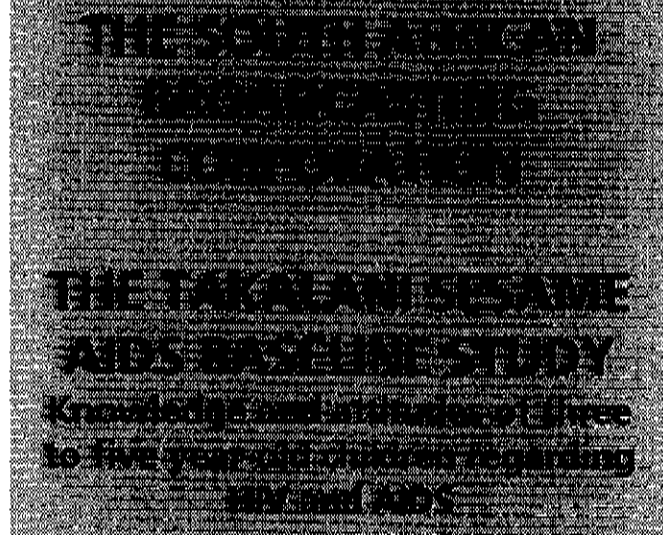


**HSRC**  
Human Resources  
Development Council

HSRC RESEARCH OUTPUTS

2487



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December 2002

**CHILD, YOUTH AND  
FAMILY DEVELOPMENT**

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## EXECUTIVE SUMMARY

The aim of this study was to investigate children's knowledge and attitudes regarding HIV and AIDS prior to the introduction of Kami to the Takalani Sesame programme. The Advisory Committee supplied the questions and guidelines and the role of the HSRC was to adapt the guidelines for local conditions and to conduct the survey in the 4 preschools in Umlazi and Inanda which formed the sample for a wider impact study of Takalani Sesame.

The sample was composed of 205 children aged between 3 and 6 years. The questionnaire was translated into Zulu and an illustrator prepared the drawings. Pilot testing took place over a period of 2 days in September and the amended questionnaire was administered to the children over the course of the following five working days.

Two fieldworker training sessions were held, and fieldworkers worked in pairs initially to ensure that the interviewing was standardised. Each interview began with a warmup game and consisted of structured and open-ended questions. A two-level coding system was adopted for the open-ended questions to distinguish between children who had a clear understanding of the concepts involved and those who were not clear on the issues or else could not articulate the answers.

In general children responded more easily to structured questions than unstructured questions, and the younger children had a tendency to say Yes to any question involving a Yes/No answer. The use of several questions around a particular topic helped the research team to assess the clarity and consistency of children's understanding, and the information from all questions in the set were utilised in deciding whether the child had a good understanding of the topic. The actual words spoken by the children have been recorded in the report to give depth and meaning to the summarised results.

The results showed:

- Most children (about 70%) had heard of HIV/AIDS, but did not initially have a clear understanding of its seriousness.
- Most children knew that it was associated with illness and some understood transmission factors. Understandably older children knew more than younger children, and the term AIDS was understood by more children than the term HIV. At this young age only 3 children could explain the difference between them.
- In response to a set of questions on vulnerable people, older children realised that the questions concerned a human infection (as opposed to an animal one), whereas younger children did not make this distinction. One child spontaneously mentioned vertical transmission from mother to child, one mentioned people who had been

raped, and two more were clear that anyone could get it. For the most part though, children preferred to mention particular people who had AIDS.

- By the time children were asked about whether people died of AIDS, many had come to the conclusion, either from the tone of the questions or from their previous knowledge, that AIDS could have serious consequences.
- Children generally seemed to realise that contact with blood from an infected person was dangerous.
- On the other hand, very few children knew the meaning of the AIDS ribbon.
- There were marked differences between younger and older children in their acceptance of an HIV positive playmate. Only 34% of 5 yearolds would accept the child as opposed to 60% of 4 yearolds and 72% of 3 yearolds.
- Only a few children understood the concept of a memory box.
- There was a little understanding of a sick person's need for emotional support, and substantial awareness of the need to be helpful and to summon medical help. In the special case of someone with AIDS, many children were sympathetic and willing to be helpful.

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## INTRODUCTION

The aim of this substudy was to investigate children's knowledge and attitudes with respect to HIV and AIDS prior to the introduction of Kami, an HIV positive muppet to the Takalani Sesame programme. In view of the very short time frame for preparation of the study the team utilised existing infrastructure and experience where possible to speed up the process. The SABC and the advisory committee supplied the basic questions and guidelines for the investigation. The role of the HSRC team was to interpret and adapt the guidelines for local conditions, to conduct the survey of children's knowledge and attitudes, and to devise ways of presenting the results so that they may serve as a baseline study for later investigations, and so that the actual words and ideas of children could assist programme planners.

## METHOD

The sample consisted of two hundred children aged three to six years old from four preschools in Umlazi and Inanda. They were a subset of children taking part in a larger study of the impact of Takalani Sesame on children's knowledge of numeracy, literacy and life skills. Using this group had the advantage that the children were accustomed to the research team and to the process of being interviewed. The preschool staff had been briefed on the broad aims of the research and were accustomed to the presence of researchers in the school. They supported the research objectives of the impact study and some of the teachers were participating as mediators. A community liaison officer visited all the preschools taking part in the Takalani Sesame study to explain the additional questionnaire to the school principals and to obtain their consent.

Figure 1: Study Sample

Preschool	Males			Females		
	36-47 months	48-59 months	60-72 months	36-47 months	48-59 months	60-72 months
Umlazi 1	1	5	4	1	9	7
Umlazi 2	11	11	13	10	5	7
Inanda 1	6	11	15	6	9	18
Inanda 2	7	13	4	8	15	9
<b>Total</b>	<b>25</b>	<b>40</b>	<b>36</b>	<b>25</b>	<b>38</b>	<b>41</b>

*The development of the AIDS knowledge and attitude questionnaire:* The initial questions were discussed with members of the advisory committee. Experienced Zulu-speaking field workers translated the instrument giving careful attention to using words which they thought would be appropriate for small children. An illustrator was briefed and drawings were commissioned to illustrate vignettes of children in real-life situations. The aim of these was to place the questions in a child-friendly context so that more detailed responses could be obtained.

Field workers administered the questionnaire to three to six year old children in a preschool, which had been used previously for pilot procedures, showing them the illustrations. The children's responses to the wording of the questions, the sequence of the questions and the drawings were reviewed, and the questions, translation and illustrations amended where necessary.

In order to explore children's understanding of the topics, the first question in each set was an open-ended question, and successive questions served as prompts to elicit more detail. This had implications for the data analysis. In order to gain a sense of the child's depth of

understanding of each topic, answers were categorised on a 2-level system which took account of the way in which the child had responded to all the questions in the set. This had the effect of minimising the impact of "lucky guesses" on the one hand, and, on the other, allowed poorly expressed or ambiguous responses to be counted if other questions in the set led the coder to conclude that the child really understood the issue.

The children's exact responses in Zulu were recorded so that the terms children use to describe the concepts would be available to programme planners. A summary page was attached to each questionnaire for the interviewer to record his or her impressions of the child's understanding of the issues. The main purpose of this was to obtain overall statistics on the proportion of children who were able to respond. Given the emotional context of the questions a summary of how each child responded was thought to be of value.

*The training of the fieldwork team.* Additional experienced field workers were recruited for this study, over and above those working on the broader Takalani-Sesame project, and including two of the preschool principals. We wanted to include educators in the research and these two principals had been particularly supportive of the broader project. All the field workers went through two training sessions together to ensure that there was a common understanding of the issues and that data collection procedures were uniform. This was particularly important given the open-ended structure of the questions and the use of prompts. The importance of confidentiality regarding children's responses to the questionnaire, as well the necessity of having respect for children, was stressed. Different forms of ice-breakers were discussed, and the group settled on a traditional Zulu hand game and rhyme that small children enjoy:

*Bhasobha leyo moto*

**Izokushayisa**

*Umlapipi*

*Uyesibhedlela*

*Ufike uhlale*

*Ngithe ka 1 ka 2 ka 3*

*Thatha khona*

*Ngithe ka 1 ka 2 ka 3*

*And stop.*

Each interviewer was given a file containing two sets of laminated illustrations: One for girls and the other for boys, depicting children of the same gender as the respondent. The character in the stories was called Thembi if the respondent was a girl, and Themba if a boy.

The testing commenced slowly, each pair of field workers compared notes after their first interview. This was intended as a final check that they were all doing the same thing. The questionnaires were administered over a four-day period (19<sup>th</sup>, 20<sup>th</sup>, 23<sup>rd</sup> and 25<sup>th</sup> September 2002).

## ANALYSIS

If we are going to assess the extent to which children's understanding of the issues improves we need a score for their understanding prior to the screening of the programme. In order to make this possible we categorized the answers given to the open-ended questions as being one of the following:

- *"Good understanding"*. For each question the decision was made on the basis of the clarity and consistency of the child's understanding of the issue.
- *"Some understanding"*. Essentially the response was coded as "Some Understanding" when the response was poorly expressed but contained elements of the issue. The distinction between "Good" and "Some" understanding is difficult to make in absolute terms. For example when a child associates diarrhoea with AIDS it is difficult to know whether this is a lucky guess or whether the child understands this as a common manifestation of AIDS. In these instances the coder based his or her judgment on more than just the answer to the particular question, but took into account responses to other questions as well as the interviewer's comments at the end of the questionnaire.
- *"Inappropriate or irrelevant"*. Sometimes children simply gave a wrong answer in the belief that it was the right answer, but often children would say something completely unrelated to the question presumably because they did not know the answer. Essentially this category was used when either of those things happened. Once again it was difficult to make a clear distinction between categories in every instance. A strategy frequently used by parents is to substitute a metaphor or euphemism when referring to sexuality; the children then use these words when talking about sex, and this is a case where it is difficult to decide whether the child is saying something irrelevant or not. Thus when children talked about "injections" this probably reflected the euphemism that parents were using to warn children away from strangers who might molest them. The correct category in this instance would be "Some understanding". The interviewers came from the same communities and understood some of these veiled references but may not have picked up all of them. Responses were categorized as inappropriate or irrelevant when the coders could not detect any understanding of the issues.
- *"Don't know"*. This tended to be the response of older children to questions when they genuinely did not know the answer.

- “No response”. This tended to be the less mature response of younger children who did not know the answer to a question, but could also be characteristic of a shy or distressed child.

The criteria for categorizing the responses were developed using sample batches of responses to create a code list. This was intended to facilitate data analysis. Substantial lists of examples of translated responses are included in the report as well as the rationale used for making distinctions between categories. Anything unusual or note-worthy has been captured individually. The interviewers then coded the children’s responses according to this list. Two researchers then acted as moderators to ensure that coding was reasonably standardised.

It is important to note that we struggled with the reality that young children’s answers to questions are often ambiguous, and that they frequently give different responses when the question is rephrased in a different way. In many cases coding decisions were debated at length. Ultimately the decision to code “Good understanding” or “Some understanding” was based on a conservative interpretation of what the child had said, in relation to what other children in this sample were able to explain. Data was captured on SPSS and frequency counts made of each category of response. Nevertheless, the tendencies of the preschool children to respond in a particular way are more telling in this study than actual percentages. Where we have noted a large or substantial difference between age or gender groupings, these results have been tested using a Pearson Chi-Square, and shown to be statistically significant, but here again results should be interpreted with caution because of the difficulty of classifying responses given by children of this age.

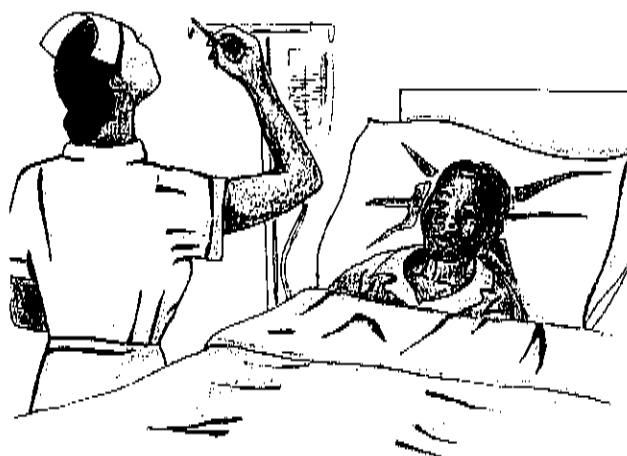
## RESULTS

In the analysis the questions were divided into sets, each set containing questions around a particular topic. Children were regarded as having a good understanding of a question if their answers to other questions in the set showed a grasp of the issues.

### SET 1: HAVE THE CHILDREN HEARD OF HIV/AIDS?

**Questions 1 and 1.1: Sometimes people get sick, they might have a runny stomach or flu. What other illnesses do people have? Can you think of any other illnesses that might make people to be very sick?**

Figure 2: Illustration for Question 1



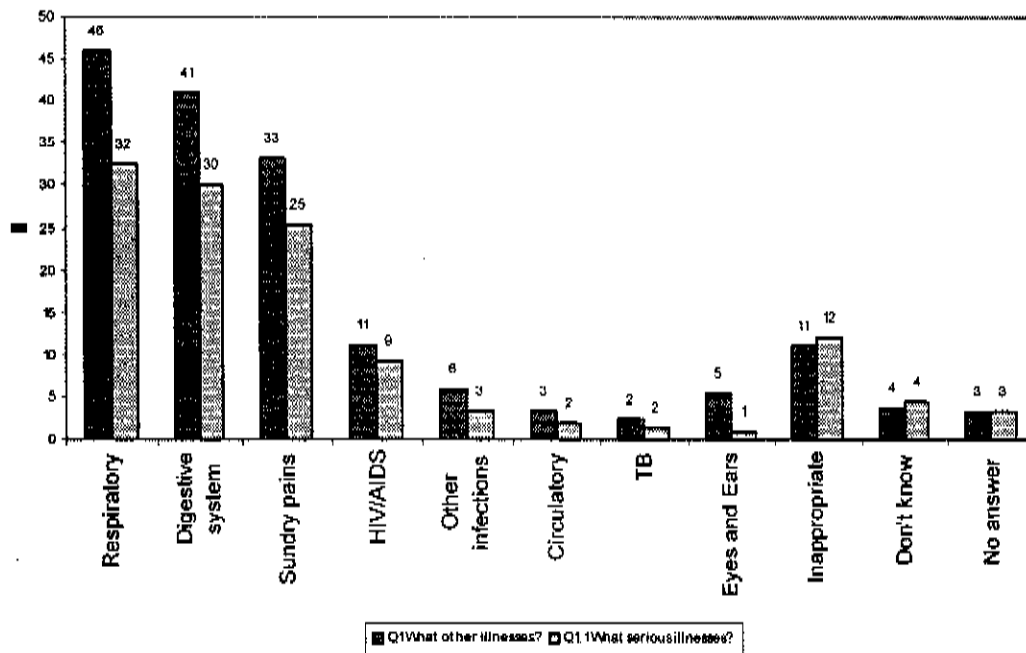
The answers that children gave to these questions were grouped, with the exception of HIV/AIDS and tuberculosis. The rationale for reporting separately on tuberculosis was based on the fact that it is linked to HIV/AIDS epidemiologically and psychologically: these are the two most serious epidemics in KwaZulu-Natal. The HI virus increases vulnerability to tuberculosis so dual infections are thought to be common. The stigma attached to HIV/AIDS sometimes leads people to refer to tuberculosis rather than AIDS as a cause of illness or death. In fact, in this study, the children spontaneously mentioned HIV/AIDS more frequently than tuberculosis.

There was very little difference between children's responses to the questions about illness in general and illnesses that might make people very sick. Relatively few children were unable to give reasonable answers to these two questions, and the answers classified as

“Inappropriate” usually had something to do with illness but were not quite appropriate. Some examples were:

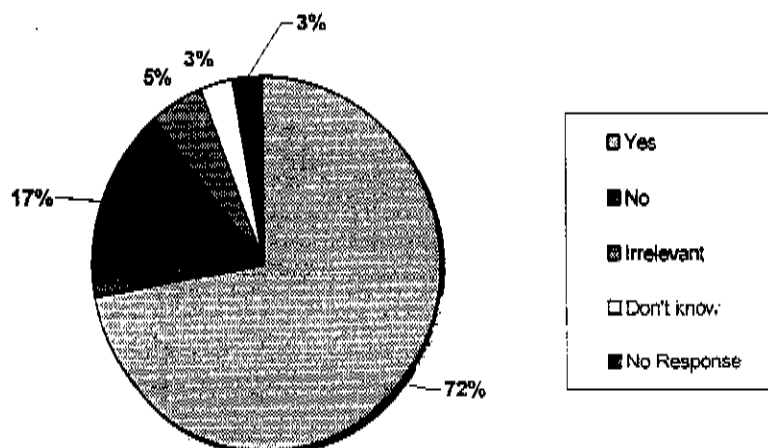
- “When mother heats a pipe and hits someone with it and the blood comes out”.
- “She drinks her cough mixture”.
- “When somebody sleeps drunk”.

Graph 1a: What illnesses do people have?



Question 1.2 asked directly if the child had heard of HIV/AIDS and many children answered “Yes”.

Graph 1b: Have you heard of HIV/AIDS?



Eighty percent of the three year olds, 71% of 4 year olds, and 69% of 5 year olds said that they had heard of HIV/AIDS. It was noticeable all the way through the questionnaire that the 3 year olds answered "Yes" to most of the Yes/No choice questions, without real regard for whether this was true.

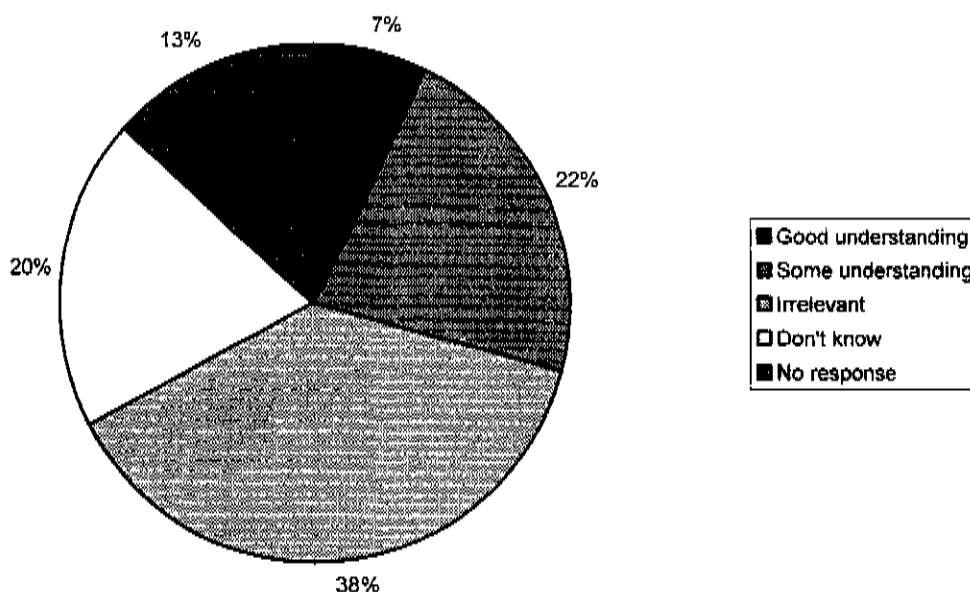
### Summary

Most children had heard of HIV/AIDS but did not have an understanding of its seriousness, and did not discriminate between serious and non-serious conditions.

## SET 2: WHAT DO THEY KNOW ABOUT HIV/AIDS

**Question 2: What can you tell me about AIDS?** Many of the children in the sample and, in fact many who answered "yes" to the question "Have you heard of HIV/AIDS?", were unable to give coherent information about it.

Graph 2: What can you tell me about HIV/AIDS?



The following table contains the answers we classified as "Good". In each instance the decision was made not only on the answer to this question, but by looking at other answers to get more insight into the child's understanding of the question. Children who referred to (a) transmission of the HIV virus through sexual intercourse or by contact with infected blood, or (b) serious illness and association with death, were deemed to have a good understanding.



Q2 Good understanding	
1. When an uncle sexually abuses a girl, the girl becomes ill/when a person rapes another one, that causes AIDS. (4).	1. Uma umalume ehlukumeza intombazana ngocansi, le ntombazana iyagula/uma umuntu ekurcypa udala iAIDS.
2. AIDS is bad. (1)	2. Ingculazi imbi.
3. A person who has AIDS dies. (5)	3. Umuntu onengculazi uyashona.
4. One gives healthy food to a person with AIDS. (2)	4. Umuntu onengculazi umunika ukudla okuncempilo.
5. It is said that people have chest-ache. (2)	5. Kuthiwa abantu banesifuba.
6. One should put on gloves when helping a person who has AIDS. (3)	6. Umuntu kufanele afake ama gloves uma esiza umuntu onengculazi.
7. When a person touches blood of a person with AIDS, one will also get AIDS. (4)	7. Uma umuntu ethinta igazi lomuntu onengculazi, uzoba nengculazi naye.
8. When a person is suffering from AIDS he/she needs to be loved very much and be given vegetables. (2)	8. Uma umuntu ephethwe ingculazi kudingeka umthande kakhulu umuphe amaveji.
9. When a person has cut his/her hand, wear gloves because you will also get AIDS when you touch him/her. (1)	9. Uma umuntu enqamuka isandla sakhe, ufake amagloves ngoba nawe uzothola ingculazi (AIDS) uma umthinta
10. When a boy sleeps with a girl and the girl gets AIDS.(1)	10. Usuke umfana elale nentombazana bese intombazana iba nengculazi
11. Sometimes people with AIDS suffer from TB. (1)	11. Kwesinye isikhathi abantu abane ngculazi baphathwa i TB.

The next table contains the answers we classified as "Some understanding". Although many of the answers appear to fit the criteria for "Good understanding", they were coded "Some" if the child had been inconsistent in their responses to related questions. In the case of response 13 our categorization of this is based on the assumption that the reference to injections is either an instance of an urban myth or a euphemism for sex, for the purpose of warning children against contact with strangers.

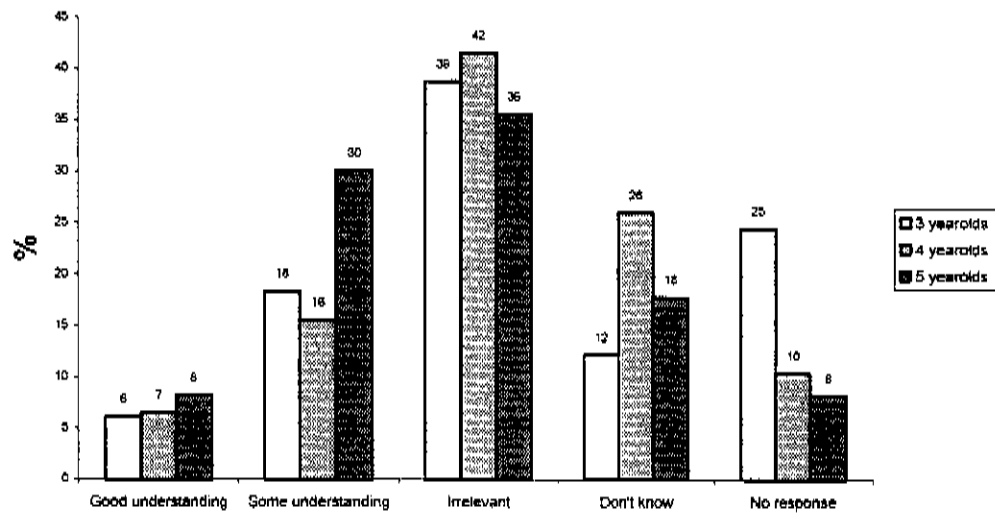
Q2: Some Understanding	
1. One is very ill /Gets ill. (14)	1. Ugula kakhulu./Uyagula.
2. It is suffering from stomach-ache. (4)	2. Ukuphathwa isisu.
3. People say that one suffers from a head-ache. (3)	3. Bathi abantu uphathwa ikhanda.
4. AIDS is in hospital. (5)	4. Ingculazi isesibhedlela.
5. A person with AIDS goes to the doctor/hospital. (7)	5. Umuntu ongculazi uya kudokotela/csibhedlela.
6. A person has no flesh on his/her body. (1)	6. Umuntu akanayo inyama emzimbeni.
7. Vomiting and diarrhoea. (1)	7. Ukuphalaza nokukhishwa isisu.
8. A person dies, there is a coffin, a hearse and a tent. (4)	8. Umuntu uyashona kuqhamuke imoto, itende nebhokisi.
9. Showed a sign of three fingers. (HIV in our society). (1)	9. Waphakamisa iminwe emithathu
10. HIV/AIDS is raping a person. (1)	10. HIV/AIDS, ukureypha umuntu.
11. Another child was buried next to Dlomo's place. (Dlomo's place is where the crèche is) (1)	11. Enye ingane bayingcwaba ngakwa Dlomo.
12. It means that we are going to a funeral. (1)	12. Kusho ukuthi siya emngcwabeni.
13. Mother told us not to play outdoors at night because people will grab us and inject us with AIDS. (1)	13. Umama wasitshela ukuthi singadlali phandle ebusuku ngoba abantu bazosibamba basijove ngengculazi.
14. When children are shown on the news, these children have AIDS. They are shown on the news watched by people. (1)	14. Ilapho izingane zivezwa ezindabeni, lezizingane zinengculazi Zivezwa ezindabeni ezibukwa abantu.
15. S'the said that we are suffering from AIDS. I do not like AIDS. (1)	15. U S'the, wathi siphethwe ingculazi. Angiyithandi mina ingculazi.
16. A person gets ill and then becomes better. (1)	16. Umuntu uyagula aphinde abengcono.
17. One can have sores or scabies. (1)	17. Ungaba nezilonda noma utwayi.

The following are some examples of answers to Question 2 which were classified as irrelevant or inappropriate answers:

- When one has been knocked down by a car/ usuke shayiswe imotor.
- Tablets/Amaphilisi.
- There is a pain in the mouth/Kubuhlungu emlonyeni
- It is a red person/ umuntu obomvu
- It can be anything but I am afraid/ Noma ngani kodwa ngiyesaba.

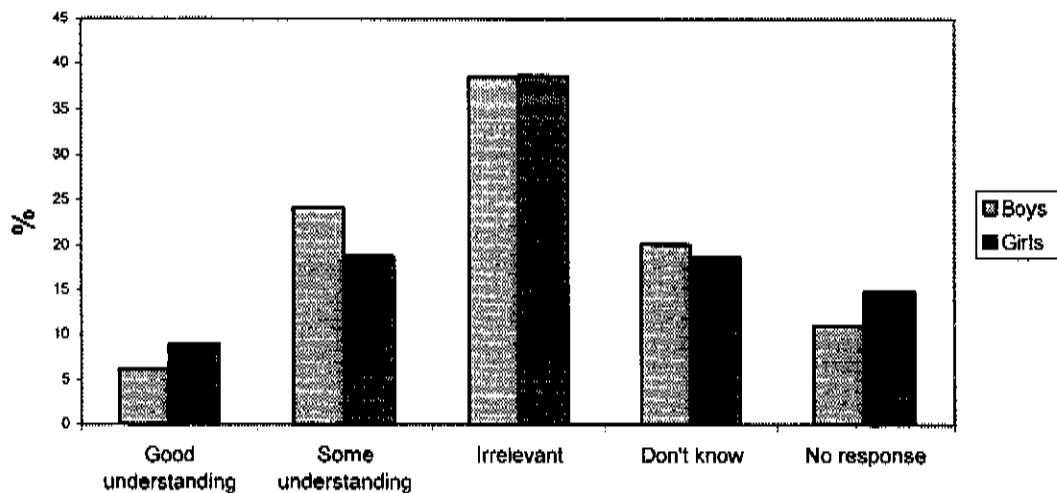
The age breakdown for this question shows that, as might be expected, the older children were more likely to know something about HIV/AIDS and less likely to give an inappropriate or irrelevant answer.

Graph 3: What can you tell me about HIV / AIDS? (Age)



There was very little difference between boys' and girls' understanding of this question.

Graph 4: What can you tell me about HIV / AIDS? (Gender)



#### Question 2.1 How do people get AIDS?

The criterion we used for categorizing the response as "Good Understanding" was reference to sexuality or child molestation.

<b>Q2.1 Good understanding</b>	
1. A person sleeps with one who has AIDS and then gets infected. (4)	1. Umuntu ulala nonayo iAIDS, bese cyamthelela.
2. When a person has been raped. (5)	2. Uma umuntu ereshiwe.
3. When they have sex with a boy/Have had sex. (2)	3. Uma beganga nomfana
4. The girl gets underneath and the boy gets on top (1)	4. Intombazana iba ngaphansi umfana abe ngaphezulu.
5. If a girl gets sexually involved before becoming of age, gets AIDS, and then she dies and we bury her. (1)	5. Intombazana uma ingakakhuli bese yenza umkhuba, ithola ingculazi bese iyafa bese siyayingcwaba thina.
6. A person takes out money and then takes the other person pulling her/him and then gives her /him AIDS. (1)	6. Umuntu ukhipha imali bese emthatha omunye amdonse bese emfaka ingculazi.

Our reason for categorizing the following statements in the second category is that they reflect imperfectly understood information, which was probably gleaned from adult conversations.

<b>Q2.1 Some understanding</b>	
1. When a person touches another person's blood. (2)	1. Lomunye umuntu.
2. A boy sleeps with a girl and the girl gets AIDS. (1)	2. Umfana ulala nentombazane bese iba nayo i-AIDS intombazane.
3. They get it through HIV/AIDS. (3)	3. Bayithola nge-HIV/AIDS.
4. Some through diseases. (6)	4. Abanye bayithola ngezifo.
5. When they are naughty playing with car steering uncle will rape them. (1)	5. Uma beganga ngestingi semoto umalume uzobareypha.
6. They play outdoors at night. (1)	6. Badlala emnyango ebusuku.

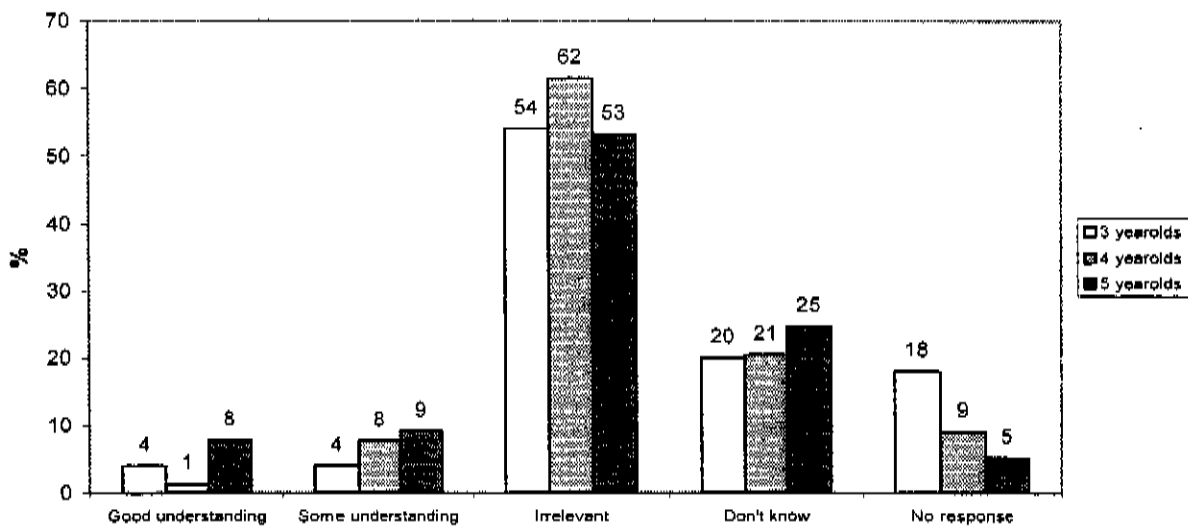
Some examples of inappropriate or wrong answers were:

- By getting dirty playing with sand/ Ngokungcola bedlala ngomhlabathi.
- They get it, when they are dead the hearse comes / Bayathola uma seboshonile lenfike imoto gomngwabo.
- They get it from the devil / Bayithola kusathone.
- Snakes/ Izinyoka

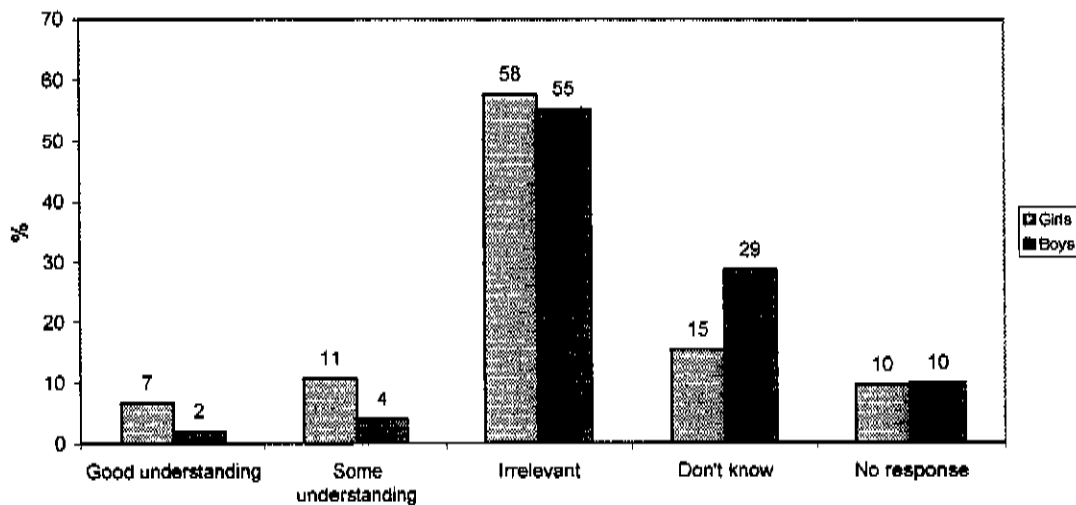
- TV
- Yesterday was my grandfather's funeral, his tooth was extracted and he bled/ Izolo ekhaya bekungwatshwa umkhulu wami, khaphuma izinyo ngazi.

Girls understood more about this than boys, and older children understood more than younger.

Graph 5: How do people get AIDS? (Age)



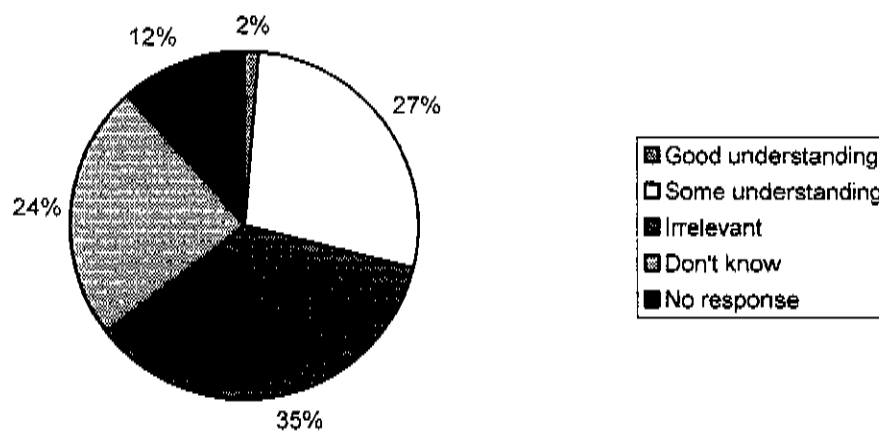
Graph 6: How do people get AIDS? (Gender)



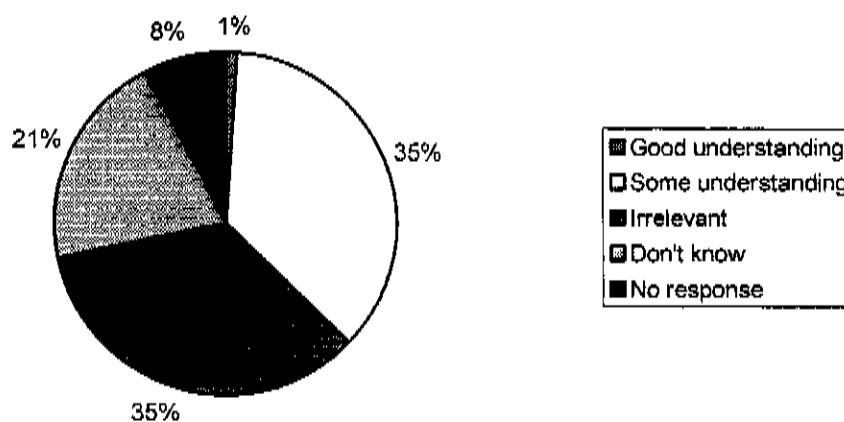
Comparing the responses to Questions 2.2 and 2.3. What does it mean if someone is HIV positive? What does it mean if someone has AIDS?

More children understood the term "AIDS" than understood "HIV positive".

Graph 7: What does it mean if someone is HIV positive?



Graph 8: What does it mean if people have AIDS



### Q2.2 What does it mean if a person is HIV positive?

The criterion for the "Good understanding" category for HIV was an indication that the person was not necessarily overtly seriously ill at this stage, combined with a general understanding of AIDS-related issues. For the "Some understanding" category we required only that the child knew the linkage to AIDS-related issues.

Q2.2 Good understanding	
1. That will become AIDS. (1)	1. Kuzoba yingculazi.
2. He's slightly sick. (1)	2. Ugula kancane.
3. He is not in hospital, he is sick/ill. (1)	3. Akekho esibhedlela uyagula.

Q2.2 Some understanding	
1. He is being sick/very sick. (21)	1. Usuke egula/kakhulu.
2. He must be given healthy food. (3)	2. Kufanele arikwe ukudla okunempilo.
3. He'll go to the hospital. (4)	3. Uzoya esibhedlela.
4. It means that they have AIDS. (9)	4. Kuchaza ukuthi I-AIDS/ Bane-AIDS.
5. No bones in his body. (thin) (1)	5. Amathambo awakho emzimbeni.(thin)
6. He's got a stomach-ache. (1)	6. Uphethwe isisu.
7. He has TB. (1)	7. Une-TB.
8. He has scabies/sores. (2)	8. Unotwayi/unezilonda.
9. She has been with a boy. (2)	9. Kade enornfana.
10. It means that they have taken someone from home and raped her. (1)	10. Kuchaza ukuthi umuntu bamthathe kubo base behamba naye basebemreypha.
11. Use a condom. (1)	11. Asebenzise i-condom.
12. He'll eventually die. (1)	12. Uyogcina efile.

Some examples of inappropriate or wrong answers were:

- Drinks medicine / Uphuza umuthi.
- It means it is the sickness from Jozini/ kuchaza ukuthi isifo sase-Jozini.
- He is white / Usuke emhlophe.
- She/ he urinates a lot / uyachama
- She/he has got her/his jersey on / Uqoke ijezi.

### Q 2.3 What does it mean if someone has AIDS

For the “Good Understanding” response we required an indication that the person was seriously ill and that it was a sexually transmitted disease. We would also have accepted the knowledge that AIDS can be transmitted through infected blood as “Good understanding” but none of the children said this. For the “Some understanding” response we required a reference to sexuality or illness.

Q2.3 Good understanding	
1. It means that a boy raped her, she's thin and sick. (1)	1. Kuchaza ukuthi kade edlwengulwa umfana usezicile uyagula.

Q2.3 Some understanding	
1. He's very sick with flu. (37)	1. Usuke egula kakhulu enomkhuhlane.
2. It means that he's about to die. (1)	2. Kuchaza ukuthi usuke esezofa.
3. Go to hospital/clinic/doctor. Be in hospital. (9)	3. Aye esibhedlela, emtholampilo, kudokotela. Abesesibhedlela.
4. It means that he has an illness. (2)	4. Isifo sokugula.
5. Go to the hospital to fetch some tablets.	5. Ave esibhedlela ayolanda amaphilisi.
6. The father also abuses her sexually. (1)	6. Ubaba naye uyamhlukumeza ngokocansi.
7. It's a girl, the boy inserts it. (1)	7. Intombazane, umfana uyayifaka.
8. It means that he's being injected.	8. Kuchaza ukuthi uyajova.
9. He has flu and he has a runny tummy. (1)	9. Unomkhuhlane, ukhishwa isisu.
10. He has AIDS he must not pass it on to someone else. (1)	10. Unengculazi akufanele athelele omunye.
11. It means he is positive. (1)	11. Kuchaza ukuthi u-positive.

Examples of inappropriate responses are:

- Got it in August / Bayithola ngo August.
- When eating all the sugar will die, will be sick / uma idla ushukela wonke uyafa apathwe inyongo.
- Never stand in the road / ungami emgwaqeni.

#### Summary

Children had difficulty in articulating a clear response to the general question “What can you tell me about HIV/AIDS”, although about 30% gave answers that showed they understood something about transmission, or that it was associated with illness. Understandably, older children gave better answers than younger children. Only 3 children



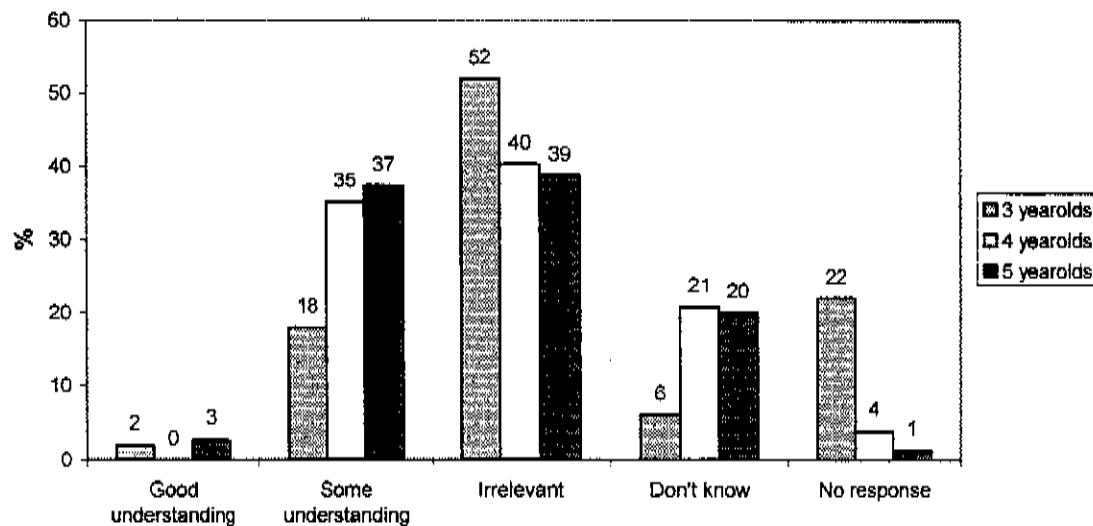
could articulate the difference between HIV and AIDS clearly, and the term AIDS was understood by 36% of children compared with 29% who understood the term HIV positive.

### SET 3 WHO IS AT RISK?

#### Q3 Who can get AIDS?

This question was asked as an open-ended question first, and then children were shown pictures of people and animals and asked about each person or animal in turn, whether that person or animal could get AIDS.

Graph 9: Who can get AIDS? (Open-ended question)



Very few children could answer the open-ended question well, although the 4 and 5 year olds had a better understanding than the 3 year olds. There were no marked gender differences.

The criterion for "Good understanding" was the knowledge that AIDS can affect anyone. Many of the children named particular people who they thought had AIDS and in these cases we categorised the response as "Some understanding" on the grounds that they had not been able to generalise. The responses were also categorised as "Some understanding" if the children had said "Anyone" but had then included animals in their answer to the next question. In this instance we thought that their answers were over-inclusive.

Q 3 Good understanding	
1. People who have been raped. (1)	1. Abantu abadlwenguliwe.
2. Anybody. (1)	2. Umuntu noma yimuphi.
3. Children and adults.(1)	3. Izingane nabantu abadala.
4. A person who has been delivered from a mother who has AIDS. (1)	4. Umuntu ozalwa umama onengculazi.

Q 3 Some understanding	
1. Anyone. (8) <i>Note: this category was used rather than good understanding when children did not discriminate between people and animals</i>	1. Noma ubani.
2. People who have no bones in their bodies. (thin) (1)	2. Abantu abangenawo amathambo enzimbeni. (thin)
3. It's mother and aunt. (2)	3. Umama no anti.
4. A doctor and a nurse. (2)	4. Udokotela nonesi.
5. Another child who came home and they said that he/she has AIDS. (1)	5. Enye ingane eyafika ekhaya okwakuthiwa inengculazi.
6. A boy. (2)	6. Umfana.
7. Brother and another brother. (3)	7. Ubhuti nomunye ubhuti.
8. It's children and sisters. (2)	8. Izingane nosisi.
9. Mother, father and a sister. (3)	9. Umama nobaba nosisi.
10. It's a person. (9)	10. Umuntu.
11. It's a person with flu. (2)	11. Umuntu onomkhuhlane
12. A person who doesn't wear gloves. (1)	12. Umuntu ongawagqoki ama-gloves.
13. Adults and children. (7)	13. Abantu abadala nezingane.
14. The mother, father, granny, sister and a brother. (8)	14. Umama nobaba nogogo nosisi nobhuti.
15. A person who is sick. (4)	15. Umuntu ogulayo.
16. Nelly. (or another name) (3)	16. UNelly (amagama abantu)

Examples of inappropriate responses are:

- A person. / Umuntu
- A person who takes a snake and eats it. / Umuntu othatha inyoka uzofa.
- People who fetch dirty water from the river./ Abantu abakha amanzi angcolile emfuleni.

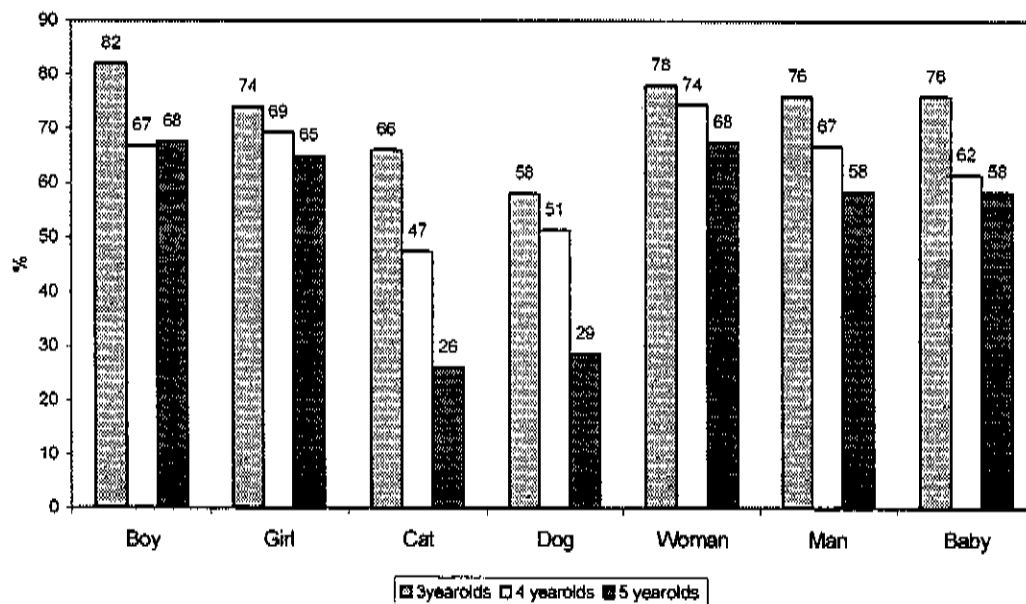
Q 3.1–3.7 Can a boy get AIDS? Can a girl get AIDS? Can a cat get AIDS? Can a dog get AIDS? Can a woman get AIDS? Can a man get AIDS? Can a baby get AIDS?

Figure 3: Illustrations for Questions 3.1–3.7



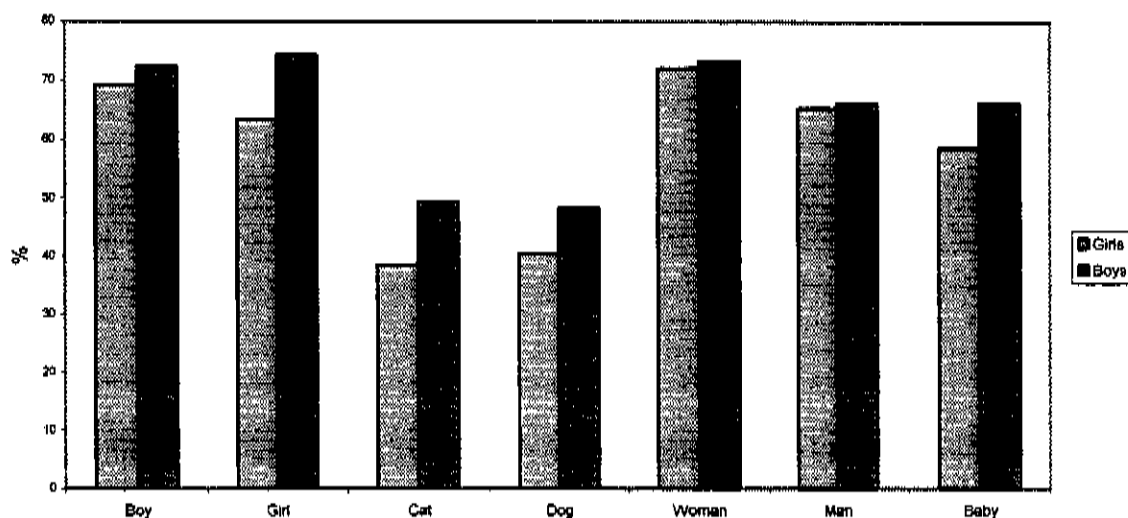
When asked to look at the pictures and answer the question about each one, fewer three year olds discriminated between people and animals than older children.

**Graph 10: Who can get AIDS? (Structured, age)**



More boys than girls were likely to think that animals can get AIDS.

**Graph 11: Who can get AIDS? (Structured, gender)**



### Summary

On the whole children's understanding of the concept that anyone can get AIDS is difficult to gauge. The children had difficulty in generalizing and tended to give particular examples. Older children were more likely to understand that the question concerned people and not animals, and girls answered this question better than boys.

Very few children gave good answers to the open-ended question, but this was probably because the open-ended format gave them too few cues about how to respond. On the other hand, children, and especially young children, have a tendency to acquiesce when the question is more structured, as evidenced by the fact that most 3 year olds said that dogs and cats could get AIDS. Taken as a whole the responses to this set of questions demonstrated the difficulty that young children have in moving from particular instances to general statements.

In the responses to the structured questions we considered whether there was a gender bias: for example, more boys than girls thought that girls could get AIDS. In view of the fact that more boys than girls responded "Yes" in every instance, a more likely explanation is that girls at this age are usually more linguistically advanced, and were consequently more discriminating in their responses.

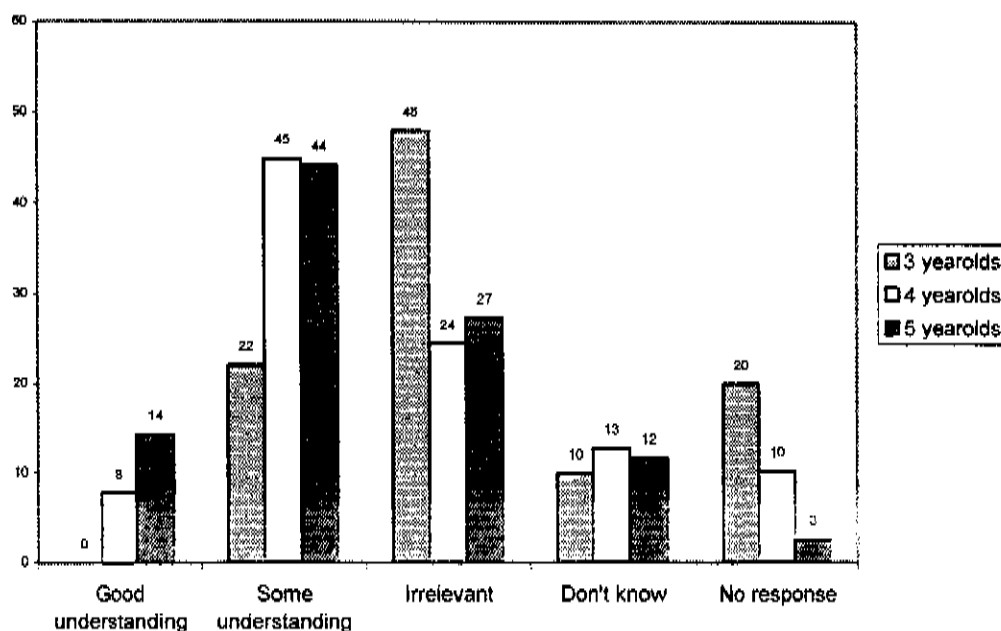
## SET 4 CONSEQUENCES

### Q4 What happens to people with AIDS?

Eight percent gave answers which demonstrated a good understanding. Responses were categorized as "Good" where the child understood the seriousness of the illness, or that it could be the sequel to a child rape, or that it could be transmitted. Essentially these answers contained a sense of cause and effect. Thirty-nine percent gave answers which indicated some understanding. The responses categorized as "Some understanding" made mention of death or isolation but the child was inconsistent in his/her responses to related questions.

The children's understanding of what happens to people with AIDS was a function of age, and there were no marked gender differences.

Graph 12: What happens to people with AIDS?



Q 4 Good understanding	
1. They become skirny and about to die. (1)	1. Basuke sebeboqokile sebezofa.
2. That becomes AIDS if an uncle rapes a child. (1)	2. Kwenzeka ingculazi uma umalume creypha ingane.
3. He gets sick and dies. (2)	3. Uvagula bese eyafa.
4. They have TB and they must take them to the hospital. (1)	4. Baba ne-TB futhi kufanele ubathathe ubayise esibhedlela.
5. They transmit it to others. (1)	5. Bathelala abanye.
6. They have headaches and die. (1)	6. Baphathwa amakhanda bajike bafe.

Q 4 Some understanding	
1. Sometimes things don't go well and people then become sick/ill. (1)	1. Ngesinye isikhathi izinto ziyaye zingahambi kahle bese abantu bayagula.
2. They had an illness. (1)	2. Basuke benesifo.
3. They die. (18)	3. Bayashona.
4. They are admitted in hospital / go to hospital/clinics/doctors. (18)	4. Balala esibhedlela/e-clinic/kudokotela..
5. She/he doesn't go to the shops but the one who doesn't have AIDS does. (1)	5. Akayi esitolo kodwa kuya lo ongenayo ingculazi.
6. They have stomach-ache. (2)	6. Baphathwa isisu.
7. The hospital said that he/she has AIDS. (1)	7. Kuthiwa esibhedlela baphethwe ingculazi.
8. They have flu. (3)	8. Baba nomkhuhlane.
9. They have painful illness. (1)	9. Ubanesifo esibuhlungu.
10. They are injected. (2)	10. Bayajova.
11. They are not alright. (1)	11. Ababi-right.
12. There are sores. (1)	12. Kubakhona izilonda.
13. People don't go into the sick/ill person's room. (1)	13. Abantu abangeni ekamelweni lomuntu ogulayo.
14. They become sick/ill. (25)	14. Bayagula.
15. He/she is sick and they take him/her in a wheelbarrow to the hospital. (1)	15. Uyagula bamthathe ngebhala bamusc esibhedlela.

Examples of inappropriate responses are:

- They use an enema. / Bayachatha
- Becomes fair in complexion / Ubampofu ebusweni.
- Mother will beat them with a stick from a tree. / Umama uzobashaya ngenduku ayikhe esihlahleni.

**Q5 "Do people die of AIDS?"**

The majority (74.6%) said "yes" to the question

*Summary*

By this stage in the questionnaire many of the children had come to the conclusion, either from the tone of the questions or from their previous knowledge that AIDS was to do with ill-health and could have serious consequences.

**SET 5 TRANSMISSION THROUGH BLOOD**

- Q6**      **Would you eat with him/her?**  
             **Would you use the same toilet as him/her?**  
             **Would you eat next to him/her?**  
             **Would you hug him/her?**  
             **Would you touch his/her blood?**  
             **Would you be his/her friend?**

**Figure 4: Illustration for Question 6**

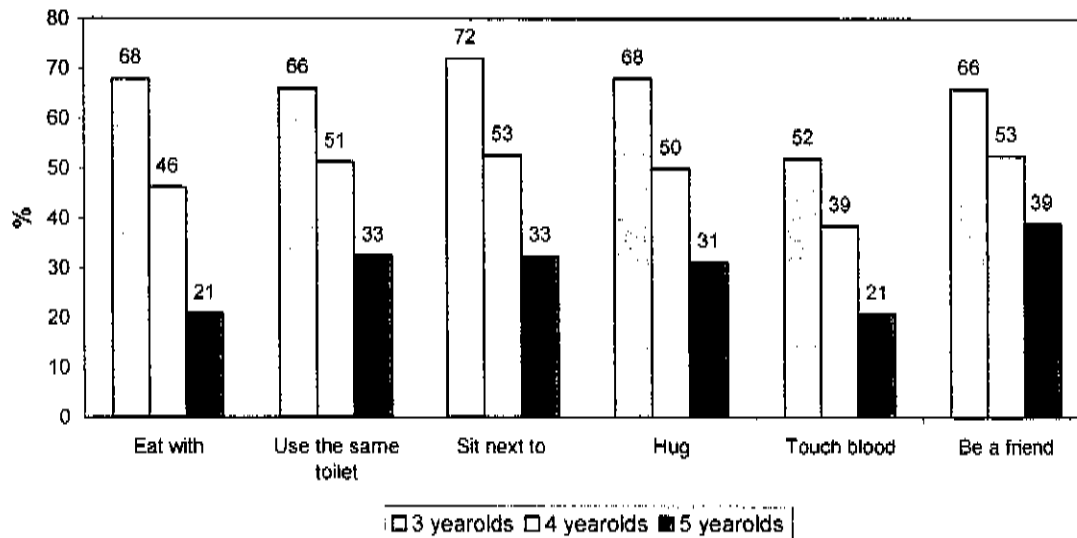
This is Thembi. She has got AIDS



This is Themba. He has got AIDS



Graph 13: Contacts



The responses to the set of questions asked here showed that children were more cautious about touching blood in all three age groups than any other type of contact. There was a tendency to be more cautious about contact with the HIV positive child with increasing age, and 5 year olds were less inclined either to eat with the child or touch his/her blood than to make contact with him/her in other ways.

**Q7 This is Thembi/a's picture. S/he was playing in the playground with her/his friends and got cut on her/his finger. What must s/he do?**

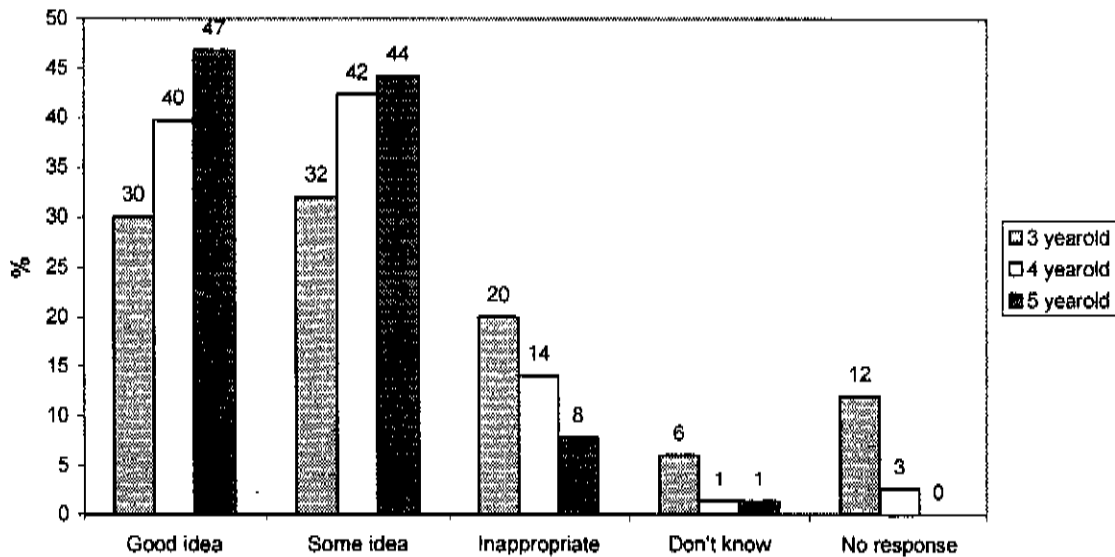
Figure 5: Illustration for Q 7





Most children (80.5%) had some idea about what should be done.

Graph 14: What must Thembi/a do?



Their responses were categorized as "Good" if they indicated that the wound should be immediately cleaned and covered. The "Some understanding" category was used in cases where the child suggested an exaggerated response, did not suggest covering the wound, or did not stress the immediacy of the response.

Q7: Good understanding	
1. Wipe the blood with a tissue then put plaster on it. (3)	1. Asule igazi nge-tissue bese efaka i-plaster.
2. He must wash then wipe the blood and put plaster. (1)	2. Kufanele ageze bese esula igazi bese efaka i-plaster.
3. Bandage his sore and go to the hospital. (2)	3. Abhandishe isilonda sakhe bese eya esibhedlela.
4. Put plaster/bandage. (75)	4. Afake i-plaster/bandage.
5. Tell his/her mother to put plaster/bandage. (7)	5. Atshele umama wakhe afake i-plaster/bandage.
6. Go home. (1)	6. Aye ekhaya.

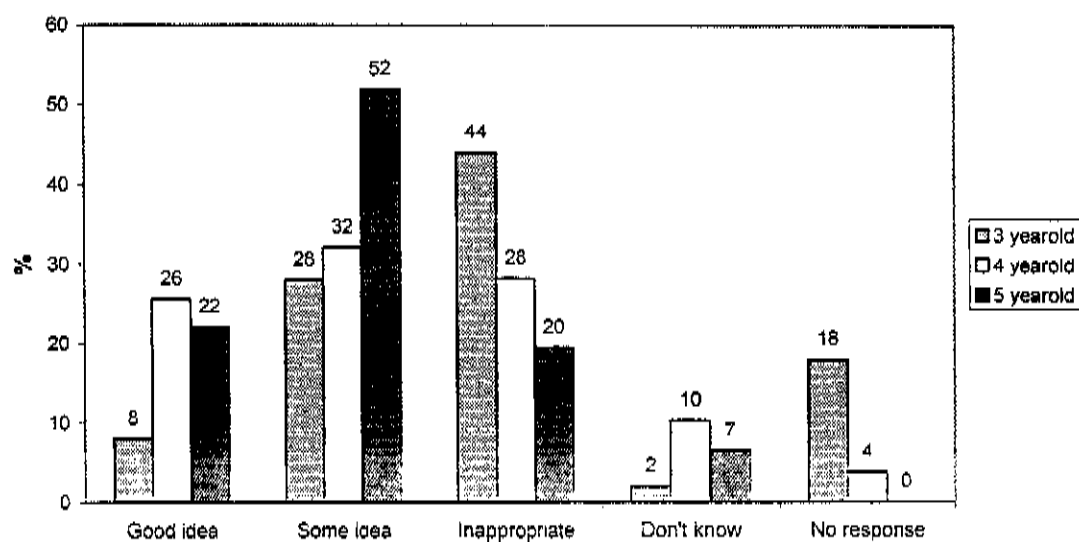
Q 7 Some understanding	
1. Go home and report that he/she is hurt. (7)	1. Aye ekhaya ayosho ukuthi ulimele.
2. Wash his sore hand with water and salt. (1)	2. Ageze isilonda sakhe ngamanzi anosawoti.
3. Apply medication for sores. (3)	3. Agcobe ngomuthi wezilonda.
4. Go to the clinic/doctor/hospital. (41)	4. Aye e-clinic /dokotela /esibhedlela.
5. Go for injection. (8)	5. Ayojova.
6. Wash her finger. (4)	6. Ageze ununwe.
7. Bandage him/her. (1)	7. Ambhandishe.
8. Take a tissue and wipe herself then cry. (1)	8. Athathe i-tissue azesule bese eyakhala.

Examples of inappropriate responses are:

- He/she is playing with a ball / Uya dladla ibhola.
- Blood is coming out and he is dying / Uphuma igazi uyafa.
- Should be beaten because s/he was naughty / Kufanele ashaywe ukuthi ubeganga.
- Must use the other hand which is not hurt to hit. / Kufanele ahsaye ngesinye isandla esingasikekile

**Question 8: Thembi/a's friend, Thokozani saw her/him fall. Do you see that s/he is bleeding. What must Thokozani do?**

**Graph 15: What must Thokozani do?**



The same categorization principles we used in question 7 were applied here.

Q 8 Good understanding	
1. Buy plaster for her. (2)	1. Amthengele i-plaster.
2. Get a bandage. (5)	2. Athole i-bandage.
3. Ask for a plaster from his mom. (1)	3. Acele i-plaster kumama wakhe.
4. Thokozani must tell him to go and get gloves to help him. (1)	4. Kufanele uThokozani athi akahambe ayothatha ama-gloves bese ayamsiza.
5. Phone/call parents. (1)	5. Afonele / athinthe abazali.

Q 8 Some understanding	
1. Put a bandage on him/her. (14)	1. Amfake ibhandishi.
2. Take him/her to the hospital. (17)	2. Amyise esibhedlela.
3. Run to help him/her. (2)	3. Agijime ayomsiza.
4. Wipe off her blood with a tissue/Wipe him/her. (3)	4. Amsule igazi nge-tissue/amsule.
5. Make him/her to keep quiet, clean his sore and bandage him. (2)	5. Amthulise amkiline isilonda bese eyombhandisha.
6. Call a nurse to take him/call an ambulance. (3)	6. Abize unesi amthathe/abize I-ambulance.
7. Wipe him/her and say "sorry" saying that softly and not letting her mother hear that. (5)	7. Amsule athi "sorry" asho kancane angezwa umama wakhe/amhage.
8. Call him then wash him/her. (2)	8. Ambize bese emyamgeza.
9. Tell his/her mother. (3)	9. Atshele umama wakhe.
10. Accompany him/her home. (2)	10. Amphelezele aye kubo.

The following are examples of inappropriate or wrong answers:

- Will say, "You are going to be beaten and I will report you to your mother" / Athi, "Ye ye uzoshawa abese eyamceba kumama wakhe".
- Should not play with the ball so that s/he does not get hurt. / Kufanele angalidlali ibhola khona engeke alimale.

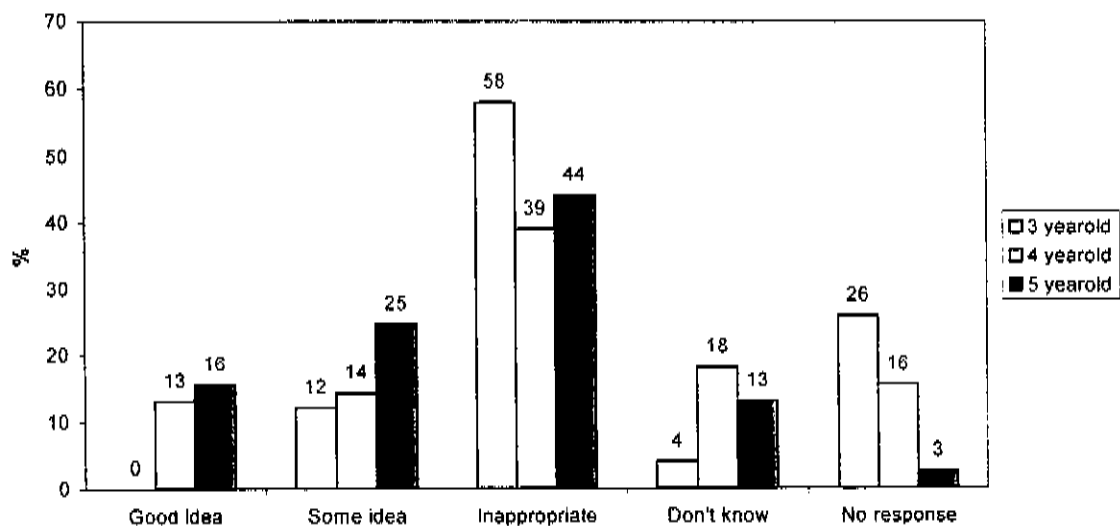
**Q9 Thembi/a's teacher wants to help her/him. She puts gloves before putting a plaster where Thembi/a's cut is. Can you tell me why she is wearing gloves?**

Figure 6: Illustration for Q 9



Children whose responses referred to the injury or the blood were categorized as having some understanding. When there was an additional indication that risk was involved, the answer was categorized as "Good".

Graph 16: Why is she wearing gloves?



Q9 Good understanding	
1. She must not touch the blood with her hands because she will get AIDS too. (29)	1. Kufanele angalithinti igazi ngezandla ngoba uzoba nengculazi.
2. The blood will spill on her. (5)	2. Ukuthi angaconsiseli igazi kuyena.
3. Thembi has AIDS. (2)	3. Ukuthi UThembi unengculazi.

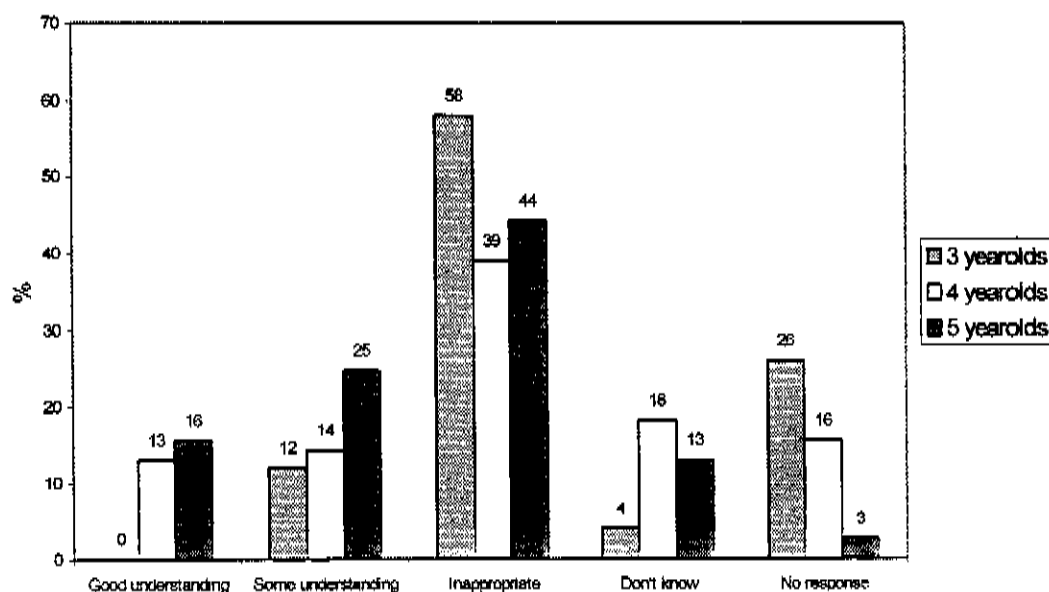
Q9 Some understanding	
1. She wants to wipe him/her. (8)	1. Ufuna amsule.
2. He has blood. (5)	2. Ukuthi unegazi.
3. She's wearing them because Themba is injured. (12)	3. Uwafakele ukuthi uThemba ulimele.

Some examples of inappropriate responses:

- She is imitating the doctor because the doctor puts on gloves / Ukuthi ulinganisa udokotela ngoba uyaye ufake amagloves.
- Has them on because she wants to help Themba / ufuna ukusiza Themba.
- She likes it / Uyathanda.

Q10 Why is it a good idea for Thembi/a's teacher to wear gloves?

Graph 17: Why is it a good idea for her to wear gloves?



In this final question in the set the coder took all of the answers in the set of questions about blood into consideration. The response was categorized as "Good" if the child's responses to this and other questions indicated a consistent understanding that the gloves will prevent possible transmission through blood. The lesser category of "some" understanding refers to children who were inconsistent in their responses, either not having understood the issue of transmission completely, or having had difficulty in articulating it.

Q 10a Good understanding	
1. She does not want to touch Themba's blood. (8)	1. Akafuni ukuthinta igazi lika Themba ngezandla.
2. So that they won't get AIDS. (6)	2. Angatheleleki ngengculazi.
3. Because he/she is injured. (7)	3. Ngoba ulimele Uthemba.

Q 10a Some understanding	
1. He'll/she'll have Themba's blood/he/she removes Themba's blood. (17)	1. Uzoba negazi likaThemba/ususa igazi likaThemba.
2. If he/she doesn't wear gloves he/she'll have AIDS. (1)	2. Uma engawafaki ama-gloves uzophathwa ingculazi.
3. He/she will be like Thembi and have sores. (1)	3. Uzoba njengoThembi abenezilonda.
4. If you don't wear them you'll have what Thembi's got. (1)	4. Uma ungawafaki uzongenwa yilento ephethe uThembi.

Examples of inappropriate responses:

- Because she wants to put on a plaster/ Ngoba ufuna ukumfaka iplasta.
- Themba is hurt a lot and keeps on crying / UThemba ulimele kakhulu iloku ekhala.
- She should take them off and put them on the table and then put on the plaster / Kufanele awakhumule awabeke phezu kwetafula bese emfaka iplasta.

### Summary

When the children were presented with a set of possible contacts with the HIV positive child, they most often rejected touching blood. It was not clear from question 6 whether touching blood was simply distasteful as opposed to dangerous, but in replies to questions 7 to 10 the children seemed to know that there was a risk involved. In these questions a substantial number of children knew that wounds had to be dealt with hygienically, and that there was a special risk in dealing with HIV positive people.

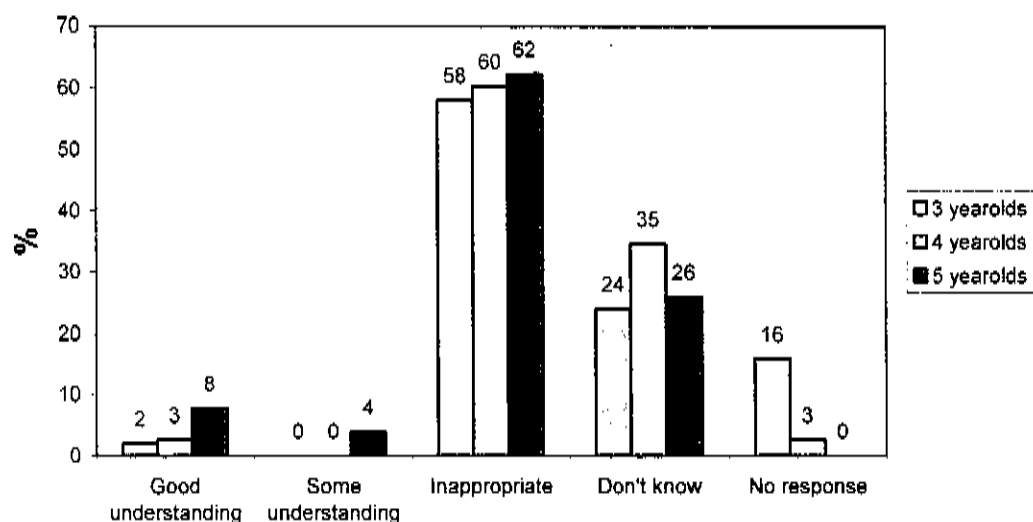
## SET 6 THE AIDS RIBBON.

Q11 Do you know what this ribbon is for?

Figure 7: Illustration for Q 11



Graph 18: Do you know what this ribbon is for?



Very few children understood the concept of the AIDS ribbon. On this question answers were categorized as "Good" if they indicated a direct link with HIV or AIDS, and "Some understanding" if there was an element of confusion about the response.

Q 11 Good understanding	
1. This means he/she supports people with AIDS. (1)	1. Lichaza ukuthi usaphotha abantu abanengculazi.
2. It is for HIV/AIDS. (8)	2. Ele-HIV/AIDS.

Q 11 Some understanding	
1. It's for AIDS so that the nurses can nurse people with AIDS. (2)	1. Eyengculazi ukuthi khona onesi bakwazi ukunesa abanengculazi.
2. He/she is supporting ill people. (1)	2. Uyasaphotha abantu abagulayo.

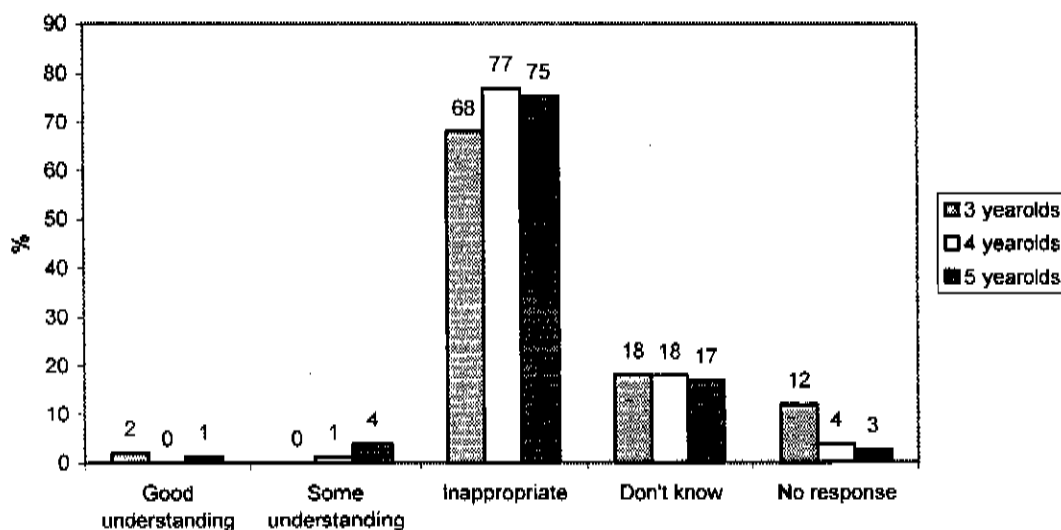
Some examples of inappropriate responses:

- It's for nurses / Elonesi.
- For decoration / Elokuhlobisa
- Shows that a person has won / Ukhombisa ukuthi umuntu uwinile.

#### Q12 Why is this person wearing this ribbon?

This question requires a more specific answer than the previous question so even fewer children could answer it.

Graph 19: Why is this person wearing this ribbon?

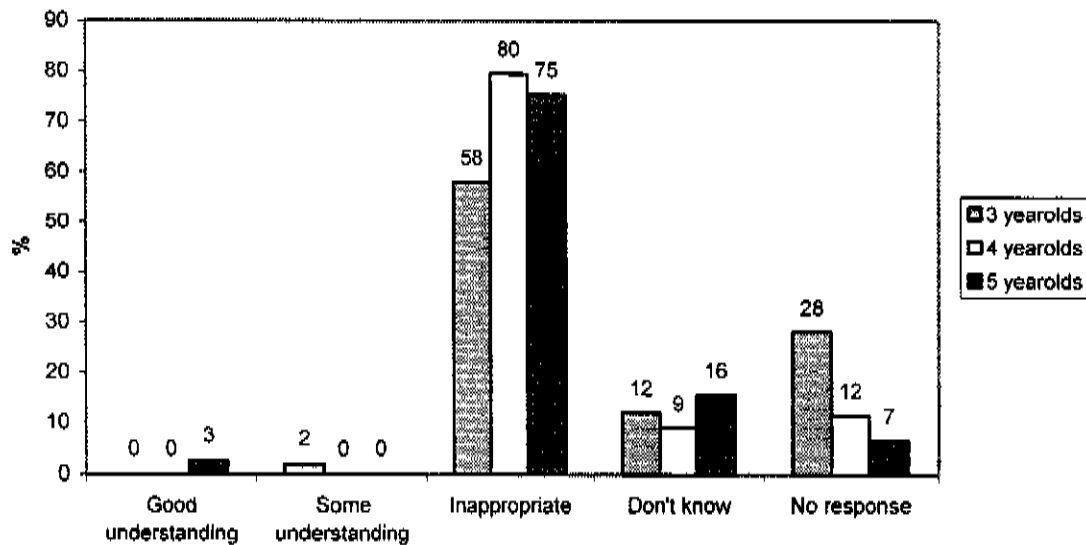




### Q13 Does this person have AIDS?

Overall 51.2% of children said that the person did not have AIDS. This was no better than would be expected by chance. Amongst the 3 yearolds more children thought that the person did have AIDS (Yes: 44%, No: 30%). This probably reflects the tendency of the younger children to say "Yes" to most questions. As age increased the proportion of children saying "No" increased: 50% of four yearolds and 63.6% of five yearolds said "No". As with Question 12, even children who had demonstrated some understanding of the AIDS ribbon in Question 11 were unable to give reasons.

Graph 20: Does this person have AIDS?



### Summary

In contrast to the previous set of questions, in the case of the ribbon hardly any children understood its meaning.

## SET 7 ACCEPTANCE

### Q 14 If a new student comes to your school and has AIDS would you play with her/him?

Overall 43% of children said "Yes", but there were very marked differences in the different age groups. The 3 year olds were less discriminatory. Sixty percent of the 3 year olds said "Yes", 46% of the 4 year olds, and only 28% of the 5 year olds.

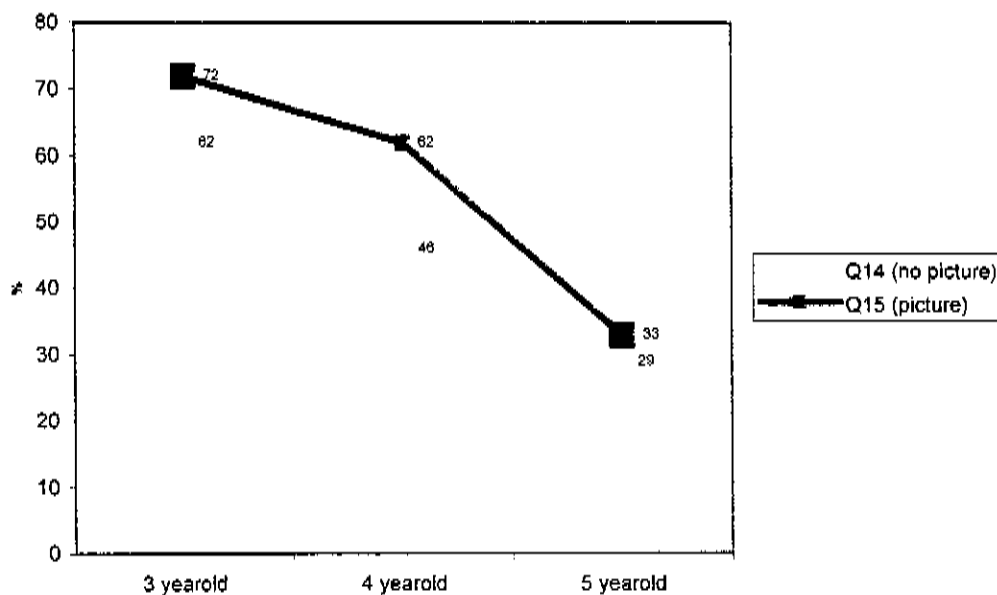
**Q15** Here is a group of children. Here is Thembi/a. S/he is new at the school and has AIDS. These children are playing. Should they invite Thembi/a to play with them?

Figure 8: Illustration for Q 15



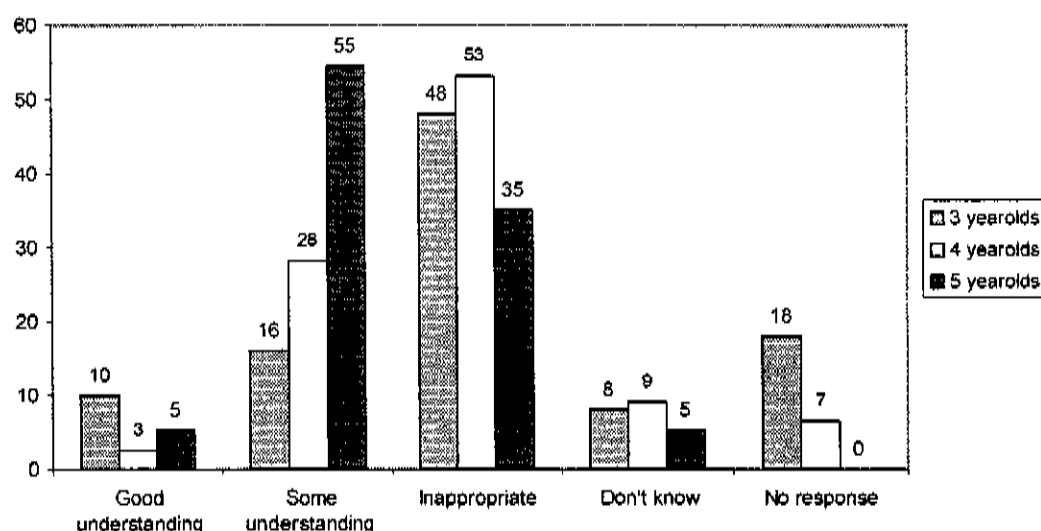
There were even more marked differences between the 3 age groups on this more concrete question. Seventy-two percent of the 3 year olds said "Yes", 60% of the 4 year olds, and 34% of the 5 year olds. Graph 21 illustrates the effect of the picture on children's answers. They were more likely to want to ask the infected child to play with other children when they *saw* the isolation instead of just *hearing* about it, but the effect was mainly in the younger age groups.

Graph 21: The effect of context on children's responses



Children's answers on the entire set were taken into account when they were classified as showing understanding or not showing understanding. Even though there was an age-related tendency to refuse to play with an HIV positive child, the children had considerable difficulty in explaining the reasons for their choice. When asked "Why?" the responses were as follows:

Graph 22: Should they invite Thembi/a to play with them?



The reasons given for a No response were as follows:

Q 15 Understands (No)	
1. Teacher told not us not to touch a child with AIDS/ will infect them with Aids	1. Utisha wasitshela ukuthi singayithinti ingane enengculazi/ izosithelela ngengculazi
2. Because he/she has AIDS	2. Ngoba unengculazi
3. Has AIDS on her private parts	3. Unengculazi entombazaneni
4. Was hurt and blood dropped out	4. Kade elimele uThembi kwaphuma igazi lakhe laconsa
5. Was hurt, will fall again and blood will come out	5. Ulimele uzophinda awe kuvele igazi
6. Will hold the ball with other on the same place and they will get infected	6. Uzolibamba nabanye ibhola endaweni eyodwa bese bayatheleleka

The following are some examples of reasons judged to be wrong, irrelevant or inappropriate:

- She is tired/ ngoba ukhathele.
- Does not have a ball, should carry his/hers/ Akanalo ibhola kufanele apha the elakhe.
- A person with AIDS should sit down / umuntu onengculazi kufanele ahlale phansi.

Children who displayed some sympathy were deemed to have understood the issues in this question.

Q 15 Understands (Yes)	
1. Because she/he has AIDS	1. Ngoba unengculazi
2. Does not like to have AIDS	2. Ngoba akathandi ukuba nengculazi
3. They should play with him/her even if they have nothing	3. Kufanele badlale naye noma bengena lutho bona

Examples of irrelevant/inappropriate responses are as follows:

- Doesn't know how to play with a ball/ Akakwazi ukudlala ibhola.
- Because she is beautiful/ Ngoba muhle
- Will be their new friend /Uzoba umngani omusha

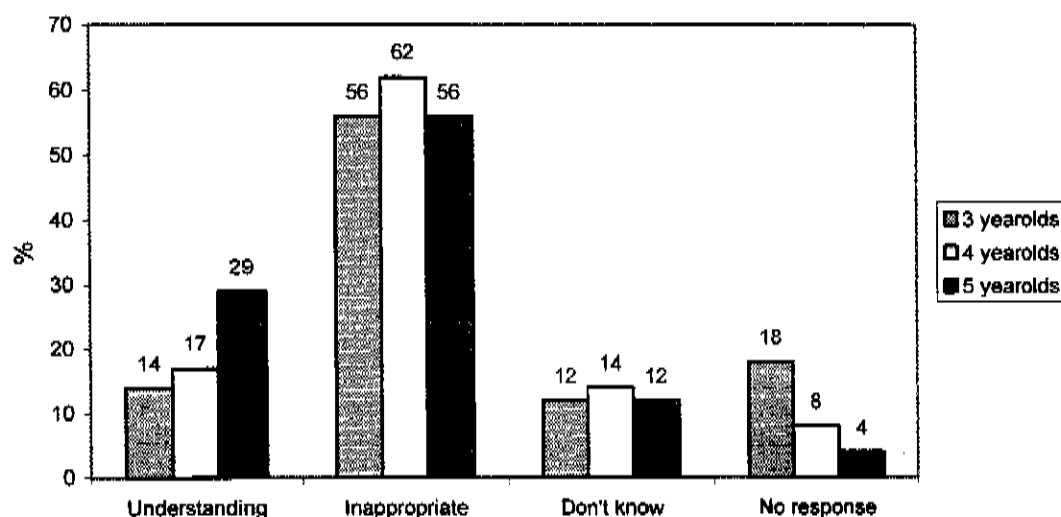
#### Summary

In this set of questions there is a marked tendency in older children to reject HIV positive children.

## SET 8 MEMORY

Q16 If Tembi/a's mother passes away what can s/he do to remember her?

Graph 23: What can Thembi/a do to remember her/his mother?



In this instance it was difficult to separate the children's understanding into 2 levels. The responses were regarded as indicating understanding if they were specific, or referred to customs amongst Zulu people.

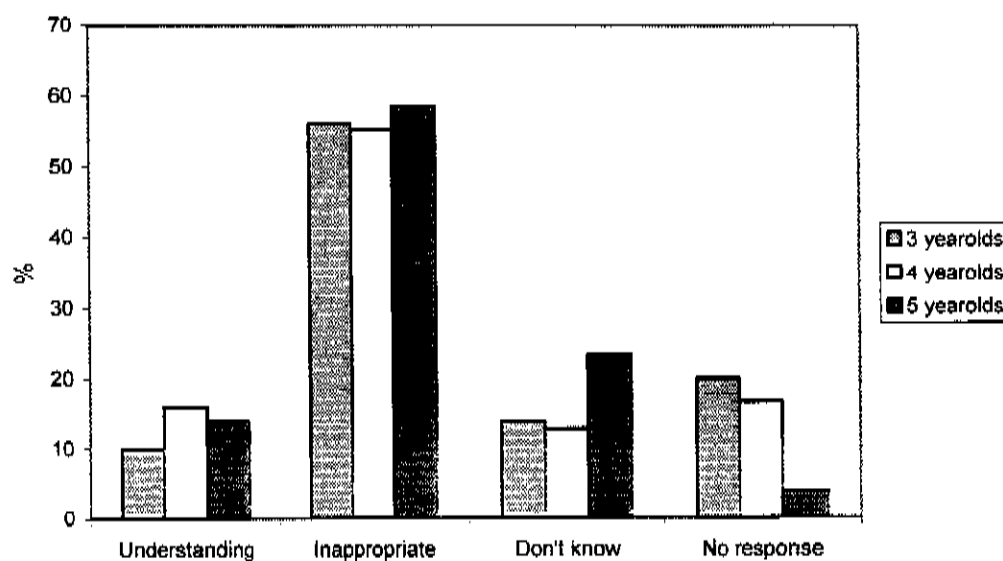
Q16 Understanding	
1. Remember things which used to happen	1. Akhumbule izinto ezazenzeka
2. Pray more often (cultural)	2. Athandaze njalo
3. May cook food (cultural)	3. Angapheka ukudla
4. Go to her mother's grave	4. Aye ethuneni likamama wakhe
5. Invite people and tell them to go away when they have eaten the cake but they should not eat all of it (cultural)	5. Ameme abantu bese cyabahambisa uma sebeqedile ukudla ikhekhe kodwa bengaliqedi lonke
6. Get money for food (cultural)	6. Ukuthi afune imali yokudla
7. Lay beautiful flowers on the glassy thing (tombstone)	7. Abeke izimbali ezinhle kulento eyiglass
8. I do not know if she will cry	8. Angazi noma uzokhala yini
9. Can look at her picture	9. Angabuka isithombe sakhe
10. Can think that her mother is dead	10. Angacabanga ukuthi umama wakhe ushonile

Examples of inappropriate responses were:

- Cry / bengakhala
- She/ he must get another mother / kufanele abe nomunye umama wakhe.
- Do nothing/ Angenzi lutho.

Q17 If s/he were to make a memory box, what would s/he put inside?

Graph 24: What should she/he put inside a memory box?



Once again it was difficult to make a distinction between the levels of understanding.

Q 17 Understanding	
1. Can put what she likes. (1)	1. Angafaka into ayithandayo
2. His clothes/ her things. (4)	2. Izingubo zakhe / izimpahla zakhe
3. Good books. (3)	3. Izincwadi ezinhle/bible and Hymn book
4. Put a ring. (3)	4. Engafaka iringi
5. His/her books. (2)	5. Izincwadi zakhe.
6. He/she can put shoes and photos. (5)	6. Angafaka izithombe nezicathulo.
7. He/she can put anything. (2)	7. Angafaka noma yini.
8. He/she can put flowers. (7)	8. Angafaka izimbali.
9. HIV/AIDS emblem. (1)	9. Uphawu lwe-HIV/AIDS.
10. Things which my mother bought him/her. (2)	10. Izinto angazithengelwa urnama wami.
11. Dresses. (1)	11. Izingubo.
12. School paper. (1)	12. Iphepha lesikole.

Examples of inappropriate responses were:

- Can throw it away because s/he does not like it / Ayitshinge, angitshinge ngoba akayifuni.
- Put nothing / angafaki lutho.
- Can put a stone (sand) / Angafaka itshe (inhlabathi).

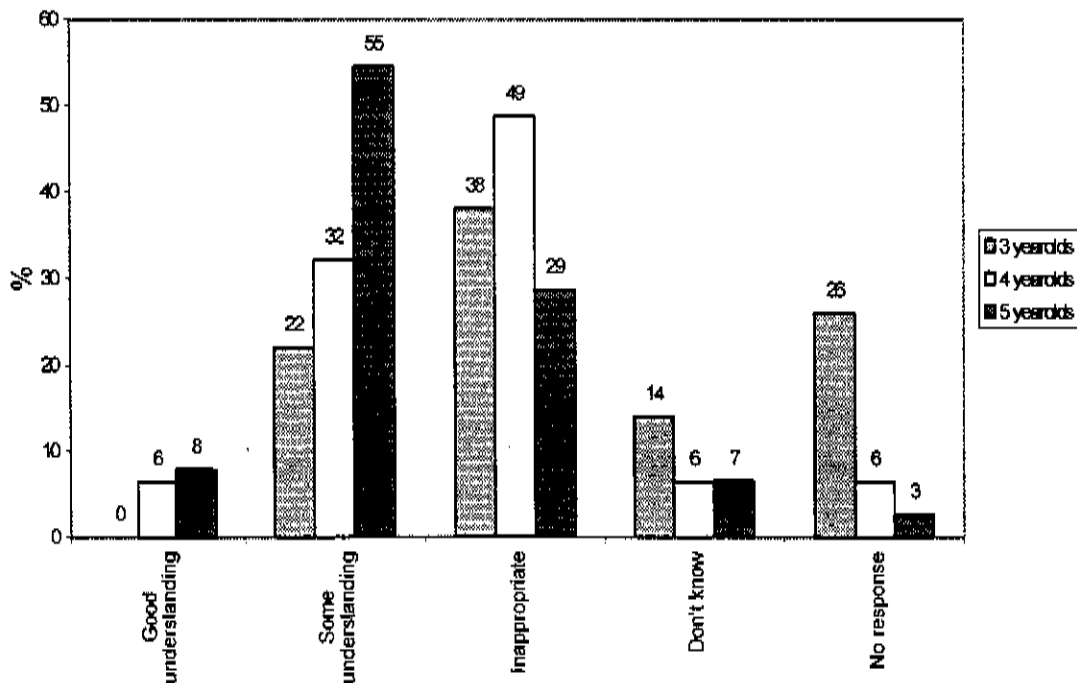
#### Summary

Only a few children understood the concept of a memory box.

## SET 9 FEELING ILL.

## Q18 What do you do when you are not feeling well?

Graph 25: What do you do when you are not feeling well?



Responses categorised as having a “Good Understanding” were those which indicated telling someone with the implication that something would be done about it. Responses which had no link to healing were categorised as having some understanding if they indicated that you might be miserable but can still be sociable or undertake some quiet activities.

Q.18 Good understanding	
1. I go to my mother and father and tell them. (6)	1. Ngiya kumama/baba wami ngimtshele.
2. I tell my aunt/grandmother. (2)	2. Ngitshela uanti/gogo.

Q 18 Some understanding	
1. I cry. (17)	1. Ngiyakhala.
2. I go to sleep. (14)	2. Ngiya kolala.
3. I eat with other children. (3)	3. Ngidla nezinye izingane.
4. I go home and stay alone/play alone. (3)	4. Ngifanele ngiye ekhaya ngihlale/ ngidlale ngedwa.
5. I play with my friends. (15)	5. Ngidlala nabangani bami.
6. I go to other people and ask them to wake my mother up. (1)	6. Ngiya kwabanye abantu ngibacele ukuthi bavuse umama.
7. I watch TV and go to sleep. (5)	7. Ngibuka i-TV bese ngiyalala
8. I drink tea/juice, I eat. (5)	8. Ngiphuza itive/ijusi,ngiyadla.
9. I don't cry. (3)	9. Angikhali.
10. I stay indoors and don't go outside because of being bored. (1)	10. Ngihlala endlini ngingaphumi emnyango ngoba ngibhorekile.
11. I do what will make me feel good. (1)	11. Ngiyaye ngenze okuzongiphatha kahle.
12. I play with toys. (1)	12. Ngidlala amathoyizi.
13. I ask money from my mother and buy nice things to eat. (2)	13. Ngicela imali kumama ngithenge izinto ezimnandi ngidle.
14. I work. (2)	14. Ngiyasebenza.
15. I turn on the radio. (1)	15. Ngivula i-radio.
16. I read. (2)	16. Ngiyafunda.
17. I draw cartoons. (1)	17. Ngidweba opopayi.
18. I get angry. (1)	18. Ngiyadinwa.

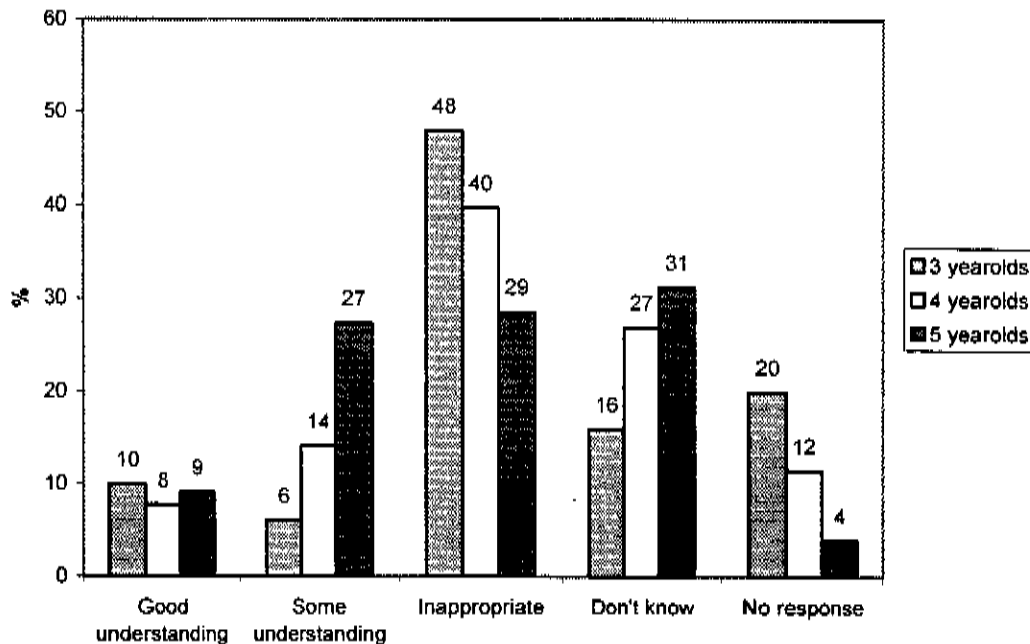
Some examples of inappropriate responses:

- I become happy/ Ngiyajabula
- I become ill / Ngenza ukuthi ngiyagula.
- I iron school clothes / Ngi ayina izinto zokuya esikoleni



### Q19 What can you do if someone is not feeling well to make them feel better?

Graph 26: What can you do if someone is not feeling well?



Answers which gave some indication of emotional support were coded as having a good understanding of what should be done, and friendliness and helpfulness were categorized as "Some understanding".

Q19 Good Understanding	
1. I can nurse him/her (give him/her a treat) until he/she forgets. (1)	1. Ngingamnesa (phatha kahle) aze akhohlwe.
2. I can take him/her to a beautiful garden and he/she can be happy and stop crying. (1)	2. Ngingamyisa engadini enhle bese eyjabula engabe esakhala.
3. I can take him/her to Madam Mbatha (teacher). (1)	3. Ngingamnyisa kuMam Mbatha (teacher)
4. I can hug him/her. (1)	4. Ngingamngona.
5. He/she should not feel sad, I can stay with him/her. (1)	5. Kufancle angaphatheki kabe ngihlale naye.
6. I can call his/her friends and he/she can be happy. (5)	6. Ngingabiza abangani bakhe bese eyjabula.
7. I can take him/her out (2)	7. Ngingamvakashisa.
8. Can sit with him/her and talk. (1)	8. Ngingahlala naye sixoxe.

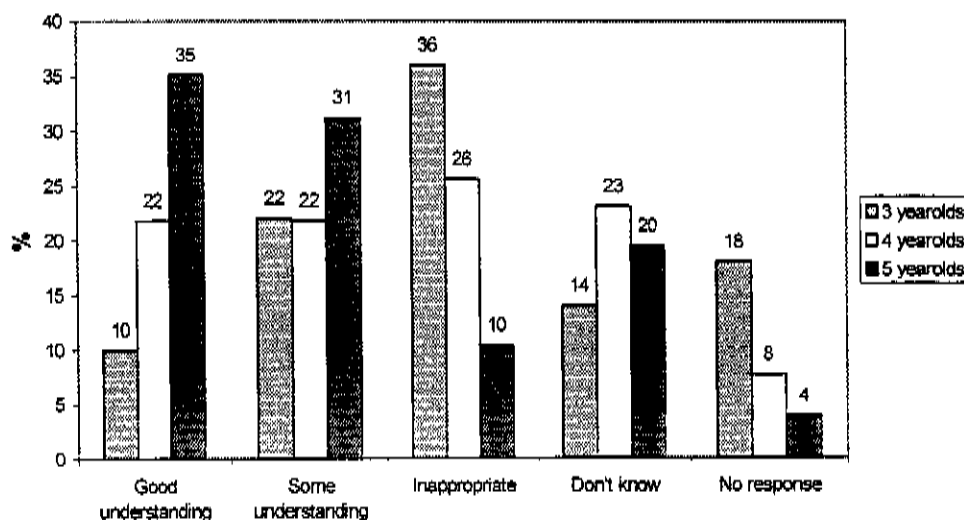
Q19 Some understanding	
1. I can make him tea/juice/drink/give him sweets. (7)	1. Ngingamenzela itiyi/ijusi/ngimnike amaswidi.
2. I can play with him/her. (9)	2. Ngingadlala naye.
3. I can tell him/her to go to sleep until he/she feels better. (5)	3. Ngingathi akayolala/alale aze abengcobo.
4. I can buy him/her all what he needs and treat him/her well. (2)	4. Ngingamthengela yonke into ayifunayo ngimphathe kahle.
5. I can make him/her feel better. (2)	5. Ngingenza abengcono.
6. I can ask him/her not to cry. (1)	6. Ngingamcela ukuthi angakhali.
7. I can draw him/her a person this big (stretched out hands) (1)	7. Ngingamwebela umuntu ongaka (omkhulu)
8. I can make him/her a car and a skateboard. (1)	8. Ngingamenzela imoto kanye ne-skateboard.
9. I can cook for him/her beans and meat/cook nice food/fruits.	9. Ngingamphekela ubhontshisi nenyama/ukudla okumnandi isinkwa/fruits.
10. I can surprise him/her with something which can make her happy. (2)	10. Ngingamsaprayza ngento ezomjabulisa.
11. I can watch TV with him/her.	11. Ngingabuka naye I-TV.

Some examples of inappropriate responses:

- S/he must go / kufanele ahambe.
- I play with a ball/ Ngidlala ibhola
- I leave him / her like that / Ngingavele ngimyeke kanjalo

**Q20 What can you do if someone is sick to make them feel better?**

Graph 27: What can you do if someone is ill?



The code "Good" was given when the child indicated that there should be some medical assistance.

<b>Q 20 Good Understanding</b>	
1. I can phone my father to come and take him/her by an ambulance and take him/her to the hospital. (1)	1. Ngingamusa esibhedlela ngifonele ubaba azomthatha nge-ambulance.
2. I make her feel better by giving him/her love. Sit close to her. (6)	2. Ngingamenza abengcono ngimthande/ngihlale eduze kwakhe.
3. I will take him/her to the doctor and he/she admits him/her in the ward. I will visit her/him daily. (1)	3. Ngingamyisa kudokotela amlalise kuwadi bese ngiyakombona zonke izinsuku.
4. Take him/her to the doctor/ hospital (32)	4. Ngingamthatha aye kwadokotela/esibhedlela
5. I am going to ask mom to take him/her to the hospital (2)	5. Ngingatshela umama amuse esibhedlela
6. Can phone police to take him/her to the hospital (3)	6. Ngingafonela amaphoyisa amyise esibhedlela
7. Can tell his/her mother to take him to the hospital (4)	7. Ngingatshela unama wakhe amuse esibhedlela.
8. I can take her/him to the hospital and fetch her/him when better (1)	8. Ngingamusa esibhedlela uma esengcono ngimlande
9. Can polish his/her shoes and then take him/her to the hospital and he/she can get injected. (1)	9. Ngingathatha izicathulo zakhe ngizipholishe bese ngimusa esibhedlela afike ajove
10 I can tell her/him that he/she will be better (1)	10. Ngingamtshela ukuthi uzoba ngcobo
11. I can help her/him get on the bed, fetch a wheelchair from the hospital and push him/her (2)	11. Ngingamsiza ngimbeke embhedeni ngiye esibhedlela ngilande into yokuqhuba abantu esibhedlela ngimqhube ngayo

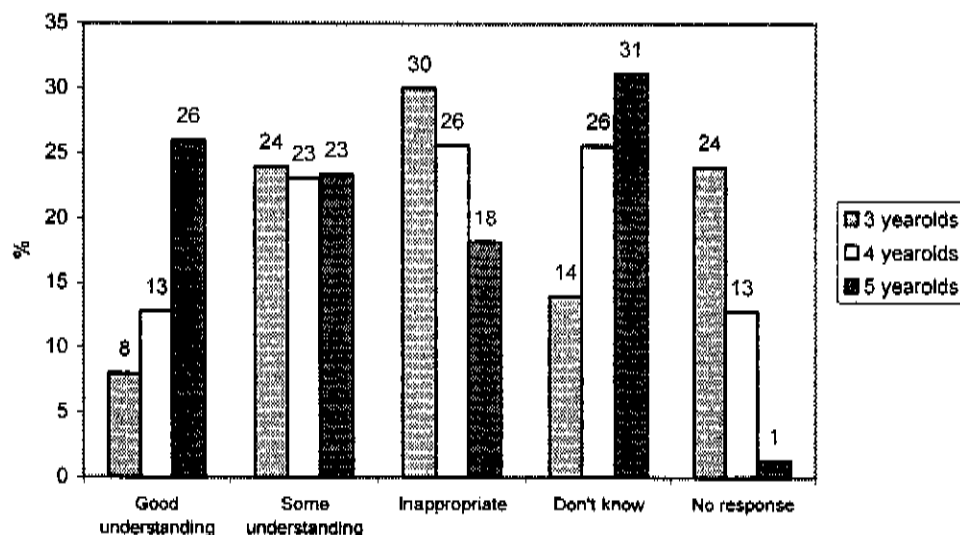
Q 20: Some understanding	
1. Give him/her medicine/ tablets. (19)	1. Ukumphuzisa umuthi
2. I can pray for him/ her. (1)	2. Ngingamthandazela
3. Can give him/her water to drink splash her /him with water on the face so that he/she regains consciousness and then take him/her to hospital. (1)	3. Ngingamphuzisa amanzi, ngimthele ngawo ebusweni khona ezophaphama bese, ngimyisa kwadokotela
4. I can give him tea/food. (4)	4. Ngingamphusiza itiye ngimlethele nokudla
5. Can wash his/her clothes. (1)	5. Ngingamawashela izingubo zakhe
6. I can nurse her/him better, nurse her/him with the thing for breathing (oxygen mask). (1)	6. Ngingamnesa abengcono ngimnese ngento yokuphefumula
7. He should not get sick but when he does should go the doctor. (2)	7. Kufanele angaguli kodwa uma esegula kufanele aye kwa dokotela
8. Can help him/her and play with him/her and watch television (4)	8. Ngingamsiza ngidlale naye sibuke TV
9. I will give her/him a tissue so that he/she does not cry (1)	9. Ngomnika itissue khona angakhali
10. Can help him/her (4)	10. Ngingamsiza
11. Can put on gloves then bandage him/her (1)	11. Ngingafaka amagloves bese ngimfaka ibandishi
12. Should go for an injection at a doctors place (1)	12. Kufanele ayojova kwadokotela

Some examples of inappropriate responses:

- I can give her chocolates not sweets because her teeth will become rotten / Ukumupha ushokolathi, hayi uswidi ngoba amazinyo akhe azobola.
- Should be beautiful / kufanele abe muhle.
- Is not ill / akaguli.

### Q21 Is there anything you can do to make someone with AIDS feel better?

Graph 28: Is there anything you can do to make someone with AIDS feel better?



Q 21 Good idea	
1. Can take him/her to hospital (Note: Responses 1,2 &3 all referred to hospitals or clinics and the total number of this type of response was 23)	1. Ngingamyisa esibhedlela/ kudokotela
2. Adults will push him/her in a wheelbarrow to the hospital or call for an ambulance	2. Abantu abadala bangamyisa esibhedlela bamqhube ngebhala noma babize iambulance
3. Can take him/her to the doctor and let her stay there for 4-7 weeks	3. Ngingamusa kwadokotela ngimhlalise 4-7 weeks
4. Can phone nurses so that they can see him/her. (1)	4. Ngingafonela onesi khona bezombona
5. I can start by wearing gloves and then give him/her an injection, prepare food for him /her, give her medicine to apply on the body, give her medicine to drink and then give her/him sticks for walking (crutches) and then his/her card (clinic card?) (1)	5. Ngingaqala ngigqoke amagloves bese ngimjova bese ngimerzela ukudla bese ngimnikaza umuthi wokugcoba, emzimbeni, bese ngimnika nowokuphuza bese ngimnika nezinduku zakhe zokuhamba nekhadi lakhe
6. Can take him /her to the doctor and the doctor will inject him/her and give him the oxygen mask thing fitted on the nose (1).	6. Ngingamyisa kwadolotela bese udokotela emjova, amfake into yasemakhaleri (oxygen mask)
7. Give her nutritious food (5)	7. Simenzela ukudla okunempilo
8. Can stay with her him and eat with her /him (1)	8. Ngingahlala naye ngidle naye
9. I can carry her/him on my lap and feed her/him. (1)	9. Ngingamgona ngimfunze ukudla
10. Should go to the clinic (1)	10. Aye eclinic
11. Can do good things for her/him nurse him/her (3)	11. Ngingamenzela izinto ezinhle/ngimnase
12. Can try to help him/her and I can call the doctor (1)	12. Ngingazama ukumsiza uma ngingakwazi bese ngibiza udokotela

Q 21 Some idea	
1. Give her medicine/ tablets (14)	1. Ngingamhuzise umuthi/amaphilisi
2. Should not get ill but if she/he does she/he should go to the doctor (1)	2. Kufanele angaguli uma esegula kufanele aye kwadokotela
3. Can rub him/her down if it is a knee problem or give him her tablets (1)	3. Ngingamrubber uma kuyidolo noma ngimphuzise amaphilisi
4. Can buy her beautiful things. (1)	4. Ngingamthengela izinto ezinhle kakhulu
5. Can put on gloves and help her /him well.(1)	5. Ngingafaka amagloves ngimphuzise kahle
6. Can give him food and water/juice to drink. (6)	6. Ngingamupha ukudla, ngimphuzise namanzi/ijuce/itiye
7. I can take him/her to hospital for an operation. (1)	7. Ngingamyisa esibhedlela ayohlinzwa
8. Can paint his wall. (1)	8. Ngingampendela udonga
9. I can help him/her until he/she is right. (4)	9. Ngingamsiza aze abe right
10. Can buy her/him tablets so that she gets better. (2)	10. Ngingamthengela ama philisi/umuthi ukuze abe ngcono
11. Don't ask her to fetch water from the river. (1)	11. Angayi emfuleni
12. Can bandage him/her take him to hospital and bury him/her when he/she dies. (1)	12. Ngingathatha ibhandishi ngimbhandishe ngimyise esibhedlela simngcwabe uma eseshorile
13. Can give her eardrops if it is an ear problem. (1)	13. Ngingamfaka umuthi wendlebe uma ephetwe izindlebe
14. Can play with him /her (1)	14. Ngingadlala naye

Some examples of inappropriate responses:

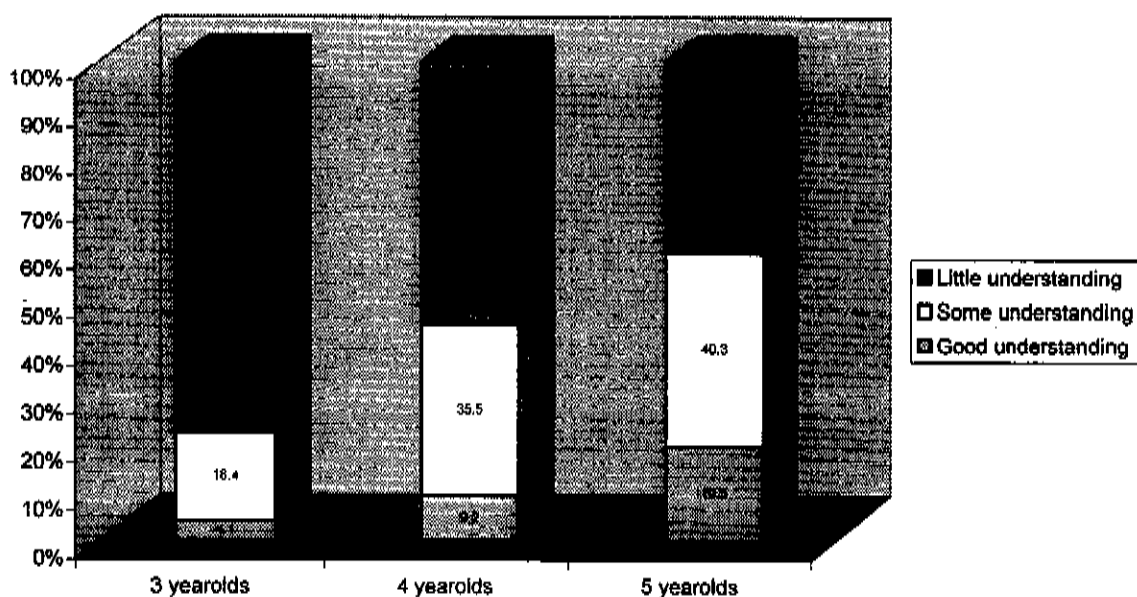
- People just wipe him/her with a towel / Ukuthi abantu bamsule ngethawula.
- I can inject him/her / Ngingamjova.
- Can tell her to drink water / Ngingathi aphuze amanzi

Summary: Many children understood that when they were sick they should do something enjoyable and not taxing. In the response to questions 19 and 20 there was a little understanding of a sick person's need for emotional support, and quite substantial awareness of the need to be helpful and to summon medical help. In the special case of someone with AIDS, many children were sympathetic and willing to be helpful.

## INTERVIEWERS' SUMMARY

In this sample 12% of the children understood the terms HIV and/or AIDS well. Our criterion for this was that the child should know that the infection was serious or life-threatening, and understand something of transmission or prevention of infection. A further 33% knew something of the terms: they knew at least that sickness was involved. Fifty-five percent of the children did not give an indication of understanding the terms.

Graph 29: Interviewers' summary



Most children knew AIDS was something bad, and many knew it was associated with illness, but many of the children showed evidence of muddled thinking about the issues. A few children gave nonsensical answers all the way through the questionnaire.

It proved impossible to quantify the number of children with inaccurate or muddled information because of ambiguity in many of the things they said. We also puzzled over what might be regarded as age-appropriate knowledge and the extent to which such young children could be expected to give good definitions of the infection even if it were explained well. The following are some of the responses that we would regard as muddled because they have some truth, but are only partially correct :

*Who could get AIDS:*

- Only rape victims
- Homeless people

- Older people
- Only females
- Older boys
- Thin people from Jozini
- Babies are too small to get it
- Doctors can get AIDS

*What is AIDS:*

- AIDS is a sore – one must use red ointment.”
- It's a cure if someone is sick.

*How people get AIDS*

- *Like cholera, water related:* playing in dirty water, walking in the rain, drinking salt water, bathing in cold water, drinking cholera-infected water, drinking Sweet Aid.
- *It's serious:* When hit by a car, associated with shooting
- *It's your own fault:* Through eating a lot of sugar, you get AIDS when your mouth is open.
- *It's catching:* A number of children thought that you could get AIDS from playing with a child who had AIDS
- *Debilitating:* You get AIDS when you become lighter in complexion.

*Emotional response to the questions*

The interviewer recorded a comment on each child's emotional state. If the child seemed distressed or bothered by the questions, the interviewers reassured the children.

In about 12% of the interviews the child showed some distress when talking about AIDS. This was variously described by interviewers as: sad, scared, secretive, struggling to answer, sensitive about death, face changed, not comfortable, tense.

A few children were thought to be showing genuine concern and compassion (3%), and some children were hesitant and shy (3%).

Some children were not concentrating, and were described as bored, playful, hyperactive, or losing interest toward the end (4%).

The great majority were either relaxed and calm, or co-operative and willing to talk.



## DISCUSSION

The children had some difficulties with the questions:

- Open-ended questions were not as fruitful as those with structure.
- Similarly, decontextualised questions were less likely to yield information than questions with a story-line and a picture.
- Children were more likely to cite particular instances than general rules.
- All ages had a tendency to say "Yes" when asked a simple Yes/No question, but the younger children did this more frequently than the older children.
- Some children had a tendency to fabricate, change the subject, or refuse to respond. In these circumstances it was difficult to establish whether they didn't know the answer or didn't answer correctly for another reason. They may have been shy, tired, bored or playful, or avoiding discussing a painful subject.

### Knowledge:

The amount of knowledge that the 3-5 year olds displayed was very strongly age-related, indicating that it is during these years that children rapidly acquire an understanding of the epidemic which is raging in the communities where they live.

Most children said they had heard of HIV/AIDS, although not many spontaneously listed AIDS as an illness, and they were unable to tell us much about HIV and AIDS. In the initial questions about 7% of children knew enough about HIV/AIDS to refer accurately to sexual transmission, transmission via infected blood or a serious illness and association with death. A further 22% had a reasonable understanding, one that demonstrated at least the association with illness and death. Their replies to subsequent questions testified to the fact that some children did, in fact, have very accurate understanding, and most children had some ideas that surfaced with more persistent questioning. In the final analysis, the interviewers rated 12% of children as having understood the terms well and a further 33% knew something of the terms.

In terms of content, children knew more about the term AIDS than the term HIV, although even at this young age, three children were able to explain that HIV was not necessarily associated with overt illness, and a number of children knew of an association with child molestation and rape. Across the age-range in this study children were learning that it was a human infection as opposed to an animal infection, that anyone could get it, and that it was a condition that resulted in serious illness and death. They were learning that it could be

transmitted from one person to another, and were becoming increasingly cautious about contact with infected people.

Small children often fall, get scratched and bleed. Scraped knees and cut fingers are very much a fact of life for a preschooler. In our study eighty-one percent of children were quite knowledgeable about what to do when they or one of their playmates gets hurt – clean and cover the wound, and ask for adult help.

Hardly any children knew much about the AIDS ribbon and the purpose of wearing it. The memory box was another concept that was not well known.

### **Attitudes:**

Between the ages of 3 and 6 years children become increasingly discriminating socially. This is the age when boys identify with other boys and prefer to play with them rather than in mixed-sex groups, and girls identify games and pastimes as 'for girls' and start to play these games in single-sex groups. Children categorise other children as 'like me' or 'not like me' in a natural perceptual process of exploring their own identity. At the time that they learn to categorise in this way they may also learn to reject and stigmatise, and this can apply to gender, race, or disability as well as to HIV infection.

Our research showed that 62% of three year olds did not seem to worry about playing with an HIV-positive child, but only 46% of the four year olds were accepting of an infected child and even fewer five year olds (29%). When children were shown a picture of a dejected child being excluded from playing with other children, an additional 10% responded to the obvious sadness of the situation by saying that the child should be included in the group. While most children were unable to give coherent reasons for their answers, about a quarter were able to verbalise their fear that they or others would be infected through play, and many more associated AIDS with something bad or dirty. This suggests that stigmatisation starts around this age and underlines the urgency to start de-stigmatising HIV/AIDS from an early age.

### **Skills**

Although they were often not able to explain it properly, many children seemed to realise that contact with infected blood was risky so in principle the idea of avoiding contact with blood is teachable even to small children. This is encouraging since universal precaution forms part of the Department of Education's policy on HIV/AIDS. While there is very little likelihood of children becoming infected with the HI virus in playground incidents, it is important that as many children as possible understand the correct procedure here. It will introduce children to the fact that there are simple and obvious ways of preventing infections. In a school or preschool environment adults working with children should always observe simple universal precautions like wearing gloves when treating children's cuts and scrapes.

During the interviewing process we took a number of precautions to avoid making children upset or uncomfortable: they were interviewed within sight and hearing of their playmates,

the session started with a game and the interviewers were all experienced in doing research with very young children. Even so, the interviewers detected some distress specific to the mention of HIV and AIDS in about 12% of the interviews. It is inevitable that some children in the sample would have been exposed to the sadness and bereavement caused by the epidemic.

Some of the children in the study had knowledge beyond their years of threat of the disease. About half of the children understood the need to be helpful when people are ill, many were sympathetic and a few understood the need people have for emotional support. Takalari-Sesame has a role to play in developing this natural sympathy and helpfulness in young children so that affected children may experience care and support from other children.

# **TAKALAMI SESAME HIV/AIDS QUESTIONNAIRE (ENGLISH)**

**TAKALAMI SESAME  
HIV/AIDS QUESTIONNAIRE**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date \_\_\_\_\_

**Knowledge Questions**

1. Sometimes people get sick, they might have a runny stomach or flu. What other illnesses do people have?

\_\_\_\_\_

1.1 Can you think of any other illnesses that might make people to be very sick?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.2 Have you ever heard of HIV/AIDS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIV/AIDS is a disease that people have.

2. What can you tell me about HIV/AIDS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.1 How do people get AIDS?

\_\_\_\_\_  
\_\_\_\_\_

2.2 What does it mean if someone is HIV positive?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.3 What does it mean that someone has AIDS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 Who can get AIDS?

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3.1 Can a boy get AIDS?

Yes  No

3.2 Can a girl get AIDS?

Yes  No

3.3 Can a cat get AIDS?

Yes  No

3.4 Can a dog get AIDS?

Yes  No

3.5 Can a woman get AIDS?

Yes  No

3.6 Can a man get AIDS?

Yes  No

3.7 Can a child get AIDS ?

Yes  No

4 What happens to people with AIDS?

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5 Do people die of AIDS?

Yes  No

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***This is Thembi/a. Thembi/a has got AIDS?***

- 6.1 Would you eat with Thembi/a? Yes  No
- 6.2 Would you use the same toilet as her/him ? Yes  No
- 6.3 Would you sit next to her/him? Yes  No
- 6.4 Would you hug her/him? Yes  No
- 6.5 Would you touch her/his blood? Yes  No
- 6.6 Would you be her/his friend? Yes  No

***Show the child a picture of a girl [or boy] with a cut on her [his] finger. [picture should match gender of child].***

7. This is Thembi/a's picture. S/he was playing in the playground with her/his friends and got cut on her/his finger. What must s/he do?

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8. Thembi/a's friend; Thokozani saw her/him fall. Do you see that s/he is bleeding. What must Thokozani do?

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**Show the child a picture of a teacher with gloves putting a plaster on Thembi/a's cut.**

9. Thembi/a's teacher wants to help her/him. She puts gloves before putting a plaster where Thembi/a's cut is. Can you tell me why she is wearing gloves?

\_\_\_\_\_

10. Is it a good idea for Thembi/a's teacher to wear gloves?

Yes  No

NR  DK

**"If Yes or No"**

- 10a Why?

\_\_\_\_\_

**Show picture of a person wearing a red ribbon.**

11. Do you know what this ribbon is for? (point at the ribbon)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Why is this person wearing this ribbon?

\_\_\_\_\_  
\_\_\_\_\_

13. Does this person have AIDS?

Yes  No

NR  DK

- 13.a Why do you say this?

\_\_\_\_\_  
\_\_\_\_\_

### **Attitude Questions**

14. If a new student comes to your school and has AIDS, would you play with her/him?

Yes  No

NR  DK



**Show the child a picture with a group of children and one boy[girl] standing off to the side. [Gender of child standing aside should match the gender of respondent.]**

15. Here is a group of children. Here is Thembi/a. S/he is new at the school and has AIDS. These children are playing. Should they invite Thembi/a to play with them?

Yes  No

***"If Yes or No"***

15a Why?

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**Skill Questions**

16. If Thembi/a's mother passes away. What can s/he do to remember her?

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17. If s/he were to make a memory box, what would s/he put inside?

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18. What do you do when you are not feeling well?

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19. What can you do if someone is not feeling well to make them feel better?

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20. What can you do if someone is sick to make them feel better?

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21. Is there anything you can do to make someone with AIDS feel better ?

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# **TAKALAMI SESAME HIV/AIDS QUESTIONNAIRE (ZULU)**

**TAKALAMI SESAME  
HIV/AIDS QUESTIONNAIRE**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

**Knowledge Questions**

1. Ngesinye isikhathi abantu bayagula, njengokuthi omunye akhishwe yisisu noma omunye abenomkhuhlane. Ungazicabanga ezinye izifo abantu abanazo?

\_\_\_\_\_

1.1 Ungasicabanga isifo esingenza ukuthi umuntu agule kakhulu ?

\_\_\_\_\_  
\_\_\_\_\_

1.2 Wake wezwa nge HIV/AIDS (isandulelangculazi noma ingculazi)?

\_\_\_\_\_  
\_\_\_\_\_

**1-HIV/AIDS ngenye yezifo abantu ababanazo.**

2. Yikuphi ongangitshela khona nge HIV/AIDS

\_\_\_\_\_  
\_\_\_\_\_

2.1 Abantu bayithola kanjani ingculazi?

\_\_\_\_\_  
\_\_\_\_\_

2.2 Uma umuntu enesandulela ngculazi HIV positive kuchaza ukuthini lokho?

\_\_\_\_\_  
\_\_\_\_\_

2.3 Uma umuntu enengculazi kuchaza ukuthi lokho?

\_\_\_\_\_  
\_\_\_\_\_

3. Ubani ongaba/ngathola ingculazi?

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3.1 Umfana angayithola ingculazi/ AIDS

Yes  No

3.2 Intombazane ingayithola ingculazi?

Yes  No

3.3 Ikati lingayithola ingculazi?

Yes  No

3.4 Inja ingayithola ingculazi?

Yes  No

3.5 Umuntu wesifazane angayithola ingculazi?

Yes  No

3.6 Indoda ingayithola ingculazi?

Yes  No

3.7 Ingane ingayithola ingculazi ?

Yes  No

4. Kwenzekani kubantu abanengculazi?

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5. Ingabe abantu bayafa ingculazi?

Yes  No

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***Nangu uThembi/a unengculazi.***

- 6.1 Ungadla yini ndawonye noThemba? Yes  No
- 6.2 Ungalisebenzisa yini i-toilet (indlu yangasese) elilodwa naye? Yes  No
- 6.3 Ungahlala eduze kwakhe? Yes  No
- 6.4 Ungamugona (hug) yini uThembi/a? Yes  No
- 6.5 Ungalithinta yini igazi lakhe? Yes  No
- 6.6 Ungaba umngani wakhe? Yes  No

***Show the child a picture of a girl [or boy] with a cut on her [his] finger. [picture should match gender of child].***

7. Nasi isithombe sikaThembi/a, Kade edlala enkundleni yezemidlalo ( e-grawundini) nabangane bakhe wabe esesikeka emunweni wakhe. Kufanele enzenjani?

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***Show the child a picture of one child seeing Thembi/a with the cut of her [his] finger.***

8. Umngane kaThembi/a uThokozani umbonile ewa. Uyabona ukuthi uyopha. Kufanele enzenjani uThokozani?

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**Show the child a picture of a teacher with gloves putting a plaster on Thembi/a's cut.**

9. Uthisha kaThembi ufuna ukumsiza uThembi. Ufaka ama-gloves ngaphambi kokuba afake uThembi i-plaster lapho asikeke khona. Ungangitshela ukuthi yini efake ama-gloves?

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10. Ucabanga ukuthi kuwumbono omuhle omuhle ukuthi uthisha kaThembi agqoke ama-gloves? *"If Yes or No"*

Yes  No

NR  DK

10.a Ngobani?

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**Show picture of a person wearing a red ribbon.**

11. Ngabe uyazi yini ukuthi leli-ribbon ngelani? **(point at the ribbon)**

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12. Uliqgokeleni lomuntu leli ribbon?

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13. Ingabe lomuntu unengculazi?

Yes  No

NR  DK

13.a Ngobani?

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### Attitude Questions

14. Uma ingane entsha ifika esikoleni senu inengculazi, ungadlala yini nayo?

Yes  No

NR  DK

*Show the child a photograph with a group of children and one boy[ girl] standing off to the side. [Gender of child standing aside should match the gender of respondent.]*

15. Nali iqembu lezingane. Nangu u-Bob. Nayi ingane entsha esikoleni enengculazi. Izingane sezizodlala umdlalo. Kungabe kufanele zimbize yini u-Bob azodlala nazo? *"If Yes or No"*

Yes  No

15.a Ngobani?

\_\_\_\_\_

\_\_\_\_\_

### Skill Questions

16. Uma umaka Thembi/a eshona, iziphi izinto angazenza ukuze amkhumbule?

\_\_\_\_\_

\_\_\_\_\_

17. Uma engenza i-memory box, yini angayifaka phakathi?

\_\_\_\_\_

18. Yiziphi izinto ozenzayo uma ungaphathekile kahle?

\_\_\_\_\_

19. Kungabe kukhona ongakwenza uma omunye umuntu ephatheke kabi ukuze azizwe engcono?

\_\_\_\_\_

\_\_\_\_\_

20. Kungabe kukhona ongakwenza uma omunye umuntu egula ukuze azizwe engcono?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Kungabe kukhona ongakwenza ukuze umuntu onengculazi azizwe engcono?

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