

**EVALUATING THE EXTENT OF HIV/AIDS IN THE  
LEBOMBO WARD CENTRES WITH REFERENCE TO  
THE ABET COMMUNITY**

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**ABSTRACT**

Using Soft Systems Methodology, this dissertation presents an evaluation of the incidence of HIV/AIDS among ABET educators and learners in the Lebombo Ward Centres. The researcher aims to recommend ways and means that it is hoped could decrease the alarmingly high death rate of educators and learners in this part of northern KwaZulu–Natal.

The painful physical and emotional effects of the virulent HIV/AIDS pandemic, and also the long-term consequences for both individuals and their families, are making many ABET educators' lives extremely complex and difficult. Many ABET Centres are facing teething problems connected to HIV/AIDS because centre managers and tutors do not have sufficient knowledge, skills and resources to be able to cope proactively and resourcefully with the difficulties that confront them. The unabated spread of HIV/AIDS in this particular area (Lebombo) is damaging and ravaging the society and undermining education at large.

The researcher also wants to contribute towards a stage being reached, both by the education authorities and by individuals within the society, at which relevant and effective ways and means can be found to understand better the underlying factors that are feeding this scourge, to transmit requisite knowledge more effectively, and to introduce measures that will begin to turn around the tragically high incidence of HIV/AIDS in this area.

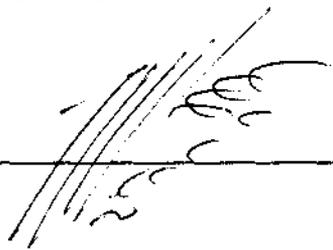
Further, the researcher will point to, and explore, social issues and social behaviours that are impacting negatively on the spread of HIV/AIDS, such as sexual abuse of schoolgirls by educators, the widespread practising of unprotected sex by educators, the disregard for human rights that this entails, continuing gender–based prejudices, the prevalence of superstition, and the tendency among many people to disregard warnings about HIV/AIDS.

**DECLARATION**

I, **Moses Dumisani Buthelezi**, declares that:

- (i) The research reported in this dissertation, except where otherwise indicated, is my original work.
- (ii) This dissertation has not been submitted for any degree or examination at any other university.
- (iii) This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
- (iv) This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
  - a) their words have been re-written but the general information attributed to them has been referenced;
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Signed: \_\_\_\_\_



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## ACRONYMS

ABET	Adult Basic Education and Training
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-retroviral therapy
ARV	Anti-retroviral
BOTUSA	Botswana – United States of America
CATWOE	C – customers of the system A – actors in the system T – transformation W – worldview O – owners of the system E – environment
CDC	Centre of Disease Control and Prevention
DoE	Department of Education
ECD	Early Childhood Development
FESs	First Education Specialists
GAP	Global Aids Programme
HIV	Human –Immuno –Deficiency Virus
MOH	Minister of Health
MTP	Medium Term Plan
MTPII	The second medium term plan
NAC	National Aids Council
NGOs	Non-Governmental Organisations
PMTCT	Prevention of mother to child transmission
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TRAC	Treatment and Research Aids Centre
UNAIDS	Joint United Nations Programme on AIDS and HIV
UNDP	United Nations Development Programme
UNICEF	United Nations International Care Emergency Fund
USAID	United States Agency for International Development
USG	United States Government
YOHO	Youth Health Organisation

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earlier worked as principal of the following public primary schools:- Kujabuleni at Mpungamhlophe Township in Denny Dalton from 1984 to June 1997; Gabangaye at Ulundi from January 1981 to December 1983; Plant Memorial School at Melmoth from January 1976 to January 1980, and as an ordinary educator (post level 1) at Kujabuleni from 1973 up to December 1975.

Ingwavuma area is in a border area near Swaziland and Mozambique in the Lebombo Mountains in far northern KwaZulu-Natal. It is surrounded by shacks / slums, two shops called Kwik Spar and Pep, two commercial banks, known as *Tebha* and *Ithala*, a self-made 10 car-sized rank, one bus halt, an Indian radio shop, a Chinese clothing shop, and the Mosvold hospital. There are taverns called *Mazithanqaze* (fall down heavily), *Wawa* (fall down) and *Mavis* (named after a female's name), all over this area. Poverty is at its peak here. Women sell fruits and vegetables and also clothes, which have to be displayed on the ground. There are no baby-care centres. Some of them carry firewood on their heads, the wood having been collected from the dangerous, snakey and thick bushes in the area. While trying to sell their firewood, many are carrying babies on their backs. The goods mentioned are mainly sold to the community on public pension paydays. Women are also seen on sloped and steep areas digging small holes by means of hand-hoes and planting mealies and sweet potatoes. Carts are drawn by donkeys, while oxen pull sleighs. Both these animals are also used for ploughing.

Men sell handwork, like wooden spoons and dishes, and carved sculptures of humans and animals. Many of them are traditional healers. On public pension paydays, they can be found in the Bambanani (holding one another) area openly selling their *mutis*<sup>1</sup>. They are also very fond of drinking and sell a very strong juice called *injemane*. This is a form of liquor, which is drawn or milked from pineapple roots in the veld. Some men, particularly on public pension paydays, are busy slaughtering beasts, hanging the carcasses on trees, and selling their meat by way of auction sales. Stock theft is rife in this area, and also badly affects nature conservation.

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<sup>1</sup> Mixed leaves and roots with animal fats for curing various types of illnesses or for killing people and animals.

Ingwavuma has nine educational wards, namely:- Kosi Bay, Sambane, Manguzi, Ngwanase, Mbabane, Manyiseni, Bangizwe, Tshongwe and Lebombo. HIV / AIDS is devastating and ravaging this area. I came to this particular study because centre managers, *izinduna*<sup>2</sup> and councillors continually raised this topic of HIV /AIDS killing many ABET educators, learners and community at large at their respective meetings. The Maputaland Community Radio Station interviewed a number of educators and learners regarding this dilemma. I also personally observed many educators and learners becoming sick, being frequently absent from work and school and, sometimes literally dying at an alarming rate because of HIV / AIDS. When this study is completed, it is hoped that not only educators and learners in this area will benefit, but also the community at large.

The main challenge I have observed in this area is that educators and learners are afraid of dealing effectively with problems arising out of HIV/AIDS, such as testing and disclosure. Some even run the risk of being treated by herbalists, *izinyanga*<sup>3</sup> and *izungoma*<sup>4</sup>, which is to them the traditionally used good moral practice.

Males use their powers in a variety of ways to impose their masculinity within the pyramidal hierarchy that exists within the home and in this way to unconsciously breathe life into a patriarchal value system without which their sense of order and stability would crumble. The more vicious side of fear and anxiety is the males need to exercise power over women (Salisbury & Jackson, 1996: p.19).

The world of these men is, in their eyes, filled with treacherous women. Girls try to act "honest," but they are regarded as "dangerous" and trying to act like virgins. The males feel they must therefore show them they are not virgins. This negative view is supported in the work of Tillotson (2000: p.18). Women are expected to be incredibly subservient to men, despite the fact that their personal attitudes might be otherwise. They are stifled and belittled. Examples are the 2006 cruel, brutal and tragic deaths of two

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<sup>2</sup> A number of traditional men chosen by an *inkosi* (clan's leader or owner) to run the affairs of the clan on his behalf.

<sup>3</sup> People who use herbs and different animal fats to cure illness.

<sup>4</sup> People who use herbs, animal fats and magic powers from the ancestors to cure illnesses and foretell one's fortunes and misfortunes at the same time.

HlokoHloko Public Primary School female educators gunned down by two *izinkabi*<sup>5</sup>, organized by the school manager on payment of a thousand rands per murder, and the gutting of women's homes at Umlazi Township at the end of July 2007, just because they had been wearing pants.

Truscott, (1994:48-50), draws attention to the fact that "in all schools, gender bias operates through the fact that while most educators are women, most principals, senior educators in secondary schools, superintendents of education, directors and chief directors are men who are often extremely harsh, authoritarian, hierarchical and paternalistic. Men are in the overwhelming majority as principals and senior teachers and thus in positions of power and authority in schools and offices." This statement is supported by Stally (2001: 3 - 9) who stresses that men control sexuality and define teenage love as penetrative, using violence from the beginning of relationships to force sex on their own girlfriends. Male partners dictate the timing and conditions of sexual intercourse.

Many young male and female learners together with ABET educators prefer sexual intercourse of "flesh-to-flesh" and clearly state that they cannot "eat sweets with wrappers." Many of these young people believe that condoms actually carry HIV, as well as reducing sexual intercourse pleasure a great deal.

Males are therefore seen to be dominating females in their homes, schools or work places by means of gender bias that creates a high degree of inequality between the sexes and a greatly unequal balance of power. Consequently, it is common for males to impose decisions that they have taken unilaterally.

Badcock - Walters (2000: 4), states that HIV has caused a serious reduction in people being able to access education and has also greatly reduced its quality. It further alludes to the fact that underqualified educators are now teaching very large and overcrowded classes in grossly under-resourced circumstances. Similar to what is seen in poor countries that are under-developed, a likely consequence will be a decrease of parental confidence in the value of education. Parents in this area will have no confidence in

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<sup>5</sup> Men who are fully armed and paid to kill people.

education rendered in these ABET centres because of having serious doubts about the intelligence and ability of educators and learners who are struggling within the HIV/AIDS context and are often suffering the ill-effects of HIV/AIDS themselves.

The education system may become grossly affected on at least four levels, namely:-

- \* The management, administration and financial control of the education system are likely to deteriorate further, off an already limited and stressed human-resources base.
- \* Despite the existence of large numbers of unemployed educators, the educator- ratio is likely to decrease significantly as they become unavailable for duty through illness and death.
- \* The limited resources available to education will be reduced by the demands of the generous staff conditions and health benefits enjoyed by infected staff, the cost of replacement staff to cover sick leave and absence, the cost of educator training and capacitating to replace those who die, together with the competing financial demands of other governments departments, notably Health, and the fact that workers will demand salary increases from the government, as seen in the recent 2007 National Salary Workers' Strike.
- \* The role models of the educators in the community will be devalued by parents because of the HIV/AIDS infection rate. Apart from the fiscal significance of the infection rate, the value of the education system as a primary agent in combating and even escalating this infection rate may be dramatically compromised by reducing the availability of educator - stock which has experience, credibility and is able to take on a natural community leadership roles.

Based on my own observations, an educator or learner infected with HIV/AIDS constantly struggles to fight diseases and illness, often without success, feels ill more often during working hours, and further suffers the following:-

- \* Depression and hopelessness: the ill-educator loses interest in his work and feels that nothing really matters.
- \* Loneliness and being on his own.

- \* Worry about the future of those he will leave behind, especially parents, children, brothers, sisters, friends, relatives and partners.
- \* Spiritual desolation or feeling abandoned by God: "How could this have happened to me?"

Education as a whole is therefore negatively affected and hampered. The educators' stress causes de-motivation and absenteeism from work. It brings on additional illnesses, such as high blood pressure, diabetes and obesity.

The HIV/AIDS pandemic further affects ABET educators in the following ways:-

- \* Involvement in alcohol and drugs.
- \* Learners are left without consistent and optimal teaching, and colleagues often have to take on burdensome double classes and other duties.
- \* In carrying this double load, they experience higher stress levels and feel de - motivated.
- \* Educators do not give learners the attention they deserve and need, and without quality educators, it is not possible for quality education to take place.
- \* They view HIV/AIDS as a disease of shame and frustration and hide their status because they fear victimization once their positive status becomes known, even though this is a time when they require support and understanding in order to deal with their situation as well as they can.

According to the KZN Department of Education Report (2003: 4), the following is a simplistic representation of the extent of HIV/AIDS which requires an understanding of at least three of these issues:-

- \* Firstly, the rate of educator AIDS mortality is likely to grow over time, before reaching a plateau and declining. Thus, while AIDS mortality among educators was estimated to be about 0,64 % in 1999, it is expected to rise to around 5% by 2010. If the "normal" attrition rate of 0.64 % evidenced in 1999 were to hold constant over time, then it is hypothetically possible that the gross (including

HIV/AIDS) attrition rate could climb significantly by the end of the decade.

- \* Secondly, it has long been traditional for the private sector (and parts of the public sector) to recruit skilled human resources from the educator sector. As AIDS erodes the workforce outside education, this demand is uncertain and seen as indirectly increasing AIDS. Thus, the levels of “normal” attrition may not hold as constant as might be assumed and might well increase the gross rate significantly.
- \* Thirdly and finally, it is essential to note that educator cadre mortality usually signals the end of a long and debilitating period of illness, depression and trauma, usually while the ill persons remain in service. The cumulative loss of teaching and contact time, quality, continuity and experience may have equally important implications for teaching and learning, and is certainly harder to monitor and measure. There is also the associated cost of replacement of educators, and in KwaZulu-Natal this is already evident.

HIV/AIDS has not long been understood to threaten the supply of educators; and less well understood has been its impact on the provision of system managers who are, in real terms, in much shorter supply and are in the main drawn from the ranks of experienced senior educators. For example, a 30% erosion of more limited management stock would be catastrophic. The comparatively high incomes, often remote postings and the social mobility of both educators and system managers also suggest that they may be at far greater risk than the population they serve. According to Whiteside (2000:7), manager’s attrition in their ranks poses a serious threat to the structure and system in which educators function.

The gradual increase of HIV/AIDS-related morbidity and mortality cases in the workplace leads to a loss of well-trained, grounded, groomed and experienced educators. Many ABET Centres in the Lebombo Ward Community are facing escalating absenteeism, and learners are sometimes left unattended and untaught owing to educators’ illness, which leads to under - performance on the part of the learners. This alone poses an additional problem, which can lead to a number of ABET centres closing

down following the deaths of key personnel.

#### **1.2.1.1 THE CRITICAL COMPLEXITY OF MY TOPIC IN RELATION TO MY RESEARCH METHODOLOGY**

There is an urgent and a dire need to reduce the high degree on which HIV/AIDS is killing educators and learners in this area. If this situation is left unattended, the whole area will be an educational disaster zone. Using Soft Systems Methodology I invited all clients/stakeholders/ participants, to meet for an orientation in order to find out their views on this severe social problem so as to come up with a system or recommendations that might reduce the high prevalence of HIV/AIDS. I also allowed them to invite me subsequently to their operational and working stations to interview them in categories on an already available interview schedule.

As a researcher using participatory methods of learning for change, I facilitated the learning of participants about this complex social problem. My task was also to facilitate an inquiry process which enabled the different interviewees to present a system or recommendations that they believed would drastically improve the situation by decreasing the high extent of HIV/AIDS among ABET educators and learners. (Checkland, 1990:9 - 21).

#### **1.2.2 THE PROBLEM STATEMENT**

The research clearly specifies the problem or concern that needed to be addressed, namely:- evaluating the extent of HIV/AIDS in the Lebombo Ward Centres with reference to the ABET community. Once the research questions were answered adequately, a basis was provided for the problem to be addressed. The problem was raised at ABET Centre Managers, *izinduna* and councillors' monthly meetings and was also the main concern at Nyawo -Mathenjwa - Mngomezulu tribal authority meetings. The topic was quite researchable. Literature and accessible data were available. Time, expenses and resources were also available. The availability of this study conducted by a local and known researcher (me) could encourage other interested and willing researchers to do the same. The completed dissertation by the researcher would without doubt contribute to the acquisition of new knowledge. Following below were the overall objectives of the research and its specific aims.

#### **1.2.3 OVERALL OBJECTIVE OF RESEARCH**

**1.2.3.1** The overall objectives of this research were to find preventative measures and ways of decreasing the alarmingly high educator and learner- death rate being caused by HIV/AIDS.

**1.2.3.2 ITS SPECIFIC AIMS**

- Assessing the extent of HIV/AIDS-related deaths on ABET educators and learners in the Lebombo Ward Centres.
- Assessing means / ways of protecting affected / infected educators and learners against HIV/AIDS stigmatization.
- Assessing how ABET educators and learners in the Lebombo Ward Centres can deal successfully with the prevailing fear of HIV/AIDS testing and disclosure.
- Exploring other ways of dealing with the extent of HIV/AIDS on educators and learners in the Lebombo Ward Centres.

**1.2.4 THE PURPOSE STATEMENT/SIGNIFICANCE OF THIS STUDY**

The primary purpose of this study is to find means/ways that might decrease the high death rate by HIV/AIDS of ABET educators and learners in the Lebombo Ward Centres.

**1.2.5 LIMITATIONS OF THIS STUDY**

The population of Ingwavuma area is too wide for it to be covered by any means within a short space of time. The researcher was bound, therefore, to limit this study only to ABET educators and learners in the Lebombo Ward Centres. I, as the researcher, did not ask for permission from the local councillor because he was alleged to be an assassin and an informer for a certain political party in the area. Once seen standing with or talking to him, the researcher would be labelled as one of his associates. As this area was extremely dangerous, the researcher did not ask for any escorting by the South African Police Service Officials to centres or clinics because interviewees would have run away and hidden, and any firsthand, relevant and useful information would have been lost. Normal school and working hours during the day were not used, because that would have jeopardized the right of learners to basic education.

Following here below is a brief *discussion* of motivation for the research.

### **1.2.6 MOTIVATION FOR THE RESEARCH**

According to Checkland (1990: 9 - 21), in Soft Systems Methodology the learning takes place through the iterative process of using systems concepts to reflect upon and debate perceptions of the real world, and again reflecting on the happenings using concepts. Soft Systems Methodology is used in this particular research because it adds value in the sense that the researcher becomes a facilitator and assists clients/participants/stakeholders to think about their situation in new ways so that change becomes possible. The use of this methodology is made through participatory methods of learning for change. Consequently, the researcher, if fully committed, can obtain a holistic view of the situation.

The HIV/AIDS pandemic is making ABET educators and learners' lives very complex and difficult. Many ABET Centres are already facing serious problems as a result of HIV/AIDS, because they do not have enough knowledge, skills and resources to deal with so complex and multi-levelled a problem. The spread of HIV/AIDS in this particular area (Lebombo) damages and ravages both the society and the education system. Educators and learners are not immune to the effects of the epidemic. HIV/AIDS affects educators and learners in various ways: they die from complications of the disease or are unable to work hard because of stress or tension and the debilitating results are often painful effects of chronic illness. This situation brings jaded discomfort to educators and learners.

Foster & Stratten (1996: 23-27) state that HIV-related stigmas and discrimination remain an enormous barrier to fighting AIDS among educators effectively. Fear of discrimination often prevents educators from seeking necessary treatment for AIDS, or they fear that if they are suspected of having HIV status, they might be turned away from their ABET Centres of employment and be rejected by their learners and colleagues. In some cases, these educators might even be evicted from their homes by their families or loved ones and also be refused entry to foreign countries. The stigma associated with HIV/AIDS can extend into the next generation, placing an emotional burden on those left behind, hence the value of this research is discussed below.

### 1.2.7 VALUE OF THE RESEARCH

The primary aim of this research was to seriously investigate and evaluate the high extent of HIV/AIDS in the Lebombo Ward Centres and the extent of the pandemic, with reference to the ABET community through participatory methods of learning for change. “They are easily absorbed into organisational processes, offers an excellent way of exploring purposes, using human activity system models to find out what is possible given the politics of the problem situation, articulates a learning system that challenges existing ways of seeing and doing things, and can lead to some proposals learning for change, have shown that the effective design of support systems, such as information systems, depends on a clear understanding of the purposeful activity that is to be supported in the higher order human activity system and use some powerful methods, such as rich pictures, root definition and conceptual models”(Checkland & Holwell,1998:208). Priority within the research as a whole is given to finding out why and how educators and learners die so alarmingly. Another primary aim of this undertaking is to obtain further relevant information that will assist future researchers and those who are interested in the operation of ABET Public Learning Centres, and also challenges facing ABET educators and learners in the Lebombo Ward ; e.g. HIV/AIDS infection.

In theory, the Constitution of South Africa; Chapter 2, Section 29 (1) (a), allows for provision of ABET classes in the Public Schools in order to eliminate the high rate of illiteracy. In practice, the researcher has observed that some educators and learners still believe very much in hiding their HIV or AIDS status quos. Part of the researcher’s work as a manager and leader is to assist educators and learners in translating theory into practice and in the development of independence of mind and action in order to achieve common practices from which we can all learn.

The researcher hopes to achieve a stage where all other researchers in this field will focus on ABET Lebombo Ward Centres with the serious intention of finding out ways and means of reducing the extent to which HIV/AIDS is killing ABET educators and learners which will be demonstrated later in this research. The researcher also hopes to help remove the widespread myth that young girls who have never had sex before (virgins) can cure HIV/AIDS in an HIV/AIDS-infected person by having intercourse with such a person. The

researcher further hopes to influence certain male including ABET male educators to cease this corrupt practice, which often involves sexual abuse. Here, Soft Systems Methodology will be a useful intervention tool for this complex mess of inter - related social problems.

“This situation is a learning system about a complex problematical human situation and leads to taking purposeful action in the situation aimed at improvement and can be used through the participatory methods of learning for change.” (Checkland, 1990:11).

The researcher also disputes widely publicised utterances documented in the media that HIV does not inevitably lead to AIDS, given false credence by the State President, the Honourable Thabo Mbeki’s public meetings and statements on the topic, and also that carrot, spinach, garlic or beetroot, or any other natural fruit or vegetable sources, cure HIV/AIDS, as suggested by the Minister of Health, Dr Mantombazana Shabalala-Msimang. It would be wrong to confuse the accepted need for a healthy diet in using such items with the hope of a cure.

It is the researcher’s aim to try to find means/ways/ to reduce the alarmingly high educator death rate in this part of the KwaZulu-Natal. Males and females including ABET educators should also be aware that this virus attacks the body’s ability to fight disease. This knowledge might cause better self-care of health and could impact on reducing deaths. AIDS awareness education to date appears to have had little effect on AIDS-related deaths.

There is a gap in time between HIV infection and the development of signs/symptoms of AIDS. Sometimes this gap is quite short - little more than a year or two - and sometimes quite a few years will pass before there is any sign of illness. ABET male and female educators should be aware that sexually-transmitted infections are divided into two groups, namely: discharges which are utheral (urine bladder discharge), vaginal discharge, lower abdominal pain; and specific infections, which are gonococcal infections (bacteria causing a venereal disease with inflammatory discharge from the urethra or vagina) (Barker, et al., 2003: 448 - 451).

In many cases, early detection of health problems leads to improved chances of treatment. *Lack of wealth must not mean lack of health.* When a person gets infected with HIV, there are usually no clear signs, and one can be HIV - positive for years without really knowing this. Usually people only realize that they are HIV-positive once they start suffering from related illnesses such as:-

- skin rashes
- weakness
- swollen glands
- sweating, particularly at night,
- chills
- loss of appetite
- repeated diarrhoea (a condition of excessively frequent and loose bowel movements)
- tuberculosis (an infectious disease caused by bacillus; that is, any rod - shaped bacterium)
- pneumonia (a bacterial inflammation in one lung causing the air sacs to fill with pus and become solid) and
- persistent coughing.

(Barker, et al., 2003: 419 - 425).

It has to be mentioned without any doubt and fear that men, together with ABET educators, are not at all expected in this area to sexually abuse, harass and enslave women. In turn, women need not remain passive regarding health problems, but be actively involved in their own health care management. They have to be listened to by the health care providers, accurately and vehemently relate their experiences accordingly and ask clarity-seeking questions about anything which they do not understand or have no knowledge about. Acquisition of this knowledge and information is crucial in order to prevent avoidable and unnecessary deaths among ABET male educators and young, school - going girls occurring because of the HIV/AIDS scourge.

The leadership of this area is namely:- principals of schools, centre managers, councillors, *izinduma*, different departmental section heads, tutors, ministers of religion and *amakhosi* - is heavily involved in love affair issues. It is common for ABET educators to have affairs with students and to find them married by school-going girls. This fact is borne out of my own observation of these activities as an educator of many years standing. A survey of internet news reports show that this

fact is well - documented and was even commented upon by the former Minister of Education, Kader Asmal (Govender, 2002).

It is tragic that many homes are becoming child-headed. In one home which I visited, I found ten children living alone without any food or clothing. One girl who was six or seven years old told me that their parents (mother and father) had passed away in 2006. Their brother, who should be doing Grade 12 this year (2007), is the only breadwinner and is working in the sugarcane fields.

Wolpe, et al, (1997: 144) give an example of *touching up*, which is likely to cause a great deal of embarrassment to girl learners. Boys as well as men are described as putting their hands on girls' skirts and then sniffing their fingers. This practice is widely accepted as a "normal part of boys development." "Boys will be boys" is how acceptance of this is expressed by people. Further, the passivity among girls is also regarded as normal. Girls expect such things to happen. It is not at all questioned and is termed "normal" behaviour, even though it is illegal and is a form of sexual harassment.

Whatever the circumstances, the power and recognition possessed by male educators in this area are used to initiate sexual encounters. In some centres, female learners have said that they have been forced to have sex with an educator, and in many cases are too scared to report this. It is further alleged that some senior female learners sit in front rows of the classrooms with their skirts pulled up, their legs wide apart, wearing no panties or underwear and exposing themselves to the male educators. These educators often do not know how to handle these odd and awkward situations.

However, it is widely known in this area that educators seduce some of their female learners. The involvement of girls - either voluntarily or with the connivance of their families who stand to gain financially - cannot be overlooked. Because of the high status of educators, particularly in this deep, rural and disadvantaged part of KwaZulu - Natal Province, some parents actually approve of this incident on the part of male educators.

In some instances, female learners indirectly initiate sexual encounters or appear available because they are flirtatious. They often deliberately get too close to the male educator when coming up to his desk, or smile at him in a way that is sexy. This is very different from their behaviour towards female educators.

As a result, ABET male - educators and sometimes even school principals - rape these female learners in ABET Centres, school toilets, classrooms, staffrooms, laboratories, offices and behind locked doors, and in this way HIV/AIDS spreads unabatedly.

According to Burger (2000: 47), South African citizens became aware of the AIDS disease in the early 1980s, but believed that only gays were involved. The AIDS Law Project and AIDS Legal Network (2001: 36) states that the long debate and argument shifted from AIDS classified as a homosexual disease and from a “white man’s disease” to a “black man’s disease.” The AIDS Law Project and AIDS Legal Network (2001: 12) state that the HIV/AIDS epidemic in South Africa is at high generalized levels, especially among youth.

Because learning that takes place at the ABET Lebombo Ward Centres is incremental and routine rather than radical and innovative, it cannot deal with HIV/ AIDS consequences to ABET educators and learners adequately. This view is supported in the work of Druier (2002: 105).

### **1.2.8 OPERATIONAL THEORETICAL FRAMEWORK APPLIED IN THIS RESEARCH**

Soft Systems Methodology was used because of its participatory techniques of learning for change, it assisted me to serve as a facilitator to give proper and relevant guidance when orientating researchees in order to come up with systems or recommendations that might assist in the reduction of HIV/AIDS. In this way by means of full participation of researchees I was able to get greater insights into this socio-problem. Thereafter, I visited all the stakeholders at their working or operational stations to interview them on an already available research interview schedule. They were also willing to fully participate. I critically used direct observation in order to gain deeper understanding and a strong sense of my study topic. Participatory approach by all stakeholders was fundamental.

I strongly feel that direct observation is more reliable because I discovered the embedded truth; that is, whether researchees actually do what they say they do. Metaphorically speaking, I shall endeavour to get into their shoes and move away from my researcher persona in order to free them to tell me the truth and not to hide any crucial information.

## **1.2.9 CLARIFICATION OF CONCEPTS**

**1.2.9.1** AIDS stands for Acquired Immuno-Deficiency Syndrome

**1.2.9.2** HIV stands for Human Immuno-Deficiency Virus

**1.2.9.3** Risk behaviour is regarded as a behaviour that an individual engages in that makes him/her more vulnerable to contracting the HIV.

**1.2.9.4** STI stands for Sexually Transmitted Infection  
(Med Terms on online, 1998:1).

## **1.3.0 RESEARCH PROGRAMME**

Chapter One: This chapter presents a research topic, introduction and overview, the problem statement, overall objectives of research, its specific aims, the purpose statement/significance of study, limitations, motivation for research, value for research, the critical complexity of my topic in relation to my research methodology, operational theoretical framework applied in this research, clarification of concepts and research programme.

Chapter Two: This chapter will provide an intensive literature review on HIV/AIDS and statistics on the numbers and percentages of people infected with HIV/AIDS in various provinces, HIV/AIDS in educators in other countries, HIV/AIDS and educators from within South Africa, problems in doing HIV/AIDS research in rural areas, and programmes focusing on educators that might reduce the significant extent of this dreadful disease.

Chapter Three: This chapter will focus on the research methodology adopted in this study, pre - stakeholder - orientation action interview research process, participants/interviews status on the interview schedule action research process on the extent of HIV/AIDS in the Lebombo Ward Centres with reference to the ABET community, responses on the interview schedule action research process and participants'/interviewees' responses on HIV/AIDS emerging from the interview schedule action research process.

Chapter Four: Data analysis and interpretation are presented in this chapter.

Chapter Five: Recommendations and conclusion are presented in this chapter.

The intensive literature review follows in the next chapter.

## CHAPTER TWO

### 2.1. LITERATURE REVIEW

According to Checkland (1990: 9-21), Soft Systems Methodology aims to bring about improvement in areas of concern, activating a learning cycle that is ideally never-ending in the people involved in the situation. It is a useful intervention methodology for complex inter-related social problems which can be used through participatory methods of learning for change. Firstly, a complex social problem is usually not easily seen, observed or understood at the beginning of an inquiry. Therefore, various stakeholders/participants involved in the situation will view that situation differently, and these differences of perception contribute to the complexity of the situation. It is also important to look at the social roles that are regarded as meaningful by those involved within the situation, and also to look at the kinds of behaviour expected from people in those roles.

I shall make use of this methodology through participatory learning for change in Chapter Three.

The approach used in this particular study is Systems Thinking, which is a way of seeing and understanding the world around us (Flood and Carson, 1993:17). All systems approaches have in common the assumption that everything is or can be connected to everything else and is referred to as the holistic perspective. In order to understand the real world of this social problem, the systems researcher reduces the complexity by constructing hierarchical systems models in which smaller units or sub-systems are rested within larger systems. Among others, Dr Amanda Roberts (1998: 1487-1498) states that AIDS is caused by a virus. Viruses are very small organisms that can cause illness in people. AIDS carriers are people who have the AIDS virus in their bodies but who are not ill; they remain healthy for several years but continue to pass on the virus to other people.

According to Tillotson, (2000: 83-100), HIV/AIDS is increasing much faster and is ten times more common among Black South Africans than other race groups. According to Desmond, Michael & Gow (2000: 39-58), the impact of HIV/AIDS is devastating, especially among poor households and changes the population "tree" into a population "chimney." This means that relationship, love, intimacy and bond within families have all been weakened a great deal, and in many

instances sorrow, misery, frustration, hatred and negative attitudes are being experienced owing to the effects of HIV/AIDS.

According to Flisher, et al., (1993: 495-497), transmission of HIV/AIDS to young school - going females is predominantly through heterosexual intercourse. Other factors that influence learners' risk behaviour, especially in the light of the HIV/AIDS epidemic, are particularly burdensome for them as they experience a disproportionate share of HIV/AIDS infection (Schwab & Kiragu, 1998: 210-232).

Social conditions of male dominance and female learner submissiveness result in high levels of sexual violence and the inability of female learners to object to sexual relations.

Thorne (1993:3), states that adults are said to socialize children: teachers socialize students, the powerful socialize and the less powerful get socialized. Power is indeed central to all these relationships, but children, students and all the less powerful are by no means passive or without agency.

Dr Shisana (2005:24) expresses her concern over findings that 70% of teachers report not using a condom during their last sexual act. "It is clear that the HIV prevention campaign needs to start (among teachers)," she adds. Given the South African context, after ten years of AIDS education, certain unacceptable behaviours still continue because our government to date has not accepted the hypothesis that HIV causes AIDS because a *State person* is one of those who does not accept the idea that the HIV virus causes AIDS.(Christiansen, et al., 2007:97 -104). The insinuations by high - profile government politicians, such as that a shower - bath after sexual intercourse activities prevents HIV/AIDS, encourage ignorant people at grassroots level not to take the necessary precautions against becoming infected.

The silence of the government on the known murder of Gugu Dlamini in Durban, just because she had declared herself publicly as having contracted HIV/AIDS, seriously exacerbates the practice of unsafe sex (Morrel, R, 1998:605-630). The rapid rate at which this disease is spreading is also aided by weaknesses in South African sex and AIDS education, which often does not explicitly connect sex and HIV/AIDS. This view is supported in the work of Jackson & Harrison (2006:

83,709-722). HIV/AIDS awareness campaigns are therefore likely to be inappropriate and ineffective (Tillotson, 2000: 26).

The economic and social inequalities, as well as the age disparity between male educators and female learners, create a situation of unequal power within a relationship. Preston-Whyte & Zondi (1991: 1389 -1394), state that young school-going girl - learners fear being branded as “barren” when using condoms and are consequently often pressurized into wanting to prove their fertility beyond doubt, with the result that they become HIV/AIDS victims in large numbers. According to Schon (1987: 165), the prevailing challenge lends itself to solution through the application of research-based theory and technique. The disadvantaged institutions are deep - rural and remote. This clearly indicates that teething problems affecting the population in rural areas will be mainly resolved by means of conducting appropriate research that takes account of their situation and their particular problems.

Kalunde (1997: 149-161), states that investigation into the sexual behaviour of youth in Zambia found that, regardless of the race, sex or educational background of the respondents, they did not believe that HIV/AIDS was a personal threat to their own lives.

According to Dallimore (2000: 96, 335-343), in sub - Saharan Africa, where polygamous relationships are common, boys are encouraged to seek a number of sexual partners, while girls - in their desire to secure a husband - accept this behaviour and hope that they will be chosen from among the many “candidates.”

Donovan & Ross (2000: 1897 -1901) report that the prevalence of HIV/AIDS among educators in South Africa is the least researched and understood area of study /research.

According to Morris (1997: 1154-1162), social models now include the influence of social factors on individual decision-making. The social network theory highlights the importance of both partners’ sexual risks threatening the other through bridging into areas of high-risk population. For example, if an HIV-infected girl learner has unprotected sexual intercourse with her boyfriend and then with another male educator - friend, she in effect transmits the disease from herself to the male educator, thus infecting both her partners. If they, in turn,

have intercourse with other partners, the disease is passed on at a rapid rate. This view has been supported in the work of Varga (1997:58).

According to Nelson Mandela (*News Amnesty*, 2007: 12 ), AIDS in Africa today is claiming more than the sum of all wars, famines, genocides, floods and ravages of such deadly diseases as malaria. The African economy depends heavily on the workforce, the people who work on the farms and in factories. It also depends on educated people, graduates from universities who help their country and strengthen the economy, but HIV/AIDS is killing a high proportion of them. Therefore AIDS in Africa does not only endanger individuals' lives. The survival of industries and national economies are being threatened. This view is supported in Roberts's work (1998:15).

UNAIDS Report (2006:3-21) states that about 4,2 million South Africans are presently affected with the virus. The growing delay of marriage, along with the falling age of menarche, has led to more sexually active, unmarried youth at a level that has never been experienced before. Furthermore, unwanted pregnancies have added a new danger of contracting HIV/AIDS, particularly among the young school - going female learners.

Dhaya Govender, General Secretary of the Education Labour Relations Council (2005:4), warns that if "South Africa cannot curtail the level of infection and progression of HIV/AIDS among its educators, the consequences will be bequeathed not just on the present generation of learners, but also on future learners, adding immeasurably and unnecessarily to poverty and social stagnation in the following decades." This warning is just as relevant today.

**A note on statistics:** for a number of reasons they can vary, and some can be unreliable. In South Africa, in particular, HIV/AIDS is not presently a notifiable disease, and therefore statistics are based on estimates and models. They should not be regarded as absolute, but should be used as a guide to understand the extent of HIV/AIDS epidemic in broad terms.

In the United States during 2001-2004, Blacks accounted for 51% of newly-diagnosed human immuno-deficiency virus acquired syndrome infections. Furthermore, among persons identified as white, black, Asian/Pacific Islander, American-Indian and all non-Hispanic, during 2001-2005, most of the 625 newly

diagnosed with HIV/AIDS were aged 25-44 years old, and Blacks accounted for 48% of the new HIV/AIDS diagnoses. During the same 2001-2005 years, HIV/AIDS diagnoses were higher among Black females than any other racial/ethnic population (JAMA, 2000:1185-1186).

Kirby (1989:165-171) states that qualitative sex education for young people as a means of addressing complexities relating to the initial sexual experiences of young people in American sexual health education involves community agencies, religious leaders, parents, media messages and health promotion.

In India, more than 100 000 mothers die every year, which amounts to one maternal death every five minutes. And, for every maternal death, there are ten to fifteen maternal disabilities. These deaths are preventable if proper medical attention could be provided in time (Ramani, Mavalankar & Dileep, 2006:560-572). India – with 5,1 million HIV/AIDS cases – has the highest number of cases in any country outside Africa.

HIV/AIDS is hindering decades of health, economic and social progress. Indicators of human development – such as child mortality, literacy and food production – are slipping as the disease ravages families, communities, economies and health systems.

The UNAIDS Report (2006:38) states that in Uganda, President Yoweri Museveni advocated the use of condoms as a weapon against HIV/AIDS and broke the traditional taboos on open discussion of sex in his country. Public awareness campaigns and social condom marketing went into effect.

The first case of HIV/AIDS was reported in Nigeria in 1986 and by 1999 had increased by 5,4%. The rising rate of HIV/AIDS among children in the context of early-age onset of first sexual intercourse among Nigerian children is alarming and calls for a more aggressive approach to “catch” them young before HIV/AIDS snatches them away.

In public health HIV/AIDS prevention programmes, the emphasis is on educating people regarding measures to take to avoid being infected with HIV. This includes educating people about the behavioural risks and the importance of appropriate behavioural change. HIV/AIDS policies and programmes tend to be

skewed in favour of adults and to ignore youth (children). Studies reveal that children (youth) in Nigeria are being left out of the fight against HIV/AIDS. Their being left out is largely because their teachers are not being effectively integrated into HIV/AIDS prevention and control programmes (UNAIDS, 2006: 1- 475).

In Botswana and Zimbabwe, it is projected that by 2010, the population will cease growing because of severe AIDS epidemics (*Confronting AIDS*, 1997:1-22). With respect to Swaziland, the number of reported AIDS cases gradually increased from one in 1986, when the first case was reported, to be 45 in 1991. This idea is supported in Stanecki's work (1991:3-26). By 1994, Swaziland had 180 022 cumulative HIV- infected persons, 184 342 new AIDS cases per annum, 9 000 TB patients, and 180 333 related deaths per annum (*AIDS Newsletter*, 2000:34-39, 49).

In the underdeveloped small town called Umtata in the Eastern Cape Province, inhabitants have a strong connection to their rural and cultural roots. Education around the HIV/AIDS epidemic and the provision of information on reproductive health are perceived as ethical issues. Parents cannot start talking about sexual intercourse to children in their home environments, as this would be seriously questioned. Parents also fear that they are not bringing up their children in the way that is expected of them, and children who are brought up by grandmothers get different messages because the grandparent is very unhappy about transmitting sexual information (Masuku, 1998:11-33).

Parents do not stress values and culture in their homes. This state of affairs leaves children open to practising trial and error methods with regards to issues of sexual intercourse and frequently leads to girls' falling pregnant. This situation is also experienced in Lebombo Ward Centres, where the pregnancy rate is very high. Parents are actually often afraid of their children.

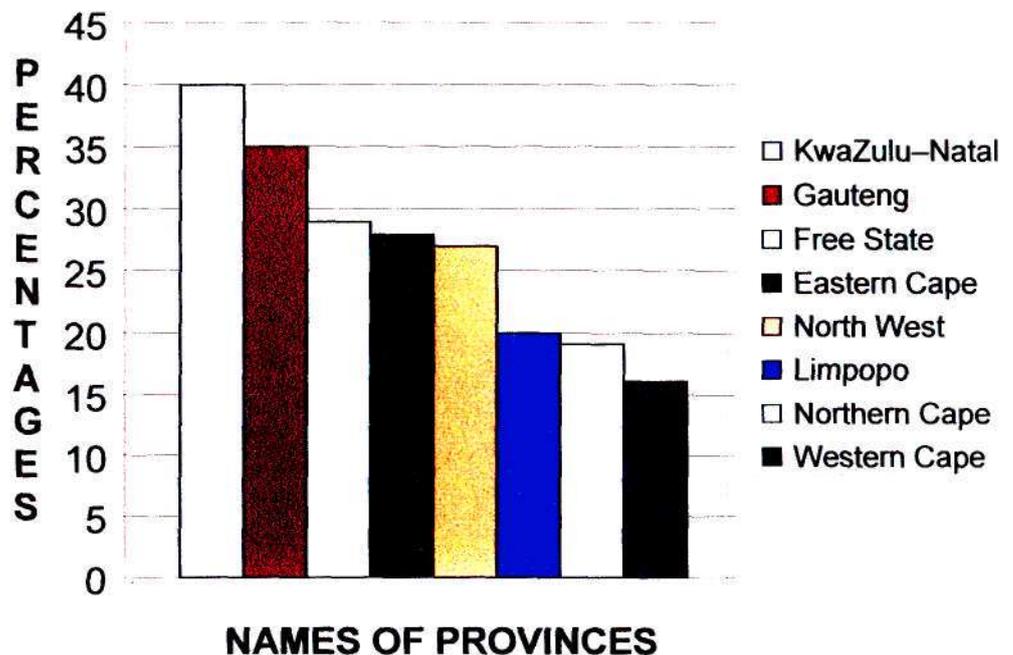
Although there is an Abortion Act in South Africa which allows girls to make choices about terminating pregnancy, parents are not sure about what advice to give girls, and some parents do not accept abortion because they lack knowledge about it or their religion does not accept it. This view has been supported in Nolwazi Mbananga's work (2004: 152-162). In Malawi more than 400 new cases

of HIV infection are being reported every day. Health Service Personnel are under increasingly unmanageable pressure (*Daily News*, 22 June 1993:12-13).

Although it is traditionally taboo for a girl to have sexual intercourse before being initiated, the community has a strong belief that, in girls, the age of first sexual intercourse can be increased approximately one year (from 13½ to 14½). This view has been supported in the work of Peltzer (2006: 608-613). According to Drimmer (2004:2), the advent of AIDS in particular underscores the fact that “business as usual” is no longer applicable, as this “creeping disaster” has steadily eroded the livelihood base of millions of people.

According to the National Antenatal Survey (2004: 2), 22% (2 069 011) of the total population (9 665 758) of South Africa was infected with HIV and various provinces indicated the following statistics:-

### STATISTICS ON THE NUMBER OF PEOPLE WITH HIV/AIDS INFECTED AGAINST PERCENTAGES



Source: (National Antenatal Survey 2004: 2).

KwaZulu-Natal Province ranks the highest in HIV prevalence in South Africa. This province is placed at the epicentre of the global HIV/AIDS pandemic. In the KwaZulu-Natal population alone, it is estimated that about 1 563 700 persons were living with HIV/AIDS in mid-year 2005. Life expectancy at birth declined substantially between 2000 and 2005 (from 50,7 years to 43.4 years). Death from AIDS - related causes has increased rapidly over the last 15 years and will continue to increase over the next 10 years with approximately 118 000 people expected to die from this cause in 2015 and beyond.

A review of South Africa literature ( HEARD, 2001: 32) further reveals that women are abused by men in forms of violence that make them vulnerable to HIV/AIDS infection, particularly those that live in squatter camps. Sexual behaviour and degree of risk are not well understood.

This study also seeks to investigate workplace policies to determine their responsiveness to HIV/AIDS among ABET educators and learners in the Lebombo Ward Centres. After receiving all key Department of Education's (DoE) workplace policies, the transformation of the education sector has been on the whole unsuccessful in the implementation and interpretation of these policies because, in their functioning, the policies address the issue of HIV/AIDS through just one of its seven roles of educators, namely: community, citizenship and pastoral role. This role states that "within the school the educator will demonstrate an ability to develop a supportive and empowering environment for the learner and respond to the educational and other needs of the learners and fellow educators." One critical dimension of this role is HIV/AIDS education (Ngoepe, n.d.:407-411).

Furthermore, although the policy touches on the issue of HIV/AIDS, it does not provide a framework as to how HIV/AIDS should be integrated into teacher - education programmes. In order for the HIV/AIDS pandemic to be given proper attention, the policy should provide a clearly defined framework on how the issue should be integrated into teacher-education programmes, within which it could even be taught as an independent learning area within such programmes (da Silva, 2002: 89).

Educators and learners in the Lebombo Ward ABET Centres presently are battling unconventional ways in which they can learn about the extent of

HIV/AIDS so that they can change and become effective and efficient in a complex ever-changing milieu. Today's educators must note that complexity and change are the order of the day, and that mastering them requires a new way of seeing and thinking about approaches to problems, as well as greater openness to new concepts (Sander, 2003:307). If this is not achieved, centres will lose the trust of the public at large and will render themselves irrelevant and their continuance unjustifiable. According to Beer (1989:12 -13), managerial, operational and environmental varieties, diffusing through an institutional system, tend to equate and should be designed to do so with minimum damage to people and cost structures.

The problem is compounded by an increasing number of male educators and young female learners becoming vulnerable as a result of this epidemic. Additionally, many are being turned into care-givers by their sick and ailing parents and other family members, thus depriving them of the opportunity to remain in ABET Centres, despite the major efforts currently being made in Africa to increase the success of universal ABET education.

The following are sexually transmitted infections, particularly as observed in Lebombo: - genital warts, gonorrhoea, Chlamydia and genital herpes (Winkler, Gisela & Bodenstein, 2005:84).

Males and young females including ABET educators and learners found sick at Gwaliweni, Nondabuya and Osizweni hospices have the following signs of common oral lesions:-

(a) *Pseudomembraneous Candidias* - this is the most common oral lesion, creamy white-yellow loosely adherent plaques located in the mouth and which can be wiped off to reveal an erythematous surface with or without bleeding.

(b) *Erythematous Candidias* - these are multiple flat red patches on mucosal surfaces, usually on the palate or top surface of the tongue, occasionally on buccal mucosa, and a variant is median rhomboid glossitis with red, smooth, depapilated area on the middle of the tongue.

(c) *Angular Cheilitis* - these are fissures or linear ulcers of the mouth. Varying degrees of inflammatory erythema and hyperkeratosis may be present peripheral to the fissure.

(d) *Oral Hairy Leukoplakia* - these are bilateral whitish/grey vertical corrugations on the sides of the tongue, which are removable. These lesions may sometimes even occur on the buccal mucosa.

(e) *Herpes Virus Infection* - these are lesions on the gums, hard palate and lips and any mucosal surface may be involved. This infection presents itself as vesicles that rupture to become painful irregular ulcers that are *Herpes Zoster*, which is a unilateral ulceration limited to the area supplied by trigeminal nerve. It is very painful

(Barker, et al., 2003: 419-425).

These symptoms are terrifying because in South Africa alone more than 600 people are dying every day from HIV/AIDS - related diseases. It is estimated that between now and 2010, 50% of all children who are fifteen years of age will not live to see their 25<sup>th</sup> birthday (American Anthropologist, 2006:312-323). This is also partly due to the fact that STIs (sexually transmitted infections) are not treated by many males and females in this area, and untreated STIs increase the risk of becoming infected by HIV, apart from the fact that STIs also lead to various serious illnesses and contribute towards infertility.

The HIV/AIDS pandemic in South Africa has striking gender-related features. Women are estimated to comprise approximately 56% of those aged between 15 and 34 years of age, the vast majority of whom are school-going females: 15,64% of African girls are likely to be HIV- positive compared to African boys (Morrel, Unterhalter, Moletsane & Epstein, 2001:51).

In the Lebombo Ward of the Ingwavuma area, the prospect of *lobola* - the traditional brideprice, which is regarded as an attractive proposition to struggling families - compels parents to surrender one or more of their beautiful daughters to marry them with any man who offers an attractive bride price, irrespective of age. "A virgin bride generally affords her family a heftier price during *lobola* negotiations."(Preston - Whyte & Zondi,1991:1389-1394). The young men often use this knowledge to coax virgins into having anal intercourse as a means of maintaining their virginity because anal intercourse does not pose risk of pregnancy, but girls engaging in this practice without using a condom are exposing themselves to being infected with HIV.

### **2.1.1 COMPLEXITY THEORY**

According to Valle (2004: 4), "Complexity Theory is one in which numerous independent elements continuously interact and spontaneously organize and reorganize themselves into more and more elaborate structure over time." This theory argues that the whole universe is organized in terms of relationships, emergent patterns and iterations. As these systems continue to evolve and self-organize, they readily adapt to their new and challenging milieus. Furthermore, Complexity Theory describes how simple causes can produce simple effects.

HIV/AIDS in the locality being observed is a complicated issue, so much so that a complex adaptive system should be applied. Presently, nobody seems prepared to fight this dreadful disease. Therefore, a complex adaptive system which represents a genuinely new way of addressing this challenge is needed.

According to Anderson (1999:24,707-711), applying a complex adaptive system model to the strategic reduction of the high prevalence of the pandemic leads to emphasis on building systems or recommendations that can rapidly evolve effective adaptive solutions. In this study, relevant steps will be mentioned and recommendations tabulated, serving as solutions towards reducing the high HIV infection rate being experienced by educators and learners of the Lebombo Ward ABET community.

### **2.1.2 HIV/AIDS AND EDUCATORS IN OTHER COUNTRIES**

#### **2.1.2.1 MALAWI**

According to Malcom MacLachlan (1993:332), Malawian educator-patients may be comfortable being attended to by doctors/nurses and/or traditional healers within the same illness context (a particular disease) or the same physical setting (a general hospital, surgery, clinic or health centre). However, modern health professionals (doctors and nurses) are seen to be more highly credible than traditional healers with regard to the prevention and management of AIDS.

Malawi undergraduate students are encouraged to have very strong contacts with Western influences on most medical approaches to health problems, including HIV/AIDS. Malawi HIV/AIDS patients think of traditional healers as being linked to a community relationship, while the modern health professionals like doctors and nurses (the medical field) form a distinct group.

The way in which cultural traditions communicate sexual knowledge in Malawi has suggested that enhancing the importance of traditional values could prevent or decrease the alarming spread of HIV/AIDS. Traditionally, it is taboo for a girl to have sexual intercourse or to use contraceptives before being initiated.

#### **2.1.2.2 GHANA**

Many AIDS control programmes rely heavily on mass media to disseminate information about the HIV/AIDS disease, reduce misinformation, and induce behavioural changes that would protect its citizens against infection. Community-based interventions, together with educator-interpersonal interventions, have been found to be very effective in the battle against HIV/AIDS (Goodridge, Gow & Lamptey, 1999:331-362). In Africa, tremendous amounts of information about AIDS are passed through informal networks of friends and family members (Ahlberg & Caldwell, 1999:399 - 405).

#### **2.1.2.3 INDIA**

The Indian government has a special programme for educators that also focuses on primary and rural health services, seven days a week, in 50% of all deep rural, remote and most disadvantaged areas and will continue to do so over the next five years. The government has also decided to operationalise all designated first referral units in rural areas. Health Insurance is one option to address concerns on affordability, including the issue of educators.

Telemedicine is being cited as an option to be explored. A telemedicine infrastructure consists of a Telemedicine Centre. A telemedicine infrastructure also supports Continuing Medical Education for the professional development of doctors, as well as facilitating educator-health promotion activities (Mohammed, 2003: 262 - 9).

#### **2.1.2.4 NIGERIA**

There is a current shift from data or information management system to Know Discovery Database, Knowledge Management System, Knowledge Work and Knowledge Organization. The emphasis is on the provision of knowledge to the community, including educators and learners, which is appropriate, applicable and comprehensive on HIV/AIDS. Library centres and librarians serve as strategic institutions in the cultivation of the mind and the development of human

capacities and occupy a priority position in the development agendas of this country.

Information storage on HIV/AIDS is carried out in various media – books, reports, computer files, databases, CD-ROMs, and magnetic tapes (Sabaratum, 1997:197-202). The diversities of sources, systems, services and networks have led to the invention of tools and infrastructures vital to the effective management of information on HIV/AIDS in this country. Information and Communication Technology, commonly called digital revolution, has brought immense economic, social, cultural and developmental transformation to individuals, institutions, nations and the international community. The rapid proliferation of large-scale digital libraries, database management systems, multimedia information systems and internal resources and services have all contributed to a phenomenal increase in the amount of available information (Oluic-Vukovic, 2001:54-61).

Nigeria has a strong librarian-cadre which serves the community and educators and learners in the following ways:- as information managers, information management consultants, custodians of information, providers and publishers, change agents and custodians of public library facilities (Klobas, 1999:267 - 277).

#### **2.1.2.5 THAILAND**

This country encourages its individual community-educator members to protect themselves from HIV/AIDS infection by limiting the number of partners and using a condom. This view is also supported in Tillotson's work (2000: 5). Community members are given instruction on primary prevention through behaviour change to halt the alarming spread of HIV/AIDS (Tillotson 1998: 5).

#### **2.1.2.6 ETHIOPIA**

It is estimated that by 2008 about 75 000 educators will be dead in Ethiopia. The Ethiopian government has one new National Strategic HIV/AIDS Action Framework, which has greatly contributed to the reduction of the pandemic in educators. Furthermore, all HIV/AIDS co - ordinating bodies of the Ministry of Health (MOH) are being moved to this new structure. The President of America, George Bush, plays a significant role in assisting this country to fight HIV/AIDS. He has a special HIV/AIDS Emergency Plan to fight the consequences of this

dreadful disease, lambasting educators and the community at large in order to achieve implementation. There is high mobilisation of private health care providers. They are encouraged to give quality prevention, treatment and sound care. International sponsors and Ethiopia's public and private sectors are drawn in. The work is expanded with new partners known as non-governmental, faith-based, and community-based organizations in order to make sure that there is coverage and sustainability. This valuable plan also attempts to support the development of national prevention, care and treatment guidelines as well as protocols. (Washington File, May 30, 2007:1-9).

Finally, it is also the aim of George Bush's government's plan to develop a structure and systems which assist in the implementation of an HIV/AIDS schedule and to build human capacity by means of training, site-level support visits and the improvement of the military HIV/AIDS situation with services for communities as well as for active duty personnel and their dependants. The community members are capacitated and cautioned not to involve themselves in risky behaviours. Local newspapers, radio stations and community programmes are intensively used to increase the knowledge of HIV/AIDS transmission in order to reduce the stigma facing victims of the disease. (Washington File, May 30, 2007:1-15).

#### **2.1.2.6(a) ETHIOPIA'S INTERVENTIONS FOR HIV/AIDS CARE**

This is HIV/AIDS home - based care targeting mainly educators and learners and is done in partnership with traditional burial societies (idirs). These societies help to reduce the AIDS stigma. There is now a local music station which has produced a video-music song promoting compassion and caring for HIV/AIDS victims. (Washington File, May 30, 2007:1-30).

#### **2.1.2.6(b) ETHIOPIA'S INTERVENTIONS FOR HIV/AIDS TREATMENT**

This component facilitates service delivery treatment. Links between health centres, hospitals, clinics and the community at large have been created. Follow - ups on HIV/AIDS victims, including educators and learners are made and are referred to community - and home-based care centres. Ethiopia has a consortium of private laboratories which support laboratory services. These also guide initiation and monitoring of antiretroviral therapy. (Washington File, May 30, 2007:1-40).

### 2.1.2.7 BOTSWANA

This country is hardest hit by AIDS. It is estimated that 20 000 educators were living with AIDS in 2005. According to President Festus Mogae, speaking at the United Nations Assembly in June 2001, Botswana educators are dying in chillingly high numbers, and it is a crisis of the first magnitude. Botswana is leading in efforts to reduce the high extent of this appalling disease. Botswana has three stages of responses to the HIV/AIDS pandemic, namely:

- (1) the screening of blood to eliminate the risk of HIV transmission through blood transfusion;
- (2) the first Medium Term Plan (MTPT) dealing with the introduction of information, education and communication programmes; and
- (3) expanded HIV/AIDS responses in many different directions, including educator - HIV/AIDS prevention, comprehensive care, and the provision of antiretroviral treatment.

In 2001, the Government of Botswana made an undertaking to evaluate the possibility of supplying antiretroviral drugs to infected educators and learners.

The two sections of the Botswana Government, through KITSO Training programmes, provide assistance in HIV/AIDS specifically for education professionals. These are the Harvard AIDS Initiative and the Botswana Ministry of Health. The doctors are paid by the Government to test for infection, carrying out laboratory duties and supply of treatment to educators, including those in very deep rural areas.

According to Dr Ernest Darkoh (2004:292), it is heartening to begin to see a drastic change in Botswana's attitude to HIV/AIDS. The government there finally understands that it still has options at its disposal, and that infected people can go on living fulfilled and productive lives, despite their HIV status. Botswanas now know that counselling and testing (VCT) play a major role in HIV prevention and care.

The Botswana Government is working tirelessly to fight HIV/AIDS in its educator-cadre by jointly developing capacitating programmes with the Ministry of Education, the United Nations Development Programme (UNDP), in collaboration with the Government of Brazil. These activities improve the knowledge of educators, demystify and de-stigmatise HIV/AIDS, and are finally

breaking down unnecessary beliefs which are void of truth about sex and sexuality.

The Botswana Government through the Ministry of Education has supplied primary and secondary schools with a satellite dish and decoder, a television set and a video decoder. It also provides a broadcast twice weekly, a programme known as TALK BACK which serves as an interactive AIDS education facility. This undertaking is a critical and essential one in the sense that educators are provided with relevant HIV- education and prevention messages to help protect them from the disease and to put them in a position to pass on this knowledge effectively.

The Ministry of Health, in conjunction with the Ministry of Education, have both played vital roles in educating educators and in the development of specific HIV/AIDS materials. (AIDS in Africa-Botswana, 2007:1-11).

#### **2.1.2.8 ZAMBIA**

Volunteers help to care for the sick, participate in HIV/AIDS public information and awareness campaigns, and help spread the word on prevention and treatment. Their efforts start with giving community members, educators and learners knowledge, because HIV/AIDS has no power over a well-informed person who practises safe sex and makes educated decisions regarding his or her health (UNAIDS, 2004:18)

#### **2.1.2.9 ZIMBABWE**

It must be stated here that the Zimbabwean woman-educator's life expectancy is a mere 34 years, the lowest in the world, because of HIV/AIDS infection. Women-educators are dismally eroded by HIV/AIDS in this area (Tibajjuka, 2005).

##### **2.1.2.9 (a) THE ZIMBABWEAN GOVERNMENT RESPONSE**

The newly formed National AIDS Council (NAC) in 1999 implemented the country's first HIV/AIDS policy. An AIDS levy on all taxpayers, including educators, was introduced by the Zimbabwean government. The main purpose of introducing this levy was to fund the NAC's work. Currently, learners from the age of eight upwards in schools are taught about HIV/AIDS. The Government is also still seeking ways and means of making students take examinations on this

subject. Outside the school environment, Non-Governmental Organisations (NGOs) are contracted to educate and inform people about HIV/AIDS and to convey prevention messages by means of radio, drama, television and community groups. The Zimbabwe's AIDS prevention strategy stresses the significance of voluntary counselling and testing for HIV (HIV and AIDS in Zimbabwe, Undated: 5).

#### **2.1.2.10 EGYPT**

There is a recently-established HIV/AIDS toll-free service available for educators and the community at large. A National AIDS Programme now has support groups where educators with AIDS meet and share experiences in various aspects of the disease. Support groups, including educators and local leadership, comprise 10-15 people per group (WHO, 2003:241-247).

#### **2.1.2.11 BURUNDI**

People and educators are no longer afraid of going for testing, which means that prevention efforts are greatly enhanced. The acceptance of educators and others living with AIDS has also increased because of treatment. Currently AIDS is discussed more freely within families and during meetings (UNAIDS, 2006:319 - 336).

USAID (the United States Agency for International Development) donates HIV/AIDS funds in order to achieve the following goals, both for educators and for communities:-

- (1) behaviour change resulting from increased accessibility to quality services;
- (2) behaviour change resulting from communications interventions;
- (3) the enhanced capacity of public institutions, non-governmental organisations (NGOs) and communities to implement effective programmes for orphans and others affected by HIV/AIDS;
- (4) the identification of sustainable, replicable community programmes to assist orphans and other children affected by AIDS;
- (5) support for broadening the role of community - based distributors of condoms, distributing, selling and encouraging the use of condoms, and building a sustainable stock of condoms;
- (6) strengthening the policy and advocacy initiatives of local NGOs and faith-based organizations and supporting the development and implementation of

- positive HIV/AIDS-related policies in the public sector;
- (7) collaboration with the Centres of Disease Control and Prevention (CDCs), which support improved HIV/AIDS surveillance and data analysis; and
- (8) supporting a media campaign designed to encourage individuals and couples to learn about their HIV status, as well as to use post - test services to promote and maintain positive behaviour change.(All of the above, WHO, 2004:14 - 48).

#### **2.1.2.12 CAMEROON**

Peer educators in this area help to fight HIV/AIDS. Boys and girls often go to abandoned houses whose front doors are wide open to the streets, and to bars and dilapidated cars to meet late at night to have sex. The educator-peer groups are mobilized to take the fight against AIDS into the streets. They are on the lookout for locations where risky behaviour can take place and contribute to the spread of HIV in the community.

These peer groups further mark the risk and vulnerability areas. This mapping exercise is at the core of their work. They map the locations where youth are mostly likely to be exposed in their communities and help them identify the resources available. By mapping the risk factors in their environment, the youth begin to understand that their physical and social environment can lead to risky behaviours. These young leaders work as peer educators in the community youth centres, which provide information, education and counselling. The centres are located in high-risk areas throughout the country. Each youth centre is a place where young peer educators receive basic training in risk mapping, behaviour analysis, programme planning and counselling. The centres are also meeting places for hundreds of peer educators, who attend regularly to share their experiences and get support from senior peer educators. When young people express themselves and make their voices heard, their motivation increases. These risk mapping and behaviour analysis activities enable young participants to develop a range of skills they will need later in life. They develop life skills, leadership skills and a sense of pride (Fall, 2003: 22-42).

#### **2.1.2.13 UGANDA**

Uganda's response to HIV/AIDS has been comprehensive and is viewed as a model for sub-Saharan Africa. Uganda's strategy to combat the high prevalence of HIV/AIDS among educators includes strong public commitment, mobilization

and education efforts, political openness about HIV/AIDS, an extraordinary range of community-based and faith-based partners, and a political vision that recognizes the vital role of HIV/AIDS as a negative element in its development, as well as a health problem (*Plus News*, 2007: 37). Its responses build on several key principles. These include:-

- \* supporting a strong and community response;
- \* improving service delivery systems and institutions;
- \* implementing a broad portfolio of proven interventions and innovative new activities, and
- \* supporting the establishment of the network model, which links services to educators, community and families.

#### **2.1.2.13 (a) CRITICAL INTERVENTIONS, CARE AND SUPPORT IN UGANDA**

The United States Government (USG) is doing the following:-

- \* working in different programmed areas, with 21 USG partners supporting palliative care for 100 000 people, including educators living with HIV/AIDS; and
- \* offering USG-supported counselling and testing services, including to educators, in 464 community-service outlets in 50 districts. All these interventions are focusing on abstinence and faithfulness (UNAIDS, 2006:475).

#### **2.1.2.14 SOUTH ASIA**

HIV/AIDS services are being piloted in two South Asia Agriculture and Rural Development (SASARD) projects, mainstreaming on educators. In Sri Lanka, HIV/AIDS mainstreaming on educators is piloted in the Community Development and Livelihood Improvement “Gemi Diriya” Project. HIV/AIDS is one of the important social issues facing their communities. In response to educator, learner and community concerns, information on HIV/AIDS issues is informally shared with communities participating in the project, but there is a demand for more follow-up and technical support.

The World Bank Agriculture and Rural Development sector has a focal person, particularly an educator for HIV/AIDS, designated to serve as a champion to promote advocacy regarding prevention. Educators are “learning by doing” in two South Asia Agriculture and Rural Development (SASARD) projects - the Sri

Lanka Community Development and Livelihood Improvement “Gemi Diriya” Project and the India -Tamil Nadu Empowerment and Poverty Reduction Puthu Vazhu Project.

The impact on educators of projects on transmission is assessed, and mitigation measures are implemented. Actions include the introduction of clauses for HIV/AIDS mitigation in civil work contracts and signed agreements for HIV interventions for educators and rural communities in which they work (WHO, 2003:241-247).

#### **2.1.2.15 RWANDA**

According to the United Nations Joint Programme on HIV/AIDS, 250 000 people, including many educators, in this country are infected. Women educators often prefer giving birth at their homes rather than in health care institutions, and in this way HIV/AIDS quickly spreads uncontrolled.

##### **2.1.2.15 (a) UNITED STATES (U.S.) GOVERNMENT RESPONSE**

There is an HIV/AIDS action framework which was developed collaboratively with other major sponsors. This structure also serves as a monitoring and evaluation tool.

##### **2.1.2.15 (b) THE UNITED STATES HIV/AIDS EMERGENCY PLAN IN RWANDA**

This includes:-

- \* building educator-community human capacity; and
- \* the engaging of new partners, and working to reduce educator-community isolation and discrimination. (UNAIDS, 2006:201 - 203)

#### **2.1.2.16 SENEGAL**

In this country, HIV/AIDS has generated the urgent need to retrain teachers. It is accepted that they need to acquire sufficient knowledge on HIV/AIDS, as well as new pedagogical approaches to transfer such knowledge. According to Fall (2002:74), teachers have undergone training, and plans are being made to intensify and formalize such training. Senegal appears to have a well-developed system that trains teachers of natural sciences, home economics, health education, and civics and moral education, among other subjects, to incorporate knowledge of HIV/AIDS in their lessons.

The Senegal programme entails training the teachers and producing AIDS flyers, handouts and booklets for classroom use (Tamukong, 2001: 134-157). It has also produced manuals for pupils and students at all levels, as well as guides for the teachers (Seck, 2006:2).

#### **2.1.2.17 SUMMARY OF STEPS TAKEN BY THE ABOVE COUNTRIES TO REDUCE THE HIGH EXTENT OF HIV/AIDS AND BENEFIT EDUCATORS IN SOUTH AFRICA (LEBOMBO WARD CENTRES)**

**2.1.2.18** These steps cover:-

- \* flexibility allowing HIV/AIDS-affected educators to be attended by both health professionals and traditional leaders;
- \* educators to be enabled to establish contacts with Western influences;
- \* utilization of library infrastructures and facilities to assist educators with HIV/AIDS materials;
- \* utilization of mass media to disseminate information about HIV/AIDS;
- \* telemedicine infrastructures to support medical promotion activities and facilitate educator-health promotion activities;
- \* utilization of information technology systems to equip educators with appropriate, applicable and comprehensive knowledge on HIV/AIDS;
- \* practising safe sex;
- \* networking with other countries;
- \* community- and faith-based organisations to visit HIV/AIDS-affected educators on a frequent basis;
- \* home - based care targeting mainly educators to reduce AIDS stigma and to supply antiretroviral in their homes;
- \* utilization of HIV/AIDS audio-visuals;
- \* provision of HIV/AIDS radio and television sets and programmes to schools;
- \* volunteers to care for sick educators;
- \* making HIV/AIDS an examinable learning area in schools;
- \* HIV/AIDS educator-victims to meet and share ideas and different experiences relating to the pandemic;
- \* social and other acceptance of educators and people living with HIV/AIDS;
- \* free discussions on HIV/AIDS within families and during community meetings;
- \* introduction of peer-educators to reduce the high prevalence of HIV/AIDS;

- \* building educator-human capacity; and
- \* training educators to produce HIV/AIDS materials and manuals for pupils and classroom use.

## 2.2 HIV/ AIDS AND EDUCATORS FROM WITHIN SOUTH AFRICA

South Africa has the sixth highest prevalence of HIV in the world. The remarks of the Deputy President of the African National Congress, Mr Jacob Zuma, when he was on trial in the Johannesburg High Court for allegedly raping a 31-year-old, HIV-positive woman, that he believed that having sex with the young woman and that after a sexual intercourse activity has taken place, a bath carried a minimal risk of contracting the HIV virus; angered educators and learners (Eetgerink, Mail & Guardian, 06 April, 2006).

Educators and learners complained bitterly that Mr Jacob Zuma's testimony undermined HIV-prevention campaigns by implying that men were not at risk of contracting HIV by having unprotected sex with HIV-positive women (*VOA News*, 2002:8). An estimated 10 000 educators in South Africa are expected to die of HIV/AIDS within the next two years if there is no strategic plan to give anti-retroviral drugs without delay to all educators who are in need of these drugs.

A 2004 survey of educator supply and demand reported that 12,7% of the 350 000 educators in South Africa were HIV-positive. Many of these educators were said to be ill to the extent that they would die within a relatively short time if they did not receive urgent treatment. The South African Department of Education established a workplace AIDS treatment programme because new infections were still increasing with no signs of reaching a natural limit. Efforts to stem the tide of new infections have had only limited success, as behaviour changes are long term processes, and the behaviour of people that predisposes them to infection cannot be addressed in the short term. (SA - Educ Journal, 2004:53 - 62).

The disbelief expressed by the Honourable Thabo Mbeki that AIDS does not cause HIV, and advice from the Minister of Health, Dr Mantombazana Shabalala-Msimang, that the eating of spinach, garlic and beetroot help to cure HIV/AIDS, are utterances that are confusing to people at grassroots level.

People are continuing to die in large numbers, while AIDS education seems to have had little effect in causing people to fear taking risks that open them to becoming infected.

The myths that only prostitutes get HIV/AIDS, that the epidemic is obtained through witchcraft, or that intercourse with a virgin effects a cure, are grievously misleading many. Claims that some *izinyanga* and *izangoma* can cure HIV/AIDS are void of truth. Although the debate is still continuing in South Africa and has allegedly resulted in the recent firing of the Deputy Minister of Health, the Honourable Mrs Nozizwe Routledge Madlala, everybody acknowledges that HIV/AIDS is indeed an anarchy and is ravaging our society.

### **2.2.1 The Department of Education and its teachers with regard to HIV/AIDS in South Africa**

According to Caillods (2004 : 248-249), “teachers are at the heart of teaching or learning process”, and according to Dembele (2004: 5-6), “teaching is the strongest school - level determinant of student learning and achievement.” When teachers are infected with - and /or affected by - HIV/AIDS, then the schools and education systems suffer, and the teaching or learning process and student achievement are compromised. Caillods (2004:248 - 249), also states that the impact of teacher infection is also very serious in that salaries continue to be paid to absent or under productive teachers. This situation results in a waste of already scarce education resources and, on the other hand, students receive a lower quality education because teachers are weak, traumatised, absent or dying.

The National Department of Education has trained teachers to implement life skills and HIV/AIDS education courses in schools. The emphasis is on skills that need to be learned, tried and practised and include an interactive, action-oriented approach to learning and particularly to HIV/AIDS - related activities that encourage self - directed learning. Some of the aims of life skills training are:-

- \* developing caring attitudes towards people who are HIV positive; and
- \* addressing not only HIV/AIDS but other problems in the community, like alcohol and drug abuse, sexual and other physical and emotional abuse, violence and crime. (National Education Policy Act No. 27 of 1996:6 -7).

The Department of Education has also outsourced life skills training to an education organization called *DramAide*. Vibrant programmes of songs, dance and theatre are presented by the clubs at health festivals, where AIDS messages and slogans are produced by the community at whom the message is aimed. Despite these attempts by *DramAide*, the HIV/AIDS problem is still vast which means that it has been partially successful.

ABET educators and learners should know that HIV is the virus that causes AIDS, and that AIDS is the end state of HIV infection when a person is sick because his or her immune system has been destroyed. According to Dalrymple & Gumede (2000:17), educators and learners need to consider their own attitudes, values and beliefs about HIV/AIDS before beginning exploring issues with a class. Schools and ABET centres are generally viewed by the community as trusted and important places for young people to learn about HIV/AIDS. According to Literature Review for Soul City (2007:1), in this context in which educators are trusted by the community, they are important in informing adults and young people about HIV/AIDS.

In the context of HIV/AIDS, literature reviewed clearly indicates that ABET educators themselves face many challenges in being a part of a school or centre where conditions are not conducive towards changing attitude about HIV/AIDS. Educators and learners in farm schools often lack the requisite knowledge and fail to interact with community health workers.

Newsletter reports ( HEARD, 2001:32) indicate that people, including educators living with HIV/AIDS, are 36 times more likely to kill themselves than any other group in South Africa. Senosi (2001:46 - 48) states that schools/centres struggle to survive the consequences of trying to fill the educator posts that have fallen vacant because of this pandemic.

Darlymple (2001: 57) states that a *DramAide* Booklet Project, *Mobilising Young Men to Care*, is a way of communicating with young men in secondary schools in KwaZulu-Natal. The main purpose of the Project is for young men to become involved in the promotion of healthy lifestyles and safer sex practices. For this to happen, it is necessary for them to demonstrate personal responsibility for their own behaviour. There is a dire and urgent need to draw men into a process of social change towards healthy sexual behaviour.

In addition the Project aims to accomplish the following:-

- \* to understand patriarchy;
- \* to mobilise young men to become activists for gender responsibility;
- \* to find ways to combat the stigma that leads to discrimination and even violence against people with HIV/AIDS;
- \* to encourage young people to talk openly about their sexuality and how it is affected by HIV/AIDS.

Catherine (2001:8), states the following:-

- \* There is need to recognise that young South Africans have not responded uniformly to HIV/AIDS prevention and that greater attention needs to be paid to sections of the population of young people who have not been targeted or reached by current initiatives.
- \* There is a need for HIV/AIDS awareness programmes to place a greater focus on children, and for them to be a more developmentally sensitive approach to sexual education; ... there have been few attempts at taking stock of programmes for young people (and for educators), and while there is a broad range of programmes being conducted, there is little co-ordination of efforts.
- \* If there is a single factor that hinders effective response to HIV/AIDS in the education of South Africa, it is the gross lack of an adequate supportive service milieu. Such a milieu commences with the provision of health promotion.

The National Department of Education in collaboration with the Provincial Department of Education has established HIV/AIDS Directorate with an intention of reducing the high extent of the pandemic in killing its community. It has HIV/AIDS co-ordinators at Provincial and at District levels in KwaZulu-Natal. Although the training is informal (no accreditation certificates are awarded), but workshops, seminars and indaba are used. The National Department of Education has committed itself to assist in all efforts to teach HIV/AIDS to student teachers in tertiary institution. In this way, the long resistance and denial of teachers and school administrators who have tended to see AIDS as a Ministry of Health concern can be shifted, and some educators cannot prefer to remain ignorant about HIV/AIDS, and those who have knowledge of HIV/AIDS would be able to share it with their colleagues and

students. Teachers have a vital role to play in the fight against this dreadful disease (National Department of Education, 2002:6).

The National Department of Education has conceptualised its schools or institutions' intervention activities at three different levels, namely:-

- \* programmes targeted directly at young people including mass media campaigns, life skills programmes and peer education programmes;
- \* programmes aimed at developing access to services for young people in the interest of HIV prevention and care and developing the orientation of services to the needs of young people, and
- \* activities addressing conditions affecting youth exposure to risk at legislature, policy and rights levels in conjunction with a political will in providing a social base of support for intervention (News Amnesty, 2007:36).

#### **2.2.1.1 EDUCATOR BENEFITS FROM GOVERNMENT'S PROGRAMME**

According to Catherine (2004:197-200), educators and learners have the following benefits:-

- \* Access to quality services to help them maintain their negative status.
- \* Male and female condoms continue to be distributed freely throughout the country.
- \* Research continues into a vaccine aimed at preventing HIV and AIDS. While not a cure, this might help prevent the transmission of HIV. However, the discovery of this vaccine remains a long way off.
- \* Research is being undertaken into the development of a microbicide gel, which a woman inserts into her vagina to act as a barrier to HIV infection and other STIs. This is an important development as it means that there will be a prevention tool that women will be in control of.
- \* HIV prevention programmes in schools or institutions continue to be strengthened.

### **2.3 PROBLEMS OF CONDUCTING HIV/AIDS RESEARCH IN RURAL AREAS**

The information may have cultural undertones that may not be universally accepted by certain target communities because of cultural diversity which exists. Values and customs associated with health are part of the wider culture and cannot be studied in isolation (Michalopoulou,2002:6). Inevitably language plays an important role in communicating lessons or messages in the development of

research information. Language is not just a tool or a neutral conduit for sending and receiving information: thought, language and culture are intertwined. Words are not just containers into which meaning is put (Bower & Flinder, 1990:87 - 95); language is a medium through which an individual interprets and understands his/her own world in the process of organising reality. Cultural patterns and language are seldom part of one's conscious awareness and on the whole recognition of language of speakers as part of culture is given little attention in development and dissemination. There is thus a failure by cultural patterns embedded in a language (Bell, 1993:34-38).

Communities differ in viewing what constitutes desirable and expected behaviour on the part of their citizens; as a result guidelines for researchers' relationships in rural areas are generally defined to enhance academic knowledge with very little concern for socio-cultural development, and the role of respondents remains unclear. Researchers can bring in a single type of knowledge. The efforts to achieve homogeneous systems do not only rob communities of their heritage and identity but obscure the richness of diversity. What makes the world more complex is the interplay of differences, the attractions, repulsions and plurality of life. If dominant cultural views are imposed and differences between cultures suppressed, stagnation is the result (Mbananga, 2004:152-162). The age of researchers may also limit free communication among researchees, which might distort some of the information or data collected.

Education around the HIV/AIDS epidemic and the provision of information on reproductive health are perceived in traditionally rural areas as unethical among females since it involves talking to children about sexual intercourse. They cannot talk about sexual intercourse to anybody they do not know, even at their homes. Furthermore, communities in rural areas reflect a lack of knowledge about research a great deal and regard it as taboo (Mbananga, 2004:152-162). The researchers in rural areas have to seek for authority from traditional and political leadership. This results in tension, which is exacerbated by the adoption of different approaches. The research on HIV/AIDS is a very sensitive issue and is not acceptable.

People in rural areas believe that traditional healers have remedies that some of the visible symptoms of HIV/AIDS like people suffering from *Pneumocystis jirovecii* - an increased white (opacity) in the lower lungs on both sides - and

esophagitis; which is an inflammation of the lining of the lower end of the oesophagus (gullet or swallowing tube leading to the stomach), and about which herbalists like Mr Mhlongo of Maphumulo and Mr Gumede of Mthunzini areas state that they have a complete cure for HIV/AIDS infection (Warren, 1998:143 - 165). This skewed risk perception is confusing at the grassroots level, and there can be negative results for researchers when researchees hide information or resist them.

There are insufficient libraries and librarians in rural areas and therefore it is very difficult for researchers to find suitable and relevant information on time. State or public libraries, if available, are in total neglect and are not positioned to serve as the local centres of information, making all kinds of knowledge readily available to users (Ehigiator, 2000: 28-29). There are also not enough electronic opportunities for users and librarians in networked information resources environment (Klobas, 1999: 11-13).

The actual research study follows in the next chapter.

## **CHAPTER THREE**

### **3.1 USING THE SOFT SYSTEMS METHODOLOGY THROUGH PARTICIPATORY METHODS OF LEARNING FOR CHANGE**

The following activities were conducted: Stakeholder Orientation; Action Interview Research Process; and Analysis of Action Interview Research Process

#### **3.1 (a) INTRODUCTION OF THE RESEARCH APPROACH**

##### **SOFT SYSTEMS METHODOLOGY**

According to Brian (2004:138-139), Soft Systems Methodology aims to bring about improvement in areas of concern, activating a learning cycle that is ideally never-ending for the people in the situation. It is a useful intervention methodology for the complex inter-related social problems which can be used through participatory methods of learning for change as already stated in 2.1 above. Chapman (2002:61) states the users of Soft Systems Methodology aims for improvement in “areas of social concern.” According to Checkland (1999:11) Soft Systems Methodology is the process of enquiry about “complexity and confusion” which is ordered and systemic. It assists the researcher to concentrate on learning from organisational and contextual ambiguity and appreciating socially conditioned problem situation with a view to changing relationships and making improvements.

This methodology, therefore will further assists the researcher to approach this study by adhering to the following critical elements:-

- Approaching issues holistically,
- Viewing organisational change coherently,
- Recognising and exploring problem situations,
- Surfacing discourses and meanings,
- Regarding strategy as multidimensional,
- Modelling purposeful activity systems with a view to improvement, and
- Aiding strategic thinking.

##### **3.1.1 Stakeholder orientation**

Having consulted my supervisor, I then telephonically invited 10 ABET Centre Managers, 10 ABET tutors / educators, 10 ABET Learners, 03 Matrons / sisters-in-charge, 15 nurses, 15 trainees, 12 community health workers and 01 HIV/AIDS Co-ordinator, 15 General Assistants and 15 Security Guards on 4 July 2007 to meet at one central public adult learning centre called Sobancwaba. The main purpose of that meeting was to orientate them. I first

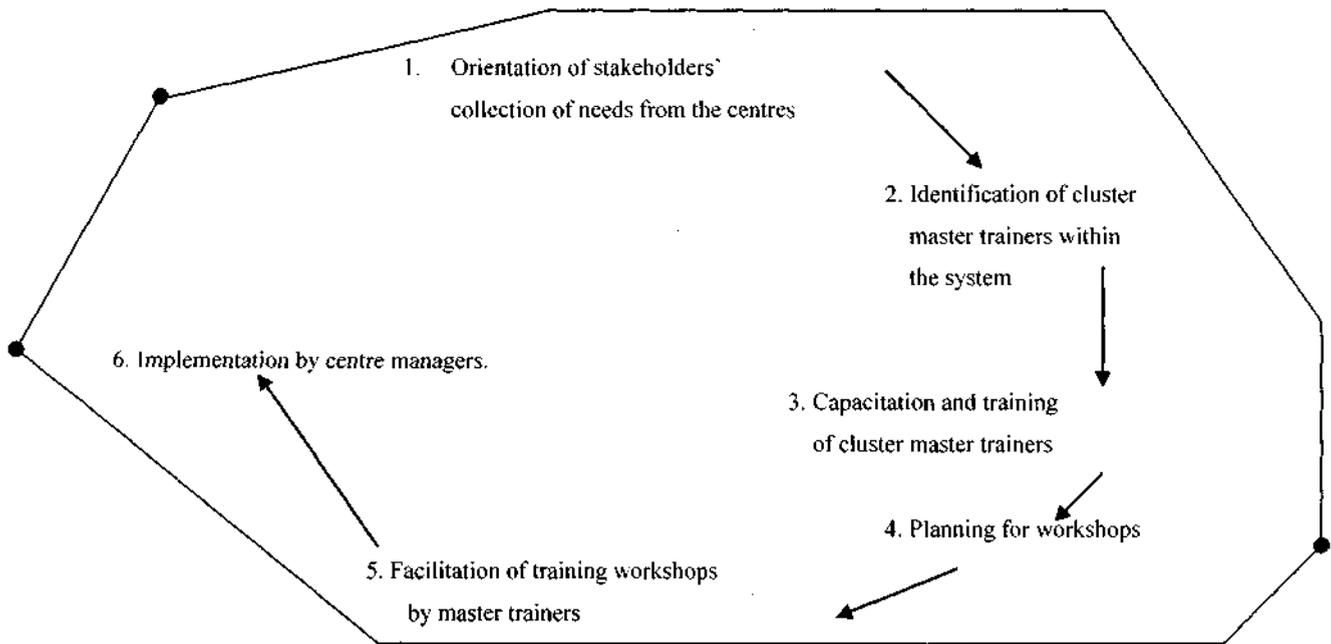
started by dividing them into 8 groups of 12 members each, and 01 group with 10 members. They were 106 members altogether. I, as a researcher, ensured that I became a facilitator and adhered to certain values, such as:-

- \* participation, mutual learning, empowering or capacitation of all people involved;
- \* commitment to obtaining a holistic view of the extent of the HIV/AIDS situation;
- \* commitment to understanding the human content fully, as well as the worldviews and assumptions of all stakeholders involved, with the intention of also finding means or ways of protecting affected or infected educators and learners against stigmatization;
- \* how to deal with fear of testing and disclosure;
- \* types of beliefs the community have with regards to HIV/AIDS, and
- \* any other recommendations / ways and means of dealing with negative consequences, especially for ABET educators and learners in Lebombo Ward Centres.

The researcher stressed that good leaders ensure that they form partnerships with other organizations serving the same customers, actively involve and support their customers in meeting their needs and expectations, and set the vision and direction for the organization.

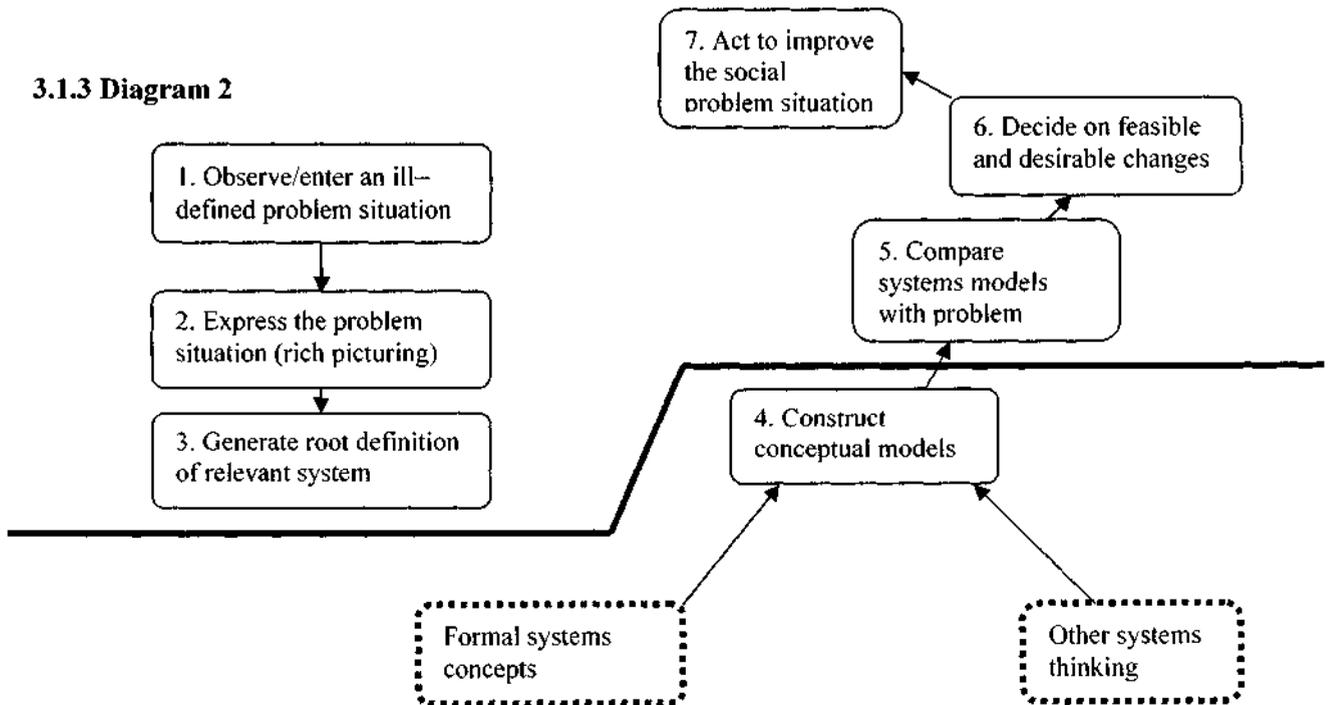
The interviewees were orientated with reference to Diagram 3.1.2 (see below), taking its steps sequentially into account. They appreciated the whole exercise, declaring it to be “fascinating,” and even “fantastic”. The groups results showed commitment, dedication and maturity. They said quite openly that many of them were really scared by what was happening and overwhelmingly agreed to support the researcher and also to assist one another and the community at large in learning to think about their difficulties with regard to the extent of HIV/AIDS in new ways so that drastic change by means of HIV/AIDS reduction in the whole area could become visible. However, they openly mentioned that it would be wise to include the community at large in future, because ABET educators and learners are a part of the larger society. The groups were then orientated according to the following diagram:-

3.1.2 Diagram 1



Availability of interview schedule to all centres as a performance measure → Monitor and evaluate the extent of HIV/AIDS → Adjustment where necessary

3.1.3 Diagram 2



Sources: ( Brian, 2004: 138-149).(Soft Systems Methodology Notes, University of KwaZulu - Natal, May 2004:11).The researcher came up with the above diagram 2 after facilitating groups discussions.

### 3.1.4 CATWOE

**Customers of the system** - Department of Health; Department of Education; centre managers; tutors; learners; youth; men and women; traditional, political and faith-based leadership; NGOs (non-governmental organizations), and traditional healers.

**Actors in the system** - Youth (boys and girls), females and male educators, *amakhosi*, *izinduna*, councillors, traditional healers, ministers of religion, centre managers and tutors, learners, general assistants, security guards and nurses.

**Transformation** - transforming /paradigm shift of the community members' mindset with regard to the social problem called "the HIV/AIDS pandemic."

**Worldview** - Ignorance relating to preventing or decreasing the high prevalence of HIV/AIDS which is killing educators, learners, youth and community members at large.

**Owners of the system** - Department of Health, Department of Social Development, Department of Education, and Department of Local Government.

**Environment** - Umgomowolwazi, Emini, Funulwazi, Kwathophi, Ngengelezi, Thandulwazi, Sobancwaba, Thubalami, Kuyasangemfundo, Lubelo Public Adult Basic Education and Training Learning Centres, Osizweni Hospice, Mosvold Hospital, Gwaliweni and Nondabuya local clinics.

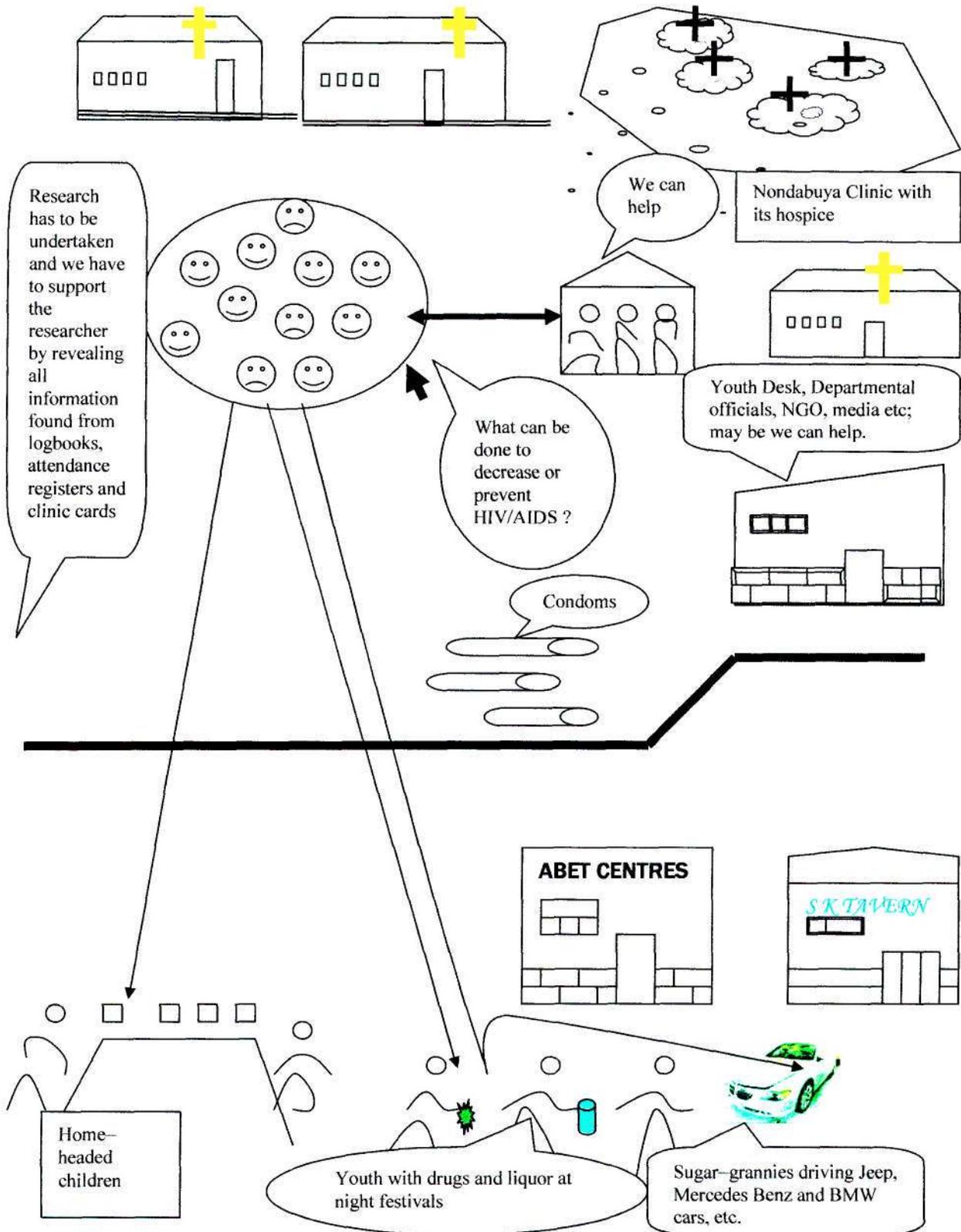
**3.1.4.1 Root definition:** a system to develop means/ways of reducing the high prevalence of HIV/AIDS in the community so that the general health of educators and learners can be improved.

**3.1.4.2 Hypothesis:** The researcher's hypothetical assessment of the prevalence of HIV / AIDS in this area is between 70% and 75%. I, the researcher, arrived at these percentages after having compared the statistical information from immunisation, clinic records and attendance registers given to me by the Gwaliweni, and Nondabuya clinics, as well as the Mosvold hospital, including their hospices.

### 3.1.5 RICH PICTURE

3.1.5.1. ABET Public Adult Learning Centre – educator-learner problem (HIV/AIDS) situation in the Lebombo Ward Centres in the Ingwavuma area.

*Gwaliweni Clinic with its hospice, Osizweni Hospice Cemetery - Rest in peace*





**3.1.5.2** As a researcher, I entered an ill-defined problem with clients/stakeholders' socio-problem situations in order to observe and improve a problematic situation. Through a process of inquiry, the above *Rich Picture* was drawn depicting the key indicators (and other elements) and the relationships between them. The picture also attempts to capture attitudes and values. On the basis of serious discussions around the picture (with clients/stakeholders), problems were identified and articulated.

**3.1.5.3** These were real-world activities in the sense that the work was done with clients/stakeholders; the interviewing was around the contextual concerns; and the rich picturing attempted to depict the relationships as they really existed in the world, which the researcher was attempting to understand.

Themes that emerged from the above Rich Picture:

- Availability of uncontrolled alcohol and illegal drugs
- Non-involvement of all stakeholders in curbing the high extent of HIV/AIDS

- Males and females falling in love
- Night dance festivals
- High teenage pregnancy rate
- Practice of unsafe sex
- High incidence of HIV/AIDS killing educators
- Sugar-grannies “falling in love” with schoolboys.

**3.1.5.4** As a researcher I then withdrew from the “real world” in order to generate a system together with clients/stakeholders which was relevant to the problems identified above; namely: *(See Root definition on 3.1.4.1)* a system to develop means/ways/of reducing the high incidence of HIV/AIDS in the community, so that the general health of educators could be improved.

**3.1.5.5** An account of the activities and the relationships between them, necessary to make the system work, was made. The constructed models generated discussion about present activities concerning HIV/AIDS. I could not impose a model which had not been drawn by stakeholders themselves.

**3.1.5.6** The whole exercise led to discussion by clients/stakeholders about changes which could be brought about to improve the socio - problem situation brought about by HIV/AIDS. (Brian, 2004:138 - 149).

**3.1.5.7** Based on my broad experience and on the already available interview schedule, ( as well as *Diagram 1, Diagram 2, CATWOE, environment, Root definition, a drawing of a conceptual model, a Rich Picture*, and on this pre-stakeholder action interview research orientation process) , the clients/stakeholders invited the researcher to visit them in their operational and working stations for further interviews.

I, the researcher, ensured that effectiveness, efficacy, and efficiency in the system were taking place. I also strongly agree with Bell (1993:55 - 56), when arguing that direct observation may in many instances be more reliable than what people say. It can be particularly useful to discover whether people do what they say do, or behave in the way they claim to be behaving. This view is also supported in Museveni’s work, (1990: 147-151).

Interviews conducted among stakeholders/clients were predominantly unstructured, which permitted greater flexibility on the part of respondents. This view is supported in the work of Masuku (1998: 23).

### 3.1.5.8 PARTICIPANTS'/INTERVIEWEES' STATUS AND THE INTERVIEW SCHEDULE ACTION RESEARCH PROCESS ON THE EXTENT OF HIV/AIDS IN THE LEBOMBO WARD WITH REFERENCE TO ABET COMMUNITY

Based on the Soft Systems Methodology that aims to bring about improvement in areas of concern via activity by the people involved in the situation, the following informal interviews were conducted by me, having been invited by the respondents in their working / operational stations: 10 Centre Managers at their Public Adult Learning Centres, 10 educators/ tutors and 10 learners, 03 matrons/sisters-in-charge, 15 assistant nurses, 15 trainees, 12 community HIV/AIDS health workers, 01 HIV/AIDS Co-ordinator, 15 General Assistants and 15 Security guards. They were 106 interviewees altogether.

The interviewees were chosen in the following categories: -

INTERVIEWEES	NUMBERS
Centre Managers	10
Tutors/Educators	10
Learners	10
Matrons /Sisters-in-charge	03
Assistant nurses	15
Trainees	15
Community HIV/AIDS health workers	12
HIV/AIDS Co-ordinator	01
General Assistants	15
Security Guards	15
TOTAL	106

The unstructured interviews centred on:

- Respondents knowledge of HIV/AIDS
- Knowledge of safe sex practices
- Knowledge of which category of people in the community are infected by HIV/AIDS
- Superstitions and beliefs surrounding HIV/AIDS
- HIV/AIDS and the ABET community
  - Fear of disclosure
  - Change of attitude; dealing with stigmatization
  - Alternative ways of dealing with negative consequences

### 3.1.5.9 THE RESEARCHER'S DIRECT OBSERVATIONS

The HIV/AIDS pandemic seems to be driven by multiple sexual relationships (particularly among ABET male educators and ABET girl-learners), low and inconsistent condom use, migration and mobility (spending nights away from home), and gaps in knowledge about HIV/AIDS transmission. Male educators in ABET Centres take an advantage of learner continuous - assessment. Female learners who refuse sexual intercourse with male educators are deliberately and intentionally made to suffer the consequences by being awarded scores with symbols indicating underperformance so as not to be ready to progress to the next grades. Some young ABET female learners are often reliant upon ABET male educators (wallet - keepers) for their basic economic needs, which give them a compelling reason not to refuse to have sexual intercourse at any time.

In this area (Lebombo Ward), the general lack of openness in the community about HIV/AIDS makes it difficult to dispel the many myths and misconceptions that young people pick up from their peers, and this often stalls all possible chances of testing and disclosure. The following are some of the many myths bedevilling the community at large including ABET educators and learners:-

- ♦ HIV/AIDS is just another colonial way of oppressing Black people.
- ♦ AIDS stands for American Idea to Destroy Sex (when the fact is that it does not discriminate, since anyone who engages in high risk behaviour is at risk of contracting HIV/AIDS).
- ♦ It is alleged that all homosexuals are promiscuous (when in fact many live in long term relationships based on fidelity in the same way that many heterosexuals do). However, what often makes it difficult for them is the lack of support for their relationship in society).
- ♦ Black South Africans are infected more than other race groups because they are alleged to be promiscuous (when in fact there are many complex factors that make Black South Africans so much vulnerable to HIV. Apartheid, poverty and unemployment being some of those).
- ♦ Once an adolescent boy has had his first “wet dreams”, he must have sex otherwise he will get lot of pimples, or his penis will “fall - off” (when in fact wet dreams are natural events not a sign that a young boy is ready for sex at all, and the “falling - off” of penis is, of course a mere superstition).
- ♦ Masturbation is sinful (when in fact some say that it is a normal, healthy way of coping with sex drives without intercourse with a partner and avoids the risk of HIV/AIDS infection).

Sex for cash, car or cellphone is common among young women and adults of all classes including ABET educators and learners. Young girls and ABET female educators are heard saying that HIV/AIDS is just an idea and too “abstract” to be seen and that they believe that such “a thing” does not exist and cannot affect them in any way.

Generally, rural areas like Lebombo Ward tend to have fewer health providers and other health services than urban areas. Some areas are very remotely located and difficult to reach. It becomes a great risk for researchers to visit them. There is low awareness and knowledge about HIV/AIDS in most rural areas, including Lebombo Ward ABET educators and high levels of illiteracy compound this knowledge deficit. In addition, talking about HIV/AIDS in many homes is taboo. It is very difficult for the researchers to break this barrier.

A great part of the rural economy in this area depends on labour-intensive activities such as agriculture, fishing, hunting and other manual work during the day and sometimes researchers find nobody at homes but only vicious attacking dogs. The political situation has led to some places to be known as “NO GO” areas, because they are dominated by certain parties. There is, therefore, a great danger for researchers to be attacked, raped and even killed.

Large numbers of men migrate from rural to urban areas in search of employment opportunities. They spend a lot of time away from homes, and so most of the people found in the area are women. It becomes very difficult for researchers to be warmly welcomed to such homes and their lives are at risk.

In rural areas researchers might be discriminated against for their language expression, intonation, frequency, colour and creed. The research is very expensive in rural areas because sometimes researchers are compelled to hire special drivable cars in specific places, e.g. sandy or mountainous for which they pay out of their own pockets. There is no fixed-line take-up and so in setting out to conduct research, going door-to-door is the only practicable technique for researchers to use.

Furthermore, communication limitations, suspicion about the purposes of research, a lack of up-to-date demographic data, and the lack of a strong pool of experienced researchers provide huge challenges. There is a danger that clients may concentrate on the results without worrying whether their data are reliable. Sometimes local

authorities may also refuse permission and want to deliberately prevent research. There is no up-to-date demographic information and a map of the area or place might not be available. The new process of governing, or a changed condition of ordered rule, or the new system by which the society is governed, has caused some challenges because sometimes rural researchers are reluctant to engage with these emerging debates on new forms of governance. Presently, there is a great conflict and misunderstanding between traditional leadership (*amakhosi* and *izinduna*) and political leadership (mayors and councillors) in terms of boundaries and functions. Any researcher undertaking a study in these places should clearly understand and have insight into these changed practices, dynamics and consequences of rural governance. This view is also supported in Jessop's work, (1995: 309 - 334).

Men as well as ABET male educators in this area are regarded as being dominant, assertive, aggressive, decisive, and the ones in command and control. Women's interests are in rearing children and wearing self-made dresses called *izishweshwe*. As a result of this demarcation, men tend to be rowdy, physically more active than women and generally more adventurous. They often intentionally use emotional and gross brutal physical coercion in sexual intercourse activities; hence many women are seen as adversaries within the HIV/AIDS context; that is, when they refuse to have sex, they are beaten up and forced to do so against their will. There is a strong tendency to refer to them as kitchen workers and see their function only as giving birth.

The discussion of data analysis and interpretation follows in the next chapter.

## CHAPTER FOUR

### 4.1 DATA ANALYSIS AND INTERPRETATION

It was observed by the researcher that some of the ABET educators and learners are prostitutes. It is their practice to entice and lure males and charge them for sexual intercourse activities, as follows: R5 per round with the use of a condom, and R50 per round without the use of a condom. There were also heavy duty trucks around with cargoes to be delivered to neighbouring states, and these females engaged in sexual intercourse activities with many drivers.

Parents expect their daughters to be proposed love by males. In order to obtain permission to do this, males contribute a sum of R100 to a parent and thereafter have access to speak to the daughters.

Many ABET school-going males and females come into the area with the intention of learning, but they have no boarding facilities, and consequently they hire space in shacks, slums or mud-reed huts. Learners have to pay rentals of between R100 and R300 per month for these poor shelters. In order to get this money, they engage heavily in sexual intercourse activities and sometimes even live with someone while remaining unmarried.

Many people with a high rate of illiteracy came from outside to live in this area. These people practise unsafe sex with young females including ABET educators on a wide scale.

ABET girl-learners deliberately become pregnant because the more they have babies, the better the Social Development Grants they receive. Parents who are unemployed and grandmothers who are widowers often do not have birth certificates or identity documents and therefore encourage their daughters to go and work in sugarcane fields, or in the timber and pineapple industries, in order to get money. These young people are expected to return to their homes fortnightly to assist the family there to survive.

ABET educators have affairs with ABET students and fear testing for HIV/AIDS and stigmatisation if their status is found to be positive.

Some men, including ABET educators, have more than one partner and behave flippantly towards their women. Many males believe that only prostitutes get HIV/AIDS and that they

themselves can get the virus only through witchcraft. Many also believe that having sexual intercourse with a virgin will cure the disease.

ABET educators, parents and their children do not talk about how HIV/AIDS is transmitted or about how it can be avoided by safe behaviour, like abstinence, until one finds a person who will offer a loyal, long term relationship, or by using condoms on every occasion. There is no discussion in these families about what the virus does to the immune system, about the need to have the AIDS test, and about confidentiality. ABET educators, learners and ordinary people mostly do not know how one may live with the virus by having good nutrition and following other healthy living habits, like not smoking, not over-imbibing alcohol, sleeping enough hours every night, resting when tired, and keeping strictly to schedule if on ARV medication.

All the stakeholders, led by the Department of Health, unanimously agreed that records like database, log books, attendance registers and clinics routine cards that they had at their disposal suggested that the incidences of HIV/AIDS on ABET educators and learners in that area ranged as high as between 60%-65%. They further said that, because records contained victims' names, they were not allowed to hand such documents to the researcher because of privacy and confidentiality in terms of HIV/AIDS Policy and Law.

Some women who have been abused and have failed to secure help from the various available agencies, have resorted to suicide, attempted suicide, abuse of alcohol and drugs, or are beaten up so severely and brutally that they became mentally or physically disabled.

The Government's intentions were good, but they have nonetheless perpetuated the stigma of HIV/AIDS. Why did they treat this disease on its own platform instead of in the same way as other life-threatening diseases? Clinics and VCT (Voluntary Counselling and Testing) centres were clearly marked, and this in itself amounted to some sort of disclosure. If you walked into their rooms, you were met by scared, miserable and paranoid people. Nurses and counsellors treated patients as though the virus has somehow affected them mentally. Making HIV/AIDS stand alone has caused ABET educators' resentment because they abhor being identified. Some ABET educators and learners have actually died in isolation without help and support because of their fear of being identified as HIV-positive.

Very few of the programmes designed to assist with HIV/AIDS were coming from the top, and they failed to take into consideration the demographics, environment, ABET educators, environment and level of illiteracy within a community at grassroots level in the area. They

were therefore labelled as “Government things.” People did not “own” them, and consequently they did not reach the target groups and therefore did not achieve their goals.

Male ABET educators are much less likely to worry about high pregnancy rates, because they cannot fall pregnant themselves, and therefore fail to realise the full consequences of unwanted pregnancy, and also because they are too often excluded from the search for a solution in such a situation.

ABET educators have not educated themselves and their learners in ways that would have increased knowledge about HIV/AIDS and have led to positive behaviour change.

Unemployment and malnutrition are rife, and as a result people are more exposed to infectious diseases owing to the poor conditions in which they strive to survive.

There are syndicates involved in the trafficking of children and ABET females – educators and learners – in exchange for money and the promise of work in neighbouring states, namely, Mozambique, Maputo and Botswana. When these young people arrive in these countries, they find that there is no work as promised and no money. They lack the means to return home, and are forced to become sex workers for their bosses. Force and other punishments are used to keep them helplessly enmeshed in the sex industry.

Some of the leadership of this area – *amakhosi*, *izinduna*, councillors, clergy, ABET educators and civil servants – are heavily involved in sexual intercourse incidents with ABET females, and as a result there have been a number of unreported cases leading to a high level of learner pregnancy. The majority of males refuse to perform the *ukusoma* (unpenetrating) sex.

Traditional healers and *izangoma* are trusted more than the medical practitioners. Some centre managers and tutors practise these functions. The community members strongly believe that these individuals can cure HIV/AIDS.

Some of the local churches practise and encourage polygamy. Young girls and ABET female learners who have never had sex before are made available to be chosen by very old men among the worshippers to become one of their wives. Not many ABET educators and people actively attend clinics and receive routine treatments, because they still believe that nurses might be injecting them with the virus. Some even fail to swallow the prescribed pills because they think that in one way or another they are at risk of being eliminated.

Many HIV/AIDS victims secretly sold their pus to the uninfected, charging them a sum of R800 or R900 for a small plastic bottle. The uninfected then go to the medical practitioners with those small bottles for testing and when results came back they are confirmed as HIV/AIDS positive. Thereafter, they go to the Department of Social Development and apply for sick grants and pensions.

The family members of affected individuals make sure that when they pass away, death and birth certificates and identity books are buried on the same funeral day. It is customary in that area to finish conducting funerals as early as 05h00. The researcher could not ascertain the precise reason for this traditional practice; it is clouded by history.

Many ABET females in this area celebrate annually festive seasons by welcoming back from work their loved ones by means of heavily involving themselves in unsafe sexual intercourse activities. They are coquettes.

The unstructured interviews gave rise to the following information about various community sexual practices, which also include ABET educators and learners. These practices, which promote rape and the spread of HIV/AIDS, are the following:

- \* *Ukubonga indaba* – This is a norm when a female, irrespective of age, has fallen in love with a male. It is done by inviting all local girls in the area to accompany the girl to a male's home. These young girls carry along with them *amadumbe*, sweet potatoes, potatoes, mangoes, tomatoes and mealie-meal and stay there for almost two to three weeks. They mix with males and are schooled and wooed by them on how sexual intercourse is performed.
- \* *Umdabuladilozi* (tearing of a female's panty and her virginity) – is an annual overnight music festival conducted by youth. It is done with the sole purpose of targeting all girls who are from 15 years of age upwards, including virgins. Plenty of liquor, narcotic and ecstasy drugs are sold in large quantities, and girls easily become intoxicated and somnambulist. They are then physically and literally caught and coerced by males, molested and sexually abused.
- \* *Ukubhenga* – This is a youth dance at night with the sole aim of a male or a female enticing each other for sexual intercourse activity. Here, a female stands and dances in front of a male partner with legs and buttocks wide open facing backwards and aiming straight to the male's erect penis.
- \* *Ziyawa* – This is a special overnight weekend youth dance activity. A girl or boy, while dancing, is deliberately made to fall facing upwards with the sole intention of having a

- very strong, energetic and lively round of sexual intercourse activity.
- \* *Ukulahla* (throwing away of sperms) – This is performed by males to females (and vice versa), irrespective of whether there is love or not. The main purpose of this game is to get hold of any opposite sex partner for sexual intercourse activity. As soon as the male has ejaculated, the whole exercise ends.
  - \* *Awungethwise* – This is a humble request by any female to visit any male in his bedroom for an overnight paid sexual intercourse activity.
  - \* *Ukushaqwa/ukubuthwa* – Males are allowed to take as many females as they can to stay with them as their wives, but without being married. The females might give birth to a number of children, but when the males decide to chase them away, they simply go back to their original homes unconditionally.
  - \* *Ukubaleka* – This is literally the running away of a girl from her home to a male's home with the intention of causing him to pay her parents *lobola* so that she can become his wife.
  - \* *Ukumukisa* – This is the forceful taking away of a girl by her brothers or uncles from the house of a male with whom she has fallen in love and wishes to be his wife.
  - \* *Ukumteka* – This is taking of a girl unaware from her boyfriend by family members, smearing her on the face with red clay, giving her the assegai, making her wear a leather-skirt (*isidwaba*) and letting her go and enter the cattle-kraal. In this way, she becomes a wife in this home without any initial payment of *lobola*.
  - \* *Ukumisa iduku elimhlophe (white flag or white bird)* – This is a symbol of showing everybody in the area the number of girls loving that boy, and it is recognised by the community and serves as a competition.
  - \* *Ukuhambisa ucu* (giving of a necklace by a female to a male) – This is a compelling exercise dictated by parents to their daughters in choosing a male to be in love with.
  - \* *Isidikiselo* – This is a girlfriend/boyfriend, hidden from the husband/wife. The pair is in love and committing sexual intercourse activities.
  - *Sugar-grannies* – Old, wealthy women visit the area coming from neighbouring states as tourists and driving the most expensive luxury cars like Mercedes Benz, Jeep Cherokees, Mahindras, BMWs, Jaguars, Prados, and Volvos, etc. It is their intention to “fall in love” with young school-going males in exchange for sex and companionship, their desire being for sexual intercourse activities for which they will pay. These young boys are booked in lodges and are bought expensive jewellery, food, clothes, entertainment and cellphones.
  - \* *Umkhosi wesihlahla sikaKhisimuzi* (Christmas Tree Festival) – During the Christmas season, on an annual basis, a community celebration function is organised by traditional and political leadership. A number of different items such as *isicathamiya* (a Zulu dance

with a quiet rhythm and step sung by a well and a neat uniformed group), *indlamu* (a traditional Zulu dance of lifting legs/singing as a group); *ingoma* (a traditional dance by males only); *amahubo* (a Zulu or traditional dance sung by males and /or females carrying a historical message); soccer; netball; poetry; *ubuhle bendalo* (a virgin girl undressed but wearing *umabobane* (a rectangular or a triangular cover for the private front part made of a piece of leather and beads) boldly showing the beautiful physical structure of her body; and gospel music are performed. The winning groups are awarded prizes like certificates, trophies, money and shields and, as a result, more than sixty groups participate. *Injemane* is openly and publicly sold to the community at large, including learners.

Furthermore, wooing and courtship play a leading role. Some illegal inhabitants coming from Mozambique, Swaziland and Botswana take the opportunity to sell narcotic drugs like mandrax, cocaine and marijuana.

- \* Some prominent homes in the vicinity have taverns that sell liquor to the youth throughout the night; in this way they become involved in serious and risky behaviours which result in spreading HIV/AIDS.
- \* *Omahosha* – these are young females who are sex workers.
- \* *Ukunyobisa* – a reward in the form of money or beast paid to a mother by a boyfriend for having destroyed her daughter's virginity.
- \* *Ungwinyo* – These are diamond shaped looking like pills known as Amphetamine, Phencylidine, Psilocin, Mandrax, Cocaine, Marijuana, Peyote, Opium and Methaqualone found and sold in this area by illegal drug dealers to be swallowed by youth, including ABET educators and learners in night clubs and taverns to become "high," (hyperactive); in this way they engage among themselves in sexual intercourse activities lasting for more than three to four hours without any break.
- \* *Maningi-ningi* (many -many) – very old, rich men come in this area with the intention of falling in love with as many young girls as they can, and pay them exorbitantly for sexual intercourse activities undertaken.
- \* *Ukuwimwa* ( to be won) – The male-youth meets the female- youth in tavern at night and buys her a lot of alcohol to drink. They both enjoy drinking liquor, but when she is drunk, he takes her away with him to her home for an overnight stay of sexual intercourse activities. Before dawn, she is allowed to go back to her home unconditionally, and in this way he has won her.

The Department of Health, through matrons/sisters-in-charge, assistant nurses, trainees, community HIV / AIDS health workers and the HIV / AIDS coordinator, addressed the

following specific aims given the extent of HIV/ AIDS-related deaths among ABET educators and learners in the Lebombo Ward Centres :-

- finding means of protecting affected/infected ABET educators and learners against stigmatisation by introducing a change of attitude from the negative to the positive;
- encouraging affected/infected ABET educators and learners to attend counselling workshops and officially announce their status quo;
- ABET educators and learners in the Lebombo Ward Centres to deal successfully with the prevailing fear of HIV/AIDS testing and disclosure by joining and forming structures known as the HIV / AIDS Lebombo ABET Ward Forum, HIV / AIDS cluster committees,etc;
- using sports as outreach tools;
- information training workshops;
- read more literature;
- condomise;
- have one love partner and be faithful to him/her;
- abstaining from sex altogether.

The recommendations and conclusion follow in the next chapter.

## CHAPTER FIVE

### 5. RECOMMENDATIONS AND CONCLUSION

#### 5.1 The medical profession and traditional medicine

Modern health professionals and traditional healers co-ordinated by the local Department of Health have to work together. Medical doctors and nurses could benefit by being associated more closely with the community and its traditions, while traditional healers could benefit from being associated with more credible sources of health care and illness prevention by sitting and working together in local community forums. In this way both parties can share knowledge on how to fight the high extent of HIV/AIDS on ABET educators and learners and treat them accordingly.

Enhancement of the importance of traditional values by ABET educators and learners can assist the community to reduce the high incidence of HIV/AIDS. For instance, *Umkhosi Womhlanga* is a September Annual Reed Dance ceremony for virgin girls, where they carry reeds to the King. Reeds symbolise that the girl is a virgin and that she has passed her virginity ritual test done by expert women. This ceremony is organised by His Majesty the King, Goodwill Zwelithini Zulu, in conjunction with the Department of Arts and Culture. Here is an opportunity to support youth awareness campaigns on HIV/AIDS which is strongly supported by all local leadership in the area. *Amakhosi, izinduna*, councillors, clergy, traditional healers, NGOs, inter-departmental officials, youth desk, peer educators, and community health workers led by the Department of Health should play a role in commuting these ABET girls to the function.

Co-ordinated by the local clinic nurses with ABET centre managers, all are expected to work together more effectively rather than in isolation in order to develop joint programmes, build common databases, and create partnerships or alliances to build multi-stakeholder partnerships and accrue bridging social capital to establish links between HIV-affected and extra-local groups and agencies whose cumulative efforts would better address the high incidence of HIV/AIDS.

Different groups have different skills, and a pool of knowledge and resources would impact greatly on the area under discussion in this study. There is an urgent need to build community and increase awareness of the need for behavioural change

even on ABET educators and learners. Testing and disclosure by educators is to be encouraged, as well as attendance at clinic for routine treatment activities.

## **5.2 Municipal input, library services and skills training**

The *Umkhanyakude* (shine far) District Municipality, together with Jozini Local Municipality, has to build community libraries and satellite education centres where information on HIV/AIDS can be accessed without difficulty, and ABET educators with community members must be capacitated to consult library personnel or centre managers without any fear of intimidation. The dire need for information on the epidemic, and for education about it, cannot be overemphasized. Mobile library services are to be introduced in this area as a matter of urgency to, *inter alia*, distribute easily readable literature on HIV/AIDS to remote, deep rural and fledging community areas. The Centre Managers from the Education and Satellite Centres have a great and urgent responsibility of inculcating intensively a culture of reading to the people of this area.

Educational programmes like *Masifundisane* (Let us teach one another), *Masijule Ngengqondo* (Let us think deeply with our mind), *Khari Gude* (where people are) and Adult Basic Education and Training Literacy Campaigns are to be urgently introduced by the Department of Education in collaboration with the Provincial Premier's Office to further assist ABET educators and learners and the community at large in reading HIV/AIDS materials. Skills such as small medium enterprise, agriculture, computer literacy, sewing, weaving, Craftwork, handwork, woodwork, food processing, bricklaying, electrification, poultry, tunnel farming, carpentry and upholstery should be introduced in order to alleviate and help eradicate poverty.

## **5.3 An HIV/AIDS Lebombo ABET Ward Forum**

Co-ordinated by the local Department of Health, a Lebombo Ward Forum comprising *amakhosi*, *izinduna*, principals of schools, ABET educators, learners, peer educators, councillors, clergy, traditional healers, youth desk, nurses, community health workers and community members, should be established.

Through such a body, ABET educators, learners and community members could be trained to be facilitators in order to help change the prevailing mind set and negative beliefs and behaviour and be in a position to begin to influence the spread of this tragic disease. This structure should also

co-ordinate all HIV/AIDS activities and should meet on a monthly basis to discuss turnaround strategies which could lead to a decrease in the number of new HIV/AIDS victims. The HIV/AIDS forum members can visit schools, ABET Centres, community meetings, their work stations, and public pension pay venues, in order to further HIV/AIDS awareness campaigns and personally discover the nature of the problems being encountered by people at grassroots level.

#### **5.4 Using the power of radio more effectively**

The Maputaland Community Radio Station should include a representative from the following sectors:- community health workers, inter-departmental heads, people living with HIV/AIDS, peer educators, NGOs, Governmental organizations, women, youth desk, trade unions, faith-based organizations, local government, the hospitality industry, celebrities, disabled persons, ABET educators and learners political and traditional leadership, and sports. Legal and Human Rights are to form a viable structure which would freely advise and warn the community at large about HIV/AIDS and its consequences.

The Maputaland Community Radio Station has to support ABET educators and learners within the community by presenting material that will build and strengthen the internal structure of the individual (self-esteem, self-confidence, self-image, self-reliance, basic human values and morals) so that listeners will become empowered to use reason in their thinking and to behave more responsibly, even in pressured situations, by following their dreams and working towards a brighter future for themselves, despite their difficult family backgrounds. Everyone should be given the opportunity to understand the potentially negative results of unsafe sex and should take responsibility for leading a healthy and positive lifestyle, including engaging in safe sex. Until we get to that position, the pandemic will continue to rage on.

#### **5.5 The Department of Health**

The Department of Health, through the local clinics, must make vaginal microbicides substances and condoms available at various agreed upon nodal points for men, women, including ABET educators and learners at schools. With the assistance of centre managers, tutors, peer educators and learners, the Department of Health is bound to ensure that condoms are always available in workplaces, and that distribution is properly controlled.

The National Department of Health has to be strictly monitored by the National Government to ensure that only condoms meeting the approved and required standards will be supplied, so that the scandal and embarrassment of the recent debacle involving unapproved and possibly unsafe condoms can be avoided in future. This is a serious issue, as some of these condoms had already been distributed, so the fallout from this scandal could be disastrous for many people who did take precautions and therefore were entitled to consider themselves protected against HIV/AIDS. The Department of Health has to provide mobile clinics nearby communities of people at various agreed upon nodal points, so that they can go there to be tested and treated.

Local teachers' trade unions; namely, SADTU (South African Democratic Teachers' Union) and NATU (National Teachers' Union), have to forge a collaborative relationship with the Department of Health and Education, Education International and the World Health Organisation (WHO) to establish a viable HIV/AIDS structure focusing mainly on assisting ABET educators and learners. They should fight for the rights of the deep rural areas to have both information and any innovative approaches explained to them.

#### **5.6 The need to utilise powerful voices**

It must be pointed out to people in influential positions in the community that they have roles to play in helping to fight the high incidence of HIV/AIDS, with its calamitous results. People like His Majesty the King, Goodwill Zwelithini Zulu, the Health Provincial Member of the Executive Council, Mrs Neliswa Peggy Nkonyeni, and the Traditional and Local Affairs Provincial Member of the Executive, Mr Mike Mabuyakhulu, the KwaZulu-Natal Chairperson of the House of Traditional Leaders, Dr Mangosuthu Buthelezi, together with the Provincial Premier, Dr Sibusiso Ndebele, should be invited to come to this Lebombo area to address the communities and ABET educators and learners on the negative consequences of HIV/AIDS and to discourage immoral practices that are promoting the spread of the disease in the area..

#### **5.7 An HIV/AIDS cluster committee**

Led by the local Department of Health, a Lebombo Ward HIV / AIDS Cluster Committee comprising *amakhosi*, *izinduna*, councillors, ABET educators and learners, one representative each from faith-based organizations, the business

sector, traditional healers, as well as involving all community health workers, all nurses, youth desk, peer educators, and members of the community be formed. The chairperson will be *inkosi*, deputised by a matron or sister-in-charge. This Cluster Committee must meet fortnightly and must report to the Ward Stakeholders' Forum. Its main function is to implement all decisions from the forum and to ensure that assistance needed by victims, including ABET educators and learners, reaches them in time to be effective. It must also be the responsibility of this committee to organize intensive workshops or meetings for community members, so that they can be properly capacitated on HIV/AIDS, including how to treat victims and how to use methods and tactics that might reduce the high incidence of the disease.

#### **5.8 Getting the message across: the power of repetition**

Co-ordinated by an HIV/ AIDS cluster committee, at least two annual HIV /AIDS *izimbizo* (community gatherings) must be held. Here, very powerful and dynamic speakers, like Mr Linda Sibiyi of Ukhozi FM and others, should be invited to address ABET educators, learners and the community at large. On this occasion, various displays based on HIV /AIDS scenarios must be presented and should be explained to attendees, and slogans such as "Abstain, be faithful to your partner, and "condomise" must be recited. Immoral practices, myths and negative beliefs must be discouraged and treated with great contempt.

#### **5.9 Using sport as an outreach tool**

Sport is a major interest of the youth, many of whom are in the age groups most vulnerable to HIV/AIDS, and can be used very effectively as a base from which the Umkhanyakude District and Jozini Local Municipalities, in conjunction with the Department of Health, can teach and train their communities, especially ABET educators and learners, about the HIV/AIDS pandemic.

### **5.10 Training / work shopping of ABET educators and learners**

The Local Department of Health must train ABET educators and learners in order to have more knowledge on masturbation, sexuality relationships, prejudice and the dangers inherent in stereotyping.

### **5.11 Skills**

The Local Department of Health together with the Local Municipality have to ensure that ABET educators are trained on decision-making and negotiation skills so as to be able to apply them on HIV/AIDS issues.

### **5.12 Values and morality**

It is the State's duty that offenders together with ABET male educators in this area are subjected to law in order to respect women as stated in the Constitution of Republic of South Africa, Chapter 2, Section 7 (1)-(3), and Section 10). Furthermore, according to the Constitution of Republic of South Africa, Chapter 2, Section 12 (1) (a) and (c), everyone has the right to freedom and security of the person, which includes the right not to be deprived of freedom arbitrarily or without just cause and to be free from all forms of violence from either public or private sources. Some community members do not respect females, they see them as sex objects, thus contravening their Constitutional Bill of Rights. In traditional Zulu and others cultures in South Africa, the moral values are *ubuntu* (humanness) and *hlonipha* meaning respect (Prozesky, 2007:14). These values and morality are lacking a great deal in this community of Lebombo Ward area.

### **5.13 CONCLUSION**

Since lack of information and misinformation are two of the most serious deficiencies in reducing the spread of HIV/AIDS, it is clear that it is in these two areas that much could be done via the means suggested.

Moreover, since much of the work suggested could be undertaken by individuals and institutions that are already operating and organised in other areas, it would take only serious commitment and some effective planning to put measures in place without incurring prohibitive costs or inventing fancy projects.

It is a case of adopting a different worldview, one that takes account of the individual – including ABET educators and learners –, community and national needs as part of a whole, rather than focusing on what are often less important issues and overlooking the fact that the future of our country lies in its people. People, including ABET educators and learners, are the main resources of any country.

We are losing people at a frightening rate. One might truthfully say that we are in danger of losing a large percentage of a whole generation. It is vital that we tackle this problem without any further delays and that, in doing so, we make use of every possible national, provincial and local facility that we can.

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