

TEACHERS' ATTITUDES TOWARDS HIV/AIDS PROGRAMME

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DEDICATION

This work is humbly dedicated to
my late lovely mother-in-law, Ivy-mond
Ntombini (1926-2004)

And

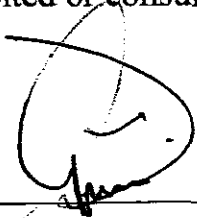
My late mother, Eunice, Hlekani,
Magawuza Swana who passed away in 2000

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- Lastly, I thank my wife, Margy who, having accomplished her strenuous doctoral programme, could still have the heart to assist me.

DECLARATION

I, Geoffrey Mhlabunzima Swana, hereby declare that the work: “Teachers attitudes towards HIV/AIDS Programmes” is my original work. Sources cited or consulted are acknowledged in the text just as the list of references.



G.M. Swana

03.09.07
Date

ABSTRACT

The purpose of this study was to investigate teachers' attitudes towards the HIV/AIDS programmes, which the government had supplied to the schools a few years ago. This concern was triggered by the researcher's own experience in dealing with these teachers whom he found to be protective, passionate about the disabled children and often treated them as separate from those of the regular school system.

To collect data, a questionnaire was administered to teachers at all the three special schools in the education district. In the questionnaire, items sought to establish whether or not teachers ever received training in HIV/AIDS prevention programmes as well as their knowledge about how HIV was transmitted.

Findings showed that these teachers were not trained in HIV/AIDS prevention programmes but there was a strong positive correlation between their knowledge about HIV/AIDS and positive attitude. It was also revealed that they were not involved in any HIV/AIDS prevention programme at their schools. Many of them were not even aware of the material said to have been provided by the Department of Education to be used in raising awareness programmes.

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The study was focused on the three special schools in the King Sabata Dalindyebo education department. The purpose of the study was to investigate teacher's attitudes towards the HIV/AIDS programmes.

1. 1 Motivation for the study

The problem of HIV/AIDS pandemic is a world threat to human existence. Ever since the disease broke out, governments spared no effort in trying to put its spread to an end. South Africa is no exception to this.

What motivated the investigator to conduct this study was that teachers were seen as one of the change agents the country was endowed with. There was also no doubt that, with a positive attitude and a will to combat the spread of HIV/AIDS, teachers were conveniently positioned to achieve that goal. Their position was strategic in that they dealt with the youth everyday. As such, teachers were able to reach the parents as often as they contacted children. That goal seemed to be better supported by some attractive and well-meaning programmes, which were placed at

schools. Some teachers and learners had, from time to time, been selected for training on how to run those programmes.

One would further motivate that teachers were, by virtue of being role models in schools and society, agents who could succeed in preventing the spread of HIV/AIDS. Besides being role models, if teachers could adopt a positive attitude towards HIV/AIDS programmes and a fair approach to learners and parents, the scourge of HIV/AIDS would be lessened.

Interest in the investigation into teachers' attitudes towards and knowledge about HIV/AIDS programmes had been triggered by many additional factors. Those factors included the researcher's vast experience in working with learners with special needs as well as their teachers.

During the period he had been involved with the education of learners with special needs, the investigator had observed teachers' attitudes towards life in general and learners with special needs in particular. They (teachers) demonstrated a tendency to see disabled learners as special

and, therefore, separate from the rest of learner population. As such, learners would not be exposed to HIV/AIDS awareness programmes by virtue of being kept protected within the institutions where they could learn. Such learners could not receive the same treatment as others did hence, inclusive education as a concept, was first met with a negative and hostile attitude by teachers. When one, however, considered the fact that teenage pregnancy in schools, including special schools, was on the increase (Alidzulwi, 2001, p21). This creates the impression that current programmes to curb HIV/AIDS down were either ineffective or ignored by teachers. If educators were conversant with and proud of their culture then, prevention of teenage pregnancy might not be a problem and, HIV/AIDS prevention programmes could be met with a positive attitude

The fact that some learners and teachers had died of AIDS both within the institutions for learners with special needs and around them had raised a question in the researcher's mind. The question was whether or not teachers had positive attitudes towards and knowledge of HIV/AIDS programmes. When one remembered that, according to Uwalaka and Matsuo (2002, p30) it was then two decades since HIV/AIDS took root in Africa, one found a study of this kind legitimate. It was easy to justify

suspicion that teachers' attitudes towards and knowledge about HIV/AIDS programmes could be a reason for a continued spread of the disease, that was, if their attitudes appeared to be negative.

In a study by Ndeva, Wangechi, Nkinge, Makoha, Osawa, Kijungu, Nyongesa, Osaki and Matuwii (2002, p59) on *knowledge, attitudes and practices toward HIV/AIDS among students and teachers*, it was clear that respondents were knowledgeable about the disease and teachers were positive towards people living with the virus though the death toll continued to escalate. This view was confirmed by Krisch (2006, p20) who claimed that an estimated 3,5 million South Africans were HIV positive in 2005. If true, this figure represented 18.78% of the population of South Africa at the time. With those findings in mind, one would wish to further investigate teacher's attitudes and knowledge regarding the disease, the programmes of awareness and the implementation of such programmes. Furthermore, literature seemed to be releasing conflicting facts regarding this field of study. For example, Russel and Schneider (2004, p3) argue that people were generally negative towards HIV/AIDS programmes. According to them, that negativism resulted in the creation of fancy adverts to avoid the words, "HIV/AIDS programmes". Those

words, argued Russel and Schneider (2004, p3), would scare people away if used. It was also important to find a relationship between life skills programmes and HIV/AIDS ones because looking only at one and ignoring the other would not produce the desired outcome. Quite clearly, learners in schools were a key focus for whom interventions were planned and that planning required that teachers be trained thoroughly (Ng'weshemi, Boerma, Bennet & Schaipink, 1997, p47). The foregoing authors argued that, it was crucial to ascertain that HIV/AIDS programmes were incorporated in the curriculum so that educators were trained in the implementation process. Not only there, continued the argument, but the inclusion of HIV/AIDS programme in family life was equally needed (Ng'weshemi et al.1997, p76) all that process would encourage teachers to be confident.

Recent work by Tsvere (2004, p10), Flishera and Aarob (2002, p2) on HIV/AIDS revealed some shocking reports that teachers were particularly negative towards HIV/AIDS programmes because the disease also affected themselves. The reports were further supported by Kenyon, Heywood and Conway (2004,p1) who, in desperation, stated that the national government had done all it could by introducing

lifeskills and HIV/AIDS programmes but the spread of the disease had continued unabated. For example in Krisch's (2006, p20) study it was found that infection among females aged 15- 24 years was eight times higher than males of the same age. It was further argued that 30.2% of women who gave birth in public facilities in 2005 were HIV positive. Worth noting in that study was the fact that school-going age children between 15 and 19 years were found to be the most vulnerable group in the population. Teachers were, indeed, the most relevant people to target if the situation was to be curbed. A positive attitude towards HIV/AIDS programmes among teachers was pivotal in the fight against HIV/AIDS more especially that 3.12 million HIV positive people were women and 2.9 million were male in the study under discussion. It was also alleged in the study that there were 235000 children under the age of 14 years who were HIV positive and 60% of hospital deaths in 2005 were estimated to be AIDS related.

Mavubengwana (2004, p19) found that employers and employees could not accept people with special needs at the work place these were workers who had barriers or challenges physically. So, campaigns to create disabilities awareness had to be conducted to change the attitudes

of employers and their abled employees towards positive regarding disabled person. This seems to suggest that similar negative attitudes towards people with HIV/AIDS could be found if a study of this kind was undertaken. If the employers' attitudes towards people with HIV/AIDS were found to be negative, there would be no reason to believe that teachers' attitudes towards HIV/AIDS prevention programmes could be positive. With regard to HIV/AIDS prevention programmes supplied by the government, the question remaining to be answered was whether or not those efforts had reached all sectors, groups and targets. If for instance, no Braille materials were available at special schools, then, the blind are not reached; if no programme manager was trained to reach the deaf, equally that group missed out.

In all the cases alluded to in the foregoing paragraph, indications were that teachers' attitudes may either be positive or negative depending on the questions just raised. For example, attitudes toward HIV/AIDS tended to vary with females being more stigmatized than males. That was what the study would seek to unearth since female and male teachers would be the main subjects.

Of particular motive behind this research was to uncover the attitudes of teachers towards HIV/AIDS programmes and their knowledge of the purpose and scope of those programmes. Bennett, Lingerfelt and Nelson (1990, p123) stated that the goal for help-giving was to execute intervention strategies focusing on positive outcomes, developing and strengthening family functioning. Thus insight into the needs of each family was crucial for the help-giver to succeed. In that case, educators were viewed as care-givers or help-providers by the researcher. It was perhaps, for that reason (educators help-giver role) that Anderson (1990, p 43) concluded by saying all people who worked with learners were to be trained in the implementation of HIV/AIDS programmes. To this, Schenker and Nyirenda (2002, p1) added by arguing that educators lacked appropriate training and relevant skills, hence they could not be effective in preventing HIV/AIDS from spreading. The fact of the matter was that HIV/AIDS programmes were a new innovation, which could make teachers feel threatened if not well equipped with new methods of instruction. Also, personal social feelings about programmes for preventing HIV/AIDS might create negative attitudes among teachers by invoking discomfort among the teachers (Schenker & Nyirenda, 2002, p1). So, a study of this kind had a potential to unravel some of the facts

pertinent to the attitudes of teachers towards those programmes as well as their knowledge about the very programmes they were to implement in order to combat and prevent the spread of the pandemic. It was recorded by Harrison Smit and Myer (2000, p16) that ten thousand teachers in South Africa were trained in lifeskills programmes in 1997. The aim was to reach at least two teachers per secondary school in each province. The study further stated that implementation became difficult according to the 2001 evaluation programme when the Soul City distributed life skills materials for grade 9 learners across the country's secondary schools. Such materials were aimed at providing accurate information related emotional and physical changes of puberty including contraception and pregnancy. Another objective was to improve HIV/AIDS related-knowledge and enhance prevention of HIV/AIDS and other sexually transmitted infection's spread. It was also assumed that through that information, young people would develop the capacity to show healthy relationships and promote positive values and attitudes towards people living with HIV/AIDS.

1.2 Statement of the problem

The continuous spread of HIV/AIDS, despite efforts to prevent its escalation, is a cause for concern. This concern increases as possible variables suspected of making it difficult to prevent from spreading continue to bother one. It would, therefore, be interesting to establish whether or not ignorance of the HIV/AIDS programme is not related to the failure on the part of such programmes to prevent HIV/AIDS from spreading. Teachers' personal feelings and beliefs have been blamed for contributing to the negative attitude of teachers towards the disease and the problem could remain with the fact that such attitudes could hamper teachers from fulfilling their role as change agents.

As to what extent teachers at special schools in particular demonstrate knowledge of and positive attitudes towards HIV/AIDS programmes, remains a nagging question. Indeed, one would ask.

1.2.1 To what extent do teachers know about HIV/AIDS programmes?

1.2.2 Do teachers know about HIV/AIDS as reflected in the programmes?

1.2.3 Are teachers' attitudes towards affected and infected persons negative or positive?

1.3 Aims of the study

1.3.1 To investigate the extent to which teachers knew about HIV/AIDS programmes through the way they understand their own subjective feelings and beliefs about HIV/AIDS.

1.3.2 To establish the extent to which teachers knew about HIV/AIDS programmes supplied to schools years ago.

1.3.3 To investigate the attitudes of teachers towards HIV/AIDS infected and affected persons.

1.4 Definitions of Terms

1.4.1 Attitude - is defined as a state of being negative or positive towards a particular behaviour, person or any other concept (Van Dyk, 2005, p94). In this study, however, attitude shall mean the way one views (mindset) and interprets the world.

1.4.2 HIV/AIDS

- HIV is defined as the human immuno deficiency virus (Van Dyk, 2005, p3) but in this study it shall mean a virus which causes a breakdown in the immune system rendering the body defenseless and vulnerable to opportunistic diseases.
- AIDS: is an acronym for Acquired Immune Deficiency Syndrome, but as it appears in this text, it reads as follows: -
- AIDS: is an illness caused by the weakness of the immune system in the body as a result of the opportunistic diseases attacking the body.

1.4.3 Programmes

- Mukand (1991, p393) seemed to suggest that a programme was a step-by-step breakdown of the route to be taken to meet a particular need.

Put differently, programmes are strategies which are generated, gender based and culture friendly aimed at overcoming a problem (Moore, Rosenthal & Mitchel, 1996, p125). Here the word programme shall mean a set of activities prepared and designed to fight HIV/AIDS with aim to prevent it from spreading.

1.5 Research methodology

1.5.1. Research design

The researcher decided to conduct a survey of educators from three special schools in the King Sabata Dalindyebo (KSD) district. This was done to help provide a sample large enough to include a wide range of responses.

Although four disabilities are provided for at these special schools, namely, blind and deaf at one school, intellectually challenged at another and physically disabled at yet another, the central trait or variable being measured is the same, namely, teachers attitudes towards HIV\AIDS Programmes. As De Vos, Strydom, Fouche' and Delport (2002, p14; Dyer, 1995, p5) put it, there is a need to focus with some detail, on a clearly defined behaviour.

1.5.2. Sampling design

A cluster sampling design was chosen for this study. Babbie (1989, p192) sees cluster sampling as quite representative especially where clusters are alike.

1.5.3. Instrument for data collection

A structured questionnaire was used. Included in the questionnaire was the demographic information like, gender; age range e.g. from 30-40 years. A questionnaire was still preferred for the convenience as it

afforded respondents an opportunity to relax and fill the questionnaire in independently.

This questionnaire was adapted from the one used by Boscarino and Diclemente (1996) in a study which dealt with the same subject. The rationale for this adaptation was to ensure that validity and reliability were observed. These terms may be discussed in the term.

- **Validity** – The term validity is about the ability of an instrument or technique used in research to measure the phenomenon it purport to measure. Put in clear words, according to Maleske (1995, p:26), validity is about whether the data collection tool did measure the concept in question and this is normally obtained through piloting the study. With this study, time constraint could not allow any pilot study of the instrument and adoption was made of the one which was used. The reasons for adopting the instrument was that Boscarino and Diclemente (1996) had already obtained the validity and reliability of the instrument. Since their study was directed towards investigating the same concepts as attitudes the researcher saw it fitting to adopt the instrument.

- **Reliability-** This was one of the important aspects in a data collecting tool in research. Reliability refers to the consistency of a measuring instrument. An instrument was reliable if, when used for more than one time, gave the same results (Coolican, 1995, p48). During earlier studies Kerlinger (1964, p442), viewed reliability as synonymous with dependability, consistency, stability, and predictability. It referred to an instrument which measured what it claimed to measure over time.

1.6. Method of data analysis

Both qualitative and quantitative analyses were performed. All scores from each respondent were coded and processed using the SPSS computer programme. This programme is simple and easy to follow and is generally recommended by statisticians in a study such as this one.

1.7 Summary

The researcher found it quite intriguing that learners at special schools were still treated as special and different from others. Teachers used to react with anger and anxiety once the concept of inclusive education was

mentioned. It was suspected that HIV/AIDS programmes provided by the department of education would be regarded as relevant only to the “ordinary schools”.

A close observation of the procedure followed by special schools with regard to all educational matters like workshops and in-service training were much different from those of the other schools. It became necessary for the researcher to undertake to investigate the extent to which teachers at special schools felt about handling HIV/AIDS prevention programmes and how they felt about the infected and affected persons were the main issues in the study under consideration.

As one of its aim, the study was to ascertain the extent to which teachers know about HIV/AIDS; whether they were trained in the programmes provided by the government. To this end, it became imperative that other studies relevant to this research be viewed. This is a subject of the next chapter.

2.1 Introduction

It was mentioned in the first chapter that the government did everything in its power to introduce life skills programmes and that teachers were trained so as to be able to handle HIV/AIDS prevention programmes with confidence. According to Tsvere (2004, p10) and Flishera and Aarob (2002, p2), each school was represented at least by two teachers countrywide.

This chapter was to review literature in order to establish what had been done in the area of HIV/AIDS with regard to the attitudes of people towards people infected and affected by AIDS.

2.2 Effective HIV/AIDS Prevention Programmes

Looking at the enormity of the problem presented by HIV/AIDS pandemic and the strategies that have been put in place to help prevent further harm, a need to review the work of other scientists in the field has arisen. For instance, one would want to know how other researchers conceived of the

programmes developed to prevent the spread of HIV and to raise HIV/AIDS awareness among the population groups. It would be interesting to see if such programmes were relevant to all people.

Poor socioeconomic conditions and the spread of HIV/AIDS, according to Xulu (2001, p12), seemed to be closely related. For this reason the role of a teacher in the classroom tended to be similar to that of a nurse, a motivator and a mentor in an attempt to change the sexual behaviour of learners. This requires that there be a programme relevant to the particular target and participation of not only teachers but also parents.

It does not seem possible that sexual behaviour of learners can change without a direct involvement of the parent. According to Ollendick (1997, p31), a home-based programme of intervention tended to reduce many of the socio-political problems in society. Parental involvement in a programme, which was meant to effect change among children was, therefore, deemed to be crucial. In a home-based intervention programme presentation should be done through videos chosen by both teens and parents. Those videos, according to this view, needed to be positioned as “family” rather than a “teen” intervention in order to enhance parental involvement (Ollendick, 1997, p31).

In view of this, it would be interesting to see how teachers think about the life-skills and HIV/AIDS programmes which the government provided a few years ago. A study to see if any training was ever done and how parents were involved in such a programme would most probably assist with relevant information. Elliot (1996, p184) reported AIDS as a “battleground” of competing moralities and that made it difficult for anyone to guarantee success of any programme. According to Elliot (1996, p189), Africa in general and sub-Sahara Africa in particular, were facing the greatest health crisis the continent had ever known in centuries. This was worsened by the fact that AIDS was culturally interpreted, signified and given moral meanings. Perhaps this would account for the negative attitude that people demonstrate towards HIV/AIDS prevention programmes and parental apathy.

It was important to suggest that HIV/AIDS Prevention programmes begin to investigate the culturally specific knowledge and attitudes about HIV/AIDS among each ethnic group (The Body, 2005, p3). That can be the only way to develop culturally specific materials. Such materials would yield an advantage of exploring cultural beliefs and their implications on personal

and community health. Given this argument, one tends to agree with Stanton and Johnson's (2000, p3) line of thought that programmes be in the hands of people who previously had received training and therefore believed to have adopted positive attitudes towards the programmes. Those programmes had to be designed according to the terms of the particular cultural group (Stanton & Johnson, 2000, p4). It becomes clear that being positive or negative towards HIV/AIDS programme or people living with AIDS is a cultural issue. In short, HIV/AIDS prevention programmes were complicated but much needed tool for saving the life of the nation. What made things hard was the need for including parents and teachers as well as children (particularly, adolescents). Nzima (2002, p42) suggested that parents were at the centre for any programme aimed at preventing HIV/AIDS spread to succeed. Authors like Armstead, Korchik and Forehand (2004, p233) maintained that parents monitoring and parent-adolescent relationship were vital in HIV/AIDS prevention programmes. Armstead et al (2004, p245) further added that communication between teens and parents reduced HIV/AIDS spread. This was one more reason for the need to include parents in the schools' HIV/AIDS prevention programmes. An even more serious factor was parental apathy and, unless parents were empowered, very little or nothing could be achieved.

It has been alluded to the fact that programmes for HIV/AIDS prevention have to take the culture of the community concerned into account. Rapp-Paglicci, Dulmus and Wodarski (2004, p246) maintained that children with special needs enjoyed a culture of their own. Should this be true, it would be interesting to find teachers' views with regard to special schools HIV/AIDS prevention programmes the particular study is targeting.

To be able to really measure teachers' attitudes towards the programmes the government has put in place at these special schools, one would want to draw up some of the characteristics of an effective programme.

There should be specific characteristics of an effective HIV/AIDS prevention programme if success is to be achieved. Effective programmes must include a manual or curriculum that promotes fidelity and consistency in programme implementation. Such programmes should aim at replacing negative behaviours with more prosocial behaviours which serve as protective factors for children.

Most programmes target multiple domains in the child's environment by offering components such as parenting classes, home visits and mentoring. Programmes target learners at early stage and maintain a long-term commitment. Several programmes tended to aim at improving school climate and culture by developing staff through training seminars (Rapp-Paglicci et al, 2004, p345). Among these programmes are: -

- Universal programmes
- Selective programmes
- Indicated and multicomponent programmes

(Rapp-Paglicci et al, 2004:p345) further maintain that universal programmes were those meant to serve the general public or the whole population that had not been identified on the basis of individual risk. According to this view selective programmes only targeted individuals or subgroups perceived as on high risk while indicated programmes concerned themselves with individuals in high risk environments. Multicomponents programmes combined two or more components for preventive approach.

If programmes were categorized as shown in the foregoing paragraph, then, a reason to adopt a particular attitude towards a certain programme could be expected. Some people may have a certain feeling towards a particular programme whilst adopting a different stance towards the other. For example, a study in Cambodia showed that HIV and other sexually transmitted diseases (STD's) prevention programmes were not followed at certain areas of the country and this was ascribed to differences in the community cultures (Kim, Sun, Chhorvan, Lindan, Griensven, Kilmarx, Sirivongrangson, Lovie, Leng & Page-shaper, 2005, p746). The fact that the pandemic continued to spread according to these findings could make one suspect that certain communities had negative attitudes towards the very programmes that were meant to help them.

2.3 Teachers' attitudes towards HIV/AIDS prevention programmes

If programme definitions were to be accepted as given by were to be seen as explained by Rapp-Paglicci et al (2000, p345), in the foregoing text, then it would be reasonable to conclude that people implementing such programmes would differ in their attitudes.

Attitudes, according to Porteous (1997, p222), were what remained after a long series of experiences. They involved the organization of feelings and beliefs. Attitudes of people revolve around a feeling that AIDS is a consequence of violation of traditional moral codes (Elliot, 1996, p192). With this idea in mind, it was further argued that people were divided into two categories; a category of “sinners” and that of the innocent (Elliot, 1996, p 193).

Attitudes seemed to change with training. When educators were trained, attitudes improved towards people with AIDS. Negative attitudes of educators towards learners diagnosed with HIV could cause harm (Stanton & Johnson, 2000, p3). In their study, these authors found that lack of knowledge about HIV/AIDS was related to negative attitudes teachers displayed towards learners with AIDS. People within the age bracket of 30 to 39 years were found to be more knowledgeable about HIV/AIDS than those younger than this age bracket (Inagaki, 1997,p2). According to Inagaki (1997,p2), knowledge about HIV/AIDS grew with age since, he found that people who were above age 39 showed more knowledge about the HIV/AIDS than those within the age bracket 30 to 39. The reason for this could be linked to experience.

Since knowledge about the transmission mode and mass media information affected one's attitudes towards people with AIDS, such information must never be left out in HIV/AIDS programmes (Inagaki, 1997, p2). Boscarino and Diclemente (1996, p267) found that HIV/AIDS teaching experience was associated with behavioral control of HIV/AIDS education and HIV/AIDS knowledge. It was also found that teachers responsible for the life skills instruction at the South African secondary schools were more knowledgeable about AIDS; felt moderately comfortable teaching topics related to AIDS. According to this study those teachers who were found to be more knowledgeable and comfortable in handling HIV/AIDS lessons were more positive in their attitudes when dealing with HIV/AIDS infected persons. The researchers in this study, however, clearly mention that teachers could not effectively impact on their learners because they lacked material resources and community support.

2.4 Knowledge about HIV/AIDS prevention programmes

Literature of (Porteous, 1997, p 222) seems to find a link between a person's knowledge about HIV/AIDS and their attitude towards people living with AIDS. This should make sense when one takes into account the fact that,

time and again, HIV/AIDS have been linked to specific cultures. For example, Lau (2004, p3) believed there were still some popular misconceptions about AIDS among teachers. Whilst this cannot be denied, however, one would wonder why such misconceptions after so much had been done in the form of HIV/AIDS prevention programmes. Lau (2004, p3) stated that the teaching staff were found to be unwilling to guide learners in the prevention of HIV/AIDS. Quite a number of teachers, according to the study mentioned above, were not even supportive towards HIV infected learners. Learners in the particular study were left to peer influence alone in the AIDS related attitudes and behaviour.

There is no doubt at this stage, about the enormity and damage to mankind AIDS has caused through its virus (HIV).

Consequently the goal for the development of the life skills and HIV/AIDS education programme for grade 8 through to grade 12 was to increase knowledge not only among learners but also teachers (Boscarino & Diclemente, 1996, p3). All of this was aimed at promoting positive and responsible attitudes through the acquisition of knowledge about HIV/AIDS pandemic. To this end two teachers per secondary school in South Africa were trained to teach the life skills programme. Such training yielded,

according to these authors, positive impact on perceived behavioural control of HIV/AIDS education and HIV/AIDS knowledge.

Hoosen and Collins (2004, p487) noted that HIV/AIDS prevention programmes have tried to change sexual behaviour through providing information related to health risks and sexually transmitted diseases (STD's). These efforts involved distribution of condoms. It was also noted that limited success had been achieved because HIV/AIDS related information alone could impact significantly on society. Things like condoms depended on culture and values of a particular community, therefore, their indiscriminate distribution had met with violent resistance in some communities.

Despite widespread information about HIV/AIDS, Allen, Wheeler and Grosshurt (2004, p60) argued that adolescents in the rural high schools of Western Ethiopia were aware of how HIV/AIDS was transmitted but those whose parents were ordinary farmers showed little knowledge. More females were found to be ignorant than males. Knowledge about HIV/AIDS and attitudes towards its victims as well as its prevention programmes were separate entities. Tebourski and Ben-Alaya (2004, p2) suggested that no

correlation existed between knowledge about HIV/AIDS and a positive attitude towards the victims of the pandemic.

In their study of 598 Moslem students, Tebouriski and Ben-Alaya (2004, p2) noted that a high knowledge about HIV/AIDS was found but a negative attitude existed towards people living with AIDS. Although a religious factor had a part to play in those results, it would be interesting to explore the issue of attitudes and knowledge in relation to the programmes offered by the government in South Africa's case. In a study by Gallant and Maticka-Tyndale (2004, p13) an HIV prevention programme based on eleven schools indicated that a thorough knowledge was gained at ten schools. A positive attitude among learners towards risk reduction behaviour became noticeable.

Parents were positive towards their children receiving vaccine against sexually transmitted infections (STI). This situation did not occur in all communities in a country. Costin (2004, p1) stressed that knowledge of HIV/AIDS related topics was high in some areas but low in others. For example, some respondents still thought that mosquito bite could transmit HIV; this was obviously untrue.

Another finding of Costin (2004, p96) was that 94% of the participants were willing to support HIV/AIDS prevention programmes in their schools. However, special school educators showed limited knowledge of verified and non-verified models of HIV/AIDS transmission of both experienced teachers and student teachers regarding HIV/AIDS related information. It would, however, be interesting to know if this thought also applied to the special schools the current study is targeting.

The training of school counsellors in the prevention of HIV/AIDS and an extensive education of staff about HIV/AIDS so that each member was familiar with the programme was lacking (Costin, 2004, p96). In that regard, Mkhathshwa (2002, p12) expressed concern about the role of teachers in the struggle against HIV/AIDS. Teacher's attitude towards HIV/AIDS prevention programmes was not always positive. According to South African Law Commission (1998, p6), teacher's attitudes towards HIV/AIDS prevention programmes may be affected by two factors, namely, parent's role in the formulation of HIV/AIDS policy and other policies and the role of teachers in executing HIV/AIDS programmes provided by the government. The commission believed that things or the situation would

improve if teachers were allowed to run the programmes in the form of life skills. Oskamp and Thompson (1996, p244) stressed that teachers be trained before they began to implement HIV/AIDS prevention programmes.

The programme could not be successful without the community being involved. It must be noted that education about HIV/AIDS by itself could not stop the virus from spreading; no amount of knowledge about HIV/AIDS had ever stopped teenage pregnancy. What seemed to be important was the match of educational approach with the right people (Stine, 1995, p297). Learners tended to follow what they saw and felt. That was where the role of teachers as role models could yield good results. In addition to that, there was a need for correctly structured HIV/ AIDS prevention programme and that, together with well -trained staff, could amount to a successful and effective programme. As Hubley (1990, p64) put it, a successful or effective programme for HIV/AIDS prevention was the one that followed a teamwork approach. Together with that approach was the whole question of correct and accurate information regarding how HIV/AIDS spread, for instance, through sex, babies born to infected mothers, blood and that two to five years could elapse before it formed into a disease called AIDS.

Teachers form part of the hidden curriculum in that they lead by example (Hubley, 1990, p64; Stine, 1995, p297). Any programme that does not address promiscuity could not help. Therefore, health education programme must form part of the broader HIV/AIDS prevention programmes. Its purpose was to decrease promiscuity and other human behaviour within the human rights spectrum (Zachaman, 1989, p73). Such a programme could enjoy support of all since a pragmatic solution to the problem of HIV/AIDS was crucial given the fact that low correlation existed between knowledge, safe and unsafe sex (Kippax, Conrol, Dowsett & Crawford, 1993, p106). What needed be done, according to Schenker and Nyirenda (2002, p10), was to increase time for school based HIV/AIDS prevention programmes in order to increase their effect on the young adolescents- at least four hours was suggested.

That approach was viewed as an important tool to ensure that people's attitudes, especially teachers, were positive towards those programmes. For instance, Ndegwa, Wangechi, Makohaa, Kijungu, Nyongesa, Kange, Osawa, Osaki and Muthwii (2002, p59) reported that there was rare discussion between educators and learners in the study they conducted. That situation was disappointing when considering Schenker and Nyirenda's (2002, p8)

assertion that schools were key settings for educating children about AIDS and its virus. Teachers attitudes were, therefore, negative and the reason for that negativism was unclear except for poor rapport and communication with children, lack of awareness of own sexuality and that of others and thorough knowledge of HIV/AIDS (Schenker & Nyirenda, 2002, p8).

For teachers to have positive attitude towards programmes aimed at preventing HIV/AIDS from spreading, Schenker and Nyirenda (2002,p6) suggested that their knowledge of HIV AIDS must cover the most up to date and relevant information on the pandemic as well as its modes of transmission. Information regarding its prevention and the accompanying social consequences of the disease was also important to empower teachers. (Schenker & Nyirenda, 2002, p9).

The foregoing argument leads to a logical conclusion that HIV/AIDS prevention programmes have to solicit partnership between the school and the community so that AIDS education can be integrated to form a comprehensive health education programme.

Learner's parents were central to any successful HIV/AIDS prevention programme (Schenker & Nyirenda, 2002, p10). Teacher's attitudes towards community value might be a factor which weakened or strengthened their impact on learners and parents thereby; causing a significant behavioral change in their sexual practices. Lifeskills when taught as a component of HIV/AIDS prevention, coupled with peer counseling programmes might yield good results (Schenker & Nyirenda, 2002, p24). In many cases Hoosen And Collins' (2004, p494) studies showed that males were stubborn and insensitive towards females. They were also found to be ignorant and selfish with regards to sexual behaviour.

Lack of knowledge about HIV/AIDS among males was identified as a major contributory factor towards negative attitude among men. Programmes used in the prevention of HIV/AIDS failed because they did not target males (Hoosen & Collins, 2004,p501).

Some of the facts in this passage open up the stage for the study now under considerations to be unveil. A data collection chapter three will follow soon after the summary to this literature review.

2.5 Summary

The chapter could succinctly be viewed as showing HIV/AIDS as one of the deadliest diseases the world had ever known. It has, over the past decade, placed so much threat to human life that governments of the world in general and that of South Africa in particular began to devise strategies to combat its scourge. In trying to prevent the spread of the disease, teachers were trained in lifeskills programmes in order to raise HIV/AIDS awareness in the classroom in an attempt to reduce sexually risky behaviours among learners. Peer counselors were also trained. Those peer counselors consisted of learners selected from each school as it was felt that learners listened better to others of their age than they did to elderly people.

In the available literature (Okamp & Thompson, 1996, p244), the chapter expressed a concern about parents not having a role in the programmes delivered to schools for the purpose of preventing HIV/AIDS from spreading. Since some of the methods designed to prevent HIV/AIDS spread are value-laden, a feeling was that HIV/AIDS prevention programmes be community-based to include parents in order to yield positive results. As change agents, teachers were expected to possess thorough knowledge as to

how HIV/AIDS spread. It was argued that only people who were knowledgeable about HIV/AIDS and how it was transmitted from one individual to the other could have a positive attitude towards the infected and affected persons. There was therefore, no doubt from the literature's stand-point that people who were comfortable about their own sexuality could implement the government's HIV/AIDS prevention programme with confidence.

What did not seem to be clear from literature however was whether or not the programmes reached all its targets in the manner which would ensure the unity of purpose. In other words, one would want to know if there were life skills materials available in Braille print or teachers trained in sign language to run such programmes among the deaf learners. This takes one to the next chapter where research methodology and design will be discussed.

CHAPTER 3 RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

In chapter 2, a review of literature was done and it was aimed at gathering as much data about attitudes of people towards AIDS; HIV/AIDS prevention programmes and people living with AIDS as possible. With regard to the population targeted by the study in question, certain research questions became important:

- To what extent do teachers know about HIV/AIDS programmes?
- To what extent do teachers know about school-based programmes of HIV/AIDS prevention?
- What is the attitude of teachers towards HIV/AIDS infected and affected persons

3.2 Method of data collection

Questionnaires were used to collect data in the study under consideration. Various scientists discussed different methods of collecting data among which there was survey. The rationale for choosing a questionnaire as a means of data collection in this research was that respondents became free and exercised their right to reveal whatever information they felt like releasing. Answering a questionnaire in a relaxed mood made it easier for respondents to provide genuine information. Because each one of the respondents had own questions to deal with at own time, chances of receiving peer influence was reasonably reduced (Dyer, 1995, p198).

In this study questionnaires were completed under supervision by the research at each one of the schools targeted.

3.3 Survey as a method of conducting and collecting data

Dyer (1995, p88) discussed survey as a way of a way of collecting data from a large sample and dispersed groups of people. It was a method, according to

Shaughnessy and Zechmeister (1990, p77), which was designed to deal more directly with the nature of people's thoughts, opinions and feelings.

In designing a survey, the three activities need be born in mind, namely, selection of survey design, selection of sampling method and selection of standard set of questions as an instrument for collecting data (Shaughnessy & Zechmeister, 1990, p77).

3.4 A survey design

A survey design is selected in order to find explanation for a particular phenomenon (Dyer, 1995, p90). The researcher has decided to include all teachers of the special schools of the King Sabata Dalindyebo District (KSD) in order to increase the probability of being precise with the results.

Shaughnessy and Zechmeister (1990, p84) recommended a survey arguing that the method worked well where the number of people in the sampling frame was known.

Sommer and Sommer (1986, p197) had sounded a warning in their earlier work that in a survey design questionnaire, the instrument must test what the

investigator wanted to test. They further justified the use of a survey method by stating that sampling error diminished when sample was large.

3.5 The sample

For the purpose of collecting data in this study, questionnaires were downloaded from the internet and adapted from those in a similar study. It could safely be asserted, therefore, that purposive sampling methodology was used.

- Respondents consisted of the 60 teachers of the three special schools in the KSD district of education (King Sabata Dalindyebo). The reason for this was to gather as much data as possible from a large sample.

3.6 Data Analysis

- Data were collected by means of questionnaire and analyzed through the use of a computer programme (SPSS).

3.6.1 Research questionnaire

A research questionnaire was designed and adapted from the one used in a similar study. Each respondent (teacher) was requested to fill in the questionnaire without writing their name. The questionnaire attempted to cover the three aims of the study as indicated in chapter one. Confidentiality of the information gathered was stressed.

3.6.2 Validity of data collecting tool

Validity is about finding out if the measurement or technique used in research were actually measuring the phenomenon they were supposed to measure. Put in other words, validity is about whether the data collection tool did measure the concept in question (Alidzulwi, 2001, p30). Validity is normally obtained through piloting the study. With this particular study the data collection tool was adapted from the previously used one.

3.6.3 Reliability

Reliability refers to the consistency of a measuring instrument. An instrument is reliable if, when used for more than one time, gives the same results (Coolican, 1995, p48). According to Kerlinger (1964, p442) reliability is synonymous with dependability. It refers to an instrument which measures what it purports to measure over time.

3.7 Summary

The foregoing chapter was dealing with research methodology and design. Questionnaires were chosen instruments for data collection. This was partly due to the fact that they were among the widely used tools for this purpose because of the ease with which respondents completed them during their private time. For the reason already mentioned, a survey method of collecting data was undertaken. It was imperative for the researcher to include teachers in the schools targeted if a probability of being precise with results was to be achieved. Validity and reliability were looked into as a result, careful adoption of the instrument previously used from the internet

was made. One would hope that the analysis presented in the next chapter indicated a clear picture of what was discussed in this concluding summary.

CHAPTER 4 DATA ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Introduction

This chapter's main focus was to present and analyse the data collected through quantitative research. In analyzing these data, the aims of this study were borne in mind. These aims would be summarized as follows:-

- To investigate teachers' attitudes towards HIV and AIDS prevention programmes as provided by the government (Department of Education).
- To investigate teachers' knowledge about HIV and AIDS
- To establish the extent to which teachers were involved in the HIV and AIDS prevention programmes as well as their level of training in the area of HIV/AIDS prevention programmes.

4.2 Data description

The study's target population was all the special schools in the King Sabata Dalindyebo (KSD) district of education. At these schools, all teachers were targeted (survey study). The largest of these schools is Efata school for the blind and deaf (basically, two in one hence school A1 and A2).

There was Ikwezi Lokusa school for the physically challenged and the school for the Intellectually challenged called Thembisa.

Due to the nature of the individual school, some of the schools or sections of schools involved in the study did not use grades. An example of these schools is Thembisa school for the Intellectually challenged. At this school, learners are only trained in skills for daily living (SDL) as they could not grasp any academic study.

There were 16 teachers in school A1, 7 in school A2; 18 in school C and 19 in school C.

Questionnaires were delivered to each school according to the numbers of teachers at the particular school.

The data were then presented in the form of frequency tables and pie chart graphs variable indicated in the data-collecting instrument (questionnaire).

The following table shows the participants in all three schools (Efata referred to as school A1 and A2 or Blind and Deaf; school B or Tembisa and school C or Ikwezi Lokusa.)

Table 4.2.1 Participants per school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SCHOOL A1	16	26.7	26.7	26.7
	SCHOOL A2	7	11.7	11.7	38.3
	SCHOOL B	18	30.0	30.0	68.3
	SCHOOL C	19	31.7	31.7	100.0
	Total	60	100.0	100.0	

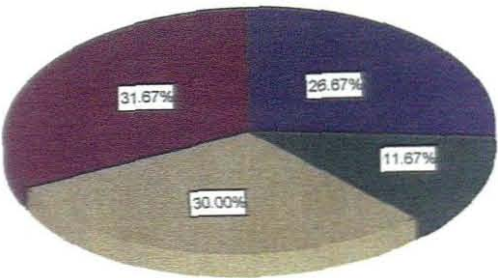


Figure 1

The table shows participants irrespective of gender. There were 60 participants altogether.

SECTION A: Autobiographical Information

Table4.2.1.1 Participants by gender

	Frequency	Percentage		Cumulative
Male	11	18.3	18.3	18.3
Female	49	81.7	81.7	100
	60	100	100	

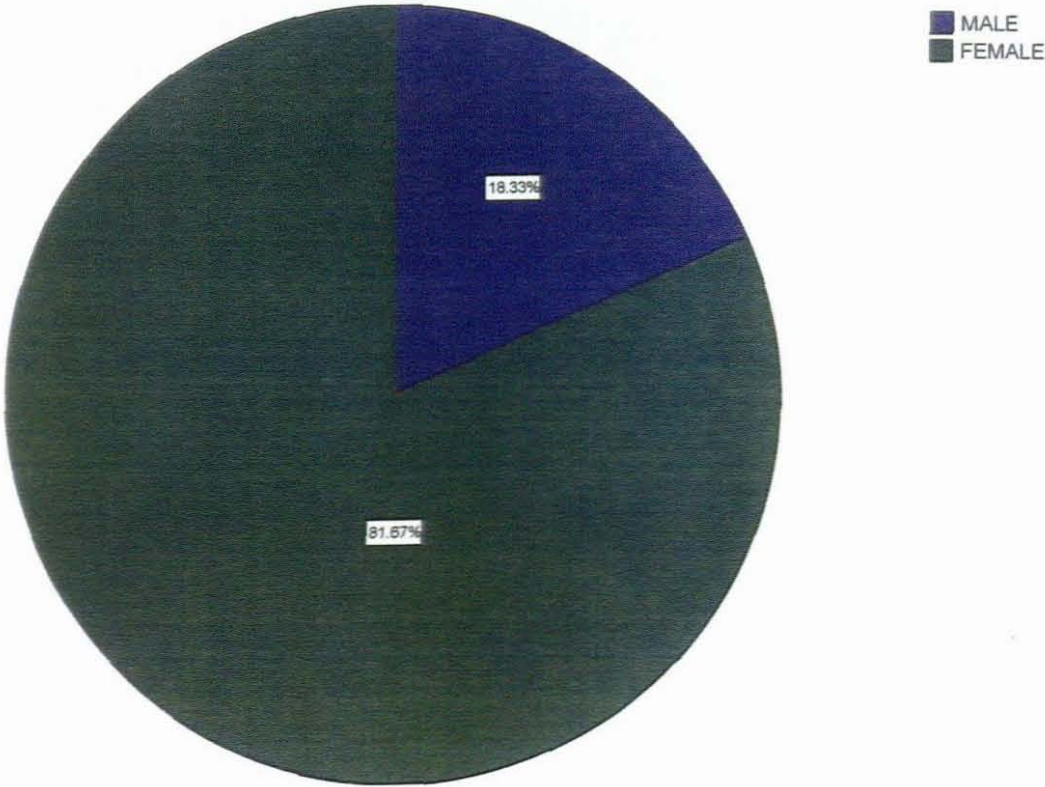


Figure 2

Table 4.2.1.2 Age range of participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30-35	8	13.3	13.3	13.3
	35-40	20	33.3	33.3	46.7
	40 AND ABOVE	32	53.3	53.3	100.0
	Total	60	100.0	100.0	

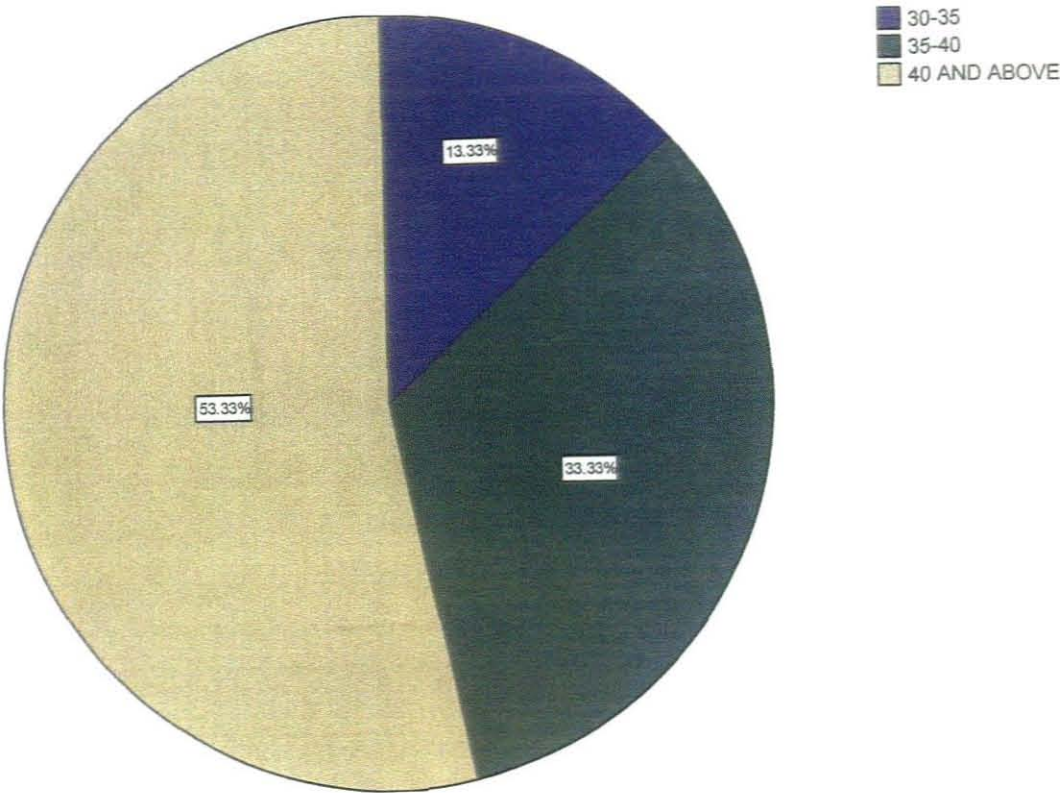


Figure 3

In this table it was clear that few teachers from the age of 30 to 35 participated in the study (13.3%). There were 20 teachers whose age range was from 20 35 to 40 (33.3%). According to these data, the majority of participants were aged 40 and above (53.3%).

Table 4.2.1.3 Participants who did or did not receive lifeskills training

	Frequency	Percentage	Valid percent	Cumulative %
True	7	11.7	12.1	12.1
False	51	85.0	87.9	100
Total	58	96.7	100	
Missing	2	3.3		

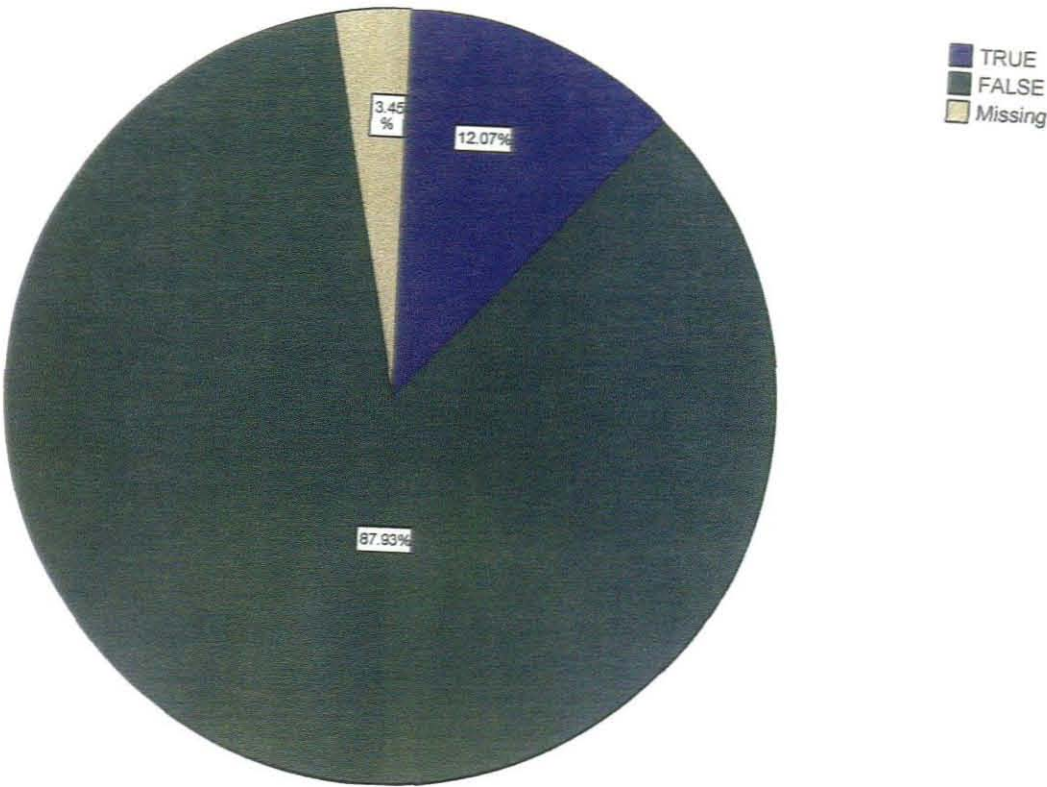


Figure 4

The table showed that only 7 of the 60 participants had received training in life skills (11.7%). According to this information 51 participants were never exposed to a life skills programme and this figure represented 85% of the subjects. It is also noteworthy that two participants could not respond to this

item (3.3%). It was necessary to include the teaching experience in these data.

Table 4.2.1.4 Participants by teaching experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 YEARS	2	3.3	3.3	3.3
	5-10 YEARS	16	26.7	26.7	30.0
	10 AND ABOVE	42	70.0	70.0	100.0
	Total	60	100.0	100.0	

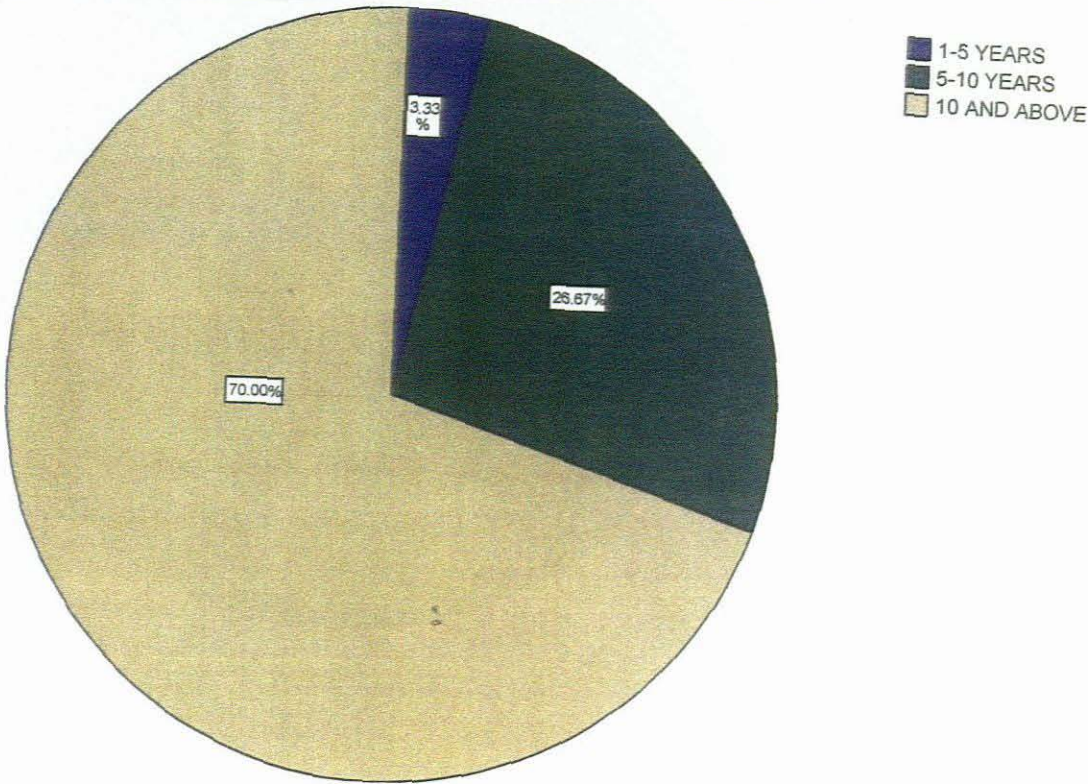


Figure 5

Of the 60 participants, only 2(3.3%) were in service from 1 to 5 years at a special school; 16 had the experience of five to ten (26.7%) and the majority (70%) were more than 10 years teaching experience at these special schools. Qualifications were also considered important hence the following Table.

Table 4.2.1.5 Participants by qualifications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TEACHERS DIPLOMA	29	48.3	48.3	48.3
	DEGREE	27	45.0	45.0	93.3
	OTHER	4	6.7	6.7	100.0
	Total	60	100.0	100.0	

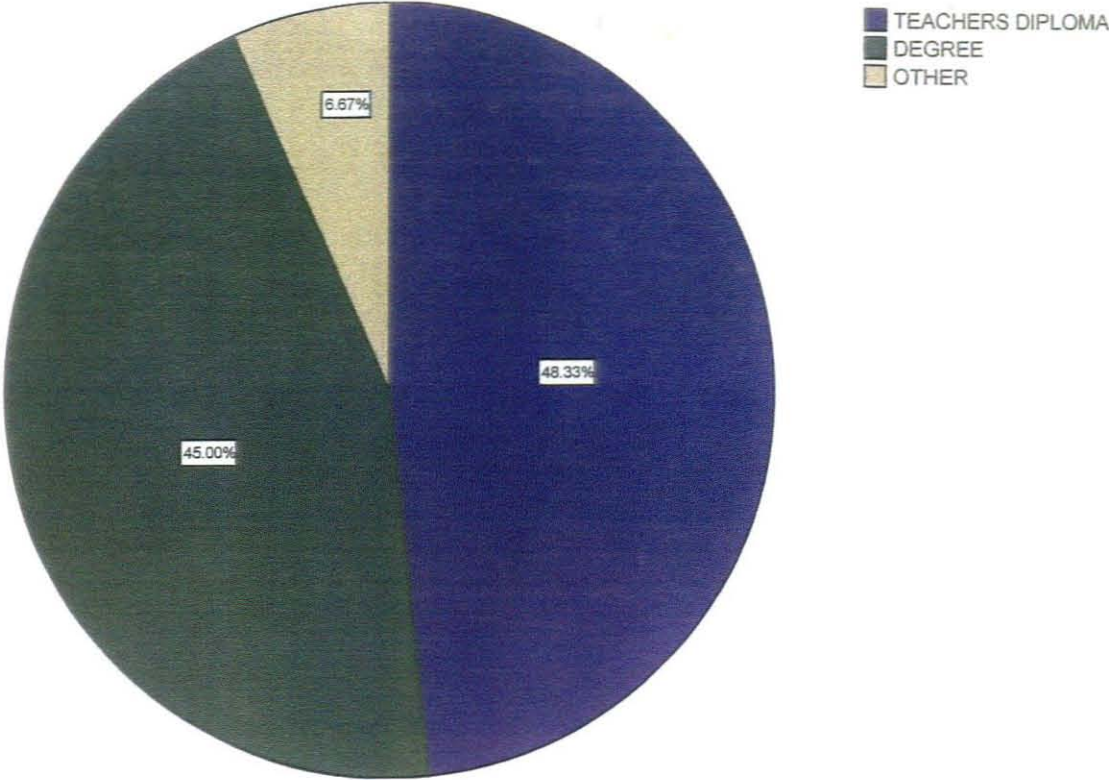


Figure 6

These were respondents who had teachers’ diploma (48.3); 27 had university degrees (45%) and 4 or 6.7% had other qualifications like woodwork or brick laying.

Table 4.2.1.6 Participants by post level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	54	90.0	91.5	91.5
	2	5	8.3	8.5	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

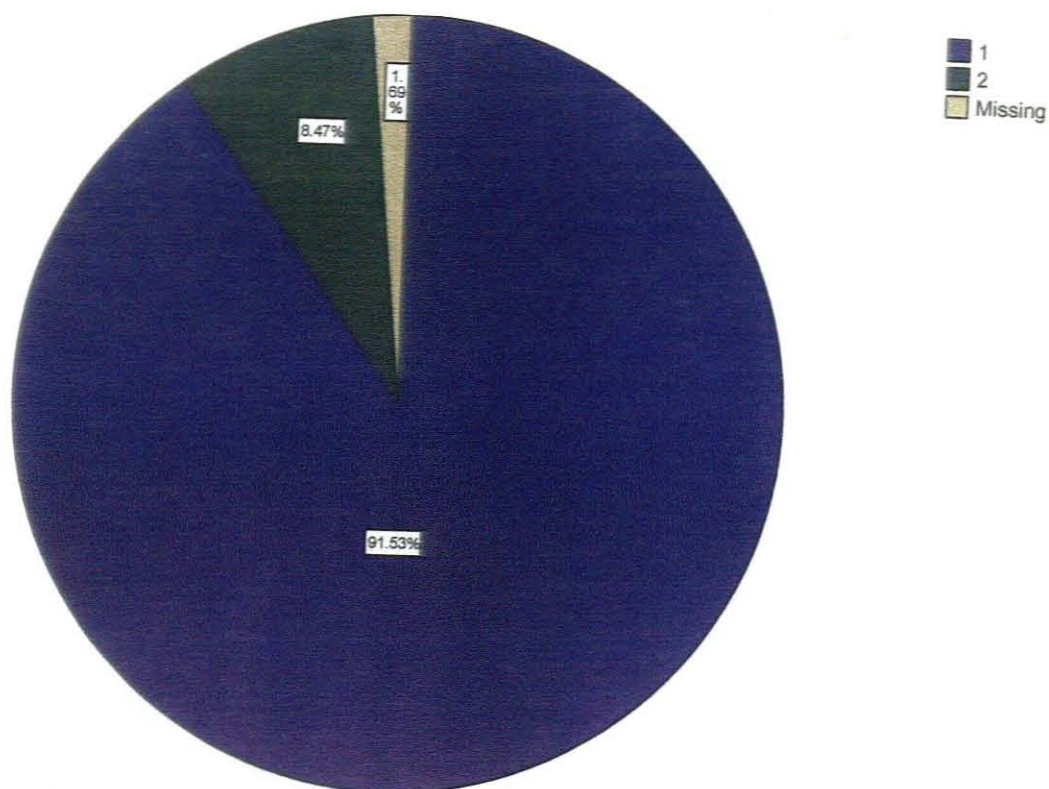


Figure 7

The majority of respondents were in post level 1 (98%) and only 8.3 % were in post level 2. Apparently 1.7 % participants elected not to respond to this particular question.

Table 4.2.1.7 Participants by grade taught

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	26	43.3	45.6	45.6
	NO	31	51.7	54.4	100.0
	Total	57	95.0	100.0	
Missing	System	3	5.0		
Total		60	100.0		

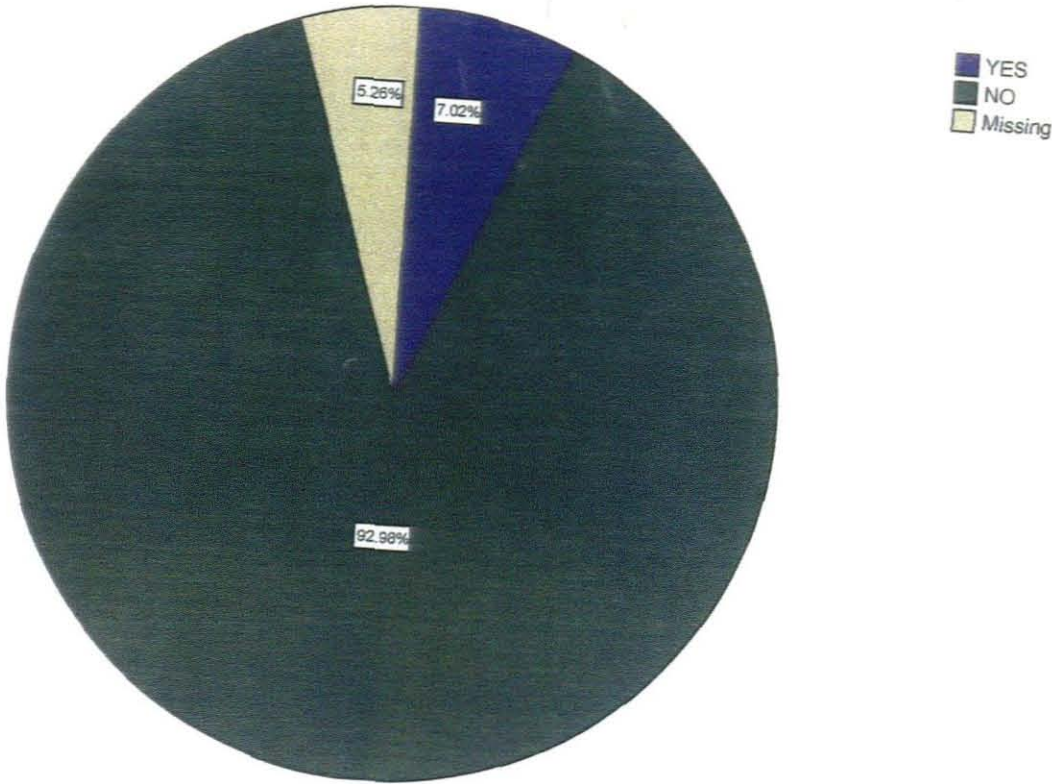


Figure 8

This question was not responded to appropriately. The reasons might include the fact that one of the schools did not have grades. When the question of involvement in the programme came, the following information was collected: -

Table 4.2.1.8 Participants involved in HIV/AIDS prevention programme

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	5	8.3	8.3	8.3
	FALSE	55	91.7	91.7	100.0
	Total	60	100.0	100.0	

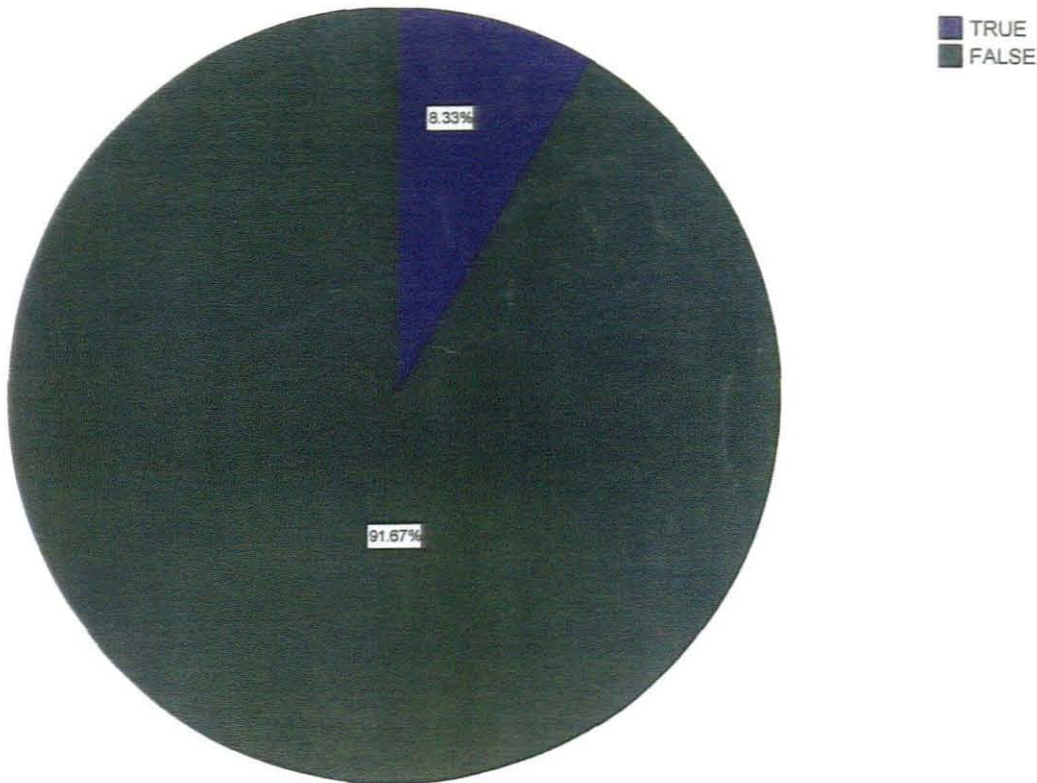


Figure 9

A high percentage (91.7%) of participants reported that they were not involved in any HIV& AIDS programme at school and only 8.3 % agreed with the statement.

Tables 4.2.1.9 Participants by home language

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	XHOSA	60	100.0	100.0	100.0

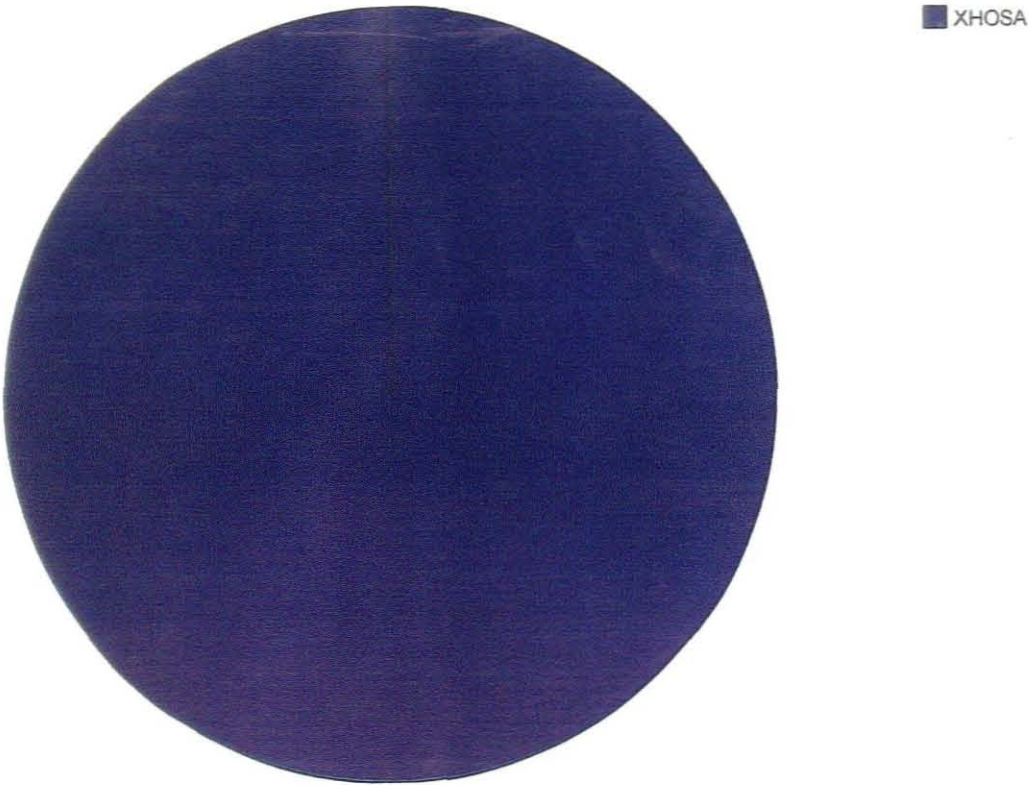


Figure 10

All participants were Xhosa speakers

Table 4.2.1.10 Participants by their learning area /subject

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	EMS	5	8.3	9.1	9.1
	HSS	3	5.0	5.5	14.5
	OTHER	47	78.3	85.5	100.0
	Total	55	91.7	100.0	
Missing	System	5	8.3		
Total		60	100.0		

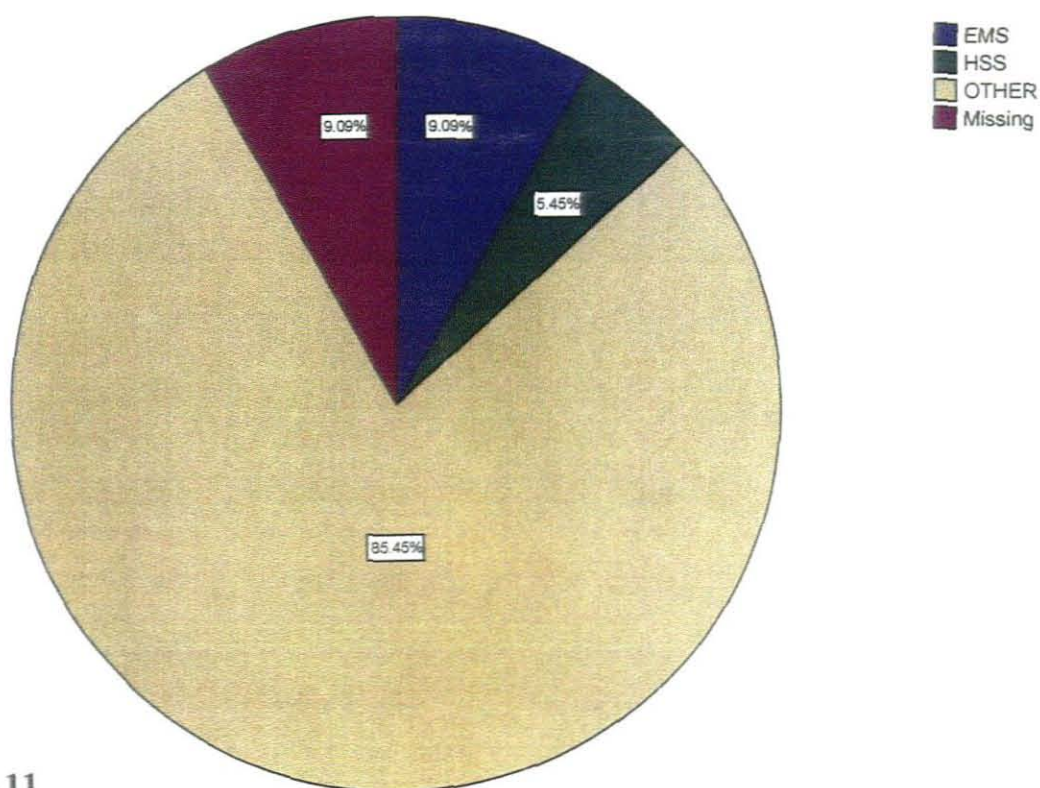


Figure 11

85% participants indicated that they were doing other learning areas, 9,09% were doing learning area Economical and Management Science (EMS), while 5,45% were doing Human Social Science (HSS). The 9,09% of participants did not indicate which learning area or subject they taught.

This may be due to the fact that other schools did not follow a curriculum with learning areas or subjects

Section B: Training related to HIV/AIDS prevention

Table 4.2.1.11 Participants who were trained in HIV/AIDS prevention programme

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	7	11.7	11.7	11.7
	FALSE	52	86.7	86.7	98.3
	3.00	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

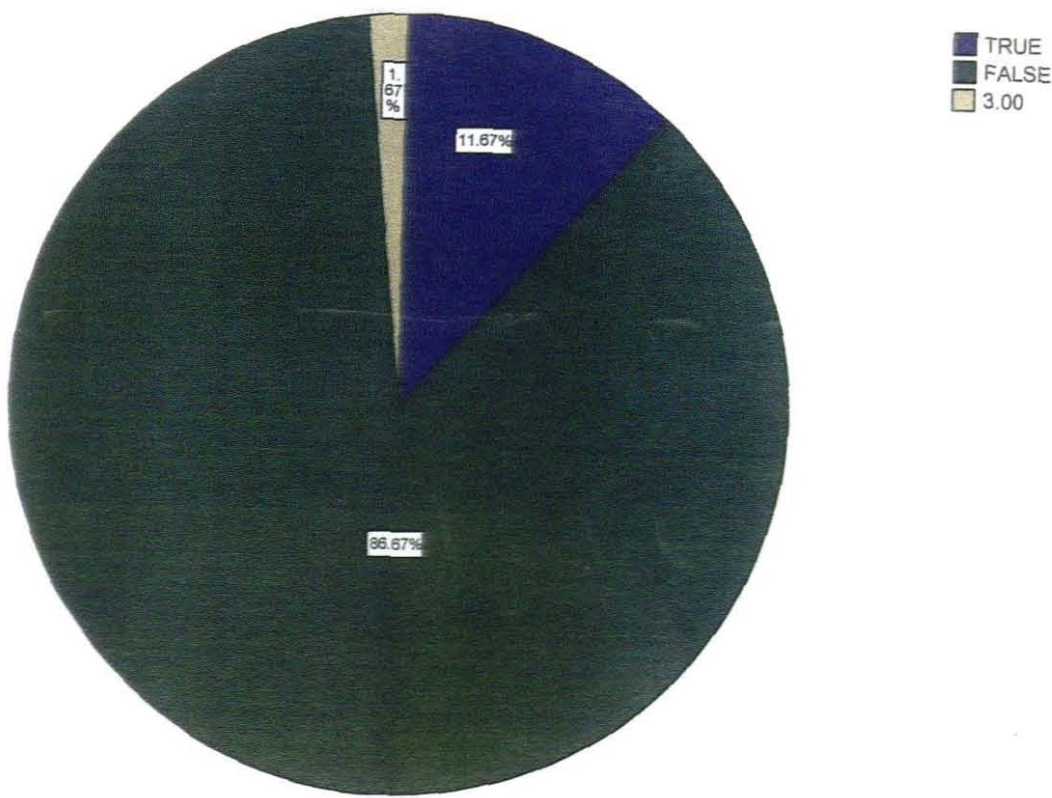


Figure 12

From the table, 11.7% teachers were trained in HIV/AIDS prevention programme; 86.7% were never trained and 1.7% did not respond.

Table 4.2.1.12 Participants by responsibility in the programme at school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	27	45.0	45.0	45.0
	FALSE	33	55.0	55.0	100.0
	Total	60	100.0	100.0	

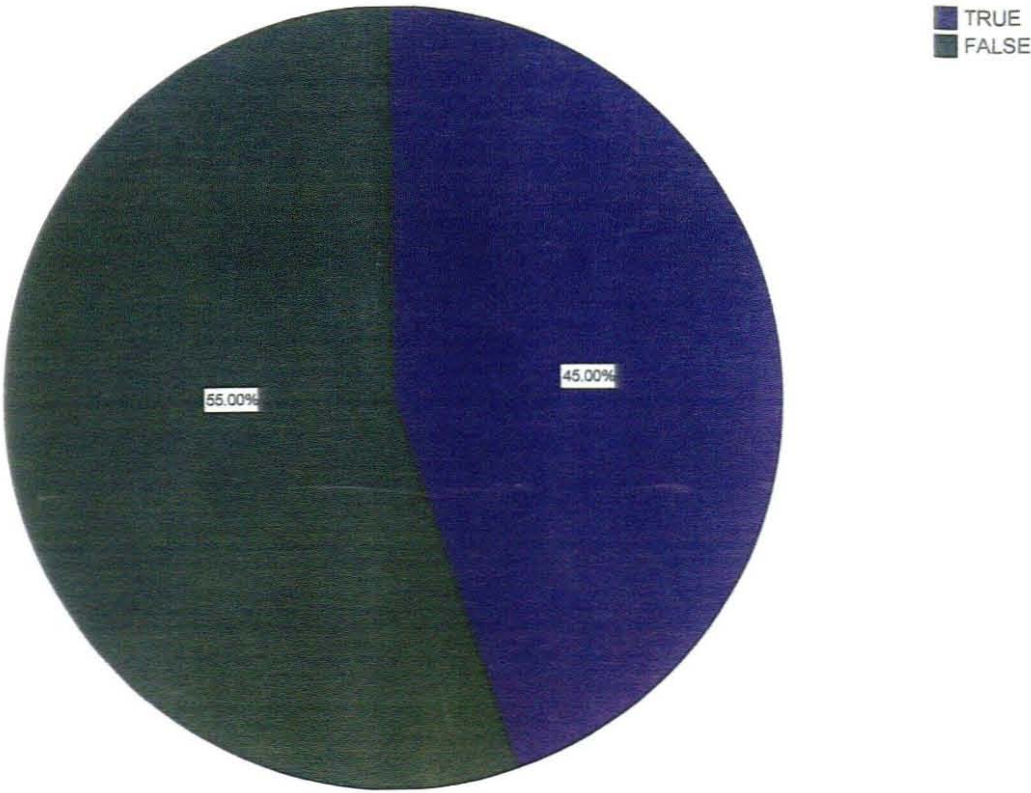


Figure 13

The schools showed that someone was responsible for the HIV/AIDS programme (45%) but 55% said no one was responsible.

Table 4.2.1.13 Participants by HIV/AIDS committee

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	18	30.0	30.0	30.0
	FALSE	42	70.0	70.0	100.0
	Total	60	100.0	100.0	

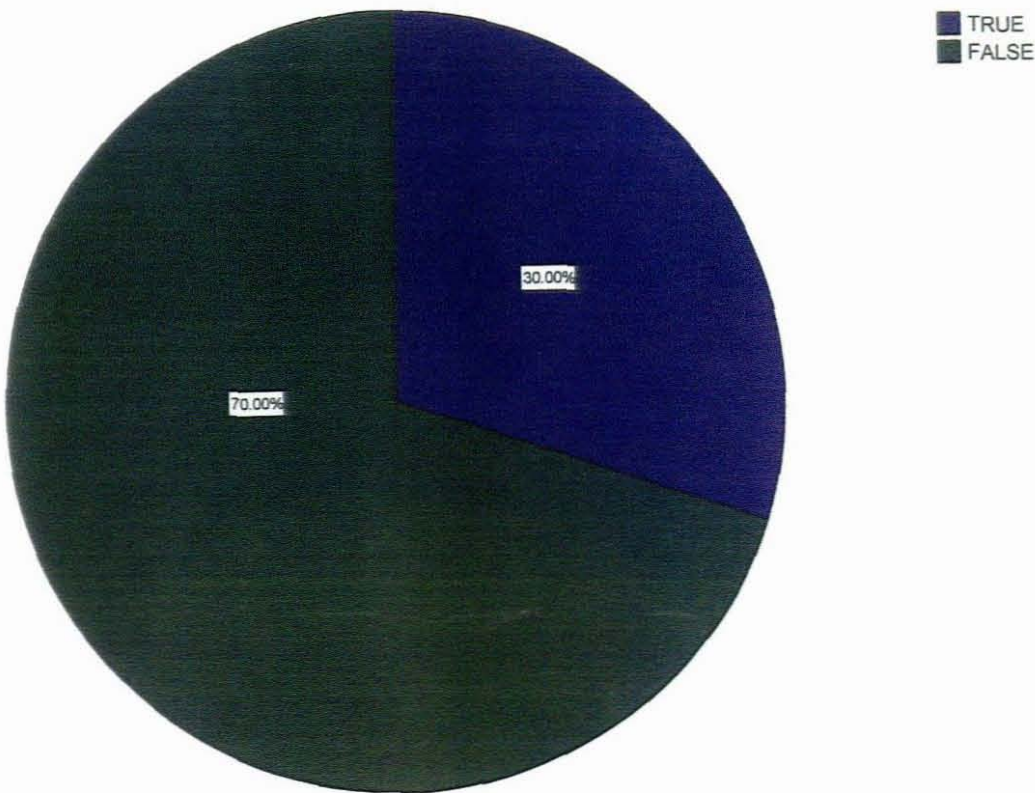


Figure 14

There existed no committee (70%), which was responsible for HIV/AIDS Prevention Programme only 30%, indicated there was a committee.

Table 4.2.1.14 Participants by preventive materials at school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	52	86.7	86.7	86.7
	FALSE	8	13.3	13.3	100.0
	Total	60	100.0	100.0	

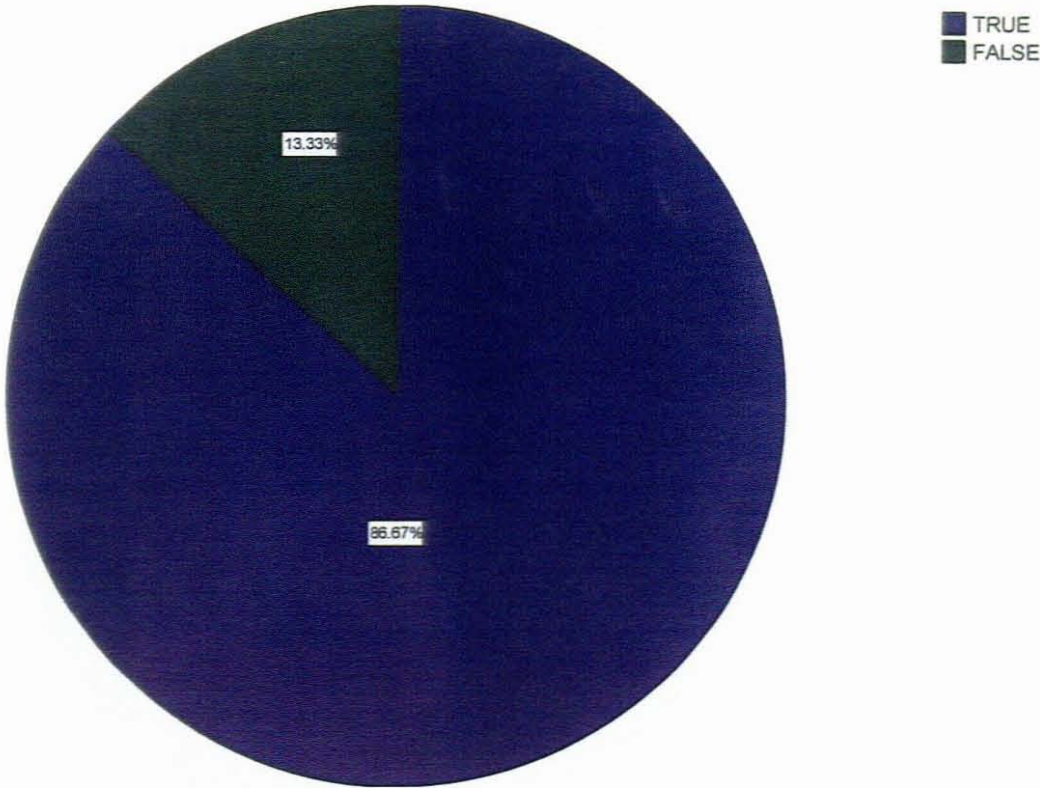


Figure 15

Six teachers (10%) said there was an HIV preventive material at their school but 53 (88.3%) responded negatively. One either skipped the question or did not know if the material was there or not.

Table 4.2.1.15 Information on whether participants were aware of cure to AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	6	10.0	10.2	10.2
	FALSE	53	88.3	89.8	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

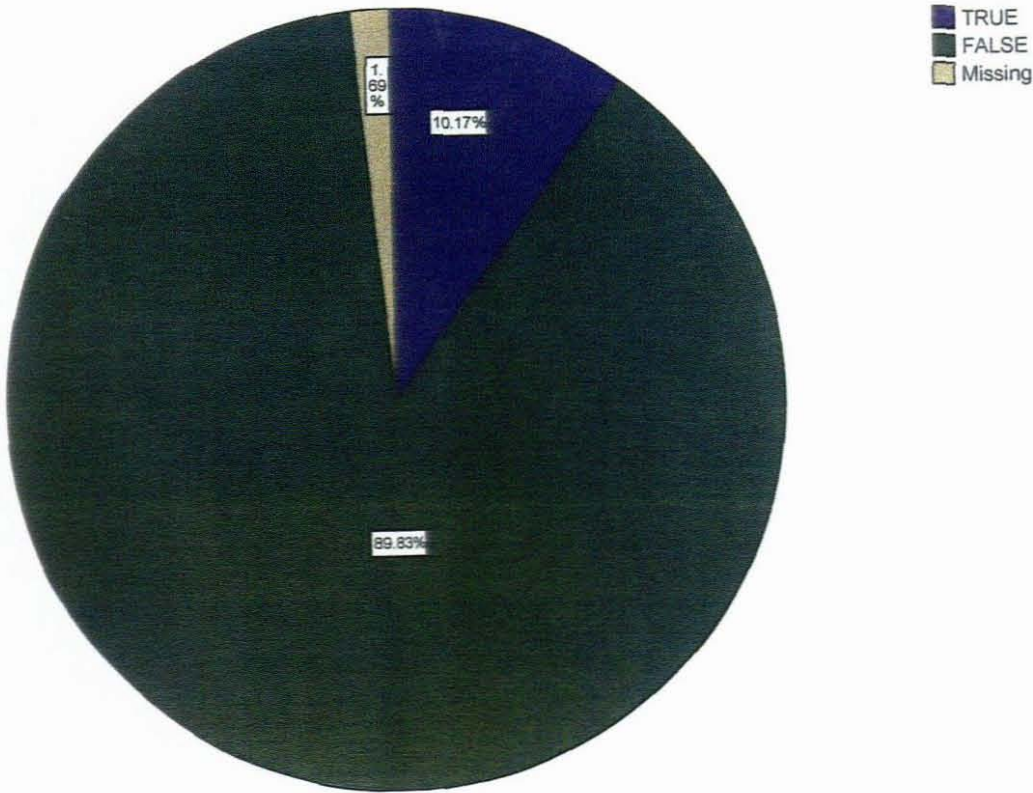


Figure 16

The majority of respondents demonstrated knowledge about awareness or knowledge that there is no cure for AIDS (86,7 %) but (13,3 %) indicated lack of knowledge by showing that there was a cure.

Table 4.2.1.16 Participants responses indicating their knowledge of mother-to-child transmission of HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	56	93.3	93.3	93.3
	FALSE	4	6.7	6.7	100.0
	Total	60	100.0	100.0	



Figure 17

93,3% participants indicated that they agree that HIV can be transmitted from mother to child. 6,7% were not sure or did not know that HIV can be transmitted from mother to child.

Table 4.2.1.17 Participants knowledge of length of time HIV infection develops to full blown AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	44	73.3	73.3	73.3
	FALSE	16	26.7	26.7	100.0
	Total	60	100.0	100.0	

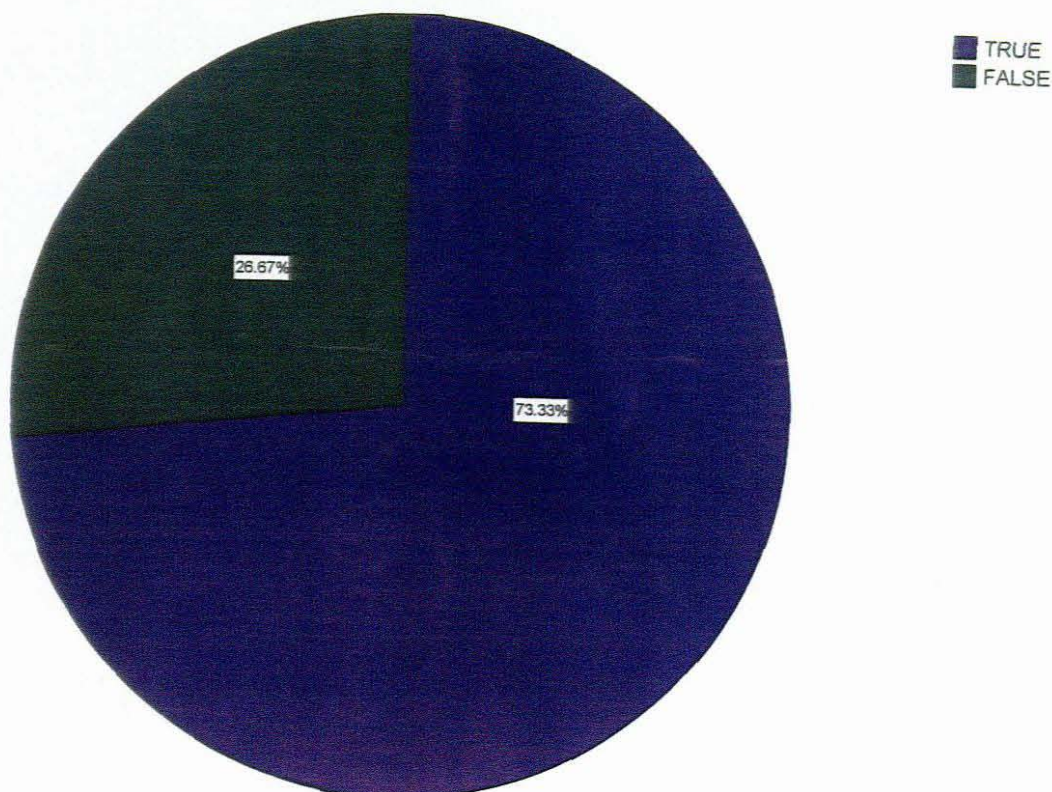


Figure 18

73,3% of respondents/participants indicated that they are aware that HIV infection can take up to five years before it develops to full blown AIDS.

Table 4.2.1.18 Participants responses indicating their knowledge that HIV can be transferred from person to person by sharing needles.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	56	93.3	94.9	94.9
	FALSE	3	5.0	5.1	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

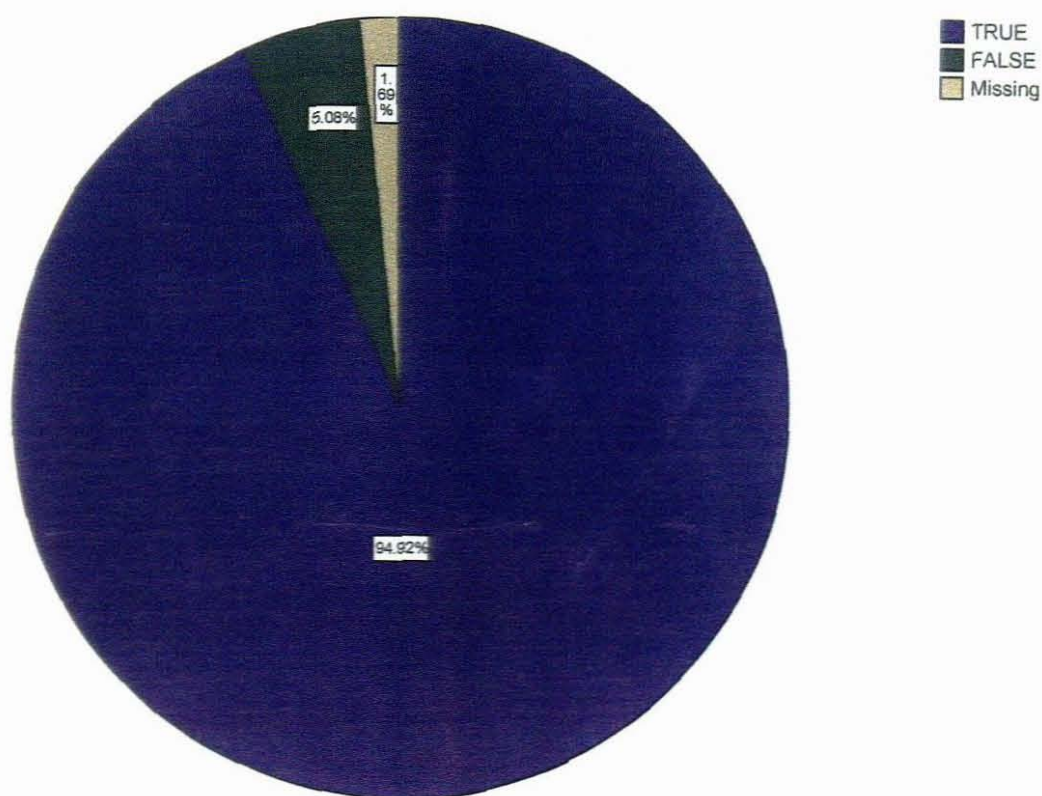


Figure 19

The majority of participants indicated that HIV cannot be transmitted to a person simply by dining at a restaurant where there is an HIV positive cook (93,3 %). Only 6,67% believed an HIV positive cook can transmit HIV.

Table 4.2.1.19 Participants by knowledge or ignorance of transmission through an HIV positive cook at a restaurant.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	4	6.7	6.7	6.7
	FALSE	56	93.3	93.3	100.0
	Total	60	100.0	100.0	

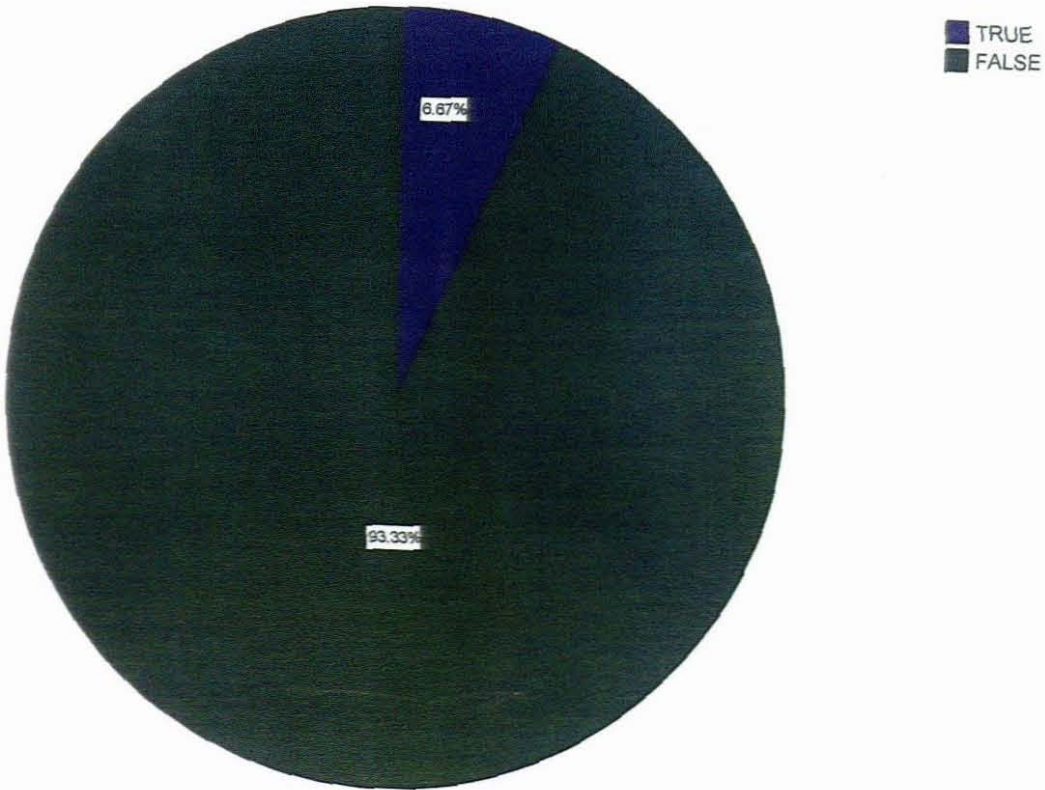


Figure 20

Participants who responded affirmatively to this item were 6,7% and 93,3% said that no transmission could occur

Table 4.2.1.20 Participants response to whether or not transmission can occur through a mosquito bite.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	12	20.0	20.7	20.7
	FALSE	46	76.7	79.3	100.0
	Total	58	96.7	100.0	
Missing	System	2	3.3		
Total		60	100.0		

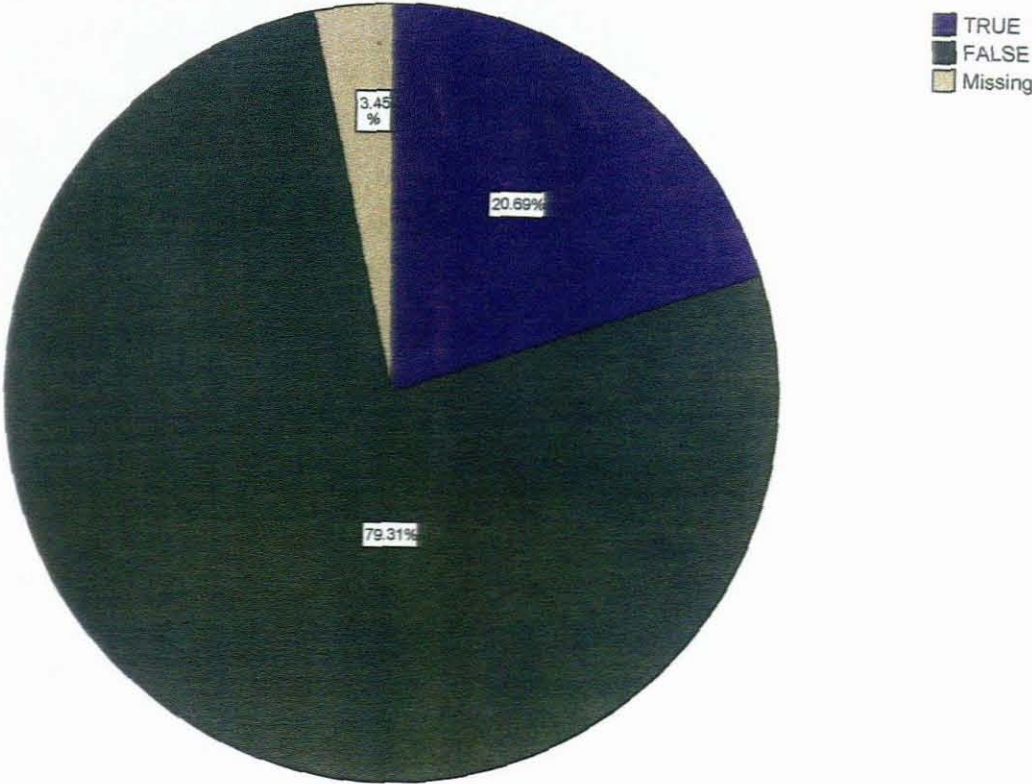


Figure 21

20% responded by saying it could be transmitted while 76,7% of participants said it could be transmitted through mosquito bite. 3% did not respond.

Section C: Participants responses whether or not parents were involved in HIV prevention Programmes.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	3	5.0	5.0	5.0
	FALSE	57	95.0	95.0	100.0
	Total	60	100.0	100.0	

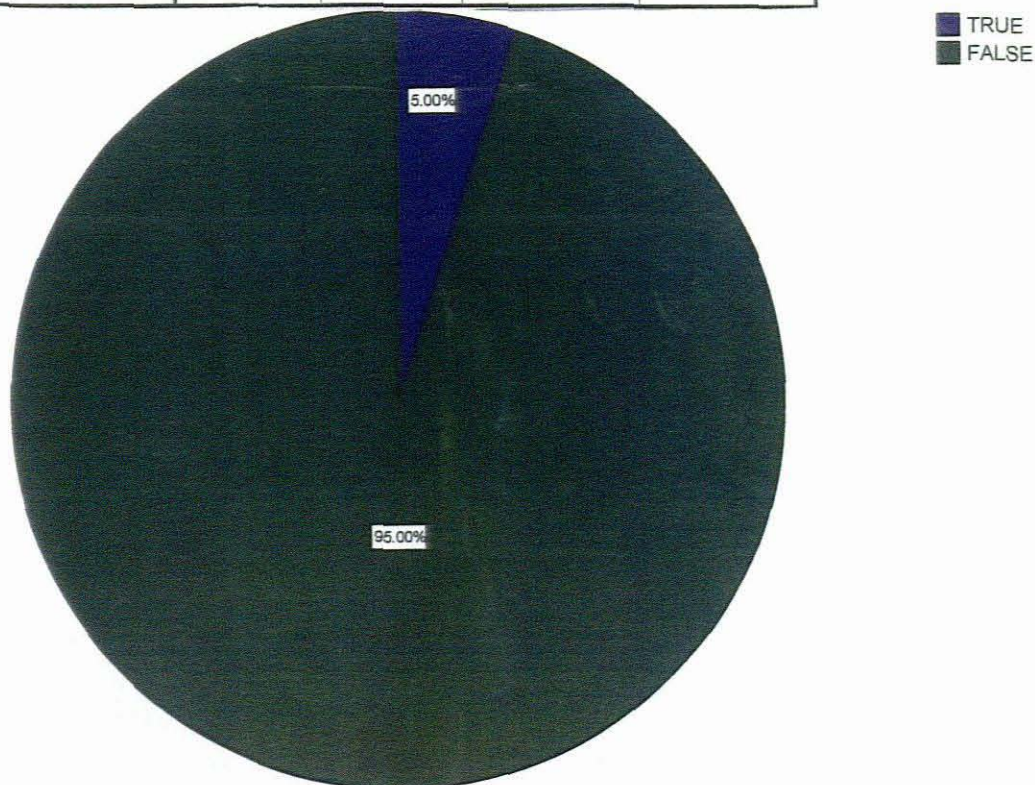


Figure 22

There were 5% who responded by saying there were parents representatives and 95% responded by saying parents were not represented in prevention programmes committee at school

Table 4.2.1.22 What do teachers feel about teaching lifeskills or life orientation skills in an HIV/AIDS prevention programme?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	26	43.3	44.1	44.1
	FALSE	33	55.0	55.9	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

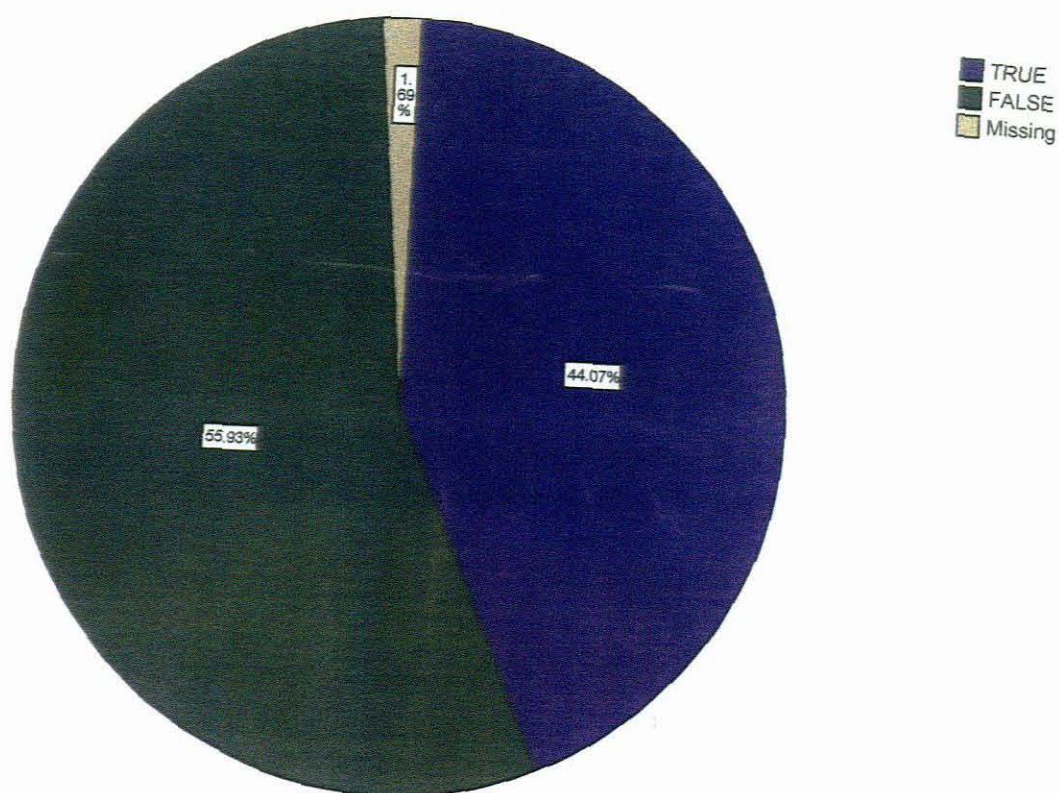


Figure 23

43,3% of participants agreed that HIV/AIDS prevention programme was linked to life orientation at school but 55 % said it was not.

Table 4.2.1.23 What do teachers feel about involving parents in the school's HIV/AIDS prevention programme?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	2	3.3	3.3	3.3
	FALSE	58	96.7	96.7	100.0
	Total	60	100.0	100.0	

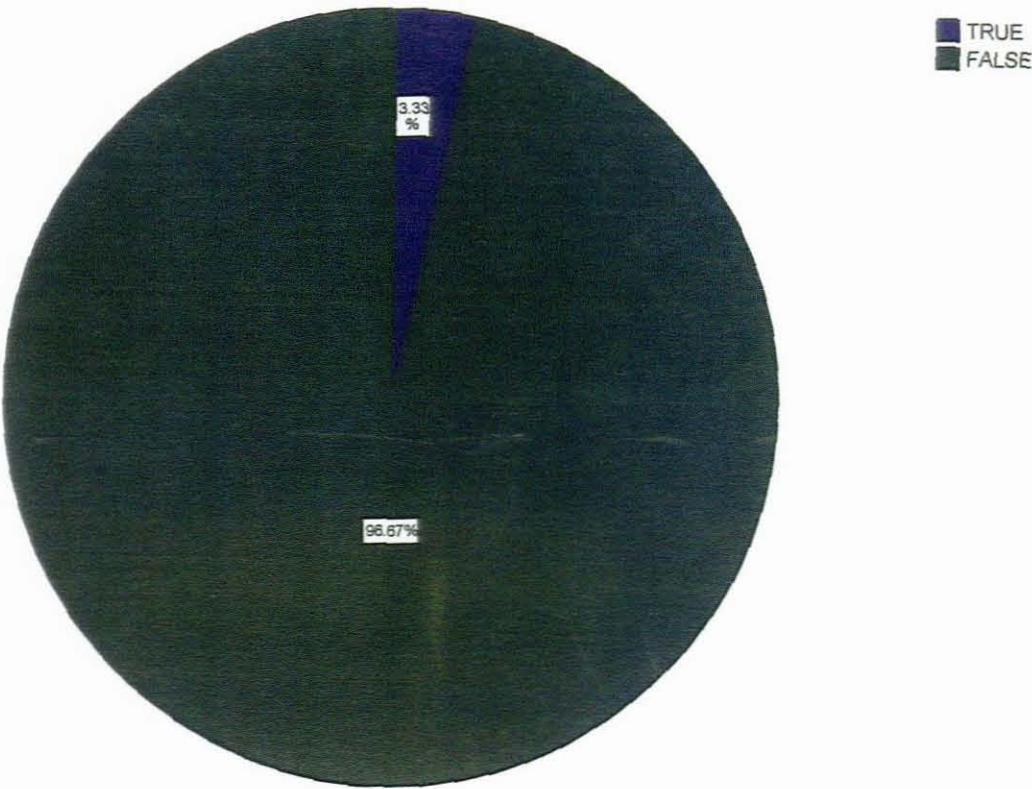


Figure 24

3,3 % responded “yes” while 96,7% said that parents were not involved.

Section D: Attitudes toward HIV/AIDS programme

Table 4.2.1.24 Data displaying support of AIDS programme in the school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	27	45.0	46.6	46.6
	FALSE	31	51.7	53.4	100.0
	Total	58	96.7	100.0	
Missing	System	2	3.3		
Total		60	100.0		

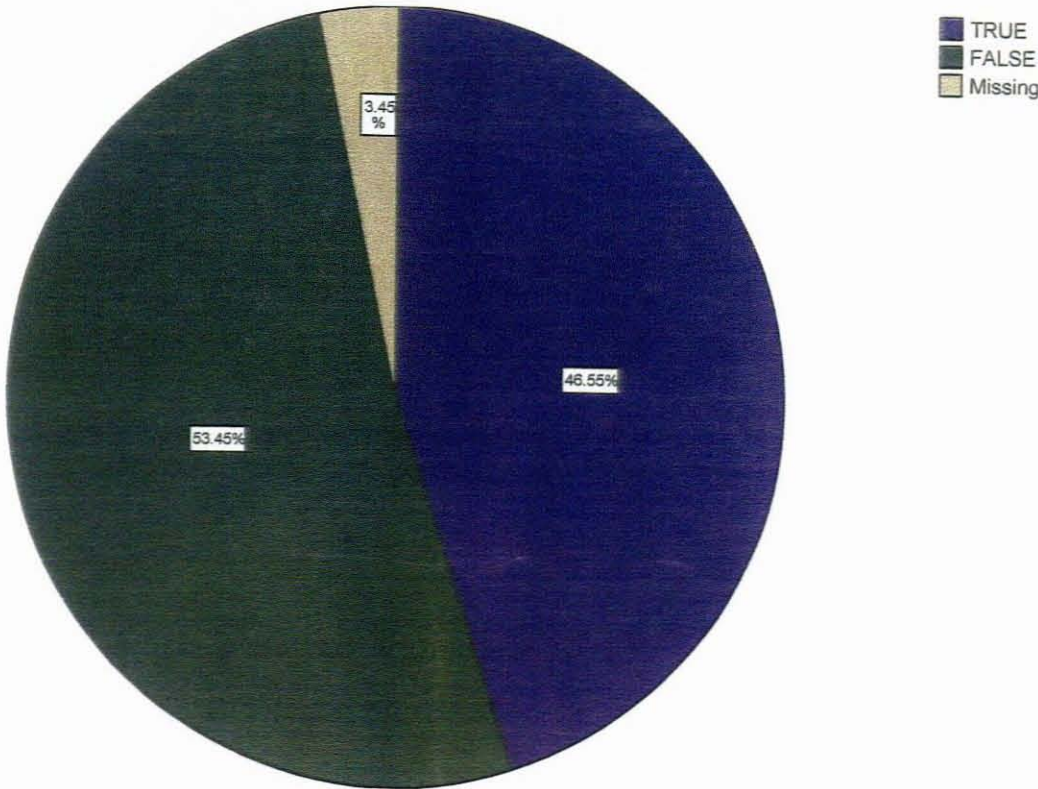


Figure 25

There were 45% of participants who said they supported AIDS programme in their school while 51,7% said they did not support the AIDS programme. 3,3% of participants did not respond

Table 4.2.1.25 Data displaying attitude of participants towards someone with AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	55	91.7	93.2	93.2
	FALSE	4	6.7	6.8	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

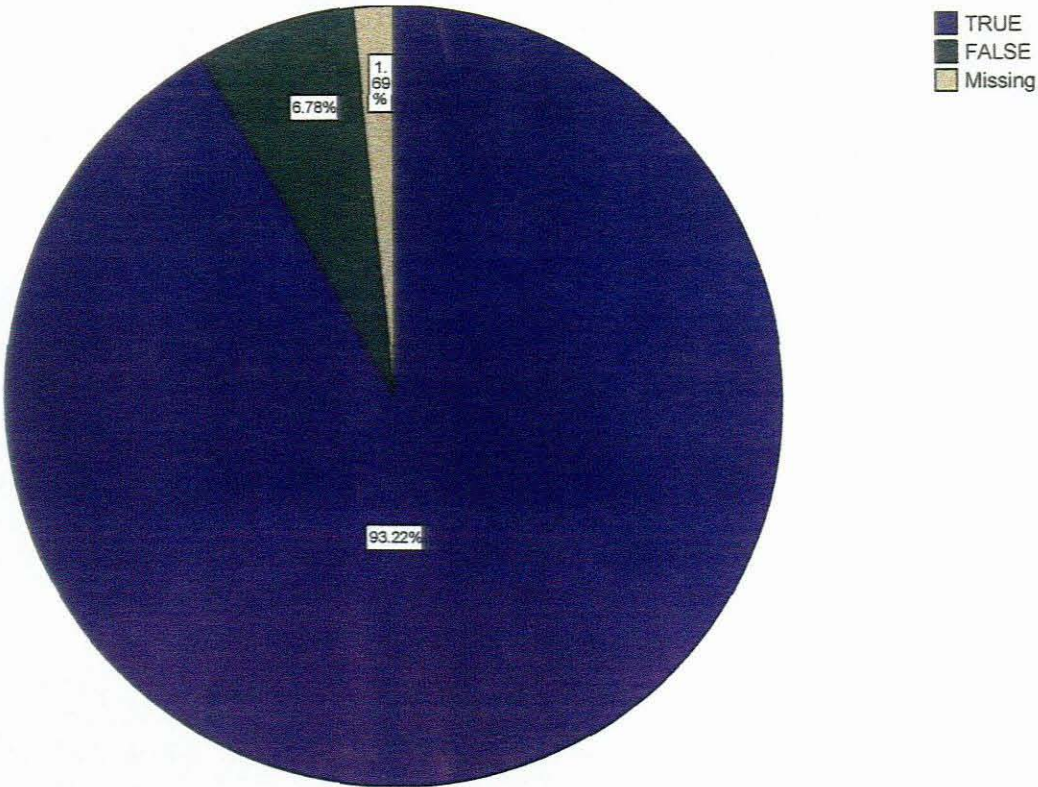


Figure 26

There were 91,7% of participants who said they would not quit while 6,7% did not respond indicating that participants can work in the same place with their HIV infected colleagues.

Table 4.2.1.26 Data displaying that teacher with AIDS must be allowed to teach

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	58	96.7	98.3	98.3
	FALSE	1	1.7	1.7	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

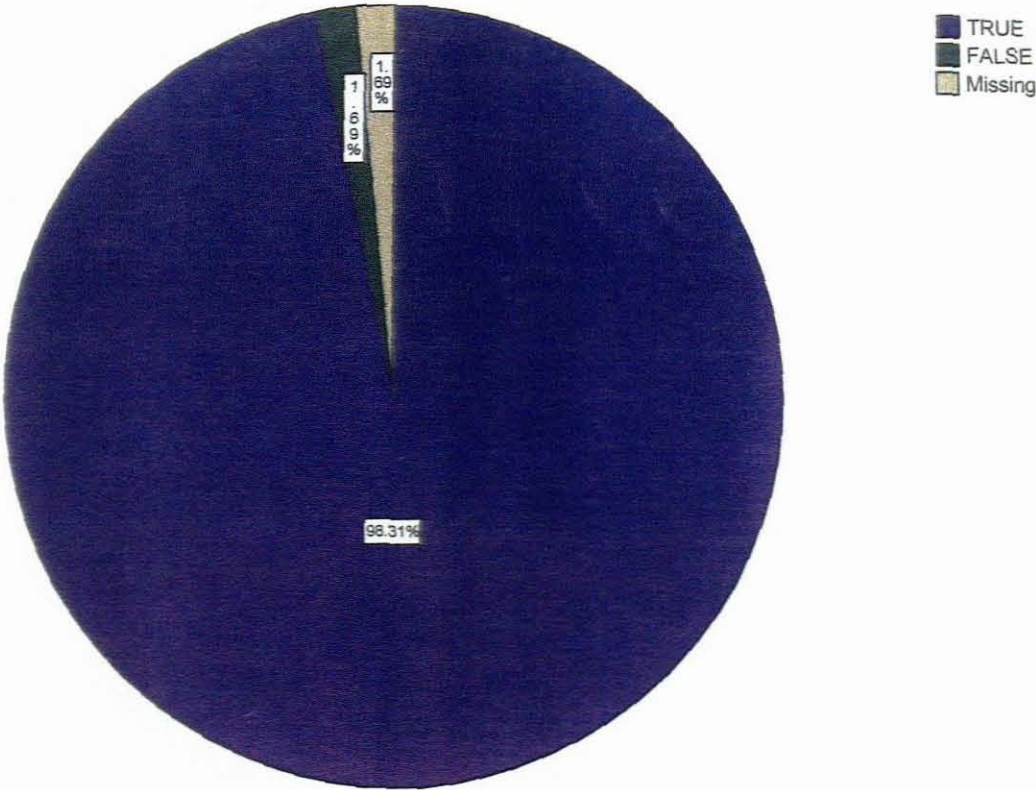


Figure 27

96,7 of participants responded by saying that teacher must be allowed while 1,7% of participants insisted that the teacher with AIDS must not be

allowed. This indicated that participants would not object to continuing employment of HIV infected teachers.

Table 4.2.1.27 Data displaying that school personnel should be notified if there was a child who has AIDS.

SCHOOL PERSONNEL SHOULD BE NOTIFIED IF THERE IS A CHILD WHO HAS AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	51	85.0	86.4	86.4
	FALSE	8	13.3	13.6	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

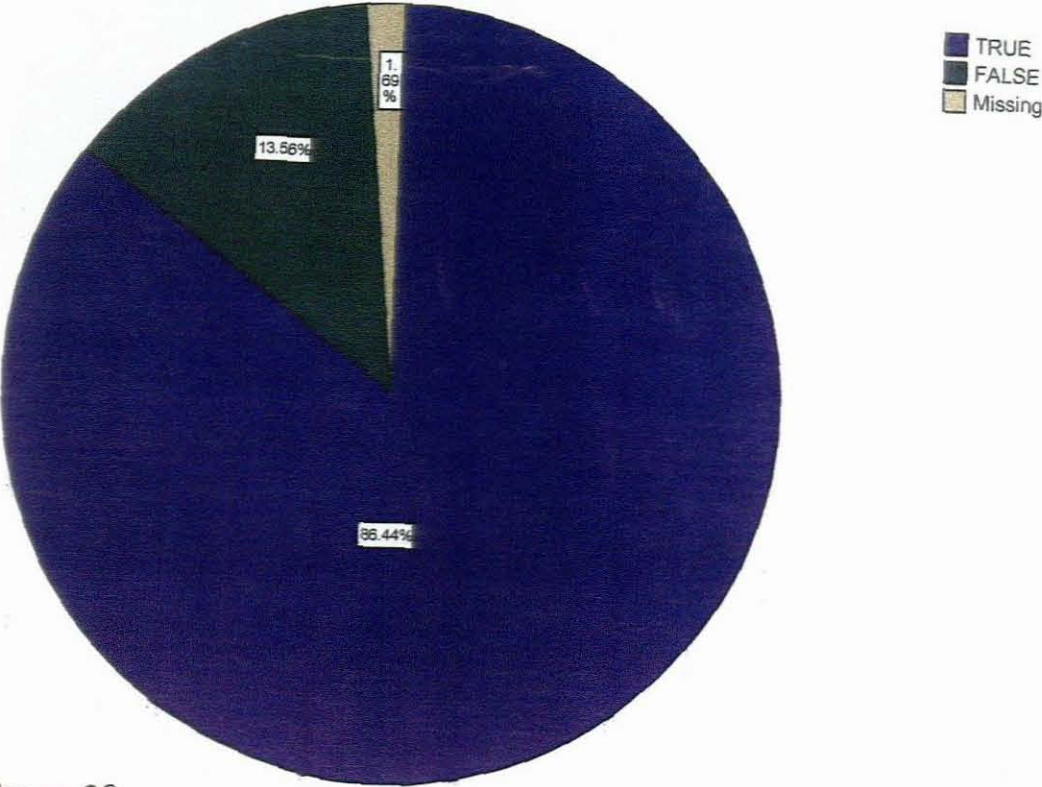


Figure 28

85% of participants responded positively while 13,3% said that the school personnel should not be notified. 1,7% did not respond.

Table 4.2.1.28 Data showing attitude towards discussing HIV/AIDS related issues with learners

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	5	8.3	8.5	8.5
	FALSE	54	90.0	91.5	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

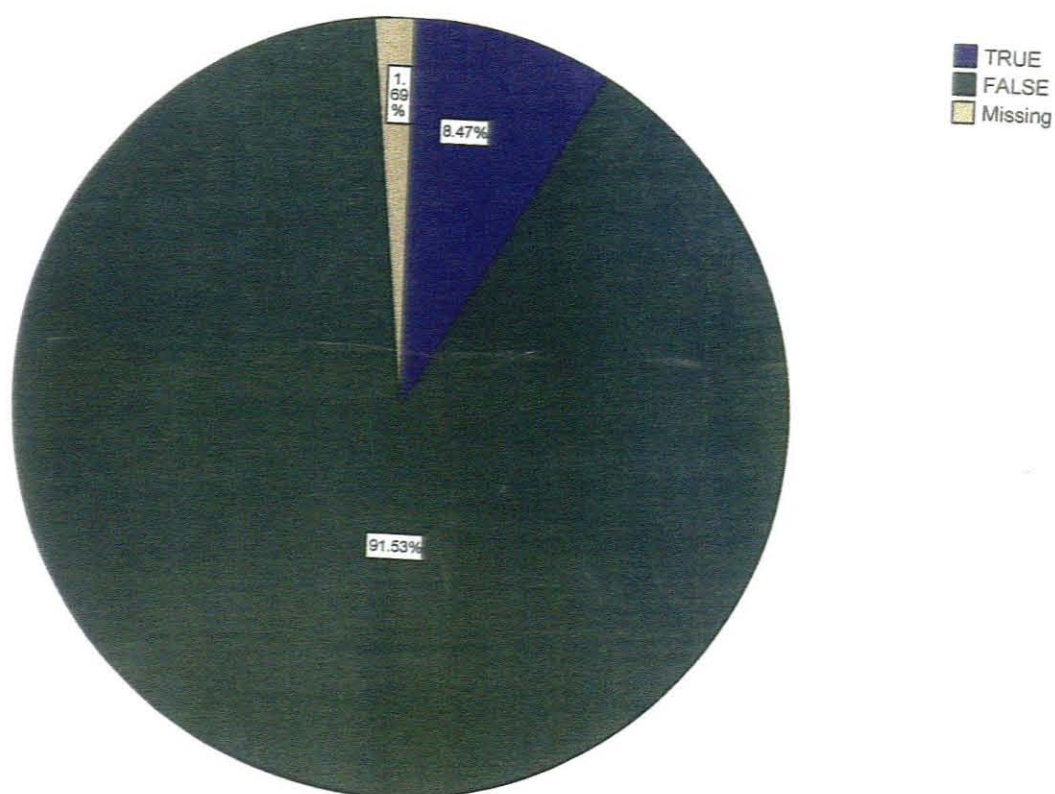


Figure 29

8,3% of participants said that they would be uncomfortable while 90% responded positively towards discussing HIV/AIDS related issues with learners. 1,7% did not respond

Table 4.2.1.29 Data displaying responses on item that parents must know immediately if one of the children is HIV positive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	29	48.3	49.2	49.2
	FALSE	30	50.0	50.8	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

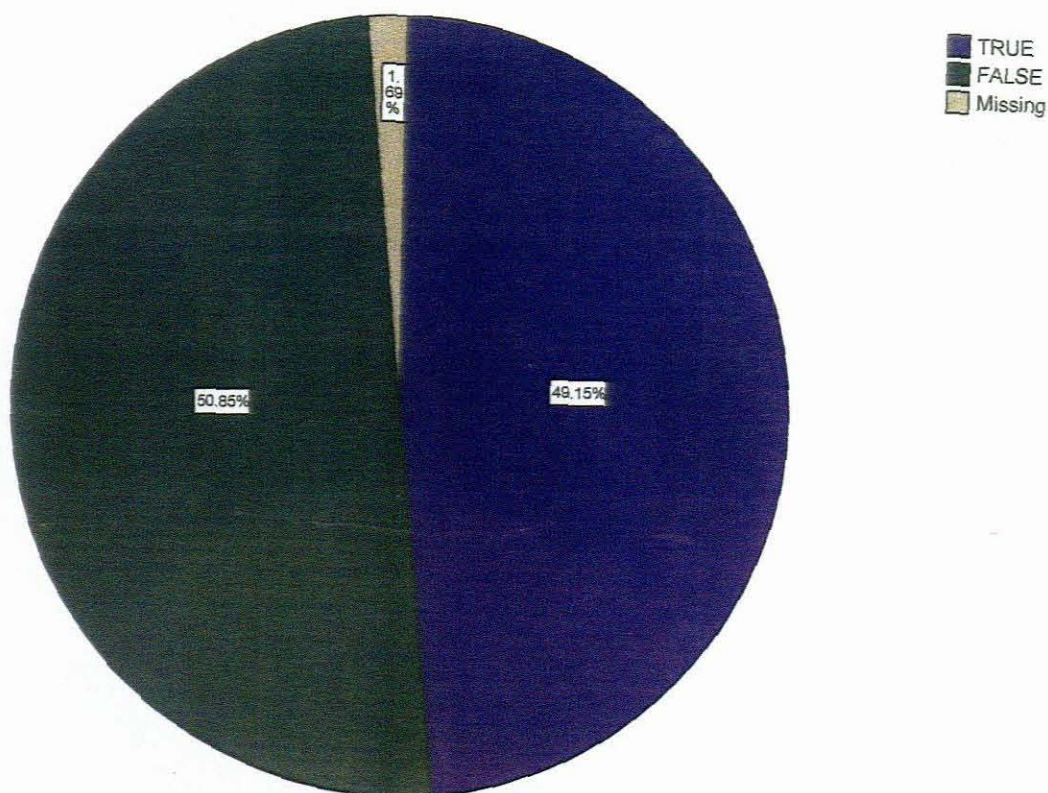


Figure 30

48,3% participants responded that parents must know immediately while 50% felt that parents must not be informed and 1,7% did not respond.

Table4.2.1.30 Data displaying knowledge of teachers about HIV/AIDS programmes at school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TRUE	20	33.3	34.5	34.5
	FALSE	38	63.3	65.5	100.0
	Total	58	96.7	100.0	
Missing	System	2	3.3		
Total		60	100.0		

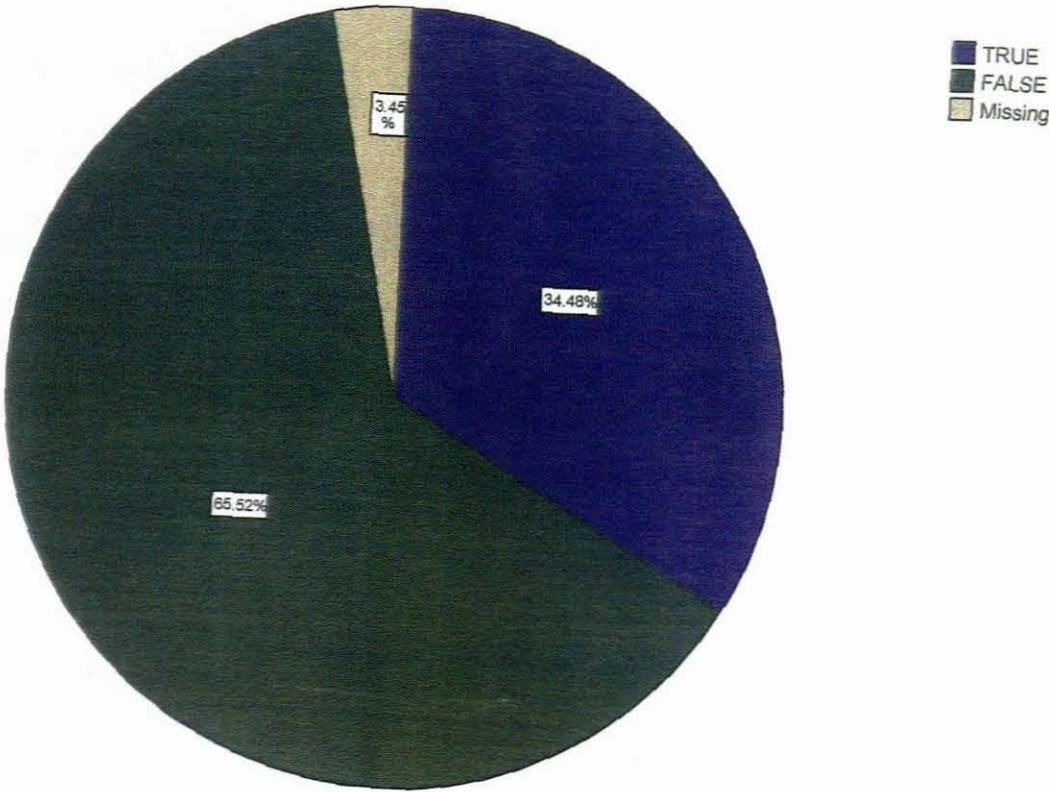


Figure 31

33,3% said they did not know of any HIV/AIDS prevention programme at school while 63,3% said they knew that there was the

programme for HIV/AIDS prevention programmes at the school

Table 4.2.1.31 Data displaying suggestions regarding HIV/AIDS prevention programmes at school

All participants showed their independent feelings as follows:-

Suggestions	Frequency	Percentage
Program needed at school	13	21.7%
Training for staff	16	26.7%
HIV/AIDS Awareness	4	6.7%
Formation of committees	3	5.0%
Departmental involvement	3	5.0%
Formation of support groups	1	1.7%
More workshops needed/lectures	5	10.0%
Need for AIDS policy	2	3.33%
Teachers must be involved	3	5.0%
Traditional Medication	1	1.7%
Jesus the answer	1	1.7%
Prevention to be taught	3	5.0%
Will depend on Management	1	1.7%
Total	60	100

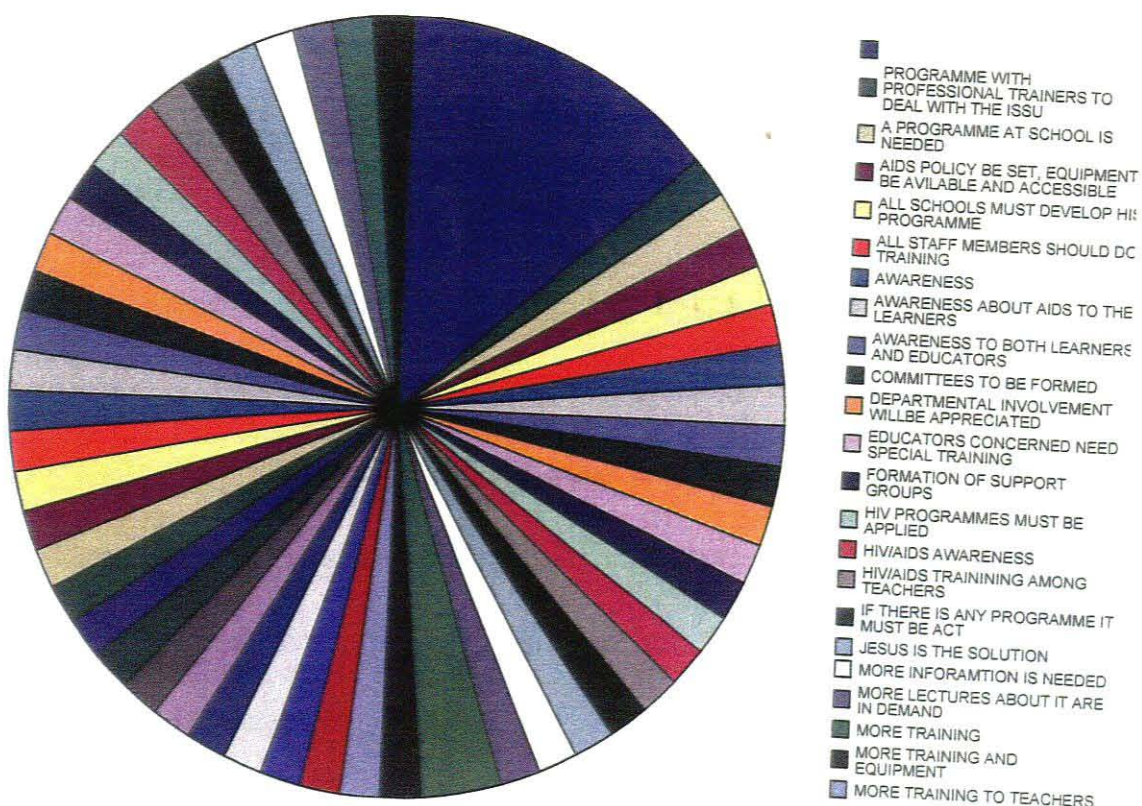


Figure 32

The Table for individual participants' suggestions indicated a wide range of wishes. A need for staff training and provision of programmes at schools showed the highest percentage.

4.2.2 Statistical analysis of results

Questions in this research were divided into three domains namely:- attitude, strength of the programme at school and knowledge about HIV/AIDS among teachers.

A composite measure of each of the three domains was formed. All questions were given equal weight. The biggest finding is that there is a positive relationship between attitude, knowledge and having a strong HIV/AIDS prevention programme at schools. In other words teachers who were more informed about the HIV/AIDS were more likely to have a positive attitude towards involvement in AIDS programmes. Strong HIV/AIDS prevention programmes resulted in positive attitude and more knowledge of disease

The following is a summary mean tables of statistical analysis of results on attitude knowledge and strength of HIV programme with regard to receiving training in life skills.

Table 4.2.2.1 Table displaying Attitudes; knowledge and strength of the programme – I received training in life skills

I RECEIVED TRAINING IN LIFESKILLS		attitude	knowledge	strengthpr ogamme
TRUE	Mean	2.0000	3.7143	.8571
	N	7	7	7
	Std. Deviation	.57735	.95119	.37796
FALSE	Mean	2.5306	3.7708	.9592
	N	49	48	49
	Std. Deviation	.64878	.83129	.88880
Total	Mean	2.4643	3.7636	.9464
	N	56	55	56
	Std. Deviation	.65959	.83807	.84034

Seven participants indicated that they received training in life skills. This was shown by a mean of 2.0 under attitude with a standard deviation of 0.57735 and 49 were never trained; the mean was 2.5306 while the standard deviation was 0.64878.

Table 4.2.2.2 Table displaying all three schools compared

attitude knowledge strengthprogramme * NAME OF SCHOOL

NAME OF SCHOOL		attitude	knowledge	strengthpr ogramme
SCHOOL A1	Mean	2.4000	3.5000	.5000
	N	15	16	16
	Std. Deviation	.73679	.73030	.51640
SCHOOL A2	Mean	2.4286	3.8571	.5714
	N	7	7	7
	Std. Deviation	.53452	.89974	.78680
SCHOOL B	Mean	2.2841	3.6875	.6471
	N	17	16	17
	Std. Deviation	.77174	1.07819	.60634
SCHOOL C	Mean	2.7222	4.0556	1.7778
	N	18	18	18
	Std. Deviation	.46089	.53930	.64676
Total	Mean	2.4737	3.7719	.9483
	N	57	57	58
	Std. Deviation	.65752	.82413	.82552

School A1 and school A2 showed more knowledge about HIV and AIDS with a mean of 3.5000 (school A1) and 3.8571 (school A2). Both schools reported a strong programme of HIV/AIDS (0.5000 and 0.5714 respectively). Schools B and C showed similar attitudes towards the programme but C had a stronger programme than B as a result; it had more knowledge about the programme than B.

Table 4.2.2.3 Table displaying Pearson correlation was used

		Correlations		
		attitude	knowledge	strengthpr ogamme
attitude	Pearson Correlation	1	.305(*)	.299(*)
	Sig. (2-tailed)		.024	.026
	N	57	55	55
knowledge	Pearson Correlation	.305(*)	1	.182
	Sig. (2-tailed)	.024		.184
	N	55	57	55
strengthprogramme	Pearson Correlation	.299(*)	.182	1
	Sig. (2-tailed)	.026	.184	
	N	55	55	58

* Correlation is significant at the 0.05 level (2-tailed).

In this table, correlation seemed to exist between knowledge about HIV and a positive attitude (0.305). The strength of the programme of HIV in the school also showed a positive correlation with a positive attitude (0.299)

Correlation was significant at the 0.05 level (2-tailed)

4.3 Summary

The chapter under review was merely concerned with the presentation; analysis and interpretation of data. Tables were drawn up and pie-charts in respect of each table were also presented to indicate comparison among variables.

It was interesting to note, from the Pearson Correlation used, that there was a positive correlation between the knowledge about HIV/AIDS and positive attitudes towards the programme. Wherever HIV and AIDS prevention programme was reported to be present, there was better knowledge and positive attitude towards the programme.

A few participants abstained or avoided to respond to certain items either through lack of knowledge or because the item concerned was not relevant to them. This was reasonable since the schools investigated were of different kinds and nature, for example, the item on the grade taught would not be relevant to teachers for the intellectually impaired where there are no grades. Qualifications item could also cause problems for some teachers who happened to be instructors for the deaf and braillists for the blind.

The very last table reflecting teachers' suggestions concerning what needed to be done to improve the situation, the majority of respondents wished there were programs for HIV/AIDS prevention at each one of the schools (21.7%). A desire for training and HIV/AIDS prevention workshops had the highest response (26.7%).

The next and final chapter dealt with the discussion of results, the limitations of the study and recommendations.

CHAPTER 5 DISCUSSION OF RESULTS, LIMITATIONS OF THE STUDY, RECOMMENDATIONS AND CONCLUSION.

5.1 Introduction

The aim of this study was to: -

- Investigate the extent of knowledge of teachers about HIV/AIDS programmes through the way they understood their own subjective feelings and beliefs about HIV/AIDS.
- Establish the extent to which teachers knew about the HIV/AIDS programmes supplied to their schools years ago.
- Investigate the attitudes of teachers towards HIV/AIDS infected and affected persons.

This chapter discusses the findings, limitations of this study conclusion and recommendations.

5.1.1 Demographic information

As indicated in the previous chapter the study showed that more females than males participated. Perhaps, this was due to the fact that the staff consisted of more females than males in its establishment. With regard to the extent to which teachers knew about HIV/AIDS programmes, it was rather

confusing to find that a significant number of teachers (85%) reported that they were never trained in HIV/AIDS or lifeskills programme. This finding is at variance to the Tsvere (2004, p10); Flishera and Aarob (2002, p2)'s assertion that each school was represented, at least, by two teachers countrywide in the HIV/AIDS training.

It was also noted that 91.7% of the participants reported that they were not involved in the HIV/AIDS prevention programme in the school. This appeared to negate the idea of all schools having been included in the training for HIV/AIDS prevention programmes countrywide. Of particular interest, however is the finding that teachers knew about HIV/AIDS to a point where 96.7% could correctly respond to the question of possible transmission of the HIV to the baby and that mosquito-bite could not transmit the virus.

The fact that knowledge about HIV and AIDS was highest among teachers of the age range of 35 to 40 confirmed studies done earlier (Stanton & Johson, 2003, p3) who claimed that knowledge about HIV/AIDS was higher among the people in the age range of above 39 years.

5.1.3 General attitudes of teachers towards both the infected and affected persons.

Teachers' attitudes towards the infected and affected persons was positive. When the strength of the programme at school, the attitude of respondents towards programme and their knowledge about HIV/AIDS were correlated using the Pearson correlation, attitude and knowledge correlated at 0.305 while the strength of the programme and attitude correlated at 0.299 (Correlation was significant at the 0.05 level-2-tailed). However, 91.7% of the teachers studied were not involved in any HIV/AIDS prevention programme and had received no formal training. This part of the findings seemed to support Inagakakis (1997, p2) argument that HIV/AIDS grew with age was valid.

5.2 Limitations of the study

The study was focused on the three special schools of the KSD district of education hence the results should be used with caution. One other limiting factor was the fact that teachers were not exposed to the same nature of curriculum and this gave problems when the participants had to fill in the questionnaire, hence no responses to isolate items.

5.3 Recommendation

- More training on team building against AIDS is necessary at school level.
- Some incentives are recommended for parents who participate in school programmes; this would encourage parents to be part of their school
- Each school has to have at least two learners who co-ordinate HIV/AIDS programmes.
- Teacher parent committees should be formed to run the HIV/AIDS prevention programmes at these schools since schools belong to parents and parents need to be involved in the issues concerned with their children.
- Constant monitoring by the district is imperative if the programme is to function well.

5.4 Conclusion

The study was an eye opener in so far as it focused on special schools. For example, it became clear from the findings that teachers were never formerly trained in either lifeskills programme or HIV/AIDS prevention programmes.

The information was valuable. As a result of that, 96.7% of participants

reported that they were not involved in, neither were they supportive of AIDS programme in their schools. It can also be concluded that parents were not involved in school programmes. Nzima (2002, p42) and Armstead et al (2004, p233) also pointed out in their work that one of the greatest problems of HIV/AIDS prevention problems was parental apathy. In this study, this view (involvement of parents) as the feeling of teachers in general.

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Annexure A

The questionnaire

The information collected through this questionnaire will help improve programmes for HIV/AIDS prevention in the KSD Department of education.

Please fill in all the questions from section A to D. You do not need to write your name.

Section A : Autobiographical Information

Please tick, whichever applies to you.

1.1 I am a

male

female

1.2 My age range is

30-35

35-40

40 and above

1.3 I received training in life skills

True

False

1.4 My teaching experience is:

1-5 yrs

5-10 yrs

10 and above

1.5 My qualifications:

teachers diploma

degree

other

1.6 I am in post level 1; 2; 3; 4 (please circle one)

1.7 I teach grade/s 1; 2; 3; 4; 5; 6; 7; 8; 9; 10-12 (please circle the one applicable to you)

1.8 I am involved in HIV/AIDS prevention programme

True

False

1.9 My home language is -----

Xhosa

English

Afrikaans

1.10 My learning area / subject is -----

Ems

Hss

Other

2 Section B : (Training related to HIV/AIDS Prevention)

2.1 I was among those who were trained in HIV/AIDS prevention programme.

True

False

2.2 Someone is responsible for HIV/AIDS programme at our school .

True

False

2.3 A committee responsible for HIV/AIDS prevention programme at our school is present.

True	False
------	-------

2.4 We have HIV/AIDS prevention materials at our school.

True	False
------	-------

2.5 Answer true or false in the following statements (HIV/AIDS knowledge)

2.5.1 There is currently no cure for AIDS.

True	False
------	-------

2.5.2 Transmission to the baby during birth is likely.

True	False
------	-------

2.5.3 It might be more than 5 years before a person with HIV develops AIDS.

True	False
------	-------

2.5.4 Transmission by sharing needles with someone with AIDS is very likely.

True	False
------	-------

2.5.5 Eating at a restaurant where a cook is HIV positive, transmission can occur.

True	False
------	-------

2.5.6 Transmission through a mosquito bite is possible.

True	False
------	-------

3. Section C : (Parental involvement in HIV/AIDS prevention programmes).

3.1 We have parent representatives in HIV/AIDS prevention programmes committee at school.

True	False
------	-------

3.2 HIV/AIDS prevention programme is linked to life orientation at our school.

True	False
------	-------

3.3 In each programme of HIV/AIDS prevention at our school, parents are involved.

True	False
------	-------

4. Section D : (Attitudes towards HIV/AIDS programme)

Please tick True or False in the following

4.1 I support AIDS programme in the school.

True	False
------	-------

4.2 I would not quit my job if I found I was working with someone with
AIDS.

True	False
------	-------

4.3 A teacher with AIDS must be allowed to teach.

True	False
------	-------

4.4 School personnel should be notified if there is a child who has AIDS.

True	False
------	-------

4.5 I would feel uncomfortable discussing HIV/AIDS related issues with
learners.

True	False
------	-------

4.6 Parents must know immediately if one of the children is HIV positive.

True	False
------	-------

4.7 I do not know if there is a programme for HIV/AIDS prevention at this
school.

True	False
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4.8 Any suggestion you want to make regarding HIV/AIDS prevention
programmes at this school?.....

.....

Annexure B

P.O. Box 884

Mthatha

5099

22 February 2007

The Director

Department of Education

Special Needs Section

King Sabata Dalindyebo

Mthatha

Dear Madam

**Re : Request for permission to conduct research at your special
schools.**

As I am currently busy with my studies at the University of Zululand, I have thought it proper to conduct research on Teachers' Attitude towards HIV/AIDS programmes presented to those schools. The research might assist the Department in improving the current situation in the future.

I thank you

Yours faithfully

G. M. Swana

Annexure C

Department of Education

Umtata District

5099

05 March 2007

Dear Mr. Geoff Swana

Re: Request to conduct study on HIV/AIDS Prevention: Yourself

As the findings from such a study are likely to assist this Department in its endeavours to combat AIDS, the department has no objection.

I hope this will help you conduct your research in our three Special Schools in the district.

Thanks

N.P. Msiwa (DCES-LSSEN Support)

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