Assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District.

By

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A mini dissertation submitted in partial fulfilment for the degree: Master of Public Health (MPH) at the University of Venda.

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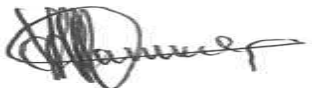
DECLARATION

I **Margareth Vukeya** hereby declare that the proposal titled ***"Assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District."***, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been duly acknowledged.

Signature  **Date: 17/03/2022**

DEDICATIONS

This mini-dissertation is dedicated to my children Blessing Chauke and Nsovo Chauke,my husband Mr. Foster Chauke, my mother Mrs. Mujaji Tsatsawani Vukeya and all my sisters and all my brothers for their love and support.

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LIST OF ABBREVIATIONS AND ACRONYMS AIDS	Acquired Immune Deficiency Syndrome
DBE	Department of Basic Education
DHB	District Health Barometer
DHIS	District Health Information System
HIV	Human Immune Virus
KAP	knowledge, attitudes and practices
TB	Tuberculosis
STI	Sexual transmitted Infections
STD	Sexual Transmitted Diseases
UNICEF	United Nations Children's Fund

ABSTRACT

HIV/AIDS is a global public health problem with the highest number of HIV positive adolescents. In sub-Saharan Africa about 1.5 million adolescents are living with HIV. Limpopo province has become the fifth contributor to HIV/AIDS incidence among the nine Provinces of South Africa with Vhembe District contributing more than 6.9 % of the provincial HIV/AIDS burden. Adolescents' risky sexual behaviors are blamed for high HIV/AIDS burden. Certain factors including knowledge, attitudes and practices are believed to influence risky sexual behaviors among adolescents. Knowledge can be acquired from various sources. Adolescents acquire much of their general knowledge from media. The purpose of the study is to investigate media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District. A descriptive quantitative survey was conducted using cross sectional study design from May 2021 to June 2021.From the total population of 1276 grade 12 learners from Collins Chabane Local Municipality, a sample size of n=400 was drawn using slovin's formula. Therefore 400 grade 12 learners participated in the study. Data collection was done using researcher-administered questionnaire and data analysis done using SPSS version 26.0.

Most (84.5%, n=338) of learners had right information about HIV/AIDS acquired from life Orientation school lessons as their primary source of information. Majority (97 %, n = 388) of learners knew condoms as one of the prevention method for HIV/AIDS, but (50.75%, n =203) of learners had negative attitudes towards condom use because they believed that condoms reduces sexual pleasure. The study also found that learners have already started having sexual intercourse when (50%, n =198) of learners reported that abstaining from sex is no longer serious. About (41.56%, n = 166) of learners watch HIV/AIDS related programs on TV, while the majority (48.61%, n =193) of learners acquired HIV information from radio's. Few (23.27%, n = 91) of learners read HIV/AIDS related programs on pamphlets, while (13.25%, n =53) of learners reported an internet for HIV/AIDS information. It is therefore concluded that TV and Radio are two leading media sources of HIV/AIDS information for adolescents; and that perceptions about condom are still barriers to condom use among learners. It is therefore important that media platforms targeting adolescents should be strengthened to disseminate correct information.

Keywords: Attitudes, HIV/AIDS knowledge, Sexuality and Practices of HIV/AIDS.

CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.1 Introduction

Media HIV/AIDS related programs play a powerful role in influencing teenage sexual attitudes, values and beliefs. Most learners rely on media as a main source of information in relation to their sexuality (Nyembezi, 2015). Sexuality programs are lifelong sexuality education which plays an essential role in helping young people navigate the cognitive, social and emotional transitions to adulthood, to prevent the occurrence of health challenges, such as HIV/AIDS (Ponzetti, 2015). This section will present the background of the study, the problem statement, rationale for the study, significance of the study, research objectives and specific questions. The section will end with definitions of concepts.

1.2 Background of the study

Worldwide Programs on HIV and AIDS have been introduced in various countries. In South Carolina, in America, there is a program titled, " *It's Your Game…Keep It Real program"* designed to reduce risky sexual behaviors and increase protective behaviors by preventing HIV, other STDs, and pregnancy among high school students (Potter, Coyle, Glassman, Kershner and Prince, 2016). India has found positive effects of knowledge about HIV/AIDS, prevention methods and sexuality, from a skills-based education program for secondary school learners, facilitated by teachers (Chaudhary, Solanki, Yadav, Yadav, Joshi and Khan, 2016).

In Kenya, the HIV/AIDS Education Sector Policy of the year 2006 advocates for effective teaching of HIV/AIDS issues in schools. Through the infusion of HIV/AIDS messages across the curriculum, it is expected that learners will acquire responsible sexual behavior that will reduce the spread of HIV/AIDS. The program that targeted secondary learners did not, however, yield impressive results as the majority of the students were engaging in irresponsible sexual behavior even after the introduction of the HIV/AIDS education in schools (Kimani, Kara and Nyala, 2015).

Zambia, which is one of the countries highly affected by sexuality issues, implemented the peer-education program in 1992. This program was introduced for all school children, particularly, the adolescents in an effort to determine the efficacy of peer-education on

knowledge, attitudes, normative beliefs, and sexual behavior and anti-AIDS clubs. Increased awareness in Zambia of HIV and AIDS led to a decrease in HIV infections (WHO, 2016).

In South Africa media intervention programs TV soap operas like Soul City, Khomanani, Soul Buddy and Tsha Tsha which dealt with HIV and AIDS and issues of domestic violence, has brought about social policy change were introduced. Another initiative is the "Love-life" series, a national HIV and AIDS prevention programme introduced in 1999 which targeted all school learners in the nine provinces of South Africa; this is a community-based HIV and AIDS intervention programme developed by a non-governmental organization which targeted youth between 12 and 17 years through television, radio, and print to bring about awareness. It aimed at changing risky sexual practices, by working to change beliefs, attitudes and social norms concerning sexuality and sexual practices. The intervention included programs, like *Love4life, Born free dialogue, Gogethers, Love Life Games, Community Dialogue, Groundbreaker* and *Mpitshi's* (Love life South Africa, 2015). There are numerous HIV and AIDS programs in place in South Africa, although, much still needs to be done as the youth still engage in risky sexual behaviour that exposes them to HIV infections (Nyembezi, 2015)

HIV and AIDS epidemic remains a major health concern among the young population despite interventions to mitigate it (Uugwangwa, 2017). In 2017 about 1.8 million adolescents between the ages of 10 and 19 years old were living with HIV/AIDS worldwide (UNICEF, 2018). Clayton and Demissie (2018) concur that globally, one of the highest risk group to new HIV infections is females aged 15-24 years who accounted for 20% of the new HIV infections while only being 11% of the population. In 2017, in the United States the majority of HIV/AIDS cases were among young blacks/Africans.

World Health Organisation (2017) reported that adolescents are faced with high levels of unintended teenage pregnancy and a high HIV burden. It is estimated that about 16 million girls aged 15 to 19 and some 1 million girls under 15 give birth every year- most in low- and middle-income countries. The overall number of HIV-related deaths is down by 30% since its peak in 2006, however, estimates suggest that HIV deaths among adolescents are rising. An estimated 40 000 13–24-year-old children and youth in the United States were infected with human immunodeficiency virus (HIV) by the end of 2012 (Mirani, William and Chernoff, 2015).

The regions with the highest number of HIV-positive adolescents are sub-Saharan Africa and South Asia; of the 1.8 million adolescents living with HIV about 1.5 million live in sub-Saharan Africa (UNICEF, 2018). Ganesan and Chandrasekhar (2017) stipulate that India has the third highest number of people living with HIV in the world. According to the HIV report of 2012, the

estimated number of adult people (15-49 age group) living with HIV/AIDS in India, has a prevalence rate of 0.27%. In 2014, 220,000 adolescents aged 10-19 were estimated to be living with HIV in Asia and the Pacific. India is among the 10 countries in the region accounting for 98% of those aged 10 to 19 and living with HIV.

The other countries are Cambodia, China, Indonesia, Myanmar, Pakistan, Papua New Guinea, the Philippines, Thailand and Vietnam. The regions with the highest number of HIV-positive adolescents are sub-Saharan Africa and south Asia. Of the 1.8 million adolescents living with HIV about 1.5 million live in sub-Saharan Africa (UNICEF, 2018). In Uganda, prevalence of HIV in the general population has stabilized around 7.4%, with the highest rates in the Central Region (10.6%) and the lowest in Mid-Eastern Region (4.1%). Prevalence is higher among women (8.3%) than in men (6.1%); 3.7% of young women and men between 15 and 24 years of age are HIV-positive (Mpango, Kinyanda, Rukundo, Levin, Gadow and Patel, 2017)

The spread of HIV/AIDS has enormously affected South Africa. United Nations Programme on HIV/AIDS (UNAIDS) recorded that South Africa has the largest HIV population in the world, 15% of global new infections and 11% of AIDS-related death. It is estimated that 7.9 million South Africans are living with HIV/AIDS (Massyn, Pillay and Padarath, 2019). Young women between the ages of 15-24 years old make up 37% of new infections in South Africa (Avert, 2019).

In Limpopo Province, there was an increase in the number of people living with HIV/AIDS from 445 097 in 2016 to 453 531 in 2017 (that is an increase of about 8 434). Limpopo province has become the fifth contributor to HIV/AIDS incidence of the nine Provinces. The Province has contributed significantly to South Africa's HIV/AIDS burden; accounting for 11.6% in 2017-2018.The Province has five municipal districts, namely, Capricorn, Sekhukhune, Mopani, Vhembe and Waterberg. Among the five provincial districts, Vhembe District has contributed more than 6.9 % of the provincial HIV/AIDS burden and is the highest burdened district, followed by Sekhukhune at 5.7% and Mopani District at 3.3% in 2016-2017 (Massyn *et al.,* 2019).

In response to the HIV/AIDS epidemic in South Africa, the HIV/AIDS Life Skills Education Program was initiated in 2000 and implemented in all public schools, in all provinces including Vhembe District for learners in Grades 1-12. The main objectives of the Life Skills program are to integrate HIV and AIDS into the school curriculum to prevent the spread of HIV infection (DBE, 2019). A non-school-based sexuality program, known as *Love Life* was also introduced

in 1999 as one of the strategies to address HIV/AIDS among the youth in all provinces. It aimed at changing risky sexual practices, by working to change beliefs, attitudes and social norms concerning sexuality and sexual practices (Love Life South Africa, 2015). The media is renowned for its power to facilitate behavioral change among the youth; it also has the power to influence risky sexual behavior through people watching pornographic films, viewing images on cell phones, and internet and TV soap operas (Maliavusa, 2015). In a study conducted by Nyembezi (2015) the study findings revealed that learners are exposed to HIV/AIDS risks due to some beliefs and practices held by communities, such as initiation rites, beliefs like having sex with a virgin cures HIV, and practices such as wife inheritance and use of surrogate husbands.

1.3 Conceptual framework of the study

This research study is based on Knowledge, Attitudes, and Practices (KAP) model of HIV and AIDS prevention. “K” stands for knowledge of the problem, “A” for attitude towards the problem, and “P” for practice or preventive behavior to protect against the problem (Rav-Marathe, Wan and Marathe, 2016). Knowledge is a process of understanding information acquired from both educational experience and personal experience. Attitude indicates the result of reactions, via some ways, in some situations. Practice is demonstrated by the acquisition of an increased knowledge about disease that translates to preventative behaviors (Nor Faiza, Rampal, Lye and Suhainizam, 2018). The theory was chosen because of its assumptions about human nature, which is in line with preventing HIV and AIDS, through education. For behavior change, KAP model advocates the instilling of knowledge in individuals so that they have the ability to change their minds and handle situations effectively (Maliavusa, 2015). The KAP model was developed in the 1950s and has emerged from the 1960s as a guide to understanding the mechanisms of health education for learners. The knowledge, attitudes towards preventative practices of HIV/AIDS will be analyzed in this study.

Sharma (2017) states that the knowledge, attitude and practices (KAP) approach explore what people already know and what they need to know about certain issues; it also examines awareness and how this relates to attitudes and behavior. Additionally, the concept also compares actual behavior with ideal behavior and ideally, the approach will identify the ‘KAP gap’, as well as help with the formulation of strategies to achieve desired behaviors.

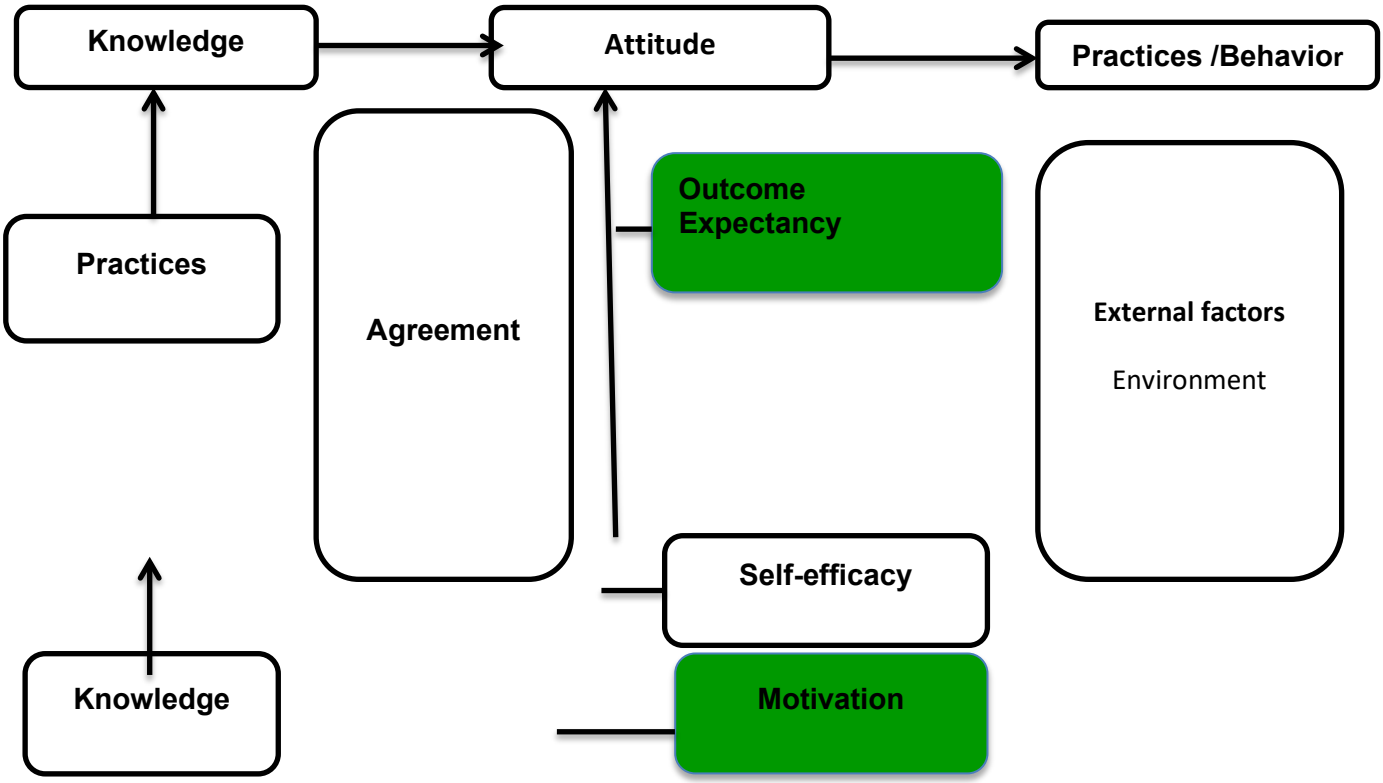

Figure 1.1 KAP as a model of behavior change

Figure 1.1 demonstrates that knowledge will directly affect the attitude and practices, and that attitude will directly affect practices or behavior. The knowledge, attitudes and practices model stipulate that behavioral change is determined by different elements of which, knowledge, skills, self-efficacy, motivation, and attitudes are essential. The KAP model in this study guided the study objectives, literature review and the development of a data gathering tool (Sharma, 2017).

1.4 Statement of the Research Problem

It has been found that teaching about HIV and AIDS and life skills is not adequate in reducing risky sexual behavior, hence, there is a recommended that there be more involvement in extra-curricular activities to help learners to develop the ability to resist risky sexual behaviors (Nyembezi, 2015). Maliavusa (2015) supports this by arguing that, to empower learners to reduce their risky behaviors, they should acquire necessary knowledge, attitudes and skills that will protect them from HIV and AIDS infection. It has been observed that despite the availability of sexuality programs, secondary school learners in Vhembe District are still victims of unwanted pregnancies and HIV/AIDS burden. DHIS statistics (2018) indicate that from April 2017 to March 2018, about 18% teenage pregnancies were recorded amongst adolescents; HIV/AIDS statistics in Vhembe District is very high with an estimated number of 79 892 cases

recorded in 2017 (DHB, 2017/2018). The spread of HIV/AIDS has also affected Collins Chabane Local Municipality with an estimated number of about 11.7% HIV/AIDS-infected adolescents from 15 years and older recorded, from 2016-2018, in Collins Chabane Local Municipality (DHIS, 2019). The concern is that if the Collins Chabane Local Municipality persists in having new HIV infections among adolescents, it would not attain Sustainable Development Goal Number 6, which aimed at combating HIV/AIDS by 2030. Knowledge, attitudes and practices' model stipulates that lack of knowledge and negative attitudes towards preventative measures promote risky sexual behaviour which exposes people to HIV/AIDS (Sharma, 2017). A study conducted by Murudi (2016) in Vhembe District, revealed that lack of sexual orientation contributed to students engaging in risky sexual behavior. The problem is that the underlying factors which influence Grade 12 learners' choice to indulge in risky behaviours that expose them to HIV infections are not known, hence, the motivation for this study. Akinsola (2009) emphasize that knowledge level, attitudes and practices are some of the critical factors influencing risky sexual behaviours among youth. This study aims to investigate media-acquired HIV/AIDS knowledge, attitudes and practices among secondary school learners.

1.5 Rationale of the study

Several studies have been conducted in South Africa regarding HIV/AIDS and learners, with lot of studies done on Knowledge, Attitudes and Practices. For instance, Maliavusa (2015) focused on the HIV and AIDS intervention programme that may change the knowledge, attitudes and behavior of adolescents in Mpumalanga high schools. Nyembezi (2015) focused on the Grade 12 learners' perceptions of their vulnerability to HIV infections at schools in the Eastern Cape. Their study findings revealed that despite high levels of awareness in the modes of HIV transmission and prevention among learners, the majority of learners do not think that they are personally at risk. The researcher, therefore, saw the need to study sexuality programs exposure and HIV/AIDS knowledge, attitudes and practices among learners, at Malamulele central circuit, in Vhembe district

1.6 Significance of the study

The study findings may be used as a tool to assist the Department of Education to make recommendations about HIV/AIDS education in schools among Grade 12 learners. The study findings might also influence behavior changes among learners by prioritizing HIV/AIDS lessons to promote responsible sexual behavior among Grade 12 learners. The findings of this study will be made available to the Vhembe Department of Education. Policymakers may

use the information gained from the study to come up with policies that will encourage young people to practice safe sex. Training sections within the Department of Health could incorporate the findings in their training curriculum so as to develop guidelines and strengthen school health programmes, targeting Grade 12 learners.

1.7. Study purpose and objectives of the study

1.7.1 Purpose of the study

This study aims to investigate media-acquired HIV/AIDS knowledge, attitudes and practices among secondary school learners at Collins Chabane Local Municipality in Vhembe District.

1.7.2 Objectives of the study

Specifically, the study will seek:

- To describe learner's sources of HIV/AIDS knowledge.
- To assess the level of media-acquired HIV/AIDS knowledge amongst learners.
- To determine the learners' attitude towards HIV/AIDS preventative measures.
- To describe HIV/AIDS preventative practices amongst learners.

1.8 Definition of important concepts

Sexuality programs

❖ Refers to programs that teach about human sexuality, including intimate relationships, sexual reproduction health, sexual-transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception and reproductive rights and responsibilities (Bruener and Mattson, 2016). In this study sexuality programs refers to Life Orientation programs and Love Life programs that aim at promoting abstinence or avoidance of risky sexual behaviour.

Knowledge

❖ It is defined as a highly valued state in which a person is in cognitive contact with reality (Zagzebski, 2017). In this study, knowledge, refers to secondary school learners' level of awareness gained from sexuality programs, which includes understanding about the modes of HIV/AIDS transmission, abstaining from sex, being faithful and condom use.

Attitudes

❖ Refer to a general and enduring positive or negative feeling about some person, object, or issue (Petty, 2018). In this study, attitude, implies perceptions of learners towards abstaining from sex, being faithful and condom use.

Practices

❖ The actual application or use of an idea, belief, or method, as opposed to theories relating to them (Oxford dictionary, 2019). In this study, practices, refers to learners' sexual behavior with regard to abstaining from sex, being faithful and condom use.

1.9 Conclusion

This chapter provided background information on the study. Conceptual framework of the study, KAP as a model of behavior change, statement of the research problem, rationale of the study, significance of the study, study purpose and objectives of the study were also explained. The next chapter will be the review of relevant literature of the study.

CHAPTER TWO

LITERATURE INTERVIEW

2. 1. Introduction

A review of literature is necessary, because one will enquire an understanding about a topic; know what has already been done on it and understand how it has been researched or grasp the key issues that need to be addressed (Hart, 2018).The literature review below provides evidence on the intervention strategies utilized in addressing HIV/AIDS epidemic in relation to exposure to sexuality programs and learners' knowledge, attitudes and practices. This section, therefore, will focus on the five specific objectives, which aims to assess media exposure on HIV/AIDS knowledge, attitudes and practices amongst learners at Collins Chabane Local Municipality in Vhembe District.

2.2. HIV/AIDS knowledge amongst learners

In a study conducted in Cameroon, the majority of the study participants indicated that they have HIV/AIDS knowledge and they have heard about HIV/AIDS transmission and prevention, few participants indicated risky behaviors as nullifying their preventative practices against HIV/AIDS; about 40% do not practise safe sex while 60 % are practising safe sex (Nubed and Akoachere, 2016).

In India, Chaudhary *et al.,* (2016) revealed that all their participants (100%) indicated that they have learned about HIV/AIDS from school. The majority of the participants (85.6%) had the correct knowledge about the modes of transmission of HIV/AIDS and 94% of participants indicated a positive attitude towards HIV/AIDS. Chatterjee, Gupta, and Chatterjee (2017) revealed that in Kolkata, few participants (36.5%) had full information on HIV/ AIDS. Most participants indicated that they have received HIV/AIDS information from Television; about (67%) had wrong information believing that AIDS is curable. Very few (2.6%) were able to identify the major modes of transmission of HIV/AIDS and preventative practices.

In South-Eastern Nigeria, the majority of the participants (98.3%) indicated that they have heard about HIV. A few participants (18.9%) had already had unsafe sexual intercourse while the majority of the participants practice sexual abstinence. A few participants indicated negative attitude towards people living with HIV/AIDS. The conclusion is that, most participants are engaged in risky sexual practices (Nwabueze, Azuike, Ikeako, Ezeobi, Nwachukwu, Aniagboso, Ezenyeaku, and Ayoka, 2017).

A study conducted by Madiba and Mokgatle (2015) indicates that in South Africa, Gauteng and North-West Provinces, the majority of participants had high levels of HIV/AIDS knowledge - 87% on HIV-related knowledge, 98.6% on the modes of transmission, and 73% on prevention. The results also showed that, despite this substantial HIV knowledge, there were knowledge gaps and misconceptions which resulted in negative attitudes towards HIV/AIDS in these provinces.

2.3. Exposure to Sexuality programs among learners

Nyembezi (2015) conducted a study about Grade 12 learners' perceptions of their vulnerability to HIV-infections. The study findings revealed that in South Africa's Eastern Cape Province, there were high levels of exposure to AIDS communication programs, on television: Soul City television series (65%), Tsha Tsha (46%), and Love Life adverts (67%). A few participants reported that they are exposed to radio programs, especially, for Soul City radio and many participants were familiar with Love Life radio adverts. A few participants were exposed to Khomanani radio adverts but had no access to Khomanani pamphlets on the subject.

In a study conducted by Chaudhary *et al.,* (2016) in India, the study revealed that the majority of participants had heard about HIV/AIDS, although, only a few knew about the mode of transmission. In a study conducted by Uugwanga (2017) in Oshikoto region, Namibia, it was revealed that the majority of the participants have excellent knowledge about sexuality, HIV and AIDS matters through exposure to the school curriculum.

According to Nyasulu, Fredericks, Basera, and Broomhead (2018), in South Africa's Northern Cape Province, a few participants have received information about sexual and reproductive health (HIV/AIDS) information through the Life Skills curriculum at school. Netshivhuyu (2017) revealed that the main source of HIV information was television as reported by participants (89%). The majority of the participants were able to demonstrate understanding about the modes of transmission and prevention practices.

In a study conducted in South Africa's Limpopo Province by Dilebo (2018), the findings revealed that the majority of the participants indicated that it is challenging to receive sexuality messages due to inaccessibility of sexual and reproductive health services even though (63%) of participants reported being sexually active, while about (80%) lacked knowledge about prevention of HIV/AIDS. Most participants, however, reflected the ineffectiveness of the existing programs as evidenced by the high pregnancy rates.

Tosin and Tshitangano (2016) conducted a study in Vhembe District, and the findings revealed that about (66.07%) male and (67.60%) female learners reported that they were taught about

physical changes that occur during adolescence. In the same vein, most of the participants, (84.39%) and (85.39%) males and females, respectively, claimed to have been taught about sexually transmitted diseases at schools. Maliavusa (2015) argues that the adopted HIV and AIDS intervention programs, among learners seem to increase the knowledge and subsequently, influence the behavior of participants. The study findings concluded that the adopted HIV and AIDS intervention programs managed to increase, slightly, the acquisition of the knowledge and affect the behaviour of participants, although, no impact of the intervention programs was found on participants' attitudes scales

2.4. Learners attitudes towards HIV/AIDS preventative practices

Nyembezi (2015) conducted a study in South Africa's Eastern Cape Province; the study revealed that the majority of participants have been exposed to sexuality programs that are non-school based. They mentioned one such program as "Love Life" - an organization that comes to conduct HIV and AIDS activities in schools. Nurses from the local clinics were also been mentioned as providing information and they also do voluntary HIV testing. The majority of participants reported positive experiences from these programs. Sexuality education has been shown to help to prevent and reduce the risks of adolescent pregnancy, HIV, and sexually transmitted infections, in children and adolescents in the United States (Breuner and Mattson, 2016). According to Thuo and Nyaga (2018), in the coast regions of Kenya there was a positive relationship between students with high knowledge of HIV/AIDS and their attitude towards sexual behaviour.

Makhitha and Botha (2017) reported that most participants had engaged in high-risk sexual behaviors, including sex with penetration without condoms. The participants indicated that they had been informed of the consequences of sexual behavior (through sex education at school, Love Life campaigns and the media), however this did not stop them from engaging in high-risk sexual acts

2.5. Learner's sexual practices

A study conducted between 2001 and 2009 in Estonia after the introduction of sexuality education program, showed that there were significant improvements in adolescent sexual and reproductive health; nearly 4300 unintended teenage pregnancies,7200 STI's and 2000 teenage pregnancies were averted (Ponzetti, 2015). In a study conducted by Girma, Assefa, and Tushunie (2014) in the United States demonstrated that sexuality education programs help prevent and reduce the risks of adolescent pregnancy, HIV, and sexually transmitted

infections for children and adolescents. Pound *et al.,* (2015) argue that adolescents in nearly a dozen countries around the world, view their school-based sex and relationship education as negative, they believe it is taught by poorly-trained and often, embarrassed teachers.

In the Limpopo Province, according to Chavalala (2018), the majority of participants (88.7%) knew that condoms offer protection against HIV/AIDS, STIs and pregnancy, however, many held negative attitudes towards condoms (56.5%) because they thought that condoms reduced pleasure during sexual intercourse. The majority (77.3%) of the respondents had engaged in sex, and half of these (50%) sometimes used condoms when they engaged in sexual intercourse. Ponzetti (2015) contends that sexuality education programs can help young people to delay sexual activities and improve their contraceptive use when they begin to have sex.

Tarkang (2015) state that the majority of the respondents, 54.0%, reported being sexually active, of whom only 39.8% used condoms during first sex; 49.5% used condoms during their latest sexual activity and 29.6% used condoms consistently. Up to 32% of the sexually- active respondents had had multiple sexual partners in the past one year before the study, while 9.3% had multiple sexual partners during the study period.

2.6 Conclusion

The chapter has reviewed the findings of previous relevant studies on the media exposure of HIV/AIDS knowledge, attitudes and practices among grade 12 learners. Research methodology will be discussed in the next chapter as to how the study was conducted.

CHAPTER THREE

RESEARCH METHODOLOGY

3. Introduction

This chapter summarizes the methodology used in the study. It describes how data was collected in the study (including pilot study conducted), the study setting, the approach and design, the target population, and the selection process. It also focuses on the questionnaire as an instrument for data collection. It focuses on how data was analyzed as well as the reliability and validity of the research instrument ensured to minimize bias. Ethical principles and limitations of the study were addressed and plan for dissemination of the study results.

3.1 Study design

The study used quantitative descriptive cross-sectional survey to assess the media exposure on HIV/AIDS knowledge, attitudes and practices among learners. The researcher adopted quantitative research approach as it is based on observable facts, which can be drawn from documents and statistics (Mkansi, 2018). A quantitative approach was deemed appropriate in this study to measure the relationship between two variables, therefore, in this study this approach is more reliable and objective to measure the knowledge of learners; with analyzed data presented in the form of numbers.

Cross-sectional study design refers to a survey research where data were collected at only one point in time (Bless, Smith and Sithole, 2015). This design ensured that data were collected at secondary school halls by taking a snapshot of grade 12 learners.

3.2 Study setting

The researcher conducted the study at Malamulele secondary schools. Malamulele Central Circuit is located at Collins Chabane local municipality within the Vhembe District of Limpopo Province in South Africa. The schools targeted were three secondary schools in Malamulele township and six secondary schools from surrounding villages in the area. Malamulele is a diverse town with diverse cultures. The schools offer Xitsonga as a first language and English as a second language. The local economy suffers from high unemployment and the principal employer in the area is the Government sector with few employees, while the majority of the adult populations rely on social grants, working in Indian shops, being domestic workers and doing odd jobs. In Collins Chabane there are about 328 636 people and they differ in their socio-economic status. On quality of life, the Municipality scores below the Provincial average in terms of access to water, electricity, sanitation, roads and refuse services, as well as to

health services. In Malamulele Township and the villages, in particular, there are many taverns located within a 4 kilometres radius away from schools, rather than than youth centres or child-friendly recreational facilities. This drives learners to start tasting alcohol from as early as 13 years, because of alcohol's accessibility. Through the researcher's observation, Grade 12 pupils go to matric dances as an adopted culture of every school, to say 'goodbye' to the other learners; there are also so called after-parties which are well-organized with drinking sprees. There, most young learners experiment with alcohol for the first time and it seems they cannot stop themselves once they start. Most learners, unfortunately during such occasions also experiment with sexual intercourse, under the influence of alcohol, without any protection which exposes them to HIV/AIDS.

3.3 Study population and sampling

The target population consisted of secondary school learners enrolled grade 12 learners in 2021.Table 3.1 reflects five Department of Education circuits in Collins Chabane Local Municipality; Malamulele Central Circuit is the leading circuit which has enrolled 1276 Grade 12 learners in the year 2021; followed by Malamulele West Circuit with a total number of 1013 Grade 12 learners; North East Circuit with 112 Grade 12 learners, Malamulele East Circuit with a total number of 735 Grade 12 learners and Malamulele South with a total number of 833 Grade 12 learners.

Table 3.1: Collins Chabane Department of Education Circuits

Name of circuit	Number of grade 12 learners enrolled for 2021
1. Malamulele Central Circuit	1276
2. Malamulele West Circuit	1013
3. North East Circuit	112
4. Malamulele East Circuit	735
5. Malamulele South Circuit	833
Total	3969

3.3.1 The target population

Table 3.1 below indicates the total number of Grade 12 learners per school from Malamulele Central Circuit categorized by gender; the schools are - EPP Mhinga High, George-Sonto High, Hlaluko High, Mahuntsi High, Malamulele High, Mphambo High, New Era College, Shingwedzi High and Shirilele High.

Table 3.2: Population Frame

Name of school	Males	Females	Total (%)
6. EPP Mhinga High	123	130	253 (20%)
7. George Sonto High	53	61	114(9%)
8. Hlaluko High school	46	60	106 (8%)
9. Mahuntsi High School	50	61	111 (9%)
10. Malamulele High School	59	65	124 (10 %)
11. Mphambo High School	99	107	206 (16%)
12. New Era Private school	43	72	115 (9%)
13. Shingwedzi High school	59	64	123 (10%)
14. Shirilele High School	51	73	124 (10%)
15. TOTAL	583	693	1276 (100%)

The total population for this study, therefore, was 1276 learners

3.3.2 Recruitment of participants

Appropriate arrangements were made with the circuit manager and school principals before data collection process commenced. All the selected learners were grouped in a school hall. The researcher introduced herself and handout information sheet to give clarity about the purpose of the study. The researcher issued consent forms to the learners to sign to those who were willing to participate in the study. Participants below the age of 16 years were given consent forms and assent forms asking for permission to participate from parents with information letter about the study, and then a date arranged with them for completion of the questionnaire.

3.3.3 Sample size

From the total population of 1276 a sample size of n=400 was calculated using slovin's formula

,e=0, 05

n = sample size of the adjusted population.

N= total population size

e = accepted level of error set at 0.05.

$$n = \frac{N}{1 + N \times e^2}$$

$$n = \frac{1276}{1 + 1276 \times (0.05)^2}$$

$$n = \frac{1276}{1 + 1276 \times 0.0025}$$

$$n = \frac{1276}{1277 \times 0.0025}$$

$$n = \frac{1276}{3.1925}$$

$$= 400$$

Sample size were =400

The sample size was increased by 10% to give room for non-response, and then 40 will be added making a total number of 440 respondents.

Table 3.2 Proportional sample size per each gender per school

To get the proportional sampling size each gender of Grade 12 learner was divided by the total population and then multiplied by total number of sample size; for example, 123/1276*400 = 39. Then the percentage of the total sampling was calculated by the sum of both genders which is divided by the total number of sample size, multiplied by hundred, for example, 80/400*100 =20%. This process was done until a total number of 400 participants were achieved.

Name of school	Male	Female	Percentage (%)
1.EPP Mhinga High	39	41	(80) 20%
2.George Sonto High	17	19	(36) 9%
3.Hlaluko High school	14	19	(33) 5%
4.Mahuntsi High School	16	19	(35) 6%
5.Malamulele High School	18	20	(38) 10%
6.Mphambo High School	31	34	(65) 16%
7.New Era College	13	23	(36) 9%
8.Shingwedzi High School	18	20	(38) 10%
9.Shirilele High school	16	23	(39) 10%
10.TOTAL	182	218	100 %

3.3.4. Sample and Sampling techniques

Etikan, Musa, and Alkassim (2016) stipulate that a sample is a portion of a population or universe, therefore, sampling is a process of selecting participants (Mouton: 2015). The participants of the study were sampled through probability sampling; this refers to when the probability of including each element of the population can be determined (Bless, Smith and Sithole, 2015).

Convenience sampling method was used to select Malamulele Central Circuit. Convenient sampling is a technique used by researchers to select participants with clearly identified characteristics that, according to the researcher's judgment, are possessed by the population (Magadze, 2016). In this study a selected circuit refers to Malamulele Central Circuit, which

had been conveniently selected among 5 circuits, from Collins Chabane Local Municipality, within the Vhembe District, the selection was based on the occurring cases of HIV/AIDS in Collins Chabane Local Municipality. All the schools (09) falling under Malamulele Central Circuit were conveniently selected to be part of the study. The sample size was calculated to be 400 of the total population of 1276.The sample size was increased by 10% (40) to allow non-response or refusal to participate in the study

Stratified sampling method under probability sampling was used to group learners per gender. The principle of stratified random sampling is to divide a population into smaller groups, called 'strata', so that each element of the population belongs to one and only one stratum (Bless, Smith and Sithole, 2015). The population was divided into strata according to gender, before the sample drawn to ensure sufficient and fair representation of Grade 12 learners within the 09 selected schools to participate in the research study.

In this study, simple random sampling was used to select participants of the research study. A random sample was done by putting numbers of learners on slips of paper, and drawing them from a hat. The researcher used random numbers generated to make a selection of the study participants (Charlambos *et al.,* 2018).

3.3.5 Inclusion criteria

Grade 12 learners enrolled at Malamulele Central Circuit, from 16 years and above who consented to be part of the study were included in the study; only 09 schools from Malamulele Central Circuit were part of the study. Both male and female learners from the selected schools were part of the study. In addition, only grade 12 learners who have signed consent forms or those who obtained signed consent forms from their parents were enrolled in the study.

3.4. Measurement instrument

The researcher administered a questionnaire as an instrument to collect data from the participants. The questionnaire was formulated using the KAP model guidelines as stated in the conceptual framework of the study. It was comprised of the demographic details, knowledge of HIV/AIDS, attitudes towards HV/AIDS and sexual practices of learners. The attitudes section will be formulated on a Likert scale (*agree, strongly disagree, neutral, disagree,* and *strongly agree*).

The researcher constructed the questionnaire based on the objectives of the study in English and language practitioner was requested to translate it to Xitsonga to ensure accuracy. The questionnaire was in the form of multiple choice, based on close-ended questions.

3.5 Validity and reliability

Heale and Twycross (2015) define *Validity* as the extent to which a concept is accurately measured in a quantitative study, so, for example, a survey designed to explore depression, but which actually measures anxiety would not be considered valid.

3.5.1. Face validity

'Face validity' refers to how well a scale appears to measure what it is intended to measure (Charalambos *et al.,* 2018). Since this method of data collection (questionnaire) cannot be tested, after constructing the questionnaire, it was given to an expert from the School of Health Sciences to ensure that it has a high degree of validity. In case the questions are not aligned with the objectives, the researcher used comments from the expert to modify the questions to ensure that the instrument is valid.

3.5.2 Content validity

Content Validity is related to the degree that the items included in a scale are suitable to measure the outcome under investigation, on the target population, without sacrificing the ease of use (Charlambos *et al.,* 2018). To ensure this, the researcher presented the proposal to the School of Health Sciences and the experts in the field provided the researcher with comments before the finalization of the instrument.

3.5.3 Reliability

The second measure of quality in a quantitative study is reliability, or the accuracy of an instrument. In other words, the extent to which a research instrument consistently has the same results if it is used in the same situation, on repeated occasions (Heale and Twycross, 2015). The data collection tools were piloted using 10% (40) from PP Hlungwani High School to ensure the validity and reliability. Results from pilot study were not included in the final study but only for the purpose of identifying problems when answering questions and to check whether the tool will provide accurate information. Cronbach's alpha which measures the degree of internal consistency ($0 \leq \alpha \leq 1.0$) of an instrument was used to ascertain the reliability of the instrument by comparing the two responses.

3.5.4 Pre-testing.

Pre testing was conducted by sampling and administering a questionnaire to a group of 10% (40) Grade 12 learners from PP Hlungwani High School at Malamulele West Circuit in Collins Chabane local Municipality. The researcher conducted a pre-test to establish how long it would take to conduct the actual survey and whether there are any offensive, ambiguous, or inadequately worded questions so that adjustments can be made, where necessary (Nyembedzi, 2015). Participants from the pre-test were excluded from the actual sample for the research study. The pre-testing results were used to modify the questionnaire to make it suitable for the research participants and to ensure the questions are in line with the study objectives. Findings of the pre-test were not included in the study.

3.6 Plan for data collection

3.6.1 Data collection process

Data collection is a process of gathering information on variables of interest in an established and systematic manner to answer the research question (Mkansi, 2018). The researcher administered questionnaires to the participants in their selected schools at an agreed upon convenient time. the researcher distributed a standardized questionnaire (Appendix E1 (English) or Appendix E2 (Xitsonga) with set of questions researcher read out questionnaire to assist the 400 selected learner/respondents to complete them; this was done per schools under Malamulele Central Circuit as indicated in the sampling frame. To give room for non-response and spoiled questionnaires the researcher added 10% (40) extra respondents. Completion of questionnaire was approximately 20-30 minutes and the researcher collected them back after completion. Completed consent forms were placed in a sealed envelope and locked in a lockable cabinet. Any questionnaire with the missing data of more than 10% was omitted from the study.

3.7 Data analysis

In this study, the raw data was captured in Microsoft office excels and coded. The captured data was cleaned and exported for analysis using the Statistical Package for Social Sciences (SPSS) version 26.0. Data analysis according to Miles, Huberman and Saldaña (2014) is an organized, compressed assembly of information that allows conclusions to be drawing and action to be taken. The descriptive statistics and frequency distribution was used to analyze data. Tables and charts as well as percentages were used to present the study findings. Descriptive statistics was used to summarize data.

3.8 Ethical considerations

The study commenced after approval was granted by Limpopo Department of Education to gain entrance to conduct the study in Malamulele Central circuit schools. Ethics is defined as a set of moral principles or rules by which people and societies maintain moral standards. Implementing ethics principle is to prevent participants in a research from being harmed by both the researcher and the research process (Magadze, 2016). In this study ethical considerations gave the researcher guidelines on interacting with the participants, in acknowledgement that seeking personal research data is entering participants' personal space. The codes of ethics considered were: obtaining permission, consent of subjects, avoidance of harm, ensuring privacy, anonymity and confidentiality.

3.8.1 Permission to conduct the study

The study commenced after the study research proposal was approved by the Limpopo Department of Education (Appendix F). The proposal was presented to the Higher Degrees Committee (SHDC) of the School of Health Sciences for quality assurance, after that an approval of the proposal was obtained from the University Higher Degrees Committee (UHDC) at the University of Venda (Appendix E). Ethical clearance is required as a legal authorization to conduct the study and was obtained from the University Research Ethics Committee. In case participants want to enquire about the study, they were referred to the University's ethics office for more clarity.

3.8.2 Informed consent

An information sheet was provided to the participants, and it included the objectives of the study. All interested respondents were requested to sign the consent form before participating in the study. Respondents below the age of 18 years were given consent forms to be signed by their parents and they should also complete assent forms to participate in the study. Voluntary participation and the rights to withdraw any time was emphasized.

3.8.2.1 Avoidance of Harm.

There were no foreseeable risks in the study. Data was collected in a safe place (schools) wherein participants and the researcher are not likely to be subjected to any harm. The

questionnaire was written in such a way that it does not inflict any emotional or psychological harm on the respondents.

3.8.2.2. Voluntary participation

The participants were informed before data is collected about their rights when it comes to participation so that they can make a choice whether to participate in the study or not. They were informed that there are no incentives for participating in the study.

3.8.2.3 Confidentiality, privacy and anonymity

The data collected was kept in a secure place with limited access by the principal researcher and electronic data was stored in password secure computer and external drive for back up purposes. In view of this principle, the participants have the right to decide who should know about their private lives, including the revelation of their names or any other form of identification in the research (Magadze, 2016). Protection of personal data was coded in data collection tool to ensure confidentiality and to protect the identity of participants. After the study has been finalized, the researcher kept the collected data in a lockable cabinet for future reference.

Nyembezi (2015) cite Leedy and Ormrod (2005) who stipulated that participants can respond to questions with certain amount of truthfulness if they have the assurance that their responses will be anonymous; also they may be more truthful than they would be in a personal interview, particularly, when they are talking about sensitive or controversial issues. In this study, participants were identified by numbers, not names. Participants' identities were not written anywhere in the questionnaires.

3.9 Delimitation of the study

The study was not be able to cover knowledge and prevention practices of learners under the age of 16 years. The study focused on other circuits at Collins Chabane Local Municipality in Vhembe District.

3.10 Plan for dissemination and implementation of results

The copy of this research study will be made available to the Department of Public Health at the University of Venda. A soft copy of the dissertation will be submitted to the University of Venda's library so that interested stakeholders and future researchers should gain access to

it. The study findings, drawn conclusion and recommendations will be presented to the Department of Education and Department of Health. Findings will also be published in peer-reviewed journals and presented in conferences and seminars.

3.11 Conclusions.

This chapter has described the research design used in this study. The study setting, study population and sampling, sample and sampling techniques, validity and reliability, pre testing, data collection process, data analysis, ethical considerations, and delimitation of the study, plan for dissemination and implementation of results. The main aim for research methodology section is to give the reader a clear picture of everything that was done during research study, more especially how data was collected. Data obtained during data collection will be presented in the next chapter.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the results of the study. The study was done among 400 grade 12 learners from Malamulele Central Circuit schools who were the total population involved in the study. A self-administered questionnaire was used as a data collection tool. The the results of the study were summarised by describing demographic characteristics, sources of HIV/AIDS information, learners' HIV/AIDS level of knowledge, learner's attitudes, learner's sexual practices and impact of HIV/AIDS programs towards learners. Understanding of the results was enhanced by tables and graphs.

4.2 Presentation of the results

4.2.1 Demographic data.

Age

Figure 4.1 shows that there were high (35.25%, n = 141) of learners aged 19 years old, with very low (0.5 %, n = 2) of leaners aged 23 years. Only (4.75%, n=19) of learners did not complete their age on the questionnaire.

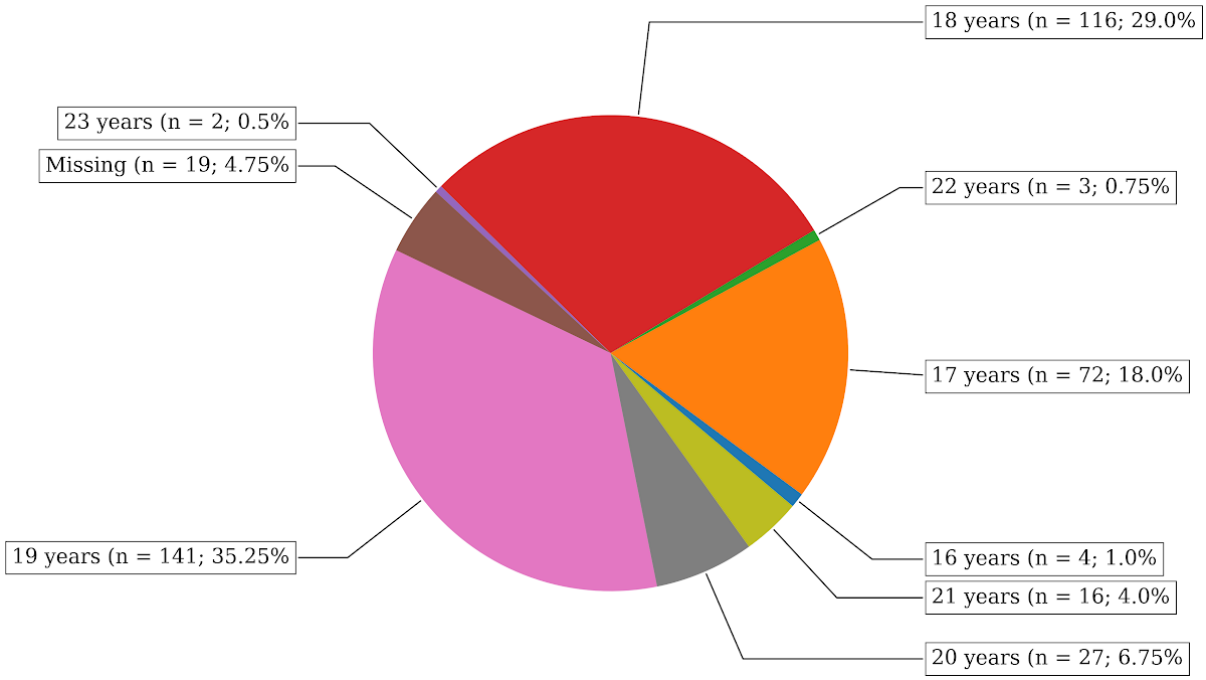

Figure 4.1: Age

Gender

Table 4.1 shows that majority of learners (57%, n = 228) of learners in the study were females. Few (37.75%, n = 172) of learners were males. About (5.25%, n=21) of learners did not complete their gender identity in the questionnaire.

Table 4.1: Gender

Variable	Category	Frequency	Percentage
Gender	Male	151	37.75%
	Female	228	57 %
Incomplete		21	5.25%
	Total	400	100%

Home Language

Table 4.2 shows that majority (95%, n =380) of learners were Xitsonga speakers. Few (0.25%, n =4) of learners were speaking Tshivenda. Only (0.25%, n =1) of learners were speaking Shona and (0.25%, n=1) of learner who spoke both Xitsonga and Tshivenda. About (3.5 %, n=14) of learners did not indicate their home language in the questionnaire.

Table 4.2: Home Language

Home Language	Frequency	Percent
Tshivenda	4	1%
Xitsonga	380	95%
Shona	1	0.25%
Tshivenda & Xitsonga	1	0.25%
Incomplete	14	3.5%
Total	400	100 %

4.3 Sources of HIV/AIDS information.

Table 4.3 shows that majority (84.5%, n=338) of learners indicated that they knew Life orientation as an HIV/AIDS program, few (15.5%, n=62) of learners did not know Life Orientation as HIV/AIDS program. Majority (59.75 %, n=239) of learners did not report knowing Love Life as an HIV/AIDS program, few (40.25%, n=161) of learners knew Love life as an HIV/AIDS program. Majority (85%, n=340) of learners did not report school health program for HIV/AIDS information, few (15%, n=60) of learners knew school health as an HIV/AIDS program. Majority (89.5%, n=358) of learners did not know Soul City as HIV/AIDS

program, few (10.5 %, n =62) of learners knew Soul City as HIV/AIDS Program. Majority (99.25 %, n =397) of learners didn't know Tsha Tsha as an HIV/AIDS program, few (0.75%, n=3) of learners knew Tsha Tsha as HIV/AIDS program. Majority (99.25 %, n =397) of learners did not know Khomanani as an HIV/AIDS program, few (0.75%, n=3) of learners knew Khomanani as an HIV/AIDS Program.

The majority (65.5%, n =262) of learners revealed teachers as their number one source of HIV/AIDS information, few (34%, n =138) of learners did not report teachers as source of HIV/AIDS information. Majority (75.75%, n =303) of learners did report television as their source of HIV/AIDS information, few (24.25%, n =97) of learners reported television for HIV/AIDS information. Majority (90.25%, n =361) of learners did not report radio for HIV/AIDS information, few (9.75%, n=39) of learners reported radio for HIV/AIDS information. Majority (79%, n =316) of learners did not report nurses as their source of HIV/AIDS information, few (21%, n=84) of learners reported nurses as their source of HIV/AIDS information. Majority (86.75%, n =347) of learners did not report internet for HIV/AIDS information, few (13.25%, n =53) learners reported an internet for HIV/AIDS information. Majority (98 %, n= 392) learners did not report newspaper as their source for HIV/AIDS, few (2%, n =8) of learners reported newspaper as their source of HIV/AIDS information. Majority (98%, n=392) of learners did not report magazine for HIV/AIDS information, few (2%, n=8) of learners reported magazine for HIV/AIDS information. Majority (95.25%, n=381) of learners didn't report pamphlets as their source for HIV/AIDS information, few (4.75 %, n = 19) of learners reported pamphlets as their source of HIV/AIDS information.

Table 4.3: Sources of HIV/AIDS information

Sources of HIV/AIDS information	Frequency	Percent (%)
Life Orientation Program		
Yes	338	84,5%
No	62	15.5%
Total	400	100 %
Love Life Program		
Yes	161	40.25 %
No	239	59.75 %
Total	400	100
School health program		
Yes	60	15 %
No	340	85%
Total	400	100 %

Soul City Program		
Yes	42	10.5%
No	358	89.5%
Total	400	100 %
Tshatsha Program		
Yes	3	0.75 %
No	397	99.25 %
Total	400	100 %
Khomanani Program		
Yes	3	0.75 %
No	397	99.25 %
Total	400	100 %
Teachers		
Yes	262	65.5%
No	138	34.5%
Total	400	100 %
Television		
Yes	97	24.25,%
No	303	75,75%
Total	400	100%
Radio		
Yes	39	9.75%
No	361	90.25%
Total	400	100%
Nurses		
Yes	84	21%
No	316	79%
Total	400	100%
Internet		
Yes	53	13.25%
No	347	86.75%
Total	400	100%
Newspaper		
Yes	8	2%
No	392	98%
Total	400	100%

Magazine		
Yes	8	2%
No	392	98%
Total	400	100%
Pamphlets		
Yes	19	4.75%
No	381	95.25%
Total	400	100%

Breakdown of learners whose source of information is Love life program per school

Table 4.4 shows the breakdown of learners according to their school and whether or not they knew about love life as an HIV/AIDS related program. Love life is a youth focused HIV/AIDS prevention initiative in South Africa. The study result demonstrates the extent to which learners responded to Love life program as influenced by the school where they belonged to.

The majority (26%, n = 42) of learners from New Era College as compared to few (1 %, n= 2) of learners from Hlaluko High School who indicated that they knew Love Life as an HIV/AIDS Program. Therefore, there is difference between learners and school name with respect to knowledge about HIV/ AIDS information from Love Life Program.

Whilst learner's majority (21%, n =49) of learners from New Era College as compared to few (5%, n =11) of learners from Mphambo High School who indicated that they did not know Love Life as an HIV/AIDS Program. The results indicate that majority (60%, n = 239) of learners had lack of knowledge on Love Life HIV/AIDS program, with few (40%, n =161) of learners who are familiar with Love Life as an HIV/AIDS Program.

Table 4.4: Breakdown of learners whose source of information is Love life program per school

School Name	Love Life (LL)	
	Yes	No
EPP Mhinga Secondary	13 (8%)	42 (18 %)
George Sonto High	17(11 %)	18 (8 %)
Hlaluko Secondary	2(1 %)	17(7 %)
Mahuntsi Secondary	19(12 %)	15(6 %)

Malamulele High	9(6 %)	34(14)
Mphambo High School	26(16)	11 (5 %)
New Era College	42(26%)	49 (21%)
Shingwedzi High	18(11 %)	34 (14 %)
Shirilele High	15(9 %)	19 (8 %)
Total	161(100 %)	239 (100%)
Grand total	161 (40 %)	239 (60 %)

Breakdown of learners with their respective home languages and their responses to Tsha Tsha Program

Table 4.5 below shows breakdown of learners with their respective home languages and their responses to Tsha Tsha Program as an HIV/AIDS source of information. Tsha Tsha is a television drama, in Xhosa language with English translation addressing various social issues including HIV/AIDS. The study results indicates that majority (94.5%, n =397) of learners did not know Tsha Tsha as an HIV/AIDS program, few (0.5%, n =2) of learners who spoke Xitsonga reported that they knew Tsha Tsha as an HIV/AIDS program, with (0.25%, n=1) of learners speaking Tshivenda who knew Tsha Tsha as an HIV/AIDS Program. About (3.5 %, n =14) of learners among those who stated that they didn't know Tsha Tsha as an HIV/AIDS program did not complete their home languages.

Table 4.5 Breakdown of learners between home language and Tsha Tsha

Home Language	Do you know an HIV related media program called Tsha Tsha?	
	No	Yes
Shona	1(0.25%)	0(0 %)
Tshivenda	3(0.75%)	1(0.25%)
Tshivenda & Xitsonga	1(0.25%)	0(0%)
Xitsonga	378(94.5%)	2(0.5%)
Incomplete languages	14 (3.5%)	0 (0%)

Total	400(100 %)	3(0.75%)

Breakdown of learners per school and TV as a source of HIV/AIDS information

Table 4.6 below shows the breakdown of learners according to their school and whether or not they knew HIV/AIDS information from TV or not. For many people, TV is one of the media source of information spreading different diseases.TV can also teach learners important life lessons like HIV/AIDS lessons. The study results revealed that (9.75%, n=39) of learners from New Era College use Television as their source of HIV/AIDS information as compared to few (0.5%, n =2) of learners from Malamulele High School.

The study further revealed that majority (13%, n =52) of learners from New Era College reported that they did not use TV as their source of HIV/AIDS information as compared to few (14 %, n =16) of learners from Hlaluko High School

Table 4.6: School name versus learning HIV/AIDS from TV

School Name	Do you learn HIV/AIDS from Television?	
	No	Yes
EPP Mhinga Secondary	40(10%)	15(3.75%)
George Sonto High	27(6.75%)	8(2%)
Hlaluko Secondary	16(4%)	3(0.75%)
Mahuntsi Secondary	28(7%)	6(1.5%)
Malamulele High	41(10.25%)	2(0.5%)
Mphambo High School	26(6.5%)	11(2.75%)
New Era College	52(13%)	39(9.75%)
Shingwedzi High	43(10.75%)	9(2.25%)
Shirilele High	29(7.25%)	5(1.25)
Total	302(75.5%)	98(24.5%)

Frequency of watching HIV/AIDS related programs on T.V

Figure 4.2 below shows that majority (41.56%, n = 166) of learners revealed that they watched HIV/AIDS related programs once a week, few (25.44%, n =102) of learners reported that they do not watch any program related to HIV/AIDS. (19.4%, n = 78) of learners watched HIV/AIDS related programs on TV for a frequency of 2-3 times a week, few (10.08%, n = 40) of learners watched HIV/AIDS related programs 3-4 times a week. Fewer (1.51%, n = 6) of learners watched 5-6 times a week. About (1.01%, n = 4) of learners watched 7-8 times per week, (0.5%, n = 2) of learners watched 6-7 times a week and those that watched 9-10 a week were (0.5%, n = 2) of learners.

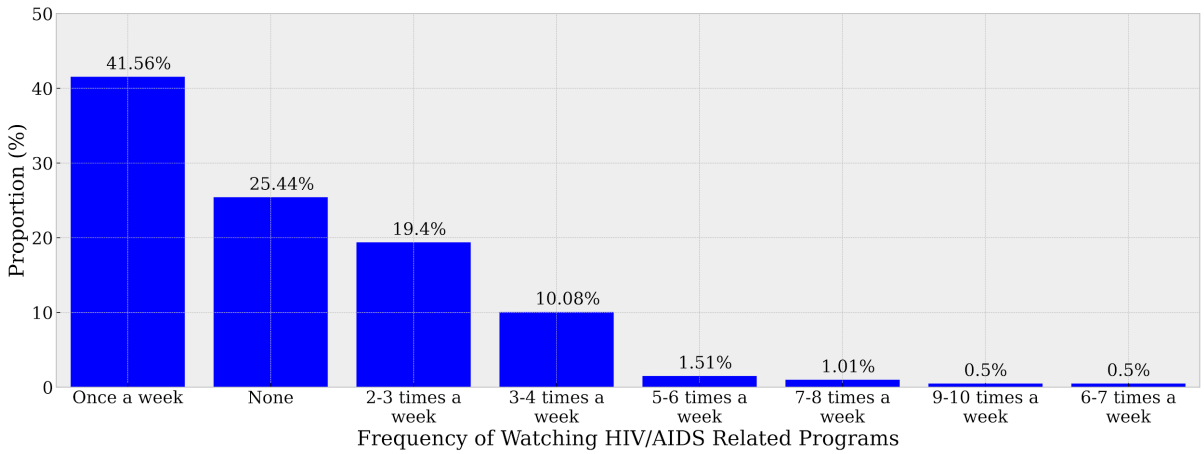

Figure: 4.2 Frequency of watching HIV/AIDS related programs on T.V

Frequency of listening to HIV/AIDS related programs on Radio

Figure 4.3 shows that majority (48.61%, n =193) of learners revealed that they did not listen to HIV/AIDS programs on radio, few (26.95%, n =107) of learners reported that they listened to HIV/AIDS related programs on radio once per week. 12.85% (n = 51) of learners listened 2-3 times a week, (5.29%, n =21) of learners listened 3-4 times a week. (2.52%, n = 10) of learners listened 5-6 times a week, (2.02%, n = 8) of learners listened to HIV/AIDS related programs 9-10 times a week. About (1.26 %, n =5) of learners listened to HIV/AIDS program on radio 6-7 times a week and only (0.5%, n = 2) of learners listened 7-8 times a week.

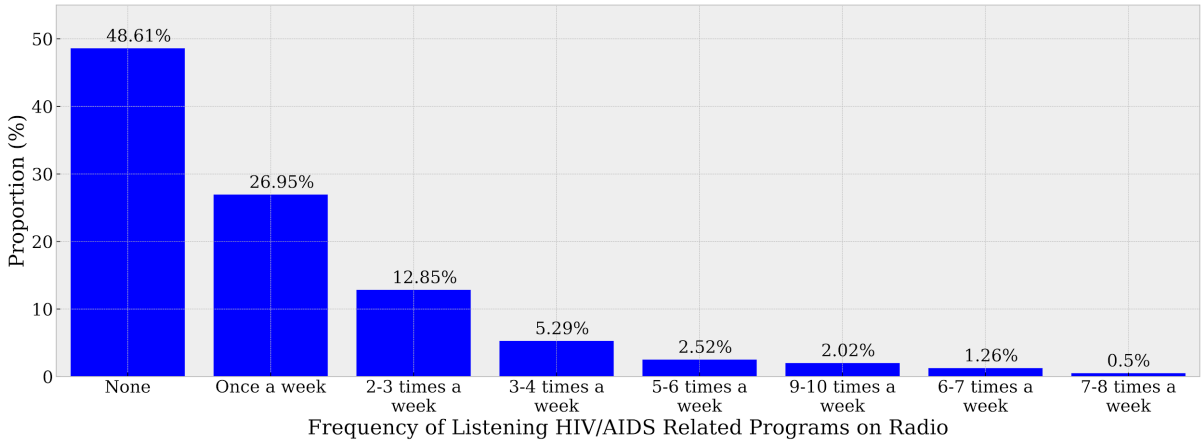

Figure 4.3: Frequency of listening to HIV/AIDS related programs on Radio

Frequency of reading HIV/AIDS related programs on newspaper

Figure 4.4 below shows that majority (59.3%, n = 237) of learners did not read HIV/AIDS related programs on newspapers, few (23.68 %, n = 94) of learners read HIV/AIDS related programs on newspaper once a week. About (9.82% ,n = 39) of learners who read HIV/AIDS information 2-3 times a week, only(4.0 %, n =16) of learners who read newspaper 3-4 times a week,(2.02 %,n =8) of learners who read newspaper 5-6 times a week, (0.5% ,n =2) of learners who read newspaper 9-10 times a week and lastly by (0.25% ,n =1) of learners read HIV/AIDS related programs on newspaper 7-8 times a week.

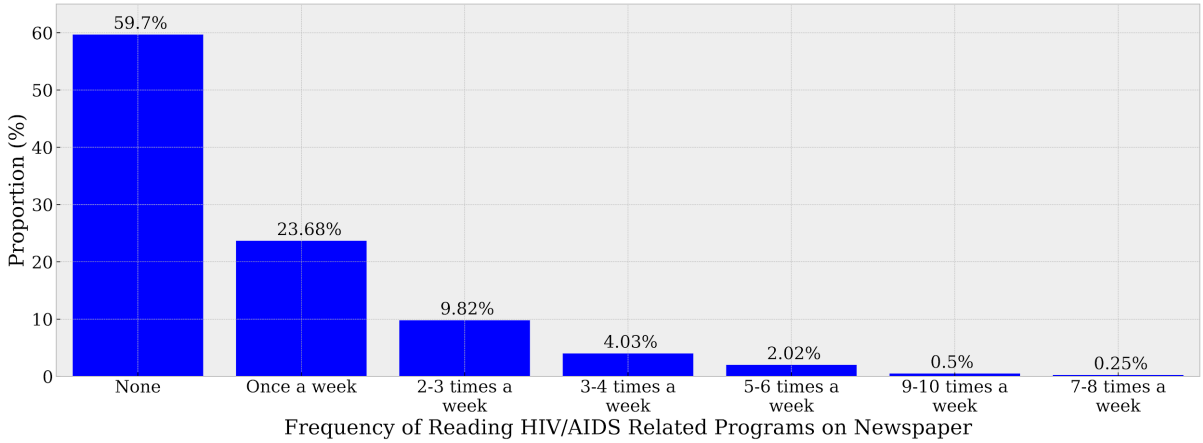

Figure: 4.4 Frequency of reading HIV/AIDS related programs on newspaper

Frequency of reading HIV/AIDS related programs on pamphlets

Figure 4.5 shows that majority (59.08 %, n = 231) of learners reported that they did not read

HIV/AIDS related programs on pamphlets, few (23.27%, n = 91) of learners who read HIV/AIDS related programs on pamphlets. About (11.0%, n = 43) of learners who read pamphlets 2-3 times a week and at least (4.35%, n =17) of learners who read pamphlets 3 - 4 times a week. Few (1.53%, n = 6) of learners read pamphlets 5-6 times a week, only (0.51%, n = 2) of learners read pamphlets 7-8 times a week and lastly by (0.26%, n = 1) of learners read pamphlets 9 - 10 times a week.

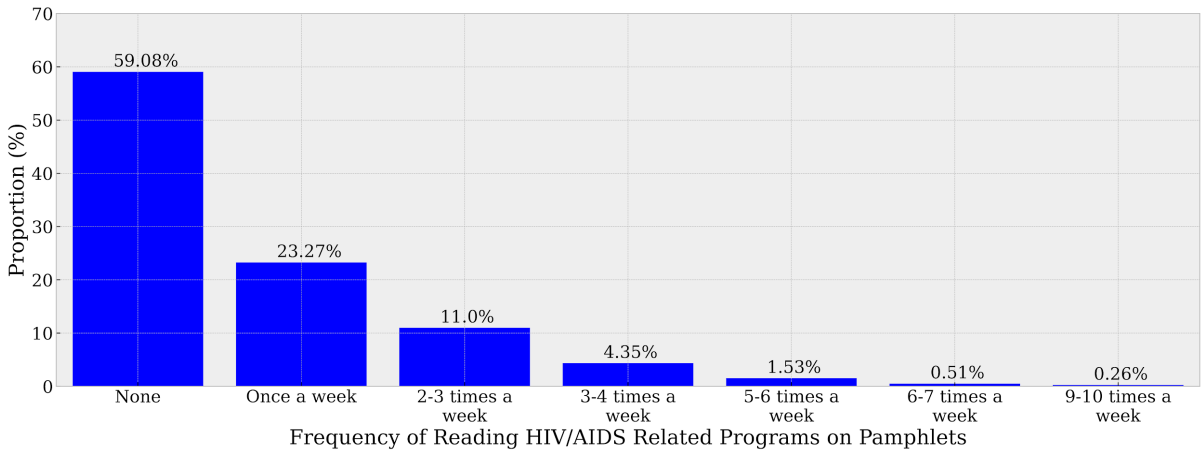

Figure 4.5: Frequency of reading HIV/AIDS related programs on pamphlets

4.4 Learners' HIV/AIDS level of knowledge

This section assesses learner's HIV/AIDS knowledge. Nine (9) closed ended questions were used to assess whether learners knew acronyms of HIV/AIDS or not, definition of HIV/AIDS, major signs/ symptoms of AIDS, complications of AIDS, preventive methods of HIV/AIDS and treatment of HIV/AIDS.

What HIV stands for?

Figure 4.6 shows that majority 92.89 % (n = 372) of learners answered this question correctly. Few 4.82% (n = 19) of learners and (2.28%, n =9) of learners answered wrongly.

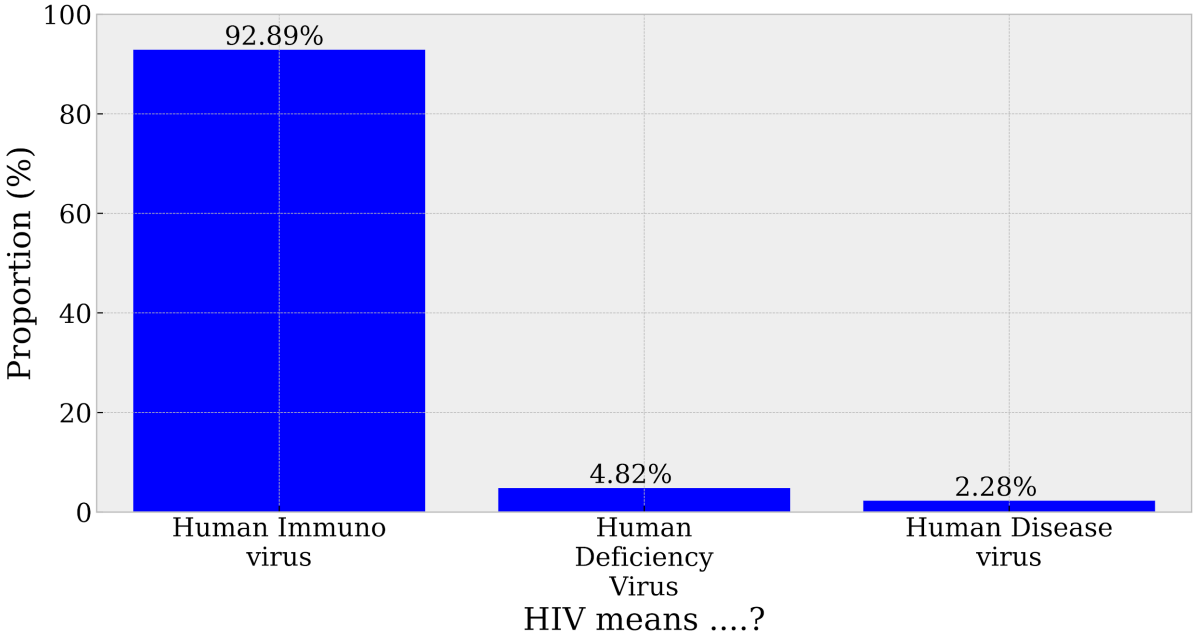

Figure 4.6: What HIV stands for?

What AIDS stands for?

Figure 4.9 shows that majority (90.77%, n = 363) of learners knew what AIDS stands for. Few (6.15%, n = 24) of learners and (3.08%, n =12) of learners did not know what AIDS stands for.

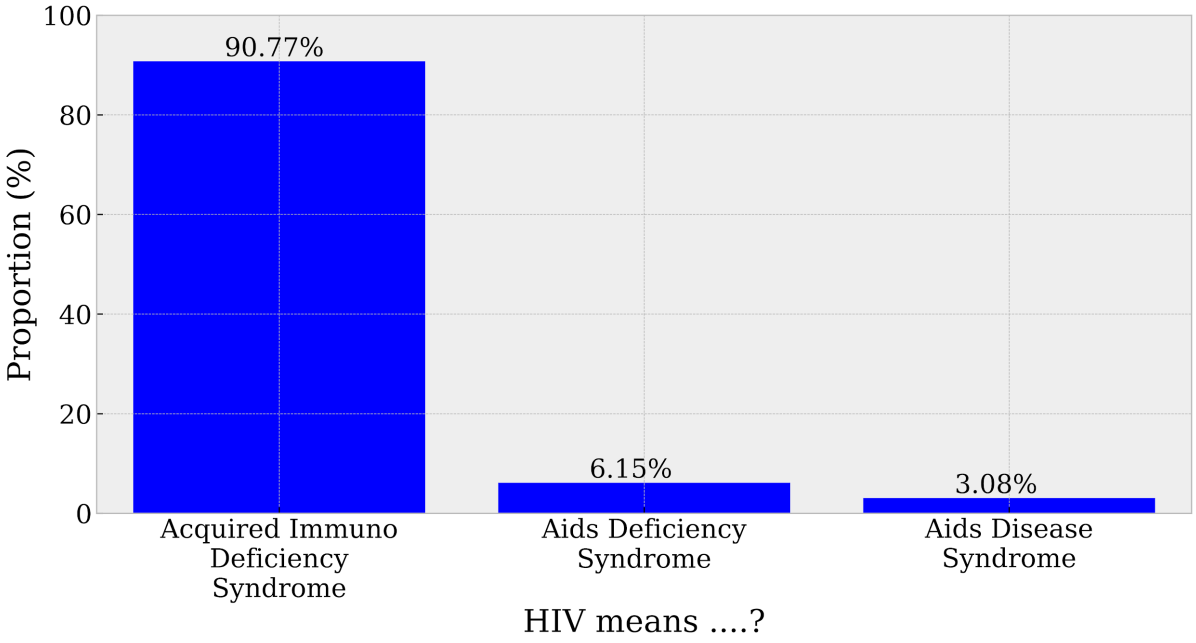

Figure 4.7: What AIDS stands for?

What is HIV?

Figure 4.8 shows that majority 92.89 % (n =366) of learners defined HIV correctly. Few 7.11% (n =28) learners gave a wrong definition of HIV.

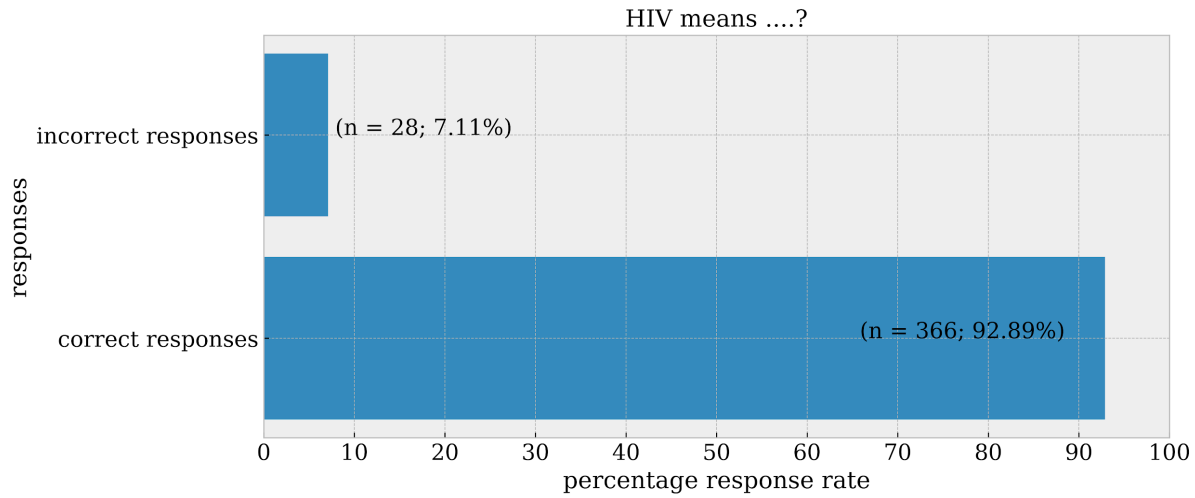

Figure 4.8: What is HIV?

What is AIDS?

Figure 4.9 below shows that majority (90.77%, n = 354) of learners gave correct definition of AIDS; whereas 9.23 %(n=36) of learners failed to give correct definition of AIDS.

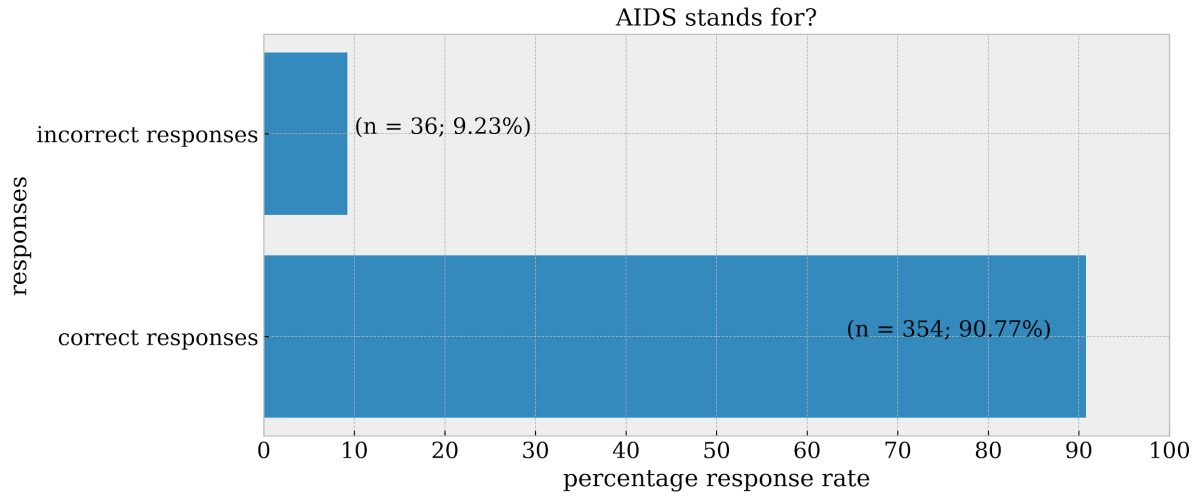

Figure 4.9: What is AIDS?

Choose 3 major signs and symptoms of AIDS.

Table 4.7 shows the correct and incorrect signs and symptoms that were listed in the

questionnaire for learners to choose 3 major ones from. AIDS is a progressive disease with various signs and symptoms depending on individual's immune system. Weight loss, diarrhoea and TB were listed as the correct major signs and symptoms of AIDS. The study results revealed that majority (96.25 %, n =385) of learners knew weight loss as one of the major signs and symptoms of AIDS, few 3.75% (n =15) of learners did not know that weight loss is one of the major signs and symptoms of AIDS. Majority 68.5% (n =274) of learners did not know that diarrhoea is one of the major signs and symptoms of AIDS, few (31.5 %, n = 126) of learners knew that diarrhoea is one of the major signs and symptoms of AIDS. Majority (86%, n =344) of learners did not know that TB is also one of the major signs and symptoms of AIDS, whereas (14%, n =56) of learners reported TB as one of the major signs and symptoms of AIDS.

AIDS is the final stage of HIV where the virus has severely damaged the immune system. Therefore Headache, dizziness, cough, anaemia, shortness of breath and vomiting were listed as incorrect symptoms of AIDS. The study results show that majority (64.75%, n =259) of learners knew that headache is not a major sign of AIDS, few (47.25%, n = 141) of learners reported headache as one of the signs and symptoms of AIDS. Majority 67.75% (n = 271) of learners knew that dizziness is not a symptom of AIDS, few (32.25%, n =129) of learners reported dizziness. Majority (73.25%, n =293) of learners' earners knew that cough is not a sign and symptom, few (26.75%, n =107) of learners reported cough. Majority (86.25%, n =345) of learners knew that anaemia is not a sign/symptom of AIDS, few (13.75 %, n = 55) of learners reported anaemia. Majority (86.25%, n = 345) of learners knew that shortness of breath is not a sign/symptom of AIDS, few (13.75 %, n = 55) of learners reported shortness of breath. Majority 87% (n =348) of learners knew that vomiting is not a sign/sign of AIDS, few (13 %, n =52) of learners reported vomiting.

Table 4.7: Signs and Symptoms of AIDS

Correct 3 Major Signs and symptoms of AIDS	**YES**		**NO**		**TOTAL**	
	F	%	F	%	F	%
Weight loss	385	96.25 %	15	3.75%	400	100 %
Diarrhoea	126	31.5 %	274	68.5%	400	100 %
TB	56	14 %	344	86%	400	100 %
Incorrect Major Signs and symptoms of AIDS	**YES**		**NO**			
	F	%	F	%		
Headache	141	35.25 %	259	64.75 %	400	100 %

Dizziness	129	32.25 %	271	67.75 %	400	100 %
Cough	107	26.75 %	293	73.25 %	400	100 %
Anemia	55	13.75 %	345	86.25 %	400	100 %
Shortness of breath	55	13.75 %	345	86.25 %	400	100 %
Vomiting	52	13 %	348	87 %	400	100 %

Choose 3 complications of AIDS

Table 4.8 shows the correct and incorrect complications of AIDS that were listed in the questionnaire for learners to choose from. AIDS stage increases a person's risks for many infections. Deformed body shape, hallucinations and death were listed as the correct 3 major complications of AIDS. The study revealed that majority (88%, n =352) of learners selected deformed body shape as one of the complications of AIDS, whereas (12%, n =48) of learners did not know that deformed body shape is a complication of AIDS. Majority (82 %, n = 330) of learners selected death, few (17.5 %, n =70) of learners didn't know that death is a complication of AIDS. Majority (85.25 %, n =341) of learners didn't know that hallucinations is a complication of AIDS, few (14.8%, n =59) of learners' selected hallucinations.

Drug resistance and swollen legs were listed as incorrect complications of AIDS. The study results showed that majority (52.75%, n=211) of learners knew that drug resistance is an incorrect complication of AIDS, few (47.25%, n = 189) of learners reported drug resistance as a complication of AIDS. Majority (58.25%, n=233) of learners knew that swollen legs is not a complication of AIDS, few (41.75 %, n = 167) of learners reported swollen legs as a complication of AIDS.

Table 4.8: complications of AIDS

Correct 3 complications of AIDS	**YES**		**NO**		**TOTAL**	
	F	%	F	%	F	%
Deformed body shape	352	88 %	48	12 %	400	100 %
Death	330	82.5 %	70	17.5 %	400	100 %
Hallucinations.	59	14.8%	341	85.25 %	400	100 %
Incorrect complications of AIDS						
Drug resistance	189	47.25%	211	52.75 %	400	100 %
Swollen legs	167	41.75 %	233	58.25 %	400	100 %

Preventive methods of HIV/AIDS

Figure 4.9 below shows the correct and incorrect methods of HIV/AIDS prevention that were

listed for learners to choose any three that they know. ABC (Abstain, Be faithful, and Condomise) approach was much publicized as a preventive method of HIV/AIDS throughout media. Abstaining, Be faithful, and Condomise were listed as the 3 correct prevention methods of HIV/AIDS. Majority (97 %, n = 388) of learners knew that condomising is a prevention method of HIV/AIDS, few (3%, n = 12) of learners knew condomising as a prevention method of HIV/AIDS. Majority (63.0%, n = 252) of learners knew that abstinence is a prevention method of HIV/AIDS, few (37%, n =148) of learners did not report abstinence as a prevention method of HIV/AIDS. Majority (66%, n =264) of learners were not knowledgeable that being faithful is a prevention method of HIV/AIDS, few (33%, n =136) of learners earners knew that being faithful to a partner can prevent HIV/AIDS.

Sharing injections, sex with virgin, not sharing bathroom, not holding hands were listed as incorrect prevention methods of HIV/AIDS. The study results show that majority (80%, n = 320) of learners knew that sharing injections is not a prevention method of HIV/AIDS, few (20%, n =80) of learners reported sharing injections as a prevention method of HIV/AIDS. Majority (95%, n =380) of learners knew that “not holding hands” is not a prevention method of HIV/IADS, few (5%, n =20) of learners reported that “not holding hands” is a prevention method of HIV/AIDS. Majority (96%, n= 384) of learners were knowledgeable that not sharing bathroom is not a prevention method of HIV/AIDS, few (4%, n =16) of learners reported that not sharing bathroom is a prevention method of HIV/AIDS. Majority (98 %, n = 392) of learners were knowledgeable that sex with a virgin is not a prevention method, few (2%, n =8) of learners reported sex with a virgin as a prevention method of HIV/AIDS.

Choose 3 preventive methods of HIV/AIDS

Table 4.9: Preventive methods of HIV/AIDS

3 preventive methods of HIV/AIDS	**YES**		**NO**		**TOTAL**	
	F	%	F	%	F	%
Abstain	252	63 %	148	37 %	400	100%
Be faithful	136	34 %	264	66 %	400	100%
Condomise	388	97 %	12	3 %	400	100%
Incorrect preventive methods	**YES**		**NO**		**TOTAL**	
Sharing injections	78	19.5 %	322	80.5 %	400	100 %
sex with virgin	8	2 %	392	98 %	400	100 %
Not sharing bathroom	14	3.5%	386	96.5 %	400	100 %

Not holding hands	21	5.25%	379	94.75 %	400	100 %

Table 4.10 below shows by classifying learners according to their school name and whether or not they believed abstinence was a prevention method of HIV/AIDS. This result implies that the degree to which learners believe that abstinence is a preventative measure to the contraction of HIV/AIDS depends on where learners were enrolled at.

Treatment of HIV/AIDS

Table 4.11 below shows the correct and incorrect treatment of HIV/AIDS from closed ended questions. There is no cure for AIDS at the moment but ARV are used to slow down the disease's progress to prevent secondary infections and major complications. ARV's were listed as the correct AIDS treatment. The study results revealed that majority (95%, n = 380) of learners had sufficient knowledge that ARVs are the treatment of HIV/AIDS, few (5%, n=20) of learners had insufficient knowledge that ARV's are the treatment of HIV/AIDS.

Drug resistance medicine (DRM), prophylaxis, AZT and none were listed as incorrect treatment of AIDS. Majority (96%, n=384) of learners knew that Drug Resistance Medicine (DRM) is not a treatment of HIV/AIDS, few (4%, n =16) of learners reported that DRM is a treatment of HIV/AIDS. Majority 97% (n =388) learners reported that there is no treatment of HIV/AIDS, few (3%, n = 12) of learners knew that there is treatment of HIV/AIDS. Majority (99%, n =396) of learners knew that Prophylaxis is not treatment of HIV/AIDS, few (1%, n =4) of learners reported prophylaxis as a treatment of HIV/AIDS. All 100% (n= 400) learners reported that AZT is not a treatment of HIV/AIDS.

Figure 4.11: Treatment of HIV/AIDS

Correct Treatment of HIV/AIDS	**YES**		**NO**		**TOTAL**	
	F	%	F	%	F	%
ARVS	380	95%	20	5%		
Incorrect treatment of HIV/AIDS						
Prophylaxis	4	1%	396	99%		

AZT	0	0	400	100%		
Drug Resistance Medicine	16	4%	384	96 %		
None	12	3 %	388	97 %		

4.5 Attitudes.

Eleven (11) questions were used to measure the learner's attitudes towards HIV/AIDS, see figure 4.10 below showing distribution of responses for attitudes as given by survey participants**.** Learners were asked to indicate their responses in five point Linkert scale (Agree, Strongly agree, Disagree ,strongly disagree and undecided) .For the sake of analysis "strongly agree" and "agree" were grouped together as agree, while "strongly disagree" and "disagree" were grouped as disagree.

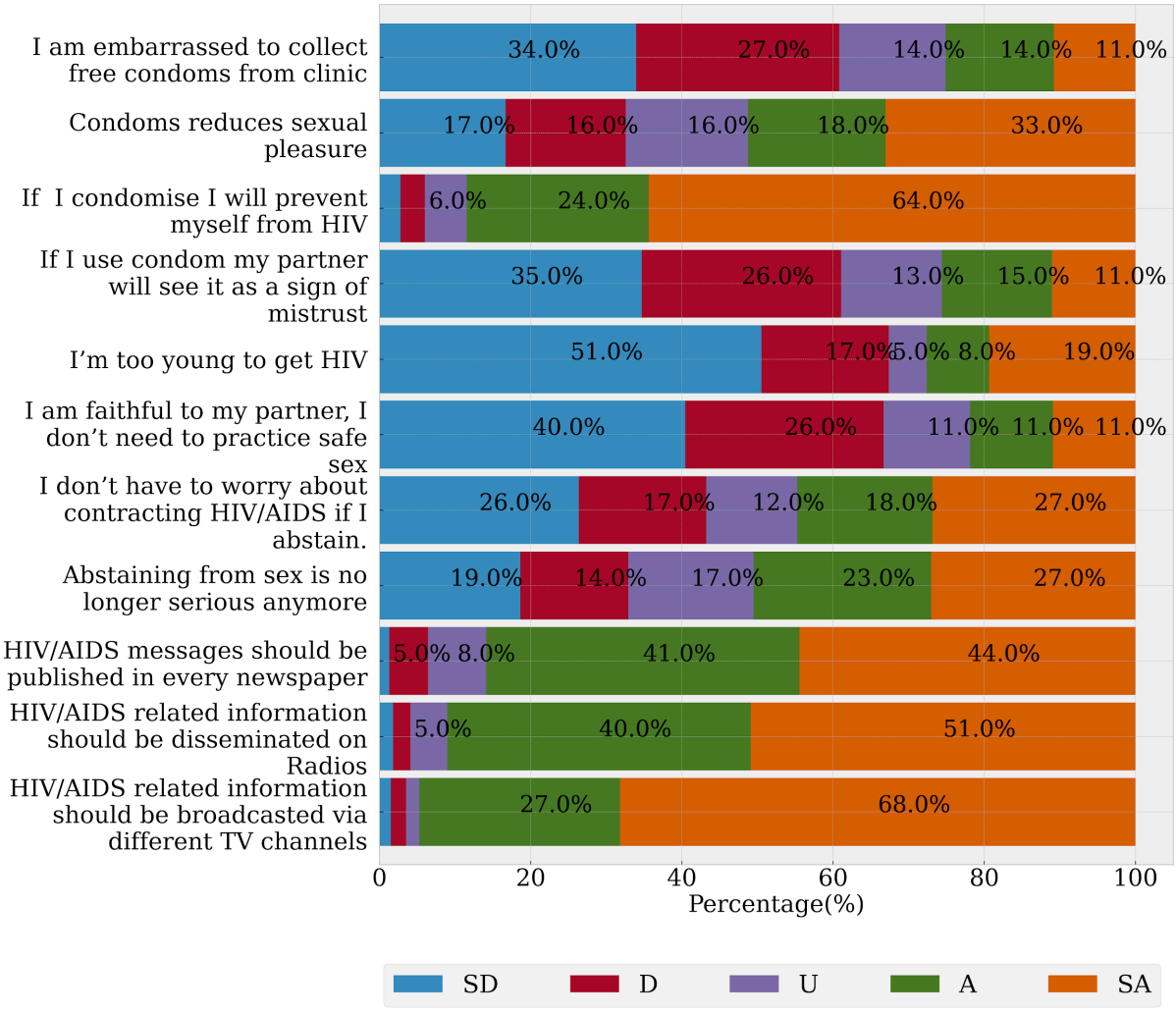

Figure 4.10 Attitudes

I am embarrassed to collect free condoms from clinic

Table 4.12 shows that the majority (61%, n = 244) of learners disagreed that they were

embarrassed to collect free condoms from the clinic, few (25%, n = 100) of learners agreed that they were embarrassed. About (14%, n =56) of learners reported that they were undecided.

Table 4.12: I am embarrassed to collect free condoms from clinic

Response	Frequency	Percent
Strongly Agree	43	10.75 %
Agree	57	14.25 %
Undecided	56	14 %
Disagree	107	26.75%
Strongly Disagree	137	34.25 %
Total	400	100 %

Condoms reduce sexual pleasure

Table 4.13 shows that majority (50.75%, n =203) of learners agreed that condoms reduces sexual pleasure, few (32.5%, n = 130) of learners disagreed with the view that condoms reduces sexual pleasure. About (16.75%, n = 67) of learners reported that they were undecided.

Table 4.13: Condoms reduces sexual pleasure

Response	Frequency	Percent
Strongly Agree	131	32.75 %
Agree	72	18%
Undecided	67	16.75%
Disagree	64	16%
Strongly Disagree	66	16.5%
Total	400	100 %

Breakdown of learners with their respective schools and how they responded when asked question about the attitude that condoms reduces sexual pleasure.

Table 4.14 below shows breakdown of learners with their respective schools and how they responded when asked question about the attitude that condoms reduces sexual pleasure. The study results showed that majority (9.5 %, n =38) of learners from New Era College and (9.5%, n =38) of learners from Shingwedzi High School agreed that condoms reduces sexual pleasure as compared to few (2.5%, n =10) of learners from EPP Mhinga Secondary School.

The study results also revealed that majority (19.78 %, n =33) of learners from New Era College disagreed that condoms reduces sexual pleasure as compared to few (2.55%, n =10) of learners from Hlaluko High School.

Table 4.14: School Name versus condoms reduces sexual pleasure

School Name	Condoms reduces sexual pleasure				
	Agree	Disagree	Strongly Agree	Strongly Disagree	Undecided
EPP Mhinga Secondary	5(1.25%)	8(2%)	5(1.25%)	23(8.82)	14(3.5%)
George Sonto High	8(2%)	4(1%)	14(10.94)	3(0.75%)	5(1.25%)
Hlaluko Secondary	4(1%)	2(0.5%)	7(1.75%)	3(0.75%)	1(2.73%)
Mahuntsi Secondary	3(0.75%)	4(1%)	17(4.25%)	8(2%)	2(0.5%)
Malamulele High	11(2.75%)	6(1.5%)	11(2.75%)	3(0.75%)	12(3%)
Mphambo High School	7(1.75%)	7(1.75%)	8(2%)	5(1.25%)	10(2.25 %)
New Era College	15(3.75%)	21(5.25%)	25(6.25%)	12(14.53)	18(4.5%)
Shingwedzi High	13(3.25%)	8(2%)	25(6.25%)	4(1%)	2(0.5%)
Shirilele High	6(1.5%)	4(1%)	19(4.75%)	3(0.75%)	2(0.5%)
Total	72(18%)	64(16%)	131(32.75%)	64(16%)	66(16.5%)

If I condomise I will prevent myself from contracting HIV.

Table 4.15 shows that majority (88%, n = 353) of learners agreed that if they condomise they of would prevent themselves from HIV. Few (6.1%, n = 11) of learners disagreed with the statement. About (5.5%, n =22) of learners reported that they were undecided. Only (0.25 %, n=01) of learners did not complete this question.

Table 4.15 If I condomise I will prevent myself from contracting HIV

Response	Frequency	Percent
Strongly Agree	257	64.25 %
Agree	96	24%
Undecided	22	5.5%
Disagree	13	3.25%
Strongly Disagree	11	2.75%
Incomplete	01	0.25%
Total	400	100%

If I use condom my partner will see it as a sign of mistrust.

Table 4.16 shows that majority (61%, n = 243) of learners disagreed with the view that if they use a condom, their partner would see it as a sign of mistrust, few (26%, n =102) of learners agreed with the view. About (13 %, n = 53) of learners reported that they were undecided, that is, they neither agree nor disagree with the statement. Only (0.5%, n = 2) of learners did not complete this question.

Table 4.16 "If I use condom my partner will see it as a sign of mistrust."

Response	Frequency	Percent
Strongly Agree	44	11%
Agree	58	14.5%
Undecided	53	13.25%
Disagree	105	26.25%
Strongly Disagree	138	34.5%
Incomplete	02	0.5%
Total	400	100%

I'm too young to get HIV

Table 4.17 revealed that majority (67%, n = 268) of learners disagreed with the view that they were too young to get HIV, few (28%, n =110) of learners agreed with the view. About (5%,n =33) of learners reported that they were undecided. Only (0.5%, n = 2) of learners did not complete this question.

Table 4.17: I'm too young to get HIV

Response	Frequency	Percent
Strongly Agree	77	19.25%
Agree	33	8.25%
Undecided	20	5%
Disagree	67	16.75%
Strongly Disagree	201	50.25%
Incomplete	02	0.5%
Total	400	100%

I am faithful to my partner; I don't need to practice safe sex

Table 4.18 shows that majority (67%, n=262) of learners disagreed with the view that they do not need to practice safe sex if they are faithful to their partners, few (22%, n = 86) of learners agreed with the view. About (12%, n=45) of learners reported that they were undecided. Only (1.75%, n =07) of learners did not complete the question

Table 4.18: I am faithful to my partner; I don't need to practice safe sex

Response	Frequency	Percent
Strongly Agree	43	10.75%
Agree	43	10.75%
Undecided	45	11.25%
Disagree	103	25.75%
Strongly Disagree	159	39.75%
Incomplete	07	1.75%
Total	400	100%

Breakdown of learners per school and the response to statement "I am faithful to my partner, I don't need to practice safe sex".

Table 4.19 below shows breakdown of learners per school and learner's response to statement "I am faithful to my partner; I don't need to practice safe sex". The study results shows that majority (4%, n= 16) of learners from Shirilele High School agreed with the

statement above as compared to few (0.5 %, n =2) of learners from Hlaluko High School who agreed with the statement.

The study results also revealed that majority (17.25%, n =69) of learners from New Era College learners disagreed with the statement “I am faithful to my partner, I don’t need to practice safe sex”.as compared to few (3.5 %, n =14) of learners from Hlaluko High School learners from who also disagreed with the statement.

Table 4.19: Breakdown of learners per school and statement “I am faithful to my partner, I don’t need to practice safe sex”.

School Name	I am faithful to my partner, I don’t need to practice safe sex				
	Agree	Disagree	Strongly Agree	Strongly Disagree	Undecided
EPP Mhinga Secondary	2(0.5%)	11(2.75%)	4(1%)	31(21.39)	7(1.75%)
George Sonto High	1(0.25%)	5(1.25%)	9(2.25%)	15(3.75%)	4 (1%)
Hlaluko Secondary	1(0.25%)	6(1.5%)	1(0.25%)	8(2%)	1(0.25%)
Mahuntsi Secondary	7(1.75%)	9(2.25%)	2(0.5%)	11(13.72)	5(1.25%)
Malamulele High	3(0.75%)	13(3.25%)	3(0.75%)	15(3.75)	9(2.25%)
Mphambo High School	6(1.5%)	8(2%)	2(0.5%)	13(13.25%)	8(2%)
New Era College	11(2.75%)	33(8.25%)	3(0.75%)	36(9%)	4(1%)
Shingwedzi High	9(2.25%)	11(2.75%)	6(1.5%)	20(5%)	6(1.25%)
Shirilele High	3(0.75%)	7(1.75%)	13(3.25%)	10(2.5%)	1(0.25%)
Total	43(10.75%)	103(25.75%)	43(10.75%)	159(39.75%)	45(11.25%)

Table 4.20 shows that majority (44%, n = 176) of learners revealed that they agreed with the view that they don't have to worry about contracting HIV/AIDS if they abstained, few (42%, n =168) of learners disagreed with the view. About (12 %, n = 47) of learners reported that they were undecided, that is, they neither agreed nor disagreed with the view. About (2%, n =08) of learners did not complete the question.

Table 4.20: I don't have to worry about contracting HIV/AIDS if I abstain.

Response	Frequency	Percent
Strongly Agree	106	26.5 %
Agree	70	17.5 %
Undecided	47	11.75 %
Disagree	66	16.5 %
Strongly Disagree	103	25.75 %
Incomplete	08	2%
Total	400	100 %

Abstaining from sex is no longer serious anymore

Table 4.21 shows that majority (50%, n =198) of learners agreed with the view that abstaining from sex is no longer serious anymore, few (33%, n = 129) of learners disagreed with the view. About (17%, n = 65) of learners reported that they were undecided. Only (2%, n= 8) of learners did not complete the question.

Table 4.21 Abstaining from sex is no longer serious anymore

Response	Frequency	Percent
Strongly Agree	106	26.5 %
Agree	92	23%
Undecided	65	16.25%
Disagree	56	14%
Strongly Disagree	73	18.25%
Incomplete	08	2%
Total	392	100%

HIV/AIDS messages should be published in every newspaper

Table 4.22 shows that majority (86%, n = 334) of learners agreed that HIV/AIDS messages should be published in every newspaper, few (6%, n =25) of learners disagreed with the statement. About (8 %, n = 30) of the learners revealed that they were undecided. About (2.5%, n=11) of learners did not complete the question.

Table 4.22: HIV/AIDS messages should be published in every newspaper

Response	Frequency	Percent
Strongly Agree	173	43.25 %
Agree	161	40.25%
Undecided	30	7.5 %
Disagree	20	5%
Strongly Disagree	5	1.25%
Incomplete	11	2.75%
Total	400	100%

HIV/AIDS related information should be disseminated on Radios

Table 4.23 revealed that majority (91%, n = 356) of learners agreed that HIV/AIDS related information should be disseminated on radios, few (4.1%, n=16) of learners disagreed with the statement. The remaining (4.9%, n = 19) of learners reported that they were undecided. About (2.25%, n=9) learners did not complete the question.

Table 4.23: HIV/AIDS related information should be disseminated on Radios

Response	Frequency	Percent
Strongly Agree	199	49.75%
Agree	157	39.25%
Undecided	19	4.75%
Disagree	9	2.25%
Strongly Disagree	7	1.75%
Incomplete	9	2.25%
Total	400	100%

HIV/AIDS related information should be broadcasted via different TV channels

Table 4.24 shows that majority (95%, n = 378) of learners agreed that HIV/AIDS related

information should be broadcasted via different TV channels, few (3.5%, n =14) of learners disagreed with the statement. The remaining (1.8 %, n =7) of learners reported that they were undecided. About (0.25%, n=1) of learners did not complete the question.

Table 4.24: HIV/AIDS related information should be broadcasted via different TV channels

Response	Frequency	Percent
Strongly Agree	272	68%
Agree	106	26.5%
Undecided	7	1.75%
Disagree	8	2%
Strongly Disagree	6	1.5%
Incomplete	1	0.25%
Total	400	100%

4.6 Practices

Seven (7) questions were used to assess the sexual practices of learners. Learners were asked to indicate their responses in five point Linkert scale (Agree, Strongly agree, Disagree ,strongly disagree and undecided) on whether they use personal prevention methods, last time they had sex, use of condoms on last sexual occasion ,relationship with person last had sex with ,number of sexual partners and whether they use condoms or not. For the sake of analysis “strongly agree” and “agree” were grouped together as agree, while “strongly disagree” and “disagree” were grouped as disagree.

Personal Prevention Methods

Table 4.22 shows that majority (67.75%, n =271) of learners revealed that they used condoms, few (24.75%, n = 99) of learners revealed that they used abstinence, and (7%, n = 28) of learners who said they prevented themselves from contracting HIV by being faithful. Only (0.5%, n=2) of learners reported that none of the above method they use for personal prevention on HIV/AIDS.

Table 4.25: Personal Prevention Methods

Prevention Method	Frequency	Percent
Abstaining	99	24.75 %
Be faithful	28	7%

Condomize	271	67.75%
None from above	2	0.5%
Total	400	100%

Last time of having sexual intercourse.

Table 4.26 shows that majority (28.5%, n = 114) of learners reported that they had sex months ago, few (27.75%, n=111) of learners had never had sexual intercourse, with few (18 %, n=72) of learners who had sexual intercourse weeks ago, (16 %, n=64) learners had sex days ago and (9.25% (n=37) of learners who had had sexual intercourse years ago. About (0.5%, n=2) of learners did not complete this question.

Table 4.26: Last time of having sexual intercourse.

Time	Frequency	Percent
days ago	64	16%
weeks ago	72	18%
months ago	114	28.5%
years ago	37	9.25%
Never	111	27.75%
Incomplete	02	0.5%
Total	400	100%

Breakdown of learners per gender and responses to "When was the last time you had sexual intercourse?"

Table 4.27 below shows the breakdown of learners per gender and their responses to question about when was the last time, they had sexual intercourse. The study results revealed that majority (21.25%, n =85) of female learners had sexual intercourse months ago, few (6.25 %, n =25) male learners had sexual intercourse months ago. Majority (17.75%, n =71) female learners stated that they never had sexual intercourse, but few (7.5 %, n=30) male learners reported that they never had sexual intercourse. Majority (10.5 %, n =42) male learners had sexual intercourse weeks ago, few 6.25% (n =25) female learners had sexual intercourse weeks ago. Majority (6.25%, n =25) female learners had sex years ago, few (3%, n =12) male learners had sex years ago. Majority (10 %, n=40) male learners had sexual intercourse days ago, few (5.5%, n =22) female learners had sexual intercourse days ago.

Table 4.27: Breakdown of learners per gender and responses to "When was the last time you had sexual intercourse?".

Gender	When was the last time you had sexual intercourse?				
	months ago	Never	weeks ago	days ago	years ago
Female	85(21.25%)	71(17.75%)	25(6.25%)	22(5.5%)	25(6.25%)
Male	25(6.25%)	30(7.5%)	42(10.5%)	40(10%)	12(13%)
Total	110(27.5%)	101(25.25%)	67(16.75%)	62(15.5%)	37(9.25%)

Use of Condoms on last sexual occasion

Table 4.28 shows that majority (43.25%, n = 173) of learners revealed that they had used condoms during the last time they had sex with their partners, few (40.5%, n = 162) of learners reported non-condom use. About (16.25%, n =65) of learners did not complete the question.

Table 4.28: Use of Condoms on last sexual occasion

Response	Frequency	Percent
No	162	40.5%
Yes	173	43.25%
Incomplete	65	16.25%
Total	400	100%

Relationship with person last had sex with

Table 4.29 shows that majority (n = 275; 68.75%) of learners revealed that the person they last had sex with was their boyfriend/girlfriend, few (6.75%, n = 27) of learners stated they had sex with other persons, (5.25% ,n = 21) of learners had sex with their casual partners, 1.5% (n = 6) of learners had sex with prostitutes and (1.25% ,n = 5) of learners had sex with cohabitating partners. About 16.5% of learners did not complete the question.

Table 4.29: Relationship with person last had sex with

Relationship	Frequency	Percent

Girlfriend or boyfriend	275	68.75%
cohabitating partner	5	1.25%
casual partner	21	5.25%
Prostitute	6	1.5%
Other	27	6.75%
Incomplete	66	16.5%
Total	400	100%

Breakdown of gender and response to learners sexual relations to a person they last had sex with.

Table 4.30 shows breakdown of gender and response to learners' sexual relations to a person they last had sex with. The study results revealed that majority (40.5%, n =162) female learners last had sex with boyfriends or girlfriends, few (24.5%, n= 98) of male learners last had sex with girlfriend or boyfriend. Study also revealed that majority (5.25%, n=25) male learners last had sex with casual partners, whereas few (0.25%, n= 1) female learner last had sex with casual partner. Majority (3.25%, n 13) male learners last had sex with other persons who were not mentioned, few (2.5%, n =10) of female learners last had sex with other persons not mentioned in the questionnaire. It is a great concern that (1.25%, n= 5) male learners last had sex with prostitutes, few 0.25% (n= 1) female learner had sex with prostitute. Majority 1% (n =4) female learners last had sex with cohabitating partners, few 0.25% (n =1) male learner last had sex with cohabitating partner.

Table 4.30: Gender and relationship to person last had sex with

Gender	What was your relationship to this person whom you last had sex?				
	girlfriend/boyfriend	Other	casual partner	cohabitating partner	Prostitute
Female	162(40.5%)	10(2.5%)	1(0.25%)	4(1%)	1(0.25%)
Male	98(24.5%)	13(3.25%)	20(5%)	1(0.25%)	5(1.25)
Total	260(65%)	23(5.75 %)	21(5.25%)	5(1.25%)	6(1.5 %)

Number of Sexual Partners

Table 4.31 shows that majority (54.2% ,n = 214) of learners revealed that they had 1 sexual partner, few (24.1% ,n = 95) of learners stated that they had no sexual partners, with few (13.7% ,n = 54) of learners who had 2-3 partners, (4.6% ,n = 18) of learners who had 4-5 partners and lastly by (3.5% ,n = 14) of learners who had 6 partners and above. About (1.5%, n=5) of learners did not complete the question.

Table 4.31: Number of Sexual Partners

Number of Sexual Partners	Frequency	Percent
1 partner	214	53.4 %
2-3 Partners	54	13.5 %
4-5 partners	18	4.5%
6 partners and above	14	3.5%
None	95	23.75%
Incomplete	05	1.25%
Total	400	100 %

When was the most recent time you were tested for HIV?

Table 4.32 shows that majority (54.5%, n =218) of learners have never tested for HIV/AIDS, few (70.8%, n = 242) of learners revealed that they had never tested for HIV. About (27.25%, n = 109) of learners were tested for HIV less than 12 months, few (9%, n = 36) of learners were tested from 12-24 months ago and (9%, n =36) of learners were tested from 2 or more years ago. Only 0.25% (n=1) learner did not complete the question.

Table 4.32: When was the most recent time you were tested for HIV?

Time	Frequency	Percent
Less than 12 months	109	27.25 %
12-24 months ago	36	9%
2 or more years ago	36	9%
Never	218	54.5%
Incomplete	01	0.25%
Total	400	100%

Breakdown of learners by gender and their responses to the most recent time tested for HIV.

Table 4.33 show that there is a significant association between gender and the "most recent time tested for HIV". The study revealed that majority (26.5%, n =106) of male learners were never tested for HIV, few (25.25%, n =101) of female learners were never tested for HIV. Majority (19%, n =76) female learners were tested in less than 12 months, few (6.75%, n=27) of male learners were tested in less than 12 months. Majority 5.5% (n =22) were tested in 2 or more years, few 2.75% (n =11) of learners were tested in 2 or more years. Majority 7% (n= 28) female learners were tested from 12 to 24 months, few (1.75%, n =7) of learners male learners were tested from 12 to 24 months.

Table 4.33: Breakdown of learners by gender and their responses to the most recent time tested for HIV.

Gender	When was the most recent time you were tested for HIV?			
	Never	Less than 12 months	12-24 months ago	2 or more years ago
Female	101(25.25%)	76(19%)	28(7%)	22(5.5%)
Male	106(26.5%)	27(6.75%	7(1.75%)	11(2.75%)
Total	207(51.75%)	103(25.75%)	35(8.75%)	33(8.25%)

I do not condomise

Table 4.34 shows that majority (60.5%, n = 242) of learners revealed that they condomise during sexual intercourse, few (24.25%, n = 97) of learners reported that they do not condomise. About (0.75% n = 3) of learners reported that they sometimes fail to condomise. Only (14.5%, n=58) of learners did not complete this question.

Table 4.34: I do not condomise

Response	Frequency	Valid Percent
No	242	60.5%
Yes	97	24.25%
Sometimes	3	0.75%
Incomplete	58	14.5%

Total	342	100%

4.7. Impact

Two (2) questions were used to measure the importance of HIV/AIDS media lessons for learners to understand the efforts for disseminating HIV/AIDS information to learners.

Figure 4.11 shows that majority (86%, n = 339) of learners revealed that exposure to HIV/AIDS media related programs positively influenced their sexual practices, few (14% ,n =56) of learners reported that exposure to HIV/AIDS related programs negatively influence their sexual practices.

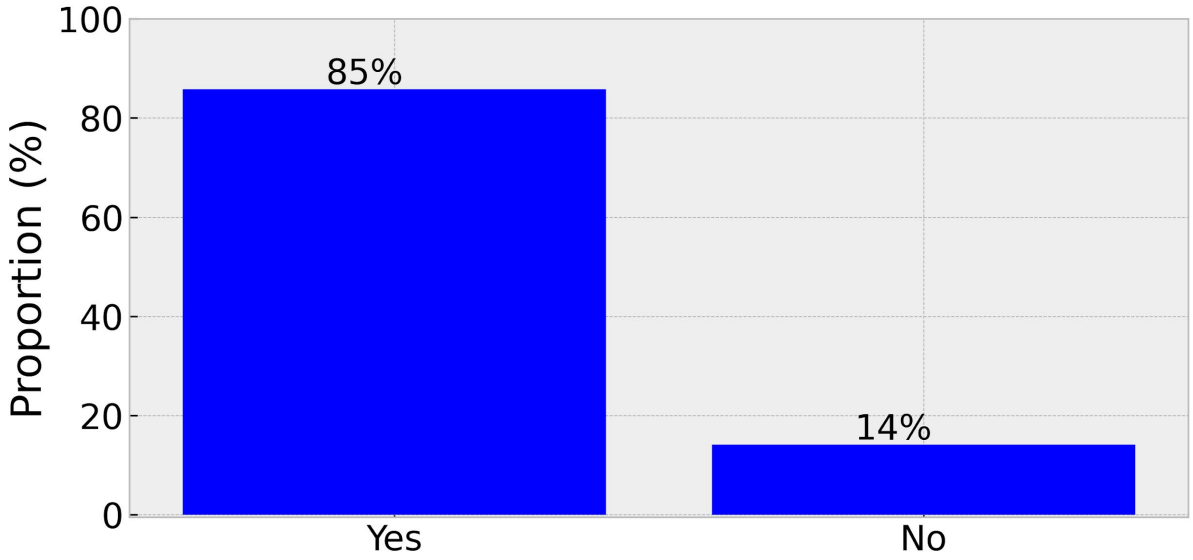

Figure 4.11

Figure 4.12 shows that majority (98 %, n = 392) of learners revealed exposure to HIV/AIDS media related information improved their level of knowledge regarding HIV/AIDS, few (2%, n= 08) of learners revealed that exposure to HIV/AIDS information did not improve their knowledge.

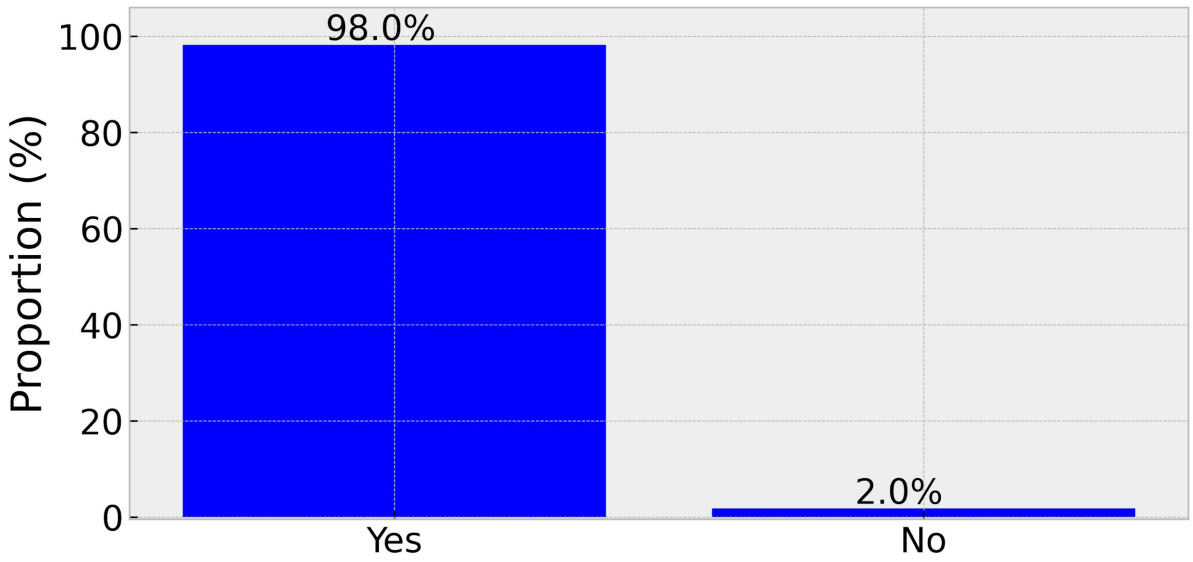

Figure 4.12

5. Conclusion

The study presented the results of the study, whereby female learners (57%, n = 228) of learners were more than male learners (37.75%, n = 172) of learners in the study. About (35.25%, n = 141) of learners were aged 19 years more than any age group. Most (84.5%, n=338) of learners had correct knowledge about HIV/AIDS acquired from life Orientation school lessons as their primary source of information. Majority (97 %, n = 388) of learners knew condoms as one of the prevention methods for HIV/AIDS, but (50.75%, n =203) of learners had negative attitudes towards condom use because they believed that condoms reduces sexual pleasure. The study also found that learners have already started having sexual intercourse when (50%, n =198) of learners reported that abstaining from sex is no longer serious. It is reported by (86%, n = 339) of learners in this study that HIV/AIDS media related programs had positive impact in their sexual lives. The study findings showed that there is a significant relationship between learner's knowledge, attitudes and practices among learners. Discussion of study findings will be discussed in the next chapter.

CHAPTER FIVE

DISCUSSION OF STUDY FINDINGS

5.1 Introduction

This chapter discusses the study results in relation to the objectives of the study and relevant literature. The study assessed media acquired HIV/AIDS knowledge and practices of learners among 400 grade 12 learners from Malamulele Central Circuit schools who are the total population involved in the study. The discussion of findings is presented below organised into demographic characteristics, sources of HIV/AIDS information, learner's knowledge about HIV / AIDS, attitudes of grade 12 learners on HIV/ AIDS, sexual practices of learners and the impact of media on learners.

5.2 Demographic data.

This section provides an overview of the study participants, will cover age, gender and level of education.

Age

The study findings revealed that (37 %, n = 141) of learners who participated in the study were aged 19 years old. This finding is contrary to South African Schools Act of 1996 which stipulates that the age norm for grade 12 earners should be 18 years old (ACT NO.84 of 1996). The study results could mean that a grade 12 learner above 18 years might have started school late, repeated a grade or took a gap year which delayed them to complete grade 12 as stipulated. In study done by Weybright (2017) found that in South Africa, school dropout is a crisis whereby Grade12, only 52% of the age appropriate population remain enrolled. These study results could mean that the recorded number of overage learners in grade 12 school system was caused by grade repetition along the way to grade 12. Current enrolled learners might have taken a gap year due to various reasons.

Gender.

The study findings revealed that the majority (57%, n = 228) of learners in the study were females, few 37.75% (n =172) were males. The results from this study could mean that there were more female learners than male learners for the current grade 12 enrollment. In 2020, South Africa's female population amounted to approximately 30.09 million, while the male population amounted to approximately 29.22 million inhabitants (Stats S.A, 2020). In this study representation of both genders provided an opportunity for better understanding of study results. South Africa male to female ratio at birth was at level of 1.03 males per 100 females in 2020,unchanged from 2015 (world data atlas South Africa topics demographics fertility).

According to media release, gender and education survey (2015) the proportion of literate males and females between the ages 15–24 years declined between 2009 and 2014. Rural young males between ages 15–24 accounted significantly for the decrease.

5.3 Sources of HIV/AIDS information.

The results of the study revealed that majority (84.5%, n=338) of learners reported that they received HIV/AIDS information from school Life orientation subject. Life orientation lessons are made available at schools to create an awareness of HIV/AIDS and sexuality education (Mturi and Bechuke, 2019). The study findings are also supported by Mnguni (2020) who reported that several countries, including South Africa, have now integrated both academic and functional HIV/AIDS education in their formal school curricula. This study results are similar to study done by Govender, Naidoo and Taylor (2019) that most participants 72.9% from their study stated that HIV/AIDS was covered in Life Orientation. Integrated School Health Policy (2017) stipulates that health education including HIV/AIDS is incorporated into the school curriculum and provided through Life Orientation lessons.
This study results showed that learners have access to HIV/AIDS information from Life Orientation lessons which could assist them to make well informed choices about their sexual health to reduce HIV/AIDS infection.

The study results revealed that few (15.5%, n=62) of learners did not receive HIV/AIDS from Life Orientation. It has been found by Mturi and Bechuke (2019) that some learners were uncomfortable, shy or offended when sexual matters were discussed in class which led some Life Orientation teachers to skip teaching certain topics. These study results could mean that HIV/AIDS information from Life Orientation lessons is not given the required attention and learner understanding is based on what is offered by a particular educator. It was expected that all (100%, n =400) of learners report Life Orientation as their source of HIV/AIDS information. However, it is great concern that there were learners in the same study who were not familiar with HIV/AIDS program from Life orientation lessons.

These study results also revealed that the most prominent source of information for HIV/AIDS information among learners in this study is Life Orientation program compared to other sources of information like Love Life program, Television, radio, newspaper, school health program and pamphlets.

The study also revealed that (65.5%, n =262) of learners reported teachers as their source of

HIV/AIDS information. The study results are similar to study done by Mostert et al (2020) who reported that the primary source of information from their study participants were teachers (58.0%) as compared to Television (42.2%), magazines or books (28.9%) and the internet or social media (9.6%).The finding in this study could mean that few (34.5%, n =) of learners who did not consider teachers as their source of HIV/AIDS information were ignorant since they are taught HIV/AIDS at schools by teachers and seem carefree. These findings imply that HIV/AIDS education is disseminated at schools but there is still need for new strategies to encourage all learners to pay attention and acquire sufficient information before they get exposed to HIV/AIDS infection.

The results of this study revealed that (40.25 %, n=161) of learners received HIV/AIDS information from Love life program. Love life program is a well-known non-governmental organisation that provides youth friendly services for HIV prevention. This HIV intervention strategy is accompanied by peer support which is more likely to promote positive outcomes. It has been asserted by Smith et al (2018) that adolescents who had participated in two or more Love Life programmes were less likely than other adolescents to acquire HIV infection. Previous study findings by HIV and AIDS in South Africa –Avert.org (2020) found that there are number of HIV awareness campaigns run by Love life programmes in South Africa using range of different communication techniques Love Life worked more than 2700 schools directly reaching more than 320 000 young people in 2017(Love Life HIV/AIDS network, 2020).The results in this study showed that not all learners had access to Love life program from school and efforts from Love life program is needed to assist them to make well informed choices about their sexual health. These might also be the fact that most schools had minimum access to Love life program as a means of HIV/AIDS communication due to various reasons.

This study also revealed that (24.25%, n =97) of learners watched HIV/AIDS information from TV. Previous study findings found that Soul city television programme was one of the most watched programmes in South Africa, followed by Soulbuddyz series a multimedia vehicle across television to promote health and wellbeing of young people in South Africa. MTV Shuga was aired in 2019 in South Africa is also an award-winning series supported by TV (HIV and AIDS in South Africa –Avert.org, 2020). These study results could mean that learners have minimum access to Television as a resource for HIV/AIDS.

The results in this study also reported that (13.25%, n =53) of learners receive information from the internet. The previous study done by Love life HIV/AIDS network (2020) reported that the Love Life youth website was designed to provide HIV/AIDS information and to encourage

discussion among young people in South Africa. Previous study done by Dube (2020) found that online learning seeming to be one of the best ways of learning, but this innovation is hampered by unavailability of connectivity in some rural context and shortage of devices.
It was noted from this study results that HIV/AIDS programs are accessible to learners from the internet but not all learners are able to access HIV/AIDS information from the internet due to minimum access to resources such as cell phones, computers and data in rural communities. Accessibility to internet is important to anyone for social media platforms. Learners need internet access as the best source to get information on various issues about HIV/AIDS information to prevent HIV/AIDS (Love Life HIV/AIDS network, 2020).

The study also found that (9.75 %, n =39) of learners reported radio as their means of communication for HIV/AIDS. Love life radio programmes reached 1 million young people in 2017. Radio has the power to educate and inform communities in various trending social issues or emergencies reaching large target groups. The study results could mean that radio is playing lesser role in the provision of HIV/AIDS information as believed to be due to minimum access of this resource in rural communities. Accessibility to radio ensures that learners receive their academic updates and also how to prevent the spread of various infections including HIV/AIDS (HIV and AIDS in South Africa –Avert.org, 2020).

The study results also revealed that (4.75%, n =19) of learners reported having read of HIV/AIDS from pamphlets with only (2%, n =8) of learners who have read from newspapers. According to Love Life HIV/AIDS network (2020) Love Life program produces several types of print and materials with HIV/AIDS information that are distributed via partnership with newspapers like UNCUT, Lifestyle magazine, Love Facts etc. and newspaper 2 % (n = 8). This may indicate that not all learners are reached by these means of communication for HIV/AIDS information. Majority of selected schools are located in villages within rural areas where there is minimum access to these resources.

The study results found that (15%, n = 60) of learners reported that they have heard of HIV/AIDS from School health Program. Contrary to this study findings Netshikweta, Olaniyi and Tshitangano (2018) found that almost all grade 12 respondents (n = 128, 84.2%) who participated in the study, learnt about HIV/AIDS from the nurses. An integrated School Health Programme (Government programmes: 2021) outlined that the Department of Basic Education and Health jointly implement the ISHP that will extend the coverage of school health

services including HIV/AIDS to all learners in both primary and secondary schools.it is a great concern that not all learners were exposed to HIV/AIDS information from school health program. These results could mean that learners have minimum access to health services in school setting. Learner's access to School health Program could ensure that they gain insight from various health issues including HIV/AIDS education and could open a way for learners who need support for personal health related challenges.

The previous study findings on 'media communication programmes and HIV transmission risk behaviour among sexually active South African youths'; in which Odimegwu, Adewoyin and Mutanda (2020) reported that media coverage on HIV platforms may actually not be as widespread as believed to. Understanding what sources of information to use when making sexual decisions can aid policy makers and healthcare workers in providing information that will be assessed and used by learners in prevention of HIV/AIDS. Schools are particular a useful setting for HIV/AIDS interventions because they provide an existing community-based infrastructure while reaching a sizable target population during a critical period.

5.4 Knowledge about HIV/AIDS.

This section discusses the various aspects of learner's HIV/AIDS knowledge. Nine (9) closed ended questions were used to assess whether learners knew acronyms of HIV/AIDS or not, definition of HIV/AIDS, major signs or symptoms of AIDS, complications of AIDS, preventive methods of HIV/AIDS and treatment of HIV/AIDS.

HIV/AIDS concepts seem to be a much-publicised topic throughout the media since HIV/AIDS was introduced in South African schools among learners as part of sexuality education in 2002 (Mturi and Bechuke,2019). The study results reported that majority (92.89 %, n =366) of learners were able to define correctly HIV and (90.77%, n = 354) of learners were able to define AIDS correctly. The study results were similar with study results done by Taukeni and Ferreira (2016) who found that HIV/AIDS awareness among adolescent learners in rural community showed some insight into the facts of HIV/AIDS.
The findings in this study were different to previous study findings by Mnguni (2020) who found that 73% of participants from his study did not know certain concepts related to HIV/AIDS. Knowledge about HIV/AIDS concepts is crucial among learners in order to make health education more meaningful with correct information. In this study a (100%, n =400) of learner's response rate was expected from this question since HIV/AIDS concepts seems to be a much-publicised topic throughout the media.

Learners from this study were also familiar about the signs and symptoms of AIDS which could promote learner's positive attitude towards their sexual practice. The study results revealed the ability to identify signs and symptoms of AIDS among learners with (96.25 %, n =385) of leaners who identified weight loss, (31.5 %, n = 126) of learners reported diarrhoea as a sign or symptom of AIDS. The study results were supported by Mostert et al (2020) who conducted study on sexual knowledge and practice of adolescent learners in a rural South African school, their study found that about 80.0% of learners indicated that they had heard about symptoms of AIDS. The results were also supported by Govender et al (2019) who reported that large percentage of the participants from their study were able to identify rapid weight loss (80.1%, n = 261) as a sign or symptom of AIDS and that (62.6%, n = 204) participants from their study reported chronic diarrhoea as signs and symptoms of AIDS. The results from this study could mean that weight loss is the famous sign or symptom of AIDS. Correct knowledge about the signs or symptoms of AIDS is very crucial for learners to seek relevant health interventions in dealing with HIV before the last stage of AIDS. Correct knowledge could also influences positive attitude to reduce stigma attached to AIDS patients due to misconceptions about the signs or symptoms of AIDS (Nemutandani, Hendricks and Mulaudzi , 2015)

The results in this study also revealed that majority learners seemed to be aware of the complications of AIDS although few learner's knowledge were not satisfactory, majority (88%, n =352) of learners selected deformed body shape, (82 %, n = 330) of learners reported death and few (14.8%, n =59) of learners reported hallucinations as complications of AIDS. The results from this study could mean that majority learners might realise the impact that unsafe sexual practice could have on their lives while few learners might not realise the impact that health education has on them to foster healthy sexual habits. Correct knowledge about complications of AIDS could sensitise dangers of unsafe sex among learners which could play a role in reducing their exposure to HIV infection.

Abstinence is one of prevention methods of HIV/AIDS based on a well-known ABC (Abstain, Be faithful and Condomise) strategy. The results from this study reported that (63.0%, n = 252) of learners reported abstinence as a prevention method of HIV/AIDS. This finding is similar to the study done by Muchapondwa (2020) who reported that half of the respondents (50.5%, n=51) believed that abstinence was the best way to prevent HIV/AIDS. The findings from this study could mean that some learners had correct knowledge about abstinence prevention method. The study findings could also mean that there are learners who do not have correct knowledge on abstinence as prevention methods of HIV/AIDS which could have implications for the spread of HIV among learners. Correct knowledge could decrease the risk

of infection and vulnerability during adolescent stage which is a period of great exploratory activities especially sexual activities.

Being faithful is also another method of preventing HIV transmission targeting young people. This study also found that (33%, n =136) of learners knew that being faithful to a partner can prevent HIV/AIDS. The results from this study could mean that few learners were able to rely on being faithful strategy to protect themselves from HIV infection, meaning that there might be high number of learners who already started having sex. Grade 12 learners are mostly at their adolescent stage where the excitement of making friends from opposite sex (girls or boys) is initiated which also influences initiation of sexual intercourse which makes it hard for this prevention method to be adhered. This study results were contrary to Govender et al (2019) who reported that participants from their study had correct knowledge about common prevention methods for HIV and STIs identified including being faithful to one partner (63.8%, n = 208). correct knowledge prior sexual initiation is very crucial among learners to enable them to make well informed sexual choices.

Condomising is also a well marketed prevention method of HIV transmission. The results in this study revealed that almost all learners (97 %, n = 388) of learners knew that condomising is a prevention method of HIV/AIDS. This finding is similar to study done in Cape Town (South Africa) by Mwamba (2021) where (100%) respondents were knowledgeable about condoms. The study findings were consistence with previous study results conducted by Govender et al (2019) who reported that participants from their study had correct knowledge about common prevention methods for HIV and STIs identified including condom use (92.6%, n = 302). The findings from this study could mean that majority learners had knowledge about condom use as prevention method which could influence their sexual behaviour while few learners who are not knowledgeable might have exposed themselves to HIV infection during sexual initiation. Correct knowledge about Condomising as prevention method of HIV/AIDS could influence learner's decision about their sexual practices and could promote safe sex before first sexual encounter.

It is concluded in this study that learners had correct knowledge about ABC (Abstain, Be faithful, and Condomise) approach as prevention method of HIV/AIDS. The findings from the done by Alini (2019) reported that the majority of respondents from his study who had average knowledge of the HIV prevention methods, condom use during the last sexual intercourse was reported to be very low unlike respondents with good knowledge of ABC of HIV/AIDS prevention. Nubed (2016) reported that Students from his study had satisfactory level of

knowledge on HIV/AIDS prevention. The findings from this study could mean that ABC strategy was well marketed in various social media including Life Orientation lessons, billboards on the roads, newspapers /magazines, TV or Radio. Correct knowledge about prevention methods of HIV/AIDS among leaners could limit exposure to HIV/AIDS infection.

The results in this study revealed that learners were knowledgeable about the treatment of HIV/AIDS. It was reported from this study that majority (95%, n = 380) of learners had sufficient knowledge that ARVs are the treatment of HIV/AIDS. This study results were supported by Muchapondwa (2020) who reported that majority (65.3%, n=66) of learners from his study had knowledge that ART has helped to manage HIV and AIDS. The findings from this study could mean that most learners had correct knowledge about the treatment to manage HIV/AIDS which revealed that learners had clear understanding and adequate knowledge which could decrease their risk of contracting HIV. The study results could also mean that few learners who do not have correct knowledge about ARV treatment might have misconceptions about the treatment of HIV/AIDS which promotes risk to contracting HIV.

The findings from this study on various knowledge aspects reflected an inadequate covering of HIV/AIDS education and communication from both secondary schools and various media coverage. Knowledge gaps were identified from some learners who reported incorrect knowledge on various aspects of HIV/AIDS reported above. A vast majority of learners reported correct knowledge of HIV/AIDS while few reported incorrect knowledges assessed by above questions. This finding suggests that there is a need to introduce risk reduction messages targeting grade 12 learners to promote HIV/AIDS education.

5.5. Attitudes of grade 12 learners regarding HIV/AIDS.

This section discusses attitudes of learners towards HIV/AIDS. Eleven (11) questions were used to measure the learner's attitudes towards HIV/AIDS. Learners were asked to indicate their responses in five-point Linkert scale (Agree, strongly agree, Disagree, strongly disagree and undecided). For the sake of analysis "strongly agree" and "agree" were grouped together as agree; while "strongly disagree" and "disagree" were grouped as disagree on the five-point Likert scale, where a score of undecideds was neutral.

The necessity for youth friendly services is crucial at local clinics targeting learners to promote free access to condoms. The results from this study revealed that (61%, n = 244) of learners were not embarrassed to collect free condoms from the clinic. The results from this study could

mean that some learners felt that they could receive condoms at local clinic without being embarrassed. This positive attitude is in line with the provision of access to condoms to teenagers as stipulated in section 134 of the Children's Act 38 of 2005. The results concur with Govender et al (2019) whose study found that 52% learners from their study knew that condoms are available at no cost from clinics and hospital. It was also noted that there were few (25%, n =100) of learners from this study who felt embarrassed to collect condoms at their local clinic. This could mean that these learners were faced with the barrier of shyness to collect condoms which might be influenced by long ques or unfriendly staff. According to Dzah (2019) participants who had inadequate knowledge regarding HIV/AIDS, manifested negative attitudes towards condoms and also engaged in risky practices that might expose them to HIV transmission. Those with adequate knowledge were more likely to display positive attitudes towards HIV/AIDS prevention methods. Learners' knowledge play a vital role in promoting positive attitude towards issues that affects their sexual health. There is relationship between knowledge of learners and attitudes towards the preventative methods of HIV.

It was discovered in the present study that (50.75%, n =203) of learners had negative attitudes towards condoms. It was noted from learner's responses that condoms reduce sexual pleasure. This negative attitude could mean that there are learners who believe that condoms reduce sexual pleasure which might have influenced by what they learned from their peers who have experienced it or believed so. These findings confirm those conducted by Chavalala (2018) who found that 56.2% of learners indicated that they did not like using condoms because they reduce sexual pleasure. Govender, Naidoo, and Taylor (2019) also found that (16.3 %, n = 53) of learners agreed that using a condom during sexual intercourse reduces sexual pleasure. It was also noted from this study results that (32.5%, n =130) of learners disagreed with this view. This could mean that consistent use of condoms depends on the knowledge that a learner has which promotes the positive attitude. To understand this perception from learners (table 4.14), learners were classified per school. It was found in this study that there is an association between learner's negative attitude that condoms reduce sexual pleasure and school they belong to. This might mean that some schools might receive HIV/AIDS information from external service providers like school health programs or love life programs which render youth friendly services to promote positive attitude to condom use.

It was also found that learners had positive attitude when majority (88%, n = 353) of learners agreed that if they use condoms, they will prevent themselves from HIV. This study results are supported by the findings from study done by Chavalala, Lebese and Tshivase (2019) reported that (88.7%, n =307) of students indicated that they had knowledge about the protection that

condoms provide against HIV /AIDS, STIs, and pregnancy, whereas (n=39, 11.3%) of students indicated insufficient knowledge. This study results could mean that learners have different ideas about condom usage influenced by the belief that they have. About (6.1%, n =11) of learners from this study disagreed that if they use condoms, they will prevent themselves from HIV. This study finding is in line with Mostert et al (2020) who found that Participants from their study were unsure about whether condoms always prevented sexually acquired infections (39.0%). This study results could mean that these learners don't perceive themselves at risk of contracting HIV infection and does not see the reason for condom prevention measure. Clear information pertaining condom use should be unpacked to assure learners that condoms are not only used for prevention of teenage pregnancy but also for various sexual infections including HIV/AIDS (Chavalala, Lebese and Tshivase ,2019).

Another positive attitude discovered by the study was that (61%, n = 243) of learners did not associate condom use with lack of trust to their sexual partners. This study findings is contrary to study findings done by Govender et al (2019) (16%, n =52) of learners agreed that their partners would reject them if they asked them to use a condom. The results from this study could mean that some learners are assertive to their partners which promotes positive attitude towards condom use. It was also reported by this study findings that (26%, n =102) of learners were unable to tell their partners to use condoms. This was noted as a negative attitude which could mean that there were also learners who were faced with fear of rejection to negotiate condom use. Condom use is difficult to use since it requires cooperation of both partners, condoms has been generally portrayed as lack of trust in relationships. Beliefs about condom use promote attitudes attached to such particular belief (Nyembezi ,2015).

The study discovered that (67%, n = 268) of learners did not perceive their age as protection for HIV/AIDS infection. This is a positive attitude that was observed that might encourage learners to negotiate condom use with their sexual partners due to sufficient knowledge of contracting HIV/AIDS. This study results could mean that accurate information about prevention methods of HIV influences consistent use of prevention measures. It was also noted from this study that (28% n =110) of learners believed that they were too young to get HIV. This negative attitude could mean that these learners were ignorant to their HIV status as well as their partner's HIV status with the belief that they are safe since they are too young to contract HIV

It was also discovered in this study that (67%, n=262) of learners believe in practising safe sex even though they are faithful to their sexual partners. This is a positive attitude that shows

that learners are not willing to risk contracting HIV/AIDS relying on faithful partners as a protection. Contrary to this study finding Mostert et al (2020) reported that not all of the sexually active participants from their study used a condom (61.9%), with 21(42.9%) reporting that they 'sometimes, rarely or never' use a condom. Negative attitude was noted when (22%, n =22) of learners agreed that they do not need to practice safe sex since they are faithful to their partners. This study results could mean that learners are exposed to risk of HIV infection.

Negative attitude was noted in this study findings when half (50%, n =198) of learners agreed that abstaining from sex is no longer serious anymore. Previous study findings by Mostert et al (2020) most of the learners from their study stated that 'being in love' was an acceptable reason for engaging in sexual activity. In this study negative attitude towards abstaining as a prevention method of HIV infection was noted, giving a clear picture that half of learners have already engaged in sexual intercourse which exposes them to HIV infection when necessary precautions are ignored. The findings from this study also revealed that few 32.5% (n = 130) of learners disagreed that abstaining from sex is no longer serious anymore. This finding from the study concurs with Tiana (2018) who found that adolescents who had positive attitudes and intentions about abstinence had a reduced likelihood of subsequently engaging in sex.

Furthermore, the study revealed positive attitudes towards means of HIV/AIDS communication among learners.it was noted when majority (86%, n = 334) of learners asserted that there is a need for HIV/AIDS information published in every newspaper, disseminated on radios (91%, n = 356), and (95%, n = 378) of learners broadcasted via different TV channels. This could mean that learners need media efforts to spread HIV/AIDS infection. The results from previous study done by Mostert et al (2020) revealed that most participants from their study were introduced to sex-education at 11.2 years, their primary source of information as teachers (58.0%), Television (42.2%), magazines or books (28.9%) and the internet or social media (9.6%) were the most important other sources of knowledge. Participants felt that magazines or books could be better utilised as teaching aid in future (32.1%), as well as social media (12.3%). Learners needs media delivered HIV messages via television and social media as effective educational tools since they are widely available via cell phone and interactive (Netshivhuyu ,2017).

This study revealed positive attitude among learners towards condom use as the most popular prevention method of HIV/AIDS. However, there were also some learners who found it difficult to talk to their partners about condom use. Most learners also did not value abstaining as an important option for prevention method of HIV/AIDS, with few learners who relied on being faithful as a prevention method of HIV/AIDS. The number of undecided responses from the

questionnaires demonstrated that learners were unsure about their answers and might have misunderstood their risks of contracting HIV infection. It was also noted from this study that learners attitudes were determined by the information that they obtained from different sources of HIV education which influenced their beliefs leading to their attitudes towards particular prevention methods.

5.6 Sexual practices of grade 12 learners.

This section discusses seven (7) questions used to assess the sexual practices of learners. Learners were asked to indicate their responses in five point Linkert scale (Agree, Strongly agree, Disagree ,strongly disagree and undecided) on whether they use personal prevention methods, last time they had sex, use of condoms on last sexual occasion ,relationship with person last had sex with ,number of sexual partners and whether they use condoms or not. For the sake of analysis “strongly agree” and “agree” were grouped together as agree; while “strongly disagree” and “disagree” were grouped as disagree.

This current study found that (67.75% n =271) of learners used condoms for personal prevention method. This could be attributed to the reason that learners in this study had correct knowledge about condoms as prevention method. In contrast Chauke (2018) found that (53.2%, n =134) of learners from his study disagreed with the statement that condoms can protect learners from sexual transmitted infections.
It was noted in this study that (24.75%, n = 99) of learners used abstinence as personal prevention method. This suggests that most participants had a positive attitude towards abstinence which promotes good practice. This study results are contrary to study findings from research done by Govender, Naidoo, and Taylor (2019) who found that 26.7% stated that abstaining from sex is difficult during adolescent years. It was also found that there were (7%, n = 28) of learners who believe in being faithful to protect themselves from HIV/AIDS. It is a concern that (0.5%, n=2) of learners reported that they do not use any method for personal prevention.

The study findings reported that (28.5%, n = 114) of learners had sex months ago, with few (18 %, n=72) of learners had sexual intercourse weeks ago, (16 %, n=64) of learners had sex days ago and (9.25%, n=37) of learners who had had sexual intercourse years ago. The responses in this study suggest that grade 12 learners are sexually active. This study finding is in line with the study findings by Chauke (2018) who found that (59.9%, n =161) of learners from his study were sexually active. To understand the positive attitude towards sexual risks

of learners (Table 4.27), learners' breakdown per gender was done. This study found that majority (10 %, n = 40) of male learners had sex days ago as compared to (5.5 %, n = 22) female learners who had sex days ago. This is contrary to study done by Govender et al (2019) who found that (18.7 %, n=61) where participants thought that a female who remains a virgin during her adolescent years is old-fashioned. Instead, this study further revealed that (17.75%, n =71) of female learners never had sex as compared to (7.5%, n =30) of male learners who never had sex. The results from this study could mean that male learners are more likely to experiment sex at this target age more than female learners.

The prevalence of multiple sex partners recorded in this study is low recording (13.7% ,n = 54) of learners who had 2-3 partners, (4.6% ,n = 18) learners who had 4-5 partners and lastly by (3.5% ,n = 14) of learners who had 6 partners and above, when compared with that of previous study conducted by Mokgatle, Madiba and Cele (2021) show that more males reported multiple sexual partners (46% ,n = 114) of leaners.

It is a great concern that study revealed that grade 12 learners have tendency of having multiple sexual partners (6.75%, n = 27), (5.25%, n = 21) of learners had sex with casual partners, (1.5%, n = 6) of learners had sex with prostitutes and (1.25%, n = 5) of learners had sex with cohabitating partners. This suggests that learners do not see anything wrong with multiple sexual relations which expose them to HIV/AIDS infection. This study finding concurs with other researchers Odimegwu et al (2020) with similar study findings that 12.6% respondents had multiple sexual partners.

The study results revealed that majority (68.75%, n = 275) of learners last had sex with their boyfriend/girlfriend, but it was noted that less than few (43.25%, n = 173) of learners used condoms during the last time they had sex with their boyfriend/girlfriend. The study findings is similar to study done by Odimegwu, Adewoyin and Mutanda (2020) who reported that less than 50% of learners from their study used condoms in their last sexual intercourse with their boyfriend/girlfriend. With regard to risky sexual behaviour, majority (60.5%, n = 242) of learners from this study revealed that they condoms during sexual intercourse. Contrary to this study findings Mokgatle et al (2021) reported that (39.3 %, n =269) of learners from their study reported not using a condom during sexual intercourse. This study found that learners were tested for HIV/AIDS, majority (n = 109) learners were tested for HIV less than 12 months, few (9%, n = 36) of learners were tested from 12-24 months ago and (9%, n =36) were tested from 2 or more years ago. Nyasulu et al (2018) reported that (60.7%, n =122) of learners viewed voluntary counselling and testing (VCT) as an important component in HIV prevention

It was discovered from this study that some grade 12 learners are sexually active, this was noted from learner's sexual behaviour when they reported that they practice safe sex by using condom during sexual intercourse. There were also learners who reported that they do not use condoms during sex with their partners. This was attributed to the reason that maybe they opted to abstain as prevention method of HIV, or they opted to be faithful to their sexual partners. The reported age of sexually active learners in this study is similar to previous studies by Mokgatle and Madiba (2017). A major aspect of concern is that learners reported that they are sexually active, with some learners having unprotected sexual intercourse and having multiple sexual partners. It was also noted that girls tend to have their sexual initiation at a later age than boys. Some learners from this study they did not value HCT (HIV Counselling and Testing). This might be due to reasons that they did not realise the risks they are exposed to when they engage in sexual intercourse. It is crucial that prevention interventions should focus on learner's sexual behaviour problems which promote the spread of HIV among learners.

5.7. Impact

The current study found that majority (86% ,n = 339) of learners revealed that exposure to HIV/AIDS media related programs positively influenced their sexual practices. These findings could mean that media related programs might not be enough to reach all learners, but correct knowledge promotes safe sexual practices. This finding is in line with the study findings by Odimegwu, Adewoyin and Mutanda (2020) who conducted the study on Media communication programmes and HIV transmission risk behaviour among sexually active South African youths. Their study findings found that condom use was highest among respondents with a high exposure to HIV media communication programmes (67.4%). In study conducted by Muchapondwa (2020) it was found that majority of respondents (91.1%, n=92) of leaners agreed that they can apply some of the things they have learnt in Life Orientation, like HIV/AIDS in their personal life.

It was observed that generally, a higher proportion of grade 12 learners held more positive and correct opinions about the HIV/AIDS issues rose in this study. This might be because more of media exposure sex education as a result of their advanced age. Majority 98 %(n = 392) revealed exposure to HIV/AIDS media related information improved their level of knowledge regarding HIV/AIDS. This could mean that knowledge about HIV/AIDS could also act as an early health intervention among learners prior their decision to personal sexual practices. The study done by Mnguni (2020) argues that the participants had a significantly

higher functional HIV/AIDS knowledge (83 %, n =73) of leaners than academic HIV/AIDS knowledge (33 %, n =54) of leaners.

5.8. Conclusion

There is satisfactory knowledge about the basics of HIV/AIDS. The study results showed that learners were able to distinguish the acronyms of HIV and AIDS as well as to define it. Insufficient knowledge was also detected from negative responses and can be addressed by thoroughly health education in various media platforms. HIV/AIDS education in schools can encourage more adolescent learners to take full responsibility of their sexual lives. Negative attitudes towards condom use were seen as a barrier whereas access to condoms is high in South African communities. Lack of knowledge can lead to unsafe sexual practices which exposes learners to HIV infection. Learners have the right to health education including HIV/AIDS information, the benefits of condom use, correct use of condoms and accessibility of condoms. Study limitations, conclusion and recommendations will be discussed in the next chapter.

CHAPTER SIX

STUDY LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS.

6.1. Introduction

This chapter highlights the limitations of the study and provides conclusions and recommendations. The purpose of the study was to investigate media-acquired HIV/AIDS knowledge, attitudes and practices among secondary school learners at Collins Chabane Local Municipality in Vhembe District. The following were the objectives of the study:

- To describe learner's sources of HIV/AIDS knowledge.
- To assess the level of media-acquired HIV/AIDS knowledge amongst learners.
- To determine the learners' attitude towards HIV/AIDS preventative measures.
- To describe HIV/AIDS preventative practices amongst learners.

6.2 Limitations of the study

The methodology was suitable for the topic, purpose and objectives of the study some limitations were inherent. The study sample included grade 12 learners from only nine secondary schools from Malamulele central circuit in Collins Chabane Local Municipality excluding secondary schools from other circuits of the same municipality. Thus, the current study findings cannot be generalised to all high schools in Collins Chabane local Municipality, Limpopo Province or South Africa as a whole. It was difficult for the researcher to collect data for the study; data collection was collected during COVID 19 pandemic year where there were still misconceptions about the transmission of the virus and fears associated with the virus. This led that some selected participants withdrew from the study. Some learners did not want to cooperate during data collection process stating that information needed is very personal. Thus, the study results revealed that majority 95% (n =380) of learners were Xitsonga speakers. Questionnaires were distributed and explained to study participants by the researcher upon their completion using Xitsonga as their home language. This study finding of Xitsonga as home language might have influenced learners to complete questionnaires, while few 5% (n=20) who were not using Xitsonga language might have misunderstood some questions and failed to complete the questionnaire.

6.3. Conclusion.

TV and Radio are two leading media sources of HIV/AIDS information for adolescents. However, grade 12 learners were mere exposed to HIV/AIDS information from Life Orientation lessons from school for as compared to other media platforms among grade 12 learners. The majority (84.5%) of learners had sufficient knowledge of HIV/AIDS though there were some learners who had incorrect information about HIV/AIDS. Some learners lacked information about the distinction between HIV and AIDS, the transmission of HIV/AIDS, treatment of AIDS and prevention measures of HIV/AIDS. Though 97% of learners knew that condom is one of the prevention measures against HIV infection, about 51% of learners have negative attitudes towards using them citing mythical reason of reducing sexual pleasure.

6.4. Recommendations of the study.

The recommendations below are based on the analysis of the study:

- The Department of Basic Education should engage the Department of Health to ensure that school heath teams collaborate with Love Life facilitators to visit schools together to raise

awareness about HIV/AIDS

- Department Social Development to work together with Department of Basic education to organize campaigns targeting grade 12 learners in secondary schools.
- It is evident that HIV/AIDS education is needed among learners and it should continue to be included in the syllabus as part of the curriculum.
- Media outlets with HIV/AIDS information like pamphlets, newspaper or magazines should also be provided to learners at secondary schools as prevention strategies for HIV/AIDS.
- Department of Education should collaborate with SABC (local radios/TV) to initiate entertainment ways for HIV/AIDS communication targeting learners.
- Further research should be carried out to curb social drivers of increasing HIV/AIDS infection among learners.

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RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Appendix A

Title of the research study: Assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District

Principal investigator: Ms. M Vukeya, MPH student.

Supervisor: Dr Tshitangano T.G

Brief introduction and purpose of the study

A research is a way to learn more about people and events; this research will be conducted at a selected educational district in Vhembe District, for a Master's Degree in Public Health. The purpose of the study is to assess media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District

Outline of the procedure: in this study, respondents will be required to complete a questionnaire to give information regarding learner's exposure to sexuality program in relation to their HIV/AIDS knowledge, attitudes and practices.

Risks or discomfort

It is anticipated that there will be no risks or discomfort for participating in the study.

Benefits: A benefit means that something good happens to you. As a participant, you may not benefit directly from the study, however information received from you and the findings we think might assist the Department of Health in reducing the mortality and morbidity rates caused by HIV/AIDS. The study could also benefit policy makers to review HIV policy in schools.

Reason why respondents may withdraw from the study. Respondents are allowed to withdraw from the study at any stage without any adverse consequences. You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that is okay too. Your parents know about the study.

Remuneration

There is no direct payment to the learner regarding his/her enrollment in the study

Privacy and confidentiality

The researcher will ensure that the names, home address and contact numbers are not published in the findings of the research. The respondents will participate anonymously in the research study and the researcher will ensure that the collected data from the respondents are kept confidential and would never be shared with people unconnected with the research, for example, other participants or your educators.

Research related injury: there should be no research-related injury anticipated during the study.

Persons to Contact in the Event of Any Problems or Queries:

You can contact the researcher (076 56 6654) or my supervisor, Dr Tshitangano T.G (082 448 4111) or the University Research Ethics Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof G.E Ekosse.

APPENDIX B: CONSENT LETTER

Department of Public Health: University of Venda

I am **Margareth Vukeya,** currently enrolled for a Master's Degree in Public Health at the University of Venda. I am kindly inviting you to partake in the research study of the assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District. Your participation will enable the researcher to obtain concrete information concerning media exposure among learners. Your information will be kept private and anonymous for the researcher will not request your name on the questionnaire; in addition, no remuneration will be paid for participating in the study.

I……as a

Grade 12 learner; have voluntarily consented to take part in the research study of the assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District. I have read the consent forms and all my questions and concerns have been addressed and I understand the expectations from me.I also give consent for re-usage of data collected in the study.

Name of the learner…… Signature of the learner……

Date……../……/……

Signature of person obtaining the consent……

Name of the person obtaining the consent……

Dated……/……../……..

If you have any questions and comments, please contact: 076 565 6654

Ms. Margareth Vukeya (Email: bonganiblessy@gmail.com)

Student for Master's Degree in Public Health

University of Venda

APPENDIX C: ASSENT FORM FOR MINORS

Title of the research study: Assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District **Principal investigator:** Ms. M Vukeya, MPH student.

Supervisor: Dr Tshitangano T.G

We are doing a research to assess media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District. Research is a way to learn more about people. If you decide that you want to be part of this study, you will be asked to have a consent forms to be signed by your parents/guardian and also sign assent form at an arranged time with the researcher to give consent to participate in the study as a minor.

Risks or discomfort

We do not anticipate that there will be any risks or discomfort for participating in the study.

Benefits: A benefit means that something good happens to you. As a participant, you may not benefit directly from the study but we think any benefits might assist the Department of

Health in reducing the mortality and morbidity rate caused by HIV/AIDS. The study could also benefit policy makers to review the HIV policy in schools.

Reason why respondents may withdraw from the study. Respondents are allowed to withdraw from the study at any stage without any adverse consequences. If you do not want to be in this research study, we will provide you with information on what other kinds of treatments there for HIV/AIDS, therefore, you do not have to be in this study if you do not want to be. Your parents know about the study too.

Remuneration

There is no direct remuneration/payment to the respondents/learners for participating in the study

Confidentiality

When we are finished with this study, we will write a report about what was learned. This report will not include your name or indicate that you were a respondent in the study.

If you decide you want to be in this study, please write and sign your name, below.

I, _____, want to be in this research study.

_____ _____

(Sign your name here) (Date)

APPENDIX D: REQUISITION LETTER TO CONDUCT A SURVEY

The University of Venda
Private bag X 5050
Thohoyandou, 0950

The Circuit Manager
Malamulele Central Circuit offices
Malamulele
0982

Dear Sir/Madam

RE: REQUEST TO CONDUCT RESEARCH WITH GRADE 12 LEARNERS OF MALAMULELE CENTRAL CIRCUIT.

I am a registered student for a Masters of Public Health degree at the University of Venda. I am expected to undertake a research project to fulfill the requirements for the Degree. I have observed that the rate of HIV/AIDS amongst learners is rapidly increasing. This has made me wonder about the impact of media programs among learners. I want to assess media acquired

HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District.A questionnaire will be used to collect data and confidentiality of information will be ensured. The study results will be made available at the University of Venda library. I am hereby asking for your permission to conduct this research study. I believe the results of the study may help the Department to analyze media program as an intervention to HIV/AIDS in secondary schools.

Thank you for your cooperation and assistance

……..

Margareth Vukeya

bonganiblessy@gmail.com (076 565 6654)

APPENDIX E1: QUESTIONNAIRE (ENGLISH)

A questionnaire to assess media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District.

Instructions

- ***Do not write your name in the questionnaire.***
- ***Your answers will be kept confidential and will never be shared with your school mates or teachers***

Section 1: Biographic data

NAME OF SCHOOL						
AGE	**14**	**15**	**16**	**17**	**18**	**19**
GENDER		**Male**		**Female**		
HOME LANGUAGE		**Tshivenda**		**Xitsonga**		
CIRCUIT NAME						

Section 2: Media programs that learners are exposed to

1. Which HIV/AIDS related media programs do you know?

		How many times? (Write number in the box)
Life Orientation	1	
Love life	2	
Soul city	3	
Tsha Tsha	4	
Khomanani	5	
School health program	6	
Other	7	

2. Where did you learn it from? Choose one answer

TV	1
Radio	2
Nurses	3
Internet	4
Newspaper	5
Magazine	6
Pamphlets	7
Teachers	8

3. Do you have..... at home? Choose one answer

TV	1
Radio	2
Internet	3
Magazine	4

Newspaper	5
Pamphlets	6

4. How many times do you watch HIV/AIDS related programs on T.V? Choose one answer

Once a week	1
2-3 times a week	2
3-4 times a week	3
5-6 times a week	4
6-7 times a week	5
7-8 times a week	6
9-10 times a week	7
NONE	8

5. How many times do you listen to HIV/AIDS related programs on Radio? Choose one answer

Once a week	1
2-3 times a week	2
3-4 times a week	3
5-6 times a week	4
6-7 times a week	5
7-8 times a week	6
9-10 times a week	7
NONE	8

6. How many times do you read HIV/AIDS related programs on newspaper? Choose one answer

Once a week	1
2-3 times a week	2
3-4 times a week	3
5-6 times a week	4
6-7 times a week	5

7-8 times a week	6
9-10 times a week	7
NONE	

7. How many times do you read HIV/AIDS related programs on pamphlets? Choose one answer

Once a week	1
2-3 times a week	2
3-4 times a week	3
5-6 times a week	4
6-7 times a week	5
7-8 times a week	6
9-10 times a week	7
NONE	8

Section 3: Learners' HIV/AIDS level of Knowledge

8. HIV stands for?

Human Immuno virus	1
Human Disease virus	2
Human Deficiency Virus	3

9. AIDS stands for?

Acquired Immune Deficiency syndrome	1
Aids Disease Syndrome	2
Aids Deficiency Syndrome	3

10. What is HIV?

Is a virus that causes T.B	1
Is a virus that causes Pneumonia	2
Is a virus that kills	3
Is a virus that causes AIDS	4

11. What is AIDS?

Is a disease caused by virus that destroys immune system to fight against group of health problems.	1
Is a killing disease	2
Is a disease caused by prostitution	3
Is a disease caused by witches	4

12. Choose any 3 major signs and symptoms of HIV/AIDS

T.B	1
Pneumonia	2
Anaemia	3
Headache	4
Loss of weight	5
Diarrhoea	6
Shortness of breath	7
Cough	8
Vomiting	9
Dizziness	10

13. What are the complications of HIV/AIDS? Choose any 3 that you know

Death	1
Drug resistance	2

Swollen legs	3
Deformed body shape	4
Hallucinations	5

14. What are the prevention methods of HIV/AIDS? Choose any three

Abstaining	1
Be faithful	2
Condomise	3
Do not touch another person's blood	4
Do not hold hands of HIV positive person	5
Not sharing bathroom with HIV/AIDS person	6
Sharing injections	7
Having sex with a virgin	8

15. What is the treatment of HIV/AIDS? Choose any that you know

Prophylaxis	1
ARV	2
Drug resistance medicine	3
AZT	4
None	5

Section 2: Attitudes

Complete the statement according to the scale given.

SA= STRONGLY AGREE; A=AGREE; U=UNDECIDED; D=DISAGREE; STRONGLY DISAGREE

Statement	SA	A	U	D	SD
16. .HIV/AIDS related information should be broadcasted via different TV channels					
17.HIV/AIDS related information should be disseminated on Radios					
18.HIV/AIDS messages should be published in every newspaper					
19. Abstaining from sex is no longer serious anymore					
20. I don't have to worry about contracting HIV/AIDS if I abstain.					
21. I am faithful to my partner, I don't need to practice safe sex					
22. I'm too young to get HIV					
23. If I use condom my partner will see it as a sign of mistrust					
24. If I condomise I will prevent myself from HIV					
25. Condoms reduces sexual pleasure					
26. I am embarrassed to collect free condoms from clinic					

Section 3: Practices

27. How do you prevent yourself from contracting HIV?	a) Abstaining b) Be faithful c) Condomise d. None from above

28. When was the last time you had sexual intercourse?	a)days ago b)weeks ago c)months ago d)years ago e)Never
29.The last time you had sexual intercourse, was condom used	a)Yes b)No
30.What was your relationship to this person whom you last had sex ?	a)girlfriend/boyfriend b) cohabitating partner c) casual partner d)Prostitute e) other
31. How many sexual partners do you have?	a) 1 partner b) 2-3 Partners c) 4-5 partners d) 6 partners and above e) None
32. When was the most recent time you were tested for HIV?	a)Less than 12 months b)12-24 months ago c) 2 or more years ago d) Never
33.I do not condomise	a) Yes b) No

Section 4: Impact

1. My exposure to HIV/AIDS media related programs influences my sexual practices?

Yes	1
No	2

2. My exposure to HIV/AIDS media related information improved my knowledge?

Yes	1

No	2

XITANDZHAKU XA E2: SWIVUTISONHLOKOHLISO (XITSONGA)

Swivutisonhlokohliso swo kambela vutivi bya mfikelelo wa swihangalasamahungu hi ta HIV/AIDS, mavonelo na maendlelo exikarhi ka vadyondzi eka Masipala wa Muganga wa Collins Chabane eka Xifundzatsongo xa Vhembe.

Switsundzuxo

- ***U nga tsali vito ra wena eka phepha ra swivusitonhlokohliso.***
- ***Tinhlamulo ta wena ti ta va xihundla nakona ti nge hangalasiwi eka vadyondzi van'wana kumbe vadyondzisi.***

Xiyenge xa 1: Vuxokoxoko bya swa vutomi

VITO RA XIKOLO						
MALEMBE	**14**	**15**	**16**	**17**	**18**	**19**

RIMBEWU	**Xinuna**	**Xisati**
RIRIMI RA LE KAYA	**Xivenda**	**Xitsonga**
VITO RA SEKETE		

Xiyenge xa 2: Minongonoko ya swihangalasamahungu leyi vana va yi tivaka

1. Hi yihi minongonoko ya swihangalasamahungu leyi u yi tivaka?

Life Orientation	1
Love life	2
Soul city	3
Tsha Tsha	4
Khomanani	5
Nongonoko wa School Health	6
Yin'wana	7

2. U yi tivela kwihi. Hlawula nhlamulo yin'we.

Thelevhixini	1
Rhadiyo	2
Vaongori	3
Inthanete	4
Phephahungu	5
Magazini	6
Phamfulete	7
Vadyondzisi	8

3. U na ..... ekaya. Hlawula xin'we.

TV	1
Radio	2
Internet	3
Magazine	4

Newspaper	5
Pamphlets	6

4. U vona nongonoko wa swa HIV/AIDS kangani eka thelevhixini. Hlawula yin'we.

Kan'we evhikini	1
Ka 2-3 evhikini	2
Ka 3-4 evhikini	3
Ka 5-6 evhikini	4
Ka 6-7 evhikini	5
Ka 7-8 evhikini	6
Ka 9-10 evhikini	7
A NDZI VONI	8

5. U yingiseka nongonoko wa swa HIV/AIDS kangani eka rhadiyo. Hlawula yin'we.

Kan'we evhikini	1
Ka 2-3 evhikini	2
Ka 3-4 evhikini	3
Ka 5-6 evhikini	4
Ka 6-7 evhikini	5
Ka 7-8 evhikini	6
Ka 9-10 evhikini	7
A NDZI VONI	8

6. U hlaya switsariwa swa HIV/AIDS kangani eka phephahungu? Hlawula yin'we.

Kan'we evhikini	1
Ka 2-3 evhikini	2
Ka 3-4 evhikini	3
Ka 5-6 evhikini	4
Ka 6-7 evhikini	5
Ka 7-8 evhikini	6
Ka 9-10 evhikini	7

A NDZI VONI	8

7. U hlaya switsariwa swa HIV/AIDS kangani eka tiphamfulete? Hlawula yin'we.

Kan'we evhikini	1
Ka 2-3 evhikini	2
Ka 3-4 evhikini	3
Ka 5-6 evhikini	4
Ka 6-7 evhikini	5
Ka 7-8 evhikini	6
Ka 9-10 evhikini	7
A NDZI VONI	8

Xiyenge xa 3: Xiyimo xa mudyondzi xa vutivi hi swa HIV/AIDS.

8. HIV yi yimele …….

Human Immuno virus	1
Human Disease virus	2
Human Deficiency Virus	3

9. AIDS yi yimele ……..

Acquired Immune Deficiency syndrome	1
Aids Disease Syndrome	2
Aids Deficiency Syndrome	3

10. Xana HIV i yini?

I vuvabyi lebyi vangaka rifuva	1

Vhayirasi leyi vangana nyumoniya	2
Vhayirasi leyi dlayaka	3
Vhayirasi leyi vangana AIDS	4

11. Xana AIDS i yini?

I vuvabyi lebyi vangaka hi vhayirasi leyi hlaselaka masocha ya miri lama lwaka na ntlawa wa swiphiqo swa rihanyo.	1
Vuvabyi lebyi dlayaka	2
Vubabyi lebyi vangiwaka hi vunghwavavana.	3
Vuvabyi lebyi vangiwaka hi valoyi	4

12. Hlawula swikombokulu na swikombetokulu swinharhu swa HIV/AIDS.

Rifuva	1
Anemiya	2
Ku pandza hi nhloko	3
Ku hunguteka ka ku tika	4
Nchuluko	5
Ku tikeriwa ku hefemula	6
Ku khohlola	7
Ku hlanta	8
Nsululwana	9

13. Xana nhlangahlangano wa HIV/AIDS hi wihi? Hlawula swinharhu leswi u swi tivaka.

Rifu	1
Ku ala maphilisi	2

Ku pfimba milenge	3
Ku lahlekeriwa hi xivumbeko xa miri	4
Mihahamo	5

14. Maendlelo mo tisirhelela eka HIV/AIDS hi wahi? Hlawula manharhu.

Ku ka u nga endli swa masangu	1
Ku tshembeka	2
Ku tirhisa khondomo	3
U nga khomi ngati ya munhu un'wana	4
U nga khomi mavoko ya munhu loyi a nga na HIV/AIDS.	5
U nga tirhisi xihambukelo na munhu loyi a nga na HIV/AIDS.	6
U tirhisa nayiti yin'we.	7
U endla swa masangu na munhu loyi a nga si tshamaka a endla swa masangu.	8

15. Xana HIV/AIDS yi tshunguriwa njhani? Hlawula ndlela leyi u yi tivaka.

Ntshungulonsivelo (prophylaxes)	1
Maphilisi ya ARV	2
Murhi wo ala na xidzidziharisi	3
AZT	4
A swi kona	5

Xiyenge xa vumbirhi: Mavonelo

Hetisa swivulwa leswi hi ku tirhisa xikeli lexi nyikiweke.

PS = PFUMELA SWINENE;; P = PFUMELA; TT = TEKI TLHELO; K = KANETA; KS = KANETA SWINENE

Switatemente	PS	P	TT	K	KS
16. Mahungu ya HIV/AIDS ma fanele ku hangalasiwa eka switici swo hambanahambana swa thelevhixini.					
17. Mahungu ya HIV/AIDS ma fanele ku hangalasiwa eka switici swo hambanahambana swa rhadiyo.					
18. marungula ya HIV/AIDS ma fanele ku kandziyisiwa eka maphephahungu hinkwawo.					
19. Ku ka u nga endli swa masangu a swa ha ri na nkoka.					
20. A ndzi fanelangi ku vilela hi ku va ndzi khomiwa hi HIV/AIDS loko ku ve a ndzi endli swa masangu.					

21. Ndza tshembeka eka murhandzani wa mina, a ndzi boheki ku endla masangu yo hlayiseka.					
22. Ndza ha ri lontsongo ku va ndzi nga khomiwa hi HIV.					
23. Loko ndzi tirhisa khondomo na murhandzani wa mina swi komba leswaku a hi tshembani.					
24. Loko ndzi tirhisa khondomo ndzi sivela ku khomiwa hi HIV.					
25. Khondomo yi hunguta ku titsakisa hi swa masangu.					
26. Ndza nyuma ku ya teka tikhondomo etliliniki.					

Xiyenge xa 3: Mitolovelo

27. U sivela njhani ku va u nga khomiwi hi HIV?	a) Ku va u nga endli swa masangu b) Ku tshembeka c) Ku tirhisa khondomo d. A ku na nhlamulo eka leswi boxiweke
28. U hetelele rini ku endla swa masangu?	a) Masiku lama nga hundza b) Mavhiki lama nga hundza c) Tin'hweti let inga hundza d) malembe lama nga hundza e) A ndzi si tshama ndzi endla
29. Eka nkarhi wo hetelela loko u endla swa masangu, mi tirhisile khondomo?	a) Ina b) E-e
30. Vuxaka bya wena na munhu loyi mi nga endla swa masangu ro hetelela a ku ri byihi?	a) Muhlekisani b) Muhlekisani loyi mi tshamaka swin'we c) Munhu loyi mi ngo tihlanganela d) Nghwavavani e) Swin'wana
31. U endla timhaka ta masangu na vanhu vangani?	a) Murhandzani un'we b) Vanhu va 2-3 c) Vanhu va 4-5 d) Vanhu va 6 ku ya ehenhla e) A ndzi endli

32. Hi wihi nkarhi wo hetelela u nga kambela HIV?	a) Ehansi ka tin'hweti ya 12 b) Tin'hweti ta 12-24 leti hundzeke c) Malembe ma 2 kumbe kutlula lama hundzeke. d) A ndzi si tshama
33. Wa tirhisa khondomo?	a) Ina b) E-e

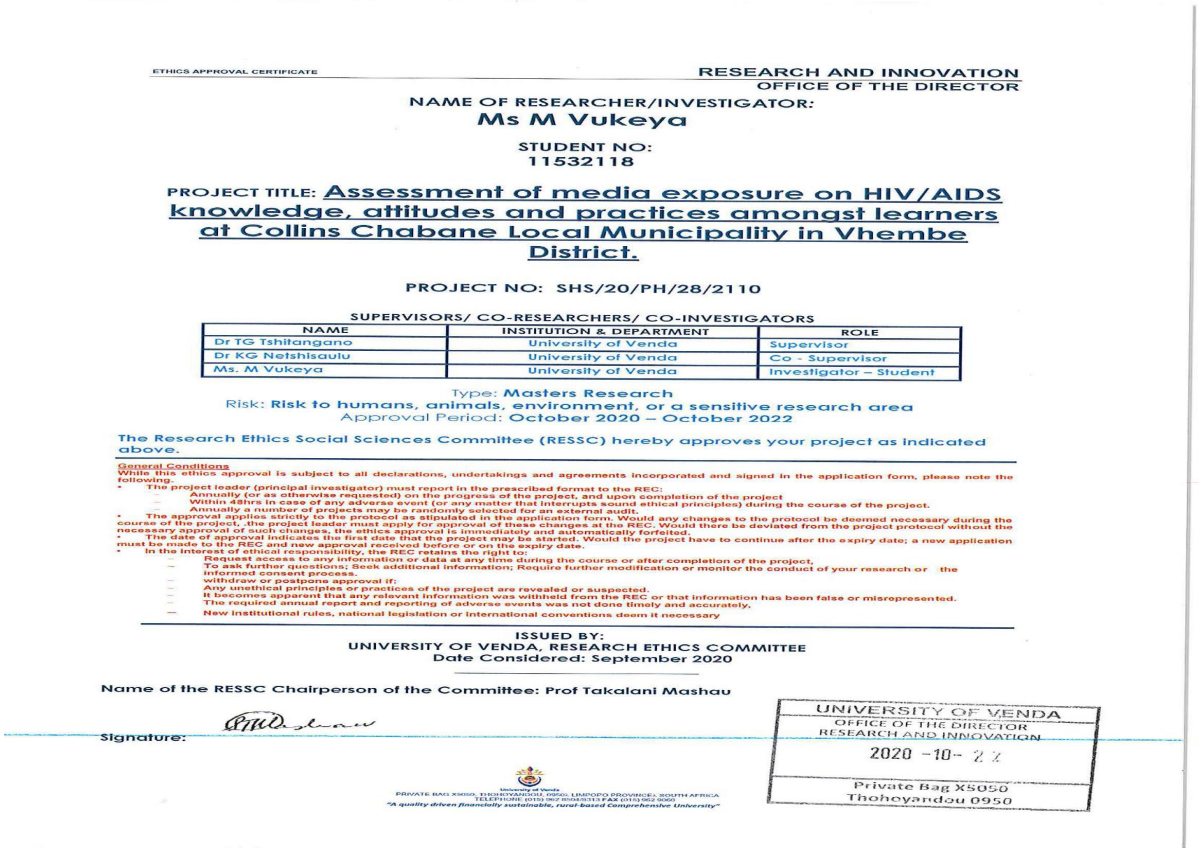
Xiyenge xa 4: Xiave

1. Mpfikelelo wa mina wa minongonoko ya swa mahungu ya HIV/AIDS swi kucetela maendlelo ya mina ya swa masangu.

Ina	1
E-e	2

2. Mfikelelo wa mina wa minongonoko ya mahungu ya HIV/AIDS swi engetela vutivi bya mina.

Ina	1
E-e	2



ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms M Vukeya

STUDENT NO:
11532118

PROJECT TITLE: **Assessment of media exposure on HIV/AIDS knowledge, attitudes and practices amongst learners at Collins Chabane Local Municipality in Vhembe District.**

PROJECT NO: SHS/20/PH/28/2110

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr TG Tshitangano	University of Venda	Supervisor
Dr KG Netshisaulu	University of Venda	Co - Supervisor
Ms. M Vukeya	University of Venda	Investigator – Student

Type: Masters Research
Risk: Risk to humans, animals, environment, or a sensitive research area
Approval Period: October 2020 – October 2022

The Research Ethics Social Sciences Committee (RESSC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately.
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: September 2020

Name of the RESSC Chairperson of the Committee: Prof Takalani Mashau

Signature:

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2020 -10- 22
Private Bag X5050
Thohoyandou 0950

PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8304/8313 FAX (015) 962 9060
"A quality driven financially sustainable, rural-based Comprehensive University"

CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

TO: DR MC MAKOLA

FROM: DR T MABILA

CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

DATE: APRIL 2021

SUBJECT: ASSESSMENT OF MEDIA EXPOSURE ON HIV/AIDS KNOWLEDGE, ATTITUDES AND PRACTICES AMONG LEARNERS AT COLLINS CHABANE LOCAL MUNICIPALITY IN VHEMBE DISTRICT

RESEARCHER: VUKEYA M

Dear Colleague

The above researcher's research proposal served at the Limpopo Provincial Research Ethics Committee (LPREC). The ethics committee is satisfied with the ethical soundness of the proposal.

Decision: The research proposal is granted full approval and ethical clearance.

Regards

Chairperson: Dr T Mabila

Secretariat: Ms J Mokobi

Date: 28/04/2021

TRANSLATION CERTIFICATE

December 2021

To whom it may concern

***Dissertation Title**: Assessment of media acquired HIV/AIDS knowledge, attitudes and practices among learners at Collins Chabane Local Municipality in Vhembe District.*

This serves to confirm that I translated Appendix E2: Questionnaire for the above mentioned study. When translating the questionnaire, I took into consideration the age, level of education, cultural values and vocabulary information around subject matter and target audience. The language used is user friendly and can easily be understood by any Xitsonga
speaker.

Regards,
Dr Arnold Mushwana (PhD)
Email: mushwa@unisa.ac.za
Cell: 079 913 6333