Government of the Kingdom of Swaziland

Ministry of Education

STUDY ON THE IMPACT OF THE SCHOOLS HIV/AIDS INTERVENTION PROGRAMME IN SWAZILAND

Sponsored by:

Association for the
Development of Education in Africa

Mbabane - Swaziland
May 2001

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LIST OF ACRONYMS

ADEA - Association for the Development of Education in Africa

AIDS - Acquired Immune Deficiency Syndrome

CMTC - Crisis Management and Technical Committee

CSO - Central Statistic Office

EI - Education International

ETGPS - Educational Testing Guidance and Psychological Services

FGD - Focus Group Discussions

FLAS - The Family Life Association of Swaziland

HIV - Human Immune Virus

IEC - Information Education Communication

MOE - Ministry of Education

MOH&SW - Ministry of Health and Social Welfare

NGO - Non-Governmental Organization

SHAPE - School Health HIV/AIDS and Population Education

STD - Sexual Transmitted Diseases

SBIS -Swaziland Broadcasting and Information Services

SHIP - Schools' Intervention Programme

TASC - The Swaziland AIDS Support Centre

T.V - Television

WHO - World Health Organisation

EXECUTIVE SUMMARY

In 1999 the Ministry of Education commissioned a study on the impact of HIV/AIDS in the education sector in Swaziland. Findings of that study demonstrated that HIV/AIDS was already a critical problem and its gravity was increasing rather than receding. It also showed that knowledge about HIV/AIDS was low even among teachers. It was recommended that the ministry should implement HIV/AIDS education in schools as a matter of urgency. In response to the recommendations of the study, ministries of education and health in collaboration with NGOs initiated the School HIV/AIDS Intervention Programme (henceforth SHIP). The aim of the programme was to disseminate HIV/AIDS education in all schools in the country.

By the time the present assessment of SHIP was carried out the programme had already covered 240 schools (henceforth pilot schools). The bulk of this report presents an assessment of the acceptability and effectiveness of HIV/AIDS education delivered under SHIP.

Results indicate that in pilot schools teachers and pupils are very receptive to HIV/AIDS education and they like the way the presentation of the material is done. They assert that the information is relevant and well explained. They said, what especially made the presentations interesting was that it provided them with new information and an opportunity for free discussions. Seeing HIV+ presenters reinforced the information given.

Both groups had prior knowledge of HIV/AIDS, which they had got from various sources. High in the list of sources were the radio, the T.V., teachers and parents. Books and newspapers were low in the list and this is a cause for concern as pupils are expected to read.

The concept of life skills is new and was introduced by SHIP as part of the programme in pilot schools. Responses given showed that the information given has influenced their behaviour. Their skills in decision-making, assertiveness and coping with peer pressure have been enhanced. They also show that they have a high self-esteem/image if they can hold their heads high and attend a farewell function in "not the new dress" as expected by friends. They can also handle peer pressure if they can strongly say 'no' to sex without a condom or no to sex at all or other pressures like alcohol, smoking and drugs. Both pupils and teachers were able to identify a few Life Skills hence there is need to emphasise Life Skills Education in the programme. However, non-pilot schools were not very sure what life skills are especially in relation to HIV/AIDS.

Most of the respondents viewed SHIP as a very good programme because they gained a lot of knowledge on health, growth, positive living and HIV/AIDS. Presenters were free with everyone. However, they said the encounter was too brief. The respondents expressed clearly that they would like their siblings and friends to get the same information from the teams that were disseminating information.

Findings of the present study indicate that SHIP has initiated and/or influenced the process of behaviour change among pupils and teachers

Examples of behaviour change among target groups were given as:

- Abstain from sex
- Avoid contact with blood and sharing of sharp instruments.
- Avoid infection by using a condom in sexual encounters.
- Improvement of life skills such as decision making, resistance to peer pressure and assertiveness.

Regarding the overall evaluation of the programme, responses show that the programme was appreciated by teachers and pupils. They would like to see it continue within schools, being sustained and having more frequent visits than just once. Respondents proposed that the MOE should play a more active role in the education about HIV/AIDS. These findings have clearly shown that this strategy is promising positive change among the school population and maybe even the community. An elaborate list of recommendations is presented below.

RECOMMENDATIONS

- Since both pupils and teachers listen to the radio and watch T.V, the MOE should prepare more programmes to present information through the media.

- The MOE must train the teachers because they will ensure sustainability of the programme in the schools, since the research also proved that teachers are doing a lot of work in educating pupils about HIV/AIDS.

- The peer education or child-to-child strategy should be employed. Peer educators for each school should be trained to assist and provide the different kinds of information to pupils, especially on HIV/AIDS and Life skills.

- The MOE should visit the schools regularly to give support to teachers and to ensure that information is indeed getting through to pupils for continuity of the programme.

- There is need to develop a curriculum for schools to teach about HIV/AIDS, life skills, positive living, and other health issues. Meanwhile HIV/AIDS and life skills education, which has been integrated in the present curriculum should be strengthened, and teachers should be prepared to teach the concepts in schools.

- The collaboration effort is still necessary as in the responses, both children and teachers mentioned that the MOE should invite people from the different NGOs.

- There is need to develop teaching/learning and IEC material on HIV/AIDS, life skills and positive living and make it more user friendly. Teachers and pupils will otherwise not use this information as the results of this study show lack of interest by both teachers and children in reading newspapers and extra curricula books.

- The MOE should provide enough personnel for counselling in the regions so that at least one officer can be available in office throughout the day.

- Out-of-school youth and parents should also be taught about HIV/AIDS, life skills and positive living so that they can help themselves and others. The communities also need this kind of education.

- Presenters should be helped to vary their teaching methods and use videos and films in addition to the lecture method to enrich their presentations.

- Since information on HIV/AIDS, Life Skills and Positive Living was also shared with young siblings, this programme should start at Pre-School level.

PREFACE

The Kingdom of Swaziland is a small country with an area of just over 17000 square kilometres. It is landlocked, with the Republic of South Africa bordering it in the North, West and South and Mozambique in the East. It has a population of 980 722 (CSO 1997) with an annual growth rate of 1.9%. About 60% of the population is under the age of 21. The majority 76% of our population live in the rural areas. Swaziland is divided into four administrative regions, and 55 sub-regions called Tinkhundla. There are about seven hundred schools, 500 Primary schools and 200 Secondary/High schools

The HIV/AIDS epidemic is taking the country by storm. The first HIV case was reported in 1986. By some estimates, over 50 000 adults and children in Swaziland have already died of AIDS related illnesses by the beginning of the year 2000, leaving behind 35 000 AIDS orphans. Swaziland has the third worst AIDS epidemic in the world according to currently available data. Sero-surveillance is at 23% among Swaziland's population 15 to 49 years of age.

Since 1987, Swaziland has had many initiatives that addressed HIV/AIDS education by both Government, non-governmental and Business sectors. The HIV/AIDS focal point within Government remained, to a large extent, with the Ministry of Health. With all the efforts, HIV/AIDS illnesses and deaths continued to rise. Economic studies were carried out to determine the effects of the pandemic on the different sectors of the economy. The results painted a gloomy picture of the future of our country. In February 1999, the Head of State, His Majesty King Mswati III declared HIV/AIDS to be a national disaster.

In April 1999, the Government of Swaziland established a new structure for responding to the epidemic. An HIV cabinet committee was formed which gave birth to an intersectoral HIV/AIDS Crisis Management and Technical Committee (CMTC) based under the Deputy Prime Minister's Office. The CMTC in consultation with a wide range of stakeholders developed a National Strategic Plan for HIV/AIDS 2000-2005 which is yet to be operational.

In 1999, the Ministry of Education funded by UNICEF carried out a preliminary survey to assess how the HIV/AIDS epidemic would impact the education sector.

It was revealed that as at 1998, 3,000 AIDS cases were reported with HIV positive figures estimated at almost 115,000 in a population of just below one million. In 1999, AIDS related deaths were estimated at 50, 000, a very high death rate indeed.

The study was especially commissioned to find out the impact of HIV/AIDS on the education sector. It concentrated on the impact on the population as a whole, and made projections of the numbers of the infected and affected adults. There was no specific information about affected and infected teachers save for the fact that due to the high rate of infections and AIDS related deaths, training of teachers had to be intensified. For every one

teacher to be trained if there was no AIDS pandemic, 2:21 will have to be trained to contain the pandemic.

Also the effect of HIV/AIDS on teachers was to be realised in the loss of gains in the teacher pupil ratio. As at 1997, teacher: pupil ratio at primary and secondary schools was 1:32 and 1:18 respectively, and these were expected to rise to 1:52 by 2010. In fact by end of 2000, the teacher pupil ratio was already in excess of 1:40.

One of the findings was that people, especially in the rural areas did not have much information about HIV/AIDS. It recommended therefore that schools should provide this education

1. *BACKGROUND TO THE HIV/AIDS SCHOOLS INTERVENTION PROGRAMME*

The preliminary study done by the Ministry of Education in 1999 paints a grim picture of the situation. The situation is such that it calls for a national campaign, collaboration and information dissemination strategies that will work. In a population of 980 722, an estimated 50 000 Swazis are dying of AIDS (1999). It is projected that 300 000 people will die of AIDS in 15 years. Further statistics showed that there are now 35 000 AIDS orphans in Swaziland and that this figure is projected to rise to 120 000 in 15 years. That 18% of the Swazi population is dying of AIDS is certainly a national disaster.

The study further estimates that 29% of the population aged fifteen and above was HIV positive. Already deaths due to AIDS related diseases are on the increase. These are the economically active and child-bearing age group. The study also predicted that, demand for education will decrease as there will be fewer children born and living to be of school-going age. Also the ratio of pupils to teachers will decline to over 50:1 by 2006. There will be need to increase the number of teachers to be trained by 130% to enable the sector to maintain the present ratio of 33:1.

The study made the following recommendations and observations:

- That, there is need for the provision of consistent education and information on HIV/AIDS.
- HIV/AIDS information is important for the children of AIDS patients, so that they can be prepared for their parent's illness and death.
- There is need for the Ministry of Education to identify counsellors and train them to deal with sexuality issues and sexual involvement of both teacher and pupils.
- That, there is need for the Ministry of Education to strengthen and expand its counselling services at local school, so that sexual issues can be discussed with a trained counsellor.

It was in view of these recommendations that the Ministry of Education decided to embark on a strategy that involves a multi-disciplinary approach. This exercise involved visiting all schools in the country, beginning from rural schools towards the urban schools. The purpose of the visit was to educate school-going children and teachers about HIV/AIDS, Life skills and Positive Living. The decision to start from rural schools was because, urban schools have had a lot of advantage as some NGO's worked with and educated pupils in the urban schools.

On June 20-27, 2000, the National Co-ordinating Team conducted a mini survey to evaluate the effectiveness of the intervention activity. The aim of this exercise was to assess the delivery and progress of the health education information given to the pupils and teachers on HIV/AIDS, life skills and positive living. It was discovered that teachers found this information useful and helpful to them and the pupils. However only a few schools were visited and the findings could not be generalised. There was therefore a need to

conduct thoroughly a study that will provide the organisers with information that will lead to a decision whether the exercise continues or not in future.

The 1999 study brought out clearly that the pupils in urban areas have a much better insight into HIV/AIDS than their rural counter parts. The study cited negative attitudes and destructive behaviour exhibited by pupils in the rural areas.

The Schools HIV/AIDS Intervention Programme (SHIP) is a collaborative effort between the ministries of Education and Health and Social Welfare, an NGO called Schools' HIV/AIDS Population Education (SHAPE), the Swaziland AIDS Support Organisation (SASO) and Komati Basin Water Authority (KOBWA). These organisations formed the SHIP Team that was to provide and disseminate information on HIV/AIDS in schools. Since Swaziland is divided into four administrative regions, four teams were set up. There was also a co-ordinating team that made sure that the teams were provided with all that was required to make the programme a success.

The team was made up of nurses, people living with HIV/AIDS, teachers and guidance programme officers. These people were identified to take part in this initiative because they had had training from workshops and short courses in basic facts on HIV/AIDS, Life Skills and skills of coping and living with HIV. The programme has three components and these are: Basic facts on HIV/AIDS, Life Skills and Positive Living. The choice of these components was based on the behaviour theory that if people are given information and the right skills of using that information they are likely to change their behaviour.

Education on life skills and positive living is premised on theories of educational psychology and psychology of human development. In short, the rationale is to equip the learners with coping skills with which they can deal with challenges of daily life. Skills–based education targets three broad categories of life skills, namely; cognitive skills, emotional coping skills (sometimes called positive living), and social skills. These categories of skills are not rigidly defined and delimited but complement and reinforce each other. Although it is possible to teach life skills education at theoretical level it is recognised that it is more effective when used in conjunction with a specific subject or content area. It has been demonstrated that exposure to life-skills education is paramount for translating the knowledge on HIV/AIDS into tangible action such as change of behaviour and attitudes among young people (El and WHO, 2001). It is against this background that the SHIP integrated life-skills in the HIV/AIDS education for [pilot] schools in Swaziland

The expected output of the initiative was that, the pupils and teachers would get the information required and would most likely share it with their immediate families, friends, relatives and the community. With time, change of behaviour would be realized as a result of SHIP. All stakeholders were aware that change of behaviour and attitudes is a long term process and would not be realised immediately.

The initiative was expected to build on other initiatives by NGO's, radio, churches and teachers (especially science teachers) that are already going on. These initiatives were not coordinated and monitored and thus no one knew exactly what impact they had had on the people in the rural areas especially pupils.

The teams worked four days a week (Monday to Thursday) from February to August 2000. During this time they had reached 240 schools including both primary and secondary.

Schools that were reached during this first phase were mostly in the rural areas, and were both primary and secondary schools. As already mentioned they were targeted because of the assumption that they had no access or very limited access to information on HIV/AIDS.

In primary schools, pupils from age 10 years were targeted. By all means abstinence was encouraged at this level. This was done on the assumption that they are our " window of hope". It is assumed that they have not yet engaged in sexual relations and if secured they will possibly become our future nation. All teachers including the head teacher were also put through sessions on the three components comprising the programme.

In secondary schools, all students from form I (age 13 years) to form 5 (age ranging 16-20 years) were put through all sessions. Unlike in the primary school where only abstinence was encouraged, condom usage was discussed in secondary/high schools. Like in the primary school, all teachers inclusive of the head teacher had sessions by the teams on the three components of the programme.

2. RESEARCH METHODOLOGY

Purpose and Methodology of the Study

The purpose of the study was to assess the impact of the Schools HIV/AIDS Intervention Programme in Swaziland.

Since the commencement of HIV/AIDS School Intervention Programme in February 2000, the facilitators have been out in the field, spreading information and educating school-going children and teachers on HIV/AIDS. About 240 schools have been reached so far. The exercise is intended to continue in the following year.

However, no evaluation had been done to determine the impact of this exercise on the recipients. The Ministry of Education felt that an assessment of the impact of this effort would be very important and necessary because it would give a clear indication of whether the initiative should continue or not and whether it was having positive effects.

Objectives:

The study sought to answer the following questions:

1. Is the information received during the sessions clear and useful to the lives of school children and teachers?

2. Is there a difference in knowledge and information about HIV/AIDS, between the pupils/schools who have been visited and those that have not been visited?

3. Did the information help recipients to change their behaviours and attitudes?

4. Is the initiative best suited for HIV/AIDS prevention, control and mitigation in schools? If no, how can it be strengthened to meet the challenges brought by the epidemic?

The study was conducted during the month of November 2000

Research Instruments

Qualitative tools such as Focus Group Discussions, Individual In-depth Interviews and Questionnaires were used to collect data in this study. The objective of using these methods was to elicit information as much as possible and also to bring up issues linked with HIV/AIDS, Life skills and Positive living. According to Cohen and Manion (1996) qualitative tools, as used by many social scientists, allow the collection of data in a short span of time, and for this study, only nine days were put aside for data collection. The research tools used also accommodate the study of individual and group perceptions of a certain phenomenon (Cohen and Manion, 1996). This study involved individual and group interviews and these tools were seen fit for this purpose.

A combination of research tools was preferred because according to Barnes (1995) researchers have proved that no one method is appropriate enough to fully meet the demands of any topic under research. So using more than one method was basically to increase validity in the study.

Focus group discussions were chosen because of their ability to capitalize on groups of respondents to be guided by a skilled moderator into increasing levels of focus and depth on the key issues of the research topics; HIV/AIDS, Life skills and positive living, (Barnes 1995).

The Individual In-depth Interviews on the other hand qualified because they are characterized by extensive probing and open ended questions. These are conducted on a one to one basis between the respondent and a skilled interviewer and they increase the validity in the study.

Self administered questionnaires were preferred for teachers to ensure that respondents attended fully to the questions asked. However, one interviewer was allocated to attend to the teachers and to clarify any questions that might be a problem to the respondents.

Recruitment Of Respondents

For the purpose of this study, the schools that were visited by the Schools HIV/AIDS Intervention Team shall be referred to as "Pilot" School (PSs), and those that were not visited will be referred to as Non-Pilot Schools (NPs).

Rural schools were best preferred for the study because of their minimal exposure to the other sources of information that often influence urban schools. Information in urban schools comes through; radio, television, newspapers. Non-governmental organisations, school clubs and these are rare in rural school. It was anticipated that the study would reveal this.

It was found necessary to assess the knowledge of pupils and teachers on HIV/AIDS, Life Skills and Positive Living in pilot and non-pilot schools because of the assumptions that, Pilot schools (PSs) will have a better knowledge of the topics than non-Pilot school (NPs), primarily due to the School HIV/AIDS Intervention programme. Pupils and teachers in pilot schools are more likely to discern "safe behaviours" than those in non-pilot schools because the former are better informed than the latter; and differences is measurable and so we expected to find a significant difference between pilot schools and non-pilot schools.

Similarly the occupations and education level of parents, it was felt, might elicit differences in knowledge and behaviour. Pupils with educated parents are more likely to have better knowledge of the topics because of the assumption that the parents do read and talk to their kids about HIV/AIDS, Life skills and Positive Living. Some occupations expose parents directly to the topics above. The assumption was that this would show in the study.

Recruitment And Training Of Interviewers

The team comprised of 17 officers from all the four regions of the country. Each group had 4 to 6 officers depending on the size of the school. These officers had had one week training on **Research Instruments development and administration** facilitated by a consultant from ADEA.

The training covered:

- Overview of Focus Group Discussions
- Administering Individual In-depth Interviews
- Transcribing taped discussions
- Schedule of work

Sampling

Thirty-two schools were selected randomly to participate in this exercise. Although this makes about 7% of the total number of schools in the country the sample was deemed representative given constraints in the form of personnel and financial resources.

Of the thirty two schools, sixteen were pilot schools (selected from the already existing list of schools visited by the SHIP team) and sixteen were non-pilot schools. Of the sixteen pilot schools eight were primary schools and the other eight were secondary/high schools. Most of these schools are based in the rural areas, since the purpose of the exercise was to start from the rural school and work towards the urban schools. The same grouping was used even for the non-pilot schools. The research focused on year 6, year 8 and year 11. Twenty students were selected at random from each grade/form; ten of them would participate in the FGDs while the other ten participated in the III. Three teachers in each school were randomly selected to fill in the questionnaire for teachers. Therefore 96 teachers were expected to participate, however, 85 participated eventually. Four hundred and eighty students were expected to participate but only four hundred and forty-seven were interviewed. Two hundred and forty participated in the FGD.

A deliberate effort was made to involve equal numbers of both sexes to make the sample as gender equitable as possible. This was affirmed by the numbers which were as follows:

Table I: Respondents

A: Students

	PILOT		NON PILOT		
	BOYS	GIRLS	BOYS	GIRLS	TOTAL
YEAR 6	37	43	37	41	158
YEAR 8	35	38	40	38	151
YEAR 11	36	34	32	36	138
TOTAL	108	115	109	115	447

B: Teachers

		PILOT		NON PILOT		TOTAL
SEX		M	F	M	F	M & F
No. of teachers		22	17	18	28	85

Source: SHIP (2000)

Data Collection

Prior arrangements were made with the schools selected for this study so that they would make the necessary changes and adjustment in their teaching time, and also to prepare rooms where the selected pupils and teachers would be interviewed.

Researchers visited the selected schools to collect information using the prepared instruments. The researchers conducted Individual In-depth Interviews with 10 pupils from each of the identified classes. They also assisted three teachers per school to fill in their questionnaire. Focus Group Discussions were also held parallel with the interviews. The III guide and the questionnaire for teachers both had open and close ended questions, that is, questions that required yes/no or true/false and those that required an explanation.

Data Coding And Analysis

Coding and analysis was done by a team of six, four officers and two supervisors chosen from the researchers. Simple statistics have been used to enable all users of this product to easily understand the report. Percentages have been used for comparison purposes.

Limitations

Due to time and money constraints the teams eventually settled for schools within easy reach.

3. FINDINGS AND DISCUSSIONS (pupils)

This section presents and discusses the findings from pupils who participated in the study.

Background Information Of Pupils

The average ages of the pupils who participated in this study from pilot and non pilot schools ranged from 11-20 +.

Pupils Grades and Age

	AGE	NON PILOT	PILOT
6	11-15	65	72
	16-19	12	7
	20+	0	0
9	11-15	38	34
	16-19	46	42
	20+	1	1
11	11-15	0	1
	16-19	68	68
	20+	16	13

Source: SHIP (2000)

Basically children start grade 1 at the age of 6, but because of poverty and the high repetition rate, children in rural schools do not meet the expected average age for grades. They mostly start school when they are much older as shown in the table above.

About 25% of the pupils interviewed in the pilot schools were from peri-urban areas and 75% were from rural areas. In the non pilot schools 45% came from the peri- urban setting while 55% were from the rural schools. I t must be noted that some pupils live in peri- urban areas and commute to rural setting for schooling, this had some effect on the sources of information given by pupils as will be indicated later.

In non pilot schools the majority of the pupils interviewed (66%) from non pilot and 35% in pilot schools were under the care of both parents while 34% and 65% respectively lived with guardians and other relatives.

Pupils were asked to mention the education level of their parents for the purpose of helping the researchers to have an idea on whether parents could be another source of information for the pupils. The study revealed that 68% of the parents of children from non pilot schools and 61% from pilot schools

have had secondary level education with some having obtained University degrees, and college diplomas and certificates. However, 12% from non pilot and 8% from pilot were illiterate. Pupils of the remaining 20% from non pilot and 31% from pilot had no information on the educational background of their parents. Most parents from pilot schools (84%) and 56% from non pilot schools had professional occupations, whilst others were either self-employed (26% from non pilot and 7% from pilot) or un-employed (13% from non pilot and 9% from pilot).

The fact that some parents have little or no formal education at all and are employed or self employed is a justification that the Schools HIV/AIDS Intervention programme is necessary to cater for those pupils whose parents either have no exposure to the information or have no time to share it with their children.

To find out if the church could be used as a vehicle to influence people on HIV/AIDS, pupil's religious background was sought. Pupils who participated in this initiative came from different religious backgrounds. Most respondents came from the Zionist (16% NP and 30% P), Evangelical (6% NP and 11% P), Methodist (16% NP and 12% P) and Nazarene (5% NP and 13% P) denominations. However, as explained before, churches are not active in the dissemination of HIV/AIDS information. If they could be active they would address a large population as many people go to church.

Recreational facilities used by pupils were also sought to find out if these could be used as one other way to impart knowledge on HIV/AIDS. Findings show that pupils have access to a variety of recreational facilities. Top of the list of the activities given by respondents was soccer (39% NP and 29% P) followed by netball (20% NP and 26% P), visiting friends (7% NP and 11% P), music (7% NP and 9% P) and watching T.V. (5% NP and 1% P). Other activities mentioned by both non pilot and pilot schools were swimming, volleyball, tennis, athletics, cycling, drum majorettes, snooker, skipping, ball games, cultural dances, "intjuba', aerobics, cords, martial arts and roller skating.

Even though the data is not segregated into boys and girls, it was apparent during the interviews that recreational facilities for girls are lacking. As a result many of the female respondents could not differentiate between recreational activities and home chores. They mentioned chores such as, weeding, harvesting cooking as their recreational activities. Some had no interest in recreational activities, and one would conclude that the lack of facilities and time for recreation accounts for the lack of interest, or the lack of knowledge of recreational activities. From this revelation it could be suggested that programmes would have to take cognisance of this reality if girls have to be reached and educated about HIV/AIDS.

Pupils knowledge about HIV/AIDS.

This section was to find out if pupils had prior information about HIV/AIDS. The results showed that almost all students had obtained basic information on HIV/AIDS from different sources prior to the SHIP. Sources of information given are summarised in the following table.

Sources of Information on HIV/AIDS in the School

	Non pilot N = 224	Pilot N = 223
SOURCE	**%**	**%**
Clubs	9	-
Radio	63	34
Newspapers	21	4
Television (T.V.)	44	18
Books	5	8
Parents	35	12
Teachers	76	24
NGOs	17	6
Church	17	4

Source: SHIP (2000)

The Schools HIV/AIDS Intervention Programme targeted rural schools. In bringing into force this initiative the ministry felt that these are disadvantaged in terms of getting information about HIV/AIDS and life skills as not many NGOs and the media of all kinds do not reach them. For example, while non-pilot schools had clubs established by NGOs, pilot schools did not have any of such clubs to teach school children about HIV/ AIDS related problems. Although there are many programmes on the radio, many families in the rural areas do not own a radio. Even those that own it cannot maintain it because of poverty. They cannot afford the batteries. They also cannot afford to buy the daily newspapers for information, not to mention T.V. and books as these are just luxuries that can be afforded by the working population usually around town. As a result only 34% of pupils from pilot schools got their messages from the radio.

This therefore implies that the only reliable source of information could be parents, teachers and the church. Among these teachers are the main source of information for both pilot and non-pilot schools. But then teachers must have the correct information and necessary skills and training for sustainability of the programme in the school. That is why teachers in the pilot schools are being trained to continue giving this information to the children after the SHIP Team has left. The Swazi extended family structures have been weakened, parents hardly speak about sexuality matters to their children. In the past the members of the extended family such as aunts and uncles used to provide counselling and information to children about issues of growing up. Those

structures are now history. Parents consigned, seem to believe that all education will be provided in the schools. As a result there is little influence from parents in both groups as shown by the results.

In both groups, the church seems to have very little influence as well. From the background information, most respondents came from the Zionist, Evangelical, Methodist and Nazarene Churches. One would expect that these churches do talk about problems of young people such as HIV/AIDS. Zionists in particular hold overnight prayers and therefore need to be aware of HIV/AIDS. But the results indicated that very little information come forth from the church organisations. It is possible that churches also lack the necessary information and skills to handle reproductive health matters especially in relation to HIV/AIDS. This therefore suggests that HIV/AIDS initiatives need to negotiate on how to involve an influential institution such as the church in HIV/AIDS prevention and control among young children.

It was obvious that there was a lot of information dissemination going on about HIV/AIDS. The critical question however, is if the information is being transferred into knowledge and operationalised in a manner that it would help pupils avoid contracting HIV.

Respondents were assessed on their knowledge of HIV/AIDS, Life skills and Positive Living. Some 88% from the pilot and 84% from the non-pilot schools were able to identify HIV as the virus that causes AIDS. Only 12% from pilot and 16% from non-pilot respondents had either forgotten, or they did not know or gave wrong answers.

These wrong answers came mainly from the Grade 6 population. Although some grade 6 students had the correct information, it is obvious that there is need for continuous education on the topics to clear the myths and misconceptions.

When asked how the virus is transmitted, respondents gave the following responses:

Modes of HIV transmission

	Non pilot	**Pilot**
MODE	**%**	**%**
Unprotected sexual intercourse	95	96
Mother to child	20	32
Contact with infected blood	50	27
Sharing cutting or piercing instruments	47	48

Source: SHIP (2000)

Pupils here showed a very good understanding of how the HIV is transmitted. They are aware that the virus is transmitted mainly through unprotected

sexual intercourse, contact with infected blood, which includes the sharing of piercing or cutting instruments.

The figures presented in appendix 1 confirm the fact that the respondents had a good understanding of basic facts on HIV/AIDS as most of them responded correctly to a number of statements put forward by researchers. They are also clear that there is no cure for HIV so far. HIV is not air borne and that not only promiscuous people could get HIV. One may conclude from the responses to the first question that many children would now be comfortable living with an HIV positive person in the school and at home. However, there still remains confusion between HIV and AIDS as reflected in some of the responses obtained from the recipients. Thus the need for more elaborate information and education about HIV/AIDS cannot be overemphasised.

In regards to the concept of positive living pupils were asked about the kinds of advice they would give to a person who is HIV positive. The responses were quite diverse (see appendix 2) and showed the variation of perceptions and understanding among respondents.

It was clear however, that the majority of the respondents believed that in order to live longer with HIV, one needs; good nutrition (66% NP and 69% P), to use a condom when engaging in sexual intercourse (12% NP and 31% P) and to develop a positive attitude towards life (17% NP and 30% P). Other responses given by both non pilot and pilot schools were; "advise not to get pregnant", "to join SASO and visit other organisations for HIV^+ people", "to be faithful to one partner and to declare their "HIV status".

To the researchers, this showed that the pupils had plenty of information and knowledge on positive living. One of the sub-components emphasised under Positive Living is access to a balanced diet in order to stay longer when one is already infected with the virus. Responses from pilot schools overwhelmingly reflected this emphasis. In sum, the variety of responses on behaviours as summarised in appendix 2 indicates the awareness of pupils on alternative coping skills. Pilot schools answered more appropriately than non-pilot schools which were not able to provide as much information and knowledge.

As mentioned earlier, teaching of Life skills was one of the activities delivered under the initiative. In order to measure the level of understanding of this component among pupils in the target schools three scenarios were presented to them. These were on condom use during sexual intercourse, being called mama's baby if refusing to smoke and attending a party in old clothes. The results were as follows:

The three scenarios

Response	Non pilot	Pilot
No condom no sex	57%	63%
I don't care what they call me, but I would not smoke	58%	61%
I would attend the party	70%	80%

Source: SHIP (2000)

Regarding *condom use* pupils were fairly aware of the importance of condoms in preventing HIV transmission. About 63% of the respondents from pilot and 57% from non-pilot schools claimed that they would avoid having sex without the condom.

The second scenario was *Mama's baby*. In this scenario pupils were given a situation where peer pressure is inevitable (such as indulgence in smoking, taking drugs and involvement in sexual relationships) and asked how they would resist peer pressure. In Swazi youth culture a young person (adolescent) who resists pressure from his or her peers is sarcastically referred to as Mama's baby implying that s/he is immature and domesticated. Responses here indicated that pupils would be in a position to resist peer pressure. Many (67%) from pilot and 58% from non pilot would not mind to be called Mama's baby provided they stood for what they believed in. The results also show the strength of the SHIP in developing decision -making skills among students and ability to handle peer pressure.

The third scenario was on a Farewell function. At the end of school/year a farewell function to most schools in Swaziland is normally a celebration for achievement for pupils who have successfully gone up to the last grade. In this 'youth culture' pupils are expected to come in their best outfit and those that cannot afford normally feel shy to go for the function. Responses in this scenario show that pupils would attend the party even though they didn't have a new outfit to wear (80% from pilot and 70% non pilot). The implication then is that they were confident in themselves and they would withstand peer pressure a confirmation that they have a positive self-image or a high self-esteem.

The findings above showed that the Life Skills component has imparted the necessary knowledge to the children. It has helped raise their self-esteem/image thus enabling them to face challenges from their friends or peers regardless of their socio-economic background.

4: FINDINGS AND DISCUSSIONS (teachers)

In an environment of generalised epidemic like the one in Swaziland, teachers are as vulnerable to HIV infection as the rest of the population. In fact it can be argued that teachers face an elevated risk of HIV because of the nature of their occupation. They are fairly mobile (frequent transfers), they are young (a significant number is unmarried) and have relatively higher income (especially in rural areas characterised by poverty).

It is inevitable then that any intervention on HIV/AIDS in the education system should also focus on teachers. A similar sentiment is expressed in the MOE, (1999) study where it is shown that HIV/AIDS is a big problem among teachers in Swaziland. The school intervention programme was aware of this reality and one of the important focus areas was on teachers in pilot schools. Teachers were exposed to the same HIV/AIDS information as pupils, though they were trained in separate groups in order to be free to express themselves and ask questions openly.

The present chapter presents and discusses findings of the interview carried out among teachers.

Background Information Of Teachers

Eighty-five teachers were interviewed in this study. Thirty-nine of these were from pilot schools and forty -six from non-pilot schools. The imbalance reflects the number of pilot visa versa non-pilot schools. Most of these teachers are aged between 20 and 50 years. Since HIV/ AIDS is a disease that affects the 15-50 age group, it is obvious that most of the teachers falls within the vulnerable category

Knowledge about HIV/AIDS

This section was specifically to test prior knowledge that teachers had about HIV/AIDS. All of the respondents from both pilot and non-pilot schools knew the name of the virus that suppresses the immune system. The responses also displayed knowledge of the modes of transmission of HIV. The most common modes that were mentioned were (see table below):

Modes of HIV transmission- Teachers' view

RESPONSES	NON-PILOT	PILOT
Unprotected Sexual intercourse	37%	97%
Touching infected blood	33%	90%
Sharing sharp objects	17%	17%
Mother to Child	10%	10%

Source: SHIP (2000)

From the table above it is clear that respondents had a good understanding of the transmission of HIV. Sexual intercourse topped the list in both pilot and non- pilot schools. However more teachers from pilot schools could comfortably state the transmission modes of HIV.

In Swaziland, the main mode of HIV transmission is unprotected sexual intercourse. As a result, it is popular among the responses, followed by "touching infected blood". Few teachers mentioned other modes.

Knowledge About Positive Living

Teachers were asked questions to test their knowledge on strategies of positive living. For example they were asked on how they would advise a person living with HIV. Teacher's responses showed that indeed they had learnt quite a number of things as demonstrated in the table below:

Positive Living

ADVICE	46=NON-PILOT	39=PILOT
Balanced Diet	35%	67%
Positive Attitude	11%	49%
Safe Sex	14%	38%
Exercise	6%	15%
Abstinence	4%	13%

Source: SHIP (2000)

Obviously, most of the respondents learnt that in order to live positively one needs to eat a balanced diet, have a positive attitude towards life and practice safe sex. The pilot group of teachers seem to have acquired more knowledge on positive living compared to the non pilot. This shows that teachers benefited from the SHIP on the positive living component. Other advices by both groups were:

- Use gloves and avoid contact with blood.
- Get proper counselling
- Stick to one partner and avoid multiple partners
- Seek immediate professional medical attention when sick
- Avoid health risk behaviours such as smoking and drinking alcohol
- Make sure that you do not transmit the virus to other people
- Avoid being depressed (coping with stress).

Knowledge on Life skills

Findings on Lifeskills showed both conceptual and practical problems. Most of the teachers did not clearly understand the operational concepts. This could imply that they may not be able to apply life skills in their daily lives..

Moreover teachers indicated that life skills education in HIV/AIDS education is a necessary ingredient. About 77% in pilot schools and 23% in non pilot schools felt that Life Skills were important in the education about HIV/AIDS. On the majority non- pilot schools seemed to find the topic difficult. For instance very few teachers from non pilot schools (37%) knew what Life Skills are all about. As a result most of them did not respond to most of the questions on life skills while 84% from pilot new what life skills are..

Teachers from pilot schools gave the following as reason for their argument on the importance of life skills in their daily life:

- Life Skills equip individuals with knowledge, skills and attitudes that will help them cope with life challenges
- They help people to have a high self-esteem
- They empower one to be able to make good decisions/choices and be confident about oneself and they teach people responsible behaviour
- They serve as a guide and they make you focus on life
- People cannot get HIV/AIDS easily when they have life skills
- Life skills will deter the rate of the spread of the HIV/AIDS

Where teachers were given statements against which they were to identify the type of lifeskill, the results showed that there is need to strengthen life skills education in SHIP and to include this concept at teacher training level.

5. PROGRAMME EVALUATION

***Pupils Views*:**

When this study was carried out SHIP had been running for eight months. Two hundred and forty (240) schools had been covered. This being one third of the 700 school in the country, an evaluation was therefore necessary to help us find out if there is any impact and to improve the programme in the future.

Information analysed in this chapter came from pilot schools for the obvious reasons that SHIP was piloted in these schools.

This section addresses the perception of pupils on topics covered under SHIP. Pupils were asked to rank topics in order of importance and in their responses it is obvious that HIV/AIDS was of prime importance, followed by LIFE SKILLS EDUCATION and then POSITIVE LIVING.

When asked if they encountered difficulty in understanding any of the topics, 57% of the respondents claimed that they had no difficulty while 21% had difficulties in understanding some sections of the said topic such as; the difference between HIV and AIDS, how to use both the male and female condom. An insignificant number said the *language* used was beyond their level of understanding while others said there was *too* much unfamiliar information covered in a short period of time.

In order to assess how pupils used the information disseminated through the initiative, it was found that 82% of them had shared the information with other people while 18% had not. Those who did not share the information cited the following as their reasons:

- ❖ No one asked them
- ❖ Did not have time to discuss these issues.
- ❖ It did not occur to them

In other cases the information was shared with the following:

Sharing of Information

Information shared with.	**%**
mother	19
Sister	17
Brother	15
Friends	14
Relatives	12
Father	9

Source: SHIP (2000)

From this table the implication is that it is useful to give children information because they are able to share it with those that are not easy to reach

What could be noted was that the majority of respondents shared the information with their female relatives, that is mothers and sisters. That means that female relatives are more open to discuss problems with their children. It could also be inferred that other initiatives like SHIP would have to target mothers and educate them since they are good in imparting knowledge especially to girls (the most vulnerable).

In addition, pupils were asked if the people they shared the information with found it useful or not. About 67% said the people they shared the information with found it useful while 9% thought those people did not find the information useful as they did not exhibit any change in their practices. Only 6% said they were not sure.

Pupils also indicated the need for such initiatives to reach other children (in and out of school). Respondents were also asked if they found the presentations interesting. The majority of them (83%) said the presentations were interesting while only an insignificant number did not find the presentations useful.

Reasons cited for interesting presentation were that:

- The information given was relevant
- Facts were well explained
- They were learning new things.
- Presenters allowed free discussions
- Presenters gave all facts as they were.

Cited reasons for uninteresting presentations were:

- Presentation methods not good
- Language used was hard to understand
- No illustrations used in some presentations

Respondents thought that the information indeed influenced behaviour as 30% said they now abstain from sex and were avoiding sexual relationships with the opposite sex. Other responses were that they now show compassion towards HIV positive people; they take precautions to avoid HIV infection; they can now advise people living with HIV on Positive Living. They also admitted to using a condom and practising safe sex while other students said that they have since reduced the number of boyfriends.

Teachers' Views

To solicit views on the suitability of the programme, teachers were asked of the content, usefulness and appropriateness to the needs of teachers and pupils. Recommendations were also sought on how to improve the programme.

Pertaining the usefulness of the information, all respondents agreed that the information was useful. Some 69% found the information on HIV/AIDS most useful, while 56% found positive living and 43% Life Skills education usefull. They also agreed that the information had been useful to other people such as school leavers, church members, the leaders, their children and relatives, and that the information would actually be useful to everybody. As a result of this intervention, some of the respondents indicated that the information had helped them change their attitudes and lifestyle. This was expressed through statements such as: " It helped me in raising my children", "I changed my attitude and lifestyle" and "I have learnt to honour the Lord, I now desist from socially unacceptable habits such as drugs, alcohol and violence", "it made me change some of my habits."

Regarding the usefulness of the information to pupils, teachers felt that it encouraged pupils to be free and it also gave them the nerve to talk to their teachers about their problems especially because some teachers are "culturally scared to talk about growing up and sexuality issues". Teachers also felt that since students had been given basic information on HIV/AIDS, they now know the ways in which HIV can be spread and how they may avoid contracting the virus. A summary of one of the remarks was, "students are now convinced that AIDS is really there, they can identify the symptoms and they would be able to cope if they are already infected". This statement reflected also that students had also learnt about positive living. Some statements reflected the usefulness of lifeskills education in this intervention. Such statements included " students are now able to make wise decisions based on objective facts", "the emphasis on self-awareness and how to cope with pressure was useful to the students".

Questions were asked to find out if respondents had shared this information with anyone else. All the teachers had shared the information with pupils (50%) and family (39%). Others mentioned colleagues, church members, neighbours and peers.

Teachers were further asked which information they had shared, 72% said they had shared the information on HIV/AIDS. Only 43% and 23% of the respondents had shared information on positive living and life skills respectively. Those who had not shared any of this information said they had not well grasped the information especially that on Life Skills. This suggests that there is need to strengthen the life skills component of the SHIP in all presentation as these will help influence change in behaviour.

When asked about the best methods that could be used for presentations in this initiatives, all the teachers preferred the multi-media approach to teaching.

On the question meant to find out if at all the presentations were interesting, (85%) of the teachers from pilot schools agreed that the presentations were indeed interesting because they even saw some of the people living with HIV. Respondents also felt that almost all of their questions were answered, and that " the two-way communication proved useful".

The topic on HIV/AIDS was found to be the easiest to understand compared to Life Skills and Positive Living. This implies that the SHIP needs to review and emphasise the life skills and positive living concepts

Teachers were asked to identify what they felt was good about the programme. The majority of the respondents felt this was a good programme in that:

- ❖ It provided relevant information to both pupils and teachers
- ❖ It raised teachers and pupils' awareness about HIV/AIDS and Positive Living
- ❖ Teachers and pupils were exposed to current information, skills of coping and positive attitudes about HIV/AIDS
- ❖ Pupils had a chance to see and ask questions from people living with HIV
- ❖ It enlightened pupils on life skills

The research also sought ways of improving this programme, and they gave the following suggestions:

- ❖ MOE should increase the number of visits to schools for more education and monitoring.
- ❖ Peer education approach should be encouraged
- ❖ There should be workshops for teachers to ensue continuity and sustainability of the programme.
- ❖ Education on HIV/AIDS, Positive Living and Life Skills should start at pre-school
- ❖ Parents and the community should be sensitised to encourage their participation in the education of their children
- ❖ Videos should be used in conveying the message to pupils.
- ❖ Both teachers and parents should be involved in the programme
- ❖ There should be more interaction between the presenters and the pupils
- ❖ The programme should be strictly based within the school for easy monitoring and the MOE should give it full support.

Respondents were asked if this programme should continue in its present form or be modified. 70% felt that it should continue with the following modifications:

- ❖ It should be a full-time programme at all levels through out the year, not just once a year.
- ❖ There should be audio-visual aids to enhance teaching of the concepts.
- ❖ The Ministry of Education should visit the school now and again not only once a year
- ❖ Data without identification of the afflicted should be made available.
- ❖ Parents and the community should be part and parcel of the HIV/AIDS education cycle
- ❖ Teachers should be trained in these issues to improve their professional confidence in helping the pupils.
- ❖ Current and well illustrated literature on the subject should be provided
- ❖ Stakeholder organisations on these issues should be invited to help in the presentations

To improve the role played by the MOE in HIV/AIDS education, respondents were asked to give suggestions. About 50% of them said that they expected the MOE to take a leading role by:

- ❖ Providing incentives for volunteering teachers
- ❖ Ensuring training of teachers to sustain the programme
- ❖ Increasing the number of Guidance and Counselling officers in the regions to enable at least one of them to be in the office throughout the day
- ❖ Designing media programmes on HIV/AIDS to reach the outermost, that is, the community
- ❖ Designing IEC resource materials to be used by teachers and pupils.
- ❖ Incorporating HIV/AIDS education in the curriculum in schools and at pre- and in-service training of teachers
- ❖ Financing workshops to train teachers/ volunteers and provide transport for school and community outreach.
- ❖ Introducing reproductive health education in schools as early as pre-school.
- ❖ Introducing Guidance and Counselling as a subject in the schools.
- ❖ Empowering teachers with current information as a base of the program in the schools.
- ❖ Providing funds for HIV/AIDS activities and transport for schools and community outreach
- ❖ Organising seminars and workshops for teachers and pupils on HIV/AIDS to keep them motivated
- ❖ Providing counselling services in the MOE that will be always be in place for teachers and pupils
- ❖ Training peer educators to help their peers

Teachers also suggested that the MOE could offer the following information and education material to both students and teachers:

- ❖ Films of victims of HIV/AIDS and basic information of HIV/AIDS

- ❖ Information and education material that will be given to the community
- ❖ Information that will make the pupils see the importance of living and the roles they are expected to play in the country

Generally, respondents felt that there is need for HIV/AIDS education and health promotion, caring for those who are already infected and update teachers and students about new information.

On the kinds of services that respondents would like the MOE to offer to students and teachers, it was suggested that:

- ❖ Seminars, workshops on HIV/AIDS should be conducted for teachers and students
- ❖ Audio-visual material should be developed to assist in the HIV/AIDS education programme.
- ❖ Visits to hospitals should be organised to see those who already have AIDS.
- ❖ Incorporate the NGOs in the programme against AIDS in the schools.
- ❖ Open a branch in the Ministry whereby counsellors would be available at anytime for both teachers and students to visit anytime they need help.
- ❖ Train some students to help their peers.
- ❖ Should reach the outermost, even the community should be taught about HIV/AIDS.
- ❖ Provide counselling services
- ❖ MOE should pay more visits to schools to ensure that work is done in the area of HIV/AIDS.

When teachers from pilot schools were asked if the group from the Ministry of Education was the only source of information about HIV/AIDS or if there had been other sources before SHIP. 64% of the respondents had received the information from the MOE only while 36% had received the information elsewhere, other than the Ministry of Education. The other sources listed were; Government Ministries (esp. MOHSW), SASO, the media i.e. Radio, T.V., Newspapers, the Clinics, NGO's such as FLAS, SHAPE, TASC, School library books, Workshops. This showed that the Non- Governmental Organisations and the media had done a great deal in educating people about the pandemic. The others were receiving the information for the first time.

6. LESSONS LEARNED

The following lessons were learnt from the study:

- ❖ Capacity building for teachers: There is need to train teachers in order for them to speak about and teach HIV/AIDS related topics with confidence.
- ❖ Efforts of one ministry in isolation is not enough. There is need for the collaboration of all stakeholders.
- ❖ Pupils vary by age and gender, so when information is designed one needs to take this kind of variability into account.
- ❖ Accuracy of information disseminated is important as indicated in the report that there are many agencies providing HIV/AIDS education to children and teachers. Commonly these agencies work in isolation. Therefore HIV/AIDS materials differ not only in terms of style but also in terms of content. This was said to cause confusion among target groups.
- ❖ Structured messages from collaborating stakeholders needs to be established for uniformity
- ❖ Any program based on visiting schools once has a problem, not only of sustainability but also consistency.
- ❖ HIV/AIDS is a critical problem amongst teachers but many initiatives have not taken it in such a way that it addresses AIDS as an issue in the work place and a family concern for teachers It follows that giving information to teachers without following their counselling needs is a bit shaky.
- ❖ Although political will in Swaziland has been forthcoming, political support for HIV/AIDS initiatives has not been accompanied by resources necessary for comprehensive work.

CONCLUSION

In conclusion we noted that, from all the feedback that we received from respondents to this survey, the Schools' HIV/AIDS Intervention Programme has been a success. It has managed to reach some of its target group of rural schools, pupils and teachers. The recipients feel it was a good and appropriate programme, interesting and useful. They have indicated that they have started using the information and are already sharing it with other people within their families and in the community. The collaboration has also been a good idea as the most important thing about it is the involvement of people living with the HIV which recipients applaud. However, some improvements will need to be made to strengthen the programme next year. Respondents suggested that the MOE should pay constant visits and train teachers who will sustain the programme in the schools. Almost all respondents felt the programme should continue but the recommendations made must be heeded.

It may be difficult to assess the impact of behavioural change as a result of the SHIP exercise. However, the findings of this study reveal that there is good knowledge of the basic facts about HIV/AIDS among the rural population that is both teachers and students know the modes of transmission of HIV/AIDS and how it can be prevented. But to translate the knowledge into action is a different task all together. There is need for additional visits to help schools take the issue of life skills seriously as it will promote positive behaviour change among student, teachers and the community. Since the life skills component is quite new for many people in Swaziland, there is need to train more teachers to develop life skills among our students.

Churches must also be encouraged to be involved with the HIV/AIDS education since many people in Swaziland are members of church organisations or go to church. This would help reach even those who are out of school. The Ministry of Education must also consider seriously the inclusion of life skills into the curriculum and at Teacher Training level so that all schools may have a strong life skills education component. Achieving sexual behaviour change is a complex task that requires an integrated, and intersectoral approaches at all levels of society and sustained over a number of years. SHIP has only been running for a year. More positive results may be realized after a few years when some of its recipients (the students) leave school and stand on their own. Meanwhile the Ministry of Education has an important role to reduce or prevent new HIV infections especially among the young people by providing them with the necessary information and education on life skills that they can use to protect themselves.

Finally it could be said that the School's HIV/AIDS Intervention Programme (SHIP) is a promising initiative because it has been a catalyst of a number of activities by other stakeholders at the Ministry of Education and at National level.

- The HIV/AIDS Education Sector Committee has been established to co-ordinate HIV/AIDS intervention initiatives for all components of the ministry.

- The Crisis Management and Technical Committee has trained trainers from the different departments within the education system to facilitate a collaborative effort in fighting against the HIV/AIDS pandemic.

- A study has been undertaken by the National Curriculum Centre to ensure integration of HIV/AIDS and Life Skills Education into the school curriculum.

- The Swaziland National Association of Teachers has drawn up a proposal in an attempt to get support from government to tackle HIV/AIDS among the teacher population.

- The Swaziland National Library is now distributing condoms and pamphlets with HIV/AIDS information to students.

- EMlalatini Development and Training Centre uses its residential course sessions to address HIV/AIDS issues with some out of school students.

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List of Appendices

Appendix 1

Knowledge of Basic Information - Pupils

	PILOT N = 223 %		NON PILOT N = 224 %	
	TRUE	FALSE	TRUE	FALSE
1. A person infected with HIV is not a danger to others at school and in the workplace	159 71%	65 29%	157 70%	68 30%
2. A person who is infected with HIV can receive treatment to kill the virus	13 6%	21 94%	14 6%	205 92%
3. A person who is infected with HIV always dies within a few years	68 30%	157 70%	62 28%	158 71%
4.STDs are only caught by promiscuous people	74 33%	147 66%	58 26%	151 68%
5. AIDS is a punishment for immorality	94 42%	130 49%	66 30%	152 68%
6. People with AIDS sometimes feel well for long periods of time	170 76%	49 22%	179 80%	39 17%
7.The condom nearly always protects, if used correctly against HIV transmission	195 87%	26 11%	210 94%	10 4%
8. HIV infection can result from HIV entering the blood stream on a needle or sharp instrument	20 89%	24 11%	186 83%	26 12%
9. HIV infection can result from blood or sperm touching the intact skin of another person	53 24%	171 76%	70 31%	153 69%
10. HIV infection can result from HIV being breathed in through the mouth	8 4%	216 96%	6 3%	215 96%

Appendix 2

Advice to an HIV+ person-Pupils

Response	Non pilot N =224	Pilot N = 223
	%	%
Eat a balanced diet	66	69
Use a condom	12	31
Develop a positive attitude	17	30
Abstain from sex	24	26
Do light exercises	24	14
Always seek medical advice when sick	10	10
Seek counselling	11	6
Educate others about HIV/AIDS	9	5
Do not infect others	15	7

Appendix 3

Knowledge about Basic facts on HIV/AIDS-Teachers

STATEMENTS	PILOT		NON-PILOT	
	TRUE	**FALSE**	**TRUE**	**FALSE**
1. A person infected with HIV is not a danger to others at school or in the work place	69%	31%	83%	17%
2. A person who is infected with HIV can receive treatment to kill the virus	5%	95%	5%	95%
3. A person who is infected with HIV always dies within a few years.	8%	92%	19%	81%
4. STDs are only caught by promiscuous people	12%	72%	7%	93%
5. AIDS are punishment for immorality	10%	87%	7%	93%
6. People with AIDS sometimes feel well for long periods of time	62%	38%	77%	23%
7. The condom nearly always protects, if used correctly against HIV transmission	100%	0%	97%	3%
8. HIV infection can result from HIV entering the blood stream on a needle or sharp instrument	100%	0%	89%	11%
9. HIV infection can result from blood or sperm touching the intact skin of another person	41%	51%	41%	59%
10. HIV infection can result from HIV being breathed in through the mouth	0%	100%	0%	100%

Appendix 4

QUESTIONNAIRE FOR HEADTEACHERS

For office use only:

*	**Pilot**
	Non-pilot

	Primary
	Secondary
	High

	Urban
	Rural

SECTION A

PERSONAL INFORMATION

1. Sex:

☐ Male ☐ Female

2. Age:

☐ 20-29 years

☐ 30-39 years

☐ 40-49 years

☐ 50 and above

3. Which religious denomination do you belong to?

.....

4. What is your highest level of Academic qualification?

☐ Certificate

☐ Diploma

☐ Degree

☐ Masters

☐ Other, (please specify)

.....
.....

5. How long have you been in the teaching profession?

.....
.....

6. What subjects do you teach?

.....

.....

SECTION B

CONTENT

7. Did you receive any information on:

HIV/AIDS	☐ yes	☐ no
Positive living	☐ yes	☐ no
Life Skills	☐ yes	☐ no

8. (a) Have you found the information useful to:

i) Yourself	☐ yes	☐ no
ii). Students	☐ yes	☐ no

ii) Others (please specify)

.....

.....

(b) If the information was not useful what would you suggest for inclusion

.....

.....

9. Which part of the information was useful?

- ☐ HIV/AIDS
- ☐ Positive Living
- ☐ Life Skills

10. How do you think the information has been useful to:

(a) Yourself

.....

.....

(b) Students

.....

.....

(c) Others (Please Specify)

.....

.....

11. Have you shared this information with anyone else?

☐ Yes ☐ no

12. If yes, with whom?

.....

.....

13. Which information did you share?

.....

.....

14. If no, why?

.....

.....

SECTION C

METHODOLOGY

15. Which method(s) were used to present the information to you?

.....

.....

16. Were these method(s) appropriate for you?

.....

.....

17. If no, how can the method(s) be improved?

.....

.....

18. Was the presentation interesting?

☐ Yes ☐ No

19. Give reasons to support your answer?

.....

.....

20. Which part did you find easy to understand?

☐ HIV/AIDS

☐ Positive Living

☐ Life Skills

21. Was the visit of the team commissioned by the Ministry of Education the only source of information on HIV/AIDS, Positive Living and Life Skills.

☐ yes ☐ no

22. If no, list other sources of information?

.....

.....

SECTION D

KNOWLEDGE

23. What is the name of the virus that suppresses the immune system and can lead to the development of AIDS?

.....

24. The virus that causes AIDS is transmitted from one person to another through:

a).....

b).....

c).....

25. Who can get HIV?

.....

.....

Are the following statements true or false

26. A person who is infected with HIV is not a danger to others at school or in the workplace. True ☐ False ☐

27. A person who is infected with HIV can receive treatment to kill the virus. True ☐ False ☐

28. A person who is infected with HIV always dies within a few years
True ☐ False ☐

29. Sexual Transmitted Diseases are only caught by promiscuous people
True ☐ False ☐

30. AIDS is a punishment for immorality.
True ☐ False ☐

31. People with AIDS sometimes feel well for long periods of time.
True ☐ False ☐

32. The condom nearly always protects, if used correctly against HIV transmission. True ☐ False ☐

33. HIV infection can result from HIV entering the blood stream on a needle or sharp instrument. True ☐ False ☐

34. HIV infection can result from blood or sperm touching the intact skin of another person. True ☐ False ☐

35. HIV infection can result from HIV being breathed in through the mouth.

True ☐ False ☐

36. What advice would you give to a person living with HIV?

.....

.....

37. List four Life Skills that you know.

.....

.....

38. Do you think Life Skills are important in HIV/AIDS education?

☐ Yes ☐ no

a) If yes how?

.....

.....

b) If no why?

.....

.....

39. Name the Life Skill that is required for the following?

The skill that:

i) Requires one to have accurate knowledge about oneself.....

ii) Enables one to make the most appropriate decision

regarding one's life (choice).....

iii) One would use to refuse an undesirable request.....

iv) Refers to the influence by one's age mates/colleagues peer pressure

v) Refers to how one generally feels about oneself .....

SECTION E

PROGRAMME EVALUATION

40. Was there any thing good about this programme?

☐ yes ☐ no

41. If yes, what was good?

.....

.....

42. If no, what was not good?

.....

.....

43. Give suggestions on how the programme can be improved?

.....

.....

44. (a) Would you like the programme to be continue:

i) In its present form ☐

ii) or modified ☐

(b) If modified, in what ways?

.....

.....

45. Are you satisfied with the level of the involvement by the Ministry of Education in HIV/AIDS prevention in schools?

☐ Yes ☐ no

46. If no would you like to see the Ministry of Education taking a leading role in its intervention against HIV/AIDS in schools (among teachers and students)

☐ Yes ☐ no

47. If yes what kind of role would you like the Ministry of Education to play?

.....

.....

48. What kind of Information would you like the Ministry of Education to offer to students and teachers?

.....

.....

49. What kind of services would you like the Ministry of Education to offer to students and teachers?

.....

.....

THANK YOU FOR GIVING US YOUR TIME FILLING IN THIS QUESTIONNAIRE

Appendix 5

QUESTIONNAIRE FOR HEADTEACHERS

For office use only:

	Pilot
*	Non-pilot

	Primary
	Secondary
	High

	Urban
	Rural

SECTION A

PERSONAL INFORMATION

8. Sex:

☐ Male ☐ Female

9. Age:

☐ 20-29 years

☐ 30-39 years

☐ 40-49 years

☐ 50 and above

10. Which religious denomination do you belong to?

.....

11. What is your highest level of Academic qualification?

☐ Certificate

☐ Diploma

☐ Degree

☐ Masters

☐ Other, (please specify)

.....
.....

12. How long have you been in the teaching profession?

.....
.....

13. What subjects do you teach?

.....

.....

SECTION B

CONTENT

14. Did you receive any information on:

HIV/AIDS	☐ yes	☐ no
Positive living	☐ yes	☐ no
Life Skills	☐ yes	☐ no

8. (a) Have you found the information useful to:

i) Yourself	☐ yes	☐ no
ii). Students	☐ yes	☐ no

iii) Others (please specify)

.....

.....

(c) If the information was not useful what would you suggest for inclusion

.....

.....

14. Which part of the information was useful?

- ☐ HIV/AIDS
- ☐ Positive Living
- ☐ Life Skills

15. How do you think the information has been useful to:

(a) Yourself

.....

.....

(b) Students

.....

.....

(c) Others (Please Specify)

.....

.....

16. Have you shared this information with anyone else?

☐ Yes ☐ no

17. If yes, with whom?

.....

.....

18. Which information did you share?

.....

.....

14. If no, why?

.....

.....

SECTION C

KNOWLEDGE

27. What is the name of the virus that suppresses the immune system and can lead to the development of AIDS?

.....

28. The virus that causes AIDS is transmitted from one person to another through:

a).....

b).....

c).....

29. Who can get HIV?

.....

.....

Are the following statements true or false

30. A person who is infected with HIV is not a danger to others at school or in the workplace. True ☐ False ☐

27. A person who is infected with HIV can receive treatment to kill the virus. True ☐ False ☐

40. A person who is infected with HIV always dies within a few years
True ☐ False ☐

41. Sexual Transmitted Diseases are only caught by promiscuous people
True ☐ False ☐

42. AIDS is a punishment for immorality.
True ☐ False ☐

43. People with AIDS sometimes feel well for long periods of time.
True ☐ False ☐

44. The condom nearly always protects, if used correctly against HIV transmission. True ☐ False ☐

45. HIV infection can result from HIV entering the blood stream on a needle or sharp instrument. True ☐ False ☐

46. HIV infection can result from blood or sperm touching the intact skin of another person. True ☐ False ☐

47. HIV infection can result from HIV being breathed in through the mouth.

True ☐ False ☐

48. What advice would you give to a person living with HIV?

.....

.....

49. List four Life Skills that you know.

.....

.....

50. Do you think Life Skills are important in HIV/AIDS education?

☐ Yes ☐ no

a) If yes how?

.....

.....

b) If no why?

.....

.....

51. Name the Life Skill that is required for the following?

The skill that:

i) Requires one to have accurate knowledge about oneself.....

ii) Enables one to make the most appropriate decision regarding one's life (choice).....

iii) One would use to refuse an undesirable request.....

iv) Refers to the influence by one's age mates/colleagues peer pressure

v) Refers to how one generally feels about oneself .....

Appendix 6

INDEPTH INDIVIDUAL INTERVIEW FOR STUDENTS

For office use only

*	**Pilot**
	Non-Pilot

SECTION A

Background information

Location: Urban ☐ Rural ☐

Class:

1. Age ☐
2. Sex ☐
3. Class ☐
4. Who do you live with?

.....

5. What is the education background of your Parent/Guardian

.....

6. Occupation of your Parent/Guardian

.....

7. Religion

.....

8. What recreational activities are you involved in?

.....

SECTION B-CONTENT

You will remember that people came from the Ministry of Education, Ministry of Health and Social Welfare, Schools HIV/AIDS and Population Education (SHAPE) and Swaziland AIDS Support Organisation (SASO) to talk about HIV/AIDS, Life skills and Positive Living.

9. Were you hearing about these topics for the first time? Yes ☐ No ☐

10. If no from who else?

.....

11. Were the methods of presentation interesting (probe for aspects of the presentation, the presenter or the content or were there things you liked about the presentation)?

.....

.....

.....

12. Did you find the information useful/beneficial? Yes ☐ No ☐

13. How have you used the information in your day to day life?

14. Which topic did you find most important to you?

☐ HIV/AIDS

☐ Life skills

☐ Positive Living

15. Were there any difficulties in understanding any of the topics presented? If so, what were the difficulties?

.....

.....

.....

16. Have you shared the information with anyone? Y☐ No☐

17. If yes, who?

.....

.....

18. Did she/he find it useful? Yes ☐ No ☐

19. If no, why?

.....
.....

20. Would you like your brothers, sisters and friends to get the same information? Yes ☐ No ☐

21. If no, why not? .....

SECTION C-KNOWLEDGE

22. What is the name of the virus that suppresses the immune system and can lead to the development of AIDS?.....

23. How is the virus that causes AIDS transmitted from one person to another.

.....
.....
.....

24. Who can get HIV?

.....

Are the following statements true or false?

25. A person who is infected with HIV is not a danger to others at school or in the workplace. True ☐ False ☐

26. A person who is infected with HIV can receive treatment to kill the virus. True ☐ False ☐

27. A person who is infected with HIV always dies within a few years True ☐ False ☐

28. Sexual Transmitted Diseases are only caught by promiscuous people True ☐ False ☐

29. AIDS is a punishment for immorality. True ☐ False ☐

30. People with AIDS sometimes feel well for long periods of time. True ☐ False ☐

31. The condom nearly always protects, if used correctly against HIV transmission. True ☐ False ☐

32. HIV infection can result from HIV entering the blood stream on a needle or sharp instrument. True ☐ False ☐

33. HIV infection can result from blood or sperm touching the intact skin of another person. True ☐ False ☐

34. HIV infection can result from HIV being breathed in through the mouth.

.....
.....
.....

35. What advice would you give to a person living with HIV?

.....
.....
.....

36. Your Partner insists that you do not use a condom during sexual intercourse, what do you do?

.....
.....
.....

37. Your friends tell you that you are a mama's baby because you refuse to smoke or drink, what do you say?

.....
.....
.....

38. There is a farewell function for your class and most of your friends have got new clothes but your parents can not afford to buy you new clothes, would you go or not?

.....
.....
.....

Appendix 7

INDEPTH INDIVIDUAL INTERVIEW FOR STUDENTS

For office use only

	Pilot
*	**Non-Pilot**

SECTION A

Background information

Location: Urban ☐ Rural ☐

Class: .....

39. Age ☐

40. Sex ☐

41. Religion .....

42. Who do you live with?

.....

43. What is the education background of your Parent/Guardian

.....

44. Occupation of your Parent/Guardian

.....

45. What recreational activities are you involved in?

.....

SECTION B-CONTENT

46. Have you had any information on HIV/AIDS? Yes ☐ No ☐

47. If yes, how did you get such information?

☐ From club membership (please specify) .....

☐ From NGO's

☐ From visits by other Ministries e.g. MOHSW please specify .....

☐ From parents/guardians

☐ From teachers

☐ From church

☐ From mass media (probe for type of media...radio, tv etc).

48. Are you being offered any lessons in the school on:

HIV/AIDS	Yes ☐	No ☐
Life skills	Yes ☐	No ☐
Positive Living	Yes ☐	No ☐

SECTION C-KNOWLEDGE

49. What is the name of the virus that suppresses the immune system and can lead to the development of AIDS?.....

50. How is the virus that causes AIDS transmitted from one person to another.

.....
.....
.....

51. Who can get HIV?

.....

Are the following statements true or false?

52. A person who is infected with HIV is not a danger to others at school or in the workplace. True ☐ False ☐

53. A person who is infected with HIV can receive treatment to kill the virus. True ☐ False ☐

54. A person who is infected with HIV always dies within a few years True ☐ False ☐

55. Sexual Transmitted Diseases are only caught by promiscuous people True ☐ False ☐

56. AIDS is a punishment for immorality. True ☐ False ☐

57. People with AIDS sometimes feel well for long periods of time. True ☐ False ☐

58. The condom nearly always protects, if used correctly against HIV transmission. True ☐ False ☐

59. HIV infection can result from HIV entering the blood stream on a needle or sharp instrument. True ☐ False ☐

60. HIV infection can result from blood or sperm touching the intact skin of another person. True ☐ False ☐

61. HIV infection can result from HIV being breathed in through the mouth.

True ☐ False ☐

62. What advice would you give to a person living with HIV?

.....

.....

.....

63. Your partner insists that you do not use a condom during sexual intercourse, what do you do?

.....

.....

.....

64. Your friends tell you that you are a mama's baby because you refuse to smoke or drink, what do you say?

.....
.....
.....

65. There is a farewell function for your class and most of your friends have got new clothes but your parents can not afford to buy you new clothes, would you go or not?

.....
.....
.....

Appendix 8

FOCUS GROUP DISCUSSION WITH PUPILS

Introduction

SECTION A-ICE BREAKER

Do you remember people who came to the school from the Ministry of Education, Ministry of Health & Social Welfare and Swaziland AIDS Support Organisation.

1. How many days did they spend here?
2. In which school term were they here
3. What did they talk about?

SECTION B. – COMMENTS ABOUT HE PROGRAMME

You have just told me that these people talked to you about (recall the topics they said they were told about?)

4. What did they tell you about
   a) Life Skills
   b) Positive living
   c) HIV/AIDS

5. Which one of these was most useful to you? how?

6. Did you find the information useful? (probe how?)

7. Which of these three topics was most difficult to understand/

8. Were you learning these topics for the first time. If not, from who else? (probe for parents, teachers, friends etc.)

9. Were the presentations methods interesting? (probe for aspects of presentation, the presenter or the content)

10. Did you share the information with anyone?

11. From what you said you learnt. How have you used it in your day to day life?

12. Would you like your brothers, sisters and friends to get the same information (if no probe for why not)

SECTION C – KNOWLEDGE

13. Describe briefly how the virus that causes AIDS is transmitted from one person to another?

14. who can get HIV?

15. what is the difference between someone who is HIV positive and someone who has AIDS

16. where in your community can you get information abouHIV/ AIDS?

SECTION D. – ATTITUDES

17. Is a person who is infected with HIV a danger to others at school or in the work place?

18. Can any of you say I can never catch HIV?

19. What are the mostly likely ways students could become infected with HIV?

20. What would you say or do if you found out that your best friend was infected with HIV?

21. What should you do if you found out you were infected with HIV?

22. What do you think your best friend would do if he/she found out that you were infected with HIV?

SECTION E. – PRACTICES

23. Do you believe that people should only have sex with one partner? (if yes probe for why)

24. Do you believe that sex is fine if a condom is used? (if yes probe for why?)

25. Amongst you who would say "I am not going to have sex with anyone right now" (if yes probe for why)

26. Amongst you who would say "I would not have sexual intercourse without a condom". (probe for why)

SECTION F. – GENERAL COMMENTS

27. What are the two most important things you have learned from the visits?

28. What has been the worst things about these visits?

29. What are the important things you can do to protect yourself and others against HIV?

30. What is you greatest worry about HIV/AIDS?

31. Would you say that your behaviour has changed as a result of the visit? (probe for what has lead to the behaviour change).