

**AN INVESTIGATION OF KNOWLEDGE ON HIV / AIDS AND
ABUSE OF SUBSTANCES AMONG GRADES 6 AND 7 LEARNERS
IN THE ATOK AREA (LIMPOPO PROVINCE)**

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CHAPTER ONE

GENERAL ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The new democratic government of South Africa strives for equity in all sectors of the society. It works hard to undo inequities that are the legacy of apartheid. In spite of the change in the system of education and the lifestyles of South Africans in general, learners in the rural areas, are still experiencing frustrations and other problems such as dropping out of school, teenage pregnancy, sexually transmitted infections (STIs), substance abuse and involvement in crime and violence. Rural schools are slow to change, and in many cases they still lag behind their urban counterparts. As a result the Outcome Based Education system, which has since been introduced by the new Government, is not as yet effective in rural schools. The other reason for this slow change in rural schools is because many educators who were already in the field when O.B.E was introduced, have not been adequately trained to provide Life Orientation skills to learners. A large number of educators are still either uncomfortable to provide these skills or are reluctant to change their mindset. As a result there are still problems of early indulgence in sexual activities and substance abuse. While other contributing factors are that many of these schools are still under resourced and are not easily accessible due to lack of infrastructure, such as roads, electricity and water.

The National Qualifications Framework (NQF), which has since been introduced by the government, was born out of the need to change the education system. The new government's goal is to meet the socio-economic needs of all South Africans, and also to provide all learners with equal opportunity so that all learners might benefit from the system.

The centre of change in school has embraced Curriculum 2005, which emphasises Outcome Based Education (OBE). However, because of their historical disadvantages, rural schools in particular, are currently faced with a huge challenge of implementing the new approach while they have meagre resources, inadequate facilities and lack of parental involvement in the education of children as a legacy.

Educators, all by themselves, cannot cope with the daunting task of educating children and also providing them with life skills training on issues such as substance abuse and HIV/AIDS. To complement parent and community involvement in under-resourced areas (in particular areas that lack treatment centres for substance abuse), there is, therefore, a need for a multi disciplinary approach in the school system. This should involve social workers serving as a link between the school, home and other community institutions such as health, justice and correctional services in both the primary prevention of HIV/AIDS and substance abuse among learners.

Prevention programs on HIV/AIDS and substance abuse at school are essential, as Fuedo, Shulman, Shedlin and Burleson (1998: 49-58) have mentioned that AIDS is the leading cause of a future dearth of leaders as it is responsible for the high death rate that robs society of its young people. To curtail this problem, it is, therefore, essential that primary prevention programs that target the youth even before they become sexually active, should be designed. Such programs should not be confined to isolated professions, but should be multi-disciplinary in approach and should emphasise a collaborated service among educators and other workers in health, justice, welfare, correctional services and other departments. Social workers must serve as a link between the learners, home and the school. It is essential therefore, that those social workers should serve as the link in the multi-disciplinary team that serves the learners.

In the Republic of South Africa (RSA), particularly in rural areas, parents should be encouraged to play a prominent role in the education of their children. Participation of parents in their children's education already occurs in urban areas, where parents work close to their homes and enjoy support from a variety of social service organisations too. In rural areas, to a large extent, parents are not involved in the education of their children as many of them are employed far from their homes; hence, they are not even bothered about the high drop out rate and many other problems manifested by the learners.

The introduction of school social workers would then help to reduce problems that are manifested by learners on and off school premises, which however hinder educators in their work. School social workers would also serve as a means towards one-stop centres, which would serve learners, parents, educators and the school governing bodies. Such centres would also link clientele to other resources and services. In this study, the researcher argues that the inclusion of social workers in any school team, concerned with the primary prevention of HIV/AIDS and substance abuse among learners, is vital, as they would play a role that Sheafor, Horesji & Horesji (2000:59) aptly describe as follows: "throughout its history, the social work profession has been mostly concerned with addressing and modifying, serious human problems and conditions".

The International Federation of Social Workers has redefined Social Work. Social Work is now described as the profession that promotes social changes, problem solving in human relationships and the empowerment, and liberation of people to enhance their well-being (Sheafor et al 2000:59). However, social work services in the rural areas of South Africa, are often either lacking or inadequate.

Learners who are based in rural schools need services of social workers to help them cope with socio-economic, psycho-emotional and even physical (health) problems that often assail them and hinder them from coping with their work at school. In spite of the HIV/AIDS pandemic in South Africa many rural people still regard sex education as taboo. Webb (1997:125) noted that in most rural schools, there is still a misconception about sexuality education in formal education. Many parents in the rural areas are inclined to object to sexuality education as they still regard the subject as taboo.

To overcome this obstacle, social workers and health workers could, on an informal basis, offer sexuality education as part of the skills training program on HIV/AIDS and substance abuse. This multi disciplinary approach would then expose learners to professionals other than teachers who would readily be available to educate, guide and counsel learners on issues that are never discussed with their parents and teachers. Pre and Post Test counselling services of learners on HIV/AIDS and substance abuse by social workers and health workers would then facilitate teachers to concentrate on providing formal education to learners, while the other members of the team would serve to complement them with support services.

1.2 MOTIVATION FOR THE STUDY

The researcher was motivated to undertake this study by the following factors:

Firstly, her experience in working with primary school learners. The researcher has been teaching in some primary schools in the Limpopo Province for more than twenty years. She has subsequently undergone training as a social worker at the University of the North (now University of Limpopo), hence her awareness of social and learning problems that are

manifested by learners in the under resourced rural areas in the Limpopo Province. Both the researcher's personal experiences with the learners and her frustration over lack of resources in such areas, motivated her to conduct this study.

Secondly, the researcher has observed problems encountered by educators in the rural areas, in implementing the new OBE approach. Prominent among others is that, parents of rural learners seldom involve themselves in the education of their children, thus making the implementation of the OBE system difficult, if not impossible. The lack of involvement by parents in the education of their children is due to many factors such as poverty, illiteracy and unavailability, as many adults are migrant workers. For the OBE system to succeed, supplementary programmes as well as resources to support the effort of educators are needed in the rural areas. Prevailing problems need to be addressed quite early in the children's education in order that problems such as dropping out of school, as well as disastrous matriculation results that still place the Limpopo Province in the bottom of the list in the RSA, may be avoided.

Lastly, it is the conviction of the researcher that many problems such as domestic violence, child abuse, sexual abuse, teenage pregnancy, substance abuse and HIV/AIDS can be addressed much more effectively once a multi disciplinary team has been put in place either in schools or in some other institutions within the Limpopo Province, and that such a team should become accessible to the majority of learners.

1.3 PROBLEM STATEMENT

The abuse of substances by young people is a problem which is escalating at an alarming rate. Many rural areas especially in the Limpopo Province are experiencing this problem.

Researchers such as Gillis (1994: 107) have indicated that children as young as eight to nine years would have started using substances. This has become a major concern since many learning institutions especially in the rural areas of Limpopo are experiencing low performance and dropping out of school, due to substance misuse. The use of substances is enormous and extremely costly both in terms of personal loss and the monetary loss to society as a whole. The increase of drug related and socio economic problems such as HIV/AIDS, the foetal alcohol syndrome and teenage pregnancy in Africa are due to the high rate of substance abuse among youth. It has been discovered in other studies (UNAIDS /WHO: 2001:1) that one third of people living with HIV/AIDS are in the 15-24 years age group.

Sefateng (Area of Study) is but one of the rural areas in the Limpopo Province which are under resourced. As a result, there is a lack of knowledge on HIV/AIDS and substance abuse in Sefateng. Due to this fact, risk taking behaviour such as early indulgence in sexual activities, HIV/AIDS and substance abuse is rife in this area. These problems are increasingly eroding young people's opportunities in terms of living a life of quality (SANCA, 1998: 2, White Paper for Social Welfare, 1997, IV, van Blerk, 1996, and Nuntsu 2002: 14). Unfortunately there is no "quick fix" to these problems because they require comprehensive initiatives that focus on strategies meant to build social capital and encourage economic development for the benefit of the society. Social workers and related professionals are faced with the challenges of making a greater investment in young people by developing prevention programmes that support and build the competence of people for adulthood (Nuntsu, 2002:2).

This is due to the fact that many parents take jobs away from home, as migrant workers. Quite a substantial number of children assume the responsibility of being heads of families. This means that an older sibling takes charge of the young ones, while she/he is him/herself still a child and still requires parental guidance. The responsibility of looking after siblings is often overwhelming and conducive to problem behaviour manifested by the older sibling. Without parental guidance and supervision, substance misuse and abuse by children, often occurs without deterrence or early detection.

In areas where there are no substance abuse treatment centres, the problem becomes aggravated. In the under resourced areas, the use of drugs by adolescents has become a norm and seemingly an only means of tension relief. Licit drugs such as cough mixtures; diet pills and painkillers are often abused by youth in an attempt to cope with real, as well as unreal problems. Illicit drugs such as marijuana and other drugs too, are often experimented with (Gillis, 1994:108).

Adolescents who use drugs whether they are still at, or out of school, are the major concern of the government, employers and service providers in South Africa. Both urban and rural areas are equally affected by HIV/AIDS and drug abuse problems in South Africa. The impairment of judgement, after using drugs, is the major factor that often leads to indulgence in unsafe sex and subsequent teenage pregnancy and the transmission of sexually transmitted infections (STIs) such as gonorrhoea, chlamydia and HIV/AIDS. With limited recreational facilities in all under resourced areas, indulgence in substance abuse and unsafe sex often becomes a major past time of youth. Drug use often leads to dropping out of school, while lack of education results in unemployability. A vicious circle then occurs as unemployed youth resort to drug use in order to cope with the situation of unemployment.

In the Atok area (area of study), there are platinum mines that serve as a major resource for migratory labour. Local residents sell their labour elsewhere far from home in the quest for more money. They leave their children behind in the care of older siblings. Many teenage girls get tempted to trade in sex with the migrant miners. The sex trade has become the only source of income for many unskilled young females, and very often, it is the only means for survival and maintenance of their families.

Other teenage girls are encouraged by their parents to get involved with workingmen in order to get money. The child grant, is viewed as a source of income by the unemployed young mothers, hence the persistence of the teenage pregnancy problem (Malaka, 2005: 9). Such teenagers often overlook the fact that risky behaviour may result in the transmission of sexually transmitted infections (STIs) as well as HIV/AIDS. Van Dyk (2001: 13) indicated that HIV/AIDS and other sexually transmitted diseases are found more in depressed communities.

Van Dyk also alluded to the fact that the low status of women does not give them the authority to negotiate for the safe sex practice. Extreme poverty often forces women to sell their bodies for sexual purposes in order that they might obtain money to survive. (Mathe: 2001:1). Although the Anglo Platinum Mines, which are a newly found source of mineral wealth in many rural areas in the Limpopo Province, provide jobs for these rural communities, there is still a high rate of unemployment in the Atok area and many other rural communities, within the Province. This is due to the fact that many rural youths are not well educated.

1.4 AIM AND OBJECTIVES OF THE STUDY

1.4.1 Aim of the study

The main aim of the research is to investigate the knowledge on HIV/AIDS and substance abuse among grade 6 & 7 learners in the area and to:

- Find ways and means of empowering learners on HIV/AIDS and substance abuse

1.4.1 Objectives

- To make young learners aware of the harm caused by alcohol and other substances.
- To explore views and attitudes of respondents on substance abuse and HIV/AIDS,
- To provide information to young learners so that they can make informed decisions on early sexual activities.

1.5 HYPOTHESIS

Kerlinger (1997:35) and Newman (1999:108) define a hypothesis as a proposition to be tested or a tentative statement of a relationship between two variables. Hypotheses are guesses on how social workers / service deliverers conduct their business. They are stated in a value neutral form.

This study has been based on the following hypothesis:

This study has been based on the following hypothesis:

- If adolescents could receive accurate information about the negative consequences of drugs and alcohol abuse, as well as appropriate skills to translate knowledge into behaviour and attitudes, then substance use and misuse would eventually decrease.

In this study the researcher was guided by the following assumptions that:

- Substance use is rife among teenage learners in the rural areas of the Limpopo Province;
- Young learners who abuse substances are likely to engage in unsafe sexual activities;
- Young people who are sexually active are vulnerable to sexually transmitted diseases.

1.5.1 Research questions

The following research questions were formulated to help the researcher to focus appropriately on the study:

- Do primary school learners in rural areas know anything about HIV and AIDS?
- Can these learners identify the symptoms of HIV/ AIDS?
- Are there any learners who are already sexually active in rural primary schools?
- Are there any learners who have been identified as living with HIV in the rural primary schools of Limpopo?
- Are there any policies on HIV and drug use which are followed in the rural primary schools in Limpopo
- Do parents and their children ever discuss issues on HIV/AIDS and drug abuse in the rural areas of Limpopo?
- Are there any measures taken to prevent children from selling and / or taking drugs on school premises in the primary schools?
- Is drug abuse and / or HIV/ AIDS in any way prominent in the high drop out rate among learners?
- Are there any educators who have been trained to offer life orientation skills in the targeted schools?
- Are there any learners who have ever been arrested for drug use in the targeted schools?

1.6. RESEARCH DESIGN

Thyer (1993:93), as cited by De Vos (1998:10), defined a research design as a blue print or detailed plan on how a research study will be measured. Activities such as selecting a sample for the study, collection of data to be used as a basis for testing hypothesis and analysing the results, may be conducted. Huysamen (1993), De Vos (1998) and De Vos (2000:10-11) also offer a closely related definition of design as the plan or blue print showing how data are collected in order to investigate the research hypothesis, or questions, in the most economical manner possible.

1.6.1. Type of study

The study is exploratory in nature. The purpose of an exploratory research design is to explore a relatively unknown research area with the aims of gaining new insights into the phenomenon. The study on the investigation of knowledge on HIV/AIDS and abuse of substances among grade 6&7 learners in the Atok area (Limpopo Province) would facilitate the researcher to gather data on the level of understanding of Grade 6&7 learners, Babbie (2001: 92-93) maintains that an exploratory study facilitates the researcher:

- To test for the feasibility of undertaking more extensive study,
- To develop the methods to be employed in any subsequent study and
- To explore the knowledge of the respondents in order to collect data essential for a study (Babbie 2001: 92-93).

1.6.2. Description of the research population and sample.

1.6.2.1. Population.

A population in research refers to the totality of persons, events and organisations, as described by Wilson, Hutchinson (1996: 240), Grinnel (1988) and Zikmund (1994: 444). In this study 3 types of populations have been used. This entailed the following:

- All grade 6 and 7 learners who attended the Motsepe, Bogalatladi, and Mafise primary schools.
- All educators who taught in the selected schools.
- Some parents / guardians / caregivers of respondents.

Whereas an interview schedule was administered to the learners and parents/guardians/caregivers, a focus group discussion was held with all educators who taught in the selected schools.

1.6.2.2. Sampling

A sample can be viewed as a subset of measurements drawn from a population that researchers are interested in. A sample can also be described as a small portion of the total set of objects, events or persons that together comprise the subject of the study Seaberg (1998:240), Denzin and Lincoln (1994:393) in De vos (1998: 15-30). In this study three type of samples were used. These comprised the following:

- Learners

A total of (90), twelve to sixteen year old respondents was selected from 3 schools (thirty from each school). The criteria for selecting respondents were:

- Only learners who met the following criteria were selected:
- Drinking alcohol or using any other substance of abuse either on a regular or occasional active
- Being responsible for younger siblings while parents were migrant workers

- Educators

A total of 11 educators participated in a focus group discussion which was facilitated by the researcher. The criteria which were used to select the participants were the following:

- Having a minimum of 5 years experience in teaching
- Teaching life orientation skills at the time of the study.
- Not teaching life orientation skills but, have been trained to teach life orientation skills by the Department of Education. The sample of educators was a convenient sample as only those who made themselves available on the day and time of the focus group discussion and met the above criteria were selected.

- Parents / Guardians / Caregivers

No criteria was used to select respondents in this study. A convenient sample of only those parents / guardians / caregivers who availed themselves was used for the study.

1.7. RESEARCH METHODOLOGY

1.7.1. Data Collection Methods

Data collection among the learners and parents/guardians/caregivers was conducted with the aid of an interview schedule while educators were engaged in a focus group discussion. Authorities maintain that, the qualitative research method employs procedures that are not strictly formalised, while quantitative research methods employ procedures that are highly formalised and are explicitly controlled, (Schurink and Strydom, as cited by De Vos, 1998:15). During the interview of the different groups of samples, the researcher asked questions that had been compiled into an interview schedule. The method of using the interview schedule was chosen because it enabled the researcher to clarify the questions wherever the respondents did not understand.

It also enabled the researcher to observe the respondents as she personally conducted the interviews. Participants were asked open-ended questions and the researcher encouraged each participant to feel free in answering the questions and also to provide information without fear of intimidation.

1.7.2. Methods of data analysis and interpretation

The researcher used the interview schedule which she completed herself during interviews with respondents. She was able to observe respondents directly and to understand the closed world of individuals, families, and the communities within which each individual operates (Sibeon, 1991:109), as cited by De Vos, (1998:207). The targets of the study were twelve to sixteen year old learners who were still in the primary school. The information that was gathered would be analysed statistically and subsequently presented in the form of tables, histograms and pie charts.

1.8. DEFINITION OF CONCEPTS

The definition of concepts is a pre-requisite for any disciplined scientific endeavour. The clear definition of basic concepts plays a powerful role in the reader's need to come to grips with the subjects under investigation. The present study on the investigation of knowledge on HIV/AIDS and substance abuse, was structured around some concepts which must be defined so that researchers may understand them in the context in which they have been used. The key concepts in the study have been operationally defined below.

1.8.1. School social worker

In this study, this concept refers to a social worker who operates within the school system. The school social worker provides service in a secondary, yet significant role as she/he assists learners with their bio-psycho social problems that hinder them from benefiting maximally from the school (Social Work in Education 2000:130).

1.8.2. Special education

A curriculum that has been designed to cater for children who have special needs, has been referred to as special education in this study.

Such a curriculum aspires to meet the needs of children who have different disabilities which might be physical, emotional or mental, and may therefore not benefit maximally in an ordinary school. Special needs in education have been defined as the needs or priorities that an individual person or system may have, which must be addressed to ensure that she/he benefits maximally from the school system (National Commission on special needs in Education and Training, 1998:2).

1.8.3. OBE

This system of education was introduced in South Africa in 1998 by the new democratic government, to replace the former systems of education which had been legislated for the different racial groups. It refers to the Outcome Based Approach. It provides integrated methods of teaching and learning for all children irrespective of their race, gender and religion. It focuses on the psychological, social and cultural aspects of the child.

The Outcome Based Education approach encourages learners to work independently and also in groups. It forms the foundation of the curriculum in South Africa. It strives to enable all learners to achieve their maximum ability as it sets the outcome to be achieved at the end of the process. OBE is a learner centred and activity based approach to education (Revised National Curriculum Statement Grades R-9: School Policy, 2002:1)

1.8.4. HIV/AIDS

This is an acronym which refers to the Human Immune Deficiency Virus (HIV) and subsequent Acquired Immune Deficiency Syndrome (AIDS) (Van

Dyk 2001:4). Of late, both the virus and syndrome have become a scourge that is robbing the country of its future leaders.

1.8.5. Substance Abuse

Substance abuse refers to the excessive use of a chemical substance which results in the impairment of an individual's physical, mental or emotional state of well-being (Gillis, 1994: 107).

1.8.6. Educator

This refers to a person whose field of work involves training of people's minds and abilities so that they acquire knowledge and develop skills. In this study the concept educator was used to refer to the person who provide knowledge and skills to learners in a school setting

1.8.7. Learner

This term refers to all consumers of knowledge ranging from early childhood education through to adult education. Terms pupils or students at school and high education levels have therefore been replaced by the term "learners" (National Commission on special needs in education and training 1997, Nov 28: iv-vii). In this study, the concept "learner" focused specifically on young people who were still attending school.

1.8.8. Parent

This term refers to a father or mother or a living thing that has produced others of its kind. This term includes a legal guardian as well as primary caregivers such as grand parents (National Commission on special needs in Education and Training 1997, Nov 28: iv-vii). In this study the concept parent refers to guardians and caregivers of the learners (respondents) in the targeted schools.

1.8.9. Life Skills

Life skills are abilities for adaptive and positive behaviours that enable people to deal effectively with the demands and challenges of everyday life (National Commission on special needs in Education and Training 1997, Nov 28: iv-vii). With the high prevalence of HIV/AIDS and abuse of substances among adolescents, it is therefore critical that they should be introduced to Life Orientation skills which may help them to develop a sense of what is right and wrong. Life orientation skills a key component of sexuality education. Even if learners have the necessary information and values to make responsible decisions, communication, assertiveness and refusal skills will be needed to convey the decision to their partners or peers to stick to the decision.

1.9. ETHICAL ISSUES

Ethics are defined as the science of morals in human conduct or rules of conduct (Oxford dictionary; 1993 : 505) : the code of ethics guide research involving subjects. The code includes guidelines regarding a research involving human subject's rights to privacy, voluntary participation, informed consent and freedom from harm, (Bootzin 1991:41). In this study permission for conducting research at school was obtained from the school management team. It was a professional responsibility of the researcher to see to it that research subjects are protected in research.

- Letters of consent for interviews to be conducted with the learners and also with their parents / Guardians / caregivers in the current study the following requirements of the code of ethics were observed:

1.9.1. Right to privacy of subjects (respondents)

It is of utmost importance that the thought and feelings of people who participate in research should not be revealed without their permission.

The personal information about subjects have to be kept private and the findings should be reported in such a way that the identities of the participants cannot be determined (Barlow and Durand 1995: 674).

1.9.1.1 Voluntary Participation

The researcher has to allow the subjects (respondents) to decide whether or not they want to take part, and also allow them to drop out at any stage in the study without any kind of pressure to stay (Bootzin 1991: 4).

1.9.1.2. Informed Consent

According to Barlow, Durand (1995: 674) and Bootzin (1991: 41) prospective subjects must be told in advance what the study requires them to do and whether or not they run any risks by participating in the study. The researcher should describe the risks and benefits that may accrue from participating in the study and then obtain the prospective respondent's permission to proceed.

1.9.1.3 Free from harm

It is the responsibility of the researcher to see to it that no harm should come to subjects (respondents) from participating in a study. In fact no effects of any kind bad or good should linger after a study is over and contact between the researcher and the subjects has ended (Bootzing 1991: 41). The study on investigation of knowledge on HIV/AIDS and abuse of substances among Grade 6 and 7 learners in the Atok area (Limpopo Province), did not entail any form of experimentation that would have adverse consequences on the subjects. The instrument used in the study was the interview schedule and focus group discussions . For the success of the study, the researcher ensured that she cooperates with the learners, educators, parents/guardians/caregivers.

1.10. LIMITATIONS OF THE STUDY

Whereas South African educators under general and specifically those in urban areas, are inclined to be highly qualified, many educators in the rural areas of the Limpopo Province were trained in the Apartheid era and are still under-qualified. They are also not yet familiar with literature on mental health, primary prevention, HIV/AIDS, substance abuse and the Foetal Alcohol Syndrome (FAS). This means that many teachers in rural areas still require training on contemporary issues and problems that assail the post apartheid learners. Currently, efforts to upgrade under-qualified educators are being made; and the tertiary institutions in the Limpopo province are busy with programmes to upgrade these educators.

All educators, however, are expected to be very knowledgeable in order to impart appropriate information with a bearing to life skills and life styles of learners and to create awareness of pathologies that hinder development. Educators in rural schools seldom refer learners with problems to social workers or other therapists; as such services are either not accessible or sometimes are unknown. Referral of learners who experience or manifest problems that could be dealt with by other professionals, such as psychologists, nurses and social workers, is as yet an unexplored service in many rural schools in the Limpopo Province.

The problem is further exacerbated by the fact that offices of social workers are usually a long distance away from schools. Where learners experience problems that affect them in their learning, the services that could be provided by such professionals are as yet unaffordable to the majority of people.

1.11. AREA OF STUDY

The Atok area is classified as rural and therefore lacks basic amenities and services. An unusual feature in the area of the study is that the Atok Platinum mine employs hundreds of male labourers who emigrate from other provinces and even other countries like Zimbabwe and Mozambique.

As these males do not come with their families they often lure young local females with money and alcohol in order to satisfy their own lust. Young females including mere children become willing parties to sexual exploitation in an area regarded as rural. Laws that have been designed for the protection of RSA children against physical and emotional abuse are not visibly enforced, hence a cycle of poverty, and illiteracy is perpetuated in the Atok area while children continually become victims of mine workers and other ruthless male adults.

A study on an investigation of knowledge on HIV/AIDS and abuse of substances among Grades 6 and 7 learners in the Atok area (Limpopo Province) was conducted mainly around Sefateng. This is a rural area that lies within 3 km of the Atok Platinum mine in the Limpopo Province. Sefateng comprises 7 villages, viz, Sefateng, Matshakaneng, Bogalatladi, Ga-Selepe, Malomanye, Monametse and Monametsane. Residents of the Sefateng area, from all villages, share two high schools, three primary schools and one pre-school. There are six general dealers' shops and quite a number of tuck shops and street hawkers.

This area is grossly under resourced as it displays many features that are typical of most rural areas in the RSA, amongst which are the following:

- No employment opportunities for local residents;
- Child headed families;
- Overcrowded classrooms; and
- No church buildings, community centres and/or playgrounds.

The area is located in the East of Polokwane, about 55 km away from Burgersfort. There is only one clinic, Motsepe clinic, which serves residents from more than 30 villages. The Motsepe Clinic is situated some 25 km away from the village. This clinic provides only medical services, including pre-natal and post-natal care, and it does not provide other services such as youth care, social development and psychological services.

1.11.1. Physical feature of the area

There are approximately three thousand families who are permanent residents of Sefateng. The major source of employment is the Anglo Platinum mines, which bring in many male migrant workers into the area, while the local adults seek for employment away from their homes. The miners serve as a major source of income to the villagers as many of them do not like living in the “males only” dormitories that are provided by the employer. They prefer to rent rooms from the villagers – a practice that provides income to local families but has negative implications such as violence, lack of privacy, child and women abuse and substance abuse. The income-generating practice of renting out rooms to the miners, has changed not only the feature of sparse population in the rural area, but it has also introduced an element of multi-culturalism and a lifestyle that is foreign to the local community. It is this changed lifestyle that needs to be explored.

Atok has been transformed from a typical rural area of a community of extended families who were self sufficient and dependant on subsistence farming, to a semi-rural area of child headed families in over-crowded homes. Lack of adequate parenting, poverty, alcohol and other drugs misuse and abuse, low morals and prostitution, or sex for sale, prevails in this semi-urban area which however lacks basic infrastructure.

Many females sleep with the miners for a fee which is negotiated and sometimes service is offered on credit so that at the end of the month, the women can benefit from the accumulated debt from the sale of sex. The rate of crime and violence is also quite high.

There are no recreation centres in the area, except for a few unfenced and unmaintained football grounds that cater for the recreation of a limited number of males, while there is no organised form of recreation for females. A common form of recreation in Sefateng is music rendered by youth choirs. Membership into such choirs brings young people together without any other supervision, guidance or counselling. Negative peer influence which promotes destructive behaviour is rife.

1.11.2. Socio-economic factors

The Atok Platinum Mine is the only source of employment in the area. Local people do not utilise this employment opportunity fully. The mine subsequently uses employees from outside areas while the local adults sell their labour elsewhere and become migrant workers, while their older children are left to take care of their younger siblings. The majority of the mine labourers live as tenants in the backyard of family homesteads, as mine regulations prevent them from living with their families in the mine premises. The workers who themselves are from other provinces, mainly North West, Kwa-Zulu Natal, Eastern Cape and the Free State, provide income as tenants to the Sefateng residents.

This, however, poses a problem of single adult males living among children whose parents are away from home. A major problem that is posed by the tenants is that when the men are under the influence of alcohol, they then often lure young women (even mere children) into promiscuity, in order to satisfy their lust.

The unsupervised children are then drawn into early substance abuse and sexual activity that subsequently leads to many other problems such as teenage pregnancy, multiple births outside wedlock a variety of sexually transmitted diseases including HIV/AIDS, substance abuse and crime.

There is reportedly a high rate of teenage pregnancy and a high percentage of illiteracy in Sefateng. A circle of poverty prevails as young learners drop out of school to bear children as a consequence of engaging in sex for sale with mine workers. Single mothers who have no skills to provide for their children become social security recipients from a very young age and for many, this becomes a permanent means of supporting their children as they bear more children without any hope of their ever becoming independent and self sufficient (Malaka; 2005: 10).

Health problems such as sexually transmitted infections (STIs including HIV/AIDS), malnutrition, tuberculosis and the multi-drug resistance system (MDR) occur (Mathe; 2003: 30). Due to economic pressure exacerbated by socio-political and socio cultural factors within the community, the high risk of becoming infected with HIV is underrated (Jackson et al 2001:10, Siegel, Karus, Raveis and Hagen 1998:449 and Garcia-Moreno and Watts 2000:254).

1.12 SIGNIFICANCE OF THE STUDY

The study on an investigation of knowledge on HIV/AIDS and abuse of substances among Grades 6 and 7 learners in the Atok area (Limpopo Province) is significant, as no research has ever been conducted on the extent of substance abuse and the prevalence of HIV/AIDS in this area.

This study served as an outreach program in as yet an unexplored area. Information gathered from this study will be of significance to the

Departments of Health and Social Development, Education, Correctional Services, Justice, and Labour in the Limpopo province as the responsibility for the prevention of both HIV and AIDS as well as substance abuse is not just a health issue but affects all the Departments as mentioned above.

Very little research is ever conducted in rural areas in the RSA, hence these areas remain under resourced. From the information gathered in this study hopefully the Department of Education will realise the need to motivate for the training of more educators in life skills education. Although HIV/AIDS programmes have been designed for implementation in all South African Schools, many rural schools do not as yet cope with this demand due to problems of lack of infrastructure, inadequate staffing and resistance to change. The findings from this study will hopefully inspire the Department of Health and Social Development in the Limpopo Province, to organise more campaigns in schools. While the Department of Correctional Services and Justice might consider strict measures to be put in place for people who are dealing with drugs, and they might liase more with community policing forums so that necessary steps may be taken against those who break the law.

Lack of proper records and understanding of the life style of different people within the provinces implies that primary prevention programmes, which have been designed elsewhere, may be imposed on the people of the Limpopo Province. Such programmes may not necessarily be suitable, as there are no resources to help in the successful implementation of such programmes in the Province. Topics on HIV/AIDS and substance abuse are still regarded as taboo in many homes in rural areas, hence the tendency of people to ignore or play down existing problems.

This study served as an ice breaker in Sefateng, to introduce discussions around topics that residents under normal circumstances would find difficult to engage in. The involvement of social workers in schools, particularly in areas that do not have any social worker, would serve as an invaluable service, as accessibility of social workers to learners in the primary schools in Sefateng is as yet non-existent. There is also a need that the Government should enlist and support the assistance of civil society and religious sectors in addressing the HIV/AIDS pandemic focusing on moral lifestyles (Masa, July 2002:15).

1.13 DESCRIPTION OF THE REFERENCING SYSTEM

In the study on the investigation of knowledge on HIV/AIDS and abuse of substances among Grade six and seven learners in the Atok area (Limpopo province), the researcher used the Harvard system of reference format. All resources from which ideas, quotations and information were obtained in the study have been acknowledged. The name of the author, year of publication and page numbers have been provided for references in the text.

In cases where an anonymous article was used, the first key words of the article were treated as the name. In the case of government publications, the name of the section of the government that has published the document has been listed first, then the name of the document and the date. Boldface represents important phases and sub-topics. Capitalisation of words has been minimised. A list of all the sources (books, journal and newspaper articles and government gazettes) appears in the bibliography. Article and chapter titles are not underlined, but appear in and issue numbers have been provided. Appendix A-C forms the last part of the text.

1.14 ORGANISATION OF THE DISSERTATION

Chapter One:

General Orientation of the study. This chapter provides an overview of the study. Motivation for the study, the statement of the problem, aims and objectives of the study, basic assumptions, methodologies and the rational and significance of the study have been presented.

Chapter Two:

A literature review on substance abuse and sexual activities among learners have been presented in this chapter. Risks involved and issues of sexually transmitted diseases amongst adolescents have also been reviewed in this chapter.

Chapter Three:

Literature has been reviewed on the role of social work in Curriculum 2005. This chapter focused on the critical aspects and prevention of substance abuse and HIV/AIDS amongst adolescents. A discussion on teenage pregnancy, the implementation and the development of a life skills programme in schools, have also been alluded to.

Chapter Four:

Presentation, analysis and interpretation of data are the main focus of this chapter. An analysis and interpretation of the data that were gathered during the research process have been presented.

Chapter Five:

Summary of findings, conclusions and recommendations. This chapter, being the final one, reviews the study by providing a synopsis of the major aspects of the study. It takes a comprehensive view of the study, ranging from the restatement of the problem as well as the aims and objectives of the study, through the assumptions of the study.

1.15 CONCLUSION

An overview of the study has been presented in this chapter. The researcher has highlighted her motivation for undertaking the study. She has alluded to the problem statement, aim and objectives of the study, significance of the study and limitations of the study and definition of concepts. She has further highlighted cultural practices and socio-economic factors that prevail in the Sefateng Atok area, and has also pointed out the influence of these on the primary prevention of HIV/AIDS in Sefateng. The exploratory research method that has been used in this study has been explained.

CHAPTER TWO

AN ANALYSIS OF SUBSTANCE USE AS A CAUSE OF HIV/AIDS AMONGST ADOLESCENTS

2.1. GENERAL

During the Apartheid era, there was racial demarcation of residential areas in South Africa. The majority of black South Africans were confined to rural areas whereas other races had a choice of residence and could settle even in urban areas. The rural areas in South Africa have now been transformed into over crowded ghettos, with no infrastructure. They are under-resourced and poverty stricken. In an effort to earn income, young people sometimes resort to trading in sex. Early sexual activities and substance abuse in under-resourced and poverty-stricken areas is usually the most common means of reaction to frustration. Drinking of alcohol is commonly done in groups that encourage binge drinking, yet there are no treatment centres for substance abusers in these areas.

Substance abuse is a growing concern in every country. Researchers such as (Affinnith, 2003: 30, Da-Rocha Silva 2004: 15) have indicated that the age of initiation into substance use has become younger, globally. By the time many young people reach adolescence, quite a significant number already show symptoms of substance abuse. In under resourced areas, where there are no treatment centres within reach, young substance users quickly graduate from users to abusers without any hope for recovery. Problems associated with substance abuse such as unsafe sex practices, criminality and dropping out of school, are common in poverty-stricken under-resourced areas.

Due to absence of treatment centres, as well as other needed resources such as social work, and psychological services in rural areas, the needs of adolescents are neglected or simply ignored, while adolescents who are affected deteriorate into a cycle of poverty (Affinnith, 2003:30, Da Rocha Silva 2004: 15). Substance abuse poses problems that affect everyone either directly or indirectly (Deluca and Butchart, 1989: and Dryfoos, 1990 as cited by Flovo, Francisco, Holleman, Lori, Jackson, Kristena 2000: 130).

The direct and indirect effects of substance misuse are due to the fact that the current wide spread problem of substance abuse has added a new dimension to the crime problem. Not only is there a variety of long standing factors that are believed to be the cause of criminal behaviour, but the community is now confronted with the problem of substance abuse and the knowledge that it is a major contributing factor to the high incidence of crime (Loftquist, 1989; and Gordon, 1994:66).

Substance abuse is associated with a number of serious health consequences, including cirrhosis of the liver, cancer, heart diseases and stroke (Public Health service. 1964, as cited by Cachman 1997:50). Not only are those diseases fatal, they are also costly to treat and often plunge families of patients into debts and misery. Mind-altering substances are addictive, patients often continue using substances while they are under treatment for other diseases such as Tuberculosis, which may then lead to the Multi Drug Resistance Syndrome (MDR) (Mathe 2003:98; and Dubourg & Pearce, 1998:45). In this chapter, the researcher has focused on substance abuse amongst adolescents. She concentrated on the age at which youth begin to abuse substances, reasons for use and consequences of substance abuse such as early and unsafe sexual activity and consequently HIV/AIDS and teenage pregnancy.

2.2 ANALYSIS OF SUBSTANCE ABUSE AMONG YOUNG PEOPLE.

The age of initiation into drug use (e.g. alcohol, cigarettes, and cannabis) has been found to become smaller throughout the world. While early adolescence is regarded as the most vulnerable stage for the initiation of drugs, some children as young as the age of 8 years have been found to be smoking cannabis. De Miranda (1998:5) stated that young people take drugs for excitement, curiosity and boredom, as a result of poverty, affluence or peer pressure. From the above statements, it is clear that many adolescents are likely to use substances even for short periods sometimes in their lifetime. While some young people may use substances for a while and stop, others might continue for a long period even beyond adolescence into adulthood.

While young people from middle class and affluent families may use a variety of sophisticated drugs, those who are in poverty stricken areas are likely to experiment with cheaper and more easily available drugs such as marijuana, benzine, petrol and home brewed concoctions which are lethal (Mathe, 2003:103, Disters 1990:53). Cannabis is easily available to rural youth who reside in mountainous areas. Cannabis is a weed that thrives anywhere as it requires no pesticides. It does not need any fertilisers and agricultural chemicals. Its cultivation is economical, as it costs less to produce and to sell; hence cannabis is cultivated in abundance for home use and/or for trading (Spruit and Van Laar, 1997:15).

Researchers have observed that curiosity, and/ or a poor living environment often results in youth experimenting with drugs. While some youth may experiment with drugs only once, others may try drugs on a number of occasions and may subsequently become addicted.

Treatment centres may be accessible to youth in many urban areas in some provinces in South Africa, e.g. Western Cape and Gauteng. Such centres are scanty and not easily accessible to youth in most of the mainly rural provinces in South Africa, including the Limpopo Province. Even where such substance abuse treatment centres are available in South Africa, they are as yet, not affordable to the majority of the poor. There is need for a review of policy with regard to treatment of substance abusers in South Africa so that treatment centres can be accessible even to the poorest of the poor.

The use of substances by youth is mostly due to the consequences of lack of recreational opportunities in under-resourced areas. Lack of resources is a prominent feature of rural areas in South Africa. The Limpopo province, which is 80% rural, is under-resourced and poverty-stricken. In this province, adolescents suffer from boredom due to lack of recreational facilities and opportunities for constructive occupation. The youth become vulnerable to substance use and abuse as it is sometimes the only means of having a good time in many areas. Adolescents from a poor background are exposed to extreme poverty and also a low status of parents. They often are at risk of delinquent and other risky behaviours that include crime, substance abuse and early indulgence in sex, which is often unsafe as they seldom use any form of protection.

Adolescent misdemeanours put adolescents on a high risk of contracting sexually transmitted infections (STIs), such as gonorrhoea, chlamydia, syphilis and HIV/AIDS. Researchers have found that substances serve as inhibitors; hence youth who use them become very daring and expose themselves to numerous risky behaviours.

It has further been indicated that alcohol use may contribute to the impairment of the immune system and affect neuro cognition (Gordon, 1994:8, Shor-Posner and Miguez 2001:88, and Take 5, Blue Couch Programme, 2004).

2.3 SUBSTANCE ABUSE AMONG ADOLESCENTS IN THE RSA

The Limpopo Province as well as other neighbouring provinces such as Mpumalanga, KwaZulu Natal, and the Western Cape are porous in nature and are mainly rural, therefore they have very little surveillance with regard to trafficking of drugs. Due to this fact drugs are imported into South Africa through gateways which are as follows:

- Limpopo Province is a gateway to Mozambique in the East, Zimbabwe in the North and Botswana in the West;
- Mpumalanga Province is a gateway to Mozambique and Swaziland;
- Northern Cape Province is a gateway to Botswana and Namibia;
- Free State Province is a gateway to Lesotho; and
- Kwa-Zulu Natal Province is a gateway to Mozambique, Swaziland and Lesotho.

Drug trafficking is a serious concern to everyone in South Africa and the Southern Africa Development Countries Region. In the deep rural areas of the Limpopo Province, adolescents grow up in an environment where using such substances may not be viewed in a serious way. Since many youth go through initiation schools that facilitate graduation from childhood to adulthood. Alcohol and other drugs are regarded as adult privileges to which young initiates (irrespective of their age) may also indulge (particularly alcohol and tobacco) as a sign of maturity. Adolescents are often socialised into a drug culture by their parents and peers (Makhubele, 2004:40-42).

Peer influence and substance abuse may, therefore, be contributors to problems such as early indulgence in sex, teenage pregnancy, and sexually transmitted diseases including HIV/AIDS (Du Toit, 1987 as cited by Webb, 1997:680).

Researchers contend that the more available, affordable, and accessible a substance is, the more likely it will be normalised in a wide range of groups in society. In countries where alcohol and other drugs are used in public, especially by youth, many people do not regard abuse of substances as a problem as the entire community do not view public drinking as deviant behaviour. The majority of youth will therefore start by experimenting. They ultimately become habitual users and addicts when their addiction becomes uncontrollable; then they become doomed to a lifestyle of unemployment and poverty without hope for change.

Drugs affect the social functioning of individuals, families and societies. Drinking and drugging are viewed as an established discrete social problem that merits discussion and analysis on their own. Drugging and/or alcohol abuse pose a serious threat to the health and welfare of people. In South Africa, studies on intravenous drug use (IDU) as the main source of HIV/AIDS transmission are limited. Most studies in South Africa attribute HIV/AIDS transmission to heterosexual relationships with multiple partners. However, the spread of HIV/AIDS between sexual partners is associated with the use and abuse of substances which is a high risk behaviour for HIV infection (Drug Advisory Board, 1999: 28, Nuntsu, 2002:37 and Kesby 2000:1728).

2.3.1 Initiation of adolescents into substance use

The use of substances is a common part of adult socialisation in many rural communities, particularly in the Limpopo Province.

Larsen Abulaban, 1968 as cited by Holder, 1998: 44) indicated that alcoholism is a family disease that is likely to occur among children of alcoholics. Young substance abusers often have parents who too are substance abusers. If children use substances at an early age, there is a likelihood that they will become chemically dependent and have alcohol or other drug abuse problems during adolescence (Pagliaro & Pagliaro, 1996:10). As substance use is sometimes based on cultural ceremonies and attitudes, certain factors such as environment or poverty may play a role towards its abuse. It has further been noted that consumption may increase or decrease in accordance to the extent of norms that prescribe drinking habits, as one's behaviour is defined by others (Holders, 1998:440).

In communities where manhood and womanhood are simply determined by one's attendance of an initiation school, irrespective of a person's age, children as young as 8 years may attend such ceremonies and therefore become men and women who can then freely indulge in adult activities such as smoking, drinking and sexual intercourse without inhibition (Makhubele, 2004:42).

In almost all the rural areas in the Limpopo Province, young initiates may start using substances at an early age and subsequently peers who have not been initiated may envy them and become prone to adopt the habit. Street children and also learners may begin the habit of substance use from an early age of 8 years. Substance use among children may start with sniffing glue and gasoline- substances which are easily available to them, and then, they may graduate to cannabis and alcohol. Unmonitored children may begin by experimenting and later continue unabated. Factors that are commonly mentioned by Rocha Silva, De Miranda and Erasmus (1996: 35) as reasons advanced by adolescents for their initiation into alcohol and other drugs use are loneliness, peer pressure and low self esteem.

Rocha Silva et al 1996: 35 have stated that the prognosis is almost always very good. However, where such centres are unavailable, the young substance abusers may deteriorate to drug addicts. The following are factors that have been identified as major causes of substance abuse amongst young people.

2.3.2 Loneliness

Loneliness plays an important role among children and adolescents. It is also a factor in their use of alcohol and other drugs. Most adolescents feel rejected by their parents and peers. Loneliness among young people is most often caused by being rejected by their parents and isolation from family and the peer group. Because of loneliness, adolescents may join a peer group or gang that supports the use of alcohol and other drugs. Feelings of rejection cause a high level of pressure on adolescents (Gordon, 1994:9). In order to cope with gang demands, a young person may try to conform to the rules of the group even if they are destructive to his/her life and health.

An adolescent may even be forced to use drugs and to engage in sexual activity so as to be accommodated by peers. The tendency to conform to group behaviour is common among adolescents because they want to be accepted by peers, and they strive to fulfil the secondary need of being acknowledged and loved by others. To some young people, belonging to a peer group is important and a person may feel rejected and lonely if the group isolates him/her, many adolescents may also feel pressurised to belong (Watts and Wright, 1990 as cited by Pagliaro & Pagliaro, 1996: 4).

2.3.3 Peer pressure

In several rural studies, it has been noted that peer influence is one of the strongest predictors of adolescent drug use. Carman et al., (1967), as cited by Gullotta (1999:124), observed that rural adolescents who have been

perceived to be using drugs are often supplied by their friends. They also receive information about drugs from their friends. Researchers have observed that, for rural adolescents, involvement with friends who use illicit drugs was a strong predictor of an adolescent himself/herself using drugs too, as he/she is likely to do what his/her friends do and also to get more information on drugs from them.

Students who are at high risk of using illegal drugs are those who have friends who are already using drugs as they get information on drugs from their friends (WHO: 2003:18). Conversely, rural students who reported lower drug use tendencies among their peers were inclined to be less knowledgeable on drugs as they do not receive much information from their friends. Subsequently, the latter group was observed to use drugs to a lesser extent too. The association between peer influence and illegal drug use in rural areas has been reported by Pruitt et al., (1991) as cited by Gullotta, (1995:125), as high. Older rural adolescents receive information from their peers according to Sarvela, New Comb and Lifefield, and Gullotta (1995:126).

The above named researchers have further indicated that the high rate of alcohol misuse among rural adolescents is related to peer influence, as alcohol use is one of the behaviours that are mostly learned through peer association. It has been confirmed by the above researchers that exposure to role models in an adolescent's life also serves to encourage him/her to use illegal drugs. Rural adolescent learners who associated with or identified with drug users tended to exhibit a much higher probability of involvement in illegal drug use.

It has further been pointed out that a majority of rural learners have indicated that friends serve as drinking companions and also providers of alcohol to one another. (Rocha Silva 1997:15; Plant 1996:15; Plant 1996:25, du Plessis 2001:109; Social Work Research 2001, vol 25:153, Potgieter 1998: 248 and Development update 2000:3:129) report that friends are likely to provide a place for the first drink.

It has also been pointed out that among rural communities who practice initiation of the young into adulthood, circumcision of boys changes them from boys to men, while some initiation process changes girls into women (Makhubele, 2004:25-26, Rocha silva et al 1997: 15).

In many rural communities in the RSA (particularly in the Limpopo Province) where traditional initiation ceremonies are still recognised, children are initiated into adulthood. However, such initiation bestows the young adults with the right to take any decision, without much guidance about adult responsibilities. Young initiates often return to school and pose problems to teachers as they want to be viewed as adults who can freely smoke, drink and be sexually active with willing and/or unwilling partners of their choice. These initiates conveniently regard themselves as children in order to receive financial support from their parents but they are often ready to become “fathers” without the responsibility of parenting. (Malaka: 2005, 8).

Peer pressure and other external influences, such as the media, appear to play an even greater role in the lives of adolescents who lack parental monitoring and family support. This also causes adolescents to associate with members of peer groups that support drug use behaviour. Adolescents who are unable to make their own decisions usually develop a low self esteem.

They see themselves as weak, and incapable of making sound decisions. Peer approval serves as comfort for their failure (Atkin, 1980; Krosnick and Judd, 1982; Gordon, 1986; Hundelby and Mercer, as cited by Lloyd, Lucas and Holland, Grellis & Arnold, 1998:30; and Pagliaro & Pagliaro, 1996:152).

Besides peer pressure, adolescents are faced with other problems such as a high unemployment rate. Weakened law enforcement is also a potential contributor to the increase of drug use amongst youth. The high unemployment rate is expected to jeopardise the youths' economic survival and, indeed, push them into illegal economic activities such as drug trafficking (e.g. Runners for drug traffickers).

Atkin, et al, (1980) further indicate that drug use among the youth was also promoted by weak social control factors such as lax/lenient/corrupt law enforcement at borders and in courts, and attitudinal factors, such as perceptions amongst the youth. It is strengthened by factors such as the media which may purport that drugs are acceptable (e.g., that drugs heal are safe and cool). Drugs are promoted by aggressive marketing (e.g., through gangs), as well as by an increase in drug friendly recreational establishments (Rocha Silva 1998:94). It is further noted that due to the rapid pace of change in the economic and social sphere, and the prevailing political instability in many African countries, alcohol and other psychoactive substance use and related problems are becoming of major public concern.

WHO (2003: iii) indicated that the norms, laws and statements made about drugs in the legal system, in school policies, and in the work place are associated with the rates of drug and alcohol use in these settings.

2.4 INDIVIDUAL RISK FACTORS

Children born or raised in a home where there is a history of alcoholism, have an increased risk of developing alcohol and other drugs problems. There appears to be both genetic and environmental components to this fact. For example, boys born into an alcoholic family even when they are reared in an adoptive family – are two to four times more likely to become alcoholics than boys born in non-alcoholic families. (Gordon 1994: 9). Researchers also link drug abuse to the following factors:

2.4.1 Poor and inconsistent family management practices

In families where parents fail to set clear expectations of behaviour, or fail to monitor their children, and wherein their disciplinary practices are excessively severe and inconsistent, children are at a greater risk for delinquency and frequent drug use in adolescence. Positive family relationships appear to discourage initiation of drug use. (Gordon 1994: 9).

2.4.2 Antisocial behaviour and hyperactivity

This factor is particularly pronounced among boys who are five to seven years old. They manifest aggressive behaviour which is combined with withdrawal or isolation or do not play well with other children. Such children are at risk of both delinquency and drug abuse in adolescence. If aggressive behaviour is combined with hyperactivity in early childhood, there is an increased likelihood that in adolescence, the child will have a problem with drug abuse. (Gordon 1994: 9-10).

2.4.3 Parental drug use and positive attitude towards drugs

In families where parents are heavy users of drugs and alcohol, their children are more likely to become drug abusers in adolescence. If parents involve their children in their drug using behaviour, such as selling liquor at home, sending them to buy beer, liquor, or drugs for them, the risk is increased.

2.4.4 Academic failure

For children in the fourth, fifth and sixth grades, academic failure is a factor that might increase the risk of both drug abuse and delinquent behaviour. For children in the early elementary grades, social adjustments are more important than academic performance as a predictor of later delinquency and frequent drug use. This is also associated with a low degree of commitment to school. Adolescents who hate school and are not committed to getting education are at high risk for drug abuse in adolescence.

Children who have low commitment to school often feel different or like outsiders. As a result, such children may develop a rebellious attitude that increases the risk of problems with drugs in late adolescence. (Gordon 1994: 10).

2.5 ASSOCIATION OF SUBSTANCE USE AND RISKY BEHAVIOUR

Many young people may engage in experimentation with drugs and/or display sexual curiosity when they reach adolescence. Although this is common, young persons put themselves at some risk of HIV infections, especially in geographic regions with a high prevalence (Institute of Medicine, 2001:ii). It has been further stated that membership in a particular population's group does not confer an automatic risk of the infection. In African rural areas, particularly in the Limpopo Province, the two types of behaviour that put adolescents at risk for contracting AIDS have been identified as sexual activity without protection and substance abuse.

Substance abuse in the rural areas has been associated with the early onset of sexual activities, frequency of sexual activities and a higher degree of sexual involvement.

However, there are more countries in which more than one fifth of adolescents aged 15-21 years are infected with HIV/AIDS. (Esminger, 1987 as cited by Piercy, Fontes, Choic and Bourdeau; 1998:208). South Africa is regarded as having the largest number of adults who live with AIDS in the world. The reason advanced for this, is the high mobility of people and the informal settlements that have started growing since 1994 (Pretorius, 2002:20). Of particular concern to social scientists is that, when a country is experiencing general and drastic socio-economic changes, as is the case in South Africa at present, there is frequently reverberation within the sphere of alcohol/drug intake.

It seems that various types of alcohol, tobacco and other drugs related problems of teens, often develop and escalate in the wake of such changes. The existence of such problems turns to drain scarce and key human and other resources. Substances marginalize people and create socio-economic problems which impact negatively on economic growth and development of people. The problem replaces social relationships and dehumanises people (Kuna & Bande 1993 a; 1993 b; Molamu, 1998; Beck Man, 1998; World Health Organisation, 1980; and 1992, as cited by Rocha Silva et al., 1996:3, Piot 2001:3, Morison 2001:13, Sowetan, 28 December, 2001:8, Financial Times, 18 July, 2002:6).

After the new government came into place in 1994 in South Africa, many informal settlements mushroomed in many parts of the country and along with this, unemployment, overcrowding, poverty and many other problems that are either a cause or effect of substance use. While these informal settlements may have reduced the housing problem, however, they have increased the density of the population in many areas, and have resulted in overcrowding. In such over populated areas, residents do not enjoy a sense of community and bonding that other stable and less populated

neighbourhoods do. Disorganised communities are not able to provide constant norms and standards regarding acceptable behaviour. A low neighbourhood attachment is one of the indicators of adolescents' substance abuse. Drugs promote unsafe sexual activities (Gordon, 1994:9). In areas where there is a high mobility and drinking that form part of routine life, adolescents may engage in devious activities including promiscuity. A high rate of unemployment is also experienced in such high populated areas. Many families live in poverty and adolescent girls eke out an income by engaging in commercial sex work (Akinade, 2001:2).

2.5.1 Poverty

While young South Africans generally spend large parts of their time doing the things young people do everywhere - watching television, listening to the radio or hanging out with friends, poverty is a major factor in the lives of a large proportion of young South Africans. About one third of young South Africans are living in households with less than R1 000.00 income per month. Approximately one third of black youth are going hungry and many are living in homes that are overcrowded and lack basic amenities such as electricity and sewerage (The Kaizer Family Foundation 2001:1-3); hence many adolescent females from socio-economically depressed communities have little or no control over their lives. They are also not in a position to negotiate safer sex practices because they fear violence and abandonment.

Van Dyk (2001:21) indicated that the situation in which such youth find themselves, leaves them with no alternative but to engage in risky behaviours such as substance abuse, which perpetuate the cycle of poverty. Adolescents are often forced to engage in risky behaviours in order to fend for themselves and their families and also as a reaction to the frustrating situations. Such situations are conducive to young girls having multiple male friends with whom they indulge in sex in return for payment.

In the urban areas of South Africa and in rural areas where there are mines within the community, many adolescents and teenage girls engage in prostitution as a source of income. To cope with the situation, they may take alcohol and /or other drugs (Akinade, 2001:2).

As a consequence of alcohol or other drugs abuse, adolescents get raped by their sexual partners, peers and even people who may be unknown or known to them. Others are sometimes coerced by their unemployed parents to have sex with older men in order to earn some income. Researchers such as Foreman (1999: 74) have pointed out that as long as parents are unable to provide their children with necessary items, children will always look for alternative ways of helping themselves even if such ways are not conducive to healthy practices. Having multiple sexual partners, living promiscuously and having unprotected sex are but some of the common practices that adolescents who are from poverty stricken families use as income generating practices. Adolescents who participate in diverse sexual activities have greater opportunities of being exposed to HIV and other sexually transmitted diseases (Foreman, 1999:74).

In South Africa, especially in the Limpopo Province, Anglo Platinum Mines are now being activated in numerous rural areas. Mine workers come from as far as the former Transkei, Cape Town, Lesotho, Zimbabwe, Mozambique and other neighbouring provinces. Each mine worker gets his vacation leave only once a year. As most of them live far from home, and are not in a position to visit their families regularly, they usually find ways of self indulgence and dealing with solace by abusing substances and getting involved with prostitutes. Due to the high rate of unemployment in the RSA, adolescents and sometimes even pre-adolescent girls, end up cohabiting or having multiple sex partners as means of income generation.

A number of young women who are from low income families sometimes resort to prostitution in order to get financial support. Their lives become dominated by men. They are usually in no position to decide with whom to have sex. As a result, the young women become vulnerable to a range of serious consequences including early pregnancy, HIV/AIDS, and other sexually transmitted diseases (Rivers & Aggleton, 2001:4 and Mabuza-Mokoko 2005:111).

Many young women seek to escape harsh conditions from their homes through marriage. A possible way of proving their worthiness is by demonstrating their fertility. They therefore, become pregnant before marriage. Sometimes the young women deliberately become pregnant by trying one sex partner after another, to prove their womanhood. This happens in most rural areas of South Africa, and lessons are seldom learned that many such young people are abandoned with children born out of wedlock.

In some communities, adolescent girls stand a better chance of getting married if they are seduced and become pregnant (Foreman, 1999:240). No one seems concerned with problems associated with teenage pregnancy nor the looming danger of being infected with HIV in their quest for proving womanhood and marriage worthiness. Even the fact that a significant number of young mothers are never married by their sex partners, who are either already married or had simply required an overnight fling. The quest for money and marriage continues unabated. There seems to be no end to the cycle of poverty, teenage motherhood and sexually transmitted diseases including HIV. Rural people seem to be in a planet of their own where HIV/AIDS education programmes are concerned. These either do not reach them or are delivered in a foreign language, which they do not seem to comprehend.

Denial and reaction formation are used as defences whenever someone dies of AIDS. It is easier for the community to believe and to regard death as due to witchcraft rather than face reality and admit that AIDS exists (Akinade, 2001:3). Although no research has been conducted in Sefateng on HIV/AIDS, the life style of many young people associating with migrant labourers who readily pay for sex with casual partners, is cause for concern. In analysing community perceptions regarding the causation of teenage pregnancy, Du Toit (1987), as cited by Webb (1997:112), pointed out that teenage sexual behaviour emerges along with issues such as the use of and attitudes towards contraception, as well as the motivating factors for sexual activity.

As the mine labourers use money to attract young girls for sex at Atok, many young women (both married and unmarried) avail themselves and also charge a certain fee for sex with mine workers; which put them at high risk of contracting diseases such as syphilis and other sexually transmitted diseases. High prevalence of syphilis and other sexually transmitted diseases among sex workers is viewed as a potential for the fast spread of HIV/ADS (Van Den Hoek, Yuliang, Dukers, Zhiheng, Jiangting , Lina Xiuxing, 2001: 753-759). They also engage in sex with multiple sexual partners as a way of earning more money to support their families.

In some communities, promiscuity is averred. Indulgence in sex with multiple sexual partners is reportedly equated with popularity and importance among young men. While males can have as many sex partners as they choose, females are expected to stick to one boyfriend (Rivers, and Aggleton 2003: 69-101, Makhubele 2004: 69-75). As a result there is a high rate of children, and young people who have died of Aids related diseases while most of them are dropping out of school due to the same reasons. The schools in this area are faced with a large number of orphans.

This is a draw back to the schools, since some of these children are heading their families with lack of supervision in their lifestyles and school projects. This also causes a high rate of absenteeism which, again at the end, impacts on the whole Province with poor matric results.

Some families repeatedly encourage their teenage daughters and even those that have not reached their teens, to engage in sexual activities with older men, in order to put bread on the table. These men tend to take advantage of the young girls. They introduce them to alcohol and other drugs. The men engage in sexual intercourse with the naïve girls without using any protection. Unsafe sex is a risky behaviour that results in teenage pregnancy and the transmission of sexually transmitted diseases as well as HIV/AIDS.

In order to secure their sexual partners and their income, young females often resort to cohabiting with miners. Cohabitation among unmarried sexual partners is rife in the area. There is also a high rate of substance abuse particularly abuse of alcohol, which is easily available in many tuck shops that serve as suppliers of unlicensed alcohol and other drugs (e.g., cigarettes and dagga). These tuck shops also serve as brothels. This type of behaviour exposes young people at this area to dangers of contracting STIs and HIV/AIDS, which is rife in this area.

The tuck shops do not observe age limit restrictions that pertain to drugs sales and brothel activities. The licensed traders compete for sales with shebeens (taverns) which secure high sales by selling alcohol to anyone, at all hours, irrespective of age. Other drugs, such as mandrax and cocaine, are easily available in the Atok area as many mine workers are from outside the province and some not only use the substances but, also trade with them, as they do not have the welfare of local residents at heart.

Whenever the miners return from their homes after visiting their families, some of them bring drugs along. The position of Atok makes drug trafficking easier than elsewhere, as the area is still classified as rural and therefore has lesser surveillance directed to it. In the urban areas for example, due to a high inflow of people including foreigners, drug trafficking has become easy (Rhodes, Stimson, Crofts, Ball, Dehne and Khodake Vich 1999:260-261 and Vanden Hoek, Yuliang, Dukers, Zhiheng, Jiangting, Lina and Xiuxing 2001:756). Many adolescent girls hover around shebeens and tuck shops so as to make themselves easily available to the mineworkers. After using drugs and alcohol, the girls and the miners often engage in unprotected sex. Teenage girls often dare one another on the number of sexual partners each can secure per night.

The quest for more money results in girls continuously practising unsafe sex. Sex without protection is known to fetch more money among sex workers. This behaviour is popular in this area and as a result there is a high rate of teenagers who engage in sexual intercourse without using any protection. The problem of HIV transmission is high in this area and is also aggravated by the fact that many teenage girls do not use protection so that they might have children and be able to apply for the childcare grant. Young prostitutes also ply their trade among long distance truck drivers who pass through the villages, as well as the miners from the Atok Platinum mine.

2.5.2 Culture as a factor in the transmission of HIV/AIDS

Culture refers to the totality of learned, behaviours, which include: ideas, values and customs of groups of people. In some communities, for example, in the Kwazulu Natal Province, adherence to cultural norms subjects unmarried teenage girls to regular tests for virginity. Unmarried girls are expected to remain pure (virgins) for the men who will marry them.

This cultural expectation, however, is often flaunted in many provinces, as desperate young women who are from poverty stricken homes would rather prove their marriage worthiness by becoming pregnant before marriage.

Amongst the Bapedi in the Limpopo Province, some families still uphold cultural norms of preventing adolescent girls from becoming pregnant before marriage. Amongst other methods used to avoid pregnancy, herbs may be used in very peculiar ways. One method, for instance, entails wrapping herbs in a piece of cloth and tying the cloth into a strong knot. An elderly woman in the family, or at least an aunt of the protégé, will then take the wrapped herbs and hide them in a secret but safe place where no one might find them, including the adolescent herself. The herbs are then kept in hiding until the protégé is ready for marriage. When the protégé gets married, the grandparent or aunt would then bring out the cloth and untie it so that the young bride can then be able to bear children with her husband.

The disadvantage with this method, however, is that should the grandparent or aunt die before the protégé is married, if the custodian of the herbs has not divulged the secret hiding place of the herbs, then it is believed the protégé will be doomed to barrenness for her entire life. It is believed that this position can never be reversed (oral information from traditional healer in Sefateng: Limpopo Province). (This information was also confirmed by some elderly women whose ages were ± 70 years, in separate informal discussions with the researcher).

The method that has been explained above seems unreliable and risky, as it does not emphasise abstinence but rather, it might encourage the young female to sleep around without using protection and subsequently be exposed to sexually transmitted diseases including HIV/AIDS.

Young adolescent males, who have graduated from initiation schools, may too become reckless in their escapades in order to test their potency and their ability to father children. The time-honoured practice of circumcision, however, is embraced in the danger of infection that looms around the surgeons who perform traditional circumcision procedures. Concern is regularly voiced by health workers about the safety of the traditional way in the modern world, where medical science is advanced.

In a number of rural communities, every male child who reaches puberty has to undergo the traditional process of circumcision. This is contrary to the culture of the ethnic groups that subject the male child to circumcision soon after birth, where the process is conducted on an individual as opposed to a group ceremony (Foreman, 1999:7; Akinade, 2001:3, and Wessenaar J, 2005 Talk Show Programme). Circumcision among Africans is carried out in group ceremonies referred to as initiation schools. The ceremony usually entails the use of only one instrument to perform the circumcision on all initiates at the ceremony. This poses the danger of infection with HIV. HIV can be transmitted via the blood of an infected person within the group of initiates. No test is ever conducted before the ceremony to check the health and HIV status of the initiates (Akinade 2001: 3).

2.5.3 Drug abuse as a factor in the transmission of HIV/AIDS

Intravenous drug use (IDU) has become an additional risky behaviour among adolescents in both the developed and developing countries. Whereas in the urban areas it occurs more regularly. in many rural areas, IDU is as yet unknown, but it may not be ruled out, as the features and characteristics of rural areas, are undergoing change and no surveillance procedures have as yet been put into place to monitor the changes taking place in rural areas. Currently intravenous drug use is yet an unaffordable habit to quite a substantial percentage of the population.

However, this practice cannot be ruled out completely as the new democracy has resulted in a high mobility of people, and a change in behaviour. Presently, rural areas are no longer sparsely populated nor are they largely confined only to clans and people of the same ethnic origin. Mobility of people has brought together people from different parts of the world. Informal settlements have developed in rural areas too and people use all means of generating income, including drug peddling and prostitution. There is need, therefore to focus attention on the rural areas in South Africa as the problems that exist there seem to evade the attention of research institutions, as these constantly provide findings of problems in urban areas.

IDU entails the use of syringes to inject drugs into one's blood stream. It is a very risky form of behaviour since it entails the use of contaminated needles as well. When drugs are injected into the blood stream, the needles become contaminated with blood that may contain the virus and thus transmit it from one user to the other. Due to the high concentration of the virus in the blood, drug users who share the same needles to inject drugs may also resort to prostitution to obtain money. They sometimes get raped or are coerced into sexual intercourse by their partners without protection. It is a fallacy to believe that IDU is still unknown in the rural areas of South Africa despite the fact that communities in rural areas are no longer ethnically pure. (Van Dyk, 2001:25).

2.5.4 Rape/coerced sex as a factor in the transmission of HIV

Due to the myth that AIDS may be cured when one indulges in sex with a virgin or an elderly person, rape in the RSA has become high. Many adolescent girls who have been victims of rape usually drop out of school. A significant number of young females tend to engage in risky behaviours, especially after being exposed to the traumatic experience of rape.

In many South African rural areas, a significant number of rape cases are never reported to the police, as they occur among family members and/or close family friends. To conserve the family dignity, rape cases are often kept secret and the victims are made to suffer in silence. Generally, families of rape victims neither seek medical help nor any other form of help such as counselling. Too often, the victims are threatened, hence they are afraid to reveal their experiences. In cases where an adolescent has been raped or coerced to engage in sexual activity by her own father or step-father, the tendency is for such an adolescent to run away from home. Rape occurs commonly where the mother of the victim is unemployed and the family depends financially on the perpetrator, hence the need to keep the act as secret (Mugeman, 1991 as cited by Reid, 1995:72, and Phahlamohlaka 2000:34).

2.5.5 Prostitution as a factor in the transmission of HIV

Adolescents who have been coerced or physically forced to engage in unwanted sexual activities, may later in life experience relationship problems with their future partners. These adolescents often turn to sex work as a means of survival. Engaging in sexual intercourse with a prostitute or being a prostitute is a risky behaviour that is significant in the spread of HIV/AIDS. In South Africa, many adolescent girls enter the sex industry due to poverty. Sex work is a means of augmenting income among the unemployed, low wage earners, or women who receive very little money from their sexual partners or boyfriends. Some sex workers also financially support their families with the money they get from the industry (Brokensha, 1998:169 as cited by Green, 1994:9). Dire poverty and need often drive adolescents from poor families and communities towards prostitution because this might be the only way they can survive (Van Dyk, 2001:21 and Mabuza-Mokoko, 2005:111).

2.5.6 The role of social workers in HIV and substance abuse prevention

Social workers as part of the multidisciplinary team, serve as a bridge between the schools and communities. They are the ideal family and community practitioners to help educators and to monitor emerging integrated service programmes. HIV/AIDS is a national problem impacting on schools, and as a result the school personnel together with parents all by themselves are unable to deal with the HIV/AIDS pandemic. The goal of social work in schools is to improve the transactions between learners, the school, home, and community environment in order to enhance children's coping capacities and to improve school conditions for all learners. School social work is necessary to address today's pressing problems such as HIV/AIDS, substance abuse and teenage pregnancy as these have an impact on the school and adversely affect the education of youth. Life skills programmes in schools will necessarily unlock many problem areas which will necessitate therapeutic involvements.

The social worker as an education partner is equipped to facilitate life skill programmes. The introduction of life skills education programmes for learners is necessary for addressing issues such as HIV/AIDS, substance abuse prevention and prevention of teenage pregnancy. The development of such skills is crucial to the promotion of both physical and mental well being of learners. It is therefore important that such programmes should be integrated as part of the school curriculum and school social workers should be part of the school team, since educators all by themselves cannot cope with the amount of work entailed. (Society of Psychiatric Mental Health Nurses 2000-2003: 4).

2.6 CONCLUSION

Adolescents whose ages range between 13 and 24 years often become infected with HIV every year in the RSA. However, many of the adolescents still do not think they are at risk of acquiring AIDS, hence they still engage in risky behaviours such as unprotected sex, promiscuity, alcohol and other drugs abuse. HIV/AIDS cannot be prevented without consideration of, and attention being paid to, other types of deviance and problems manifested by adolescents. Deviant characteristics form an interwoven net of attitudes and behaviours that must be addressed in the prevention and treatment of HIV. These characteristics must all be taken into consideration as part of the entire fabric. Learners should be endowed with knowledge about HIV/AIDS, and substance misuse so that they can consciously make choices that may help them to veer away from risky behaviour.

The Institute of Medicine (2001:1) has noted that despite the remarkable advances in research and clinical practice, AIDS has not as yet been conquered in Africa. Without a stronger commitment to the prevention of HIV by youth, the pandemic will never ever be conquered. Given that social workers are well equipped to work with wide varieties of communities and learners, it is therefore imperative to include them in schools so that they can address the needs of adolescents. These can be addressed by imparting knowledge to adolescent learners through educational programmes.

Political will and commitment are also seen as the key ingredients to fighting the disease successfully in Africa. By speaking out, leaders will demystify the disease and can permanently alter the norms, values and traditions that are fuelling the epidemic. Changing such behaviour is especially important in Africa because of its limited resources for medical interventions (Jogunosimi 2001:1).

CHAPTER THREE

THE ROLE OF SOCIAL WORKERS IN THE PRIMARY PREVENTION OF SUBSTANCE ABUSE AND HIV/AIDS AMONG PRIMARY SCHOOL LEARNERS

3.1 INTRODUCTION

Social workers deal with a wide variety of problems; hence Sheafor et al (2000:XVII) have mentioned that the whole society can benefit from social workers' activities. The goal of social work is to improve the quality of life for individuals, families and all members of the community. When this goal is attained, it will ultimately have an impact on the general society. It will also elevate the health, happiness, safety and productivity of all members of society. Direct intervention by social workers with learners, would therefore benefit a large percentage of society as it would serve the learners, their families and educators, while a link is maintained with other service providers. Learners are inclined to be assailed by numerous problems that affect their progress at school. Alcohol and other drugs use, as well as early indulgence in sexual activities and the resultant problems such as teenage pregnancies and HIV/AIDS, necessitate the services of social workers in schools.

The new Outcome Based Education (OBE) system that has been introduced in the RSA caters for primary prevention programmes for learners through skills training in areas such as self-awareness, substance abuse and HIV/AIDS. The inclusion of social workers in the school system is particularly important in low resourced areas where learners manifesting problems cannot be referred to treatment centres as these are neither accessible nor affordable.

The success of the OBE system, however, depends on other support systems that require a multidisciplinary team comprising educators, psychologists and social workers to guide learners and provide information and, where necessary, counselling as well, so as to promote the learners' well being. Use of the multidisciplinary approach in the prevention of substance abuse and HIV/AIDS among primary school learners, emphasises collaboration of welfare, health and correctional services. Such collaboration will address all the needs of learners in totality instead of focusing on each problem in isolation from others. The inclusion of social workers in the OBE system cannot be over emphasised. The role of social workers will then embrace services such as counselling, guidance education and prompt intervention.

In this chapter, the researcher will concentrate on the role of social workers in the primary prevention of substance use and HIV/AIDS among adolescents. As the majority of adolescents are still at school, it may be necessary in the RSA to consider using school social workers in the under-resourced areas (rural settings) where there are multiple problems and no treatment centres. It is not necessary to establish treatment centres where they do not already exist, but instead, the prevention of problems might be ensured by introducing school social workers to do prevention work in the schools/institutions that already exist. Social work is one of the disciplines attached to the school system in an attempt to address and treat problems that interfere with learning, and also to maximise the learning potential of all learners. The social work practice addresses the pressing problems of today (such as substance use and misuse, as well as HIV/AIDS) that have an impact on an adolescent's academic performance (Sheafor et al., 2000:XVII).

3.2 THE PRIMARY PREVENTION OF HIV/AIDS AND DRUG ABUSE

A strategy of primary prevention programmes on HIV/AIDS and substance abuse should target adolescents who have not yet started using substances and are as yet not sexually active. In order to be effective, such programmes should be contextualised so that each programme should be sensitive to the local beliefs, attitude, culture, values and other traditional norms and practices. Therefore, it is imperative for social workers to facilitate programmes that support adolescents within schools. Social workers are community developers who understand people and do not impose foreign values on them. They can, therefore, appropriately use their expertise to integrate acceptable norms and beliefs into preventive programmes that impact on people's behaviours towards decreasing substance abuse and HIV/AIDS.

Adolescents who are not yet sexually active and have not started using substances should, therefore, be encouraged to adopt healthy behavioural patterns and to avoid practices that may be destructive to their health and welfare (Bharat 2000:45). Early prevention is most effective when it reaches adolescents before they are initiated into drug using behaviour that may put them at risk for HIV/AIDS infections.

Primary prevention programmes should focus on preventing adolescents from acquiring the virus by trying to change their sexual and drug using behaviour as substances put many adolescents at risk of HIV infection by impairing their judgement (Collins, 1997, as cited by the Institute of Medicine, 2000:8). Unprotected sexual intercourse puts adolescents at risk, not only of HIV infection but also of other sexually transmitted diseases (STDs) such as Chlamydia, gonorrhoea, syphilis, as well as unwanted pregnancies, (Germain and Korr, 1996:93).

World-wide alcohol and other drug use have been identified as potentially risky practices in terms of contracting and transmitting the HIV. Of particular concern are indications that HIV infection is higher among heavy users of substances including alcohol.

Substance abuse disinhibits and also makes one to lose control; hence a user is often exposed to the danger of losing control and getting involved in activities that may lead to HIV infection. Researchers have observed the extent to which substance use may expose a person to a carefree life and make him/her vulnerable to STDs including HIV. They, therefore, state that substance abuse has the potential for playing a major role in the escalation of the HIV epidemic (Rocha Silva, De Miranda and Erasmus, 1996:6). Research indicates a growing number at which substance use begins.

It is, therefore, imperative that as most first time users are still at school, social workers in a secondary setting (the school) should be introduced in South Africa and social workers should therefore, play a prominent role in the primary prevention of substance abuse and HIV/AIDS among learners. Social workers can play the role of integrating educational programmes with health and recreational services. School social workers should be a comprehensive integration of services that reflect a balance between prevention and protection of adolescents who have not yet started using drugs and those who have already started using (Conyne, Wagner, Hadley, Piles, Schorr-owen and Enderly, 1994: 603 and Chou, Montgomery, Petz, Johnson, Flay & Mackinon 1998: 944).

Social workers in secondary school settings can make an impact in the primary prevention of substance and drug abuse, due to their knowledge and understanding of the school environment, developing children and team work with other professionals (Franklin, 1992; Paulson, Combs, and Richardson, 1990 and Barley, 1999:2).

Adolescents with substance abuse problems, including HIV/AIDS can, therefore, get an opportunity to get guidance and counselling at school, instead of being referred to treatment centres or simply being ignored until they drop out of school, where such centres do not exist. Social workers have a unique role in preventing and treating drug problems (Magura, 1994, as cited by Burker, Celeste, Clap, and John 1997:3). This role can be effectively utilised with the introduction of school social workers in all the areas where treatment centres for alcohol abusers are not present.

Social workers are well equipped to design and implement prevention programs that teach adolescents pro-social behaviours. Through education, adolescents will then be able to protect themselves using the skills they have acquired. Social workers can also teach adolescents problem-solving, time management and stress management skills. Skills training in the primary prevention of problems is aimed at helping people to understand themselves and others. It helps learners to take control of their lives, and to indulge in self analysis and self understanding that facilitate an understanding of one's own feelings and the ability to express oneself. Trainees can achieve a mature emotional status without the use of drugs and in this way such programmes can make them feel valued, accepted and wanted (Malaka: 2003, 8).

Gillis (1994:122) and Oakley (2002:70) mentioned that with the help of social workers, primary prevention programmes can be cost effectively accomplished through life skills programmes in schools. School social workers can play the role of training, guiding and encouraging learners to adopt a positive view towards voluntary counselling and HIV testing. The social worker can, therefore, ensure that facilities for such are made available and acceptable to learners.

Primary prevention programmes should include peer education and counselling procedures, which will help in the transfer of information and control of knowledge from the hands of experts, to lay members of the community, thereby making the educational process more accessible and less intimidating. Peer education facilitates free expression and debate among peers. It caters for negotiation of messages and behaviours that lead to the development of convincing individuals to change their unacceptable behaviours. No coercion is used but negotiation is used on rational decision-making.

Concern about sexually transmitted diseases and teenage pregnancy among learners have provided the impetus for the state to mandate sexuality education programmes in schools. Parents of learners and educators would be trained to adopt attitudes and opinions that are ideal for the development of a parent-school partnership for teaching youth about sex and sexuality. However, without assistance, schools and parents cannot succeed to implement sexuality education programmes from an early stage until the child is mature. Schools and parents can succeed only for a brief duration at a late stage. Social workers have knowledge of human development and have been trained; hence they have skills in mediation and relationship building.

Social workers are, therefore, able to help schools and parents to work together towards formulating a useful integrated education policy and to provide guidance in programme development and delivery, and also to implement prevention programmes in secondary settings, especially in rural schools, and communities where discussions about sexuality are taboo (Smit and Myer, as cited by Van Dyk, 2001:3). Parents and educators find it difficult to discuss sexuality with children, hence there is a need for counsellors and therapists, such as psychologists, social workers and nurses,

to provide support to rural educators. In skills training programmes, discussions on sexuality are informal and are conducted in much smaller groups, which therefore makes it easier for participants to express themselves. Primary prevention programmes on abuse and HIV/AIDS programmes help adolescents to become more assertive.

Such programmes also help to restore the participant's self-esteem (Jorgensen, Potts and Camp, 1993 as cited by Oskamp and Thompson, 1996:49-50). In informally presented programmes, participants are helped to feel free and to express themselves without fear to the therapists, who are ready to support them. However, there could be a danger of introducing more information on drugs to adolescents who might never have heard of them, as this might arouse their curiosity and thus lead them to experimenting, which for some may ultimately lead to abuse (Oskamp et al., 1996: 49-50).

3.3 THE ROLE OF SOCIAL WORK IN THE PRIMARY PREVENTION OF HIV/AIDS

Researchers have observed that as each generation comes of age, there is an observable increase in the rate of HIV infection. As individuals enter their late teens and early twenties, the infection rates tend to peak towards mid to late twenties. Prevention programmes targeting young learners before they enter adulthood are essential in order to decrease the pandemic and to keep these waves from developing. A Social worker can serve as a vital resource within a school's multi-disciplinary team along with a school psychologist, occupational, speech and hearing therapists, and special guidance educators. The social workers can be a key resource for learners who have physical as well as psycho-social problems. (Centres for Diseases Control and prevention CDC, 1997:10, International Society of Psychiatric-Mental Health Nurses 2005: 4).

Sheafor et al (2004:14) indicate that social workers have a historical claim that they represent the profession that is best prepared to guide social change efforts and to prevent problems from occurring or becoming worse. Social workers can provide adolescents with varied services in different settings, such as schools.

They are in a position to assume leadership in slowing down both the spread of HIV/AIDS and the involvement of adolescents in substance abuse, which subsequently results in anti-social behaviours. Conducting primary prevention in education requires a perspective and a set of competencies that are unique to the training. Social workers are competent enough to offer unique primary prevention programmes and to prevent teenage pregnancy, hence they are called change agents (William, Donnelly, and Jerre, 2002:105).

3.3.1 Social workers as change agents

As change agents, social workers are in a better position of identifying learners' problems and/or areas where the quality of life can be enhanced. They also mobilise interest groups to advocate for change or new resources (Sheafor et al 1994:25). These authors maintain that, due to their dual focus on both the person and the environment, social workers are able to facilitate needed change in schools, communities or large social systems. They are also in a position to recognise conditions that are contributing to people's distress and the need for human services. Social workers take responsibility for assuring that resources are available to meet people's needs or to stimulate actions by others to address those problems (Sheafor et al., 2004:25). The post-apartheid era has heralded a move towards equality and an accelerated pace of development for all people of South Africa. Rapidly changing social conditions affect the mission role and structure of schools.

These changes, in turn, have resulted in prioritisation of needs that should be met. It is because of the current social changes in South Africa that the introduction of social work in secondary settings has been necessitated. One of the major institutions that definitely require the services of social workers is the school.

The school is an institution that plays a primary role in shaping societal expectations and outcomes. This is a mutual process and schools are shaped and influenced in critical ways by the children and families they serve. The increasing number of teenage mothers in South Africa's rural schools, where there are not enough adult education programmes and the increased number of child-headed families due to migratory labour also affects the school personnel's relationship with the parents of learners. Interaction with younger parents is fraught with problems, which means that the school interacts with parents/guardians. Social workers are in an excellent position to instil change in teenage mothers and to give them information that will help them make informed decisions and progress towards adequate parenting. The inclusion of social workers as change agents will make schools important venues, for educating young parents (adolescents) and their children too, on many kinds of health risks, including behaviour that may lead to HIV/AIDS, STDs and unintended pregnancy (Youth and HIV/AIDS, 2002:2).

3.3.2 Social workers as information givers

Social workers can provide effective educational programmes that have clear messages about risks of unprotected sex and methods on how to avoid risks. Information given by social workers is informal and therefore free from stress and inhibitions that may occur in the classroom. Social workers can

also provide information and help adolescents to practice communication skills.

In many countries, especially in South Africa, a number of obstacles make it difficult for adolescents to protect their sexual and reproductive health. One such problem is experienced by communities in under-resourced areas where learners often have less access to information and resources (Rivers & Aggleton, 2001: 1).

This is due to the fact that only educators are disseminators of information to learners within the school setting. Educators often provide information in a formal setting, hence they provide information on HIV/AIDS too, within the formal setting, which makes it difficult for learners to freely express themselves, hence the programmes have not been effective in altering high risk behaviour. This is an indication that programmes must go beyond just providing facts, but should include behaviour change strategies that not only encourage the initiation of risk reduction, but also the maintenance of these behaviours (National Institute on Drug Abuse, 1994:IV).

Informal group discussions in much smaller groups among participants with common interests are facilitated by social workers in a more effective way, than the formal group discussions in a classroom setting. Social workers as counsellors can provide both information and counselling services as well, to learners who manifest problems. As HIV testing requires pre and post-test counselling, social workers are the most ideal professionals to provide such services to young learners. Social workers are able to generate linkages to needed resources. They mobilise and support interaction that promotes human relations and the well being of people. They play many roles and one such role is advocacy.

3.3.3 The role of advocacy

According to Hepworth, Rooney & Larsen (2002:14), advocacy is the process of working with and/or on behalf of clients to obtain services and resources that would not otherwise be provided. Social workers, therefore, can initiate and advocate programmes that support adolescents who find themselves faced with unintended pregnancies. Social workers have proved effective in working with adolescents who abuse substances and drugs during pregnancy. Substance abusing adolescents pose a danger of bearing children who have the foetal alcohol syndrome (FAS). The FAS is one major problem that is being ignored in South Africa, yet it affects a significant number of learners (Hepworth et al., 2002:14). In South Africa, of late, there are no mandatory laws that make it compulsory for maternity wards to test new born babies for the FAS, so as to provide early intervention towards controlling the problem. There is a need for improvement and delivery of primary prevention programmes to prevent such tragic problems (Miller & John, 1998:485).

Appropriate sexuality education can help young people to understand the implication of early indulgence in sexual activities and use of alcohol and/or other drugs by females in their childbearing period. Through skills training, learners may be equipped with skills to refuse sex if they so wish, and also to be aware of the consequences of substance use while one is on the family way (Foreman, 1999:96). It has been further pointed out that throughout the history of social work, social workers have advocated for the children and their families to create a better education system and living conditions, and for programs that support student growth (Foreman, 1999: 96, Bill, 2001: 125).

3.3.4 The role of therapist

Social workers have the ability to offer life skills programmes that will necessarily unlock many problem areas and therefore, necessitate therapeutic involvement. As part of an education team, social workers can help educators to work closely with parents and also to monitor emerging integrated service programmes (Foreman, 1999:129).

They can also provide adolescents with information that will affect their decision taking with regard to their sexual practices, and to observe safer sex measures for those who are already sexually active (Bandura, 1989 as cited by Hoffman, 1996:108). Primary prevention programmes that are specifically targeting adolescents can be highly effective. With their knowledge and skills, social workers in secondary settings are able to consult with school staff and help them to handle problems associated with early pregnancy and the growing problems of HIV/AIDS and drug abuse. Workshops can also be provided to those educators who have no special training concerning sexuality education. Social workers are capable of helping adolescents to become more assertive by providing them with skills which promote self-confidence and self esteem. Self-confidence for adolescents means that each learner will be able to make informed decisions (Franklin & Mears, 1997:133). The following attributes can be developed among learners through skills training:

- Self confidence

Self-confidence means being bold enough to be able to rely on one's strength. Most children from rural areas lack self-confidence due to the fact that most schools in the Limpopo Province are based in rural areas where there are inadequate resources and employment opportunities. Rural schools are attended mostly by children who come from poverty stricken families.

Adolescents from such environments are usually lacking in self-confidence and general knowledge, and are, therefore unable to take informed decisions. Learners would benefit from life skills training on issues that would boost their morale and egos. Adolescents need to develop a set of self-motivating incentives in order to develop self-confidence. Being self-confident would also help adolescents to have self-esteem and to be in a position to deal with life pressures, including decision making on sexual matters (Bandura, 1989, as cited by Hoffttman, 1996:108).

- Self esteem

Adolescents from rural areas always compare themselves with those from urban areas. Self-assessment places them at risk of imitating or modeling behaviours that are risky. With the help of life skills programmes, an adolescent can be provided with information and encouragement on behavioural change for the better, while negative attitudes can be discouraged in the attempt to boost an adolescent's self esteem and to help him/her to become assertive (Gillis, 1994:80-81).

- Assertiveness

Many adolescents engage in risky behaviours as they seek approval and acceptance of their peers. Due to lack of assertiveness adolescents may not have the courage to refrain from understanding risks that put their lives in jeopardy. Life skills programmes that teach youth to be assertive may provide adolescents with specific components of behaviour. These will enable them to express their individual opinions, feelings and preferences without undermining the rights and feeling of others. One other way of helping adolescents to become more assertive is through mentoring and life skills programmes (Albert & Emmons, 1970, 1974 as cited by Bein, 1999:102). Social workers are trained on how to encourage and affirm adolescents to be consistent, committed, honest, self aware and congruent.

This in turn, helps adolescents not to focus on negative behaviours, but rather to develop the ability to believe in themselves, in order to fit in and to be in a position to interact with the community, and cope with the challenges of the world. Primary prevention programmes, however, will not be successful if they do not have the support, functioning and blessing of the government. Primary prevention programmes can be effective if there is a policy in the country that might guide school personnel and all the stakeholders. It is, therefore, essential that social workers with their understanding and skills should play a role in the implementation of the HIV/AIDS policy in school (Bein et al., 1999:102).

3.3.5 The role of co-ordinator

When social workers are part of a school team, they can then be in a position to help with the implementation of the HIV/AIDS policy due to their professional expertise knowledge and skills. It is, therefore, imperative that schools should be helped to develop organizational policies that could help them to meet the most basic needs of adolescents at risk and also those affected by HIV/AIDS. The Social worker's role includes co-coordinating services provided by schools and community agencies, such as the hospital and local public child welfare agencies (Freeman, Halin, and Marion, 1997:3).

The HIV/AIDS pandemic in the world, and especially in South Africa, may decrease with the involvement of social workers in the primary prevention programmes. HIV/AIDS education should always be in the context of sexuality education (Life skills and HIV/AIDS education programmes, 1999:5, Malaka: 2003, 8). With the help of social workers, schools would be able to observe principles of confidentiality, individuality and uniqueness of people that the South African policy calls for in its Human Rights Law.

The involvement of adolescents, their families and the community in primary prevention programmes, will ensure that their human rights are observed. The main responsibility of social workers in secondary settings is to link the school as an institution to the community and parents of learners. Social workers should see to it that the rights of adolescent learners and educators are respected.

Social workers can help the schools to develop their own policy and programmes and to implement their plans. They can help the school governing bodies (SGBs) to develop and adopt their respective policy plans of action on HIV/AIDS. Such policies should take into account the needs of specific schools to establish health advisory committees where possible. Social workers can advise school governing bodies (SGBs) and the school management team (SMT) regarding implementation of the plan, and also to assess the progress made and to create a supportive and non-discriminatory environment. (Life skills and HIV/AIDS Education Programmes, 1999:123).

Drug treatment programmes can also be developed for each school. These should take into cognisance the policy of each school. In many South African schools, particularly in the Limpopo Province's rural areas, there are no drug treatment programmes, nor policies on HIV/AIDS, which guide each school despite the efforts of the new government's education policy that indicates the necessity for such. More research is needed and the government needs to be more involved in the whole country's successful implementation of the policy. Currently, only disorders and selected targets for research are being considered. Funding of substance abuse and HIV/AIDS is sadly lacking in the Limpopo's rural schools. With no community based treatment programmes, it becomes difficult for social workers in secondary settings to achieve effective results in their primary prevention programmes.

The implementation of the HIV policy by each school is yet to be seen. Social workers need to help adolescents to safely live out the rest of their lives, secure in the understanding that they possess the knowledge to protect themselves from HIV infection and substance abuse (Rahdert, 1996:6).

3.3.6 Conclusion

Social work is one of the disciplines that should be attached to the school system to address and treat problems that interfere with the learning process and to collaborate in efforts to maximise the learning potential of all learners. Social work practice addresses the pressing problems of today, such as alcohol and other drugs misuse and/or abuse as well as HIV/AIDS, as these have an impact on an adolescent's academic performance.

It is imperative that all schools should be helped to develop programmes and policies that would guide them in the primary prevention of HIV/AIDS and substance abuse. Social workers should be employed in secondary settings (schools) to be part of the primary prevention team and to nip in the bud, problems of learners that may hinder them in their learning. There has been a shift around the world, especially in South Africa, with regard to HIV/AIDS and the drug abuse policies. Care should no longer be concentrated on law enforcement and treatment only. It should also focus on providing primary prevention programmes and making these available for development and implementation in all South African schools.

Research, especially in schools, should be given a priority since HIV/AIDS and drug abuse are essentially a public health problem that affects individuals and all social structures. After a decade of democracy, the RSA government should reach out beyond selected areas of research, but should begin to implement policy that has been enacted to include areas that have always been disadvantaged and are still neglected by researchers.

HIV/AIDS and substance abuse among adolescents is a problem that defies easy solutions. Unfortunately, primary prevention programmes that can be more effective in reducing the problems are not available in most schools and communities hence social work services need to be made available in all schools for implementation of prevention programmes.

Social work services in secondary settings are essential to perform and develop primary prevention programmes in schools and to equip adolescents with needed information and tools to fight against HIV/AIDS. Social workers can play an important role in establishing sexuality education programmes that address problems as a continuing process. The dual epidemic of teenage pregnancy and HIV/AIDS are creating renewed interest in ensuring that youth acquire essential knowledge on human sexuality and substance abuse.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

In this chapter, data that was collected from respondents has been presented, analysed and interpreted. Data had been collected through an interview schedule which was administered. An interview schedule which was administered to a sample of 90 learners and 30 parents while 11 educators were engaged in a focus group discussion. The interview schedule that was administered to learners included a section on knowledge on HIV/AIDS, substance abuse and risk taking by learners such as indulgence in unprotected sex. Two other samples were used in addition to that of learners. These included:

- A sample of 30 adults who were parents of the learners. The ages of respondents in this group ranged from 30-55 years. This was a convenience sample which comprised only of parents / guardians or caregivers who had responded to the invitation letters, and were willing to participate in the study. The interview schedule administered to this group of respondents focused on their financial status, communication between them and the learners on the use of substances, teenage pregnancy, and risk taking by learners, such as indulgence in unprotected sex.
- The third sample comprised educators of grade 6 and 7 learners. Educators had been invited to participate in the study by means of letters. Only 11 educators responded to the letters of invitation to participate in the study. Respondents in this sample participated in a focus group discussion.

- The data in this chapter has been presented in the form of tables and figures. Each figure is followed with some description which indicates responses in statistical form.

The presentation comprises three sections namely; Section A Analysis of data provided by learners, Section B Analysis of data provided by educators and Section C Analysis of data provided by parents/guardians/caregivers.

SECTION A

4.2 ANALYSIS OF DATA PROVIDED BY LEARNERS

In this section, only data that have reference to demographic factors of learners has been analysed. Respondents were from the three-selected primary schools. The selected schools were: Motsepe, Bogatladi and Mafise. These three schools cater for learners from seven villages namely: Sefateng, Matshakaneng, Bogatladi, Ga-Selepe, Malomanye, Monametse and Monametsane. Learners who participated in this research were from all the seven villages.

4.2.1. Demographic Factors of the Learners

- **Age of learners**

Table I: Indicating the age of learners

| Age | Frequency | Percent | Cumulative Percent |
|------------|------------------|----------------|---------------------------|
| 12 years | 39 | 43.3 | 43.3 |
| 13 years | 7 | 7.8 | 51.1 |
| 14 years | 10 | 11.1 | 62.2 |
| 15 years | 6 | 6.7 | 68.9 |
| 16 years | 28 | 31.1 | 100.0 % |
| Total | 90 | 100.0 % | |

N=90 (100%)

Table I indicates that the majority of learners (43.3%) were in the 12 years age group while the second highest number (31.1%) were in the 16 years age group. Generally children start schooling at the age of 6 years and spend 8 years in the primary school; yet in the area of study, quite a substantial number of learners (49.9%) were above the age of 13 years.

The expected age of children in grade 6 and 7 normally ranges between 12 and 13 years of age. However in the rural areas there were still 15-16 year old learners who were still in the Primary School.

- **Gender of the learners**

Table II: Indicating the gender of learners

| Gender | Frequency | Percentage | Cumulative Percent |
|---------------|------------------|-------------------|---------------------------|
| Male | 34 | 37.8 | 37.8 |
| Female | 56 | 62.2 | 100.0 % |
| Total | 90 | 100.0 % | |

N= 90 (100%)

Table II above indicates that female participants constituted almost two-thirds of the sample (62.2%). The over representation of female participants in the current study, may be attributed to the fact that the majority of the learners at the three primary schools were female. This is not surprising, given the fact that in South Africa women generally constitute more than 50% of the total population in all the nine Provinces except in Gauteng. For example, in the Limpopo Province in 1996, females constituted 54.3% of the total population while males constituted 45.7%. (Stats in Brief 2002: 9).

- **Religious data of learners**

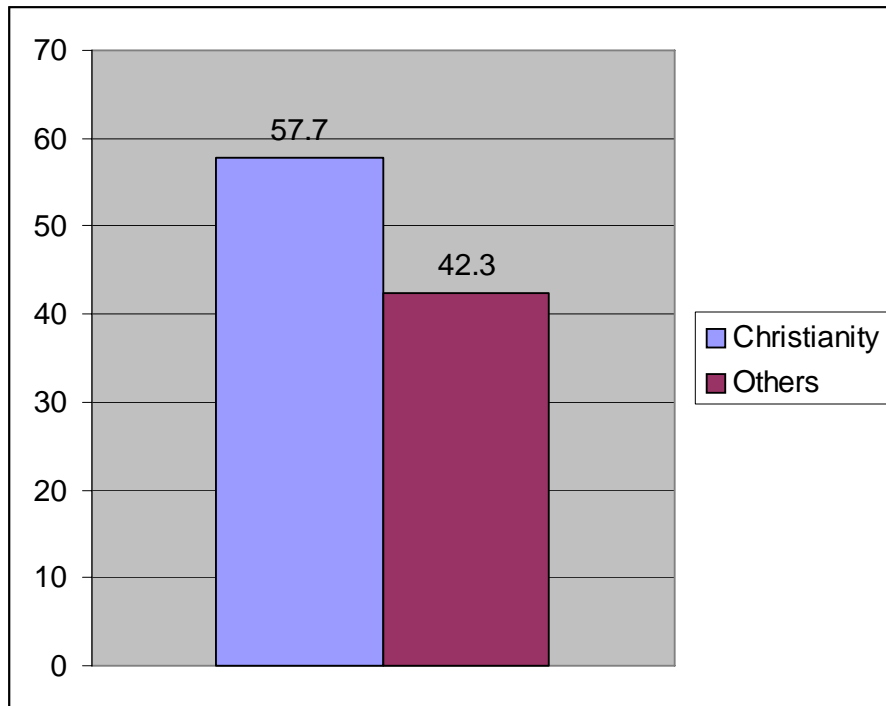


Fig 1

The results in figure 1 show that the majority of respondents (57.7%) were Christians, while 42.3% were either practising other religions or did not attend any church. There is a strong belief that adolescents who attend church are kept busy and they find recreation in church as opposed to those who do not, for lack of recreation.

- **Christian affiliation of learners**

Church denomination of learners

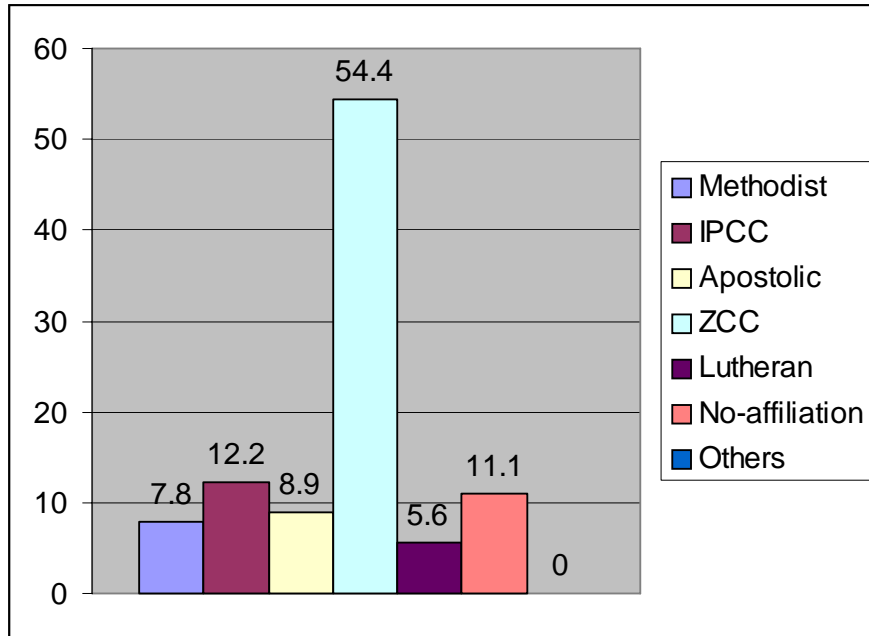


Fig 2

Figure 2 above indicates that of the respondents who were Christians 89.9% were affiliated to some church while only 11.1% were not. The fact that some of the participants did not belong to any religion causes concern because researchers have found that none or less religiosity was associated with risk factors to drug and alcohol abuse (Vingilis and Adlaf 1999: 152, Arnett, 1990: 541, and Nuntsu, 2002: 154). This is probably because some religious denominations, for example, the Zion Christian Church and I.P.C.C. altogether prohibit the use of alcohol beverages among their members.

- **Educational Level of learners**

Table III Indicating grade level of learners

| Grade | Number of Males | % of Males | Number of Females | % of Females | Total Number | Total Percentage |
|--------------|------------------------|-------------------|--------------------------|---------------------|---------------------|-------------------------|
| 6 | 13 | 14.4 | 39 | 43.3 | 52 | 57.8 |
| 7 | 21 | 23.3 | 17 | 18.9 | 38 | 42.2 |
| Total | 34 | 37.7 % | 56 | 62.2 % | 90 | 100% |

N=90 (100%)

The respondents who were in Grade 6 were in the majority (14.4%) males and (43.3%) females while (23.3%) males and (18.9%) females were in grade 7. Since the study was about the investigation of knowledge on HIV/AIDS, use of substance, and sexual behaviours of learners, the researcher selected learners in grade 6 and 7 to explore whether any of them had already started using substances, or were sexually active.

- **Indicating economic status of learner’s parents/guardians/caregivers**

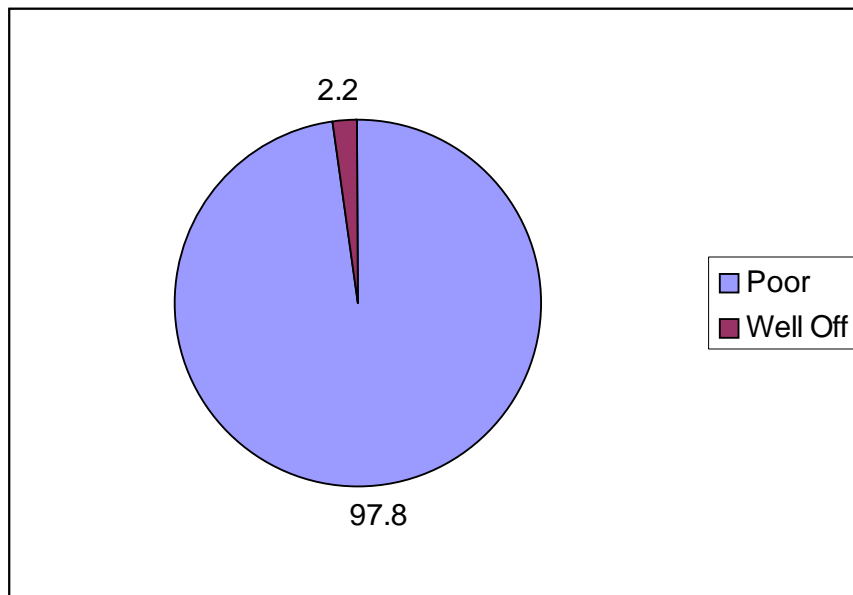


Fig 3

Figure 3 above shows that none of the learners regarded their parents/guardians/caregivers as wealthy. The majority of respondents (97.8%) indicated that their parents/guardians/caregivers were poor, while only 2.2% declared their families as well off.

- **Language proficiency by learners**

Table IV Indicating languages in which learners were proficient

| Language | Frequency | Percentage | Total | Total % |
|----------|-----------|------------|-------|---------|
| Sepedi | 88 | 97.8 | 88 | 97.8 |
| Xitsonga | 2 | 2.2 | 2 | 2.2 |
| Total | 90 | | | 100.0% |

N=90 (100%)

Table IV above reflects that the majority of learners were proficient in Sepedi (97.8%) while 2.2% spoke Xitsonga. It seems logical to presume that Pedi speaking participants dominated the sample because the three primary schools that had been selected for the study were in villages that were previously governed by the Lebowa Government (which was for the Pedi ethnic group). The low representation of Tsonga speaking was also understandable since the Tsonga speaking respondents participants were not born and bred around Atok.

SECTION B

4.3.1 An investigation of knowledge of learners on HIV/AIDS

- Symptoms of HIV/AIDS

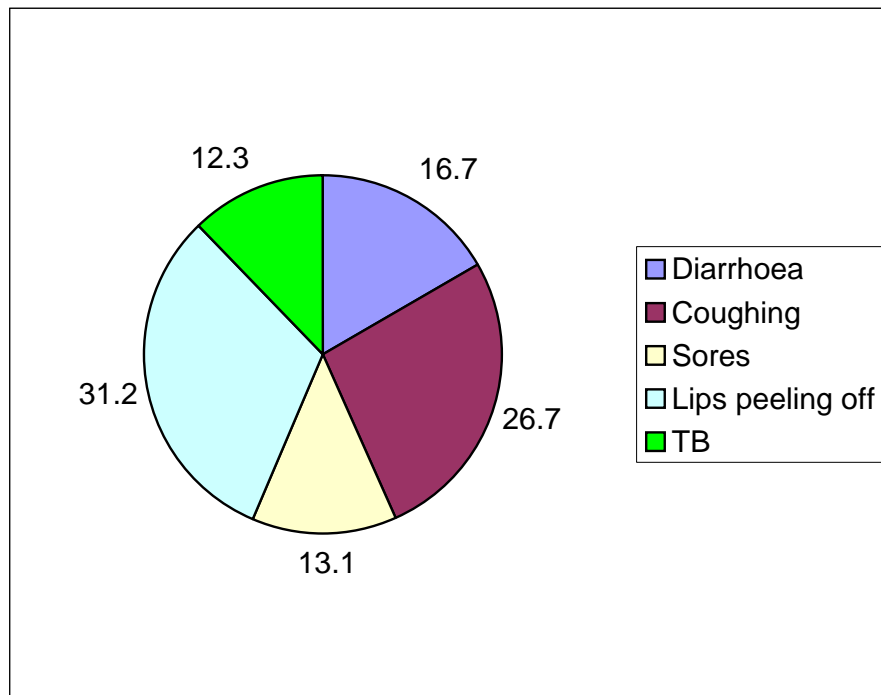


Fig 4

Respondents in this study were asked to state symptoms of HIV/AIDS. They came up with different opinions as indicated below:

- Diarrhoea (16.7%)
 - Coughing a lot (26.7%)
 - TB (12.3%)
 - Sores (13.1%)
 - Lips peeling off (31.2%)
- **Knowledge of learners on transmission of HIV/AIDS**

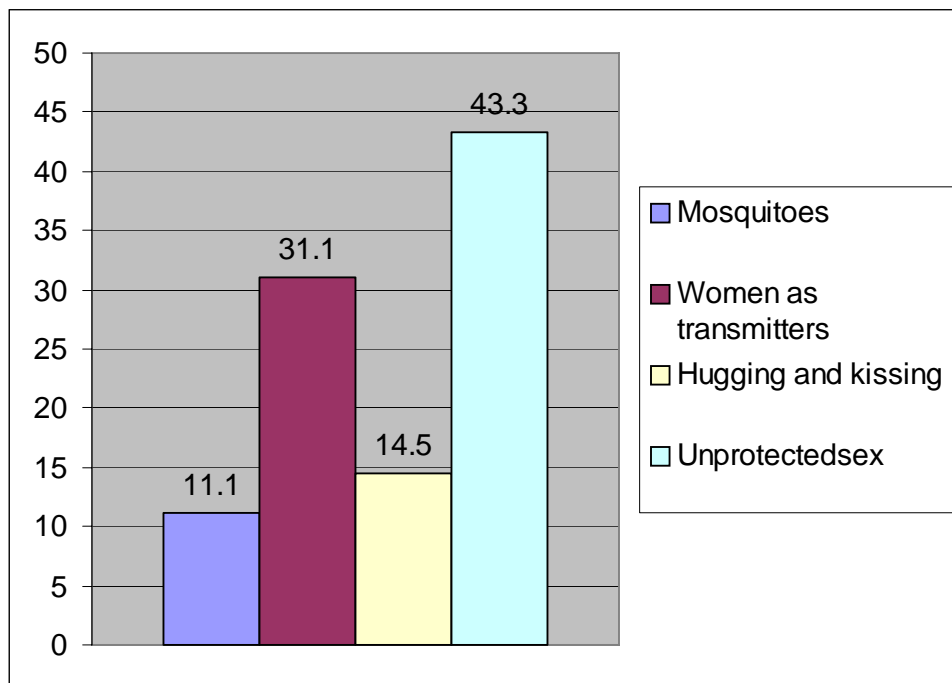


Fig 5

Figure 5 above shows respondents' knowledge on the transmission of HIV/AIDS from one person to another. Some respondents (11%) indicated that mosquitoes were the transmitters of HIV, while 14.5% believed that HIV could be transmitted through hugging and kissing. Some respondents stated that if one kisses a person who has sores in his/her mouth, then he/she could be infected with HIV. Whereas 43.3% indicated that if a person engaged in unprotected sexual intercourse with an infected person he/she could get infected.

Indeed, the HIV is transmitted through contact with the blood or body secretions of an infected person, such as may occur through sexual contact and sharing of drug paraphernalia (Wysiwyg: II body frame. 54/http://e host ugw/...). The remaining (31.1%) respondents indicated that women were also transmitters of HIV/AIDS.

- **Cure and prevention of HIV/AIDS**

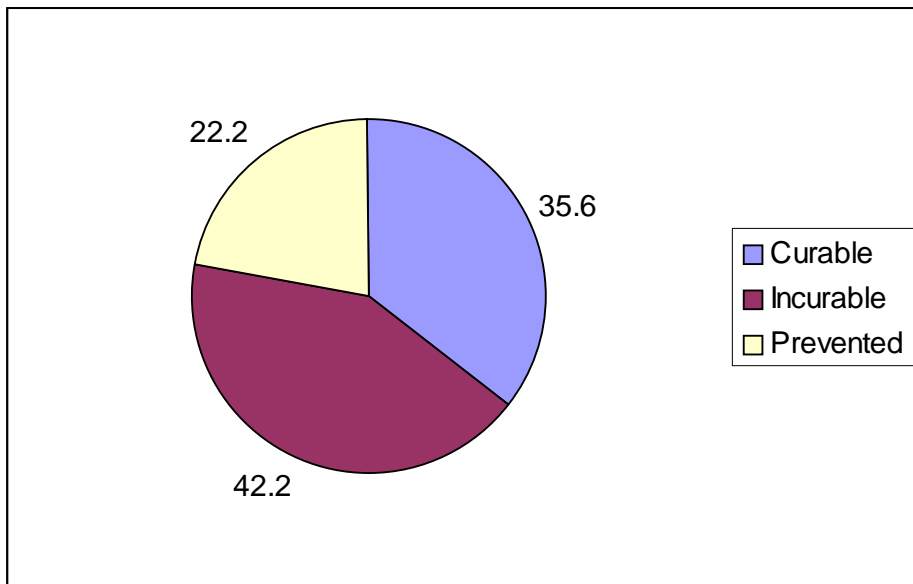


Fig 6

In this study respondents were asked as to whether HIV/AIDS could be cured or even prevented. Respondents (35.6%) believed that HIV/AIDS could be cured, while the majority (42.2%) mentioned that HIV/AIDS was incurable, and 22.2% mentioned that it could be prevented. Those who indicated that HIV/AIDS could be cured indicated that traditional healers could cure HIV/AIDS. Whereas those who indicated it could be prevented mentioned that this could be done through abstinence or use of condoms.

- **The use of condoms as a preventive of HIV/AIDS**

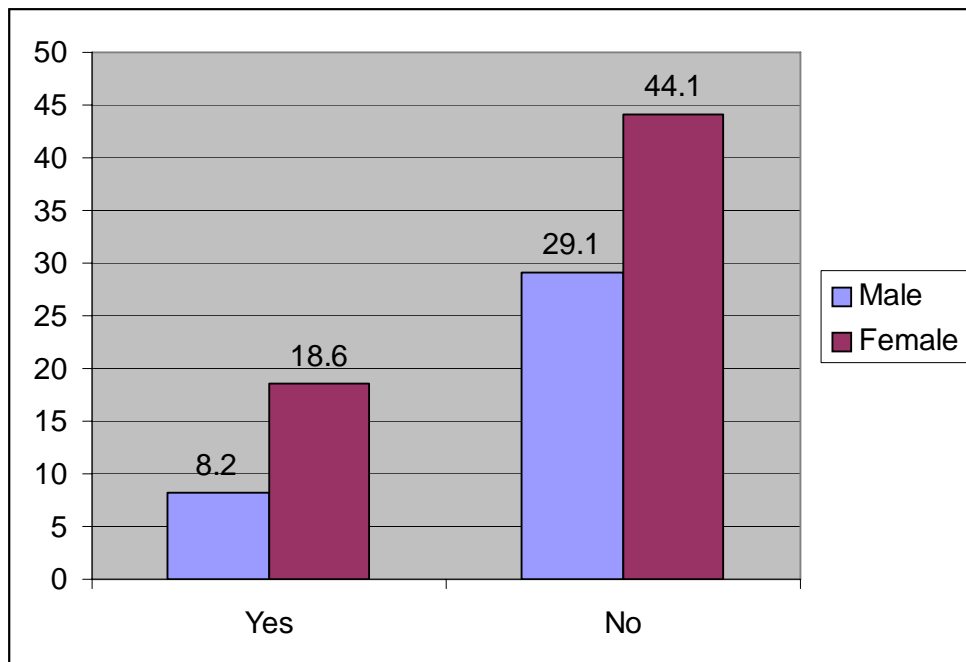


Fig 7

From figure 7 above, it is clear that

- Males (29.1%) and females (44.1%) indicated that they never use condoms.
- Males (8.2%) always use condoms for preventing HIV/AIDS infection.
- Females (18.6%) use condoms only sometimes as they depend on their male partners to use condoms. It was always their boyfriends who decide whether they should use condoms or not. They alleged that females cannot initiate the use of condoms because when they initiate the use of condom or sexual intercourse to their boyfriends they are labelled as promiscuous.

- **Sexual behaviours of learners**

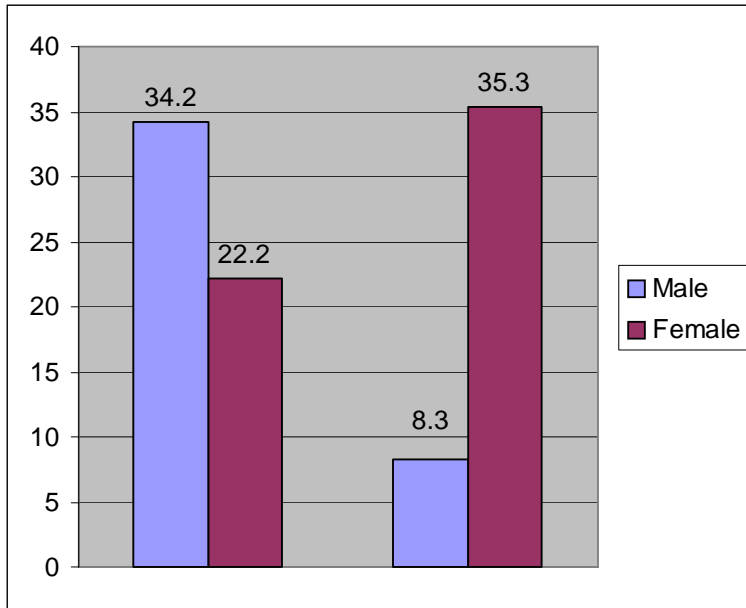


Fig 8

Figure 8 above shows the extent of sexual activity of respondents. The figure illustrates that more males (34.2%) than females (22.2%) said they were sexually active (32%). While only (8.3%) of male respondents and (35.3%) female respondents indicated that they were not sexually active. The low number of females who indicated that they were sexually active, was an indication that males become sexually active much earlier than their female counterparts.

It is the males who initiate sexual activity, while females are likely to get married first before they could engage in sexual activities. However due to poverty many teenagers have children in order to qualify for the child support grant. Respondents who indicated that they were sexually active mentioned that they had boyfriends. They further indicated that they had more than one lover and engaged in sexual activities with all of them.

These results show that many primary school learners from the age of 12 years were sexually active.

- **Learners with one or more lovers**

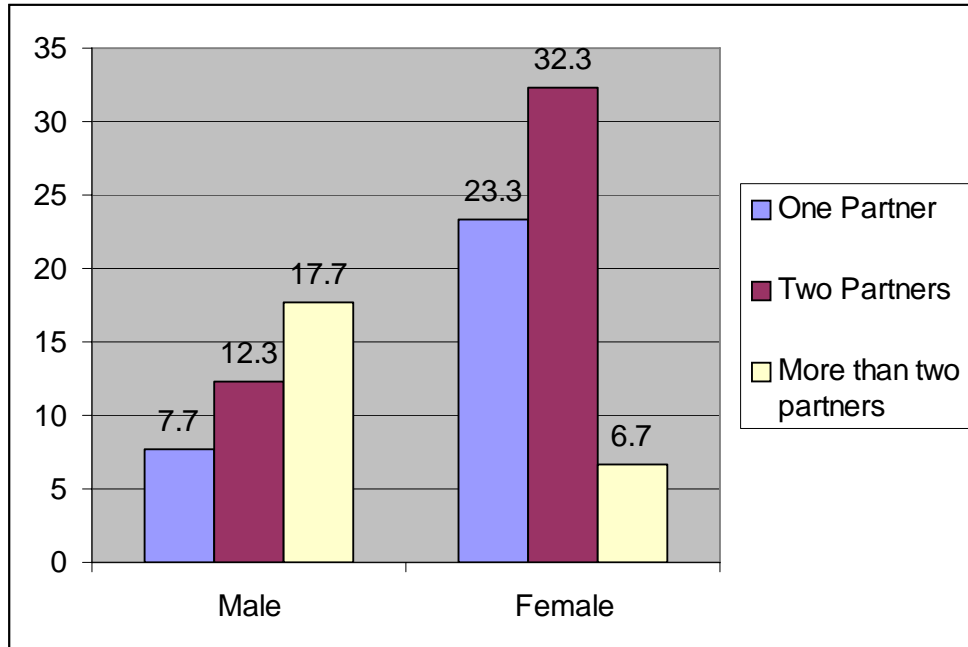


Fig 9

Figure 9 above shows that 7.7% males and 23.3% females, indicated that they had only one lover, while 12.3% males and 32.3% females indicated that they had two partners, whereas (17.7%) males and (6.7%) females indicated that they had more than two partners. Male respondents indicated that traditionally society condones promiscuity amongst men but is quick to label any woman who is promiscuous.

Some of the respondents even pointed out that their mothers were the second wives to their fathers and they do not see it as a problem. One learner indicated that his father had three wives and that his mother is the third wife. Some female respondents indicated that they do not have a problem with their lovers having more than one sexual partner as long as they respect them

and do not leave them for other girls. This high risk behaviour among men seems to facilitate the HIV and other sexually transmitted diseases to spread easily (Gysels, Pool, Nnalusiba 200; 182, Foreman 1999: 17 Svenkerud, and Singhal 1998: 17, Shirahase, 2001: 406, Mill and Anarf).

In South Africa for example, having multiple partners is reported as being equated with popularity and importance among young men. In Zimbabwe it was reported that while boys can have, and indeed should have many girlfriends, girls should stick to one boyfriend (Rivers et al 2003: 15).

- **Learners who had been pressured / raped / coerced to have sexual intercourse**

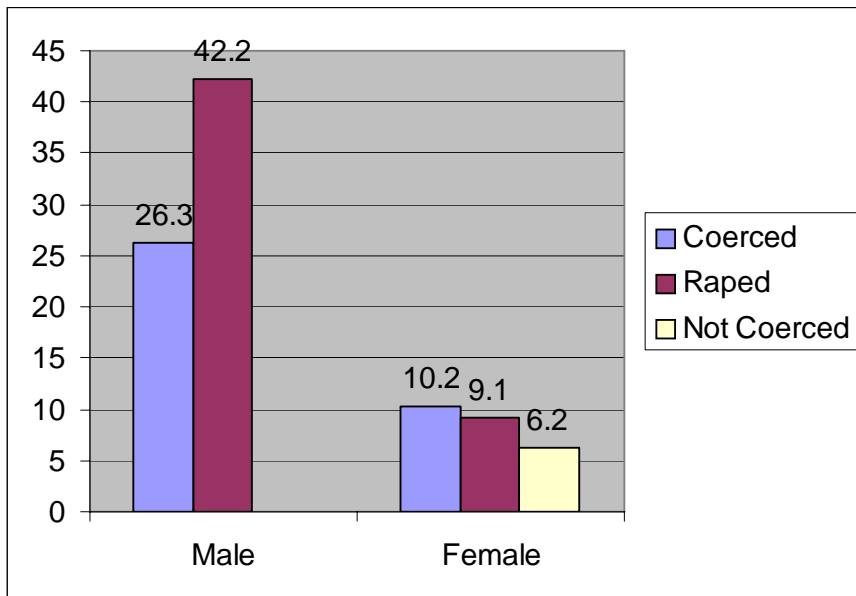


Fig 10

Figure 10 above shows that a high number of male respondents indicated that they had coerced their girlfriends to have sex with them, while female respondents confirmed that their boyfriends always pressurised/coerced them to have sexual intercourse with them. The girls stated that whenever they refused to have sex, their boyfriends wouldn't leave them alone, but forced themselves on them.

However 10.4% males indicated that they had never pressurised/coerced their girlfriends to have sexual intercourse with them, while 6.2% females indicated that they had never been raped, or coerced to have sexual intercourse with their boy friends.

Respondents who indicated that they had been raped mentioned that they had been violated by people they know, acquaintances, schoolmates, neighbours and relatives. Some respondents stated that they had not reported the rapes since they feared that their mothers or boyfriends would blame them. Males who indicated that they had coerced or pressurised their girlfriends to have sexual intercourse with them, pointed out that females are not allowed to negotiate sex with their boyfriends, and that generally, females do not just agree whenever males asked to have sex with them. They mentioned that they usually put pressure on girls until they yield; hence they did not regard their activities as rape, since the girls were their lovers.

Green (1994: 103) states that rape or coerced sex is common in many rural areas but remains unnoticed or under-reported. Generally, men have special authority over young women or girls and often they use their authority to persuade or force them into sexual relations. These include male educators seducing / raping learners under their charge, foster fathers raping their wards and older boys seducing younger girls, including very young preteen-girls.

Green (1994: 104) further pointed out that rape and coerced sex is found in varying degrees in most parts of the world, and that many cases of rape are settled privately out of court and in rural areas elders or the local chief may help settle the case (Green 1994: 103-104).

4.2.3 Use of substances by learners

Table V Types of substances commonly used by learners

| Name of drug | Males Using | % | Males not using | % | Female | % | Females not using | % | Total % |
|--------------|-------------|------|-----------------|-----|--------|------|-------------------|------|---------|
| Alcohol | 9 | 10 | 3 | 3.3 | 12 | 13.3 | 26 | 28.9 | 55.5 |
| Dagga | 7 | 7.7 | 2 | 2.2 | - | - | - | - | 10.0 |
| Glue | 4 | 4.4 | 1 | 1.1 | - | - | - | - | 5.5 |
| Licit drug | - | - | 1 | 1.1 | 18 | 20.0 | - | - | 21.1 |
| Cigarettes | 5 | 5.7 | 2 | 2.2 | - | - | - | - | 7.9 |
| Total | 25 | 27.8 | 9 | 10 | 30 | 33.3 | 26 | 28.9 | 100 |

N=90 (100%)

Table V above indicates that (27.8%) males confirmed that they had used substances while only (10%) males did not use any substances. Whereas (33.3%) females mentioned that they were also using substances and (28.9%) of them were not using any substances. As the respondents were all primary school learners, a low percentage of non users indicated that there is an enormous problem that requires attention at Atok. Table 5 also indicates that the majority of female respondents (28.9%) were not using alcohol.

Among the respondents those who indicated smoking dagga stated that they got their supply at home thus confirming that many users of dagga in the rural areas produce it themselves. Female respondents indicated that they usually use pain killers during menstruations as this is accompanied by pain and they needed some drug to relieve the stress and pain. Some respondents

mentioned that they also took painkillers such as painamol and panado whenever they felt sleepless.

The National Centre on Addiction and Substance Abuse revealed that dagga was mostly used by teens since it was easier to buy dagga than either cigarettes or beer. (National Centre on Addiction and Substance Abuse; 2002: 4-5). Other studies (National Youth Network 2004) indicated that the spread of HIV/AIDS between sexual partners is associated with the use and abuse of substances which is a high risk behaviour for HIV infection (National Youth Network 2004: 5-6, and Kesby 2000: 17-28).

- **Use of substances by learners by age**

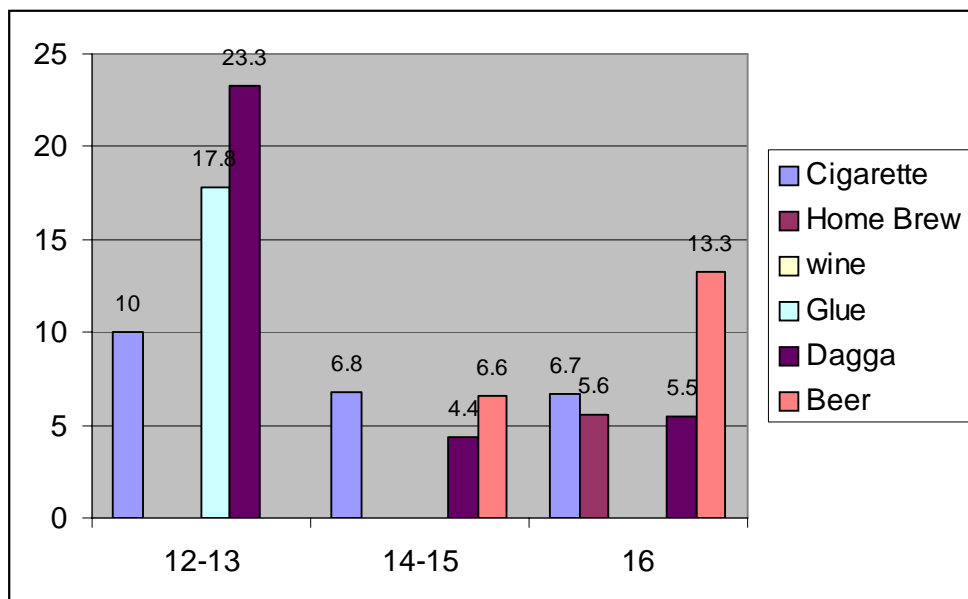


Fig 11

Figure 11 shows the use of substances among teenage learners. The results were as follows:

- Respondents between (12-13) year olds (17.8%) were sniffing glue, 10% smoking cigarettes and 23.3% smoking dagga

- 6.6% (14-15) years olds indicated that they were drinking beer, 4.4% smoking dagga, 6.8 smoking cigarettes.
- 13.3% (16) year olds drinking were beer, 5.5% were smoking dagga and 5.6% were drinking home brew alcohol while 6.7% were smoking cigarettes.

The most popular substances used were dagga, glue and beer. The results revealed that learners started to use substances as early as the age of 12 years. The use of dagga was mostly used by the (12-13) year olds. Hawkins, Catalano, and Miller 1992, Newcomb and Bently, 1988 US, Department of Health and Human Services 1983, National Youth Network 2004 indicated that alcohol and drug abuse by children and adolescents are serious and as a result schoolwork of such learners suffers (Hawkins, Catalano, and Miller 1992, Newcomb and Bently, 1988 US, Department of Health and Human Services 1983, National Youth Network 2004: 5-6). An observation made by the researcher in this study was that teenage learners who used substances were also sexually active. People who are under the influence of some substance are not capable of making good judgement hence they are inclined to neglect safer sex practices too.

- Use of licit drugs bought over the counter

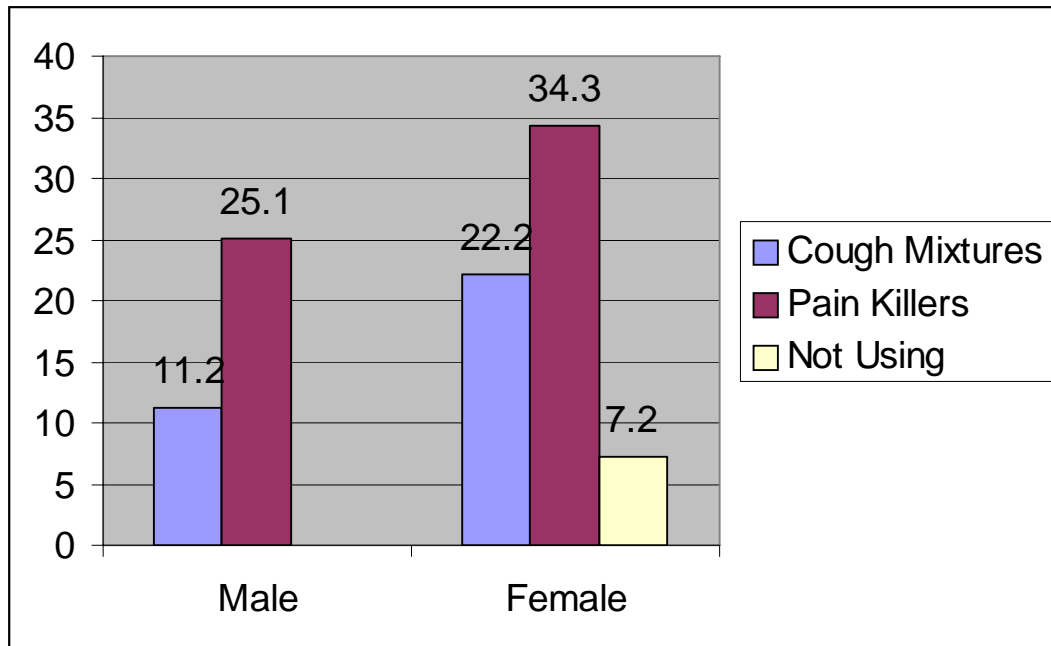


Fig 12

Figure 12 above, indicates that licit drugs were used by both female and male respondents. The most abused licit drugs were painkillers – as (34.3%) females and (25.1%) males used these regularly; while cough mixtures were not regularly used since only 22.2% (males) and 11.2% (females) used these. Female respondents indicated that they did not use licit drugs for pleasure but used them only when they had a cough or were experiencing pain or headache. Respondents who used cough mixtures also mentioned that they liked the feeling they got after drinking cough mixtures. While some of them indicated that whenever they felt sleepless they drank cough mixture. All the respondents did not realize that licit drugs too could be addictive and they believed that it was proper to use painkillers, and cough mixture without prescription and without limiting the dose.

Some respondents indicated that they took painkillers and cough mixtures whenever they had headaches and whenever they do not have money to buy beer since these drugs are easily accessible as they are sold over the counter without prescription nor age limitation. The learners indicated that both drugs are always available in their homes and there was no parental supervision in their use. (WHO 2003) pointed out that the onset of substance use tends to be in early adolescence and typically took place within friends and family circles and to a lesser extent through agencies such as health care services. After onset, substance use tended to proceed within the family/friends and to a lesser extent, under a bush or bridge. A positive attitude underpinned substance use for example curiosity and personal “rewards” such as social acceptance (to be fashionable) and enjoyment were generally given as reasons for the first use (WHO 2003: 35).

- **Engaging in sexual activities while under the influence of substances.**

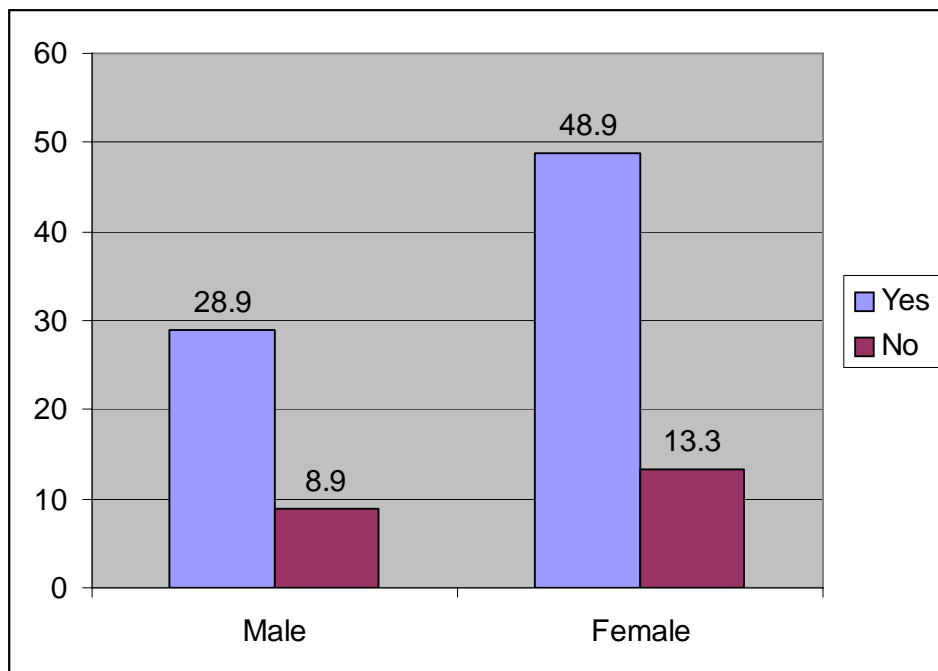


Fig 13

Figure 13 above shows a high percentage (48.9%) of female respondents who indicated that they took substances and there after engaged in sexual activities. Female respondents indicated that after taking substances they felt calm and no more shy to engage in sexual activities with their partners. Males who engaged in sexual activities after taking substance were (28.9%) while (8.9%) indicated that they never engaged in sexual activities while under the influence of any substances.

All the respondents who indicated using drugs and there after engaging in sexual activities mentioned that they did not use any protection. The results revealed that most adolescents indulged in risky behaviour after taking drugs.

- **Learners pressured by peers to take alcohol or drugs**

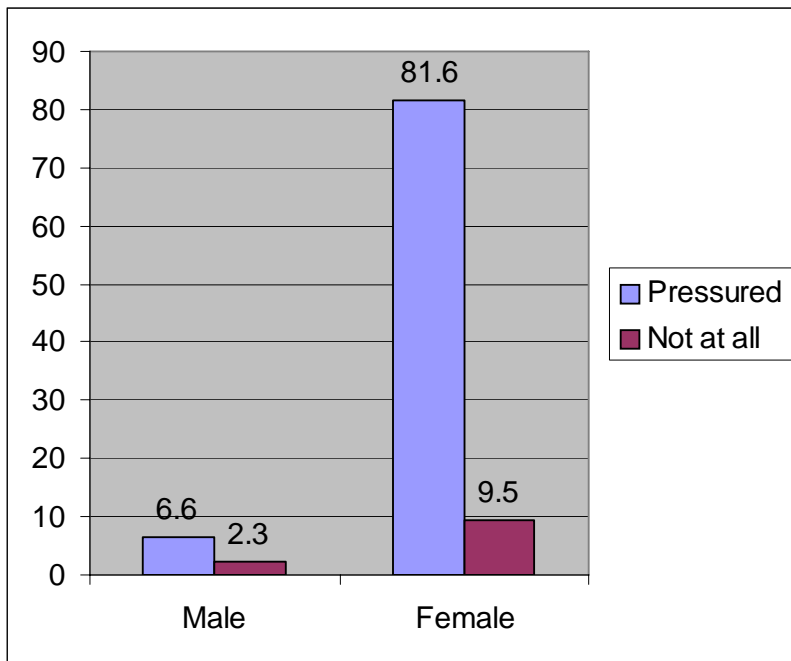


Fig 14

Figure 14 above shows that 6.6% males indicated that they had been pressured to take drugs and alcohol, and 2.3% had never been pressured.

A high percentage of (81.6%) females also indicated that most of the time they had been pressured by peers to drink alcohol and take drugs while a small percentage of (9.5%) indicated that they had never been pressured by their peers to do something they did not like.

The respondents also mentioned that their friends had sometimes tried to pressurise them, but they had never given in to the pressure. Data gleaned from figure 14 confirms findings from other researchers who indicated that peers and other external influences such as media, play a prominent role in the lives of adolescents (Pagliaro and Pagliaro 1966:152, Makhubela 2004:100). In this study, respondents indicated that they feared that if they do not do what their peers were doing, they would be isolated.

Chemical dependence on alcohol, poor social conditions and boredom, a lack of social controls to deal with those misusing substances, and societal attitudes in general are the major influences for substance use among youth. In South Africa, there are almost 23, 000 licensed liquor outlets for every 190 persons. Research has shown that school going youth find it easy to purchase alcohol from bottle stores, supermarkets, bars and shebeens (Tibbs and Parry, 1994, Rocha-Silva et al, 1996).

SECTION B

4.3 AN ANALYSIS OF DATA PROVIDED BY EDUCATORS

The information that follows was gathered from eleven educators of the respondents (learners). These educators comprised 7 females and 4 males. The researcher had discussions with the educators and also engaged them in a focus group discussion.

The researcher found it necessary to use this type of sample (educators) in order to further clarify some of the questions such as whether there were any educators who were offering life skills programs on prevention of HIV/AIDS and substance abuse in the rural schools in Limpopo, in particular in the schools involved in this study.

Information which was provided by educators in the study on an investigation of knowledge on HIV/AIDS and substance abuse among grade 6 and 7 learners in the Atok area (Limpopo Province), has been presented as follows:

4.3.1 Demographic factors of educators

In this subsection, a sample of educators who participated in this study has been analysed with regard to their age, religious background and educational level.

- **Educational level of educators**

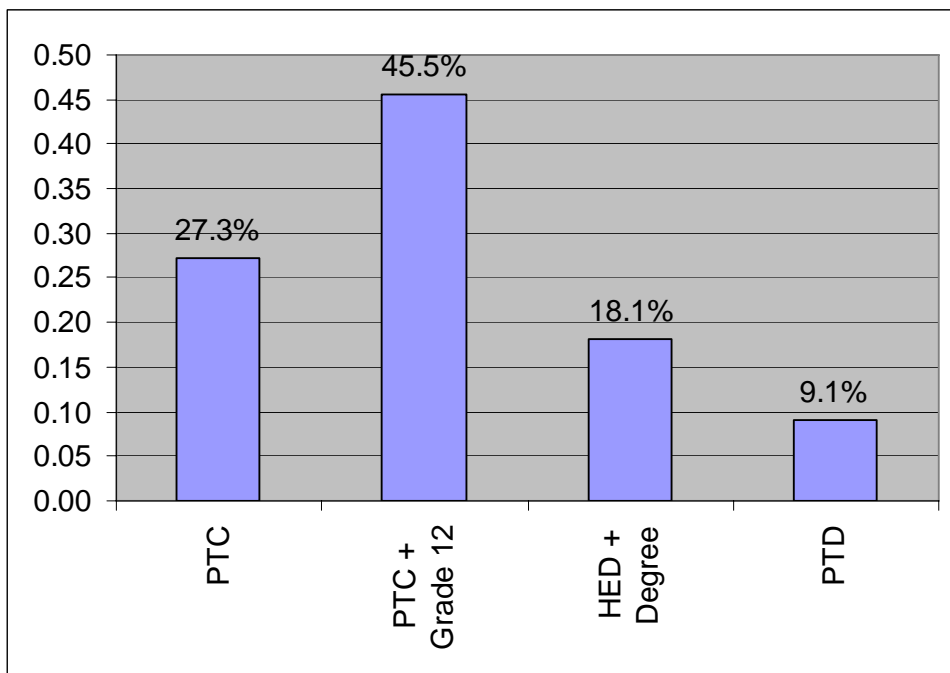


Fig 15

The graph above shows that the highest percentage (45.5%) of educators who were interviewed had the Primary Teachers Course (P.T.C.). This Diploma had been attained after matriculation (Grade 12) while (27.3%) educators had only the Primary Teachers Course Diploma which had been obtained only after they had passed grade 10 and 18.1% respondents had the Higher Education Diploma (PTD) which had been obtained after they had passed (Grade 12). With the development of (NPDE) National Professional Diploma in Education, the Education Department wanted to upgrade the under qualified educators. Even after the department had introduced such a programme, to date there were still many under qualified educators within the education system in Limpopo.

In the rural schools, there is an abundance of the least qualified teachers who resist change. Some of these educators indicated that they couldn't teach sexuality education as they alleged that they were too old to discuss sexuality with children. It is this type of teachers who either provide children with incorrect information on HIV/AIDS or simply ignore orientating learners on life skills, in order to avoid topics that allude to sexuality.

The National Qualification Framework (NQF) was introduced in order to change the education system. Its goal was to meet the socio economic needs of all South Africans including learners. The centre for this change in schools has embraced Curriculum 2005, which emphasises Outcome Based Education. With these challenges educators were also expected to move along with the changes by improving their qualifications in order to meet the needs of their learners.

- **Language Proficiency of Educators**

Table VI Indicating languages in which educators were proficient.

| Language | No. Of Educators | % | Total % |
|-----------------|-------------------------|----------|----------------|
| Xitsonga | 1 | 9.1 | 9.1 |
| Sepedi | 11 | 100 | 100 |
| Afrikaans | 2 | 18.2 | 18.2 |
| English | 11 | 100 | 100 |
| Isindebele | - | - | - |

N=11 (100%)

Table VI above shows that all the educators were proficient in both Sepedi and English, however only 18.2% educators were proficient in Afrikaans and 9.1% only were proficient in Xitsonga. There is abundant literature in English on HIV/AIDS and all training sessions on life skills orientation are done in English. The medium of instruction in the schools too, is reportedly “English” yet respondents in this study as observed by the researcher were not quite comfortable in expressing themselves in English. They were more comfortable in conversing in Sepedi and would not pronounce words that referred to genitals as they regarded such words as “vulgar”. It became clear to the researcher that there was need to involve other professionals to provide life orientation skills to learners, if the correct message on HIV/AIDS was to reach primary school learners in the rural areas.

According to the Education White Paper, classroom educators should be a primary resource for achieving goals in an inclusive education and training system. This means that educators will need to improve their skills and knowledge and develop new ones.

This White Paper has arisen out of the need to change and to make provision for education and training so that it is responsive and sensitive to the diverse range of learning needs. (Education White Paper 6, special needs education building an inclusive education and training system, July 2001: 18-19).

The other popular language was Sepedi, which was not surprising since most educators were born and bred around the area of study (Sefateng). The Pedis and Tsongas mentioned that according to their culture, talking about sexual matters was taboo, therefore they could not teach sexuality education since it was against their culture and as a result they did not feel comfortable in talking about sexual matters.

4.3.2 Quality of training programmes on HIV/AIDS and substance abuse

The respondents were asked whether they thought the life skills orientation programmes they provided to primary school learners on HIV/AIDS and drug abuse could be viewed as adequate or not. The following responses were received.

Table VII Indicating preventive measures in schools

| Responses | Number | % | Total % |
|------------------|---------------|----------|----------------|
| Adequate | - | - | - |
| Partly | 5 | 45.5 | 45.5 |
| Not at all | 6 | 54.5 | 54.5 |
| Total | 11 | | 100 |

N=11 (100%)

Table VII above shows responses from the respondents. In their responses none was emphatic that the programmes were adequate. While an insignificant number (45.5%) of the respondents stated that the orientation programme was partly a preventive measure, the majority (54.5%) were emphatic that the programme was not at all adequate nor could it be viewed as a preventive measure. The information given above was contrary to the department's intentions. It was surprising to find out that some schools still do not provide education on preventive measures since in 2002 the MEC for education (Mrs. Joyce Mashamba) gave instructions that each school should select at least one educator to serve as a school safety coordinator. Subsequently all selected candidates were provided with training to help them understand the roles they had to fulfil in their different schools.

The training entailed workshops for equipping the educators with skills and a follow up evaluation period which entailed schools demonstrating that they had implemented the programme by competing for prizes, which were in the form of money. The school safety project could help and engage learners artistically. Stakeholders such as parents, policing forums, health and social workers had to be involved as the policy of the country is "Khomani" which means "togetherness" towards alleviating problems in South Africa.

Issues which had to be addressed in the school safety project were included in the focus group discussions with educators. These included the following:

- Necessity for safety prevention of harm measurers in primary schools. There was general consensus that safety and prevention of harm measurers were essential in every school. Programmes intended for the primary prevention of substance abuse and HIV/AIDS had to be provided regularly and systematically as part of Life Orientation skills, while first aid kits had to be made available and accessible for use to all educators at all times. A policy on drug use and sale on school premises had to be

clearly formulated and followed in each school. While another policy on HIV/AIDS too had to be formulated and followed in each school. Participants indicated that in their schools no such policies existed as yet and that first aid kits are available at their schools, but they do not have access to them, while some of the educators indicated that they have never seen first aid kits at their schools.

- Involvement of parents in the formulation of drug and HIV/AIDS policies in schools. There was general consensus amongst participants that this was necessary. However, the participants highlighted the reluctance of many parents/guardians and caretakers to be involved in the following:
 - Parent/guardian/caregivers, teacher meetings
 - Discussions on alcohol and drugs use and sales
 - Discussions on sexuality issues
 - How could drug use and trafficking in the schools be controlled. Participants were unanimous that parents/guardians/caregivers should be involved in controlling drug use and sales in schools premises.
 - There was general consensus amongst participants that parents/guardians/caregivers should play an important role in this activity and provide clear guidelines to the school and what should be done and how drug sales on school premises could be controlled. The educators highlighted the high level of illiteracy which prevails in the area of study and the fact that most households were run by older siblings which parents work away from home and were thus unavailable for school meetings.
- Extent of drug use and sales on school premises. Participants explained that drug use was rife in the school premises. The drugs that the children used on school premises were marijuana/dagga. These drugs are also being sold on school premises. To some extent not only the learners but also educators used these drugs.

4.3.3 Policy awareness

All the educators had a vague idea of the education policy on drugs. They stated that their schools did not adhere to any policy with regard to educators or learners who use substances. They indicated that sometimes, on occasions such as athletics, music competitions, soccer, netball competitions some learners bring alcohol and other substances to the school premises.

This confirmed that primary school learners in the Atok area know about and use some drugs. Clearly from the information from educators, drugs such as mandrax, cocaine, heroine are as yet unknown in these areas but there is a serious problem of drug use limited to substances that are not exportable, yet dangerous and do ruin the lives of the learners. The educators alluded to the following problems that are a result of drug use in the primary schools in Atok:

- Absenteeism is high: There is a high level of absenteeism in the Atok area schools.
- School drop out: The drop out rate too is high. Some learners start by playing truant. These learners begin to attend irregularly and finally may drop out.

The respondents stated that no learner had ever been expelled, suspended or arrested for drug use on and / or off the school premises. This did not necessarily mean that they did not use nor sell, but rather this was due to the fact that policy on alcohol and other drugs sale to children below the age of 18 years was not enforced in Atok. Educators, felt powerless towards learners who used, as the schools in this area have no definite policy on alcohol and other drug use on school premises.

(Friedman 2000:1-2) pointed out that if one steps into any classroom in South Africa today, chances are that s/he will find at least one learner who does drugs. It might be alcohol, prescription or over the counter medicine, dagga, mandrax or hard-core narcotics like crack or heroin. Learners use any drug of choice, combination of drugs or even all of the above-mentioned drugs. The educators also pointed out that in every school there could be one or two learners who were HIV positive.

4.3.4 Treatment facilities for substance users on school premises

Means of testing a learner who was intoxicated on school premises were not available. Educators were ignorant of first aid activities, in case of overuse of any substance by a learner; or if a learner got injured while playing on school premises. The education department had supplied more than one First Aid Kit to every school, but some educators indicated that they do not have any access to these First Aid Kits. They mentioned that they do not even know what was inside each kit; others indicated that they were not aware if the First Aid Kits were available at their schools since they had never seen them. They all indicated that the first aid kit should be made available to educators and learners so that they could use them whenever a child got injured. They were aware that they should use latex gloves and disinfectant when treating an injured learner in order to protect themselves against infection of the HIV.

The researcher subsequently interviewed parents of learners in order to ascertain whether they played any role in adding to the knowledge on HIV/AIDS and substance abuse of their children. Parents/guardians and caregivers comprised to third type of sample that was used in the study and an investigation of knowledge on HIV/AIDS and abuse of substances among Grade 6 and 7 learners in the Atok area (Limpopo Province).

SECTION C

4.4 An analysis of data provided by parents/guardians/caregivers

Demographic factors which were explored in this study focused on age, marital, gender, religious, and economic status of parents / guardians / caregivers, and their educational level. Data was gathered from 30 parents (13 males and 17 females).

- **Age distribution of parents/guardians/caregivers**

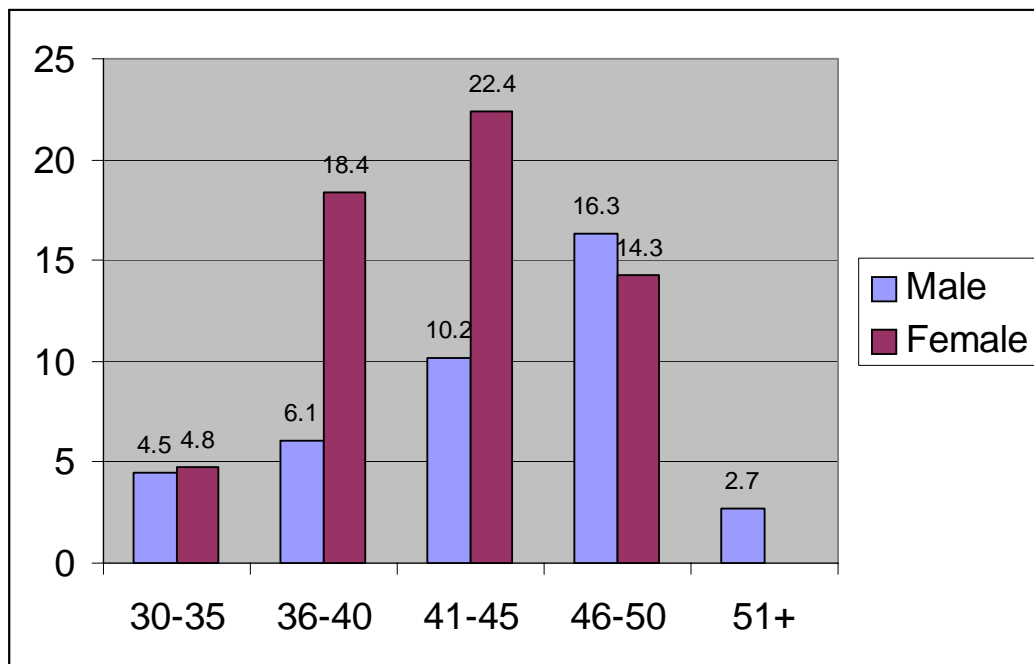


Fig 16

The sample of parents/guardians/caregivers who participated in the study has been analysed with regard to their age and gender.

- Respondents between 30-35 age group (9.3%) which was (4.5%) males and (4.8%) females.
- Respondents between 36-40 age group (24.5%) which were (6.1%) males and (18.4%) females

- Respondents between 41-45 age group (32.6%) which were (10.2%) and (22.4%) females.
- Respondents between 46-50 age group (30.6%) which was 16.6 males and 14.3% females.
- Respondents in the age group 50 were all males.

The results show a high percentage of females in all age groups. This is due to the fact that females, especially in the Limpopo Province constituted a higher percentage more than in other Provinces (South African Central Statistical Service Preliminary Report 1997: 11).

- **Gender of parents/guardians/caregivers**

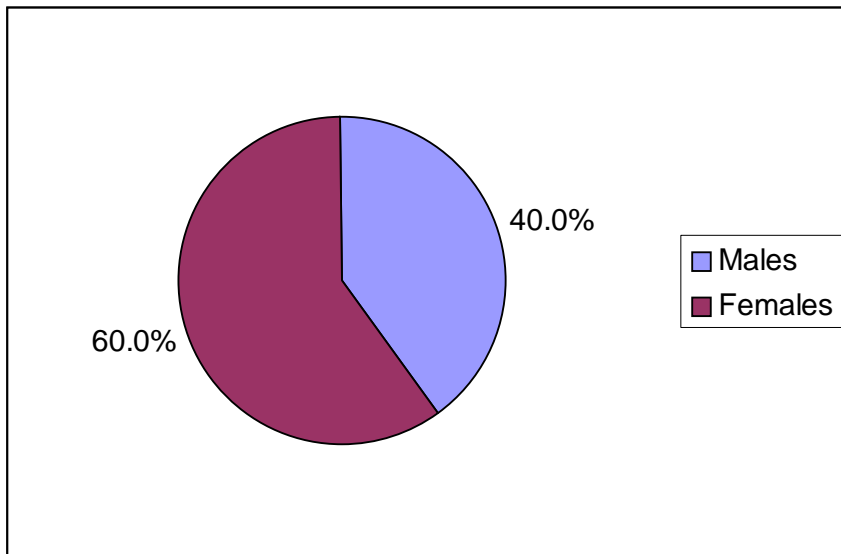


Fig 17

Figure 17 above indicates that there were (40%) male respondents and (60%) females, who responded to the researcher’s invitation letters to the parents/guardians/caregivers of learners to participate in the research. The results show that more females responded to the invitations. The reason might be that naturally women are more than men. In the Atok area most men were migrant labourers who had left their wives and children behind.

This is not surprising since in most rural areas, the Atok area included, whenever parents were called to school only women turned up.

- **Marital status of parents/guardians/caregivers**

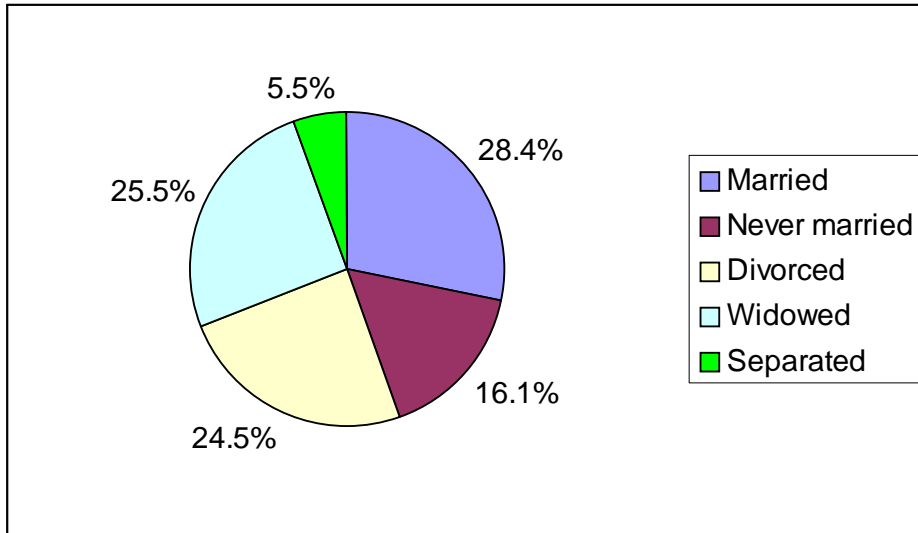


Fig 18

Most of the divorced parents/guardians/caregivers mentioned that after divorce they had moved back to their home of origin to stay with their parents and they had taken their children along. They subsequently could only be admitted in new schools some months or even years after the divorce, hence the children were much older for the classes they were in. This accounted for the high number of 15, 16 and the 17 year olds who were still in the primary school.

Divorce and death of parents may cause depression in children, and in an effort to cope with the resultant stress, children may resort to drinking alcohol or using drugs as a way of forgetting their problems. Some parents who are on the verge of divorce, tend to be absorbed in their own problems and forget about their children.

Subsequently the children may feel left out and lonely. Which might make them to turn to friends who may introduce them into drug use, as a way of helping them to handle and forget the various problems they encounter in their daily lives. These children may also indulge in unsafe sexual activities, which is a high risk factor for HIV/AIDS and sexually transmitted diseases (STI).

Religious data of parents/guardians/caregivers

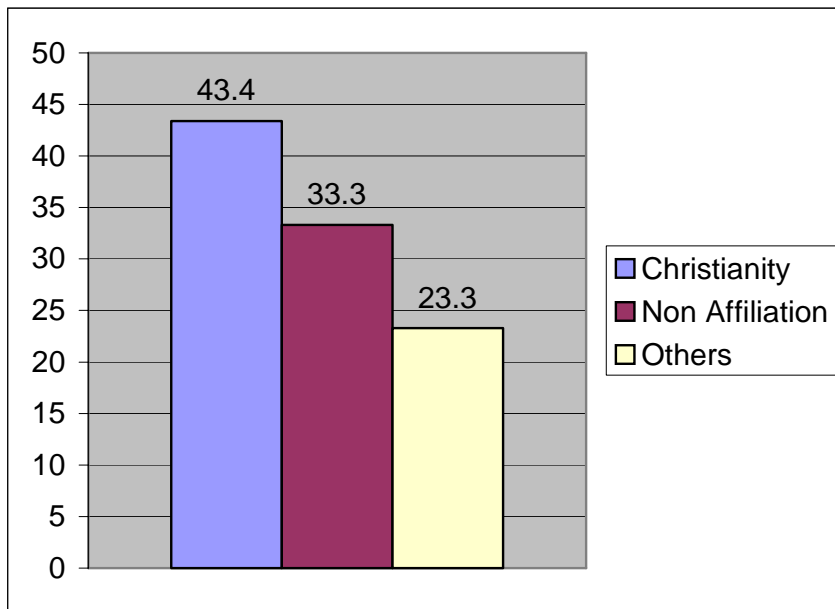


Fig 19

Figure 19 shows that (43.4%) were Christians, while (33.3%) were not affiliated to any church whereas (23.3%) were in the category of others. These results were an indication that in rural areas especially, many people were still upholding their traditional values and adhered to ancestral worship hence they do not belong to any church.

- **Data on educational level of parents/guardians/caregivers**

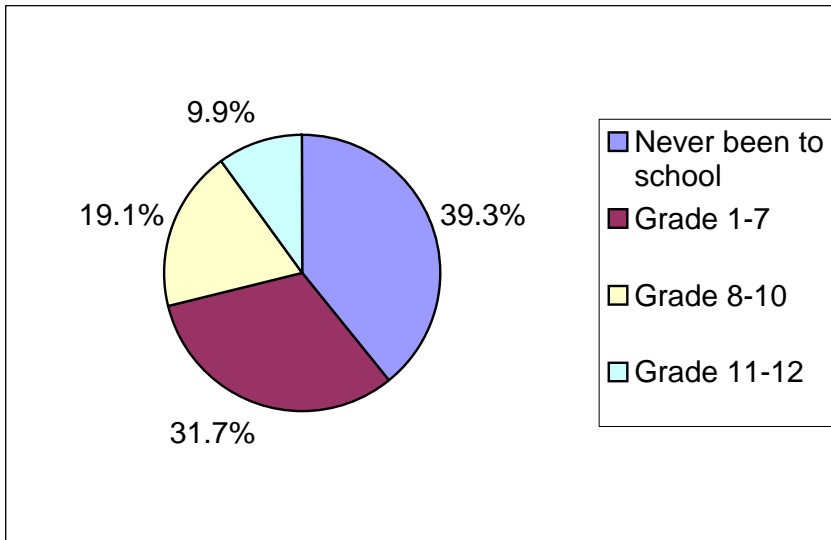


Fig 20

Figure 20 above indicates that the majority of parents (39.3%) had either no schooling (31.1%) had never been beyond the primary school (19.1%) had been to school up to grades 8-10 and only a few of the parents had attempted grades 11-12. The Outcome Based Education approach requires parental involvement in the education of a child; therefore, due to the lack of education of parents, parental involvement was froth with problems. As a result the learners in Atok mostly depend entirely on the educators who are unable to perform their duties effectively as they do not have the support, interest and help of parents.

- **Data on economic level of parents/guardians/caregivers**

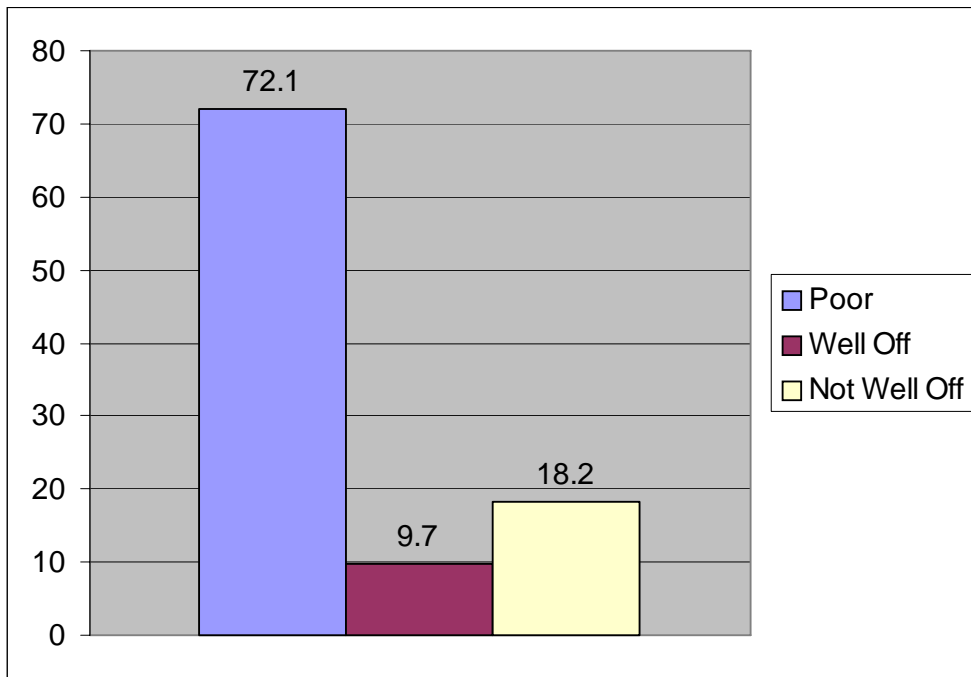


Fig 21

Figure 21 above shows that a high percentage (72.1%) of respondents indicated that they were poor. Only (9.7%) of the parents / guardians / caregivers indicated that they were well off. While (18.2%) indicated that they were not well off. Parents who are poor are always away from their homes and children, as they have to seek for jobs away from their homes. As a result children from such families become vulnerable and engage in risky behaviours. This was due to the fact that their parents never bring enough food home and therefore they also want to go out and find something to eat. Some of the children engage in sexual activities in order to get food and clothes for themselves and their families. Parents are never there for their children to talk to them; as a result these children enter their teens with lack of knowledge on many life issues. With the high prevalence of HIV/AIDS, children from poor conditions often indulge in sexual activities without any knowledge on sexually transmitted diseases as well as HIV/AIDS. They also become hooked on substances in order to escape from their poor conditions.

- **Employment of parents/guardians/caregivers**

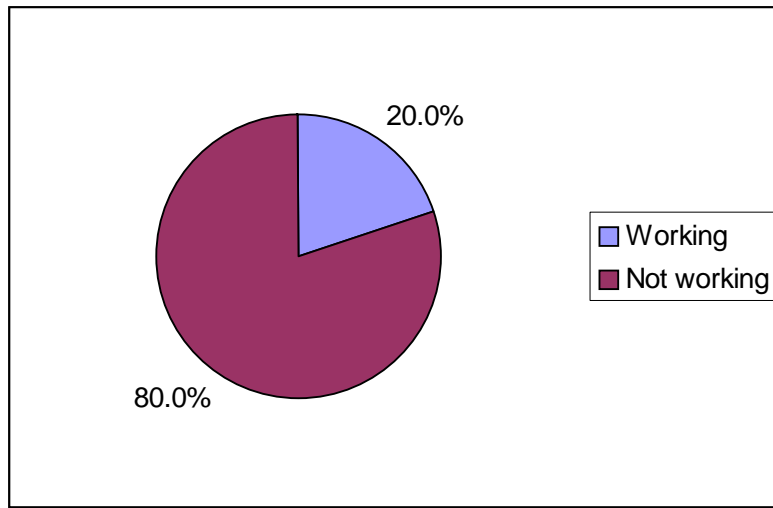


Fig 22

Participants generally came from lower socio economic backgrounds as the majority (80%) of respondents indicated that they were not employed. While (20%) indicated that they were working. The economic situation of these parents/guardians/caregivers implies that children who come from such environments were more vulnerable to alcohol and drug abuse, teenage pregnancy, prostitution as well as HIV/AIDS. This is due to the fact that most parents who are poor are always preoccupied with their own problems and such parents are not well informed on many life issues. As a result they are unable to equip and prepare their children on issues such as HIV/AIDS and substance abuse.

4.6.2 Knowledge of Parents/guardians/caregivers on HIV/AIDS

Data that was collected covered: knowledge on transmission, symptoms and prevention of HIV/AIDS.

- **Knowledge on HIV/AIDS**

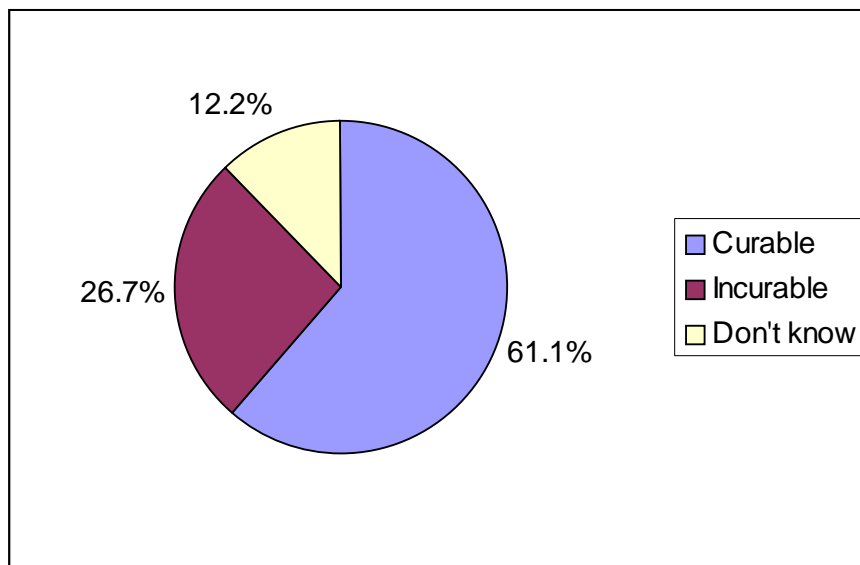


Fig 23

Figure 23 above indicates responses of parents to the question on whether they knew or believed that HIV/AIDS was curable or not. The majority of respondents (61.1%) indicated that HIV/AIDS was a curable disease, while only 26.7% indicated that it was an incurable disease and 12.2% didn't have any idea of what HIV/AIDS was, and therefore they could not tell whether it was curable or not.

- **Symptoms of HIV/AIDS**

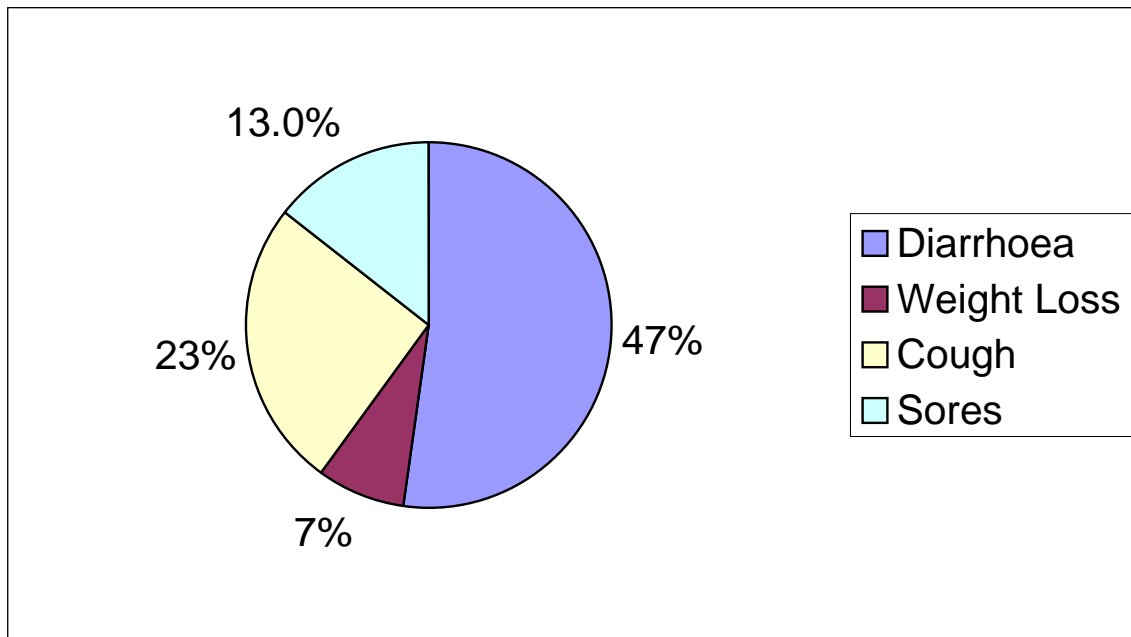


Fig 24

Missing frequency = 3 (10%)

Respondents were requested to state the symptoms of HIV/AIDS. They mentioned several symptoms as illustrated in figure 26 above. The respondents specifically mentioned diarrhoea (47%); weight loss (7%); that the patient develops a continuous cough (23%) and that the patient develops sores all over his/her body (13%). The results show a missing frequency of 10% which represents respondents who stated that they did not know anything about HIV/AIDS. The majority (90%) of the respondents knew at least one symptom of HIV/AIDS.

Knowledge on transmission of HIV/AIDS

- **Hugging/Kissing /touching**

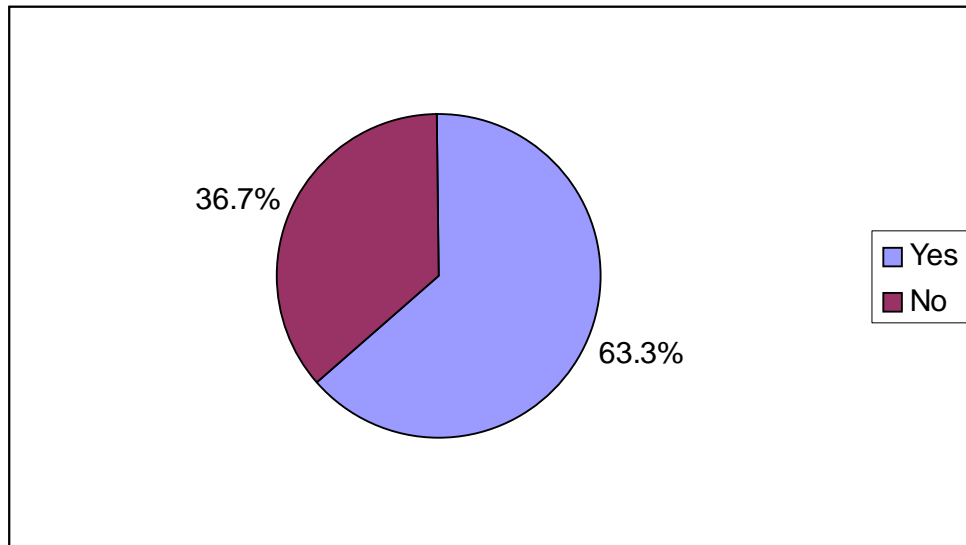


Fig 25

The respondents were asked to state whether it was true that if one hugs, kisses or touches a person who is HIV positive she/he will get infected? The majority (63.3%) of respondents believed that they could get infected by mere contact with him/her. The researcher observed that the majority of people do have some information about HIV/AIDS although they choose to ignore warnings on prevention of HIV.

- **Transmission of HIV**

The respondents were asked to state the mode of transmission of HIV/AIDS from one person to the other, the following responses were received:

- The disease is a punishment from ancestors (30%)
- HIV is a result of promiscuity (20%)
- It is witchcraft (33.3%)

- The virus is transmitted when an infected person engages in sexual intercourse without protection with a person who is already infected with the virus (16.7%).

- **Knowledge of parents/guardians/caregivers on substance abuse**

Parents/guardians/caregivers were asked what substances do they think today's youth might be using

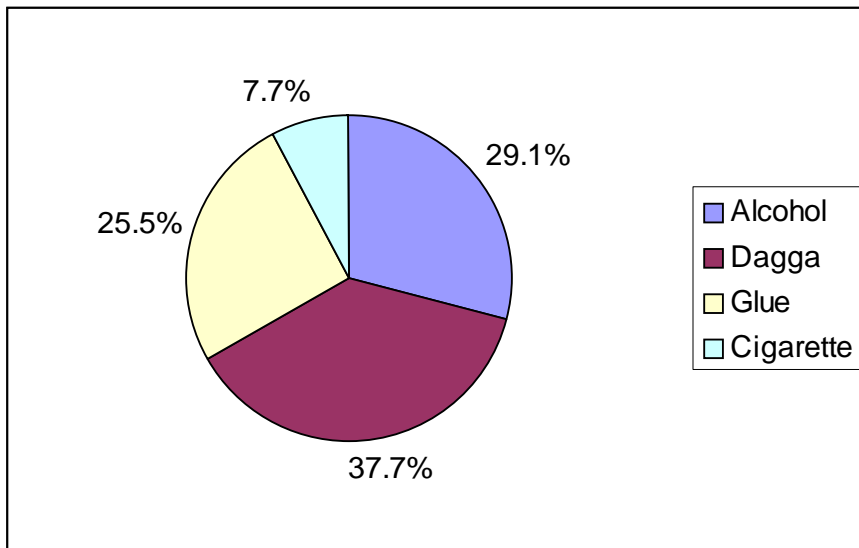


Fig 26

Figure 26 above shows that a high percentage of parents/guardians/caregivers (37.7%) indicated that the drug mostly used by youth was dagga. An equally high percentage of parents (29.1%) indicated that alcohol was also a popular substance used by youth; while (25.5%) indicated that glue was also commonly used by youth. Respondents (7.7%) who indicated that cigarettes were also used, mentioned that cigarettes were the least used because they are expensive, and that alcohol and dagga was easily available since in some families the source of income is from home brewed beer, while dagga is planted in the fields.

- Discussions on drugs between parents and children.

Respondents were asked if they had ever discussed the dangers of using drugs with their children. Some respondents indicated that they did sometimes, while others indicated that they don't know anything about drugs and therefore they would not know what to tell their children. All the respondents indicated that they relied solely on educators to provide adequate information on sexuality and drugs to the children. Clearly the parents passed the buck to the educators to deal with issues that they regarded as embarrassing and or taboo. The respondents clearly stated that in their culture it was acceptable that a girl as young as 12 years or even 8 to 9 years of age could drink alcohol or prepare and/or sell home brew beer. Respondents stated that whenever a young females had prepared an alcoholic beverage, the activity was a chore which female had to do, especially for any form of celebration or religious ceremonies, it was customary that she should take the first sip to prove that the drink had not been poisoned. The respondents stated that it was a directive from ancestors as traditionally, beer which was prepared for religious ceremonies had to be prepared by a young person who was still a virgin.

- When respondents were asked whether they ever used tobacco, many said they did not but some confirmed using tobacco in the form of snuff. It was interesting to note that they did not regard tobacco as a drug. Snuff was used for traditional religious ceremonies, communicating with ancestors and healing. Respondents believed that snuff could reduce blood pressure, stress, and pain and that it could heal headache, menstrual pains and toothache. Respondents stated that they commonly offered snuff to their daughters for medicinal purposes.

4.5 CONCLUSION

The primary aim of this chapter was to present, analyse and interpret data collected during the study. The data was interpreted in the form of tables, graphs and pie charts. In the study on investigation of knowledge on HIV/AIDS and substance abuse among learners in Atok, the researcher discovered that parents/guardians/caregivers still had limited knowledge on HIV/AIDS and substance abuse. Most parents were not working and that factor in itself, led to children getting involved in risky behaviour which exposed them to HIV/AIDS. The study's results revealed that even if parents didn't know anything about the foetal alcohol syndrome, they did know that women who were still at childbearing age should not drink alcohol or use any substances. Ignorance that prevails among parents means that the Department of Education should employ school social workers to deal with life skills training and counselling on issues such as HIV/AIDS, substance abuse and teenage pregnancy should be offered to the learners and their educators as well.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The current chapter is the culmination of the four preceding ones. In this chapter the problem statement has been restated and the aim and objectives as well as assumptions of the study. Findings and conclusions have been drawn from the data that was gathered through a questionnaire and focus group discussions that were conducted with learners, their parents/guardians/caregivers and educators. This chapter has been concluded with recommendations that have been made by the researcher.

5.2 RESTATEMENT OF THE PROBLEM STATEMENT

Although young people occupy a place of central concern in contemporary society, risk taking behaviours such as substance abuse, early indulgence in sexual activities, teenage pregnancy and HIV/AIDS, are important issues that continue to affect their lives (SANCA, 1982: 2 White Paper for Social Welfare, 1997: IV, Van Blerk, 1996: and Nuntsu, 2002: 14). These problems are increasingly eroding young people's opportunities in terms of living a life of quality. Unfortunately, there is no "quick fix" to these problems because they require comprehensive initiatives that focus on strategies meant to build social capital and encourage economic development for the benefit of the society. Social workers and related professionals are faced with the challenges of making a greater investment in young people by developing prevention programmes that support and build the competence of people for adulthood (Nuntsu 2002: 2).

One other problem that causes the increase of substance abuse and teenage pregnancy in the rural areas of Limpopo is the lack of parent involvement in the education of their children, due to the fact that many parents take jobs away from home, as migrant workers. Quite a substantial number of children assume the responsibility of being heads of the families. This means that an older sibling takes charge of the young ones, while he/she is still a child and still requires parental guidance. The responsibility of looking after siblings is often overwhelming and conducive to problem behaviour manifested by the older sibling. Without parental guidance and supervision, substance misuse and abuse by children, often occurs without difference or early detection. In areas where there are no substance abuse treatment centres, the problem becomes aggravated.

In the under resourced areas, the use of drugs by adolescents has become a norm and seemingly an only means of tension relief. Licit drugs such as cough mixture, diet pills and painkillers are often abused by youth in an attempt to cope with real, as well as unreal problems. Illicit drugs such as marijuana and other drugs too, are often experimented with (Gillis, 1994; 108). Adolescents who use drugs whether they are still at, or out of school, are the major concern of the government, employers and service providers in South Africa. Both urban and rural areas are equally affected by HIV/AIDS and drug abuse problems in South Africa. The impairment of judgement after using drugs, is the major factor that often leads to indulgence in unsafe sex and subsequent teenage pregnancy and the transmission of sexually transmitted infections (STIs) such as gonorrhoea, chlamydia and HIV/AIDS.

With limited recreational facilities in all under resourced areas, indulgence in substance abuse and unsafe sex often becomes a major past time of youth. Drug use often leads to dropping out of school, while lack of education results in unemployability.

A vicious circle then occurs as unemployed youth resort to drug use in order to cope with the situation of unemployment. In the Atok area (area of study), there are platinum mines that serve as a major source for migratory labour. Local residents sell their labour elsewhere far from home in the quest for money and leave their children behind in the care of the older siblings. Many teenage girls get tempted to trade in sex with the migrant miners. The sex trade has become the only source of income for many unskilled young females, and very often, it is the only means of survival and maintenance of their families.

Other teenage girls are encouraged by their parents to get involved with working men in order to get money. The child grant too, is viewed as a source of income by the unemployed young mothers hence the persistence of the teenage pregnancy problem. Malaka (2005: 13) indicated that HIV/AIDS and other sexually transmitted diseases are found in depressed communities. Van Dyk also alluded to the fact that the low status of women does not give them the authority to negotiate for the safe sex practice. Extreme poverty often forces women to sell their bodies for sexual purposes in order that they might obtain money to survive (Mathe: 2001: 1).

Although the Anglo Platinum Mines, which are a newly found mineral wealth in many rural areas in the Limpopo Province, provide jobs for these rural communities, there is still a high rate of unemployment in the Atok area and many other rural communities, within the province. This is due to the fact that many rural youths are not well educated.

5.3 RESTATEMENT OF THE AIM AND THE OBJECTIVES OF THE STUDY

5.3.1 The aim of the study

The main aim of the current research is to investigate the knowledge on HIV/AIDS and substance abuse among grade 6& 7 learners in the Atok area. This aim has been achieved. The researcher explored various elements such as the level of knowledge of learners and parents/guardians/caregivers on HIV/AIDS and substance abuse, preventive measures in schools, parental involvement, whether parents talk to their children about HIV/AIDS and substance abuse and sexual behaviours of learners.

This study was initiated against the background of:

- A concern of the researcher with regard to the high rate of teenage pregnancy and
- To find ways and means of empowering learners, educators and parents/guardians/caregivers on HIV/AIDS and substance abuse

5.3.2 Objectives

- To make young learners aware of the harm caused by alcohol and other substances.
- To explore views and attitudes of respondents on substance abuse and HIV/AIDS,
- To provide information to young learners so that they can make informed decisions on early sexual activities,

These objectives were all achieved since the main aim of this study was to investigate the knowledge on HIV/AIDS and substance abuse.

5.4 RESTATEMENT OF THE ASSUMPTION OF THE STUDY

In this study the researcher was guided by the following assumptions that:

- Substance use is rife among teenage learners in the rural areas of the Limpopo Province.
- Young learners who abuse substances are likely to engage in unsafe sexual activities.
- Young people who are sexually active are vulnerable to sexually transmitted diseases.
- There was a high percentage (32.2%) male and (12.2%) female learners who indicated that they had more than one boyfriend.

All these assumptions were proven to be valid, as the study revealed that:

- There was a high percentage (21.1%) male and (25.6%) female learners who indicated that they used substances as alcohol and licit drugs inspite of the fact that they were still in the primary school (in Grade 6 and 7). Holder (1999:3-4) and <http://www.safeyouth.org/scripts/facts/asp> indicate that the children from alcoholic families were likely to use substances. The researcher observed that there was common use of substances by both young and old in Sefateng, and that the youth who used substances could have been from homes with parents who could be alcoholic but, however, had not been diagnosed as such.
- There was a high percentage (28.9%) male and (38%) female learners who indicated that they were sexually active. The majority of these learners also indicated that they did not use safer sex measures and were thus at risk of sexually transmitted diseases and teenage pregnancy.
- There was a high percentage of (32.2%) male and (12.2%) female learners who had indicated that each had more than one boyfriend.

It has been confirmed that in some rural areas in South Africa, having multiple partners is equated with popularity and importance among young men (Makhubele, 2004: 123, Rivers and Aggelton 2003: 128). Rape or coerced sexual intercourse was also shown to be high among the respondents (26%) males and (48%) females who indicated that they had at some stage been coerced to have sexual intercourse with their female or male partners.

Jogunosimi (2001: 1) indicated that adolescents are under tremendous pressure to have sex at an early age and that the highest reported cases of rape in the world and violence against women is in South Africa. The use of condoms was also not common among respondents. In this study, (45%) females indicated that they do not use condoms whereas (29%) indicated that they do sometimes use condoms. The results confirmed the statement indicated by Rivers et al (2003: 28-29) that young women have little control over how and when sexual intercourse occurs (Rivers et al 2003: 28-29, and Makhubele 2004: 117).

5.5 FINDINGS AND CONCLUSIONS DRAWN FROM THE STUDY

The following were the major findings of the study:

5.5.1 Findings of the study

- Age of the learners in the three primary schools in Sefateng area. The results show that a large number of learners in these primary schools were at the age of 16 years and therefore, they needed more guidance, hence social workers must be part of the multidisciplinary team in school in order to help them with counselling. Because of their age, these learners are more vulnerable to HIV/AIDS, they are sexually active.

- The language that dominated other languages spoken in Atok area was Sepedi (97.8%) as indicated in table 4. This was not surprising since all the respondents came from around the area of Atok.
- As indicated in table 2, the majority of respondents were Christians (89.9%). Since the study was on investigating the knowledge of learners, due to the high rate of HIV/AIDS, many churches encourage abstinence and at times give education on HIV/AIDS. The non-religiosity of some learners is of concern since if they belonged to any church they would also benefit from these educational talks given in the church.
- Knowledge on transmission, cure and symptoms of HIV/AIDS. The results from this study, revealed that most respondents had no idea about the symptoms, the cure and how HIV/AIDS was transmitted. A high percentage of respondents (31.1%) indicated that women were transmitters of HIV/AIDS while (14.5%) believed that one could get infected through hugging and kissing. Whereas (43.3%) indicated that by engaging in sexual intercourse with an infected person one could get infected. The results revealed that there was still limited knowledge on drug use and HIV, a factor which calls for more effective life skills programmes to be delivered at school.
- Indulgence in sexual activities with several partners. The results revealed that some male respondents (17.7%) had more than one sexual partner while (32.2%) indicated that they had at least two partners. The results show that most learners in primary schools already live a promiscuous life. Therefore if social workers could be part of the school team they could help with primary prevention programmes.
- Developing a data recording system that reflects, reliable and complete statistics should become a priority for researchers in the substance and alcohol abuse field as well as HIV/AIDS field.

- The Department of Education should employ school social workers.
- Parents should be more involved in the education of their children.
- Safety and prevention measures for drug trafficking in schools should be put in place by the Department of Education and the schools.

5.6 RECOMMENDATIONS

- More prevention programmes offered at schools should evolve around substance abuse and HIV/AIDS.
- Addressing the HIV/AIDS pandemic and the substance abuse problem, should serve as priority on the political agenda, as all South African schools loose a substantial number of young people who are dying of AIDS related diseases, while some drop out of school due to the use of drugs.
- There should be more risk behaviour prevention programmes offered to youth, since the long effects of risk behaviour (including HIV/AIDS) which are learned during these years may be translated into a range of life problems at an older age. Interventions during the youth phase can yield amplified benefits.
- Developing a data recording system that reflects, reliable and complete statistics should become a priority for researchers in the substance and alcohol abuse field as well as in the HIV/AIDS field.
- The Department of Education should employ school social workers as a preventative measure of identifying and obviating problems before they become pandemic.
- Parental involvement in the education of their children should be ensured whether parents are literate or not.
- Safety measures for drug trafficking in schools should be put in place by the Department of Education together with the schools.

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APPENDIX A

Consent Form

Name of learner :

School :

I hereby give consent to participate in the study entitled “An investigation of knowledge on HIV/AIDS, use of substances and sexual behaviours among Grade 6 and 7 learners in the Atok Area (Limpopo Province)”.

Signature.....

Date

APPENDIX A

Interview Schedule for learners

1. Respondents are not required to write their names or attach their signatures on the interview Schedule.
2. Respondents are requested to feel free in answering the questions.
3. They should supply answers in the space provided and make a cross where there are alternative answers in their own words.
4. The researcher will respect the confidentiality of the respondents.
5. Please note that there are no right or wrong answers.
6. Learners should answer all three sections.
7. Educators should answer Section A and B only.
8. Parents / Guardians / Caregivers should answer all three sections.

Thanks

Christina Malekgere Manale

Researcher

SECTION A
DEMOGRAPHIC FACTORS OF LEARNERS

1. Age

| | |
|----|--|
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |

2. Gender

| | |
|--------|--|
| Male | |
| Female | |

3. Marital Status

| | |
|---------------|--|
| Never Married | |
|---------------|--|

4. Religious Status

| | |
|--------------|--|
| Christianity | |
| Others | |

5. Christian Denomination

| | |
|-----------------|--|
| Methodist | |
| IPCC | |
| Lutheran | |
| Non-Affiliation | |
| Others | |

6. Education level of learners

| | |
|---------|--|
| Grade 6 | |
| Grade 7 | |

7. Economic status of the family

| | |
|----------|--|
| Poor | |
| Well off | |
| Wealthy | |

8. Language Proficiency of learner

| | |
|--------|--|
| Sepedi | |
| Tsonga | |
| Venda | |
| Zulu | |
| Tswana | |
| Xhosa | |
| Others | |

SECTION B

Knowledge of HIV/AIDS

B.1.1 What do you know or understand by HIV/AIDS?

Explain -----

-----.

B.1.2 Mention and explain symptoms of HIV/AIDS

-----.

B.1.3 Is it true that if you hug/kiss a person who is HIV positive you will get infected with HIV/AIDS?

| | |
|-------|--|
| True | |
| False | |

B.1.4 If the answer is false can you explain how a person can get infected with HIV/AIDS

Explain -----

B.1.5 Do you believe that if an HIV/AIDS person can have sexual intercourse with a person who is HIV negative he can be cured?

| | |
|-----|--|
| Yes | |
| No | |

Motivate your response -----

B.1.6 Would you feel free to ask your partner to use a condom?

| | |
|-----|--|
| Yes | |
| No | |

Please motivate your response -----

B.1.7 According to your knowledge how can a person be infected with HIV virus?

Explain -----

B.1.8 What is it that people can do to prevent being infected with the HIV/AIDS?

Explain -----

B.1.9 Can HIV/AIDS cured?

| | |
|-----|--|
| Yes | |
| No | |

B.1.10 Mosquitoes are believed to be HIV transmitters

| | |
|-------|--|
| True | |
| False | |

B.1.11 The IPCC and the ZCC church members believe that their Bishops can cure HIV/AIDS.

What is your response to this -----

-----.

B.1.12 There is a general believe that girls are HIV/AIDS transmitters.

| | |
|-------|--|
| True | |
| False | |

Motivate your response

B.1.13 Most people fear to be or relate with HIV/AIDS people. What is your view on this? -----

SECTION C

Use of substances by learners

C.1.1 How many of your friends have used substances such as beer, home brew beer, wine or any other alcoholic drink?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.2 How many of your friends smoke cigarettes, dagga or sniff glue?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.3 Do you sometimes smoke cigarette, dagga or sniff glue?

| | |
|-----|--|
| Yes | |
| No | |

C.1.4 How many of your friends sell dagga?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.5 Do you sell dagga?

| | |
|-----|--|
| Yes | |
| No | |

C.1.6 How many of your friends cultivate dagga in their family backyards?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.7 Within a period of 12 months how many of your friends were pressured by peers to take alcohol or drugs?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.8 Within a period of 12 months, how many of your friends have used licit drugs bought over the counter, e.g. pain killers or cough mixture merely for pleasure?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.9 Within a period of 12 months, how many of your friends have taken more than one measures of some alcoholic drink?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.10 What type of drugs have your friends been using?

| | |
|-------------------|--|
| Marijuana | |
| Petrol | |
| Glue | |
| Beer | |
| None of the above | |
| All of the above | |
| Others (specify) | |

C.1.11 Have you personally ever used any of the above mentioned drugs?

| | |
|-----|--|
| Yes | |
| No | |

C.1.12 Which alcoholic drink is a favourite among young friends?

| | |
|--------|--|
| Beer | |
| Others | |

C.1.13 How many of your friends had sexual intercourse with their lovers while under the influence of some drug or alcohol?

| | |
|--------------|--|
| One | |
| Two | |
| All | |
| None | |
| I don't know | |

C.1.14 Have you ever had any sexual intercourse with your lover while under the influence of some drug or alcohol.

| | |
|-----|--|
| Yes | |
| No | |

APPENDIX B

Consent Form

Name of Educator :.....

Name of school :

I hereby give consent to participate in the study entitled “An investigation of knowledge on HIV/AIDS, use of substances and sexual behaviours among Grade 6 and 7 learners in the Atok Area (Limpopo Province)”.

Signature.....

Date

APPENDIX B

Interview Schedule for Educators

1. Respondents are not required to write their names or attach their signatures on the interview Schedule.
2. Respondents are requested to feel free in answering the questions.
3. They should supply answers in the space provided and make a cross where there are alternative answers in their own words.
4. The researcher will respect the confidentiality of the respondents.
5. Please note that there are no right or wrong answers.
6. Learners should answer all three sections.
7. Educators should answer Section A and B only.
8. Parents / Guardians / Caregivers should answer all three sections.

SECTION A

DEMOGRAPHIC FACTORS OF EDUCATORS

1. Age

| | |
|-------|--|
| 25-35 | |
| 35-45 | |
| 45-55 | |
| 55+ | |

2. Gender

| | |
|--------|--|
| Male | |
| Female | |

3. Religious Affiliation

| | |
|--------------|--|
| Christianity | |
| Others | |

4. Christian Denomination

| | |
|-----------|--|
| Methodist | |
| Luthern | |
| ZCC | |
| IPCC | |
| Apostolic | |
| Others | |

5. Indicate the language which they can speak

| | |
|-----------|--|
| Sepedi | |
| Xitsonga | |
| Tshivenda | |
| Zulu | |
| Xhosa | |

6. Qualifications

| | |
|----------------|--|
| Grade 10 + PTC | |
| Grade 12 + PTC | |
| Grade 12 + HED | |
| Grade 12 + PTD | |
| Post Graduate | |

SECTION B

Educators Questions

B.1 Preventative measures in schools

B.1.1 Does your school have any preventive measures in place to prevent learners from bringing drugs in the school)

| | |
|------------|--|
| Yes | |
| Partly | |
| Not at all | |

B.1.2 Do you think it is necessary to have preventative measures in schools?

| | |
|-----|--|
| Yes | |
| No | |

B.1.3 Does your school involves parents in controlling drug trafficking in the school?

| | |
|-----|--|
| Yes | |
| No | |

B.1.4 Have you ever noticed any drug trafficking in your school?

| | |
|-----|--|
| Yes | |
| No | |

B.1.5 What type of drugs do learners bring to school?

| | |
|------------------|--|
| Marijuana | |
| Beer | |
| Glue | |
| Petrol | |
| All of the above | |

B.1.6 What is the drop out rate in your school due to drug use?

| | |
|-----------|--|
| Very High | |
| High | |
| Low | |
| None | |

B.1.7 Does your school experience any cases of absenteeism or truancy due to drug abuse?

| | |
|-----|--|
| Yes | |
| No | |

B.1.8 Are there any educators in your school who have been trained to offer life skills programmes?

| | |
|-----|--|
| Yes | |
| No | |

B.1.9 Does your school involves social workers in drug abuse cases?

| | |
|-----|--|
| Yes | |
| No | |

B.1.10 If no, don't you think it is important to involve them?

| | |
|-----|--|
| Yes | |
| No | |

B.1.11 Has any of your learners ever been arrested for using drugs? If yes, how many times?

| | |
|---------------|--|
| Once | |
| Twice | |
| Several times | |
| Never | |

B.1.12 Has any of your learners been expelled from school for using drugs or bringing drugs to school?

| | |
|-----|--|
| Yes | |
| No | |

B.1.13 Has any of your learners been suspended from school for using drugs

| | |
|-----|--|
| Yes | |
| No | |

B.1.14 What policy do you recommend that your school should adopt towards learners using substances should be punished by the school?

| | |
|----------------------|--|
| Expulsion | |
| Other | |
| Report to the police | |

B.1.15 Do you have any learners or educators who are HIV positive.

| | |
|-----|--|
| Yes | |
| No | |

If yes what do you do to help them -----

B.1.16 Does your school have first aid kit to help educators and learners in case of emergency?

| | |
|-----|--|
| Yes | |
| No | |

APPENDIX C

Consent form

Name of Parent/Guardian/Caregiver:.....

Name of village :

I hereby give consent to participate in the study entitled “An investigation of knowledge on HIV/AIDS, use of substances and sexual behaviours among Grade 6 and 7 learners in the Atok Area (Limpopo Province)”.

Signature.....

Date

APPENDIX A

Interview Schedule for Parents/Guardians/Caregivers

1. Respondents are not required to write their names or attach their signatures on the interview Schedule.
2. Respondents are requested to feel free in answering the questions.
3. They should supply answers in the space provided and make a cross where there are alternative answers in their own words.
4. The researcher will respect the confidentiality of the respondents.
5. Please note that there are no right or wrong answers.
6. Learners should answer all three sections.
7. Educators should answer Section A and B only.
8. Parents / Guardians / Caregivers should answer all three sections.

Thanks

Christina Malekgere Manale

Researcher

SECTION A

DEMOGRAPHIC FACTORS OF PARENTS / GUARDIANS / CAREGIVERS

1. Age

| | |
|-------|--|
| 30-35 | |
| 35-40 | |
| 40-45 | |
| 45-55 | |
| 55+ | |

2. Gender

| | |
|--------|--|
| Male | |
| Female | |

3. Marital Status

| | |
|---------------|--|
| Married | |
| Never Married | |
| Divorced | |
| Widowed | |
| Separated | |

4. Religious Affiliation

| | |
|------------------|--|
| Christianity | |
| Others (specify) | |

5. Christian Denomination

| | |
|-----------|--|
| Methodist | |
| IPCC | |
| Lutheran | |
| ZCC | |
| Apostolic | |

6. Grade level at school

| | |
|----|--|
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |

7. Economic status of Parents/Guardians/Caregivers

| | |
|----------|--|
| Poor | |
| Well off | |
| Wealthy | |

8. Indicate the language you can speak

| | |
|--------|--|
| Sepedi | |
| Tsonga | |
| Venda | |
| Zulu | |
| Tswana | |
| Xhosa | |
| Others | |

SECTION B

Knowledge of HIV/AIDS

B.1.1 What do you know or understand by HIV/AIDS?

Explain -----

-----.

B.1.2 Do you believe that HIV/AIDS is a disease and it does exist/

| | |
|-----|--|
| Yes | |
| No | |

B.1.3 Mention and explain one or two symptoms of HIV/AIDS

-----.

B.1.4 Is it true that if you hug/kiss a person who is HIV positive you will get infected with HIV/AIDS?

| | |
|-------|--|
| True | |
| False | |

B.1.5 If the answer is false can you explain how a person can get infected with HIV/AIDS

Explain -----

B.1.6 Do you believe that if an HIV/AIDS person can have sexual intercourse with a person who is HIV he can be cured?

| | |
|-----|--|
| Yes | |
| No | |

Motivate your response -----

B.1.7 According to your knowledge how can a person be infected with HIV virus?

Explain -----

B.1.8 What is it that people can do to prevent being infected with the HIV/AIDS?

Explain -----

B.1.9 Can HIV/AIDS cured?

| | |
|-----|--|
| Yes | |
| No | |

B.1.10 Mosquitoes are believed to be HIV transmitters

| | |
|-------|--|
| True | |
| False | |

B.1.11 Traditionally, it is believed that traditional healers can cure HIV/AIDS?

| | |
|-------|--|
| True | |
| False | |

Motivate your response -----

-----.

B.1.12 There is a general believe that women are HIV/AIDS transmitters.

| | |
|-------|--|
| True | |
| False | |

Motivate your response -----

B.1.13 Most people fear to be or relate with HIV/AIDS people. What is your view on this? -----

B.1.14 The IPCC and the ZCC church members believe that their Bishops can cure HIV/AIDS.

What is your response to this -----

-----.

B.2 Cultural Elements on Sexual matters

B.2.1 Culturally a man can have several sexual partners. What is your opinion on this?

B.2.2 Most men still believe that women should be passive participants concerning sexual matters.

-----.

B.2.3 Would you use a condom if your female partner asks you to use?

| | |
|-----|--|
| Yes | |
| No | |

Please motivate your response -----

-----.

B.2.4 What do you think should be done to improve initiation schools?

Explain -----

B.2.5 After initiation boys and girls are believed to be men and women and are allowed to engage in sexual activities to prove their manhood. What is your response?

B.2.6 In black culture discussions on sexual matters is taboo. What is your response?

B.2.7 Do you think parents should discuss sexual matters with their children? What is your view

B.2.8 Culturally, pregnancy was avoided by the practice of non-penetrative sex known as ukusoma (Zulu). Do you think this is still the practice?

Explain -----

B.2.9 In Pedi practice, prevention of pregnancy was done through the method called “go bofela”. Do you think is still the safe method?

Explain -----

C.1 Questions to parents on substance abuse

C.1.1 Are there anyone in your family who use drugs/smoke or drink alcohol?

Explain -----

C.1.2 If you find your child in possession of drugs what would you do?

Explain -----

C.1.3 It is believed that dagga is used mostly during the period of initiation.

Explain -----

C.1.4 In most rural areas, especially in Limpopo Province , people are still cultivating dagga in their family backyards?

Explain -----

C.1.5 Culturally smoking dagga is a sign of Manhood? Motivate your response

C.1.6 In most rural areas in the Limpopo Province they still make home brew alcohol drink called “thothotho” and “mabele”. What is your response?

C.1.7 Culturally women are not allowed to drink alcohol until she is old (no more bearing children). What is your response?

C.1.8 Are you always discussing the dangers of using drugs with your child?
Explain -----

C.1.9 Home brew beer is seen as a healthy drink (especially “mabele”) and even small children can drink it. What is your response?

C.1.10 Culturally during thanksgiving ceremonies (mophaso) everyone in the family including children is allowed to take a sip or drink this home brewed alcohol. What is your view?

C.1.11 Culturally it is not wrong for a girl as young as eight or nine to prepare, sell and drink the home brew beer. What is your view?

THANK YOU FOR YOUR COOPERATION