The findings revealed that respondents' attitudes towards the treatment of AZT are not certain, they are afraid of the side-effects, the respondents have fears of the unknown probably because the traditional medicine they are expose to, side effects are not mentioned. Cultural norms and beliefs such as traditional treatment may influence the attitudes of pupils towards the treatment of HIV/AIDS with AZT.

The 27.6% (193) that cited that HIV/AIDS sufferers must not be exposed to dangerous side-effects of AZT is supported by Mazibuko (2002:7) who maintains that HIV/AIDS sufferers must not be exploited by researchers used as guinea pigs for treatment. Seepe (2002:1) further reported that Mokaba criticized the use of nevirapine as dangerous. Therefore, health workers must be aware of those HIV/AIDS sufferers who do not want AZT.

4.40 RELIGIOUS FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS

The aim was to identify religious factors that can affect pupils attitudes towards HIV/AIDS and HIV/AIDS sufferers.

TABLE 4.26: HIV/AIDS IS A CURSE FROM GOD (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	80	11.4
Agree	126	18.0
Not sure	232	33.1
Disagree	97	13.9
Strongly disagree	165	23.6
TOTAL	700	100

Table 4.26 reveals that 37.5% (262) of the respondents did not agree that HIV/AIDS is a curse from God, 33.1% (232) were not sure and 29.4% (206) agreed that HIV/AIDS is a curse from God. The results are varied showing diversity of ideas. The church can have influence whether negative or positive. The 37.5% (262) who did not agree that HIV/AIDS is a curse from God may have positive attitudes towards HIV/AIDS sufferers. They may even encourage them to go to church but the 29.4% who believe that HIV/AIDS is a curse from God may have negative attitudes towards HIV/AIDS sufferers and can make HIV sufferers miserable and can even stop them from going to church. This is supported by Sheikh (2004:1) who explains that HIV was equated with "a curse" and those who lived with it are viewed as "sinners." These are negative attitudes experienced by the HIV/AIDS sufferers.

4.41 RELIGIOUS FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS

The aim was to identify the religious factors that can affect pupils' attitudes towards HIV/AIDS and HIV/AIDS sufferers.

FIGURE 4.20: RESPONSES TO A QUESTION HIV/ AIDS SUFFERERS SHOULD NOT BE ALLOWED IN CHURCH ACTIVITIES BECAUSE THEY ARE SINNERS (N=700)

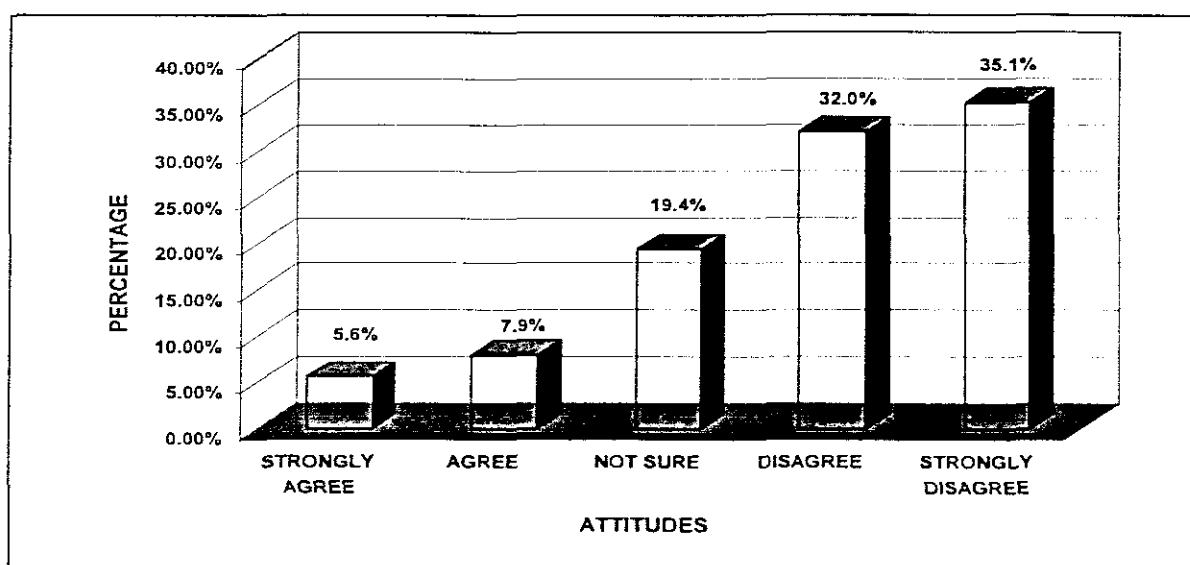


Figure 4.21 reveals that the majority of the respondents 67.1% (470) agreed that HIV/AIDS should be allowed to participate in church activities, this shows positive attitudes towards HIV/AIDS sufferers. They may even get the support from church as religious people are very supportive when there is a problem. The 19.4% (136) were not sure and only 13.5% (94) wanted HIV/AIDS sufferers not to be allowed to participate in church activities, therefore, they show negative attitudes towards HIV/AIDS sufferers. Although it is a small percentage but it can make HIV/AIDS sufferers miserable in church if they are labeled as sinners. These findings are supported by Heath (2004:1) who revealed that the Anglican Church looked upon those living with HIV/AIDS as sinners who could be "written off" that has been the church's

major contribution to the stigma attached to HIV he said. Mthembu (1998:26) reported that her parents were not comfortable with openly talking about HIV/AIDS, they felt that it would impact negatively on the family in the eyes of the church. She further stated "I was infected due to other factors not because I was sinful." Goba (1995:19) former dean of theology at the University of Durban-Westville stated that people with HIV/AIDS should be encouraged to play a key role in the church's liturgical life.

It is important that church members protect HIV/AIDS sufferers from discrimination and be supportive to show their faith in God. James 2 verse 14 from the Holy Bible said "What good is there in your saying: 'God bless you!' Keep warm and eat well if you do not give them the necessities of life. "Faith with no action is dead." HIV/AIDS sufferers need action plans to prevent torture, discrimination, pain and suffering.

4.42 RELIGIOUS FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS

The aim was to identify the religious factors that can affect pupils' attitudes towards HIV/AIDS and HIV/AIDS sufferers.

TABLE 4.27: HIV/AIDS SHOULD BE GIVEN LEADERSHIP POSITION IN CHURCH (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	99	14.1
Agree	208	29.7
Not sure	177	25.3
Disagree	130	18.6
Strongly disagree	86	12.3
TOTAL	700	100

Table 4.27 shows that 43.8% (307) of the respondents agreed that HIV/AIDS should be given a leadership position in church; 25.3% (177) were not sure and 30.9% (216) were against leadership position in church for HIV/AIDS sufferers. The findings

revealed varied different perceptions of respondents. Lwaminda (2003:1) maintains that "it is a question of condemnation," many religious denominations have inspired fear into people suffering from HIV/AIDS. The problem is that HIV/AIDS sufferers can be discriminated in church and that can interfere with their faith in God.

4.43 **RELIGIOUS FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS**

The aim was to identify the religious factors that can affect pupils' attitudes towards HIV/AIDS and HIV/AIDS sufferers.

TABLE 4.28: CHURCH MEMBERS MUST TAKE A STAND AND CHASE HIV/AIDS SUFFERERS OUT OF CHURCH (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	33	4.7
Agree	67	9.6
Not sure	86	12.3
Disagree	215	30.7
Strongly disagree	299	42.7
TOTAL	700	100

Table 4.28 indicates that 73.4% (514) of the respondents were against chasing HIV/AIDS sufferers out of church. The findings showed positive attitudes towards HIV/AIDS sufferers, they may get the support system from church for their spiritual needs; 14.3% (100) felt negative towards chasing HIV/AIDS sufferers out of church. The majority has positive attitudes to HIV/AIDS sufferers which is accepted because they can give the support they need; but the 14.3% that is negative toward HIV/AIDS sufferers can chase them out of church which is an embarrassing situation. This is supported by Osimilwe (2004:1) who said the church tended to point a finger at people living with HIV/AIDS instead of adopting a caring and compassionate response. Health educators should be aware of these problems and attitudes toward HIV/AIDS even if the majority has positive attitudes toward HIV/AIDS sufferers, the few with negative attitudes can make life miserable because of stigma and discrimination attached to this

disease. Prevention strategies will only work successfully when HIV/AIDS sufferers are treated like any other patients suffering from any other disease. The church must take the lead to protect their church members suffering from HIV/AIDS.

4.44 CURE OF HIV/AIDS BY FAITH HEALERS

The aim was to identify whether respondents believe that faith healers can cure HIV/AIDS.

TABLE 4.29: FAITH HEALERS PRAY AND CURE HIV/AIDS EASILY (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	47	6.7
Agree	73	10.4
Not sure	234	33.4
Disagree	158	22.6
Strongly disagree	188	26.9
TOTAL	700	100

Table 4.29 reveals that 49.5% (346) of the respondents do not believe that faith healers can pray and cure HIV/AIDS easily; 33.4% (234) were not sure and only 17.1% (120) believed that faith healers can cure HIV/AIDS. The findings revealed the mixed attitudes of pupils toward faith healers, although the majority (49.5%) of the respondents are aware that there is no cure for HIV/AIDS, the 17.1% which believe that faith healers pray and cure HIV/AIDS easily, this is the dangerous group with negative attitudes toward the prevention of HIV/AIDS spread. Whilst the health professionals will be talking about the HIV virus the faith healers will be talking about demons which causes the disease and the emphasis will be on casting the demons out to cure the disease. These attitudes have negative impact on HIV/AIDS awareness campaigns. This suggests that health education is needed to emphasize that there is no cure for HIV/AIDS at the present moment.

This suggests that health education is needed to emphasize that there is no cure for HIV/AIDS at the present moment.

TABLE 4.30: FAITH HEALERS CANNOT CURE HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	123	17.6
Agree	157	22.4
Not sure	259	37.0
Disagree	98	14.0
Strongly disagree	63	9
TOTAL	700	100

Table 4.30 shows that 40% (280) of the respondents were aware that faith healers cannot cure HIV/AIDS; 37% (259) were not sure and 23% (161) believed that faith healers can cure HIV/AIDS. The religious background enables pupils living with HIV/AIDS to live with hope and in peace. The power of faith in God can change the attitudes of pupils toward HIV/AIDS sufferers. Faith healers emphasize the Power of Jesus Christ to cure all diseases including HIV/AIDS. This is supported by Mthembu (1995:10) who cited that an HIV/AIDS sufferer accepted the HIV/AIDS status and felt perfectly well physically and her four year old son also HIV positive was also improving because of prayers. 'As a child of God she believed that the illness was the work of the devil'. Health educators should not ignore the religious needs of HIV/AIDS sufferers, but they must know that HIV/AIDS is incurable.

4.45 PSYCHOLOGICAL FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS

The aim was to identify the psychological factors that can contribute to pupils attitudes towards HIV/AIDS and HIV/AIDS sufferers.

FIGURE 4.21: HIV/AIDS CAUSES SEVERE STRESS AND DENIAL DUE TO FEAR OF BEING REJECTED BY THE SOCIETY (N=700)

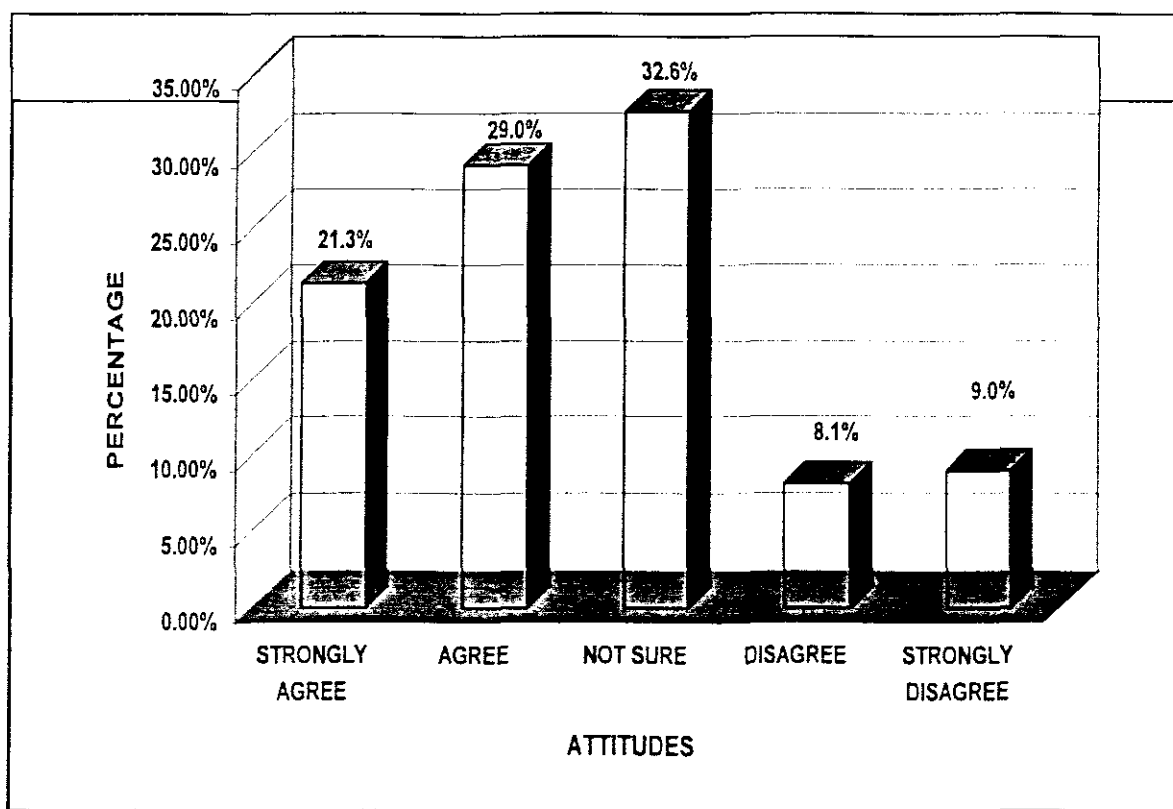


Figure 4.22 indicates that 50.3% (352) agreed that HIV/AIDS causes severe stress; 32.6% (228) were not sure and 17.1% (120) were not affected by stress. The findings revealed that stress and fear are the major causes of negative attitudes toward HIV/AIDS. Fear of being rejected by their families, society, peer groups at school and fear that they can be killed. The possibility that it is not HIV/AIDS that kills people faster but the psychological factors like stress and fear need to be emphasized to the community during health education campaigns and also to pupils at schools.

This is supported by Kyi (2000:9) who stated that the tendency to discriminate against those who have HIV is the worst killer, he further stated that it is not HIV itself that kills people fast but the lack of compassion and stress.

4.46 **PSYCHOLOGICAL FACTORS THAT CAN AFFECT PUPILS ATTITUDES TOWARDS HIV/AIDS AND HIV/AIDS SUFFERERS**

The aim was to identify the psychological factors that can contribute to pupils attitudes towards HIV/AIDS and HIV/AIDS sufferers.

TABLE 4.31: FEAR CAUSES THE YOUTH TO THREATEN TO KILL THOSE WHO REVEAL THEIR HIV/ AIDS STATUS TO THE PUBLIC (N= 700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	80	11.4
Agree	156	22.3
Not sure	222	31.7
Disagree	14	22
Strongly disagree	88	12.6
TOTAL	700	100

Table 4.31 indicates that 34.6% (242) of the respondents cited that fear of HIV/AIDS would not make them to threaten and kill anybody revealing his/her HIV/AIDS status; 33.7% (236) stated that the epidemic of HIV/AIDS causes severe fear that may cause the youth to threaten to kill those who reveal their HIV/AIDS status to the public and 31.7% (222) were not sure. The findings revealed different opinions, but the 33.7% stated that HIV/AIDS causes severe fear. Thus, fear causes the youth to threaten to kill those who reveal their HIV/AIDS status. The negative attitudes toward HIV/AIDS causes pupils to be very afraid. HIV/AIDS is associated with stigmas, discrimination, torture, death threats even by the members of the family. These findings are supported by Ngcamu (1991:33) in his study into knowledge and attitudes toward HIV/AIDS revealed that 35% of the respondents felt that HIV/AIDS sufferers should be "legally

killed” to prevent the spread of the disease. It is, however, not surprising that HIV/AIDS sufferers are in psychological distress.

TABLE 4.32: THE RAPING OF VIRGINS AND YOUNG CHILDREN CAN CURE HIV/AIDS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	75	10.7
Agree	122	17.4
Not sure	162	23.1
Disagree	128	18.3
Strongly disagree	213	30.5
TOTAL	700	100

Table 4.32 reveals 48.8% (341) of the respondents stated that raping virgins and young children cannot cure HIV/AIDS; 28.1% (197) stated that raping of virgins and young children can cure HIV/AIDS, and 23.1% (162) were not sure. The 48.8% (341) that stated that raping of virgins and young children cannot cure HIV/AIDS shows the positive attitudes towards HIV/AIDS they may discourage and correct those who believe in these myths and misconceptions about HIV/AIDS. The 28.1% that stated that raping of virgins and young children can cure HIV/AIDS reveal negative attitudes towards the disease and also lack of knowledge about HIV/AIDS. The findings are supported by Van Dyk (2001:33) who reported some truly horrifying myths that are circulating in some communities about how to avoid HIV/AIDS infection. Some people believe that they will not get AIDS or that AIDS can be cured if they have sex with fat women, virgins and girls younger than 12 years or with very young boys. Beliefs like this are not only dangerous but also criminal. According to these findings the communities are under severe stress.

TABLE 4.33: RAPE MYTH OF VIRGINS AND VERY YOUNG CHILDREN HAS GOT NOTHING TO DO WITH HIV/AIDS CURING (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	209	29.9
Agree	178	25.4
Not sure	129	18.4
Disagree	109	15.6
Strongly disagree	75	10.7
TOTAL	700	100

Table 4.33 reveals that 55.3% (387) of the respondents stated that rape myth of virgin and children cannot cure HIV/AIDS; 26.3% (184) stated that rape of virgins and young children can cure HIV/AIDS and 18.4% (129) were not sure. The majority of respondents 55.3% (387) revealed positive attitudes towards HIV/AIDS. Most probably rape of virgins and young children can be reduced because of positive attitudes and may influence those who believe in these myths to change their attitudes because there is no cure for HIV/AIDS.

The 26.3% who believe in the rape myth to cure HIV/AIDS shows negative attitudes towards HIV/AIDS, most probably the fear of HIV/AIDS is so intense that they can believe anything coming across claimed to be the cure of the dreadful disease HIV/AIDS. Disparities in HIV/AIDS knowledge exist among pupils with different socio-cultural backgrounds. It is possible that pupils from rural areas are likely to be exposed to these myths about HIV/AIDS. The results show that respondents demonstrated different attitudes about the rape myth of virgins. The findings are supported by Majova (2003:3) who reported that the KwaZulu-Natal Premier condemned the raping of children by HIV positive men because of the myth that this would cure HIV/AIDS.

TABLE 4.34: I WOULD PREFER TO DIE IN SILENCE RATHER THAN REVEAL MY HIV/AIDS STATUS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	122	17.4
Agree	179	25.6
Not sure	151	21.6
Disagree	146	20.8
Strongly disagree	102	14.6
TOTAL	700	100

Table 4.34 shows that 43% (301) of the respondents would rather die in silence than to reveal their HIV/AIDS status; 35.4% (248) were prepared to reveal their HIV/AIDS status and 21.6% (151) were not sure. The respondents demonstrated different opinions concerning revealing HIV/AIDS status. However, the majority have negative attitudes toward revealing their HIV/AIDS status, they would prefer to die in silence rather than to reveal this HIV/AIDS status. The findings are supported by Van Dyk (2001:5) who maintains that African people are specially concerned about secrecy and confidentiality because fear rejection by the community and even death if their HIV/AIDS status becomes general knowledge.

Van Dyk (2001:270) further maintains that disclosure or non-disclosure is often followed by major life changing consequences. Disclosure can help people to accept their HIV positive status and reduce the stress of coping on their own. It is important for health educators to explain fully the implications of disclosure so that the person can consider early what the reaction of family, friends and community members might be. Mthembu (1998:27) stated that disclosure is a double-edge sword, it may be constructive and help people living with HIV to get the support and services they need. On the other hand it can be destructive because some women with HIV/AIDS are chased out of their homes when they disclose their HIV status.

The aim was to identify the psychological factors that can contribute to pupils attitudes towards HIV/AIDS and HIV/AIDS sufferers.

TABLE 4.35: I KEEP AWAY FROM HIV/AIDS SUFFERERS (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	64	9.1
Agree	124	17.8
Not sure	143	20.4
Disagree	250	35.7
Strongly disagree	119	17
TOTAL	700	100

Table 4.35 reveals that 52.7% (369) of the respondents do not stay away from HIV/AIDS sufferers; 26.9% (188) stay away from HIV/AIDS sufferers and 20.4% (143) were not sure. The results show positive attitudes towards HIV/AIDS sufferers, 52.7% pupils with positive attitudes can influence others who are still afraid to sit next to positive pupils at school to change their attitudes from negative to positive. The 26.9% that shows negative attitudes can make HIV/AIDS sufferers miserable at school by running away whenever they see them, and they can even avoid to play with them. This is supported by Erikson (2000:124) in a qualitative study of 25 HIV patients found that the investigated patients felt doubly stigmatized and that the HIV positive diagnosis had a profound impact on individuals' aspect of life.

TABLE 4.36: I CAN DISCOVER THAT I AM HIV POSITIVE, I WOULD SPREAD THE DISEASE TO OTHERS SO THAT I DON'T DIE ALONE (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	54	7.7
Agree	46	6.6
Not sure	72	10.3
Disagree	134	19.1
Strongly disagree	394	56.3
TOTAL	700	100

Table 4.36 reveals that 75.4% (528) of the respondents would not spread the disease to others if they discovered that they are HIV positive, 14.3% (100) stated that they would spread the disease and only 10.3% (72) were not sure. The results revealed that the majority of 75.4% (528) of the respondents have positive attitudes toward HIV/AIDS, this shows that in future many people may be protected from HIV/AIDS if

they grow up with these positive attitudes. They may even influence those who are still negative to change their attitudes to positive. However, the 14.3% who reveal that they will spread the disease shows negative attitudes toward the disease. This is supported by Nzimande (2000:58) who states that HIV infected people might feel that they must revenge themselves by spreading the disease to other people as well. Health education counseling and explaining the disease might help HIV people overcome feelings of anger and blame, support systems from friends and family also helps.

TABLE 4.37: IF I CAN DISCOVER THAT I AM HIV POSITIVE I CAN BE VERY CAREFUL AND PREVENT THE SPREAD OF THE DISEASE (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	386	55.1
Agree	184	26.3
Not sure	58	8.3
Disagree	34	4.9
Strongly disagree	38	5.4
TOTAL	700	100

Table 4.37 reveals that 81.4% (570) of the respondents would be very careful and prevent the spread of the disease. Findings revealed positive attitudes towards the disease which shows that in future the spread of this disease can be controlled if the younger generation shows positive attitudes. This is supported by Visagie (1999:62) by saying "The spread of this epidemic is pre-determined by individual sexual behaviour and by the norms, values and actions of society as a whole." The future lies in the hands of today's leaders and with the youth. The 10.3% (72) that cited that they would spread the disease is a serious problem, because according to Visagie (1999:58) one HIV positive person can spread the disease to thousands of people through one careless act of unprotected sex.

Therefore appropriated counseling can assist the victim to accept the situation and change their attitude. Health educators must be aware of such destructive behaviour due to anger and fear.

TABLE 4.38: I CAN DISCOVER THAT I AM HIV POSITIVE I WOULD STOP SCHOOLING IMMEDIATELY (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	40	5.7
Agree	50	7.1
Not sure	142	20.3
Disagree	233	33.2
Strongly disagree	235	33.6
TOTAL	700	100

Table 4.38 reveals that 66.9% (468) of the respondents would not stop schooling; 20.3% (142) were not sure; and 12.8% (90) stated that they will stop schooling. The majority of respondents, 66.9% (468) reveals positive attitudes towards the disease. One would assume that health education about HIV/AIDS is reaching the pupils and is working to change the attitudes from negative to positive.

However, the 12.8% (90) that stated that they will stop schooling revealed negative attitudes toward the disease. This is supported by Pretorius (2000:1) who maintains that negative attitudes toward schooling are heading for 20% citing that there are many reasons but HIV/AIDS might be the cause.

TABLE 4.39: I CAN DISCOVER THAT I AM HIV POSITIVE I WOULD CONTINUE WITH MY SCHOOLING AND STUDY VERY HARD TO COMPLETE GRADE 12 (N=700)

RESPONSE	FREQUENCY	PERCENTAGE
Strongly agree	366	52.3
Agree	143	20.4
Not sure	90	12.9
Disagree	44	6.3
Strongly disagree	57	8.1
TOTAL	700	100

Table 4.39 shows that 72.7% (509) of the respondents would continue schooling and study very hard to complete grade 12; 14.4% (101) stated they would discontinue schooling; and only 12.9% (90) were not sure. The study reveals different attitudes toward schooling after knowing the HIV/AIDS status. The majority of respondents,

72.7% (509) revealed positive attitudes toward schooling. In South Africa people living with HIV/AIDS are highly protected by the constitution of the Republic of South Africa (Act 108 of 1996, Section 28 and 29) which says... "Every child has the right to be protected from maltreatment, neglect, abuse or degradation and everyone has the right to basic education." This may also influence positive attitudes to pupils and almost all South African Universities and Technikons have HIV/AIDS policy to protect students with HIV/AIDS.

However, the 14.4% (101) that indicated that they will discontinue schooling after knowing the HIV/AIDS status. They reveal negative attitudes towards HIV/AIDS. Pupils are still very afraid of HIV/AIDS as reported by Mfeka (2004:1) who reported that a grade 12 pupil with HIV/AIDS committed suicide by hanging himself. Therefore, health education and counseling are very important to prevent such problems.

4.53 **CONCLUSION**

In this chapter information on attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers has been analysed, interpreted and discussed. The analysis also revealed shared perceptions toward HIV/AIDS and HIV/AIDS sufferers and implications on health education in schools.

CHAPTER 5

SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter a brief overview of the study is presented, highlighting the major *findings, conclusions and recommendations*.

A brief overview of the statement of the problem, objectives and assumptions of the study as well as the research methodology used is briefly explained.

The study was a qualitative and quantitative descriptive survey.

5.2 DELIMITATION OF THE AREA OF STUDY

The study was undertaken in northern KwaZulu-Natal in Empangeni district from five regions which were

- Mtunzini
- Eshowe
- Stanger region – Lower Tugela
- Lower Umfolozi region
- Hlabisa

5.3 TARGET POPULATION

The target population was high school pupils between the ages of 12 and 21 years from grade eight to grade twelve.

5.4 THE SAMPLING TECHNIQUE

The random sampling technique was used. Firstly, the regions of Empangeni district were randomly selected. Secondly, schools were also randomly selected and lastly random sampling was undertaken for selecting pupils.

5.5 THE PURPOSE OF THE STUDY

The study aimed at identifying the attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers.

5.5.1 The objectives of the study

The study aimed at achieving the following objectives.

- To assess attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers.
- To determine factors such as cultural, political, religious, psychological that may contribute to youths attitudes toward HIV/AIDS.
- To assess youth's level of knowledge about the disease (HIV/AIDS).

5.5.2 Assumptions of the study

It was assumed that:-

- Cultural factors influence one's attitude toward HIV/AIDS.
- One's level of knowledge on the disease (HIV/AIDS) influences one's attitude toward it.

5.6 SUMMARY OF FINDINGS

5.6.1 Attitudes toward HIV/AIDS

The findings revealed a variety of information given by school pupils on HIV/AIDS and HIV/AIDS sufferers which was aimed at identifying their attitudes.

5.6.2 Knowledge of HIV/AIDS

- The results revealed that school pupils have a knowledge about HIV/AIDS which indicated a possibility of having positive attitudes toward the disease.
- The results also revealed that pupils have positive information on HIV/AIDS and its mode of transmission as they were aware about its spread and its prevention as 60.5% indicated that it can be prevented. Pupils were also aware of the methods by which HIV/AIDS can be prevented as 67.9% highlighted the use of condoms when having sex and 21.4% preferred abstaining from sex.

- The results revealed that pupils had insufficient knowledge to identify a person who is suffering from HIV/AIDS, this is reflected on figure 4.14.

5.6.3 Pupils' attitudes toward HIV/AIDS sufferers

A variety of responses were identified from pupils which were based on a variety of questions.

The study revealed that pupils have positive attitudes toward HIV/AIDS and HIV/AIDS sufferers. This was confirmed by the following responses:

- The pupils were against discrimination of HIV/AIDS sufferers as indicated by 66.1%.
- Pupils were also against isolation of HIV/AIDS sufferers which indicates that they have positive attitudes toward sufferers.
- The findings also revealed that pupils had positive attitudes toward pupils suffering from HIV/AIDS attending school. Pupils were also positive toward HIV/AIDS sufferers because they stated that HIV/AIDS sufferers be allowed to visit schools and educate them about HIV/AIDS. This was revealed by 71.5% of respondents (Table 4.4).

5.6.4 Risk of HIV/AIDS sufferers when visiting schools

The findings revealed that pupils felt that HIV/AIDS sufferers are at risk when visiting schools to talk about the disease. Only 44.1% felt they were not at risk. This indicated negative attitudes toward HIV/AIDS sufferers.

5.6.5 Pupils' attitudes toward teachers suffering from HIV/AIDS

Findings revealed that pupils had negative attitudes toward teachers suffering from HIV/AIDS. This was revealed by the fact that pupils stated that parents have a right to decide whether teachers suffering from HIV/AIDS should be allowed to teach. This is indicated on figure 4.18. This suggests that pupils are scared of being taught by teachers suffering from HIV/AIDS.

5.6.6 Cultural factors contributing to pupils attitudes toward HIV/AIDS and HIV/AIDS sufferers

The findings revealed that pupils believed that HIV/AIDS is not caused by witchcraft. This indicates that they have positive attitude toward the disease and have knowledge about HIV/AIDS. This was indicated by 63.7% of the respondents.

5.6.7 Cultural beliefs on traditional healers

Findings revealed that most pupils still have a belief that traditional healers can cure HIV/AIDS. This is revealed by a small percentage of 45.1% which was positive that HIV/AIDS cannot be cured by traditional healers and also faith healers cannot cure HIV/AIDS as indicated in Table 4.29. 49.5% of the respondents stated that faith healers cannot cure HIV/AIDS.

5.6.8 Beliefs that HIV/AIDS affects certain people such as prostitutes and gays

The results revealed that pupils were aware that HIV/AIDS is not associated with prostitutes and gay people only as indicated in Table 4.14. 70.6% of the respondents were aware that HIV/AIDS is not associated with prostitutes and gay people, anyone can suffer from it.

5.6.9 Discussion of sexually transmitted diseases with parents

Findings revealed that pupils had a belief that culturally they may not like to discuss sexually transmitted diseases including HIV/AIDS with their parents. They also indicated that they may not like to discuss the use of condoms with their parents. This is indicated on Table 4.15 and Table 4.16.

5.6.10 Acceptance of polygamy as normal culture amongst Blacks

The findings revealed that respondents were against polygamy and should not be accepted as a practiced norm of blacks. As indicated on Table 4.17 where 55.2% of the respondents were against polygamy and many partners.

5.6.11 Political beliefs

The findings revealed that there is a positive political input as 64.7% indicated that the government is doing enough to fight HIV/AIDS in South Africa. Findings also revealed that the government should supply zidovudine (AZT) to HIV/AIDS sufferers as indicated in Table 4.24 – 58.7% were for zidovudine (AZT) for HIV/AIDS sufferers.

5.6.12 Psychological factors

The findings revealed that pupils were positive that attitudes toward HIV/AIDS and HIV/AIDS sufferers are affected by psychological factors. The results revealed that HIV/AIDS causes severe stress as revealed by Table 4.22 where 50.3% stated that HIV/AIDS causes severe stress and in Table 4.34, 43% stated that they would rather die in silence than to reveal their HIV/AIDS status.

It was also revealed that pupils had positive attitudes because they were against raping of virgins and young children to cure HIV/AIDS. However, 28.1%

believed that raping of virgins and young children can cure HIV/AIDS as indicated on Table 4.33 where 55.3% were against the raping of virgins and young children to cure HIV/AIDS. Pupils revealed positive attitudes toward HIV/AIDS prevention that even if they are stressed they will not spread the disease to others as indicated in Table 4.36 – 75.4% would not spread the disease and Table 4.38%, 66.9% of respondents stated that they would not stop schooling because of HIV/AIDS.

5.7 CONCLUSIONS

5.7.1 Objective 1: Attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers

Findings revealed various attitudes. Table 4.4 indicated that 71.5% (501) had positive attitudes toward HIV/AIDS sufferers that they can be allowed to visit schools and talk about HIV/AIDS.

Table 4.6 showed that 51.4% (360) of the respondents were against separate schools for pupils with HIV/AIDS and 32.7% (229) had negative attitudes toward pupils suffering from HIV/AIDS because they wanted separate schools for HIV/AIDS sufferers.

Table 4.10 showed positive attitudes toward HIV/AIDS sufferers, 62.3% (436) agreed that HIV/AIDS must mix freely with other people and only 20.2% (141) were negative because they did not want HIV/AIDS sufferers to mix with other people.

On the basis of these findings it was concluded that the majority of youths had positive attitudes toward HIV/AIDS sufferers.

However, some youths have negative attitudes toward HIV/AIDS positive pupils

32.7% (229) can actually cause pupils with HIV/AIDS stop schooling if that negativity is not stopped through health education, therefore assumption one is confirmed.

5.7.2 Objective 2: Cultural factors that may influence attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers

The majority of respondents in Table 4.17 indicated that HIV/AIDS is not caused by witchcraft, 63.7% (446). This showed positive attitudes toward the disease. This may be implicated to HIV/AIDS awareness programmes in the province in schools and in communities.

This will assist to eradicate some of the misconceptions about HIV/AIDS that it is caused by witches. Table 4.17 (55.2%) indicated that cultural values for men to have many partners are not right. This shows positive attitudes toward HIV/AIDS prevention programmes.

This may be due to the fact that traditional healers are being trained in KwaZulu-Natal as stated by Mchunu and Bhengu (2004:41). The traditional healers revealed positive attitudes toward HIV/AIDS sufferers about 93% but 63% from this 93% also indicated that they would be very upset to look after someone who is HIV positive. Although traditional healers had positive attitudes toward HIV/AIDS but misconceptions about HIV/AIDS were reflected because 75% of the respondents indicated that AIDS is God's punishment for people who live wrong lives (Mchunu and Bhengu 2004:45). This assumption is not confirmed. Pupils are not affected by cultural values.

5.7.2.1 ***Political factors that may influence attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers***

The findings from Table 4.18 revealed that the majority of respondents, 44.9% (315) were not sure and also from Table 4.19 the majority revealed that they were not sure that the apartheid era promoted the spread of HIV/AIDS in South Africa. Most probably the history of political violence in the province of KwaZulu-Natal created mixed feelings in the minds of the youths hence then the majority revealed that they were not sure as supported by Jones-Nicol (2001:41) who indicated that legacies of oppression resulted in mistrust. Such mistrust is underscored by the documented accounts of Tuskegee experiments that took place in the 1930's. This was the case where government researchers withheld effective and well-known medical treatment from black men who were affected by syphilis simply because they wanted to know long term effects of the disease and many of the men died. Therefore, assumption three is confirmed.

5.7.2.2 ***Religious factors that may influence attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers***

Findings revealed various attitudes. Table 4.25 revealed that 37.5% (262) of the respondents stated that HIV/AIDS is not a curse from God, 33.1% (232) were not sure and 29.4% (206) stated that HIV/AIDS is a curse from God. These findings are in contrast with Mchunu and Bhengu (2004:45) where 75% of respondents stated that AIDS is God's punishment for people who live wrong lives.

This may be due to many programmes of awareness about HIV/AIDS where it is emphasized that youth must not feel guilty. HIV/AIDS is not a curse from God. Health education about HIV/AIDS is still very

important to root out all the misconceptions about HIV/AIDS. Most probably these misconceptions also induce fear to youth with Christian beliefs. Assumption four revealed various attitudes. Therefore, not confirmed.

5.7.2.3 ***Psychological factors that may influence attitudes of youths toward HIV/AIDS and HIV/AIDS sufferers***

The findings from Table 4.22 revealed that 50.3% (352) of the respondents stated that HIV/AIDS causes severe stress due to fear of being rejected by the society. Findings supported by Zungu (1998:26) where respondents who were blind felt they were viewed by the community members as objects to be kept indoors or institutionalized, and not seen moving around.

Table 4.24 also revealed that 43% (301) of the respondents would prefer to die in silence than to reveal their HIV/AIDS status. The findings are supported by McHaffie (1994:552) research conducted throughout the United Kingdom revealed that attitudes, prejudices and beliefs have a potential to inhibit the giving of good quality care and irrational fears and prejudices have resulted in an already stigmatized group of patients being further discriminated.

According to these findings, youth is very afraid of HIV/AIDS. The fear may change their attitudes toward HIV/AIDS and HIV/AIDS sufferers. Most probably people who were killed after revealing their HIV/AIDS status as reported by Kortjaas and Msomi (1998:1) the brutal killing of a young AIDS worker after going public about HIV positive status was due to fear and severe stress. The findings are further supported by Van Servellen, Padilla and Brecht (1996:552) in their study of emotional distress in HIV/AIDS patients, findings revealed levels of depression and

hopelessness, 62% could be classified as clinically depressed.

Nurses are in a position to identify acute and persistent emotional distress through education and support. Mfeka (2004:1) reported that high school pupil grade 12 committed suicide because of HIV/AIDS status.

Table 4.23 various attitudes 34.6% of the respondents stated that they would not threaten to kill anyone who reveals their HIV/AIDS status to public, but 33.7% (236) admitted that HIV/AIDS causes severe stress, thus fear causes the youth to threaten to kill those who reveal their HIV/AIDS status to the public and 31.7% (222) were not sure.

Health education and awareness campaigns must be a continuous process. 33.7% negative it's big enough to cause HIV/AIDS sufferers miserable and these attitudes may hinder many pupils suffering from HIV/AIDS to reveal their HIV/AIDS status. They may refuse to go for HIV/AIDS testing because of fear that they may be threaten with death if positive. These are the problems that can make HIV/AIDS infection to spread. Visagie (1999:58) stated that a HIV-positive person can spread the virus to thousands of people through one careless act of unprotected sex.

Few pupils with negative attitudes toward HIV/AIDS sufferers can make life miserable through death threats, discrimination, stigma. Most probably it is not AIDS that kills people very fast but stress related complications.

This confirms that pupils are very scared of HIV/AIDS, therefore HIV/AIDS causes severe stress.

5.7.3 **Objective 3: To assess youth's level of knowledge about the disease**

Findings revealed that 93% (651) of the respondents have heard about HIV/AIDS. Table 4.17 findings revealed that 34.2% (240) did not know the signs and symptoms of HIV/AIDS. This may be due to the fact that they do not read the pamphlets where signs and symptoms of HIV/AIDS are explained hence it is important for health educators to explain the signs and symptoms of HIV/AIDS to prevent panic that may lead to some pupils to commit suicide because of certain signs and symptoms due to other illnesses.

Therefore, the level of knowledge was not enough for the respondents, hence it can be easy for them to accept misconceptions about the disease. This may also be implicated to sources of information as indicated from Table 4.1 that 24% (168) source of information was from the radio and 17.9% (125) from television and radio. Television are very good to transfer knowledge and awareness quickly but it is too fast for some pupils to be able to recall all the information. It was only 6.0% (42) who got the information from health professionals. Therefore, health professionals must make sure that pupils have full knowledge about the disease, not just to know the name AIDS is a killer disease, in Zulu "ingculazi iyabulala zivikele".

It is for that reason that HIV/AIDS must be in the school curriculum, where pupils will be taught about the disease and evaluated and be involved in peer group teaching, class discussions and debates to empower them with knowledge.

5.8 **LIMITATIONS**

- 5.8.1 The study was only done in five high schools, which have been categorized as "Black schools" in the previous regime, so it does not represent all South Africans.

5.8.2 The study was conducted in the Northern KwaZulu-Natal only.

5.8.3 The sample size was 800 and only 700 was suitable for analysis, it is too small to represent the youth's population, but reasonable for the province.

5.9 **RECOMMENDATIONS**

Based on the findings of this research study, it is recommended that health education is important.

5.9.1 **The role of health professional**

Health education about HIV/AIDS in schools must be a continuous process, increase general public awareness and knowledge about HIV/AIDS, modes of spread and prevention strategies.

- Reduce youth fears of the unknown about HIV/AIDS and eradicate misconceptions about the disease.
- Counseling programmes and support system to all HIV/AIDS sufferers.
- *Health workers must encourage the active involvement of youth in HIV/AIDS programmes. Discussions, singing and dancing can assist young people to express their emotions and to overcome fear and anxiety about HIV/AIDS.*
- Their fears must be addressed and attended to, and counseling is very important to instil positive attitudes.
- Health education must respect the cultural beliefs and

practices of community members and also encourage the cultural beliefs that are not detrimental to health practices.

- Get the support of community leaders so that it can be easy to talk to youths about HIV/AIDS and protection of HIV/AIDS sufferers.
- Counseling about HIV testing so that they can get relevant health education and intervention of health professionals early.
- Motivate pupils so that their behaviour can change. If we want to change youth's attitudes toward HIV/AIDS, it is important that they should be motivated, they should be actively involved and they should want to change.

5.9.2 The role of parents

Parents must be concerned about the protection of their children. They must seek knowledge from health professionals so as to know the impact of HIV/AIDS on their families. Sexual matters must be discussed at home. It is understood that traditionally some parents are too embarrassed to discuss sex matters with their children because of their upbringing that sex is evil or wrong. Parents should teach their children to say "no" to sex and give reasons for that. For example, instil cultural values of virginity. Children must be free to ask questions from their parents. Parents must also teach children not to stigmatize, discriminate and laugh at people with HIV/AIDS

5.9.3 The role of teachers

Teachers at school can make an important contribution in preventing HIV/AIDS. HIV/AIDS must be included in the curriculum. A policy for HIV/AIDS education from the department of education for all schools must be available. Because of the severity of the disease, each school if possible must have an educational psychologist, that is a teacher who has a major subject in tertiary institutions in order to cater for counseling programmes.

5.9.4 The role of pupils

Youth must be involved in community approaches to HIV/AIDS education to provide information and peer group support, assigned with responsibilities about their health.

- They must be involved in planning and implementing programmes.
- They must protect others with HIV/AIDS from discrimination, torture and make sure that they are treated equally and safe.
- They must have their own youth club to fight HIV/AIDS, to toyi-toyi against this disease and say "NO" to sex or promote the practice of safe sex; it can be the best way to protect themselves from this dreadful disease provided they have full knowledge about HIV/AIDS.

5.9.5 The role of the community

The community leaders, Induna's must take the responsibility of inviting health

professionals to increase the youth's awareness and knowledge about HIV/AIDS, its transmission and risk reduction strategies.

- The community should play a major role in protecting youth suffering from HIV/AIDS in their communities against discrimination, stigmatization and farther.
- The community must devise a forum to protect HIV/AIDS sufferers similar to community policing forum (CPF).
- Community involvement in self-help projects with the help from non-governmental organizations (NGO's) can assist HIV/AIDS sufferers to make a living, e.g., home made beaded crafts, traditional attire and sell the goods, to keep youth busy during school holidays.

5.9.6 Future research

If health education has taken place about HIV/AIDS, there must be a change in behaviour. Therefore, research is recommended on attitudes of pupils or HIV/AIDS and HIV/AIDS sufferers be conducted on a larger scale.

- To determine HIV/AIDS incidence on youth.
- To conduct behavioural survey on youth.
- To conduct national surveillance on HIV/AIDS amongst the youth.

It is further recommended that this study be replicated in all provinces in South Africa so as to generalize the findings and develop a theory.

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Questionnaire to measure attitudes of youths towards H.I.V./AIDS and H.I.V./AIDS sufferers in Kwa-Zulu: Implications for Health Education.

The information is required for research purposes only. All the information will be strictly confidential. Please complete the following and put an (x) into the appropriate space.

SECTION 1 : DEMOGRAPHIC DATA

1.1 Gender

Male		1
Female		2

1.2 Age in years

14 and under		1
15 – 20		2
21 and above		3

1.3 Standard

Std 6		1
Std 7		2
Std 8		3
Std 9		4
Std 10		5

1.4 Tick the highest Educational Standards of parents

Mother		1	Father		1
SSA – Std 2		2	SSA – Std 2		2
Std 3 – Std 5		3	Std 3 – Std 5		3
Std 6 – Std 8		4	Std 6 – Std 8		4
Std 9 – Std 10		5	Std 9 – Std 10		5
Tertiary Education		6	Tertiary Education		6
Degree and above		7	Degree and above		7

1.5 Residence

Urban		1
Rural		2
Squatter Camps		3

1.6 Religious Denomination

Roman Catholic		1
Anglican		2
Lutheran		3
Methodist		4
Presbyterian		5
Other (specify)		6

SECTION 2

Background knowledge of H.I.V./AIDS

1. Have you ever heard about this disease AIDS?

Yes		1
No		2

2. If Yes under question number 1
From whom have you heard
About H.I.V./AIDS

Radio		1
Television		2
Dramaid		3
School-nurse		4
Aids health worker		5
Teacher		6
Parent or guardian		7

3. Can H.I.V./AIDS be transmitted from one person to another

Yes		1
No		2

4. Is there any cure of AIDS?

Yes		1
No		2
Don't know		3

5. Can AIDS be prevented from Spreading

Yes		1
No		2
Don't know		3

6. How can you make sure you do
Not contact AIDS

By using a condom when having sex		1
By abstaining from sex		2
By using contraceptive treatment		3
Not using same utensils that are used by H.I.V. positive person		4

7.	Can you tell from looking at Someone whether he/she is H.I.V positive?	Yes		1
		No		2
		Not sure		3

8.	What are the signs and symptoms of AIDS?	Depression		1
		Severe head-ache		2
		Swollen glands		3
		Chronic diarrhoea		4
		Fever		5
		Cough		6
		Rapid weight loss		7
		Not sure		8

SECTION 3

Pupils Attitudes towards infected individuals.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1. People infected with AIDS should be protected against discrimination.					
2. People infected with H.I.V./AIDS should be isolated.					
3. It is dangerous for pupils with AIDS to attend school with healthy children.					
4. It is frightening to have teachers suffering from H.I.V./AIDS.					
5. Parents have a right to decide whether H.I.V./AIDS teachers should teach at school.					
6. Parents have a right to decided whether H.I.V./AIDS infected pupils should attend school or not.					
7. People living with H.I.V./AIDS should not be allowed to visit school talking about this disease, they may infect the pupils and teachers at school.					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
8.	H.I.V./AIDS sufferers are at risk if they visit schools talking about this disease, they may be attacked by those pupils who are very afraid of H.I.V./AIDS.					
9.	It will be better if H.I.V./AIDS pupils can have their own schools and teachers to prevent the spread of AIDS.					

SECTION 4

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1.	I believe that this disease H.I.V/AIDS is caused by witchcraft					
2.	I believe that H.I.V/AIDS has got nothing to do with witchcraft					
3.	H.I.V/ AIDS sufferers must never mix freely with other people.					
4.	H.I.V/AIDS sufferers must mix freely with other people.					
5.	Only witchdoctors can have a cure for H.I.V/ AIDS.					
6.	There is no cure for H.I.V /AIDS therefore witchdoctors cannot cure AIDS/H.I.V.					
7.	H.I.V/AIDS is associated with prostitutes, and gay people, therefore I cannot suffer from it.					
8.	H.I.V/AIDS is not only associated with prostitutes, anyone can suffer from it.					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
9.	It is embarrassing to discuss H.I.V./AIDS with my parents.					
10.	My parents can punish me severely if they discover that I am using contraceptives/condoms to prevent H.I.V./AIDS					
11.	In my society it is accepted for a man to have many partners regardless of risking chances to contact H.I.V./AIDS					
12.	It is embarrassing to talk about condoms because young boys and girls do not relate this practice to H.I.V./AIDS prevention.					
13.	I suspect political interference in the epidemic of H.I.V./AIDS.					
14.	The government is doing enough to fight H.I.V./AIDS in South Africa.					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
15.	Apartheid era promoted the spread of H.I.V/AIDS in South Africa.					
16.	Apartheid era has got nothing to do with H.I.V/AIDS.					
17.	The government should punish severely all those people who are H.I.V. positive spreading the disease deliberately.					
18.	Condoms should be distributed freely at high schools.					
19.	The government should not allow the distribution of condoms to high school pupils because it will lower moral values and increase prospect of H.I.V/AIDS.					
20.	The government should supply medicine called Zidovudine (AZT) to H.I.V/AIDS sufferers to cure this illness.					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
21.	The government must not expose H.I.V./AIDS sufferers to dangerous side-effect of AZT.					
22.	H.I.V./ AIDS is a curse from God.					
23.	H.I.V./AIDS sufferers should not be allowed to participate in Church activities because they are sinners.					
24.	H.I.V./AIDS sufferers should be given leadership positions in Church.					
25.	Church members must take a stand and chase H.I.V./AIDS sufferers out of Church.					
26.	Faith Healers pray and cure H.I.V./AIDS easily.					
27.	Faith Healers cannot cure H.I.V./AIDS.					
28.	H.I.V./ AIDS causes severe stress and denial due to fear of being rejected by the society.					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
29.	The epidemic of H.I.V./AIDS is causing severe fear, this fear is causing the youth to kill those who reveal their H.I.V./AIDS status to the public.					
30.	People who suffer from H.I.V./AIDS believe that raping a virgin and young children can cure H.I.V./AIDS.					
31.	Rape myth of virgins and young children has got nothing to do with H.I.V./AIDS curing.					
32.	I would prefer to die in silence rather than to reveal H.I.V./AIDS status.					
33.	I keep away from H.I.V./AIDS sufferers.					
34.	If I can discover that I am H.I.V./AIDS positive I would spread the disease to others so that I don't die alone.					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
35.	If I can discover that I am H.I.V. positive, I can be very careful and prevent the spread of this disease.					
36.	If I can discover that I am H.I.V. positive I would stop schooling immediately.					
37.	If I can discover that I am H.I.V. positive I would continue with my schooling and study very hard to complete grade 12.					

PO Box 10
ESIKHAWINI
3887

10 March, 2000

MBOPHA High SCHOOL
P. O. Box 680
HLABISA
3937

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY

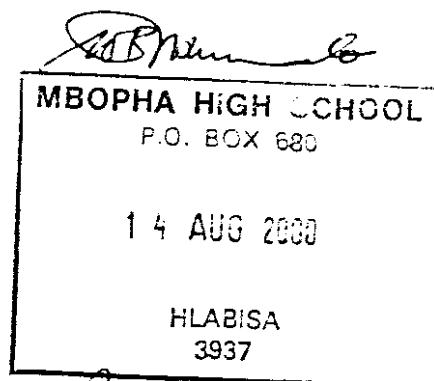
I would like to request a permission to conduct a research study amongst pupils from grade 8 – 12 at your institution to investigate the attitudes of youths towards H.I.V./AIDS and AIDS/H.I.V sufferers in kwaZulu-Natal: Implication for Health Education.

The research is towards fulfilment for my post graduate study.

Thank you,

N.D. Luthuli
N.D. LUTHULI (MRS)

Permission granted.



PO Box 10
ESIKHAWINI
3887

10 March, 2000

GROUNTVILLE HALL

P/O X10656

STANLEY

4450

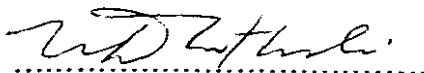
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The research is towards fulfilment for my post graduate study.

Thank you,



N.D. LUTHULI (MRS)

Permission Granted (Principal)

PO Box 10
ESIKHAWINI
3887

10 March, 2000

MNINGI HIGH SCHOOL
P.O. BOX 2110
EMPANGENI
3880

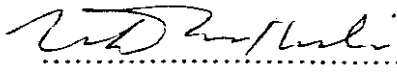
Dear Sir

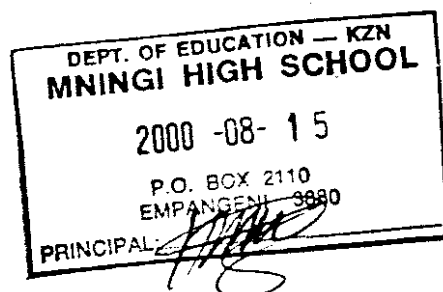
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The research is towards fulfilment for my post graduate study.

Thank you,


.....
N.D. LUTHULI (MRS)



PERMISSION GRANTED



Mgithswa High School

Postal Address: PO Box 2103
Ikheli: Empangeni
3880 New;

Telephone: (0351) 928042
Ucingo: Telephone No. 035.7928716
Fax:
Ifeksi:

Date: 06.06.2001
Usuku:

File No:
Inombolo yefayela:

Enquiries: Principal
Imbuzo: Mrs Z.F. Mhlabathi

This is to confirm that Mrs N.C. Luthuli was given permission to conduct a research in the above - named school during the 2000 academic year.

Thank you
Yours faithfully

Mrs Z.F. Mhlabathi
Principal

KZN DEPARTMENT OF
EDUCATION AND CULTURE
MGITHSWA HIGH SCHOOL

6 - JUN 2001

PO BOX 2103
EMPANGENI, 3880

PO Box 10
ESIKHAWINI
3887

10 March, 2000

JISAND TECHNICAL HIGH
P/BAG X 8533.
ESIKHAWINI
3887.

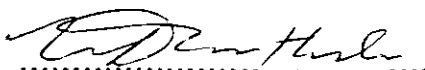
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N.D. LUTHULI (MRS)

JISAND TECHNICAL HIGH SCHOOL
THE PRINCIPAL
PRIVATE BAG X 6633
ESIKHAWINI
3887
DEPT. OF EDUCATION –
KWAZULU-NATAL

APPROVED FOR 19/7/2000
LUTHULI - PRINCIPAL

UNIVERSITY OF ZULULAND
DEPARTMENT OF NURSING SCIENCE
DIPLOMA IN HIV/AIDS MANAGEMENT
CREDITS : 128

A APPROVAL PROCEDURES:		
	Date created	2001
	Date Approved	
B QUALIFICATION PROFILE		
1	Title of Qualification	Diploma in HIV/AIDS Management
2	Qualification Type	Diploma in HIV/AIDS Management
3	Department(s) offering the Qualification	Nursing Science
4	Level of Qualification	06
5	Field(s) where Qualification falls	09 Health Sciences and Social Sciences
6	Total Credit Value	128
7	Status of Qualification	New
8	Year of Introduction	2002
9	Anticipated student numbers	2002: 15
		2003: 20
		2004: 25
		2005: 30
10	Accreditation Body	Council of Higher Education
C QUALIFICATION FRAMEWORK		
1	Purpose of Qualification <i>educate participants</i> <ul style="list-style-type: none"> - To provide the Community with personnel who are well knowledgeable and empowered on HIV/AIDS and Prevention strategies. - To empower participants on HIV/AIDS counselling, living positively with HIV/AIDS, provision of care and support to those living with HIV/AIDS and those affected, as well orphans. - To empower the participants with the skills of empowering the community on HIV/AIDS, prevention, counselling care and support for those affected. 	
2	Assumption of learning to be in place : Prior learning <ul style="list-style-type: none"> - Matriculation Certificate or Senior Certificate 	

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3	Exit level outcomes and assessment criteria	
	<ul style="list-style-type: none"> - Demonstrate skills in the management of HIV/AIDS. - Use their knowledge in educating the community on prevention HIV/AIDS. - Demonstrate skills on counselling and support to the affected individuals & families - Disseminate documented information on HIV/AIDS the community. 	
4	Minimum credits required at specific levels	
	- A minimum of 128 credits is required for one to obtain a Diploma	
5	Integrated Assessment	
	<ul style="list-style-type: none"> - Ability to educate individuals, families and community on HIV/AIDS - Ability to initiate community projects on HIV/AIDS with reference to counselling, support and care of orphans 	
6	Articulation possibilities	
	This qualification will enable the participant to function in any health care institution or in any organisation whose aim is to control the spread of HIV/AIDS.	
7	Moderation options	
	Two internal examiners for each module	
8	Criteria for assessors	
	Internal	
	<ul style="list-style-type: none"> - Must have a B Cur (Hons) - Must be in the possession of a qualification on HIV/aids education and counselling. 	
	External : None	
9	Credits : 128	
	Fundamental	
	Core	128
	Elective	
	Rules of Combination	
10	- All modules must be passed for a diploma to be awarded.	

S9/2002

12	Current provision at other institution
	None at KZN, but offered at RAU
D	RESOURCES
1	Qualification of lecturers involved
	- Must have a B Cur (Hons) - Must be in the possession a qualification on HIV/aids education and counselling
2	Financial Implications
	Currently teaching personnel is available to teach the course
E	QUALITY ASSURANCE INFORMATION
1	Stakeholders
	Governmental Health institutions at Local, Provincial and National levels & NGO's as well as community members.
2	Employment Opportunities
	Governmental Health institutions at Local, Provincial and National levels & NGO's.
3	Instructional strategies
	Class discussion Group discussions Lectures Assignments Case presentation Workshops/Seminars/conferences Community study/profile Fieldwork-Educational visits Research project & Community project Clinical practice in the community & various clinics HIV/AIDS counselling in the community hospitals and clinics
4	Staff development
	Research and publications Workshops Seminars/symposia Conferences and paper presentations
5	Student support system
	HIV/AIDS counsellor Social worker Dieticians Blood bank technician Primary health care nurses Pharmacists Infection control co-ordinators District directors of health care services Other informal health care workers Significant community members (chiefs and indunas) Traditional healers
6	Recruitment strategies
	Mass media Departmental brochure
7	Research

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	The students are expected to submit a research project and present it at the end of the programme
8	Community development Community survey Community awareness Health education on prevention of HIV/AIDS . Community development on counselling and proving support to those who are living with HIV/AIDS and those who are affected, as well as orphans
9	Student development Workshops Conferences/Seminars/Symposia/Paper presentation Community survey Case Studies and case presentation Family studies Home visits Home based care HIV/AIDS counselling

59/2002

UNIVERSITY OF ZULULAND
FACULTY OF ARTS
DEPARTMENT OF NURSING SCIENCE

ONE YEAR DIPLOMA IN HIV/AIDS MANAGEMENT

Credits : 128

TERM 1	TERM 2	TERM 3	TERM 4
ANIIVA 1 Introduction to common sexual transmitted infections and HIV/AIDS	ANHVB 2 Policy and ethical issues <ul style="list-style-type: none"> - Policy on Aids and ethical issues - South African constitution - South African National Council . - Infection control policy 	ANHVC 3 Home based care <ul style="list-style-type: none"> - How to cater for orphans - Home based care skills, the scientific approach - Infection control . 	ANIIVD 4 Community Based Education interventions <ul style="list-style-type: none"> - School visits - Industry - Church
ANIIVE 1 Counselling and Basic Care <ul style="list-style-type: none"> - Gloves, condomise, family planning - Health care promotion prevention, nutrition 	ANIIVF 2 Youth Programmes about sexuality and cultural values of society	ANIIVG 3 Crisis management <ul style="list-style-type: none"> - Support groups 	ANHIVH 4 Sexuality Education
ANIIVI 1 Role theories <ul style="list-style-type: none"> - Role theory in HIV/AIDS - Role of society - Role of parents - Role of youth 	ANIIVJ 2 HIV/AIDS management <ul style="list-style-type: none"> - Field work - Multi-disciplinary team approach - Communication skills 	ANIIVK 3 Research Methodology <ul style="list-style-type: none"> - Basic research (problem solving) - Participatory Research 	ANIIVL 4 Health education (action plan) <ul style="list-style-type: none"> - Change in attitudes and in behaviour
ANIIVM 1 Community Development	ANIIVN 2 Practica <ul style="list-style-type: none"> - Case studies - Home visits 	ANIIVO 3 Local National and International events on HIV/AIDS.	ANIIVP 4 Research Report

S9/2002