

## CHAPTER 1

### INTRODUCTION, AWARENESS OF THE PROBLEM, STATEMENT OF THE PROBLEM AND AIMS OF THE RESEARCH

#### 1.1 INTRODUCTION

HIV (Human Immunodeficiency Virus) infection continues to spread around the world. In a number of countries like Europe, America, Australia, India, Thailand and South Africa, AIDS is the leading cause of death in adults in the age group 15-49 years (World Health Organization (WHO) 2003). Estimates by the Joint United Nations Program on HIV/AIDS (UNAIDS) indicate that 58 million people worldwide have been infected with HIV and almost 22 million people have died as a result of AIDS. Unless a cure is found, or life-prolonging therapy can be made more widely available, the majority of those now living with HIV will die within a decade (WHO Report 2003). The virus continues to spread, causing nearly 16,000 new infections a day. Indeed, HIV/AIDS is among the top ten killers worldwide, and given current levels of HIV infection, it may soon move into the top five (WHO Report 2003).

#### 1.2 AWARENESS OF THE PROBLEM

The first cases of AIDS were identified in 1980 in Los Angeles in the United States. Initially, most cases of AIDS in the United States were diagnosed in homosexual men, who contracted the virus primarily through sexual contact and intravenous drug use. Drug users became infected mainly by sharing contaminated hyperdemic needles (Evian 2000). The first two cases of AIDS were identified in South Africa in 1985 in KwaZulu Natal. For the first eight years since the discovery in South Africa, the epidemic was primarily located among homosexuals. Nonetheless, as the number of cases rose, the disease began spreading among groups (Evian 2000). At present, there is evidence that about 5.6 million South Africans are already infected with HIV and about 1800 get infected each day (WHO 2004). According to a survey commissioned by the Nelson Mandela Foundation and conducted by the South African Human Sciences Research Council (5 August 2003), the Free State has the highest infection rate, which is 14,9%, followed by Gauteng's 14,7% , Mpumalanga's 14,1%, KwaZulu-Natal's 11,7%, Western Cape's 10,7% and the Eastern Cape, which has the lowest at 6,6%. The study is said to be more reliable, since it deals with the entire population instead of an antenatal survey of pregnant women, which surveys only a small segment of the population. HIV/AIDS is undoubtedly the most formidable public health problem facing South Africa today. Never in a modern history has a single incurable virus affected as many people as HIV/AIDS (Manaka 2002).

The former National Minister of Education, Professor Kader Asmal, mentioned that: "Many schools are beginning to experience the consequences of HIV/AIDS. The epidemic hits the education sector by reducing

the supply of experienced educators. Both educators and learners are dying in large numbers due to HIV/AIDS related illnesses” (Department of Education 2000: 3). This is supported by Maree (2002: 30), when he states that: “The quality of teaching and learning is affected by HIV/AIDS. In the absence of sick educators, those who are at school have to take an extra load. Learners who are infected and affected by HIV/AIDS become ill and fall behind with their studies. Some of these learners cannot return to school because of sickness”. This implies that HIV/AIDS disrupts teaching and learning.

The researcher became aware of HIV/AIDS in South Africa while she was a high school educator in 1992. Nurses from the Department of Health were invited to come and address learners on the topic of HIV and AIDS. This awareness became earnest around 1995, when the National Department of Health started releasing HIV/AIDS information to the public through mass media. Around 1996, the Department of Education entered the fray by organizing workshops for senior management. It was during this time that an attempt was made to formulate policy on HIV/AIDS. It is also during this time that the Department of Education appeared to be taking the HIV/AIDS problem very seriously. Around 1997, workshops were organized by the Department of Education in conjunction with the Department of Health. This was done in all nine provinces.

The researcher, as a high school educator, also attended one of the HIV/AIDS workshops and thereafter became involved in the implementation of HIV/AIDS programs. At these HIV/AIDS workshops, shocking HIV/AIDS statistics were released. All along, the HIV/AIDS programs were limited to secondary schools, the assumption being that primary school learners were not actively involved in sexual matters. In 1999, the decision was taken by the National Department of Education that life skill programs should be implemented as early as possible, starting from grade R up to tertiary level. In 1999, the researcher was redeployed from Thembeke High School to Kamagugu Primary School. At this primary school, the researcher was made responsible for life skills and life orientation learning areas. It is during this period that the researcher discovered the following:

- Most of the primary school learners had inaccurate information regarding HIV/AIDS;
- Strategies used by some educators in bringing about HIV/AIDS awareness were inadequate and sometimes age inappropriate;
- There were no proper guidelines for educators to implement the HIV/AIDS programs, even though they were aware of their limitations.

From the above experience, the researcher became interested in designing strategies for bringing about HIV/AIDS awareness in primary schools. At the present moment, the researcher is employed by the Department of Education as a first education specialist responsible for psychological services. Therefore, the researcher cannot turn a blind eye to what is happening around her in the primary schools in the Mgwenya

circuit in Mpumalanga Province. The researcher has observed that primary school learners engage in sexual activities at an increasingly younger age. Most of these learners have several partners. The results are that they become pregnant, have abortions and contract sexually transmitted infections, of which HIV is the most dangerous. The researcher has also observed that some of the educators find it difficult to talk about sexual matters to learners. This is supported by Louw (2002: 45), when she states that: "It is not all the schools that have started teaching about HIV/AIDS programs". This implies that educators need quality capacity building in order to integrate HIV/AIDS issues into their daily teaching and learning activities. Evian (2000: 10) indicates that "some of the educators do not have the ability to present HIV/AIDS lessons in their classrooms. This has resulted in many educators sending ambiguous messages to their learners about HIV/AIDS. Some of the educators in schools still feel ashamed to teach about sexuality education". It seems to the researcher that, if some of the educators are afraid to talk about HIV/AIDS in schools, then in some of the schools there is silence about the disease. This silence might lead to a low level of knowledge about HIV/AIDS in primary schools.

The research therefore is an exercise to find possible strategies for bringing about HIV/AIDS awareness in primary schools in the Mgwenya Circuit in Mpumalanga Province. The researcher believes that, if primary school learners are not armed with proper life skills, they will become innocent victims of sexual abuse, harassment and HIV/AIDS. This causes problems for the Department of Education in many ways, e.g. school dropouts, teenage pregnancy and other related problems like declining numbers of enrolment in schools, which might also result in jobless educators.

### **1.3 ANALYSIS OF THE PROBLEM**

The HIV/AIDS epidemic has become a thorny issue in Mpumalanga Province. People are dying in large numbers due to HIV/AIDS related illnesses (Manaka 2002). HIV/AIDS seems to have the greatest impact on three main areas, which are discussed below.

#### **1.3.1 THE IMPACT OF HIV/AIDS ON EDUCATION**

In Mpumalanga Province, there are 50 000 learners and 19 000 educators infected with HIV (Manaka 2002). Due to the consequences of HIV/AIDS, orphans and other learners are withdrawn from schools, as their families cannot afford to spend on education. Some of the primary schools in the province have enrolments below 300 learners, which is the minimum, and may therefore be closed and the remaining learners moved to other schools (Manaka 2002). This shows that the quality of learning outcomes and education is affected by several confounding factors, which will emerge as the pandemic takes a deeper hold on the education sector. Already, the Department of Education have begun to experience increased problems of educator and learner

absenteeism, and the loss of educators and learners, inspecting officers and planning and management personnel (Manaka 2002).

### **1.3.2 DEMOGRAPHIC IMPACT**

According to Caesar (2003: 10), the demographic impact of the HIV/AIDS epidemic on the population in Mpumalanga Province from modelled trends include:

- Lower population growth rates due to increased child and adult mortality;
- A lower fertility rate due to the death of potential mothers in the 15-45-age range;
- Life expectancy that will drop by twenty years (from 68 to 48 years) by the year 2010 and the increase of dependency rates;
- Orphanhood that will also increase by the year 2010.

### **1.3.3 ECONOMIC IMPACT**

In Mpumalanga Province, productivity has declined in all sectors due to sickness, absenteeism and funeral attendance. Public sector services, in common with private sectors, are affected since conditions of services allow public servants generous absenteeism due to sickness (Manaka 2002). Manaka points out that HIV/AIDS has the greatest impact on the economy because of the following factors:

- Economic growth is slow due to a smaller economically active population;
- Economic participation declines, as the younger members of the labour force are the most affected;
- The representation of women in the labour market worsens, since more women than men leave to care for sick family members, although in percentage terms, this may have been set off by declining male participation in the labour market due to death and illness.
- Poverty levels in the population have risen sharply as parents who are sick no longer bring in an income from employment and the number of child-headed households increases.
- Declining participation in education and training of young female learners, as they are withdrawn from school to care for the sick.

From what has been said above, it is quite apparent that the culture of teaching and learning is affected by HIV/AIDS. The disease is a serious public health, social and economic problem affecting the whole province, which requires to be addressed as a major priority through appropriate individual and collective actions (Manaka 2002). It seems there will be a less qualified teaching force, as trained and experienced educators are replaced with younger and inexperienced educators. Furthermore, it is quite clear that as

HIV/AIDS continue to take its toll, there will be schools without competent educators. This has a negative impact on the education system's ability to plan, manage and implement policies and programs.

#### **1.4 STATEMENT OF THE PROBLEM**

The problem can be stated by asking the following two questions:

##### **1.4.1 GENERAL STATEMENT**

Question 1: Which strategies can be used in order to bring HIV/AIDS awareness to Mgwenya Circuit, with specific reference to Lekazi Primary School, Mpumalanga Province?

Question 2: What are the responsibilities of educators regarding the implementation of HIV/AIDS programs in primary schools?

##### **1.4.2 SPECIFIC STATEMENT**

In order to answer the above questions, the following specific questions will be addressed:

- What are HIV and AIDS?
- What does it mean to be HIV positive?
- What does it mean to have AIDS?
- How is HIV transmitted, and how can the disease be prevented?
- Which effective teaching methods can educators use in the implementation of HIV/AIDS programs?
- How can parents become involved in the implementation of HIV/AIDS programs?
- What should educators do to make sure that learners have mastered the learning content in HIV/AIDS programs?
- What are the opinions of educators with regard to the management of HIV/AIDS programs in primary schools?

#### **1.5 MOTIVATION FOR THE RESEARCH**

The research has been motivated by the staggering and frightening statistics of HIV/AIDS in Mpumalanga Province. The alarming statistics shows the severity of the disease. According to a Department of Health Report (January 2002), "Mpumalanga Province is the second highest with the infection rate of 27.9%". The current HIV/AIDS pandemic is a problem that dwarfs all other problems in the province (Department of Health, June 2002). The research will be conducted because schools are already experiencing the effects of

the HIV/AIDS epidemic (Department of Education 2002: 2). Educators should help the young ones to protect themselves from becoming infected with HIV, getting sick and dying (Department of Education Report 2002: 2). The researcher believes that by providing accurate information to learners, the spread of HIV/AIDS can be reduced. This study attempts to achieve this noble goal.

### **1.5.1 ASSUMPTIONS**

The researcher has the following assumptions:

- The researcher believes that bringing about HIV/AIDS awareness should be of great help in decreasing HIV infection in primary schools;
- The researcher believes that primary school learners should have more knowledge about HIV/AIDS;
- The research might change educators' perceptions and attitudes of how to deal with learners living with HIV/AIDS;
- The research should encourage primary school learners to play their role in the struggle against HIV/AIDS;
- With knowledge and understanding of the disease, learners suffering from HIV/AIDS should be able to speak out and disclose their status;
- The research should make a contribution to the improvement of teaching about life skills and HIV/AIDS in primary schools.

## **1.6 AIMS OF THE RESEARCH**

### **1.6.1 SPECIFIC AIM**

Devising strategies for bringing about HIV/AIDS awareness.

### **1.6.2 GENERAL AIMS**

In order to achieve the specific aim, it is the general aim of this research to:

- Differentiate between HIV and AIDS;
- Explain the meaning of being HIV positive and of having AIDS;
- Provide accurate information on the transmission and prevention of HIV/AIDS;
- Design guidelines that will assist educators in the implementation of HIV/AIDS programs in primary schools;
- Identify the role of educators regarding learners living with HIV/AIDS in primary schools;

- Probe the perception of educators with reference to their presentation of HIV/AIDS lessons in primary schools;
- Identify responsibilities of educators regarding the implementation of HIV/AIDS programs in primary schools; and
- Design questionnaires for primary school learners in order to check the level of HIV/AIDS awareness.

## 1.7 CLARIFICATION OF CONCEPTS

### 1.7.1 THE CONCEPT AIDS

AIDS is an abbreviation for *Acquired Immune Deficiency Syndrome*. This is a serious disease caused by a virus that destroys the body's natural protection from infection, and which usually causes death (International Dictionary of English 2003: 28).

The Oxford Advanced Dictionary (2003: 25) defines AIDS as an often-fatal disease marked by severe loss of resistance of infection.

The Longman Dictionary of Contemporary English (2003: 28) defines AIDS as a very serious disease caused by a virus that stops your body from defending itself against infections.

AIDS (Acquired Immune Deficiency Syndrome) is the name that has been given to an illness.

Acquired means that it is an illness that you get from someone else. HIV is not spread through casual inadvertent contact like flue or chicken pox. In order to be infected, a person has to do something that will expose him/her to the virus (Whiteside and Sunter 2000).

Immune system is the way we describe our body's defence system. This is our body's way of protecting itself against illness. HIV affects the immune system.

Deficiency means "not enough". With AIDS, our bodies do not have enough immune system, and so cannot fight infections well. The immune system is weakened.

Syndrome means it is not just one disease, but it presents itself as a number of diseases that come as the immune system fails (Whiteside and Sunter 2000).

### **1.7.2 THE CONCEPT HIV**

HIV is an abbreviation for *human immunodeficiency virus*. It is a retrovirus that causes AIDS (Concise Oxford Dictionary 2003: 644).

According to the Longman Dictionary of Contemporary English (2003: 679), HIV is a kind of virus that enters the body through blood or sexual activity, and can cause AIDS.

The International Dictionary of English (2003: 673) states that HIV is the virus believed to cause AIDS.

Human Immunodeficiency Virus (HIV). The virus attacks the body's immune system, which protects the body against illness. It is the virus that causes AIDS. HIV slowly attacks and destroys the immune system, leaving the infected individual vulnerable to malignancies and infections that eventually cause death (Mather 2002: 45).

According to Caesar (2003: 9), HIV is a tiny living organism that can be seen only under a special high-powered microscope. In fact, the virus is so tiny that 100,000 of them could fit on the head of a pin. The virus grows best in the living cell.

For the purpose of this research, the definitions of HIV/AIDS disease suit the topic. HIV/AIDS is a known killer disease and one of the major threats to human existence worldwide. It is the most dangerous disease because it is incurable. Anyone can become infected with HIV - men, woman and children, all race groups, heterosexuals and homosexuals, the rich and the poor. HIV/AIDS has no age restriction. The researcher believes that education remains the most immediate way to stem the growing number of AIDS cases. This means that learners from primary schools need to be educated about sexually transmitted infections, pregnancy and HIV/AIDS. The HIV/AIDS pandemic in our schools compels all educators to become involved. In order to prevent the spread of the disease, it is crucial for the educators to teach learners about sexual education before they become sexually active. The increasing incidence of sexual abuse also stresses the urgency to work with children from a very young age.

### **1.7.3 THE CONCEPT AWARENESS**

Awareness means knowing that something exists, or having knowledge or experience of a particular thing (International Dictionary of English 2003: 86).

According to the Oxford Advanced Dictionary (2003: 70), awareness means to be interested in knowing about current events.

According to the Longman Dictionary of Contemporary English (2003: 75), awareness means knowledge or understanding of a particular situation or subject.

Awareness means conscious, not ignorant, having knowledge. It also means to be well informed (Concise Oxford Dictionary 2003: 87).

It is true that HIV/AIDS has been a subject of neglect in schools for so many years. This implies that learners need to be taught about HIV/AIDS. If they are not taught about the disease, they will never be aware that HIV/AIDS exists and they will remain ignorant about the disease.

#### **1.7.4 THE CONCEPT SEXUALITY EDUCATION**

According to Van der Merwe (2002: 69), sexuality education is mainly a matter of education, which is about guiding the child to responsible adulthood, and is always accompanied by values and norms. Education and moulding are the primary aims of sexuality education.

Van Dyk (2001: 69) defines sexuality education as a lifelong process of acquiring information and forming attitudes, beliefs, values about identity, relationships and intimacy, body image and gender roles.

For the purpose of the study, sexuality education will mean equipping primary school learners with survival skills that will protect them from HIV infection.

#### **1.7.5 THE CONCEPT SEX INFORMATION**

Sex information is defined by Van der Merwe (2002: 69) as knowledge about sex learned from the streets, neighbours, relatives, friends, peers, parents, guardians and from the media. This knowledge is transmitted for the sake of imparting information that without having education and moulding as an aim, values and norms are absent. Sex information can be dangerous and can lead to permissiveness and promiscuity.

#### **1.7.6 THE CONCEPT STRATEGY**

Strategy (singular) means the skill of planning in advance the movements of armies in a war. It also means a well-planned series of actions for achieving an aim, especially success against an opponent (Longman Dictionary of Contemporary English 2003: 1426).

According to the Oxford Advanced Dictionary (2003: 1179), a strategy is a plan designed for a particular purpose. It is the process of planning or carrying out a plan in a skilful way.

The International Dictionary of English (2003: 1435) defines strategy as a detailed plan for achieving success in situations such as war, politics, business, industry or sport; the skill of planning for such situations. Hope (2003: 989) proposes that “strategy” be defined as: “The determination of the basic long-term goals and objectives of an enterprise and the adoption of course of action and the allocation of resources necessary for carrying out these goals”.

According to Fowler and Fowler (2002: 1052), the concept strategy refers to generalship, the art of war, management of an army or armies in a campaign, art of so moving or disposing troops or ships or aircraft so as to improve upon an enemy the place and time conditions for fighting preferred by oneself.

For this study, strategy (plural - strategies), means ways and means, art and plans, tactics of doing something to circumvent a prevalent anomaly.

## **1.8 OUTLINE OF THE RESEARCH**

This research comprises of the following chapters:

Chapter One: Introduction to the research, the research problem and the aims of the research.

Chapter Two: The knowledge that children should have regarding HIV/AIDS.

Chapter Three: The primary school learner and HIV/AIDS.

Chapter Four: The research methodology.

Chapter Five: Empirical research.

Chapter Six: Findings and recommendations.

## **1.9 CONCLUSION**

“With the spread of HIV/AIDS reaching greater proportions, the call is not for individual actions, but for a group effort, even a multi-disciplinary approach” (Manaka 2002: 7). This implies that everybody should be involved in the fight against HIV/AIDS. Even schools should be involved in this team action and need to join hands with other agencies that seek to bring about healing and equilibrium in the community. The researcher believes that it is also imperative that all role-players, i.e. parents, educators, learners and the community at large be totally committed in fighting HIV/AIDS. Parents should not see education as something that belongs to a school, but should work together with the schools in protecting the children from sexual abuse, which might result in HIV infection. One of the most urgent responses to HIV/AIDS is to build

the capacity of children to support themselves by enabling children to stay in schools, and acquire not only vocational skills, but also life skills. Although the primary and most traditional role of the schools is to equip children with literacy and numeric skills, schools are now expected to take on a new and perhaps daunting role of equipping children with survival skills.

Having discussed the awareness of the problem, statement of the problem and aims of the research, the literature review will be dealt with in the next chapter.