HIGH SCHOOL STUDENTS' EXPERIENCES ATTENDING HIV AND AIDS SERVICES AT ETHEKWINI METROPOLITAN MUNICIPALITY

by

THINA SIPHELELE NGIDI
Student Number: 63309386

submitted in accordance with the full requirements for the degree of

Master of Public Health (MPH)

in the

Department of Human Studies

at the

University of South Africa

Supervisor: Dr T.R. Netangaheni

February 2023

DECLARATION

I, Thina Siphelele Ngidi, hereby declare that '**High school students' experiences attending HIV and AIDS services at eThekwini Metropolitan Municipality**" is my individual work and all the sources that I used or accessed have been indicated and acknowledged by means of a complete reference list.

Signed _  Date: _____

Thina Siphelele Ngidi

DEDICATION

This research study is dedicated to my daughter, Sinakhokonke Lukhanyo Mshentshela and my late friend, Smangele Mvubu. You provided the inspiration necessary to complete this project and have sacrificed our time along the way. I appreciate you.

ACKNOWLEDGEMENT

My profound gratitude goes to God, my protector for providing me with the chance and strength to complete this research study.

I further express my most profound appreciation to all who supported me until I completed this research undertaking.

- My supervisor, Dr Thinavhuyo Robert Netangaheni, for his constant support, guidance, and patience with me. This would have not been possible without you.
- My pillar of strength, my calming factor Lorraine Nokuthula Mntonintshi-Mketo, I will forever be grateful for your tremendous support you showed me from the beginning.
- My family for their support and for always looking after my daughter when I am away doing research.
- My Operational Manager, Sister N.D. Mkhize for the motivation to never give up and push hard. Thank you
- The research participants for allowing me into their personal space and trusting me with their information.
- My colleagues, Mrs Thandeka Mdluli and Samkelisiwe Sithole, thank you for being my cheerleaders and supporting me.
- Dr T.J. Mkhonto for his editorial contribution. God bless you.

ABSTRACT

Background: Globally, the spread of HIV and AIDS among the youth is a widespread public health concern. In the South African context, there has been a realisation of high school learners' poor access and usage of HIV and AIDS services, despite the provision of HIV and AIDS services in schools.

Purpose: The purpose of the study was to explore and describe experiences of high students attending HIV and AIDS at eThekwini Metropolitan Municipality.

Methodology: The study adopted the qualitative research approach and its explorative and descriptive research designs in the investigation of high school students' experiences concerning HIV and AIDS services in the eThekwini Metropolitan Municipality. Data was collected by means of in-depth semi-structured interviews conducted with the thirty participants chosen from two high schools by means of the non-probability purposive sampling strategy or technique. Participant observation and field notes were also applied to complement the interview-based data. Thematic data analysis was applied for the purpose of organising, categorising and converting the collected data into meaningful findings.

Findings: The findings showed that most participants were aware of the HIV and AIDS services provided at schools, and that reasons for not attending to these services included: the presumption of being sexually active; fear of stigmatization and being judged if the result is positive; and lack of time.

Based on its findings, the study recommends, amongst others, the allocation of a mobile clinic in order to enhance the provision of other on-site services to students; addressing the inconsistency of school health nurses in schools; and private rooms for nurses in schools for conducting HIV tests to students.

Key words: experiences, HIV and AIDS, HIV and AIDS services, high school students, integrated school health programme

LIST OF ACRONYMS

AG/YW	Adolescent Girls/ Young Women
AIDS	Acquired Immunodeficiency Syndrome
ALHIV	Adolescent Living with Human Immunodeficiency Virus
ART	Antiretroviral Therapy
ARV	Antiretroviral
AYFS	Adolescent Youth Friendly Service
CDCP	Centre of Disease Control and Prevention
CSIS	Centre for Strategic and International Studies
DoBE	Department of Basic Education
DoH	Department of Health
GYT	Get Yourself Tested
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ISHP	Integrated School Health Policy
KZN	KwaZulu-Natal Province
OECD	Organisation for Economic Co-operation and Development
PLHIV	People Living With HIV
PreP	Pre-Exposure Prophylaxis
SADC	Southern African Development and Cooperation
SANAC	South African National Aids Council
SEM	Social Ecological Model
SGB	School Governing Body
SIV	Simian Immunodeficiency Virus
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Infections
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children’s Emergency Fund
USA	United States of America
UTT	Universal Test and Treat
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Contents

List of Figures

List of Tables

CHAPTER ONE
ORIENTATION TO THE STUDY

1.1 INTRODUCTION

According to the United Nations Programme on HIV/AIDS (UNAIDS), about 4,000 people worldwide were HIV-infected daily, including 1,100 young people aged between the ages of 15 and 24 years. Moreover, the United Nations International Children's Emergency Fund (UNICEF, 2022: 1), reported that slightly more than 16% of the world's population was constituted by about 1.3 billion adolescents in 2021. In addition, India was home to the largest youth population of 253 million, aged between the ages of person 10 and 19 years during the same period (World Health Organisation/ WHO, 2020: 1). The UNICEF (2022: 2-3) adds further that during the same period (i.e., 2021), 2.73 million of the youth aged 19 years and below were among the approximated 38.4 million of people living with HIV worldwide.

In Sub-Saharan Africa, high HIV/ AIDS prevalence and extremely poor sexual reproductive health care service provision and utilisation are rampant. In fact, UNICEF (2022: 3) alludes that in 2021 alone, there were about 2.8 million HIV-infected youth and children in Sub-Saharan Africa, rendering it as the epicentre of HIV and AIDS when compared to other parts of the world. An Ethiopian study conducted by Sisay, Erku, Medhin and Woldeyohannes (2018: 66) on high school students, also noted that the opinion among students of the risk for acquiring HIV infection and utilization of VCT was very low at 1.7%. Additionally, in a Tanzanian study by Sanga, Kapanda, Msuya and Mwangi (2018: 713) it was noted that regardless of the level of awareness regarding services for voluntary counselling and testing (VCT), the uptake among students in secondary schools was reported to be lower at 6% in the early 2000s, which was caused by the growth of VCT, age, attitude on VCT services, panic arising from HIV test results and education, engaging in intimacy, stigma, and traveling costs to the VCT centre.

Lesotho, on the other hand, presented one of the highest HIV occurrence rates in the Southern African Development and Cooperation (SADC) region, with a 13.6% rate of infection among the 15-24-year-old female age groups (the stage when fertility is most likely) in 2021 (WHO, 2020: 1). Moreover, 4.2 % among males aged 15-24 years were also HIV-infected during the same period, translating into about 30,000 adolescents (WHO, 2020: 1). However, the UNICEF (2022: 2) mentions that the above-cited

Lesotho HIV rates of prevalence amongst the youth for 2021, were relatively low to South Africa's 69,1000 during the same period in 2021. Ironically, the 2021 HIV-infection rate in Lesotho among the youth occurred irrespective of the high 63.8% HIV testing and status awareness rate in Lesotho's general population, and a further 62.3% high condom use rate (United Nations Programme on HIV/AIDS/ UNAIDS, 2021: 7).

The Centre for Strategic and International Studies (CSIS, 2019: 2) noted that approximately 20% of all newly diagnosed people with HIV infection globally, and 20% of people living with HIV were found in South Africa. Such a situation rendered the nation as the world's leading epicentre of the HIV pandemic when analysed in the context of the global HIV and AIDS epidemic data. The CSIS (2019: 66) pointed out further that about 4,500 South Africans were presenting with new HIV infections every week. Furthermore, 60% of women were affected or infected with HIV in some communities of KwaZulu-Natal Province. In addition, one-third of those were adolescent girls/ young women (AGYW) aged between 15 and 24 years of age. This age group includes junior and senior secondary school learners, that is, Grade 9 to 12 whose expected age is14 to 17 years.

A study by Kharsany, Buthelezi, Frohlich, Yende-Zuma, Samsunder, Mahlase, Williamson, Travers, Marais, Dellar, Abdool-Karim and Abdool-Karim (2018: 213). revealed that the infection rate amongst high school students was exceptionally high. For example, HIV occurrence was 6.8% among girls, and 2.7% among boys. However, HIV prevalence increased from 4.6% among the 12- to 15-year-old girls, to 23.1% among girls above 20 years (Kharsany et al., 2018: 213). Meanwhile HIV occurrence increased among boys from 2.7% in the 12- to15-year-old cohort to 11.1% among those over the age of 20 years. These prevalence rates endured, notwithstanding the extent to which the epidemic has impacted rural schools setting (Kharsany et al., 2018: 213). It is noteworthy that the inconsistency of occurrence rates amongst boys and girls was remarkably high.

Other research by Govender, Beckett and Tarylee. (2022: 1) has noted that HIV in the pubescent population of South African has become a challenge, with adolescent girls and young women aged 15 to 24 years rated among those facing the high risk of becoming HIV-infected. Govender et al. (2022: 1) emphasise that attempts have been rather slow in reducing HIV occurrences among this cohort (15–19-year-olds), whose HIV prevalence was 2.5% for males and 7.3% for females. However, for the 20-24

years cohort, the rate of HIV infection was 7.6% for males and 24.5% for females. Moreover, Govender et al. (2022: 1) reported that among young South Africans, those living with HIV/AIDS are female (77%). These teenagers (aged between the ages of 15 and19 years) contracted HIV five to seven years earlier than their male peers, sustaining an up to four-fold increased rate of incidence. Kharsany et al. (2018: 213) and the UNAIDS (2019:34) cite indistinguishable forms of population-based surveys related to the prevalence of HIV, while Pettifor et al. (2019: 446) focus on out-of-school students. There was no association of HIV infection with transmission to other schools in rural settings.

All of the above-cited statistical HIV prevalence rates suggest that the direction of HIV transmission and the source of infection are in need of further analysis in respect of school coverage and community sequences (Kharsany et al., 2018: 214). The assertions by Kharsany et al. (2018: 214) and Govender et al. (2022: 1) indicate that the increased probability of HIV and AIDS infection among schoolgirls is present in communities. Furthermore, in acknowledgement of the above scenario, the Department of Basic Education (DoBE) and the Department of Health (DoH) in South Africa established an integrated HIV and AIDS services programme for schools in 2012, which comprises a package of onsite services by school health nurses. These onsite services include the treatment of minor ailments, such as skin conditions and sexual and reproductive health services where required (DoBE & DoH, 2012: 1-2). Such a policy focuses on dual protection services for preventing pregnancy, STIs and HIV infection, as well as the provision of HIV Counselling and Testing (HCT) (Center for Strategic and International Studies, 2019: 12; Strauss, George & Rhodes, 2018: 64).

A referral system was designed to ensure that the management of any condition is catered for (Zuma & Simbayi, 2022: 1). While working onsite as a school nurse in high schools, the researcher noted a poor usage and low access by students to these health services. Such a determination of poor usage and low access by students was based on the monthly targets set by the Department of Health in 2021 regarding the non-fulfilment of HIV testing for those aged between 10-18 years of age. The school health nurses from the local clinic were also helpful by counting the number of students on the attendance register for the school health services being provided.

Schools fulfil a very critical role in promoting health and safety, and also preventing HIV among youth who spend most of their day in school (Ethier, 2019: 12). Schools are also beneficial in the provision of knowledge opportunities, resources; as well as skills needed for the prevention of HIV through the stages of adolescence and entering adulthood (US Department of Health and Human Services, 2020: 1). Therefore, quality health education and reproductive health care services in South African schools are vital for supporting and helping students as young adults to experience connection and safety in the assurance of their academic success (Ethier, 2019: 12).

Hence, the researcher believes it is important to investigate students' experiences of the current HIV and AIDS programme (Karim & Karim, 2010: 8; WHO, 2022: 1) through the services that are being provided to high school students in eThekwini Metropolitan, South Africa.

1.2 BACKGROUND OF THE STUDY

The overall prevalence of HIV and AIDS in South Africa has caused disruptions in the lives of many learners, educators, family members, students and communities (Department of Basic Education/ DoBE, 1996; DoBE, 2016: 12). Such an impact by the pandemic has changed the normal school and daily activities in the community. For instance, in addition to their HIV-positive status themselves, many students have become breadwinners prematurely due to an HIV and AIDS-related death in their families (South African National AIDS Council/ SANAC, 2022: 7). Such a state of affairs has amplified the significance of increasing awareness and understanding on students' low usage of, and access to HIV and AIDS services that were being provided in schools (DoBE, 2016: 12; SANAC, 2022: 7). Therefore, good environments should be created where learners can be equipped with HIV education on prevention during adolescence and into adulthood (Karim & Karim, 2010: 11; Kharsany et al., 2018: 215).

The research study was undertaken in the eThekwini Metropolitan Municipality, which is the largest municipal entity and one of the 11 districts of KwaZulu-Natal Province, South Africa (South African Local Government Association/ SALGA, 2022: n.d.). While South Africa epitomises the largest HIV epidemic globally, it is KwaZulu-Natal Province (KZN) that has displayed the largest disease burden per province, as demonstrated by approximately 2 (two) million people living with HIV, including 76 000 children (UNAIDS, 2022: 1). The UNAIDS (2022: 1) reports further that in 2018, the

overall HIV prevalence in KZN was at 26.4% (relative to 25.2% in 2013). During this period, HIV prevalence was higher in women (30.5) than in men (18.4%).

Furthermore, HIV prevalence according to gender stratification was not statistically different in 2013 or 2018 (UNAIDS, 2022: 1). The KZN Department of Health (2022: 2) confirmed emphatically that 2.5 million of South Africa's 7.9 million people living with HIV and AIDS were actually in KZN. Moreover, only 1.9 million of the 2.5 million are aware of their HIV status in a province whose overall positivity rate was 27.2% from those in the 15-49 age cohort (KZN Department of Health, 2022: 5). In addition, 15,655 from 727,466 of girls in the 15-24 age cohort in KwaZulu-Natal Province tested HIV-positive in 2022, translating into a positivity rate of 2%. According to the UNAIDS, (2022: 1), the April 2022 floods and consequent damage to more than 600 schools and 66 health care facilities presented further risks of HIV spreading in the province.

Overall, the background of the study has presented an overall picture of the HIV situation in KZN Province in general, with particular emphasis on adolescent youths, who are the primary focus of the study. These youth constitute the category of high school learners, whose experiences of HIV services provided in schools are examined in the study. A study undertaken by Naidoo and Taylor (2015: 107-117) highlighted that eThekwini district should target male students in early adolescence and reinforce safer sexual behavioural messages throughout their years in high school, to encourage HCT among students and curb the early spread of HIV infection.

Therefore, whereas both the introduction and background presented the study's more macrocosmic context, the problem statement below is more of a localised presentation of the HIV services provided in schools.

1.3 RESEARCH PROBLEM

What is the problem? The problem being investigated by the study is situated in eThekwini high school learners' poor or inadequate usage of HIV and AIDS services and health education programmes provided in schools collaboratively by the Department of Health and Department of Basic Education. The researcher was able to determine this poor or insufficient usage from the attendance registers administered by the school health nurses as records of the students receiving VCT and other related HIV information.

How big is the problem?

The magnitude of the problem was introduced and highlighted in the latter parts of Section 1.2 (Background of the Study). In addition, the eThekwini District Report for the third quarter of 2019/20 reported a decline in HIV testing especially, especially among the 15–24-year-olds, many of whom are of school-going age and in high school. Such a state of affairs significantly highlights the general under-usage of HIV and AIDS services by high school students (Vreeman, Gramelspacher, Gisore, 2013: 16; WHO, 2017: 3). The magnitude of this under-usage or under-utilisation problem is reflected also in the HIV positivity of 6% (23,801) in Q1, which declined even further in Q2 by 5.2% (22,514) in spite of a high testing rate in Q2, below the positivity yield target of 9%. The eThekwini District Report further showed that HIV testing declined by 10 % among learners in high school, especially among those aged 15-24. According to the UNAIDS (2022: 1), the April floods in 2022 have had a particularly devastating impact in the eThekwini district and its 641 000 adults and 21 000 children living with HIV. This specific development was most likely to aggravate the already social economically depressed situation, particularly for those living with HIV and AIDS.

What is the current situation?

The eThekwini Metropolitan Municipality is populated by about 3.9 million people, which is approximately34.7% of KZN's total population (COGTA, 2020: 5). The health profile in this municipality is characterised by an HIV prevalence rate of 46% and TB at 6%, amongst other diseases. There is a total of 330 high schools in the eThekwini Metropolitan Municipality. Both the Department of Education and the Department of Health jointly provide school health services through school health nurses by means of the Integrated School Health Programme (ISHP). Some of the critical functions and roles of the ISHP involve the education of particularly students about health issues such as sexual reproductive health, teenage pregnancy, HIV testing, prevention and management.

However, the researcher has observed that most high school students do not take interest in these services due to a variety of factors. These include the fact that students are misinformed due to peer pressure and cultural taboos or stereotypes, as a result of which they become victims of stigmatisation and lack of proper information on which they can make informed decisions about their lives and healthy living lifestyles.

What should be done to solve the problem?

The researcher is a professional school health nurse working in high school HIV and AIDS services. Based on her professional experience and background, the problem of inadequate or poor access and usage of HIV and AIDS services by learners in high schools requires a multi-pronged solution. For example, the shortage of key health professionals, particularly in high schools, should be prioritised in order to ensure wide coverage of ***friendly*** school-based health care services and education programmes. In addition, concerted and broader stakeholder involvement of parents, communities and the non-governmental sector should be implemented, in order to ensure that teachers and school health nurses are not entrusted with the serious duty of preparing learners for future responsible citizenship by themselves alone.

What will happen if nothing is done?

The uncoordinated, fragmented, and unsustainable approach to the ISHP's implementation will alienate parents and communities from school health and welfare participation and children's learning (Madiba & Mokwena, 2012: 6). Furthermore, there is likely to be a decreased morale among the current component of school health nurses whose workloads are already congested. Moreover, if nothing, or little is done to ameliorate the current HIV infection rates among the 15-19 years age cohorts, a myriad of other socio-economic ills is likely to be aggravated.

For instance, the spread of HIV will increase further and result in unwanted teenage pregnancies as high school dropouts increase. Unemployment and crime are also likely to increase as more and more teenagers stay out of school due to poor understanding and knowledge of HIV and AIDS prevalence factors

What will the study add to the body of knowledge

In addition to its significance as reflected in Section 1.8, the study will add student-centred perspective in the development of empirical studies relating to HIV and AIDS. In the above regard, the research study will address gaps through experiences from high school students. The outcomes might contribute to enhancing the services offered while also assisting in identifying the underlying causes of the stated problem. The Department of Education will also gain from this study in order to appropriately alter the existing school policy regarding HIV and AIDS services in general in schools.

Experiences of high school students need to be investigated through explorations and descriptions by the student themselves to highlight the challenges that they may have when attending HIV and AIDS services (Fana, 2021: 1; UNAIDS, 201: 13). With the information gathered, the researcher was able to draw conclusions and propose recommendations that will assist in managing the problem.

In view of the magnitude of the identified problem, many high school students (particularly in the 15–19-year cohort) were acknowledged to be HIV positive (Govender et al., 2022: 1; Kharsany et al. 2018: 215), which underscores the significance of increasing awareness and understanding on students' low usage of, and access to HIV and AIDS services provided in schools. Therefore, good environments should be created where learners can be equipped with HIV education on prevention during adolescence and into adulthood (Karim & Karim, 2010: 11; Kharsany et al., 2018: 215). The researcher proposes to explore and describe their perception, understanding, and reasons leading to the low access and usage of the proposed HIV and AIDS services. From the findings, the researcher will then be able to provide recommendations that will help improve access and usage of HIV and AIDS services in these schools.

1.4 RATIONALE OF THE STUDY

The researcher was motivated by an interest in further understanding of high school students' behaviours, perceptions, and attitudes concerning the low access and under-utilisation of the HIV and AIDS services provided in schools. Furthermore, the researcher anticipates that this study will shed more light on the key areas that need to be improved concerning HIV and AIDS.

The researcher is also motivated by the desire to advocate for increased HIV and AIDS services among high school students, given their age of high vulnerability to risky social practices (Department of Health, 2011: 14; Lindberg, Santelli & Desai, 2018: 7; World Health Organization/ WHO, 2017:74).

1.5 RESEARCH PURPOSE

The purpose of the study is to explore the experiences of students in high schools attending HIV and AIDS services in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

1.6 RESEARCH OBJECTIVE

Whereas the above-stated research aim is broadly defined (Kumar, 2020: 370), the below-mentioned research objectives basically address the specific and measurable outcomes or activities embarked on to actualise the aim of the intended study (Anderson & Poole, 2014: 15). The research objectives of this study are:

- To investigate the experiences on HIV and AIDS services provided to high school students in eThekwini Metropolitan Municipality, KwaZulu-Natal Province.
- To describe the barriers faced by high school students using and accessing HIV and AIDS services in eThekwini Metropolitan Municipality, KwaZulu-Natal Province: and
- To propose and describe recommendations to improve the HIV and AIDS services for high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province

1.7 RESEARCH QUESTIONS

The following research questions were addressed:

- What are the experiences of high school students regarding the provision of HIV and AIDS services in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province?
- What are the barriers to accessing and using HIV and AIDS services by high school students in eThekwini Metropolitan Municipality, KwaZulu-Natal Province?
- What are the recommended processes that could improve access to the HIV and AIDS services by high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province?

1.8 SIGNIFICANCE OF THE STUDY

The study will contribute to the existing knowledge about high school students experience accessing HIV and AIDS services in the area of Kwa-Ngcolosi in eThekwini Municipality. The results may help improve the services provided and, in the process, assist in establishing the root cause of the challenges. Furthermore, the Department of Education will benefit from this study to make adequate changes to the current school policy with regards to HIV and AIDS services in schools at large. Primary prevention will be achieved because access to HIV and AIDS services means early intervention with treatments (DoH, 2014: 8; Kaufman, Cornish, Zimmerman et al.,

2014: S255). The outcomes of this research analysis will add value to future researchers.

1.9 RESEARCH PROCESS

A qualitative research approach was selected by the researcher using exploratory and descriptive research design to investigate and describe the experiences of high school students attending HIV and AIDS services at eThekwini Metropolitan Municipality. The use of semi structured interviews questions was chosen to conduct interviews with thirty students between the ages of 12-19. Observation with field notes were utilised to gather and document data. Inductive theme analysis was used along with observation with field notes, to collect and record information.

The state research objections were the basis for the use of the data collection and research design method. Hence, the interest of the researcher in determining more about experiences of high students attending HIV and AIDS services.

In order to gain further insight pertaining to the phenomenon, the researcher has used exploratory research, and descriptive research design to provide clear descriptions of the level of knowledge and awareness that high schools have about the provision of HIV and AIDS services.

Thirty students from two selected high schools were interviewed in the study, with each interview lasting approximately 30 minutes. The KwaZulu-Natal Provincial Department of Education permitted the researcher to conduct the study in their two institutions.

1.10 RESEARCH ASSUMPTION

The research made the following assumptions:

- That the students are aware of the HIV and AIDS services, but choose not to utilise them because of their own personal reasons;
- That the students would provide recommendations on how they want the HIV and AIDS to be delivered to them while at school; and
- That the students would feel sufficiently comfortable to express their real feelings about attending HIV and AIDS services.

The interpretivist worldview or paradigm constituted the basis of the researcher's above-cited assumptions. Interpretivism proceeds from the assumption of a reality that is not objectively determined, but is socially constructed in terms of language, consciousness, and shared meanings (Anderson & Poole, 2014: 18). In that regard, the underlying assumption is that the placement of participants in their social contexts presents a greater opportunity to understand the perceptions they have of their own activities.

1.11 DEFINITION OF KEY CONCEPTS

The explanation of the below-listed key concepts is meant to eliminate or reduce any lexical, contextual, conceptual/ discipline-specific, and practice related meaning in the application of these very concepts (Dantzler & Hunter, 2012:19).

In addition, these key concepts are distinguishable by their thematic and logical connection to various aspects or tenets of the study as entailed in the research topic (Corbin & Strauss, 2015: 12). The researcher also stresses that the alphabetic ordering of these concepts below do not necessarily signify their prioritisation or importance of one concept above others (Alase, 2017: 9).

1.11.1 Experience

Perceived or acquired knowledge that enables a person to make conscious decisions concerning reality of the environment, individuals, phenomena, or even knowledge itself (Collins English Dictionary, 2022: 3056; Organisation for Economic Co-operation and Development/ OECD, 2021: 7). In this study, experiences are individual subjective events or views regarding HIV and AIDS services that are provided to high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

1.11.2 HIV and AIDS Services

These services are inclusive of HIV testing, linking a client to care, issuing treatment, and monitoring their response to treatment (World Health Organization, 2015: 19; Strauss & Gavin, 2017: 292). Furthermore, these services include following up with patients who have defaulted on antiretroviral treatment. In this regard, the researcher will discuss the HIV and AIDS services rendered to students in South African high schools, but with specific focus in those schools located in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

1.11.3 High School Students

High school students are those learners attending Grade 8 to Grade 12 (Roser & Ortiz-Ospina, 2019: 2; United Nations Programme on HIV and AIDS/ UNAIDS, 2019: 12). In this study high school students are those learners attending Grade 8 to Grade 12 at the identified high schools for this research study.

1.12 DISSERTATION OUTLINE

The exploration of the study is presented in five chapters as follows:

Chapter 1: Orientation to the study

The introduction and the background of the study is outlined by the chapter detailing the research background to the research problem as well as the aim and objective of the study and the research questions. It outlined the key concepts and Study significance. Lastly, it has concluded with summary of the chapter sections covered.

Chapter 2: Literature review and theoretical framework

The chapter includes a literature review describing the exploration of experiences of high school students attending HIV and AIDS services at eThekwini Municipality, KwaZulu-Natal. The chapter also discusses other research about the topic and the importance of exploring the experiences of high school students attending HIV and AIDS services. The study also focuses on the main reasons why students are not utilizing these services

Chapter 3: Research design and methodology

This chapter evaluates the research methodology providing in-depth analyses of the research approaches used, the nature of the comprehensive interviews, description, and the data collection methods.

Chapter 4: Research findings

The chapter presents the interview result and the analysis of the high school students from high schools at eThekwini Metropolitan

Chapter 5: Summary, discussion and study limitations

This chapter presents the discussion, summary, study limitations, and suggestions of the study.

1.13 SUMMARY

The introduction, background, and the rationale of the study are covered in this chapter. A brief overview of the research objectives and questions, definition of terms, research methods and design, and study significance are also provided within this chapter along with the outlined structure of the dissertation.

CHAPTER 2
LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter basically addresses the review of literature pertinent to this study. A literature review is a systematic process of searching, identifying and processing relevant information sources that mirror on the noteworthy aspects of current understanding and methodological and theoretical value to a particular research field (Clark, Foster & Bryman, 2018: 12). Reviewing literature serves a three-fold function. Firstly, it expanded the researcher's horizons concerning studies with a close bearing or resemblance to the current study, as well as providing novel insights in order to learn from new methodological approaches and developments of phenomena in their various manifestations. Secondly, and most significantly, the critical review of associated studies enabled the researcher's identification and indication of gaps in other researchers' and scholars' work in a particular research field. Thirdly, the review facilitated the theoretical contextualisation of the study.

The sources of literature that were consulted included published and printed materials from different libraries, electronic sources, different databases and internet search engines such as Google, Google Scholar, PubMed, medLine, EBSCO, CINAHL and ProQuest. Key words such as 'high school students', 'exploring', and 'HIV attendance in schools' were used to obtain relevant information from current knowledge in the respective epistemological domains. Additionally, the researcher consulted both recent and grey literature nationally and internationally concerning anti-retroviral treatment accessibility in the farming communities. Eventually, all the consulted literature sources were processed and synthesised in relation to their appropriateness to the present study as part of the preparations to consolidate and integrate with the primary or empirical data for the finalisation of the research report following further data collection through the face-to-face semi-structured interviews.

2.2 THE THEORETICAL FRAMEWORK

This study adopted the Social Ecological Model (SEM) pioneered by Bronfenbrenner (1979). The SEM provides detailed understanding of health-seeking behaviour (Joint United Nations Programmes on HIV and AIDS, 1999). The ecological perspective entailed in the SEM is a helpful framework for explaining the multiplicity of factors influencing healthy well-being and health behaviours, including the social

determinants of health (Jones, Jensen, Scherr, et al., 2015: 566). Figure 2.1 (overleaf) is a depiction of the SEM, whose foundational tenets or principles were found to be applicable in the current study.

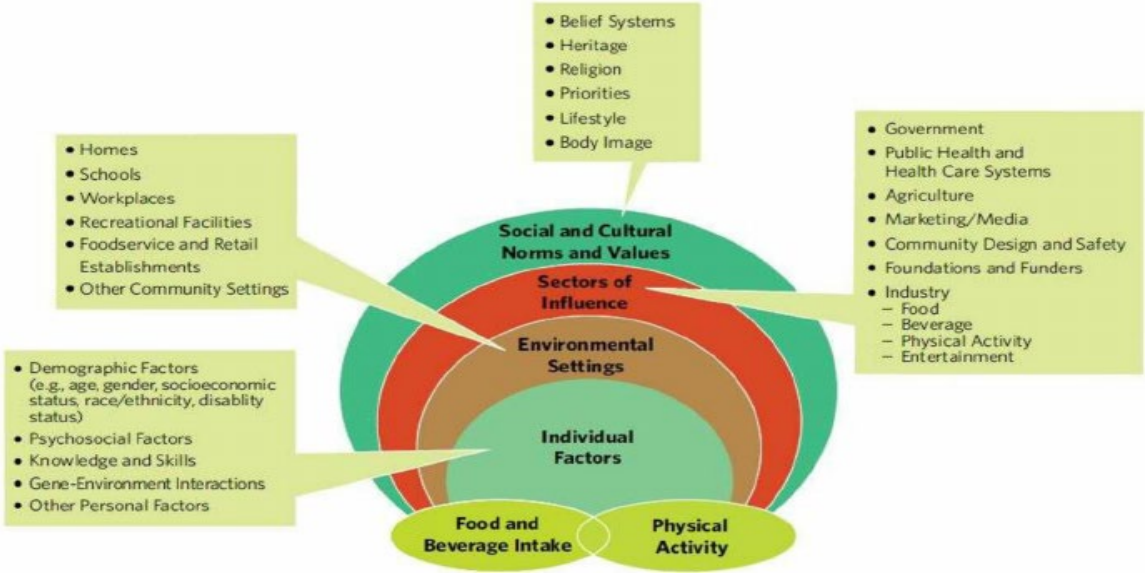


Figure 2.1: Social ecological model (SEM)
Image source: https://dsquire7.wordpress.com/socio-ecological-frameworks/

The premise underpinning this framework is that the high school students' health-seeking behaviour premises on institutional, social, and physical environments, with accessibility of HIV and AIDS services which is fundamentally influenced by the social environment (Fana, 2021: 1; Roura et al., 2009: 203).

Moreover, the social-ecological model regards social factors (i.e., interpersonal relationships with family members, marital partners, students) and structural factors (i.e., health systems, poverty, living circumstances, and livelihood) as mutually reinforcing and to some extent, inseparable (Duff, Kipp, Wild, Rubaale & Okech-Ojony, 2010: 37).

Access to HIV and AIDS services is an indispensable factor of human rights and fundamental health development. However, due to the different developmental status and strategies used, access to healthcare varies across and within nations (Pinzon-Iregui, Beek-Sague & Malow, 2013: 11).
Furthermore, SEM acknowledges the multiple level influences on health behaviours, including:

- **Intrapersonal/individual factors,** which impact behaviour concerning beliefs, knowledge, attitudes, and personality. In this study, the researcher explored the experiences on HIV and AIDS services provided to high school students.
- **Interpersonal factors,** such as inter-personal actions, which could provide social support or impede such inter-personal development that enhances healthy behaviour. In this study barriers to high school students using and accessing HIV and AIDS services were explored and described.
- **Institutional and organizational factors,** including the rules, policies, regulations, and informal systems that could either inhibit or promote healthy behaviours. In this study high school HIV and AIDS services were explored and described.
- **Community factors,** such as informal or formal social practices among groups, individuals, or organizations could inhibit or promote healthy behaviours. Stigma and discrimination in the high school environment were explored and described.
- **Public policy factors,** including local, provincial, and national laws and policies which support or regulate health-related practices and actions for preventing disease, including early detection, control, and management. In this study, possible recommendations to improve the HIV and AIDS to high school students were discussed.

2.3 LITERATURE REVIEW

The researcher reiterates that the literature review section does not present or constitute a stand-alone dynamic in this chapter and study as whole. Rather, both the theoretical framework and the reviewed literature form a seamless continuum of the same phenomenon under review. The SEM itself was discovered during the process of reviewing literature, and was not merely identified serendipitously.

2.3.1 Global HIV and AIDS Overview

According to the UNAIDS (2020), there were about 38.4 million people globally who were living with HIV in 2020. Of these, 36.7 million were adults, and 1.7 million were children younger than 15 years of age. Furthermore, 54% were women and girls. With regards to new infections, UNAIDS reported that about 1.5 million acquired HIV in 2021, a decrease in new infections by 32%. By end of 2021, 28.7 million people were on ART globally. In the quest to meet the 2030 HIV targets globally UNAIDS reported

that 85% of the population worldwide knew their statuses as of 90%, 75% were on ART as of the 90% targets and 68% were virally suppressed in 2021.

There are on-going efforts to curb and even eradicate HIV and AIDS. However, stigma, discrimination, and social inequality are proving to be key barriers to HIV and AIDS management globally (Badahdah & Sayem, 2010: 902; UNAIDS, 2020: 11). Covid-19 has caused widespread to disruption to health services, especially with the restriction of movement. The World Health Organisation (2021) encouraged those services be taken to the people through outreach services. According to the study, high school students should be aware of global HIV and AIDS statistics. Being informed about the statistics would influence how they respond to HIV and AIDS services provided to them, whether at school or in the community.

2.3.2 HIV and AIDS in sub-Saharan Africa

According to World Health Organisation (2017), towards the end of 2017, 15.3 million people living with HIV (PLHIV) in the Sub-Saharan African region were able to access life-saving antiretroviral drugs (ARVs), which represented about 70% of the 21.7 million people accessing antiretroviral drugs (ARV), which represented about 70% of the 21.7 million people accessing antiretrovirals worldwide. According to the UNAIDS (2021), 200,000 new diagnoses of HIV in Africa, and young women, and adolescent girls ages between 16-24 made up 27% of those new cases. The United Nations reported 1000 new infections each week in Africa. The number of HIV and related deaths in Africa in 2019 was 434-544 (Statista, 2022).

South Africa is one of numerous countries that are mostly impacted by the HIV and AIDS pandemic (UNAIDS, 2018: 2; Zuma & Simbayi, 2022: 17). Eswatini, Lesotho, and Botswana have the highest HIV prevalence rates.

Eswatini had the highest HIV prevalence rate in 2021, at nearly 28 percent (UNAIDS, 2018: 2). Other countries, such as Zimbabwe, have seen a significant reduction in HIV prevalence (Statista 2022). One of the main reasons for Africa's higher infection rate is sexual behaviour; polygamy and promiscuity encourage the spread of HIV (UNAIDS, 2016; Unidike, Ekrikpo & Bassey, 2012: 272-273). According to UNAIDS (2016), poverty is also a driving force behind HIV infections caused by urbanization. The continued infections are shadowed by increasing challenges of poverty and poor healthcare, agree with poverty as a driver of increased HIV infections (UNICEF, 2013:

4). Furthermore, they believe that HIV and AIDS are deeply rooted in human behaviour.

According to the Centers for Disease Control and Prevention/ CDCP (2019: 30) and Unidike et al. (2012: 273), many young people participate in hazardous sexual behaviours and experiences that can have unintended health consequences. The study explored and described various experiences, as a result school health programmes can help high school students develop positive attitudes for the rest of their lives, thus decreasing the number of HIV infections among adolescents and teenagers.

2.3.3 HIV and AIDS in Southern Africa

HIV and AIDS are some of the main health challenges faced by post-apartheid South Africa, which renders South Africa as the epicentre of the HIV pandemic in the world (CSIS, 2019). According to Statistics South Africa's Midyear Population Estimates, the estimated overall HIV prevalence was approximately 13.7% among the South African population. KwaZulu Natal has the highest HIV prevalence in South Africa of the provinces in the country (Stats SA, 2021: 15-17). The total number of people living with HIV (PLWHIV) in South Africa was 8.2 million in 2021 as reported by UNAIDS (2021). South Africa has the largest ART programme in the world with 5.4 million people on anti-retroviral treatment (WHO, 2021). The CSIS (2019) reported that adolescent girls and young women are the cohorts among whom new infections are the highest.

Females stay disproportionally affected by HIV and AIDS around the world especially in Southern Africa (Kranzer, Meghji & Bandason, 2014: 7). The HIV epidemic is generalized across the country's population and is primarily prompted by sexual transmission in many instances. Further concerns have been raised that South Africans are not testing as expected, especially men (Harichund & Moshabela, 2018: 261). With HIV and AIDS management especially among adolescents and children, as they are the most vulnerable groups, the Centre for AIDS Programme of Research in South Africa (Harichund & Moshabela, 2018: 261) reported that one of the barriers is the provision of basic health education and service delivery of health services in schools. Adolescents and children are mostly attending school, and they lose their parents and caregivers to HIV. Hence the study's exploration of their experiences attending to HIV and AIDs services in schools.

The Centre for AIDS Programme of Research in South Africa (2018: 11) further applauded that while South Africa has a National School-based health policy in schools, some provincial officials, school governing bodies, and other stakeholders prevent these services from being rendered even though the consent age as per the Child Care Act 38 of 2005 is 12 years. The impact of these individuals hindering the care contributes negatively to students who may wish to utilise the services. According to the South African National AIDS Council (2019), the South African government has the Cheka Impilo campaign in its fight against HIV and AIDS. This campaign was launched on December 1st, 2019, to commemorate World Aids Day. This campaign aimed to increase STI, HIV, and tuberculosis screening and testing. This campaign was warmly welcomed by schools. In addition to school health services, the schools were ecstatic that services would be brought closer to them. In 2013, the South African Government implemented service integration for health care services, in which all services are provided in a single consultation room without wasting time.

2.4 HIV AND AIDS IN HIGH SCHOOLS IN SOUTH AFRICA

The South African government has implemented several HIV and AIDS prevention and treatment strategies since 1994. In addition, the Department of Basic Education has played a significant role in preventing HIV and AIDS transmission in schools.

HIV and AIDS education in schools has been mandated in all public schools under the banner of life-orientation. The Department of Basic Education (DOE) in South Africa collaborates with CDCP South Africa's partners to support comprehensive, skills-based HIV education in schools (CDCP, 2019: 4; Human Sciences Research Council/ HSRC, 2013: 16). Intersectoral interventions with regard to HIV and AIDS have played a major role in the awareness and management of HIV and AIDS in South African schools (DoH, 2014: 1; DoBE, 2016: 1).

2.4.1 National Policy on HIV and AIDS in Schools

The National Policy on HIV and AIDS for learners and educators was launched on 10 August 1999 (Department of Basic Education, 1999). This policy is foundational to establishing a systematic and sector-wide approach in managing HIV within the context of learning and time. It was developed to assist the learning of HIV and AIDS in schools with the Department of Health. In 2017, this policy was updated and replaced the 1999 one. As South Africa continues to realise quality in basic education

and a generation free from HIV among the under-20 age cohort by 2030, this policy relevantly guides the strategies required to realise a sustainable and systematic TB and HIV and AIDS response and ensures that it is everyone's business in the sector to prevent disease and enhance the well-being and health of educators, learners, and officials in all schools (Department of Basic Education, 2017:32).

In earlier research, ten years after the development of the National Policy on HIV and AIDS in schools, Van Rooyen and Van den Berg in their study in 2009 titled "Implementation of an HIV and AIDs programme in SA schools" found that school teachers have a positive experience with regard to the implementation of the HIV and AIDS programme but are burdened by the curriculum requirements, unsupportive and uninformed colleagues. Students are receiving enough information on HIV and AIDS as expected. This leaves room to wonder if students are motivated or eager to use the services hence this study explored the experiences of high students attending HIV and services.

2.4.2 Integrated School Health Programme

The history of poor administration, unequal resource allocation, and a lack of cooperation between the basic education and health ministries have all contributed to the past failures of South Africa's school health programmes (DoBE & DoH, 2012: 2). The Integrated School Health Programme (ISHP) was developed on the 11th of October 2012, and was launched by the Minister of Basic Education, Angie Motshekga. This programme was also endorsed by the then South African President Jacob Zuma. The programme was intended to ensure that health services are brought to the schools in order to prevent diseases and early intervention to any disease discovered in schools (DoBE & DoH, 2012: 2).

Additionally, the programme aimed at increasing knowledge and awareness of health-promoting behaviours among students as they are among the most vulnerable groups (DoBE & DoH, 2012: 2). The ISHP programme has played an important role because it allows each student to interact with the school nurse at school, address any health-related questions, and the student does not have to go and wait in long lines to receive a service. Nlooto (2017: e0170983) and UNICEF (2013b: 6) contend that there was widespread non-compliance to integration and collaboration with different stakeholders for the delivery of school health services as stipulated in the ISHP.

This could have a wide range of consequences for school-age children in the future. The uncoordinated, fragmented, and unsustainable approach to the ISHP's implementation would alienate parents and communities from school health and welfare participation and children's learning (Madiba & Mokwena, 2012: 6). This could lead to a lack of early detection and intervention in situations such as, among other things, mental, emotional, and physical health barriers to learning, as well as the emergence of nutrition-related disorders (Madiba & Mokwena, 2012: 6). However, teachers are uninformed and under pressure to meet curriculum standards rather than prioritize school health services (Kranzer, Meghji & Bandason, 2014: 7). The study investigated and described the effectiveness of the ISHP as high school students shared their experiences and even seek to understand whether the high school students are aware of these services.

2.4.3 Adolescent and Youth-Friendly Services (AYFS)

The Department of Health introduced Adolescent and Youth-Friendly Services in 2016 with assistance from the Wits Health Institute (WHI). The focus age is 10 to 24 years. The stages of adolescence and youth are known as a time of developing one's personal and sexual identity, sexual exploration, and learning how to negotiate intimate relationships (Najma, Ashraf & Brian, 2021: 350; Shamagonam, Pedro, Pisa, et al., 2020: 2). Through an enhanced HIV and AIDS continuum in adolescents and teenagers, the programme's goal is to prevent new HIV infections and reduce HIV mortality (Department of Basic Education. 1996: 1). Though these services are health facility based, through the school health nurse, who serves as a liaison between the school and the local healthcare facility, these services are connected to the school. The primary responsibility of the school health team is to ensure that pupils are aware of the youth-friendly dedicated nurse at the nearby medical institution (Department of Health, 2011: 1).

Furthermore, the school health nurse has a responsibility to link the student with the local health facility (DoBE & DoH, 2012: 13; WHO, 2015: 7). Regardless of own values, beliefs, or wishes, many young people are sexually active, and they require access to appropriate HIV, STI, and pregnancy prevention services (Ramathuba & Davhana-Maselesele, 2018: 11). Awareness of AYFS services in relation to students' experiences attending HIV and AIDS services has been a motivating factor, but at a slow pace, resulting in the underutilization observed by the researcher with HIV and AIDS services.

2.4.4 LoveLife

The Love Life non-profit organisation was launched in late 1999 as a joint initiative of leading South African non-government organizations and the South African government partnering with other private foundations and private sector support (LoveLife, 1999: 1). Love Life is a youth-focused HIV prevention initiative in South Africa. The primary focus of Love Life is to lower the rate of new infections among the youth and South Africa as a whole ultimately.

Love Life was acknowledged by the World Health Organization (2006) as the first national initiative in the world to measure HIV prevalence. According to the UNAIDS (2019) and Van Rooyen and Strode (2015: 4), there is sufficient proof to demonstrate the need for participating in HIV testing, interpersonal communication of HIV; as well as decreasing HIV rates of occurrence.

Students in schools are provided with services through programmes such as LoveLife. Youth leadership has been demonstrated to be a potent intervention that has a cascading effect on improving a variety of aspects of society by the Love Life pioneering programme, which was established in 2001 and is one of the most respected and well-recognized youth peer education programmes in the nation (UNICEF, 2013a: 7). LoveLife's pioneering programme forms the basis for community implementation. The ground breaker network delivers the LoveLife programmes in schools, arranges events; sets up sports leagues, organizes sports and recreational activities, and hosts local community dialogues.

LoveLife is a non-governmental organisation that delivers the most health education on prevention and self-love in schools. The involvement of LoveLife in schools, shapes high school students' responses to attending HIV and AIDS, particularly in terms of exploration and description of their experiences. The researcher concurs that the same could possible for the eThekwini Metropolitan high school students in attending HIV and AIDS.

2.4.5 The HIV and AIDS Life Skills Education Programme

The National Policy on HIV and AIDS for Learners and Educators in Schools serves as the policy mandate for the HIV and AIDS Life Skills Education Programme, (DoBE, 2016: 1). The curriculum was established in 2000 and is now being used in all public institutions, with an emphasis on students in Grades 1 through 12. The primary goals

of the life skills programme are to incorporate HIV and AIDS education and pertinent life skills into the academic programme as a means of halting the spread of HIV infection and to care for and support students who are living with the disease (DoBE, 2016: 1; Mojapelo, 2019). A strategy across the curricular has been used in this regard.

Furthermore, the policy states that while some components of the curriculum are integrated into other learning areas or subjects, the Life Skills and HIV and AIDS Education is largely found in the Life Orientation learning area or subject (DoBE, 2016: 1). The HIV and AIDS Life Skills Education Programme primarily pays attention to academic pursuits in accordance with focal areas such as, through the curriculum, when teachers are trained to administer sexual reproductive health (SRH) and TB programmes for students (Department of Health, 2011: 7).

The sectoral interventions are currently provided nationally in South Africa schools. Furthermore, the sectoral interventions make significant contributions to HIV and AIDS awareness and management in schools (Karim & Karim, 2010: 12). Schools have been identified as a critical setting in the fight against the HIV and AIDS pandemic (CDCP, 2019: 26). These policies must be made available to high school students because they have a right to information as well as a responsibility for how they react to information and guidelines provided in schools in order to shape their experiences with HIV and AIDS services while in school.

2.5 HIGH SCHOOL STUDENTS' KNOWLEDGE OF HIV AND AIDS

The experiences of high school students who attended HIV and AIDS services were explored and described in this research study. However, it is also important to review the extent of high school students' knowledge of HIV and AIDS (Le Roux-Kemp, 2013: 1). Every weekday, over 56 million adolescents attend school, which presents a unique moment to equip them with the tools, information, and abilities they need to stay HIV-free throughout adolescence and into adulthood (CDCP, 2019). Additionally, schools maintain a crucial position in the fight to prevent HIV and play a significant role in supporting the health and safety of young people (UNICEF, 2013a: 7; WHO, 2018).

In their Chinese study named: "Sexual activity and HIV associated knowledge among secondary school students in China" (He et al. 2019: 103) concluded that the students require sex education and that some of them are already involved in sexual activity. Another finding was that while school-based sex education is crucial for fostering

better parent-adolescent communication regarding issues related to sexual and reproductive health, it is not sufficient on its own.

Students also need to know about services like family planning and HIV testing in order to ensure early prevention. In agreement with He et al (2019: 103), Harikrishnan's and Sailo's Indian study named: "Secondary School Students and HIV and AIDS Awareness" found that some pupils never discussed HIV and AIDS or sex education with their parents at home.

Most teenagers in underprivileged rural South African communities had an awareness of HIV and AIDS prevention and infection (Harikrishnan & Sailo, 2022: 15; Kellerman & Essajee, 2010: 285). This study demonstrates that teenagers in South African communities, both urban and rural, are aware of HIV and AIDS preventive strategies but opt not to use them. The youth felt condescension for their contracting HIV and AIDS, and had essentially given up hope for the future because they had been taught that the only cure for HIV and AIDS was death (Kimera, Vindevogel, Reynaert et al., 2020: 17).

The findings of a Ghanaian study by Tarkang, Lutala & Dzah (2019: 10), and entitled: "Knowledge, Attitudes, and Practices Regarding HIV and AIDS among Senior High School Students", revealed that although students generally had adequate knowledge of HIV and AIDS, the students did not necessarily saw a need to be tested for HIV. Similar research conducted in the Eastern Cape, South Africa Adeboye, Yongsong, Odeyemi & Ndege (2016) entitled: "Knowledge, Attitudes, and Practice of HIV and AIDS Among High School Students", revealed that pupils were aware of the HIV virus and had a favourable attitude toward other people. Students in high school are the most vulnerable to HIV infection because they engage in risky behaviours due to lack of information (Li, de Wit, Qiao et al., 2015: S3; UNICEF, 2020: 3).

Knowledge informed attitudes, behaviours and strategies used in the prevention and management of HIV and AIDS are deemed the most viable options to thwarting the spread of this pandemic (UNAIDS, 2013a: 7). As such, high school students would be able to make informed decisions about accessing services if they have a thorough understanding and knowledge of the manifestation, magnitude and implications of HIV and AIDS (UNAIDS, 2016: 4).

2.6 HIV AND AIDS PREVENTION STRATEGIES

Disease prevention is described as measures taken to prevent any disease from occurring, thwarting its manifestation and progress, and ultimately weakening its consequence. They further classify prevention as primary, secondary, and tertiary prevention. Discussion of HIV prevention strategies is discussed as prevention per classification as follows

2.6.1 Primary Prevention of HIV and AIDS

Primary prevention comprises measures to prevent the disease from occurring (Outwater et al, 2017:339-342).

2.6.2 PreP (Pre-Exposure Prophylaxis)

The use of PreP was introduced in South Africa in 2015 (PreP Watch). PreP protects HIV-negative people from getting HIV infection. PreP is available for free from all government institutions (Department of Health: PreP, 2015).

2.6.3 Voluntary Medical Male Circumcision (VMMC)

According to the National Institute of Allergy and Infectious Disease (NIAID, 2018), voluntary medical male circumcision protects against HIV infection by safely removing the foreskin which is susceptible to infection. A research study conducted by Loevisohn et al. (2021:73) concluded that VMMC programmes are highly effective in preventing HIV acquisition in men. To understand the high students' experiences attending HIV and Aids services in the study, medical male circumcision had to be discussed to measure its influence on the experiences. Although public awareness campaigns are utilised to enhance VMMC, there are some factors that discourage men from being circumcised. These factors include fear of pain, a low risk of HIV infection, a lack of a partner or parent, and an inclination towards traditional circumcision as a rite of passage (Adebayo et al., 2016: 77)).

2.6.4 Condom Use

According to the CDCP (2019), condoms help to prevent HIV in higher-risk sexual activities such as anal and vaginal sex. South Africa's Department of Health provides free condoms. All government health facilities and public buildings have condoms available. The UNICEF (2018: 14) declared that condom distribution remains a top

international priority in the fight against HIV and AIDS, despite that condom use was still frowned upon by the majority of the youth. Individual schools may or may not distribute condoms under the Children's Act 38 of 2005 and South African policies.

According to Najma et al. (2021: 353), both school staff and students want condoms to be distributed at school but are perplexed by government policy. They also suggested that the government be brave enough to allow condom distribution in schools. Even though sex education and preventive programmes have been recommended and are available, high school students continue to engage in sexual activities with multiple partners (Najma et al., 2021: 353). The specifics of how the recommendations are delivered should be explored and described through high school students' experiences, thus the study's objectives.

2.6.5 Prevention of Mother to Child Transmission (PMTCT)

Prevention of Mother to Child Transmission (PMTCT) is a commonly used term for preventing the transmission of the HIV virus from pregnant mothers to their infant (UNAIDS, 2017). The PMTCT is a set of programmes and interventions designed to identify HIV-positive pregnant women and provide them with effective interventions to prevent mother-to-child transmission (MTCT). In 2016, over 95% of HIV-positive pregnant women received antiretroviral therapy to reduce the risk of MCT (UNAIDS, 2017).

Every pregnant woman in South Africa is tested for HIV at every Antenatal visit to ensure that her unborn child is safe. Depending on the viral load results, positive mothers are checked for viral load suppression every three months (Department of Health, 2019 National Consolidated HIV Guidelines: 21).

Department of Health of National Consolidated HIV Guidelines, (2019: 21) further highlighted that some high school students are unaware that they were born with the HIV virus and are slow progressors to HIV and AIDS infection during their high school years. This highlights the significance of exploring and describing their experiences with HIV and AIDS services.

2.6.6 Secondary Prevention

Secondary prevention focuses on diseases where there are observable hazardous factors, and aims at intervening before the disease arises either by reducing the risk or by treating the disease (UNICEF, 2018). The HIV consolidated guidelines for 2021 are an important step toward achieving the goals of universal access to ARV drugs for preventing and treating HIV and ending the HIV and AIDS epidemic as a major public health threat by 2030 (WHO, 2019). South Africa then adopted the WHO guidelines. National HIV and AIDS guidelines were released in 2019. These guidelines outline a step-by-step HIV management plan based on the clinical presentation of HIV patients.

2.6.7 Tertiary Prevention of HIV and AIDS

Tertiary prevention is intended to reduce the effects of established diseases by eliminating disability, minimizing suffering, and maximizing potential years (Kimera et al., 2020: e0232359). The 2019 National HIV and AIDS Consolidated Guidelines stipulates routine blood work for all people living with HIV and clinical management as per clients' experience at the time. The guidelines help to prevent disease and save lives. In 2020, the Department of Health launched the "Mina for Men" campaign, a male support group. This campaign aimed to encourage men to share their success stories about living with HIV and AIDS. Explorations and descriptions of experiences of high students attending to HIV and AIDS services measure the effective of the tertiary preventive measures and ensure longevity of life whether students are infected or not.

2.7 CONCLUSION

This chapter presented the most pertinent aspects of the reviewed literature. In that regard, various studies were also highlighted in respect of students' experiences and views concerning HIV and AIDS attendance at school. Other sections discussed were the reviews of the historical context of HIV and AIDS in South Africa. The chapter documented and addressed relevant exegetic works locally and globally by various researchers and scholars. The chapter further focused on the critical aspect of students' experiences to attending HIV and AIDS services, and also how both the Department of Health and Department of Education are involved in ensuring that attendance to the HIV and AIDS services is effective.

Both new and grey literature were utilised to facilitate the researcher's positioning of the investigated phenomenon in context. In order to focus on specific aspects of the study, the chapter was delineated into sub sections as follows: introduction to the core aspect of students' experiences relating to HIV and AIDS services in schools; global HIV and AIDS overview; HIV and AIDS in Sub-Saharan Africa; HIV and AIDS in Southern Africa; HIV and AIDS in high schools in South Africa; and the HIV and AIDS prevention strategies. Each presented sub-section was supported with literature-based evidence. The next chapter presents the research methodology of the study.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, the researcher discusses the study design, study settings, data collection methods, population, philosophical perspective and considerations that are ethical. The methodological outline of this chapter is used by the researcher in conducting the study, which addresses the usage of processes in recruiting participants and collecting data on the experiences of high school students attending HIV and AIDS services at eThekwini Municipality in KwaZulu Natal. The specific strategies were reviewed to collect, analyse, and store the data. The researcher defined the necessary steps taken in gaining ethical approval from the Ethics Committee (Higher Degrees Committee) of the College of Human Science at UNISA.

3.2 RESEARCH APPROACH

The study has adopted the non-statistical qualitative approach. Leedy and Ormrod (2019: 17) inform that qualitative research includes both exploration and description for gaining insightful reasons, opinions, and underlying motivations. Corbin and Strauss (2015: 14) and Korstjens and Moser (2018: 123) add further that qualitative research is instrumental in data acquisition through interviews of participants and observing or watching their reactions. In this regard, the researcher focused on the participants' views and meaning regarding the problem being researched, and not necessarily the views or perspectives expressed by the researchers or other writers in the literature (Denscombe, 2014: 14).

Moreover, the use of the qualitative approach enabled the researcher in exploring and describing detailed experiences and attitudes of those being researched (Denscombe, 2014: 24); that is, the high school students in eThekwini Metropolitan Municipality about the HIV and AIDS services being provided.

Furthermore, to understand the concepts and gathering, the qualitative research became useful in opinions and experiences, and thus offer in-depth insights into unknown areas that are less explored.

3.2.1 Pragmatic Philosophical Perspective

In research, a paradigm is a general or world view or philosophical view that guides how people see research (Saunders, Lewis & Thornhill, and 2019:136). A paradigm has four aspects, these are methodology, ontology, epistemology, and axiology. There are many research paradigms. However, the most common are positivism and interpretivism (Korstjens & Moser, 2018: 123; Saunders, Lewis & Thornhill, 2019: 136).

The study was guided by an interpretive paradigm hence the researcher has investigated the experiences of the high school students on HIV and AIDS services provided to them. Interpretivism is a paradigm that is grounded in the social sciences. Its core principles are subjectivity and flexibility (Kumar, 2020: 38). Interpretive scholars believe that because of the diversity and dynamics of society research output should attempt to capture the personal differences that come with this diversity (Kumar, 2020: 38). This diversity is a function of personal experiences, backgrounds belief systems and values. Interpretivists therefore believe that human beings cannot be studied like other objects in the scientific world.

Flexible rather than systematic approaches to research are required to capture differences in perception, belief and experience among human beings generally described as social actors under the paradigm (Saunders et al., 2019: 137). The study is interpretive in that it attempts to capture the individual experiences and observations of the high school students about the HIV and AIDS services which are provided them. The researcher has ensured that the participants' experiences are not manipulated or modified throughout this study since they were treated as the actual reality of the situation. It was the researcher’s mandate and interest to explore whether the high school students of eThekwini Metropolitan Municipality in Kwa-Zulu Natal have full access to HIV and AIDS services. Interpretive nature of the study is further motivated by the observation that few studies have been undertaken in this field.

3.3 RESEARCH SETTING

Polit and Beck (2020: 354) define the setting of the study as the physical place or geographic locality where the study was held. This study was held two the selected high schools in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

Figure 3.1: Study setting map
Image source: https://nona.net/features/map/placedetail.1013852/kwangcolosi/

3.4 RESEARCH DESIGN

The researcher's systematic planning and strategies intended to allocate and manage the structure and processes of the investigation such that the research problem is resolved, and research questions are answered ultimately is referred to as the research design (Kumar, 2020:122). The study adopted an exploratory and descriptive research design, which is informed by the study's intended aim of exploring the experiences of high school students with regards to the HIV and AIDS serves provided in their schools (in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province).

Silverman (2020: 24) intimates further that exploratory research is effective when the study objective is to investigate an unknown field of study. Grove, Burns and Gray (2020: 285) corroborate further that the main purpose of a descriptive design is to explain variables such a situation, practices, concerns, preferences, opinions, or interests on the investigated phenomenon. Hence, the researcher's interest in the high school students' experiences was enhanced by the explorative and descriptive aspects to gain insightful information and knowledge.

3.4.1 Exploratory Research Design

Exploratory research design is the investigation of the full nature of the phenomenon, the manner of its manifestation, as well as its relationship to other factors (Polit & Beck, 2012: 18). Creswell (2020: 29) intimates that other reasons to conduct qualitative study is through exploratory research. This is a research methodology approach that explores research question that have been previously been studied. In this study experiences of high school students attending HIV and AIDS services at eThekwini

Municipality, KwaZulu Natal were explored through in-depth interviews backed by a tape recorder.

3.4.2 Descriptive Research Design

Clark et al. (2018: 17) posit that descriptive research is a picture of a situation designed as per its occurrence. On the other hand, De Vos, et al. (2012: 321) mention that descriptive studies could be utilized to describe analyses as well as the interpretation of events in terms of which the approach is reliant on the observation as a means of data collection. It may also be used to justify current practices and identify factors that hinder or enhance practice as one gets a whole picture from the informants (Clark et al., 2018). In this study the experiences of high students attending HIV and AIDS services at eThekwini Municipality, KwaZulu Natal has been described. Participants were interviewed by the researcher to gain more insight into their experiences.

3.5 RESEARCH METHOD

The type of data analysis, ethical consideration, and measures to ensure trustworthiness were outlined by the researcher in this chapter. Polit and Beck (2017: 743) define research methods as: “the techniques used to structure a study to gather and analyses information in a systematic fashion”.

3.5.1 Population

The study population is the aggregation of the entire cases of the researcher’s interest (Babbie, 2017: 19). The study population were all high school students from the two identified high schools. The main reason for choosing the students from the two high schools is because of poor usage of HIV and AIDS services that has been realised and discovered by the researcher who is a school health nurse. The principals and teachers from the two high school did not take part in the study but allowed students to participate voluntarily.

3.5.2 Sampling

Sampling is as a technique for methodically choosing a group of people, objects, occurrences, and behaviours, other units, or elements whose traits enable the researcher to administer a study and its research problem (Grove et al., 2020: 51). Therefore, a sample becomes the smaller group or subset of individuals, objects, or elements that represents the larger population because it (sample) shares similar

(homogenous) attributes with that larger group (Astalin, 2013: 119). Non-probability purposive sampling was applied in choosing eligible participants. The purposive sampling strategy assumes that the researchers' knowledge or judgment of the research population and its dynamics is an enabler for selecting individuals in the sample (Holloway & Galvin, 2018:518).

Therefore, non-probability purposive sampling was used in finding and choosing high school students who are beneficiaries of the HIV and AIDS services in the selected eThekwini Metropolitan Municipality high schools. Gupta and Awasthy (2015: 26) justify the use of non-probability sampling methods because in some populations, there are no means of estimating the probability for inclusion due to the unequal chance of the elements. Convenient sampling was also applied, based on the convenience of selecting available and willing participants for the sample (Bell & Waters, 2014: 26). Purposive or convenient sampling do not only depend on the availability and willingness to participate, but the typical cases of the population are selected for involvement in the study.

These types of sampling also do not generalise findings in a large population, rather obtain an in-depth understanding of the investigated phenomenon. This is acceptable if the researcher wishes to generalise the results beyond the group sampled (Leedy & Ormrod, 2019: 17).

3.5.2.1 Inclusion criteria

Grove et al. (2020: 345) proffer that the inclusion criterion are the characteristics that the study respondents should have for consideration as the target population. The following criteria were considered for eligibility in the study:

- Be a student registered in one of the two identified high schools; and
- Be a female or male student at one of the two schools, and aged 12-19 years.

3.5.2.2 Exclusion criteria

The exclusion criteria are those factors or considerations that render any prospective participant ineligible for any meaningful involvement in the empirical data collection of the study (Anderson & Poole, 2014: 27). As such, the exclusion criteria in this study were:

- A high school student not registered at one of the two identified high schools; and

- A Student below 12 years and above 19 years of age.

3.5.3 Sample Size

The study's size of the sample size was thirty students recruited from the two high schools in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province. However, the saturation of data was also considered during the researcher's engagement with these selected students (Astalin, 2013: 119). Table 1 below is a depiction of the distribution of the sample size.

Table 3.1: Sample distribution

eThekwini Metropolitan Municipality	Number of high school students
High School No. 1	15
High School No. 2	15
Grand Total	30 (until the data saturates)

3.6 DATA COLLECTION

Data collection relates to the methodical process of acquiring information that is pertinent for resolution of the identified research problem (Cho, 2018: 16). The researcher obtained the requested permission to undertake the study from the University of South Africa's (UNISA's) Research Ethics Committee as well as the KwaZulu-Natal Provincial Department of Education's eThekwini district management office for the involvement of the selected high school students in this research. The researcher further understood the requirement for the study's compliance with Section 73 of the National Health Act (No. 61 of 2003).

Furthermore, the researcher collected data from the 30 participants until the data was saturated using semi-structured interviews. Gray (2019: 216) describes an interview as a dialogue during which the interviewer asks questions directed at obtaining information and better understanding of the interviewee's perceptions, experiences, and knowledge. Therefore, the interview is an effective mechanism for acquiring insightful information on people's behaviour, views, attitudes, and meanings they allocate to critical issues relating to their lives (Cassell, 2015: 17; Gray, 2019: 216).

Utilisation of the in-depth semi-structured interviews was to obtain more views and better understanding of individual participants' perspective. Furthermore, the researcher prepared the guide for interviews beforehand for directing the proceedings

during interviews. One ‘grand tour’ question was used for exploring the experiences of high school students receiving HIV and AIDS services and to prompt them to express their views and experiences spontaneously.

Based on the responses of the participants, the ‘grand tour’ question, probing or sub-questions was applied as follow-up for clarity or further input in tandem with the study objectives and attendant research problem (Dantzle & Hunter, 2012: 47). A field notebook was used to document observations of the participants’ non-verbal behaviour and communication during the interviews (Corbin & Strauss, 2015: 14-15).

The researcher outlined the expected level and nature of the participants’ involvement and behaviour during teach interview, including the rights they are entitle to (Silverman, 2020: 37). Subsequent to fully disclosing the study, every participant was provided with an informed consent form to sign as an indication that they fully understood the researcher’s explanations about the research, which was also be interpreted in the interviewees’ home or first language; that is, isi-Zulu. The researcher took notes with the assistance of a notebook to monitor the participants’ behaviour during the interview. Furthermore, the researcher utilised an audio-recorder with the participants’ concurrence, to ensure that none of the participants’ interview information were omitted, lost, or missed (Efron & Ravid, 2019: 22).

3.7 DATA ANALYSIS

The eight steps of Tech’s coding process were utilised in the analysis of data as recommended by Creswell (2020: 193). In that regard, the study’s preferred content data analysis method was applied according to the eight steps discussed below

3.7.1 Step 1: Organise and Prepare the Data Analysis

Creswell (2020: 193) further recommends that the transcription of all recorded data or captured data should be conducted word-for-word to enhance the analysis process. The collected data was transcribed from all the audio-recorded interviews word-for-word.

3.7.2 Step 2: Read or Look at All the Data

Every word was carefully read in the transcripts to derive some meaning from the various segments of data.

The meanings and ideas that emerge uninterruptedly during the reading phase were documented as the researcher re-read the transcripts to consolidate the emerging patterns of meanings and understanding.

3.7.3 Step 3: Start Coding All the Data

The researcher downscaled the obtained data for coding in respect of the prevalence or regularity of concepts appearing in the verbatim transcripts. All emergent topics were listed during the downscaling. Similar and dissimilar topics were grouped differently. Notes were written on margins and the researcher started detailing her thoughts about the data on margins of the paper where the verbatim transcripts appear.

3.7.4 Step 4: Generate a Description and Themes

The researcher searched and created theme based on the participants' responses.

3.7.5 Step 5: Representing the Description and Themes

The researcher began by abbreviating topics which were emerging as codes were written next to each appropriate transcribed segment. Thereafter, data was separated and individualised in meaningful codes. The researcher recoded the codes in relation to the presentation of data in a different colour-coding from that used in Step 3.

3.7.6 Step 6: Development of Themes and Sub-themes

Themes and sub-themes were formulated from the coded data and related texts to reduce the complete list with grouped topics that are inter-related to establish a semblance of understanding and meaning.

3.7.7 Step 7: Compare the Codes, Topics and Themes for Duplication

The researcher compared and checked the data for similarities and refined topics, codes, and themes where required.

The researcher re-checked for duplication by using the listed codes. Similar codes were categorised and recoded for their description and relevance.

3.7.8 Step 8: If necessary, Recode the Existing Data

Each theme and its related data were allocated to one column for preliminary analysis. The researcher engaged an independent coder in compiling a final research report that included themes and sub-themes.

3.8 ETHICAL CONSIDERATIONS

Essentially, ethical principles underpin the human rights, value, dignity, and integrity of the human participants throughout their involvement in the study (Flick, 2020: 28). The below-mentioned ethical protocols guided the study: -

3.8.1 Permission to Conduct the Study

The Ethics Committee (Higher Degrees Committee) of the College of Human Science at University of South Africa (UNISA) granted approval for conducting the study. KwaZulu-Natal Department of Education in the province also granted permission to utilise their institutions in conducting the study.

3.8.2 Informed Consent

The consent of the participants is a critically essential ethical and legal requirement for study participants who are to be involved in the research study. It provides information on how the researcher conducted the study, and the participants' rights regarding the research questionnaires and/ or the interviews (Grove et al., 2020: 111). Information about the research purpose was shared with the participants. Participants were given informed consent in writing for administrative purposes. As explained by Cassell (2015: 23) and Gupta and Awasthy (2015: 44), informed consent contains all the information regarding the participants' rights. In this research study, those participants who were comfortable with the contents of the informed consent after being briefed, were expected to sign the form, and agreed to be part of the proposed study. The participants were made aware that they can withdraw from the study at any time they felt uncomfortable. The Integrated School Health Programme contains an assent form for learners aged above 12 years can give consent without their parents' permission.

3.8.3 Principle of Beneficence

This principle requires the researcher to minimise harm and maximise the research benefits (Dantzler & Hunter, 2012:44). The principle also incorporates freedom from harm and discomfort, and being protected from exploitation (Dantzler & Hunter, 2012:44). Freedom from harm and discomfort obligates the researcher to minimise, prevent and avoid any form of maleficence or harm that the research participants may be exposed to. Such forms of harm may include financial, emotional, physical, or social harm (Fitzpatrick & Wallace, 2018: 36). The participants were not rendered weak or vulnerable to any form of discomfort during the interview. The researcher avoided asking sensitive questions and participants were made aware that they can opt out when the felt uncomfortable.

3.8.4 Freedom from Exploitation

The researcher is obligated to protect participants from any disadvantage through their participation in the study (Creswell, 2020: 113). Freedom from exploitation should be applied by means of the researcher's assurance to participants that they were not be disadvantaged in any way by participating, or not participating in the study. In this study the participants were assured that whether they participate in the study or not, no harm was done, and did not affect their image or the image of the school. Efron and Ravid (2019: 27) inform further that the relationship that is built between the researcher and the participant should be used to do good rather than cause harm to the participant.

3.8.5 Non-Maleficence

Fitzpatrick and Wallace (2018: 178) also describe the issue of non-maleficence to include scientific misconduct.

These authors describe scientific misconduct as intended acts of deception that include plagiarism, falsification of data, and irresponsible authorship. The researcher was always honest with the participants and explained every concern the participants had.

3.8.6 Rights to Privacy

This right is enshrined in the principle of justice, and rests on the liberty of people to exercise their control or autonomy independently and freely on the extent, time, and conditions for the divulgence or non-divulgence, and sharing or non-sharing of their personal information (Babbie, 2017: 38). The information in this category includes beliefs, practices, opinions, and records (Grove et al., 2020: 105). Meanwhile, Hennink et al. (2020: 43) and Rubin and Babbie (2017: 37) recommend the maintenance of strictest confidentiality in handling personal information, which includes ensuring anonymity. The participants were not asked to disclose their names and the recordings of the interviews are being kept confidentially and are in a password secured files.

3.8.7 Right to Anonymity and Confidentiality

Anonymity and confidentiality are meant to safeguard the human subjects' privacy during data acquisition (Astalin, 2013: 29). The clearest concern is protection of the participants' identity, wellbeing, and interest. A response is considered anonymous when the researcher is unable to identify or link a given participant to any particular response (Rubin & Babbie, 2017: 37). In this study, anonymity was maintained, no participant was asked for their personal details. Rather, numerical codes were assigned to responses.

These codes were transcribed by a data transcriber based on the different responses code-numbered 1-30 to protect their identity. Any information regarding their addresses and/ or contact number was not recorded either digitally or manually. The obtained data is only be accessed by the researcher and authorized members of the university. All original data, including field notes, informed consent forms, audio recordings and transcripts, are anonymized before, and during safe storage in a password protected computer (Lamont & Boduszyński, 2020: 33).

Owing to their sensitivity, the audio-recordings are stored in a different Dropbox folder to be accessed only by the researcher, her supervisor, and Human Sciences Research Ethics Committee overseeing this project. Additionally, all data is stored for five years from completion of this study, permanently deleted thereafter.

3.9 MEASURES TO ENSURE TRUSTWORTHY OF THE STUDY

The rigour of a study is asserted on the extent of interpretation, confidence in the data, and overall quality of methods used to generate the desired outcomes or findings (Bougie & Sekaran, 2016: 19). While trustworthiness is a widely acknowledged phenomenon in the research community, debates in the literature continue regarding the issue of *what* constitutes trustworthiness (Lamont & Boduszyński, 2020: 31). Notwithstanding, the criteria by Lincoln and Guba (1985) have been generally accepted in many predominantly qualitative studies and was adopted in this study as well. The criteria include credibility, dependability, confirmability, and transferability. The authenticity criterion was added 1994 by Lincoln and Guba.

3.9.1 Credibility

According to Forero, Nahidi, De Costa et al. (2018:3), credible research outcomes are true, accurate, and believable. Also, Kyngäs, Kääriäinen, and Elo, (2019: 42) state that credibility demands that researchers apply acceptable research methodologies. For a study to be credible, it must involve participants who can answer research questions (Kyngäs et al., 2019: 43). To ensure credibility, the study applied and documented all research processes and methods. The researcher interviewed participants that are directly experiencing HIV and AIDS services. Pre-test was done to ensure that the research objectives were being met.

3.9.2 Dependability

Dependability is the stabilisation of data over time and conditions (Silverman, 2020: 38). Also, dependability premises on documenting and describing all steps and decisions and their rationale during the analysis (Cho, 2018: 12).

The researcher ensured dependability by taking field notes and observing nonverbal cues throughout the interviews. Literature control was conducted to compare findings from other studies.

3.9.3 Confirmability

Confirmability is a quality criterion related to the degree to which third parties can conform research outcomes as true (Kyngäs et al., 2019: 43). Furthermore, confirmability is viewed as the extent to which research outcomes are supported by

collected data (Kyngäs et al., 2019: 43). The researcher captured all interviews in the audio recorder to ensure confirmability. The researcher withheld her opinions.

3.9.4 Transferability

According to Cassel (2015: 27) and Gupta and Awasthy (2015: 76), transferability defines the extent of the findings are usefulness, value, or relevance to persons in different settings. In qualitative studies, research output entails a transferability quality if its outcome that can be generalised (Forero et al., 2018: 3). The researcher ensured that all field notes were taken down and observation made during the interview were noted.

3.9.5 Authenticity

Authenticity is premised on the extent of truthfulness displaying from the findings of the unaltered lived experiences of the participants (Edmonds & Kennedy, 2012: 122). The participant-based information was truthful. The authenticity was ensured in this study using a tape recorder that recorded word for word from the participants with the permission from the participants.

3.10 CONCLUSION

In this chapter the researcher's description and presentation of the research design, population, data analysis, research methodology, data collection were explained in detail. It also entails the measures taken to ensure trustworthiness and explained the ethical principles the research adhered to. The next chapter presents and discusses the research study finding.

CHAPTER 4
RESEARCH FINDINGS

4.1 INTRODUCTION

The current chapter presents the actual findings accrued from the raw data of the interview-based responses of the 30 participants who took part in this study. In that regard, the findings are reflective of the study's completion, insofar as they demonstrate in practical terms, the analyzed data, as well as its interpretation and categorisation into various themes that pertinently and clearly respond to both the research objectives and research questions as articulated in Chapter 1. Furthermore, the discussion of themes that emerged from the content data analysis, which is further demonstrated by means of the participants' verbatim responses. The study purpose was to explore and describe high school students' experiences attending HIV and AIDS services in KwaZulu Natal's eThekwini Municipality. Therefore, this chapter's unfolding results are representative of students' experiences in that regard.

Prior to discussing the participants' experiences the chapter outlines these participants bibliographic or demographic profiles (attributes or characteristics) in terms of their gender, age, as well as their grade level distribution at the time of conducting this study. From the perspective of the researcher, the issue of gender is significant, given that several studies and statistical data provided in Chapters 1 and 2 respectively, have made reference to HIV infection as more prevalent in certain gender categories than in others.

Similarly, the issue of age is also a valuable factor in this study, given that the high school students (who are the primary focus of this study), belong to specific age groups. Furthermore, various studies cited in Chapters 1 and 2 of this this study respectively, showed that HIV infection was most dominant among adolescence or the youth between the ages of 15 and 19 years. Therefore, the age demographic variable would be of great use to the study insofar as testing the veracity of the literature perspectives against the practical information obtained from the age profiles of the various participants. On the other hand, the grade level of the participants is also particularly important in this study because it could be one of the critical measures or determinants of the students' health awareness and maturity. For example, it would not be expected that sexual reproductive health education would be a subject of a classroom discussion with learners at a lower grade level than their counterparts at a higher grade level.

4.2 INDIVIDUAL BIOGRAPHIC PROFILES OF PARTICIPANTS

The gender distribution of participants is depicted in Figure 4.1 below.

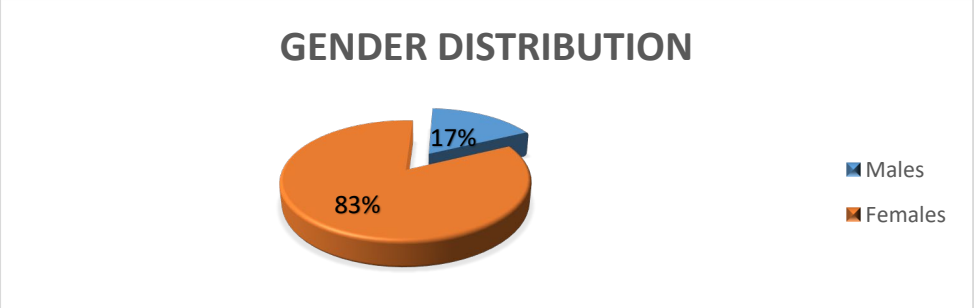


Figure 4.1: Gender distribution of participants

The above-cited Figure 4.1 depicts the gender distribution of (n=30, 100%) participants. The majority of participants were females (n=25, 83%), while (n=5, 17%) were males. In this regard, the researcher noted that females were more open to discuss health-related matters than males who were reluctant to join the study because of fear and their introverted-ness. All the participants (n=30, 100%) were Isi-Zulu speaking but during the interviews, they were given the option to choose a language in which they were comfortable. Figure 4.2 below depicts the age distribution of the participants.

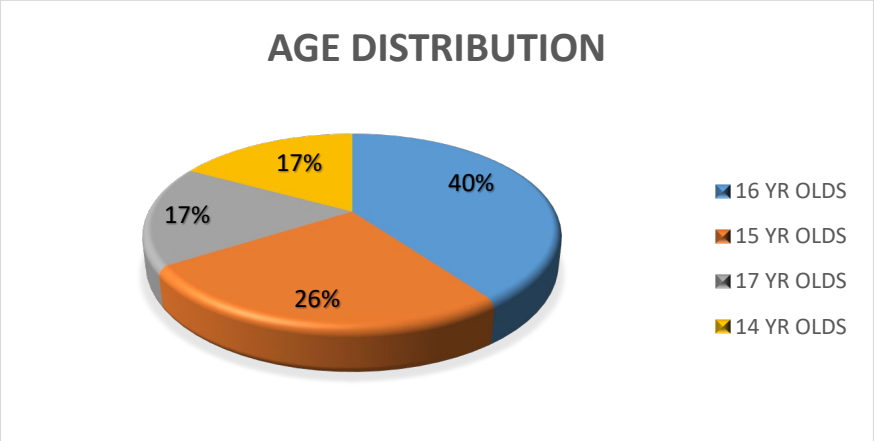


Figure 4.2: Age distribution of participants

Interviews were conducted with thirty students from the two selected high schools. According to Figure 4.2 above, the majority of participants (n=12, 40%) were 16-year-olds, followed by (n=8, 26%) participants who were 15 years old.

There were (n=5, 17%) participants who were aged 17 years, while (n=5, 17%) were 14 years old. The researcher found it imperative to establish the ages of the participants in order to determine their maturity level. The following Figure 4.3 below depicts the participants' grade levels at school.

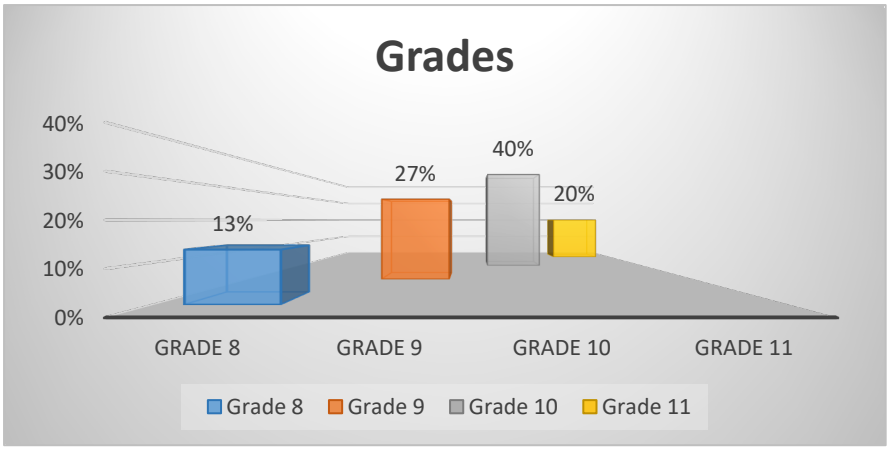


Figure 4.3: Grade level distribution of participants

Based on Figure 4.3 above, the majority of participants (n=12, 40%) were in Grade 10, followed by (n=8, 27%) in Grade 9. Grade 11 learners were (n=4, 20%) and the least number of learners were in Grade 8 (n=4, 13%). It was imperative for the researcher to determine the grades of the participants in order to determine their level of Life Orientation Learning that has occurred.

4.3 KEY FINDINGS

The key findings and related sub-themes or categories discussed in this section are derived from thematically generated and analysed statements/responses of the participants during the interviews. It is worth noting that these interview-based response statements are also centrally focused on the very objectives of the study, namely:

- To investigate the experiences on HIV and AIDS services provided to high school students in eThekwini Metropolitan Municipality, KwaZulu-Natal Province.
- To describe the barriers faced by high school students using and accessing HIV and AIDS services in eThekwini Metropolitan Municipality, KwaZulu-Natal Province: and
- To propose and describe recommendations to improve the HIV and AIDS services for high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

Table 4.1 (overleaf) is an encapsulation of the main three themes generated from the findings. The table also depicts the relevant sub-themes or categories pertinent to each of the three themes.

Table 4.1: Themes and sub-themes

Themes	Subthemes
Theme 1: Experiences of high school students attending HIV and AIDS services	• Communication between the school health nurse and high school students; • Attitude of school nurses as a contributing factor for high school students' poor attendance of HIV and AIDS services; and • Importance of high school students' interaction with school nurses while at school
Theme 2: Barriers to attending HIV and AIDS services provided at school	• Fear of a positive result once tested; • Presumption of being sexually active; • Awareness of sexual status; • Abstaining from sex; • Fear of stigmatisation; • Fear of being judged; and • Lack of time.
Theme3: Recommendations to improve attendance to HIV and AIDS services.	• Voluntary testing; • Student self-introspection; • More frequent school health nurses' visits; • Privacy in private rooms; •

4.3.1 Theme 1: Experiences of high school students attending HIV and AIDS services

From the experiences of high school students attending HIV and AIDS services, three sub-themes or categories were generated, namely: communication between the school health nurse and high school students; attitude of nurses as a contributing factor for high school students' poor attendance of HIV and AIDS services; as well as the importance of high school students' interaction with school health nurses while at school.

4.3.1.1 Sub-theme 1: Communication between the school health nurse and high school students

All participants (n=30, 100%) were able to project their experiences on attending HIV and AIDS services. On the other hand, (n=20, 67%) participants felt that the communication between the high students and school health nurses was good, while (n=7, 23%) participants felt that the communication was poor, as they hardly saw the school health nurses at school. Only (n=2, 7%) participants felt that the communication was not complicated because school nurses were from their community. As such, they were comfortable communicating with them. Clearly, the school has not played a part

in the engineering of students' health at school. This is supported by the following narrative statements:

Participant 2: "*The communication is really good because they came one day to offer Covid19 vaccinations.*"
Participant 3: "*I think it's good because school nurses are different from the clinic nurses*"
Participant 5: "*Communication is all right*".
Participant 6: "*The school nurses are good with us; they treat us well*".
Participant 8: "*Communication is good; school health nurses are gentle.*"
Participant 10: "*The communication between the school nurses and students is good because some of the students are struggling and nurses are there for that.*"
Participant 15: "*I think the communication is okay but can be improved.*"
Participant 16: "*Ahhhhhh…. the communication is all right too much*".
Participant 17: "*Ayi …. It is good for me because the school nurse helped once.*"
Participant 18: "*Communication is good because we are able to ask health-related matters*".
Participant 20: "*I am not sure you know; I think it's good…. it's good".*
Participant 21: "*Communication is good. I trust the nurses*".
Participant 22: "*Nurses communicate well with us and that is what we what*".
Participant 25: "*Communication with nurses is good because we are scared of our parents, nurses listen to our problems*".
Participant 26: "*Nurses create a safe environment*".
Participant 27: "*Communication is good because when the nurses are here, they teach us about HIV and family planning*"

Eleven participants (n=11, 37%) had negative views on the communication with the school health nurse while at school. This is supported by the following narrative statements:

Participant 1: *"They don't come here often, like I have never seen them ".*
Participant 4: *"The communication is not right; I actually think it's bad".*
Participant 7: *"Communication is complicated; some nurses know us from the community"*
Participant 9: *"Students are afraid of nurses, communication is complicated.*
Participant 11: *"I think with communication it's bad because nurses who come to school are old."*
Participant 12: *"Communication is not on point".*
Participant 13: *"I don't think there is any communication, nurses rarely come to school".*
Participant 14: *"What I would like to say about that, is that I am quite not sure because I have never interacted with a nurse while at school. I won't say much".)*
Participant 19: *"I think the communication lacks sometimes because some of us are not able to open up to people we don't know."*
Participant 23: *"Communication is not good because we don't trust easily".*
Participant 24: *"It's complicated".*

The participants averred the fact that their communication with the school health nurses is good, that was also confirmed by the majority. At the same time it leaves room for improvement, because some of the participants felt that their communication with the school health nurses was not good. They were satisfied to know that there are nurses at school, even though they have different opinions based on their communication with the very same nurses.

4.3.1.2 Sub-theme 2: Attitude of school nurses as a contributing factor for high school students' poor attendance of HIV and AIDS services

Participants were asked whether the attitudes of school health nurses influenced their attendance at HIV and AIDS services. All thirty participants (n=30, 100%) projected their impressions of nurses' attitudes. Only ten participants (n=10, 33%) viewed the nurse's attitude as hindering their attendance of HIV and AIDS services. They believe the nurses' attitudes demotivates them in attending the HIV and AIDS services at school. This may have a negative impact in mitigating the spread of HIV and AIDS among high school students. This view is supported by the following narrative statements:

Participant 1: "*The nurses' attitude is disgusting, and you are scared to go for HIV testing*".

Participant 4: "*Some nurses have bad attitudes; they are not patient with us. You become scared and just walk away from them".*

Participant 10: "*Most of the time the attitude will be welcoming but nurses are not the same. Some are difficult that you don't even know where to start or what to say and most of the time I walk away*".

Participant 11: "*Nurses attitude contributes a lot. The comments that they make, like if I want to test, they will say "But you are young to test" you then decide there and there to never go back*".

Participant 13: "*They ask you why you have come to test then you wonder why they are there. Nurses attitude is not good at all"*.

Participant 15: "*Some nurses are really bad; they will shout at you for no particular reason" "I am scared of them shame*".

Participant 17: "*The nurses' attitude is bad in a way that you don't know whether to trust them or not, but I guess it depends on the individual. I personally don't trust them". "At times you use your friends experience and have your own attitude.*"

Participant 18: "*Some nurses are known to my family" "Some of their attitudes are spiteful because they know you" "You end up not getting the wanted services because you don't know if they will tell on you*".

Participant 2: *"Some nurses' just shout at you, and you leave without getting any help. School nurses are not good listeners*".

Participant 25: *"They say we are young to test; they always make these comments about testing while you are a student. They don't give us any sympathy at all".*

The following five participants (Participants 19, 20, 28, 29, and 30); that is, (n=5,17 %) mentioned that the nurses' attitudes were not a contributory factor to their failure to attend HIV and AIDS services. Therefore, there was a need to explore the reasons behind this attitude of students regarding their attitudes towards HIV and AIDS services at school. These reasons are expressed in the following narrative statements:

Participant 19: *"No, nurses' attitudes do not contribute, as a student who wants help you overlook such if u happen to experience it*".

Participant 20: "*No, the attitude has nothing to do with students not testing, they just don't test period. Students don't even want to come for screenings in general"*.

Participant 28: *"Nurses are here to help us. I don't want lie; I have never been given an attitude. I respect nurses because we are also difficult to deal with".*

Participant 29: *"The ones I have interacted with have not given me any attitude".*

Participant 30: *"No, nurses have our best interest at heart. They are here to help us".*

Based on the attitudes of the school health nurses, (n=3, 10%) of the participants made a comparison of nurse's attitude to the local clinic nurses that they have attended before. This is supported by the following narrative statements:

Participant 5: "*Nurses are not the same. Some nurses shout, which makes it hard to communicate with them especially from the local clinic, they always shout. School health nurses are young and are polite*".

Participant 6: "*In my experience, the clinic nurses are harsh, but school health nurses are kind and are always willing to listen to you*".

Participant 27: "*I feel that nurses from our local clinic are not nice compared to school health nurses and that is why I prefer school nurses.*

In this regard, (n=8, 27%) participants felt really good about school health nurses' attitude. They expressed praises which is supported by the following narrative statements:

Participant 2: "*Nurses are not the same. School nurses are welcoming*". (Participant 2)

Participant 3: "*They are good because of the way they talk to us; they encourage us to be healthy. The nurse's attitude is a good one*". (Participant 3)

Participant 7: *"Well, I can say I would attend the services because nurses are here to help us, and I don't think a nurse can make any harsh comment to me with no reasons. I believe she offers a service and give the best advice*".

Participant 8: "*I think the nurses' attitude is good. They are friendly. The way I see it, they care about us". (Participant 8)*

Participant 12: "*School health nurses are cool and nice. You are welcoming to us. I have never had any bad experience with my school nurses*". (Participant 12)

Participant 14: *"I would say it's lukewarm, sometimes it's nice and sometimes it's not nice. During my primary school years, the school health nurses were very nice. Our high school nurses currently are friendly and welcoming*". (Participant 14)

Participant 21: "*School health nurses are friendly, and they teach us well about health issues. They answer our questions politely. They keep their promises when you request a service from them*". (Participant 21)

Participant 24: "*I have had a good experience with school nurses, they have manners, and they approach with respect. They always teach us about sexual transmitted infections*". (Participant 24)

Only one participant (n=1, 3%) mentioned that she is unaware of nurses' attitudes.

Participant 16: "*I don't know really, I honest don't have an answer*."

Participant 9 mentioned that that nurses are strict, and that she only decides whether or not to use the service based on the nurses' initial response.

Participant 22: "*Nurses are strict, sometimes you wait on her response towards you then decide if you will be receiving a service from her or not*".

The other participant felt he didn't have any comment because he's never interacted with the nurses at school and in the community. The following narrative statement is supportive of that communication:

Participant 22: "*Eish…. I don't have any opinions when it comes to the nurses' attitude. I am not a sickly person. I don't recall anything*".

Evidently, ten participants (n=10, 33%) viewed nurses as a barrier to attending HIV and AIDS services because of their attitude. As such, they stated that they would either leave or walk away without receiving any service. Nurses should demonstrate a caring attitude when handling clients or patients, especially students. The application of Batho Pele principles would be a key factor in addressing HIV and AIDS services at the schools.

4.3.1.3 Sub-theme 3: Importance of high school students' interaction with school health nurses while at school

All participants (n=30, 100%) were asked about the importance of interacting with the school health nurses while at school. In this regard, four participants (n=4, 10%)

expressed their awareness of other students who were already engaging in sexual activity. This assertion is supported by the following narrative statements:

Participant 1: *"I know some of the students are already having sexual intercourse, it's important for them to interact with the nurses so they can test and know their statuses*".

Participant 7: "*I think it is important because as we grow up, we are scared to go to the clinic to test for diseases because some of us have started to have sex and all that and they will be scared to go for family planning but because nurses are here at school, those students can get help at school.*

Participant 30: "*Nurses play an important role because those students who have started having sex can get help by getting tested and be referred for further management at the clinic".*

The researcher also noted how the participants were comparing the teachers and school health nurses in their response to the importance of interaction with nurses. Following are the narratives from (n=3, 10%) participants who expressed their views in that regard:

Participant 10: "*It is important because a learner is able to have one on one with nurse at school because teachers are too busy, and they can use the information against you"*.

Participant 11: "*I think it important because students are more likely to speak to a nurse who is not always at school rather than teachers who may not take the problem serious*".

Participant 14: "*It's kind of like, I would say that it is important to interact with the nurses because at times you are not comfortable with the teachers and they may bring up a discussion you had with them unlike with a nurse, you are comfortable". "Nurses can help you, encourage you and you are free" "Teachers are busy*".

Furthermore, the researcher also noted that some participants, based the importance of interacting with the nurse on events that the school nurses had held at their school. This demonstrates the importance of communication, as a student will speak of an event from which they gained something. Two participants (n=2, 7%) emphasized the significance of awareness as follows:

Participant 20 "*We get help from nurses on a lot of things pertaining to our health. They did a teenage pregnancy awareness day early this year. That was good."*

Participant 29 "*Nurses are important to us here at school, they come and check us for diseases. They do events that are educational, the teenage pregnancy event was a good idea".*

Participants 8, 12, 22, 23, and 25 expressed the importance of interacting with school health nurses in terms of the nurses' creation of a safe environment for all learners at school. This is supported by the following narrative statements:

Participant 8 "*It is important because nurses provide a safe environment. You can ask them anything without being judged*."
Participant 12 "*I think it is very important because nurses create a private and safe space for learners. Imagine if I was raped, I cannot stand in front of the class and tell them*".
Participant 22 "*You can share your secrets with the school health nurse. Their approach is good*".
Participant 23 "*Nurses are health care professionals; they create a safe space for learners all the time*".
Participant 25 "*You are free to share with nurses anything that is bugging you no matter how bad it is. Nurse will never share your secrets*".

The following three participants (n=3, 10%) expressed their views concerning the importance of interacting with school health nurses as follows:

Participant 15 *"Nurses are helpful to us here at school. They check us for disease, and they make uncomfortable topics, comfortable*".
Participant 12 "*It is helpful to have nurses at school because we are able to check disease like HIV and nurse are trusted because they are knowledgeable*".
Participant 27 "*It is helpful because some conditions are managed at school, and we don't have to go to the clinic after school. Teenage pregnancy drops because we are taught about family planning*".

It is clear from the above-cited participant responses that they viewed the importance of acting with the school health nurses as very helpful.

The majority of the high school student learners agreed that it was important for them to interact with nurses at school. This would assist in mitigating the threat of HIV and AIDS and other communicable diseases. This view is supported by the following narrative statements:

Participant 2 "*Many bad things can happen to the students. We need nurses at the school*".
Participant 3 "*We need to interact with nurses so as to get questions related to health are answered*". (Participant 3)
Participant 4 "*To teach the students about the disease*".
Participant 7 *"I think it is important to interact with nurses because each and every child must know his or her status." "Let me make an example of myself, right now I don't know if I have HIV or not, I need nurses to test me because if I test later on. It might be too late*".

Participant 8 "*It is important because nurse will be aware of students' problems and intervene accordingly*".

Participant 9 "*I feel like if a student is being abused, he or she can be afraid to go to the clinic. So, if there are nurses at school, she or can get professional help*".

Participant 13 "*Nurses teach us to be healthy all the time and they inform us of different types of diseases so that we get help early*."

Participant 16 "*Nurses are good for the school, though I had a brief consultation with them". "I think the play an important role*".

Participant 18 "*We learn a lot from nurses" "We need to ha a relationship and interaction with them*".

Participant 24 "*Nurses play an important role in the school because we learn a lot from them. They have ways to talk to us without offending us at the same time*".

Participant 28 "*It is important because when students have issues at school related to health, there can be attended there and there without having to go to the clinic*".

According to the participants, it is critical for nurses to interact with students at school. No participant projected a negative viewpoint. The majority of participants (n=16, 53%) mentioned some valuable aspects that are pertinent to them, while the remaining (n=14, 47%) agreed that interacting with the school nurse was moderately important.

4.3.2 Theme 2: Barriers to attending HIV and AIDS services provided at school

Table 4.2 below is a synoptic illustration of the various participant responses on whose basis the second thematic categories were developed.

Table 4.2: Participants response to barriers to attending HIV and AIDS services

Responses	Frequency	Percentage
1. Fear of a positive result once tested	08	26.7%
2. Presumption of being sexually active/shyness	02	6.7%
3. Aware of their status already	01	3.3%
4. Abstaining from sex (still a virgin)	05	16.7%
5. Fear of stigmatization if the result is positive	06	20.0%
6. Fear of being judged	05	16.7%
7. Lack of time	03	10.0%
Total	**30**	**100%**

The flowing participant statements a reflection of the various thematic categories captured in Table 4.1 above.

4.3.2.1 Fear of a positive result once tested

The following narrative statements show that the fear of a positive result once tested, is a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 1: "*I think they are afraid that they will find out they have HIV*".

Participant 5: "*What if I test positive, OMG I am scared.*

Participant 14: "*I know I must know my status but the fear of positive results creeps in and I don't test."*

Participant 15: "*A thought of a positive result change everything even after I have been counselled a hundred times*".

Participant 16: "*Scared to know my status, feels like everyone knows about it*".

Participant 18: "*First all students are chased after to come for physical assessments. Fear of knowing their HIV status will prevent them from attending HIV and AIDS services*".

Participant 24: *"The main reason is the fear of testing and getting a positive result. These days when you are sick people assume you have HIV".*

Participant 28: "*I think the main reason is fear, nurse HIV is scary. My cousin has HIV and she's not coping at all*".

It is clear from the above-stated participants' narrated statements or responses that they are fearful to test because of the possibility of a positive HIV result from the test. This implies that there is a need of HIV and AIDS awareness that must be targeted at schools. From the perspective of the researcher, the nature of the above responses highlights the critical need for comprehensive health education on HIV and AIDS transmission in schools. There is a lack of appropriate knowledge regarding the transmission or infection of HIV from one individual to the next.

Furthermore, it is possible that the above-mentioned participants are fearful of the HIV test because of the knowledge that they might have previously indulged in unsafe sexual practices with one or more partners without condom use. Also, it is possible that the fear that they have arises from preconceived and uninformed notions about what they have heard or know about the spread of HIV and AIDS from their homes, the community, or society at large.

4.3.2.2 Presumption of being sexually active

The following participant responses demonstrate that the presumption of being sexually active is a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 21: "*We are scared to test especially when we are with our parents because they might think we are having sex already"*.
Participant 26: "*Shyness for me because testing for HIV is associated with having sex."*

From the above participants' narrative statements, it is clear that their understanding of sexual activity is externally linked to factors such as family norms or cultural beliefs. Therefore, there is the fear that an HIV test would expose the 'secret' of indulgence in sex, while such sexual indulgence is declared a cultural taboo and prohibited for adolescents at a certain age. In such instances, it is evident that the fear of the parents' reaction could also be viewed as the particular participant having brought some shame or disgrace to a particular family, especially in the event that such a family are staunch traditionalists who adhere to some strict sexual behaviours or protocols by teenagers prior to marriage.

4.3.2.3 Awareness of sexual status

The following participant responses indicate that awareness of sexual status is a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 2 intimated that she was tested for HIV at the age of ten, which gave her confidence to test, but she would not test at school because she is already aware of her status:
Participant 2: "*I was tested when I was ten years old, and it was negative*".

It is evident that the above-stated participant does not have adequate knowledge concerning HIV testing. The fact that she was tested the age of 10 years should necessarily inspire her to take another HIV test, especially if she may have indulged in an unsafe sexual activity after the first HIV test that was conducted when she was 10 years of age.

4.3.2.4 Abstention from sex

The following participant responses show abstention from sex as a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 6: "*I haven't slept with anyone. I am a virgin*".
Participant 7: "*I don't have a boyfriend I am clean. I don't need to test*".
Participant 8: "*I am abstaining from sex*".
Participant 9: *"Ngiyahlolwa mina [I am a virgin]"*".
Participant 30: "*I am scared to test though I have never had sex with a boy*".

The above-stated participants clearly indicate that they did not see the need to test because they were still virgins. Such a remarkable and bold declaration demonstrates that the participants have no reason to fear an HIV test because their abstention from any sexual activity is such that the test itself would definitely reveal negative results. It is also worth mentioning that this is the only group of participants who are not governed by any fear, and also apply a simple method of abstention that is acceptable in both the traditional context and the conventional medical and healthcare practices.

4.3.2.5 Fear of stigmatisation

The following participant responses demonstrate the fear of stigmatisation as a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 10: "*Fear of being stigmatized, they will say I started having sex a long time ago*".
Participant 12: "*Afraid to test. I am going to be stressed out if I test positive*".
Participant 19: "*Afraid to test if you test positive, other leaners may laugh at you. They will gossip*".
Participant 20: "*Students are arrogant, and they will not utilise the HIV and AIDS services. You know what nurse; I personally am afraid to test*".
Participant 17: "*We fear to test; I think once you test you don't feel normal again*".

Evidently, the above-cited participants expressed concern about being stigmatised and judged by both peers and teachers, because once seen with a nurse or using HIV services, students and teachers immediately make unfounded assumptions. Hence, most students opted not to use the HIV services provided at the school, simply on the basis of stigmatisation.

The problem of stigmatisation is like a contagious disease in society, and needs to be continuously preached against and condemned in all spheres of society. This problem usually is based on hearsay, rumours, gossip, and unfounded belief systems. Stigmatisation could also lead to traumatisation, victimisation and 'character assassination' of the student against whom false claims have been made.

We have come a long way in our understanding of HIV and AIDS in South Africa, but prejudice against people living with HIV and AIDS remains widespread. For instance, during the interview, the researcher asked the participants whether they were aware that some children were born with HIV infection. Therefore, prejudice and stigmatisation against an innocent child or baby would be extremely unethical and

immoral since the child/ baby was not in any way responsible for the extremely irresponsible conduct of his/ her parents that rendered him/her HIV-positive. Therefore, high school students and learners in general should be educated about HIV and AIDS in general, and stigmatisation in particular. HIV is not necessarily a death sentence, irrespective of the fact that there is not yet any permanent cure of HIV and AIDS available presently.

4.3.2.6 Fear of being judged

The following narrative statements focus on the fear of being judged by others as a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 3: "*If I can test positive it is going to be known by other learners and the community.*"
Participant 4: "*Scared of being judged*".
Participant 11: "*What will people say should I test positive, not ready for treatment*".
Participant 29: "*People will judge you, they always do*".
Participant 22: "*Some of us are scared and some don't have a problem. I guess it is a personal choice.*"

The above-cited excerpts demonstrate the element of fear that is perennial in this theme. Also, there is a connection with the fear of stigmatisation and the fear of judgmentalism on the basis of some preconceived notions held by those acting as ethical and moral 'judges' on others. It is also noticeable that the fear of being judged is not only directed at peer pressures, but broadly encompasses other people in the family, the community and society at large. Therefore, it is incumbent on HIV and AIDS services provided in schools to emphasise firstly, that HIV is not a death sentence. Secondly, there should be a consented emphasis on education about the transmissibility of HIV from birth, in which case the sufferer could not be held liable for suffering or having contracted the disease by means beyond their control.

4.3.2.7 Lack of time

The following narrative statements focus on lack of time as a barrier to the high school students (participants) non-attendance of the HIV services provided at school:

Participant 23: "*Time is the main reason for me, at school we are busy and after school, you are expected to be home at a certain time"*.
Participant 25: "*Some of us don't have time to go and test because we don't want to go to the clinic because of long queues*".
Participant 27: "*Lack of time is the reason for me … we want to test but we are impatient at the same time. Like we don't want to wait*".

Extrapolated from the above-mentioned participants' excerpts, is that the time factor is presented as a major barrier or hindrance for not attending the HIV and AIDS clinics. From the researcher's viewpoint, the time factor excuse is untenable because the school health nurses do not come to the schools daily. Even so, on the pre-scheduled days of their availability, there are specific time allocations to ensure that the time schedules of the HIV services do not clash with the normal routine of classes and lessons throughout the normal teaching schedules throughout the day.

In addition, it is the researcher's observation that this (seventh) hindrance or barrier, constitutes and underpins all of the already cited 6 (six) reasons mentioned in sub-sections 4.3.2.1 to 4.3.2.6. That is to say, the lack of time could possibly be mentioned or cited by the participants as a barrier when in fact, it is a reason to camouflage any single or combination of reasons as the actual barrier or hindrance to attending the HIV services provided at the school.

4.3.3 Theme 3: Recommendations to improve access to HIV and AIDS at schools

The participants were requested to provide their views concerning their recommendations for improved or increasing student attendance of the HIV and AIDS services provided in the eThekwini Metropolitan Municipality schools**.** The following narrative statements provide the participants' various responses in the above regard:

Participant 1: "*I think nurses should come and test the high school students but those who are comfortable enough to test and leave the uncomfortable one*".
Participant 3: "*Test the ones that want to test and if they are negative, they will motivate the ones that do not want to test*".
Participant 6: *"Students must not be forced, only the comfortable ones*".
Participant 8: "*Nurses must come to school and explain the steps involved with HIV testing counselling so as to give the students an understanding because some students have never been tested".*

The participants above recommended that there should be no student who is intimidated or forced to undergo the HIV test because it is voluntary by law. Those who are comfortable in undergoing the test at school, should not be stigmatised or made to feel as if they did something unacceptable, immoral or unethical. Such responses could be justified, considering the magnitude of fear, judgmentalism and other reasons cited as barriers to attending the HIV services provided at school. Furthermore, it is unlawful to coerce any person to undertake an HV test, because such coercion is viewed as a violation of a person's rights and freedom to decide

whether or not they wish to perform an HIV test. Hence, the emphasis on counselling and testing should be voluntary in accordance with the VCT stipulations.

In contrast, Participant 18 recommends that students should do self-introspection.

Participant 18: "*Students should so self-introspection because some students were born with the HIV, and they don't know it yet. "Nurses should use that as a motivating factor since some of us have never tested for HIV before*."

From the researcher's viewpoint, the emphasis on self-introspection could be viewed as synonymous with voluntary counselling and testing because undertaking an HIV test would be solely at the discretion of the student, rather than on the basis of any external pressures or influences.

The following added their views concerning their recommendations as follows:

Participant 16: "*I think there should be awareness events where all students are present". "Increase the times the nurses come to the school not just once a month*".

Participant 17: "*Explanation of the importance of testing. Take us step by step and explain to the students what happens when you test positive or negative*".

Participant 21: "*We request nurses to come to the school often". "Nurses must do awareness events in the sports grounds, parks and in the schools because some of us are scared to go to the clinic*."

The above responses of the participants demonstrate a clear indication that there is still recognition of the importance of the school health services provided by the school health nurses. Hence, there is a recommendation for the school health nurses to be available at schools on a more regular basis and also conduct frequent HIV awareness programmes and campaigns.

In addition to the recommendations above, the following participant statements express the participants' desire for more privacy during the school health nurses' performance of the health services and education initiatives.at their school/s.

Participant 15: *"Private rooms for testing in schools should be made available in schools where nurses can use those rooms to test students and we can go to them at any time".*

Participant 23: *"Create a safe space for students where nurses can have a private time with the students without any students disturbing."*

Participant 24: *"Private rooms for nurses for testing." "Nurses should guarantee my information will not be shared with anyone".*

It is evident that the participants recommended that school health nurses should explain the whole process of doing the HIV test in very clear terms. Moreover, there is a recommendation for more private consultations of students at school. Such recommendation could be justified, based on the various barriers and experiences the students have previously cited in Theme 1 and Theme 2 in this study.

The following participant statements are a reflection of the different recommendations expressed in respect of improvements in the school health education programmes provided at their respective schools:

Participant 11: "*I believe the foundation of wanting to test for HIV starts at home." "The parents, guardians should also be involved in encouraging students to test for HIV". "The principal should arrange parent meetings and tell them about the HIV and AIDS services offered at school." "I believe once you get a buy in from the parents, you are in a road to victory*". "*It would be better if nurses who come to school are not from the area because we know and we will not want to test".*

Participant 20: "*Involve the school principal to ensure that the health education is delivered clear. A life science teacher can assist the nurses by getting the message across"*.

Participant 22: "*The nurses must communicate with the teachers and have meetings about strategies to ensure deliverance of HIV and AIDS health education information to students"*.

Participant 28: "*Nurses should come to schools and explain HIV testing like they did when they were vaccinating for Covid 19*."

Participant 29: "*I'd like nurses to have a dialogue with students where clarity is made with regards to HIV education." "They must call students per grade and not as a whole team so as to get the message across well*".

Participant 30: "*Health education is an eye opener; nurses should never get tired to health educate us and correct any myths we might have when it comes to HIV and AIDS as students*".

There are two distinct issues emerging from the above extracts. Firstly, there is a recommendation for a broader stakeholder participation in the form of parents in order that they can be supportive and understand the reason behind the HIV testing. In addition, the principal is viewed as the facilitator and coordinator who should ensure that the work of the school health nurses is unhindered in any way by any of the issues that surface in Theme 1 and Theme 2. Secondly, there is the issues of the nurses' frequent visits. Therefore, there is still in clear indication that the students or participants were generally appreciative and receptive of the services offered by the school health nurses whose intention is to educate the students on matters of health

safety and education in order for them to become well-informed adults in the future and citizens who have embraced healthy living and lifestyles.

The following participants also provided their proposed recommendations as follows:

Participant 4: "*Nurses should be patient with us." "They must not ask too many questions; they must provide the service*."

Participant 5: "*I recommend that students must be made aware of HIV and AIDS services available at our school and the use of PreP now days should be used as a motivator to ensure that we are testing"*.

Participant 9: "*I think nurses should improve and change their attitudes when they are providing such sensitive service at schools."*

Participant 14: "*Nurses need to take initiation and interact with us because Life Orientation is not enough because we have to skip to another chapter with unanswered questions." "Life Orientation does not cover certain health related issues*."

In terms of the afore-cited narrative statements, there is a recommendation for nurses to change their perceived negative attitudes towards students, and also avoid asking personal or invasive questions because they appear to be prying. A negative attitude can drive students away and view the services as highly unfriendly. In the view of the student participants, such a recommendation would enhance the provision of HIV service delivery and improve interactions with students at school.

The recommendation concerning Life Orientation as a subject is based on the inadequacy of this subject to answer some of the questions that the students might have concerning HIV/ AIDS and other diseases. Furthermore, there was a recommendation for students to be informed about PreP as a motivator.

Further to the above participant perspectives, Participant 10 shared her recommendations thus:

Participant 10: "*Teachers should motivate students to test at all times. Life Orientation teachers can even invite nurses for popular topics like HIV and AIDS." "Learners must support one another and not judge." "We must be there for each other"." Department of health must provide any form of counselling available for students who may need them after testing"*.

In view of the above perspective, it is clear that the recommendations address the students the teachers and left for intention as a subject. As such, students are encouraged to refrain from applying judgmental misconceptions because these may demotivate other students, particularly those whose HIV test results have come out

negative. There is also a recommendation for collaborative initiatives between teachers and nurses. This recommendation is similar to other recommendations made in Theme 2, whose focus is on broadening stakeholder involvement such as the participation of the principal and parents. The recommendation for Life Orientation improvements is mostly a policy-related recommendation that would require the involvement of senior decision-makers in the Department of Education and the Department of Health. However, the fact that it was mentioned by the students is reflective of the health consciousness among the students in respect of the HIV services and health education programmes provided at their schools.

4.4 CONCLUSION

This chapter summarized the main conclusions of the research study using interview-based data, which was then thematically analysed to produce understandable meaning as proof of the findings. The participants who met the requirements for inclusion provided data, which was then compiled and presented in both diagrammatic and narrative formats. The participant profiles provided insight into the participants' knowledge and experiences related to their attendance at HIV and AIDS services.

The responses of the high school students demonstrated that there is still a lot of work to be done, because fear can lead to psychological problems, which are undesirable in our high schools. Stigmatization has always been a problem, irrespective of testing positive or not. Society always has something to say all the time (Badahdah & Sayem, 2010: 904; Visser, Makin, Vandormael et al., 2009: 19).

In this study, three main themes were produced, along with related sub-themes or categories. The overall summary, conclusion, limitations and study recommendations for additional research are presented in the next chapter. The majority of the recommendations are positive and demonstrate high school students' willingness to attend to HIV and AIDS services in schools. Implementation of the above-mentioned recommendations would make it possible for HIV and AIDS to mitigate the future challenges at the schools.

CHAPTER 5

DISCUSSIONS, LIMITATION, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

The preceding chapter presented the data and outcomes of this research study. In this chapter, the researcher discusses the data, limitations, recommendations and the conclusion for both government, NGO establishments and the next research opportunities. As initially stated, a synopsis of the results and conclusions is discussed according to the identified study objectives. The chapter also identifies the strengths and weaknesses of the study.

5.1.1 The Sociological Economic Model: a framework for the discussion

In this regard, the researcher made use of the SEM as a framework, and the study objectives to organise and discuss the key findings in this study.

5.2 SUMMARY OF RESULTS ACCORDING TO THE RESEARCH OBJECTIVES

The main aim of this research study was to explore and describe high school students' experiences attending the HIV and AIDS services at eThekwini Metropolitan Municipality, to describe barriers faced by high school students using and accessing HIV and AIDS services and to propose and describe recommendations to improve access to HIV and AIDS services. The research objectives of this research study were:

- To explore and describe the experiences on HIV and AIDS services provided to high school students in eThekwini Metropolitan Municipality, KwaZulu-Natal Province;
- To describe the barriers faced by high school students using and accessing HIV and AIDS services in eThekwini Metropolitan Municipality, KwaZulu-Natal Province; and
- To propose and describe recommendations to improve attendance to HIV and AIDS services for high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

5.2.1 Objective One: To Explore and Describe the Experiences on HIV and AIDS Services Provided to High School Students

5.2.1.1 Communication between the high school students and school health nurse

All (n=30, 100%) participants were able to express their views based on the experiences on attending HIV and AIDS services. the majority of participants (n=21, 70%) felt that the communication between the students and school health nurses is good while (n=7,23%) of participants felt that the communication is poor, and they hardly see the school health nurses at school. The other (n=2, 7%) participants felt that the communication is complicated and difficult because the school nurses are from their community, and they are uncomfortable communicating to them with issues on HIV, the feel they might be stigmatised. Clearly, the school has not played part in the engineering of students' health at school.

According to the SEM intrapersonal/ individual factors influence behaviour such as knowledge, attitudes, beliefs, and personality (Roura et al., 2009:203). This is supported by the Integrated School Health Programme's stated aim of ensuring that health services are brought to the schools in order to prevent diseases and early intervention to any disease discovered in schools (DoBE & DoH, 2012: 2). Additionally, the ISHP programme is aimed at increasing knowledge and awareness of health-promoting behaviours among students as they are among the most vulnerable groups (DoBE & DoH, 2012: 2).

5.2.1.1.1 Recommendations

It is recommended that both the Department of Health and the Department of Basic Education should implement an effective plan in which students are made aware of the health services provided by the DOH at the school. However, it is advisable for the school health nurse to have proper plans for schools. For example, nurses could have a monthly roster to school which could be discussed by the school SGB as well as the staff and come with a plan on how the roster can accommodate the students without disturbing the learning programme.

The communication could also be improved through formal introduction of school health nurses at the beginning of the year where students can have physical interaction with school health nurses to make them feel comfortable and be able to communicate with them (Lindberg et al., 2018: 11). Both the health and education

departments can develop a satisfaction survey after the nurses have visited the schools to check the effectiveness of their work is concerned and also get feedback on areas that might need improvement.

5.2.1.2 Importance of Interacting with the nurse while at school

According to the participants, it is critical for nurses to interact with students at school. None of the participants expressed a negative viewpoint. About 53% of the participants had opinions that highlighted certain aspects that are most valuable to them as a nature of importance. This would assist in mitigating the threat of HIV and AIDS and other communicable diseases. With noting the importance of interacting with school health nurses at school (n=3, 10%) participants expressed their awareness of other students who are already sexually active and are in need of the school health nurses.

A comparison between teachers and nurses was made by (n=3, 10%) participants who preferred nurses over teachers when dealing with their health issues. They expressed that the teachers are not busy. It was also noted by the researcher that two participants intimated the importance of interacting with nurses during events, which became an ice breaker for them, they also emphasised that the event was organised by nurses at school and they would like such events to be made available periodically. Furthermore (n=5, 17%) participants emphasized that the nurses are important because they create a safe space for them, and they can share their secrets with them. The remaining 47% agreed that Interacting with the school nurse was important.

According to the CDCP (2019), more than 56 million adolescents attend school daily, creating a special opportunity to give them the information, abilities, and tools they need to stay HIV-free throughout adolescence and into adulthood. Schools maintain a crucial position in the fight to prevent HIV and play a significant role in supporting the health and safety of young people (WHO, 2018).

5.2.1.2.1 Recommendations

According to the CDCP (201: 14), students who are taught about HIV and AIDS at school are more likely to get tested for HIV. Therefore, teachers and nurses need to communicate with each other in order to transfer the communication to high school students. Meeting with the school student governing body will kick-start communication. The principals should perform assessments on school health nurses when their work is done at school (Shamagonam, Pedro, Pisa et al, 2020: 2). The nurses must give feedback to the principal and be able to keep records and statistics

which can be made available to the SGB as well as the principal. in this regard, the management of the school health service can be easily monitored and the utilisation of the service might improve. CDCP (2019) states that schools play a role in supporting HIV testing among students and linking them to confidential health services.

5.2.1.3 Attitudes of nurses contributing to high school students attending HIV and AIDS services

Thirty-three percent of participants saw the nurse'' attitudes as a barrier to receiving HIV and AIDS services. They thought it was very negative and toxic. Furthermore, students demonstrated a lack of motivation to use HIV and AIDS services. On that note, four participants, averred that nurse'' attitudes had nothing to do with their attendance at HIV and AIDS services. They believe that when a student requires assistance, he or she would seek it regardless of the attitude. Therefore, there is a need to explore the reasons behind this attitude of students regarding their attitudes towards HIV and AIDS services at school.

Three students made a comparison of nurses' attitudes between school health nurses and local clinic nurses. They mentioned the fact that school health nurses are kind and welcoming, as opposed to local clinic nurses, who are harsh and shout for no apparent reason, making it difficult for students to attend health services. Nurses should show caring attitudes when handling clients or patients especially student. The Batho Pele principles should be the key factor in addressing HIV and AIDS services at the schools. According to SEM, having negative attitudes or belief can hinder the flow of effective communication for sharing of knowledge. The situation is the same if there is poor or limited communication between the school nurses and high school students.

5.2.1.4 Recommendations

The researcher concurs with the participants who intimated that nurses and teachers should involve parents in everything they do, particularly when it comes to HIV and AIDS. In support of this, a study conducted in Nigeria by Akpaibio et al (2009), "*Effects of school health nursing education intervention on HIV and AIDS related to the attitude of student'*" concluded that health education efforts aimed at improving HIV and AIDS related attitudes should not only focus on students but also on parents, who could assist in improving the efforts of school health nurses in educating students.

Reporting any bad experience encountered by a student from a nurse is recommended, through proper channels of communication the involved nurse can be made aware further steps taken.

5.2.2 Objective Two: Barriers Faced by High School Students Attending HIV and AIDS

For 43% of participants, the fear of testing positive for HIV was the main reason for not attending HIV and AIDS services. This implies that there is a need of HIV and AIDS awareness that must be targeted at schools. There is a lack of knowledge regarding how one can be infected with HIV as indicated by majority of participants that it is through sexual intercourse whereas other modes of contracting HIV infection are ignored, e.g., contaminated with infected human secretion namely blood, saliva, stool, urine and semen. Sharing of needles by drug users can lead to HIV infection.

An experience of being tested for HIV at the age of 10 was shared by one participant who further mentioned that she received negative results and based on the counselling and communication skills she received from professionals, she is able to transfer her knowledge to her peers through peer education. Furthermore, she has gained the confidence to test and does not have a problem with testing at school. Four participants expressed concern about being judged by teachers and peers because assumptions about sexual activity would begin. In contrast, three participants stated that a lack of time is the reason they are not accessing HIV and AIDS services, despite the fact that they do not have a problem.

Furthermore, the participants mentioned unequivocally that they are still virgins. The SEM emphasized that access to HIV and AIDS services is an essential element of health development and a fundamental human right. However, due to the different developmental status and strategies used, access to healthcare varies across and within nations (Pinzon-Iregui, Beek-Sague & Malow, 2013: 14).

5.2.3 Objective Three: Recommendations to Improve Attendance to HIV and AIDS Services

In order to increase the number of students who use HIV and AIDS services in eThekwini Metropolitan Municipality schools, the participants were asked what recommendations they would like to see put into action. Some of the participants, (n=3,

10%) advocate for allowing all students who are comfortable with HIV testing to do so without being forced or judged.

One participant intimated that students need to engage in self-reflection because, in her opinion, some students are born with HIV and are unaware of it unless they get tested. Two participants suggested organising awareness campaigns as a means of encouraging students to use HIV and AIDS services. Furthermore, one participant suggests involving parents since they are the basis of society and some students attend services as a result of their parents' approval.

5.2.4 Recommendations

There has to be a deeper integration in the daily activities of the school and the school health nurse. Allocation of more time for the school health nurse to visit the school would be sufficient for the students. The involvement of parents, teachers, learners as well as the SGB in support of the Operation Sukumasakhe or War-room is vital for the success of HIV and AIDS service, furthermore, all stakeholders e.g., induna, counsellor of each ward, South African Police, and heads of government departments from the community represented and any initiative from the school health nurses would be shared and explained to the community at large together with the benefits of health programmes explained.

Parent involvement in school health services is of benefit and any health promotion measures are likely to succeed with parents' involvement. Another important recommendation is to increase the visibility of health service in the community so as students can have access to those services at any time. The introduction of nurses to students at the beginning of the year will also have an effect to improve communication. Students need to see the faces of nurses and know them. Assessments can be done to measure the effectiveness of school health nurses at school in order for the Department of Basic Education to intervene when students are unhappy with a service being provided.

The Centers for Disease Control and Prevention (2019) has a campaign named, "Get Yourself Tested" which is an implementable powerful campaign in high schools for encouraging young people to be tested for HIV and sexually transmitted diseases (STDs). Students and teachers can collaborate on the campaign to create materials and plan school-wide prevention and testing events. The GYT campaign for high

schools can raise HIV and STD awareness and prevention, connect young people to testing and counselling services, and encourage open discussions with partners, peers, and healthcare providers.

This initiative can be adopted by both the South African Department of Health and the Department of Basic Education as health promotion measures to increase HIV testing in schools. For policymakers, to advance the goal of HIV testing and management from the early years of learning, it is recommended that the Department of Basic Education include HIV and AIDS as a subject within the Life Orientation Curriculum.

5.3 STRENGTHS AND WEAKNESSES OF THE RESEARCH STUDY

Following are the strengths and weaknesses noted by the researcher from the study:

5.3.1 Weaknesses in the Research Study

The findings of this research study was based on the participants used by the research whereby the response of the majority of participants was utilised.

During interviews, the researcher sat in on one of the Life Orientation classes to get a sense of what health-related issues are discussed and to get a sense of how students feel about HIV and AIDS. The qualitative study data collection method, one-on-one interviews, limits the researcher because participants gave the responses that they believe the researcher wants to hear.

5.3.2 Strengths in the Research Study

The researcher covered all the study objectives. These objectives were to explore and describe the experiences of HIV and AIDS services provided to high school students, to describe the barriers faced by high school students using and accessing HIV and AIDS, and to propose and describe recommendations to improve attendance to HIV and AIDS services for high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province. The interviews were conducted in a peaceful manner. All students were on time on the day of the interview and the researcher made them comfortable and interviewed them in a conducive area which had no potential risks.

5.4 RESEARCH STUDY LIMITATIONS

The limitations of the research study pertain to those considerations, methodological activities, and scientific processes with the potential to render the study inefficacious (Denscombe, 2014: 34; Ritchie & Lewis, 2011: 27). In that regard, the study limitations are as follows:

- The students interviewed were only from two high schools, which could reduce the generalisability of the findings;
- The age of the learners was from 12 to 19 years old, which could have been expanded to other age groups;
- The researcher could have used questionnaires to access other participants in a larger area using a mixed-methods approach;
- The study focused only on HIV services in schools, but could have been expanded to external clinics for those not attending school but ere in the 15-19 years age cohort.

5.5 RECOMMENDATIONS

The researcher is proposing the next recommendations regarding further research: -

- The study only interviewed students from two high schools, such a study can be conducted in at least 50 schools. The researcher recommends the expansion of the research population in order to gain a deeper understanding of many more students in other rural areas. Overall, this was a rewarding experience for the researcher because she was able to explore student'' experiences with HIV and AIDS services.
- The research study found that most participants are aware of HIV and AIDS services available in schools but have raised issues about the underutilization of these services. This gap allows for further research to be conducted to explore strategies that can be used to increase attendance at HIV and AIDS services. Furthermore, the principals, the school health nurse as service providers, and the teachers should play a role in responding or developing strategies that benefit students and ensure an increase in the use of HIV and AIDS services.

5.6 RECOMMENDATIONS STEMMING FROM THE RESULTS OF THE RESEARCH STUDY

5.6.1 Reported recommendations by participants: -

- Increase the allocation of time for the nurses that visit the school. The students must also have access to the schedule that the nurses bring to schools. the researcher

is working as a school health nurse and is also working on delivering of schedules visit dates to schools;

- The nurses' attitudes are to be improved because some attitudes become barriers which hinder the progress of the HIV and AIDS service. Ethics and etiquette need to be re-instilled in nurses and be reminded of the importance of their profession;
- Participants suggested that parents need to be involved because they are the foundation that can increase the attendance to HIV and AIDS services and health services in general. School health nurses to be part of the student governing body meetings where they are able to address parents on the services they provide at school and also to explain their role in ensuring the spread of the message.
- Conducting awareness campaigns as health promotion and prevention strategies in schools or in community halls is recommended. With awareness campaigns, questions are answered, myths are corrected, and curiosity is gained;
- Have HIV and AIDS as a topic on its own for Life Orientation Curriculum and have the school health nurses conduct that lesson from class to class;
- Some participants recommended that the school must a private room for nurses where privacy is maintained. They want to share their concerns in private without someone walking up and down;
- Further recommendations were made on the visibility of nurses, they recommend that nurses are introduced to the school at the assembly at the beginning of the year where they see the nurses' faces because they can recognize the same faces at the local clinic and will get help;
- The recommendation of using PreP as a motivator for students to test. It is imperative to inform learners about the availability of treatment which can keep their HIV status negative when it is taken correctly as per prescription; Some participants request a thorough step-by-step process of HIV testing; be it the test results are negative or positive because they have never tested before. Department of Health has guidelines for HIV and AIDS and those will be shared with the students;
- The participants recommend that there should be a supporting system amongst themselves as students, whereby they would be able to comfort one another and refrain from judging each other using baseless information because the future is not known as some already think it will never happen to them;
- Inconsistency of nurses coming to school must come to an end, some participants shared. The nurses need to be consistent, if they must come every Friday then that must be the case; and

- Allocation of a mobile clinic was also recommended by the participants so that other services can also be provided for the students.

5.7 CONCLUSION

The study objectives were to explore and describe the experiences of HIV and AIDS services provided to high school students, to describe the barriers faced by high school students using and accessing HIV and AIDS, and to propose and describe recommendations to improve attendance to HIV and AIDS services for high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province.

The findings of this study will hopefully be beneficial in making recommendations to increase high school students' attendance to HIV and AIDS while at school for eThekwini Metropolitan Municipality. Nonetheless, the researcher believes that this study is useful for both the Department of Health and the Department of Basic Education in updating or developing new policies based on the findings of this study.

Other Non-Governmental Organisations and Community Based Organisations may find the study beneficial in addressing any experience surrounding students when it comes to HIV and Aids depending on the target population of their scope.

It is also important to note that some participants are averse to receiving an HIV-positive result, which requires urgent, thorough health education on HIV and AIDS. For attendance to improve, the issue that needs immediate attention, which prompts the nurses to conduct thorough and intensive pre- and post-testing counselling to alleviate the fear (Strauss et al., 2018: 66). All questions from the students should be answered so that they are able to make informed decisions and test for HIV.

The exploration of this study depicted an image of HIV and AIDS service that is inaccessible to students. The majority of participants felt that the communication between the nurses and themselves is good but still the majority also had barriers to the use of HIV and AIDS at school. As such, that became the recommendation of awareness events at school and continuous health education on HIV and AIDS on modes of transmission, some participants mentioned that they do not test because they are virgins.

Recommendations consist of information concerning disclosure of HIV and AIDS status, which might lessen stigma and discrimination (Pinzon-Iregui, Beek-Sague & Malow, 2013: 14). To this effect, some of the participants mentioned that they did not attend HIV and AIDS because of stigma should they test positive. In order to combat the stigma associated with HIV and AIDS, more advocacy campaigns are required. There are still numerous misconceptions and stereotypical ways of thinking that need to be dispelled. In the end, the researcher draws the conclusion that ongoing, in-depth, and strategic health education on HIV and AIDS is essential to ensure that there is always the chance to teach, dispel any myths, and encourage HIV testing without any hesitation.

LIST OF REFERENCES

Adeboye, A., Yongsong, Q., Odeyemi, A.S. & Ndege, J. 2016. Knowledge, attitudes, and practices of HIV and AIDS among high school students in Eastern Cape, South Africa. *J Hum Ecol,* 54(2): 78-86.

Alase, A. 2017. The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies* 5(2): 9.

Anderson, J. & Poole, M. 2014. *Assignment & thesis writing. South African edition*. Cape Town: Juta.

Astalin, P.K. 2013. *Qualitative research designs: A conceptual framework.* 32(22): 118-124.

Babbie, E. 2017. *The basics of social research*, 7th ed. Boston, MA: Cengage Learning.

Badahdah, A.M. & Sayem, N. 2010. HIV-related knowledge and AIDS stigma among college students in Yemen. *The Eastern Mediterranean Health Journal, 16*(8): 901-906.

Bell, J. & Waters, S. 2014. *A guide for first-time researchers*. 6th ed. Berkshire: Open University Press.

Bougie, R. & Sekaran, U. 2016. *Research methods for business: A skill building 7th ed*. India: Wiley Publishers.

Cassell, C. 2015. *Conducting research interviews for business and management students*. London: Sage.

Centre for Strategic and International Studies. 2019. *The world's largest HIV epidemic in crisis: HIV in South Africa.* Retrieved from: https://www.csis.org/analysis/worlds-largest-hiv-epidemic-crisis-hiv-southafrica# (Accessed on 23 April 2022).

Cho, J. 2018. *Evaluating qualitative research: Understanding methods qualitative research.* New York: Oxford University Press.

Clark, T., Foster, L. & Bryman, A. 2018. *How to do your social research project or dissertation.* Oxford, United Kingdom: Oxford University Press.

COGTA. 2020. EThekwini metropolitan – KZN: Profile and analysis; district development model.

https://www.cogta.gov.za/ddm/wp-content/uploads/2020/07/Metro-Profile_Ethekwini.pdf

Collins English Dictionary. 2022. *Reduction*. Retrieved from: https://www.collinsdictionary.com/dictionary/english/reduction (Accessed on 15 April 2020).

Corbin, J. & Strauss, A. 2015. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London: Sage.

Creswell, J.W. 2020. *Research design.* 6th ed. Thousand Oaks, CA: SAGE.

Dantzler M.L. & Hunter, R.D. 2012. *Research methods: For criminology and criminal justice*. London: Jones & Bartlett Learning, LLC.

Denscombe, M. 2014. *The good research guide: For small-scale social research projects.* 5th ed. England: Open University Press.

Department of Basic Education. 1996. National policy on HIV/ AIDS, for learners and educators in public schools, and students and educators in further education and training institutions. Pretoria: Department of Basic Education.

Department of Basic Education. 2016. Integrated strategy on HIV, STIs, and TB. Pretoria: Department of Basic Education.

Department of Health. 2011. *National strategic plan on HIV, STIs and TB: 2012-2016*. Pretoria: Government Printers.

Department of Health. 2014. *PHC re-engineering national strategy 2014*. Pretoria: Government Printers.

Department of Health. 2015. *National HIV counselling and testing (HCT) policy guidelines*. Pretoria: Government Printers.

Department of Health. 2016. *HIV testing services policy guidelines*. Pretoria: Government Printers.

Department of Health. 2019. *2019 ART clinical guidelines for the management of HIV in adults, pregnancy, adolescents, children, infants and neonates* Retrieved from: https://www.knowledgehub.org.za/elibrary/2019-art-clinical-guidelines-management-hiv-adults-pregnancy-adolescents-children-infants (Accessed on 28 July 2022).

Department of Health & Department of Basic Education. 2012. *Integrated school health policy*. Pretoria: Department of Health & Department of Basic Education.

Efron, S.E. & Ravid, R. 2019. *Writing literature review. A practical guide.* New York: Guilford Publication Incl.

Ethier, K. 2019. *Schools are vital in the fight against youth HIV infection*. Retrieved from: https://www.hiv.gov/blog/schools-are-vital-fight-against-youth-hiv-infection (Accessed on 23 April 2022).

Fana, T. 2021. Knowledge, attitude and practices regarding HIV and AIDS among high school learners in South Africa. *The Open AIDS Journal,* 15:1. Retrieved from: https://openaidsjournal.com/VOLUME/15/PAGE/84/FULLTEXT/ (Accessed on 25 July 2022).

Fitzpatrick, J.J. & Wallace, M.K. 2018. *Encyclopaedia of nursing research*. 2nd ed. London: Springer Publishing Company.

Flick, U. 2020. *An introduction to qualitative research*. 6th edition. USA: SAGE Publications

Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N. & Aboagye-Sarfo, P. 2018. Application of four-dimension criteria to assess the rigour of qualitative research in emergency medicine. *BMC Health Services Research*, 18(1): 1-11. Retrieved from: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2915-2. (Accessed on 25 July 2022).

Govender, K., Beckett, S., & Tarylee, R. 2022. Association of HIV intervention uptake with HIV prevalence in adolescent girls and young women in South Africa. *JAMA Network Open,* 2022;5(4): e228640. doi:10.1001/jamanetworkopen.2022.8640

Gray, D.E. 2019. *Doing research in the real world*. 5th edition. London: SAGE Publication.

Grove, S., Burns, N. & Gray, J. 2020: *The practice of nursing research: Appraisal, synthesis, and generation of evidence* 8th ed. St Louis Missouri: Saunders.

Gupta, R.K. & Awasthy, R. 2015. *Qualitative research in management: Methods and experiences.* California: SAGE.

Harichund, C. & Moshabela, M. 2018. Acceptability of HIV self-testing in Sub-Saharan Africa: Scoping study. *AIDS Behav.* 2018 Feb;22(2):560-568. doi: 10.1007/s10461-017-1848-9. PMID: 28699017; PMCID: PMC5764831.

Harikrishnan, U. & Sailo, G. 2022. Secondary school students and HIV/ AIDS awareness. *Acta Scientific Neurology,* 25(82): 11-21. https://doi.org/10.31080/ASNE.2022.05.0499.

Hennink, M., Hutter, I. & Bailey, A. 2020. *Qualitative research methods*, 2nd ed. London: Sage.

Human Sciences Research Council/ HSRC. 2013. *The 6th South African AIDS conference in Durban*. Retrieved from: www.health.24.com/medical/HIV-AIDS/News/1-million-new-HIVinfection (Accessed on 19 December 2022).

Jones, C.L., Jensen, J.D., Scherr, C.L., Brown, N.R., Christy, K. & Weaver, J. 2015. The health belief model as an explanatory framework in communication research: Exploring parallel, serial and moderated mediation. *Health Communication,* 30(6): 566-576. Doi:10.1080/10410236.2013.873363.

Karim, S.S.A. & Karim, Q.A. 2010. *HIV/ AIDS in South Africa*. Cape Town: Cambridge University Press.

Kaufman, M.R., Cornish, F., Zimmerman, R.S. & Johnson, B.T. 2014.Health behavior change models for HIV prevention and AIDS care: Practical recommendations for a multi-level approach. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 66(3): S250-S258.

Kellerman, S. & Essajee, S. 2010. HIV testing for children in resource limited settings: What are we waiting for? *Plos Med,* 7(7): 285.

Kharsany, A.B.M., Buthelezi, T.J., Frohlich, J.A., Yende-Zuma, N., Samsunder, N., Mahlase, G., Williamson, C., Travers, S.A., Marais, J.C., Dellar, R., Abdool-Karim, S.S. & Abdool-Karim, Q. 2018. *HIV Infection in high school students in rural South Africa: Role of transmissions among students*. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4179919/#B5_(Accessed on 23 April 2022).

Kimera E, Vindevogel S, Reynaert D, Justice KM, Rubaihayo J, De Maeyer J, et al. 2020 Experiences and effects of HIV-related stigma among youth living with HIV/AIDS in Western Uganda: A photovoice study. *pLoS ONE 15*(4): e0232359. https://doi.org/10.1371/journal.pone.0232359.

Korstjens, I. & Moser, A. 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 2018, 32*(24): 120–124.

Kranzer, K., Meghji, J., Bandason, T., Dauya, E., Mungofa, S., Busza, J., Hatzold, K., Kidia, K., Mujuru, H., & Ferrand, R.A. 2014. *Barriers to provider-initiated testing and counselling for children in high prevalence setting: A mixed method study*. http://doi.org/10.1371/journal.pmed.1001649

Kumar, R. 2020. *Research methodology: A step-by-step guide for beginners.* 6th ed. California: Sage Publications.

Kyngäs, H., Kääriäinen, M. & Elo, S. 2020. The trustworthiness of content analysis. In *The application of content analysis in nursing science research* (pp. 41-48). New York: Springer, Cham. Retrieved from: https://link.springer.com/chapter/10.1007/978-3-030-30199-6_5

KwaZulu-Natal Department of Health. 2022. Health bulletin, Nov-Dec. Retrieved from: http://www.kznhealth.gov.za/comms/HealthBulletin/Nov_Dec%202022.pdf

Lamont, C. & Boduszyński, M.P. 2020. *Research methods in politics & international relations*. London: Sage.

Leedy, P.D. & Ormrod, J.E. 2019. *Practical research: Planning and design*. 12th edition. New Jersey: Pearson Education International.

Le Roux-Kemp, A. 2013. HIV/AIDS, to disclose or not to disclose: That is the question. *African Journals Online*. 16(1). http://dx.doi.org/10.4314/pelj.v16i1.7

Li, X., de Wit, J., Qiao, S. & Sherr, L. 2015. HIV disclosure to children in low-and middle-income countries: towards effective interventions. *AIDS*. 1(01): S1–S5. https://doi.org/10.1097/QAD.0000000000000730.

Lindberg, L.D., Santelli, J.S. & Desai, S. 2018. Changing patterns of contraceptive use and the decline in rates of pregnancy and birth among US adolescents, 2007–2014. *J Adolesc Health, 2018*(63):253–256. https://doi.org/10.1016/j.jadohealth.2018.05.01

Madiba, S. & Mokwena, K. 2012. Caregivers' barriers to disclosing the HIV diagnosis to infected children on antiretroviral therapy in a resource limited district in South Africa: A grounded theory study. *Hindawi AIDS Research and Treatment*. https://doi.org/10.1155/2012/402403

Mojapelo, N. 2019. 'Integrated school health programme implementation constraints: An inquiry into the Ekurhuleni Health and Education system'. Unpublished Master's Dissertation. Pretoria: University of South Africa.

Naidoo, S. & Taylor, M. 2015. HIV health literacy, sexual behaviour and self-reports of having tested for HIV among students. *Afr J AIDS Res. 2015;14*(2):107-15. https://doi.org/10.2989/16085906.2015.1040808. PMID: 26223327.

Najma. S., Ashraf, G. & Brian, E. 2021. Delivering an integrated sexual reproductive health and rights and HIV programme to high-school adolescents in a resource-constrained setting. *Health Education Research, 36*, (3): 349–361, https://doi.org/10.1093/her/cyab013

Nlooto, M. 2017. Comorbidities of HIV infection and health care seeking behaviour among HIV infected patients attending public sector healthcare facilities in KwaZulu-Natal: A cross-sectional study. *PLoS ONE*, 12(2): e0170983. https://doi.org/10.1371/journal.pone.0170983.

Organisation for Economic Co-operation and Development/ OECD. 2021. *Education at a Glance 2021: OECD indicators.* Paris: OECD Publishing.

Pettifor, A.E, Rees, V.H., Kleinschmidt, I., Steffenson, A.E., MacPhail, C., Hlongwa-Madikizela, L., Vermaak, K. & Padian, N.S. 2019. Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. *AIDS* 19(14): 1525–1534. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/16135907/ (Accessed 23 April 2022).

Pinzon-Iregui, M.C., Beek-Sague, C.M. & Malow, M. 2013. *Disclosure of HIV status to infected children: A review of the literature*. Oxford: Oxford University Press.

Polit, D.F. & Beck, C.T. 2020. *Nursing research: Generating and assessing evidence for nursing practice*. 10th ed. Australia: Wolters Kluwer/Lippincott Williams & Wilkins.

Ramathuba, DU. & Davhana-Maselesele, M. 2018. Nurses' perceptions of support in caring for people living with HIV and AIDS (PLHWA) in Vhembe District, Limpopo Province. *International Journal of Research in Medical and Health Sciences,* 3(2): 7-17.

Roser, M. & Ortiz-Ospina, E. 2019. *Tertiary education.* Retrieved from: https://ourworldindata.org/tertiary-education (Accessed on 3 May 2022).

Rubin, A. & Babbie, E.R. 2017. *Research methods for social work*. Boston, MA: Cengage Learning.

Sanga, Z., Kapanda, G., Msuya, S. & Mwangi, R. 2018. Factors influencing the uptake of voluntary HIV counselling and testing among secondary school students in

Arusha City, Tanzania: A cross sectional study: *National Library of Medicine, BMC Public Health* 2(15): 452. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/25933806/ (Accessed on 3 May 2022).

Shamagonam J., Pedro T., Pisa, J., Moira P., Beery, C. & Sinead D. 2020. *Assessment of adolescent and youth friendly services in primary healthcare facilities in two provinces in South Africa*. Retrieved from: biomedcentral.com (Accessed on 28 July 2022).

Silverman, D. 2020. *Interpreting qualitative data*. 6th ed. London: Sage.

Sisay S., Erku, W., Medhin, G.& Woldeyohannes, D. 2018. Perception of high school students on risk for acquiring HIV and utilization of voluntary counselling and testing (VCT) service for HIV in Debre-berhan Town, Ethiopia: A quantitative cross-sectional study. *National Library of Medicine, BMC Res Notes*. 12(7): 518. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/25112147/ (Accessed on 25 April 2022).

South African Local Government Association/ SALGA. 2022. SALGA news. Retrieved from: https://www.salga.org.za/ (Accessed on 25 April 2022).

South African National AIDS Council/ SANAC. 2022. A national youth HIV prevention strategy for South Africa: 2022-2025. Retrieved from: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/september/20220919_PR_TES_Eduplus (Accessed on 25 April 2022).

Strauss, M. & Gavin, P. 2017. Designing human immunodeficiency virus counselling and testing services to maximize uptake among high school learners in South Africa: What matters? *Sexually Transmitted Diseases 44*(5): 290-296 doi: 10.1097/OLQ.0000000000000586

Strauss, M., George, G.L. & Rhodes, B.D. 2018. Determining preferences related to HIV counselling and testing services among high school learners in KwaZulu-Natal: A discrete choice experiment. *AIDS Behav 22,* 64–76 https://doi.org/10.1007/s10461-016-1602-8

Tarkang, E.E., Lutala, P.M. & Dzah, S. 2019. Knowledge, attitudes, and practices regarding HIV and AIDS among senior high school students in Sekondi-Takoradi metropolis, Ghana. *African Journal of Primary Health Care & Family Medicine,* 2019; 11(1), a1875. https://doi.org/10.4102/ phcfm.v11i1.1875

UNAIDS. 2016. *Report on the global AIDS epidemic*. Geneva: UNAIDS.

UNAIDS. 2018. *UNAIDS data: 2018*. Geneva: UNAIDS.

UNAIDS 2019. *UNAIDS data*. Retrieved from: https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf (Accessed on 23 April 2022).

UNAIDS. 2021. *HIV estimates with uncertainty bounds, 1990-present*. Retrieved from: https://www.unaids.org/en/resources/fact-sheet (Accessed on 23 April 2022).

UNAIDS. 2022. Supporting HIV services for flood survivors in KwaZulu-Natal. Retrieved from: https://www.unaids.org/en/resources/presscentre/featurestories/2022/april/20220423_hiv-services-flood-survivors-kwazulu-natal#:~:text=South%20Africa%20has%20the%20largest,000%20children%20(December%202020).

United Nations International Children's Emergency Fund/ UNICEF. 2013a. Towards an HIV/AIDS-free generation. Children and AIDS sixth stock taking report. New York. Retrieved from: http://www.unaids.org/sites/default/files/media_asset/20131129_stocktaking_report_children_aids_en_0.pdf UNFPA 2012. Sexuality Education: A ten-country review of school curricula in East and South Africa [pdf] UNFPA.

UNICEF. 2013b. *Lost in transitions: Current issues faced by adolescents living with HIV in Asia Pacific* schools are vital in the fight against youth HIV infection.

UNICEF. 2018. *Children, HIV and AIDS: The world in 2030:* A UNICEF special report. December 2018.

UNICEF. 2020. Children, *HIV and AIDS*: *How will progress be impacted by Covid-19? July 2020.* Available from: https://data.unicef.org/resources/children-hiv-and-aids-how-will-progress-be-impacted (Accessed on 14 September 2021).

UNICEF. 2022. *Adolescent development and participation: Investing in adolescents builds strong economies, inclusive communities and vibrant societies*. Available from: https://www.unicef.org/india/what-we-do/adolescent-development-participation (Accessed on 14 September 2021).

Unidike, B.C., Ekrikpo, U.E. & Bassey, E.A. 2012. Awareness, knowledge and perception of HIV/ AIDS and sexual behavior amongst pre-clinical, medical students in a Nigerian university. *Nigerian Journal Medicine, 21*(3): 272-276.

US Department of Health and Human Services. 2020. *Healthy people 2020: Sexually transmitted diseases. Washington, DC: US Department of Health and Human*

Services; 2020. Available from: https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases

Van Rooyen, H. & Strode A. 2015. *Making HIV testing services for children appropriate, accessible and available: Key policy considerations*. February 2015. Pretoria: Human Sciences Research Council.

Visser, M.J., Makin, J.D., Vandormael, A., Sikkema, K.J. & Forsyth, B.W. 2009. HIV/AIDS stigma in a South African community, *AIDS Care, 21*(2): 197-206.

Vreeman, R.C., Gramelspacher, A.M., Gisore, P.O., Scanlon, M.L. & Nyandiko, W.M. 2013. Disclosure of HIV status to children in resource-limited settings: A systematic review. *Journal of the International AIDS Society*, 16:18466

World Health Organization/ WHO. 2011. *HIV disclosure counselling for children up to 12 years of age*. Geneva: WHO.

World Health Organization. 2015. *A systematic review of reporting tools applicable to sexual and reproductive health programmes: Step 1 in developing programme reporting standards.* Geneva: WHO.

World Health Organization. 2017. Design and initial implementation of the WHO FP umbrella project- to strengthen contraceptive services in the Sub Saharan Africa. *Reproductive Health*, 2017(14): 74 DOI: 10.1186/s12978-017-0335-0

World Health Organisation. 2020. The changing world of adolescent sexual and reproductive health and rights. Retrieved from: https://www.who.int/news/item/03-02-2020-the-changing-world-of-adolescent-sexual-and-reproductive-health-and-rights (Accessed 28 July 2022).

World Health Organization/ WHO. 2022. *Adolescent and young adult health.* Retrieved from https://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions (Accessed on 28 July 2022).

Zuma, K. & Simbayi, L. 2022. The HIV epidemic in South Africa: Key findings from the 2017 national population-based survey. *International Journal of Environmental Research and Public Health, 19*. 10.3390/ijerph19138125.

ANNEXURE A: UNISA ETHICAL CLEARANCE

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

26 September 2022

NHREC Registration # :
Rec-240816-052
CREC Reference # :
63309386_CREC_CHS_2022

Dear Ms Thina Siphelele Ngidi

Decision:
Ethics Approval from 26 September 2022 to 26 September 2023

Researcher(s): Name: Ms. T.S. Ngidi
Contact details: 63309386@mylife.unisa.ac.za
Supervisor(s): Name: Dr T.R. Netangaheni
Contact details: netantr@unisa.ac.za

Title: HIGH SCHOOL STUDENTS' EXPERIENCES ATTENDING HIV AND AIDS SERVICES AT ETHEKWINI METROPOLITAN MUNICIPALITY.

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The ***medium risk application*** *was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(26 September 2023).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **63309386_CREC_CHS_2022** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature: 

pp

Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Prof ZZ Nkosi
Acting-Executive Dean: CHS
E-mail: nkosizz@unisa.ac.za
Tel: 012 429 6758

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE B: UNISA PERMISSION LETTER

UNISA university of south africa

REQUEST FOR PERMISSIOM TO CONDUCT THE STUDY

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT ETHEKWINI METROPOLITAN MUNICIPALITY

TITTLE: High school students' experiences attending HIV/AIDS services at Ethekwini Metropolitan Municipality

Date :

Contact person's name: **Ms Thina S Ngidi**

Contact person's Department: **Ms Buyi Ntuli**

Contact person's building no. or room no: **Pinetown Circuit, KwaZulu Nata, South Africa.**

Contact person's telephone number: **+27 784015663**

Email address: siphethi@gmail.com

Dear Sir/ Madam

I, **Thina Siphelele Ngidi,** am doing research with Dr Nentangaheni, in the Department of Health Studies towards a master's degree at the University of South Africa. I am requesting for permission to conduct a study **Title: High school students' experiences attending HIV/AIDS services at Ethekwini Metropolitan Municipality.** The study aims at exploring experiences of HIV and AIDS services provided to high school students at Ethekwini Metropolitan Municipality.

The proposed research will be conducted in two identified high schools situated at KwaNgcolosi Area west part of Ethekwini Metropolitan Municipality. The sample size will be a subgroup of 30 participants of the population of interest, namely: 30 learners from two identified high schools.

The findings from the study will add new insights to the existing literature and provide a base for conducting similar research studies in this context for the future. After the analysis of the challenges, the researcher will develop guidelines and make

recommendations on how to improve integrated school health policy, coordination, practice, and effectiveness of community health systems in the country.

Overall, the study's contribution will be viewed as a cornerstone for future programmes to be strengthened and intensified, regular monitoring and evaluation. These guidelines and recommendations will improve and strengthen the school health services and policies. The schools around the area will benefit as they will receive better quality services. Potential risks will be some discomfort based on the uncertainty of responses to research questions and inconvenience based on the time/duration of the interviews.

Feedback procedure will entail follow up meeting via virtual and discuss or explain the findings of the results.

Yours sincerely

Ngidi

Miss Thina Siphelele Ngidi
Department of Health Studies

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE C: RESEARCHER'S APPLICATION FOR PERMISION TO CONDUCT STUDY

education
Department:
Education
PROVINCE OF KWAZULU-NATAL

Application for Permission to Conduct Research in KwaZulu Natal Department of Education Institutions

1. Applicants Details

Title: Miss Surname: Ngidi

Name(s) Of Applicant(s): Thina Siphelele Email: siphethi@gmail.com

Tel No: _____ Fax: _____ Cell: 07840156663

Postal Address: 45 Mahai Dive
Waterfall 3
3610

2. Proposed Research Title: HIGH SCHOOL STUDENTS' EXPERIENCES ATTENDING HIV AND AIDS SERVICES AT ETHEKWINI METROPOLITAN MUNICIPALITY

3. Have you applied for permission to conduct this research or any other research within the KZNDoE institutions?	Yes	No
		X

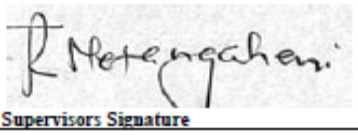
If "yes", please state reference Number: _____

4. Is the proposed research part of a tertiary qualification?	Yes	No
	x	

If "yes"
Name of tertiary institution: University of South Africa

Faculty and or School: Department of Human Studies

Qualification: Master in Public Health



Name of Supervisor: Dr. R Netangaheni **Supervisors Signature**

5. Briefly state the Research Background:

The researcher is a school health nurse in the rural community of Kwa-Ngcolosi. As such, she is conscious of the fact that HIV/Aids resources are not utilised in the schools and community in which she works. Such under-utilization of these services has prompted the researcher's interest and in-depth understanding of the experiences and attitudes of high school students concerning HIV and AIDS. This stems from her passion of preventing the spread of HIV and AIDS among teenagers and adolescents at a time when it can be prevented. Furthermore, the researcher is hoping that by conducting this study, it will shed more light on the key areas that need to be improved regarding HIV and AIDS. The researcher is also motivated by the desire to advocate for increased HIV and AIDS services among high school students in particular, given their age of high vulnerability to risky social practices (World Health Organization/ WHO, 2017:74). In South Africa, many schools have experienced growth of the pandemic, such as educators, family members, and students falling ill. Such an impact by the pandemic has changed the normal school and daily activities in the community. In view of Kharsany et al.'s (2018:215) determination of the magnitude of this problem, many high school students were found to be HIV positive, which underscores the importance of increasing awareness and knowledge on students' low usage of, and access to HIV and AIDS services provided in schools. Therefore, good environments should be created where learners can be equipped with HIV education on prevention during adolescence and into adulthood (Kharsany et al., 2018:215). The researcher proposes to explore and describe their perception, understanding, and reasons leading to the low access and usage of the proposed HIV and AIDS services. From the findings, the researcher will then be able to provide recommendations that will help improve access and usage of HIV and AIDS services in these schools.

6. What is the main research question(s) : The intended research study will answer the following questions:
    - What are the experiences of high school students regarding the provision of HIV and AIDS services in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province?
    - What are the barriers to accessing and using HIV and AIDS services by high school students in eThekwini Metropolitan Municipality, KwaZulu-Natal Province?
    - What are the recommended measures that can be used to improve access to the HIV and AIDS services by high school students in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province?

7. Methodology including sampling procedures and the people to be included in the sample:

The research design is the researcher's systematic plan of and strategies intended to allocate and manage the structure and processes of the investigation such that the research problem is resolved, and research questions are answered ultimately (Kumar, 2020:122). The intended study has adopted

an exploratory and descriptive research design, which is informed by the study's intended aim of exploring the experiences of high school students regarding the HIV and AIDS serves provided in their schools (in the eThekwini Metropolitan Municipality, KwaZulu-Natal Province). Kumar (2020:370) intimates further that exploratory research is effective when the study objective is to investigate an unknown field of study. Grove, Burns and Gray (2020:285) corroborate further that the main purpose of a descriptive design is to explain variables such a situation, practices, concerns, preferences, opinions, or interests on the investigated phenomenon.

Hence, the researcher's interest in the high school students' experiences will be enhanced by the explorative and descriptive aspects to gain insightful information and knowledge.

8. What contribution will the proposed study make to the education, health, safety, welfare of the learners and to the education system as a whole?:

   The study will contribute to the understanding of student's experiences of HIV and AIDS services provided to High Schools in Kwa-Zulu Natal. Furthermore, it will assist the Department of Education and Health to improve the HIV and AIDS schools program and contribute to existing knowledge in HIV and AIDS programs for High School students. This study will also at contribute to the existing knowledge with regard to HIV and AIDS services offered by the health department to high school students in EThekwini Metropolitan Municipality.

KZN Department of Education Schools or Institutions from which sample will be drawn – If the list is long please attach at the end of the form		
Hlahlindlela High School		
KwaBazothini High School		

9. Research data collection instruments: Data collection relates to the methodical process of acquiring information that is pertinent for resolution of the identified research problem (Cho, 2018:16). The researcher will collect data from the 30 participants until the data saturates using semi-structured interviews. Gray (2019:216) describes an interview as a dialogue during which the interviewer asks questions directed at obtaining information and better understanding of the interviewee's perceptions, experiences, and knowledge. Therefore, the interview is an effective mechanism for acquiring insightful information on people's behaviour, views, attitudes and meanings they allocate to critical issues relating to their lives (Gray, 2019:216). In-depth semi-structured interviews will be utilised for obtaining more views and better understanding of individual participants' perspective. In this regard, the researcher will prepare an interview guide beforehand for directing the proceedings during interviews. One 'grand tour' question will be used for exploring the experiences of high school students receiving HIV/ AIDS services and to prompt them to express their views and experiences spontaneously.

10. Procedure for obtaining consent of participants and where appropriate parents or guardians:

Before signing permission to participate in the study through a consent form, the participants will be given information about the study's purpose, procedures, and expected duration of participation. In addition, they will be made aware that they are not compelled to participate in the research and that they have the right to withdraw at any time without any fear of recrimination or retribution, and that they are not obliged to answer questions they view as violating their privacy.

11. Procedure to maintain confidentiality (if applicable):
Instilling confidence in the participants, anonymity will always be maintained, no participant will be asked for their personal details. Rather, numerical codes will be assigned to respondents. The codes will be transcribed by a data transcriber based on different responses code number 1 to 30 to protect identity.

12. Questions or issues with the potential to be intrusive, upsetting or incriminating to participants (if applicable): The study is chosen as medium risk by the researcher hence the study topic is sensitive. HIV and AIDS is a sensitive issue to many people as a result talking about HIV can trigger emotional stability of the participants.

13. Additional support available to participants in the event of disturbance resulting from intrusive questions or issues (if applicable):

There are no known dangers associated with this research. However, the researcher will ensure that participants are comfortable by stopping the discussion and allowing the participants to decide whether to continue. The researcher works hand in hand with school based social works and may assist with counselling if need arise.

14. Research Timelines :

	Main Activity	Delivery
1.	Proposal development	April-May 2022
2.	Submission to supervisor and peer review	June 2022
3.	Correction/ recommendations by supervisor	June 2022
4.	Submission to Ethics Committee	July-August 2022
5.	Submission of draft Chapter 1	September 2022
6.	Submission draft Chapter 2 & Chapter 1 corrections	October 2022
7.	Data collection	November-December 2022
8.	Qualitative data analysis and interpretation	January-February 2023
9.	Submission of draft Chapter 3 and Chapter 2 corrections	March 2023
10.	Submission of Results Chapters (4,5,6)	April-May 2023
11.	Submission draft Chapters 7 & 8, and corrections of Chapters 4, 5 & 6	June-July 2023
12.	Language editing and document formatting	August 2023
13.	Submission of 1st final draft thesis manuscript to supervisor	September 2023
14.	Final language editing and formatting	September 2023
15.	Submission of 2nd draft thesis manuscript to supervisor	October 2023
16.	Printing copies & binding final thesis for examination	N/A
17.	Implementation of examination recommendations	November-December 2023

15. Declaration

I hereby agree to comply with the relevant ethical conduct to ensure that participants' privacy and the confidentiality of records and other critical information.

I Thina Siphelele Ngidi declare that the above information is true and correct

Signature of Applicant	**26 August 2022** **Date**

16. Agreement to provide and to grant the KwaZulu Natal Department of Education the right to publish a summary of the report.

I/We agree to provide the KwaZulu Natal Department of Education with a copy of any report or dissertation written on the basis of information gained through the research activities described in this application.

I/We grant the KwaZulu Natal Department of Education the right to publish an edited summary of this report or dissertation using the print or electronic media.

Signature of Applicant(s)	**26 August 2022** **Date**

Return a completed form to:
Phindile Duma – Tel: 033 392 1063
Office of the HOD; KwaZulu Natal Department of Education
Hand Delivered:
Office 318; 247 Burger Street; Anton Lembede House; Pietermaritzburg; 3201
Or
Ordinary Mail
Private Bag X9137; Pietermaritzburg; 3200
Or
Email
Phindile.Duma@kzndoe.gov.za
Or
Fax
033 392 1203

ANNEXURE D: PERMISSION TO CONDUCT STUDY IN KZN SCHOOLS

KWAZULU-NATAL PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE HEAD OF DEPARTMENT

Private Bag X9137, PIETERMARITZBURG, 3200
Anton Lembede Building, 247 Burger Street, Pietermaritzburg, 3201
Tel: 033 392 1051
Email: Phindile.duma@kzndoe.gov.za

Enquiries: Mrs B.T. Ntuli
Ref.:2/4/8/7333

Miss Thina Siphelele Ngidi
45 Mahai Drive
WATERFALL 3
3610

Dear Miss Ngidi

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"HIGH SCHOOL STUDENTS' EXPERIENCES ATTENDING HIV AND AIDS SERVICES AT ETHEKWINI METROPOLITAN MUNICIPALITY:"**, in the KwaZulu-Natal Department of Education institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from **30 August 2022 to 31 March 2025.**
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers above.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Mr GN Ngcobo
Head of Department: Education
Date: 30 August 2022

ANNEXURE E: RESEARCHER'S ACKNOWLEDGEMENT LETTER

UNISA university of south africa

RESEARCHER ACKNOWLEDGEMENT

I, **Thina Siphelele Ngidi**, ID No. **8601250323083**, hereby acknowledge that in my capacity as a researcher I am aware of, and familiar with stipulations and contents of the following:

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

And that I shall conform to and abide by these policy requirements.

Signature:

Date: 24 June 2022

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE F: PARTICIPANT INFORMATION SHEET

PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: 63309386_CREC_CHS_2022
Research permission reference number:Rec-240816-052

Date: 24/10/2022

Title: High School students' experiences attending HIV and AIDS services at eThekwini metropolitan municipality

Dear Prospective Participant

My name is **Thina Siphelele Ngidi,** a master's degree candidate in the Department of Health Studies at the University of South Africa. I am inviting you to participate in a study entitled: **"High school students' experiences attending HIV and AIDS services at eThekwini metropolitan municipality"**

WHAT IS THE PURPOSE OF THE STUDY?

The study aims at exploring and describing experiences of HIV and AIDS services provided to high school students at eThekwini Metropolitan Municipality.

WHY AM I BEING INVITED TO PARTICIPATE?

You have been selected to participate to form part of a sample of 30 males and females from the ages of 12 to 19 in the two identified high schools in the Kwa-Ngcolosi area of eThekwini Metropolitan Municipality. You will be able to provide information which will be used to determine the factors contributing to poor usage of HIV and AIDS services. Before you participate in the study you will be provided with a consent form where you will sign to confirm your willingness to participate in the study. It is also important to note that Covid-19 guidelines as stipulated by the University of South Africa and the South African Ministry of Health will be followed as a preventative measure against the virus.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

As a participant, you will be asked a series of questions by the researcher and you will be expected to provide answers. The study involves *audio taping of the interview questions and answers*. The primary reason for recording is so that the researchers would be able to transcribe and analyze the data in details. The recording is also important so that there is no information that is not clearly recorded by the researcher. The interview questions will take about 45 to 60 minutes.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. You are free to withdraw at any time and without giving a reason. If you participate in the study you will be given a copy of this information sheet to sign and keep as evidence of your decision to participate in the study. You will also sign a written consent form. Withdrawing from the study will not deprive you of benefits in your community in any way.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Participation in this study is entirely voluntary and there will not be rewards or reimbursements. However, taking part in this study will help to strengthen the HIV and AIDS services in high schools of eThekwini Municipality and the country at large. The researcher will share the finding of the study with you first, and the two identified high school principals, Department of Education and the Department of Health of eThekwini Metropolitan Municipality. As a respondent you will have a chance to make a difference in your community and in the district where you work through your shared experiences in the study.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The study may invoke sad emotions of past healthcare seeking experiences during the interview. If you feel any discomfort during the interview or data collection you are allowed to withdraw from the study. Even after withdrawing from the study, your identity will remain anonymous. If any harm attributed to the study occurs, you will be referred to professionals who may be of help to you.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

You have the right to insist that your name not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research or your name will not be recorded anywhere and no one will be able to connect you to the answers you give. Your answers will be given a code number or a pseudonym and you will be referred to, in this way in the data, any publications, or other research reporting methods such as conference proceedings.

The data *will also be taken to an external coder* and he/she will be subjected to *signing a confidentiality agreement. Thereafter, the confidentiality agreements will be submitted to the Research Ethics Review Committee for consideration.* The answers that you provided during the interview will only be available to and reviewed by people responsible for making sure that research is done properly, which will include the transcriber, external coder, and members of the Research Ethics Review Committee. Therefore, records of data that identify you will only be available to people working on the study, unless you give permission for other people to see the records.

Your anonymous data will be used for the research report. In addition, *the research report of the study may be submitted for publication, but individual participants will not be identifiable in it.*

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researchers for a period of five years in a locked cupboard/filing cabinet in the researcher's home for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After the five-year period, hard copies of the data collected will be shredded. The electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There is no form of reward or compensation to participate in the study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee, of the University of South Africa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Miss Thina Siphelele Ngidi on +72 784015663 and email: siphethi@gmail.com (Principal researcher), and Dr. T.R. Netangaheni (supervisor) on +27 76 189 5087 or +27 124296719 or email: robert.netangahe@gmail.com. The findings might be accessible by December 2024. Feel free to make follow up to the researcher on the provided communication tools.

Should you have concerns about the way in which the research has been conducted, you may contact Dr. T.R. Netangaheni (supervisor) on +27 76 189 5087 or +27 124296719 or email: robert.netangahe@gmail.com. Contact the research ethics chairperson of the General Ethics Review Committee, Prof K.B Khan at khana@unisa.ac.za if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

_____

Miss Thina Siphelele Ngidi

ANNXURE G: PARTICIPANTS' INFORMED CONSENT

UNISA university of south africa

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview questions.

I have received a signed copy of the informed consent agreement.

Participant Signature..... Date.....

Researcher's Name & Surname Thina Siphelele Ngidi (please print)

Researcher's signature..... Date.....

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE H: ASSENT FORM

SHS 1d

LEARNER ASSENT FORM FOR THE INTEGRATED SCHOOL HEALTH PROGRAMME

NAME OF SCHOOL: _____ (school stamp) DATE: _____
GRADE :_____

The Department of Health in partnership with the Department of Basic Education and other partners will be implementing the Integrated School Health Programme for Grade R-12 learners with effect from April 2012. Learners who are 12 years and older will be required to complete an Assent form to participate in the Integrated School Programme.

The screening aims to identify important health barriers to learning. Learners will be screened for some of the following: oral health, speech, tuberculosis, physical assessment including anaemia, mental health, chronic illnesses, vision, hearing, body mass index (height and weight), social support and experiences of poverty (provinces to add additional items where relevant).

On-site services will include treatment for minor ailments, immunization and de-worming where appropriate, oral health, and counselling and referral for sexual and reproductive health (as required). Health education will also be provided to learners on personal hygiene, nutrition, road and personal safety and sexual and reproductive health. All learners in Grades 4-12 will receive information on sexual and reproductive health and where needed will be counselled and referred to local clinics for further services.

Participation in the Integrated School Health Programme is voluntary and your privacy and confidentiality will be maintained. You may choose to undergo screening for all or some of the health assessment areas listed above.

Depending on the findings of the screening, you may be required to go to the nearest clinic/health facility, social services or other providers for further assessment, treatment, care and support. You will be given a referral letter should you require further assessment, treatment, care and support.

Please complete the assent form and inform us if you are currently receiving any treatment/medication.

The assent form must be returned to your teacher on or before _____ (add date). Your parents/caregivers are invited to join you on the day of screening.

The attached leaflet provides more information on the Integrated School Health Programme. Please contact your teacher should you require any additional information.

Basic Education
Health

Yours sincerely

_____ _____
Principal's signature Principal's name and surname

_____
School Tel:

ANNEXURE I: INTERVIEW GUIDE

INTERVIEW GUIDE (HIGH SCHOOL STUDENTS)

TITTLE: HIGH SCHOOL STUDENTS' EXPERIENCES ATTENDING HIV AND AIDS SERVICES AT ETHEKWINI METROPOLITAN MUNICIPALITY

INSTRUCTIONS

There are no wrong or right answers. Once again, you are assured that your response will remain anonymous. Your cooperation is appreciated. The researcher will spend plus / minus 60 minutes with the participant during the interview.

QUESTIONS

1. **EXPERIENCES OF THE ON HIV AND AIDS SERVICES PROVIDED TO HIGH SCHOOL STUDENTS**
   a) How is the communication between the school health nurse and the school?
   b) Have you ever interacted with the nurse while at school?

2. **BARRIERS TO HIGH SCHOOL STUDENTS USING AND ACCESSING HIV AND AIDS SERVICES**
   a) Why do you this is the cause for learners not to access HIV and AIDS services at school?

3. **RECOMMENDATIONS TO IMPROVE THE HIV AND AIDS TO HIGH SCHOOL STUDENTS**
   1. What recommendations as a student would suggest in order to improve access to HIV and AIDS services at school?

End of interview, thank you very much for your participation.

ANNEXURE J: SAMPLE INTERVIEW TRANSCRIPTS

INTERVIEW TRANSCRIPTS AND CODING

In-depth interviews were conducted in October 2022, to obtain the common and shared experiences of high school students attending HIV and AIDS at the two selected high school at Ethekwini Metropolitan Municipality. There were 30 participants who were interviewed. Of the 30 participants, 25 were females and 5 were males.

The composition of the interviews included an introduction to the research, reason for the research study and explanation of the research ethics and COVID 19 guidelines. Furthermore, explanation was given to the participants for the purpose of audio recording, beginning with comprehensive research questions based on the objectives and purpose of the research study.

Participants were encouraged to express their views freely and also to feel at home. A reminder was given to the participants that they can withdraw at any stage should they feel uncomfortable, they are partaking in the consent from their consent given.

To ensure confidentiality, numerical codes were assigned to responses. These codes were be transcribed by a data transcriber based on the different responses code-numbered 1-30 to protect their identity

INTERVIEW SESSION
Interviewer: The researcher
Audio Record Code: Participant 1
Date of the Interview: 24 October 2022
Time: 09:30 am
Introduction (not recorded)

- Salutations and introductions: By extending greetings and making eye contact, the researcher attempted to relax the participant.
- Explains to the participants how field notes and audiotapes will be used during the discussion.
- Participants are made aware of the confidentiality agreement and the fact that their names will not be used during the interview or appear in the text that is being transcribed.
- Participants' discussion of and signature on consent forms.

Researcher: *Good Morning, how are you?*
Participant 1: *I am good and how are you:*
The researcher: *I am also good. Thank you for giving me time to conduct this interview with you in exploring the experiences of high school students attending HIV and AIDS.*
Participant 1: *You are welcome.*
The researcher: *Before we start, can you please state your gender, age, and grade*
Participant 1: *I am a female of 16 and in Grade 10.*
Researcher: *Which language would like us to communicate with while conducting this interview?*
Participant 1: *We can use both English and IsiZulu.*
The researcher: *Thank you, I am going go straight to the first question. How is the communication between the school health nurse and students her at school.*
Participant 1: *Ummmm…. You mean the way they speak to us….well they don't come here often…they only come like once in a while but they have never asked us to do come to them. JA like JA*
The researcher: *Thank you. Why do think it is important for high school students to interact with school health nurses while at school.*
Participant 1: *I think because high school students are….umm… I don't want put it in a bad way but then like they should test their HIV status because some of them are already having sex.*
Researcher probing: *If you say some of them….are you aware of some?*

Participant 1: *Jaa but I don't want to mention any names but yes I am aware. It is importance to know your HIV status.*
The researcher: *How do you think the nurses attitude contribute to students accessing HIV and AIDS services.*
Participant 1: *Their attitudes as in are the nice or welcoming to us*
Researcher: *Yes along those lines*
Participant 1: *Okay, I think the attitude of nurses is really good at times though they have never asked me to test for HIV but I don't think I will be comfortable enough to do so. Unlike the clinics, I have been to government clinics where I find that the attitude of nurses is very disgusting, not all of them but most. They shout at you for no reason.*
Researcher: *Thank you, coming to barriers, why do u think students are not attending HIV and AIDS services while at school:*
Participant 1: *I think some of them are not aware that they can test and now I am talking about those who are currently sexually active, they are afraid to test because they might get a positive result.*
Researcher: *What challenges are students facing in order to attend HIV and AIDS services?*
Participant 1: *I don't think there are any challenges, mostly it is the fear of getting positive results*
Researcher: *What can you recommend in order to improve attendance to HIV and AIDS services?*
Participant 1: *I think nurses should come more often to the school not come once in a while. Maybe twice a year to check us. I think they must be visible at school.*
Researcher: *Thank you for your time. We have come to the end of our interview.*
End of interview
Interviewer: The researcher
Audio Record Code: Participant 11
Date of the interview: 24 October 2022
Time: 11:00 am
Introduction (not recorded)
• Salutations and introductions: By extending greetings and making eye contact, the researcher attempted to relax the participant.
• Explains to the participants how field notes and audiotapes will be used during the discussion.
• Participants are made aware of the confidentiality agreement and the fact that their names will not be used during the interview or appear in the text that is being transcribed.
• Participants' discussion of and signature on consent forms.
Researcher: *Good Morning. Thank you for giving your time and being part of this research study. Welcome.*
Participant 11: *Thank you **(laughs)***
Researcher: *Are you nervous?*
Participant 11: *A little bit. Let us start*
Researcher: *Oh okay. Please don't be nervous, you can stop responding when you feel uncomfortable. I would like to state your age, gender and grade?*
Participant 11: *I am a girl, I am 15 years old. I am in grade 9*
Researcher: *Which language can we use in conducting this interview?*
Participant 11: *I am comfortable with both English and IsiZulu*
Researcher: *So I am going to ask you the first question. The first question is how is the communication between the high school students and the school health nurses that visit the school?*

Participant 11: *I think when it comes to that it is hard to say, I mean it is hard I mean it's complicated. Some nurses are old and you know we just students and we are scared of old people and some of the nurses are known to us because they are from the community.*
Researcher: *Why do u think it important for students to interact with nurses while at school?*
Participant 11: *I think it is important because some students will get an opportunity to get help from the nurses while at school*
Researcher: *I am going to ask you nurses' attitude now. Do you nurses attitude contribute to student not attending to HIV and AIDS services?*
Participant 11: *Yes….definitely yes (a big nod)*
Researcher: *I am listening…*
Participant 11: *I think that is the case, In most cases it might happen that a student may go for an HIV test ad there will be that nurse who will ask " why do you want to test, you are so young" den they will assume you are having sex. The attitudes have an impact, some nurses are judgmental.*
Researcher: *The next question is why are students not attending HIV and AIDS services while at school?*
Participant 11: *I think it because of time, when you go home you are expected to be home at a certain time and you can't just disclose and say mom I am going to clinic to test. And secondly I think other students will you going to test and they will gossip about you……*
Researcher interject: but in reality is there a problem with testing for HIV?
Participant 11: *No I don't think there is a problem but the society will judge for merely going for an HIV test.*
Researcher probes: So the society contributes as a barrier?
Participant 11: *Yes because they immediately assume you are having sex.*
Researcher: *what then do you can be done, any recommendations to help improve the attendance to HIV and AIDS services?*
Participant 11: *I think we need to create a foundation with parents, parents are the foundations. Arrange meetings with parents and address them on the intentions and get their buy in. Chances of attendance will improved where parents are involved. At times you might not want to do something but when the parent has spoken, things get done.*
Researcher: *Thank you so much for you time. We have to the end on our interview.*
End of interview

Interviewer: The researcher
Audio Record Code: Participant 23
Date of the interview: 31 October 2022
Time: 08: 30 am
Introduction (not recorded)
- Salutations and introductions: By extending greetings and making eye contact, the researcher attempted to relax the participant.
- Explains to the participants how field notes and audiotapes will be used during the discussion.
- Participants are made aware of the confidentiality agreement and the fact that their names will not be used during the interview or appear in the text that is being transcribed.
- Participants' discussion of and signature on consent forms.

Researcher: *Good Morning. Thank you for giving you time and being part of this research study. Welcome.*

Participant 23: Thank you,
Researcher: Before we start I would like you to please state your age, gender and grade?
Participant 23: *I am a male, I am 17 years old. I am in grade 11*
Researcher: *Which language can we use in conducting this interview?*
Participant 23: *We can use both English and IsiZulu*
Researcher: *First question, how is the communication between the school health nurse and the students at school?*
Participant 23: *The communication is not good…*
Researcher: *how is the communication not good?*
Participant 23: *Students are not comfortable to communicate with people they're not used to.*
Researcher: *Why do think it is important for students to interact with nurses?*
Participant 23: *I think the school is a safe space for the students to share their health concerns with nurses and also to check the students' well-being. We can learn so much from nurses especially about sexual transmitted infections.*
Researcher: *I am going to ask you about nurses' attitude now. Do you think nurses' attitudes contribute to high school students not attending to HIV and AIDS services?*
Participant 23: *Nurses are not the same. Some nurses' just shout at you, and you leave without getting any help. School nurses are not good listeners.*
Researcher: *What recommendations would you make to improve attendance to HIV and AIDS services?*
Participant 23: *I think the school together with the school health nurses need to create a safe space for students, be it a private room from the school premises. And I think it's important to also conduct awareness campaigns in schools like the one they did earlier this day on teenage pregnancy. I think that's all I can say*
Researcher: *Thank you so much for your time once again.*
End of Interview

Audio Record code: Participant 30
Date of the interview: 30 October 2022
Time: 11:00 am
Introduction (not recorded)

• Salutations and introductions: By extending greetings and making eye contact, the researcher attempted to relax the participant.
• Explains to the participants how field notes and audiotapes will be used during the discussion.
• Participants are made aware of the confidentiality agreement and the fact that their names will not be used during the interview or appear in the text that is being transcribed.
• Participants' discussion of and signature on consent forms.

Researcher: *Good Morning, How are you?*
Participant 30: *Morning, I am good and you?*
Researcher: *Good. Before we start the interview, can you please state your age, gender, and grade?*
Participant 30: *I am a female of 15 and I am doing grade 8*
Researcher: *Thank you. Which language would want us to use in conducting this interview today?*
Participant 30: *We can mix. We are told to speak English more (laughs)*
Researcher: *Okay, that's good …practice makes perfect. So going straight to the first question, how is the communication between the students and school health nurse?*
Participant 30: *Communication is with the nurses is good. They do come to check us for diseases and also refer us to hospital if need arise. They came to screen us for the abnormalities.*
Researcher: *Thank you, second question, why do think it is important for students to interact with nurses while at school?*
Participant 30: *Nurses play an important role because those students who have started having sex can get help by getting tested and be referred for further management at the clinic.*
Researcher: *I am going to ask you nurses' attitude now. Do you nurses attitude contribute to student not attending to HIV and AIDS services?*
Participant 30: *No, nurses have our best interest at heart. They are here to help us".*
Researcher: *Any challenges with attending to HIV and AIDS services while at school?*
Participant 30: *I don't think there are challenges, we are just fearful to test.*
Researcher: *why do u think students are not attending to HIV and AIDS services while at school?*
Participant 30: *I am scared to test though I have never had sex with a boy. Find out you might have HIV is scary.*
Researcher: *In all you have mentioned, what recommendations can you suggest in order to improve the attendance to HIV and AIDS services?*
Participant 30: *Health education is an eye opener; nurses should never get tired to health educate us and correct any myths we might have when it comes to HIV and AIDS as students.*
Researcher: *Thank you so much, we have to the end of our interview.*
End of Interview

ANNEXURE K: EDITOR'S LETTER

TO WHOM IT MAY CONCERN

I, the undersigned, hereby confirm my involvement in respect of the language and academic editing, technical compliance, text redaction and research methodology compatibility for the manuscript of **Ms Thina Siphelele Ngidi (Student Number: 63309386)** submitted to me as part of her fulfilment of the requirement for the Mater of Public Health (MPH) degree registered with the University of South Africa (UNISA), and entitled:

High school students' experiences attending HIV and AIDS services at eThekwini metropolitan municipality

As an independent academic editor, I attest that all possible means have been expended to ensure the final draft of **Ms T.S. Ngidi's** dissertation manuscript reflects both acceptable research methodology practices and language control standards expected of postgraduate research studies at her level.

In compliance with expected ethical requirements in research, I have further undertaken to keep all aspects of **Ms T.S. Ngidi's** study confidential, and as her own individual initiative.

Sincerely.

TJ Mkhonto

BA Ed: North-West University, Mahikeng (1985)

MEd: School Administration; University of Massachusetts-at-Boston, USA, Harbor Campus (1987)

DTech: Higher Education Curriculum Policy Reform, Design & Management; University of Johannesburg (2008)

All enquiries:

E-mail: mkhonto9039@gmail.com

Cell: +27(0)60 401 8279

Signed: _____ **Date:** 18 August 2023

Dr T.J. Mkhonto dd/mm/yyyy

Independent Academic Editor