

**THE KNOWLEDGE AND ATTITUDES OF  
HIGH SCHOOL LEARNERS REGARDING  
PEOPLE LIVING WITH HIV/AIDS**

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**2004**

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**Manuscript submitted in partial fulfilment of the  
requirements for the degree**

**Magister Artium in Social Work**

**in the**

**FACULTY OF HEALTH**

**at the**

**POTCHEFSTROOM CAMPUS OF THE  
NORTH-WEST UNIVERSITY**

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**Potchefstroom**

**2004**

## **ACKNOWLEDGEMENTS**

Thanks to the Almighty God for giving me the opportunity and strength throughout my studies. I would like to express my heartfelt thanks and sincere gratitude and extend a word of appreciation to the following people for their contribution and involvement in making this study a success and allowing me to reach my goal:

- To my supervisor, Dr C Strydom, for her devoted support, patience, undivided attention and stimulating guidance throughout my studies.
- Dr Ellis who guided and supported me during data analysis processing.
- The Principals of the two high schools, Mr Mashatola at Kebalepile High School and Ms Mape at Letsatsing High School for permitting me to do my research project at their respective schools.
- The Grade Ten learners of the two schools and their life skills educators Ms Matseka at Letsatsing High and Ms Tshipo at Kepalepile High for their active participation and involvement in the study.
- Mostly I would like to thank my family, my dear mother, Ms Masego Podile, my four brothers, my two sisters, my three sisters in law and their beloved children. Thanks for their undying support, motivation, inspiration and for being there for me during the difficulty times when I needed them most.

Finally I also thank the North-West University - Potchefstroom Campus, especially the Department of Social Work for allowing this research project to be carried out.

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## **SUMMARY**

**TITLE:** The knowledge and attitude of high school learners regarding people living with HIV/AIDS.

**Key words:** High school learners, attitude, HIV/AIDS

The message that is being preached on the streets on a daily basis is that HIV/AIDS has no cure and that it is a fatal disease. The AIDS pandemic is a serious problem, everybody's concern and nobody's fault. If not attended to accordingly and not controlled properly, the epidemic poses a serious threat to the whole nation, therefore every individual is faced with an enormous challenge, especially young people, since today's youths are tomorrow's future.

The HIV/AIDS pandemic is continuing to rob both parents and their children of an opportunity of reaching their last mile of development which is old age. HIV/AIDS is not regarded to be the same as any other disease. The situation is getting out of hand as the HIV/AIDS victims are facing a double jeopardy of fighting for their lives, while at the same time, suffering from negative societal attitudes. They are being discriminated against, rejected, ill-treated and not treated with love and respect. Therefore every individual is faced with the huge task of fighting this monster and creating a caring society. A supportive and enabling environment needs to be created so that HIV/AIDS victims can be treated similarly to any other patients.

The aim of the study was to explore learners' knowledge of HIV/AIDS and determine their attitudes regarding people living with HIV/AIDS. From the research findings, it was found that learners are knowledgeable about the general facts on the HIV/AIDS pandemic, but that their knowledge concerning certain aspects is limited to some extent, therefore it is deemed necessary to equip and empower them with more and relevant information. With regard to learners' attitudes, it was found that learners have fair and positive attitudes towards people living with AIDS.

It is recommended that these positive attitudes and fair knowledge of learners must be sustained. The most effective way to attain this is through education, and schools are the appropriate places to teach young people about HIV prevention. Here they can receive information and skills. It is further recommended that more HIV/AIDS programmes be developed to increase awareness and knowledge with the intention of educating people to recognize and avoid high-risk behaviour.

## **OPSOMMING**

**TITEL:** Die kennis en gesindheid van hoërskoolleerders aangaande mense wat deur MIV/VIGS aangetas is

**Sleutelwoorde:** Hoërskoolleerders, gesindheid, MIV/VIGS

Die boodskap wat oral daaglik verkondig word, is dat daar geen geneesmiddel vir MIV/VIGS is nie en dat genoemde siekte dus dodelik is. Die VIGS-pandemie is 'n ernstige vraagstuk, van belang vir elkeen en geeneen se skuld nie. Indien dit nie dusdanig behandel en behoorlik beheer word nie, word die epidemie 'n ernstige bedreiging vir die hele nasie; gevolglik staan 'n enorme uitdaging elke individu in die gesig, veral jongmense, omdat vandag se jeug môre se toekoms is.

Die MIV/VIGS-pandemie is besig om beide ouers en hul kinders die geleentheid te ontnem om hul laaste ontwikkelingsfase te bereik, naamlik ouderdom. MIV/VIGS word nie op gelyke voet met ander siektes beskou nie. Die toestand ruk terselfdertyd hande uit, aangesien die slagoffers van MIV/VIGS die dubbele beproewing verduur om eensdeels vir hulle lewe te veg terwyl hulle anderdeels gebuk gaan onder negatiewe sosiale houdings. Daar word teen hulle gediskrimineer, hulle word verwerp, mishandel en nie met liefde en respek behandel nie. Gevolglik is dit die geweldige taak van elke individu om hierdie monster te beveg en om 'n samelewing te skep wat omgee. 'n Ondersteunende en hulpvaardige omgewing moet geskep word sodat die slagoffers van MIV/VIGS net soos enige ander pasiënte behandel word.

Die doel van die onderhawige studie was om leerders se kennis te peil en hul gesindheid ten opsigte van mense wat MIV/VIGS het, te bepaal.

Uit die navorsing het geblyk dat leerders ingelig is oor die algemene feite aangaande die MIV/VIGS-pandemie, maar oor sekere spesifieke aspekte is hul kennis beperk; dit word gevolglik noodsaaklik geag om hulle toe te rus en te bemagtig met meer en relevante inligting. Was betref die leerders se gesindhede, is bevind dat hulle regverdig/gangbare en positiewe houdings openbaar ten opsigte van mense wat VIGS het.

Dit word aanbeveel dat hierdie positiewe gesindheid en gangbare kennis bevorder moet word. Die doeltreffendste manier om hierdie ideaal te bereik is deur opvoeding, en skole is die aangewese plek om jongmense in te lig oor die voorkoming van MIV. Hier kan hulle kennis en vaardighede bygebring word. Verder word aanbeveel dat meer MIV/VIGS-programme ontwerp word om die bewustheid en kennis van die siekte te vermeerder sodat mense opgevoed kan word om hoë risiko gedrag te herken en te vermy.

## **FOREWORD**

The article format has been chosen in accordance with Regulations A.11.2.5 for the degree MA(SW). The article will comply with the requirements of one of the journals in Social Work, entitled Social Work/ Maatskaplike Werk. This article comprises 10 percent of the total mark for the course.

## **INSTRUCTIONS TO AUTHORS**

The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of Social Work. Contributions relevant to Social Work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s) and preferably not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.

## **THE KNOWLEDGE AND ATTITUDES OF HIGH SCHOOL LEARNERS REGARDING PEOPLE LIVING WITH HIV/AIDS**

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### **1. INTRODUCTION**

This article focuses on the knowledge of and attitudes of the high school learners concerning people living with HIV/AIDS. The problem statement, the objectives of the study and the methodology will be dealt with. The findings of the study will be discussed according to the sections of the questionnaire. Finally, the article looks into intervention strategies in addressing the phenomenon.

### **2. PROBLEM STATEMENT**

HIV/AIDS is one of the greatest public health hazards or threats that is facing the whole world. According to Stine (1993:11), AIDS is the most dramatic, pervasive and tragic pandemic in recent history. South Africa is among those countries that are faced with the serious dilemma of the increasing rate of HIV/AIDS. Anon (2000a:4) stated that, in South Africa, more than four million people are infected with the HIV/AIDS and this figure is increasing daily. The epidemic is continuing to cause havoc. Six hundred people die in South Africa every day due to HIV/AIDS. Protesters placed six hundred pairs of shoes outside the doors of South Africa's High Commission in London to symbolize the number of people who die of AIDS-related illnesses in South Africa every day (Anon 2003:5).

According to Anon (2003:4), HIV/AIDS today threatens the welfare and well-being of people throughout the world. This is also supported by Stine (1993:4). He emphasizes that AIDS is now one of the 10 leading causes of death. It is expected that parents will die before their children, but because of the HIV/AIDS epidemic, it does not happen that way for thousands of parents. They are seeing their children die in the prime of life. Anon (2003: 1) further emphasizes that most of those living with HIV/AIDS are people in their economically active stages of life (15 to 49 years). Thus the HIV/AIDS epidemic is having a major impact on the youth.

According to the North-West Health Training Manual (2003: 21), issued by the Department of Health, concerning the result of the HIV and Syphilis Sero-prevalence survey of woman attending public antenatal clinics in the North-West Province, HIV/AIDS continues to be one of the biggest public health problems facing this Province. The prevalence of HIV/AIDS is increasing at alarming rates. The HIV/AIDS prevalence continues to be high in urban areas compared to that in the rural areas.

The focus of this research centres on the attitudes of the high school learners towards people living with HIV/AIDS. People living with HIV/AIDS find themselves in a serious predicament and face double jeopardy. They face death and while they are fighting for their lives, they face a number of problems. According to Stine (1993:346), people living with HIV/AIDS are still abused, ridiculed and maligned. Stine (1993:350) further emphasizes that the main difference between HIV/AIDS and other diseases is social discrimination. He emphasizes that society does not discriminate and reject those with cancer, diabetes, heart disease or any other health problems. According to Anon (2000b:1), discrimination has spread rapidly, fuelling anxiety and prejudice against the group most affected, as well as those living with HIV/AIDS. HIV/AIDS victims are discriminated against and unfairly treated by their families and the communities at large. They are not treated with love, respect and dignity as human beings once it becomes known that they are infected with the disease. According to Salehi (2000:1), society at large ill-treats HIV/AIDS victims. Most members of the community will not dare touch or talk to an HIV/AIDS positive person. Anon (2003:2) emphasizes that rejection by the families cause a stressful situation because family is regarded to be the primary and an important unit in a person's life. They suffer because of stigmatization, and stigma harms. Salehi (2000:3) further emphasizes that stigma adds fuel to the fire of the AIDS pandemic. According to Anon (2000b:1), stigma is a powerful tool of societal control. Stigma can be used to marginalize, exclude and exercise power over individuals who display certain characteristics. Stigmatization leads to a feeling of withdrawal, guilt, shame, anger, depression and isolation. Stine (1993:346) shares his opinion when emphasizing that blaming others, leads to their stigmatization and persecution.

A belief is that these experienced problems force people living with HIV/AIDS not to disclose their health position (status). According to Anon (2000b:1), HIV/AIDS stigma and discrimination remains to be an enormous barrier to fighting the HIV/AIDS epidemic effectively. Fear of discrimination often prevents people from seeking treatment for AIDS or admitting their HIV status publicly. Anon (2000a: 2) points out that people with HIV or those suspected of having it may be turned away from health care services, employment, refused entry into foreign countries and in some cases even possibly be evicted from their homes by their families and rejected by friends and colleagues. The stigma attached to HIV/AIDS can extend to the next generation, placing an emotional burden on those left behind. Anon (2000a:2) indicates that stigma and discrimination are often motivated by the need to blame and punish, and in extreme circumstances it can extend to acts of violence and murder. Anon (2000a:2) further supports this remark by indicating that, in December 1998, Gugu Dlamini was stoned to death by neighbours in her township near Durban in South Africa after speaking out openly on World AIDS Day about her HIV status.

Harassment of and discrimination against people who have or are perceived to have HIV/AIDS have become a serious problem. Anon (2000a:4) indicates that many have lost jobs and housing and face ostracism due to bias and an irrational fear of contagion. Anon (2000a:4) further states that there is evidence that if people living with HIV/AIDS are open about their status at work they may well experience stigmatization and

discrimination by others. The author (2000a:4) further elaborates by quoting a comment made by a 27 year old Indian man who stated that "Nobody will come near me, eat with me in the canteen, nobody will want to work with me, I am an outcast here". The same writer further states that many reports reveal the extent to which people living with HIV/AIDS are stigmatized and discriminated against by the health care system. Many studies reveal the reality of withheld treatment and non-attendance of hospital facilities and medicines. Also fuelling such responses are ignorance and lack of knowledge concerning HIV transmission.

Anon (2001:12) emphasizes that some healthy parents discourage their children to play with children who are believed to have AIDS. Even those orphans lucky enough to receive schooling found that other children did not want to play with them, fearing that they will become infected. HIV/AIDS patients are considered to be less desirable and more responsible for their ill health. Society thinks that AIDS is exclusively caused by wrong sexual practices. In some societies, HIV/AIDS is seen as the result of personal irresponsibility. People have become very judgmental and moralistic towards AIDS victims (Anon, 2000b:3).

It is believed that a battle against the Aids epidemic cannot be won unless the level of awareness and commitment is raised to a point where the authorities and public at large realize that AIDS is a monster that needs everybody's undivided attention. We face the danger that half of our youth will not reach adulthood. Their education will shrink. The power to defeat the spread of HIV/AIDS lies in our partnership as youths, women, men, business people, parents, teachers, students, healers, farmers, the unemployed, professionals, the rich and the poor.

According to the North-West Health Training Manual (2003:23), the aim of education is to change risk behaviour, especially sexual behaviour, in order to successfully combat the disease of AIDS. Anon (2000b: 4) is of the opinion that, regardless of research activities or regulatory government actions, education must continue to be the cornerstone of efforts to reduce the progression of the present epidemic. Only through intensive educational programmes can the fatal disease be successfully prevented. This is also supported by Stine (1993:196). He emphasizes that, with regard to HIV/AIDS infection, there is no available vaccine against the virus, but that the effective methods for preventing it do exist. The best way of prevention is education; teaching people how to adjust their behaviour to reduce or eliminate HIV/AIDS. Anon (2000b:4) is of the opinion that no policy or law can combat HIV/AIDS-related discrimination on its own. The fear and prejudice that lies at the core of the HIV/AIDS discrimination needs to be tackled at community and national levels. A more enabling environment needs to be created to increase the visibility of people with HIV/AIDS as a normal part of any society. In future, the task is to confront the fear-based messages and biased social attitudes in order to reduce the discrimination and stigmatization of people who are living with HIV/AIDS.

Anon (2003:4) states that the general awareness of the HIV/AIDS issue must be increased in order for people to understand how to protect themselves, reduce their

stigmatization of and discrimination against those already living with HIV/AIDS, and ultimately bring the AIDS crisis under control to some extent. Anon (2003:4) further emphasizes that overcoming stigma and discrimination is the key to mitigating the effects of the HIV/AIDS epidemic. As society becomes more accepting of people living with HIV/AIDS, they will be more open and responsive to increased education and lifestyle changes.

With regard to the study the researcher attempted to find an answer to the following question:

What are learners' knowledge of HIV/AIDS and their attitudes regarding people living with HIV/AIDS?

### **3. AIMS OF THE RESEARCH**

The aim of this research was to explore the learners' level of knowledge regarding HIV/AIDS and their attitudes towards people living with the virus.

The objectives were the following:

- To gain insight into the level of knowledge of learners on the phenomenon of HIV/AIDS, by means of a literature and empirical study.
- To gain insight into the learners' attitudes towards HIV/AIDS, by means of a literature and empirical study.
- To determine the learners' level of discrimination against people living with HIV/AIDS, by means of a literature and empirical study.

### **4. THEORITICAL ASSUMPTION**

Despite HIV/AIDS education, high school learners tend to discriminate against people living with HIV/AIDS.

### **5. RESEARCH METHODOLOGY**

According to Neuman (1997:38), methodology refers to the techniques that a particular discipline uses to manipulate data and to acquire knowledge. The method of research consists of a literature study and an empirical survey.

#### **5.1 LITERATURE REVIEW**

The data, which was utilized for a systematic library search, was a Repertoire of South African Journals, Social Work Abstracts and Social Sciences Indexes. There are a considerable number of books, journals and publications on HIV/AIDS, both nationally and internationally. In the literature review, a study was made of the knowledge of high school learners on HIV/AIDS. Previous studies (Kelly *et al.*, 2002:20; Strydom, 2002:191; Strydom, 2003:59-72) indicated that young people are well informed

concerning the most basic facts about HIV/AIDS. The attitudes of learners towards people living with HIV/AIDS were also investigated in order to determine the ways in which they treat these people. The literature (Diagle *et al.*,1999:273; Kelly *et al.*,2002:24; Marjone, 1991:20) showed that people living with HIV/AIDS are already suffering, and do not want the additional burden of being rejected and discriminated against.

## **5.2 EMPIRICAL STUDY**

### **5.2.1 RESEARCH DESIGN**

According to Grinnel (1993:219), a research design is a plan which includes every aspect of a proposed research study from the conceptualization of the problem right through to the dissemination of findings. The research design that the researcher used is the exploratory design. De Vos, Strydom, Fouché, Poggenpoel and Schurink (1998:240) are of the opinion that the purpose of the exploratory design is to gain insight into a situation, phenomenon, community or person.

The aim was to explore the learners' knowledge of HIV/AIDS and their attitudes towards people living with HIV/AIDS. Although much has been written on HIV/AIDS, limited research has been done on learners' attitudes regarding people living with HIV/AIDS.

### **5.2.2 SAMPLING**

For purposes of this study, a sample was drawn. According to De Vos *et al.* (1998:240), a sample is a small portion of the total set of the objects, events or persons that together comprise the subject of this study. In the study, the systematic type of sample was used. The same authors (1998: 205) emphasize that in this type of sample, only the first case is selected randomly and all the subsequent cases are selected according to a particular interval.

South Africa comprises of nine provinces. The focus of the study was on the North-West Province, as the sample was drawn from the two high schools Kebalepile and Letsatsing in the Mafikeng area. According to Grinnel and Williams (1990:127), a sample size of 10% of the population is sufficient to provide reasonable control over sampling error. For this study, the population size (two schools) was 1000 learners. Thus 140 learners, a sample of 14% were involved in the study. The sample was drawn from the Grade ten (10) learners, aged 15-17 years, boys and girls, because it was expected that their knowledge and attitudes would be representative of the high school learners. At each school 70 of these learners were selected. The first name on the class list was selected and then every second name.

### **5.2.3 MEASURING INSTRUMENT**

In the study, a questionnaire was used as the instrument for collecting data. The questionnaire was self-developed after having studied the similar questionnaires in Strydom (2002:59-72) and Strydom (2003:320). According to the New South African Dictionary of Social Work (1995:51), a questionnaire is a set of questions on a form that is completed by the respondents in respect of a research project. There are different types of questionnaires such as the personal, the telephonic, the hand-delivered, the group-administered and the mail questionnaire. In this research, the group-administered questionnaire was used, which means that the questionnaires were administered to the learners in group form.

Strydom (1999:123) emphasizes that administrating the questionnaires in a group has the following advantages:

- The researcher is at hand to explain any questions that might be unclear.
- It raises the response rate.
- It provides a personal touch, which is lacking in the mailed survey

#### 5.2.4 PROCEDURE

The researcher followed the following prescribed procedure during the study:

- Consulted with principals of the two selected high schools and obtained their permission.
- Obtained permission from the parents by designing a consent form that they signed to allow their children to participate in the study.
- Tested the questionnaire with four (4) other children who were not included in the sample. The intention was to maximize the level of reliability and validity of instruments. During the pilot period it was found that the instrument was reliable, therefore no modifications were made.
- The questionnaires were distributed and completed in various classes in the presence of the researcher.
- The questionnaires were completed in English, but the researcher was at hand to translate.

#### 5.2.5 ETHICAL ASPECTS

According to Grasso and Epstein (1992:118), ethics are those principles that are intended to define the rights and responsibilities of the researcher and practitioners in social work in their relationship with one other and with other parties including employers, research subjects, clients and students.

In the study, the following ethical aspects were considered:

- **Harm to respondents:** According to De Vos *et al.* (1998 64), subjects can be harmed in a physical or emotional manner. In the study the researcher thoroughly informed the respondents beforehand as to the purpose and nature of the investigation.
- **Informed consent:** In the study, the issue of informed consent was regarded to be of importance. Participants were informed as to the goals of the investigation and the procedure that was to be followed during the investigation. A consent form was developed and distributed to the parents of the participants. The aim was for them to grant their children permission to participate in the study. The consent form explained the aims and objectives of the study. The approval of the learners' parents was obtained as they managed to sign and return the consent forms as a proof of permission that their children may participate in the study.

The life skills educators at the two high schools assisted during the distribution and collection process of the consent forms.

- **Voluntary participation:** In the study, respondents were not forced to participate. The participants were regarded to be volunteers.
- **Confidentiality:** In the study, the issue of confidentiality was considered with the intension of protecting the privacy of the respondents. All the information that deserved to be treated with confidentiality was indeed treated accordingly. The questionnaire also stated that the questionnaire would be completed anonymously.

## **5.2.6 DATA ANALYSIS**

The Statistical Consultation Services of the Potchefstroom Campus of the North-West University analysed the data.

## **6. RESULTS**

The empirical data was organized according to the sections of the questionnaire and the data will be discussed as follows:

### **6.1 IDENTIFYING PARTICULARS**

#### **1. GENDER OF RESPONDENTS**

Of the total respondents, 53 (37,86%) were male and 87 (62,14 %) female. The ratio of male to female is more or less the same for the two schools, which means that the responses were representative of the universe, regarding the gender.

#### **2. AGE OF RESPONDENTS**

The study indicates that, of the total number of participants, 45 (32,37%) were aged 15, 55 (39,57%) were 16 years and 39 (28,06%) were 17 years of age. This is the national average age of grade ten learners. NB: Number of missing value is 1 (did not answer the question)

#### **3. NUMBER OF RESPONDENTS**

Of the total sample, 70 (50,00%) of the learners were from Kepalepile High School and 70 (50,00 %) were from Letsatsing High School.

#### **4. HOME LANGUAGE**

The study indicates that, of the total population, 119 (86,23%) of the participants were Tswana-speaking, 9 (6,52%) were Sotho-speaking, 9 (6,52%) were Xhosa-speaking and 1 (0,72%) was English-speaking. Four of the official languages were represented in the sample with most of the participants coming from the Tswana-speaking community. In the North-West Province, the Tswana-speaking group was the largest language group. NB: Number of missing value is 2 (did not answer the question)

## 5. ETHNIC GROUP

Of the total, 136 (97,14%) participants were black and 4 (2,86%) were from other ethnic groups. This could be expected as the two schools are situated in black communities.

## 6.2 PARTICIPANTS' KNOWLEDGE CONCERNING HIV/ AIDS

Participants had to answer 15 questions by choosing between True, False or Uncertain. In this section Uncertain will be regarded as an incorrect response. Each question will be repeated and will be followed by the responses to each question.

1. **Statement:** An expensive vaccine is available to protect people from HIV infection.  
**Response:** The answer is false. Only 29,69% of the learners answered the question correctly and 70,31% did not know the answer. This illustrates that the majority of learners do not know that a vaccine is unavailable, therefore this poses a challenge for more information and education in respect of young people. This is also supported by Bellenir (1999:57) when he indicates that, until a vaccine is found, the only way to prevent new infection is through education.
2. **Statement:** AIDS makes the body so weak that it cannot fight illness.  
**Response:** The answer is true and 98,56% of learners were correct and 1,44 % did not know the answer.
3. **Statement:** Anyone can get HIV regardless of race, gender and age.  
**Response:** The answer is true and 61,76% of the respondents agreed with the statement and 38,24 % did not know the answer. This shows that most learners are aware that anybody can get HIV/AIDS, regardless of race, gender and age.
4. **Statement:** AIDS is a disease that has no cure.  
**Response:** The answer is true and 95,68% of participants agreed with the statement and 4,32% did not know the answer. This shows that the overwhelming majority of the learners are aware that AIDS is a disease that has no cure.
5. **Statement:** A person may pass on the HI virus to others even though he or she has no symptoms of HIV/AIDS.  
**Response:** The answer is true and only 40,74% of the learners answered correctly and 59,26% did not know the answer. The large percentage that answered incorrectly shows that there is still much ignorance amongst the learners concerning the HI virus.
6. **Statement:** A condom is 100 % effective to protect a person against infection.  
**Response:** The answer is false and 61,59% of the learners answered correctly and 38,41% did not know the answer. Strydom (2003:66) also found in his study that condoms are not 100% safe and even a minute break in the latex is sufficient to allow significant passage of HIV infection through the membrane of the condom.

7. **Statement:** One can contract HIV by kissing, hugging or sitting next to an infected person.  
**Response:** The answer is false and 96,43% of the learners answered correctly and 3,57% did not know the answer. This shows that respondents are aware of the different ways in which HIV/AIDS can infect a person.
8. **Statement:** Only poor people contract HIV.  
**Response:** The answer is false, and the majority (100%) of the learners answered correctly.
9. **Statement:** One can be at risk by eating meals prepared by an HIV-infected person.  
**Response:** The answer is false, and 82,48% of the learners answered correctly and 17,52% did not know the answer. This illustrates that learners know about different ways in which one can be at risk of being infected.
10. **Statement:** One can contract AIDS from a public toilet.  
**Response:** The answer is false, and 82,73% of the learners answered correctly and 17,26% did not know the answer. This illustrates that learners are aware of different ways in which one can contract AIDS.
11. **Statement:** HIV/AIDS victims are entitled to all the basic rights.  
**Response:** The answer is true and 57,97% of the learners answered correctly and 42,03% not know the answer. This illustrates that most learners know that HIV/AIDS victims are entitled to the same basic rights as any other person.
12. **Statement:** Is it okay to keep the health status of the HIV/AIDS patient confidential.  
**Response:** The answer is true and 63,43% of the learners agreed with the statement and 36,57% did not know the answer. The majority of learners are aware of the importance of confidentiality with regard to the health status of the HIV/AIDS victims.
13. **Statement:** One can contract HIV infection by sharing drug needles.  
**Response:** The answer is true and 86,43 % of the learners answered correctly and 13,57% did not know the answer. This illustrates that learners have adequate knowledge concerning different ways in which one can be infected.
14. **Statement:** HIV-infected people failed to take precautions regarding their sexual behaviour and actions.  
**Response:** The answer is false and 56,62% of the learners answered correctly and 43,38% did not know the answer. This illustrates that there is a need for learners to be educated or made aware of the fact that failure to take precaution regarding sexual behaviour and actions is not the only way in which people can become infected.

15. **Statement:** HIV-infected people deserve to be isolated from others.  
**Response:** The answer is false and 72,86% of the learners answered correctly and 27,14% did not know the answer. This illustrates that learners know that isolating HIV-infected people will not necessarily prevent the spread of HIV/AIDS.

### 6.3 PARTICIPANTS' ATTITUDES TOWARDS HIV/AIDS

In this section, respondents had to answer 10 questions to determine the learners' attitude towards HIV/AIDS victims. The 10 questions will be stated and followed by the responses of participants.

**TABLE 1**

STATEMENT	AGREE	DISAGREE	UNCERTAIN
HIV/AIDS victims should be marked so that they can be easily recognized and identified.	19 (13,67%)	111 (79,86%)	9 (6,47%)

From the table above, 19 of the learners agree that people with HIV/AIDS should be marked, 111 disagree with the statement and 9 are uncertain. NB: Number of missing value is 1. The large percentage illustrates that learners have positive attitudes towards HIV/AIDS victims, as they do not want the victims to be discriminated against. Strydom (2003:63) found in his study that 58,7% learners were against compiling a list of HIV/AIDS victims.

**TABLE 2**

STATEMENT	Stigmatization and discrimination	Isolation and rejection	Love and respect	Uncertain
HIV/AIDS victims deserve to be stigmatized and discriminated against, to be isolated and rejected or to be treated with love and respect.	7 (5,00%)	7 (5,00%)	122(87,14%)	4 (2,86%)

The table above illustrates that the majority of the learners feel that HIV/AIDS people are to be treated with love and respect. In other words, learners do not want the HIV/AIDS victims to be ill-treated.

**TABLE 3**

<b>STATEMENT</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>UNCERTAIN</b>
People with HIV/AIDS are not to be allowed to attend school or work because of the danger of infecting others.	7 (5,00%)	128 (91,43%)	5 (3,57%)

It is obvious from the above table that the overwhelming majority believes that HIV/AIDS victims are entitled to attend school or work. This indicates that they do not discriminate against people with HIV/AIDS. Strydom (2003:63) also found in his research that 64,1% indicated that HIV-infected persons should be allowed to attend school.

**TABLE 4**

<b>STATEMENT</b>	<b>FEAR BEING INFECTED</b>	<b>ACCEPT THAT PERSON</b>	<b>UNCERTAIN</b>
What will you do if you have to share the same bedroom with an HIV-infected person?	24 (17,39%)	103 (74,64%)	11 (7,97%)

NB: Number of missing value is 2. From the table above, it is clear that the majority of the learners said that they would accept that person. In other words, most learners have a positive attitude towards HIV/AIDS victims as they are prepared to share a bedroom with the infected person.

**5. STATEMENT**

What will you do if you know that a person is HIV/AIDS positive?

**RESPONSE:**

- 47 (33,57%) of the learners said that they would treat the information as confidential.
- 89 (63,57%) of the learners said that they would ask his/her permission first before informing others.
- 4 (2,86%) of the learners said that they would not associate with him or her.

These figures show that the majority of the learners would respect such a person's feelings.

**6. STATEMENT**

If one of the family members is HIV positive; what do you think other family members should do?

**RESPONSE:**

- 131 (93,58%) of learners said that other family members should accept and support that person.

- 1 (0,71%) of the learners said that other family members should reject that person.
- 1 (0,71%) of the learners said that other family members should isolate that person.
- 7 (5,00%) of the learners were uncertain.

The majority of learners felt that HIV/AIDS victims should be treated well by their families. This indicates that the learners do not discriminate against HIV/AIDS victims. Marjorie (1991:20) also supports this. She emphasizes that HIV/AIDS people deserve everyone's care and concern.

#### **7. STATEMENT**

If it happens that you realize that you are HIV positive; what will you do?

##### **RESPONSE:**

- 13 (9,35%) of the learners said that they would commit suicide.
- 2 (2,16%) of the learners said that they would deny it.
- 5 (3,60%) of the learners said that they would isolate themselves from others.
- 114 (82,01%) of the learners said that they would accept it.
- 4 (2,88%) of the learners were uncertain.

NB: Number of missing value is 2. The 114 learners who said that they would accept it, illustrates that learners think that there is hope for HIV-infected people. In other words, it is not a death sentence when you are diagnosed HIV positive. They are aware of positive ways in which they can react when they are infected with the disease.

#### **8. STATEMENT**

Are you willing to associate with or date an HIV/AIDS infected person?

##### **RESPONSE:**

- 94 (67,14%) of the learners said that they were willing to associate with or date an HIV/AIDS-infected person.
- 22 (15,72%) of the learners said that they were not willing to associate with or date an HIV/AIDS-infected person.
- 24 (17,14%) of the learners were uncertain.

The 94 learners illustrates that learners do not have negative attitudes towards HIV/AIDS victims as they were willing to associate with or date them. Strydom (2003:65) found in his research that 64,10% of the high school learners were willing to be friends with HIV-infected people.

#### **9. STATEMENT**

If you fall ill and are to receive treatment at the nearby clinic and the sister in charge has declared her health status as HIV positive, what will you do?

##### **RESPONSE:**

- 83 (59,29%) of the learners said that they were prepared to be treated by an HIV positive health officer
- 25 (17,86%) of the learners said that they feared being treated by an HIV positive health officer.

- 17 (12,14%) of the learners said that they feared infection.
- 15 (10,71%) of the learners were uncertain.

The high percentage indicates that learners do have positive attitudes towards the HIV/AIDS victims as they are prepared to receive treatment without fearing infection.

#### 10. STATEMENT

In this question, respondents were to present their views or opinions with regard to measures that can be taken to prevent the spread of HIV/AIDS. (More than one response could be made).

#### RESPONSE:

- 84 (60,00%) of the learners said that using condoms is a good way to prevent the spread of HIV/AIDS.
- 80 (57,14%) of the learners supported educational programmes.
- 73 (52,14%) of the learners supported the idea of regular blood tests.
- 3 (2,14%) of learners said that the isolation of an HIV/AIDS person is a good way to prevent the spread of HIV/AIDS.

In this question the percentage is more than 1000% because learners could have marked more than one answer. The majority of the respondents supported the use of condoms, educational programmes and regular blood tests. Strydom (2003:39) also found in his study that using condoms was supported by a large number of respondents.

#### 6.4 TO DETERMINE THE REALIABILITY FACTOR

To determine the reliability factor concerning the knowledge and attitude of learners, the Cronbach Alpha Coefficient was used. The SAS Manual refers to Nunnally (1978:295) in this regard who describes it as follows: Interrelated items may be summed to obtain an overall score for each participant. Chronbach's Alpha Coefficient estimates the reliability of this type of scale by determining the internal consistency of the test or the average correlation of items within the test.

The results of the measurement are as follows:

TABLE 5

FACTOR	CRONBACH ALPHA COEFFICIENT
KNOWLEDGE	0.29
ATTITUDE	0.51

The above findings indicate that questions about learner's knowledge is not a reliable measuring instrument, since the reliability Cronbach Alpha Coefficient is small, therefore aggregated scores will not be used, but individual knowledge scores will be looked at. With regard to the attitude aspect, the findings denote reliability, since the Cronbach Alpha Coefficient is 0.51%. For attitude, a mean attitude score as well as the individual scores will be used.

**TABLE 6****DIFFERENCE BETWEEN KNOWLEDGE AND ATTITUDE OF LEARNERS OF DIFFERENT AGES.**

QUESTION	AGE 15		AGE 16		AGE 17	
	MEAN	STD DEV	MEAN	STD DEV	MEAN	STD DEV
K1	0.400	0.495	0.163	0.373	0.256	0.442
K2	0.977	0.149	0.981	0.134	0.974	0.160
K3	0.577	0.499	0.58	0.49	0.641	0.485
K4	0.888	0.317	0.963	0.188	1.000	0
K5	0.422	0.499	0.290	0.458	0.512	0.506
K6	0.688	0.468	0.600	0.494	0.512	0.506
A1	0.866	0.343	0.836	0.373	0.666	0.477
A2	0.888	0.317	0.854	0.355	0.871	0.338
A3	0.933	0.252	0.890	0.314	0.923	0.269
A4	0.622	0.490	0.854	0.355	0.717	0.455
A5	0.977	0.149	0.981	0.134	0.948	0.223
A6	0.933	0.252	0.945	0.229	0.923	0.269

From the results, it is clear that the difference in knowledge and attitude between the fifteen, sixteen and seventeen year olds is very small. The results show a medium effect size that may indicate that the 15-year-old learners might have more knowledge concerning the availability of an expensive vaccine than the 16-year-olds. Also, the 16-year-olds might have a better attitude concerning the treatment of an HIV-infected person than the 15-year-olds. This might be due to the fact that the 16-year-olds are able to access more information about the phenomenon than the younger ones (15-year-olds).

**TABLE 7****DIFFERENCE BETWEEN KNOWLEDGE AND ATTITUDE OF MALES AND FEMALES (GENDER)**

QUESTION	MALES		FEMALES		
	MEAN	STD DEV	MEAN	STD DEV	EFFECT SIZE
K1	0.283	0.455	0.264	0.441	0.041
K2	1.000	0	0.965	0.183	0.187
K3	0.642	0.484	0.574	0.497	0.134
K4	0.943	0.233	0.954	0.210	0.045
K5	0.358	0.484	0.413	0.495	0.111
K6	0.679	0.471	0.563	0.498	0.232
A1	0.698	0.463	0.850	0.358	0.328
A2	0.830	0.379	0.896	0.306	0.175
A3	0.867	0.341	0.942	0.234	0.218
A4	0.679	0.471	0.770	0.423	0.192
A5	0.924	0.266	1.000	0	0.283
A6	0.886	0.319	0.965	0.183	0.241

For all knowledge questions, there were no practical significances pertaining to between males and females.

- From effect size 0.52, it seems as if females might have a practically significant better attitude than males.
- From effect size 0.51, it seems as if females might have a practically significant better attitude than males.
- From effect size 0.46, it seems as if females might have a practically significant better attitude than males. Rankin and Strydom (2003:44) also found in their study that female respondents show greater concern for HIV/AIDS issues than men. Strydom (2002:191) also found in her studies that woman seem to have more knowledge of the disease. Strydom (2002:202) further indicated that the high return rate of questionnaires that was received from female respondents was perhaps indicative of a greater concern amongst female students for HIV/AIDS issues than amongst men.

**TABLE 8****DIFFERENCE BETWEEN KNOWLEDGE AND ATTITUDE OF LEARNERS OF THE TWO SCHOOLS.**

LETSATSING HIGH SCHOOL			KEBALEPILE HIGH SCHOOL		
QUESTIONS	MEAN	STD DEV	MEAN	STD DEV	EFFECT SIZE
K1	0.328	0.473	0.214	0.413	0.241
K2	0.971	0.167	0.985	0.119	0.085
K3	0.714	0.455	0.485	0.503	0.454
K4	0.957	0.203	0.942	0.233	0.061
K5	0.300	0.461	0.485	0.503	0.368
K6	0.657	0.478	0.557	0.500	0.199
A1	0.771	0.422	0.814	0.391	0.101
A2	0.900	0.302	0.814	0.366	0.155
A3	0.928	0.259	0.900	0.302	0.094
A4	0.671	0.473	0.800	0.402	0.271
A5	1.000	0	0.942	0.233	0.244
A6	0.957	0.203	0.914	0.281	0.152

From the results, it is clear that there is no difference in the knowledge of the learners of the two schools. The contributing factor in this respect might be that learners from both schools are able to access the same form of information at school, through the media and from clinics. There is also very little difference between the attitude of the learners of the two schools. The effect size of 0.45 indicates that Letsatsing High School learners might have a practically significant positive attitude compared to that of the Kebalepile High School learners towards HIV/AIDS victims. The reason for this might be that learners from Letsatsing High School are mostly from urban-based areas as compared to those from Kebalepile High School who are mostly from rural areas. Urban-based learners are in a better position to access more relevant information. This is also supported in the literature by Kelly, Parker and Oyosi (2002:20). They emphasize that young people in poor and rural communities have far less sources of information than their urban and economically advantaged counterparts.

## 7. DISCUSSION

From the research findings, it is obvious that most of the high school learners are knowledgeable about the general facts of HIV/AIDS. This is also supported by the literature by Kelly *et al.* (2002:20) when they indicate that young people are well informed concerning most important facts about HIV. They (2002:20) state that young adolescents in primary schools tend to be significantly less informed in almost all areas of HIV/AIDS knowledge than their older, high school counterparts. This is due to the fact that high school learners receive education on HIV at schools.

However, the research findings also indicate that learners' knowledge on aspects which are not of common knowledge is limited to some extent. Strydom (2002:191) found in her study that young people scored high on knowledge concerning the ways in which HIV/AIDS was transmitted, but low on issues that were not general knowledge.

With regard to the attitudes of learners, the findings indicate that the learners are sympathetic towards people who are infected with HIV. Most of the learners indicate that they did not discriminate against people infected with HIV. Rankin and Strydom (2003:45) also found in their study that young people were sympathetic towards people living with AIDS, and would not like them to be discriminated against. In his study amongst learners at secondary schools in North-West, Strydom (2003:63-64) found that 73,6% of the learners felt sorry for people with AIDS.

This is contrary to the findings of other studies that have found a great deal of stigmatization. Kelly *et al.* (2002:24) indicate that children's attitude towards people living with AIDS are more negative than that of older counterparts. They further emphasize that people living with HIV/AIDS tend to report high levels of negative attitudes that do not coincide with self-reported attitudes of young people. One way of accounting for this is that even isolated incidents can impact strongly on people living with HIV/AIDS and seemingly small incidents such as someone hesitating to drink from the same cup, or someone using rubber gloves unnecessarily, can be hurtful and rejecting.

According to Marjone (1991:20), people with HIV/AIDS have suffered discrimination and negative ill treatment as children with AIDS have been expelled from school, and friends and neighbours have shunned their families. Marjone(1991:21) elaborates that HIV/AIDS victims have suffered discrimination in employment and housing and have been refused insurance benefits. Diagle, Lasch, McCluskey and Wancho(1999:273) are of the opinion that patients with a disease such as cancer most likely would receive both instrumental and affective support from family members. They further elaborate by indicating that the situation is reversed with HIV/AIDS: "you will be outcast, hardly get visits, no chicken soup, no hugging, touching. They will kind of expect the patient with AIDS to apologies to the family for bringing such a shame to the family for leading such a life". According to Diagle *et al.* (1999: 273), a diagnosis of HIV/AIDS is considered to be very bad because the person will be cast out by his/her very own family.

The theoretical assumption of the researcher was that high school learners tend to discriminate against people living with HIV/AIDS, but based on the research findings, this was not proven. This might be because of the fact that learners are encouraged to take good care of the AIDS sufferers at schools. The learners are aware that the HIV/AIDS victims deserve the care and concern of everyone. They are aware of the fundamental basic rights that are stipulated by the South African Constitution, which emphasize that every person is entitled to be treated with respect, love and dignity. Therefore this indicates that the learners are abiding by and complying with the rules of the Constitution. Whiteside and Sunter (2000:122) support this by indicating that in 1997 the Inter-ministerial Committee was formed and a major public awareness campaign took place. The main event that year was the address to the nation by President Mbeki on 9

October. In it, he confronted the South Africans with the reality of the epidemic and called for sectors to pledge themselves to the Partnership Against AIDS. Various sectors (business and labour, youth and women, churches and faith communities, sports and entertainment) immediately stepped forward to articulate their commitment. Since then, events such as World AIDS Day and Condom Week have become focal points for a wide range of awareness activities. Also based on the number of activities and awareness campaigns, which are being carried out with the aim of empowering and educating people about the pandemic, this might contribute to the fair treatment of and acceptable behaviour towards people living with HIV/AIDS.

Whiteside and Sunter (2000:124) further indicated that, in 1995, efforts were made to identify key priorities which were embraced by the Government and many NGOs and which included the following:

- Life skills programmes targeted at the youth
- The use of mass communication to popularize key prevention concepts
- Appropriate treatment and management of clients seeking treatment for STDs
- Increase access to barrier methods such as condoms

The promotion of appropriate care and support

According to Molewa, latest statistics in the North-West show a downward trend of HIV-infections among young people, especially in the under-24 age group. Based on these figures, she feels that the province's awareness and prevention campaigns amongst young people are bearing fruit. She said that programmes which take the fight against HIV to schools decisively and fundamentally shift the balance of power "in our favour as we battle to defeat this scourge." Schools should teach children to embrace and promote acceptance of people living with HIV/AIDS (Molewa, 2004:5).

Thus it is clear that efforts to promote and increase awareness among members of the community, especially among the youths, are bearing fruit. This is indicated by the research findings showing an increase in knowledge regarding the most important aspects of HIV/AIDS, as well as a decrease in discrimination against HIV-infected people.

## **8. CONCLUSION**

The researcher arrived at the following conclusions:

- Learners seemed particularly interested in participating in the study as it enabled them to vent their views, perspectives and concerns with regard to the epidemic.
- From the responses to a few questions, such as whether AIDS victims should be marked so that they can be easily recognized and identified, and whether people with HIV/AIDS should be allowed to attend school or work, it was clear that most of the learners sympathized with the victims.
- The analyses of the research findings indicated that learners have positive attitudes towards HIV/AIDS victims, and would not like them to be ill-treated and discriminated against.

- Learners seemed knowledgeable regarding the general information pertaining to the HIV/AIDS phenomenon. However, there are some areas in which their level of knowledge was perceived to be limited.

## 9. RECOMMENDATIONS

On the basis of the literature and empirical study undertaken, the researcher would like to make the following recommendations:

- It is recommended that these supportive, caring and positive attitudes that prevail amongst learners need to be motivated and encouraged.
- It is recommended that, since the schools are the primary socializing influence for the children; they are to continue with the efforts of empowering and equipping school learners with the necessary information the learners deserve to know.
- To sustain this relevant knowledge and the positive attitudes that learners possess regarding the HIV/AIDS epidemic, it is recommended that more relevant and factual information regarding the epidemic be made more accessible to learners.
- It is recommended that more HIV/AIDS programmes be developed in respect of the young generation or people to increase awareness, communicate the correct knowledge and encourage subsequent behavioural change.

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## **ANNEXURE 1**

### **QUESTIONNAIRE TO DETERMINE THE ATTITUDES, BELIEFS AND LEVEL OF KNOWLEDGE OF THE HIGH SCHOOL LEARNERS REGARDING HIV/AIDS .**

HIV/AIDS is a pervasive and tragic problem that has affecting everybody. South Africa finds itself in a crisis as the pandemic is continuing to cause havoc by destroying the lives of children and of their parents. HIV/AIDS is a social problem that needs everybody's undivided attention. Therefore a caring society that is sympathetic to those who are affected and infected needs to be created since there is an outcry that HIV/AIDS victims are suffering from a number of problems, such as discrimination and rejection. The research is deemed necessary so as to create that culture and spirit of Ubuntu and the atmosphere of acceptance towards those who are affected and infected. Society is therefore faced with the challenge of communicating relevant knowledge and information in order to change individuals and communities' attitudes towards people who are affected and infected with the disease.

This research study aims at determining the attitudes of learners at two high schools regarding the HIV/AIDS phenomenon and to explore their level of knowledge pertaining to HIV/AIDS.

Please give your honest response on every question. The questionnaire is completed anonymously; therefore you need not be afraid that anybody could identify you.

In both sections of the questionnaire, there are specific instructions to be followed.

Thank you for your cooperation.

**Ms. M.P. Podile**  
**Social Work Masters Student**  
**North-West University (Potchefstroom Campus)**

## SECTION 1: IDENTIFYING PARTICULARS

Please draw a cross in the appropriate block

### 1. Sex of respondent

Male		1
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Female		2
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### 2. Age of the respondent

15		1
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16		2
----	--	---

17		3
----	--	---

### 3. Name of the school

Letsatsing High School		1
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Kebalepile High School		2
---------------------------	--	---

### 4. Home language

Tswana		1
--------	--	---

Sotho		2
-------	--	---

Xhosa		3
-------	--	---

English		4
---------	--	---

### 5. Religious denomination

Roman Catholic		1
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ZCC		2
-----	--	---

Methodist		3
-----------	--	---

Other		4
-------	--	---

### 6. Ethnic group.

African		1
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White		2
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Indian		3
--------	--	---

Coloured		4
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Other		5
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## SECTION 2: KNOWLEDGE ON HIV/AIDS

ANSWER THE FOLLOWING QUESTIONS BY TICKING TRUE OR FALSE OR UNCERTAIN.

		TRUE	FALSE	UNCERTAIN
1.	An expensive vaccine is available to protect people from HIV infection			
2.	AIDS makes the body so weak that it cannot fight illness			
3.	Anyone can contract HIV regardless of race, gender and age			
4.	AIDS is a disease that has no cure			
5.	A person may pass on the HI virus to others, even though he or she has no symptoms of HIV/AIDS			
6.	A Condom is 100% effective to protect a person from the infection			
7.	One can contract HIV by kissing, hugging or sitting next to an infected person			
8.	Only poor people contract HIV			
9.	One can be at risk by eating meals prepared by an infected person			
10.	One can contract AIDS from a public toilet			
11.	HIV/AIDS victims are entitled to all the basic rights			
12.	Is it okay to keep the health status of the HIV/AIDS patients confidential			
13.	You can contract HIV infection by sharing drug needles			
14.	HIV/AIDS-infected people failed to take precautions regarding their sexual behaviour and actions			
15.	HIV/AIDS people deserve to be isolated from other people			

**SECTION 3: ATTITUDE TOWARDS HIV/AIDS**

**PLEASE ANSWER THE FOLLOWING BY SELECTING ONE ANSWER FROM THOSE GIVEN.**

1. People with HIV/AIDS should be marked so that people can be able to identify and recognize them easily.

Agree		1
Disagree		2
Uncertain		3

2. HIV/AIDS victims deserve the following reactions. [You may mark more than one answer.]

Stigmatization and discrimination		1
Isolation and rejection		2
To be treated with love and respect		3
Other: (Specify)		4

3. People with HIV/AIDS should not be allowed to attend school or work because of the danger of infecting others.

Agree		1
Disagree		2
Uncertain		3

4. What will you do if you have to share the same bedroom with an infected person?

Fear being infected		
Accept that person		
Uncertain		

5. What will you do if you know that a person is HIV/AIDS positive?

Treat the information as confidential		1
Ask his/her permission first before informing others		2
Not associate with him or her.		3

6. Do you think that if one of the family member is HIV positive other family members should:

accept and support that person		1
reject that person		2
isolate that person		3

Uncertain		4
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7. If it should happen that you realize that you are HIV positive; will you do the following?

Commit suicide		1
Deny it		2
Isolate yourself from others		3
Accept it		4
Other: Specify		5

8. Are you willing to date or associate with an HIV/AIDS infected person?

Yes		1
No		2
Uncertain		3

9. If you fall ill and you are to receive treatment at the nearby clinic and the sister in charge has declared her health status as HIV positive, will you:

accept being treated by her?		1
be fear of being treated by her?		2
fear infection		3
be uncertain		4

10. What can be done to prevent HIV/AIDS? You may mark more than one answer.

Regular blood test		1
Usage of condoms		2
Isolation of HIV/AIDS victims		3
Educational campaigns		4
Other (specify)		5

11. What could you do to show that you do not discriminate against people living with HIV/AIDS?

.....  
 .....

12. Do you have any comments regarding the questionnaire?

.....  
 .....

Ms. M.P. Podile  
 Researcher

**ANNEXURE 2**

**CONSENT FORM TO BE COMPLETED BY PARENT(S) OR A GUARDIAN**

The following serves to inform you that the Grade 10's at Kebalepile High School and Letsatsing High School are requested to participate in the research study conducted by a Masters Student at the North-West University (Potchefstroom Campus). The researcher is undertaking the study to investigate the learners' knowledge regarding HIV/AIDS and their attitudes towards people living with HIV/AIDS.

You are therefore requested to grant your child permission to participate in the investigation.

The researcher intends to utilize the questionnaire as a method of data collection. Therefore your child will be expected to answer the questions and forward the questionnaire to the researcher.

Name of the parent (print) : .....

Signature : .....

Date : .....

Name of the child : .....

Name of the school attended by the child : .....

Ms. M. P. Podile  
Researcher