

# EVALUATING HIV/AIDS LIFE SKILLS PROGRAMME: THE CASE OF UMBUMBULU SCHOOLS IN KWAZULU NATAL

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EVALUATING HIV/AIDS LIFE SKILLS PROGRAMME: THE  
CASE OF UMBUMBULU SCHOOLS IN KWAZULU NATAL

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## DECLARATION

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Dear Sir

I, Nelisiwe Joyce Mbatha hereby declare that the dissertation titled “ Evaluating HIV/AIDS Life Skills Programme: The Case of Umbumbulu Schools in KwaZulu Natal” , is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other university. Where work of others was used, it is duly acknowledged in the text.

Thank you,

Yours Sincerely

A handwritten signature in black ink, appearing to read 'N. Mbatha', is written over a horizontal dashed line.

Mrs N.J. Mbatha

## ACKNOWLEDGEMENTS

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GOD BLESS YOU ALL!!

I DEDICATE THIS WORK TO MY LATE FATHER, MR. ROBERT MADONSELA WHO WAS ALWAYS WISHING ME PROSPERITY ACADEMIC WISE.

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# CHAPTER 1

## 1.1 Introduction

This study is based on the increasing number of young children dying pre-maturely without even reaching high school level because of HIV/AIDS. It attempts to determine the effectiveness of the HIV/AIDS Life Skills Programme offered in the primary schools of KwaZulu Natal especially in the Umbumbulu district. Research indicates that in South Africa, KwaZulu Natal is rated among the highest province that is attacked by the HIV/AIDS virus.<sup>1</sup>

In many cases programs for young people can help them adopt safe behaviors but, in some situations such as sexual abuse, early marriage, or sexual activity due to poverty, young people are forced into unsafe sex. Therefore, policies and programs are needed to protect them.

## 1.2 Chapter sequence

### CHAPTER 1

Chapter one consists of introduction, which conceptualizes among others research problem and hypothesis, aims and objectives and how the researcher intends to go about collecting data to conduct the research.

### CHAPTER 2

Chapter two consists of review of literature to find out the gaps in similar research so as to try and fill them.

### CHAPTER 3

Chapter three is made up of the Constitution and the Law in relation to HIV/AIDS in schools.

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<sup>1</sup> Aids Council for KZN, Natal Witness 20/06/00

## CHAPTER 4

Chapter four consists of data analysis

## CHAPTER 5

Chapter five is made up of conclusion and Recommendation

### 1.3 Motivation of the study

The need for this study is to evaluate progress of the initiatives taken by the Department of Education and the Minister of Health regarding the awareness that she has made to the public. This study will also help to promote the growth of South Africa's future generation especially the Africans in the Kwa-Zulu Natal region.

The study is useful to the policy makers as it discusses the Human Rights of people with HIV/AIDS. The study also educates people on their rights whilst they live with the disease and those around them. To discuss the human rights implication of AIDS one needs to first answer a simple but important question: "what do HIV/AIDS have to do with human rights?" AIDS affects human health and lives but not human rights. The human rights to health, for example, does not mean that one has a right to be healthy, rather, it pertains to access to health care in the case of need, paradoxically, those ill with AIDS.

The denial of access to healthcare in educational institutions constitutes a human rights problem. Such problems emerge from the way in which we respond to AIDS, not from the pandemic itself. In other words it is neither the AIDS, nor the pandemic that respects or negates human rights, but societal responses to it.

Human rights implications of different national responses to AIDS have been brought to the forefront of public attention by cases of the denial of basic human rights to learners and educators infected with HIV or ill with AIDS. This denial has borne much further than the above-mentioned

example of the right to health, encompassing a range of universally recognized human rights such as:

- Respect of human dignity i.e. learner and educator;
- Protection of privacy;
- Rights to work;
- Education;
- Housing;
- Right to return to one's own country and
- Right to freedom of information.

If one were to read the Universal Declaration of Human Rights with the aim of finding out which human rights have been affected by various responses to AIDS, one would see that most, if not all, basic human rights and freedom, laid down as the common standard of achievement for humanity more than 40 years ago, have been challenged, violated, or denied in the context of HIV/AIDS. As always, movements to defend human rights have emerged in response to their violation.<sup>2</sup>

#### 1.4 Nature and Background of the study

This study is an evaluation research, which is a widely used type of applied research that addresses the question, "Did it work?" It is a process of establishing value judgements based on evidence. Its relevance is that statistics at Prince Mshiyeni Memorial hospital showed that there is a lack or an ineffectiveness of HIV/AIDS education programmes in Umbumbulu area. The Life Skills and HIV/AIDS Education Programme in schools is based on the rationale that HIV/AIDS prevention education is most effective when learners have the opportunity to:

- Acquire functional knowledge about HIV/AIDS,
- Consider choices that support healthy behavior related to HIV/AIDS,

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<sup>2</sup> Earl C. Pike and Phil Greasley "We are all living with HIV" (1997) Deaconess Press

- Develop and practice skills that support those choices.

99,9% of literature reviewed in this study indicated that 80–90% of all HIV infections occurs through sexual intercourse. The schools programme was developed in the context of sexuality education. The goals of sexuality education are to:

- Enable learners to like and respect themselves, to enhance their self-esteem and self-awareness.
- Provide accurate information on prevention and transmission.
- Teach the skills to enable learners to make informed and responsible decision.
- Help learners act in accordance with the values of their society.
- Teach understanding, tolerance and respect.
- Teach learners the core components of all good relationships, namely caring, respect and responsibility.
- Teach learners how to protect themselves from abuse.
- Teach learners how to find information and go for help if they need it.
- To guide the learners to:
  - Abstain or postpone sexual activity to change their life style if they are sexually active.
  - Be responsible if they do not want to change their life style, i.e. use a condom
  - Accept people living with HIV/AIDS without discrimination.<sup>3</sup>

The study will guide us to develop an improved HIV/AIDS Life Skills programme that is going to be more effective for the KwaZulu Natal schools.

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<sup>3</sup> A M Educational Consultants. The HIV/AIDS and STD Directorate, Department of Health, as part of the Primary School Pilot Project in the Northern Province and Free State (1999)



## 1.5 The Concept of HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a fatal disease that strikes adults and children, on average, five to ten years after being infected by the human immunodeficiency virus (HIV).

According to Twaddle, health is a social norm defined disproportionately by social institution rather than criteria, lying on a “continuum” between the perfect state of health and the perfect state of illness.<sup>4</sup>

The World Health Organization (WHO) defines health as a state of complete physical, mental, social and spiritual well being, not merely the absence of a disease or infirmity.<sup>5</sup>

Beker defines health as “state of well being” of an organism or part of one phenomenon characterized by normal function and unattended by disease<sup>6</sup>.

AIDS is the acronym for ‘acquired immunodeficiency syndrome’. AIDS by definition, the end-stage disease manifestation of an infection with a virus called the human immunodeficiency virus (HIV). The virus infects mainly two systems of the body, the immune system and the central nervous system, and disease manifestations are consequent on damage to these two systems.<sup>7</sup>

The cause of AIDS, which was identified in 1983, is a retrovirus which, since 1986, has been known as the human immuno-deficiency virus

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<sup>4</sup>Twaddle (1994) cited by Doyal & Pennel (1997)

<sup>5</sup> WHO – UNICEF (1978)

<sup>6</sup> Beker (1986) cited by Van Rensburg, et. Al (1992)

<sup>7</sup>Barry D. Schoub, Aids in Africa (1999)

(HIV). The retrovirus group includes the simian immunodeficiency virus (SIV) and the human T-cell lymphotropic virus (HTLV), which was identified in 1980. The virus, once within the blood stream, targets the CD4 T-lymphocyte cells, which constitute a vital component in the immune system, as they coordinate antibody production and all immune responses. HIV viral RNA is transcribed to DNA within the T-cell cytoplasm. The viral DNA is then incorporated into the host's nuclear DNA. Replication of the cell results also in viral replication, possibly concentrated within the lymph nodes. Drugs such as azidothymidine (AZT) slow down this replication process, but ultimately do not prevent it and the onset of AIDS is merely delayed.<sup>8</sup>

## 1.6 The Impact of HIV/AIDS on education sector

The UNAIDS reported that the effect on education is that AIDS now threatens the coverage and quality of education. The pandemic has not spared this sector any more than it has spared health, agriculture or mining. On the demand side of education, HIV/AIDS is reducing the numbers of children in schools. HIV positive women have fewer babies, in part because they may die before the end of their childbearing years, and up to a third of children are themselves infected and may not survive until school age. Also, many children have lost their parents to AIDS, or are living in households which have taken in AIDS orphans, and they may be forced to drop out of school to start earning money or simply because school fees have become unaffordable.<sup>9</sup>

UNAIDS reported that on the supply side, teacher shortages are looming in many African countries. In Zambia teachers are increasingly dying of AIDS and for many teachers their teaching input is decreasing because they are sick. Swaziland estimates that it will have to train more than twice as many teachers as usual over the next 17 years just to keep the services at their levels.<sup>10</sup> According to studies conducted in Namibian

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<sup>9</sup> UNAIDS Report, on the global HIV/AIDS epidemic, July 2002 (Internet)

<sup>10</sup> Ibid

region, it has been revealed that there are a number of mechanisms, by which HIV/AIDS affects the education sector. They conclude that no level of the educational system, from the ministerial down the village level, will remain unscathed. On the face of it, there will be a decline in school enrolment due to smaller learner populations, as the birth rate slows down. Furthermore there will be lesser enrolment in high schools and in academic sectors because of the early death of the learners. There will also be fewer teachers as well as education administrators as studies from the Southern African region show that, for reasons not entirely clear; educators suffer higher HIV prevalence rates than the general population.<sup>11</sup>

In KwaZulu Natal the supply of teachers has diminished due to mortality, productivity of teachers is likely to decline due to frequent absenteeism because of illness, care of ill family members or attendance of funerals. Learner and teacher ratios are likely to worsen. Educational budgets will be adversely affected through 'double payment' of off-duty sick teachers and their replacements, training of additional teachers, reduced availability of family resources as well as reduced public funds to the system with AIDS related allocation to the health sector. Learners will drop out; attend school infrequently, in order to nurse parents or to engage in income-generating or agricultural activities replacing deceased family members. Fewer learners will be able to afford education. School enrolment of orphans might be disproportionately low.

In response to the impact of HIV/AIDS pandemic on education, the government has decided to introduce the Charter of Rights on HIV/AIDS. According to the Charter of Rights on HIV/AIDS 1992, all persons have the right to proper education and full information about HIV/AIDS, as well as the right to full access to and information about prevention methods. Public education with the specific objective of eliminating discrimination against persons with HIV/AIDS should be provided.<sup>12</sup>

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<sup>11</sup> UNAIDS – Global HIV/AIDS Epidemic, July 2002 (Internet)

<sup>12</sup> Charter of Rights on HIV/AIDS (1992)

## 1.7 The impact of HIV/AIDS on the Government and on the economy of the Country

Following are some of the problems facing the government:

- ❖ Financial impacts
- ❖ Profound socio-economic impacts
- ❖ Decline in productivity
- ❖ Employees wanting time to attend funerals
- ❖ Absence from work and worker attrition increasing
- ❖ Employees taking time off to care for those who are ill
- ❖ The supply and cost of labor affected by a reduction in the number of adults in the 20–59 year age group
- ❖ The psychological and emotional effects of multiple deaths
- ❖ The issues related to grief and loss

According to Ruggles (1999), since the first cases of HIV/AIDS were reported twenty years ago, nearly 58 million people have been infected and 22 million have died. Consensus in the international community has grown over the past two years that HIV/AIDS poses a threat to development, security, and economic growth. A few studies over the last ten years have looked at the impact on workers and their employers. With momentum building to prevent new infections and treat those already afflicted, more information is needed to assess economic impacts and cost efficacy of treatments. On June 28, 2001 the Brookings Institution, the Council on Foreign Relations, and U.S. Agency for International Development (USAID) sponsored a conference on measuring the costs of HIV/AIDS and organizing responses to it. The conference brought together researchers, business people, and policymakers to discuss economic impacts, prevention costs, education, and treatment.<sup>13</sup>

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<sup>13</sup> Kempe Ronald Hope Sr. (1999) AIDS and Development in Africa

## 1.8 Research Problem

Sociologically and for most of us, the first primary relationship we form is with our parents or guardian and these are the people who are charged with the initial socialization process. In this initial socialization process children learn basic things such as characteristics of human beings in terms of our particular society, for example, things like how to walk, talk and use various tools such as knives and forks. Parents also try to shape their children psychological development, by trying to teach them things like the difference between right and wrong behavior and how to relate appropriately to others. The problem is that life skills such as sexually transmitted disease such as HIV/AIDS disease are not taught and learned at this stage. This is supported by the quotations in the last paragraphs below made by the former President of South Africa and the former Minister of Health.

As children grow older and go to school they start to form the primary attachments with friends and eventually with other adults. The education system becomes their socialization agency. At this stage amongst other things that children learn at school, they are taught about sexually transmitted diseases such as the HIV/AIDS. They come from home with no background concerning this that is why the HIV/AIDS Life Skills programme used at primary schools need to be factual, valuable and informative

"We have to talk about sex with our children, talking about sex with our children will not destroy our culture". This message was brought to the public by Love Life, Non Governmental Organization, and announced by the former President of South Africa, Dr Nelson Mandela. (Live broadcast, Ukhozi FM)

The Minister of Health Dr. Manto Tshabalala-Msimang, says "I am the parent, the mother, and the grandmother, as parents we need to talk about sex with our children, there is no early start or a late start on talking about sex with our children." "It is important that our children

know about sexually transmitted diseases, they must know that amongst all other sexually transmitted disease, there is HIV/AIDS disease mostly transmitted through sex, they must know and understand that this disease kills everybody, no matter how young or how old. While growing they need to choose the right and safest life to live." (Live broadcast, Ukhozi FM)

The fact that school going children are at the stage of being removed from primary relationship that they form with their parents as their socializing agency, and are at the stage of forming the second primary relationship with their education system as their socializing agency this is where they are taught about sexually transmitted disease such as HIV/AIDS.

## **1.9 Research Hypothesis**

HIV/AIDS Life Skills programme used in Umbumbulu schools in KwaZulu Natal is not effective whereas the most vulnerable people who are at high risk to be infected and who are already infected, killed and suffered the consequences of HIV/AIDS virus are teenagers and the children who are still at school in KwaZulu Natal.

## **1. 10 Aim of the study**

This dissertation aims to examine and evaluate the existing HIV/AIDS life skills program offered by the Department of Education in conjunction with the Department of Health to Umbumbulu district schools. The study tries to make the school programme effective so as to decrease the number of deaths due to HIV/AIDS to our young children.

### 1.13 Objectives

Objectives of the study are:

1. To evaluate the initiatives taken by the Minister of Health of South Africa together with the Department of Education schools to save the young ones and teenagers residing at Umbumbulu from getting the HIV/AIDS disease.
2. To find out whether the content of the programme at school addresses the problem of young children that are dying of HIV/AIDS or not. If it does how? If it does not, why?
3. To look at the process in order to ascertain the extent to which the Department of Health has tried to empower the scholars in terms of educating them about HIV/AIDS.

### 1.12 The Key questions to be answered in the research are:

1. What is the teacher's and the scholar's perception on HIV/AIDS in Umbumbulu district of KwaZulu – Natal region?
2. To what extent do the scholars accept the lessons on HIV/AIDS?
3. Are the pupils at school aware that even though they are not engaged in sex they are still at risk of contracting the HIV/AIDS disease?
4. Do they know about the universal precautions?
5. Do the pupils at school know how to live with people with HIV/AIDS?
6. How do they cope with the stress of seeing parents, family and friends who are dying in front of them?

### 1.13 Research Methodology

This research is a quantitative study, involving structured questionnaires (See ANNEXURE 1) that was sent to three individual schools. Thirty questionnaires were sent out, ten to each school. Only twenty-seven

were fully and properly answered, one was half answered and the other two never came back. Questionnaires were answered by the educators that teach or who are involved in the Life Skills Programme on HIV/AIDS.

The advantages of a quantitative study is that it uses both close-ended and open-ended questions that can unravel the complex set of factors underlying the psycho-social impacts of HIV/AIDS Life Skills Programme on individuals as learners. It could also provide an indication of trends and continue to inform further research.

Quantitative technique is adequate for gaining an understanding or insight into difficulties experienced by the educators, and also the usefulness of HIV/AIDS Life Skills Programme taught in primary schools. While gaining an insight through quantitative technique it can simultaneously intervene to facilitate change. In addition to the sensitivity of the subject matter the extremely complex relationship between knowledge, attitudes and behaviour demand an approach that will accurately and extensively capture the many intricacies that form part of this multifaceted issue.

Comparison is the key to all research when analyzing data. This is a quantitative research and the results are based on quantity and is analysed with statistics. Data is presented in a diagrammatic format. There are graphs, charts and some notes used to discuss the results of the survey. Only one method of data gathering was used in this study i.e. questionnaires, therefore, there is only one category of result presented.

#### **1.14 Selection of site and sample**

Three overpopulated, rural schools; i.e. Inkwali Primary School, KwaSoni Primary School and Ohlongeni Primary School were selected. These schools were selected because they are at deep rural areas of Umbumbulu and are not easily accessible of which is thought that they



do not receive sufficient attention as compared to other schools at the semi rural areas. A sample of one school was selected in each valley.

The reasons for excluding the other schools were as follows:

- Some of them are satellite schools;
- They are semi-developed although they are situated in the rural area and;
- Do not provide the HIV/AIDS Life Skills Programme at all.

This quantitative research has used a type of sampling based on theories of probability from mathematics called probability sampling. The reason for using this sampling procedure is that it is time and cost effective. Three primary schools is capacitated by more than 67 staff members but only thirty questionnaires were sent to the educators and staff members who are involved in offering the HIV/AIDS Life Skills programme. Learners were excluded because consent from parents were not sought to discuss such issues with their children. Letter of introduction, seeking permission and explaining the need of the study, were given to the District School Inspectors and also to the schools principals. Verbal consent was given telephonically by the District School Inspector having informed all the concerned educators. (See ANNEXURES 2).

### 1.15 Selection of Subject

During 2003 each and every piece of media reported about HIV/AIDS as the most killing disease in South Africa. It also brought about statistics of deaths in all South African Provinces. KwaZulu-Natal was reported as the highest amongst the affected regions and this showed a very serious negative impact in our economy and population growth in KZN, which made the researcher to select this subject. Probability sampling procedure is the process followed to select informants on this study as discussed in the above subheading.

### 1.15.1 Steps of the Research process used in this study

#### *Choose a Topic*

The Topic of the study is the evaluation of HIV/AIDS Life Skills programme: the Case of Umbumbulu schools in KwaZulu-Natal. The researcher saw young children at schools as the future generation of our province and need to be protected, as they are the most vulnerable people to HIV/AIDS through child rape and early sexual involvement.

#### *Focus the project*

Media reports and past studies of HIV/AIDS reported high deaths and high number of infected people in KwaZulu-Natal than other provinces. The topic is been focused to Umbumbulu schools. The researcher wanted to find out whether the existing HIV/AIDS Life Skills programme for Umbumbulu schools is effective or not.

#### *Design the study*

Questionnaires were used to ask a sample of 30 educators from three different schools at Umbumbulu, i.e. Inkwali primary school, Ohlongeni Primary School and KwaSonj Primary school. Ten questionnaires were sent to each school. The whole list of schools in Umbumbulu was used to get the sample and one school from each area was selected. The selection was based on that the schools do provide the HIV/AIDS life skill programme.

#### *Gather the data*

Questionnaires were distributed among the educators who are the subject matter expertise and who taught the programme at schools. Questions on the effectiveness and acceptance of the programme were asked. Questionnaires were personally distributed and collected to avoid lost and delays.

### *Analyse the Data*

The researcher constructed percentage charts and graphs to show the response of the educators on how their learners understand, accept and respond to the programme. Comparisons have been used to analyse the data.

### *Interpret the Findings*

The Life Skills and HIV/AIDS Education – Primary schools programme has been found to be very useful in educating learners about HIV/AIDS though gaps were identified. The research shows that there are a large number of learners that understand the term of HIV/AIDS and respond very positively to the teaching of this programme.

### *Inform Others*

A research report was written and submitted.

## **1.16 Limitation of the Study**

There was limited literature about the study. Most of the books on HIV/AIDS are general and about adults. Most of the information on youth and HIV/AIDS is about high school level learners not on youth as primary school pupils such as from ages of 6 to 10 as this research is based on. There are no books about young children and learners. Most of the information is from the internet but also on young adult.

Sending questionnaires was very useful because it did not cause delay of interviewing informants. Interviewing was going to be costly because the researcher had to travel several times to Umbumbulu. This process also helped to maintain accuracy in data capturing because when interviewing the researcher has to write down everything which is a time consuming and distorting of information.

Challenges met were that some of the questionnaires had same response and this gives an indication that informants were discussing and coping from each other. One questionnaire was not answered at all and two of them were not answered in full. Others have unreadable hand writing. This was all resolved by analyzing only 25 questionnaires to get the results as the findings of this study.

#### 1.17 Data gathering

- Books, Journals, Periodicals, Magazines, Newspapers (both national and international) has been used for the literature survey.
- Information from previous completed dissertations and thesis which are relevant in the area of this research has been used as secondary data material.
- Umbumbulu district is a rural area situated at the South Coast of Durban and is made up of formal and informal settlement.
- Questionnaires have been used as a primary data collection tool, which have been sent to Umbumbulu schools

The questions covered the following broad areas:

- ✓ knowledge and understanding of term HIV/AIDS
- ✓ problems encountered when teaching this programme
- ✓ merits and demerits of the programme
- ✓ possible improvements
- ✓ legislative framework

These questionnaires were personally sent and collected to avoid delay and misplacement.

## CHAPTER 2

### 2. LITERATURE REVIEW

#### 2.1 Introduction

This is an evaluation study, and evaluation research is widely used type of applied research that addresses the question, "Did it work?" Smith and Glass (1987:31) defined evaluation as the "the process of establishing value judgements based on evidence." Evaluation research measures the effectiveness of the program as this study evaluates the HIV/AIDS Life Skills programme used in Primary schools of Umbumbulu vicinity. Evaluation research is frequently descriptive but can be exploratory or explanatory. This chapter will trace the history, background and how other countries have handled the epidemic up to the current situation. This means that this chapter will describe, explore and explain the pattern of HIV/AIDS in South African countries and the researcher will draw lessons from these countries. Primary school going children are in the transformation stage, to evaluate the programme used for them it is important to trace the history and the current trends of the epidemic and strategies used by other countries to fight against HIV/AIDS rather than reviewing the literature on evaluation studies.

The necessity of this chapter is to report on other information relevant to the topic of this research. A research project is not completed until it is shared with others. Literature review involves reading books, scholarly journals, publications, newspapers, government documents, policy report, articles, dissertation, and searching for information from internet. The main aim of reading all these is to find out what other people have written about the topic and to get the relevant information about your topic. After the researcher completes a project of reading, it is time to communicate the findings to others through a research report.

### **2.1.1 Type of literature review used in this study**

This research is based on historical review because it tries to trace the development of HIV/AIDS and up to the current situation of young children being killed by this disease. It is also an integrative review as it summarises what is known about HIV/AIDS in this point in time.

### **2.1.2. The importance of literature review**

Neuman 1995, argues that it is important for a researcher to do a literature review because of the four main goals below that the literature review achieves.

- Literature review demonstrates a familiarity with a body of knowledge and establishes credibility. A review tells a reader that the researcher knows the research in an area and knows the major issues. A good review increases a reader's confidence in the researcher's professional competence, ability, and background.
- He further argues that literature review shows the path of prior research and how a current project is linked to it. A review outlines the direction of research on a question and shows the development of knowledge. A good review places a research project in a context and demonstrates its relevance by making connections to a body of knowledge.
- It is also maintained that review integrates and summarises what is known in an area and also pulls together and synthesizes different results. He maintains that a good review points out areas where prior studies agree, where they disagree, and where major questions remain. He says it collects what is known up to a point in time and indicates the direction for future research.

- Last objective mentioned is that it helps researcher to learn from others and its also stimulates new ideas. He says that a review tells what others have found so that a researcher can benefit from the effort of others. He maintains that a good review identifies blind alleys and suggests hypotheses for replication. It divulges procedures, techniques, and research designs worth copying so that a researcher can better focus hypotheses and gain new insights.<sup>16</sup>

## 2.2 The History of AIDS – Globalwise

Knowledge of the origin and spread of HIV is important for the understanding of its genetic makeup and might contribute to a strategy for dealing with it. However, in a world where prejudice and discrimination along ethnic and sexual lines is widespread, such knowledge if misinterpreted threatens another epidemic of prejudice and discrimination.

The international tracking and monitoring of human disease is one of the major functions of the World Health Organization (WHO) in Geneva. Through a very widespread reporting network throughout the country as well as abroad, information and details of human diseases are fed to the Centres for Disease Control (CDC). It was at the CDC that the first indications of the impending Acquired Immune Deficiency Syndrome (AIDS) pandemic became evident in the Autumn of 1980.<sup>17</sup>

Between October 1980 and May 1981 an alert physician, Dr Michael Gottlieb, together with colleagues at three different hospitals in Los Angeles, became intrigued by a cluster of five young male patients,

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<sup>16</sup> Laurence Neuman (1995) Social Research Methods

<sup>17</sup> Chirimuuta and Chirimuuta, 1987, Hooper, 1990,

whose ages ranged from 29 to 36 years, under their care. Two of the patients died and the remaining three were seriously ill. All five men, who had previously been healthy, were diagnosed as having carinii. *Pneumocystis carini* pneumonia had previously been found virtually exclusively in patients with severe suppression of their immune systems caused by drugs of disease.

All of these patients had evidence of having been infected with a virus called cytomegalovirus (CMV) which is similarly common in immunosuppressed patients. All five of these patients were also infected with thrush, which is again characteristic of immunosuppressed individuals. Indeed, in three of the five who were tested there was evidence of marked disturbances in the functional capacities of their immune systems. A further feature of the five men was that all were sexually active homosexuals. None of them knew each other, however, and there did not appear to be a common sexual contact. At this stage this all pointed to an association with a homosexual lifestyle and a sexually transmitted disease. The first report of these observations appeared in a relatively small unobtrusive insert in the Morbidity and Mortality Weekly Report of the CDC on 5 June 1981. A month later, the 3 July issue carried a similar report of 26 homosexual men, from New York and six from California, with a very uncommon tumour called Kaposi's sarcoma (KS). As with the original five PCP patients, the KS patients also had evidence of infections such as CMV, thrush and PCP. Meanwhile a further ten PCP cases in homosexual men were reported from California.<sup>18</sup>

Thus, it was the beginning of the 1980's that the relatively unremarkable few cases of homosexual male patients with unusual infections and tumours heralded in an epidemic of one of the most devastating of all diseases of humankind and one which would have, perhaps, the most

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<sup>18</sup> Barry D. Schoub, *AIDS and HIV in perspective. A guide to Understanding the virus and its consequences* (1999)



profound effect on the practice of medicine of any single disease. Because the disease was obviously transmissible from person to person and because of its striking effect of the suppression of the immune system of patients, it was named the acquired immunodeficiency syndrome, or AIDS.

### 2.3 HIV & AIDS in Africa

According to Justice Edwin Cameron, Africa has been affected by HIV/AIDS far more than any other continent. Millions of people in the world whom are HIV- positive live in Africa. The article "Secure the Future" 2003 by UNAIDS confirms that HIV/AIDS poses the single greatest threat to Africa's efforts to achieve it full potential. The pandemic is "a threat that puts in the balance the future of nations." The former South African president Nelson Mandela said in a February 1997 address to the World Economic Forum. "AIDS kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals and govern countries." He further said that it creates new pockets of poverty when parents and breadwinners die and children leave school earlier to support the remaining children." <sup>19</sup>

African women and children have been particularly hard hit by HIV/AIDS. At least half of all infected adults are women aged 15-49, in some countries more than 25 percent of pregnant women are infected. Over 90 percent of all AIDS orphans have been African.

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<sup>19</sup> UNAIDS "Secure the Future: AIDS in Africa. Internet (2003)

### 2.3.1 LESSONS FROM UGANDA

According to 'The Monitor' 2003, Uganda, the Global Funding Programme based in Geneva Switzerland has donated 97 million dollars to assist Uganda to fight AIDS/HIV, Tuberculosis and Malaria. It further reports that at a meeting with the Uganda National Chamber of Commerce and Industry (UNCCI), Mr Toby Kasper, the fund portfolio manager, said Uganda is among 50 countries in the first phase and 60 countries in the second phase whose proposals have been approved. Mr Toby Kasper also said that the funding will constitute a three-year fund of 52 million dollar for AIDS/HIV and another a two-year funding for Tuberculosis and Malaria of \$ 45m. He maintained that they will continue to fund countries who demonstrate their proposals and distribute funds appropriately so that the programmes are implemented. He said, Ms Olive Z Kigongo, president UNCCI, said UNCCI is well established in 56 districts of Uganda and would therefore work towards disseminating the idea to the peripheral as well as carry out research about HIV/AIDS in the country.<sup>20</sup>

South Africa needs to demonstrate its proposal for the HIV/AIDS Life Skills Programme to Uganda so as to receive funds from Uganda.

### 2.3.2 The effect of AIDS on education in Africa

The better educated segments of the population in the industrialized countries were the first to adopt health-conscious life-styles. A similar pattern now seems to be emerging in sub-Saharan Africa. Studies focusing on 15–19 years old, have found that teenagers with more education are now far more likely to use condoms than their peers with lower education. They are also less likely, particularly in countries with severe epidemics, to engage in casual sex.

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<sup>20</sup> News Item from 'The Monitor, Uganda, 19/02/03

The UNAIDS reported that the effect on education is that AIDS now threatens the coverage and quality of education. The epidemic has not spared this sector any more than it has spared health, agriculture or mining.

On the demand side, HIV is reducing the numbers of children in school. HIV positive women have fewer babies, in part because they may die before the end of their childbearing years, and up to a third of their children are themselves infected and may not survive until school age. Also, many children have lost their parents to AIDS, or are living in households which have taken in AIDS orphans, and they may be forced to drop out of school to start earning money or simply because school fees have become unaffordable.

On the supply side, teacher shortages are looming in many African countries. In Zambia teachers are increasingly dying of AIDS and for many teachers their teaching input is decreasing because they are sick. Swaziland estimates that it will have to train more than twice as many teachers as usual over the next 17 years just to keep the services at their 1997 levels.<sup>21</sup>

### **2.3.3 AIDS attacking African Schools**

The Namibian news item from Nigeria, reports that the Education authorities released the report on the 3<sup>rd</sup> of March 2003 which predicted that around 3 360 people, or 20 per cent of Namibia's total teaching staff of 18 000 countrywide, could be lost due to AIDS related illnesses in the next seven years. It also states that HIV/AIDS is also set to slow growth in the size of school-going age groups, with new entrants expected to decrease by 14 per cent in 2010. The report calls for a rapid roll out of the anti-retroviral drug programmes to prolong lives of the infected and

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<sup>21</sup> UNAIDS Report, on the global HIV/AIDS epidemic, July 2002. (Internet)

for the introduction of HIV prevention skills programmes for educators and trainers.<sup>22</sup>

According to 'BMJ', Vol. 323, in the eight African countries where at least 15% of today's adult are infected, conservative analysis shows that AIDS will claim the lives of around a third of today's 15 year olds. Sixteen African countries south of the Sahara have more than one-tenth of the adult population aged 15–49 infected with HIV. In seven countries, all in the southern cone of the continent, at least one adult in five is living with the virus.<sup>23</sup>

## 2.4 HIV/AIDS IN SOUTHERN AFRICAN COUNTRIES

### 2.4.1 The case of Namibia

The Namibian newspaper dated 18/03/03 reported that a Namibian Member of Parliament, Johannes Gaseb said that Namibia could be "empty" in a decade if Government fails to take drastic steps to reduce the number of people dying from the HIV/AIDS pandemic more especially children who are still at school. He further said that the fight against HIV/AIDS is not an easy thing. The figures released by five of Namibia's biggest municipalities, regarding the effect of this pandemic will have on their activities by 2020, were nothing less than terrifying, said Gaseb.<sup>24</sup>

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<sup>22</sup> News Item from 'The Namibian' Nigeria, 28/08/03

<sup>23</sup> 'Not enough condoms are supplied to African men' 'BMJ' Volume 323, 21 July 2001

<sup>24</sup> News Item from "The Namibian" Nigeria, 28/08/03

#### 2.4.1.2 HIV/AIDS on Namibian Education Sector

According to the study conducted in the Namibian region, it has been revealed that there are a number of mechanisms, by which HIV/AIDS affects the education sector. They conclude that no level of the educational system, from the ministerial down to the village level, will remain unscathed. On the face of it, there will be a decline in school enrolment due to smaller learner populations, as the birth rate slows down. Furthermore there will be lesser enrolment in high schools and in academic sectors because of the early death of the learners. There will also be fewer teachers as well as education administrators as studies from the Southern African region show that, for reasons not entirely clear, educators suffer higher HIV prevalence rates than the general population.<sup>25</sup>

The epidemic is likely to fundamentally impact not only on numbers of educators and students, but also on motivation and capacity of teachers and learners alike. As a consequence, the whole learning environment and the quality of education are likely to suffer. Challenges facing Namibia's education sector in the context of HIV/AIDS could be described as follows:

The supply of teachers may be diminished due to mortality, productivity of teachers is likely to decline due to frequent absenteeism because of illness, care of ill family members or attendance of funerals. Learner and teacher ratios are likely to worsen.

Educational budgets will be adversely affected through 'double payment' of off-duty sick teachers and their replacements, training of additional teachers, reduced availability of family resources as well as reduced public funds to the system with AIDS related allocations to the health sector.

Learners will drop out, or attend school infrequently, in order to nurse parents or to engage in income-generating or agricultural activities

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<sup>25</sup> Ibid

replacing deceased family members. Less learners will be able to afford education. School enrolment of orphans might be disproportionately low. Namibian studies report that while HIV/AIDS thus appears to threaten the very fabric of education, schools are on the other hand a prime site for containment of the disaster. Education is undoubtedly a unique tool for increasing HIV/AIDS awareness, and the most logical ground on which to counter the spread of the disease.<sup>26</sup>

#### 2.4.2 The case of Malawi

In Malawi, same as nationwide, the group that is most attacked by HIV/AIDS is in the age of fifteen to twenty-nine. According to Kalua (1966) this high prevalence of AIDS cases among youths has been attributed to their disregard for practices that promote safe sexual life. It is claimed that if the youths returned to traditional cultural sex practices, the spread of HIV/AIDS among them would decrease. The public, the media, and government authorities have accused Malawian youths of being too liberal with their sex and sexuality which, in turn, has led to premarital sex which has, in turn led to teenage pregnancies and sexually transmitted diseases.<sup>27</sup>

In Africa, a continent devastated by HIV/AIDS, Malawi is one of the countries worst affected. Every day an average of 267 people in the country are infected with HIV and 139 people die from AIDS-related diseases. More than 300,000 people are estimated to have died of AIDS-related illnesses since the first case in Malawi was reported in 1985. Today around 9 per cent of the 10.6 million population is believed to be infected with HIV. Malawi's Ministry of Education, Sports and Culture and the Malawi Institute of Education, with UNICEF support, have developed a

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<sup>26</sup> The Namibian – 18/03/03 Internet (2003)

<sup>27</sup> AIDS and Development in Africa, A Social Science Perspective, Kempe Ronald Hope Sr. pg 173. 1999

life skills curriculum that is being piloted in 24 primary schools reaching 2,400 students, evenly divided between boys and girls. In classrooms, children as young as eight make learning decision-making skills to help reduce their vulnerability, negotiate healthy gender relations and take control of their lives. Within the national strategy to stop the epidemic, the plan is to expand this life skills programme to all schools in Malawi.<sup>28</sup>

#### 2.4.3 The case of Swaziland

According to Phumelele Thwala, Swaziland's judicial system has failed to take appropriate measures to protect the rights of women and children. The HIV/AIDS pandemic has struck, yet the courts have not shown any cognizance of it when dealing with sexual abuse cases, for example. Another problem with sentencing offenders is suspended sentences. At times the Swazi courts give suspended sentences in rape and other sexual abuse cases.<sup>29</sup>

According to Zwane, another individual was convicted of the double rape of two girls, ages six and sixteen. He was sentenced to nine years in prison. This sentence was too short by any reasonable standards, especially when one considers the ages of the victims and very real possibility that the accused could be living with AIDS. The Swaziland criminal Procedure and Evidence (Amendment) Act, no. 6 of 1986, allows a minimum of nine years in rape cases where there are aggravating circumstances. Zwane argued why the court in this case imposed a much longer sentence instead of the bare minimum?<sup>30</sup>

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<sup>28</sup> UNICEF – The State of the World's Children, Education and HIV/AIDS in Malawi, Internet, pg 1 of 2

<sup>29</sup> Kempe Ronald , 1999. AIDS and Development in Africa, Sexual Abuse, HIV/AIDS, and the Legal Rights of Women in Swaziland. Pg.72

<sup>30</sup> Ibid

It is important to note that the application of the cautionary rule in sexual cases is not based on any rule of law, it is a creation of practice. There is no law justifying the existence of the cautionary rule. In fact, there is evidence that in observing the cautionary rule the courts are going against the law. The Criminal Procedure and Evidence Act, no. 67 of 1938 of Swaziland, makes provision for the conviction of an accused person on the "single evidence of any credible and competent witness." This act makes an exception for perjury and treason, but not rape.<sup>31</sup>

Research on in-and out-school youth has shown that there is a large proportion of youth who are out of school today in Swaziland due to the socio-economic and cultural dynamics existing in the country. Being in school is a protection against HIV infection. This needs to be considered in designing programmes. There is a need for the establishment of coherent peer education institutions in Swaziland. With the assistance of civil society organizations and the Swaziland government youth has to be exposed to campaigns that specifically deal with substance abuse and alcohol.<sup>32</sup>

#### 2.4.4 The case of Botswana

Botswana is a country of close to 1.6 million people, 290-000 i.e. 18% were infected with HIV as at year-end 1999. Of these, just over half 150-000 were women ages 15-49. Over 40 percent of pregnant women were HIV-positive. There were 54, 943 living children who had been orphaned by the disease, and another 10 000 children infected by HIV.<sup>33</sup>

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<sup>31</sup> Ibid

<sup>32</sup> Final report prepared by Alan Whiteside with Alison Hickey, Nkosinathi Ngcobo & Jane Tomlinson, National Emergency Response Committee on HIV/AIDS (NERCH) pg. 49-50

<sup>33</sup> Education And HIV/AIDS: A Window of Hope. The World Bank group. pg 2 of 10 (Internet)



The Government of Botswana revised the National Policy on Education and made a commitment to integrate HIV/AIDS in the curriculum and that HIV/AIDS education must be made compulsory at all levels of education. The Ministry of Education developed a policy on HIV/AIDS education to provide guidance to curriculum developers, school heads, teachers and other ministry personnel. HIV/AIDS education is integrated across all subjects in the school curriculum and in the Guidance and Counselling Programme in order to capture the social, cultural and economic aspects of the disease. In 1994, AIDS education materials from other countries such as Uganda, Malawi and Zimbabwe were collected in order to learn from the experiences of other countries and to start the process of developing HIV/AIDS education materials to be used in teaching about the diseases in schools. The idea was to adapt the collected materials to the specific needs of Botswana and to adapt the content of the materials to different levels and age groups of students.<sup>34</sup>

The Guidance and Counselling Programme of the Ministry of Education provides in-service training to teachers and educational support staff. Such training covers knowledge about the disease and attempts to equip teachers with special skills to help students who are affected by the disease in one way or another.<sup>35</sup>

#### 2.4.5 The case of Lesotho

Lesotho's small size and mountainous territory have not protected it from the HIV/AIDS pandemic. Being surrounded by South Africa which has a very high HIV infection rate has left it vulnerable. In fact, humanitarian

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<sup>34</sup> SADC Human Resource Development Sector January 2002, Action Programme on HIV/AIDS

<sup>35</sup> Education and Training in the Southern African Development Community.

workers say they believe the HIV prevalence rate is much higher than estimates from UNAIDS, the United Nations AIDS agency.<sup>36</sup>

Rural – urban migration within Lesotho such as for the garment industry and migration to workplaces including the mines in South Africa have resulted in the emergence of oscillatory migration patterns where workers move between urban workplaces and rural homes on a weekly, monthly or annual basis. This has proven to be a major factor in the spread of HIV and other STI's.<sup>37</sup> Dependence on migrant wage labour also results in patterns of multiple sexual partnerships and family support structures that are more vulnerable to the economic effects of HIV/AIDS.

## 2.5 HIV/AIDS in South Africa

The first case of AIDS in South Africa was reported in 1982 in a white homosexual who contracted the virus while in California. Now in 2003 there is a good evidence that well over 3 million people in South Africa have HIV right now. The disease affects men and women of all ages, occupations and races living in all provinces. If the current rate of infection does not slow down, by the year 2010 one in every four people in the country will have HIV. In ten years the disease will have made orphans of three-quarters of a million South African children.<sup>38</sup>

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<sup>36</sup> Voice of America: AIDS in Lesotho, 2003 (Internet)

<sup>37</sup> Ibid

<sup>38</sup> The HIV/AIDS Emergency, Department of Education, Guidelines for Educators (Internet) 2003

According to Health Minister Manto Tshabalala-Msimang, the South African government's legal battles against the HIV-Aids lobby group, Treatment Action Campaign (TAC), last year cost R2.88 million. She said in written reply to a parliamentary question from Kobus Gous of the New National Party (NNP) that her department had carried the costs of the lawsuit up to December 2002.<sup>39</sup>

The newspaper further reports that the Constitutional Court in July last year denied the government leave to appeal against a Pretoria High Court order forcing it to provide antiretrovirals to HIV – positive pregnant women and their babies in state hospitals. According to the report, the TAC first approached the high court regarding the state's Aids policy in August 2002.<sup>40</sup>

According to the Sunday Times report released on the 7<sup>th</sup> of March 2003, Health Minister Manto Tshabalala-Msimang disclosed that HIV/AIDS has become the leading cause of death among pregnant women, surpassing high blood pressure complications. She also stated that there is a report called Saving Mothers 1999–2001, that was commissioned by the health ministry four years ago because of growing concern about rising maternal deaths. According to her that report states that close to 3 000 maternal deaths were recorded between 1999 and 2001 and this puts the maternal mortality ratio at 150 per 100 000 live births. She said although these figures compare well with the rest of Africa, where the ratio is 1 000 deaths per 100 000 live births, South Africa lags far behind Europe, which has a maternal mortality ratio of 36 deaths per 100 000 live births. Tshabalala-Msimang said the government will extend its

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<sup>39</sup> News item from 'The Daily Dispatch', South Africa, 13/03/03

<sup>40</sup> Ibid

<sup>41</sup> Ibid

voluntary counseling and HIV – testing to help infected pregnant women.<sup>41</sup>

Among the world's countries hardest hit by HIV/AIDS are South Africa, Botswana, Namibia, Lesotho and Swaziland. In Botswana and Swaziland, at least one in four people of ages 15–49 are living with HIV/AIDS, most of them undiagnosed. In Botswana, close to 36% of all adults are infected with HIV/AIDS, life expectancy has dropped from 61 seven years ago to 39 today, and by the year 2010, the figure is projected to fall below 29. Without HIV/AIDS, it would have been over 66. In Namibia, life expectancy in 2010 is projected at under 33, compared with over 70 were it not for the pandemic; in South Africa, 36 and 68; and Swaziland, 33 and 63. The economic implications of this crisis are staggering. In South Africa alone, HIV/AIDS is expected to cost the country 1 percent of its gross domestic product by 2005, and consumes three quarters of the nation's health budget.<sup>42</sup>

### **2.5.1 Programming for HIV prevention in South African Schools**

As national education programmes incorporate HIV prevention into school curricula, policymakers and educators need to know what they can expect from these initiatives. The Medical Research Council of South Africa in conjunction with the Horizons Program studied the Life Skills Grade 9 Curriculum.

This is a school based – HIV/AIDS initiative that was introduced in the Pietermaritzburg region of KwaZulu Natal Province in 2001. The aim of the Horizon Programme was to ascertain whether such courses influence the behaviour of students as well as their knowledge and attitudes. If not, what can these courses be reasonably expected to accomplish, and what part can they play in overall HIV programming for youth?

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<sup>42</sup> Secure the Future: AIDS in Africa – UNAIDS. (Internet)

The Life Skills Grade 9 curriculum is a 16 hour programme taught at least once a week over two school terms as part of the subject, Life Orientation. The national and provincial South African departments of education, health, and social welfare collaborated on the curriculum design, teacher training, and course introduction.

Horizons assessed the life skills programme in KwaZulu Natal using both a population based survey and an evaluation of the course curriculum. This report focuses on the impact of the curriculum that was being introduced to ninth grade students. Data was collected from students in grade 9 in the Pietermaritzburg region of KwaZulu Natal Province. Twenty-two schools participated: 11 of the schools in which the course was first introduced served as intervention schools, and 11 where the course had not been taught served as control schools.

Following is the key findings of the Horizon study based on the HIV prevention in South African schools.:

- ✓ The programme did not increase sexual activity as it is mostly thought that if students are taught about sex, that will increase the desire to experience it.
- ✓ Students had high levels of knowledge, and the programme improved these levels further.
- ✓ Approval of teenage abstinence increased within the intervention group, particularly among male students.
- ✓ More male students in the intervention group reduced their number of sexual partners.
- ✓ Most students did not support sexual coercion at baseline, and there was little change after the course.
- ✓ Students would like the course to better address peer pressure and practical communication skills.
- ✓ Teacher enjoyed teaching life skills yet tended to focus on factual information.<sup>43</sup>

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<sup>43</sup> Reddy, P. et al. 2003 "Programming for HIV Prevention in South African Schools, Horizons Research Summary. Washington, D.C.: Population Council

The Life Skills School Curriculum had a positive impact on students' knowledge of HIV/AIDS, attitudes about abstinence, and intention to use condoms. All schools in South Africa now teach this curriculum to students in grade 9. In May 2003, the researchers discussed the issues at a symposium in the Valley of Thousands Hills, Durban. The findings are currently being used by the Department of Education of KwaZulu Natal to refine the programme.

### 2.5.2 Discrimination on school AIDS-Education campaign

The positive sign of change on government policy were dismissed in 1991 when the Department of National Health and Population Development (DNHPD) proclaimed that the promotion of condoms would encourage promiscuity. AIDS education was deemed to be the domain of the ten AIDS Training, Information and Counselling Centres (ATICCs) which were established at this time. Not one of these centers was located in black areas, and AIDS education for the majority of the people meant the notorious 'yellow hand campaign' which further discredited any efforts on the part of government.<sup>44</sup>

Posters produced were culturally illiterate, featuring white characters with the faces coloured in, and only rarely in the appropriate language. Pamphlets educating about AIDS prevention were printed in English and Afrikaans only. Taxis in Soweto, driven by men 'trained in AIDS prevention' carried government stickers with the message 'you cannot get AIDS from swimming pools'. Commentators continually pointed to the covert, but not hidden agendas within education efforts.<sup>45</sup>

According to Webb the National Media Campaign directed at black audiences was different from that designed for white audiences.

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<sup>44</sup> Douglas Webb (1997)

<sup>45</sup> Ibid

Programmes designed for black audiences emphasized the debilitation and death arising from AIDS in a drastic way. For whites in contrast, the campaign was soft, with an emphasis on long-term love that should override short sighted unsafe sexual practices.<sup>46</sup>

Webb (1997) maintains that until 1993, sex education incorporating AIDS was put in a “life Skills context”. According to him unfortunately, this use of metaphor and abstract rhetoric in education programmes, rather than clear, lucid language, rendered the programmes useless, especially when the target audience comprised schoolchildren. In the Cape area, efforts by Medical Research Council (MRC) at AIDS education in schools through its ‘Roxy’ magazine were well received by the children but rejected by many teachers, claiming it to be too explicit, despite its adherence to World Health Organisation (WHO) guidelines.<sup>47</sup>

## 2.6 HIV/AIDS in KwaZulu Natal

According to the Statement on Global Fund and KwaZulu Natal (KZN), one in 4 people in KZN live with HIV/AIDS. It states that KZN is the worst-affected province in South Africa and one of the worst in the world. Already there is immense suffering and death especially among poor people, and the public health system in the province is struggling to cope with the burden of this disease. If nothing is done, the situation will become much worse.<sup>48</sup>

The KwaZulu Natal cabinet has approved the establishment of an HIV/AIDS council to oversee the implementation of an action plan to fight the pandemic which has affected more than one million people in the province, said the former health MEC Zweli Mkhize. He further argued that KwaZulu Natal has the highest HIV/AIDS infection rate in the country

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<sup>47</sup> Ibid

<sup>48</sup> SADC Human Resources Development Sector, January 2002, Action Programme on HIV/AIDS in Education and Training in the Southern African Development Community.

and according to him, 1,1 million people in the province are HIV-positive. The council is led by the former KwaZulu Natal premier Lionel Mtshali, the 10 provincial MEC's and 36 members from different sectors of the community including health, religious and non-governmental organizations

Mkhize said the council will assist the provincial government in fighting the disease by initiating, strengthening and co-ordinating multi-sectoral action at all levels. The council meets every three months and reviews strategies and the plan's progress.<sup>49</sup>

It is acknowledged that in KwaZulu Natal education and training is the cornerstone for achieving lasting and sustainable development. It is the sector that provides the skills and builds the necessary human capital vital for economic and social development. The HIV/AIDS epidemic affects human people of all ages, however, it is more prevalent among the young population between the ages 15–29 years, the group that is school going, trainable and productive.

This vulnerable section of the population is unfortunately the group on which lies the development of our economies. The HIV/AIDS epidemic is eroding this human capital and will continue to do so well into the coming decades if no aggressive and effective measures are engaged to counter it. The South African government has developed the HIV/AIDS Life Skills programme, in all KZN schools, to try to fight against this disease.<sup>50</sup>

### 2.6.1 Crucial steps towards alleviating the HIV/AIDS epidemic in KZN

These steps have been taken by the Enhancing Care Initiative KwaZulu-Natal (ECI KZN), in response to two years of research performed in the

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<sup>49</sup> Natal Witness, KZN Pietermaritzburg, 20/06/00

<sup>50</sup> SADC Human Resources Development. 2002



communities of KZN, brought forward a comprehensive proposal for prevention, care and support for people with HIV/AIDS in the province. It is a joint project by researchers from the Nelson Mandela Medical School of the University of Natal Durban, the KZN Department of Health, the Durban Chamber of Commerce, the National Association of People Living with AIDS (NAPWA) and many other organizations and institutions, both local and international. It includes a comprehensive range of prevention, care and support interventions for combating the HIV epidemic, including vertical transmission prevention of the virus, and highly active antiretroviral therapy. These crucial interventions will save lives and help prevent new infections.

During its initial stages, the stages, the ECI KZN project will offer antiretroviral therapy to a fraction of people with HIV who need treatment, but its most important value will be to establish an example of how such treatment can be carried out in South Africa and other developing countries, so that ultimately millions of people in need of life-saving medicine for HIV/AIDS will receive them. To facilitate this, part of the ECI KZN proposal is to assist other provinces and neighbouring countries to apply for funding from the Global fund in the next call for proposals that was due on the 27<sup>th</sup> September 2002.<sup>51</sup>

The antiretroviral projects established by the ECI KZN is a necessary part of the implementation of a treatment plan for HIV/AIDS and is a first step to secure the comprehensive provision of antiretrovirals in the province and country-wide. By the fifth year of the ECI KZN implementation, it is envisaged that most public health care facilities in the province will offer antiretroviral treatment via clinics treating Tuberculosis and vertical transmission prevention programmes. This is therefore a critical step in the effort to reverse the HIV/AIDS epidemic.<sup>52</sup>

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<sup>51</sup> Ibid

<sup>52</sup> Ibid

### 2.6.2 Global fund fighting AIDS, Tuberculosis and Malaria in KZN

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an unprecedented international effort to raise funds for developing countries to fight these diseases. The Global Fund has agreed to fund the ECI KZN approximately R700 million over five years.

Unfortunately, there is a dispute between the National Minister of Health, the Global Fund and the ECI over this funding. This is an unnecessary controversy that is damaging South Africa's reputation with the Global Fund and the international community. More importantly, it is causing a delay in the implementation of ECI KZN which will result in further unnecessary AIDS deaths and new HIV infections. The Global Fund organizations is deeply concerned and desire that a just end be brought to this controversy immediately.<sup>53</sup>

### 2.7 Government response on HIV/AIDS in South Africa

On all of the countries in the southern African region, the response of South Africa to the AIDS epidemic has been one most characterized by denial, ministerial wrangling, the misallocation of resources, and has been muted throughout by those forces either resisting or pushing for political transformation.

When the first deaths from AIDS in South Africa occurred in 1985, it was apparent that action of some form had to be taken.<sup>54</sup> What was not anticipated by NGO's was a systematic neglect of the HIV/AIDS epidemic and refusal to take responsible action for those at risk from infection. A neglect which was first reacted to by the gay community. The meager R1million spent in 1985 was squandered on an education campaign

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<sup>53</sup> Ibid

<sup>54</sup> Van Nitrik

depicting coffins in graves. The general perception seemed to be that the scene portrayed a victim of political violence.<sup>55</sup>

In 1967 there was the campaign called the disastrous 'baby for Botha' campaign, in which white families were requested to have one more baby than originally planned in an effort to dispel Malthusian fears in government ranks. Conversely, evidence from Namibia indicates that there was widespread of DepoProvera injections by health staff on black women, often without their knowledge or consent, as a 'population control' policy.<sup>56</sup>

The policing of the AIDS epidemic did not take long. The Conservative Party blatantly ignored the known facts about the disease to scaremonger the white population. Rightwing groups claimed that AIDS was synonymous with returning African National Congress (ANC) cadres trained in countries further north, particularly Zambia.<sup>57</sup>

Meanwhile the government 'handled' the situation in 1987 by proclaiming AIDS a communicable disease, thus condoning the official quarantining of those even suspected to be HIV-positive. This was never actually carried out but there was a legislation provided for it. The maintenance of the status quo was the government's first priority, ignoring the epidemic was the policy to that effect. The ANC initially skirted the issue, only having to face up to the problem when calls for the HIV testing of returning ANC exiles. People who were tested were people from exiles only especially Umkhonto weSizwe (MK) guerillas formerly residents in Angola, were headline news.<sup>58</sup>

The ANC objected to any testing of the estimated 40,000 returnees from Zambia, Uganda, Angola, and Tanzania, all areas of high laxness on any

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<sup>55</sup> Ibid

<sup>56</sup> Lindsay, HIV/AIDS in Africa, The Political Factor of AIDS, (1989) pg 67

<sup>57</sup> Zwi and Bachmeyer, 1999

<sup>58</sup> Crewe 1992, HIV/AIDS in Africa

sort of policy as being due to the 'relative unclarity about the disease' and because AIDS was related to the sexuality of people and was thus a taboo subject for political parties to address. Only this time did the ANC and the government have something to agree on.

The ANC started to realize that AIDS was going to be a feature of South Africa for the foreseeable future. The doomsday forecasting from some observers galvanized action in the form of the Maputo Conference, which heralded the start of any serious prevention efforts within South Africa.<sup>59</sup>

## 2.8 NATIONAL YOUTH CONFERENCE ON HIV/AIDS 2004

The Valley Trust in association with the EtheKwini Municipality, Department of Health, KZN Youth Commission and Provincial HIV/AIDS /action Unit brought the first ever National Youth Conference on HIV/AIDS. The purpose of this conference was to bring together youth from all walks of life and collectively come up with strategies to fight the struggle against this disease that is killing so many of our youth. In this conference held at the Valley of 1000 hills from the 13 – 16 of June 2004, 163 representatives of youth initiatives from 8 health districts and 6 provinces with diverse cultures and different perspectives and strategies on dealing with HIV/AIDS have noted the following in their discussion:

- ❖ Limited recreations facilities in our communities have made it difficult for young people to stay away from risky behaviours and for organizations and communities to successfully implement alternative programmes like sports, arts and culture;
- ❖ It will remain a great challenge to seek to transform the sexual and risky behaviours of young learners while educators, trainers and coaches themselves find it difficult to transform their own behaviours;

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<sup>59</sup> Stein and Zwi (1990)

- ❖ The age restriction in some popular programmes like the Love Life initiative have excluded many young people from participation;
- ❖ The gap that exists between parents, learners and educators have made it even more difficult for interventions to seek to positively impact on the lives of young people;
- ❖ Most youth interventions are school based, which leaves the out-of-school youth excluded in many interventions; and
- ❖ Good strategic intents and programmes still lack implementation in many schools.

They then call for and commit themselves to:

- ❖ Continue to motivate youth on positive lifestyle and positive sexuality;
- ❖ Promote more of abstinence based interventions than just condom usage for young people;
- ❖ Work tirelessly in their faith based youth formations to fight stigma and discrimination, promote abstinence and provide spiritual upliftment for the infected and affected;
- ❖ Respect indigenous medicinal knowledge and support the promotion of proven traditional medicines in dealing with HIV/AIDS;
- ❖ Put in place innovative ways of integrating HIV/AIDS programmes with sports and recreation, arts and culture. This calls on other role players, government and business to help provide more recreational facilities in our communities;
- ❖ Respect, love, care and support their peers and friends infected and affected by HIV/AIDS; and
- ❖ Ensure that there is a close working relationship between parents and teachers.<sup>60</sup> All above is recommended that all our youth and children be committed to it and also policy makers should consider it so that policies be effective in fighting the struggle against this disease that is killing so many of our youth.

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<sup>60</sup> National Youth Conference on HIV/AIDS. “Youth living positively with HIV/AIDS”, 13-16 June 2004.

## 2.9 SUMMARY

In all countries mentioned above it shows that HIV/AIDS has a negative impact on government as a collector and spender of revenue and as a service provider. HIV/AIDS Life Skills programme needs financial and human resources. Lessons learned in this review is that Government's first goal should be prevention. HIV/AIDS life skills programmes should focus more on prevention than cure. If prevention had worked, there would be no AIDS cases to deal with. There is still a lot more to be done by government as an awareness to all.

This literature reveals that the World Health Organisation (WHO) is responsible for international tracking and monitoring of human diseases. This means that the WHO was and is still responsible for the control of the spread of HIV/AIDS. But the WHO have failed to prevent the spread of HIV/AIDS as it was at the CDC that the first indications of the impending of AIDS pandemic became evident in the early 1980's.

Many African countries such as Malawi, Uganda, Namibia, Africa and Nigeria have spent millions and millions of rands trying to fight the spread of HIV/AIDS. This spending has attracted poverty in these countries. It has also attracted illiteracy as study reveals that educational budget is adversely being affected through 'double payment' of off duty sick teachers and their replacements as well as training of additional teachers. It also a lesson that HIV/AIDS did not attack human beings only, it has also affected our economy a great deal.

It is crucial that the learners, who at some stage of the programme should have a good understanding of HIV/AIDS, should want to help people with AIDS and their families. The project should be small, viable and determined in terms of the needs in a certain community. Local

clinics/ hospital/ hospice should be consulted so that the learners can render a meaningful service.

Reviewing literature on history and background gave a researcher a better understanding of what needs to be added or removed so that HIV/AIDS life skills programme offered by Umbumbulu schools do not repeat what has been tried and failed in other countries.

## CHAPTER 3

### 3. THE CONSTITUTION AND LAW IN RELATION TO HIV/AIDS AT SCHOOLS

#### 3.1 Introduction

This chapter is important in this study because the study is about public health law, therefore this chapter is informing on health and law. It also informs people who are HIV positive and also those who are affected by HIV/AIDS about their human rights, discrimination, patient consent and confidentiality.

#### 3.2 Constitution

Constitution is defined by Collins Harper (1988) as, “the Constitution of a country is the system of laws which formally states people’s rights and duties”.<sup>61</sup>

The Constitution is the supreme law of the country, law or conduct inconsistent with it is invalid, and the obligations imposed by it must be fulfilled. The Minister of Education has fulfilled the obligation imposed by the RSA’s Constitution by introducing the national policy on HIV/AIDS for learners in public schools, and students and educators in further education and training institutions. This policy aims to protect the rights of individual learner, infected by and uninfected by HIV/AIDS. The Bill of Rights in the RSA Constitution of 1996 and the National Education Policy Act of 1996 states the following:

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<sup>61</sup> Collins Cobuild, Essential Dictionary, Helping learners with real English, Harper Collins Publisher, Birmingham (1988)



### 3.3 Constitution and the Bill of Rights in regard to HIV/AIDS in schools <sup>62</sup>

#### 3.3.1 Right to Education

According to section 29, subsection 1(a) of the RSA constitution Act 108 of 1996, every one has the right to a basic education. Although there are no known cases of the transmission of HIV in schools or institutions, there are learners with HIV/AIDS in schools. More and more children who acquire HIV prenatally will, with adequate medical care, reach school-going age and attend school. Consequently a large proportion of the learner and student population and educators are at risk of contracting HIV/AIDS but still no learner or student may be denied admission to or continued attendance at school or an institution on account of his or her status or perceived HIV/AIDS.

No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV/AIDS status or perceived status. Status may not be a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract or to treat him or her in any unfair discrimination manner

#### 3.3.2 Children's Right

According to section 28, subsection 1 (b) of the RSA constitution Act 108 of 1996 every child has the right to family care or parental care, or to appropriate alternative care when removed from the family environment. Schools and institutions have an obligation to take care of children in a way that if a suitably qualified person ascertains that a learner, student poses a medically recognized significant health risk to others, appropriate measures should be taken. A medically recognized significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious diseases, uncontrollable bleeding,

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<sup>62</sup> National Education Policy Act No. 27 of 1996

and unmanageable wounds which may create the risk of HIV transmission.

Situation like this is problematic to uninfected learners, therefore, schools and institutions should inform parents of vaccination or inoculations programmes and of their possible significance for the wellbeing of learners and students with HIV/AIDS. Also local health clinics could be approached to assist with immunization.

### 3.3.2.1 Childrens' Right to Care

It is a child's right to be taken care of by parent or a guardian whether the child is HIV positive or not. According to Forsyth (1995) approximately 80 percent of women with HIV are of childbearing age, 75 percent have children, 50 percent have more than one child, and most are single parents. Due to their own health or the health of their children they will at some time need assistance with child care.<sup>63</sup>

The child-care assistance that a single woman with HIV may need includes the following:

- Short-term respite from the daily rigors of child care,
- Full-time, temporary care, in or out of the family home, when she is too ill to provide daily care, and
- Permanent care if she cannot or will not provide full-time child care of if she predeceases her child.

To execute the child-care assistance women whom are infected by the HIV virus whilst they have responsibility to take care of their children need to apply the legal planning options as follows.

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<sup>63</sup> Forsyth, Brian W.C., "A Pandemic Out of Control: The Epidemiology of AIDS" in Geballe (New Haven: Yale University Press, 1995)

❖ **Power of Attorney**

According to Theodore J, (1998) a woman may execute a power of attorney designating another to act on her behalf or on behalf of her child. A “durable power of attorney” is a special form of power of attorney where the conferred authority begins when the person executing the document becomes incompetent.<sup>64</sup>

❖ **Guardianship by Appointment in a Will**

A parent may, in her will, designate another to become guardian of her child, but a court need not honor her wishes. A judge who concludes that placement with the person designated by the mother is not in the child’s best interest is free to place the child elsewhere. The peace of mind that a single parent may derive from use of her will to designate her child’s guardian will depend on several factors. If the person chosen is unrelated, she or he is considered a “legal stranger” to the child. If a related adult disputes the mother’s will, the mother’s designee may not be able to contest the claims made by the suitable related adult.<sup>65</sup>

❖ **Relative foster parent**

A relative who chooses to become a licensed foster parent may be eligible for a higher rate of reimbursement than a non licensed relative. Being licensed as a foster parent, receipt of the higher rate requires that the child be eligible for federal support of her foster care placement. Eligible children are those:

- (a) who would have been eligible for financial assistance,
- (b) who were removed from their parent of custodian pursuant to a judicial determination that removal was necessary to protect the child,
- (c) who are placed in the legal custody of the state, and

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<sup>64</sup> The Social Welfare of Women and Children with HIV/AIDS, Legal Protections, Policy and Programms, Theodore J. Stein (1998) New York, Oxford University Press

<sup>65</sup> Ibid

(d) who are placed in a licensed home.

If the child is not eligible for federal support of her foster care placement, the cost of maintaining her in foster care is borne entirely by the state, which need not pay relatives the same rate as non related foster parent.<sup>66</sup>

#### ❖ Grandparents

Grandparents have become key care givers for their grandchildren for a number of reasons including the rising incidence of HIV and AIDS.<sup>67</sup>

### 3.3.2.2 The Adoption Assistance and Child Welfare Act

The Adoption Assistance and Child Welfare Act (AACWA) was signed into law in 1980. The objectives of the AACWA are to prevent the removal of children from their own homes and to facilitate the placement of children who enter substitute care in permanent family homes. Either by reuniting them with their families of origin or through placement in adoptive homes. Federal funds are available to the states to develop and implement programmes to achieve the objective of the AACWA<sup>68</sup> and the programmes are as following:

#### ❖ Child Welfare Services

As the health of an HIV-infected mother deteriorates, her ability to maintain her child at home may depend upon her capacity to obtain services from a child welfare agency, especially if she does not have family who can help her with child care. A visiting

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<sup>66</sup> King v. McMahon, 186 Cal.App.3d 648 (Cal.App. 1 Dist., 1986) Lipscomb v. Simmons, 962 F.2d 1374 (9<sup>th</sup> Cir., 1992)

<sup>67</sup> Senator Mark Hatfield, "Grandparents Back in the Parenting Business," 139 Cong. Rec. S16534-01 (1993)

<sup>68</sup> 42 U.S.C.S. §620 et seq. (Law. Cop-Op. 1995)

nurses, homemakers and part-time child-care services may be of assistance to offer welfare services.<sup>69</sup>

❖ **Entitlement programme**

States that participate in the Transitional Assistance to Needy Families programme (TANF) must certify that they will operate a foster care and adoption assistance programme and that the child will be eligible for the medical coverage under the Medicaid Programme. Once a child is placed in a foster care the state assumes responsibility for the child's physical safety, medical needs and future planning.<sup>70</sup>

### 3.3.2.3 Child Abuse Prevention and Treatment Act

In 1974, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA).<sup>71</sup> Federal assistance for dealing with child abuse is available to states that have enacted legislation which provides for the following:

- (a) for accepting and investigating reports of known or suspected child abuse,
- (b) for protecting children if abuse or neglect is found,
- (c) for maintaining the confidentiality of records concerning child abuse and neglect,
- (d) for appointing a *guardian ad litem* to represent the child in any court proceedings,
- (e) for educating the public about child abuse and neglect, and
- (f) for immunizing from suit persons who report in good faith.

### 3.3.2.4 Medical Decision Making for Children in Foster Care

McKinney (1995) argued that a biological parent have a right to the care, custody, and control of their children. This right is fundamental, with its

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<sup>69</sup> Ibid

<sup>70</sup> Ibid

<sup>71</sup> Ibid

roots in the Fourteenth Amendment to the United States Constitution.<sup>72</sup> If a child enters a foster care on a voluntary basis, the child's biological parent may retain legal custody with physical custody transferring to the state. In other situation, the juvenile or family court will transfer legal custody to a state authority. As legal custodian the state is obliged to provide medical care to a child and has a duty to make medical decisions but the state's decision-making power is generally circumscribed by state statute.

### 3.3.3 Right to equality

Section 9 (3) states that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds including disability. No learner, student or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected to have HIV/AIDS. Learners, students, educators and other staff with HIV/AIDS should be treated in a just, humane and life-affirming way.

To prevent discrimination, all learners, students and educators should be educated about fundamental human rights as contained in the Constitution of the Republic of South Africa, 1996.

### 3.3.4 Right to privacy

Section 14 (d) of the constitution states that everyone has the right to privacy, which includes the right not to have the privacy of their communication infringed. No learner or student (or parent on behalf of a learner or student), or educator is compelled to disclose his or her HIV/AIDS status to the school or institution or employer.

In cases where the medical condition diagnosed is the HIV/AIDS disease, the Regulations relating to communicable diseases and the notification of

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<sup>72</sup> Santosky v. Kramer, 455 U.S. 745 at 745 (1982)

notifiable medical conditions (Health Act, 1977) only require the person performing the diagnosis to inform the immediate family members and the persons giving care to the person and, in cases of HIV/AIDS – related death, the persons responsible for the preparation of the body of the deceased. Any person to whom any information about the medical condition of a learner, student or educator with HIV/AIDS has been divulged, must keep this information confidential.

### 3.3.5 Right to life

Section 11 states that everyone has a right to life.<sup>73</sup> The MEC should make provision for all schools and institutions to implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, effectively in the school environment. All schools and institutions should train learners, students, educators and staff in first aid, and have available and maintain at least two first-aid kits.

### 3.4 Procedures and remedies for discrimination and breach of individual rights at the workplace. (The case of education sector)

Below are the Acts that help protect and prevent learners and educators from being discriminated and their rights to be infringed at schools or institutions.<sup>74</sup>

- ❖ South African Schools Act, 1996 (Act No. 84 of 1996)
- ❖ The Further Education and Training Act, 1988 (Act No. 98 of 1998)
- ❖ The Employment and Educators Act, 1998 (Act No. 76 of 1988)
- ❖ Employment Rights Act No 94 of 1996

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<sup>73</sup> RSA Constitution Act No.108 of 1996

<sup>74</sup> I Manley and Prof. A Sherr, *Advising Clients with HIV and AIDS*, Butterworths (London Edinburgh & Dublin) 2000

### 3.4.1 The Right not to be unfairly dismissed

The qualifying period for the right not to be unfairly dismissed as in the Employment Rights Act is currently two years of employment but is expected to be reduced to one year. It would almost certainly be unfair to dismiss someone simply on the grounds that they are HIV positive except in a very limited number of occupations in the healthcare field. The other possibility is that there may be a dismissal because of long-term sickness. The usual tests of fairness in relation to getting independent medical reports and so on should be followed by employers.

For the above possibility, the appropriate first instance court will almost always be the employment Tribunal. In some public law cases, it may be that judicial review is appropriate but it would be fair indeed for that to be the case where individual rights have been infringed.

Advantages of the Employment Tribunal system:

Tribunals have substantial experience in the area of discrimination law. The normal costs rule does not apply and costs can only be awarded where the Employment Tribunal decides that a party has "in bringing or conducting the proceedings acted frivolously, vexatiously, abusively, disruptively or otherwise unreasonably."<sup>75</sup>

### 3.5 Remedies

An employee who has experienced discrimination should consider sending discrimination claims to the Employment Tribunal court. Then it will be on the court's discretion to consider whether it would be 'just equitable'<sup>76</sup> for the claim to proceed.

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<sup>75</sup> Employment (Constitution etc.) Regulations (1993).

<sup>76</sup> Various sections of the Employment Rights Act 1996 depending on the claim eg, s111 for unfair dismissal



In discrimination claims the questionnaire procedure can be used. This should be sent to the employer within 21 days of the application being lodged or it can be submitted before proceedings. Standard forms are available from the Equal Opportunities Commission, CRE and DARAS.

The respondent has 21 days to respond and the case is listed for hearing. While waiting for the respondent to respond the applicant (the educator in this case) should prepare the evidence or proof very well. Consideration should always be given at an early stage to witnesses and whether witness orders might be needed, to documents and discovery and what expert reports or witnesses might be required.

In all cases advisers should consider what form of remedy is being sought. It is useful to have an early view of what is likely to be achievable so that settlement negotiations can be constructive. Many clients with HIV and AIDS will be concerned about the publicity, the stress and uncertainty of litigation and any lengthy delays, so they may be particularly interested in settling their claim. Advisers should also consider any declaratory relief as that may be of value to others in similar situations.

### 3.6 Education and Training

Both the Sex Discrimination Act 1975 and the Race Relations Act 1976 make provision against discrimination in the field of education. This applies in public and private schools, colleges and universities. Generally it is unlawful to discriminate on the grounds of race or sex in admissions,

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<sup>77</sup> I Manley & Sherr A, *Advising Clients with HIV and AIDS*, 2000 pg 18

access to facilities, classes or courses or other forms of less favourable treatment.<sup>77</sup>

For a child with HIV or AIDS, the provisions contained in the Education Act 1993 in relation to pupils with special educational needs may be of some use. These provide for a statement to be prepared by the local education authority on the child's needs and can be challenged by the parents by way of appeal, if necessary.

The Disability Discrimination Act 1995 did insert a new clause into that Act to provide that schools report on the admission of disabled children and steps taken to prevent less favourable treatment and to assist access to disabled pupils.<sup>78</sup>

### **3.7 Children and Young people with HIV and AIDS – Consent to treatment**

Doctors treating children and young people with HIV/AIDS must ensure that they have obtained valid consent before carrying out treatment. Parents have the right to consent to treatment on behalf of their children until the age of 18. Young people between the ages of 16 and 18 have the right to consent to their surgical or medical treatment. Disputes may arise between parents and children about treatment issues.

Young people under the age of 16 may give valid consent to their own treatment if they have sufficient understanding and intelligence. For those who are too young, or do not meet these criteria, the consent of a

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<sup>78</sup> Race Relations Act 1976, Pt II and Sex Discrimination Act 1975

<sup>79</sup> Family Law Reform Act 1969, s 8.

person with parental responsibility or of the court must be obtained. In limited circumstances, the consent of an adult without parental responsibility will be valid. The Children Act provides that whilst a person may not surrender or transfer parental responsibility, some or all of the responsibility may be delegated to another person.<sup>79</sup>

In emergencies when treatment is needed when the learner is at school in this case, doctors may treat a child without consent where the best interests of the child demand the treatment, a doctor may safely carry out treatment in an emergency if the doctor believes the treatment to be vital to the survival or health of an infant or the impossibility of alerting the parent before the treatment is carried out. However, at the end the consent of a person with parental responsibility will be required.

### 3.8 Disputes between children and parents

Difficulties may arise where the learner who is competent in the sense that he/she disagrees with his/her parents about treatment.<sup>80</sup> Where the disputes cannot be resolved, parents or treating authority, may ask the court to adjudicate.

According to the Court of Appeal case of *Re W*<sup>81</sup>, it was held that where a child/learner in this case of any age who is competent to consent for treatment, the parent could not override that. The courts, however, could override the minor's consent to treatment and those with parental responsibility would need to apply to the court to ask for treatment to be withheld. Again the court held that the mother could not override any consent that might be given by the father of the child or the court.

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<sup>80</sup> Plomer, A 'Parental Consent and Children's Medical Treatment' (1996) Fam law 740

<sup>81</sup> *Re W (a minor) medical treatment: court jurisdiction* (1993) Fam 64, sub nom *Re W (a minor) consent to medical* (1993) 1 FLR, Lord Donaldson.

#### 4. SUMMARY

Educators need to be well trained and familiarize themselves with the systems available to provide care of children who are affected and infected by HIV/AIDS as they spend more time with the learners during the day. Educators can play a big role in advising parents whose children seek assistance or parents especially women who need guidance and counseling regarding HIV/AIDS by referring them to the child welfare systems. Also advise them on planning options that are available for people who will take care of their children in times when they cannot help themselves.

Learners are protected by government and the Department of Education, it is clear that no one has a right to invade the learners' privacy. They have all rights as all other human beings. History has demonstrated that human ingenuity is never short of finding solutions to human problems, if it is a problem to the educators to live with HIV/AIDS information should be sought of how to live with them and not to hurt them.

Doctors, lawyers and health workers must always be aware of their duty to treat information on clients in the strictest confidence. They can only discuss their case with a third party with the patient's consent. Names of clients should be used as little as possible in the office. Before embarking on litigation, they should consider the question of applying for anonymity orders or similar procedures to protect the client's confidentiality.

## CHAPTER 4

### 4. FINDINGS AND ANALYSIS OF THE STUDY

#### 4.1 INTRODUCTION

This chapter analyses data obtained on evaluating the HIV/AIDS Life Skills programme offered by Umbumbulu primary schools. There are graphs and charts as well as some notes discussing the results of the survey. Furthermore, the content of the programme has been analysed to match the outcome of the delivery with the content, this has helped the researcher to ascertain some topics that has been left out or found to be least valuable. Comparison of statistics has been used to analyse the data.

The Life Skills and HIV/AIDS Education – Primary schools programme has been found to be very useful in educating learners at primary schools about HIV/AIDS. This programme aims to:

- ✚ eradicate the spread of the disease amongst the learners,
- ✚ help those living with AIDS to cope up with life.
- ✚ educate learners of the primary schools of Umbumbulu on how to live with people with AIDS without discriminating against those people and for them to stay healthy before contracting the disease.

The department of Education in conjunction with the department of Health has contributed the greatest effort in trying to keep learners free from HIV/AIDS and also to help them to cope staying with those who are sick and dying of HIV/AIDS. The content of the programme is as follows:

Unit:	This is me (where am I going?)
Unit 2:	Coping with peer pressure: How to handle it
Unit 3:	Coping with peer pressure: saying “no”
Unit 4:	Dating: love versus infatuation: breaking up

- Unit 5: Growing up as whole person:
- Unit 6: Growing up as whole person
- Unit 7: Growing up as a whole person: conception, pregnancy and birth
- Unit 8 Rape and sexual assault
- Unit 9: Differences in illnesses
- Unit 10: Inside the body: the war
- Unit 11: Where is HIV lurking? HIV is hard to get
- Unit 12: The HIV virus – An action story
- Unit 13: Real time drama: telling others about HIV/AIDS
- Unit 14 Putting it into practice: making healthy choices
- Unit 15 “Letters to the editor”
- Unit 16: Caring for people with AIDS and their families
- Unit 17: Someone/something I love has died<sup>82</sup>

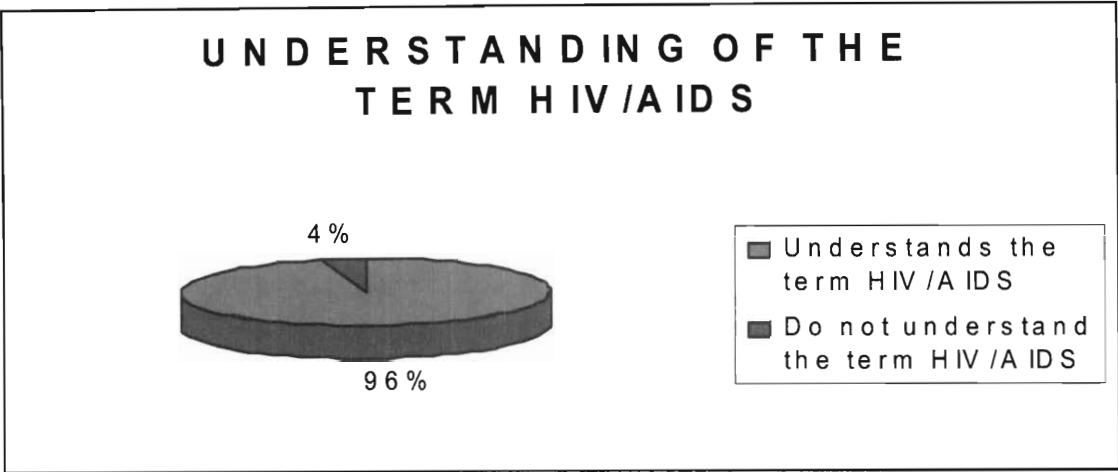
When looking at the detailed objectives of this study it is discovered that the Life Skills programme on HIV/AIDS being offered at Umbumbulu Primary schools, answers all the questions that are asked by this study and also what is aimed to be discovered. Questionnaires were sent to selected schools and below are the responses from the questions asked.

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<sup>82</sup> Dr Andri van der Merwe et.al (1999) Life Skills and HIV/AIDS Education: Primary School Programme, Grade 7

4.2 RESPONSE RATE FOR EDUCATORS OF UMBUMBULU SCHOOLS

4.2.1 UNDERSTANDING OF THE TERM HIV/AIDS



Majority of the respondents which is 96% understand the term or what does HIV/AIDS stand for as an acronym. These respondents further argued that the term has to do with something that attacks immune system. The respondents know what HIV/AIDS as an acronym stands for but they do not know how it turns from HIV to become Acquired Immuno Deficiency Syndrome (AIDS). Only 4% of the respondents stated clearly that they do not understand the term HIV/AIDS as terms involved are very complex and they are more towards health related field as defined by Douglas Webb, (1977) on page 5 of this study.

4.2.2 AVAILABILITY OF HIV/AIDS LIFE SKILLS PROGRAMME

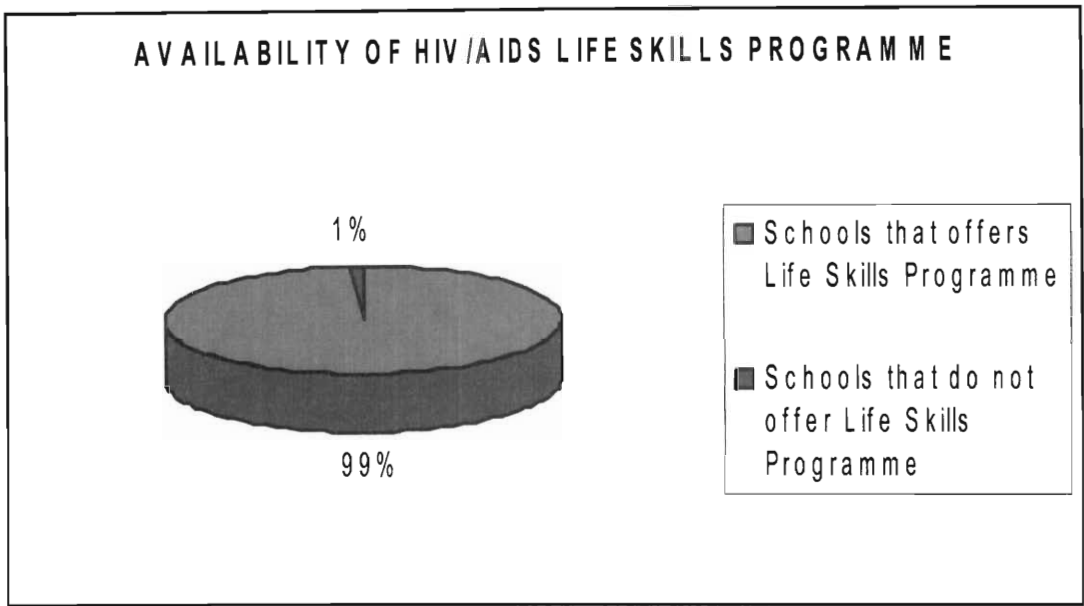


Figure No. 2.

99% of schools that were interviewed indicated that they do have HIV/AIDS Life Skills programme in school as part of the school curriculum. The Department of Education has made it compulsory for HIV/AIDS Life Skills programme to be included in each and every school curriculum. In supporting the programme the Department of Education has been conducting Life Skills workshops for re-training and to give support to educators who are teaching Life Skills in schools. When making a comparative analysis, this is similar to the case of Botswana where the Government of Botswana revised the National Policy on Education and made a commitment to integrate HIV/AIDS in the curriculum for all schools at all levels and also made provisions for re-training the educators.<sup>83</sup>

But these respondents indicated that they are worried about 1% of the schools they know that are not offering the HIV/AIDS as a subject. They

<sup>83</sup> Whiteside A, Ngcobo N & Tomlison J. National & Emergency Response Committee on HIV/AIDS (NERCH) (2003)



indicated that pupils from those schools indicated that teachers just discuss the issue during their free time and they do not consider it as a serious matter. Respondents also mentioned that they are worried about those children who are not schooling because they do not get a proper chance to be taught about HIV/AIDS.

4.2.3 CONTENT OF THE PROGRAMME FOR GRADE 1-3 COMPARED TO GRADE 7 PROGRAMME

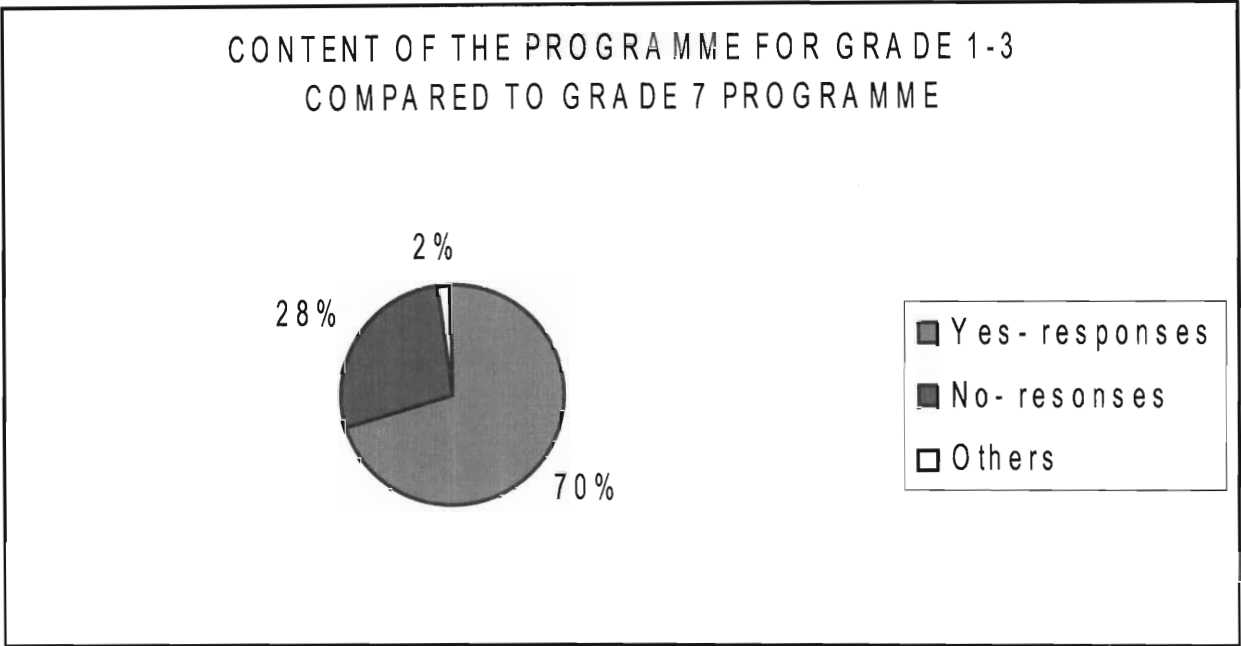


Figure No. 3

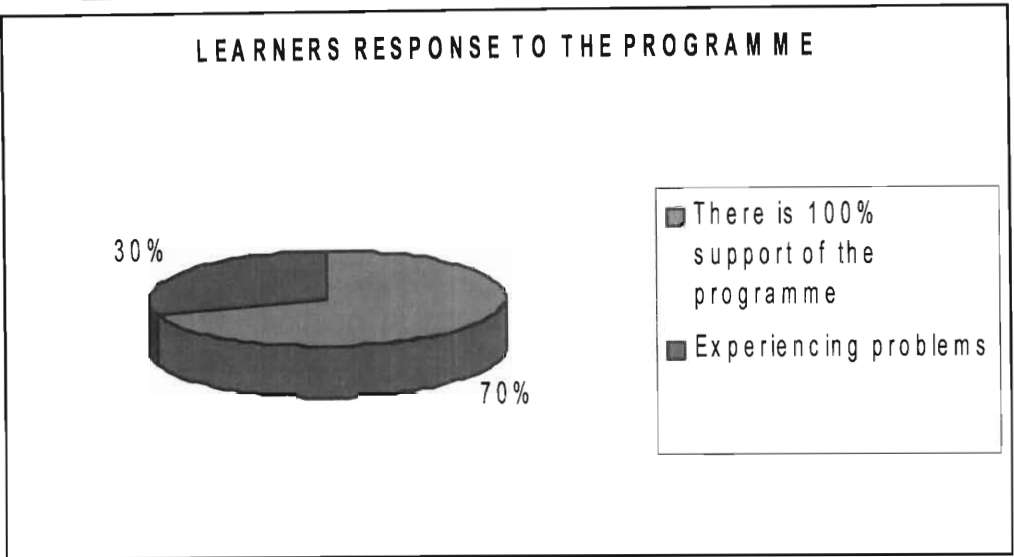
70% of educators said, they feel that the programme for grade 1–3 does not cover or is not that extensive to provide all the information that the learners need to know about HIV/AIDS. Educators feel that there is more that need to be covered, for example the terminology is not explained properly, as students end up memorizing the terms without fully understanding what they mean. Some educators feel that there is a need of terminology involved in the Life Skills programme to be clarified and explained to suit all learners’ needs. The content of the programme is not enough as it does not cover all that it is expected to cover. What is

mostly covered in the document is only female hormonal parts changes, but no details of how to get HIV/AIDS except in some books (story books) that are available in some primary schools.

28% of the respondents said although they feel that the content of the programme is good enough but they further stated that, there is a need of the programme to differ according to learner's needs. For example, in a foundation phase there is a need of dealing mostly with universal precautions than dealing mostly with hormonal changes as learners of these ages show no understanding and they become confused. In intermediate phase, senior phase and FET band there is a need to include all what is needed by learners from universal precautions, STD's, hormonal changed and so on.

Another 2% of educators said that the programme is good enough for the ages of the learner because if it goes beyond what it covers, it will cause confusion to the young learners and some of them might want to experience some of the issues.

**4.2.4 LEARNER'S RESPONSE TO THE PROGRAMME**

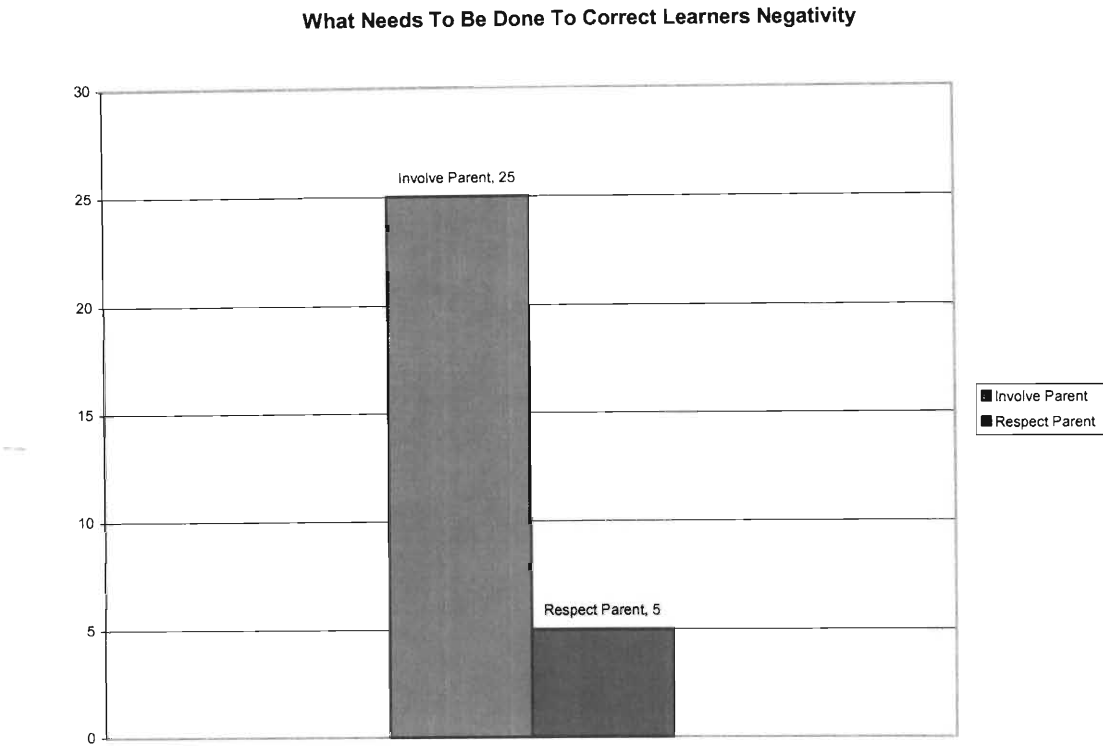


**Figure No. 4**

70% of the educators indicated that there is a 100% positive response to the programme and when it is time for the programme, learners stay awake and ask lot of questions showing interest in the programme. The remaining 30% of educators are of the opinion that they experience difficulties when teaching this program because some of the learners indicated that they were taught by their parents not to talk about sex because it is too early for them to know and to talk about it. Others say because of personal experiences they do not want to talk about HIV/AIDS.

Others do not take the programme seriously. For them the programme is funny and they get time to play and ask funny questions, especially boys. Girls compared to boys, feel shy and embarrassed to ask question related to sexual education. This is similar to the findings of the MRC of South Africa in conjunction with the Horizons Programme that was introduced in the Pietermaritzburg region in 2001. The Programme found that male students are more sexually involved the female student and they are

open to talk about sex issues than female students.<sup>84</sup> Only few girls are brave enough to ask questions while others see them as corrupt.



**Figure No. 5**

Out of 30% of the educators that receive negative response when teaching the programme, 25% are of the opinion that parents should be involved and be given lectures about the importance and the benefits of teaching them at an early stage about HIV/AIDS Life Skills programme. They also said awareness campaigns should be conducted and quote the words of the President Nelson Mandela that “we have to talk about sex with our children and by so doing we won’t destroy our culture instead we will be building future for our young ones”.<sup>85</sup> They said infact it is not about sex but it is

<sup>84</sup> Internet, [www.popcouncil.org/horizon](http://www.popcouncil.org/horizon) , December 2003

<sup>85</sup> Livebroadcast on SABC radio stations 23/03/03

about protecting themselves and their loved ones from being infected with HIV/AIDS disease.

The other 5% said that parents have a right to tell their children what they want and what they do not want especially when they are still young because it is the time that they listen and respect their parents. They say the parent's right must be respected. The 30% of educators who received negative response from the learners agreed that those learners who are negative towards the programme it is because of their personal experiences and they need counseling and coaching. They indicated that some of them even disclose the information that they need not disclose about their family, trying to express their feelings on how much they hate the issue of HIV/AIDS. (for an example "I hate HIV/AIDS because it killed my parents or sister or brother")

4.2.6 LEARNER'S COMMENTS ABOUT THE PROGRAMME

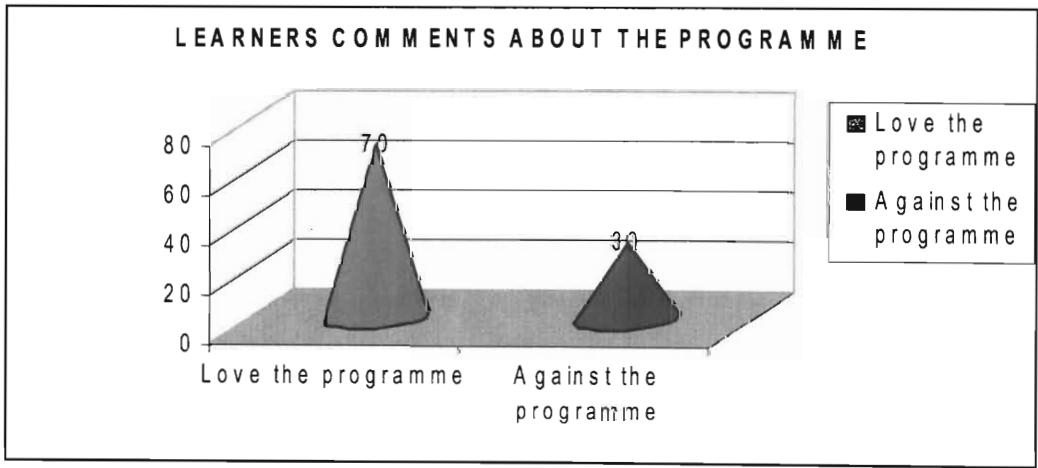


Figure No. 6

70% of educators indicated that most learners liked the program because it enlightens them about the killing disease. They also mentioned that it helps them to know about all the sexually transmitted diseases and how to protect themselves. The other 30% of educators said the pupils' comments are that they are still young

to be taught about sex and they do not want to break their parents' rules as they were told by their parents not to talk about sex.

4.2.7 STARTING STAGE OF TEACHING THE PROGRAMME

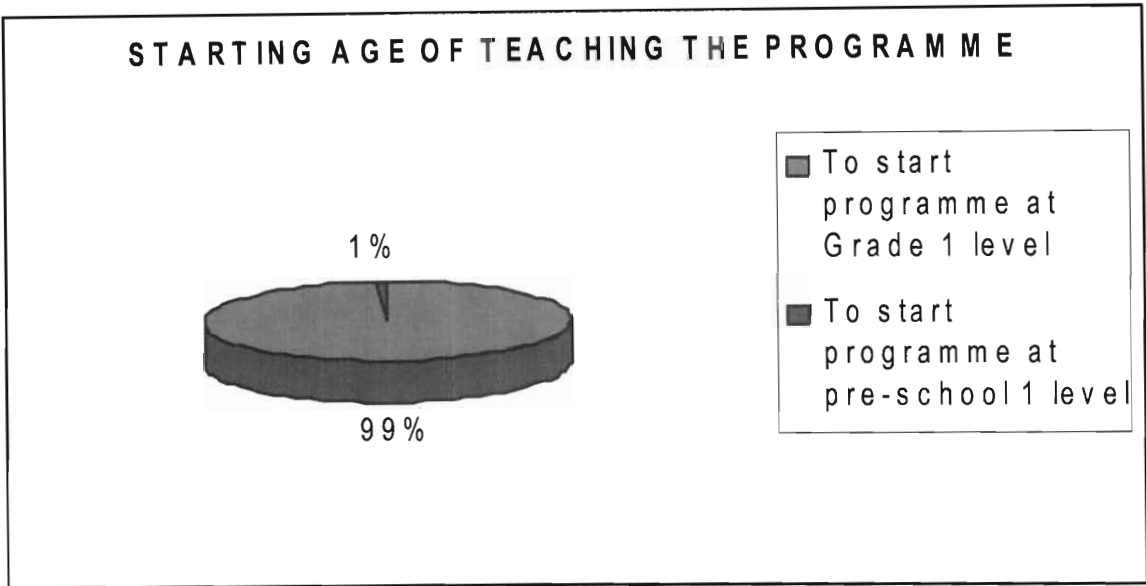


Figure No. 7

According to 99% of the educators this HIV/AIDS Life Skills programmes start as early as grade 1 up to grade 9 and they are examinable in this stage, but from grade 9 to grade 12 they not examinable. Only 1% of educators indicated that this programme should start at pre-school because children at pre-school are at risk of being raped and become infected with HIV/AIDS diseases. But what came out from that is that it is very difficult to teach those children who are still at pre-school because some of them even battle to construct a full sentence.

4.2.8 THE MERITS AND DEMERITS OF THE PROGRAMME

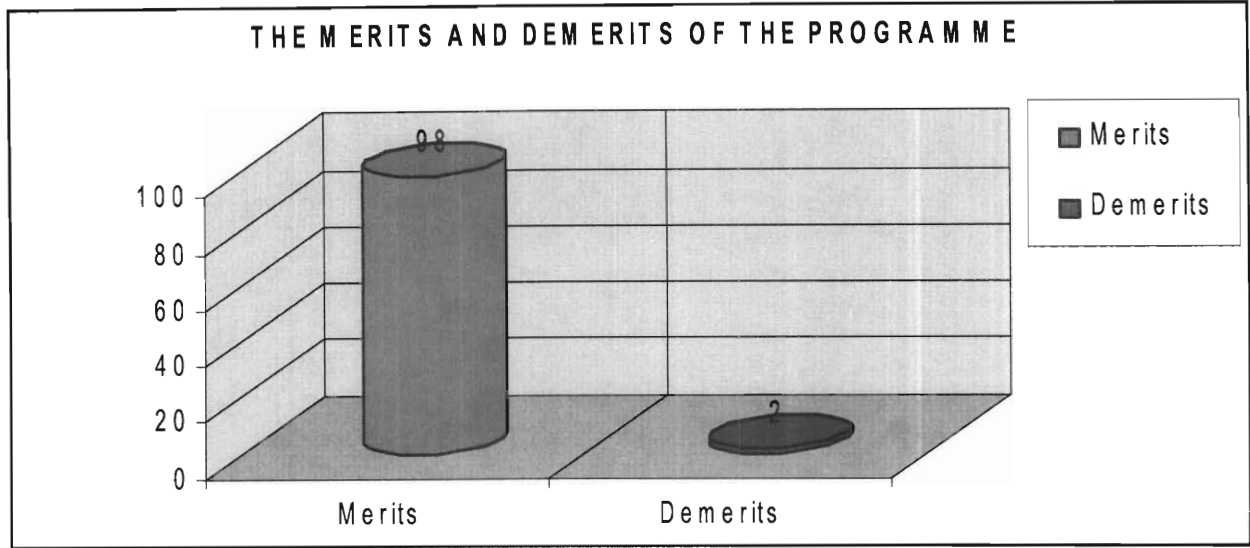


Figure No. 8

In response to the question about merits and demerit of the Life skills HIV/AIDS programme 98% respondents agreed that the programme informs learners about things that they never experienced and they tend to show interest in experiencing those things. These educators sees this programme as a most useful tool to learners because they gain more understanding and knowledge in schools when dealing with HIV/AIDS Life skills programmes as they become open to ask more questions from the educators.

They also said they gain understanding about other sexually transmitted diseases as well as how to protect themselves from the diseases. They also benefit by being taught to abstain from sex. They also learn the universal precautions.

They indicated that it could be difficult for parents to talk about these issues at home more especially most Africans do not talk about sex to the young ones. Only 2% of the educators that indicated that the demerits of the programme is that it teaches about sex and condoms and learners will think that it is good to have sex as long as they used condom.

4.2.9 A NEED FOR IMPROVEMENT OF HIV/AIDS LIFE SKILLS PROGRAMME FOR GRADE 1-3 PROGRAMME

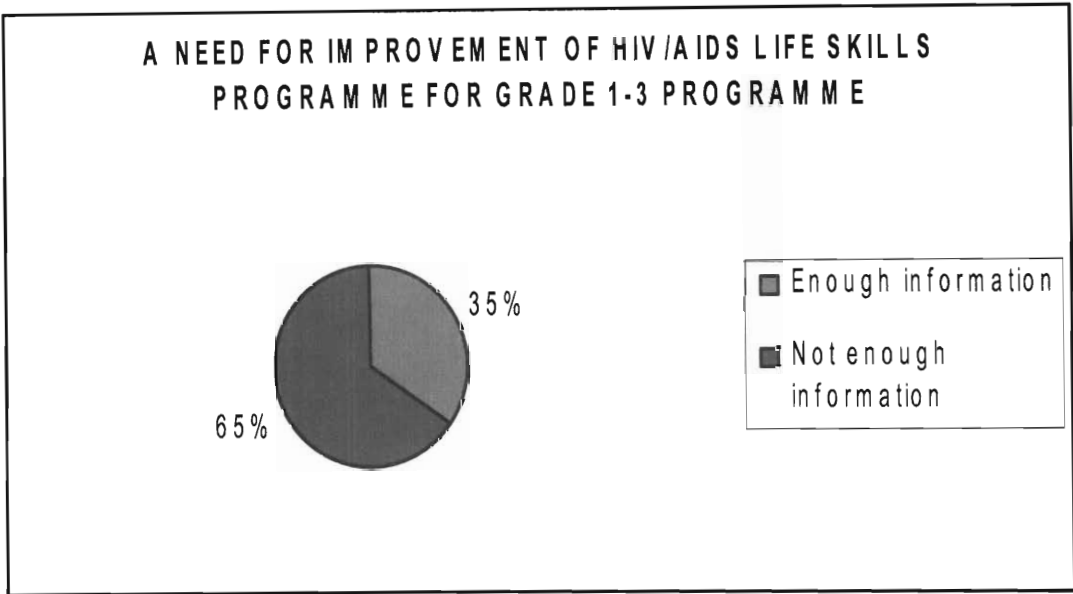


Figure No. 9

65% of the respondents feel the information given is not enough and is vague and does not give confidence in teaching the subject. They say there is a need for support workshops for educators as well as parents, especially in rural areas. Parents should be actively involved when teaching the programme so as to enforce the information at home. They said the department of education and the Department of Health should collaborate in delivering the



programme so as to make it effective to the learners, as rural schools experience problems of getting HIV/AIDS pamphlets.

4.2.10 PARTICIPATION OF OTHER STAKEHOLDERS IN DELIVERING THE PROGRAMME

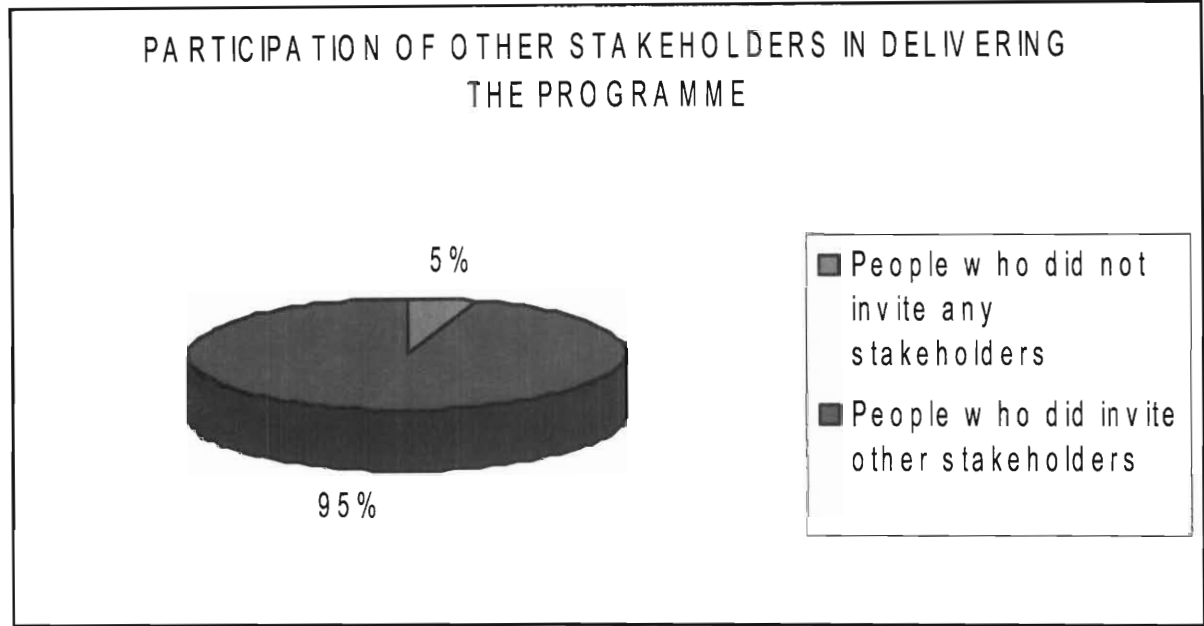


Figure No. 10

95% of educators indicated that they have invited religious people from different religions to come and preach in schools and to educate learners about benefit of abstaining. They also ask them to pray for those who are already infected of the disease and to love them and take care of them. 5% have not invited any religious people due to diverse religious needs of learners

4.2.11      COMMUNICATION WITH PUPILS TO GET MORE  
UNDERSTANDING OF THEIR NEEDS IN RELATION TO THE  
PROGRAMME

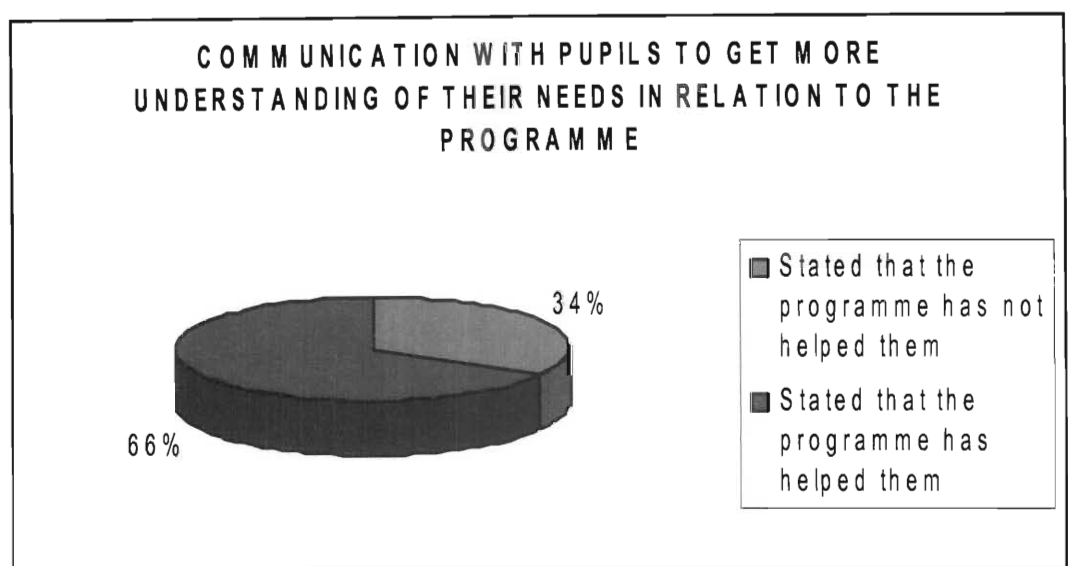


Figure 11

66% of respondents stated that the programme helps them a lot, as the Life Skills programme gives an opportunity to talk freely with their educators concerning the problems that affect them (learners) as individuals. Life Skills breaks the barrier between educators and learners, making a relationship with trust. Learners are able to make private appointments for counseling therapy after classes with their educators, where they communicate personal problems as well as problems affecting them at their homes. Respondents stated that learners at times have approached them (educators) to ask for condoms and HIV/AIDS pamphlets to be made available for them at schools.

34% of respondents stated that the programme has done very little in making learners to communicate with them concerning HIV/AIDS and their personal problems (learners). Learners are still very shy and just laugh, and do not want to discuss any issues unless there

is a suggestion box. Respondents stated that the reasons for learners not talking openly is that some learners may associate that comment with that individual learner, thereby living with that stigma. According to the findings of the MRC & Horizons research this can be caused by the uncertainty about the study and cultural values about sexual activity. The findings further explained that some students reported that a more careful explanation of study objectives would have been beneficial and would have positively influenced their attitudes about participation.<sup>86</sup> This study was to ascertain whether such courses influence behavior of students as well as their knowledge and attitudes.

4.2. 12      INITIATIVES TO MAKE PROGRAMME ACCESSIBLE TO ALL LEARNERS

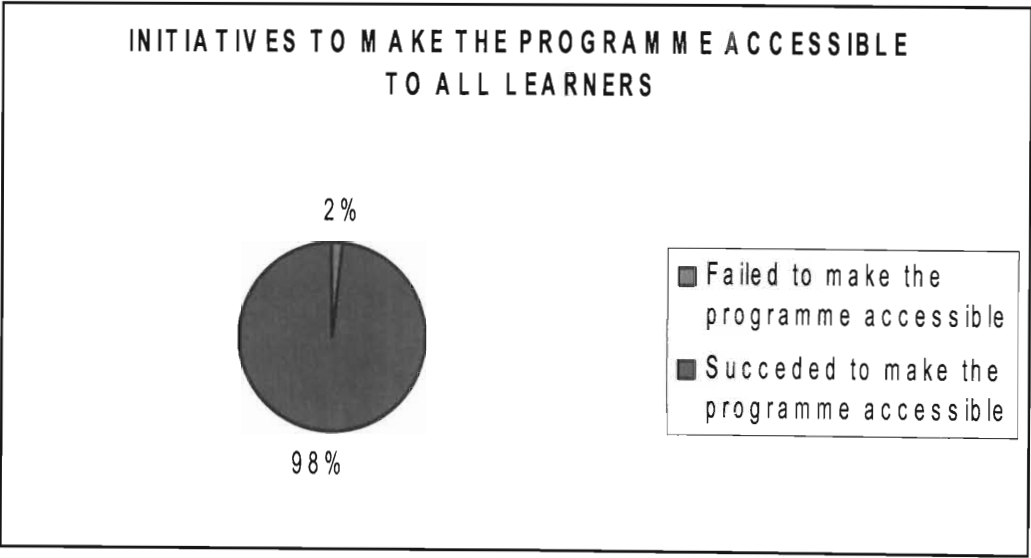


Figure No. 12

98% of educators indicated that they have managed to make the programme to be interesting. They made learners participate in doing some class presentations and role plays on different topics regarding HIV/AIDS. There are activities like quizzes to give

<sup>86</sup> Internet, [www.popcouncil.org/horizons](http://www.popcouncil.org/horizons)

learners statistics of the number of people who are already affected (sick) with HIV/AIDS and the number of those whom are living (healthy) with HIV/AIDS.

This also includes statistics regarding HIV/AIDS orphans. Films are also played for learners so as to observe how it feels to be HIV/AIDS positive. This is done for the purpose of making them fear and have control on their sexual behavior. They also role play dramatizing how to protect themselves, where abstaining is taken into consideration and put forward as a solution. Role plays also teach learners how to take care of sick people and people living with AIDS including AIDS orphans. As this is a very sensitive issue, the (learners) need to talk to them in a special manner that won't hurt them.

Only 2% of educators indicated that they have not made any attempts of making the programme more accessible to learners due to time constraint.

#### **4.3 SUMMARY**

Life is a precious gift from God yet at risk because of many pandemic diseases especially HIV/AIDS in South Africa. Most children of Umbumbulu are still not yet educated and trained on HIV/AIDS as they are not yet at school. The reason for this is that although Umbumbulu is not too far from the city of Durban (about +/- 90 km) away from Durban – there are parents who still believe that a girl child should not be educated because she will soon get married and family wealth will be taken over by another family.

Secondly, the boy child is taking care of cattle and ploughing the crops as Umbumbulu is a rural area, and most of its residents still depend on this for their living. Thirdly, some parents cannot afford to send their children to school as they are unemployed. About

97% of respondents indicated that they experience problems when teaching the subject because children say that they were told at home not to talk about sex.

This study reveals that although the Government and the Department of Education have taken initiatives in fighting HIV/AIDS in Umbumbulu schools there is still a lot more to be done to get the buy-in of the programme to the parents so that the programme can be more effective to school going children of Umbumbulu. The study also revealed that when people are sick they start pointing at each other as if they are bewitched. Therefore, one can conclude that there is need for more to be done to make people aware that HIV/AIDS is alive and it needs us as community to fight against it.

## CHAPTER 5

### 5. CONCLUSION AND RECOMMENDATION

#### 5.1 Conclusion

The study was to determine the effectiveness of the initiatives taken by the Minister of health together with the Department of Education to save the lives of the innocent young ones and teenager from contacting HIV/AIDS. The study further investigated whether the content of the Life Skills Programme on HIV/AIDS covers the most important issues that need to be known by children at Primary schools of Umbumbulu. The study further examines the process used in order to ascertain the extent to which the department has tried to empower children of Umbumbulu at primary schools. Lastly, the study aimed at finding out at what age or how early they start offering the programme, as the earliest age of starting school is six years and this is the most vulnerable age group exposed to rape.

Chapters of this study have mentioned that the study was conducted at Umbumbulu South Coast of Durban. The study revealed the information that is in line with the Constitution of the Republic of South Africa and the Human Rights that is enshrined in chapter 2 of the Constitution i.e. Bill of Rights. Information revealed by the study also revealed that the Department of Education has taken initiatives to try to eradicate the spread of HIV/AIDS amongst the learners at school. It has also taken care of those who are already infected and has protected their rights by introducing the HIV/AIDS policy within the teaching and education centres.

The study also gave the summary of various Acts that are in line with the Bill of Rights that avoid discrimination of the learners and educators living with HIV/AIDS in the educational centres. These acts also protect Human Rights. Section 11 of chapter 2 in the Constitution of South

Africa states that everyone has the right to life. This study has also examined the extent to which this section has been enforced in the primary schools of Umbumbulu districts.

As HIV/AIDS is killing people of all ages, it is important that all the above matters be given attention since education is the seed and the flower of development. It can be one of the most powerful instruments for reducing poverty and for building sustained economic growth. This should be enforced more especially in rural areas as rural society has never achieved sustained economic growth and yet now young children are dying before reaching school age and those who are already at school will die before finishing school and work for the societal development.

## 5.2 RECOMMENDATION

The recommendations are an attempt to show what needs to be included in the HIV/AIDS Life Skills Programme and what needs to be done to implement section 3(4) of the National Policy Act, 1996 (Act No. 27 of 1996) i.e Policy on HIV/AIDS, for learners and educators in public schools.

- ✓ “It is not the HIV-virus which is killing me or making my life not worth living, but the bad attitudes of people towards me and their rejection of me”.<sup>87</sup> Topic on attitude toward learners living with HIV/AIDS and those who are affected by this pandemic should be included in the programme and should be over emphasized and all related issues to attitudes should be explained in order to address the above quotation.
- ✓ Emphasis on ensuring that youth completes schooling as being in school is a protection against vulnerability to HIV/AIDS. As

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<sup>87</sup> Evians (2000) A person with HIV infection

compared to what Koketso (14 years old) has indicated in the S'camto Uncut 2003, finishing school for teenager would be difficult for young children due to many reasons that she has stated.:

- ✚ Because of a broken home,
- ✚ A lack of guidance and support,
- ✚ Peer pressure,
- ✚ A death in the family,
- ✚ Physical and sexual abuse,
- ✚ Alcohol and drug abuse,
- ✚ Poverty,
- ✚ Being bullied at school,
- ✚ A pregnancy,
- ✚ HIV/AIDS, and or
- ✚ Having to walk long distances to school and learning on an empty stomach.<sup>88</sup>

She recommended that:

- ✚ institutional walls be made a lot friendlier,
  - ✚ rearrange those cold classrooms,
  - ✚ make those lessons more interesting,
  - ✚ wipe that smug expression off teachers' faces and then help them build self-esteem, then maybe they may all have something to write home about.<sup>89</sup> It is suggested that Government take serious consideration of what has been mentioned by this teenager when making educational policies make provisions for the above.
- ✓ Encouragement and provision of recreational facilities, but if youth are sexually active they must be encouraged to be faithful and use condoms.

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<sup>88</sup> Ramothhola K, S'camto loveLife's UNCUT, Issue 8 May 25, 2004

<sup>89</sup> Ibid



- ✓ The programme should ensure that learners and students acquire age-and context- appropriate knowledge and skills in order that they may adopt and maintain behavior that will protect them from HIV infection.
- ✓ In the primary grades, the regular educator should provide education about HIV/AIDS, while in secondary grades the guidance counselor would ideally be the appropriate educator.
- ✓ Because of the sensitive nature of the learning content, the educators selected to offer this education should be specifically trained and supported by the support staff responsible for life- skills and HIV/AIDS education in the school and province.
- ✓ The educators should feel at ease with the content and should be a role model with whom learners and students can easily identify.
- ✓ Educators should also be informed by the principal and educator unions of courses for educators to improve their knowledge of, and skills to deal with, HIV/AIDS.
- ✓ Educators should respect their position of trust and the constitutional rights of all learners and students in the context of HIV/AIDS.
- ✓ There should be an HIV/AIDS policy implementation plan in the schools that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy.

- ✓ Teachers should be able to impart knowledge and skills around HIV/AIDS to children from a young age.
- ✓ Public participation, particularly school governing body and parents have to have a significant role and input on the type of material that has to be offered in schools and the general KwaZulu Natal society.
- ✓ Counselling for AIDS prevention and AIDS related social problems should be a component of the training programme for Guidance and Counselling teachers.
- ✓ The content, methodology and strategies used to impart the HIV/AIDS Life Skills programme should be adapted to the age and maturity of the students to avoid confusion.

HIV/AIDS Life Skills programme must be integrated into the school curriculum and should be made compulsory at all levels of education, i.e.

- (a) pre-primary schools
- (b) primary schools
- (c) secondary schools
- (d) teacher training institutions and all other tertiary institutions
- (e) non-formal education programmes
- (f) vocational education and training institutions.

It is noted that the program has omitted the very important issues on HIV/AIDS such as:

- ✚ Sexuality: anatomy, physiology, and social aspects,
- ✚ Values: personal and diverse values, and respect,
- ✚ HIV/AIDS: what is HIV, modes of transmission, myths and realities
- ✚ Gender and sexuality
- ✚ Decision making
- ✚ Assertiveness, communication and negotiations

As HIV/AIDS is killing people of all ages, it is important that all the above matters be given attention since education is the seed and the flower of development. It is one of the most powerful instruments for reducing poverty and for building sustained economic growth.

The value of this study is illustrated on chapter one, page 1 which states the usefulness of the study to the researchers and policy makers. In future it is suggested that a research of this nature should consider a bigger sample size, i.e. the whole of Umbumbulu schools, Durban schools, KwaZulu Natal schools and the whole of South African schools in order for the research to be representative.

## ANNEXURES

Annexure 1: Letter to uMbumbulu educators

Annexure 2: Questionnaire

Annexure:3 Umbumbulu map

Annexure 4: AIDS council for KZN

Annexure 5: Treatment Action campaign

Annexure 6: Health Issues, Time for SA to wake up

Annexure 7: Crunch time over HIV policies

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J101 Umlazi Township  
PO Umlazi  
4031

April 7, 2003

The School Inspector  
Umbumbulu District

Dear Sir/Madam

**RE: PERMISSION TO CONDUCT RESEARCH AT UMBUMBULU  
SCHOOLS**

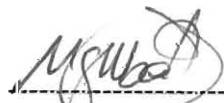
The constitutional rights of all learner, students and educators must be protected on an equal basis. If a suitably qualified person ascertains that a learner, student or educator poses a medically recognized significant health risk to others, appropriate measures should be taken. A medically recognized significant health risk in the context of HIV/AIDS could include the presence of bleeding, unmanageable wounds, or sexual or physically aggressive behaviour, which may create the risk of HIV/AIDS.

Learners and students must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis. Life-skills and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in schools. Enough educators to educate learners about the epidemic should also be provided.

Therefore, I, Mrs Nelisiwe J. Mbatha, Masters student of Public Health Law, student number 9304649, ID 6308280605081, from the University of Durban Westville, request the permission to conduct research by distributing questionnaires to the three schools of Umbumbulu district. The targeted schools are: Inkwali Primary Schools, KwaSoni Primary School and Ohlongeni Primary School. This questionnaire aims to evaluate the HIV/AIDS Life Skills Programme so as to ascertain whether the above is being met by the programme or not.

Thank you,

Yours Sincerely,



Nelisiwe J Mbatha



## INSTRUCTION FOR COMPLETION OF THIS QUESTIONNAIRE

Dear Respondent

Please note that this questionnaire has been designed for computer analysis and requires you to respond by placing an 'X' in the appropriate box.

Should you be of the opinion that additional information is necessary for the open-ended questions, please use the space provided at the end of the questionnaire.

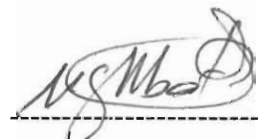
The information that you provide is extremely valuable, and it will be treated in the strictest of confidence. Should you have any queries or difficulty in answering the questionnaire please contact me at the following telephone/fax numbers.

**Tel: (031) 908 3399 / 082 935 6050**

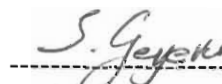
**Fax: (033) 462 4681**

Your co-operation is greatly appreciated.

Thanking you in advance.



Mrs Nelisiwe J. Mbatha  
Masters Candidate



Dr. Sam Geyevu  
Project Supervisor

### PLEASE COMPLETE THE FOLLOWING DETAILS:

DESIGNATION:	
NAME OF SCHOOL	
QUALIFICATION	
EXPERIENCE IN YEARS	

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**KINDLY RETURN COMPLETED QUESTIONNAIRE BEFORE 30 JUNE 2003**

**QUESTIONNAIRE TO THE EDUCATORS OF UMBUMBULU SCHOOLS**

1. What do you understand by the term HIV/AIDS?

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-----  
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2. Do you have HIV/AIDS Life Skills Programme in your school/organization?

Yes	01
No	02

3. If yes, do you think it covers all what is suppose to cover as far as your understanding of the problem of HIV/AIDS is concerned?

Yes	01
No	02

4. If no, what do you think is left out and should be added?

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5. Do the pupils at your school respond negatively or positively to the programme?

Yes	01
No	02

6. If no, what do you think should be done to make them respond positively to the HIV/AIDS Life Skills Programme?

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7. What are the comments of the pupils at school about HIV/AIDS Life Skills Programme at school?

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8. At what stage of school is this programme taught?

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9. What do you think are the merits of the programme?

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10. What do you think are the demerits of the programme?

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11. Do you think there is a need for improvement of this HIV/AIDS Life Skills Programme?

Yes	01
No	02

12. If yes, what do you think should be done to improve the HIV/AIDS Life Skills Programme?

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13. Do you think there is a need to improve the way of receiving the programme?

Yes	01
No	02

14. What should be done to improve the way of receiving the programme?

-----

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15. What do you think are the objectives of the programme in terms of the ff:

a) long term goal: (3 years)

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b) medium term goal: (2 years)

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c) short term goal: (1 year)

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-----

16. Is there a legislative framework that provides meaning and direction to the programme?

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17. Are there any policy initiatives that have been introduced to address HIV/AIDS?

Yes	01
No	02

18. If yes, have your school included the following school to participate in the policy formation?

a) religious people

Yes	01
No	02

b) traditional healers

Yes	01
No	02

c) local health workers

Yes	01
no	02

d) traditional leaders

Yes	01
no	02

e) school governing body

Yes	01
no	02

19. How do you communicate with the pupils to ascertain their needs, desires and wants regarding the HIV/AIDS Life Skills Programme?

20. What steps have been taken to make this programme accessible to all the pupils at school?

21. Has your school developed its own policy on HIV/AIDS in order to give operational effect to the programme?

Yes	01
No	02

22. Do you find it difficult in talking about sex to the learners?

Yes	01
No	02

23. Give reasons

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24. Has your school invited parents to inform them about HIV/AIDS Life Skills Programme which you teach their children?

Yes	01
No	02

25. Give reasons for your response

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26. If yes, what was the parents’ response?

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27. Are you aware of the confidentiality of the information given by learners about their status on HIV/AIDS?

Yes	01
No	02

**ADDITIONAL COMMENTS:**

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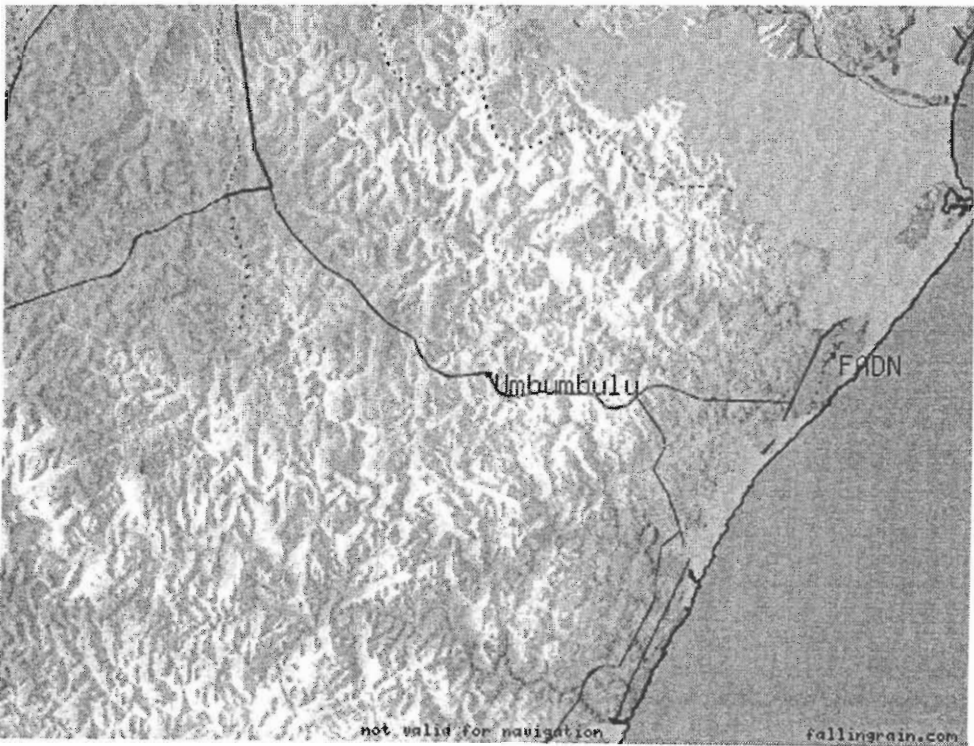
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**THANK YOU FOR YOUR TIME AND EFFORT**

# Umbumbulu, South Africa Page

World:South Africa:Province of KwaZulu-Natal

Latitude	-29.9833	Longitude	30.7000	Altitude (feet)	1948
Lat (DMS)	29° 58' 60S	Long (DMS)	30° 41' 60E	Altitude (meters)	593
	Time zone (est)	UTC+2			
Approximate population for 7 km radius from this point: 35668					
Google links for Umbumbulu			Google links for Umbumbulu, South Africa		



2X in1.4X in1.4X out2X outTopographic2-D

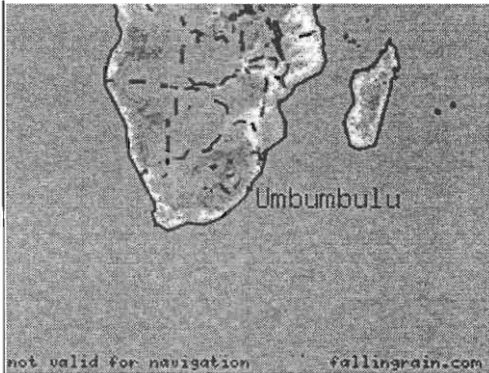
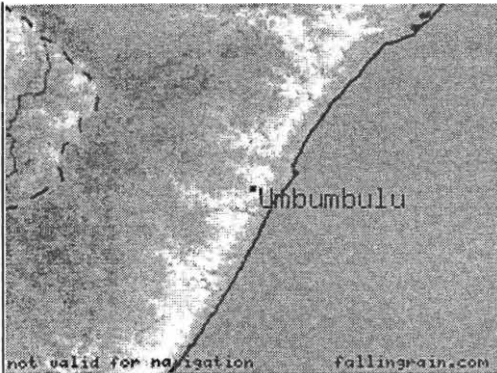
0.1768 degrees: NorthSouthEastWest

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Nearby Cities and Towns

West	North	East	South
Msholozzi (1.7 nm)	Eyrie (3.5 nm)	Enkanyisweni (4.0 nm)	Odidini (2.2 nm)
		eMadundube (4.0 nm)	Mgoqozi (3.1 nm)

Nearby airports:

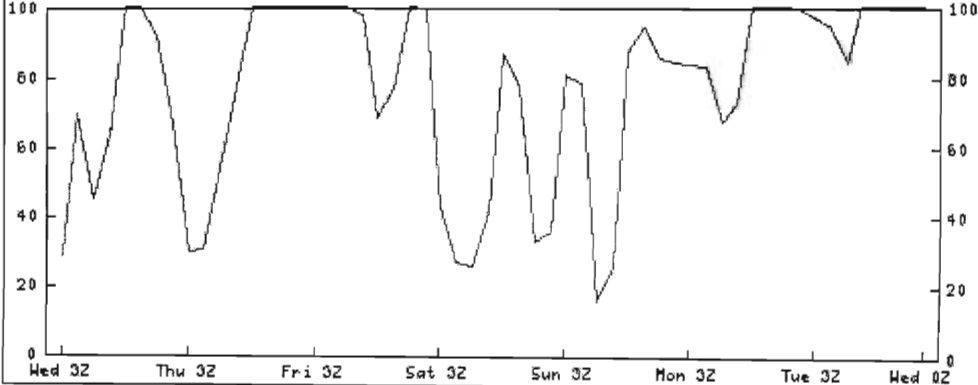
FADN DURBAN INTL 13 nm E 86

FAVG VIRGINIA (Durban) 22 nm E 55

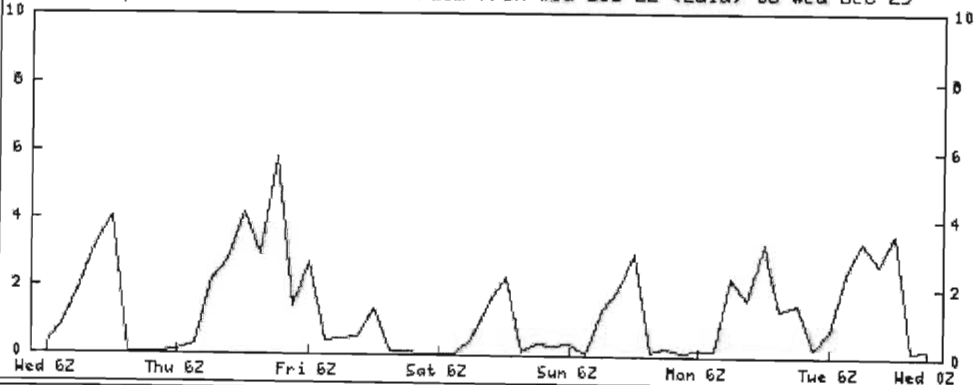
FAPM PIETERMARITZBURG 25 nm N 321

FAGY GREYTOWN 52 nm N 353

Cloud Cover (%) at Umbumbulu from Wed Dec 22 (Zulu) to Wed Dec 29



Precip (cm/last 3hr) at Umbumbulu from Wed Dec 22 (Zulu) to Wed Dec 29



If this page is useful to you, please link to it.  
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# Aids council for KZN

THE KwaZulu-Natal cabinet has approved the establishment of an HIV/Aids council to oversee the implementation of an action plan to fight the pandemic which has affected more than one million people in the province, health MEC Zweli Mkhize said on Tuesday.

KwaZulu-Natal has the highest HIV-Aids infection rate in the country and according to Mkhize, 1,1 million people in the province are HIV-positive.

The council will be led by KwaZulu-Natal premier Lionel Mtshali, the 10 provincial MECs and 36 members from different sectors of

the community including health, religious and non-governmental organisations.

Mkhize said the council will assist the provincial government in fighting the disease by initiating, strengthening and co-ordinating multi-sectoral action at all levels.

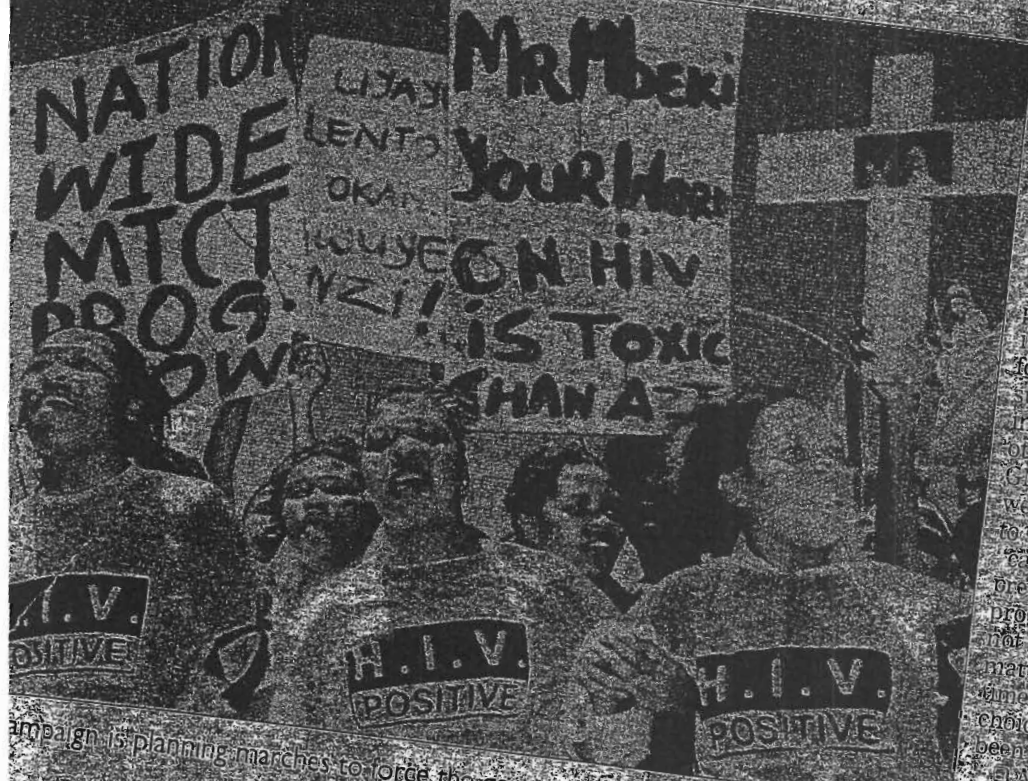
The council will meet every three months and review strategies and the plan's progress.

Four special task teams established to deal with specific issues such as social mobilisation will meet bi-monthly and report to the council.

— Sapa.

Natal Witness 20/6/00

SUNDAY TRIBUNE PERSPECTIVES FEBRUARY 9 2003 3



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But there is an even bigger problem to this argument - and that is a moral one. What does it mean for us as a society to be going down such a path? Do we really want to be in the business of "sacrificing" others when for less than 2% of the GNP at the height of the epidemic, we could be bringing hope and life to so many? These actions that we cannot afford, a large scale prevention and treatment programme. The fact that we are not implementing one right now is a matter of social choice. And it is time we woke up and challenged the choice that the government has been making on our behalf.

Nicola Nathrass is professor of Economics at the University of Cape Town and director of the AIDS and Society Research Unit.

Source: Geoff N. Nathrass, Nand C Raubenheimer, 2003. *The Cost of HIV Prevention and Treatment: Interventions in South Africa*. Centre for Social Science Research (UCT). Working Paper No. 1. Available on: [www.uct.ac.za/depts/essr/030201.htm](http://www.uct.ac.za/depts/essr/030201.htm) (tomorrow)

campaign is planning marches to force the government to make anti-retrovirals


the net cost to the government will be at least a third lower than the direct cost estimate.

But we are still talking about a lot of money, and many of you may be still thinking that SA should simply

one the bullet and sacrifice the current HIV positive generation. The first problem with this approach is one alluded to earlier: Aids treatment programmes are also Aids prevention programmes

## HEALTH ISSUES

# Time for SA to wake up

 As South Africans prepare for a series of civil protests campaigns, economist **Nicoli Nattrass** explains why the nation can afford to treat Aids

**A**S THE Treatment Action Committee gears up for a campaign of civil protests to pressure the government to speed up anti-retroviral treatment planning and rollout, there are growing indications that the government is planning to unveil its plan to make anti-retrovirals widely available at affordable prices.

It has been said that South Africa cannot afford highly active anti-retroviral therapy (Hart) for those suffering from Aids. The argument goes something like this: Hart is expensive and merely prolongs life (rather than cures it), therefore in a developing country like SA, we should concentrate our resources on preventing infection, not treating Aids.

This seemingly compelling argument is fallacious at a number of levels. First, the boundary between prevention and treatment is blurred: providing people with Hart helps reduce the spread of HIV. The availability of life-prolonging treatment gives people the courage to come forward and be tested and counselled - thus increasing

awareness about safe sex.

In addition, those on Hart have lower viral loads and are therefore less infectious. Researchers Leigh Johnson and Rob Dorrington adapt the ASSA 2000 demographic model to include this feedback loop from treatment to prevention.

They predict that South African expectancy would rise by 8 to 10 years if a treatment and prevention programme was instituted. The doubt then assumed increase in life expectancy for a person on Hart. In other words, the benefits of a Hart programme to society are far larger than the sum of the benefits to individuals on Hart.

Now let's turn to the central issue: the cost of Hart. In a recent paper, my co-authors and I added a set of estimates to Johnson and Dorrington's demographic projections. We concluded that the cost of providing Hart to those in Stage 4 of Aids, starting at less than a billion rands a year for the first couple of years of implementation and peaks in 2015 at R18.2 billion when 2.3 million people will be needing it.

If we include the costs of voluntary counselling and testing, mother-to-child transmission prevention, and treating sexually transmitted infections, then the total cost of the intervention (including infrastructure costs) rises to a peak of R20.3 billion in 2015.

This is really the upper limit of the cost of the programme. It assumes that 90% of people who need antiretrovirals receive them, almost definitely an overestimate when one examines other health interventions. It also assumes, quite pessimistically, that there will be no further price reductions in generic antiretroviral medicines.

Assuming 2% a year real growth in

HEALTH  
Minister  
Manto  
Tshabalala

PARTNERSH



# Crunch time over HIV policies

FROM PAGE 1

get the government to sign the agreement. The government has yet to register the action plan that was negotiated between the government, business and trade unions at the National Economic Development and Labour Council (Nedlac) last year.

The council announced that it had reached agreement in November but the government and business have never signed the national treatment plan.

The TAC has committed itself to a national campaign of passive resistance if the government has not signed the treatment plan by the end of February.

While the Treasury is upbraiding the joint exercise to cost-cut and retrovirals that it has embarked on with economists from the department of health, there appears to be less enthusiasm for a one-off event in the health and labour ministries and upper echelons of government.

TAC is leading a march in Cape Town on Friday the same day that President Thabo Mbeki is due to make his annual state-of-the-nation address at the opening of parliament.

The march, which promises to be one of the biggest civil protests ever seen in the democratic South Africa, has been widely covered in the media under the banner 'Stand up for our lives and bearing a picture of former president Nelson Mandela in a T-shirt bearing the words 'I'm Positive' during the public 'o' march for HIV Aids treatment.

The government vows an evolution of Aids policy as a result of the implementation of government policy and resists the expectation of a one-off event which will solve all outstanding problems.

There is growing concern in government circles that while civil society should be able to proceed with its campaigning, there is an increasing



Council which has yet to register some of the generic drugs needed for the treatment plan. The clamour for the immediate registration of drugs is growing. One government source said: 'We'll have to write all these elements to see that the government is not held to ransom by the pharmaceutical companies.'

The government is involved in anti-retroviral research at several test sites.

The Medical Association of South Africa (Maspa) and the Nelson Mandela Foundation are involved in a joint venture with the public sector to treat people at 13 test sites countrywide.

The Labour ministry which is in control of the Nedlac process indicated yesterday that government and business representatives in the Nedlac forum had failed to reach agreement because of the huge resources being demanded by TAC for funding the treatment plan.

The TAC also held a reunion of the government for such large resources, said labour ministry spokesman Shani Zikalala.

The government is committed to fighting the Aids pandemic but it cannot sign an agreement until it has done all the necessary research and determined whether it has the necessary resources, Zikalala said.

But the final decision will be dictated by the clerk of the committee of health and treasury office as doing the costing of anti-virals would have come to its work by the end of February.

Very convenient that the working group which is working on the anti-retrovirals is doing very well, said a ministry spokesman Logan Wort.