

**The effect of personal and socio economic variables on the knowledge,
attitude and belief of farm workers about HIV/AIDS before and after a
HIV/AIDS Intervention Programme**

by

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ABSTRACT

The effect of personal and socio economic variables on the knowledge, attitude and belief of farm workers about HIV/AIDS before and after a HIV/AIDS Intervention Programme

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The Primary Agriculture Education and Training Authority (PAETA) has invited People Management to develop and present a HIV/AIDS Intervention Programme with the slogan “If you know your status you can manage it.” Three farms in South Africa were selected for the HIV/AIDS Intervention Programme namely in the Northern Cape, Northwest and Western Cape Province. However, only two farms were analysed in detail namely in the Northern Cape and Northwest Province. The primary objective was to investigate the effect of personal and socio economic variables on the knowledge, attitudes and beliefs of the respondents towards HIV/AIDS before and after the Intervention Programme. It should be mentioned that participation by respondents were out of free will and respondents were assured of total confidentiality.

The main findings in this study include that: prior to the Intervention Programme females from Maswela in Northwest Province farming community discloses a better knowledge about HIV/AIDS than the male farm workers, but after the Intervention Programme there were no differences between male and female farm workers. After the Intervention Programme, Kalahari farming community clearly displayed a better knowledge, attitude and beliefs about HIV/AIDS than respondents from Maswela community. It was also discovered that age does not play a significant role in peoples knowledge, attitudes and beliefs about HIV/AIDS, however indications were that the younger the respondents, the

better their knowledge, the more positive their attitude and the more realistic their belief towards HIV/AIDS. Educational background, marital status and job status before and after the Intervention Programme did not show any differences with regard to respondents knowledge, attitude and belief within the farming communities, but when comparing the two communities, married respondents however, differ significantly from single respondents with regard to their knowledge, attitude and belief towards HIV/AIDS.

An alarming aspect of the finding was that even after the Intervention Programme, 66.7% of Maswela respondents and 41,3% of Kalahari respondents indicated that they will still have unprotected sex with strangers. Statistically it was found that Kalahari farming community performed better than Maswela farming community and it was assumed that the environment, area of location and cultural aspects might have played an important role in the HIV/AIDS Intervention Programme. The most important outcome of the Intervention Programme is that 647 farm workers came forward to be tested and today they know their status and how to manage it accordingly.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
FANRPAN	Food, Agriculture and Natural Resources Policy Analysis Network
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IOM	International Organisation for Migration
IRIN	International Regional Informational Network
JICA	Japan International Cooperation Agency
KAP	Knowledge Attitude Perception
MAWRD	Ministry of Agriculture Water and Rural Development
PAETA	Primary Agriculture Education Training Authority
SADC	Southern Africa Development Community
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Since the discovery of AIDS in 1981, the entire world and especially the developing countries have not rested as more than 60 million people have been infected. In spite of the global attention and financial resources being put into finding lasting measures for the cure of the epidemic, more people are still being infected and dying on a daily basis worldwide. In Africa, the situation has reached a crisis level that unless some urgent and drastic intervention measures are taken, the deadly disease would soon wipe out a generation of mankind, especially those dwelling in the rural areas of Africa. An estimated 21.8 million people had already died (UNAIDS, 2002:23).

The Joint United Nations Programme on HIV/AIDS, UNAIDS (2004:2) states that AIDS has claimed about 3 million lives in 2003 and estimated that 5 million people were infected with HIV in 2003. Currently the number of people living with the virus globally is estimated to be at 40 million.

HIV/AIDS is beginning to take a serious toll on the economic and social well being of most countries in Africa. Apart from the physical loss of valuable lives to households, communities and countries, the epidemic has raked havoc to agricultural productivity. Especially in Africa it is reported that, rural farmers are being infected on a daily basis (UNAIDS, 2002:47; Loewenson & Whiteside, 2001:1). With a decline in food production most governments resort to mass importation of food to make up for the domestic shortfall. According to the World Bank HIV/AIDS has reduced the annual rate of Africa per capita Gross Domestic Product (GDP) growth by 0.7 % and this affects a country's ability to import food. It further states that, the epidemic is disastrous and undermines the three main determinants of economic growth: physical, human and social capital. The United Nations Development Programme (UNDP) estimates that due to HIV/AIDS, the

Human Development Index could be 15% lower in 2010 in South Africa (Centre for the study of AIDS, 2004:1).

For this reason, the epidemic is undermining the progress made in agriculture and the rural development sector over the past 40 years. On farms, profitability has been undermined by an increased absenteeism of workers due to sickness and a reduced productivity due to higher overtime cost, as the sick colleagues are being replaced by the healthy ones (FAO, 2001:4; UNAIDS, 2002:48-49). In sub-Saharan Africa HIV/AIDS is devastating within the farming environment and worsening it. In the most affected countries in Africa, seven million farm workers died from AIDS since 1985 and 16 million might die within the next 20 years (FAO, 2001:2). Similarly, UNAIDS (2003:2) states that, in the total population of 711 million living in the sub-Saharan Africa, about 30 million people are living with HIV/AIDS, more than 15 million people have died from AIDS and more than 11 million children have lost at least one parent to the disease.

The devastating effects of the epidemic cut across different segments of the society where people live and make a living. In primary, post primary and tertiary schools, teachers are being infected and many are dying of HIV/AIDS (UNAIDS, 2002:52). This results in loss of human capital and creates a large vacuum in the field of teaching, leading to falling standards of education. In public and private enterprises, the dismal effect of the epidemic also occur, as many workers fall sick, absent themselves from work and the national income (GDP) drops due to declining productivity of the labour force (UNAIDS, 2002:54).

According to PAETA (2004:1) HIV/AIDS has a costly effect on future economic and social planning, as the epidemic is known to overshadow any other threat to the health and well being of South-Africans. It further states that the estimated number of infected people by HIV may double over the next decade unless some behavioural changes are promoted. It is against this background that PAETA has taken the initiative to develop a strategic framework of HIV/AIDS intervention within the primary agriculture sector.

According to PAETA (2004:1) the primary agriculture sector in South Africa is a large employer of mainly rural people with extremely low levels of education. The sector consists of the following:

- approximately 60 000 commercial farmers,
- employs approximately 600 000 full –time workers and in excess of 300 000 part time (seasonal) workers,
- employs workers of whom approximately 33% have no schooling at all,
- an estimated number in excess of 50% of its workers are employed in what can be classified as elementary jobs and
- it is furthermore estimated that there is in excess of 400 000 subsistence farmers.

Given the above background, with the average dependency ratio of 1:5, it can be estimated that at least 6.5 million persons are directly or indirectly dependent on the primary agriculture sector.

In the light of the above, the focus area shall be Southern African countries where the epidemic has hit the most. In South Africa, three farms, which are constituents of PAETA, were selected for case studies. The HIV/AIDS intervention strategies will focus on the knowledge, attitude and beliefs of the focus groups about the epidemic. The choice of these two intervention instruments is based on the necessity to test and find out the focus groups' knowledge and understanding about the disease. It is also critical to design the intervention strategy in a manner that will appeal to attitudinal change of the focus group to take precautionary measures against the killer disease and to assess the extent the focus groups' beliefs (religious or traditional) influence their actions and sexual indulgence especially how they protect themselves from the epidemic infections.

Research has shown that people who have been HIV positive in the age group 15-25 years knew their HIV status and started looking after their health and protected themselves from further infection. This has lead to the slogan, which PAETA has adopted namely "If I know my status I can manage it".

Today, the majority of organisations involved with the problem of HIV/AIDS are shifting the emphasis of HIV/AIDS programme from awareness to Intervention Programme. Although an Intervention Programme is a long term programme, significant results already start showing after a few years of adoption.

1.2 STATEMENT OF THE PROBLEM

Incidences of HIV/AIDS deaths are on the increase in South Africa (Booyesen 2002:1193; Oni, Obi, Okorie, Thabede, Jordaan, 2002:2). This creates a gap between labour and agricultural production, which the majority of the population depends on. Since the impact of the disease is systematic, it does not only affect certain agricultural and rural development sub-sectoral components and leaving others unaffected. If one component of the system is affected, it is likely that others will be affected either directly or indirectly (Food Agricultural and Natural Resources Policy Analysis Network, FANRPAN, 2003:5).

HIV/AIDS results in the widespread loss of active adults and that has affected the entire society and the ability to maintain and reproduce itself. Mechanisms for transferring agricultural knowledge, skills, values and beliefs from one generation to the next are disrupted and social organization is undermined (FAO, 2003:6 and UNAIDS, 2002:47). When the number of infected people in the community increases, the whole community thus become food insecure and impoverished in terms of quality and quantity. Most people who are infected are at the economic productive age and therefore, it is more likely that the production in the community will decline and the households will suffer food insecurity (Booyesen 2002:1193, Oni, et al. 2002:1). Notwithstanding the various efforts and commitments being made by stakeholders (governments, international community, non-profit organizations, and civil society) the spread of HIV/AIDS epidemic in the rural society of the country has not abated. The problem therefore exist, it is either that the rural populace have not yet grasped the danger of being infected by this disease, or that they have the knowledge, but do need a change of attitude towards the disease or that their beliefs (religious and traditional) constitute major obstacles to take serious precautions.

Very little information is available on the results where an intervention program has been implemented. Answers to the following need to be obtained: -

- Did peoples knowledge and therefore their behaviour, attitudes and beliefs change after the Intervention Programme?
- Did they adopt the program and if yes, to what extent were they prepared to be tested?
- Does the intervention, with regard to demography, play a role?
- What is the effect of the independent variables (gender, age, educational background, marital status and job status) on people's knowledge, attitude and beliefs?

It is, therefore, imperative to undertake this study with a broad purpose of designing intervention strategies and measures, focusing on the knowledge, attitudes and beliefs of the people about HIV/AIDS. In view of this, a case study of two groups of farm workers in South Africa is used.

1.3 OBJECTIVES OF THE STUDY

The broad objective of the study is to evaluate the Intervention Programme: "If you know your status you can manage it" implemented in two rural farming communities in South Africa.

Other objectives include:

1. To assess the extent of knowledge, attitudes and beliefs of farm workers on HIV/AIDS before the Intervention Programme.
2. To assess the extent of knowledge, attitude and belief of farm workers after the Intervention Programme.
3. To determine the effect of the independent variables namely:
 - gender
 - age
 - marital status
 - education and

- employment (job) status
 - on the knowledge, attitudes and beliefs of farm workers from the two farming communities before and after the Intervention Programme and to see if the two communities differ significantly from one another.
4. To determine if the farm workers from the two farming communities differ from one another with regard to their knowledge, attitudes and beliefs before and after the Intervention Programme.

1.4 HYPOTHESES OF THE STUDY

Given the objectives of the study, the following constitute the hypotheses of the study:

Hypothesis 1

- Male farm workers have a better knowledge of HIV/AIDS than female farm workers
- The older the farm workers the more knowledge they have about HIV/AIDS
- Unemployed workers have less knowledge than permanent workers about HIV/AIDS
- The higher the educational level of farm workers the more knowledge they have with regard to HIV/AIDS
- Married farm workers have a better knowledge and understanding of HIV/AIDS than unmarried people

Hypothesis 2

- There are more female workers infected with HIV than male farm workers

Hypothesis 3

- The attitudes towards HIV/AIDS differ significantly between male and female workers; married and unmarried workers; young and older workers; educated and uneducated workers and between unemployed and permanent workers.

Hypothesis 4

The beliefs of farm workers towards HIV/AIDS differ significantly between:

- Male and Female

- age groups
- educational level
- marital status
- seasonal and permanent workers

1.5 JUSTIFICATION FOR THIS STUDY

Intervention strategies and measures on the effects of HIV/AIDS within the two groups of farm workers are inevitable because most farmers do not have adequate knowledge and information about the danger of the epidemic. The Intervention Programme will assist farm owners, managers, planners and policy makers to design relevant HIV/AIDS programmes for the people on the ground.

This study is justified for a number of other reasons, these include:

- This research is using distinctive approach of identifying focus groups vulnerable to HIV/AIDS infection to enlighten them on the danger and to disseminate vital information about the diseases to them;
- The findings and outcome of the research will help policy makers in policy formulation and implementation;
- It will serve as a reference materials for further research in the related areas and
- This study aims to contribute to the body of literature on the reality of HIV/AIDS in the world especially in developing societies like South Africa.

1.6 SCOPE OF THE STUDY

The study is on an Intervention Programme of HIV/AIDS in South Africa. In view of this, the study covers three selected focus groups but only two will be dealt with in detail.

1.7 STRUCTURE OF THE CHAPTERS

This study is structured into seven chapters. Chapter One is the introduction. It contains the background to the study, the problem statement, objectives, hypotheses, research questions, justification, scope and structure of the chapters.

Chapter Two deals with the literature review. It focuses on the concept, origin and definitions of HIV/AIDS; the prevalence of the epidemic globally, in Africa and Southern African countries; the economic and social implications of HIV/AIDS in South Africa; and the Intervention Programme to combat the disease in South Africa.

Chapter Three is the methodology of the study. It contains the introduction methods of data analysis and data sources.

Chapter Four is the background information of respondents from Maswela and Kalahari farming communities before and after the intervention programme.

Chapter Five is the effect of the personal and socio-economic factors (independent variables) on the knowledge, attitude and belief about HIV/AIDS of farm workers from Maswela and Kalahari farming communities.

Chapter Six discusses the HIV/AIDS testing analysis.

Chapter Seven discusses the summary of findings and recommendations.

The next chapter deals with the review of literature on the various aspects of HIV/AIDS and its prevalence, social and economic implications and Intervention Programme and strategies in South Africa.

CHAPTER TWO

LITERATURE REVIEW

2.1 THE CONCEPT, ORIGIN AND MEANING OF HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a name given to the condition that results from long-term infection with the Human Immune deficiency Virus (HIV). HIV progressively damages the body's immune system, preventing the body from protecting itself against infection that would otherwise render harmless. Over time, HIV weakens the immune system to the extent that several opportunistic infections are present at once. These infections may develop into illness, which would not normally occur in healthy people (Brouard, Maritz, Van Wyk and Zuberi, (2004:2). Death is not cause directly by HIV but by one or more of these infections. According to Brouard et al. (2004:4) HIV is not a death sentence. A person infected by this virus can still live a positive and productive life for a long time, however it needs a change of behaviour by the infected person.

Motsoko (2001:2) noted that HIV/AIDS is here to infect, destroy and kill. The epidemic knows no limits, it does not have respect for families, neither for school, any institution or organization, big or small, it penetrates and it does not discriminate between the rich or the poor. HIV/AIDS is currently one of greatest threats to global development and stability. Since the discovery of AIDS in 1981, more than 60 million people have been infected, and there is an estimation that about 21.8 million people have died because of the epidemic. According to UNAIDS, as cited by Brouard et al. (2004:1) AIDS has claimed about 3 million lives in 2003 and an estimated 5 million people were infected with HIV in 2003. Currently, the number of people living with the virus globally is estimated to be 40 million.

2.2 THE PREVALENCE OF HIV/AIDS IN SOUTHERN AFRICA WITH SPECIAL REFERENCE TO SOUTH-AFRICA

HIV/AIDS is increasingly causing serious havoc in the developing countries since its emergence. However, the speed and level of its spread differs from one country to another. Most literature on HIV/AIDS agrees that the prevalence in Southern African countries is more intense than any other part of the developing countries and particularly, in Africa.

According to Loevinsohn and Gillespie (2003:6) and UNAIDS (2003:4), sub-Saharan Africa has the worst rates of HIV/AIDS infection in the world and among the worst rates of poverty and malnutrition.

According to UNAIDS (2004:9) the impact on life expectancy report, that the average life expectancy in sub-Saharan Africa (Table 2.1) is now 47 years, when it would have been 62 years without AIDS. Life expectancy in Botswana has dropped to a level not seen in Botswana since before 1950. In less than ten years time, many countries in Southern Africa will see life expectancy fall to near 30, a level not seen since the end of the 19th Century.

Table 2.1: Average life expectancy in 11 African countries (age in years)

Country	Before AIDS	2010
Angola	41.3	35.0
Botswana	74.4	26.6
Lesotho	67.2	36.5
Malawi	69.4	36.9
Mozambique	42.5	27.1
Namibia	68.8	33.8
Rwanda	54.7	38.8
South-Africa	68.5	36.5
Swaziland	74.6	33.0
Zambia	68.6	34.4
Zimbabwe	71.4	34.6

Source: UNAIDS 2004

By 2010, the populations of five countries Botswana, Mozambique, Lesotho, Swaziland and South-Africa will have started to shrink because of the number of people dying from

AIDS. In Zimbabwe and Namibia, the population growth rate will have slowed almost to zero.

Recent estimation according to the Strategic Plan for South Africa, (2000 to 2005), suggests that of all people living with HIV in the world, 6 out of every 10 men, 8 out of every 10 women, and 9 out of every 10 children are in sub-Saharan Africa. UNAIDS (2003:7), further explains that from the total estimated population of 711 million living in the sub-Saharan Africa, about 30 million people are living with HIV/AIDS, more than 15 million people have died from AIDS and AIDS related infections and more than 11 million children have lost at least one parent as a result of the disease.

The epidemic has, according to Brouard et al (2004:1) gained ground in South Africa to an extent that South Africa is one of the most severely infected countries in the world. In the same vein, Dorrington, Bradshaw, and Budlender (2002:3) cite that Statistics South-Africa estimated that 45.4 million people were living in South Africa by July 2002 of whom 51.1% are female and it is estimated that 6.5 million are living with HIV/AIDS. The demographic structure show that 95.1% of people who tested HIV positive, are in the age group ranging between 18-64 years (Dorrington, et al., 2002:3).

A survey of the prevalence of women attending antenatal clinics for the past nine years carried out by the Ministry of Health in South Africa indicates that:

- The HIV epidemic in South Africa is one of the fastest growing epidemics in the world
- Young women aged 20-30 have the highest prevalence rates
- Young women under the age of 20 had the highest percentage increase compared to other age groups in 1998 compared to 1997 (Ministry of Health in South Africa, 2002:8).

The race and gender classification show that the HIV epidemic is severely affecting the young black people, who are an economically poor and vulnerable population group in South Africa. A study done by the Nelson Mandela Foundation Study Group as cited by Brouard et al (2004:1) on HIV/AIDS estimated that 11.4% of all South Africans are infected with HIV. They also projected and estimated that 1,700 new infections occur in

South Africa every day. The Study Group is of the opinion that by the year 2008, half a million South-Africans would have died every year from AIDS – related causes.

Brouard et al., (2004:2) further lament that as a result of people dying and birth-rates dropping, the population would be affected. Without HIV/AIDS, the population was expected to be over 51 million by 2010. But now it is expected to increase slightly from its present level of 45.4 million to only 47 million by 2010. Apart from the population that is affected, the average life expectancy is expected to fall from approximately 60 years to 40 years between 1998 and 2008. The Ministry of Health South Africa (2002:9) stated that the devastating impact of HIV/AIDS cuts across all sectors of the society, including all spheres of the government, and private sectors. This study indicated that the nine Provinces in South Africa are affected differently and the information is shown in Table 2.2.

Table 2.2: The prevalence of HIV within the provinces of South Africa for 2000 and 2001

Province	Year		Increase (+) and decrease (-)
	2000	2001	
Kwazulu-Natal	36.2%	33.5%	-2.7%
Mpumalanga	29.7%	29.2%	-0.5%
Gauteng	29.4%	29.8%	+0.4%
Free State	27.9%	30.1%	+2.2%
North West	22.9%	25.2%	+2.3%
Eastern Cape	20.2%	21.7%	+1.5%
Limpopo	13.2%	14.5%	+1.3%
Northern Cape	11.2%	15.9%	+4.7%
Western Cape	8.7%	24.8%	+16.1%

Source: <http://population.pwv.gov.za>

In Table 2.2 the trend shows a decrease in Kwazulu-Natal between 2000 and 2001. In Mpumalanga and Gauteng the prevalence rates did not change much between 2000 and 2001. In Limpopo, Free State and the Eastern Cape provinces recorded a marginal increase. There were, however, large increases in the Northern and the Western Cape Provinces.

2.3 THE SOCIAL AND ECONOMIC IMPLICATIONS OF HIV/AIDS IN SOUTHERN AFRICAN COUNTRIES

There is general consensus by researchers and health workers that HIV/AIDS causes severe health problems and that the epidemic is also responsible for the death of many. Consequently, the review of the implications of spread of the disease in South Africa is imperative. A study done by the Ministry of Health further noted that various projections indicated that the HIV/AIDS epidemic would affect South Africa negatively in various sectors such as economic development, education, welfare spending, health care and labour. The Health Department also believes that both the government and the civil society, as stakeholders, have the responsibilities of developing well articulated, focused, directed and purposeful programmes to mitigate further spread of the epidemic. According to Benater (2004:1), human health, patterns of diseases and life expectancy are profoundly affected by complex interrelation among economic, social and political forces, behavioural patterns, medical care and the application of technology.

2.3.1 The situation in Namibia

Analysis on the social and economic implication within the Southern African countries revealed that Namibia, with a population of 1.8 million people, has an estimated number of about 230,000 people living with the disease, or nearly one in eight persons is infected with HIV as at the end 2001. Just over 50% of those infected were women between the ages 15 to 49 years. It is believed that one third of pregnant women in Namibia were HIV-positive. There are about 47,000 children who had been orphaned by the disease while 30,000 children are infected with HIV (UNAIDS, 2002:3-7). Apparently, the implication of this dismal picture is that more children will be born infected with HIV/AIDS right from birth, and the number of children living with the disease is expected to increase. Furthermore, more death and orphans are recorded. This will put pressure and overstretch the capacity for social safety nets. In other words, the social security welfare provision, to cater for the orphans, will be under pressure.

UNAIDS (2002:7-9) also asserts that Namibia is one of the countries with the highest HIV/AIDS prevalence rate in the world, and approximately 20% of pregnant women attending antenatal care are HIV positive and as such the disease is commonly responsible for the high maternal mortality rate in the country. For instance, about 28 per cent of the total death in the country in 2000 was caused by AIDS and other related diseases. To buttress this point, at independence in 1990, life expectancy stood at 60 years, but within a period of about 12 years it now stands at 42 years. However, since the spread of HIV/AIDS is exacerbated by high unemployment rates, poverty and violence against women and children, tackling these social and economic vices in the country will go hand-in-hand with ways towards reducing the spread of the disease and poverty reduction.

Agriculture is an important sector in Namibia's economy, supporting close to 75 percent of the country's population, which depend directly and indirectly on agriculture for livelihood. During 1998, the agricultural sector contributed 10.3 percent of the Gross Domestic Product (GDP) and agricultural exports, which comprise mainly of live animals and meat products accounted for 29 percent of total export (MAWRD, 1999:4-5). This implies that a reduction in agricultural productivity due to HIV/AIDS will affect the country's Gross Domestic Product (GDP) and food security problems will worsen.

2.3.2 Burden on agricultural production

The Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) present another challenge to agricultural production not only in Namibia and South Africa but also in all other countries in the sub-Saharan Africa. HIV/AIDS causes a multitude of problems in these countries in terms of welfare, emotional stress, declining financial resources and assets base, food security on smallholder farms during illness and death of the HIV- infected person (Haslwimmer, 1996:19). Disposable cash income, other financial resources and labour are diverted to cope with and compensate for the effects of HIV/AIDS. The effects are, that less working capital and labour for farm activities is available, as well as reducing the amount of money available to the household, as it may be used to pay for AIDS related expenditures, which could otherwise be used to purchase

agriculture inputs, such as seeds, fertilizers, pesticides and hired labour (Haslwimmer, 1996; Ayieko, 1998; Du Guerny, 2001; Mutangadura, et al., 1999; World Food Programme, 2001).

In Zimbabwe for instance there is a popular saying that “if agriculture sneezes, the rest of the economy catches a cold”. The deduction from this portrays the agricultural sector as the bed rock of the Zimbabwe economy, which means anything that affects agricultural productivity will invariably cripple the economy. In most of the SADC countries agriculture is the backbone of their economies and already severely affected by the HIV /AIDS epidemic (UNAIDS, 2002:4). In most countries affected by HIV/AIDS, agriculture provides a living for the majority of the population. For commercial agriculture HIV/AIDS impacts directly on human resources, and also indirectly on operation and capital (UNAIDS, 2002:4). For subsistence farming, increased illness and death from HIV/AIDS means a loss of both farm and domestic work. It also creates hardships and subsequent coping mechanism, which may increase the households’ vulnerability to HIV/AIDS infection (UNAIDS, 2002:5).

The impact of the diseases is systematic, not only does it affect certain agricultural and rural development components, but it affects all the components across the board, meaning that if one component of the sector is affected, others are likely to be affected directly or indirectly (FAO 2001:4). According to a World Bank estimation, HIV/AIDS has reduced the annual rate of Africa per capita Gross Domestic Product (GDP) growth by 0.7 per cent, and this affects a country’s importation of food. The epidemic is disastrous and undermines the three main determinants of economic growth: physical, human and social capital. The United Nations Development Programme (UNDP) estimates that due to HIV/AIDS, the Human Development Index could be 15 per cent lower in 2010 in South Africa (Centre for the study of AIDS 2004:5).

According to Hanekom (1998:23) and the FAO (2003:9), agriculture in South Africa has a central role to play in building a strong economy and the process of reducing inequalities by increasing income and employment opportunities for the poor. And yet the agricultural sector in most areas is hard hit by HIV/AIDS as it undermines peoples

ability to engage in agriculture, and to benefit from rural development. Research by Piot, Anderson, Gillespie and Haddad (2002:45), have also pointed out that HIV/AIDS has a direct impact on rates of economic growth in most affected developing countries. There is a direct relationship between the extent of HIV prevalence and severity of negative Gross Domestic Product (GDP).

According to PAETA (2001:5), primary agriculture accounts for 4.5 % of the Gross Domestic Product (GDP) of South Africa while the larger agro complex accounts for another 9%. There are approximately 60,000 large-scale commercial farmers. These farmers employ about one (1) million workers, which is 11 per cent of the total formal sector employment in the country. Many of these workers live on commercial farms and their children receive education in farm schools. Commercial farms therefore provide livelihoods to about 6 million family members of farm workers and meet their educational needs.

There are also an estimated 240 000 small-scale farmers who provide a livelihood to more than one (1) million of their family members, and offer occasional employment to another 500,000 people. These farmers supply local and regional markets where a large number of informal traders make a living. There are an estimated 3 million household farmers located in the communal areas of the former homelands who produce largely to feed themselves. (Strategic Plan for South African Agriculture 2001:5). However, irrespective of the strategic importance and role of these rural farmers to the economy, the communities in which these farms are located are being severely buffeted by the devastation of HIV/AIDS resulting in its food security and rural livelihoods crumbling.

2.3.3 Labour shortage due to HIV/AIDS

A common response to labour shortage due to AIDS is the re-allocation of labour, which results in reduction of land under cultivation as well as the following negative practices:

- delay in tillage, planting and weeding;
- loss of soil fertility;
- shift from labour-intensive crops to less labour-intensive crops;

- reduction in range of crops per household and
- decline in crop production, which results in food insecurity and overall decrease in financial assets (Haslwimmer, 1996:20).

The labour shortage and loss of knowledge about farming methods affect both the farm worker and the farm owner. The spreading of AIDS in the community will overburden families and their ability to help each other with needs such as food, loans and physical assistance such as helping each other in the fields (Oni, et al., 2002:17).

Apart from the above factors, HIV/AIDS has a negative impact on the agricultural labour force. The FAO (2001:6) estimated that in the 27 most affected countries in Africa, 7 million agricultural workers have died from AIDS since 1985, and 16 million more deaths are likely in the next two decades. In the ten most affected African countries, labour force decreases, ranging from 0.9 to 23 % are anticipated, with Namibia having the highest namely 23%.

Table 2.3: The estimated impact of HIV/AIDS on the agricultural labour force in the most affected African countries

Countries	HIV/AIDS Impact on labour		Labour	Rate order
	Year 2000 %	Year 2020 %	Decrease %	
Namibia	3.0	26.0	23	1
Botswana	6.6	23.2	16.6	3
Zimbabwe	9.6	22.7	13.1	5
Mozambique	2.3	20.0	17.1	2
South-Africa	3.9	19.9	16.0	4
Kenya	3.9	16.8	12.9	6
Malawi	5.8	13.8	8	7
Uganda	12.8	13.7	0.9	12
Tanzania	5.8	12.7	6.9	9
Central African Rep	6.3	12.6	6.3	10
Ivory Coast	5.6	11.4	5.8	11
Cameroon	2.9	10.7	7.8	8

Source: FAO 2001

2.3.4 The impact of HIV/AIDS on rural households and food security

According to the FAO (2002:8), although HIV/AIDS statistics are not broken down into rural and urban areas, it is reasonable to infer from population data that the majority of the infected people live in the rural areas. The report further noted that, in the sub-Saharan Africa two –thirds of the population of the 25 most affected countries live in rural areas. The FAO (2002:2) further argues that although HIV/AIDS infects people of all income levels throughout the developing and developed world, poverty, which is widespread in rural areas, leads to poor nutrition and poor health, which makes a person more vulnerable to HIV infection.

In addition, the FAO (2002:4) explains, that the poor face the most severe impact as AIDS deepens their poverty, and causing it harder to escape. Rural farming services breaks down as the disease strikes government workers. Poverty makes AIDS education difficult, given the facts above and the low literacy level of the rural people. It is also recorded that most of the victims do not have access to mass media and health education services (FAO, 2002:5).

According to FAO (2002:6) and Piot et al (2002: 11) HIV/AIDS increases present and future food insecurity through its impact on:

- household ability to produce food, because of labour shortage and loss of knowledge about farming methods;
- household ability to buy food, because of impoverishment due to the loss of productive family members and assets;
- communities ability to produce and buy food, as the epidemic reaches every home and neighbours become too overburden to help each other with food, loans or a hand in the fields and
- countries ability to import food, as HIV/AIDS reduces the GDP growth per capita by an estimated one percent annually in Africa.

Apart from the above limitations the following are the common characteristics, which distinguish rural households who have suffered from the HIV/AIDS pandemic in sub-

Saharan Africa. These characteristics were summarized by Stover and Bollinger (1999) as cited by Oni et al (2002:24), as follows:

- loss of income, from less labour time, or from lower remittances of the person with HIV/AIDS (who is frequently the main bread winner);
- increase in household expenditures because of medical expenses;
- decrease in household savings ;
- other members of the household, usually daughters and wives, may miss school or work in order to take care of the sick;
- death resulting in permanent loss of income;
- funeral and moving cost and
- the removal of children from school in order to save on educational expenses and increase household capacity, with the consequence of loss of future earning potential.

Other impacts according to Ngwira, Bota and Loevinson (1999:13-14) are as follows:

- Reduction in area of land under cultivation tending for the sick can take a considerable amount of time. Resulting in more remote fields being left to fallow and total output of the agricultural unit consequently declines.
- Declining yields due to delays. These delays are mostly caused by poor timing in essential farming operations such as tillage, planting and weeding. Delays mostly occur due to sickness or dependency on outside labour, which is not always available when needed.
- Declines in crop variety and changes in cropping patterns. Cash crops are often abandoned owing to the inability to maintain enough labour for both cash and subsistence crops. Switching from labour-intensive crops to less labour-intensive ones is observed. This could have some implications on the nutritional quality of the diet.
- Decline in livestock production. Livestock serve multiple functions and also frequently represent a form of savings. The increased medical cost mostly results in selling of livestock to cover such cost.

- Loss of Agricultural skills since children usually learns the required agricultural skills by working with the parents. Due to the AIDS pandemic, this is no longer possible and owing it to the gender division of labour and knowledge, the surviving parents are not always able to transfer knowledge.

The potential impact of HIV/AIDS on household and smallholder agricultural production are summarised in Table 2.4.

Table 2.4: Potential impact of HIV/AIDS on households and smallholder agricultural production

Potential Impact on Households	Impact on Smallholder Agricultural Production
Reduced households labour force (due to chronic illness, death of members, loss of labour time, etc).	Loss of farm labour force leading to labour shortage for farming.
Reduced household income (due to death of household members, lower remittances from persons with HIV/AIDS, loss of jobs).	Reduced agricultural income.
Increased household expenditures on medical care.	Reduction in areas cultivated.
Decreased household expenditure on education.	Reduction in farm productivity and range of crops grown.
Reduction in household saving.	Reduction in livestock numbers (due to sale to cover medical expenses).
Sale of household assets.	Sale of farm implements.
Increases in household borrowings (loans or debts).	Reduced farming activities.

Source: Oni et al., 2002

2.4 HIV/AIDS AND THE FARM WORKERS

According to Loevinsohn and Gillespie (2003:14-15) in order to understand the implications of HIV/AIDS on the agricultural sector and to initiate change and implement mitigating strategies, it is necessary to define the impact of HIV/AIDS on the agricultural sector at a national level, the impact on households and the inherent vulnerability of the farm workers to HIV/AIDS.

2.4.1 Prevalence of high -risk sexual behaviour

According to Japan International Cooperation Agency (JICA) and the International Organisation for Migration (IOM) (2004: 1) the sexual behaviour between men and women in the farm compounds is of a high risk. Some workers have revealed to have more than one sexual partner and this number increases during the harvesting season when there are seasonal workers. Incidentally, the use of condoms is extremely poor and rarely accessible on the farms and some farm workers believe that they are seldom or never effective. There are also some myths surrounding the use of condoms and some farm workers believe that condoms carry HIV/AIDS and therefore condoms are responsible for the spread of the virus.

2.4.2 Low standard of living on farms

Farm workers are vulnerable to HIV/AIDS because of negative social economic and labour conditions, which exist on farms. In the study done by IOM together with Care International in 2002 as cited by JICA (2004: 6) it was found that commercial farm workers are as vulnerable to HIV/AIDS in much the same way as migrant workers in the mine industry and construction sector. Their living and working condition put them at the uncertain risk and in addition, they are accorded very few rights and little labour protection. The findings indicate that:

- Farm workers often live in compound accommodation, tents or shacks that are unhygienic, overcrowded and lacking in privacy;
- casual and commercial sex is common on nearly all commercial farms;
- commercial farms are characterized by a high incidence of STI's (Sexually Transmission Infections) and other common diseases;
- most farms do not have HIV/AIDS programs or services ;
- farm workers access to health care services is often limited;
- the sector employs many undocumented migrant farm workers and cross border migrants who are reluctant to access health services for fear of revealing their lack of legal status to the authorities and risking deportation. As a result, diseases such

as STI's remain untreated and those who are HIV positive may try to hide their status and only seek help during the final stages of the diseases;

- many farm workers have seasonal contracts which increase their mobility;
- recreation facilities are solely lacking and
- income earning opportunities are strikingly unequal for men and women.

JICA (2004:2) also believes that the farm workers feel dis-empowered, leading them to believe that they have few choices and little possibility to improve or alter the course of their lives. They also lament that there is little hope for the future, which suggests that workers may have little incentives to act in the manner which will safeguard their health in the long term, or seek help when their health and well being is threatened. JICA (2004:4) also made the following recommendation:

- Increase HIV/AIDS awareness among farm workers, traditional healers and indunas. Special attention should be paid to improving the HIV/AIDS knowledge of women and migrant farm workers.
- Introduce prevention and care projects especially HIV/AIDS peer education among farm workers.
- Improve care and support to workers living with HIV/AIDS on farms.
- Improve working and living condition on the farm, especially by ensuring adequate provision amenities, recreation facilities and housing.
- Encourage farmers associations and farm owners to develop and introduce HIV/AIDS policies in the workplace.

2.4.3 Women vulnerability

According to Piot et al (2002:5), though HIV/AIDS affects both sexes, it is not gender neutral and women are biologically more susceptible to contracting HIV than men in a given sexual encounter. This is due to the fact that women are marginalized, powerless and unable to negotiate sexual relations with men or control their reproductive lives. The study done by JICA (2004: 3) found that female farm workers have a poorer knowledge of HIV/AIDS than male workers. In most cases they are often ill informed about the means of transmission of the disease. Secondly, they display attitudes towards HIV/AIDS

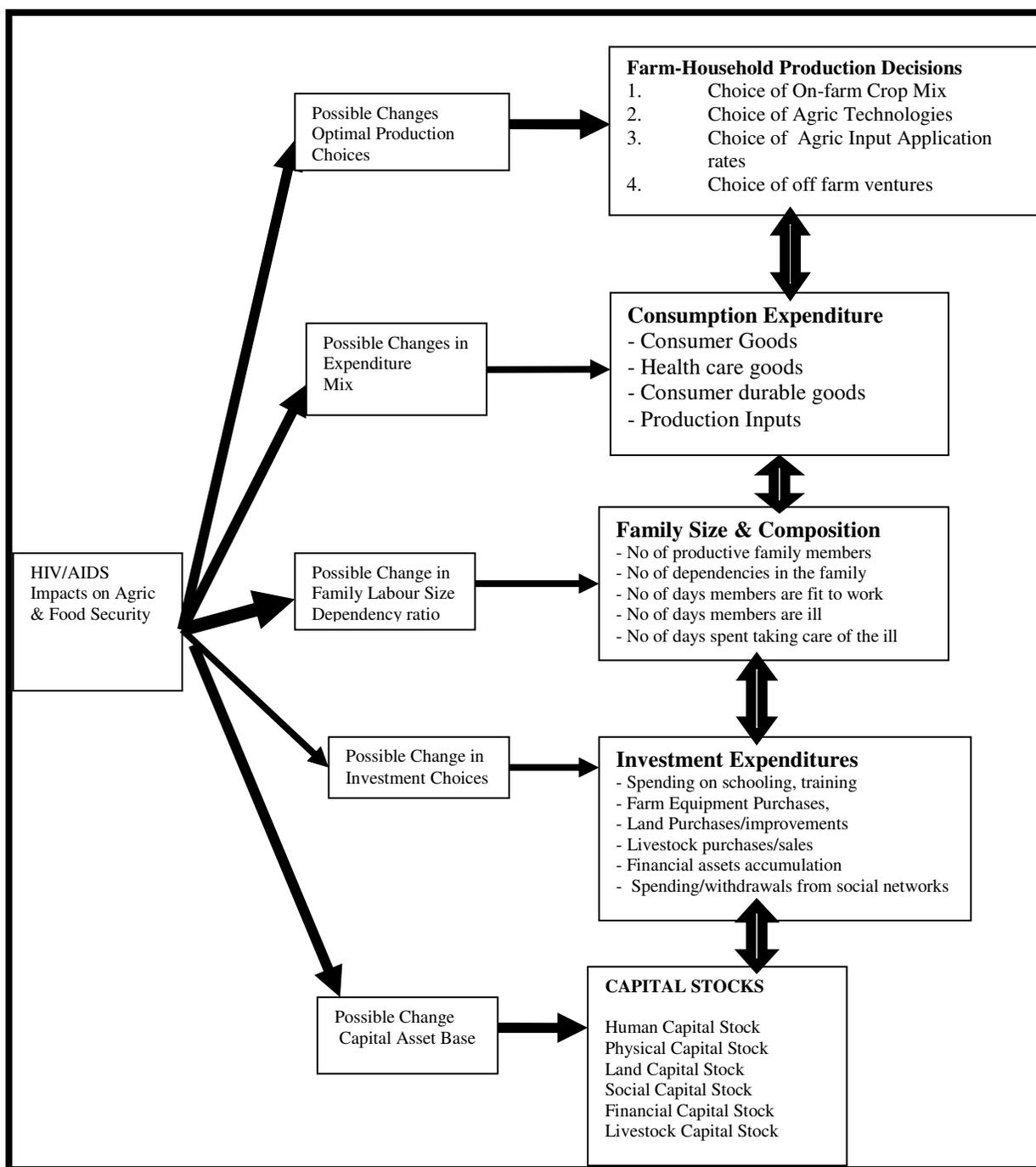
that may make them more vulnerable. Many female workers, even more than male workers believe that there is nothing they can do to protect themselves from HIV/AIDS. Thirdly, female workers report higher levels of unsafe sexual practices.

2.5 THE CONCEPTUAL MODEL

Based on the above discussion, many models have been designed to explain how HIV and AIDS affect the rural household. FANRPAN has adopted a model by Mano & Matshe (2003:11), which explains the dynamics of HIV and AIDS effects on the household where agriculture plays a significant role in the rural household livelihoods. The model is presented in Figure 1 below. The model illustrates a series of possible events that follow a prime-age death in a household where agriculture is a significant source of livelihood. After death of a household member due to HIV/AIDS, a combination of possible changes takes place in the household. These are:

- changes in capital asset base,
- investment choices,
- expenditure mix,
- optimal production choices and
- family labour size and dependency ratio.

The last column in the figure is a further desegregation of these possible changes. The implications conceptually include having to contend with all of the surrounding factors implicated in HIV – development not only in a subsistence sense. It goes far beyond, to the sustainability of the upcoming generation and to the society into which that generation shall enter.



Source: Mano & Matshe (2003)

Fig 1: A conceptual model of the dynamic of HIV/AIDS affects on the household

2.6 THE INTERVENTION PROGRAMME TO COMBATING HIV/AIDS IN SOUTHERN AFRICAN COUNTRIES.

In the on-going discussion on the gender vulnerability on the HIV/AIDS disease, there is emerging evidence from the previous studies done on HIV/AIDS, that most rural populations do not have adequate information about the killer disease. The general knowledge, attitude and beliefs portrayed in the literature showed, that because of the prevalent gross mass poverty in the rural areas of the countries in Southern African, most people having been discontented about life, tend to attach little or no value to living, consequently, undermining the risk and danger of being infected and killed by HIV/AIDS. This mass apathy however, has some devastating implications in the spreading and impact of the epidemic. In view of this, the preceding section is devoted for various Intervention Programmes for combating the spread of HIV/AIDS in Southern African countries.

Most recently, the International Regional Information Network IRIN (2004:2), AIDS activists in South Africa have called for the revision of "outdated" HIV/AIDS messages which have been circulating for years but have failed to achieve behaviour change. According to this group, handing out pamphlets with catchy slogans has according to expects little effect. People require more than awareness and basic education - they need advice on how to apply their knowledge of AIDS to their daily lives. Yet, large numbers of grassroots organizations keep handing out pamphlets with simplified phrases like "Use condoms" or "Break the silence", which were developed more than 10 years ago. As a result, experts have found that many South Africans have lost interest in understanding the virus, and the HIV infection rate has remained stubbornly high at more than 21 percent of the population.

For maximum impact, HIV/AIDS messages need to be well researched and tested by a target audience before being publicized.

Soul City who was founded in 1994, when little user-friendly educational material was on the market it has developed a range of training materials, including posters, comic books and videos, as well as working on "edutainment" television and radio programmes.

The Soul City education team, for example, goes through an in-depth evaluation process before launching new training material. Most recently, Soul City has been developing brochures on the subject of antiretroviral therapy. The team first interviewed a range of health workers, doctors, nurses and patients for background information, then discussed the brochure content in a workshop, wrote a number of drafts and, lastly, tested the new education material with a target audience. The process took almost a year. According to IRIN (2004:1): "It is very difficult to develop material on complex, medical topics that is easy to understand."

In another development, Sally Ward, a manager at Soul City, an HIV/AIDS learning material producer, told IRIN that people were tired of hearing the "same old" AIDS messages over and over again. "The pandemic has changed [over the years], and so have people's need for information," she said. People do not want to hear anymore that they need to use condoms, but rather how to negotiate safer sex with their partners.

An operations manager of the Durban-based AIDS Foundation South Africa, Nonhlanhla Xaba gave a further example of a widely used awareness campaign that she said failed to make the grade. "The slogan ABC [Abstain, Be faithful, use a Condom] is regrettably still prevalent, although we know that women, due to gender imbalances, cannot implement these rules," she noted. Xaba also highlighted the fact that AIDS messages needed to be updated regularly. "Right now, messages crafted years ago tend to stay on although they clearly have loopholes."

"We don't have a reading culture in South Africa," noted Xaba. "Especially young people need to be entertained while educated, for example through drama, games and activity-based learning." She added that a large number of education programmes have failed to make an impact because they were designed by people who had a great deal of medical knowledge, but knew little about the cultural realities which would determine whether people would be able to relate to the messages (IRIN 2004:2).

Training organizations agree that there is a huge gap between hearing a slogan and behaviour change. Laura Washington, facilitator of the Durban-based training organization, Project Empower, told IRIN (2004:1) that her group realised that tackling high-risk behaviour was "not about the condom" but about people's "social fabric", such as communication within relationships, gender imbalances and societal perceptions of sexuality.

Project Empower decided to move beyond AIDS as a topic and began organizing workshops to talk more broadly about cultural restrictions, and issues of taking control, tolerance and social power. The subject of HIV/AIDS is discussed only indirectly. "People need to engage in the learning process and explore what the newly gained knowledge means for them on a personal level" (IRIN 2004:1).

It is against the above background that the following AIDS Intervention Programmes are identified to complement the existing packages and approaches adopted by the various stakeholders. These include:

- Disabusing the minds of the poor rural population who think that the burden of poverty is synonymous with the burden of AIDS. This is necessary because most poor people especially the young sexual workers, who are disillusioned to living normal life without money and will choose to be indifferent to the killer disease. There is wide speculation in South Africa, that the rural poor masses are beginning to show lack of interest in some of the campaigns against the HIV/AIDS, because to them, dying of poverty is the same as the death caused by AIDS;
- Women should be enlightened on their rights to resist unsafe sexual behaviour with men, this point to the problems often faced by young teenage girls who are often influenced by elderly men to sleep with them with no guts to say no or insisting on the use of condoms by such men. Women knowing their rights and resisting the risk of succumbing to unsafe sex will in no small ways stop the spread of the HIV/AIDS in the society;

- There is urgent need for the media to sponsor dramas in the different local languages in South Africa, highlighting and educating the people on the need to change their attitude and beliefs about having unprotected sex. Such dramas or home movie videos, should be made available to the rural society (grassroots level) at subsidized rates;
- All Intervention HIV/AIDS Programmes should be gender-sensitive, as well as sensitive to race and sexual orientation. It is also important that such programmes target both women and men explicitly, or addressing either women or men in separate programmes, in recognition of the different types and degree of risk for men and women employees;
- Education should help both men and women to understand and act upon the unequal power relations between them in employment and personal situations-like sexual harassment and violence should be addressed specially;
- Intervention Programmes should incorporate strategies to promote men's responsibilities regarding HIV/AIDS prevention and
- HIV/AIDS Intervention Programmes should also incorporate strategies to prevent development of homosexually active men in consultation with these workers and their representatives (UNAIDS, 2002:5).

It is of utmost importance to add that a recent HIV/AIDS intervention study embarked on by People Management in three major rural commercial farms in South Africa identified some myths that surrounds the knowledge, attitude and beliefs of farm workers about the reality of HIV/AIDS. The Myths were identified as a major factor in creating confusion and disbelief surrounding HIV and AIDS issues. Some of these myths include:

- AIDS is caused by *Boswagadi* – a disease that you get if you sleep with a person whose partner has recently died. It is believed you pick up the disease if that person does not do a ritual and use African medicines to cleanse themselves. People were convinced of this because the symptoms of *Boswagadi* are the same as those of AIDS related illnesses;

- AIDS is caused by women who, after aborting a baby, do not perform a specific ritual and use African cleansing *muti*;
- AIDS come from condoms. It is believed that experiments conducted before, where water was put inside condoms, made worms appear inside the condom causing HIV and AIDS;
- HIV kills because soon after a person is told they have the virus, they die;
- According to the study, a large number of individuals indicated that they will have unprotected sex with strangers, this decision was traced to the strongly held traditional beliefs and myths that still influence employee attitude towards HIV and AIDS issues and
- There was this erroneous deep conviction by the farm workers that prostitutes and homosexuals are chiefly responsible for spreading the virus (People Management, 2003).

The study however, believe that it were the odds, like the people being deeply rooted in traditional beliefs and very low educational and literacy levels, that made them to be indifferent about the reality of HIV/AIDS. Apart from breaking the traditional myths highlighted above, the study achieved hundred percent intervention outcomes, and has also opened a new channel of communication about the HIV/AIDS issues at the rural level of the society. It recommended that further intervention studies should adopt this outlook as their point of departure.

In this chapter, we have reviewed the concept and meaning of HIV/AIDS, the prevalence of the epidemic, the social and economic implications, and Intervention Programmes and approaches adopted so far, and the way forward. In the next chapter, the method of data collection and data sources will be discussed.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

The nature, sensitivity and confidentiality related to HIV/AIDS programmes, compelled the Primary Agriculture Education and Training Authority (PAETA) to invite their clients to participate in an HIV/AIDS Intervention Programme with the slogan: “If you know your status you can manage it.” Special invitation was sent out to farmers and farms who are registered with PAETA (commercial farming communities) to participate in the HIV/AIDS Intervention Programme. Consequently, a pilot project involving three commercial farming communities was done at various locations and at different times.

The Intervention Programme presented by People Management to the farming communities was essentially to create a general awareness about HIV/AIDS to the community. Within the period, people within the farms and communities were selected and trained to help facilitate the programme. A trained consultant in HIV/AIDS, from People Management administered the Knowledge Attitude and Belief (KAP) questionnaires (Appendix A) comprising of pre-intervention and post-intervention assessment of the farm workers level of their knowledge, attitude and belief towards HIV/AIDS. The questionnaire has been constructed by People Management in cooperation with a number of organisations involved in HIV/AIDS programs.

This chapter contains the procedure adopted by People Management in its HIV/AIDS Intervention Programme, which took place on three commercial farms in South Africa. The HIV/AIDS Intervention Programme was sponsored by the Primary Agriculture Education and Training Authority (PAETA), which used the People Management Team to facilitate the execution of the three projects. The three farming communities were completely different from each other with regard to their background and culture. The three farms and communities are situated respectively in the Northern Cape, North West and Western Cape Province.

The vision of People Management is to change the face of the HIV and AIDS epidemic. They are driven to get people to want to know and own their HIV status and take responsibility for their own life and sexual safety. In addition to this, they want to empower those who are HIV positive to manage their health, to live a long and productive life, and to protect their companies from economic decline due to the unmanaged effect of this disease. They also empower those who are HIV negative to stay that way.

The Intervention Programme, presented by People Management to the farming communities is to create a general awareness about HIV/AIDS amongst the community. The researcher (Me C.N Jona) participated fully and support the consultant during the programme. Within the intervention period, people were encouraged to come forward and to be tested. The action steps taken by People Management in dealing with the Intervention Programme include the following:

- **The first week**

In its first week, basic human and physical infrastructures were created and put in place to facilitate the intervention process in the community. In the process, quite a number of meetings were held with the management of the farms in conjunction with the farm workers, used as focus group, for the HIV/AIDS intervention projects and workers union. The meetings were basically aimed at soliciting the cooperation of all the stakeholders, charting an action plan for the way forward and the workers to buy into what the project stand for, which is to get to know their status, and to take ownership thereof. During the first week, volunteers (people to assist in the awareness programme) were identified, trained and equipped as peer group educators. As peer group educators, they need to be:

- reliable;
- leaders in the community;
- an example to others;
- willing to learn, train and work hard;
- able to talk about sex;
- interested in issues around HIV and AIDS;

- comfortable with speaking in front of a group;
- trusted by others;
- approachable, open and not judgemental;
- caring, supportive, respectful, committed, honest and understanding;
- involved in their community;
- good communicators;
- good listeners;
- understanding of the importance of confidentiality and
- sensitive for the impact of values and culture on behaviour. (PAETA Pilot Project Report , 2004:7)

Furthermore, within the same first week of the Intervention Programme, the KAP (Knowledge, Attitude, Perception or Belief) study questionnaire was discussed and introduced, and the objectives of the exercise explained to the community. The principal objective of the KAP questionnaire was to determine existing knowledge, attitudes and beliefs surrounding the HIV/AIDS within the farming community. People Management (the project consultant) emphasized that the KAP study questionnaire is answered individually and anonymously, and the activity is called the pre –intervention KAP study. After the KAP study, different weaknesses were identified; such as the need for further training of the peer group educators and it was handled immediately.

During the same first week a line manager workshop was organized. This workshop basically covered the same topics as that of the peer group educators' course, but with more emphasis on the impact of the disease on business practices and the management thereof.

- **The second and third week**

Within these two weeks, peer educators were trained with the main purpose and aim that they in turn should train their fellow farm workers with the close supervision from the instructor from People Management. Furthermore, some unclear issues arising from the KAP questionnaire was cleared immediately. Peer educators were also encouraged to

present what they have learned from the instructor and their understanding about the programme was further tested. The subjects covered included:

- statistics and the systematic impact of HIV/AIDS
- the difference between HIV and AIDS
- the actions needed for transmission
- where the virus hides
- how the virus enters the bloodstream
- preventions and personal responsibility
- timeline of the illness
- replication of the virus
- treatment options (medications and positive living)
- AIDS and the law
- know your status (why , how and under what circumstances) and
- consent, confidentiality, counselling and consequences.

During this two week training period, the peer educators were encouraged to train their fellow colleagues after the official work hours. They were accountable for making referrals regarding HIV and AIDS related matters and within the same period they officially received their certificates for successfully completing the course. During the second week a series of meetings with different stakeholders took place. Stakeholders included the Department of Health and Social Services, NGO's, municipalities, community leaders, religious leaders and traditional leaders.

- **Week four**

In week four of the HIV/AIDS Intervention Programme, a mop – up training session was organised for those who could not attend the awareness training sessions. In addition, a day workshop for traditional doctors, church leaders and teachers was presented and peer educators were given further training in lay counselling.

- **Week five and six**

Within the last two weeks of the Intervention Programme, voluntary counselling and testing was organised. Before the testing process, a stakeholders meeting was held to discuss the testing process. The HIV/AIDS testing and intervention exercise in this session was supervised and witnessed by both the project consultant of People Management and the officials from the Department of Health who assisted with the pre-test counselling sessions.

In the same period, a second round of the KAP study was done to determine the impact of the intervention. The pre and post intervention KAP study consisted of the same questions. Because of the confidentiality of the program it was not possible to identify the respondents at all. This would have influenced in the analysis of the data with regard to the comparison of the two sets of data.

People Management has adopted, what is seen as a new approach to the testing for HIV/AIDS, they use the oral fluid rapid HIV/AIDS test in the test phase of the rollout process. In addition, people who tested HIV positive had the immediate opportunity to have a confirmatory HIV test using a full –blood Elisa test, which includes a CD4- count. The Ministry of Health facilitated the latter. During this last session of the Intervention Program, support structures were formed to help to combat HIV/AIDS within the farm workers communities. This structure includes the National Health Department, Municipalities, Department of Health (provincial), NGO's, the farm owners and management of the workers.

3.2 INSTRUMENT OF DATA COLLECTION

The technique used for data collection includes the administration of the questionnaire, personal interviews and observations of the respondents (three farm groups). About 600 questionnaires were administered directly to three sets or different groups of farm workers at various locations and at different times in South Africa. The questionnaire, which was divided into two parts, personal data and the main part, was administered to

the focus groups and contains 20 questions. The questions were divided into three parts namely Knowledge, Attitude and Belief questions (see appendix A).

3.3 DATA COLLECTION PROCESS

According to Marlow (1993:65) data collection is the way in which the information regarding the phenomenon is collected. In this study, data collection processes were arranged into two, namely the HIV/AIDS Pre-Intervention (before the training exercises) and the Post- Intervention Programmes (after the training exercises). During the data collection process, the participants were told the objective of the study as well as the confidentiality of the study. The questionnaires were answered anonymously by the participants although lapses were observed since not all the participants took part in the two Intervention Programmes as originally planned, in other words, after the Pre-Intervention exercise, most workers left the centre and this reduced the total number of people that participated in the post-Intervention Programme. These lapses were mainly encountered on one of the farms, and tended to make the data collection and analysis difficult.

3.4 STATISTICALLY ANALYSIS

Data analysis is defined by Marlow (1993:65) as a research process of making sense out of the information gathered. For this study, data was analysed with a Qualitative Statistical Package and Mann –Whitney Test was used to analyse data collected through the instrument of the questionnaires. Mann –Whitney Test also known as Wilcoxon rank sum test is a non – parametric test used to test for difference between the medians of the two independent groups. This test is the non-parametric equivalent of two sample t- test. To carry out the test, both groups are put together and rank the observations, giving 1 for the smallest, 2 for the next smallest ect. The test statistic is based on summing the ranks for each group. Altman (1991: 194-197) and Conover (1980:216-223) provide more detail about the calculation of the test statistic. Mann –Whitney t- Test is considered more robust, in the sense that it does not make many assumptions about the data.

Data was coded and captured on Microsoft excel and transferred to the Statistically Analysis System. Frequency tables were used to get descriptive analysis variables such as locations, gender, marital status, age, level of education as well as job status. In addition to the above, the t- test was used to examine whether there was any significant difference between the independent variables and respondents knowledge, attitude and belief.

3.5 DATA SOURCE

The data used in this study is sourced through primary and secondary sources. The primary sources of data are mainly data extracted from the questionnaire distributed to the respondents and additional personal interviews granted by the respondents. On the other hand, the secondary sources of data include data gathered from related publications and from textbooks.

3.6 THE WESTERN CAPE CASE STUDY

Unfortunately the original questionnaire of the Pre and the Post-Intervention KAP study in the Western Cape got lost and therefore the data available cannot be used for analysis and comparisons purposes. The data with regard to the other two communities namely the Northern Cape and Northwest Province will however be analysed and presented.

CHAPTER FOUR

BACKGROUND INFORMATION OF RESPONDENTS FROM MASWELA AND KALAHARI FARMING COMMUNITIES BEFORE AND AFTER THE INTERVENTION PROGRAMME

4.1 INTRODUCTION

This Chapter seeks to look at the personal and socio-economic data of Maswela and Kalahari farming communities. The data presented constitute the frequency analysis of Age, Gender, Educational background, Marital and Job status, as well as the respondents reactions (answers) who participated in the HIV/AIDS Pre- and Post Intervention Programme (KAP study) .

4.2 PRE - INTERVENTION PROGRAMME

4.2.1 Maswela farming community (Pre- Intervention Programme)

The farm is located in the Groot Marico district of the North West Province. Although Maswela is a mixed farming enterprise the main crop is tobacco. The Farming community consist of 84 members, which can also be described as a close community.

i) Age categories

In Table 4.1 the frequency distribution of respondents in different age categories are presented.

Table 4.1: Age of the respondents, Maswela farming community

Age category	Frequency	Percentage (%)	Cumulative (%)
Less than 20 Years	8	9.5	9.5
Between 20 to 34 Years	30	35.7	45.2
Between 35 to 49 Years	37	44.0	89.3
50 and above	9	10.7	100
Total	84	100.0	100.0

The Table 4.1 above represents the age distribution of the respondents who participated in the Pre-Intervention Programme at Maswela farm. Out of a total 84 respondents, 38 (45.2%) are 34 years of age or younger while 54.8 % respondents (46) are 35 years and older. The majority of respondents (67), namely 78% are between the ages of 20-49 years.

ii) Gender

The frequency distribution of Maswela respondents according to gender are presented in Table 4.2.

Table 4.2: Frequency distribution of Maswela respondents according to gender

Gender	Frequency	Percentage (%)	Cumulative (%)
Male	44	52.4	52.4
Female	40	47.6	100
Total	84	100.0	100.0

Table 4.2 above, contains the gender profile of the respondents that took part in the HIV/AIDS Pre-Intervention Programme organized by People Management at Maswela farm in South Africa. Out of the total of 84 respondents in the programme, 44 (52.4 %) were male and 40 (47.6%) were female. The gender distribution showed almost a balanced or equal representation for men and women.

iii) Marital status

A distribution of Maswela respondents according to marital status is presented in Table 4.3.

Table 4.3: Frequency distribution of Maswela respondents according to marital status

Marital status	Frequency	Percentage (%)	Cumulative (%)
Single	79	94	94
Married	5	6	100
Total	84	100.0	100.0

Data in Table 4.3 shows information on marital status extracted from the KAP questionnaire administered to participants at the HIV/AIDS Pre-Intervention Programme. Out of a total of 84 respondents 79, representing 94% were single and only 5 respondents were married. Although only 5 respondents indicate that they are married it does not reflect the real situation. They are the only ones who according to their cultural tradition are legally married and who have paid the "six- cow ilobola" (Sunday Times, March 13 2005).

iv) Educational background

In the next table the level of education of respondents are being presented (Table 4.4).

Table 4.4: Educational levels of Maswela respondents

Level of Education	Frequency	Percentage (%)	Cumulative (%)
None	2	2.4	2.4
Primary	57	67.9	70.3
Secondary	24	28.6	98.9
Diploma and above	1	1.1	100
Total	84	100.0	100.0

Although the majority of respondent only had basic primary education, in general, it can be said that they are literate to some extend.

v) Job status

Data extracted from the measure instrument on the Job status of the respondents from Maswela farm is presented in Table 4.5.

Table 4.5: Job status of respondents at Maswela farming community

Job status	Frequency	Percentage (%)	Cumulative (%)
Unemployed	15	18	18
Employed	69	82	100
Total	84	100.0	100.0

Out of a total of 84 respondents who participated in the KAP questionnaire during the HIV/AIDS Pre-Intervention Programme, only 18 % were unemployed. The majority of respondents who are employed, namely 82%, are however unskilled workers.

vi) The reactions (answers) of Maswela respondents to the Pre-Intervention KAP study questionnaire.

a) Knowledge

In Table 4.6 the respondents' answers to the questions related to their knowledge of HIV/AIDS before the Intervention Programme are being presented.

Table 4.6: Respondents knowledge about HIV/AIDS, Maswela farming community (Pre -Intervention)

Questions on Knowledge	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
1. What is the difference between HIV and AIDS?	58	69.0	26	31.0	100
2 Which fluids carry the virus?	77	91.7	7	8.3	100
3. How does the virus enter the body?	43	51.2	41	48.8	100
4. What can cure HIV?	45	53.6	39	46.4	100
5. What is the time span for an HIV test result?	58	69.0	26	31.0	100
6. What are the signs and symptoms of HIV?	24	28.6	60	71.4	100
7. Are STD's dangerous?	41	48.8	43	51.2	100

8. What does ABC of sex stand for?	13	15.5	71	84.5	100
9. Most common mode of transmission?	76	90.5	8	9.5	100
10. What info does an HIV test give?	56	66.7	28	33.3	100
11. What builds the immune system?	37	44.0	47	56.0	100
14. What does the law say about HIV/AIDS?	69	82.1	15	17.9	100

Table 4.6 indicates respondent's answers to the 12 questions with regard to their knowledge about HIV/AIDS. More than 80% of the respondents answered the following questions incorrectly:

- Which fluids carry the virus? (91.7%)
- Most common mode of transmission? (90.5%)
- What does the law say about HIV/AIDS? (82.1%)

The three questions that were answered correctly by the majority (50% and higher) of respondents are:

- What does ABC of sex stand for? (84.5%)
- What are the signs and symptoms of HIV/AIDS? (71.4%)
- What builds the immune system? (56%)

b) Attitude

In Table 4.7 the reactions of respondents to questions that expose their attitude towards HIV/AIDS before the Intervention Program are presented.

Table 4.7: Respondents attitudes towards HIV/AIDS, Maswela faming community

Questions on attitude	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
12. What do you do if someone is bleeding?	11	13.1	73	86.9	100
17. Will you have unprotected sex with a stranger?	23	27.4	61	72.6	100
18. Do you insist on clean instruments at, for example, the barbershop?	24	28.6	60	71.4	100
19. Will you share tools with an HIV+ person?	29	34.5	55	65.5	100
20. Should HIV+ people disclose their status to others?	14	16.7	70	83.3	100

According to the above table, the majority of Maswela farm workers exposes a positive attitude towards HIV/AIDS. The fact that 27% of the respondent still indicated that they would have unprotected sex with a stranger, is however a worrying factor.

c) Belief

In Table 4.8 respondents reaction to questions that expose their beliefs about HIV/AIDS are being presented.

Table 4.8: Respondents answers to questions on their beliefs about HIV/AIDS, Maswela farming community

Questions on belief	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
13. Why is pre test counselling important?	35	41.7	49	58.3	100
15. How can HIV/AIDS influence businesses like a farm?	72	85.7	12	14.3	100
16. Why is it a good thing to know your HIV status?	51	60.7	33	39.3	100

Respondents' answers to the questions that expose their beliefs with reference to HIV/AIDS display a negative picture and between 42 and 86% of respondents answered the three questions incorrectly.

4.2.2 Kalahari farms (Pre – Intervention Programme)

The Kalahari farm consists of seven farms in the Kalahari district (approximately, 130 km from Kuruman) in the Northern Cape Province. It is a remote rural area and it is very difficult for the farming community to access for instance, health services. The community consisted of 100 members however, only 40 participated in the Pre and 63 in the Post- Interventions Programme.

i) Age categories

In Table 4.9 the frequency distribution of respondents in different age categories are being presented.

Table 4.9: Age of the respondents, Kalahari farming community

Age categories	Frequency	Percentage (%)	Cumulative (%)
Less than 20 Years	6	15	15
Between 20 to 34 Years	21	52.5	67.5
Between 35 to 49 Years	11	27.5	95.0
50 and above	2	5.0	100
Total	40	100.0	100.0

The Table 4.9 above represents the age distribution of the respondents who participated in the Pre-Intervention Programme at Kalahari farm. Out of a total of 40 respondents, 27 (67.5%) are 34 years of age or younger while 32.5 % respondents (13) are 35 years and older. The majority of respondents (32) that is 80 % are between the ages of 20-49 years.

ii) Gender

The frequency distribution of Kalahari respondents according to gender are presented in Table 4.10.

Table 4.10: Frequency distribution of Kalahari respondents according to gender

Gender	Frequency	Percentage (%)	Cumulative (%)
Male	15	37.5	37.5
Female	25	62,5	100
Total	40	100	100.0

Table 4.10 above, contains the gender profile of the respondents that took part in the HIV/AIDS Pre-Intervention Programme organized by People Management at Kalahari farming community in South Africa. Out of the total of 40 respondents in the programme, 25 (62.5 %) were female and 15 (37.5%) were male. The gender distribution showed a higher number of female than male respondents.

iii) Marital status

A distribution of Kalahari farm respondents according to marital status are presented in Table 4.11.

Table 4.11: Frequency distribution of Kalahari farm respondents according to marital status

Marital status	Frequency	Percentage %)	Cumulative (%)
Single	7	17.5	17.5
Married	33	82.5	100
Total	40	100.0	100.0

Data in Table 4.11 shows information on marital status extracted from the KAP questionnaire administered to participants at the HIV/AIDS Pre-Intervention Programme. Out of a total of 40 respondents, seven (7) representing about 18% were single and 33 respondents (82.5%) were married.

iv) Educational background

In the next table the level of education of respondents are being presented (Table 4.12).

Table 4.12: Educational level of Kalahari respondents

Level of Education	Frequency	Percentage (%)	Cumulative (%)
None	2	5.0	5.0
Primary	27	67.5	72.5
Secondary	9	22.5	95.0
Diploma and above	2	5.0	100
Total	40	100.0	100.0

Although the majority of respondents only had basic primary education, in general, it can be said that they are, to some extent literate.

v) Job status

Data about the Job status of the respondents from Kalahari farms is presented below in Table 4.13.

Table 4.13: Job status of respondents at Kalahari farming community

Job status	Frequency	Percentage (%)	Cumulative (%)
Unemployed	8	20.0	20.0
Employed	32	80.0	100
Total	40	100.0	100.0

Out of a total of 40 respondents, who participated in the KAP questionnaire study during the HIV/AIDS Pre-Intervention Programme, only 20 % were unemployed. The majority of respondents who are employed (80%), are however unskilled workers.

vi) The reactions (answers) of Kalahari respondents to the Pre-Intervention KAP study questionnaire

a) Knowledge

In Table 4.14 the respondents' answers to the questions related to their knowledge about HIV/AIDS before the Intervention Programme, are being presented.

Table 4.14: Respondents knowledge about HIV/AIDS, Kalahari farming community

Questions on Knowledge	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
1. What is the difference between HIV and AIDS?	24	60.0	16	40	100
2 Which fluids carry the virus?	17	42.5	23	57.5	100
3. How does the virus enter the body ?	20	50	20	50	100
4. What can cure HIV?	40	100	-	-	100
5. What is the time span for an HIV test result?	21	52.5	19	47.5	100
6. What are the signs and symptoms of HIV?	24	60	16	40	100
7. Are STD's dangerous?	26	65	14	35	100
8. What does ABC of sex stand for?	10	25	30	75	100
9. Most common mode of transmission?	22	55	18	45	100
10. What info does an HIV test give?	16	40	24	60	100
11. What builds the immune system?	25	62.5	15	37.5	100
14. What does the law say about HIV/AIDS?	25	62.5	15	37.5	100

The following questions were incorrectly answered by 60% or more of the respondents:

- What is the difference between HIV and AIDS? (60%)
- What can cure HIV? (100%)
- What are the signs and symptoms of HIV? (60%)
- Are STD's dangerous? (65%)
- What builds the immune system? (62.5%)
- What does the law say about HIV/AIDS? (62.5%)

The two questions that more correctly answered by the majority of respondents are:

- What does ABC of sex stand for? (75%)
- What info does an HIV test give? (60%)

b) Attitude

In Table 4.15 the reactions, of respondents to questions that expose their attitudes towards HIV/AIDS before the Intervention Programme, are presented.

Table 4.15: Respondents attitudes about HIV/AIDS in the Kalahari farming community

Questions on attitude	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
12. What do you do if someone is bleeding?	9	22.5	31	77.5	100
17. Will you have unprotected sex with a stranger?	4	10	36	90	100
18. Do you insist on clean instruments at, for example, the barber shop?	15	37.5	25	62.5	100
19. Will you share tools with an HIV+ person?	32	80	8	20	100
20. Should HIV+ people disclose their status to others?	9	22.5	31	77.5	100

According to the above table, the majority respondents from Kalahari farm, exposes a positive attitude towards HIV/AIDS. The exception is where 80% of the farm workers indicated that they are not willing to share tools with HIV positive colleagues. This can be interpreted as a form of discrimination among the farm workers towards HIV positive colleagues. But it could also be because of a lack of knowledge about HIV/AIDS.

c) Belief

In the next Table respondent's reaction to questions that exposes their belief about HIV/AIDS in the Kalahari farming community are presented (Table 4.16).

Table 4.16: Respondents answers to questions exposing their beliefs about HIV/AIDS in the Kalahari farming community

Questions on belief	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
13. Why is pre test counselling important?	23	57.5	17	42.5	100
15. How can HIV/AIDS influence businesses like a farm?	10	25	30	75	
16. Why is it a good thing to know your HIV status?	15	37.5	25	62.5	

Respondent answers to the questions that expose their beliefs with reference to HIV/AIDS display a negative picture and between 25% and 58 % of respondents answered the three questions incorrectly

4.3 POST – INTERVENTION PROGRAMME

4.3.1 Maswela farming community

The following division will look at the empirical analysis of HIV/AIDS Post-Intervention data collected from Maswela and Kalahari farming communities. The following Tables 4:17 to 4:32, contain data and analysis of the age, gender, educational background, and marital and job status, with regards to the knowledge, belief and attitude of the respondents who participated in the HIV/AIDS Post-Intervention Programme. Farm workers who participated in the Pre – intervention is not necessarily the same who has participated in the Post- Intervention as a result the frequency may change.

i) Age categories

In Table 4.17 the frequency distribution of respondents in different age categories after the Intervention Programme are being presented.

Table 4.17: Age of the respondents (post –intervention) at Maswela farming community

Age categories	Frequency	Percentage (%)	Cumulative (%)
Less than 20 Years	7	8.3	8.3
Between 20 to 34 Years	30	35.7	44.0
Between 35 to 49 Years	35	41.7	85.7
50 and above	12	14.3	100
Total	84	100.0	100.0

Table 4.17 above, represents the age distribution of the respondents who participated in the Post-Intervention Programme at Maswela farm. Out of a total of 84 respondents, 37 (44%) are 34 years of age or younger while 56 % respondents (47) are 35 years and older. The majority of respondents (65) namely 77% are between the ages of 20-49 years.

ii) Gender

A frequency distribution of Maswela respondents participating in the Post-Intervention KAP study according to gender, are presented in Table 4.18.

Table 4.18: Frequency distribution of Maswela respondents according to gender

Gender	Frequency	Percentage (%)	Cumulative (%)
Male	26	31	31.0
Female	58	69	69.0
Total	84	100.0	100.0

Table 4.18 above, contains the gender profile of the respondents that took part in the HIV/AIDS Post-Intervention Programme organized by People Management at Maswela farm in South Africa. Out of the total of 84 respondents in the Programme, 26 (31 %) were male and 58 (69%) were female. The gender distribution showed that there were more females than males who participated in the Post Intervention Programme. Female respondents increase from 40 during the Pre-Intervention KAP study to 58 after the Intervention Programme, while male respondents decreased from 44 to 26.

iii) Marital status

A distribution of Maswela respondents according to marital status is presented in Table 4.19.

Table 4.19: Frequency distribution of Maswela respondents according to marital status

Gender	Frequency	Percentage (%)	Cumulative (%)
Single	82	98	98
Married	2	2	100
Total	84	100.0	100.0

Data in Table 4.19 shows information on marital status extracted from the KAP questionnaire administered to participants at the HIV/AIDS Post-Intervention Programme. Out of a total of 84 respondents, 82 representing about 98%, were single and only 2 respondents were married. Although only 2 respondents indicate that they are married it does not reflect the real situation. They are the only ones who according to their cultural tradition are legally married and who has paid the “six- cow ilobola” (Sunday Times, March13 2005). Although they do live together as husband and wife.

iv) Educational background

In the next table the level of education of respondents who participated in the Post-Intervention Programme on HIV/AIDS are being presented (Table 4.20).

Table 4.20: Educational level of Maswela respondents after the Intervention Programme

Educational level	Frequency	Percentage (%)	Cumulative (%)
None	16	19.0	19
Primary	47	56.0	75.0
Secondary	21	25.0	100
Diploma and above	0	0	0
Total	84	100.0	100.0

Although the majority of respondents (81%) only had basic primary and secondary education, in general, it can be said that they are literate while 19% are illiterate.

v) **Job Status**

Data about the job status of the respondents farm Maswela is presented below in Table 4.21.

Table 4.21: Job status of respondents at Maswela farming community after the Intervention Programme

Job status	Frequency	Percentage (%)	Cumulative (%)
Unemployed	12	14.3	14.3
Employed	72	85.7	100
Total	84	100.0	100.0

Out of a total of 84 respondents who participated in the KAP questionnaire during the HIV/AIDS Post-Intervention Programme, only 18% were unemployed. The majority of respondents who are employed namely, 84%, however are unskilled workers.

vi) **Respondents answers to the questions on knowledge, attitude and belief about HIV/AIDS, after the Intervention Programme.**

a) **Knowledge**

In Table 4.22 respondents' knowledge about HIV/AIDS are being presented after the Intervention Programme

Table 4.22: Maswela farm respondents knowledge about HIV/AIDS after the Intervention Programme

Questions on knowledge	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
1. What is the difference between HIV and AIDS?	0	0	84	100	100
2 Which fluids carry the virus?	10	11.9	74	88.1	100
3. How does the virus enter the body ?	1	1.2	83	98.8	100
4. What can cure HIV?	31	36.9	53	63.1	100
5. What is the time span for an HIV test result?	72	85.7	12	14.3	100
6. What are the signs and symptoms of HIV?	45	53.6	39	46.4	100

7. Are STD's dangerous?	23	27.4	61	72.6	100
8. What does ABC of sex stand for?	3	3.6	81	96.4	100
9. Most common mode of transmission?	83	98.8	1	1.2	100
10. What info does an HIV test give?	27	32.1	57	67.9	100
11. What builds the immune system?	9	10.7	75	89.3	100
14. What does the law say about HIV/AIDS?	34	40.5	50	59.5	100

Table 4.22 indicates respondents answers to the 12 questions with regard to knowledge about HIV/AIDS.

Disappointing is the fact that after the Intervention Programme more than 80% of the respondents still answered the following questions incorrectly:

- What is the time span for an HIV test result? (86%)
- Most common mode of transmission? (99%)

The questions that were more correctly answered by the majority of respondents are:

- What is the difference between HIV and AIDS? (100%)
- Which fluids carry the virus? (88%)
- How does the virus enter the body? (99%)
- What does ABC of sex stand for? (96%)
- What builds the immune system? (89%)

b) Attitude

In Table 4.23 the reactions of respondents to questions that exposes their attitude towards HIV/AIDS after the Intervention Programme are being presented.

Table 4. 23: Respondents attitude towards HIV/AIDS, Maswela faming community after the Intervention Programme

Questions on attitude	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
12. What do you do if someone is bleeding?	11	13.1	73	86.9	100
17. Will you have unprotected sex with a stranger?	56	66.7	28	33.3	100
18. Do you insist on clean instruments at, for example, the barber shop?	1	1.2	83	89.8	100
19. Will you share tools with an HIV+ person?	5	6.0	79	94.0	100
20. Should HIV+ people disclose their status to others?	8	9.5	76	90.5	100

According to the above table, the majority of Maswela farm workers exposes a positive attitude towards HIV/AIDS. The fact that 67% of the respondents still indicated that they would have unprotected sex with stranger is however a very worrying factor.

c) Belief

Respondents' beliefs about HIV/AIDS after the Intervention Programme are presented in Table 4.23.

Table 4.24: Respondents opinion on belief about HIV/AIDS after the Intervention Programme, Maswela farming community

Questions on belief	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
13. Why is pre test counselling important?	71	84.5	13	15.5	100
15. How can HIV/AIDS influence businesses like a farm?	18	21.4	66	79	100
16. Why is it a good thing to know your HIV status?	24	28.6	60	71.4	100

Respondents' answers to the questions that exposes their beliefs with reference to HIV/AIDS display a negative picture and between 21 and 84.5% of respondents still answered the three questions incorrectly.

4.3.2 Empirical analysis of HIV/AIDS Post-Intervention data collected from Kalahari Farming community

The following data, as presented in the next Tables, constitute the analysis of age, gender, educational background, marital and job status, including the knowledge, belief and attitude of the respondents from Kalahari farming community who participated in the HIV/AIDS Post-Intervention Programme.

i) Age categories

In Table 4.25 the frequency distribution of respondents in different age categories are being presented.

Table 4.25: Age of the respondents, Kalahari farming community after the Intervention Programme

Age categories	Frequency	Percentage (%)	Cumulative (%)
Less than 20 Years	10	15.9	15.9
Between 20 to 34 Years	29	46.0	61.9
Between 35 to 49 Years	24	38.1	100
50 and above	-	-	-
Total	63	100.0	100.0

Table 4.25 above represents the age distribution of the respondents who participated in the Post-Intervention Programme at Kalahari farm. Out of a total 63 respondents, 39(62%) are 34 years of age or younger while 38 % respondents (24) are 35 years and older. The majority of respondents (53) namely 84 % are between the ages of 20-49 years.

ii) Gender

The frequency distribution of Kalahari farm respondents, who participated in the Post Intervention Programme according to gender, are presented in Table 4.26.

Table 4.26: Frequency distribution of Kalahari farm respondents according to gender after the Intervention Programme

Gender	Frequency	Percentage (%)	Cumulative (%)
Male	36	57.1	57.1
Female	27	42.9	100
Total	63	100	100

Table 4.26 above, contains the gender profile of the respondents who took part in the HIV/AIDS Post-Intervention Programme organized by the People Management at Kalahari farm in South Africa. Out of the total of 63 respondents in the Programme, 36 (57 %) were male and 27 (42%) were female. The gender distribution showed that there were more males than females that have participated in the KAP study after the Intervention Programme. The number of male respondents increases from 15 participating in the Pre-Intervention to 36 in Post-Intervention Programme.

iii) Marital status

A distribution of Kalahari respondents according to marital status (post-intervention) is presented in Table 4.27.

Table 4.27: Frequency distribution of Kalahari respondents according to marital status

Marital status	Frequency	Percentage (%)	Cumulative (%)
Single	2	3.2	3.2
Married	61	96.8	96.8
Total	63	100	100

Data in Table 4.27 shows information on marital status. Out of a total of 63 respondents, 61 representing about 97% were married and only 2 respondents were single.

iv) Educational background

In the next Table the level of education of respondents from Kalahari farm are being presented (Post -Intervention Programme).

Table 4.28: Educational level of Kalahari respondents participating in the Intervention Programme

Educational level	Frequency	Percentage (%)	Cumulative (%)
None	45	71.4	71.4
Primary	14	22.2	93.7
Secondary	3	4.8	98.4
Diploma and above	1	1.6	100
Total	63	100	100

Only 28% of the respondents did have some formal education training. The majority of the respondents (71%) can therefore be regarded as mainly illiterate.

v) Job status

Data about the Job status of the respondents from Kalahari is presented in Table 4.29.

Table 4.29: Job status of respondents at Kalahari farming community after the Intervention Programme

Job status	Frequency	Percentage (%)	Cumulative (%)
Unemployed	17	27	27.0
Employed	46	73	100
Total	63	100.0	100.0

Out of total of 63 respondents who participated in the KAP study questionnaire after the HIV/AIDS Intervention Programme, only 27% were unemployed. The majority of respondents who are employed namely, 43%, are however unskilled workers.

vi) The knowledge, attitude and belief about HIV/AIDS of respondents from Kalahari farming community, after the Intervention Programme.

a) Knowledge

Respondents answers on the questions with regard to knowledge after the Intervention Programme are presented in the next table.

Table 4.30: Respondents knowledge about HIV/AIDS after Intervention, Kalahari farming community

Questions on Knowledge	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
1. What is the difference between HIV and AIDS?	-	-	63	100	100
2 Which fluids carry the virus?	61	96.8	2	3.2	100
3. How does the virus enter the body?	2	3.2	61	96.8	100
4. What can cure HIV?	1	1.6	62	98.4	100
5. What is the time span for an HIV test result?	-	-	63	100	100
6. What are the signs and symptoms of HIV?	15	23.8	48	76.2	100
7. Are STD's dangerous?	-	-	63	100	100
8. What does ABC of sex stand for?	-	-	63	100	100
9. Most common mode of transmission?	7	11.1	56	88.9	100
10. What info does an HIV test give?	2	3.2	61	96.8	100
11. What builds the immune system?	12	19	51	81	100
14. What does the law say about HIV/AIDS?	2	3.2	61	96.8	100

Table 4.30 indicates respondent's answers to the 12 questions with regard to knowledge about HIV/AIDS after they have participated in the Intervention Programme. Most disappointingly is the fact that nearly all respondents (61), answered the following question incorrectly:

- Which fluids carry the virus? (97%)

The questions that were correctly answered by all the respondents are:

- What is the difference between HIV and AIDS? (100%)
- What is the time span for an HIV test result? (100%)
- Are STD's dangerous? (100%)
- What does ABC of sex stand for? (100%)

b) Attitude

Respondents answers on the questions with regard to their attitude after the Intervention Programme are presented in the next table.

Table 4.31: Respondents attitude about HIV/AIDS after the Intervention Programme

Questions on attitude	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
12. What do you do if someone is bleeding?	1	1.6	62	98.4	100
17. Will you have unprotected sex with a stranger?	26	41.3	37	58.7	100
18. Do you insist on clean instruments at, for example, the barber shop?	1	1.6	62	98.4	100
19. Will you share tools with an HIV+ person?	2	3.2	61	96.8	100
20. Should HIV+ people disclose their status to others?	1	1.6	62	98.4	100

According to the above Table, the majority of Kalahari farm workers exposes a more positive attitude towards HIV/AIDS after the Intervention Programme. The fact that 41%

of the respondents still indicated that they would have unprotected sex with a stranger is however a worrying factor.

c) Belief

In the next table respondents reaction to questions that expose their beliefs about HIV/AIDS are being presented in Table 4.32.

Table 4.32: Respondents belief about HIV/AIDS after the Intervention Programme

Questions on belief	Frequency for wrong responses	%	Frequency for correct responses	%	Total Percentage
13. Why is pre test counselling important?	4	6.3	59	93.7	100
15. How can HIV/AIDS influence businesses like a farm?	1	1.6	62	98.4	100
16. Why is it a good thing to know your HIV status?	3	4.8	60	95.2	100

Respondent answers to the questions that expose their beliefs with reference to HIV/AIDS display a positive and realistic picture and only 2 to 6 % of respondents answered the three questions incorrectly.

CHAPTER FIVE

THE EFFECT OF THE PERSONAL AND SOCIO-ECONOMIC FACTORS (INDEPENDENT VARIABLES) ON THE KNOWLEDGE, ATTITUDE AND BELIEF ABOUT HIV/AIDS OF FARM WORKERS FROM MASWELA AND KALAHARI FARMING COMMUNITIES

5.1 INTRODUCTION

The role that personal and socio-economic factors play in farm workers knowledge, attitude and belief about HIV/AIDS are being presented in this chapter. The Intervention Programme consist of two activities namely, a pre- intervention and a post intervention study. The role (effect) of the following factors or independent variable will be presented: gender, age, educational level, marital and job status.

5.2 PRE- INTERVENTION PROGRAMME

5.2.1 Gender

i) Maswela farming community

In Table 5.1 a comparison is made between female and male respondents from Maswela farming community with regard to their knowledge, attitude and belief about HIV/AIDS before the Intervention Programme.

Table 5.1: The comparison of knowledge, attitude and beliefs of male and female farm workers about HIV/AIDS before the HIV/AIDS Intervention Programme at Maswela

Responses on questions	Gender	Sample Size	%	Mean	Std. Dev	P Value	D.F	α value
Knowledge	Male	44	52	4.57	1.74	0.0205	82	0.05
	Female	40	48	5.25	1.08			
Attitude	Male	44	52	3.43	1.17	0.0021	82	0.05
	Female	40	48	4.20	0.99			
Beliefs	Male	44	52	1.18	0.79	0.4638	82	0.05
	Female	40	48	1.05	0.64			

According to Table 5.1 the average mean of correctly answered questions with regard to knowledge, attitude and belief on HIV/AIDS, were determined for male and female respondents.

The data indicate that:

- a) A significant difference ($p=0.02$) occur between female ($\bar{X}=5.25$) and male ($\bar{X}=4.57$) respondents with regard to knowledge. This indicates that the female farm workers expose a better knowledge about HIV/AIDS than the male farm workers. This finding is in contrast with the hypothesis namely that male farm workers have a better knowledge about HIV/AIDS than female farm workers.
- b) A highly significant difference ($p=0.002$) was found between female farm workers ($\bar{X}=4.20$) attitude towards HIV/AIDS and male farm workers ($\bar{X}=3.43$). Female farm workers clearly indicated a more “positive” attitude towards HIV/AIDS than male farm workers. This finding confirms the hypothesis that the attitude towards HIV/AIDS differs between male and female farm workers.
- c) No differences occur ($p=0.46$) between female farm workers ($\bar{X}=1.05$) and male farm workers ($\bar{X}=1.18$) with regard to their belief about HIV/AIDS. This finding is in contrast with regard to the hypothesis that there is a difference between male and female farm workers with regard to their belief about HIV/AIDS.

ii) Kalahari farming community

The knowledge, attitude and belief of male and female farm workers about HIV/AIDS from Kalahari farming community, before the Intervention, Programme is being presented in Table 5.2.

Table 5.2: The comparison of the knowledge, attitude and belief of male and female farm workers about HIV/AIDS before the HIV/AIDS Intervention Programme at Kalahari farming community

Responses On questions	Gender	Sample Size	%	Mean	Std. Dev	P Value	D.F	α value
Knowledge	Male	15	38	5.07	1.03	0.7930	38	0.05
	Female	25	62	5.36	1.52			
Attitude	Male	15	38	3.27	1.22	0.5843	38	0.05
	Female	25	62	3.28	0.89			
Beliefs	Male	15	38	1.73	0.70	0.52	38	0.05
	Female	25	62	1.84	0.85			

According to Table 5.2 no significant differences occur between male mean ($\bar{X}=5.07$) and female ($\bar{X}=5.36$) farm workers with regard to their knowledge. There were also no differences with regard to attitude and belief about HIV/AIDS. This finding is also in contrast with the hypothesis that there is a difference between male and female with regard to their knowledge, attitude and belief about HIV/AIDS.

iii) Maswela versus Kalahari farming community

The differences with regard to knowledge, attitude and belief of the male and female respondents from the two farming communities are being presented in Table 5.3.

Table 5.3: A comparison of the responses of female and male farm workers of the two communities, with one another, with regard to their knowledge, attitude and belief towards HIV/AIDS

Responses on questions	Farming community	Gender	Sample Size	Total	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Maswela	Male	44	59	75	4.57	1.74	0.1458	57	0.05
	Kalahari	Male	15	59	25	5.07	1.03			
Attitude	Maswela	Male	44	59	75	3.43	1.17	0.8144	57	0.05
	Kalahari	Male	15	59	25	3.27	1.22			
Beliefs	Maswela	Male	44	59	75	1.18	0.79	0.0171	57	0.05
	Kalahari	Male	15	59	25	1.73	0.70			
Knowledge	Maswela	Female	40	65	62	5.25	1.08	0.9499	63	0.05
	Kalahari	Female	25	65	38	5.36	1.52			
Attitude	Maswela	Female	40	65	62	4.20	0.99	0.0171	63	0.05
	Kalahari	Female	25	65	38	3.28	0.89			
Beliefs	Maswela	Female	40	65	62	1.05	0.64	0.0001	63	0.05
	Kalahari	Female	25	65	38	1.84	0.85			

According to Table 5.3 the following appear:

- a) Male Maswela versus male Kalahari:
 - There are no differences ($p = 0.1458$) between the male farm workers of Maswela ($\bar{X} = 4.57$) and Kalahari ($\bar{X} = 5.01$) respectively with regard to their knowledge about HIV/AIDS.
 - No difference ($p = 0.8144$) occur with regard to attitude between the two groups of male respondents.
 - A significant ($p = 0.0171$) difference occur however between the male respondents of Maswela ($\bar{X} = 1.18$) and male respondents of Kalahari ($\bar{X} = 1.73$) with regard to their belief about HIV/AIDS. Male farm workers from Kalahari indicated a significant better understanding, through their belief towards HIV/AIDS, than the male farm workers of Maswela.
- b) Female versus female for both Maswela and Kalahari:
 - No difference ($p = 0.950$) with regard to their knowledge occur between the two groups of female farm workers.

- A significant difference ($p = 0.017$) is found between the female farm workers of Maswela ($\bar{X} = 4.20$) and those of Kalahari ($\bar{X} = 3.28$) with regard to their attitude towards HIV/AIDS, whereby the female farm workers of Maswela revealed a more positive attitude towards HIV/AIDS than the female farm workers of Kalahari.
- Interesting is the fact that with regard to belief towards HIV/AIDS, a highly significant difference of ($p = 0.0001$) occur, where the female workers of Kalahari ($\bar{X} = 1.84$), reveals a much higher average score than the females from Maswela ($\bar{X} = 1.05$). The reason for these differences has not been determined. One can only speculate that aspects such as religion, cultural, and ethnical differences could have played a role.

In Table 5.4 a comparison is made between the male respondents of Maswela and the female respondents of Kalahari and between the female respondents of Maswela and the male respondents of Kalahari.

Table 5.4: The comparison of knowledge, attitude and beliefs of males and females on HIV/AIDS during the Pre-Intervention Programme at Maswela and Kalahari farms

Responses On questions	Community	Gender	Sample Size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Maswela	Male	44	64	4.57	1.74	0.0609	67	0.05
	Kalahari	Female	25	36	5.36	1.52			
Attitude	Maswela	Male	44	64	3.43	1.17	0.4470	67	0.05
	Kalahari	Female	25	36	3.28	0.89			
Beliefs	Maswela	Male	44	64	1.18	0.79	0.0013	67	0.05
	Kalahari	Female	25	36	1.84	0.85			
Knowledge	Maswela	Female	40	73	5.25	1.08	0.6280	53	0.05
	Kalahari	Male	15	27	5.07	1.03			
Attitude	Maswela	Female	40	73	4.20	0.99	0.0054	53	0.05
	Kalahari	Male	15	27	3.27	1.22			
Beliefs	Maswela	Female	40	73	1.05	0.64	0.0014	53	0.05
	Kalahari	Male	15	27	1.73	0.70			

According to Table 5.4 the following is observed:

a) Male Maswela and female Kalahari:

- There is no significant differences ($p=0.0609$) between the male farm workers of Maswela ($\bar{X}=4.57$) and female farm workers of Kalahari ($\bar{X}=5.01$) respectively with regard to their knowledge about HIV/AIDS as well as with regard to attitude ($p=0.45$).
- A significant difference however occur between the male farm workers of Maswela and female workers from Kalahari ($p=0.0013$). The female farm workers from Kalahari indicates a more realistic belief ($\bar{X}=1.84$) than the male farm workers from Maswela ($\bar{X}=1.18$).

b) Female Maswela versus male Kalahari

- No significant difference ($p=0.6280$) with regard to their knowledge about HIV/AIDS, occur between the Maswela female and Kalahari male farm workers.
- A significant difference however occur ($p=0.0054$) with regard to respondents attitude towards HIV/AIDS. Where the female from Maswela ($\bar{X}=4.20$) already indicates a more positive attitude towards HIV/AIDS than the male from Kalahari ($\bar{X}=3.27$).
- However, with regard to their belief towards HIV/AIDS, the Kalahari male workers ($\bar{X}=1.73$) differ significantly ($p=0.0014$) from the female workers from Maswela, indicating a more realistic belief towards HIV/AIDS.

iv) **Combination of Maswela and Kalahari farming communities**

In Table 5.5 the female respondents from both communities are compared with the males from both communities.

Table 5.5: Comparing females from both communities with males from both communities with regard to their knowledge, attitude and belief towards HIV/AIDS, before the Intervention Programme

Responses on Questions	Gender	No of respondents	Mean	Std. Dev	P Value	α value
Knowledge	Male	59	4.69	1.60	0.0237	0.05
	Female	65	5.29	1.25		
Attitude	Male	54	3.39	1.17	0.0249	0.05
	Female	65	3.85	1.05		
Belief	Male	59	1.32	0.79	0.8270	0.05
	Female	65	1.35	0.82		

According to the above Table female respondents ($\bar{X}=5.29$) differs significantly ($p=0.02$) from male respondents ($\bar{X}=4.69$) with regard to their knowledge about HIV/AIDS indicating once again the rejection of the hypothesis that men have a better knowledge about HIV/AIDS than women. A significant difference ($p=0.02$) also occur with regard to attitude to confirm the acceptance of Hypothesis 3, that male and female differs from one another with regard to their attitude towards HIV/AIDS. No difference occurs with regard to belief towards HIV/AIDS.

5.2.2 Age

According to Table 4.1 and 4.9 respondents of the two farming communities have been divided into four age categories: With regard to those categories the majority of respondents of both communities are in the following categories:

- a) between 20 and 34
- b) between 35 and 49 years or older of age

i) Maswela farming community and age groups

The statistical analysis of the data indicated no significant differences between the four age categories with regard to respondents' knowledge, attitude and belief about HIV/AIDS within the farming community before the Intervention Programme.

ii) Kalahari farming community and age group

No significant differences occur between the four age groups with regard to their knowledge, attitude and belief about HIV/AIDS.

iii) Maswela versus Kalahari farming community and age groups

In the analysis of the data where the respondents in different age groups of the two farming communities, have been compared with one another, discloses the following:-

- No significant differences occur within and between different age categories with regard to respondents' knowledge about HIV/AIDS before the Intervention Programme.
- With regard to respondents attitude towards HIV/AIDS the following occur :
 - a significant difference ($p=0.02$) occur between Maswela ($\bar{X}=4.07$) and Kalahari ($\bar{X}=3.43$) in the age group 20-34. Whereby the respondents at Maswela in the age group 20-34 years exposes a more positive attitude towards HIV/AIDS than respondents from Kalahari in the same age group.
- With regard to belief the following occur:
 - a significant difference ($p=0.0009$) occur between Kalahari ($\bar{X}=1.90$) and Maswela ($\bar{X}=1.20$) in the age group 20-34
 - a significant difference ($p=0.036$) occur between Kalahari ($\bar{X}=1.81$) age group 34-49 years and Maswela ($\bar{X}=1.20$) age group 20-34 year
 - a significant difference ($p=0.000$) also occur between Kalahari ($\bar{X}=1.90$) age group 20-34 years and Maswela ($\bar{X}=0.95$) age group 34-49 years
 - a significant difference ($p=0.0039$) occur between Kalahari ($\bar{X}=1.82$) age group 34-49 years and Maswela ($\bar{X}=0.95$) age group 34-49 years

The above results clearly indicated that respondents from Kalahari expose a more realistic belief on HIV/AIDS than the respondents of Maswela.

Because of only a few differences with regard to knowledge , attitude and belief between the different age groups, the four age groups were combined to form two major age groups namely , respondents 34 years and younger and respondents from both communities older than 34 years. In Table 5.6 respondent's from both communities knowledge, attitude and belief about HIV/AIDS in the two age categories are being indicated.

Table 5.6: Respondents knowledge, attitude and belief with regard to HIV/AIDS (Pre- intervention) and within the two age categories for Maswela and Kalahari farming communities

Responses on questions	Age categories	No of respondents	Mean	P Value	α value
Knowledge	≤ 34	65	5.12	0.36	0.05
	>34	59	4.88		
Attitude	≤ 34	65	3.61	0.88	0.05
	>34	59	3.64		
Belief	≤ 34	65	1.44	0.12	0.05
	>34	59	1.22		

According to the above Table, where respondents of the two communities were divided into two age categories, no significant differences occur with regard to their knowledge, attitude and belief about HIV/AIDS before the Intervention Programme.

In conclusion, age as an independent variable did not have an effect on respondents' knowledge. Some differences occur with regard to attitude and belief about HIV/AIDS before the Intervention Programme. It however seems as if the environment (where the communities are) played a more important role than age.

5.2.3 Educational background

To determine the level of education within the communities, four categories have been defined namely, none, primary, secondary and diploma and above. The distribution of the respondents' level of education has been illustrated in Table 4.4 and 4.12 for Maswela and Kalahari farming communities respectively. In both communities the majority of respondents indicated either a primary or secondary level of education.

i) Maswela farming community and level of education

A comparison of respondents' knowledge, attitude and belief towards HIV/AIDS in the two major educational categories namely primary and secondary reveals that there are no differences between the two categories.

ii) Kalahari farming community and level of education

The respondents' knowledge, attitude and belief about HIV/AIDS based on their educational background from Kalahari farming community are being presented in Table 5.7.

Table 5.7: Comparison of the respondents' knowledge, attitude and belief about HIV/AIDS based on their educational background for Kalahari farm workers before the Intervention Programme

Responses on questions	Level of Education	Sample Size	Total Sample size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Primary	27	36	75	5.26	1.32	0.2078	34	0.05
	Secondary	9		25	4.67	1.00			
Attitude	Primary	27	36	75	3.00	0.96	0.0130	34	0.05
	Secondary	9		25	4.00	0.87			
Beliefs	Primary	27	36	75	1.81	0.79	0.8096	34	0.05
	Secondary	9		25	1.89	0.60			

According to Table 5.7 the following were observed:

- Effect of educational level on knowledge:
No difference ($p=0.2078$) occur between secondary and primary level of education.
- Effect of educational level on attitude:
A significant difference ($p=0.0131$) occur between secondary ($\bar{X}=4.00$) and primary ($\bar{X}=3.00$) level of education, whereby respondents with a higher level of education exposes a more "positive" attitude towards HIV/AIDS.
- Effect of educational level on belief:
No differences occur between the two levels of education with regard to the respondents' belief about HIV/AIDS before the Intervention Programme.

iii) Maswela versus Kalahari farming community and level of education

In the analysis of the data when comparing the educational level of the two communities with one another the following differences occur:

- Primary versus primary :
 - No difference occur with regard to knowledge
 - Respondents of Maswela ($\bar{X} = 3.79$) differ significantly ($p=0.0018$) from respondents of Kalahari ($\bar{X} = 3.00$) exposing a more positive attitude
 - With regard to belief, the respondents from Kalahari ($\bar{X} = 1.81$) differ significantly ($p=0.000$) from Maswela respondents ($\bar{X} = 1.05$) whereby Kalahari farm workers with a primary education clearly indicates a more realistic belief towards HIV/AIDS.

In Table 5.8 a comparison is made between respondents of Maswela with secondary level of education and the respondents of Kalahari with primary level of education.

Table 5.8: The comparison of respondents from Maswela, with secondary level of education and respondents from Kalahari, with primary level of education, with regard to their knowledge, attitude and belief about HIV/AIDS (Pre- Intervention)

Responses on questions	community	Level of education	Sample Size	Total Sample size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Maswela	Secondary	24	51	47	5.08	1.84	0.8395	49	0.05
	Kalahari	Primary	27		53	5.26	1.32			
Attitude	Maswela	Secondary	24	51	47	3.67	1.13	0.0539	49	0.05
	Kalahari	Primary	27		53	3.00	0.96			
Beliefs	Maswela	Secondary	24	51	47	1.21	0.93	0.0183	49	0.05
	Kalahari	Primary	27		53	1.81	0.79			

When comparing the two communities with one another no difference occur with regard to knowledge. With regard to attitude Maswela respondents with a secondary level of education differ significantly ($p=0.05$) from Kalahari respondents with only primary level of education. What seems to be very interesting is that with regard to belief Kalahari respondents (primary education) differ significantly ($p=0.0183$) from Maswela respondents (secondary education) whereby they reveals a more realistic belief towards HIV/AIDS then respondents from Maswela with a higher level of education.

5.2.4 Marital status

The marital status of respondents from the two farming communities has been indicated in Table 4.11 (Kalahari) and Table 4.3 (Maswela). It is important to note that respondents who indicated that they have been separated or divorced have been included in the unmarried category.

As mentioned in Chapter 4 the respondents from Maswela farming community, although they indicated that they are not married, they do live together as married people but has been treated for this study as unmarried. The combination of respondents data from the two communities on marital status are being indicated in Table 5.9.

Table 5.9: The influence of marital status on respondents' knowledge, attitude and belief about HIV/AIDS before the Intervention Programme for Maswela and Kalahari farming communities

Responses on questions	Marital status	No of respondents	Mean	Std. Dev	P Value	α value
Knowledge	Married	38	5.31	1.61	0.144	0.05
	Unmarried	86	4.87	1.37		
Attitude	Married	38	3.44	1.08	0.226	0.05
	Unmarried	86	3.71	1.14		
Beliefs	Married	38	1.73	0.86	0.0006	0.05
	Unmarried	86	1.16	0.72		

The only significant difference ($p=0.0006$) that occur between married and unmarried respondents is with regard to respondents belief towards HIV/AIDS. The married respondents ($\bar{X}=1.73$) clearly exposes a more realistic belief towards HIV/AIDS than the unmarried respondents. ($\bar{X}=1.16$).

5.2.5 Job status

The status of employment of respondents from Maswela and Kalahari farming communities before the Intervention Programme has been indicated in Table 4.5 (Maswela) and Table 4.13 (Kalahari). Only 19 respondents indicated that they are skilled or semi-skilled workers but all of them are employed. The effect of job status as an

independent variable on respondents' knowledge, attitude and belief about HIV/AIDS before the intervention programme is being presented in Table 5.10.

Table 5.10: The effect of job status on respondents' knowledge, attitude and belief about HIV/AIDS (Pre-Intervention)

Responses on questions	Job status	Sample size	Mean	Std. Dev	P Value	α value
Knowledge	Unemployed	23	5.35	1.33	0.1937	0.05
	Employed	101	4.93	1.47		
Attitude	Unemployed	23	3.22	1.04	0.0465	0.05
	Employed	101	3.72	1.13		
Beliefs	Unemployed	23	1.26	0.86	0.6307	0.05
	Employed	101	1.36	0.79		

No significant difference occurs between unemployed and employed farm workers with regard to their knowledge and belief about HIV/AIDS before the Intervention Programme. A significant difference ($p=0.04$), however occur between employed workers ($\bar{X} = 3.72$) and unemployed ($\bar{X} = 3.22$), with regard to their attitude towards HIV/AIDS. Employed workers demonstrated a more "positive" attitude towards HIV/AIDS than the unemployed workers.

5.3 POST –INTERVENTION PROGRAMME

As being discussed in Chapter 3 (Methodology) the Intervention Programme on HIV/AIDS implemented by People Management consist of an intensive (6) six weeks programme within the two farming communities. At the end of the programme, participants were once again requested to complete the KAP study questionnaire. Because of confidentiality those who participated in the first and second KAP study could not be identified. The number of community members who participated in the Intervention Programme and completed the KAP study also increased in comparison with the numbers who have completed the Pre-intervention KAP study. Next is the presentation of the results of the Post-Intervention KAP study and the role that the personal and socio economic factors played in farm workers knowledge, attitude and belief about HIV/AIDS.

5.3.1 Gender

i) Maswela farming community

In Table 5.11 a comparison is made between female and male respondents from Maswela farming community with regard to their knowledge, attitude and belief about HIV/AIDS after the Intervention Programme.

Table 5.11: A comparison of the knowledge, attitude and belief between male and female farm workers about HIV/AIDS after the HIV/AIDS Intervention Programme at Maswela farming community

Responses on questions	Gender	Sample Size	%	Mean	Std. Dev	P Value.	Degree Freedom D.F	α value
Knowledge	Male	26	31	8.04	1.04	0.9191	82	0.05
	Female	58	69	7.95	1.28			
Attitude	Male	26	31	3.92	0.85	0.5192	82	0.05
	Female	58	69	4.09	0.63			
Beliefs	Male	26	31	1.80	0.63	0.0992	82	0.05
	Female	58	60	1.57	0.68			

According to Table 5.11 a comparison of male and female respondents after the Intervention Programme showed no difference with regard to knowledge ($p=0.92$) attitude ($p=0.52$) and belief ($p=0.09$). A result that one was hoping for after an Intervention Programme.

ii) Kalahari farming community

After the Intervention Programme on HIV/AIDS, no difference occur between male and female respondents of Kalahari farming community with regard to knowledge ($p=0.26$) attitude ($p=0.43$) and belief ($p=0.26$). Again a positive result after the Intervention Programme.

iii) Maswela versus Kalahari farming community

The differences with regard to knowledge, attitude and belief of the male and female respondents from the two farming communities are being presented in Table 5.12.

Table 5.12: A comparison of female and male farm workers of the two communities, with one another, with regard to their knowledge, attitude and belief after the Intervention HIV/AIDS Programme

Responses on questions	Farming community	Gender	Sample Size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Maswela	Male	26	31	8.04	1.04	0.0000	60	0.05
	Kalahari	Male	36	69	11.19	0.95			
Attitude	Maswela	Male	26	31	3.92	0.84	0.0019	60	0.05
	Kalahari	Male	36	69	4.53	0.70			
Beliefs	Maswela	Male	26	31	1.81	0.63	0.0000	60	0.05
	Kalahari	Male	36	69	2.81	0.58			
Knowledge	Maswela	Female	58	68	7.94	1.27	0.0000	83	0.05
	Kalahari	Female	27	32	11.48	0.75			
Attitude	Maswela	Female	58	68	4.09	0.63	0.0071	83	0.05
	Kalahari	Female	27	32	4.48	0.51			
Beliefs	Maswela	Female	58	68	1.57	0.68	0.0000	83	0.05
	Kalahari	Female	27	32	2.96	0.19			

The analysis of the data presented in Table 5.12 above reveals the following important information:

a) Male versus male respondents

- There is a significant difference ($p=0.0000$) between the male farm workers of Maswela ($\bar{X}=8.04$) and male respondents of Kalahari ($\bar{X}=11.19$) respectively with regard to their knowledge about HIV/AIDS. Male respondents from Kalahari farming community indicating a significant higher knowledge about HIV/AIDS than respondents from Maswela.
- There is a significant difference ($p=0.0019$), between the male farm workers of Maswela ($\bar{X}=3.92$) and male farm workers of Kalahari ($\bar{X}=4.53$), respectively with regard to their attitude about HIV/AIDS. Male respondents from Kalahari farming community clearly indicating a

more positive attitude towards HIV/AIDS after the Intervention Programme.

- A highly significant ($p=0.0000$) difference occur also between male respondents of Maswela ($\bar{X}=1.81$) and male respondents of Kalahari ($\bar{X}=2.81$) with regard to their belief about HIV/AIDS. Once again the male respondents from Kalahari indicating a more positive and realistic belief towards HIV/AIDS than respondents from Maswela after the Intervention Programme.

In summary male respondents from Kalahari farming community clearly indicating a better knowledge, positive attitude and a more realistic belief towards HIV/AIDS than the male respondents from Maswela.

b) Female versus female respondents for both Maswela and Kalahari:

- There is a significant difference ($p=0.0000$) between the female farm workers of Maswela ($\bar{X}=7.94$) and female respondents from Kalahari ($\bar{X}=11.48$) respectively with regard to their knowledge about HIV/AIDS.
- A significant differences ($p=0.0071$) occur between the female farm workers of Maswela ($\bar{X}=4.09$) and female farm workers from Kalahari ($\bar{X}=4.48$) respectively with regard to their attitude about HIV/AIDS.
- A highly significant ($p=0.0000$) difference occur, however between the female respondents of Maswela ($\bar{X}=1.57$) and female respondents of Kalahari ($\bar{X}=2.96$) with regard to their belief about HIV/AIDS.

Female respondents from Kalahari farming community clearly indicates a better knowledge, positive attitude and more realistic belief about HIV/AIDS than female respondents from Maswela. This indicates that the area of location (demography) as well

as cultural aspects could play an important role in people's knowledge, attitudes and belief about HIV/AIDS.

In Table 5.13 the male respondents of Maswela are being compared with the female respondents of Kalahari and the female respondents from Maswela with the male respondents of Kalahari.

Table 5.13: The comparison of knowledge, attitude and belief of male and female respondents after the Intervention HIV/AIDS Programme in Maswela and Kalahari farms

Responses on questions	Farming community	Gender	Sample Size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Maswela	Male	26	49	8.04	1.04	0.0000	51	0.05
	Kalahari	Female	27	51	11.48	0.75			
Attitude	Maswela	Male	26	49	3.92	0.84	0.0100	51	0.05
	Kalahari	Female	27	51	4.48	0.50			
Beliefs	Maswela	Male	26	49	1.81	0.63	0.0000	51	0.05
	Kalahari	Female	27	51	2.96	0.19			
Knowledge	Maswela	Female	58	62	7.95	1.28	0.0000	92	0.05
	Kalahari	Male	36	38	11.19	0.95			
Attitude	Maswela	Female	58	62	4.09	0.63	0.0006	92	0.05
	Kalahari	Male	36	38	4.53	0.70			
Beliefs	Maswela	Female	58	62	1.57	0.68	0.0000	92	0.05
	Kalahari	Male	36	38	2.81	0.58			

Data presented in Table 5.13 above reveals the following information:

- a) Male respondents from Maswela and female respondents from Kalahari farming community:
 - A highly significant difference ($p=0.0000$) occur between the male farm workers of Maswela ($\bar{X}=8.04$) and female respondents at Kalahari ($\bar{X}=11.48$) respectively with regard to their knowledge about HIV/AIDS after the Intervention Programme.
 - There is a significant difference ($P=0.0100$) between the male farm workers of Maswela ($\bar{X}=3.92$) and female farm workers of Kalahari ($\bar{X}=4.48$) respectively with regard to their attitude about HIV/AIDS.

- A highly significant ($p=0.0000$) difference occur, also between the male respondents of Maswela ($\bar{X}=1.81$) and female respondents of Kalahari ($\bar{X}=2.96$) with regard to belief about HIV/AIDS.

In summary, female respondents from Kalahari indicates a better knowledge, more positive attitude and realistic belief towards HIV/AIDS than the male respondents from Maswela.

b) Female respondents from Maswela versus male respondents from Kalahari:

- There is a significant difference ($p=0.0000$) between the female farm workers of Maswela ($\bar{X}=7.94$) and male respondents from Kalahari ($\bar{X}=11.19$) respectively with regard to their knowledge about HIV/AIDS.
- A significant difference ($p=0.0006$) occur between the female farm workers of Maswela ($\bar{X}=4.09$) and male respondents Kalahari ($\bar{X}=4.53$) respectively with regard to their attitude towards HIV/AIDS.
- A significant ($p=0.0000$) difference occur, also between the female respondents of Maswela ($\bar{X}=1.57$) and male respondents of Kalahari ($\bar{X}=2.81$) with regard to belief about HIV/AIDS.

In summary, the male respondents from Kalahari indicates a better knowledge, attitude and belief towards HIV/AIDS than the female farm workers of Maswela.

The above results once again confirm that aspects such as the environment (demography or area of location) and culture could play an important role in peoples knowledge, attitude and belief. It also indicates that independent variables do play a role and most probably more so within a community and specific environment.

iv) **Combination of Maswela and Kalahari farming community and gender**

In Table 5.14 the female respondents of both communities are compared to the male respondents of both communities, after the Intervention Programme.

Table 5.14: Comparing female respondents from both communities with male respondents from both communities with regard to their knowledge, attitude and belief towards HIV/AIDS after the Intervention Programme

Responses on Questions	Gender	No of respondents	Mean	Std. Dev	P Value	α value
Knowledge	Male	62	9.87	1.85	0.013	0.05
	Female	85	9.07	2.00		
Attitude	Male	62	4.27	0.81	0.613	0.05
	Female	85	4.21	0.62		
Belief	Male	62	2.39	0.78	0.006	0.05
	Female	85	2.01	0.86		

According to the above Table the following occur:

- Male respondents ($\bar{X}=9.87$) differs significantly ($p=0.013$) from female respondents ($\bar{X}=9.07$) with regard to their knowledge about HIV/AIDS after the Intervention Programme. This is in contrast with regard to the Pre –Intervention study (see Table 5.5) where the female respondents indicated a better knowledge than the male respondents.
- With regard to attitude, no difference ($p=0.613$) occur between male and female respondents, also in contrast with the pre –intervention study.
- With regard to belief, male respondents ($\bar{X}=2.38$) differs significantly ($p=0.006$) from female respondents ($\bar{X}=2.01$). This result is also in contrast with the pre-intervention study (Table 5.5) where no difference occurs between the female and male respondents.

A final conclusion is that it seems as if the Intervention Programme has a greater effect on the male respondents with regard to their knowledge and belief about HIV/AIDS than

the female respondents. It is however important to notice that female respondents clearly indicated a better knowledge and more positive attitude towards HIV/AIDS already before the Intervention Programme.

5.3.2 Age

i) Maswela farming community

a) Knowledge and attitude

The analysis of the data within the Maswela farming community after the Intervention Programme clearly shows that no differences occur between the different age groups with regard to their new knowledge and attitude towards HIV/AIDS.

b) Belief

In Table 5.15 respondents, in different age groups, indicates their belief towards HIV/AIDS, after the Intervention Programme.

Table 5.15: The assessment of the respondents' belief about HIV/AIDS, after the Intervention Programme at Maswela farming community based on age groups

Age group	No of respondents	Percentage (%)	Mean	Std deviation
<20	7	8	1.71	0.49
20-34	30	36	1.70	0.65
34-49	35	42	1.46	0.66
>50	12	14	2.00	0.74
Total	84	100		

The data shown in the above Table 5.15, reveals that there is a significant difference ($p=0.03$) between the age group 34-49 ($\bar{X}=1.46$) and age group 50 and older ($\bar{X}=2.00$) with regard to their belief about HIV/AIDS at Maswela farm. The elderly people indicating a more realistic belief towards HIV/AIDS after Intervention Programme than the younger group.

ii) **Kalahari farming community and age group**

a) **Knowledge**

The analysis of the data after the Intervention Programme indicated that there are no differences with regard to respondents' knowledge between the different age groups. (see Table 5.16 below).

Table 5.16: The assessment of the respondents' knowledge about HIV/AIDS after the Intervention Programme at Kalahari farming community in different age groups

Age group	No of respondents	Percentage	Mean	Std deviation
< 20 years	10	16	11.10	0.88
20-34	29	46	11.52	0.74
34-49	24	38	11.17	1.01
>50	-	-	-	-
Total	63	100		

b) **Attitude**

Respondents attitude towards HIV/AIDS after the Intervention Programme are being indicated in Table 5.17.

Table 5.17: The assessment of the respondents' attitude towards HIV/AIDS after the Intervention Programme at Kalahari farming community in different age groups

Age group	No of respondents	Percentage	Mean	Std. Dev
<20	10	16	3.90	0.88
20-34	29	46	4.55	0.51
34-49	24	38	4.71	0.46
>50	-	-	-	-
Total	63	100		

According to the above Table a significant difference ($p=0.0203$) with regard to attitude was observed between the age group: < 20 ($\bar{X} = 3.90$) and the age group: 20-34 of ($\bar{X} = 4.55$). A significant difference ($p= 0.0034$) was also observed between the age group: < 20 and the age group: 34-49 of ($\bar{X} = 4.71$). These difference indicates that the older groups reveals a more positive or realistic attitude towards HIV/AIDS.

c) Belief

In Table 5.18 respondents' belief about HIV/AIDS after the Intervention Programme are being displayed.

Table 5.18: The assessment of the respondents' belief about HIV/AIDS after the Intervention Programme at Kalahari farming community in different age groups

Age group	No of respondents	Percentage (%)	Mean	Std. Dev
<20	10	16	2.60	0.84
20-34	29	46	3.00	0.00
34-49	24	38	2.83	0.48
>50	-	-	-	-
Total	63	100		

According to the above table a significant difference ($p= 0.0147$) with regard to belief was identified between the age group: < 20 ($\bar{X}=2.60$) and the age group: 20-34 ($\bar{X}=3.00$). Another significant difference ($p= 0.05$) was observed between the age group: 20-34 ($\bar{X}=3.00$) and the age group: 34-49 ($\bar{X}=2.83$). The latter indicating that the younger age group exposes a more realistic belief about HIV/AIDS than the older group.

iv) Comparison of Maswela and Kalahari farming communities with regard to age groups

A comparison between the different age groups of the two farming communities reveals significant differences ($p=0.05$) with regard to their knowledge, attitude and belief about HIV/AIDS. The respondents from Kalahari farming community clearly differs significantly ($p=0.05$) from the respondents of Maswela. These differences in the Means of each age group are being indicated in the Tables below.

a) **Knowledge****Table 5.19: The comparison of farm workers knowledge about HIV/AIDS in different age groups, after the Intervention Programme in Maswela and Kalahari farms**

Community	Age group	No of respondent	Mean	Std dev
Maswela	<20	7	8.43	1.13
Kalahari		10	11.10	0.88
Maswela	20-34	30	7.83	1.29
Kalahari		29	11.52	0.74
Maswela	34-49	35	7.97	1.07
Kalahari		24	11.17	1.01
Maswela	>50	12	8.08	1.44
Kalahari		-	-	-

The above table indicates the following:

- With regard to knowledge the above Table 5.19 indicate that there is a significant difference ($p = 0.0009$) between the age group < 20 of Maswela ($\bar{X} = 8.43$) and Kalahari ($\bar{X} = 11.10$). A highly significant difference ($p = 0.000$) between the under 20 age group Maswela ($\bar{X} = 8.43$) and the 20-34 age group of Kalahari ($\bar{X} = 11.56$) was observed. Similarly a highly significant difference ($p = 0.0001$) was observed between the under 20 age group Maswela and 34-49 age group Kalahari ($\bar{X} = 11.17$).
- A significant difference of ($p = 0.000$) was observed between the age group: 20-34 of Maswela ($\bar{X} = 7.83$) and the age group: <20 of Kalahari ($\bar{X} = 11.10$). A highly significant difference ($p = 0.0000$) was also observed between the age group of 20-34 of Maswela and Kalahari ($\bar{X} = 11.52$). A similar significant difference ($p = 0.0000$) was observed between the age group of 20-34 of Maswela and the age group of 34-49 of Kalahari ($\bar{X} = 11.17$).
- A highly significant difference of ($p = 0.000$) was observed between the age group of 34-49 of Maswela ($\bar{X} = 7.97$) and Kalahari under 20 age group ($\bar{X} = 11.10$). Similarly, a significant difference ($p = 0.0000$) between the age group 34-49 of Maswela and age group 20-34 Kalahari ($\bar{X} = 11.52$) was observed. Significant

difference of ($p = 0.0000$) was observed between Maswela ($\bar{X} = 7.97$) age group 34- 49 and Kalahari with the same age group with the mean of ($\bar{X} = 11.17$).

- A highly significant difference of ($p=0.0001$) was observed between the age group of >50 of Maswela ($\bar{X} = 8.08$) and the age group < 20 of Kalahari ($\bar{X} = 11.10$). Similarly, a highly significant difference ($p=0.0000$) was observed between the age group > 50 of Maswela ($\bar{X} = 8.08$) and the 20-34 ($\bar{X} = 11.52$) and the 34-49 ($\bar{X} = 11.17$) age group.

Conclusion

The above differences occur between all age groups where respondents from Kalahari clearly exposes a significant better knowledge about HIV/AIDS, after the Intervention Programme, than respondents of Maswela.

b) Attitude

Table 5.20: The comparison of farm workers attitude towards HIV/AIDS in different age groups, after the Intervention Programme in Maswela and Kalahari farming community

Community	Age group	No of respondent	Mean	Std dev
Maswela	< 20	7	4.00	0.82
Kalahari		10	3.90	0.88
Maswela	20-34	30	4.03	0.76
Kalahari		29	4.55	0.51
Maswela	34-49	35	4.11	0.63
Kalahari		24	4.71	0.46
Maswela	>50	12	3.83	0.72
Kalahari		-	-	-

According to the above table:

- A highly significant difference ($p= 0.0000$) occur between the age group: 20-34 of Maswela ($\bar{X} = 4.03$) and the similar age group 20-34 of Kalahari ($\bar{X} = 4.55$).
- Similarly, a highly significant difference ($p= 0.0000$) was observed between the age group 20- 34 of Maswela ($\bar{X} = 4.03$) and age group: 34-49 of Kalahari ($\bar{X} = 4.71$).

- A significant difference ($p = 0.044$) was also observed between the age group 34-49 of Maswela of ($\bar{X} = 4.11$) and the age group of 20-34 of Kalahari of ($\bar{X} = 4.55$). A highly significant difference ($p = 0.0002$) was also observed between the age group 34-49 of Maswela ($\bar{X} = 4.11$) and Kalahari ($\bar{X} = 4.70$).
- A highly significant difference ($p = 0.0032$) was observed between the age group of >50 Maswela ($\bar{X} = 3.83$) and the age group of 20-34 of Kalahari ($\bar{X} = 4.55$). While a similar significant difference ($p = 0.0006$) between the age group >50 of Maswela and 34-49 of Kalahari ($\bar{X} = 4.71$) were observed.

Conclusion

These findings also indicated that the respondents from Kalahari in nearly all age groups exposes a more positive attitude towards HIV/AIDS after the Intervention Programme. Once again confirming the importance of the area of location (demography).

c) Belief

Table 5.21: The comparison of farm workers beliefs about HIV/AIDS in different age groups after the Intervention Programme in Maswela and Kalahari farms

Community	Age group	No of respondent	Mean	Std dev
Maswela	<20	7	1.71	0.49
Kalahari		10	2.60	0.84
Maswela	20 -34	30	1.70	0.65
Kalahari		29	3.00	0.00
Maswela	34-49	35	1.46	0.66
Kalahari		24	2.83	0.48
Maswela	>50	12	2.00	0.74
Kalahari		-	--	-

Data presented in Table 5.21, indicates the follows:

- A significant difference ($p = 0.0155$) between the age group <20 of Maswela ($\bar{X} = 1.71$) and Kalahari ($\bar{X} = 2.60$). A highly significant difference ($p = 0.000$) between the under 20 age group of Maswela ($\bar{X} = 1.71$) and the 20-34 age group of Kalahari ($\bar{X} = 3.00$) was observed, while a similar highly significant difference

($p=0.0000$) was observed between the <20 age group Maswela and 34-49 age group Kalahari ($\bar{X}=2.83$).

- A highly significant difference ($p = 0.0010$) occur between the age group 20-34 of Maswela ($\bar{X}=1.70$) and the age group < 20 of Kalahari ($\bar{X}=2.60$). A highly significant difference ($p= 0.0000$) was also observed between the age group 20-34 of Maswela and the same age group of Kalahari ($\bar{X}=3.00$). A similar significant difference ($p= 0.0000$) also occur between the age group 20- 34 of Maswela and the age group 34-49 of Kalahari. ($\bar{X} = 2.83$).
- A significant difference ($p=0.004$) was observed between the age group of 34-49 Maswela ($\bar{X}=1.46$) and Kalahari under 20 age group ($\bar{X}=2.60$). Similarly a highly significant difference ($p=0.0000$) between the age group 34-49 of Maswela ($\bar{X}=1.46$) and 20-34 age group of Kalahari ($\bar{X}=3.00$) was observed. Similarly a highly significant difference ($p = 0.0000$) was observed between Maswela age group 34- 49 ($\bar{X}=1.46$) and Kalahari respondents in the same age group ($\bar{X}=2.83$).
- A significant difference of ($p < 0.05$) was observed between the age group of >50 of Maswela ($\bar{X}=2.00$) and the age group <20 of Kalahari ($\bar{X}= 2.60$). Similarly, highly significant difference ($p=0.0000$) and ($p= 0.0004$) were observed between the age group > 50 of Maswela ($\bar{X}=2.00$) and the 20-34 ($\bar{X}=3.00$) and the 34-49 ($\bar{X}= 2.83$) of Kalahari age groups respectively.

Conclusion

Respondents from Kalahari in all the age groups indicating a better and realistic belief about HIV/AIDS than the respondents from Maswela.

iv) **Combination of Maswela and Kalahari farming communities with regard to age and the effect on their knowledge, attitude and belief.**

Respondents of the two farming communities have been group into two major age groups, namely those who are 34 years of age and younger (76) and those older than 34 years of age (71). The differences between the two age groups with regard to their knowledge, attitude and belief about HIV/AIDS after the Intervention Programme are being indicated in Table 5.22 below.

Table 5.22: Respondents knowledge, attitude and belief with regard to HIV/AIDS after the Intervention Programme within two age categories

Responses on Questions	Age categories	No of Respondents	Mean	Std. Dev	P-value	α value
Knowledge	≤ 34	76	9.72	2.03	0.04	0.05
	>34	71	9.07	1.86		
Attitude	≤ 34	76	4.21	0.73	0.62	0.05
	>34	71	4.26	0.67		
Belief	≤ 34	76	2.31	0.80	0.030	0.05
	>34	71	2.01	0.87		

According to the above Table the following appear:

- Respondents in the younger age group ($\bar{X} = 9.72$) differs significantly ($p = 0.04$) from respondents in the older age group ($\bar{X} = 9.07$) and expose therefore a better knowledge about HIV/AIDS after the Intervention Programme.
- No differences occur between the two age groups with regard to respondents attitude towards HIV/AIDS
- A significant difference ($p = 0.03$) occur between the age group ≤ 34 years of age ($\bar{X} = 2.31$) an older age group ($\bar{X} = 2.01$) with regard to their belief about HIV/AIDS. The younger age group showing a more realistic belief about HIV/AIDS than the older group.

This finding is important and need to be taken into consideration in any Intervention Programme on HIV/AIDS. Elderly people do not change their belief so easily. If a

fundamental belief is wrong and incompatible with the reality the belief will dissolve in the course of time, but slowly and at a rate and pace at which the people are finding new sources of security (Ross, 1954:22-24).

5.3.3 Marital status, Post-intervention

i) Maswela farming community

As previously mentioned in Chapter 4 and 5 the majority of respondents from Maswela farming community indicated that they are not legally (according to customary laws) married. Only two (2) respondents who participated in the post-intervention KAP study indicated that they are married while 78 respondents are single.

ii) Kalahari

The opposite situation exists at Kalahari farming community where 61 respondents indicated that they are married and only (two) 2 respondents were single.

iii) Combination of Maswela and Kalahari farming community with regard to marital status

In Table 5.23 the effect of marital status on the knowledge, attitude and belief about HIV/AIDS after the Intervention Programme are being presented.

Table 5.23: The effect of marital status of respondents from the two communities on the knowledge, attitude and belief about HIV/AIDS (Post –Intervention)

Responses on Questions	Marital status	Sample size	Total Sample size	%	Mean	Std. Dev	P Value	D.F	α value
Knowledge	Married	63	147	43	11.17	1.17	0.0000	145	0.05
	single	84		57	8.08	1.30			
Attitude	Married	63	147	43	4.49	0.64	0.0001	145	0.05
	single	84		57	4.05	0.69			
Beliefs	Married	63	147	43	2.86	0.47	0.0000	145	0.05
	single	84		57	1.65	0.68			

According to the above table the following:

- A highly significant difference ($p=0.0000$) occur between the married group ($\bar{X}=11.17$) and the single group with mean ($\bar{X}=8.08$) with regard to knowledge. This indicates that the married group reveals a better knowledge about HIV/AIDS than those respondents who indicated that they are single.
- A highly significant difference ($p=0.0001$) also occur between the married group ($\bar{X}=4.49$) and the single group ($\bar{X}=4.05$) with regard to their attitude towards HIV/AIDS. Again, this result is an indicating that the married respondents show a more positive attitude towards HIV/AIDS than the rest of the farm workers (unmarried).
- A highly significant difference ($p=0.0000$) was found between married farm workers ($\bar{X}=2.86$) belief towards HIV/AIDS and those farm workers ($\bar{X}=1.65$) who are single. Married farm workers clearly indicated a more “positive” and realistic belief towards HIV/AIDS than the single farm workers.

5.3.4 Educational level, Post -Intervention

The majority of farm workers (63%) from the two communities who participated in the post –intervention KAP study received only primary level of education , while 12% received no education and the rest, namely 25%, received education on secondary level.

i) Maswela farming community and educational level

- No differences occur between respondents (47) who received primary education and respondents (21) who received secondary education with regard to their knowledge, attitude and belief about HIV/AIDS after the Intervention Programme.

ii) Kalahari farming community

- An analysis of the data shows no differences between respondents receiving primary education and those receiving secondary education at the Kalahari farming community.

iii) Maswela versus Kalahari with regard to educational background

In Table 5.24 the respondents from the two communities who received a primary level of education are being compared with one another.

Table 5.24: The comparison of knowledge, attitude and belief of respondents from Maswela and Kalahari farming communities with a Primary level of education after the Intervention Programme

Responses on Questions	Place	Level of education	Sample Size	Total Sample size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Maswela	Primary	47	92	51	8.00	1.34	0.0000	90	0.05
	Kalahari	Primary	45		49	11.33	0.90			
Attitude	Maswela	Primary	47	92	51	4.11	0.67	0.0002	90	0.05
	Kalahari	Primary	45		49	4.58	0.66			
Beliefs	Maswela	Primary	47	92	51	1.51	0.62	0.0000	90	0.05
	Kalahari	Primary	45		49	2.89	0.44			

According to the above Table, significant differences occur between Maswela and Kalahari respondents who received primary education, with regard to their knowledge, attitude and belief about HIV/AIDS, after the Intervention Programme. Respondents from Kalahari showing clearly a better knowledge and more positive and realistic attitude and belief than respondents from Maswela farming community. It once again seems as if the environment or area of location and other cultural aspects might play a more important role than level of education when comparing respondents from the two communities with one another. When comparing the two communities with one another who have received secondary education, the same results occur.

5.3.5 Job status

The majority of farm workers 80% from the two communities who participated in the Intervention Programme and the KAP study (after the Intervention Programme), are employed workers.

i) Maswela farming community

Only 17 % of the respondents who participated in the post-intervention KAP study were unemployed while 83% were employed. The difference between the unemployed and employed workers with regard to their knowledge, attitude and beliefs about HIV/AIDS after the intervention programme are presented in Table 5.25.

Table 5.25: The comparison of knowledge, attitude and beliefs of unemployed and employed workers on HIV/AIDS after the Intervention Programme in Maswela farming community

Responses on Questions	Job status	Sample size	Total Sample size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Unemployed	12	84	14	7.75	1.29	0.5870	82	
	Employed	72		86	8.01	1.19			
Attitude	Unemployed	12	84	14	4.08	0.51	0.9081	82	
	Employed	72		86	4.03	0.73			
Beliefs	Unemployed	12	84	14	1.17	0.72	0.0113	82	
	Employed	72		86	1.72	0.63			

The above Table indicates that no significant difference occur ($p=0.58$) between unemployed farm workers of Maswela ($\bar{X} = 7.75$) and employed workers with regard to their knowledge. There is also no difference with regard to their attitude. However, a significant difference ($p=0.01$) occurs regarding their belief about HIV/AIDS. Unemployed workers ($\bar{X} = 1.17$) showing a less realistic perception about HIV/AIDS than the employed workers ($\bar{X} = 1.72$).

ii) Kalahari Farming Community

The effect of job status on the knowledge, attitude and belief of residents from the Kalahari farming community are presented in Table 5.26.

Table 5.26: The comparison of knowledge, attitude and beliefs of unemployed and employed respondents on HIV/AIDS after the Intervention Programme in Kalahari farming community

Responses on Questions	Job Status	Sample size	Total Sample size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Unemployed	17	63	27	10.53	0.94	0.0001	61	0.05
	Employed	46		73	11.61	0.65			
Attitude	Unemployed	17	63	27	4.47	0.87	0.6312	61	0.05
	Employed	46		73	4.52	0.50			
Beliefs	Unemployed	17	63	27	2.71	0.69	0.0828	61	0.05
	Employed	46		73	2.93	0.33			

The above Table indicates that a significant difference occur ($p= 0.0001$) between unemployed farm workers of Kalahari ($\bar{X} = 10.53$) and employed farm workers of Kalahari ($\bar{X} = 11.61$) with regard to their knowledge. No significant differences occur regarding attitude and belief between the two job status categories.

iii) Maswela and Kalahari farming communities and job status combined

The analysis of the data of employed and unemployed respondents form the two farming communities are presented in Table 5.27.

Table 5.27: The comparison of respondents’ knowledge attitude and belief about HIV/AIDS after the Intervention Programme in Maswela and Kalahari farming communities

Responses on Questions	Job Status	Sample size	Total Sample size	%	Mean	Std. Dev	P Value.	D.F	α value
Knowledge	Unemployed	29	147	20	9.38	1.76	0.9244	145	0.05
	Employed	118		80	9.42	2.03			
Attitude	Unemployed	29	147	20	4.31	0.76	0.5647	145	0.05
	Employed	118		80	4.22	0.69			
Beliefs	Unemployed	29	147	20	2.07	1.03	0.7408	145	0.05
	Employed	118		80	2.19	0.80			

Table 5.27 presents the combined statistical analysis for respondents’ knowledge, attitude and belief about HIV/AIDS from the two farms and it clearly shows that:

No significant difference occurs between the unemployed and the employed workers with regard to their knowledge, attitude and belief about HIV/AIDS.

This finding is to a great extent in contrast of what was expected and what was predicted by researchers.

The fact that both communities can be classified as “close” communities, with little outside interference could have played an important role and that the unemployed community members are being financially and otherwise, supported by the employed workers.

CHAPTER SIX

KNOW YOUR STATUS HIV/AIDS TESTING ANALYSIS

6.1 INTRODUCTION

The *Know Your Status* Campaign was developed by People Management in 1999 in accordance with the labour laws that prohibit an employer from testing an employee without consent. The campaign aims to motivate employees to come forward for voluntary counselling and testing. People Management based their Intervention Programme on the following principles

- To assist and ensure knowledge transfer within an organisation.
- To supply specialist knowledge and facilitation to empower an organisation to develop and implement a custom made programme, which will be based on the mission and culture of the organisation, and has the greatest chance of success (People Management 1999).

6.2 THE RESULTS

This chapter, therefore, discusses the testing outcome of three farming communities namely Lindeshof, Maswela and Kalahari, providing information on the number of people who were tested with their status (Table 6.1). Table 6.2 shows a breakdown of the HIV test results.

Table 6.1: Testing statistics for Maswela, Kalahari and Lindeshof farming communities

Farming communities	Total employee tested	Permanent Employees		Seasonal, Temporary and Contract Workers	
		Total	Tested %	Total	Tested %
Maswela	244	121	49.6	123	50.4
Kalahari	100	59	59	41	41
Lindeshof	303	162	53.4	141	46.6

Table 6.2: The number and percentage farm workers tested HIV positive in the three farming communities

Farming community	Total No tested	Farm workers tested positive		Gender		Job status		Age categories	
		No	%	Male	Female	Employed	Unemployed Seasonal Contract	≤ 39	>40
Lindeshof	303	22	7.3	14	8	2	20	-	-
Maswela	244	33	13.5	12	21	24	9	22	11
Kalahari	100	5	5	3	2	2	3	3	2
Total	647	60	9.3	29	31	28	32		

According to a report by JICA (2004) farm workers are vulnerable to HIV because of negative social, economic and labour conditions. In 2001 (Table 2.1) the HIV prevalence in the Northern Cape, Western Cape and North West provinces in South Africa were as follows 15.9%, 24.8% and 25.2% respectively and we obtained a similar pattern for farming communities in these regions, Kalahari in the Northern Cape 5%, Lindeshof in the Western Cape 7.3% and Maswela in the North West Province 13.5%.

Although it is indicative of the situation, only one farming community per province where evaluated. The picture is however not as clear as that, being described by the JICA Report. But one HIV/AIDS positive person is one to many. The JICA report also recommended that farmers associations and farm owners must encourage develop and introduce HIV/AIDS policies in the work place. This Intervention Programme planned

and supported by PAETA is the beginning of the process to address HIV/AIDS within every farming community in South Africa.

6.3 SUMMARY

The success of the Intervention Programme “If you know your status you can manage it” can clearly be seen in the number of farm workers that came forward to be tested. There are no significant differences between the numbers of females versus the number of males being tested positive. It however differs from community to community. This is also true with regard to employed and unemployed /seasonal workers. The real success of the Intervention Programme can be summarized in the words of one of the farm workers from Maswela saying:” If you know your status you can drive your life “(Keeton, 2005). Another member of the community who tested positive told the farm owner that he is hopeful because the farm owner is committed to support staff with HIV/AIDS. The remark the farm owner made makes a difference and the worker said “He understand and we have a good relationship “(Keeton, 2005).

At Lindeshof one of the peer educators (member of the farming community) described the “know your status” campaign on the farms as follows: “At Lindeshof, high quality apples are produced by meticulously and painstakingly giving attention to each and every aspect of the production process. This was also the secret of the recent HIV/AIDS interventions runaway success” (People Management Lindeshof Report, 2004: 17).At Lindeshof this attention contributed towards developing a relationship of trust between management and workers to such an extent that many workers identified the manager as the person they would feel the most comfortable with when disclosing their HIV status. At Kalahari the outcome of the Intervention Programme is summarised as follows. “Employees are now equipped with the know-how and life skills to make informed choices – enabling them to take personal responsibility for their sexual safety” (People Management Kalahari Report, 2004:17).

The outcome of the Intervention Program:

” If you know your status, you can manage it”

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1 CONCLUSIONS

South Africa has been widely pointed out as one of the countries with the fastest growing HIV/AIDS epidemics in the world. This assertion therefore, motivated the need to embark on this study of an HIV/AIDS Intervention Programme using two farming communities Maswela and Kalahari. From the ongoing analysis in this study, the Intervention Programme is aimed at assessing the knowledge, attitudes and beliefs of the farm workers about HIV/AIDS with the broad objective of enlightening, counselling, educating and voluntarily giving the people the opportunity to know their status. The study has made some profound revelations, with policy implications to the policy makers, health and social workers. However, the following constitute major findings:

Prior to the HIV/AIDS Post-Intervention Programme in the two farming communities, it was discovered that the farm workers had little or no knowledge about HIV/AIDS, their attitudes and beliefs towards HIV/AIDS was found to be based on ignorance essentially because the respondents had a strong belief in their traditional and cultural values. This made it difficult for them to show a positive attitude towards HIV/AIDS. However, after an aggressive enlightenment programme, counselling and education about HIV/AIDS, the Post –Intervention outcome showed impressive results. This finding is consistent with the primary purpose of embarking on the HIV/AIDS Intervention Programme.

Statistical analysis and hypotheses were tested on gender, age, educational background, job and marital status of the respondents and their knowledge, attitudes, and beliefs about HIV/AIDS during the two Intervention Programmes.

a) Gender

i) Gender and knowledge

According to the analysis of the data the only significant differences with regard to farm workers knowledge about HIV/AIDS before the Intervention Programme, occurs between:

- female and male farm workers of Maswela farming community where the female workers clearly expose a better knowledge of HIV/AIDS than the male farm workers ($p=0.02$).
- all female farm workers of both farming communities versus all male farm workers of both communities ($p=0.02$).

After the Intervention Programme, no differences occur between the female and male respondents within the two farming communities. When comparing the two communities with one another the respondents (both male and female) from Kalahari farming community expose a better knowledge than the respondents from Maswela. This is an indication of the importance of the demography or area of location of respondents. A combination of the two communities reveals a significant difference in favour of the male respondents.

ii) Gender and attitude

Before the Intervention Programme, significant differences occurred between male and female farm workers with regard to their attitude towards HIV/AIDS. The majority of the differences occur between the female respondents from Maswela indicating a more positive attitude than the other male and female respondents from the two communities namely:

- females of Maswela had a more positive attitude than males of Maswela;
- females of Maswela indicates a more positive attitude than females of Kalahari and;
- females of Maswela had a more positive attitude than males of Kalahari.

When combining the two communities the females indicated a more positive attitude than the male respondents. After the Intervention Programme no differences occur

between male and female respondents within the two communities. When comparing the two communities with one another, respondents from Kalahari once more differed significantly from Maswela respondents, indicating a more positive attitude towards HIV/AIDS. A combination of females versus males from both communities indicate no differences.

iii) Gender and belief

Before the Intervention Programme no differences occurred between male and female farm workers with regard to their beliefs about HIV/AIDS within the two farming communities individually. When comparing the two communities with one another the male and female respondents from Kalahari clearly indicates a more realistic belief towards HIV/AIDS than respondents (male and female) from Maswela farming community. A combination of the two communities indicated once again that there were no differences. After the Intervention Programme there were no differences within the individual communities. However, when comparing the two communities with one another, differences did occur in favour of the respondents from Kalahari. Interesting is the result that the males of both communities differ significantly from the females with regard to beliefs indicating more realistic beliefs than the females.

b) Age categories

i) Age and knowledge

Before the Intervention Programme no differences occurred between the four different age categories at Maswela and Kalahari farming communities. Comparing the two communities with one another also reveals no differences between the different age groups. Dividing the respondents of the two communities into two larger groups namely <34 years of age and ≥ 34 years of age, no difference occur.

After the Intervention Programme there was once again no difference between the four age groups within the two communities individually. A comparison of the two communities with one another however, indicates significant differences, where the

respondents from Kalahari in the same age categories clearly indicated a better knowledge than the respondents from Maswela farming community. This once again indicates the importance of area of location (demography) and possible cultural aspects. The respondents of both communities younger than 34 years of age however indicate a better knowledge than the older category.

ii) Age and attitude

No differences occurred between the age categories within the two communities before the Intervention Programme. When the two communities were compared, significant differences occur within the age group 20-34 where the respondents from Maswela expose a more positive attitude than the respondents from Kalahari in the same age category.

No differences occur between the age group >34 and ≤ 34 years of age. After the Intervention Programme the only significant difference that did occur, was where respondents from Kalahari in the different age groups clearly indicated a more positive attitude towards HIV/AIDS.

iii) Age and belief

With regard to respondents beliefs about HIV/AIDS no differences occurred between the different age groups at both communities before the Intervention Programme. Significant differences however occur after the Intervention Programme namely:

- Respondents from Maswela 50 years of age and older indicate a more realistic belief about HIV/AIDS than respondents from the same community but younger (34-49) age group.
- Differences also occur between age groups from Kalahari farming community:
 - i. The age group 20- 34 differs significantly from the younger as well as from the older group, by clearly indicating a more realistic belief than the other categories. This group can be an indication of an age category more vulnerable to HIV/AIDS than the younger and older age categorized.

- ii. When the respondents were categorized in two age categories, the younger category (<34) differed also significantly from the older category with regards to their belief. Once again a possible indication of the more vulnerable group.

c) Educational background

Before and after the Intervention Programme no differences occurred within the two communities with regard to their knowledge, attitudes and beliefs and possible influence of their educational background on HIV/AIDS. The only significant difference occurred when the two communities were compared with one another after the Intervention Programme where the respondents with primary level of education from Kalahari differs significantly from respondents of Maswela with the same level of education.

d) Marital status

No differences occurred with regard to knowledge and attitudes within and between the two communities. A combination of the two communities however indicated that the married respondents of both communities revealed a more realistic belief towards HIV/AIDS than the unmarried respondents before the Intervention Programme. After the Intervention Programme the married respondents of both communities differed significantly, with regard to knowledge attitudes and beliefs about HIV/AIDS from the unmarried respondents.

e) Job status

Before the Intervention there were no difference between the unemployed and employed farm workers with regard to their knowledge and beliefs about HIV/AIDS. A significant difference however occurs with regard to attitudes where the employed workers clearly indicate a more positive attitude towards HIV/AIDS than the unemployed workers. After the Intervention Programme the only differences that occurred were the following:

- employed workers from Maswela indicated a more realistic belief than unemployed workers from Maswela .
- employed workers from Kalahari indicated a better knowledge about HIV/AIDS than the unemployed of the same community.

To summarize

From the above mentioned conclusions it is clear that personal and socio-economic variables (Independent variables) do play a role in peoples knowledge attitudes and beliefs about HIV/AIDS. The hypothesis that respondents differ from one another with regard to their knowledge, attitudes and beliefs because of the possible influence of gender, age educational background, marital status and job status are therefore being accepted.

HIV/AIDS is something that affects the individual and consequently his/her family, other relatives and friends. The independent variables cannot therefore be disregarded as unimportant. Before the Intervention Programme the females of Maswela indicate clearly a better knowledge of HIV/AIDS than the male respondents, and these finding were confirmed when the two communities were combined. This finding is in contrast to with what one finds in the literature. Furthermore, it seems as if age does not play such of an important role, but indications were found that the younger the respondents (<34), the better their knowledge, the more positive their attitudes and the more realistic their beliefs towards HIV/AIDS. Literature also reveals that this is probably the most vulnerable group. With regard to level of education no real differences occur. With regard to job status, employed workers from Maswela revealed a more realistic belief towards HIV/AIDS than the unemployed workers of the same community.

Another alarming aspect is that, even after the Intervention Programme, 66,7% of Maswela respondents and 41,3% of Kalahari respondents still indicate that they will have unprotected sex with a stranger. This is a really negative attitude that needs to be addressed in all HIV/AIDS Intervention Programmes. In addition, the fact that 84.5% of the respondents from Maswela still do not realise the importance of pre-test counselling should be attended to.

7.2 RECOMMENDATIONS

The following recommendations are put forwards based on the findings of this study. They could to a large extent serve as policy guide and implementation towards mitigation ignorance and apathy about HIV/AIDS not only in farming communities but in South-Africa as a whole:

- Because much time is involved in a HIV/AIDS Intervention Programme, farm owners should be compensated for their time utilized or it will be better to reduce the time spent or organize the Intervention Programme during a more convenient time and according to the farming activities.
- The study discovered that traditional beliefs and myths influenced the understanding and attitude of farm workers negatively towards HIV/AIDS. For instance respondents negative attitude with regard to having unprotected sex with a stranger. It becomes important to recommend that the ongoing HIV/AIDS training and awareness programmes should strongly target involving the traditional leaders and influential individuals from the communities. It also influence peoples beliefs and the biggest challenge will be to change peoples attitudes and beliefs. People and specifically elderly people do not change their attitude and belief easily. If a fundamental belief is wrong and incompatible with the reality the belief will only resolve in the course of time, slowly and at a pace at which the people finds new sources of security. Any HIV/AIDS Intervention Programme need to take this seriously into consideration and research and support people with new knowledge to help them change their behaviour.
- Although there was no statistical difference between the female and the male farm workers who were tested for their HIV status, evidence in literature has revealed that females are more often adversely affected by the HIV/AIDS epidemic than male due to biological, socio-cultural and economic reasons. The author is strongly of the opinion that more equal gender relations and the empowerment of

women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

- The issue of providing adequate medical, social and financial support to those already infected with HIV by the districts, provincial and national governments is vital. Essentially, there is need to establish primary healthcare centres close to the farms and communities – this will reduce transport cost and the stress of the patients having to trek long distances to receive medication.
- More so, the need to train and equip more health personnel and counsellors at the communities is crucial towards educating and attending to individuals and households who are burdened with the epidemic.
- Although farm owners were very supportive in this study it is very important that they become part and parcel of agents fighting, minimising and encouraging their employees to improve their living lifestyles, clean sanitation and habitable accommodations. Farm owners and managers should be encouraged to support the HIV/AIDS strategy of PAETA. More funds should be made available through the National Skills Fund available from the Department of Labour to support the Intervention Programme “If you know your status, you can manage it”.
- Farmers associations and farm owners need to develop and introduce HIV/AIDS policies in the workplace and it should be encouraged.
- In this study correlation analysis could not be done between the respondents who participated in the HIV/AIDS Pre Intervention and Post Intervention surveys because of lapses in collection of data for that purpose. In view of this, it is strongly recommended that the same respondents in the Pre-Intervention should also participate in Post Intervention Programme, to enable more correct statistically analysis and data about HIV/AIDS and specifically the evaluation of Intervention Programmes.

- Finally, Agriculture Extension Services and therefore agricultural extension workers should become part of HIV/AIDS Intervention Programmes presented to farming communities. Extension workers work directly with the members of farming communities and could play an important role to motivate and coordinate HIV/AIDS Intervention Programmes including after care programmes.

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APPENDIX A



PAETA– HIV/AIDS AUDIT

A	Pre-intervention	B	Post-intervention
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A. Administrative information

Please choose a response to each category and mark it with a cross (X):

1. Age

A	Under 20	B	20 to 34
C	35 to 49	D	50 and above

2. Gender

A	Male	B	Female
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3. Marital status

A	Single	B	Married
C	Divorced	D	Separated

4. Level of education

A	Primary school	B	Secondary school
C	Diploma	D	University degree/s

5. Job status

A	Unemployed	B	Unskilled (e.g. farmworker)
C	Semi-skilled (e.g. technical work)	D	Skilled (e.g. management)

B. Audit information

Please choose an answer to each of the following questions and mark it with a cross (X).

1. Is there a difference between HIV and Aids?

A	Yes	B	No
C	Sometimes	D	Don't know

2. HIV can be transmitted through the following:

A	Semen, skin and blood	B	Blood, sexual fluids and breast milk
C	Saliva (spit) and urine	D	Sweat, sperm and blood

3. The virus can get into the body through the following routes:

A	Mouth, ears and nose	B	Open wounds
C	Healthy penis, anus and vagina	D	Sweat glands and hair follicles

4. Which one of the following is a cure for HIV/Aids?

A	Aids medication, e.g. AZT	B	Sleeping with a virgin
C	Herbs and traditional medicine	D	There is no cure

5. When can the virus first be picked up in an ordinary HIV test?

A	After an hour	B	After two years
C	After a week	D	After three months

6. What are some of the signs and symptoms of HIV/Aids?

A	Headaches and coughing	B	Constant night sweats, itchy skin, thrush and runny tummy
C	Forgetfulness and bad moods	D	Swollen feet and stomach ulcers

7. Are sexually transmitted infections (STIs) dangerous in terms of HIV/Aids?

A	Yes - they can form little sores where the HI virus can climb in	B	No - it's two completely different issues
C	No - only dirty people get sexually transmitted infections	D	Yes – if you have an STI you will definitely get HIV/Aids

8. What does the ABC of sex refer to?

A	Attention, benefit and compensate	B	Abstinence, be faithful and correct condom usage
C	Action, being there and consent	D	Accept, bear and confidentiality

9. Most people who contract HIV get it through

A	Sex with prostitutes	B	Homosexual and abnormal sex
C	Having an open wound where a certain body fluid entered	D	Being unlucky or because they deserve it

10. What information does the HIV test give out?

A	Who the guilty person was who transmitted the virus	B	That an HIV negative person can never get the virus
C	If someone is HIV+ or HIV-	D	When the virus was transmitted

11. The body's immune system can be built through the following:

A	Rest, healthy food and exercise	B	Taking antibiotics regularly
C	Eating only fruit and vegetables	D	Staying alive through lots of parties

12. What can you do if someone who works with you is bleeding?

A	Never touch the person	B	Run away and call a doctor
C	Cover your hand with gloves or plastic and help the person	D	Wait an hour before helping so that blood can become dry and safe

13. Why is important to get counselling before you are tested for HIV?

A	So that the business or managers are not taken to court	B	So that people can get ready for the painful test
C	So that people can say yes to having the HIV test done	D	So that people can see what the other workers are going to do

14. What do South Africa's laws say about HIV/Aids?

A	New workers must be tested for HIV	B	Businesses may test anybody they want to work with
C	You do not have to tell people about your HIV status	D	Anyone may see the results of your HIV test

15. How can HIV/Aids influence businesses like farms?

A	More people will die, so more jobs will be available for other people	B	Fewer people to care for, so medical services will be cheaper
C	HIV/Aids is a health problem – it does not influence businesses	D	Sick people can't work as hard, and will sometimes have to be replaced

16. Why can it be a good thing to know your HIV status?

A	To know you are HIV negative proves you can never get the virus	B	So that if you have the virus, you can give it to lots of people
C	To manage your health so that you can live longer and better	D	It is not good to know because you can do nothing about it

17. Will you have unprotected sex (without a condom) with someone whose sexual history you don't know?

A	Yes	B	No
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18. When you are at places like a barber/hairdresser or a doctor/clinic, do you always make sure that the instruments are clean?

A	Yes	B	No
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19. Would you share work equipment (like tools and machinery), toilet facilities or knives and forks with someone who is HIV positive?

A	Yes	B	No
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20. Do you think people with HIV/Aids should tell others about it so that the other people can protect themselves?

A	Yes	B	No
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Thank you