



Knowledge, Attitudes and Practices on HIV/AIDS of Pupils in the Terminal Degree of Secondary Schools in the City of Kindu

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ARTICLE INFO

Article history:

Received: 13 January 2021;

Received in revised form:

12 March 2022;

Accepted: 21 March 2022;

Keywords

HIV/AIDS,
 Secondary School.

ABSTRACT

The determination to carry out this work is based on the fact that AIDS is a disease that claims enough victims each year and in many countries in the world. Africa is not immune to this scourge that has struck all of humanity for decades, without having a curative treatment for it. Transmissible by several routes, the most common of which is the so-called sexual route, which unfortunately constitutes a taboo in many African countries as well as in the Democratic Republic of Congo. Parents who should already be very concerned about it in the sex education of their children, do not always put particular emphasis on it. So with this study, following in the footsteps of people already working in this sector; we provide the various researchers and partners with literature on HIV/AIDS in order to understand whether the students surveyed have a good knowledge of the prevention of the said disease.

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1.0 Introduction

Every year on December 1 the whole world celebrates World HIV/AIDS Day. This date reminds us that this disease still remains and is the basis of many cases of death. Based on this provision, the new Framework Law No. 14/004 of February 11, 2014 on national education on the organization and functioning of education in its article 9 in point 11 insists on the fight against endemic and epidemic diseases including HIV/AIDS, malaria and tuberculosis.

This HIV/AIDS pandemic is a major public health problem not only because it wreaks havoc and causes death, but also because it takes a heavy toll on the families and communities of the victims. Over the years, the number of infected people increases due to the lack of adequate remedies (Muyololo, 2018,p.2).

Indeed, since AIDS is mainly transmitted sexually, several factors could hinder information. These include African habits and customs that consider sex taboo. This is why in most of our customs, talking to your child about sex could be seen as sacrilege.

The Ministry of Health of the DRC, in its strategic plan for the fight against HIV/AIDS in the health sector (2012), shows that AIDS is a scourge that causes many human victims. According to epidemiological data, in the DRC, the national prevalence rate is 4.5%. In Kisangani it is 5.7%; as a result, Kisangani is the second largest city in the country in terms of HIV/AIDS infection after Lodja in Kasai Oriental, where the rate is 6.9%. This pandemic is considered a real social disaster by the number of victims it causes, and the social problems it generates (Kikuni, M. 2016, p.14).

In the same vein, she goes further by saying that in the eastern province (before dismemberment), the national multisectoral program to fight against HIV/AIDS (PNMLS) is operational with the main objective of raising awareness, counseling and taking in charge of people living with HIV/AIDS (PVV) as well as voluntary testing. According to the data available at the PNMLS, the HIV/AIDS prevalence rate for the eastern province rose from 7% in 2005 to 5.3% in 2010, while for the city of Kisangani it is currently 5%. Today, there is no vaccine to protect against the virus; the appearance in 1996 of antiretroviral (ARV) treatment gave hope. However, it remains ineffective and causes side effects and other specific problems that are difficult for patients to tolerate.

Knowledge of HIV/AIDS reduces the risk of spreading this scourge. In the fight against AIDS, an important factor comes into play: information. This only reaches the community through the media, education, and awareness raising by national or international organizations involved in the fight against this scourge. This is why this pandemic is a source of many social, economic and political concerns... Hence the multisectoral approach to the fight intended to combat it.

The study of this pandemic was initially the prerogative of biomedical sciences alone. However, the social complexity caused by AIDS quickly overtook the intervention of the discipline of Hippocrates. The biomedical paradigm has proven unable to explain the political, economic, social, psychological and cultural problems caused by AIDS. Hence the interest displayed by social science researchers in

studying the multiple aspects of this pandemic (Kakelengwa, 2009, p.66). Furthermore, the lack of a culture of reading is also said to be an obstacle to information on HIV/AIDS. Beyond that, we must also note illiteracy, poverty, lack of culture to follow radio or television news, etc.

Despite the near universal adoption of child protection standards, UNICEF reports indicate that more than half of the world's children suffer from extreme deprivation linked to poverty, war and HIV/AIDS, of factors that rob them of their childhood and retard the development of nations. Nowadays, the importance of school is not to be demonstrated, it offers children a safe environment where they are supported, supervised and educated. This is where they learn the skills to protect themselves against diseases like HIV/AIDS and malaria. They can also receive essential vaccines, clean water and micronutrient supplements at school. According to UNICEF (2000, p.102), the Democratic Republic of Congo, which has subscribed to the initiative to accelerate girls' education, is supported by several partners in order to achieve three main objectives, the last of which is to improve the quality of education by revising curricula, integrating HIV/AIDS prevention and eliminating existing stereotypes in teacher training.

Schools in the city of Kindu are not spared from HIV/AIDS, because it is noticeable that the Province of Maniema is among those most affected in the Democratic Republic of Congo, with a prevalence higher than the national average 3.9 %. It comes in second place after Haut-Uélé (PNMLS, 2018). The populations at risk are mainly made up of students in the 5th and 6th year of secondary school whose average age varies between 16 and 20 years. At this age of adolescence, children are exposed to sexual relations which are one of the ways of transmitting HIV/AIDS. In addition, these students live in a society that is not spared from this scourge.

The worrying facts are the situations of sexual practice observed among adolescents, most of whom are students. Many of them do not practice what they learned in school. Although they have the knowledge acquired at school and even information from the awareness of the actors involved in the fight, including PNMLS, they are unable to put it into practice. Many indulge in sexuality without protection and expose themselves to the danger of contamination. This has been observed in unwanted pregnancies exhibited by young girls. In view of these considerations, the legislator introduced the course of HIV/AIDS in the school curriculum. He thinks that the information to be drawn from these teachings would help students save themselves and educate their peers to adopt responsible behavior.

From the foregoing, our concern is summarized in the following questions to which we hope to find answers at the end of our investigations: What is the level of knowledge of the students of the final grade classes of the secondary schools of the city of Kindu about HIV/AIDS? What attitude do these students adopt towards HIV/AIDS? What behaviors do they display in the face of HIV/AIDS?

The objectives of this research are: To evaluate the level of knowledge of the pupils of the final degree of the secondary schools of the city of Kindu regarding HIV/AIDS; Identify the attitude adopted by these pupils with regard to HIV/AIDS; Discover the practices used by these students in the face of AIDS patients or the information disseminated on HIV/AIDS.

To provide a provisional answer to the initial questions, we have formulated the following three hypotheses: The level

of knowledge of the pupils of the final degree of the secondary schools of the city of Kindu would be low notwithstanding all the knowledge acquired at school as well as among the partners fight against HIV/AIDS including PNMLS; The pupils of the final degree of the secondary schools of the town of Kindu would have a negative attitude vis-a-vis the HIV/AIDS because of the various sufferings and the fear of death which involves this disease; The students would not have sufficient mastery of the practices that could enable them to fight against this pandemic in the city of Kindu.

The determination to carry out this work is based on the fact that AIDS is a disease that claims enough victims each year and in many countries in the world. Africa is not immune to this scourge that has struck all of humanity for decades, without having a curative treatment for it. Transmissible by several routes, the most common of which is the so-called sexual route, which unfortunately constitutes a taboo in many African countries as well as in the Democratic Republic of Congo. Parents who should already be very concerned about it in the sex education of their children, do not always put particular emphasis on it. So with this study, following in the footsteps of people already working in this sector; we provide the various researchers and partners with literature on HIV/AIDS in order to understand whether the students surveyed have a good knowledge of the prevention of the said disease.

1.1 Research Methodology

The population of the study is composed of 7322 students of the final degree of secondary schools in the city of Kindu. The choice of this degree of study is justified by the fact that in the Democratic Republic of Congo, the latter have an age varying between 16 and 18 years, age predisposed to sexual intercourse. From this population, we made a weighted stratified random choice of 380 students. To collect the data, we adapted the questionnaire developed and validated by PNMLS for KAP studies. As for the presentation of the results, we used the only statistical technique based on the calculation of frequencies and percentages according to the following formula:

$$P = \frac{f}{N} \times 100 \text{ of which: } P = \text{Percentage, } f = \text{Frequency and } N =$$

Number of subjects

1.2 Results

At this level, we analyzed, presented and interpreted the results relating to the evaluation of the knowledge, attitudes and practices of the pupils of classes of 5th and 6th year of the secondary schools of the city of Kindu retained in the sampling as regards HIV/AIDS. Concretely, we sought to discover their knowledge, attitudes and practices of these students in the face of the HIV/AIDS pandemic in the town of Kindu. To achieve this, we conducted a survey of 5th and 6th year secondary school students and identified three themes, namely: knowledge, attitudes and practices, which we present below:

1.2.1 Knowledge about HIV/AIDS

The objective pursued in this theme was to assess the level of knowledge of respondents on the HIV/AIDS pandemic. To achieve this, they should answer a series of questions (from 1 to 9). Question 1 Have you ever heard of the HIV/AIDS pandemic? The answers provided to this question are those listed in Table 5.1. Below :

Table 1. Student responses to HIV/AIDS information

Response	f	P
Yes	320	100
No	00	00
Total	380	100.00

This table indicates that out of 380 subjects, or 100% of the people questioned in this study, all of them have already waited to talk about HIV/AIDS.

These results show that all respondents are informed about HIV/AIDS, it remains for us to discover the sources of information. The table below shows the responses of the respondents to the sources of information.

Table 2. Frequencies of responses relating to sources of information

Sources of information	f	P
House	82	21.58
School	163	42.90
Media	121	31.84
Street	45	11.84
Total	380	100.00

By observing this table, it emerges that 163 respondents or 42.90% received information on HIV/AIDS at school; while 121 respondents or 31.84% followed it in the media (radio and television), 82 others or 21.58% received it at home and finally 45 subjects or 11.84% received it in the street.

To seek to verify if our subjects have simple information on HIV/AIDS or if they really know what it is, hence question no. 2 (content of the question). The responses provided are listed in the table below.

Table 3. Explanation of HIV/AIDS by the pupils

Response	f	P
Illness	101	26.59
Curse	256	67.36
Something else to specify	23	6.05
Total	380	100.00

In view of these results, it emerges that: 256 respondents or 67.36% think that HIV/AIDS is a curse, 101 respondents or 26.59% say that it is a disease like all other diseases and finally 23 respondents or 6.05% think of something else.

It should be noted that the majority of respondents do not know that HIV/AIDS is a disease in the same way as tuberculosis, malaria, Ebola and others. They think it's a curse. To be more sure that they have information on this pandemic, they were submitted to question n°3 consisting in knowing if children can also be contaminated by HIV/AIDS. Their responses are listed in the following table:

Table 4. Children facing HIV/AIDS

Response	f	P
Yes	189	49.74
No	191	50.26
Total	380	100.00

In this table, we observe that 191 respondents or 50.26% affirm that children cannot be infected with HIV/AIDS against 189 respondents or 49.74% confirm that children can also be infected with HIV/AIDS. We find that the majority of respondents do not know that children can also be infected with HIV/AIDS.

We wanted to check with those who said that children can also be contaminated, if they know the ways in which they can be (question n° 3). The answers contained in the table below.

Table 5. Mode of contamination of children

Mode of infection	f	P
Sexual intercourse	78	41.27
Reuse of sharp objects	55	29.10
blood transfusion	29	15.34
During childbirth	19	10.05
Other (s) to be specified	8	4.24
Total	189	100.00

The analysis of the table above relating to the justification of Yes shows that, out of a total of 189 who subscribed, 78 respondents (i.e. 41.27%) affirm that children can be infected with HIV/AIDS during sexual intercourse, 55 respondents, i.e. 29.10% say that it is through handling sharp objects, 29 (i.e. 15.34%) maintain that children can be contaminated with HIV/AIDS through blood transmission, 19 respondents i.e. 10.05% mention that children are contaminated by their mothers at the time of childbirth or during breastfeeding and finally 19 respondents or 4.24% think of other unspecified routes.

It should be noted that another aspect addressed in this theme is whether HIV/AIDS can be cured. Respondents' responses to this are shown in the table below.

Table 6. Cure of HIV/AIDS (question n° 4)

Respondents' respons	f	P
Yes	142	37.37
No	238	62.63
Total	380	100.00

Of the 100% of students surveyed, 238 respondents or 62.63% say that HIV/AIDS is not a curable disease against 142 respondents or 37.37% who say that HIV/AIDS is a curable disease. We notice that many of the respondents know that HIV/AIDS is not curable.

For those who believe that HIV/AIDS is curable, we wanted them to explain to us how this is possible. Their responses are listed in the following table.

Table 7. Means to cure AIDS

Means	f	P
Prayer	84	59.15
Pharmacopoeia	58	40.85
Total	142	100.00

Among the 15 respondents who said that HIV / AIDS is curable, 84 subjects or 59.15% say that it is through prayer that one can find the cure tale 58 respondents or 40.85 who admit that it is traditional medicine which so far cures HIV/AIDS.

Having received the arguments of the respondents who support the incurability of HIV/AIDS, we wanted all the respondents to tell us by what means we can save ourselves from it. In this regard, the respondents provided us with the answers contained in the following table:

Table 8. Means of prevention against HIV/AIDS

Means to avoid HIV	f	P
Condom use condom	194	51.05
By abstinence	89	23.42
By loyalty	76	20
By prayer	21	5.53
Total	380	100

In this table, it emerges that out of 380 or 100% of respondents, 194 or 51.05% recommend using the condom to protect against HIV/AIDS; 89 others or 23.42% say that you have to abstain to not have this disease; 76 other respondents, i.e. 20%, say that one must be faithful; and finally 21 or 5.53% underline that it is necessary to have recourse to prayer to be protected from HIV/AIDS.

We also wanted to know if the respondents were aware of the different ways that favor the transmission of

HIV/AIDS (question no. 6). Their responses to this concern are listed in the table below.

Table 9. Pathways that favor the transmission of HIV/AIDS

Lanes	f	P
Sexual way	201	52.90
blood route	112	29.47
Other	67	17.63
Total	380	100

It emerges from this table that: 201 pupils surveyed, i.e. 52.90%, affirm that the sexual route is the one which most favors the contamination of HIV/AIDS, 112 other pupils, i.e. 29.47%, say that it is the blood route which predisposes more and 67 respondents or 17.63% of respondents think of other ways beyond the first two mentioned above.

Starting from the thesis according to which in the customs which are ours, one hardly speaks about sexuality in the family, we nevertheless wanted to know if our surveyed subjects speak about AIDS in their families (question n° 7). The answers to this are listed in the following table:

Table 10. Debates on HIV/AIDS in the family

Respons	f	P
Yes	106	27.90
No	274	72.10
Total	380	100

Of the 100% of respondents, 106 respondents or 27.90% confirm that they talk about HIV/AIDS in the family against 274 respondents or 72.10% who say they do not talk about HIV/AIDS in the family. Seeking then to know with whom they talk about HIV/AIDS in the family (question no. 7a), the respondents who answered this question gave the answers contained in the following table.

Table 11. Contact person for HIV/AIDS in the family

Contact person	f	P
Dad	22	20.76
Mother	64	60.38
Brother	13	12.26
Other	7	6.60
Total	106	100

From this table, the following emerges: 64 pupils surveyed, i.e. 60.38%, say that it is the mother who talks about HIV/AIDS at home, 22 respondents questioned, i.e. 20.76%, affirm that it is the father who talks about it at the house, 13 others or 12.26% who say that it is the brothers and sisters who often talk about it and finally 7 respondents or 6.60% talk about other interlocutors (tent, paternal or maternal uncle, etc.).

Having obtained the elements of answers on the family, we also wanted to know if the debates on HIV/AIDS also take place at school (question n° 8). The responses to this are listed in the table below.

Table 12. Debates on HIV/AIDS at school

Respons	f	P
Yes	275	72.37
No	105	27.63
Total	380	100.00

Of the 100% of respondents, 275 respondents or 72.37% confirm that they talk about HIV/AIDS at school against 105 respondents or 27.63% who say they never talk about HIV/AIDS at school.

We note that the majority of respondents talk about HIV/AIDS at school. But then with whom? This is the subject of question 8a, the answers to which are given in the table below.

Table 13. Contact persons about HIV/AIDS at school

Response	f	P
Professor	192	50.53
Colleagues	103	27.10
school friends	45	11.84
Other (s) to be specified	40	10.53
Total	380	100

From this table, the following emerges: 192 pupils surveyed, i.e. 50.53%, say that it is the teacher who talks about HIV/AIDS at school, 103 respondents questioned, i.e. 27.10%, affirm that it is class colleagues who talk about it. Often talk about it at school, 45 others or 11.84% say that it is school friends (who are not from the same class) who often talk about it

After having collected the responses of the respondents to the various questions asked, it seemed important to us to ask them to self-assess in relation to the level of information they have on HIV/AIDS; in this regard, the reactions of each party are those listed in the following table.

Table 14. Level of information on HIV/AIDS

Information levels	f	P
Very Sufficient	116	30.53
Sufficient	186	48.98
less Sufficient	42	11.02
Insufficient	36	9.47
Total	380	100

From the data in the table, the following emerges: 186 students surveyed, or 48.98%, say that the amount of information on HIV/AIDS given at school is sufficient, 116 respondents questioned, or 30.53%, say that the amount of information given by the school in terms of HIV/AIDS is very sufficient, 42 respondents questioned, i.e. 11.02%, admit that the amount of information given by the school in terms of HIV/AIDS is insufficient and 36 others, i.e. 9.47%, affirm that the amount of information given by the school in terms of HIV/AIDS is insufficient.

1.2.2 Attitude to HIV/AIDS

The objective pursued in this part is to identify the attitudes of respondents to the HIV/AIDS pandemic. Thus, we first wanted to know if the respondents had already undergone voluntary testing to find out their serological status (question no. 10). Their responses are listed in the table below:

Table 15. Adherence to voluntary screening

Respons	f	P
Yes	103	27.10
No	277	72.90
Total	380	100.00

Of the 100% of respondents, 277 subjects or 72.90% confirm that they have never done voluntary screening against 103 respondents or 27.10% who say they have already done voluntary screening to find out their serological status.

Seeking to know why the majority of respondents never wanted to be tested (question no. 10b), the answers of the subjects concerned are those which appear in the following table:

Table 16. Reasons for non-screening

Reasons	f	P
Fear	114	41.16
lack of time	96	34.28
Forget it	67	24.19
Total	277	100.00

Of the 100% of respondents, 114 respondents or 41.16% say they are afraid to do voluntary HIV/AIDS screening at school; 96 respondents or 34.28% say that they lack the time

to go get tested and 67 other students or 24.19% talk about forgetting which leads them not to know their HIV status.

To the question of whether the respondents who have not yet been screened would be willing to do so and withdraw the results (question no. 12), the answers contained in the table below were provided.

Table 17. Opinion of subjects on their willingness to undergo screening

Opinion	f	P
Yes	156	41.05
No	224	58.95
Total	380	100

Of the 100% of respondents, 224 respondents or 58.95% confirm that they do not want to go for screening, against 156 respondents or 41.05% who are ready for screening.

Seeking to verify whether the respondents' knowledge of HIV/AIDS corroborates their attitude towards HIV/AIDS, we asked them the question of whether they can wear the same clothes or clothes with the people affected (question 12b). The responses received are listed in the table below:

Table 18. Opinions of respondents

Opinion	f	P
Yes	223	58.68
No	157	41.32
Total	380	100

With regard to the data in the table above, we observe that 157 respondents or 41.32% say that they cannot wear the same clothes with people living with HIV/AIDS compared to 223 respondents or 58.68% who say they can do it.

Of understand why the majority of respondents refuse to tell neighbors that a member of their family has died of HIV/AIDS, we asked them question no. (content); the following answers have been provided in the table below.

Table 19. Reasons for keeping a deceased HIV-positive person confidential

Reasons	f	P
Shame	106	37.32
Insult	98	34.51
Others	80	28.17
Total	284	100

Among the reasons why death by HIV/AIDS is not known by the neighbors, the respondents say the following: 106 respondents or 37.32% are ashamed, while 98 respondents or 34.51% say it is for fear of insulted and 80 respondents or 28.17% think of other reasons. We find that a good number of respondents are in favor of confidentiality with regard to people with HIV/AIDS.

1.2.3 Practices on HIV/AIDS

The objective pursued in this part is to identify the practices to which respondents resort in their daily experience with people living with HIV/AIDS or their behavior in relation to the information disseminated on HIV/AIDS. To this end, we asked them if they ever have sexual intercourse (question no. 14a), they answered as indicated in the table below.

Table 20. Transition to sexual intercourse

Response	f	P
Yes	204	53.68
No	176	46.32
Total	380	100

Of the 100% of respondents, 204 respondents or 53.68% confirm having already had sexual intercourse against 176 respondents or 46.32% say they have never had sexual intercourse.

With regard to those who said that they sometimes have sexual relations, we also asked them the question of how they

protect themselves, that is to say, if they do so by means of condoms or not (question 14b). In other words, how do they behave in the face of these acts. Their responses are shown in the table below:

Table 21. Respondents' behavior during sexual intercourse

Means of protection	f	P
Condom use condom	103	50.49
No condom use	72	35.29
Others	29	14.22
Total	204	100

From the data in the table, we observe that 103 respondents, i.e. 50.49%, say that they use the condom to protect themselves from HIV/AIDS; against 72 respondents or 35.29% who affirm that they do not use the condom for sexual intercourse, and 29 respondents or 14.22% others think of other means.

2. Discussion of Results

In this subpoint, we discuss the results obtained in relation to the available literature. By observing the results in relation to the information, all respondents are informed about HIV/AIDS, the majority of them received this information at school. They don't know that AIDS is a disease like any other. They think HIV/AIDS is a curse. They also know that this disease is incurable, they also know that we can protect ourselves from this scourge with condoms. These results are partly in line with those found by Ana (2013) who demonstrates that street children housed in the Bakhita/Saint Laurent center know the different modes of transmission; the symptoms that people with HIV/AIDS have. They know that AIDS is not curable; they also know that no one is spared from this pandemic. The demarcation with the results of the present study is observed at the level where the interviewees affirmed that HIV/AIDS is a curse while Ana noticed through her research that the interviewees consider HIV/AIDS as a disease being on the same equal footing like all the others.

But, despite the fact that all the respondents affirmed that they have information on this pandemic, it was observed that this information is of poor quality. When they say, for example, that HIV is a curse, that is convoluted information. These results are in line with those found by Issoy (2010) who showed that the quality of student learning in HIV/AIDS is poor. Concerning the attitude, we found in general that the attitudes of the interviewees are negative. They have negative attitudes about screening. These results corroborate those found by Ana (2013) which shows that the children surveyed are afraid to do voluntary screening.

Compared to practice, we found that the majority of respondents practice safe sex. These results are supported by studies shared on the site (<http://WWW.ird.fr/la.Médiathèque/fiches-d-actuel...>) which demonstrate that the systematic use of condoms (the condom) during sexual intercourse with any casual partner protects against HIV/AIDS contamination.

3. Conclusion

This study focused on the evaluation of knowledge, attitudes and practices in the field of HIV/AIDS among students in the final grade of private secondary schools in the city of Kisangani. At the end of our analyses, we came to the following results:

Regarding the knowledge of respondents about HIV/AIDS, they demonstrated that they are sufficiently informed about HIV/AIDS, all respondents (380 or 100%) are informed about HIV/AIDS, and know the modes of transmission and prevention, But with regard to the modes of prevention and contamination, they also proved sufficient

knowledge. Regarding attitudes, we found the following: most respondents have a negative attitude because 72% of respondents have never done the screening. For practices, we found that a good number of respondents are behaving responsibly in the face of the HIV/AIDS pandemic. Although 204 respondents already practice sexual intercourse, 103 respondents (ie 50%) practice protected sexual intercourse. It should be noted that despite the results we have achieved; awareness-raising efforts must continue unabated, given that a no less significant fringe of respondents continue with risky sexual or other practices: some think that prayer can easily eradicate HIV/AIDS, but others, on the other hand, say HIV/AIDS is a curse and some respondents trust charlatans.

States, schools and NGOs dealing with the HIV/AIDS pandemic must redouble their efforts, and research on this pandemic must be intensified in each field, so that one day its total eradication can be achieved. . Also, we think that it would be important that the course on AIDS appears in the program of primary and secondary education from the lower classes by hammering on the only means which is prevention.

We do not claim to have exhausted the avenues of research in the field of HIV/AIDS, other researchers can complete us by considering other aspects. A study involving large samples (covering the whole province, for example) would complete us.

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