LEARNERS' EXPERIENCES OF TB & HIV INTEGRATED MESSAGES AT SECONDARY SCHOOLS IN THE UMLAZI DISTRICT

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DECLARATION – PLAGIARISM

I, Nothando Grace Luthuli (209521324), declare that

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ABSTRACT

Using three purposively selected secondary schools in the Umlazi district as a case study, the study reported in this dissertation sought to explore learners' experiences of TB and HIV integrated messages in extracurricular activities. The rationale of the instrumental case study was that knowing, appreciating and understanding learners' preferences and experiences should inform future TB and HIV school- based extracurricular design, furthermore, adding to the body of knowledge on TB and HIV school- based extracurricular activities.

Located in the interpretative paradigm, the study used a qualitative research design to address the research questions. The methods of data collection included focus group interviews and participant observations with a purposively selected sample of 12 learners. Responses were audio recorded, transcribed and analysed using thematic data analysis as outlined by Cresswell (2009). The study used three conceptual frameworks: Health Belief Model (Becker 1974), Social Cognitive Theory (Bandura 1989) and Communication for Social Change (Kincaid & Figueroa 2009) as lenses to gain an understanding of the experiences of learners. Results were interpreted by means of literature control. Four themes emerged.

The results indicated that there are no TB and HIV integrated messages at the school- based extracurricular activities in the Umlazi district secondary schools. Both TB and HIV had autonomous messages. Learners' experiences of TB and HIV messages were diverse; majority of the learners had positive experiences. They experienced that they were changed positively by knowledge on TB and HIV. In this respect, they were more open and motivated to communicate their views and to behave responsibly. Of the negative experiences, learners felt that they were flooded with TB and HIV information. Other learners emulated a range of misconceptions around TB and HIV. Learners indicated that they would appreciate the presenters being young as they are more comfortable conversing with younger people. The study recommends further research on coining TB and HIV integrated messages for school- based extracurricular activities.

Keywords: Tuberculosis, Human Immunodeficiency Virus, Adolescent, School - based, extracurricular, pandemic

DEDICATION

To my pillar of strength my loving husband Sithembiso and adorable children Londeka & Manelisi who have supported me throughout my studies and inspired me to work extremely hard.

My parents Mr & Mrs Dlongolo, for the encouragement and believing in me.

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ABBREVIATIONS & ACRONYMS

CFPD	- Communication for Participatory Development
COVID-19	- Coronavirus disease of 2019
DBE	- Department of Basic Education
DoH	- Department of Health
GEM/BEM	- Girls and Boys Education Movement
HBM	- Health Belief Model
HIV	- Human Immunodeficiency Virus
ISHP	- Integrated School Policy
KZN	- KwaZulu-Natal
LSAs	- Learner Support Agents
SBC	- Soul Buddyz Club
SCT	- Social Cognitive Theory
STIs	- Sexually Transmitted Infections
TB	- Tuberculosis
UKZN	- University of KwaZulu-Natal
UNICEF	- United Nations International Children's Emergency Fund

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CHAPTER ONE

SETTING THE SCENE

Chapter 1 provides an outline, context and an overview of this research study. This chapter provides the background to the study as (1.1), the problem statement as (1.2), motivation for the study as (1.3), significance of the study as (1.4), aims of the study as (1.5) this is discussed considering the related key research questions which appear as (1.6). Thereafter, I elucidate core concepts and terms in (1.7) and provide a description of the demarcation of the study in (1.8). Finally, I offer the layout and structure of the dissertation defined in (1.9).

1.1 BACKGROUND TO THE STUDY

The Human Immunodeficiency Virus (HIV) emerged decades ago, and various predictions arose about the virus. As a newly emerged virus it was unimaginable how HIV would impact the world. In less than two decades, HIV rapidly became a universal emergency (UNESCO, 2014). The South African context of the HIV pandemic statistics as well as the death rate are daunting. According to Barolsky (2003) an estimated 5 million individuals in South Africa are currently HIV positive. The symbiotic relationship between tuberculosis (TB) and HIV is described by Narendran and Swaminathan (2016: 47) as, “a catastrophic comradeship”. This description also gives one a clear understanding of the lengths of impact and effects TB and HIV may have in a person’s life. The two pandemics are strongly associated. As a result of this “catastrophic comradeship” in Africa, TB is primarily detected in HIV positive people, and is identified as the leading cause of death among them (Mohammed, Assefa and Mengistie, 2018). My study is particularly interested in exploring learners’ experiences of TB and HIV integrated messages at secondary schools in the Umlazi district in KwaZulu-Natal, South Africa. This study explores the various TB and HIV school- based extracurricular activities that currently exist in the 3 selected schools and to ascertain how these impact on learners’ day-to-day encounter with TB and HIV associated issues. Various programmes and activities are developed and presented in the school environment with the intention of decreasing the infection incident of TB and HIV. My aim is to focus on how learners experience these activities to understand adolescents as individuals as they are most vulnerable

to TB and HIV according to Issues in World Health (2002). Furthermore, I aim to ascertain how experiences attained from TB and HIV extracurricular activities inform and shape adolescents' behaviour, approaches, and choices.

1.2 PROBLEM STATEMENT

On 11 September 2001, the world witnessed thousands of people dying in the United States of America during the New York bombings. Alarmingly so, globally, TB and HIV infect tens of thousands of people daily. TB and HIV present a serious threat to global communities, societies and cultures. According to Hernes (2002), the HIV pandemic is assured to be a scourge to most of our generation. According to the World Health Organisation (WHO, 2019) Sub-Saharan Africa has the most TB and HIV infection incident rate globally whilst Kasprowicz, Achkar and Wilson (2011) indicated that KwaZulu-Natal (KZN) is the epicentre of TB and HIV infection. Kasprowicz et al., (2011) furthermore, state that Durban is the heart of HIV and TB which resulted in an establishment of a partnership between the University of KwaZulu-Natal (UKZN), Howard Hughes Medical Institute and the KZN Research Institute for TB and HIV to find new ways of dealing with this disease in the province.

With the emergence of the infectious Coronavirus disease (COVID-19), societies globally are experiencing a further increased medical strain and threat additional to that of TB and HIV. In March 2020, South Africa imposed a national lockdown to stop the spread of COVID-19 and the education system was directly impacted resulting in the forced closure of schools. According to the Department of Health (DoH) (2020) people with poor or low immune systems linked to HIV and TB are particularly at high risk of contracting COVID-19. The DoH furthermore emphasises that a person who has TB is at risk of suffering more severe COVID-19 symptoms. The risk is even higher if the person is also HIV positive or diabetic. The emergence of COVID-19 in South Africa called for innovative and effective health interventions, and more especially in the school environment where learners are clustered and social distancing is almost impossible. In May 2020, the national Minister of Health Dr Zweli Mkhize, and UKZN's Professor Salim Abdool Karim declared the Umlazi township as a hotspot for COVID-19. Professor Salim Abdool Karimis is a South African clinical infectious diseases epidemiologist commonly known for scientific contributions to HIV prevention and treatment. He is currently serving as the Chair of the South African

Ministerial Advisory Committee on COVID-19 and as a member of the Africa Task Force for Coronavirus and the Lancet Commission on COVID-19.

The HIV pandemic has included a re-emergence of TB. According to the DoH (2017) and WHO (2019) South Africa is counted amongst countries with the highest incidences of both TB and HIV. Young people who are mostly in secondary schools aged between 15-24 years are particularly affected (Francis, Mthiyane and Baisley,2018). This brings severe threat to communities and to the economy of the country. When people become sick, they are unable to go to school or work. According to Naidoo and Taylor (2013), refining health communication is key towards attaining changes in health behaviour (referring to beliefs that individuals hold regarding their health and well-being), health-seeking behaviour (referring to actions taken by individuals who perceive themselves to have a health problem) and social change. It is essential to offer communities the critical information that will enable them to prevent the spread of TB and to pursue initial TB treatment if they present with symptoms. Ethekwini, in particular, has been identified as the hub of the HIV and TB combination. This study takes place in the greater Durban area, in Umlazi. It would be reasonable to assume that one way of circulating this information to societies would be to influence families through their school-going adolescents, and possibly with the primary focus on older adolescents who attend secondary schools. This would be achieved if secondary school learners actively involved themselves in school-based initiatives that focus on TB and HIV and then pass this information on to their communities and households.

1.3 MOTIVATION FOR THE STUDY

The concept of the study came about in response to the researcher's involvement in TB and HIV related work. Working as a Monitoring and Evaluations Manager for a non-profit organisation (NGO) I was exposed to shocking statistics of TB and HIV infection incidents, which fuelled my interest in pursuing this study. Moreover, being a secondary school teacher, I noted and identified that there remains a serious silence in communication activities in schools that focus on HIV and associated TB, and the HIV and TB pandemic prevention. This silence speaks loudly to the insufficient methods and approaches of creating awareness of the two pandemics in secondary schools in the Umlazi District. The current initiatives from the Department of Basic

Education (DBE) are not implemented in some of the schools for various reasons which hinder TB and HIV awareness in these communities. There is a dire need to explore different ways of raising TB and HIV awareness in secondary schools be it through school-based co-curricular or extracurricular activities, social or print media. My awareness of this motivated me to explore how learners experience TB and HIV integrated messages through their school-based extracurricular activities.

This study, therefore, seeks to explore learners' experiences of the current school-based TB and HIV extracurricular activities in the Umlazi secondary schools and to ascertain if these activities provide opportunities for learners to gain a greater insight into the two pandemics. This is significant because globally, adolescents are most affected by the HIV pandemic; with an estimated half of all HIV infected people aged between 15 −24 years (Francis, Mthiyane and Baisley, 2018). This poses serious challenges to secondary school learners as they form part of this age bracket. If secondary school learners are informed and made aware of the seriousness and the impact of the two pandemics through their active involvement in the TB and HIV school-based extracurricular activities, it is reasonable to assume that the learners' households and communities will be reached through these learners.

1.4 SIGNIFICANCE OF THE STUDY

This study hopes to add to the body of literature regarding learners' experiences of TB and HIV integrated messages communicated through school-based extracurricular activities. While the literature focuses on the HIV pandemic in schools, there is a dearth in the literature that considers these integrated messages, especially in the South African context. This study, furthermore, hopes to contribute to an understanding of what takes place in the TB and HIV school- based extracurricular activities and to explore the possible difference that participation in these activities can make in the lives of the learners, their households as well as the public at large. To ascertain this the learners' experiences of TB and HIV school-based extracurricular activities will be explored.

1.5. AIMS OF THE STUDY

In terms of the Department of Basic Education National Policy on HIV, Sexually Transmitted Infections (STI) and TB (2017), every public school should present an

HIV and TB programme to teach learners about HIV and TB associated concerns (Government Gazette, 2017). The study aims to form a better understanding of what takes place in the TB and HIV school-based extracurricular activities, and how learners experience these activities. The experiences of learners' in this study refer to that which the learners personally underwent or lived through relating to the school-based TB and HIV extracurricular activities (their lived experience). Schwandt (2001) explains that this type of experience can be grasped as a sequence of occurrences involved in, even lived through that formed an impression on them and through which understanding as well as ability were advanced, cultivating their point of view. The study focuses on exploring learners' lived experiences of participating in the TB and HIV school- based extracurricular activities with the aim of establishing how the activities influenced them as individual adolescent learners.

An in-depth study was conducted at three purposively selected secondary schools in the Umlazi district. Specifically, these schools currently implement TB and HIV school- based extracurricular activities. An example of these is the Girls and Boys Education Movement clubs (GEM/BEM), which are integrated in schools. These GEM/BEM clubs are coordinated by the learners voluntarily, with support from the school management, and the Department of Basic Education (DBE) in partnership with the United Nations Children's Fund (UNICEF). The GEM/BEM club provides learners with a platform to optimise their potential. This club gives boys and girls access to skills and information, assisting them to mobilise their communities to support the rights of girls. A safe and comfortable space is provided where they can discuss issues that matter to them. Issues for discussion include teenage pregnancy, sexual health, TB and HIV as well as alcohol and substance abuse.

Another initiative employed in the selected schools, are various programmes executed by Learner Support Agents (LSAs) employed by DBE. These LSAs are stationed at various secondary schools in the Umlazi District. The LSAs work closely with the school principals and teachers to provide support to individual learners and to small and/or large groups. Their duties include the following: providing care and support to learners in need of assistance because of experiencing social, health, behavioural and poverty related barriers; assisting the school with facilitating awareness programmes and school competitions; and documenting all LSA assisted

school-based activities. My study is exploring the learners' experiences of TB and HIV integrated messages communicated during the school-based extracurricular activities executed by DBE LSAs and the GEM/BEM clubs in the purposively selected schools. A study of this nature has not been previously undertaken; therefore, it hopes to address the silence in literature and bridge the gap.

In summary the aims of the study are the following:

- To establish what TB and HIV integrated messages are communicated through school- based extracurricular activities
- To explore how learners participate in TB and HIV school-based extracurricular activities.
- To explore learners' experiences of TB and HIV school-based extracurricular activities

1.6. KEY RESEARCH QUESTIONS

1.6.1. What TB and HIV integrated messages are communicated through school-based extracurricular activities in the three Umlazi secondary schools?

1.6.2. How do learners participate in TB and HIV school-based extracurricular activities?

1.6.3. What are the learners' experiences of TB and HIV school-based extracurricular activities?

1.7. DEFINITION OF KEY TERMS

The following terms feature prominently in the study and an explanation for purposes of clarification is provided. These terms are Tuberculosis, Human Immunodeficiency Virus, adolescent, school- based and extracurricular activities.

1.7.1 Tuberculosis

Tuberculosis (TB) is an infectious disease mainly affecting the lungs. The germs that cause TB are spread amongst people through small droplets dispersed into the air through coughs and sneezes (DoH, 2019). TB symptoms include but are not limited to a continuous cough, weight loss, night sweats and fever, but require medical diagnosis. The TB incubation period differs starting from approximately 2 to 12 weeks. An individual may be transmittable for a long period (for as long as

feasible TB bacteria are present in sputum) and can remain infectious until they have been on appropriate treatment for several weeks.

1.7.2 Human Immunodeficiency Virus

This is the virus that causes acquired immunodeficiency syndrome (AIDS), which is the last phase of HIV infection. HIV is transmitted through various ways which include direct connection with HIV infected body fluids, such as semen, blood, or from an HIV infected mother to her child during pregnancy, labour and delivery, or through breast milk (DoH, 2019). The signs and symptoms of HIV infection differ in type and severity according to different individuals and for some people symptoms may not occur for many years.

1.7.4 Adolescent

Adolescence refers to the period of growth change and progress from childhood to adulthood. The World Health Organisation (WHO) describes an adolescent as a person between ages 10 and 24. This age range is classified within WHO's characterization of young people. Throughout adolescence, young people experience many changes as they shift from childhood into young adulthood. These changes include physical, behavioural, cognitive, and emotional-social development. The adolescent stage is a period during which knowledge and skills advance. It is also a period when adolescents learn to manage their feelings and relations, and manage traits and skills that will be imperative for appreciating the adolescent period and assuming adult roles.

1.7.5 School- based

School- based refers to that which takes place in the school environment (Oxford Dictionary). In school-based the instruction, takes place (either partly or exclusively) in educational institutions. In schools there is the formal curriculum which refers to the official, written and intended lessons, values, perceptions and learning activities in which learners participate. There is also the hidden curriculum which refers to the implicit or imbedded academic, social, and cultural messages that are conveyed to learners while they are in school (Provenzo, 2009). Closely connected to the concept of the hidden curriculum is the notion of the null curriculum, which is focussed on what schools do not teach. Both the formal and the hidden curriculum can apply to what

happens in the formal school curriculum as well as the school's extracurricular programme.

1.7.6 Extracurricular

Refers to an activity at a school pursued in addition to the formal school, while it is not explicitly connected to academic learning. Chai (2005:76) defines extracurricular activities referring to various synonyms, such as "non-academic endeavours" or "out-of-class experiences" (Nelson, Vendrzyk, Quirin & Allen (2002:278). Extracurricular activities are normally done after the normal school hours, not falling within the scope of a regular curriculum and usually carrying no academic credit. The hidden and null curricula as discussed above, establish themselves in various ways in the schools including through extracurricular activities. They signify refined and intensely dominant influences in shaping of beliefs and attitudes of learners.

1.7.7 Pandemic

A pandemic refers to an outbreak or epidemic that extents globally for example, TB, HIV and COVID-19 pandemics (Grennan, 2019). Various factors impact how far an outbreak spreads. For example, the pandemic transmits effortlessly from person to person and the movement of people, predominantly by aircraft because infections can easily be spread to new parts of the globe rapidly. This research study refers to TB and HIV as pandemics.

1.8. DEMARCATION OF THE STUDY

The study will be located at three schools in the Umlazi Township, which falls within the eThekwini District. This is a high TB and HIV incident rate region in South Africa (DoH, 2013). Statistics from the DoH (2019) reveal that the eThekwini district is the leading area with a high rate of HIV and TB infection. Therefore, it is fitting that this study is to be undertaken in this region. EThekwini is situated on the east coast of South Africa in the province of KZN. The EThekwini municipality occupies an area of approximately 2297km² with a population estimated to be 3.5 million. The district comprises a diverse society with various societal, economic, conservational, and governance challenges (Joffe, 2006). The population includes personalities from diverse cultural backgrounds. The KZN population is dominated by individuals within the 15-34-year age group, constituting nearly 61% of the entire population.

The Umlazi Township, where the study will take place falls within the eThekwini municipality. The township is located a few kilometres south of Durban's Central Business District and west of the King Shaka International Airport. This township is arguably the second biggest in South Africa following Soweto. Assigned into 26 sections, from A- to- Z sections excluding I, O and X but with the addition of AA, BB and CC Umlazi is witnessing improved private and government investments, like several townships in metropolitan areas. This is evident in the various establishments such as shopping malls, schools, a university of technology and libraries. Young residents of Umlazi Township mostly do not have means to further their studies after completing matric as they encounter limited financial resources. The area of Umlazi is approximately 4481.7 hectares and the population is estimated at 850 000 blacks (Mthembu, 2005). The Umlazi Township schools selected to form part of this study are situated less than 20 kilometers apart from one another. The learners participating in this study come from diversified backgrounds ranging from middle- and low-income households including homes headed by children.

1.9. STRUCTURE OF THE DISSERTATION

The following is a synopsis of the remaining chapters of this dissertation:

Chapter Two

This chapter offers the reader a detailed review of relevant literature and studies previously conducted in TB and HIV school- based activities. Firstly, it discusses the global scenario of TB and HIV, then narrows down to the South African context of TB and HIV. It further reflects on the significant connection concerning TB and HIV, then looks at the impact of TB and HIV on the adolescent as well as the education system. Moreover, chapter 2 expands on the various TB and HIV intervention programmes offered nationally as well as within the school environment. A review of the relevant school health policies is also discussed in detail in this chapter. Furthermore, the three theoretical frameworks used as lens in this study are discussed showing the relevance of each for the study. Chapter 2 concludes with a discussion on the silences in literature. All the literature reviewed in chapter 2 contributes to a critical exploration of the background, genesis and depth of the study.

Chapter Three

The research paradigm, design and methodology are presented and discussed in detail this chapter. The choice of sampling and data generation methods used is explained in this chapter. Furthermore, this chapter discusses how data was analysed. Issues of honesty and reliability that incorporate integrity, dependability, transferability and conformability for this study are clarified in this section as well as ethical issues and challenges encountered in this study.

Chapter Four

This chapter deliberates on the findings of the study and offers an analysis of the data that was generated. Various emergent themes are interpreted and clarified in this chapter. This chapter works as organizer of the literature, involving the findings to current studies and literature reviewed in chapter 2. This chapter addresses the three research questions, and further presents the findings of the research and discloses results generated. To ensure that the participants' voices are not misplaced, verbatim quotations are used.

Chapter Five

This is the concluding chapter of the study and commences with the overview of the study, then explicitly addresses each research question. The study limitations are explained in this chapter. Chapter 5 presents the final study conclusions and recommendations for further study. Propositions for additional research and recommendations are given in this section**.**

1.10 Conclusion

Chapter 1 of this dissertation has presented an overview for this research study, thus, orientating the reader to the study. The next chapter will review relevant literature and develop the conceptual and theoretical framework used in this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The impacts of the HIV and TB pandemics are felt globally. Additionally, with the emergence of the newly discovered COVID-19 pandemic it is even more challenging to combat the existing HIV and TB pandemics which is a worldwide concern. DoH (2020) stresses the fact that people with TB and HIV are most susceptible to contracting COVID-19 and are at a higher risk of experiencing more severe symptoms. Developing countries such as South Africa, Botswana, Ethiopia, Ghana, India and Mozambique present the highest incidence of HIV infections and AIDS related deaths according to Juma (2017). In realizing the rights of children, HIV is a serious challenge in South Africa (Smart, 2013). Vast numbers of children are already orphaned and there are many more who are living with desperately ill parents (Juma, 2017). As a result, children are deprived of civil rights to love, nurture and security and their rights to time and opportunity to play and socialize with their peers (United Nations, Treaty Series, vol. 1577). A communal relationship exists between HIV, TB and education which will be discussed further in this chapter. This relationship goes outside the official schooling sector and impacts communities and various facets of life.

This study focuses on the learners' experiences of TB and HIV integrated messages in three secondary schools in the Umlazi district which are currently implementing TB and HIV extracurricular activities. This chapter will review literature that focuses on the wider effect of TB and HIV on community (both globally and locally), and on the adolescents between the ages of 14-20 years. The issue of TB and HIV education and how it impacts the adolescent, has an essential part to play in this study. TB and HIV related policies and plans of the DBE and how these are envisaged and implemented will also be presented in this chapter. Furthermore, research into TB and HIV school-based programmes at national level will be reviewed in this chapter. The discussion will be structured in terms of viewing the impact of TB and HIV holistically. This will be done by first looking at the broader social impact of TB and HIV, then narrowing it down to the impact of TB and HIV on adolescents still at school. Furthermore, this chapter will present the conceptual frameworks used in this

study. The theoretical framework will provide the lenses through which data will be analysed and interpreted.

2.2. TB AND HIV GLOBAL SCENARIO

Prior to the year 2003, HIV infection was amongst the main influences underlying nearly 1% yearly surge in the world TB prevalence according to the (WHO) (2004). The WHO (2016) estimates that world TB prevalence rose at 142 TB cases per 100,000 population in the year 2004 and is currently decreasing slowly. Developments in contemporary years furthermore propose that the yearly figure of incident cases of the HIV associated TB rose at 1.39 million cases in 2005 and recently showed a decline (Mohammed, Assefa, and Mengistie, 2018). In the year 2007 an estimate of 9.3 million new TB infections globally was recorded. Amid these were 1.37 million (14.8%) HIV associated TB cases with nearly 456,000 HIV associated TB deaths most (79%) of which cases were from Sub-Saharan Africa. The co-pandemic (infected with both TB and HIV) were mainly clustered in the southern African countries where HIV prevalence is greatest (WHO 2009). These estimates shared by WHO in 2009 signify considerable growth from earlier estimations, accounting for an approximate two-fold further disease burden. Although these statistics are over a decade old this is the only available data I could currently access. According to Lawn and Churchyard (2009) these estimates have increased because of the large growth in HIV testing in TB patients, especially in Africa where people with TB are being tested for HIV increasingly in current years, attaining 47% of TB patients in 2017.

The WHO (2009) indicates that South Africa presenting just 0.7% of the global population, was responsible for 28% of the universal burden of the HIV associated TB in 2009. Eastern Europe also experiences HIV and TB as an important public health challenge. A study conducted by Lazarus, Olsen, Ditiu & Matic (2008) revealed that 25 of the highest burden countries in the WHO European Region established that the amount of TB cases showing a positive TB result intensified from 2.1% in 2004 to 3.3% in 2005. Not included in this study was England, however, in both countries HIV incidence amid TB cases rose from 3.1% in 1999 to 8.3% in 2003. HIV co-infected (infected with both TB and HIV) cases added nearly a third to the rise in total TB notifications in England and Wales in this period. Globally, the number of

co-infected people who died while on treatment in 2017 was 11% according to WHO (2018). Developments on decreasing TB associated deaths amid those who are HIV positive is currently the focus, as there has been a decline in mortality by 100,000 during 2015 and 2017, largely because of the speedy growth of antiretroviral HIV treatment (Denue, 2017).

All countries who are part of the WHO and the United Nations (UN) have dedicated to terminating TB as a worldwide societal issue by 2030 which includes South Africa. In reaching this objective, TB mortalities need to decrease by 90% and the incidence of active TB by 80% from 2015 levels (United Nations, 2016). Yet, in South Africa statistics reveal that developments concerning the prevention of TB are slow, and there remain obstinate gaps in preventing, diagnosing and treating TB (DoH, 2018). In a research study conducted by Mulongeni, Hermans, Caldwell, Bekker, Wood & Kaplan (2019) the incidence of TB and HIV co-infection is specified greatest in young adults aged 20-24 years old, shadowed by younger adolescents aged 10-14 years old and older adolescents aged 15-19 years old. From the age of 16, there was stable growth in HIV incidence in young women with TB (Mulongeni et al., 2019). Evidently, there remains a dire need to explore different ways of curbing the spread of these two pandemics, especially among adolescents as they are significantly affected. Through developing since childhood to adulthood, adolescents build trends of behaviour as well as lifestyle choices that impacts their present and impending health. Generally, adolescents are described as adhering poorly to TB and HIV treatment compared to adults (Berry, Rodriguez, Berhanu, Ismail, Mvusi, Long & Evans, 2019).

In 2017, worldwide there were an estimated 10 million people who were sick with TB, of that number 9% were also living with HIV (WHO, 2018). The WHO highlights that about a third of the 36.9 million HIV positive people globally are co-infected with TB. The hardest hit region is Sub-Saharan Africa, home to 70% of all people living with HIV/TB co-infection in the world. In the year 2014, TB exceeded HIV as the global leading communicable disease killer which is unsettling considering that TB is curable (WHO, 2016). The UNAIDS (2018) report that 1.3 million people died from TB in 2017, plus 300,000 TB linked deaths happened amid HIV positive people. UNAIDS (2018) further highlights that even in recent years TB remains the main source of death among HIV positive people. The economic effect of TB and HIV

can be devastating for people, communities, and governments. This is because household breadwinners who become sick with TB, HIV or both are regularly not able to work for a very long time which may result in having challenges caring for their children. According to the WHO (2018), TB accounts for a large financial budget globally estimated over $21 billion yearly, plus $9.2 billion for treatment and prevention activities as well as an extra $12 billion in economic costs and lost production. Moreover, statistics revealed by WHO (2017) indicate that 75% of about 1.03 million of TB and HIV co-infection cases that occur annually worldwide are from Africa. TB is mostly observed firstly in HIV infected people, and is the main reason for death in Africa, (Mohammed, Assefa & Mengistie, 2018). In addition, the UNAIDS global report of 2016 revealed that Sub-Saharan Africa takes the lead with the highest burden of HIV which accounts for 70% (25.5 million) of 36.7 million HIV positive people, 64% of 1.8 million newly diagnosed, and 73% of 1.0 million deaths. It has been noted that HIV spreads rapidly in settings of poverty, hopelessness and limited resources to information (Issues in World Health, 2001) which is the reality in most affected countries in Sub-Saharan Africa. These countries include: South Africa, Botswana, Zambia, South Africa, Malawi, Nigeria, Rwanda and Zimbabwe.

2.3 SOUTH AFRICA: TB AND HIV CAPITAL OF THE WORLD

South Africa accounted for 17% of the world's burden of HIV infection, and one of the world's worst TB pandemics, fuelled by increasing HIV co-infection (Karim, Churchyard, Lawn, 2009). Even in recent years South Africa is still at the centre of the HIV pandemic globally with 20% of HIV positive (Allinder and Fleischman, 2019). In some communities in the KZN province, 60% of all females are HIV positive and almost 4500 South Africans are recently diagnosed with HIV weekly. The pandemic is aggravated by its infestation in 15 - 25- year-olds, those of productive and operational stages who are the pillars of South Africa. The Centre for the Aids Programme of Research in South Africa (CAPRISA) reveals that prevalence amongst 20-24-year-old women is three times higher than in men their age which automatically puts young women at high risk. Adolescent girls, ages 15-24, account for one-third of this new infection (Allinder and Fleischman, 2019). These statistics strongly signal to the urgent need for adolescents to be educated re HIV/TB co-infection. It is important to understand their experiences of TB and HIV health programmes (Griessel-Roux, 2005) that aim to educate adolescents about their

health choices. To inform the efficacy of any education programmes it is important to explore their experiences of programmes aimed at impacting a positive change in their lifestyle choices, attitudes and behaviour. This research study focuses on learners who form part of this essential age group who are mostly directly affected by the two pandemics.

The TB pandemic in South Africa is a related health threat (Churchyard, Mametja, Mvusi, Ndjeka, Hesseling, Reid, Babatunde & Pillay, 2014). According to Churchyard, Mametja et al. Pillay (2014) South Africa presents the world's worst TB pandemics driven by HIV. HIV remains to spread ceaselessly, while TB in South Africa has been confirmed a national emergency by the DoH. Churchyard et al. (2014) note that the South African Government's effort to curb the spread of the two pandemics has been futile until recent years. This was because of denial, absence of political will, and poor application of policies and programmes (Churchyard et al., 2014). In recent years more, developments have been affected regarding health education, health integrated policies as well as the supply of treatment for both TB and HIV. There is an estimated total number of 7, 97 million HIV positive people in 2019 in South Africa. Over a fifth of South African females in their reproductive years (15–49 years) have HIV and this age bracket includes adolescents in secondary schools. Statistics South Africa shows that the total number of HIV positive people in South Africa rose from an estimated 4, 64 million in 2002 to 7, 97 million by 2019. HIV incidence is even greater in young women, children, men who have sex with men, transgender women, sex workers and people who inject drugs. These figures are alarming in relation to adolescent risk behaviour in the aspect of HIV and the challenge it carries to the education of adolescents still in school. The education sector (all stakeholders in education including teachers, learners and employees) is not immune to the pandemic, with the loss of key personnel as a result of infections. South Africa has made positive developments in testing people for HIV in recent years (DoH, 2017). Progress is evident in that in 2018, in South Africa, 90% of HIV positive people were aware of their HIV status (DoH, 2019). The first of the 90-90-90 targets has now been met. The 90-90-90 targets refer to a target drawn by the Joint United Nations Programme on HIV/AIDS (UNAIDS) which aims, to diagnose 90% of all HIV positive persons, offer antiretroviral therapy (ART) for 90% of those diagnosed, and achieve viral suppression for 90% of those treated by 2020 (Bain, Nkoke & Noubiap, 2017).

South Africa is making steady progress especially in the areas of HIV treatment and its antiretroviral therapy (ART) programme, has expanded with the application of 'test and treat' guidelines. The universal policy of test and treat began on 1 September 2016, which allowed for ART to be available to all HIV positive persons unconditionally. A CD4 count test measures the total number of CD4 cells in a person's blood. Kasprowicz, Achkar and Wilson (2011) acknowledge KZN as the epicentre of the HIV and TB co-pandemic in South Africa. Statistics confirm this by revealing that KZN has a projected 1.2 million HIV infected individuals. There are currently no available statistics of COVID-19 infections among HIV infected people in South Africa, but the likelihood is that it is high because of compromised immune systems, lack of water and sanitization and poor living conditions. There is clear indication that HIV generally makes people susceptible to not only TB but also to the new viruses such as the COVID-19 pandemic. Responding to the TB and HIV pandemic in KZN a partnership between the University of KwaZulu-Natal (UKZN), Howard Hughes Medical Institute (American based institution) and the KZN Research Institute for Tuberculosis and HIV was formed as a private institute to conduct research on TB and HIV with the purpose of developing pioneering treatments for preventing these pandemics. This innovative institute furthermore aims to carry out exceptional, radical, science research on the diagnosis, pathogenesis, prevention, and treatment of HIV infection and TB (Kasprowicz, Achkar & Wilson, 2011). It is significant that this study is located within the epicentre of the TB and HIV pandemic. Responding to the current COVID-19 pandemic in South Africa is led by Professor Abdool Karim. He is currently the Chair of the South African Ministerial Advisory Committee on COVID-19 and is also the Pro Vice-Chancellor (Research) at UKZN and a Director at CAPRISA.

2.4 THE LINK BETWEEN TB AND HIV

The symbiotic association of TB and HIV is described by Narendran and Swaminathan (2016: 47) as a "catastrophic comradeship". The lengths of the impact and effects of the TB and HIV association are immeasurable. Various studies refer to the TB and HIV relationship as a co-pandemic to emphasise the closeness and correlating relationship (Mohammed, Assefa & Mengistie, 2018). The WHO (2017) indicates the following facts relating to the association between TB and HIV: that the two pandemics are a fatal combination; they are much more detrimental jointly than

whichever pandemic singled out. In countries still developing many people who are HIV positive acquire TB as the first signal of AIDS. Moreover, TB is the chief source of death and illness in people living with HIV. Frequently the two pandemics are spoken about in isolation but little has been written about the co-pandemic while much has been published about them separately. Very few studies refer to the co-pandemic in the secondary school setting. Various publications focus on one or other of the diseases. A study was conducted exploring learners' experiences of HIV/AIDS programmes undertaken by schools in the Gauteng Province by Griessel-Roux (2004), but this study does not have reference to TB or the co-pandemic. The significant association between the two pandemics must refer attention to try to effect substantial change.

Several studies have shown that adolescents hold various misconceptions and stereotypes linked to TB and HIV (Amo-Adjei & Kumi-Kyereme 2013; Deribew et al. 2010; Griessel-Roux 2004 & Manyoke 2019). Misconceptions refer to logically confirmed wrong philosophies and mistaken beliefs often believed by a group of people regarding a phenomenon. They are usually solid and a challenge to overcome, often intensely entrenched in peoples' experiences, and limited education. Even though much has been done and continues to be done, to grow knowledge and awareness of TB and HIV, persisting misconceptions about HIV prevention and transmission persist. These are related to risky sexual behaviours, involving failure to negotiate safe sex, among adolescents (Agu, et al., 2020). Manyoke (2019) posits that misconceptions that adolescents have surrounding condom use include the reduction of sexual satisfaction during sexual intercourse. According to Karim (2001) fear of stigma and discrimination also lead to various HIV misconceptions and myths. In South Africa, some HIV positive people turn to traditional healers for HIV treatment because they believe that they have been bewitched (Kang'ethe & Xabendlini 2007). Zuma, Wight, Rochat & Moshabela (2017) highlight that traditional health practitioners have been identified as a key local resource in the fight against HIV in South Africa. According to Audet, Clemens, Ngobeni, Mkansi et al. (2020) traditional healers in South Africa are potentially underutilized partners in the collective effort to reduce the spreading of HIV. A study by Kang'ethe and Xabendlini (2007) shows that many South Africans hold mythical beliefs about both TB and HIV. Furthermore, their study highlights that myths occur because of: propaganda, delusion,

misunderstandings of information associated with HIV which are further strengthened by customs and patriarchy; traditional healers are also associated with some of these misconceptions. This is highly problematic given the seriousness of these diseases that cause health challenges even death (Cohall, Kassotis, Parks, Vaughan, Bannister, & Northridge, 2001). It is crucial that we involve adolescents in health education interventions related to HIV and TB. Rashid and Chand (2019) highlight that the only way to combat HIV transmission is to provide correct knowledge about how the disease is spread to the public and especially to women of child- bearing age (15-49 years).

According to Harries, Corbett, Lawn, Filho, Harrington & De Cock (2010), despite numerous significant policies, strategies, and guidelines in reducing the spread of the two pandemics, an HIV-associated tuberculosis pandemic continues to rage in Southern Africa with KZN leading in co-infection rates. Different influences have been acknowledged as key influences of both pandemics, factors including having multiple and concurrent sexual partners (Badri, et. al., 2001). As previously mentioned, globally, young people are mostly affected by the HIV pandemic and almost half of all HIV positive people are aged 15 −24 years (Francis, Mthiyane & Baisley, 2018). This poses serious challenges to secondary school learners who fall into this age bracket. Furthermore, the high TB and HIV infection rates present severe risks to the economy of the country when people become sick and are not able to go to school or work. In 2019, the then KZN Health Member of the Executive Council (MEC) Dr Sibongiseni Dlomo indicated that KZN has made steady progress in the fight to curb the spread of TB. In 2016 there were 62 790 new confirmed TB cases which translated to 580 cases per 100 000 population. The DoH annual report of 2015/2016 signifies a reduction from 73 318 TB cases in the previous year. Regardless of the great burden of TB and the high TB and HIV co-infection rate of 65%, the KZN provincial treatment outcomes have progressively improved from 55% in 2005 to 88.6% in 2016, which surpasses the target of 85%. Despite this improvement there is still a need to educate people about these two pandemics.

2.5 THE IMPACT OF TB AND HIV ON ADOLESCENTS

The adolescence stage of growth is a significant developmental period with lasting health and wellbeing consequences for the individual (Backes & Bonnie, 2019).

Countless health-related behaviours that emerge during the adolescent period have an impact on current and future well-being and growth. For instance, the use of alcohol and obesity during adolescence not only inhibits adolescent growth but could also potentially lead to health threatening alcohol use and obesity as an adult (WHO 2017). Not being able to effectively manage the challenges of adolescence which include peer pressure, emotional changes and problems as well as risky and illegal behaviour may have negative consequences for subsequent development (The Science of Adolescent Risk-Taking: Workshop Report, 2011). Common adolescent risky behaviours include smoking, drinking alcohol and other substance use, unprotected sex which often leads to potential HIV infection, sexually transmitted diseases, as well as unexpected pregnancy. Threats to adolescents also include their emotional wellbeing and mental health (Aboki, Folayan, Daniel, & Ogunlayi, 2014). Griessel-Rouxs' (2004) study shows that the adolescent age group, is an appropriate age group to educate about the risk of HIV and to introduce suitable programmes to stop the spread of HIV. Over the years, studies on HIV positive people have exposed that individuals who are involved in risky sexual behaviour start this in their adolescent years (Bakeera-Kitaka, Nabukeera-Barungi et al., 2008). It is therefore important to understand adolescents, their awareness about their attitudes, views, alleged norms and intentional behaviour patterns.

A study conducted by Naidoo and Taylor in 2013 estimated that in South Africa the incidence of latent TB infection in adolescents is above 50% (Naidoo & Taylor, 2013). The high school enrolment and overcrowding in classrooms exacerbates TB infection. The emergence of the new COVID-19 which demands strict social distancing measures in schools presents an additional burden to the school environment. Monyake's (2009) research study shows that HIV has a direct impact in the lives of the adolescent learners. She further highlights that the way in which learners interpret and experience HIV and AIDS education messages reinforces stigmatization, discrimination and the fear of HIV infected and affected people (Monyake, 2009). In South Africa HIV incidence in adolescent girls is approximately 4 times greater than that of adolescent boys (DoH, 2017). In 2018 in South Africa, an estimated 69,000 young women contracted HIV, compared to 28,000 young men, which simply indicates that women are more prone to acquire HIV than their male counterparts (WHO, 2019). Various studies indicate that intergenerational

relationships between older men who are a group associated with high HIV incidence, and young women is assumed to be circulating infections (Muula, 2008). The National Strategic HIV Plan (NSP) 2017-2022 has dedicated its approach to HIV prevention around interrupting this cycle. The strategy includes implementing school-based health education activities. Different social problems such as sexual abuse, learner pregnancy, TB, HIV and other problems related to the abuse of human rights are common in schools (NSP, 2017). These social problems become a barrier in various ways to learning for learners who are victims, survivors or in some way affected by HIV and/ or TB. The occurrence of these problems in our schools and communities undermines children's Constitutional rights to exist in a safe and secure environment and to enjoy equal access to quality education, as well as to their right to equality and dignity.

2.6 THE IMPACT OF TB AND HIV EDUCATION ON ADOLESCENTS

It is noted above that several publications have assessed the incidence of latent TB infection in adolescents in South Africa to be greater than 50% (Naidoo & Taylor, 2013, Department of Health, 2009, Mahomed et al., 2011). This clearly indicates an increased risk of active TB infection amongst South African adolescents. South Africa's obligatory education policy requires all children to attend school. This then results in the high admission of learners making the school setting an appropriate place for raising TB and HIV awareness. School children are better positioned to share TB and HIV related information which they have learnt at school with the community. Thus, they can explain to other illiterate individuals in the family about the advantages of accessing healthcare services including treatment. Those individual learners who are mindful of TB and HIV symptoms know what is necessary to stop the spread and can additionally, encourage treatment. They can also go for testing and treatment for themselves and can inspire others at home to get tested for TB or HIV, and to take treatment. This is all to say that health education and literacy can help individuals to better understand and deal with health-related issues and in turn they can share their knowledge with their families as well as the community at large.

Naidoo and Taylor (2013) in their study indicate that there is little literature regarding the insight secondary school learners have on TB symptoms, transmission, prevention, and their plan to access health services concerning TB. This study hopes

to better understand secondary school learners' knowledge of TB and HIV in the Umlazi district. It is reasonable to presume that information regarding TB and HIV is disseminated in the Life Orientation co-curricular, but not much is known regarding extracurricular. Working towards refining health communication is crucial to accomplishing positive effects in health behaviour and social change (Ngigi & Busolo, 2018). As TB is an infectious disease it is imperative that societies grasp how it is spread and that it is treatable. According to Naidoo and Taylor (2013) in South African populations the TB pandemic has exacerbated the HIV pandemic, and there seems to be much misperception regarding the appearance and development of these diverse pandemics. This study hopes to ascertain if secondary learners in the Umlazi district can ascertain the association of the two pandemics and if they are able to clearly define each pandemic distinctly. Thus, there is a serious need to offer appropriate information to learners so that they can advance their knowledge and be able to openly describe prevention and transmission of both TB and HIV. Information can be dispersed in the community and reach households through their children initially focusing on older adolescents in secondary school. Naidoo and Taylor (2013) highlight that there are various features linked with an affirmative objective to pursue healthcare for TB treatment among secondary school learners. These include improved health literacy regarding TB, HIV, and sexually transmitted infections among secondary school learners in KZN. Improved TB and HIV education amongst secondary school learners will effect a positive health impact in the lives of learners as well as the community at large. To enhance TB and HIV education there are various South African interventions in place which will be discussed next.

2.7 SOUTH AFRICAN TB AND HIV INTERVENTIONS

2.7.1 NATIONAL TB AND HIV INTERVENTION- KHOMANANI

An example of a national intervention initiative to curb the problem of TB and HIV is the Khomanani campaign. Although this intervention is no longer in existence, I saw it fitting that I draw reference from it for this study. This is because currently there is no prominent national health intervention campaigns which address TB and HIV except for the National Strategic Plan (NSP, 2017)) which serves as a framework for HIV, TB and sexually transmitted infections (STIs). The NSP (2017) aims to follow-up on the development towards transitioning both TB and HIV to no longer being public health

threats by the year 2030. The word “khomanani” is a Tsonga word meaning, *caring together*. The campaign was established in 2001 and it was in effect until April 2010 (Johnson, Kincaid, Laurence, Delate & Mahlasela, 2010). The campaign intended to address problems linked to HIV, sexually transmitted infections (STIs) and TB, using interventions that effect and support personal and societal change (Shilubane & Geyer, 2016). The campaign furthermore aimed to decrease new HIV infections. This was done by increasing personal risk perception, including supporting safe sex practices, as well as linking individuals to prevention and care facilities (Department of Health, 2006b). The campaign was a DoH initiative and had a general theme of “Moving the Nation to Act” (DoH, 2006). A study evaluating the campaign, indicated that participants approved that the programme was appropriate and essential, mainly because it included indigenous community members, which allowed the programme to receive local backing (Shilubane & Geyer, 2016). Community participation and involvement is crucial and their contribution in community growth initiatives is essential, as this in turn results in the enhancement of community support (McKee, Bertrand & Bercker-Benton 2004).

2.7.2 SOUL BUDDYZ SCHOOL CLUBS

Soul Buddyz Clubs (SBCs) is a primary school, extracurricular school-based programme that is devoted to teaching life skills relating to TB and HIV and to encourage learners to be fully accountable for their well-being. School-based TB and HIV education is included in the school co-curricular activities in the L.O curriculum in secondary school and Life Skills curriculum in primary school. The SBCs is a complementary extracurricular programme offered in primary school. This programme is in line with the DBE National Policy on HIV, Sexually Transmitted Infection’s (STIs) and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector (2017) as well as the Integrated School Health Policy (ISHP) (2012). The Soul City Institute created a television drama series called Soul Buddyz in South Africa. It started airing on television in early 2000 on numerous public television channels. The targeted audience were younger school going children between 8–14 years and intended to encourage their health and security. Soon after, school learners emulated the actions they saw on screen in reaction to the series (UNICEF, 2016).

In 2003, the SBCs were initiated in primary schools nationwide as an extracurricular program. In various schools, susceptible learners were intentionally selected by educators to form part of the SBCs, whereas in other schools, learners voluntarily joined the SBCs. Johnson, Magni, Dube & Goldstein (2018) state that one of the aims of SBCs was to establish a platform for learners to air their voices and promoted learners' health and well-being. Another aim was to educate learners on life skills relating to HIV and to encourage learners to take charge of their own well-being. Learners in the SBC engaged with exclusive material and participated in various school- based activities, conferences and events, coordinated by trained Soul Buddyz facilitators and peer educators. The educators are trained to become Soul Buddyz facilitators and lead their clubs and the learners spearhead the programme with guidance from educators (facilitators). The SBC activities are dedicated to constructing societal support and community involvement. These activities associated with health and social development comprised consistent extracurricular club meetings, discussions, competitions and projects dedicated to essential themes including alcohol, health and lifestyle issues, including TB and HIV (Schmid, Wilson, and Taback 2011). Facilitators are given the necessary Soul Buddyz resources, including pamphlets, brochures, and information sheets, which are distributed to direct discussions. In 2003 there were more than 8,000 clubs with an estimated 182,000 members. Many of these clubs are still currently operating. Schmid et.al. (2011), suggest that these clubs have been instrumental in addressing social ills experienced by learners. Irrespective of this programme's relevance for my study, the focus will not be on this particular programme, as this is only implemented in primary schools mainly focusing on grades 4 to 7.

Genesis Analytics, an economics-based consulting firm was engaged by the Soul City Institute for Social Justice in 2015 to conduct a long-term evaluation of the effect of belonging to an SBC. The focus was on learners' overall health. Genesis engaged Social Surveys Africa (SSA) as the fieldwork partner for this evaluation. The findings showed that young women belonging to an SBC 10 years ago were more likely to be HIV negative than young women who attended primary schools that did not adopt this programme. It is therefore suggested that a long-lasting impact of school- based programmes after young women leave school, not only impacts on learners' health behaviours but also on HIV status (Johnson, Magni, Dube & Goldstein, 2018).

2.7.3 GIRLS AND BOYS EDUCATION MOVEMENT (GEM/BEM) SCHOOL CLUBS

According to the United Nations Children's Fund (UNICEF) (2002), the Girls and Boys Education Movement (GEM/BEM) was introduced in Uganda in the year 2001. The same movement was launched in South Africa in the year 2002. In South Africa GEM/BEM clubs are organized in schools and run by learners, with support from the school management, the DBE and UNICEF. According to UNICEF (2002), the school- based clubs provide learners with a platform to reach their full potential. These clubs provide learners with accessing skills and material to prevent potential problems. Moreover, it hopes to assist learners to cope better with existing situations including relating to sexuality, teenage pregnancy, TB and HIV, gender inequality, gender-based violence, and racism.

Involvement in the club helps learners to encourage their societies to support the rights of girls and boys and offers a platform where they can discuss matters that are of concern to them (UNICEF, 2002). Research by Leach et al. (2003) has revealed that one of the barriers to girls' education involves, the violence and abuse they suffer at home, in schools and their communities. The clubs ensure that both boys and girls participate in deliberating on issues that concern them and work as a collective in bettering themselves. According to UNICEF South Africa, GEM/BEM has more than 300,000 learners from over 5,000 schools participating in the programme throughout South Africa which includes the three secondary schools participating in this study. In 2011, the clubs promoted education and HIV prevention by organizing awareness drives on HIV counselling and testing. According to the DBE approximately half a million girls and boys were reached through these activities and they were well received and successful in terms of participation (UNICEF, 2014). This is one of the programmes that my study will employ to explore adolescent learners' experiences of TB and HIV integrated messages in their school extracurricular activities.

2.7.4 LEARNER SUPPORT AGENTS (LSAs)

Another TB and HIV prevention initiative employed in the schools selected for my study, are various programmes executed by Learner Support Agents (LSAs). These LSAs are employed by the DBE and are stationed at various secondary schools in

the Umlazi District. An approximate total of 519 out of school youth are appointed as LSA's to work in schools across the twelve (12) districts in the KZN province (DBE, 2018). This is part of the Poverty Alleviation Programme which creates job opportunities for the out of school youth as envisaged in the National Development Plan (National Planning Commission, 2012). The LSA's are employed on a one-year contractual basis, renewable annually, with a stipend of R3 500 per month from the DBE. LSAs are employed to run school-based peer education, care and support programmes in schools daily in order to address the scourge of social ills including TB, HIV, teenage pregnancy, and alcohol abuse in schools. The LSAs work closely with the school principals and teachers to provide support to individual learners and also to small and/or large groups.

LSAs' roles and responsibilities include the following: assisting the school to conduct inter-school competitions and campaigns covering themes such as child protection; prevention of teenage pregnancy with a specific focus on blessers/sugar daddies; prevention of alcohol and drug use; prevention of sexual abuse; prevention of HIV and TB infections; providing care and support to learners in need of assistance as a result of experiencing social, health, behavioural and poverty related barriers; and assisting the school with facilitating awareness programmes and documenting all LSA assisted school-based activities (DBE, 2018). My study is exploring the learners' experiences of TB and HIV integrated messages communicated during the school-based extracurricular activities executed by DBE LSAs and the GEM/BEM clubs in the purposively selected schools. A study of this nature has not been previously undertaken; therefore, it hopes to address the silence in literature and bridge the gap.

2.8 SCHOOL-BASED EXTRACURRICULAR ACTIVITIES

According to Ramey and Rose-Krasnor (2012), school- based extracurricular activities offer supplementary experiences for learners and have proved to contribute in supporting positive adolescent development. School- based extracurricular activity participation has also been recognized as a way of encouraging school connectedness (Centers for Disease Control and Prevention, 2009). According to Hansen (2015), school connectedness means the belief by learners that adults in the school care about their learning and about them as individuals. Farb and Matjasko (2012) explain that there is a progressive association between involvement in

extracurricular activities and academic performance. Hence, extracurricular activities give learners different progressive opportunities.

Generally, school-based extracurricular activities are linked to a variety of progressive results, including improvement in academic results and reduced school dropout (Farb & Matjasko, 2012). Research by Johnson et al. (2018) reveal that learners who participated in school- based TB and HIV extracurricular activities demonstrated a positive response by avoiding risky sexual behaviours and by having negative HIV status. Whilst reviewing literature I realised that various studies examine the impact of school-based programmes on HIV in young women, but the co-infection of TB is not mentioned. Other studies also focus on TB and HIV education in the school co-curricular. My study aims to address this silence in the literature by exploring learners' experiences of TB and HIV integrated messages at school- based extracurricular activities. As mentioned previously, young women are most at risk of HIV infection in South Africa. Concerning this, it is advisable to continue to strengthen programmes which aim to prevent TB and HIV and to educate adolescents about the two pandemics. Learners' experiences of these interventions plays a significant role in understanding their needs, thereby providing valuable insight that can be used to inform further interventions. This study will be focusing on learners' experiences of TB and HIV integrated messages communicated during GEM/BEM and LSA school-based extracurricular activities.

2.9 A REVIEW OF NATIONAL TB AND HIV SCHOOL POLICY DOCUMENTS

2.9.1 NATIONAL POLICY ON HIV, STIs AND TB FOR LEARNERS, EDUCATORS, SCHOOL SUPPORT STAFF AND OFFICIALS

In exploring learners' experiences of TB and HIV integrated messages in school - based extracurricular activities it is important to distinguish the link to existing school health guidelines or policies. The 2017 National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector aims to drive the response on HIV, Sexually Transmitted Infections (STIs) as well as TB within the education sector. This policy, furthermore, aims to engage on the issues resulting from the growing TB and HIV infections. The initial education reaction to HIV and AIDS in South Africa was initiated

by the 1999 National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions. Furthermore, this led to the HIV and AIDS Life Skills Education Programme, applied as part of the Life Orientation curriculum publicized in 2000. The 1999 HIV Policy laid a foundation for a much more organised and comprehensive approach to dealing with HIV within the setting and conditions of the time. The DBE was positioned as the main partner in the country to stop the surge of HIV infections.

The revised DBE HIV and TB Policy offers a paradigm shift concerning treating HIV as a central controlling issue thus making it the concern of all officials in the education system (DBE, 2018). The policy seeks to address the significant management challenges presented by these pandemics as the policy goals include the following, “increasing access to information on safer sex and lifestyle choices; improved access to testing, diagnosis and counselling, as well as effective treatment and care; a safe, protective school environment; and a school system that facilitates reintegration”, (National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector, 2017:3). The school-based extracurricular activities used for this study (LSA programmes and GEM/BEM clubs) are linked to this policy. The policy places emphasis on working collaboratively with various departments such as the DoH and Department of Social Development (DSD). The LSAs in the three schools work in collaboration with both the DoH, DSD as well as the South African Police Services (SAPS). They also work closely with the various local community structures such as the local ward counsellor and the War Room. The War Room is a campaign adopted in KZN linked to the war on poverty and it is through the War Room several community stakeholders (community members, public departments, private and civil society sectors) occasionally meet to discuss community needs and challenges **(**Széll & Chetty 2018). The LSA and other school representatives form part of this occasional meeting. The policy encourages all DBE officials, learners and educators to familiarize themselves with this policy as that will allow them to successfully support its execution at grassroots level. Similarly, to the LSAs the school-based GEM/BEM clubs also work closely with various government departments and community stakeholders.

2.9.2 INTEGRATED SCHOOL HEALTH POLICY (ISHP)

The second key policy that I will discuss is the ISHP of 2012. Both the DBE HIV and TB Policy of 2017 and the ISHP of 2012 provide guidelines for schools on tackling health related issues in the school environment as well as the education sector. They further link the sector to various other sectors, including the DoH, to strengthen implementation. The ISHP is directed at refining the health of all school learners as well as their communities (DBE,2012). As mentioned above the school- based extracurricular activities used in this study adopt numerous features from the two school policies (DBE HIV & TB Policy, 2017 & ISHP, 2012). The ISHP (2012) aims to provide services, which address limitations to education, and other circumstances which add to disease and mortality amid learners. The policy encourages school-based activities to include “learner participation, community participation, coordination and partnership, and health education and promotion” (DoH & DBE 201212:16). Both the LSA programmes and the GEM/BEM clubs include most of the suggested activities. An additional understanding of what happens in each of these extracurricular activities (LSA programs and GEM/BEM clubs) will be discussed in chapter 3 of this study.

Similar to the DBE HIV and TB Policy (2017) the implementation of the ISHP (2012) involves solid intersectoral partnerships with key role players such as the DoH, DBE and DSD. In addition to these partnerships, school- based structures such as school governing bodies, teacher unions and learner organisations, academic institutions, civil society and development partner organisations are also anticipated to actively participate in the progression of maintainable and inclusive school health programmes. The United Nations recognises and complements the importance of such cross-sectoral partnerships (1951). The key strategies used in the ISHP includehealth education and promotion. Health education is carried out through the L.O curriculum in secondary schools, and Life Skills curriculum in primary schools, which is complemented by cross-curricular activities. During health education various health topics are covered which include nutrition, exercise, personal hygiene, illnesses (including HIV and TB), abuse (sexual, physical and emotional abuse, including bullying and violence), sexual and reproductive health, HIV counselling and testing, and mental health issues such as drug and substance abuse and suicide. Another strategy used by the ISHP is the establishment of a fundamental package of school -based health services which include learner assessment and screening. This

includes learners being assessed and screened for various health ailments that include TB, nutritional status, speech, hearing and oral health (IHSP, 2012). My study hopes to ascertain whether school health policies such as the ISHP play a role in how learners experience TB and HIV integrated messages in the school-based extracurricular activities. Furthermore, my study hopes to distinguish a link between the TB and HIV school-based extracurricular activities used for this study and the ISHP. The next section will discuss the theoretical frameworks underpinning this study.

2.10 THEORETICAL FRAMEWORK

2.10.1 INTRODUCTION

This section will present the three conceptual frameworks employed in this study. The conceptual frameworks provide the lens through which learners' experiences of TB and HIV integrated messages will be explored. These theories are Bandura's Social Cognitive Theory (1989), Rosenstock's Health Belief Model (1974) and Kincaid and Figueroa's Communication for Participartory Development (2009). This chapter will present these theories and show their relevance in ascertaining the development of the adolescent and what influences adolescent health behaviour change. The usefulness of each concept and theory for this study will be discussed.

2.10.2 SOCIAL COGNITIVE THEORY IN THE CONTEXT OF THIS STUDY

The Social Cognitive Theory (SCT) it is a relational level theory established by Albert Bandura (1989). It places emphasis on the dynamic collaboration between people, their behaviour, and their environments. This theory, moreover, defines the effect of personal experiences, the actions of others, and environmental aspects on personal health behaviours (LaMorte, 2019). The SCT also offers prospects for social support through inculcating opportunities, self-efficacy, as well as using observational knowledge to achieve behaviour change. The key features of the SCT associated with personal behaviour change include the following:

- **Self-efficacy:** refers to the confidence that a person has power over and is capable of performing a particular behaviour.

- **Behavioural capability:** is based on understanding and having the ability to accomplish the required behaviour.
- **Expectations:** refers to determining the results of behaviour change.
- **Expectancies:** attaching a value and importance to the results of behaviour change.
- **Self-control:** Modifying and observing personal behaviour.
- **Observational learning:** Observing and detecting the results of others' performance.
- **Reinforcements:** Promoting praise and rewards that inspire behaviour change (Bandura, 2004).

Bandura's SCT of personality is based on numerous conventions or assumptions. Firstly, SCT, provides the perception that people can control the nature and quality of their personality. Furthermore, it assumes that we are the creators and products of social systems. It also assumes that people characterize their collective environments through personal efforts, by representation and by collective efforts (Cherry, 2014). Secondly, it insists that character is moulded by a collaboration of actions, individual factors (principally reasoning) and their environment. Individuals have the skill to reason, expect, plan and assess their own actions (Bandura, 2004). This simply means that learning according to the SCT is cognitively mediated and not the inevitable consequence of the environment alone. Bandura witnessed that segments of learning occur through observation and displaying behaviours. This theory will be used to establish the influence of learners' experiences of TB and HIV integrated messages at school-based extracurricular activities. Below is a diagram showing how the SCT functions:

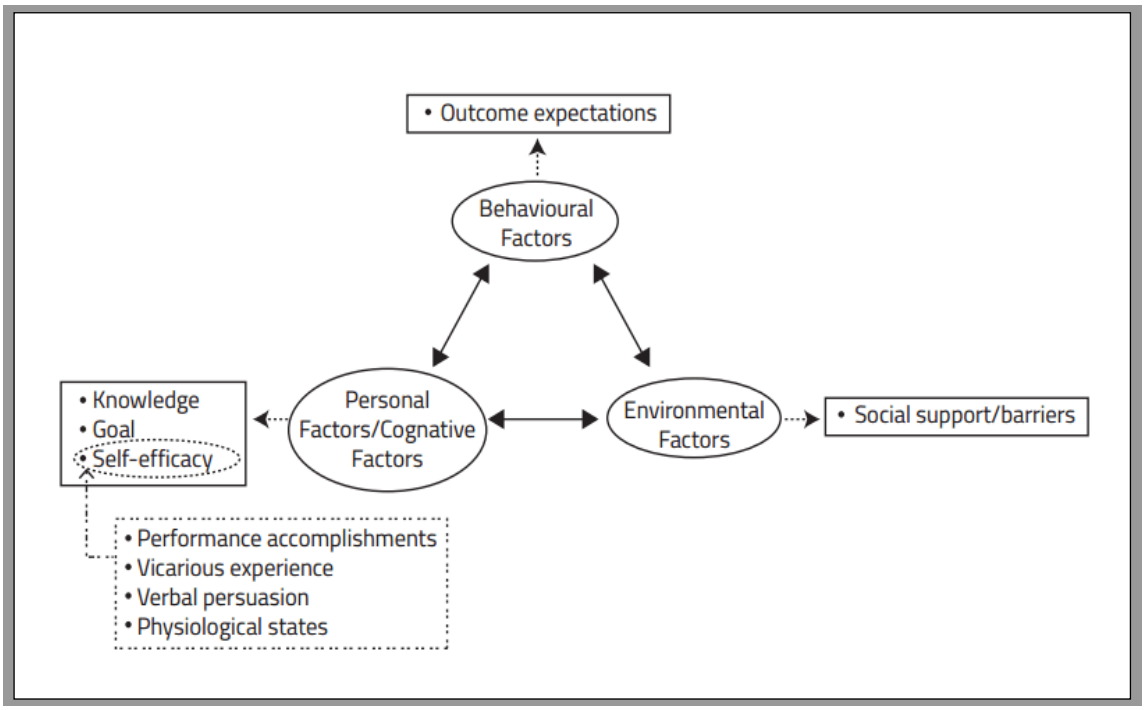

Figure 2.1: Social Cognitive Theory Diagram (Chin, Jing Huey & Mansori, Shaheen, 2018)

The SCT has various limitations and they should be noted when employing this theory in any public health programme or activity. The first limitation is that the theory presumes that changes in the environment will habitually lead to changes in the individual. This however, cannot constantly be the case. Secondly the theory is constructed on the varying collaboration concerning the individual, behaviour, and the environment. It is unclear the extent to which each of these factors may influence actual behaviour and if one is more influential than another. The theory does not focus on emotion or motivation, other than to refer to past experience.

2.10.3 THE HEALTH BELIEF MODEL IN THE CONTEXT OF THIS STUDY

The second model used to underpin this study is the Health Belief Model (HBM). This model is believed to have been established in the 1950s by social psychologists Hochbaum, Rosenstock and others (Rosenstock, 1974). According to Glans, Lewis, & Rimer (2002) the model is used to evaluate and influence individual health behavioral change. This is done by focusing on the attitudes and beliefs of individuals. The HBM was established responding to the disappointment of a TB health-screening programme (Rosenstock, 1974). Ever since, the HBM has been

used when exploring a range of health behaviours (Glans, Rimer & Lewis, 1997). The HBM can also be employed to direct health campaigns and disease prevention interventions. It is utilised to simplify and envisage personal changes in health behaviours. The HBM holds numerous ideas assumed to explain why individuals participate in controlling, prevention, screening, and/or health conditions. The model assumes that individual characteristics which include gender, age, and race amend personal perceptions. These personal perceptions include: perceived susceptibility (issues that influence health behaviours as a persons perceived threat to sickness), severity (a person's belief of health consequence), perceived benefits (potential benefits of taking the required action), self-efficacy (the confidence in a person's ability to succeed) and cues to action (perceived barriers to taking action and exposure to factors that give cues to action).

According to Glanz and Bishop (2010) as one of the most widely applied theories of health behaviour, the HBM suggests that six constructs predict health behaviour: risk susceptibility, risk severity, benefits to action, barriers to action, self-efficacy, and cues to action (Becker, 1974; Champion and Skinner, 2008; Rosenstock, 1974). The HBM posits that people will take action to prevent illness if they regard themselves as susceptible to a condition (perceived susceptibility), if they believe it would have potentially serious consequences (perceived severity), if they believe that a particular course of action available to them would reduce the susceptibility or severity or lead to other positive outcomes (perceived benefits), and if they perceive few negative attributes related to the health action (perceived barriers). Below is a diagram illustrating how the HBM functions:

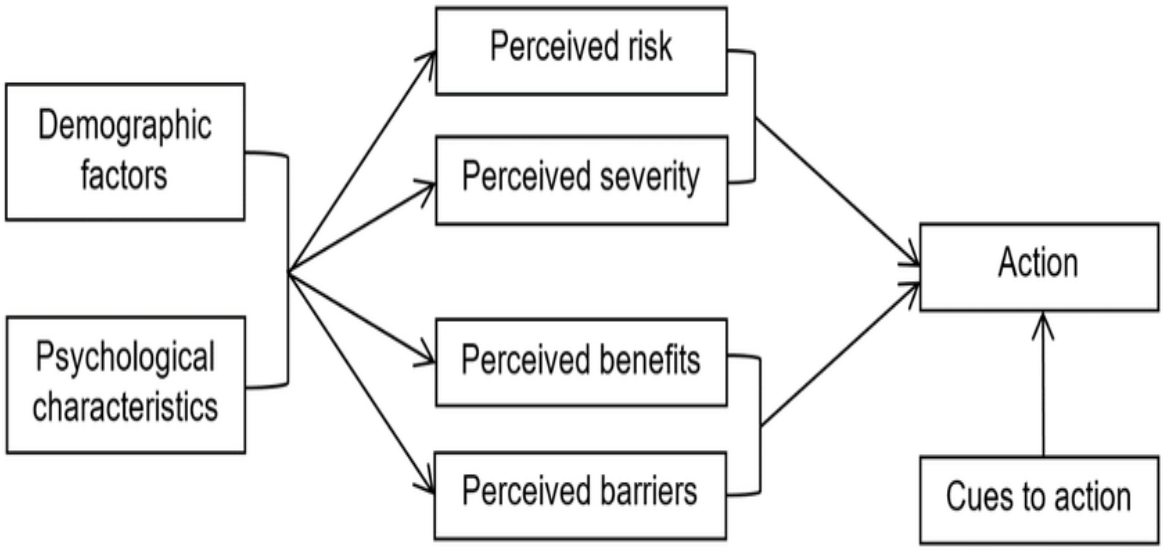

Figure 2.2: Health Belief Model Diagram (Adapted from Becker, 1974)

There are several limitations of the HBM noted by (LaMorte, 2019), which include the fact that the model does not explain the individual's attitudes, beliefs, or other individual factors that understand an individual's approval of a health behaviour. Furthermore, he explains that it also does not consider behaviours that are customary (e.g. smoking and drinking) and so can possibly enlighten the decision-making process to either agree or disagree on a suggested action. Lastly LaMorte (2019) highlights that the HBM presumes that everyone can readily access material on the illness or disease equally (e.g., TB and HIV).

2.10.3 COMMUNICATION FOR PARTICIPATORY DEVELOPMENT

The Communication for Participatory Development (CFPD) Model (Kincaid & Figueroa, 2009) is the last theory underpinning my study. It is defined as, "a planned activity using local media and dialogue among various stakeholders about a common problem or shared goal to develop and implement activities that contribute to its solution or accomplishment" (Kincaid & Figueroa, 2009:1313). CFPD describes a collaborative system involving community dialogue and joint action to effect social change in a community that develops the health of its members (Figueroa, Kincaid, Rani & Lewis, 2002). It is a cohesive model drawing from the vast literature on development communication which advanced since the early 1960s. The theory of participatory development, according to Manyozo (2008), was formed responding to the disappointments of previous development theories such as those classified under

the modernization and dependency paradigms. This model provides a critique of the dominant paradigm of development that encouraged a top- down approach to communication, whereby the rich and developed source (it could be the funder), issues information deemed relevant for the development of the poor receiver that needs to be uplifted (Kincaid & Figueroa, 2009). Participants are usually ordinary people of the local community, sometimes organized groups within a community, local or regional authorities, NGOs, government institutions providing services at the community level, and policy makers are involved. Below is a figure indicating the process followed in CFPD:

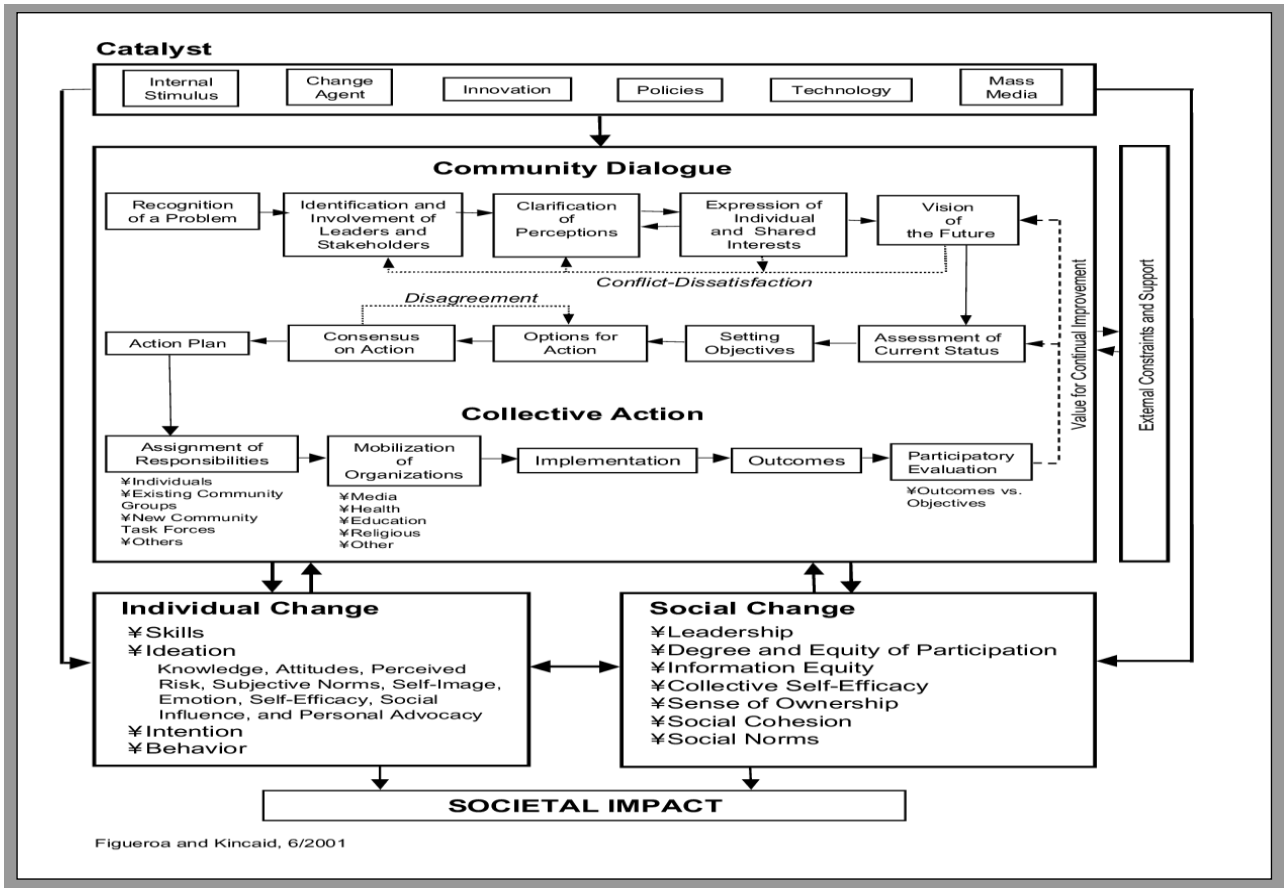

Figure 2.3: Integrated Model of the flow of information (Figueroa & Kincaid, 2001)

The focus of this model is founded on the emphasis of active interaction, horizontal flow of information, social change, participation, and community ownership as conflicting with the focuses of modernisation being on a one-way, vertical flow of

information, and personal or singular change (Kincaid & Figueroa, 2009). A participatory method is crucial in producing impactful health communication interventions. This perception is reinforced in studies by Rawjee (2002) and Moodley (2007). In her article Rawjee stresses the "need for theories and models commonly used in HIV/AIDS communication campaigns to be re-articulated so that they are less linear and individualistic and more flexible so that they may be adapted for application within various contexts" (2002: 7). Rawjee's study encourages the presence of participatory methodologies in health communication. Equally, Moodley (2007) found in her study at UKZN that students were not considerate of intervention with a top-down flow of communication.

The three theories provided different lenses through which to look at the research questions and help interpret the data, and propose explanations. The SCT defines the effect of personal experiences, the actions of others, and environmental aspects on personal health behaviours. The HBM supplements it by going a step further to evaluate and influence individual health behavioural change. The CFPD describes a joint system which involves community dialogue to effect social change in a community that develops the health of its members. The facets provided by each theory provide essential lenses in making meaning of the research data.

2.11 CONCLUSION

This chapter has drawn on a range of literature to highlight and discuss HIV/AIDS and the co-pandemic TB. The literature discussed the various DBE TB and HIV related school policies and how these are envisaged in the school environment. The chapter elaborated on a TB and HIV national intervention campaign Khomanani. The various school-based TB and HIV programmes provided a broader insight into what happens in some of the schools that implement these extracurricular programmes. The literature clearly demonstrates the vulnerability of adolescents to the two pandemics. The silence in the literature with regard to adolescents' experiences of TB and HIV integrated messages communicated at the various school-based extracurricular activities has been identified. Moreover, this literature review chapter has outlined and discussed key concepts and theories underpinning this study. The three theories presented will provide the theoretical lenses through which the data

will be analyzed. The next chapter will present the research design, methodology, methods and data collection instruments employed in this study.

CHAPTER THREE

RESEARCH DESIGN & METHODOLODY

3.1 INTRODUCTION

Research is based on primary philosophical expectations about what institutes rational research and which research method(s) is/are suitable for the expansion of data in a research study. It is imperative, therefore, to know what these expectations are when conducting any research. Chapter 3 discusses the philosophical expectations and the design ideologies supporting this research study. Philosophical expectations are considered and presented. Moreover, the interpretive paradigm is identified for the framework of this research study. The chapter also discusses the research methods, and design used in the study including instruments used for data collection and data analysis methods.

Working within an interpretive paradigm, my research design is qualitative and empirical (Creswell, 2009). A case study approach is adopted as the methodological framework. Focus group interviews and participant observation are the data collection methods used to establish the learners' experiences of TB and HIV integrated messages used in school-based extracurricular activities. This chapter will further discuss how participants were selected for my study, issues of trustworthiness, limitations to the study as well as ethical considerations for my study are discussed in this chapter.

3.2 RESEARCH PARADIGM

This research study is aligned with the interpretive research paradigm and qualitative methods of data collection were employed. The interpretive paradigm is concerned with understanding the world as it is understood from the subjective experiences of individuals (Reeves & Hedberg, 2003). This is relevant for this study as I am seeking to better understand the learners' individual experiences of the TB and HIV integrated messages communicated through school- based extracurricular activities. The interpretive research makes use of meaning concerned methodologies, such as participant observation and interviews which mainly rely on an independent correlation concerning the researcher and subjects (Kaplan & Maxwell, 1994). Furthermore, the interpretive approach aims to illuminate the independent intentions

and meanings that effect societal action. Observation and interpretation support the interpretive paradigm, consequently, to observe is to gather data about incidents, while to interpret is to make sense of that information by depicting implications (Aikenhead, 1997). Through the interpretive paradigm this research attempts to better understand the learners' experiences of TB and HIV school-based extracurricular activities through the meanings they assign to them.

3.3 RESEARCH DESIGN

The research design for this study is a qualitative, empirical research design using a case study approach, as the research hopes to ascertain what happens in the TB and HIV school- based extracurricular activities and what the learners' experiences of these activities are. Interpretive approaches give the research wider freedom to deliberate on issues of influence, also to ask questions as to why and how specific scientific courses are generated (Deetz, 1996). This is the case with this study as it hopes to gain greater insight as to how and why learners participate in such activities, and what influences their experiences of the school- based extracurricular activities. The study adopts a case study approach (Bertram & Christiansen, 2020) exploring as it does the experiences of learners in three secondary schools in the Umlazi Township. Bertram and Christiansen (2020) further elaborate that customary observations of reality, truth and awareness are challenged as the researcher is able to methodically collect, analyze, and characterize individual stories as told by them. This is the case with establishing learners' experiences of TB and HIV integrated messages.

3.4 RESEARCH METHODOLOGY

Considering the interpretive stance implemented in this research as well as the nature of the research question, I believe that the narrative case study approach is the most appropriate research strategy for this study. This is because it reveals in-depth, distinctive insights and concerns of distinct participants in a practical condition, which otherwise would have been lost in quantitative or experimental strategies. Rule and John (2011) demonstrate how case studies can contribute to social change either as a stand-alone approach or in conjunction with other approaches. It is for this reason that a case study approach has been selected for this study. This is appropriate for this study because the study is exploring a phenomenon (learners'

experiences of TB and HIV school-based extracurricular activities) that potentially can effect a positive social change in the lives of the learners. The participants' perceptions on their individual experiences is the focus as meaning is of vital importance to the qualitative approach (Bogdan & Biklen, 2003). The use of a qualitative research method aims to explore communication needs, and the communication environment as reported by learners through their own experiences. Communication in the context of this research means the symbolic exchange of shared meaning as defined by Parrott (2004).

3.5 RESEARCH SAMPLING

This study employs purposive sampling. This type of sampling is described by Pandey and Pandey (2015) as being demonstrative of the entire population and is known to produce appropriate groups. The idea is to pick out the sample from secondary school learners who participate in TB and HIV school- based extracurricular activities in the participating Umlazi district schools. This criterion is considered important for this research study. This type of sampling is selected because members of the sample have a shared set of characteristics for example, they are all secondary school learners in the Umlazi district, and they participate in TB and HIV school-based activities.

It was particularly difficult to detect schools with existing TB and HIV school- based extracurricular activities that followed the measures for participation as specified above. In locating these schools, I consulted the Umlazi districts' school extracurricular and co-curricular division for assistance. The selected district (Umlazi) in which I chose to work in has approximately 180-200 secondary schools, including both public and private schools. Out of these schools only forty-one (41) implement TB and HIV school- based extracurricular activities which are facilitated by educators and Learner Support Agents (LSAs) who are local community members employed by the DBE. Finally, I selected three secondary schools as they actively conduct TB and HIV school -based extracurricular programmes and have been doing so consistently for the past five years. The selected schools have well-constructed classrooms and the learners have access to most learning resources and most of the learners come from disadvantaged, low-income backgrounds. All three schools are approximately 2-3 kilometres apart and they share most community amenities. Umlazi being the

largest township outside of Durban is a high TB and HIV burdened setting according to Bajema et al. (2020). The location of these three schools is no exception as a result some learners from these schools come from child headed homes because of TB and/or HIV. Grade 8-11 learners formed part of the focus group interviews. TB and HIV extracurricular activities are conducted at these schools in this fashion:

School A: In this school the School Management Team (SMT) encourages and supports all extracurricular initiatives running in the school, including the TB and HIV school- based extracurricular activities offered in this school. The school is linked to various community structures such as the local community clinic, local police station, and the ward counsellor as well as community non-profit organisations. The TB and HIV school- based extracurricular activities in this school are coordinated by the school LSA, a Life Orientation educator and one other educator who has a passion and interest in the programme. The three meet with a group of learners who voluntarily form part of the schools GBEM club in the afternoon which is done once a week usually on a Wednesday and forms part of the school's extracurricular programme. The LSA and educator touch on TB, HIV, and sexual health topics for discussion. They hand out worksheets and brochures with information on each topic. This extracurricular activity lasts for 45 minutes. The learners in this school are from a low-emerging middle class socio-economic background meaning there is a monthly household income be it from a working single parent, an elderly pensioner or social grant or even a small family business i.e., hawking.

School B: This school is about 1 kilometre away from school A and shares numerous features. Like school A, this school is affiliated with various local community- based structures like the local clinic, police station, ward councillor and local community- based non-profit as well as faith- based organisations. The school management and staff are supportive of all the LSA and GEM/BEM initiatives. This township school has various TB and HIV extracurricular activities which are sometimes included in the LO school curriculum during classroom time. At least once a term the school's LSA assisted by the LO educators conduct a health awareness campaign. The topics vary depending on the LSA's work plan for the term. The health awareness campaigns involve the entire school community (learners, educators and support staff). The campaign runs for a full week during which learners do various activities in line with the campaign. For example, learners submit entries based on

the topic of the campaign, which could be in either the form of a song, poem, drawing or any other art form. Their entries also indicate how best these social ills could be addressed. The campaign concludes with a presentation or address by an expert on the social issue commemorated by the campaign be it a social worker, nurse or police officer. This address is done during the morning assembly before the school day resumes. The expert only takes questions at the end of their presentation and only those learners with questions remain behind while others report to their respective classes to start the school day.

School C: This school is approximately 3 kilometres away from both school A and school B and it is also affiliated with numerous community -based structures like the local clinic, police station, ward councillor and local non-profit as well as faith- based organisations. At this school the LSA facilitates most extracurricular activities aimed at addressing social ills. They do this under the supervision of the schools' humanities Head of Department as well as a senior LO educator. The LSA organises regular "Speak-Out" school activities, where participant learners express their thoughts or share their experiences about teenage pregnancy, substance abuse, as well as the spread of TB and HIV. Learners discuss this under the guidance of the LSA and the senior LO educator. The LSA regularly invites an expert on these issues i.e., nurse, social work or community-based organisation working on these issues to address them in one of their activities.

3.6 DATA GENERATION METHODS

The data was collected by observing TB and HIV school- based extracurricular activities conducted in each of the participating schools. In addition, focus group interviews were conducted with the participants in each of the three schools. The size of each group was 4 learners comprising 2 girls and two boys at each school, which was done to ensure both genders were equally represented in this study. A total of 12 learners, aged between 14 and 18, formed part of the focus group interviews. Given the numerous challenges presented by the emergence of COVID-19, I was fortunate enough to have collected all my data before the COVID-19 national lockdown, hence, all the interviews were face- to- face focus group interviews. All the learners who were interviewed were part of the extracurricular TB and HIV school-based activity. The interviews were directed by an interview schedule of pre-prepared

questions. The interview schedule was semi-structured so that during the interview, I was able to probe further where necessary to maximise the data collected (Adams & Cox, 2008). The interviews were audio recorded and later transcribed.

Another data generation method that was used in the study is participant observation. According to Bricki and Green (2018) to entirely realize the densities of conditions, direct involvement and observation of the occurrence of interest is the greatest research method. In the case of this research study, the researcher only observed and did not participate in the activities. This method has been selected for this study because it allowed me to observe the activities that participants (learners) may be unable or unwilling to share, when doing so, could be considered impolite or insensitive. The data collected is clearly described later in this chapter to allow the reader to understand what and how it happened. Brick and Green (2018) elaborate that observational data is beneficial in disabling conflicts between what people say and what they actually do and can assist in revealing behaviour of which the participants themselves may be unaware. Maree (2007) reinforces this by stipulating that observation could also contribute to the crystallisation of data.

3.6.1 FOCUS GROUP INTERVIEWS

I chose focus group interviews as a data collection tool simply because it bares the potential to highlight shared experiences and views to identify differences within the group of participants (Morgan, 1998). Furthermore, focus group interviews encourage critical thinking for creating solutions and approaches among participants. The focus group interviews took place during January to March 2020 during the first term of the school calendar. I took advantage of the various planned activities for school LSAs in the selected schools which all happened during the first term. I managed to conduct all focus interviews face- to- face before the national COVID-19 lockdown which commenced on 26 March 2020. I conducted three (3) semi-structured, focus group interviews, one in each of the schools selected for the study. The focus group Interviews comprised 12 learners from the three secondary schools in Umlazi district (four in each school, made up of two boys and two girls). The adolescent learners interviewed ages ranged between 15-18 years and they comprised both girls and boys, so that both genders are equally represented from each school. The interviews were audio recorded during each focus group interview

and field notes were also taken to provide a concentrated depiction of the interview context.

To enable the learners to relax and fully express themselves, the focus group interviews were all conducted in both IsiZulu and English and were then recorded verbatim. The recordings were then transcribed and translated into English. According to Motalingoane-Khau (2010), it is important to collect research data in the language of the participants to enable such participants to express themselves freely in the language with which they are acquainted. This is done to avoid participants misrepresenting themselves through using words that they did not fully understand. I am better positioned, as a native speaker of IsiZulu to reflect the learners' meanings, though, it is possible that their understandings of HIV and AIDS has been 'lost in translation' (from IsiZulu to English) and that I have unintentionally executed my own language and meaning in the analysis of their understanding. When the data had been transcribed, to minimise this possibility, I returned the transcripts to the participants for them to ascertain whether their views had been dependably translated and transcribed. With their limited English vocabulary, it is still possible that this measure did not fully address all the misrepresentations that might have occurred through my translation.

After each TB and HIV extracurricular activity from each school, I engaged with the four selected learners, two boys and two girls from each school. Using open-ended questions (see Appendix F) I engaged them individually to reflect on what they have just seen, done or experienced in the activity with a view to understanding their experiences of the TB and HIV integrated messages as communicated in the extracurricular activity as well as their response to these messages. During the research development my role as researcher was explained to the participants involved in the study and they appeared to be at ease during the focus group interview. This was evident in their relaxed tone and eagerness to respond to the questions during the focus group interviews. I was mandated to be multilingual communicating in both English and IsiZulu as the participants are chiefly IsiZulu native speakers. The recordings were then transcribed and translated into English. According to Motalingoane-Khau (2010), it is imperative to collect research data in the language of the participants to enable participants to express themselves liberally in the language with which they are acquainted. This supports eliminating participants

misrepresenting themselves through using words that they did not fully understand or intended. As a native speaker of IsiZulu I am able to reflect the learners' meanings although it is possible that their understandings of TB and HIV has been 'misdirected in translation' (from IsiZulu to English) and that I have unintentionally executed my own language and meaning in the analysis of their understanding. When the data had been transcribed, to minimise this possibility, I returned the transcripts to the participants for them to ascertain whether their views had been consistently translated or not. With their limited English vocabulary, it is still possible that this measure did not fully address all the misrepresentations that might have occurred through my translation. This is noted as a limitation in this study. I documented the key decisions and events, which transpired during the research development which permitted me to build a chronological record of the whole research process to which I could refer (Mouton, 2001). Field notes were descriptive to allow me to document reports and occasions that were a highlight or anything out of the ordinary.

3.6.2 PARTICIPANT OBSERVATION

I used participant observation as another tool for collecting data from the three secondary schools selected for this study in the Umlazi district. I observed TB and HIV activity from each school (in total I observed 3), although I would have loved to observe more, time constraints did not allow me to. Due to the COVID-19 national lockdown I was restricted to only observe one TB and HIV activity from each school. I was also fortunate to gain a glimpse of the creative wall posters and poems developed by learners during some of the TB and HIV school- based extracurricular activities at their respective schools. I observed how learners participated in the TB and HIV school-based extracurricular activities. Observations such as body language, response to messages and information as well as interactive listening were observed. All the observations were transcribed in the field notebook. Observations informed focus group interviews (Bogdan & Biklen, 2007; Pitney & Parker, 2009), meaning that the observations informed further probing in the interview.

Observations assisted in distinguishing the learners' responses (through body language and gestures) towards the TB and HIV school-based extracurricular activities. For example, what are the messages being communicated? How do learners respond to these messages and activities? An example of an activity I

observed at one of the schools was a role-playing activity where learners were tasked to create a role-play on any specific issue of their choice related to TB and HIV symptoms. The facilitator conducted a presentation on sexual health and touched on HIV and TB and then the learners were requested to improvise a role-play showing that they have understood the presentation. The description of each of the activities observed at each school is discussed in detail below.

SCHOOLS	***DESCRIPTION OF TB AND HIV SCHOOL- BASED EXTRACURRICULAR ACTIVITY***
SCHOOL A	The activity happened during the school afternoon study period, given for learners to complete tasks, homework and sometimes consult with their teachers. Only grade 9 and 10 learners were part of this activity because of the limited space in the venue they were using, they opted to include one grade from the General Education and Training (GET) phase and one grade from theFurther Education and Training (FET) phase. I observed this activity facilitated by the LSA and two L.O educators. The facilitators are estimated to be above 40 years of age. They took turns conducting a presentation on various aspects of sexual health and touched on HIV and TB. After the presentation, the learners were requested to improvise a role-play showing important aspects of the presentation i.e., defining sexual health, symptoms of TB and HIV. This was done to establish if learners have gained any knowledge and understanding from the presentation.
SCHOOL B	This school had a sexual health awareness campaign which ran for a full week. Various TB and HIV activities were done after school and participation was open to all learners. All activities were planned and coordinated by the LSA, LO educator as well as GEM/BEM club members. The activities covered topics relating to sexual health education and they included poster design, poetry writing, presenting as well as role-playing. I observed an activity which took place on the last day of the awareness campaign. This activity was conducted

	during the school's morning assembly where all learners and educators were present. A nurse estimated to be above 50 years of age from a local hospital presented to the learners and members of staff. She presented about issues relating to learners' sexual health, HIV, TB and STIs. The nurse had accompanying charts and visual aids showing graphics of different types of STIs and symptoms of HIV. She spoke for approximately 30 minutes and was forced to end her talk as she had gone beyond the time allocated to her and the first period of the day had started. Questions and queries were addressed privately, only learners who had questions or queries remained behind to consult with the nurse. The rest of the learners were instructed to go to their respective classes for the first period of the day. After the question- and -answer session with the nurses, I immediately conducted the focus group interview with the learners. After the focus group interviews, I was granted access to the learners' written poetry, role-play scripts and posters they had designed during the week.
SCHOOL C	This school also had a sexual health awareness week where learners did various activities during their L.O class relating to learner's sexual health. I observed an activity where caregivers (estimated to be above 35 years of age) from a local non-profit organization were invited to present on teenage pregnancy, HIV, TB and STIs. This activity was conducted at the school hall during the last period of the day and only one class from grades 9, 10 and 11 attended. More than 10 classes missed out on this activity because they could not all be accommodated as some had classwork to do and others were scheduled for assessments during this time. The caregivers had visual aids and engaged learners on the above-mentioned topics. The learners were engaged in an interactive question and answer session at the end of the presentation.

Table 3.2: A Description of School Activities Observed

3.7 DATA ANALYSIS

For this research study I employed thematic analysis as for me it was an accessible, appropriate and comprehensible method to use as it offered a rich and detailed account of the data (Mouton, 2001; Braun & Clarke, 2006). Thematic analysis has been described as a foundational method, constituting a core skill for qualitative researchers (Shukla, Wilson, & Boddy, 2014). Thematic analysis can be "flexibly applied to enable both descriptive and in-depth or interpretative analysis as required" (Braun & Clarke, 2006:78). The aim of thematic analysis in this research study is to ascertain, analyse, and report themes to describe data in detail. In this research study it is directed to examine how developing themes can be utilised to structure arguments or support learners' experiences of TB and HIV integrated messages at school- based extracurricular activities in the Umlazi district secondary schools. In so doing I used their narrative responses in support of the themes that emerge. This also assisted in acknowledging the context and understanding the learners' lived experiences through the meanings that the learners assigned to them.

The data emerging from the interviews and participant observations was thematically analysed according to the 6 steps of Creswell's process for qualitative data analysis. Firstly, I organised and prepared the data for analysis by audio recording the focus group interviews, taking field notes and recording on the observation schedule (see Appendix G) during the participant observations. I then roughly skimmed through the participants' responses and my observations and classified each response. The second step I followed according to Creswell (2013) was to comprehensively read and look at all the data. The basic intention of this step was to achieve an overall sense of the data and to secure the opportunity to reflect on its overall meaning thus ensuring validity and reliability of the data. Thirdly, I started to code my data by organising it according to different text categories and imagery and then labeling the categories with a term for example, messages or participation. In the fourth step, I utilized the coding process to create a description of the participants and the emergent themes for analysis. This 6 -step process was useful in establishing gaps in the published literature regarding TB and HIV school- based extracurricular activities and to establish new insight and information and even expand the current literature

regarding TB and HIV school- based activities. By using Cresswell's method of data analysis I was able to identity the patterns of experiences according to participants' responses. All data that relates to the already classified themes was identified and 4 prominent themes emerged.

3.8 ISSUES OF TRUSTWORTHINESS

Credibility

According to Korstjens and Moser (2018), credibility refers to the assurance that can be in the certainty of the research findings. Furthermore, it institutes whether the research findings signify reasonable data drawn from the participants' initial data and is a truthful clarification of the participants' original opinions. In this research study to increase credibility, considerable periods were spent with the selected participants. This was done to get a full understanding of the participants to gain in-depth insights into the way they experience school- based TB and HIV integrated messages used during extracurricular activities at their respective schools. I ensured credibility of my study tthrough recording and reporting verbatim data. This limited my own bias, contrary to using only summary notes from a tape recording (Nieuwenhuis, 2007c). During the process of analysing data, I provided examples and evidence of the raw data (verbatim responses) to offer a track of evidence (Cohen, Manion & Morrison, 2007).

Dependability

In qualitative research dependability is described as, "Parallel to reliability within quantitative research", (Guba & Lincoln, 1998:184). Korstjies and Moser (2018) define dependability as the solidness of the research findings over time. The findings in this study cannot be certain with dissimilar participants or in other contexts, considering that amendment is conventional and anticipated in qualitative research according to Mertens (1998). I have also ensured dependability by providing adequate accreditation of the data, approaches, procedures and findings for other scholars to resolve if the study can be reiterated in a different context with different or related participants (Babbie & Mouton, 2001; Patton, 2002). I ensured to personally transcribe all interviews and the transcriptions were checked to certify there were no apparent errors made during the transcription process (Cresswell, 2009). I referred to

various literature contributions during the data analysis and I regard this as a means to strengthen the possibility of the findings being dependable.

Confirmability

Korstjies and Moser (2018) define confirmability as the magnitude to which the research findings could be interpreted by other researchers. Confirmability establishes that data and interpretations of the findings are not fabrications of the researcher's thoughts, but visibly resulting from the data. To ensure credibility I made sure that the data collected was not of a subjective inclination, which was done through recording the key informant interviews for future review. This study made use of transcriptions of focus group interviews and participant observations, which limited my direct association with the participants. In turn, this lack of a close association with the participants may have restricted the possibility of bias (Nieuwenhuis, 2007c).

Transferability

Korstjies and Moser (2018) define transferability as the magnitude the outcomes of qualitative research can be employed to further settings with other or similar participants. Simply put, dependability refers to whether findings of a study can be practical to other participants or in diverse contexts and depend on the probability that data may be descriptive of the larger population (Patton, 2002). In ensuring transferability, I provided a description of the experiences of learners who participate in TB and HIV school- based extracurricular activities in the 3 secondary schools in the Umlazi district. In assisting the reader to make effective judgement regarding transferability, I provided the contextual features of this study (Mertens, 1998; Willig, 2008)

3.9 ETHICAL CONSIDERATIONS

3.9.1 PERMISSION TO CONDUCT RESEARCH

In conducting this research study, I sought permission from UKZN to conduct this study and permission was granted (see Appendix A). Furthermore, I requested permission from the Department of Basic Education, KwaZulu-Natal which was granted to conduct the study in the three secondary schools in the Umlazi district (see Appendix B). After permission was granted from the DBE, I then requested

permission from the principals of the 3 secondary schools selected for this study which was granted (see Appendix C). The most convenient time for interviews and participant observations was negotiated with the participating schools.

3.9.2 INFORMED CONSENT

The study involves participants between ages 15-18 years and so parental or guardian permission was sought before the minor was approached (See Appendix E). The participants were treated with utmost respect and they voluntarily participated in the study. No deceit or betrayal took place during this study. The participants were requested to sign an informed assent form (see Appendix E). The participants were given the freedom to withdraw from the study if they were not comfortable with answering certain questions. Furthermore, all participants were informed about how the information will be written up and published.

3.9.3 CONFIDENTIALITY AND ANONYMITY

Confidentiality and anonymity were ensured at all levels as this is of vital importance in social science research (Kimmel, 2017). The participants were informed that the information that they provide will not be disclosed and will only be utilized for the purposes of the study (Gravetter & Forzano, 2009). I numbered each participant who spoke according to order of appearance in each focus group interview. My contact details as well as those of my supervisor were provided in case they might need further clarification on the study

3.10 CONCLUSION

In this chapter I have offered a detailed discussion of the research paradigm, design and methodology employed in this study. Using qualitative methods of collecting data reinforced the aim of this research study as it allowed me to develop a greater understanding of, and insight into the participants TB and HIV integrated messages lived experiences. Ethical considerations and issues of trustworthiness have also been discussed. In the next chapter, I present and discuss the results and findings of this study. The chapter will address the emergent themes through a thematic analysis process.

CHAPTER FOUR: RESEARCH FINDINGS & DISCUSSION OF DATA

4.1 INTRODUCTION

The former chapter provided a discussion of the research paradigm, design and methodology used in this study. This chapter presents the findings that emerged after analysis of the data took place. The emergent themes are presented and discussed, drawing on literature reviewed in chapter 2 and applying the theoretical framework as outlined in chapter 2. My research focused on learners' experiences of TB and HIV integrated messages at school- based extracurricular activities in the Umlazi District secondary schools. The data is analysed using the conceptual/theoretical lens (Bandura, 1979; Becker, 1989; Kincaid& Figueroa, 2009) for this study. A total of twelve adolescent learner participants from three schools participated in this study. Their responses are cited according to the school coding, namely, A/B/C and participant coding, namely, 1/2/3/4. As an example, participant 1 from school A will be referred to as A1. Thus, in supporting the discussion of the findings which have emerged from the data, direct quotations from participants will be included. Learners' experiences of TB and HIV integrated messages at school -based extracurricular activities will be analysed and synthesized one theme at a time. Findings and discussion will be presented to address the 3 research questions of this study.

Together the constructs from the Social Cognitive Theory (SCT), Health Belief Model (HBM) and the Communication for Participatory Development (CFPD) model provide a theoretical framework for analyzing the data. As emphasised in the theoretical framework chapter, the SCT and the HBM were included because of their relevance, simplicity of application and combined explanatory influence in helping to address what, how and why awareness, attitudes and views concerning a public health issue such as learners' experiences of TB and HIV integrated messages are formed. The SCT was selected for the purpose of ascertaining and understanding the social and environmental factors that influence what learners at the three secondary schools know and feel about TB and HIV integrated messages presented at school- based extracurricular activities at their school. The HBM, on the other hand, was considered appropriate for purposes of explaining and understanding specific health beliefs and behaviours of learners at the three secondary schools. The two frameworks interlink and it seemed appropriate to use them collaboratively as it is challenging to fully

explain health behaviours through just a single theory (Noar & Zimmerman, 2005). Taken together, these two models assist in addressing the research questions. The CFPD model was considered relevant for this study for purposes of explaining and describing how learners participate in the TB and HIV school- based extracurricular activities. This study focused on addressing the following research questions:

1. What TB and HIV integrated messages are communicated through school-based extracurricular activities in the three Umlazi secondary schools?
2. How do learners participate in TB and HIV school- based extracurricular activities?
3. What are the learners' experiences of TB and HIV school- based extracurricular activities?

4.2 EMERGING THEMES

Learners from different secondary school grades were selected to take part in focus group interviews. In addition, I observed the learners' participation during the TB and HIV school- based extracurricular activities. The information I gathered came from three focus group interviews and participant observations, one held at each of the three participating schools presented in the previous chapter (3.2). An audio recording was made of all the focus group interviews and field notes were taken and an observation schedule was used to record all the observations. In analysing the data collected Creswell's (2013) six steps of qualitative data analysis process was followed which is presented in detail in the previous chapter (see 3.7). I prepared the data by transcribing the audio recordings, and organising field notes and participant observations. I then looked at and comprehensively read through the data. The data was then organized according to different emerging themes. I then interpreted the findings using the theoretical lenses discussed in chapter 2.

Adopting an interpretive approach assisted in considering different points of view and aspects of reality (Denzin & Lincoln 2008; Willis 2007) (see chapter 3) as presented in the data. In this research study data was analysed using thematic analysis then interpreting the themes. After developing the themes according to Cresswell's (2013) 6 steps of qualitative data analysis, narrative analysis was directed to examine how developing themes can be utilised to structure arguments or support learners'

experiences of TB and HIV integrated messages at school -based extracurricular activities in the Umlazi district secondary schools. In so doing narrative analysis acknowledges the context and understands the learners' experiences through the meanings that the learners assign to them. The data from the focus group interviews and participant observation were substantial enough to give a detailed account of learners' experiences of TB and HIV integrated messages at their schools. After clustering and coding the categories, four themes emerged from the data which are discussed in-depth below.

4.3 DISCUSSION OF THE DATA

In discussing the data, the emergent themes are associated with the three research questions mentioned in the introduction to this chapter. They are also linked to participant observations conducted during each school's TB and HIV school- based extracurricular activity. Four prominent themes emerged from the data. In this section I will discuss each of these themes drawing on the literature reviewed and viewed through the theoretical lenses presented in chapter 2.

4.3.1 ***THEME 1:*** *Learners' experiences of TB and HIV school- based extracurricular activities*

Learners' experiences of TB and HIV school- based extracurricular activities and how they have affected them is a noticeable theme emerging from both the focus group interviews and from my observations. The findings reflect differences in how participants experience the TB and HIV activities. Majority of the participants indicated positive experiences of the TB and HIV school-based extracurricular activities.

In school A, I observed an activity that was facilitated by the school's Learner Support Agent (LSA) and two Life Orientation (LO) educators on sexual health, TB and HIV. The facilitators took turns in presenting various aspects of the topic and then gave learners an opportunity to engage with what they had learnt through role-play. The involvement of learners in this activity is in line with the CFPD Model which underpins this research study. This model supports a communication method that upholds discourse, listening and trust which is reflected in this activity where learners take charge of their own development and social change. According to Servaes (1996)

shared confidence is fundamentally key to the smooth operation of any participatory programme. It is essential to listen to others, respect the counterpart's position, and exercise mutual trust. A participatory approach is crucial when constructing impactful health communication programmes (Rawjee, 2002; Moodley, 2007) (see chapter 2).

I observed that the role-play provided the participants with an opportunity to actively share what they had just learnt in a fun, yet educational way and they seemed to enjoy this approach more than being passive listeners. The audience participants tended to be more vigilant and attentive when they were engaged in the role-play compared to when the facilitators were presenting. Compared to school B and C participants from school A were more active and interested because of the participatory approach adopted in presenting the TB and HIV activity (see activity descriptions in chapter 3 (3.6.2). Participant A2 affirms this by stating the following:

> *I enjoy the fact that the facilitators give us an opportunity to also engage and dramatize and make out our own meanings to what we learn from them. As opposed to just listening to them and taking whatever, they present to us as is. They also give us an opportunity to discuss our role-play performances which I think is good, that way we learn more and in case there are any misunderstandings or misinterpretations from the performance we get to clarify everything.*

My observations were that learners in the active participation (role-playing) demonstrated confidence and increased knowledge about TB, HIV and sexual health. I am saying this because the participants displayed increased confidence whilst presenting. Moreover, in the role-plays, the participants presented the relevance of the TB and HIV content for handling real world situations as they role-played real life situations which we could easily relate to and provided solutions. This in turn suggests that a role-play intervention may be a feasible alternative to traditional presentations or addresses that are very content- based in the approach to providing adolescent learners with knowledge related to HIV-prevention. This experiential learning is supported by both the SCT (Bandura, 1979) and CFPD models (Kincaid & Figueroa, 2009). The findings in this study reveal that individual learner experiences of TB and HIV school- based extracurricular activities, the

actions of others (their peers) as well as social and environmental factors play a role in individual health behaviours. During the focus group interviews the participants were asked to explain and describe their experience of the TB and HIV activity that they were exposed to in their school. Participants such as A2, C3 and A3 generally enjoyed these TB and HIV school -based extracurricular activities and they said that they are important as these had given them greater insight and as a result, they were able to comfortably talk about issues that, in some cultures, are considered to be taboo. A3 expressed it in this way:

> *The TB and HIV activities are important as they have given us a safe space to talk about sensitive health issues which are prohibited by social custom. As young people we are not expected to talk about our sexual feelings and sex in general if we do we are regarded as dirty and rebellious. Our parents and some adults find it difficult to talk about such issues so this activity has provided us with that space.*

The participants stated that the practices, norms and values that govern the communities that surround the school influence what happens in the school. They indicated for example that some community members regarded public talk about issues involving sex and sexuality as taboo. Societal values and norms were thus identified as possible barriers to the effective impact of the TB and HIV school- based extracurricular activities (see Monyake, 2019). The TB and HIV school- based extracurricular activity allowed the participants to talk about taboo issues. Adolescents are beheld as innocent and educating them about sex and sexuality is perceived as dangerous. Yet, the reality is that young people do engage in sexual activities which result in unexpected pregnancies and HIV infection. As such, the need for TB and HIV and sexuality education, cannot be overstated. The participants are more assertive and comfortable to talk about TB and HIV related issues as well as issues regarding their sexual health after participating in the school- based TB and HIV activity. They are inspired to use the information and their experiences to be exemplary and inspirational to others. When asked what participating in the school -based TB and HIV activity means to them A2 said the following:

It means so much because I am now more open and comfortable to talk about issues which are sometimes considered to be taboo and I get to share them with others. I really enjoy being part of the activities. It is important for me as the activities have given me greater insight and opened it up for me. Previously I had no clue about TB and HIV.

Learners are afforded the opportunity to be active agents of their own social change. The learners work in collaboration with the facilitators to achieve social change pertaining specifically, in this case to a healthy lifestyle. Participant C1 acknowledges this by stating that:

It is definitely more interesting and fascinating if we are given a chance to voice out our opinions, interpretations and understandings of TB and HIV. If it is simply presented to us and we are not given a chance to actively respond, then I strongly believe we will not benefit much from it…

During the TB and HIV school- based extracurricular activity I also observed that little to almost no attention is given to TB during the presentations and roleplaying. The focus remains mainly on HIV. As cited in my observation notes:

Little to almost no mention of TB, presentation dominated by HIV.

(26 February 2020, School B)

Presentation only refers to HIV, no mention of TB."

(28 February 2020, School C)

In chapter 2 of this study, it is noted that too often, the two pandemics are isolated and addressed individually whereas they are integrally associated (Getahun, Gunneberg, Granich & Nunn, 2010). They are frequently spoken about in isolation and there is not much written about the co-pandemic in the school environment. Literature in chapter 2 highlights the dire threat of the co-pandemic to each pandemic in isolation. Through the TB and HIV school -based extracurricular activities the unknown facts especially regarding HIV became known because of the knowledge and understanding the participants gained, while ultimately giving the participants confidence to share with others. The CFPD Model highlights and supports these findings that individuals' behaviour may be improved through their own

understanding, and not merely because they were so instructed. Mostly, the participants felt that they had gained knowledge through engaging in the school - based extracurricular activities at their schools. In various ways the knowledge they gained changed and influenced their attitude towards leading a positive lifestyle also towards those infected and affected by the TB and HIV pandemics. One participant shares his feelings and how he experienced the activity. This is how B4 expresses this, saying the following:

> *It's exciting and fun these activities influenced me to change my lifestyle and be more kind towards those infected or affected by HIV even TB because seriously it can happen to just about anyone. I have learnt so much!*

A2 confirmed this position saying the following:

> *HIV is potentially fatal and I strongly believe that if we take the necessary precautions they can both be prevented. In the activities we are taught about the different types of preventions…*

C3 added:

> *We learn a lot about HIV and how it can be prevented. I always share the information with others in the school and at home, even in my community. I believe sharing knowledge about TB and HIV might save a life…*

From the responses of these participants, it is reasonable to assume that a learner who feels susceptible to contracting HIV which may result in a serious health concern will presumably seek further information about HIV to prevent this disease. According to the HBM, perceived threat includes two main HBM concepts, which are perceived susceptibility and perceived severity. These school- based extracurricular activities have empowered the participants with a feeling of self-efficacy. They now understand the severity of the HIV and that various precautionary measures can be taken to prevent this disease. Measures can include information-seeking behaviour that could lead to adequate TB and HIV knowledge amongst these participants. We could say that this significant HBM concept of perceived threat, can easily be grasped by these

learners, through the information gained from the school- based extracurricular activities at their schools. Giving reference to the HBM, framing TB and HIV integrated health messages for prevention according to HBM concepts could produce a positive TB and HIV prevention programme in the Umlazi district secondary schools. These adolescent participants also experienced a difference in their attitude towards life in general. The data presented indicates that these school - based extracurricular activities have contributed in shaping up and changing the participants' behaviour and attitude towards living a healthy lifestyle and being compassionate towards those infected and affected by these pandemics. It can therefore be suggested that, in this regard one of the aims of the revised DBE HIV and TB Policy (2017) was achieved, which is to increase access to information on safer sex and lifestyle choices. The role-play also indicated how the learners experienced a change in the way they approach and deal with life as adolescents.

The 15% of participants who reflected negatively on the TB and HIV related extracurricular activities could have done so for various reasons including non-participation. In School B, during my observations I noted that there were participants who showed no interest at all and were restless and displayed signs of boredom during the presentation. This possibly could have been because of the lengthy presentation by the facilitators. Other participants felt that these TB and HIV activities have been overrated and it is always the same thing being discussed. The participants felt that they were somewhat flooded with sex education and HIV prevention information as some of this information was disturbing and they did not want any of it anymore. Participant B2 referred to the visual aids used by one of the facilitators during one of the school- based extracurricular activities which showed visuals of different types of STIs and referred to it as being, "sickening and upsetting!" Participant B1 pointed out that there are far more other problems that are as important that need to be addressed, including unemployment and disadvantaged schools with limited resources and expressed the view that these social issues are not prioritised in the same way as HIV education. Participants felt that they were constantly given repetitive information and that it was frequently about HIV prevention. The participants anticipated beyond just HIV prevention knowledge, as B2 puts it:

It's ok but it's always the same thing [HIV] sometimes I just get bored and fedup!

Another participant acknowledges that the activities are insightful and important, but they need something different and more practical. They requested a programme that will consider and accommodate adolescents and the challenges and concerns they face daily that do not just centre on HIV prevention. This is what the participant, B1, had to say:

The activities are good and everything, and, yes they are definitely important. But they do not accommodate the burning issues we face daily as young people. Issues such as sexual desire, sexual intercourse, and homosexuality. I mean these are real issues and we see them every day in our schools otherwise issues such as homophobia and teenage pregnancy wouldn't exist! We are just simply told to not have sex because we will contract HIV and become seriously sick and possibly die.

These findings are similar to the findings in Monyake's (2019) research study that school- based HIV programmes do not address issues of sexual pleasure and sexual desire but merely paint a scary picture of sex and sexuality for young people. The participants acknowledge that the activities provided a wealth of knowledge which included mostly the nature and meaning of TB and HIV as well as the differences between the two pandemics. They also mention that according to them the activities focused on the most vulnerable groups (the poor) and the issues that might place individuals at risk of infection, further adding that it focused on modes of transmission, strategies for stopping the spread of HIV and the ways of managing HIV once one is infected. The participants stressed that even all this knowledge is not enough to accommodate the sexuality challenges they face as adolescents. Another participant, C1, echoes this finding by stating:

The time to shy away from sexual issues has passed. Teenagers engage in sexual intercourse and that's a fact. The more we are told to abstain from sex, the more we want to have sex. Rather let's have open discussions about it so we can fully understand the implications of having sex at a young age…

I further asked the participants about whether there were any experiences they might share specifically regarding TB that they may have learnt in any of the school- based extracurricular activity in their school. The participants admitted that information on TB is hardly ever shared with them, mostly it is information regarding HIV and as a result several of them were unsure of the symptoms presented by a TB patient specifically.

The findings have shown that TB and HIV school- based extracurricular activities provide a positive experience for most of the participants while for the minority it is considered to be a waste of their time. It became apparent that the participants responded more positively to the extracurricular activities that were active and experiential which they found to be helpful. What was also apparent is that while these are referred to as TB and HIV school- based extracurricular activities, the facilitators hardly spoke about TB during their presentations. In the FGI the participants also barely interacted about TB.

4.3.2 THEME 2: *Misconceptions & Stereotyping*

During the focus group interviews it was obvious that despite the school- based TB and HIV extracurricular activities some perceptions and misconceptions still exist in the opinions of these adolescent participants which extend to their respective communities. The data analysed revealed that although some of the learners were influenced to think differently because of the knowledge that they gained in the school- based extracurricular activities, others still maintained the status quo. When I asked the participants to engage with what they had learnt that was new to them about TB and HIV they gave me varied responses which included a range of persisting misconceptions and stereotypes. All the participants acknowledged that they know something about TB and HIV. As a result, some participants found it difficult to distinguish between TB and HIV and often confused the two pandemics. The participants said that they focused on HIV transmission, strategies for preventing the spread of HIV and the ways of managing HIV once infected. The connection between TB and HIV was not made explicit. Ongoing misconceptions and stereotypes raised by participants in all three schools included the following: HIV being a death sentence; condom use decreasing sexual pleasure and HIV being witchcraft. The participants did indicate that these misconceptions and stereotypes

were not necessarily learnt from the TB and HIV school- based activities but rather from society, peers and even media. The TB and HIV extracurricular activities seemingly did little to address these misconceptions. A1 simply stated the following:

> *…I just believe HIV is a death sentence!*

This is a well know misconception and while it is true that HIV is not curable (WHO, 2018; CDC 2019) developments in HIV treatment have meant that people living with HIV in recent years are living longer, healthier lives. The progress in treatment has improved both the lifespan and quality of life of someone living with the virus. Their lives can be considerably enhanced to be equivalent to those without the virus. When asked if they should have more of these TB and HIV activities at their school B1 responded by saying:

> *Yes, definitely, because other learners like to discriminate and they react and behave catastrophically when they hear a person is HIV positive*

This participants' response indicates possible misconceptions the learners might have heard regarding HIV which could result in them reacting "catastrophically". Another misconception raised by one of the participants is that sex does not feel as good when using a condom. She further elaborated that she needs to prove her loyalty to her partner by sleeping with him when he insists on not wearing a condom. These are highly risky misconceptions given the potential seriousness and implications of such actions that may lead to various health challenges and even death in some cases (Cohall et al., 2001). It is significant for adolescents to make knowledgeable and cautious choices concerning their sexual behaviours. One participant indicated that he strongly feels that both TB and HIV are a black man's disease, and that they do not affect white people. B2 said that

> *TB and HIV is for blacks. Have you ever seen or heard of a white person who is HIV positive? Ever seen them queuing up in the clinic to collect their TB or HIV treatment? I mean even in the movies we only see black people becoming sick and dying…*

He has been made to believe this by the media. He went on to relate various television programmes and radio and television commercials which relate to these pandemics and he says that they all point to this stereotype that only black people are affected by the pandemics. Some of the participants, like B3, partly agreed with him saying

> *It's true that often the media paints a picture which portrays us blacks as more vulnerable to HIV even TB infection…*

It was stimulating to note that as the participants expressed their stereotyping opinions, these eventually changed after a lengthy debate amongst themselves. The arguments included white people being financially privileged which makes it easier for them to access quality medical and healthcare services when they become sick while most blacks depend solely on the government to provide healthcare services that include treatment. B3 expresses this as follows:

> *Let's not forget that most whites are financially privileged! When they become sick they can easily access private healthcare services while most blacks depend on government services for treatment. It's not that they don't contract TB or HIV, we don't get to see them suffer because they are more privileged then us…*

The participants admitted that everyone can contract TB and HIV, but in the discussion racial bigotries appeared instead of observing all people as susceptible to acquiring the virus. The debate revealed that the participants did not only report a change in attitude and behaviour, where at first, they had the perception that HIV and TB affects blacks and not whites but they demonstrated their changed behaviour during this particular focus group interview. During the focus group interviews, the participants communicated diverse opinions confidently and were not afraid to share their views even if these were different from others (see also Griessel-Roux, 2005). Most participants in my research study expressed the view that the knowledge they gained in the school- based extracurricular activities helped them to deconstruct stereotypes (see also Barolsky, 2003).

Another misconception raised by another participant during the focus group interview was that of HIV positive people seeking traditional healer intervention for treatment because they strongly believe the sickness is caused by *idliso* translated as *witchcraft* in English. According to Karim (2001) fear of stigma and discrimination often lead to various HIV misconceptions and myths and it can be assumed that this misconception of referring to HIV as witchcraft can be because of the fear of stigma. A study by Kang'ethe and Xabendlini (2007) indicates that South Africa holds immense mythical beliefs about both TB and HIV.

Another misconception that was raised during the focus group interviews was that condoms deprive people of sexual pleasure and that not using a condom is an indication of loyalty to one's partner. Moreover, some of the participants indicated that if they were to apply the knowledge that they received from the TB and HIV school- based extracurricular activity in their lives, they would lose their position and benefits from those who are more dominant in their lives e.g., blessers. B1 says the following:

> *Ama-condom asincisha ubumnandi [condoms deprive us of sexual pleasure] and besides I can't wear it or let him wear it because I must prove my loyalty to my boyfriend otherwise he will think I am cheating on him. The reality is that we can't practically apply all that we learn from these activities in our lives otherwise we will forfeit essential benefits from our significant others…*

The participants refer to their boyfriends and girlfriends (possibly sugar daddies and sugar mummies) as significant others who supported them with money and other material benefits (see also Hoss & Blokland, 2018). The risks of participants' dependence on sugar daddies and sugar mummies are likely to expose them to HIV infection (Hoss & Blokland, 2018.) These findings suggest that there is a dire need for the review of the school- based extracurricular activities to include issues that would help participants in dealing with the challenges they face daily in their lives. To avoid young people's dependence on sugar daddies and sugar mummies beyond the ABC (abstain, be faithful and condomise) messages, the activities could include life

skills, for example, that would equip these adolescent participants to generate their own income.

Such misconceptions are perturbing, especially coming from an adolescent learner, as adolescent learners are most at risk of contracting HIV. Their vulnerability and susceptibility to both TB and HIV are discussed in chapter 2. According to various research studies great degrees of unprotected sex shared with coexisting partnerships, in where individuals have several sexual partners in the same timeframe, are the key contributors to the HIV pandemic (Chen et al., 2007; Shisana et al., 2009). The HBM and the SCT describe individual influence as multifaceted drawing from a combination of personal, behavioural, social and environmental aspects. We can therefore point out that this ignorance, misconception and stereotyping stems from various personal, behavioural, social and environmental aspects.

This theme has revealed that participants hold various misconceptions and stereotypes surrounding TB and HIV. It was also revealed that some of these misconceptions stem from society and their peers. In concluding this theme of misconceptions and stereotypes it is important to note that apart from misconception, ignorance and stereotyping, in all the focus group interviews it became clear that the participants were aware of the issue of TB and HIV being a realityand that they needed to address it. Generally, there was a perception among the participants of TB and HIV coming closer to them, more than ever before. My observations were that the fact that TB and HIV is a reality to participants made them want to do something about it. During my interaction with the participants in focus group interviews, they confidently expressed themselves. It then dawned on me that actuality of TB and HIV in our country impacted these participants because of the kind of school- based extracurricular activities they are exposed to in their respective schools. The next theme will discuss TB and HIV integrated messages.

4.3.3 THEME 3: *TB and HIV integrated messages*

The literature reviewed in chapter 2 clearly highlights the importance of acknowledging the link between TB and HIV. Because of this strong association there is, therefore, a need for collaboration between TB and HIV in programmes aimed at preventing the two pandemics. This simply suggests that interventions

aimed at promoting prevention for both diseases (TB and HIV) simultaneously should be encouraged. This can be achieved by communicating prevention messages which are linked to both diseases, messages such as “TB is the number one killer in people living with HIV”. It was thus, imperative that in my observations and focus group interviews I seek to distinguish the availability of TB and HIV integrated messages in the extracurricular school- based activities. During participant observations I did not observe any TB and HIV integrated messages being communicated with the participants, but rather, most messages were focused on HIV which applied to all 3 schools. During the focus group interviews participants in all 3 schools were asked to mention TB and HIV integrated messages they heard or received during the TB and HIV school- based extracurricular activities. The findings revealed that none of the participants could recall a message that integrated TB and HIV.

Not much is known about the perceived importance and influence of TB and HIV prevention messages among community members within this escalating HIV context. It was necessary to explore the perceptions of TB and HIV messages amongst these adolescent participants so that I have insight into how TB and HIV integrated messages are perceived and understood by these learners at grassroots level. These insights can potentially provide useful contributions into reframing of school- based extracurricular TB and HIV prevention activities and policies in high TB and HIV prevalence contexts. The participants admit that the messages communicated during the school- based extracurricular activities are highly educational and influential. Moreover, the participants elaborated that the messages are easily understood and that they are relevant. One participant elaborated saying:

> **C3:** *The messages are important and easy to understand as they are common. They make you stop and think twice about your actions…*

This was the case in all 3 focus group interviews as well as the participant observations. The facilitators did not share any TB and HIV integrated messages during their presentation. Similarly, the participants also did not share any TB and HIV integrated messages in their role-plays, poster designs or poetry that I observed. I then rephrased the question to ask if the participants knew of any link between TB and HIV. The participants were unsure how to respond. The participants know that

TB and HIV are autonomous pandemics with different modes of infection but failed to share at least one link between the two pandemics. A3 said the following:

> *I know TB is a lung disease and it is airborne meaning you can get it from the air we breathe. While HIV affects the immune system and that you contract HIV from various bodily fluids e.g. blood…"*

B2 added:

> *TB affects the lungs mostly and the respiratory system while HIV affects our immune system and makes us weak and unable to fight infections…*

It is commendable that the participants can distinguish the difference between the two pandemics and are able to clearly define each pandemic. However, it is also essential that the participants can ascertain the link between TB and HIV. This significant link is described in detail in chapter 2 the two pandemics are isolated and addressed individually whereas they are integrally associated (Getahun et al., 2010). TB and HIV are more destructive together than either disease alone (WHO, 2017). The participants struggled to mention at least one characteristic link between TB and HIV. The findings reveal that there are no TB and HIV integrated messages in the TB and HIV school- based extracurricular activities in the Umlazi district secondary schools. Furthermore, the findings reveal that participants do not know the significant association between TB and HIV. The figure below indicates examples of TB and HIV integrated messages:

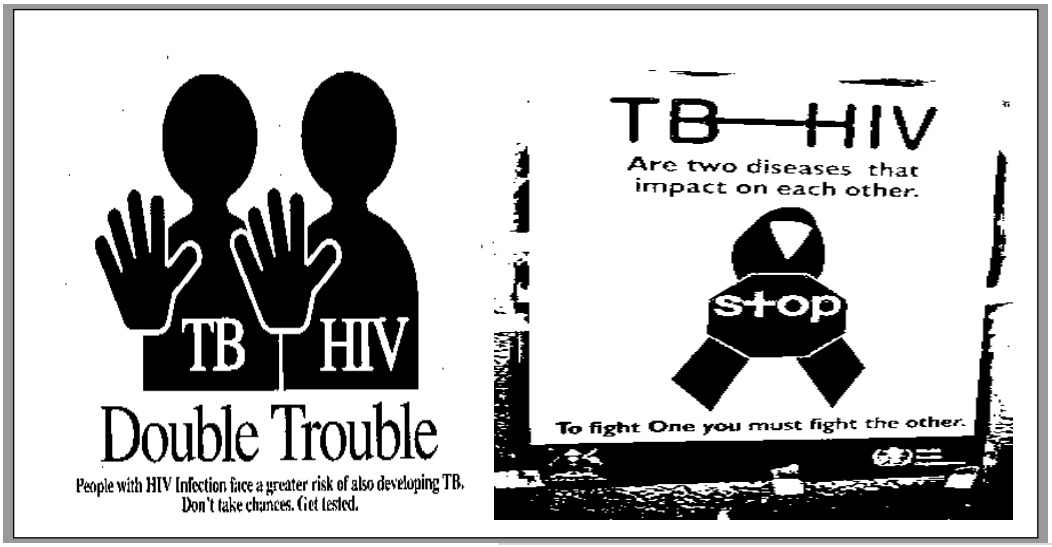

Figure 4.2: **Example of a TB and HIV integrated messages.** (Centers for Disease Control and Prevention, 1998; Amref Health Africa)

The messages related to TB and HIV were universal in all 3 schools. When I asked the participants to share TB and HIV messages (not integrated) that they had heard during the TB and HIV school- based activities they offered a variety of TB and HIV prevention and risk-education messages. These included the following:

A1: *Abstain, be faithful, condomise or DIE!*

B3: *HIV is preventable*

A3: *I know my HIV status, do you?*

C2: *Scrutinize, flip HIV to HI-Victory!*

These messages were shared with them through a variety of media including brochures, posters, school- based awareness campaigns and interpersonal interactions with their LO educators and LSAs. I noted that the participants were sharing messages centred mostly on abstinence, being faithful and using condoms, and ABC messages that have been emphasized in national South African HIV prevention campaigns. These messages include:

C1: *Abstain, be faithful and condomise*

B2: *Abstinence and faithfulness 100% guaranteed safety.*

C3: *Cheating? Use a condom. Cheated on? Get tested.*

The findings as reported in this theme clearly show that there are no TB and HIV integrated messages communicated during the school -based extracurricular activities in the 3 secondary schools in the Umlazi district. Furthermore, the findings reveal that the participants in the 3 schools do not know the significant association between TB and HIV. The next theme will discuss TB and HIV activities and peer interaction.

4.3.4 THEME 4: *TB and HIV activity & peer interaction*

The fourth theme for discussion is TB and HIV activities and peer interaction. The TB and HIV activities which the participants were exposed to allowed them to engage and experience the activity together in groups. During the focus group interviews the learners explained how they connected to their friends during the activities. The participants experienced that they connected well to each other and that they could count on the support of their peers. Mostly, they experienced that the TB and HIV activities gave them a platform to open up and assisted them in communicating better with their peers. C1 said the following:

> *This activity provides an opportunity to talk freely to our friends and peers as we are given intimate space to interact and discuss matters that are of importance in our lives.*

The nature of the TB and HIV school- based extracurricular activities allowed the participants to freely and comfortably talk to their friends prior to the activity and discuss issues that they would not have previously discussed. I observed that the participants responded positively to the fact that they are granted an opportunity to express themselves and to actively be agents of their own social change as opposed to having an outsider (facilitator or presenter) dictating everything to them. The two-way flow of communication approach adopted by the TB and HIV school- based extracurricular activities proved to be effective in engaging the participants and they in turn responded positively. Another participant, B2 expressed his/her experience of the TB and HIV school- based extracurricular activities at their school in this way:

> *… We are given an opportunity to express ourselves and ask questions and voice our opinions, but you know, it's always easier and more believable if I talk to someone my age.*

However, they also raise various concerns saying that it would be much easier and more comfortable for them if younger presenters would facilitate the TB and HIV activities at their schools. It is indicated in chapter 3 under the description of the activities (3.6.4) that the presenters and facilitators' ages ranged between 35 and 55 years. As noted by Pramschufer (2001) adolescents spend countless hours together as they relate better together, and they share several qualities such as beliefs and interests and generally feel at ease amongst each other. The group format is evidently one of the strengths of the TB and HIV school- based extracurricular activity

and should be built upon, but the findings reveal that the group should mainly consist of participants of the same age which includes the presenters. Furthermore, Pramschufer (2001) highlights that during adolescent years' peers easily substitute grownups by giving care and support for their friends until they accomplish more independence.

The positive influence peers have on each other can also be flawed as seen emerging from the theme that focused on misconceptions and stereotyping, where it was indicated that some of these misconceptions stem from, and are perpetuated by, their peers. It is evident that the TB and HIV school- based extracurricular activities in the Umlazi district secondary schools promoted positive communication amongst participants. However, the participants also highlight some of the negative influences peers can exert. This demonstrated a need for the TB and HIV school- based extracurricular activities to also include issues of peer pressure and how learners can deal with its negative effects. While the activities had enlightened them, the participants conceded that their friends still exert a significant influence in their lives. B2 said the following**:**

My friends are doing it so it feels weird not to do it [sex]…

C1 added:

…I just believed what my friends told me…

Peer group affairs become increasingly imperative during the adolescent years as adolescents spend extensive periods of time with their peer group. This can exert extensive influence, possibly a negative influence, on their social development and sense of self (Griessel-Roux, 2005). The findings showed that learners experienced the need to be more assertive toward their peers about their experiences of abstinence and risk-behaviour, thereby translating knowledge into action

The fourth and final theme showed that the participants are actively involved in the school- based TB and HIV extracurricular activities in their respective schools. They are more comfortable sharing health related issues with people their age. They concede the significant role in their lives played by their peers with respect to TB and HIV integrated messages. The participatory approach adopted by the school- based TB and HIV extracurricular activities allowed the participants to open up to each

other. It became again apparent that there is little, if any, integration between TB and HIV based messages.

4.4 CONCLUSION

This chapter has deliberated on the findings of this research study. The findings emerged thematically from the data analysed and are supported by relevant literature. The three theoretical frameworks underpinning this study namely the Social Cognitive Theory (Bandura, 1989), Health Belief Model (Becker, 1974) as well as the Communication for Participatory Development (Kincaid & Figueroa, 2009) were used to gain an understanding of the findings in a manner meaningful to the key research questions. In the next chapter, an overview of the study is presented and the research questions addressed.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This final chapter provides an overview of the study, addresses the research questions and notes contributions made by the study to the existing field of knowledge. Limitations to the study are noted. Recommendations for further research are offered. Finally, conclusions are drawn.

5.2 OVERVIEW OF THE STUDY

Chapter 1 provided the reader with an outline of the study. The background to the study, rationale for the study and the significance of the study were presented. The research questions focusing on TB and HIV extracurricular activities were framed and key terms defined. The overall structure of the study was provided. Chapter 2reviewed relevant literature relating to learners' experiences of school- based extracurricular TB and HIV integrated messages in secondary schools in the Umlazi district. The review of literature focused on a global scenario of TB and HIV and then on the South African context. In particular, the focus moved to KwaZulu-Natal where the study is located. Literature discussing the link between TB and HIV as well as the effect of TB and HIV on the adolescent as well as the education system was reviewed. Reference was made to national school health policy documents. This chapter concluded with a presentation of complementary concepts and theoretical frameworks underpinning the study. These provided the lenses through which to consider the learners' experiences of school -based extracurricular TB and HIV integrated messages.

In chapter 3 the research paradigm, design and methodology are discussed. Data collection methods, ethical considerations and issues of trustworthiness are presented. Guided by the theoretical framework provided in chapter 2, the method of data analysis is discussed.

Chapter 4 presented the findings in response to the data analysis. Four themes emerged and each was discussed. The themes were identified as follows:

- Learners' experiences of TB and HIV school- based extracurricular activities
- Misconceptions & Stereotyping

- TB and HIV integrated messages
- TB and HIV activity & peer interaction

Firstly, the chapter presented the findings on the learners' experiences of TB and HIV integrated messages in school- based extracurricular activities in 3 secondary schools in the Umlazi district. The findings suggest that on the one hand, the participants had varied experiences of TB and HIV school -based extracurricular activities provided in their respective school. These include the fact that the activities are educational but inadequate and uncomfortable. Francis (2012) and Masinga's (2013) studies reveal that adolescent participants found HIV and AIDS education embarrassing and uncomfortable. Other experiences of the participants include the fact that the TB and HIV activities influenced them to change their lifestyle and had provided them with a safe environment to talk about issues considered to be socially taboo. Secondly, the chapter presented data on persisting TB and HIV misconceptions and stereotyping. The findings suggest that although some of the learners were inclined to think otherwise because of the awareness that they acquired in the school- based extracurricular activities, others still maintain the status quo. Misconceptions and stereotyping included condomizing depriving of sexual pleasure and HIV being a death sentence. Cohall et al., (2001) elaborate that various misconceptions surrounding HIV are potentially risky and may lead to various health challenges even death in some cases. Thirdly, the chapter presented the findings on the various TB and HIV messages communicated during the school- based extracurricular activity. The findings suggest that the school- based extracurricular activity exposed participants mostly to messages related to the ABC (abstain, be faithful and condomise). Furthermore, the findings revealed that there are no TB and HIV integrated messages communicated during the TB and HIV school- based extracurricular activity. The findings also indicated that participants in the 3 schools do not know the significant link between TB and HIV.

5.3 ADDRESSING THE RESEARCH QUESTIONS

The purpose of this study was to explore learners' experiences of TB and HIV integrated messages at school- based extracurricular activities in the Umlazi district. Three research questions would inform this exploration. They are as follows:

1. What TB and HIV integrated messages are communicated through school- based extracurricular activities in the three Umlazi secondary schools?

2. How do learners participate in TB and HIV school- based extracurricular activities?

3. What are the learners' experiences of TB and HIV school- based extracurricular activities?

Each of these questions will now be addressed.

5.3.1 RESEARCH QUESTION 1: What TB and HIV integrated messages are communicated through school -based extracurricular activities in the three Umlazi secondary schools?

The findings show that there are no TB and HIV integrated messages communicated through school- based extracurricular activities in the Umlazi secondary schools. The participants acknowledge that the TB and HIV school- based extracurricular activities addressed TB and HIV as separate entities with no integration of the two pandemics. The participants also acknowledge that the focus is mainly on HIV and not much about TB is communicated. The control of both pandemics would improve if learners were educated about both and how they are integrated (Talking Points-TB/HIV, 2007). TB and HIV integrated messages are of vital importance as the two pandemics represent a deadly combination, since they are far more destructive together than either pandemic alone (WHO, 2007). It is essential that adolescent learners are made aware of this deadly combination of TB and HIV. The participants shared messages that focused mainly on abstinence, being faithful and using condoms, the ABC messages commonly emphasized in national South African HIV prevention campaigns. This is good and progressive, however, sharing TB and HIV integrated messages such as: "*TB is the number one killer of people living with HIV"* (WHO, 2007), could assist learners to grasp the significant link between TB and HIV. The educational messages shared during the school- based extracurricular activities encouraged the participants to change their behaviour and lifestyle. This shows that the messages communicated during the school- based extracurricular activities are

effective. It would be reasonable to assume that including TB and HIV integrated messages would greatly impact the participants' understanding of the association between TB and HIV and hopefully this insight could be shared with their peers, family and community at large to help prevent the spread of the two pandemics.

5.3.2 **RESEARCH QUESTION 2**: How do learners participate in TB and HIV school- based extracurricular activities?

The findings show that the participants participate in different ways in the TB and HIV school- based extracurricular activities. These activities are presented in chapter 3. The 3 schools have various TB and HIV activities which include weekly campaigns where they do poetry writing, poster design, and role-playing related to TB, HIV and sexual health. Other TB and HIV activities include presentations facilitated by the LO teacher, LSA and sometimes guest facilitators from various community healthcare organisations, including, on occasion, healthcare workers form the local hospital and clinic. The activities that I observed in all 3 schools were those where they had TB and HIV presentations facilitated by the LO teacher, LSA, a professional nurse and community healthcare workers. I observed that the participants are actively participating in the school- based TB and HIV extracurricular activities in their respective schools. The use of such methods allows for active participation by the participants, thus, allowing them to engage and share their experiences and understanding of the content covered during the TB and HIV school -based extracurricular activities. The participants responded positively to participatory approaches as opposed to merely having a presenter giving out information. They enjoyed being able to actively respond. Learners are afforded the opportunity to be active agents of their own social change.

5.3.3 **RESEARCH QUESTION 3:** What are the learners' experiences of TB and HIV school- based extracurricular activities?

The participants' experiences of TB and HIV school- based extracurricular activities were diverse, with most participants indicating a positive response. The participants expressed that their peers played a significant part in their lives and how they experienced the TB and HIV school- based activities in their school. They added that the TB and HIV school- based extracurricular activity is important to them in various ways, including increasing their knowledge of TB, HIV and other health related

issues. The activities also provided them with a safe space to talk about burning issues which are considered to be societal taboos. The participants felt inspired to use the information and their experiences to lead by example and to inspire others. In various ways the TB and HIV activities and the awareness they acquired transformed and persuaded their approach concerning leading a positive lifestyle. These activities also positively influenced their attitudes towards those infected and affected by the TB and HIV pandemics.

Only a confined number of participants indicated their experiences of the TB and HIV school- based extracurricular activity to be less than positive. They felt bombarded with information about sexual health and HIV prevention that they found to be upsetting. They were also critical of the activities saying that these did not address issues including sexual pleasure and sexual desire, and other sexuality related challenges they face as adolescents. The suggestion was also made that the activities could be more effective if presented by younger facilitators. The participants indicated that they would feel more at ease engaging with a younger presenter.

5.4 CONTRIBUTION MADE BY THE STUDY

This study contributes by demonstrating that school-based extracurricular programmes currently on offer at the Umlazi district secondary schools to address the HIV pandemic, fail to adequately integrate the TB pandemic. TB and HIV integrated messages at school- based extracurricular activities in the Umlazi district focus predominantly on HIV. The WHO (2017) refers to the TB and HIV co-pandemic as ‘deadly twins’ because they represent a deadly combination which must be known at grassroots level. The messages communicated in the school -based extracurricular activities appear to downplay TB and only places emphasis on HIV. There could be various reasons for this, one major reason could be the issue of stigma. People die of TB and the link to HIV is not made resulting from the stigma associated with living with HIV. Integrating TB and HIV messages is essential to create awareness and understanding of the link between TB and HIV. If people are made aware of the deadly combination of TB and HIV, it will be easier to prevent and manage the co-pandemic. TB is curable and HIV can be treated. Early diagnosis of both is fundamental to decreasing deaths from TB and HIV co-infection.

The experiences of learners and the impact TB and HIV knowledge has on their everyday dealing with TB and HIV related issues can now be added to the literature knowledge base and used as a resource by other researchers. Another contribution is that participants in this study established a sense of responsibility towards TB and HIV issues. The DBE, schools as well as the developers of the school -based extracurricular activities could advance on this sense of accountability by making use of it in prospective TB and HIV school- based activities.

5.5 LIMITATIONS OF THE STUDY

- The focus group interviews were conducted in both English and IsiZulu and it is possible that their understandings of TB and HIV might have been 'lost in translation' (from IsiZulu to English) and that I have unintentionally applied my own language and meaning in the analysis of their understanding. When the data had been transcribed, to minimise this possibility, I returned the transcripts to the participants for them to ascertain whether their views had been dependably translated and transcribed. These participants verified that the findings were a satisfactory representation of their experiences and expectations.
- The occurrence of COVID-19 lockdown regulations made it difficult to finalise data collection, thus limiting my data. Furthermore, it made it challenging to access on campus services i.e., research commons and the library.

5.6 RECOMMENDATIONS

These findings cannot be generalised to all schools offering these extracurricular activities. Further research could establish if there is a difference in the way in which TB and HIV messages are articulated in primary schools and in different school contexts that would include, for example, rural schools. Further research could focus on the efficacy of well- integrated TB and HIV messages. There is a need to develop TB and HIV integrated messages for adolescents in schools. Further research is needed to establish the presence of TB and HIV messages in the LO co-curricular. The findings from the study highlight the need for a study which might provide a general view of how the local community comprising parents, traditional leaders, and community leaders function in their roles as socialization agents in relation to TB, HIV and sexual health education. This would allow an insight into how the current TB and

HIV school health policies and strategies might be restructured to provide activities that would address the actual needs of learners in schools.

5.7 CONCLUSION

The main purpose of this study was, I explored and described learners' experiences of TB and HIV integrated messages at school- based extracurricular activities in the Umlazi district secondary schools. In doing so, these were the key aims: to establish what TB and HIV integrated messages are communicated through school- based extracurricular activities, to explore how learners participate in TB and HIV school-based extracurricular activities and finally to explore learners' experiences of TB and HIV school- based extracurricular activities. The findings exposed positive and negative experiences of TB and HIV school- based extracurricular activities voiced by adolescent participants. The findings further revealed that a participatory approach is more effective when conducting health awareness activities which involve adolescents. The research findings were an eye opener in terms of the TB and HIV integrated messages gaps. I conclude by quoting the words of the late former president Nelson Mandela, he once said "We can't fight AIDS unless we do much more to fight TB as well."

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APPENDIX A: ETHICAL CLEARANCE (UKZN)
GATEKEEPER LETTERS
APPENDIX B: PERMISSION TO CONDUCT RESEARCH IN THE KZN DBE INSTITUTIONS

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma Tel: 033 392 1063
Ref.:2/4/8/1869

Mrs NG Luthuli
32 Tern Way
Yellowwood Park
4004

Dear Mrs Luthuli

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"LEARNERS' EXPERIENCES OF TB AND HIV INTERGRATED MESSAGES AT SCHOOL BASED EXTRACURRICULAR ACTIVITIES IN SECONDARY SCHOOLS IN THE UMLAZI DISTRICT",** in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 24 July 2019 to 10 January 2022.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

_____

Dr. EV Nzama
Head of Department: Education
Date: 25 July 2019

APPENDIX C: LETTERS FROM THE THREE SCHOOLS

UMLAZI COMMERCIAL HIGH SCHOOL

Private bag xo-3 Isipingo 4110 tell: (031) 907 3575 fax: (031) 907 3582

Email: uchs@vodamail.co.za

Mrs N. Luthuli

Umlazi Commercial High School approves your request to conduct a research programme that will interview four learners in grade 10, in various Social ills i.e. TBI HIV/AIDS and STI's sharing their knowledge and understanding, consent forms was issued and signed by parents/guardians.

Yours Sincerely

Ms BS. Ngobese (Deputy Principal)

KWAZULU-NATAL DEPARTMENT OF EDUCATION
ESIKHUNGWEBO
SCHOOL STAMP
2013 -02- 28
TEL: 031 907 3575
EMAIL: uchs@vodamail.co.za

UMLAZI 'HIGH SCHOOL

ETHEKWINI REGION
UMLAZI DISTRICT
PHUMELELA CIRCUIT
WARD 114

ADDRESS: V1814
POSTAL: P.O. BOX36792
NTOKOZWENI
4066
TELEPHONE: 031-919 2010
031-919 2012/ 031-919 2014

EMAIL ADDRESS: umlazihighschool@yahoo.com

22 July 2020

Dear Sir/Madam

This letter serves to inform you that permission is duly granted to NOT HANDO GRACE LUTHULI to conduct interviews with learners at our school on her research topic "Learner's experiences of TB and HIV integrated messages at Secondary School in Umlazi District".

Yours Faithfully

PRINCIPAL

2
DEPT OF EDUCATION
UMLAZI HIGH SCHOOL
" WORK WITH PRIDE"
020 -07- 2 2
DEPT P.O. BOX 36792
NTOKOZWENI 4066
TEL•. 31 919 2012 1 919 2010 1 919 2014

UMLAZI COMPREHENSIVE TECHNICAL HIGH SCHOOL (COMTECH)

FAX : 031 907 5185
E-mail :info@umlazicomtech.co.za
Isikhwama seposi: x20
Private Bag Mobeni Privaatsak
4060
Ucingo : (031) 9062808
Telephone
Telefoon

1mibuzo
Inqurieg
Navrae N.E SHANDU

Usuku
Date 31/07/2019

[nkombo :
Reference :

SCHOOL PERMISSION TO CONDUCT RESEARCH

August 29, 2019

Dear Sir/Madam

The purpose of this letter is to inform you that permission has been granted to Mrs. Nothando Grace Luthuli to collect data from our school for her research study entitled "LEARNERS' EXPERIENCES OF TB AND HIV INTEGRATED IVŒSSAGES IN SECONDARY SCHOOLS IN THE UMLAZI DISTRICT"

Yours Faithfully,

Mr. N.E Shandu

Principal

KWAZULU GOVERNMENT SERVICES
UMLAZI COMTECH HIGH SCHOOL
2019 -08- 29
PRIVATE BAG
ISIKHWAMA SEPOSI X20 MOBENI 4060
TEL: 031 906 2808 / FAX: 031 907 5185
EMAIL: info@umlazicomtech.co.za
EMAILI: UMNYANGO WAKWAZULU

APPENDIX D:

ENGLISH TRANSLATION

Informed Consent Form (Guardian)

TOPIC: Learners' experiences of TB and HIV integrated messages at secondary schools in the Umlazi District, KwaZulu-Natal.

INVITATION TO PARTICIPATE IN RESEARCH STUDY

Dear Parent/Guardian My name is Nothando Luthuli, a registered student from the University of KwaZulu-Natal. I am writing this letter to you to request your permission for your child _____ (child's name and surname) to participate in my academic research, which I am doing in fulfilment of my Master's Degree at the University of KwaZulu-Natal. This research focuses on learners' experiences of TB and HIV integrated messages at secondary schools in the Umlazi District. Your child is requested to be one of the participants who will be interviewed regarding their experience of TB and HIV integrated messages at their school. His/her anonymity will be ensured. Participation is voluntary and they can withdraw from participation at any given time should they feel the need.

Please find my contact details and that of the university should you wish to further discuss issues regarding this research.

Student		nothandograce@yahoo.com
University	Ms Phumelele Ximba University of KwaZulu-Natal University Research Office – Tel. No. 031 260 3587	ximbap@ukzn.ac.za HssrecHumanities@ukzn.ac.za
Supervisor: Dr J. Jarvis	031-260 3609	jarvisj@ukzn.ac.za
Please tick the relevant box below:		

• I understand that participation for my child in this research is voluntary.	Yes ☐ No ☐
• The research has been explained and I fully understand.	Yes ☐ No ☐
• I do give my child permission to participate in this research.	Yes ☐ No ☐

_____	_____	_____
Parent/Guardian	Signature	Date
_____	_____	_____
Researcher	Signature	Date

APPENDIX E: INFORMED ASSENT FORM CHILD PARTICIPANT
ENGLISH TRANSLATION

Dear Learner,

INVITATION TO PARTICIPATE IN RESEARCH STUDY

My name is Mrs. Nothando Luthuli and I am a student at the University of KwaZulu-Natal. I would like to invite you to participate in my research, which focuses on your experiences of TB, and HIV integrated messages as communicated during after school activities. As part of my study, I would like to ask you to dedicate twenty (20) minutes of your time to answer questions after the TB and HIV activity. You will be recorded during the interview. Participation is voluntary and there will not be any payment for participation in the study. Your answers to the interview questions will be kept private. Your name will not be revealed. If you have questions about the study, contact: Agreement: I agree to participate in the research study described above.

Signature: _____ Date: _____

You will receive a copy of this form to keep.

APPENDIX F: FOCUS GROUP INTERVIEW

This questionnaire will be utilized during the focus group interviews with the learners who participate in the school-based TB and HIV extracurricular activities.

1. What are your reasons for participating in this TB and HIV activity?
2. What does participating in this activity mean to you?
3. What have you learnt about TB and HIV in this activity?
4. Would you encourage other learners to participate in this activity? Why/why not.
5. Do you think we should have more of these activities in your school? Please explain.
6. What have you learnt about the link between TB and HIV after this activity?
7. Why do you think it is important to have such initiatives in your school?
8. What would you change/not change about this activity?
9. Which message stood out for you regarding TB and HIV?
10. Would you like to say anything more relating to this activity?

Zulu Translation

1. Yiziphi izizathu zakho zokuzibandakanya naloluhlelo lwesikole?
2. Ingabe kusho ukuthini kuwena ukuba yingxenye yalolu hlelo?
3. Ingabe yikuphi okufundile ngizifo zeTB neHIV kulolu hlelo?
4. Ingabe ungabagqugquzela yini abanye abafundi ukuthi babe yingxenye yalolu hlelo?
5. Ucabanga ukuthi kungaba njani uma singaba nalezi zinhlelo ezinje njalo lapha esikoleni?Chaza unabe kabanzi.
6. Yini oyifundile kuloluhlelo mayelana nokuxhumana kwalezizifo zeTB neHIV?
7. Ucabanga ukuthi kubaluleke ngani ukuba nohlelo ulunjengalolu esikoleni senu?
8. Yini ongayishintsha okanye ungayishintshi kuloluhlelo?
9. Imuphi umyalezo okuhehe kakhulu mayelana nezifo i-TB ne-HIV?
10. Kukhona yini okunye ofisa ukukusho mayelana nalolu hlelo?

APPENDIX G: OBSERVATION SCHEDULE

This observation checklist will be employed to observe and identify learner's involvement during the school based extracurricular TB and HIV activities in secondary schools in the Umlazi District.

Activity Name: _____

Description:

_____

_____

_____

Active Listening & Participation (record tick & comment after every 30 minute interval)		
Body Language	**1st interval**	**2nd interval**
Are learners using posture, eye contact, gestures and non-verbal movements to show openness, interest and concern?		
Reflecting content & Feelings		
Are the learners showing that they understand the content presented in the activity by using their own words to identify the content and feeling in the message?		
Encouraging and affirming		
Are the learners encouraging the speaker through simple verbalizations encouraging the speaker to continue?		
Communication Approach of the activity	**Explanatory Notes**	
Are the learners actively/partially involved throughout the activity**?**		
Messages communicated What TB and HIV integrated messages are communicated through this activity? And how are they communicated?		
Random Observations Any other observations		

APPENDIX H: LANGUAGE CLEARANCE CERTIFICATE

Angela Bryan & Associates

6 Martin Crescent
Westville

Date: 17 January 2021

To whom it may concern

This is to certify that the Master's Dissertation: Learners' Experiences of TB and HIV Integrated Messages at Secondary Schools in the Umlazi District written by Nothando Grace Luthuli has been edited by me for language.

Please contact me should you require any further information.

Kind Regards

Angela Bryan

angelakirbybryan@gmail.com

APPENDIX I: TURNITIN REPORT

Learners' experiences of TB and HIV integrated messages at secondary schools in the Umlazi district.

ORIGINALITY REPORT

8%	7%	2%	0%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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