

**PERCEPTIONS OF COMMUNITY MEMBERS ON THE ROLE OF
THE SOCIAL ENVIRONMENT IN THE DESIGN**

OF

HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

by

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CONTENTS

LIST OF TABLES	VII
LIST OF FIGURES	X
APPENDICES	XI
ACKNOWLEDGMENTS	XII
DECLARATION	XIII
SUMMARY	XIV

CHAPTER 1

ORIENTATION, PROBLEM STATEMENT AND FACTORS THAT LED TO THE STUDY	1
1.1 INTRODUCTION	1
1.2 PROBLEM STATEMENT	2
1.3 RESEARCH QUESTION	6
1.3.1 Sub-questions	6
1.4 AIM OF THE RESEARCH	6
1.4.1 OBJECTIVES OF THE RESEARCH	6
1.5 THEORETICAL FRAMEWORK APPLICABLE TO THE STUDY	7
1.5.1 INTRODUCTION	7
1.5.2 DEFINITION OF THE TERMS ‘THEORETICAL FRAMEWORK AND ‘COCEPTUAL FRAMEWORK’	8
1.5.3 THE IMPORTANCE OF THE THEORETICAL FRAMEWORK FOR THIS STUDY	9
1.6 THE PARAMETERS OR THE COMPONENTS OF THE SOCIAL ENVIRONMENT THAT COULD BE CONSIDERED WHEN HIV/AIDS TRAINING PROGRAMMES ARE DESIGNED	10
1.6.1 CURRICULUM DESIGN AND IMPLEMETATION AS COMPONENTS OF THE THEORETICAL FRAMEWORK	10
1.6.2 SOURCES OF CURRICULUM DESIGN	12
1.6.2.1 SCIENCE AS A SOURCE	12
1.6.2.2 SOCIETY AS A SOURCE	13
1.6.2.3 EXTERNAL AND DIVINE SOURCES	13
1.6.2.4 KNOWLEDGE AS A SOURCE	13
1.6.2.5 LEARNERS AS A SOURCE	13
1.7 TEACHERS, PRINCIPALS, SUPERITENDENTS AND OTHER PARTICIPANTS AND THEIR ROLE IN CURRICULUM DESIGN	14

II

1.8	PRINCIPLES OF CURRICULUM DESIGN	15
1.8.1	DIAGNOSIS OF THE NEEDS OF COMMUNITY IN TERMS OF CURRICULUM DESIGN	16
1.9	CONCLUSION	19
1.10	DATA COLLECTION STRATEGIES	19
1.10.1	INTERVIEWS AS PART OF THE DATA COLLECTION STRATEGY	19
1.10.2	FOCUS GROUP INTERVIEWS	20
1.10.3	DOCUMENT ANALYSIS	20
1.11	CONCLUSION	21
1.12	DEFINITION OF CONCEPTS	21
1.12.1	COMMUNITY	
1.12.2	CULTURE	22
1.12.3	SOCIAL	22
1.12.4	CURRICULUM DESIGN	22
1.12.5	DEFINITION OF ENVIRONMENT ACCORDING TO THE SO-CALLED 'EXTENSIVE APPROACH'	23
1.12.6	DEFINITION OF THE TERM 'ENVIRONMENT' ACCORDING TO THE SO-CALLED LIMITED APPROACH	25
1.12.7	DEFINITION OF THE TERM 'ANALYSIS'	26
1.12.8	DEFINITION OF HIV/AIDS	26
1.13	CONCLUSION	29

CHAPTER 2

	PERCEPTION OF COMMUNITY MEMBERS ON THE ROLE OF THE SOCIAL ENVIRONMENT IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY (GTM)	31
2.1	INTRODUCTION	31
2.2	COMPONENTS OF THE SOCIAL ENVIRONMENT AND THEIR IMPACT PROGRAMME DEVELOPMENT, CURRICULUM DESIGN AND DEVELOPMENT	32
2.2.1	LEARNERS AS A COMPONENT OF THE SOCIAL ENVIRONMENT WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED	32

III

	PARTICIPANTS AS COMPONENTS OF THE SOCIAL ENVIRONMENT AND WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED	35
2.2.4	COMMUNITY MEMBERS AS COMPONENT OF THE SOCIAL ENVIRONMENT WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED	35
2.3	THE NATURE OF THE ENVIRONMENT ASSOCIATED WITH GREATER TUBATSE MUNICIPALITY (GTM)	35
2.4	THE IMPACT OF THE ETHNICITY TO THE INTRODUCTION OF HIV/AIDS TRAINING PROGRAMMES IN GREATER TUBATSE MUNICIPALITY (GTM)	36
2.5	THE IMPLICATIONS OF ETHNICITY FOR PROGRAMME DESIGN AND DEVELOPMENT	36
2.6	THE OPINIONS OF RELIGIOUS DENOMINATIONS ON HIV/AIDS TRAINING PROGRAMME IN THE GREATER TUBATSE MUNICIPALITY	37
2.7	THE IMPLICATIONS OF THE OPINIONS OF THERELIGIOUS DENOMINATIONSFOR PROGRAMME DESIGN AND DEVELOPMENT	38
2.8	THE IMPACT OF CULTURE ON HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY (GTM)	39
2.9	THE IMPLICATIONS OF CULTURE FOR THE DESIGN AND DEVELOPMENT OF HIV/AIDS TRAINING PROGRAMMES	41
2.10	THE SOCIO-ECONOMIC CHARACTERISTICS OF THE GREATER TUBATSE MUNICIPALITY (GTM)	43
2.11	THE IMPACT OF HIV/AIDS ON THE ECONOMY OF THE GREATER TUBATSE MUNICIPALITY (GTM)	43
2.12	THE OPINIONS OF URBAN AND RURAL COMMUNITIES ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY (GTM)	47
2.13	MINING IN THE GREATER TUBATSE MUNICIPALITY (GTM)	48
2.13.1	HIV/AIDS TRAINING PROGRAMMES OFFERED BY THE MINING SECTOR	49
2.14	THE ROLE OF MINING IN THE DESIGN AND DEVELOPMENT OF PREVENTATIVE HIV/AIDS TRAINING PROGRAMMES	50
2.15	AGRICULTURE IN THE GREATER TUBATSE MUNICIPALITY(GTM)	51
	IV	
2.15.1	THE IMPACT OF HIV/AIDS ON AGRICULTURE IN THE GREATER TUBATSE MUNICIPALITY (GTM)	52
2.15.2	HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE	

IV

2.15.1	THE IMPACT OF HIV/AIDS ON AGRICULTURE IN THE GREATER TUBATSE MUNICIPALITY (GTM)	52
2.15.2	HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE AGRICULTURAL SECTOR IN GTM	53
2.16	THE ROLE OF AGRICULTURE IN PROGRAMME DESIGN AND DEVELOPMENT	53
2.17	THE ROLE OF THE INDUSTRIAL SECTOR IN THE DESIGN AND DEVELOPMENT OF PREVENTATIVE HIV/AIDS TRAINING PROGRAMMES	54
2.17.1	DIRECT AND INDIRECT COST OF HIV/AIDS IN THE INDUSTRIAL SECTOR	55
2.17.2	HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE INDUSTRIAL SECTOR	55
2.18	THE IMPLICATION OF THE INDUSTRIAL SECTOR FOR PROGRAMME DEVELOPMENT	56
2.19	GENERAL HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE GREATER TUBATSE MUNICIPALITY (GTM)	58
2.19.1	VOLUNTARY COUNSELLING AND TESTING	58
2.19.2	CARE AND SUPPORT	58
2.19.3	BEHAVIOUR CHANGE AND COMMUNICATION	58
2.20	TOURISM IN THE GREATER TUBATSE MUNICIPALITY (GTM)	59
2.21	THE IMPLICATIONS OF TOURISM FOR PROGRAMME DESIGN AND DEVELOPMENT	61
2.22	CONCLUSION	62

CHAPTER 3

	RESEARCH STRATEGIES AND METHODS APPLIED DURING THE STUDY	63
3. 1	INRODUCTION	63
3.2	THE QUALITIES OF QUALITATIVE AND QUANTITATIVE RESEARCH METHODS	63
3.3	REASONS FOR THE CHOICE OF QUALITATIVE RESEARCH METHOD	66
3.4	DATA – GATHERING STRATEGIES	69
3.4.1.1	INTERVIEWS	69
3.4.1.2	JUSTIFICATION FOR THE USE OF INTERVIEWS IN THE STUDY	70
3.4.1.3	FUNCTIONS OF THE INTERVIEWS IN THE CONTEXT OF THE STUDY	71
3.5	VALIDITY AND RELIABILITY OF INTERVIEWS	72
3.6	FOCUS GROUPS INTERVIEWS	75

3.7	DOCUMENT ANALYSIS	
3.8	DATA ANALYSIS	78
3.9	DEVELOPING A CODING SYSTEM	78
3.10	TRUSTWORTHINESS OF THE INQUIRY	79
3.11	IMMERSION / CRYSTALLIZATION	79
3.12	CONCLUSION	79

CHAPTER 4

	RESULTS AND FINDINGS OF THE INVESTIGATION	80
4.1	INTRODUCTION	80
4.2	RESULTS AND FINDINGS THAT EMERGED FROM THE LITERATURE REVIEW	80
4.2.1	Ethnicity	80
4.2.2	Religious denominations	81
4.2.3	Culture	81
4.2.4	Industries	82
4.2.5	Tourism	82
4.2.6	Mining	83
4.2.7	Agriculture	83
4.3	MAIN FINDINGS THAT EMERGED FROM THE EMPERICAL STUDY	84
4.13	DISCUSSION	100
4.14	CONCLUSION	104

CHAPTER 5

	MAIN CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS FOR THE STUDY	106
5.1	INTRODUCTION	106
5.2	AIMS AND OBJECTIVES OF THE INVESTIGATION	105
5.2.1.1	GENERAL OVERVIEW OF THE RESEARCH FINDINGS ON PERCEPTIONS OF COMMUNITY MEMBERS ON THE ROLE OF THE SOCIAL ENVIRONMENT IN RELATION TO ITS CONTRIBUTION TO THE PROGRAMME DESIGN	107
5.2.1.2	FINDINGS WITH REGARD TO THE COMMUNICATION THAT TAKES PLACE BETWEEN LOCAL HEALTH DEPARTMENT AND COMMUNITIES ABOUT HIV/AIDS TRAINING PROGARMMES IN THE RURAL AREAS	109
5.2.1.3	FINDINGS WITH REGARD TO WHO IS RESPONSIBLE FOR COMMUNICATTION ON HIV/AIDS TRANING PROGRAMMES IN RURAL AREAS	109

VI

5.2.1.4	FINDINGS WITH REGARD TO THE IMPACT OF THE COMMUNITY'S CULTURAL AND TRADITIONAL BELIEFES AND THEIR INFLUENCE ON HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	109
5.2.1.5	FINDINGS WITH REGARD TO THE INFLUENCE OF THE COMMUNITY'S NEEDS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	112
5.3	LIMITATIONS OF THE INVESTIGATION	113
5.4	RECOMMENDATIONS AND IMPLICATIONS	114
6	CONCLUDING REMARKS	118
7	BIBLIOGRAPHY	119

VII

LIST OF TABLES

TABLE 3.1: COMMENTS ON DESIGNING AND USING INTERVIEWS	74
TABLE 4.1: THE COMPONENTS OF THE SOCIAL ENVIRONMENT AND THE CONTRIBUTION OF THESE COMPONENTS TO THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	85
TABLE 4.2: FREQUENCIES OF THE RESPONDENTS ON HOW THE SOCIAL ENVIRONMENTAL COMPONENT COULD CONTRIBUTE TO THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	85
TABLE 4.3: CODING SYSTEM ON METHODS OF COMMUNICATION BETWEEN LOCAL HEALTH DEPARTMENT AND COMMUNITIES ABOUT HIV/AIDS IN RURAL AREAS	87
TABLE 4.4: FREQUENCIES OF THE RESPONDENTS ON THE METHOD COMMUNICATION BETWEEN LOCAL HEALTH DEPARTMENT AND THE COMMUNITIES ABOUT HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	87
TABLE 4.5: CODING SYSTEM ON WHO IS RESPONSIBLE FOR COMMUNICATION ABOUT HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	88
TABLE 4.6: FREQUENCIES OF THE RESPONDENTS REGARDING PEOPLE RESPONSIBLE FOR COMMUNICATION	89
TABLE 4.7: CODING SYSTEM ON THE INFLUENCE OF CULTURE AND TRADITIONAL BELIEFS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	90
TABLE 4.8: FREQUENCIES OF THE RESPONDENTS REGARDING THE INFLUENCE OF CULTURE AND TRADITIONAL BELIEFS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	90
TABLE 4.9: CODING SYSTEM ON HOW COMMUNITY'S NEEDS CAN INFLUENCE THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	91

VIII

TABLE 4.10: FREQUENCIES OF THE RESPONDENTS REGARDING THE INFLUENCE OF THE COMMUNITY'S NEEDS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMME IN RURAL AREAS	92
TABLE 4.11: CODING SYSTEM ON HOW COMMUNICATION TAKES PLACE CONCERNING HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	93
TABLE 4.12: FREQUENCIES OF THE RESPONDEND REGARDING THE MEANS OF COMMUNICATING THE DESIGN OF HIV/AIDS TRAINING PROGRAMME IN RURAL AREAS	93
TABLE 4.13: CODING SYSTEM ON THE INFLUENCE OF POVERTY, UNEMPLOYMENT AND ILLITERACY ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	94
TABLE 4.14: FREQUENCIES OF THE RESPONDENTS REGARDING THE INFLUENCE OF POVERTY, UNEMPLOYMENT AND ILLITERACY ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	94
TABLE 4.15: CODING SYSTEM ON THE ROLE OF THE SCHOOL IN HELPING THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	95
TABLE 4.16: FREQUENCIES OF THE RESPONDENTS REGARDING THE ROLE OF THE SCHOOL IN HELPING THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	96
TABLE 4.17: CODING SYSTEM ON THE ROLE OF THE LOCAL MANUCIPALITY TO THE DESIGN OF HIV/AIDS TRAINING PROGRAMME IN RURAL AREA	97
TABLE 4.18: FREQUENCIES OF THE RESPONDENTS REGARDING THE ROLE OF THE LOCAL MANUCIPALITY IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	97
TABLE 4.19: CODING SYSTEM ON THE ROLE OF THE NON- GOVERNMENT ORGANISATIONS IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	98
TABLE 4.20: FREQUENCIES OF THE RESPONDEND REGARDING THE ROLE OF THE NON-GOVERMENTAL ORGANISATION IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS	99
TABLE 4.21: CODING SYSTEM ON THE ROLE OF THE BROADER SOCIETY AND COMMUNITIES IN THE FIGHT AGAINST HIV/AIDS IN RURAL AREAS	100

IX

TABLE 4.22: FREQUENCIES OF REGARDING THE ROLE OF THE
THE BROADER SOCIETY AND CCOMMUNITIES IN THE FIGHT
AGAINST HIV/AIDS IN RURAL AREAS

100

X

LIST OF FIGURES

Figure 1.1: Components of Curriculum Design	11
Figure 1.2: THE TECHNOLOGICAL CURRICULUM DESIGN PROCESSES	18
Figure 2.1: Map indicating the Greater Tubatse Municipality (GTM)	30
Figure 2.2: STRYDOM TUNNEL	59
Figure 2.3: MONUMENT AT ONE OF THE BATTLEFIELD DATING FROM THE WAR OF 1879	60

XI

LIST OF APPENDICES

APPENDICE A:	Interview schedule	128
APPENDICE B:	Ethic Clearance Certificate	129
APPENDICE C:	Letters of permission	130
APPENDICE D:	Transcribed Interviews	132

XII

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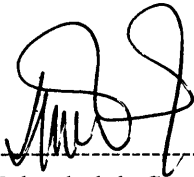
From my heart I would like to extent my gratitude to my family for constant support, love and encouragement.

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XIII

DECLARATION

I declare that, apart from the acknowledgement this research is my own unaided work. It is being submitted in partial fulfillment of the requirements for the degree of Masters in Environmental Education of the University of Pretoria.



Makgobelele Samson Mabitsela

XIV

SUMMARY

Based on the perceived need to eradicate the spread of HIV/AIDS epidemic among our rural communities, an investigation was conducted within the rural areas on how perceptions of the community members on the role of the social environment could influence the design of HIV/AIDS training programs in rural areas. Prior to the investigation however, it was important to establish whether there was a need for such programmes as HIV/AIDS among our rural areas that will help the same community to fight against the spread of HIV/AIDS among themselves.

A situational analysis was conducted within a particular municipality in rural areas to establish whether the perceptions of these community within the rural areas HIV/AIDS among themselves. The interviews were conducted with fifteen respondents. The purpose of the interviews was to establish how their perceptions contribute to the fight against the disease and with regard to the role of social environment to design of HIV/AIDS training programmes in rural areas. In order to determine the exact view of the community, the respondents were asked several questions based on HIV/AIDS training programmes.

The main aim of the investigation was to discuss how perceptions of community members on the role of the social environment could impact on the design of HIV/AIDS training programmes in rural areas. The study was conducted using the qualitative research strategies such as interviews and focus group interviews.

The respondent's experience of the investigation was to ascertain views on HIV/AIDS matter. In rural areas for example matters related to HIV/AIDS is regarded by majority as taboo since these communities are influenced by their own cultural beliefs and traditions. However most of the community members are eager to tackle HIV/AIDS related matters as it is threatening their lives.

10 KEY WORDS

Environment
HIV/AIDS
Curriculum
Investigation
Training
Programmes
Rural areas
Community
Qualitative
Perceptions

CHAPTER 1

ORIENTATION, PROBLEM STATEMENT AND FACTORS THAT LED TO THE STUDY

1.1 INTRODUCTION

Governments all over the world have instruments and mechanisms to use in the implementation of policies in the social environment. In turn these instruments and mechanisms need to be harmonised to suit the situation in a particular area. On the other hand the citizens and public institutions have to ensure that they follow environmental analysis policies before implementing activities such as HIV/AIDS training programmes.

The main aim of the research is to determine how the perceptions of community members on the role of the components of the social environment could impact on and influence the design of HIV/AIDS training programmes in rural areas.

At the core of the investigation are components of the social environment, and different forms of environmental analysis. In the first place this study defines the terms and concepts 'environment' and 'community'. Secondly, it was also important to discuss, by means of examples, the components of the social environment and the different forms of analysis and case studies based on social environmental analysis, and its influence on HIV/AIDS training programmes, in rural areas as points of departure. Eventually a plan of action was suggested involving areas, regions and national levels of the government on how the parameters of the social environment should be considered when designing HIV/AIDS educational and preventative programmes in rural areas in particular. These HIV/AIDS educational and prevention programmes are offered mostly by the state departments such as health, schools etcetera but to some extent the Non-Governmental Organisation play a role. The social environmental analysis should first take the form of a situational analysis on which factors such as teachers, community, religious leaders, learners and other components of the social environment are analyzed. Environmental analysis seeks to describe the project as it is in the real world and how it relates to the system into which it will be embedded (Tessmer, 1990).

According to Kim and Le Roux (2000) the social environment could lead to the humanization of environmental education through which we can provide learning experiences, especially outdoors, which give students self-confidence, esteem and a sense of oneness with nature, since it is constituted by learners, teachers and broader community.

Furthermore, environmental education processes are influenced by socially critical perspectives concerned with social processes in creating knowledge and critical intervention for change. Some authors such as Fien (1993) believe that social critical environmental education processes tend to empower people to participate in the resolution of problems and to act in the interest of democracy and social justice. This includes action research and community problem solving methods concerning environmental issues. In this study tourism is explained and is used as a factor related to the problem of HIV/AIDS prevalence, since tourism brings people together and they interact. When people seek information, problems involving HIV/AIDS could be added, because tourists may engage in sexual activities with local prostitutes and this could lead to high levels of HIV/AIDS infection among the communities (Sengendo 1998). Concepts related to HIV/AIDS are therefore discussed in Chapter 1. Other factors such as mining, agriculture, ethnicity, industries and religious denominations, which form the core of the study, are discussed in Chapter 2.

1.2 PROBLEM STATEMENT

Environmental analysis continues to be one of the techniques or methods that can enable one to understand the particular environment, for example rural areas, better. The following problem was central to this investigation: What are the perceptions of community members on the role of the components of the social environment and how could these components according them contribute to the design of HIV/AIDS educational and prevention programmes in rural areas? In rural areas, the introduction of HIV/AIDS training programmes necessitates an analysis of the environment before they are introduced. In these areas most of the community members are not educated and this poses a threat to introducing certain programmes since these communities believe in the traditional way of life. In such areas other people have religious beliefs according to which they live and do not believe in the use of, for example, condoms for the prevention of HIV/AIDS. This is based on the idea that the human body is a temple, and should remain pure, and this poses a threat to the implementation of

HIV/AIDS training programmes that aim at addressing the HIV/AIDS pandemic among the present and the future generations. This can apply to some people's beliefs because they think the human body should be respected, and they therefore discourage people from using condoms. They also discourage pre-marital sex, in keeping with some religious beliefs in the South African context. On top of that, other religious groups are not allowed to spread the message of condom use nor HIV/AIDS programmes, as some of these leaders do not believe that the use of condoms is a good way to decrease the spread of the disease.

Like the religious leaders, most of the communities are not educated and poverty is most prevalent in these areas since the majority of the people are unemployed. This also poses a threat to the introduction of HIV/AIDS training programmes. Most people in rural areas move from their areas to urban areas in search of jobs. Therefore the implementation of HIV/AIDS training programmes becomes impossible because only young people are present and these programmes face enormous challenges. According to Van Rooyen and Louw (1985:15), most rural people do not talk about HIV/AIDS and sex due to:

- Lack of knowledge,
- Embarrassment,
- Sensitivity of this (HIV/AIDS) as pandemic, and
- Lack of information and cultural and traditional beliefs, based on traditional healers' apparently successful interventions during times of ill health.

Like the community members, educators also do not have the courage and some do not believe that such programmes could be effective, since they believe in traditional medicines for survival. This has an impact on young learners, who are given contradictory messages about HIV/AIDS programmes. Even at schools, most rural communities do not encourage teachers and learners to study HIV/AIDS programmes because this is anathema to their own cultural and traditional beliefs: issues related to sex will be dealt with during the implementation of such programmes, and the topic is usually deemed to be embarrassing. Such sexual taboos among young people also has a negative impact on the introduction of HIV/AIDS training programmes. Some of the teachers are also affected, because they are part of the community and perhaps consider it a violation of tradition and culture to accept the way HIV/AIDS

programmes deal with sex-related matters, and this worsens the situation (Van Rooyen & Louw 1985).

Due to high levels of unemployment as well as lack of education, coupled with ethical principles, rural communities often have a negative attitude to the introduction or implementation of HIV/AIDS training programmes. Over and above this, some members of the community are also members of religious groups. Therefore the ethics of the community and the values of the churches are adhered to – to the point that even talking about HIV/AIDS is regarded as taboo in some rural areas.

The matter is also worsened by the traditional healers who believe that HIV/AIDS and related diseases are traditional diseases that can be cured. This makes it impossible for HIV/AIDS trainees and trainers to convey the message to some or most people in rural areas.

In rural areas, as stipulated in the Limpopo Department of Health and Welfare register (2003:20), the Home/Community-Based Care (HCBC) is the main programme that is available for the people infected with HIV/AIDS.

In this regard the home or community is primarily responsible for the dissemination of information about HIV/AIDS-related matters to its members, and this is done through home rituals, whereby the affected and infected are cared for and supported by family members and the community in consultation with health officials from the relevant departments such as a health and welfare service.

Other HIV/AIDS training programmes offered are prevention whereby peer education concerning the pandemic is encouraged among members of community and information is spread through media, peer tutoring, pamphlet distribution, and condom usage information. Such information is communicated among relevant stakeholders, giving meaning to the saying 'prevention is better than cure'. Other programmes include Voluntary Testing Counselling (VTC), where people are encouraged to get tested in order to prevent mother to child transmission (PMTCT). Such testing and counselling are provided to young and older women who attend antenatal clinics at hospitals and this is also done through workshops under the supervision of health professionals (GTM bulletin 2005/2006).

According to the Limpopo Department of Health and Welfare register (2003:21) in the rural areas the high prevalence of the HIV/AIDS pandemic is due to the following:

- Poverty, gender inequality and orphan hood,
- Rapid urbanization and orphan hood,
- Cross-border movement and national routes,
- An increase in the commercialization of sexual activities,
- Accelerated labour migration,
- High unemployment rate,
- Low literacy rate, and
- High crime rate.

In rural areas, cultural or traditional beliefs are still dominant because the majority of community members believe in traditional healers who claim they can cure HIV/AIDS.

Learners as part of the community are also influenced by their parents' attitude and culture and some of them still do not practice safe sex. They have many partners and some believe that HIV/AIDS can be cured through traditional practices. King (1994) argued that cultural influences, attitude and behaviour related to HIV/AIDS epidemic can be minimized through:

- Taking or not taking risks of contracting HIV,
- Accessing treatment and care,
- Shaping gender relations, and the role that put women and men at risk of infection, and
- Being supportive towards or not discriminating against people with HIV/AIDS.

Mineworkers, agricultural workers and industrial workers within rural areas are also influenced by the perceptions of the community in which they work and live and this will be explained in more detail in Chapter 2.

1.3 RESEARCH QUESTION

The main research question and the sub-questions follow the problem statement discussed above. The purpose of the questions is to indicate what the study or the investigation is all about and to try to respond to the problem statement.

Main Research question: What is the influence of perceptions of community members on the role of the components of the social environment in the design of HIV/AIDS educational and preventative programmes in rural areas?

1.3.1 Sub-questions:

- What is the nature or the characteristics of the social environment?
- What type of liaison or communication takes place between local health department and community concerning the design of HIV/AIDS training programmes in rural areas?
- Who is responsible for communicating the designing of HIV/AIDS training programmes in rural areas?
- What impact does the cultural and traditional belief of the rural communities have on the design of HIV/AIDS training programmes?
- How do the needs of the communities influence the design and the implementation of HIV/AIDS training programmes in rural areas?

1.4 AIM OF THE RESEARCH

The main aim of the research is to indicate how the perceptions of community members on the role of the components of the social environment could influence the design of HIV/AIDS educational and prevention programmes in rural areas.

1.4.1 OBJECTIVES OF THE RESEARCH

- To indicate the nature or the characteristics of the social environment.
- To determine whether there is communication between local health department and communities about HIV/AIDS training programmes in rural areas.
- To ascertain the lines of communication and communication problems in relation to HIV/AIDS training programmes in rural areas.

- To analyze the impact of communities' cultural and traditional beliefs and their influences on the design of HIV/AIDS training programmes in rural areas.
- To determine how communities' needs influence the design of HIV/AIDS training programmes in rural areas.

1.5 THEORETICAL FRAMEWORK APPLICABLE TO THE STUDY

1.5.1 INTRODUCTION

South Africa like most of the African countries is undergoing social as well as economic change. After the 1994 general elections, most South Africans had high expectations that the economic decline, unemployment and widespread poverty and the high prevalence of HIV/AIDS would be addressed, but the opposite is happening since unemployment, poverty and HIV/AIDS are growing at an alarming rate. Furthermore, the creation of local municipalities has created some problems, as most of the municipal counsellors and managers are not qualified to uplift the standard of life of their communities. Moreover, the rate of HIV/AIDS due to lack of employment opportunities and the high rate of poverty among rural communities has worsened.

Even though there are few industries, mines and other economic sectors, most of the people residing in rural municipalities do not have the skills to pursue the occupations offered by these sectors of the economy and this weakens their living conditions.

Furthermore, students in rural areas have more frequently been denied education and training opportunities. Rural students in particular have suffered severe disadvantages in the areas of Science, Mathematics, Technology and Culture (Reconstruction and Development Programmes, 1994:65).

The purpose of this chapter, as indicated in the introductory paragraph, is to outline the structure of the dissertation: various components of the investigation are outlined in a structured or logical manner with the purpose of drawing meaning from the knowledge that is gained. This means that the perceptions of community members on the role of the social environment that underpins the study will be highlighted. In this

section the concepts, theoretical framework, analytical framework, conceptual framework and theoretical perspective will be explained.

1.5.2 DEFINITION OF THE TERMS ‘THEORETICAL FRAMEWORK’ AND ‘CONCEPTUAL FRAMEWORK’

A theoretical framework is a collection of interrelated concepts used to guide the research, helping the researcher to understand the problems and issues to be investigated; enabling the researcher to ask appropriate research questions and choose an appropriate research design; and providing ideas for interpreting data collected and using that interpretation to reflect on the ideas that have contributed to the theoretical framework (Le Compte & Preissle 1993).

According to the Mayer and Greenwood (1980:121) a conceptual framework is a causal orientation toward the contemplated study. As such it formulates a detailed model of the given policy problem, and its proposed solution. It also furnishes a supportive framework for the model based on common principles. It specifies a relationship between more than one concept and variable – either in a qualitative or quantitative manner or a combination of the two. In essence, as framework is a structured organization of ideas supported by evidence so as to produce a valid explanation, by establishing a relationship between more than one concept and variable.

Mayer and Greenwood (1980) further identified two key points that are of importance about conceptual frameworks, namely:

- A conceptual framework provides structure by specifying relationships between two or more variables. At times, it is possible to specify the direction on the relationship (causal), whereas at times it may not be possible to do so. The former is often associated with quantitative research; only later did it apply to qualitative research.
- A structure of the conceptual framework provides the boundaries of the research.

1.5.3 THE IMPORTANCE OF THE THEORETICAL FRAMEWORK TO THE STUDY

Humphrey and Brand (2004:7) believe that a theoretical framework provides the foundation on which the research is undertaken. According to Foddy (1993) a theoretical framework is used to guide the research in helping the researcher to understand the problems and issues to be investigated; enables the researcher to ask appropriate research questions and choose the appropriate research design; and provides ideas for interpreting data collected and using that interpretation to reflect on the ideas that have contributed to the theoretical framework.

Mayer and Greenwood (1980:122) believe that a theoretical framework has two essential functions:

“First...the conceptual framework spells out variables that the analyst must take into account ... It is when the component concepts of the framework are defined that they point to variable which will be the focus of observation. The conceptual framework also indicates the relationship that probably exists among these variables. The search for these relationships then becomes the principal aim of the investigation. Without prior specification of the important variables and of their interrelations one would be unable to define ... precisely which one among an infinite of possible data he or she supposed to collect”.

“The second function of a conceptual framework is a corollary of first. It is used to delimit the boundaries of the prospective investigation by suggesting which variables are to be considered irrelevant and hence to be ignored ... It is absolutely essential that a research undertaking be circumscribed by defined presents all this in a relatively abstract terms [?]. It identifies, defines and elaborates the concepts reflected in the policy problems; it proposes solutions, and various social forces impinging upon them. The conceptual framework may be a mental diagram, or map, which interrelates these concepts, showing where, when and how they fit together. The written statement of conceptual framework is therefore the analyst’s description and explanation of this conceptual map”.

It is relatively easy to collect data. It is more difficult to explain what data means (Jansen, 2001). A conceptual framework is therefore a facility to make sense of the

data. Creating a conceptual framework in advance assisted me to focus on the data. Berl (1998:16) sees theory as fundamental to research as it provides a conceptual framework, which the theory can deploy, and without theory research will be impossible. To summarise, a conceptual framework is an explanatory device that enables the researcher to make sense of or to assign meaning to the data collected. Merriam (1994:69) stated that qualitative data consists of direct quotations from people about their experiences, opinions, feelings and knowledge. As I am fully aware, these meanings could have not have been known to me in advance, and if they were, it would have been pointless to embark on this enquiry. Tuffy, Rottery and Grinnel (1996:32) stated: “Cartographers labelled some area *terra incognita*, meaning an unknown territory.” The unknown territory in respect of the question in this study is the rural areas of the Greater Tubatse Municipality (GTM). As a result, planning a clear conceptual framework indicating where the ‘terra incognita’ that has to be visited is has helped me get there efficiently.

1.6 THE PARAMETERS OR THE COMPONENTS OF THE SOCIAL ENVIRONMENT THAT COULD BE CONSIDERED WHEN HIV/AIDS TRAINING PROGRAMMES ARE DESIGNED

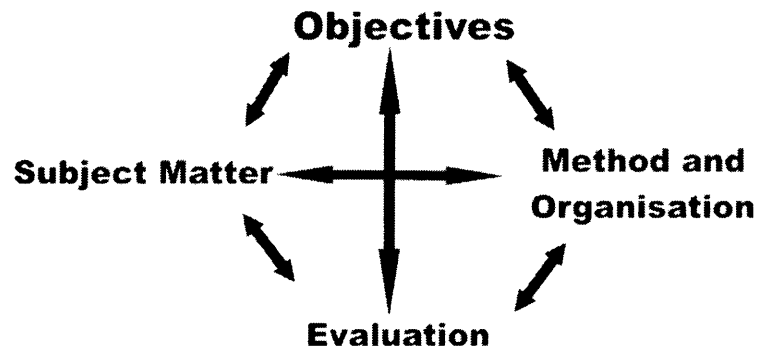
Curriculum is viewed way we conceptualize the curriculum and arrange its components (subject matter, context, instructional methods and materials, learner experiences or activities) to provide direction and guidance as we develop the curriculum (Ornstein & Hunkins, 2004:18). Ornstein and Hunkins further stated that curriculum development is concerned with how the curriculum evolves or is planned, implemented and evaluated, as well as what various people, processes and procedures are involved in constructing the curriculum. Furthermore, curriculum development can be defined as a collective and intentional process or activity directed at beneficial curriculum change.

1.6.1. CURRICULUM DESIGN AND IMPLEMENTATION AS COMPONENT OF THE THEORETICAL FRAMEWORK

According to Campbell and William (2001) curriculum design is concerned with four basic curriculum parts and how these parts are related to each other. This includes objectives, methods and organization, subject matter and the evaluation. This can be

represented systematically as follows according to Giles as quoted by Ornstein and Hunkins (2004).

Figure 1.1: Components of Curriculum design



This is a simplified model of curriculum design and development; the other model, explained in Figure 1.2, indicates analyses of needs as a component of curriculum design.

Ornstein and Hunkins (2004) further pointed out that curriculum design involves various philosophical or theoretical issues as well as practical issues. A person's philosophical stance will affect his or her interpretation and selection of the objectives, influence the content selected and how it will be organized, affect the decision of how to teach or deliver the curriculum content and guide judgments about how to evaluate the success of the curriculum developed.

These parts as indicated in Figure 1.1 have a relationship and these components interact with each other; decisions made about one component are dependent on decisions made about the others. According to Ornstein and Hunkins (2004), as indicated in Figure 1.1, identification of objectives is the first step that needs to be followed. They further pointed out that after the teacher has identified the needs that require attention, she specifies objectives to be accomplished.

As indicated in Figure 1.1, related to the objective is the selection of content. The objectives selected or created suggest the subject matter or the content of the curriculum. Not only should objectives and content match, but the validity and significance of the content chosen also need to be determined (Ornstein & Hunkins,

2004:199). On organization of content, as indicated in Figure 1.1, a teacher cannot just select content, but must organise it in some type of sequence, taking into consideration the maturity of the learners, their academic achievement, and their interests. On the other hand, students should be engaged in the construction, deconstruction and reconstruction of knowledge (see Figure 1.2).

Lastly, in Figure 1.1 evaluation as a component of curriculum design is meant to determine what objectives have been accomplished and evaluation procedures need to be considered by the students and teachers. Whether knowledge is static or dynamic and emergent, one still wants to determine if students react with understanding (Ornstein & Hunkins, 2004:200).

1.6.2 SOURCES OF CURRICULUM DESIGN

Tyler, as cited by Marsh and Willis (1999), described five sources of ideas that undergird curriculum design: science as a source society, eternal and divine sources, knowledge as a source, and learner as a source.

1.6.2.1 SCIENCE AS A SOURCE

According to Hosking (2002), curriculum workers who rely on science as a source usually maintain that the scientific methods provide meaning for the curriculum design. The design would contain only elements that can be observed and quantified.

1.6.2.2 SOCIETY AS A SOURCE

Curriculum designers favouring society as a source for the curriculum believe that the school is an agent of society. The school draws its ideas for the curriculum from the analysis of the social situation, and as such educators need to be in touch with the needs of the society and this will give educators an indication of where to modify the curriculum (Ornstein & Hunkins, 2004:238). Ornstein and Hunkins also pointed out that the school must realize that it is not separate from the larger culture and local community in which it is located. It is designed to serve the broad social interests of society as well as the local community and the diversity of our citizens, especially our multiple cultures, ethnic groups and social classes. Some authors such as Marsh and Willis (1999) believe that parents as part of society should be considered when designing and developing curriculum. Progressive curricularists and humanistic

educators consider the learner the primary source of knowledge (Ornstein & Hunkins, 2004: 239).

1.6.2.3 ETERNAL AND DIVINE SOURCES

Some people think that designers should simply draw on the past for guidance as to what is appropriate content. These persons believe that curriculum design should be intended to perpetuate society. This traditional view, which reflects a perennialist philosophy, proposes selecting those eternal truths advanced by great persons of the past. Such designers stress the content elements and think that certain content is more important than another. They stress that the truth of the curriculum elements is revealed to humans through the Bible or other religious documents (Ornstein & Hunkins, 2004:238).

1.6.2.4 KNOWLEDGE AS A SOURCE

Merriam (1994) suggested that knowledge is the only source of curriculum, and that society and learners serve as filters in the selection of content. They also pointed out that there is much to discuss about the nature, conditions and social construction and reconstruction of knowledge, the purpose of such activities, and the rules by which knowledge comes in to being and is used.

1.6.2.5 LEARNERS AS A SOURCE

Allen (1995) argues that if we are serious about empowerment in education, then students should be encouraged to voice their concerns and opinions about curricula, participate in decisions and talk and act like citizens in a democracy. Furthermore, if students become active participants in decision-making, then more collegial relationships will develop between teachers and students. Students as clients of the school have certain expectations and rights, including the right to evaluate the quality of services they receive, and the right to negotiate what they learn and whether students should be involved in or out of class activities that are part of the broad environment (curriculum) of the school.

Ornstein and Hunkins (2004: 227) argued that if we accept that all who are affected by the curriculum need to be involved in its planning, we cannot ignore the students. They also pointed out that students seldom have a formal influence on what they will learn or even on the manner of their experiencing the content – and to some extent,

especially at the secondary school level, they are sometimes moved in curriculum committees .

- a. Some believe that the curriculum should be derived from what we know about the learner, how he / she learns, forms attitudes, generates interests and develops values.
- b. Formulation of objectives. After the teacher has identified the needs that require attention, he / she specifies objectives to be accomplished.
- c. Selection of content. The objectives selected or created suggest the subject matter or content of the curriculum. Not only should objectives and content match but also the validity and significance of the content chosen need to be determined.
- d. Organization of content. A teacher cannot just select content but must organize it in some type of sequence, taking into consideration the maturity of the learners, their academic achievement, and their interests.
- e. Selection of learning experience. Content must be presented to the pupils and pupils must engage the context. At this point, the teacher selects instructional methods that will involve the students with the content.
- f. Organization of learning activities. Just as the content should be sequenced and organized, so must be the learning activities. Often the sequence of the learning activities is determined by the content. But the teacher needs to keep in mind the particular students who he / she will be teaching.
- g. Evaluation and means of evaluation. The curriculum planner must determine just what objectives have been accomplished. Evaluation procedures used to be considered by students and teachers, (Bell,1987:199).

1.7 TEACHERS, PRINCIPALS, SUPERINTENDENTS AND OTHER PARTICIPANTS AND THEIR ROLE IN CURRICULUM DESIGN

In addition to being curriculum participants at the classroom level, teachers are also involved with the curriculum committees in what is called site-based management (SBM) or school-based curriculum development (SBCD). Principals long have been considered to be the curriculum leaders in the school setting and they must be involved and must exhibit some degree of commitment to the curricular effort (Ornstein & Hunkins, 2004:227). Ornstein and Hunkins also argued that principals

must share authority with teachers on matter pertaining to curriculum design within their schools and that principals must be visionary leaders in this respect and must communicate the sense of mission to teachers and others affected by the curriculum.

Curriculum specialists, superintendents, boards of education et cetera along with schools should supervise, coordinate and direct the activities of the curriculum and carry the storage of creating the new curriculum (Ornstein & Hunkins, 2004:229). Ornstein and Hunkins also indicate that curriculum specialists are responsible for ensuring that programmes are contextualized, designed and implemented, while the superintendent is the chief administrator of the school system and is charged with keeping the system running, initiating curriculum activities, starting programmes for in-service training of teachers etc.

Other groups such as religious leaders, colleges and universities can influence the curriculum development. Religious leaders act as educational reformers and give direction to curriculum development through their writings.

1.8 PRINCIPLES OF CURRICULUM DESIGN

In South Africa an Outcome Based Education approach to education has included Life Orientation as a learning areas aiming at learners to achieve life skills, values and attitudes towards and to take informed decision and choices. They should understand the economic, social and the environmental issues that affect the current and the future health and well-beings of individuals (NCS, 2007).

Taba (1962), as cited by Smith (1995:17), Ornstein and Hunkins (2004:199) and Marsh and Willis (1999:177) have identified the following principles that influence curriculum design (see also Figure 1.2):

- Diagnosis of needs
- Formulation of objectives
- Selection of content
- Organization of content
- Selection of learning and experiences
- Organization of learning experiences, and

- Determination of what to evaluate and of the ways and means of doing it or evaluation and means of evaluation.

Smith (1995), Ornstein & Hunkins (2004:228) further maintained that the attraction of this way of approaching curriculum theory and practice is that it is a systematic approach and has considerable organizing power.

The principle stated above are further explained through the Taba model called: Grassroots Rationale cited by Ornstein and Hunkins (2004:199) as follows:

1.8.1 DIAGNOSIS OF THE NEEDS OF THE COMMUNITY IN TERMS OF CURRICULUM DESIGN

Diagnosis of needs. The curriculum designer or teacher starts the process by identifying the needs of students for whom the curriculum is to be planned some poses variety of skills, talents and interest that can enrich the curriculum, no matter how talented their children's teachers happen to be. Marsh and Willis (1999:196) argued that the schools and districts are subject to curricular pressure from interest groups both within the community and from further a field, especially over controversial issues that arise. Such issues might concern the inclusion of a particular book in a course or in the school library dealing with sexuality, race, politics or religion as well as the adoption of a new teaching method. Teachers involved in planning curricula in potentially controversial areas have to be extremely sensitive to the feelings of parents and the community, and they may need to take special steps to obtain the support of the school or the district's administration (Marsh & Willis, 1999:196).

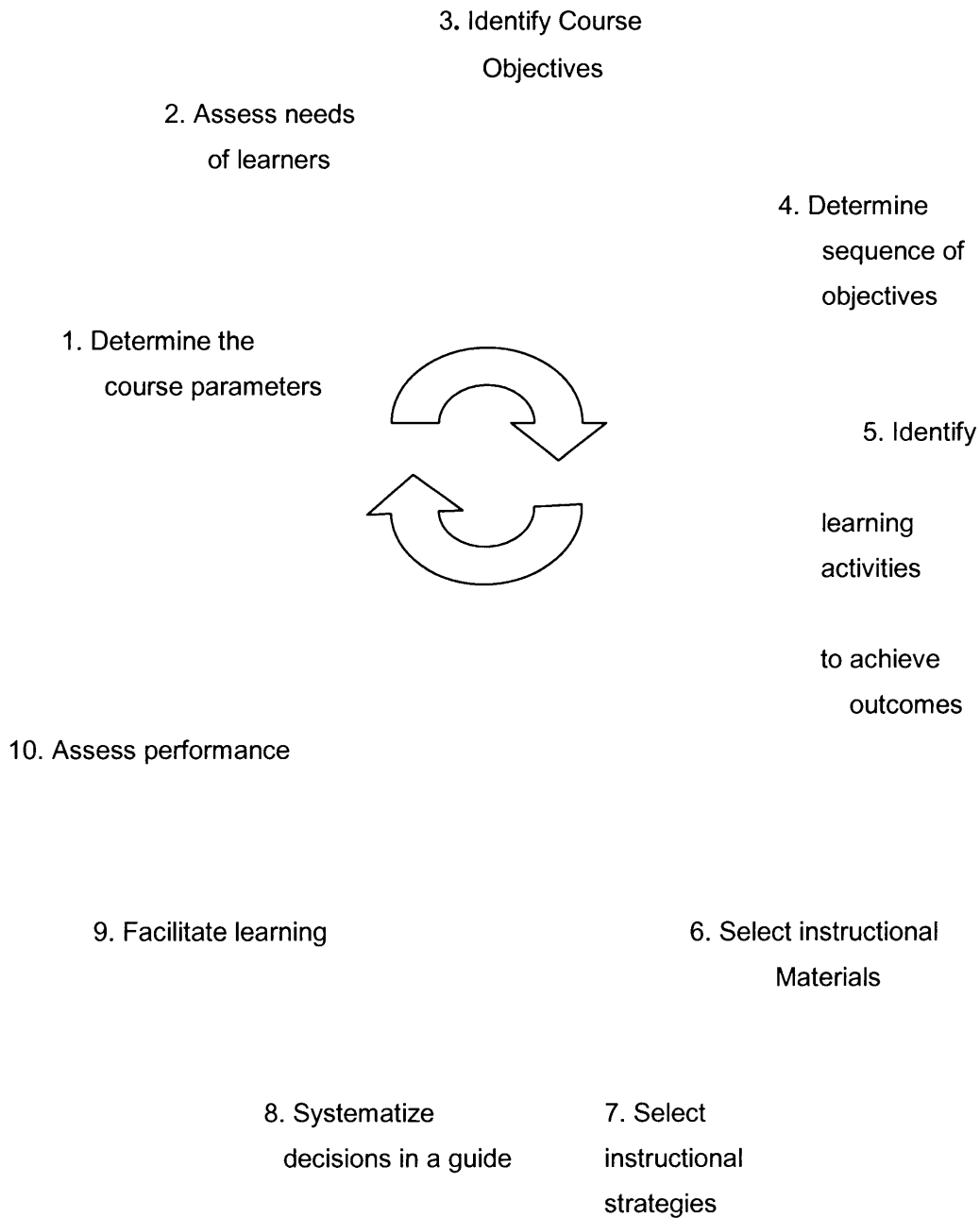
Some authors such as Ornstein and Hunkins (2004:229) argued that the community should be involved in curriculum activity, and furthermore citizens should be involved in real problems, not window dressing, and they should be members of formal committees or groups established by school districts on matters regarding curriculum design. They further argued that parents and citizens can play greater roles in curricular matters in site-based curriculum management. Apart from the above, the school should draw its ideas for the curriculum from the analysis of the social situation and as such educators need to be in touch with the needs of society.

Furthermore, Ornstein and Hunkins (2004:238) have pointed out that curriculum design can only be completely understood if it is contextualized socially, economically and politically. Marsh and Willis (1999:196) are of the opinion that community influence regarding curriculum design may be viewed positively by the educational community, for example, when it is in line with what most people would consider a better quality school (such as the National Geographic Society's efforts to strengthen the teaching of Geography). Smith (1999) has argued that curricula cannot be taken out of context: the community and thus the society have special interests in matters related to curriculum design.

Fitzgerald and Petit (1978) as cited by Marsh and Willis (1999) stated that parents as part of society may participate in seminars and workshops dealing with issues such as value analysis, sex education, and math skills and furthermore parents' participation involves assisting teachers in the curriculum planning and implementation. Parents are also often sought after to read stories to small groups of children and also assist with arts and crafts. There are also parent-tutor plans, which involves training parents of children with reading difficulties in how to tutor them at home in ways that directly support the teaching done at school. On another level, parents can participate in the decision-making for schools – for example, screening candidates for teaching positions or selection of curricula, or being members of the school's governing body, which exercises the legal responsibility for the operation of the local school.

The perceptions of the respondents regarding the impact of the components of the social environment on the design and development of HIV/AIDS training programmes are schematically represented through the model called the 'Technological Curriculum Design Processes'. This model indicates the link between the theoretical framework and the perceptions of the respondents or the community regarding the role of the social environment and its impacts on curriculum design and programme development.

Figure 1.2: THE TECHNOLOGICAL CURRICULUM DESIGN PROCESSES



The above model indicates the parameters or factors that have been considered when designing and developing a curriculum. This was explained previously in 1.6 to 1.8.1, and it underpins the theoretical framework of this investigation.

1.9 CONCLUSION

As indicated in the theoretical framework, this study focuses only on the main components contained in the curriculum design sequence, and that is the parameter underpinning the needs analysis that forms part of any curriculum design activity.

In essence the theoretical framework defines the manner in which the arguments from a study are structured. Through the theoretical framework one is able to identify the parameters of the topic to be discussed in the study. The theoretical framework also spells out the variables that the analyst must take into account and indicates the relationships that exist among the variables. The search for these relationships became the principal aim of the investigation. Generally the theoretical framework serves as the foundation on which the whole study or the research is based. In the following section, data collection techniques that were applied have been discussed.

Data was obtained by using a qualitative approach where as a researcher I was attempting to understand the people in their own definition of world, focusing on their inner perceptions. The extent of the literature on the topic was also assessed.

1.10 DATA-COLLECTION STRATEGIES

The following data collection strategies were applied during the study.

1.10.1 INTERVIEWS AS PART OF THE DATA COLLECTION STRATEGY (see Chapter 3)

The study used qualitative interviews with educators, support groups, traditional healers, traditional leaders, academics, civil society, religious and non-governmental organizations as well as health professionals. The purpose of these interviews was to provide an opportunity to work with ideas from a group of people, which could lead to an interesting discussion among the participants. Furthermore, one-on-one interviews give the researcher an opportunity to explore an individual's opinions in depth. Through interviews the researcher can explore a respondent's definitions and how people act, which gives meaning to their own lives. Interviews also enable the researcher to access understanding and interpretation of the acting members of the

public within specific context or constitution and to access the world in terms of those people being researched. Interviews allow for fusibility in terms of the respondents through stimulating and building rapport and relationships based on confidence, trust, security and the establishment of mutual purpose (see Chapter 3).

1.10.2 FOCUS GROUP INTERVIEWS

Kruger as quoted by de Vos (2002:306) defined a focus group as carefully planned discussion designed to obtain perceptions on a definite area of interest in a permissive, non-threatening environment. Mouton (2001) further described focus group as a research technique that gathers data through group interaction on a topic determined by the researcher. He further identified three basic reasons for the use of focus groups:

- Firstly, they are used as a self-contained method in studies in which they serve as the principal source of data,
- Secondly, they are used as a supplementary source of data in studies that rely on some other primary methods, such as a survey, and
- Thirdly, they are used in multi-method studies that combine two or more means of gathering data in which no other primary method determines the use of the other.

In this study, focus groups interviews were used. De Vos (2002:319) stated that focus group interviews have the ability to produce concentrated amounts of information on a precise topic of interest. According to Smith (2001:2077) the reason for using the focus groups are that they:

- Elicit a multiplicity of views and emotional processes within a group context,
- Enable the participants to take the initiative,
- Draw upon respondents' attitudes, feelings, beliefs, experience and reactions in a way that would not be feasible using other methods, for example observation,
- Enable the researcher to gain a large amount of information in a short period of time, and
- Are partially useful when there is difference between the participants and decision-makers as professionals, when everyday use of language and culture

of participants is considered. These strategies will be discussed later in Chapter 3.

In the following section all terms used in the study and the problem statement are defined, because without knowing what certain terms mean, it would be difficult and confusing for the people who are going to evaluate the study to understand the arguments in the same study. Therefore definition of some concepts contained in the study will be useful because the reader will be able to understand words that underpin the study.

1.10.3 DOCUMENT ANALYSIS (see Chapter3)

The third data collection strategy that will be applied is the document analysis for example the Greater Tlhatse Municipality bulletin in which the opinions of communities on HIV/AIDS training programmes within this area is expressed.

1.11 CONCLUSION

The purpose of this section is to highlight the data collection strategies that will be applied in this study and justify why these strategies have selected. Furthermore aspects on curriculum have also been discussed.

1.12 DEFINITION OF CONCEPTS

1.12.1 COMMUNITY

The concept community is used in its holistic connection in order to indicate a collective unit of people bonded together within a legally defined geographical area by certain common symbols of association, having in common certain broad ways of living and members of which share things with one another (Greenwood, 2006:45).

According to the *Oxford English School Dictionary* (2005) the word 'ethnicity' refers to belonging to a particular racial group within a larger set of people.

1.12.2 CULTURE

According to Kondowe (1998) culture refers to the total sum of learned behaviour of a group of people that is generally considered to be the tradition of that people and is transmitted from generation to generation. It is acquired or learned through the socialization process, and teaches values, norms and attitudes that are acceptable within the society in question. UNESCO (1999) defined culture as a way of life, tradition and beliefs, including how disease are represented, perceptions of life and death, sexual norms and practices, power and gender relations, family structure, language and means of communication (see Chapter 2). Braithwaite (2001) defined cultural sensitivity as the incorporation of ethnic and cultural characteristics, experience, norms, values, behaviour patterns, and beliefs of a target population and the acknowledgement of the relevant historical, environmental and social forces in the design, delivery and evaluation of the targeted health promotion materials and programmes (see Chapter 2.5, page 27).

1.12.3 SOCIAL

‘Social’ is defined as any act relating to society and the people’s life in general (*Oxford English School Dictionary*, 2005).

1.12.4 CURRICULUM DESIGN

Marsh and Willis (1999:198) defined curriculum design as a placement of key elements of curriculum and the relationships of these elements to one another, a major type of mapping the curriculum course of the study.

According to Fuggle and Rabie (1996:84), the concept ‘environment’ is a relational concept; it denotes an interrelationship between man and his surroundings. They further distinguish between two approaches of defining the term ‘environment’, namely, the extensive approach and the limited approach.

1.12.5 DEFINITION OF ‘ENVIRONMENT’ ACCORDING TO THE SO-CALLED ‘EXTENSIVE APPROACH’

According to this approach, as cited by Fuggle and Rabie (1996), ‘environment’ is a concept that embraces a multitude of ingredients, including the following:

- Natural environment can be a street or natural world in its pure state, but is more generally regarded as referring to renewable and non-renewable natural resources such as air, plants, animals, etc.
- Spatial environment is a man-made natural area such as a suburb, town, city, region, province, country as well as certain specific landscapes, for instance mountains, wetlands, rivers, sea-shore, forest etc.
- Sociological or social environment, i.e. other people such as the family, group, society, etc.

Other components of the environment that have been identified include the following:

- Economic environment,
- Cultural-historical environment,
- Built environment,
- Political environment,
- Labour or work environment

According to the *Oxford English Dictionary* as quoted by Fuggle and Rabie (1996:84), the term “environment” is defined comprehensively as “the conditions under which any person or thing lives or development of life or life or character”. *Webster’s Dictionary* also relates the concept of “environment” to both natural and socio-cultural conditions which define environment as the entire area surrounding of an organism, for man also the totality of his natural and culturally altered living space (Fuggle and Rabie, 1996:84). Swaigen and Wood as quoted by Fuggle and Rabie (1996:84) are of the opinion that the concept “environment” may be referred to as human environment, which embraces everything in man’s living space that may possibly have an effect on man or that may be affected by man or simply includes all factors that determine human existence. Rogers, as quoted by Fuggle and Rabie (1996:85) contended that environmental law is not concerned solely with natural environment; it also embraces human environment – the health, social and other manmade conditions affecting a human being’s living space on earth.

The Ontario Environment Assessment Act as cited by Fuggle and Rabbie (1996) further defined environment as:

- Air, land or water.
- Plant and animals life, including man.
- Social, economic and cultural conditions that influence the life of man a community.
- Any building, structure, machine or other device or thing made by man.
- Any solid, liquid, gas, odour, heat, sound, vibrations or radiation resulting directly or indirectly from activities of man, and/or
- Any part or combination of the foregoing and interrelation between any two or more of them.

According to the Commonwealth Environment Protection (Impact of Proposals) Act of 1974 as quoted by Fuggle and Rabie (1996:85), environment includes all aspects of the surroundings of a man, affecting him as an individual or in a social grouping. The Queensland State and Regional Planning and Development, Public Works Organization and Environmental Control Act of 1971 refer to it as the conditions and influences to which living matter is sensitive and capable of reacting (Fuggle & Rabie 1996).

In the South African context as quoted by Fuggle and Rabie (1996: 85) and as stated in the Environmental Conservation Act 73 of 1989, the word “environment” means aggregate of any organism, or collection of organisms. It is also shown that human environment, as defined in the broadest sense, would encompass the external circumstances, conditions, and things that affect the existence and development of an individual or group. And also “environment” in the widest context includes almost everything which somehow – either positively or negatively – may influence human existence or even quality of life (Fuggle and Rabie 1996:85). Fuggle and Rabie further distinguish two forms of environment, namely the social environment, dealing with programmes aimed at the prevention and combating of crime or at the provision of housing, and the economic environment, which attempts to combat inflation or to alleviate unemployment.

1.12.6 DEFINITION OF THE TERM 'ENVIRONMENT' ACCORDING TO THE SO-CALLED LIMITED APPROACH

According to this approach's definition of environment as quoted by Fuggle and Rabie (1996: 86), the term 'environment' relates only to the natural environment or simply nature. They further stated that nature excludes social, cultural, economic and spatial environment, because this definition had been influenced by ecological studies aimed at researching the natural environment with its natural ecosystem, and also it may have been derived from the concept of nature conservation. It is further highlighted that this approach would restrict the term 'environment' to natural environmental elements such as air, water and soil, which have not been created by humans, but which they modify either through exploitation or the introduction of foreign matters (Fuggle & Rabie 1996:88). It is also pointed out that the term 'environment' refers to man's physical and cultural environment. The Director General of the Environmental Affairs, CM Cameron (1993:54) defined environment as the milieu which comprises three basic biospheres, namely earth, water (fresh and marine) and air as well as the physical or built environment. In my opinion 'environment' refers to the way in which something exists or lives and this environment can be a flat, agricultural area or surrounding and its totality or this environment can be:

- Street
- Home
- Ecosystem
- Area
- Arena
- Setting
- Context and circumstances
- Any place that is occupied or unoccupied

1.12.7 DEFINITION OF THE TERM 'ANALYSIS'

Robertson (2003:2) believes that 'analysis' means to analyze data in order to understand what the data means and to use the data as the basis of project consolidation.

According to Roger (2002:3), environment analysis starts with the techniques for water quality analysis and ultra-trace analysis methods that are used to detect and qualify organic trace pollutants and the techniques for such an analysis.

1.12.8 DEFINITION OF HIV/AIDS

AIDS means "Acquired Immune Deficiency Syndrome" and is a human disease characterized by progressive destruction of the body's immune system. Soul City (1996:28) defines HIV/AIDS as a disease caused by a germ or virus called HIV.

Groenewald (2005:2) stated that the causes of AIDS is a virus (the HIV virus) with which someone is infected and that is causing a biological process in the human body that leads to acquiring a condition or a syndrome called AIDS. He further pointed out that the HI virus travels in four ways:

- transmission through contaminated body fluids;
- if it enters the body in sufficient quantities;
- intravenous drug use with contaminated needles; and
- other modes of transmission involving blood e.g. bleeding wounds.

Groenewald (2005:5) further identified that the main modes of transmission consist of human behaviour and he stated that human behaviour has four characteristics.

- It is always related to a specific situation and other people involved in the situation.
- It is a motivated behaviour.
- It is aimed at achieving goals.
- It is normatively regulated.

Secondly, behaviour can be modified, adapted and changed and also HIV prevalence (at least in principle) can be decreased (Groenewald 2005:6) He further highlighted that this can be decreased by:

- Changing the situation and the people involved in the situation.
- Changing people's motivation e.g. (learning theory).
- Changing the people's goals.
- Changing people's norms.

The following concepts have been defined by Groenewald (2005:7) and are associated with HIV/AIDS:

a. Incidence

It is defined as the number of new infections that occur over a particular period of time (expressed as a rate: number of infected per specified unit of population in a given time period).

b. Prevalence

It is defined as the accumulated number of infected people in a population at a given time (expressed as a rate: percentage of the population which exhibit the disease at a particular time) (Sengendo 1998).

c. Risk

It is expressed statistically as the probability of finding infected individuals within a certain group or environment (or individual performing the act). It is the odds that the infection will take place that defines the measure of risk. Sexual intercourse (the act) becomes risky when a deadly disease (AIDS) appears and the social and economic environment facilitates frequent partner change. The environment is described as the risk environment and sexual intercourse as the risk behaviour (Lewis, 2005:8).

d. Susceptibility

It refers to any set any set of factors determining the rate at which the epidemic is propagated. The factors include aspects of situations, circumstances, organizations, and processes that contribute to the increased or decreased 'riskiness' of environment within which disease may be transmitted (Groenewald, 2005:8).

e. Vulnerability

According to Peparah (2005:9), vulnerability describes those features of a society's social or economic institutions or processes that make it more or less likely that excess mobility and mortality associated with disease will have negative impacts. Both concepts apply at different levels: individuals, household, community, and society, institutional and sectoral. Risks as impact (consequences) will vary across the different levels of situation (Groenewald, 2005:9).

f. Migration

Migration is defined widely to include all kinds of mobile population. Mobile groups are vulnerable to HIV/AIDS in different respects, and vulnerability is often related to particular stage of the mobility process (Sengendo, 1998:10). Sengendo further identified three stages of mobility, namely:

- Source: where people come from, why they leave the relationship they maintain at home while they travel.
- Transit: the place people pass through, how they travel and their behaviour in certain working conditions.
- Return: changes that have occurred in people's living and the conditions they find upon their return: some migrants are most vulnerable at destination; for others the risk is greater in transit, on return, etc (Chipfakacha 1994:11).

g. Social cohesion

According to Groenewald (2005:11), social cohesion is closely related to social order, which is based on the functioning of the normative structure of society thus regulating behaviour such as sexual intercourse.

h. Poverty

Chronic poverty is the condition whereby some individuals and households remain stuck in poverty our time (Louw, 2005:2).

Louw (2005) also identified groups that are vulnerable to poverty:

- The rural poor.
- Female-headed households.
- The elderly.
- AIDS orphans and households with AIDS sufferers.
- The street homeless.

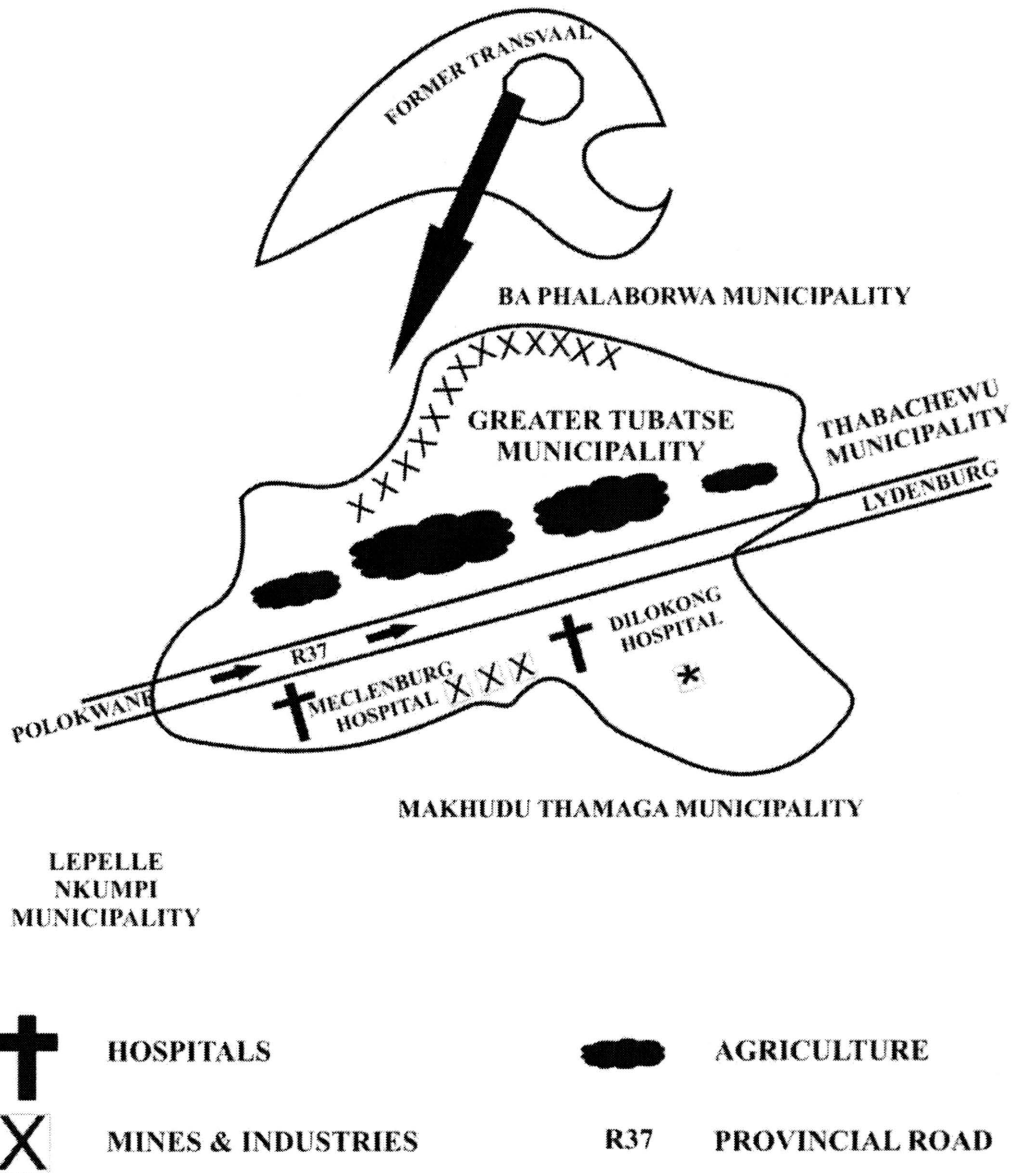
HIV/AIDS training programmes are prepared manners and means of trying to eradicate the spread of the above pandemic, and these programmes are designed by professionals such as nurses, social workers, etc. with aim of educating communities about eradicating the spread of HIV/AIDS.

1.13 CONCLUSION

The purpose of this section was to introduce the problem investigated and to highlight some of the factors that led to the study. On the other hand, the research questions, aims and objectives of the study and the research methods that have applied were highlighted. This also applies to the data-gathering technique. Lastly, concepts related to the research topic have been highlighted and defined. In the following chapter, the perceptions of the community on the role of the parameters of the social environment that underpins the core of the study will be discussed in detail.

CHAPTER 2

FIGURE 2.1 MAP INDICATING THE GREATER TUBATSE MUNICIPALITY
(GTM)



PERCEPTIONS OF COMMUNITY MEMBERS ON THE ROLE OF THE SOCIAL ENVIRONMENT IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY (GTM)

2.1 INTRODUCTION

A social environmental analysis can serve as a basic tool or strategy for the design and implementation of certain policies and programmes in order to understand the characteristics of a particular situation. In turn these policies and mechanism need to be analyzed and studied in detail to suit the different needs of the people living in a particular area. In designing and implementing such policies, the socio-economic status, cultural values and traditions and ethical principles should be considered as this may be indispensable for such programmes (for example, the HIV/AIDS training programmes) to succeed.

The purpose of this chapter was to illustrate how the perceptions of the community members on the role of the components of the social environment could impact on the design and implementation of HIV/AIDS training programmes in rural areas. At its centre are the nature of the social environment, population groups within the area, the socio-economic characteristics of the population and HIV/AIDS training programmes that are indispensable for eradication of the HIV/AIDS pandemic. The study focused on the Greater Tubatse Municipality in Limpopo Province.

In a formal sense, curriculum decision-makers can be defined as those individuals or groups who because of their professional status or position of authority wield influence and have some degree of power to determine action to be followed in school. Their influence on curricula is not casual or incidental (Marsh & Willis, 1999:327). Marsh and Willis further stated that teachers always take decisions about how curricula are enacted in their classrooms. Principals can and do make decisions that affect the planned and the enacted curricula in their schools. Although such decisions are part of their professional roles, teachers may themselves be influenced by their students and principals, and by the parents, superintendents and by prominent members of the community. But in general the influence of students, parents and members of the community remains indirect, and such individuals or groups cannot

be considered curriculum decision-makers unless they have some kind of official status within the curriculum deliberations of school or district, such as being voting members of a curricular committee (Marsh & Willis 1999).

Furthermore this section also explains why the components of the social environment such as learners, teachers, community members and other participants should be considered when designing programmes. This section illustrates the link between curriculum design and factors or components of the social environment.

2.2 COMPONENTS OF THE SOCIAL ENVIRONMENT AND THEIR IMPACT ON PROGRAMME DEVELOPMENT AND CURRICULUM DESIGN AND DEVELOPMENT

2.2.1 LEARNERS AS A COMPONENT OF THE SOCIAL ENVIRONMENT WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED

According to Ornstein and Hunkins (2004), learners should be the key in guiding our thinking about the curriculum design and the learner should be considered since he / she is the primary source. They further pointed that the learners are considered during curriculum design from a psychological foundation, whereby the activities of learners deal with the ways the mind works to create meaning as well as from cognitive research which facilitates perceiving, thinking and learning.

Marsh and Willis (1999:51) believe that individual learners are unique and this consideration leads to the daunting realization that the same curriculum cannot be equally appropriate for all individuals. They further mentioned that curriculum must be based on the general patterns of developmental growth of all kinds, based on the individual needs and interests. For example, a young child may be interested in playing with blocks but not reading. Whatever specific form of a good curriculum could take, it might then provide opportunities for the teacher to encourage a child's continuing play with blocks in order to enhance the child's general aesthetic sensibilities and specific abilities to recognize spatial relationships, to increase the child's hand-eye coordination and related skills such as mathematics.

Ornstein and Hunkins (2004:240) remarked that using a learner as a source for curriculum design means that we take those hallmarks of what makes a person a learner and try to emphasize these in the curriculum organization, and this attempt to customize education is designed to nurture unique students. And as such, the student must be nurtured to explore and manipulate their inner and outer worlds, their intellect, and their spirit.

2.2.2 TEACHERS AS COMPONENTS OF THE SOCIAL ENVIRONMENT WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED

Doll as cited by Ornstein and Hunkins (2004:24) believes that the teacher's role in planning and implementing the curriculum consists of three levels: classrooms, school and district. They further stated that the teacher should be involved in every phase of curriculum-making, including the planning of specific goals, materials and methods. Teachers are seen as the primary group in curriculum development: their role is to develop, implement and evaluate the curriculum. Teachers work in committees and initiate proposals, review proposals, gather data conduct research, make contact with parents and other lay people, write and create curriculum materials, obtain feedback from learners and evaluate programmes.

Smith (1995) argued that in addition to being curriculum participants at classroom level, teachers are also involved with curriculum committees. Some of these committees are organised by grade level, for example a fifth grade curriculum committee; others are organised by subject area. Some might be organised according to the type of students under consideration, for example a committee for the gifted or committee for the learning disabled.

2.2.3 PRINCIPALS, CURRICULUM WORKERS AND OTHER PARTICIPANTS AS COMPONENTS OF THE SOCIAL ENVIRONMENT WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED

Principals have long have been considered to be the curriculum leaders in the school setting. Indeed, it is common knowledge that if the curriculum planning is to be successful in a school system, then principal or principals must have some form of

involvement and exhibit some degree of commitment to the curriculum offered (Smith, 1995). Together with teachers, principals must work in site-based management in creating new programmes and improve the existing ones, and as such principal must share authority with teachers and the decision-making process will become more democratic. Smith (1995) further argued that the principals must be able to communicate the sense of mission to teachers and others affected by the curriculum and to engage teachers and others in the actual refinement of the mission of the school.

On the other hand, as Campbell & William (2001) point out, curriculum workers are responsible for the following:

- Develop technical methods and tools to carry out curriculum planning in schools or districts.
- Blend theory with practice; obtain curriculum knowledge and apply it in the real world classroom and schools.
- Agree on what is involved in curriculum development and design, including the relationships that exist among elements of curriculum.
- Agree on the relationships between curriculum, instruction, and supervision, including the language of each area and how much each aids the work of the other, and
- Act as a change agent who considers schools in context with society.

People from deprived backgrounds and cultures are demanding a voice in how education is organised and experienced and, as such, society is a most powerful influence on the design of curriculum and will continue to gain influence as time goes by (Ornstein & Hunkins, 2004: 238). Ornstein and Hunkins further highlighted that parents and community members have the legal responsibility for approving and overseeing change effort in school and should also serve at ad hoc committees with the purpose of assisting in furnishing input into curriculum development and change since schools belong to the community, they are not the possession of educators.

Smith advocates (1995) that other groups such as colleges and universities influence the curriculum and programme design, directly or indirectly, since most of the educational consultants to the school come from colleges. Educational publishers,

state agencies, federal government and others also influence programme design within the school settings, for example the federal government is a powerful tool for determining the kinds of educational materials and their uses in the schools, by identifying critical educational issues many of which are related to the curriculum for all students (see 1.6.2.4).

2.2.4 COMMUNITY MEMBERS AS A COMPONENT OF THE SOCIAL ENVIRONMENT WHO SHOULD BE CONSIDERED WHEN PROGRAMMES ARE DESIGNED AND DEVELOPED

If educators are to create curricula through effective design, they will have to realize the need for collaboration among people and groups. Viewing society or community as a source would give educators an indication of where to modify the curriculum as such. Educators need to be in touch with the needs of society since schools draw their ideas for curricula from the analysis of the social situation (Ornstein & Hunkins, 2004:235). Ornstein and Hunkins further pointed out that schools are designed to serve the broad social interests of society as well as the local community. Smith (1995) contended that curriculum design can be completely understood if it is contextualised – and the diversity of the citizen, especially the multiple cultures, ethnic groups, and social classes cannot be ignored when designing programmes and curricula. He further argued that curriculum design should serve the public interest and not the interest of a specific group (see 1.8.1).

2.3 THE NATURE OF ENVIRONMENT ASSOCIATED WITH THE GREATER TUBATSE MUNICIPALITY (GTM)

The Greater Tubatse Municipality is located north-east of Middleburg; north-west of Nelspruit, and south-east of Polokwane in Limpopo Province. The area is a cross-border municipality, as one half is situated in Mpumalanga and the other half in Limpopo Province. The area forming part of Mpumalanga Province was previously part of an area known as Steelpoort, Ohrigstad and Burgersfort. TLC and the area forming part of Limpopo Province has a far more scattered settlement pattern which reveals the establishment of small rural communities such known as Dilokong TLC, Eastern Tubatse, Ohrigstad TLC, and Tubatse Steelpoort TLC.

In December 2000 after the amalgamation of four Transitional Local Councils, the Greater Tubatse Municipality was formed, consisting of 29 wards with 57 councillors and ten 'Magoshis'. The word 'Magoshis' is derived from the Pedi name for kings or traditional leaders as the members of the council and two hundred villages (Greater Tubatse Municipality bulletin, 2005/2006:14).

According to the same bulletin, the population is estimated at approximately around 529 000 living within the municipality.

2.4 THE IMPACT OF ETHNICITY TO THE INTRODUCTION OF HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY (GTM)

According to the Greater Tubatse Municipality bulletin (2005/2006:17), the large population within the municipality consists of Pedis, Tsongas, Swazis, Whites, Indians and Coloureds.

Due to different beliefs, cultures and traditions from different ethnic groups within the municipality, the introduction of HIV/AIDS training programmes have been met with resistance from sections of the community, as some still believe that HIV/AIDS is a relational disease. This means that it is a combination of various diseases, and therefore it can be cured (GTM bulletin, 2005 / 2006:18). It is further noted that health officials are struggling to introduce these programmes especially in the remote areas where most of the people are illiterate and impoverished. However, the municipality is willing to provide resources such as education and training, transport and other facilities to ease the introduction of HIV/AIDS programmes, as they view AIDS as a threat towards life in general (GTM bulletin 2005/2006:18).

2.5 THE IMPLICATIONS OF ETHNICITY FOR PROGRAMME DESIGN AND DEVELOPMENT

Cultural sensitivity as a fundamental component of ethnicity incorporates ethnic and cultural characteristics, experience, norms, values as well as behavioural patterns. Dellaria (1994) believes that all programmes, whether prevention or developmental, should consider language differences, cultural understanding, and cultural beliefs

about sexuality. The location where these programmes are going to be developed should also be taken into consideration. Bregman (1991) further pointed out that, depending on the ethnicity, preventative programmes should be developed in such a way that the four topics that are difficult (if not taboo) – illness, death, sexuality and homosexuality – should be differentially catered for given the diversity. Nyamathi (1998) added that to determine the effects of an AIDS education programme, the traditional role of men and women, cultural beliefs about sexuality, and language differences need to be considered.

In some ethnic groups social and historical factors have a strong influence on the design of AIDS programmes, since some ethnic groups still practise polygamous marriages. In countries such as Senegal Niang (2001) argues, different ethnic groups such as the Wolofs, Fulans and Tukolors have developed some programmes for the prevention of AIDS among themselves – for example, early response and sense of anticipation – and through these programmes and the advent of AIDS, the institutions concerned seem to have adopted the Wolof saying ‘Fagaru ba la ngay lakkale’ which literally means ‘gather your things together in the event of fire outbreak’ (Niang, 2001). This means people should be prepared for danger. This programme encourages communities to admit that HIV/AIDS exists and therefore programmes need to be designed and developed with the aim of eradicating the spread of AIDS among communities. He further pointed out that multidisciplinary research strategies and programmes are used to collect information about the AIDS epidemic. In some instances, some ethnic groups organise symposia on HIV/AIDS and encourage speakers and audiences to give their views on matters related to AIDS.

2.6 THE OPINIONS OF RELIGIOUS DENOMINATIONS ON HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY

In this municipality most of the community members belong to various religious denominations (GTM bulletin 2005/2006). It is further stated that most of the religious members support the introduction of HIV/AIDS training programmes as a way of preventing the spread of HIV/AIDS in these communities. To some extent, however, other members from other religious denominations are of the opinion that human beings should not use condoms to prevent the spread of HIV/AIDS, as this is against their beliefs. Officials are also restricted from introducing HIV/AIDS training

programmes among their followers in the municipality (GTM bulletin, 2005/2006:17). However, health officials and other members from other religious groups and municipality have joined hands in the fight against HIV/AIDS through encouraging:

- Peer education
- Condom use
- Attitude change and communication
- Being faithful towards each other as partners, and
- Testing for HIV/AIDS status.

2.7 THE IMPLICATIONS OF THE OPINIONS OF THE RELIGIOUS DENOMINATIONS FOR PROGRAMME DESIGN AND DEVELOPMENT

According to the World Bank (2000), religious networks throughout the world serve as an ally in the war against AIDS. Hence it becomes necessary to reach consensus between the religious authority and the AIDS control programme on the use of condoms. As regards religion, it is important to avoid alienating religious authorities; instead efforts have to be made through negotiation to point out that religion can serve a vital role in the fight against the spread of HIV/AIDS (Niang, 2001).

According to the Greater Tubatse Municipality (GTM) bulletin (2005/2006), the following AIDS-related programmes have been developed:

- Peer education through which members spread information about AIDS among themselves.
- Condom distribution among same members.
- Attitude change and communicating about AIDS during sermons.
- Encouraging members to be faithful towards their partners.
- Encouraging voluntary testing and counselling among their members, and
- Spreading the message of abstinence among the youth.

Finally, the religious denominations as part of the broader society can influence the development of AIDS programmes by working with community organizations and by

establishing dialogue and interaction research or operational projects that can sensitize people about HIV/AIDS.

2.8 THE IMPACT OF CULTURE ON HIV/AIDS TRAINING PROGRAMMES IN THE GREATER TUBATSE MUNICIPALITY (GTM)

According to the Limpopo Department of Health and Welfare (2003), the introduction of HIV/AIDS training programmes in the Greater Tubatse Municipality has been met with mixed reactions from community members. It is further noticed that some community members do not believe that HIV/AIDS is a reality and associate it with other traditional diseases that can be cured. Van Rooyen and Louw (1985:8) remarked that cultural values play an important role in matters related to sexuality. They further noticed that traditional parents are silent about sexual matters due to the following:

- Delicacy of the topic.
- Embarrassment.
- Lack of knowledge.
- Parents may not want their children to think of them as sexual beings, and
- Sensitivity of the topic.

According to Kondowe (1998) as to the sum total of the learned behaviour of a group of people that are generally considered to be the tradition of those people and is transmitted from generation to generation influence their way of life. It is acquired or learned through the socialization process, which teaches values and norms and attitudes that are acceptable within respective societies.

As indicated previously, cultural differences play a role in rural areas on matters related to HIV/AIDS, and these differences make it difficult to some extent in designing and introducing HIV/AIDS training programmes in those areas where culture and tradition are still dominant. Kondowe (1998) pointed that in rural areas of most African countries, patriarchal culture has heavily influenced the legal system, governance structure and values systems that uphold the unequal status of men and women.

Due to the different cultural groups, the design of HIV/AIDS programmes is received with mixed reactions because of differences on how to deal with sexual and HIV/AIDS-related matters. Some population groups believe that HIV/AIDS can be cured through traditional medicines (e.g. Pedis), while others believe that HIV/AIDS should be eradicated by means of attitudinal changes.

In most African regions, patriarchal culture has heavily influenced the legal systems, governance structures and value systems that uphold the unequal status of girls and boys (Kondowe, 1998). Practices like widow inheritance, widow cleansing, wife-sharing, wife exchanging with land or cattle, and polygamy are rated as high risk practices responsible for the spread of HIV/AIDS in African regions (Sengendo, 1998). The Greater Tubatse Municipality is dominated by black communities, and culture plays a role in the spread of HIV/AIDS. In some cultures there is a belief that 'Ubejane' (traditional medicine) is a reliable cure for HIV/AIDS.

However, according to Herek (1990) a stigma is attached to HIV/AIDS at the cultural level and translates into individual attitudes. The stigmatization of and discrimination against those infected with HIV/AIDS instills fear and prevents a great number of people living with HIV/AIDS from testing, seeking treatment for and gaining information about the disease because of the shame associated with the epidemic (UNESCO 1999).

Braithwaite (2001) believes that the cultural approach to HIV/AIDS prevention and care is a new effort that contributes towards finding a solution to the pandemic because it utilizes local knowledge for sustainable prevention, appropriate health programmes and prevention efforts. According to UNESCO (1999), a cultural approach to HIV/AIDS is necessary to:

- Understand the perception of HIV/AIDS and behaviour towards it.
- Analyze the situations and their specificities and classify causes.
- Rethink policies and strategies.
- Enhance positive behaviour change.
- Develop a community-based response.

Some cultural groups have projects and strategies that are culturally sensitive to respond to the following major challenges taking into account the diversity of the socio-cultural contexts, namely risk, vulnerability, care, support and impact reduction.

Braithwaite (2001) mentioned that cultural sensitivity incorporates ethnic and cultural characteristics, experiences, norms, values, behaviour patterns, and beliefs of a target population and the acknowledgement of the relevant historical, environmental and social forces in the design, delivery and evaluation of targeted health promotion materials and programmes. Cultural sensitivity means that providers are aware that cultural differences and similarities exist and have an effect on values, learning and behaviour of the target population. Culturally sensitive professionals are able to utilize knowledge related to ethnicity, culture, gender or sexual orientation to develop intervention strategies that are informed by value system of the target population (Braithwaite, 2001).

King (1994) associates cultural sensitivity with cultural competency and stated cultural competency as the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic background and religious groups in a manner that recognizes cultural differences and similarities and individuals also has an influence on community and individuals.

2.9 THE IMPLICATIONS OF CULTURE FOR THE DESIGN AND DEVELOPMENT OF HIV/AIDS TRAINING PROGRAMMES

The fact that the AIDS epidemic severely affects sub-Saharan African countries is now well documented. However, these countries are still dominated by cultural beliefs on matters associated with AIDS. According to Caldwell (1993), sub-Saharan Africa alone accommodates seventy percent of people living with HIV/AIDS in the world. He further pointed out that for the year 2000 alone, 3 200 000 people were newly infected in sub-Saharan Africa while 2,400 000 have died of AIDS. The average infection ratio for sub-Saharan African countries was estimated at 8,5 percent and the figures were higher in countries such as South Africa, Zimbabwe, Botswana and Ivory Coast.

As stated above, culture still plays a dominant role in the design and development of programmes in most if not all African countries, but there are several models of behavioural change that have been adopted in managing the activities for control of AIDS. These include the Health Relief Model, the theory of cautious action, social learning and cognitive measures, the AIDS risk reduction and social marketing, etc.

According to Niang (2001) culture has an impact on the programme development and design. Based on the admission that HIV/AIDS exists, some cultural groups have developed institutional responses through the establishment of a National Multi-disciplinary Committee for the prevention of AIDS. The committee was meant to avoid seeing HIV/AIDS as a matter solely under the jurisdiction of medical authority, and to view the epidemic also as a cultural factor. As Niang (2001) points out, one of the objectives of the National Aids Control Programme was to make blood hundred percent safe and this is constituted by the generation of combined biological surveillance. In countries such as Senegal, argues Niang (2001), there were negotiations with some pharmaceutical companies to reduce the cost of antiretroviral drugs and make them more accessible.

The other strategy as highlighted by Klare (2003) is the establishment of a dialogue with political and religious leaders and sensitized contacts and lobbying by researchers and programme officers. But this level alone does not seem to have sufficed to establish and consolidate responses to combat the epidemic; it has therefore become necessary to involve numerous links and autonomous structures of the state and civil society (Klare, 2003). Political dialogue as defined by Niang (2001) is an information sensitization negotiation process aimed at involving the HIV/AIDS control activities, and people recognized as leaders, guides or representatives in their community or society. Its objectives were to build a dynamic consensus, fruitful and harmonious linkages between political agents and opinion leaders, and also between agents participating in the formulation and implementation of AIDS strategies, programmes and activities, and to build the capacity of political agents and leaders so that they can participate in the control of AIDS.

2.10 THE SOCIO-ECONOMIC CHARACTERISTICS OF THE GREATER TUBATSE MUNICIPALITY (GTM)

According to the Greater Tubatse Municipality bulletin (2005/2006:15) the rate of unemployment, retrenchment, and work on contractual or casual basis, is a major problem and the Greater Tubatse Municipality is not an exception regarding this problem. The rate of unemployment is very high even though there are four platinum mines that are operating in this municipality. They are the following:

- The Marula Platinum mine
- The Modikwa Platinum mine
- Hackney Platinum mine, and
- Twickenham Platinum mine.

It is further highlighted in the bulletin (GTM, 2005/2006:16) that in a population of 500 229, only ten percent is employed in the above mines, and from the above statistics two percent of the employed are migrant labourers from neighbouring countries such as Lesotho and Mozambique. The socio-economic status in this municipality is low due to the lack of employment, low level of education, high illiteracy, low income, poor infrastructure, inadequate health facilities, and lack of skills.

It is clearly stated in the Greater Tubatse Municipality bulletin (GTM, 2005/2006) that there is virtually no economic base and the area is solely dependent on government handouts for survival. The following will give the broad view of various sectors contributing to the economy in this municipality. Each will be discussed separately.

2.11 THE IMPACT OF HIV/AIDS ON THE ECONOMY OF THE GREATER TUBATSE MUNICIPALITY (GTM)

HIV/AIDS leads to loss of jobs by active members of community through death, taking care of infected people, orphanhood and overcrowding in hospitals resulting in overspending by the government.

According to Peprah (2005:2) the impact of HIV/AIDS can be analyzed at both macro (economy-wide) and micro (firm, household, and individual) levels. He further stated that recent evidence from South Africa pointed to the fact that HIV/AIDS is a leading cause of death since those vulnerable age groups are from 15 to 49 years. As stipulated in the statistics from 2003-2005 (GTM bulletin, 2005/2006), the economic consequence of such deaths and the HIV/AIDS pandemic has resulted in:

- Decreased production
- Slow economic growth
- Increased number of orphans
- Low levels of employment
- High levels of inflation, and
- Recession.

In the Greater Tubatse Municipality (GTM), as stated in the 2005/2006 bulletin, it is clear that HIV/AIDS has impacted negatively on the economy of the rural areas. For example, it is stated that most of the children are orphans due to the high prevalence of HIV/AIDS among the communities. According to Louw (2005:11), HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of labour force and reducing earnings, and it is imposing labour costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS (Louw, 2005).

In the Greater Tubatse Municipality (GTM), as stated in its bulletin (2005/2006:20), one of the fundamental objectives of the economic sectors falling under the jurisdiction of the municipality is to provide training about HIV/AIDS among managers, supervisors and personnel officers so that they can respond to questions in the workplace and be well informed about HIV/AIDS so as to help other workers to overcome misconceptions about the spread of HIV/AIDS in the workplace. Louw (2005:2) added that managers should help workers with HIV/AIDS so as to enable them to continue working as long as possible, and to identify and manage workplace behaviour, contact or practices that discriminate against or alienate workers with HIV/AIDS. South Africa's White Paper on Mining and Minerals (1998), as cited by

Groenewald (2005), outlines the need to develop an HIV/AIDS policy, address the plight of migrant labourers, housing and living conditions and determine the respective responsibilities of the government and employers in addressing these issues. It also emphasizes the need to protect human and labour rights in relation to education, counselling, testing and treatment. The White Paper recommendations included the following:

A range of tenure types should be offered to workers, including rental accommodation, home ownership and social housing. Housing options should include single and family accommodation, in mineworkers' home areas, and their principal families. The provision of family housing should include community and education services and facilities, namely:

- Each mine should in conjunction with the representative trade union be required to draw up a five-year plan for improvement of living conditions for workers incorporating specific targets.
- The management of hostels must be democratized so that residents participate jointly with mine management in all areas of decision-making around the running of the hostels.

According to Lewis (2005), the companies should provide medical schemes and assistance as well as pensions to all the employees who are affected with HIV/AIDS, and furthermore these should develop strategies to combat or define their responsibilities towards employees with HIV/AIDS. She further pointed out that companies should refrain from conducting HIV testing without the consent of the employees as this could breach confidentiality and lead to denial of treatment and care. Groenewald (2005) is of the opinion that living and working conditions should be improved at mines, as this will lead to high levels of HIV/AIDS if left unattended. He further pointed that men who live away from their families, as well as the spouses of migrant labourers, are more likely to have multiple sex partners and to maintain links to more than one family.

In line with the policy of the national government as stated in the White Paper on Mining and Minerals (1998), the local mines are offering condom distribution, care and support and HIV/AIDS prevention programmes as major initiatives in the

eradication of HIV/AIDS among mineworkers (Groenewald, 2005:49). Groenewald also stated that, besides the above programmes, the mining sector has established counselling centres, HIV/AIDS focal points and health committees that deal specifically with HIV/AIDS eradication among mineworkers. Again he indicated that the Anglo Gold mines highlighted the need to address housing issues in accordance with NUM/Com 2001 Wage Agreement, within the parameters of affordability and employee preference, and it involves its best endeavours to accelerate programmes such as education, home-based care intervention and counselling. These are prerequisites for the successful eradication of AIDS and the need for intervention programmes to focus not only on workers but on their communities and families was emphasized.

According to Groenewald (2005:51) the South African National Union of Mineworkers has established HIV/AIDS policy that addresses the issue of single-sex housing. This policy was created in line with other legislative instruments (such as the South African constitution, the Mine Health and Safety Act, the Labour Relations Act, the Employment Equity Act and the Basic Conditions of Employment Act) and considered the living conditions of mineworkers. The NUM policy called for management's commitment to provide family housing, facilities for visiting wives and other members, and hostel management (Lewis 2005:17).

In the Greater Tubatse Municipality, as stated in its bulletin of 2005/2006, the local platinum mines have adopted a policy like that of Lonmin Platinum in Rustenburg by the building of family houses in an effort to stem the spread of HIV and nurture a more stable workforce. The emphasis appears to be on replacing overcrowded, all-male accommodation with low-cost family housing. This was being done in several ways, including building new houses, converting old hostels into family dwellings and offering financial stipends to miners who live off company properties and who wish to have their families present (Groenewald, 2005:50).

According to Peprah (2005) the Lesedi project is a model of best practice in the mining sector in South Africa. This project has reduced the prevalence of sexually transmitted infections among mineworkers and community service workers by using periodic presumptive HIV/AIDS treatment among community service workers. The project demonstrated that sexually transmitted infections interventions are a cost-

effective means of preventing STIs, including HIV infections at the mines. He further pointed out that Anglo Gold, a South African mining company, is striving to ensure that STI treatment service, among other health care services, is readily available on site. In an attempt to reduce new HIV infections and mitigate the impact of HIV/AIDS, the company maintains a clinic and wellness centre, and is in a process of providing antiretrovirals in the workplace in conjunction with various trade unions. Lewis (2005:1) believes that fear and stigma still associated with HIV/AIDS affects virtually everyone in the workplace. He further pointed that a fearful work environment is a not productive work environment: workers with HIV/AIDS are not accommodated because of negative attitudes by some of the employees towards those infected with HIV.

According to the Greater Tubatse Municipality bulletin (2005/2006:25), the local companies have created accommodation for people with HIV/AIDS infection with the sole purpose of retaining their skills and knowledge. If such workers are dismissed due to their HIV/AIDS status, these companies will suffer setbacks due to the loss of experienced and skilled workers. Groenewald (2005:3) contended that accommodating people with HIV/AIDS infection will lead to high productivity and contribute towards the growth of companies. He further highlighted that accommodating people living with HIV/AIDS will give these people peace of mind, since they will know that their contributions are being taken care of in their absence, and thus their expertise, knowledge and experience is passed on to new employees.

2.12 THE OPINIONS OF THE URBAN AND RURAL COMMUNITIES ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN THE GREATER THE TUBATSE MUNICIPALITY (GTM)

According to Sengendo (1998), it is common cause that researchers and professionals today are still practising the approach of “Doing good for others without involving them” He further pointed out that most of the developments, decisions and intervention for fear, isolation and stigma in communities are undertaken by researchers and professionals without involving the communities and members of society who experience the scourge of the HIV/AIDS pandemic. Lewis (2005:36) believes that this approach has shortcomings because involving people living with

HIV/AIDS is one of the most powerful strategies to reduce the stigma since they are the ones learning to cope and deal with the society's discrimination.

Mokgatle and Madiba (2005) stated that culture has a lot of influence regarding moral issues, and moral judgments in respect of most diseases, including HIV/AIDS. It also determines whether or not the community cares for victims or rejects them, and the reactions and responses of families, and members of the community in adopting attitudes of finger-pointing, gossip, isolation and stigmatization. This shows that communities were once of the opinion that people had a tendency to keep their distance from people living with AIDS, which is common reaction of the communities once they have the perception that a person is HIV positive. In developing countries, woman are often economically, culturally and socially disadvantaged and lack equal access to treatment, financial support and education, and this shows that the impact of HIV/AIDS on women is particularly acute (Mokgatle and Madiba 2005).

Bennet (1990) stated that culture plays a very important role in both the spread and prevention of HIV/AIDS infection, and, in current strategies, culture is often considered only in its negative aspect as obstacle. He further highlighted that the rural communities' attitude towards sex and silence on the subject of HIV/AIDS-related matters make some programmes difficult to implement.

2.13 MINING IN THE GREATER TUBATSE MUNICIPALITY (GTM)

According to the Greater Tubatse Municipality (GTM/bulletin 2005/2006:17), minerals that are mined within the Greater Tubatse Municipality (GTM) include chrome, magnetite, platinum, slate and quartzite. It is further stated that the construction of a smelter within the municipality believed to be the biggest in Africa is planned. Most of the mines employ the local people and this reduces the unemployment to an extent. However, the people working in these mines are migrant labourers from Lesotho, Mozambique, and other neighbouring countries. Other mines such as Anglo Platinum have sent some people with matric for training in mining technology in Rustenburg and Randfontein as a way of equipping them with necessary skills required in the mining industry. The purpose was to alleviate unemployment (GTM bulletin (2005/2006:17). It is also noted that people who are

multi-skilled are mostly employed by local mines and this has led to the improvement of their knowledge in matters related to mining (see Figure 2.1.)

2.13.1 HIV/AIDS TRAINING PROGRAMMES OFFERED BY THE MINING SECTOR

The mining sector together with the provincial department of health and the local hospitals within GTM have some programmes aimed at curbing the HIV/AIDS pandemic within the borders of the municipality. In all mines, there are sections that are responsible for informing the workers about HIV/AIDS.

One of the programmes offered by the mines in conjunction with the health department is the behaviour change and communication (GTM, 2005/2006) programme. Through this programme, health professionals from both mines and hospitals encourage behaviour change towards sex – for example, by practising safe sex either by using condoms or having one partner, and also addressing gender issues at the community level. The mines also distribute condoms to its employees in an effort to stem the spread of HIV/AIDS within their jurisdiction.

Mineworkers are seen as a bridging population in a sexual network that links transient and residential communities. For example, Basotho workers in the South African mining industry are valuable to extended families in Lesotho (Groenewald 2005:47). Groenewald also pointed that migrant mineworkers who return home three times or less annually report more concurrent partners than women, and most migrant mineworkers who return home four or more times a year appear to be at significantly lower risk of HIV/AIDS infection than other men working in the same area. This indicates that it is always justified that high risk behaviour can be as widely spread among rural men as their counterpart. (Groenewald, 2005:47).

In the Greater Tlhabane Municipality as stated in the bulletin of 2005/2006, the local mines like many other gold and platinum mines have developed innovative HIV/AIDS awareness and educational interventions programmes. However, many still rely on traditional information-based awareness programmes that are provided to largely passive audiences (Groenewald, 2005:48). Groenewald identified the

following initiatives that can help to eradicate the spread of STIs and HIV/AIDS in this sector, namely:

- Creating a climate that encourages disclosure and openness about HIV infection.
- Removing conditions that cause (unintended) migrancy and develop sustainable rural programmes in areas that traditionally supply migrant workers.
- Improving working conditions (e.g. medical aid, working hours and support groups; and privacy, family-friendly housing, and home ownership or rental).
- Increasing interactions with nearby communities and community stakeholders, including SWs, programme designers.
- Increasing entertainment and recreational facilities (e.g. sport, youth clubs, video, table tennis) on mines and the surrounding communities.
- Managing STIs (possibly through preventative treatment), and providing better health education and access to health services.
- Facilitating trade union/worker and company partnerships in HIV education and care.
- Involving the spouses and regular partners of mineworkers in HIV prevention activities.
- Developing and implement HIV prevention campaigns for mineworkers and CSWS, and
- Providing information correct condom use and conducting more research on sexual knowledge, attitudes and practices among mineworkers, especially on MSM.

2.14 THE ROLE OF MINING IN THE DESIGN AND DEVELOPMENT OF PREVENTATIVE HIV/AIDS TRAINING PROGRAMMES

The risky nature of the mining environment makes it difficult to bring about behaviour change among mineworkers, because majority of them are not educated about sex related matters. However, programmes need to be developed within these sectors in order to alleviate the spread of AIDS. This implies that this sector needs programmes such as AIDS awareness with the aim of making the workers aware that AIDS exists. Campbell (1997) argued that developing a more holistic approach

towards AIDS management in the mining sector and conceptualizing AIDS as a social issue has to be addressed both in the mining industry and also within the communities in which the mines are located.

The South White Paper on Mining and Mineral, as cited by Groenewald (2005), has outlined the need to develop programmes on HIV/AIDS, the plight of migrant labourers, housing and living conditions. It also emphasised the need to protect human and labour rights in relation to education, counselling, testing and treatment. On the other hand, these programmes need to address migrant labour issues such as the right to citizenship, suitable living conditions, remuneration levels and the disintegration of families.

According to Lewis (2005), one programme that can be developed appears to be the replacing of crowded all-male accommodation with low-cost housing and this should be done in several ways, including building new houses, converting old hostels into family dwellings and offering financial stipends to miners who live off company property and wish to have their families present. In doing so, this programme supports the approach that recognizes the combined role of all stakeholders in the fight against AIDS through testing and counselling, disclosure, awareness, education and sexually transmitted infection prevention.

Campbell (1997) believes that a climate that encourages disclosure and openness about AIDS should be created and programmes such as condom distribution, education and AIDS campaigns should be designed with the purpose of decreasing the spread of AIDS in the mining sectors.

2.15 AGRICULTURE IN THE GREATER TUBATSE MUNICIPALITY (GTM)

The production of fruit and vegetables is one of the fundamental bases for economic development. The municipality through its farms produces grain, cotton, maize, tobacco, and meat, and this serves to curb unemployment to a limited extent because some community members are employed in this agricultural sector. The main sources for agricultural production are the Olifant, Steelpoort, and Spekboom rivers, which provide water to this region (GTM bulletin, 2005/2006:15). The same bulletin (2005/2006: 15) further highlighted that most of the agricultural products are exported

to neighbouring countries such as Swaziland and Mozambique while others are sold to local supermarkets around the municipality, and this brings some measure of economic stability in this area.

2.15.1 THE IMPACT OF HIV/AIDS ON AGRICULTURE IN THE GREATER TUBATSE MUNICIPALITY (GTM)

The commercial agriculture sector is vitally important to most developing countries. It contributes substantially to the Gross Domestic Product and is often the largest employer of wage labourers. It is essential for achieving food security in a country, but farm workers in this sector are vulnerable to HIV/AIDS in much the same way as mobile workers in mining and construction sectors. Not only do their living and working conditions place them at risk but they are accorded very few rights and labour protection.

Groenewald (2005:58) has identified the following factors that make farm workers vulnerable to HIV/AIDS infection:

- Farm workers often live in compound accommodation, tents or shack that are unhygienic and overcrowded and that lack privacy.
- Casual and commercial sex is common on or near commercial farms.
- Commercial farms are characterized by a high incidence of STIs and other common diseases.
- Most farms do not have HIV/AIDS programmes or STI services and workers' access to health care services is often poor.
- The agricultural sector employs many undocumented farm workers and border-crossers who are reluctant to access health care for fear of revealing their work status to authorities and risking deportation; as a result there is a major burden of untreated STIs among migrants.
- Many farm workers have seasonal contracts, which increases their mobility;
- Recreation facilities are often entirely lacking, and
- Income earning opportunities are strikingly unequal for men and women.

2.15.2 HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE AGRICULTURAL SECTOR IN GTM

According to Groenewald (2005:61), the following programmes are offered by the agricultural sector in line with the Department of Health:

- Condom supply programmes.
- Provision of information and training on HIV/AIDS.
- Learning essential life skills.
- Farm workers' education and support programmes.
- Provision of accommodation for family members of migrant workers.
- Communication channels for youth farmers, herd boys, agricultural associations.
- Reinforcing behaviour.
- Changing attitudes towards HIV/AIDS through radio, competitions, public gatherings and agricultural shows.

2.16 THE ROLE OF AGRICULTURE IN PROGRAMME DESIGN AND DEVELOPMENT

As stated before, agricultural as a commercial sector is important to most developing countries, and it is also the largest employer and, like mining, has mobile workers. The living and working conditions place the workers of this sector at risk since they are accorded few rights and labour protection. In terms of programme development, it implies that intensive peer education and condom supply should serve as one of the fundamental programmes to fight against the spread of AIDS. Cooper (1998) highlighted the fact that the development of some programmes such as HIV/AIDS prevention can serve as a powerful conduit for information and training on AIDS and provides an opportunity for youth to learn essential life skills and agricultural skills. He further pointed that commercial agriculture can introduce farm worker education and support programmes, and additionally it should organize living arrangements that accommodate family members of the migrant workers. According to Lewis (2005) integration programmes, for example integrating the agricultural sector into the national AIDS plan, can serve as a tool for the eradication of AIDS among the farm workers. He also pointed that most AIDS policies and programmes in this sector

should not focus on mitigating the epidemic, but rather on preventing the epidemic and should include peer education and condom supply programmes among the farm workers.

2.17 THE ROLE OF THE INDUSTRIAL SECTOR IN THE DESIGN AND THE DEVELOPMENT OF PREVENTATIVE HIV/AIDS TRAINING PROGRAMMES

With the high rate of HIV infection, it can be expected that increased mortality rate will have a detrimental effect on the South African economy and therefore on doing business competitively relative to the world, which in the long term will have an effect on the industries. According to Lewis (2005:5), South Africa is already facing enormous challenges with regard to employment, housing and education, along with social and economic development, political instability, violence, high levels of illiteracy and social disadvantages that have created a situation where the epidemic is spreading very rapidly, and is likely to stretch national and family resources even further. Louw (2005:16) stated that simple, concrete and effective AIDS programmes in the workplace can help to control the epidemic and reduce the impact on businesses. Many companies (industries) are losing about 3% of workers to AIDS each year and HIV/AIDS will decrease life expectancy in South Africa by 20 years by the year 2008 (Louw, 2005). According to the International Labour organization (ILO 1999) an average of 15 years of working life will be lost per employee due to AIDS. It has been predicted that the percentage of HIV-positive people in the South African workforce would rise from 11% in 1999 to 22, 5% by 2010 (Lewis, 2005:5).

2.17.1 DIRECT AND INDIRECT COST OF HIV/AIDS IN THE INDUSTRIAL SECTOR

The evidence as stated by Maphanga (2005) suggested that the cost of HIV/AIDS to a company will depend on various factors such as the type of company, the level of replaceability of employees, the way the company operates and the benefits that are provided. It is expected that those most seriously affected would be labour-intensive industries such as mining. He further highlighted that for the individual industries, HIV/AIDS is expected to affect companies and include the increasing costs of health

care and employee benefits. The cost of an average set of benefits is expected to double in the next five to ten years.

According to Groenewald (2005:17) the indirect cost of HIV/AIDS could prove to be greater than direct cost. Indirect costs faced by business include loss of employees due to death and ill health, decreased productivity, higher cost of recruiting and training staff, negative effects on staff morale, additional sick and compassionate leave, the cost of ensuring adequate occupational sick and compassionate leave, the cost of ensuring adequate occupational health and safety standards to prevent the spread of the virus within the workplace, the implementation of a system for ensuring confidentiality of staff members' HIV/AIDS status, management and labour meetings to discuss the AIDS crisis as it develops and loss of turnover and profit due to the effect of HIV on clients.

2.17.2 HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE INDUSTRIAL SECTOR

According to Louw (2005) South Africa's Department of Public Works has launched a project aimed at building awareness about the HIV/AIDS pandemic in the construction industries. The overall goal is to improve health and safety in the industries, and the strategy is also aimed at addressing issues such as HIV/AIDS training and prevention programmes, the encouragement of voluntary HIV/AIDS testing and STI testing, the creation of a non-discriminatory referral systems of support and care, and the promotion of respect for the rights and obligation of individuals, as well as employers' responsibilities.

Groenewald (2005: 55) also stated that, in South Africa, the National Union of Mine Workers organizes workshops in the construction industry on HIV/AIDS and STI-related matters, while the Southern African Clothing and Textile Workers Union (SACTWU) has adopted what it regards as a ground-breaking HIV/AIDS policy: the policy covers testing and counselling, home-based care, education and the provision of antiretroviral therapy. It also addresses the issue of dependants and proposes the innovative use of collaboration and education of shop stewards to help to ensure that educational messages are conveyed in the workplace.

Lewis (2005: 70) further identified the following programmes as useful for HIV/AIDS eradication within the industrial sector.

- On-site training programmes can serve as an important vehicle for AIDS education and for encouraging support of HIV-infected and affected workers. In the Greater Tlhatse Municipality (GTM) the local industries have entered into collaborative partnerships with the local surrounding communities to find ways of extending corporative housing and social services.
- It is vital that industries take into account the factors that render individuals susceptible to HIV infection (such as long periods away from families) and make every effort to combat those factors. Regular family visits should be encouraged and work schedules could be revised to enable more contact between construction workers and their spouses. Steps such as these could go a long way towards reducing the risk of HIV infection.
- Integrate the construction sector into national AIDS plans and include key representatives of the construction sector in multi-sectoral national AIDS councils.

2.18 THE IMPLICATIONS OF THE INDUSTRIAL SECTOR FOR PROGRAMME DEVELOPMENT

In countries such as Lesotho and Zambia, as Louw (2005) points out, the industrial sector has developed programmes and mechanisms of controlling the spread of AIDS and this includes supplying free condoms to the employees. Some companies have ensured that there is a condom social marketing and support service for its employees. Furthermore, there are programmes such as the work-specific HIV/AIDS for workers, which have been introduced with the goal of controlling the spread of AIDS. The plan calls for the formation of health committees, the establishment of workplace condom distribution centres, and a travelling theatre group that sensitizes workers to the message of HIV/AIDS (Louw, 2005).

In the South African context, as pointed out by Hosking (2002), trade union such as the South African Clothing and Textile Workers Union have developed some programmes such as voluntary testing and counselling, home-based care, education

and provision of antiretroviral therapy. It also addresses the issue of dependants and proposes the innovative use of collaboration and education of shop stewards to help to ensure that educational messages on AIDS are conveyed in the workplace.

2.19 GENERAL HIV/AIDS TRAINING PROGRAMMES OFFERED IN THE GREATER TUBATSE MUNICIPALITY (GTM)

According to the United Agency for International Development (USAID), as cited by UNESCO (1999), HIV among pregnant women grew from less than one percent in 1990 to nearly twenty percent in 2001. The South African National Development of Health estimated that about five million, or one in every ten South Africans, are now HIV positive. UNESCO (1999) also estimated that 20,1 percent of adults aged 15-49 were living with HIV/AIDS at the end of 2001. It is also stated in the article that Limpopo has the lowest number of HIV/AIDS infection, while KwaZulu-Natal has the highest number of HIV/AIDS sufferers in South Africa. In the Greater Tubatse Municipality, as stipulated in the Limpopo Department of Health and Welfare register for 2003, about 15 percent of the total population of 529 000 is HIV positive. In the Greater Tubatse Municipality (GTM) the following programmes are offered for HIV/AIDS prevention and treatment:

- Voluntary Counselling and Testing (VCT).
- Home- and Community-Based Care (HCBC).
- Care and Support.
- Behaviour Change and Communication.

2.19.1 VOLUNTARY COUNSELLING AND TESTING

Through this programme, people are encouraged to be tested for HIV/AIDS on a voluntary basis with regard to the prevention of mother-to-child infection or from the infected to the uninfected. The programmes are offered by Dilokong and Meckleburg Hospital's health professionals and are monitored by the Limpopo Department of Health and Welfare.

According to the Limpopo Department of Health and Welfare (2003), Home- and Community-Based Care is one the fundamental programmes that need to be

implemented. This programme is primarily responsible for disseminating information about the HIV/AIDS pandemic to the community members during rituals, gatherings and tribal meetings, hence the saying 'charity begins at home'. Through this programme, communities are encouraged to take care of and support people living with AIDS and other diseases.

2.19.2 CARE AND SUPPORT

According to the GTM bulletin (2005/2006), in this municipality strengthening the capacity of communities to respond to the HIV/AIDS epidemic has been an important component of their programmes. As in the other parts of South Africa, the Greater Tubatse Municipality provides assistance in the following areas as part of care and support:

- Technical assistance for provincial-level care and support training for home-based caregivers.
- Hospice services for the indigent and community support groups for people living with HIV/AIDS.
- Training for home-based caregivers.
- Support to non-governmental organizations to provide home-based care services, including palliative care and nutritional support.
- Psychosocial services for those infected by HIV/AIDS.
- Promotion of the ABC: Abstinence, Be faithful and Condom usage as methods of prevention.

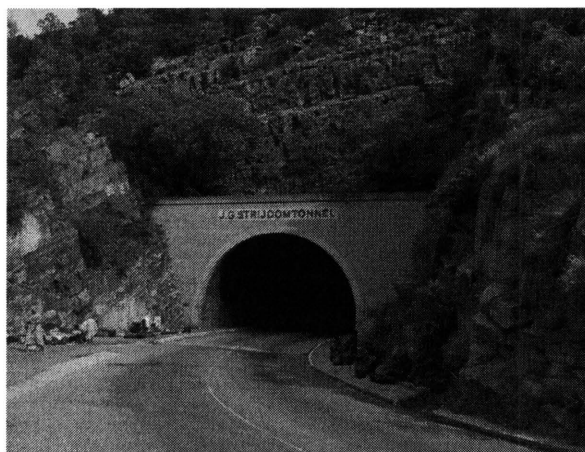
2.19.3 BEHAVIOUR CHANGE AND COMMUNICATION

The municipality in consultation with local health professional from local hospitals encourages behaviour change towards sex through communicating with the youth about involvement in pre-marital sex, being faithful, having one sexual partner, using condoms as well as addressing gender issues at the community level (GTM bulletin 2005/2006). And also the issue of peer education about sexual matters is encouraged. The municipality also distributes condoms to schools, mines and other public places as other ways of preventing the spread of HIV/AIDS within its jurisdiction.

2.20 TOURISM IN THE GREATER TUBATSE MUNICIPALITY (GTM)

Along with the mining and agricultural sectors there are also the eco and cultural tourism industries (GTM bulletin 2005/2006:15). It is further pointed out that the Sekhukhune area has a rich history dating back to colonial battles. The Sekhukhune Battlefield serves as one of the tourist attractions in the Greater Tubatse Municipality, and the Limpopo government has established a monument that attracts tourists from across the country. Beside this, there are the Echo Caves, Mankele Caves and Madikabje Mountains that serve to attract tourists to the GTM.

The Strydom Tunnel (see Figure: 2.2) also attracts tourists to this municipality, while the Echo Caves is another tourist attraction (GTM bulletin 2005/2006:15). The Caves, like others in South Africa, has served the black communities during the time of wars. In past centuries when wars broke out, the first people who arrived there were the Khoi and the San and throughout their lifespan they lived there for the purposes of shelter and safety. They occupy the area as it was suitable for hunting and a nomadic way of life. The tunnel and caves have generated a lot of income as many international and local tourists, including schoolchildren, visit the place for educational reasons – especially those learners who are specializing in geography and history, as the caves are rich in historical and geographical features such as different types of rocks (GTM 2005/2006:16). .



(Photo: Mabitsela)

Figure 2.2: STRYDOM TUNNEL

The Strydom Tunnel was named after the Prime Minister of the Republic of South Africa who ruled the country from 1960 to 1970. According to the GTM bulletin (2005/2006:16) at the foot of the tunnel, there are hawkers that sell homemade or artistic materials that are manufactured from indigenous trees from the nearby mountain through which the tunnel was constructed. Other places have been identified as tourist spots include the following:

- First place of Babedi (see figure 2.3)

The name suggests that this place is one of the heritage sites within the Greater Tubatse Municipality. It is the first place where the Bapedi tribe fought with British soldiers under the command of Alexander Merensky (GTM 2005/2006:16) The Bapedi tribe in those years was under the leadership of Sekhukhune 1. It is further stated that the British soldiers surrounded the place in search of Sekhukhune but were conquered and retreated back into the former Transvaal (GTM 2005/2006:16). This place serves to attract tourists from as far as Britain as well as locally, and furthermore the local Pedi tribes visit the place when commemorating or remembering their ancestors who lost their lives during those battles.



(Photo: Mabitsela)

Figure 2.3: MONUMENT AT ONE OF THE BATTLEFIELDS DATING FROM
THE WAR OF 1879.

A war took place in 1879 between the Bapedi tribe under the leadership of Sekhukhune I and the Boers under the command of Andries Potgieter. After the defeat of Sekhukhune I by the Boers, a monument was erected and was later officially unveiled in 2005 by the Honourable Sello Moloto, the premier of Limpopo Province. This monument attracts tourists and researchers nationally and internationally and generates income for the Greater Tubatse Municipality in particular and the Limpopo Province in general.

2.21 THE IMPLICATIONS OF TOURISM FOR PROGRAMME DESIGN AND DEVELOPMENT

Tourism has been one of the global economic successes and is arguably the world's largest industry. Tourism has stimulated the development of a variety of allied infrastructure and facilities such as hotels, lodges and camps and airports. According to Mbaiwa (2004), tourism can also threaten quality of life by bringing changes in the host community relations and via the development of the industry itself. He further mentioned that tourism brings about social and cultural changes in societies' value systems, traditional lifestyles, family relationships, individual behaviour and community structure. Smith (1995) believes that tourism has an impact on the socio-cultural activities of the communities, and this is the result of the interactions between local people and the guests or tourists. Glasson (1995) argues that socio-cultural impacts are the impacts of people with a focus on changes in the day-to-day quality of life of the residents in the tourist destination, while cultural impacts include changes in traditional ideas and values, norms and identities resulting from tourists. Cooper (1998) argues that tourism should be sustainable and should also lead to economic viability that is environmentally friendly and sensitive to the socio-cultural aspects of the community.

One of the implications of tourism for programme development as advocated by Mbaiwa and Ranstudu (2003) is that tourism promotes the rejuvenation of culture and preservation of some cultural products and practices whereby tourists are accommodated in traditional huts, sample traditional dishes, music and dance. Thus tourism leads to programme development such as cultural restoration. Mordi (1991)

argued that tourism has led to positive attitudes towards wildlife conservation that can be introduced at schools as part of the learners' educational programme. Murphree (1993) stated that when local people derive socio-economic benefit from the natural resources in their area, they are likely to have a sense of ownership and stewardship over them and use them sustainably.

2.22 CONCLUSION

The purpose of this section was to discuss how the components of the social environment should be taken into consideration in the design and implementation of HIV/AIDS training programmes in rural areas and how they are linked to curriculum design and programme development

Having assessed the information dealt with in this chapter, it becomes clear that several factors such as physical environment, socio-economic status of communities, socio-cultural characteristics as well as the training programmes available should be considered before any programme can be implemented. It is also found that the population and infrastructure within each area needs to be catered for when designing and implementing programmes. The reason for this is that an analysis of the environment will lead to a good understanding of the ethics that underpin the culture of the communities in which such programmes are to be implemented or offered. In the following chapter, the research methods and strategies applied during the investigation will be explained and justified.

CHAPTER 3

RESEARCH STRATEGIES AND METHODS APPLIED DURING THE STUDY

3.1 INTRODUCTION

Research methods are commonly divided into two streams of thought, namely qualitative and quantitative research methods. According to Welman and Kruger (2002:2), research involves the application of various methods and techniques in order to create valid and reliable information by using objectives methods and procedures. The research methodology aims to explain the causes of change in measured social contact. In this study, data collection techniques, such as in-depth interviews, field observation and focus group interviews, were used because they are qualitative in nature.

The purpose of this chapter is to indicate which methodology was selected and to explain why this specific methodology was selected. At the core the data collection techniques are applied, and, at the end, concluding thoughts are presented.

3.2 THE QUALITIES OF QUANTITATIVE AND QUALITATIVE RESEARCH METHODS

According to Denzin, Marais and Le Roux (1994), as quoted by Smith (2001), research methods are commonly divided into two streams of thoughts, namely: qualitative and quantitative research methods. It is further stated that quantitative methods are often associated with a positivist tradition, are deductive and predictive in approach, and this depends on experimental designs and statistical correlations. Qualitative methods are frequently linked to an inductive approach, implying a naturalistic design and the emergence of important attributes through in-depth study of a few cases (Smith 2001:15). Smith further explained that quantitative research frequently tests hypothesis while in qualitative research hypotheses are usually generated. According to Mouton and Marais (1990:155-156), as quoted by De Vos (2002), in quantitative research methods the epistemological roots lies vested in positivism while qualitative approaches have their epistemological roots in

phenomenology. They further stated that the aim of qualitative approaches is to construct detailed descriptions of social reality, while in quantitative approaches the purpose is to test the predictive and cause effective hypothesis about social reality. Qualitative approaches utilize inductive methods, while quantitative approaches utilize deductive logic (De Vos 2002:81). De Vos (2002) further highlighted that in quantitative approaches the data is obtained systematically and in a standard manner while in qualitative approaches the data sources are determined by the information richness of setting and types of observations are modified to enrich understanding.

Blanche and Durrheim (1993:43) argued that qualitative approaches are holistic, meaning the whole phenomenon under study is understood as a complex system that is more than the sum of its parts, focuses more on complex interdependencies not meaningfully reduced to its parts, discrete variables and linear cause-effect relationships, while quantitative approach events are explained based upon knowledgeable facts, real causes or effect law-like regularities exist, and findings are truly observed objectively.

Bauer and Gaskell (2000:9) believe that quantitative approaches deal with numbers, use statistical models to explain the data, and are considered “hard” research, for example opinion polls. By contrast, qualitative research normally avoids numbers, deals with interpreting social realities, and is considered “soft” research , for example in-depth interviews. Straus and Cobrin (1998:11) are of the opinion that qualitative and quantitative research approaches supplement and complement each other and they have used the term “interplay” to describe this flow of work between the two approaches; however, they have identified their differences as follows:

- Qualitative research is research that produces findings, while quantitative research findings are arrived at by statistical features.
- Qualitative research generates or builds hypotheses or theory, while quantitative approaches normally test hypotheses.

Travers (2002:7-8) contended that quantitative approaches are positivist in nature and align themselves with a particular view of the mechanisms and assumptions of the natural sciences, underpinned by a belief that only that which is grounded and observable can count as valid knowledge, while qualitative approaches are

interpretive, associated with intellectual traditions such as phenomenology, symbolic interactions and ethno-methodology, and stress the dynamic, constructed and evolving nature of social reality. They reject the positivist notion of knowledge being grounded in objective and tangible things, and instead seek to understand social reality through the eyes of those being studied (Travers, 2002:8). According to McMillan and Schumacher (1993:14-15) the purpose of the inquiry, the methods used, the role of researcher and the context of inquiry classify the differences as follows:

- In quantitative research, the assumptions about the world are based on a logical positivist philosophy. This implies that social evidence is a single objective reality, which is separated from the feelings and beliefs of individuals. Qualitative research is based on a naturalistic-phenomenological philosophy, assuming that multiple realities are socially constructed by the individual and by society.
- The research purpose in quantitative research endeavours to establish relationships and explain the causes of change in measured social facts. This aim is in contrast with the purpose of understanding the social phenomenon from the respondent's and participant's perspective, as in qualitative research.
- The research methods and processes in quantitative research are set out in procedures and steps that guide the research. Qualitative methods and processes have greater flexibility. An emergent design (constructivist design) versus a positivistic design is used, which means that decisions about data collection strategies are made during the study. This type of design is in contrast to a pre-established design, which is applied in quantitative research.
- The role of the researcher in qualitative research is of vital importance since he/she as a person is the "research instrument." The research becomes immersed in the project, whilst in quantitative research she/he remains detached.

The context of this study lies within qualitative research, since it is believed that human actions are strongly influenced by the settings in which they occur. Human behaviour and responses can be better understood when the framework or the

perspective within which the respondents interpret their thoughts, feelings, meanings and actions is known. The context or the framework is appropriate when collecting and analysing data. In qualitative research there are text-bound generalizations, contrary to universal context-free generalizations as in quantitative research (McMillan & Schumacher, 1993).

3.3 REASONS FOR CHOICE OF QUALITATIVE RESEARCH METHODS

According to McMillan and Schumacher (1997:14) qualitative research is more concerned with understanding the social phenomenon from the point of view of those who act in the research role or through historical empathy with participants in the past social events. Welman and Kruger (2002:18) are of the opinion that the aim of this approach is that it is concerned with understanding social phenomena in a social way. Qualitative research attempts to experience these phenomena as the people involved must have experienced them. Qualitative researchers in their data-collecting procedures benefit from data of which they would only have become aware during the research process itself (Welman and Kruger, 2002:182).

The collection of information in this study was done using qualitative approaches. These approaches are thus aimed at understanding social and psychological phenomena from the perspective of the people involved (Welman and Kruger 2002:18).

According to Uwe, Basil and Straus (2004:1) qualitative research aims to describe life worlds from the inside out, from the point of view of people who participate. Norman and Ivonna (2003:5) are of the opinion of that qualitative research involves studies used and the collection of a variety of empirical materials, case studies and personal experiences that constitute routine problematic moments and meaning in individual life. Smith (2001) contended that qualitative research is based on the naturalistic-phenomenological philosophy, assuming that multiple realities are socially constructed by the individual and by the society. She further argued that qualitative research takes an interpretive approach to its subject matter, that is to say things are studied in their natural settings, and an attempt is made to make sense of the interpreted phenomena in terms of the meanings that people bring to them.

According to White (2003:11) qualitative research is based on what is called a “naturalistic phenomenological philosophy”, which assumes that multiple realities are socially constructed. He further stated that qualitative research discards the notion of an external, objective reality: it aims to understand reality by discovering the meaning that people in specific settings attach to it. To them, behaviour is intentional and creative and it can be explained but not predicted (White 2003).

Strauss and Myburgh (2001:6) believe that qualitative research is mainly theory-generating and hypothesis-generating. They further highlighted that qualitative research methodology is inductive in nature, meaning that the researcher constructs a picture that takes shape as parts are collected and examined. The process of data analysis is like a funnel: things are open at the beginning and become more directed and specific at the end. Mouton (1998:77), as cited by White (2003:5), believes that in inductive reasoning conclusions are supported by observation, hence supported by the premises. In its approach to research the phenomenon under investigation is frequently more open and thereby “more involved” than research strategies that work with large quantities and strictly standardized methods. He further stated that qualitative research believes that human actions are outcomes of humans’ own behaviour, thoughts and feelings, and therefore the perceptions of research informants are vital.

McRoy (1995:2009-2015), as by quoted de Vos (2002:79), elaborated that the qualitative paradigm stems from an anti-positivistic, interpretative approach, is idiographic and thus holistic in nature, and aims mainly to understand social life and meanings that people attach to everyday life. He further highlighted that the qualitative research paradigm in its broader sense refers to research that elicits participants’ accounts of meaning, experiences or perceptions. It also produces descriptive data in the participant’s own written or spoken words. It thus involves identifying the participant’s beliefs and values that underlie the phenomena. The qualitative researcher is therefore concerned with understanding rather than explaining; naturalistic observation rather than controlled measurement; and the subjective exploration of reality from the perspective of the insider as opposed to the outsider perspective that is predominant in quantitative paradigm. As such, a qualitative study is concerned with non-statistical methods and small samples often

purposively selected (De Vos, 2002:79). Mouton (2001) has identified the following characteristics of qualitative research:

- The procedures are not as strictly formalized;
- The scope is likely to be undefined; and
- A more philosophical mode of operation is adopted.

Read and Smith (1981), as cited by de Vos (2002:80), added the following characteristics to the qualitative approaches:

- The research attempts to gain a first-hand, holistic understanding of the phenomena of interest by means of a flexible strategy of problem formulation and data collection.
- This takes shape as the investigation proceeds.
- Methods such as participation, observation and unstructured interviewing are used to acquire in-depth knowledge used to guide further study.
- Qualitative methodology thus rests on the assumption that valid understanding can be gained through accumulated knowledge acquired at first-hand by a single researcher.

Finally, Marshall and Rossman (1999:46), as quoted by de Vos (2002:80), offered the following guidelines on situation where qualitative approach would be preferred one:

- Research that cannot be done experimentally for practical or ethical reasons.
- Research that delves in-depth into complexities.
- Research that seeks to explore where and why policy, folk wisdom, and practice work.
- Research for which relevant variables have yet to be identified.
- Research on unknown societies or innovative systems.
- Research on informal and unstructured linkages and processes in organizations.
- Real research as opposed to stated, organizational goals.

3.4 DATA-GATHERING STRATEGIES

In order to provide answers to the research questions at the beginning of this chapter, the following strategies were used to gather information: interviews, and focus groups interviews and document analysis. In this investigation interviews were conducted with the respondents. In addition to individual interviews, focus group interviews were used as supplementary strategies of collecting data to enrich the information collected by interviews, and to allow for the triangulation of data (as a validity check).

3.4.1.1 INTERVIEWS

An interview can be defined as “two-person conversation initiated by the interviewer for the specific purpose of obtaining research relevant information, and focused by him on content specified by the research objectives of a systematic description, prediction or explanation” (Cohen & Manion, 1980:291).

Interviews are usually selected in one of three forms: structured, semi-structured, or unstructured. Structured interviews are when questions are organized in advance, i.e. the wording and sequence of questions are predetermined and the interviewer cannot change the question during the interview (Cohen & Manion, 1987).

In semi-structured interviews the interviewer has a list of pre-prepared questions, but may deviate from the list and follow interesting trends that may arise during the interviews. For this study, semi-structured interviews were used.

Interviews were selected as the most appropriate main instrument of the study, in spite of several drawbacks such as the fact that they are time-consuming to conduct and analyze, and that they require skilled interviewers to maximize their potential for information-gathering. Interviews provide an excellent way to gather data from subjects, because they provide the interviewer with time to establish rapport and the opportunity to indicate genuine interest in the respondent’s answers, thus promoting co-operation (McMillan and Schumacher, 1993) They also allow for dialogue between the interviewers and the interviewees so that clarification and probing are possible. Semi-structured interviews were used, since they are flexible enough to allow for probing if answers given are incomplete or need clarification.

3.4.1.2 JUSTIFICATION FOR THE USE OF INTERVIEWS IN THE STUDY

- **THEY ALLOW FOR PROBING:** Interviews provide the opportunity to secure additional information by asking additional questions when a respondent's answer is either unclear or off the mark (Jaeger, 1988), and this can help the interviewer to get reasons for particular responses (Gay, 1976). With their probing ability, interviews allow the interviewer to probe into attitudes and motives of which even the respondent may not be aware (Gay, 1976). Interviews are able to help the respondents to clarify their thinking on a given point so as to give accurate answers. For instance, if the respondents cannot remember, then the interviewer may structure the field for them perhaps by pointing out some event that may refresh the respondent's memory, and this is not possible with a questionnaire.
- **THEY ALLOW FOR NEW DIRECTIONS TO BE EXPLORED:** Interviews, because of their flexibility, enable the researcher to pursue a given lead so as to gain insights in unexpected directions. This can lead to by-products which were not anticipated in the original plan for the study but which might be of significance to the outcomes of the study.
- **THEY PERMIT ADDITIONAL DATA-GATHERING BY OBSERVATION:** In addition, an interviewer who actually sees the person being interviewed can secure information through observation. By watching body language, an interviewer sometimes can tell whether a respondent understands the questions being asked, is willing to respond, and has more to say if encouraged to do so.
- **THEY FACILITATE GATHERING DATA DIFFICULT TO EXPRESS IN WRITING:** According to Dyer (1979) interviews allow for the examination of emotion-laden topics that are difficult to express in writing. In the case of respondents who are reluctant to take a stand, who are not clear on their position, who are reluctant to admit certain facts, with interviews it is possible to get below the surface of the "cliché" of such a person (Mouly, 1970).

- **THEY ALLOW THE RESEARCHER BETTER CONTROL OVER DATA-GATHERING PROCEDURES:** Unlike the questionnaire, which is out of the hands of the researcher the moment it is sent, interviews allow the investigator / researcher to remain in “command” throughout the entire investigative situation (Gay, 1976).
- **THEY OBTAIN BETTER RESPONSE RATES:** With interviews, since the researcher personally “administers” the tool, a greater percentage of returns is promoted and this can increase the validity of the results. In the case of questionnaires a low return rate is possibly due to the fact that the respondents might feel that they are not obliged to return their responses.

3.4.1.3 FUNCTIONS OF THE INTERVIEWS IN THE CONTEXT OF THE STUDY.

In this study interviews were conducted with teachers, learners, community members and other participants regarding their perceptions towards HIV/AIDS training programmes in rural areas. Interviews provide an opportunity to work with the ideas of a group of people and can lead to interesting discussions between participants. According to Smith (2001) one-to-one interviews give the researcher the opportunity to explore individual’s opinion in depth. White (2003:76) has identified the following advantages interviews:

- **Flexibility:** Interviews can probe for more specific answers and can return to certain issues when the responses show that the respondent has misunderstood.
- **Response rate:** The interview has a much better response rate than the mailed questionnaire. People who are unable to read and write can still answer questions in an interview.
- **Non-verbal behaviour:** The interviewer is present to observe non-verbal behaviour and to assess the validity of the respondent’s answers.
- **Control over environment:** An interviewer can standardise the interview environment by making certain that the interview is conducted in privacy.
- **Question order:** The interviewer has control over question order and can ensure that the respondent does not answer questions out of order.

- Spontaneity: spontaneous answers may be more informative than answers about which the respondent has had time to think.
- Respondent alone can answer: The respondent is unable to “cheat” by receiving promoting or answers from others.
- Completeness: The interviewer can make sure that all questions are answered.

Finally, interviews provide “access” to what is inside a person’s head. They make it possible to measure what a person knows (knowledge or information), what a person likes, dislikes (values and preferences), and what a person thinks (attitudes and beliefs) (Cohen & Manion, 1980).

3.5 VALIDITY AND RELIABILITY OF THE INTERVIEWS

Educational research should have an impact on the improvement of educational practice (Sanders, 1994). Sanders pointed out that this will only be possible if the results of such research are valid and reliable. Open-ended questioning requires interviewers to know when to probe and how to formulate follow-up questions on the turn.

Interviewers must always remember that it is not the obligation of the interviewee to be objective and to tell the truth, since the instrument may not always measure what it is supposed to. Interviewers have a purpose in requesting an interview but may ignore the reality that interviewees have a purpose in the interview too: they have something they want to say (which may not be what the instrument is designed to measure). Consciously or unconsciously, they have thought about what they want to say in the period between the request and the actual interview. They are talking about what they know and, as such, justifying what they do. For the interviewer the slice factor is knowing when to probe and when to continue with the sequence of questions on the interview protocol. Even allowing for some elasticity in the time taken up by the interview, there is a limit to how many probes can be asked. The same interviewer might not probe at the same point or with the same question in two otherwise similar interviews, the results of which might render the instrument not 100% reliable (Sanders, 1994).

The value of the flexibility of the interviewer to explore unanticipated answers should not be underestimated. At the same time, it is important to develop consistency in the way probes are used. Although each subject is unique, many of the problems interviewers encounter in interviewing are common and confronted by interviewers over and over again. One problem, according to Tuckman (1978), is that the validity of the interviews will be limited by the extent to which the questions might influence respondents to show themselves in a good light, to be unduly helpful by attempting to anticipate what researchers want to hear or find out. Systematic approaches to those problems will enhance interviewers' confidence in the quality of the data. Also the extent to which the question might be asking for information about respondents that they are not certain about could have a bearing on the validity of the interviewees, as they may give inaccurate answers that may influence the data gathered.

In this study, interviews were selected as a data-gathering strategy because of the number of benefits discussed in this section. According to Frankel and Wallen (1990) the use of interviews is probably the most effective way to enlist the cooperation of the respondents in a survey. In a personal interview, the researcher (or trained assistant) conducts a face-to-face interview with the respondent. As a result this method has many advantages over questionnaires, which will serve as a justification of why interviews were used for the gathering of more in-depth data. Gay (1976) asserted that, when well conducted, interviews can produce in-depth data which is not possible to get with questionnaires. This is due to the fact that in an interview the interviewer is present and can therefore "dig" deep in to the respondent's mind so that in-depth information is obtained.

- They are flexible in contrast to questionnaires: interviews are flexible and can allow the interviewer to adapt the situation to each respondent.
- They allow rapport to be established: because an interview is a two-person interactive method of data-gathering, the interviewer can establish rapport and a trust relationship, and this makes it possible to obtain data that the respondent would not give in a questionnaire. This is probably due to the fact that the interviewer can explain and clarify both the purpose of the research and the individual questions (Gay, 1976); hence the interviewer can possibly get more accurate and honest information. Mouly (1970) added that because of the establishment of rapport, the respondent is encouraged to give more

complete and probably more valid answers than might be possible with a questionnaire.

For this study necessary measures were taken to improve the validity and reliability of the interviews; these are discussed in the following section.

TABLE 3.1: COMMENTS ON DESIGNING AND USING INTERVIEWS

SUGGESTION	REASON	REFERENCE
1. Preparing for the interview		
Review literature on interview design	To determine how other researchers who did similar studies designed and carried out their interview. This may give the researcher some more ideas on how to design the interviews for the present study.	Nisbet and Entwistle (1970)
Decide on the population and sampling procedure	To ensure that the sample is that of people who possess the desired information.	Gay (1981)
Decide on the appropriate equipment	Sometimes instruments may not always be good for a particular interview, e.g. there might be a reluctance to tape-record.	Thompson (1978)
2. Designing the schedule		
Questions should be short, simple and straightforward	This is necessary in order to avoid ambiguity, and so the interviewee does not lose track of what is being asked.	Trochim (1999)
3. Conducting the interview		

Questions should be asked as they are written	Alteration of the wording of the questions should be done during the rehearsal of the interview, not during the interview, so as not to lose the focus of the interview.	Trochim (1999)
Use eye contact in a confident manner	To set the tone of the interview and help the respondent to get comfortable.	Rummel (1964)
Use verbal probing (“silent probes”) if appropriate	Pausing might suggest to the respondent that the interview is looking for what the respondent can say next.	Trochim (1999)
Interview responses should be recorded immediately	Some information may be lost if some time is allowed to lapse between interview and recording.	Galfo (1975)
Use a tape recorder if possible	Tape-recording of the interview session will produce the most complete and accurate record of what was said	Hitchcock & Hughes (1989)
An interview should end on a positive note, thanking the respondent	Even if the respondent was troublesome or uninformed, it is still important to be polite and thank him for his time.	Novak & Gowin (1994)

3.6 FOCUS GROUP INTERVIEWS

Kruger, as quoted by de Vos (2002: 306), defined focus group interviews as carefully planned groups of individuals selected and assembled by the researcher to discuss and comment on, from personal experience, the topic that is the subject from the research in a non-threatening environment. Mouton (1997:6), as cited by de Vos (2002:306), further identified three basic reasons for the use of focus group interviews:

- Firstly, they are used as a self-contained method in studies in which they serve as the principal source of data.
- Secondly, they are used as a supplementary source of data in studies that rely on some other primary methods, such as a survey.

- Thirdly, they are used in multi-method studies that combine two or more means of gathering data in which no one primary method determines the use of the other. Powel et al. (1996:499), as quoted by Smith (2001:2077), defines a focus group as a group of individuals selected and assembled by the researcher to discuss and comment on, from personal experience, a topic that is the subject of the research.

3.6.1 JUSTIFICATION FOR THE USE OF FOCUS GROUP INTERVIEWS

De Vos (2002:319) stated that focus group interviews have the ability to produce a concentrated amount of information on a precise topic of interest. The reason for the use of focus group interviews, according to Smith (2001:2077), is that they:

- Elicit a multiplicity of views and emotional processes within a group context;
- Enable the participants to take the initiative.
- Draw upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way in which would not be feasible using other methods, for example observation. They enable the researcher to gain a large amount of information in a short period of time.
- Are partially useful when there are power differences between the participants and decision-makers or professionals, when the everyday use of language and culture of the particular group of interest and when one wants to explore the degree of consensus on a given topic.
- Elicit information in a way which allows researchers to find out why an issue is salient, as well as what is salient about it.
- Focus group interviews can become a forum of change.
- Give the respondents the chance to be involved in the decision-making process, to be valued as experts, and to be given the chance to work collaboratively with researchers.

Focus groups may provide stimulating and secure settings for members to express ideas without fear of criticism. Focus groups also create deeper, fuller understanding of the phenomenon being studied. And, finally, focus groups stimulate the spontaneous exchange of ideas (De Vos, 2002:319).

3.6.2 THE IMPORTANCE OF FOCUS GROUP INTERVIEWS IN THE CONTEXT OF THE STUDY

These focus group interviews were conducted with groups of people from the community such as teachers, learners and other participants. The purpose was to understand their perceptions regarding HIV/AIDS training programmes in rural areas.

Powel (1996) and de Vos (2002) defined a focus group as a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research.

The main purpose of focus group research is to draw upon the respondents' feelings, attitudes, beliefs, experiences and reactions in a way that would not be possible using other methods, for example one-to-one interviewing. These attitudes, feelings and beliefs may be partially independent of a group or its social setting, but are more likely to be revealed via the social gathering and the interaction of a focus group. Focus groups help to explore or generate hypotheses and develop questions or concepts for questionnaires and interview guides.

Kritzing (1994) argues that interaction is the crucial feature of focus groups because the interaction between participants highlights their views of the world, the language they use about an issue and their values and beliefs in relation to a situation. Interaction enables participants to ask questions of each other, as well as to re-evaluate and reconsider their own understandings of their specific experiences.

The beliefs of participants in focus group should not be underestimated. The opportunity to be involved in decision-making (Race, et al. 1994) is to be valued as experts, and to be given a chance to work collaboratively with researchers (Goss & Leibach, 1996), can be empowering for many participants. If a group works well, trust develops and the group may explore solutions to a particular problem as a unit (Kitzinger, 1994) rather than as individuals.

Another advantage of focus group interviews to clients, users, participants or consumers is that they can become forum of change (Race et al, 1994), both during

the focus group meeting itself and afterwards. The focus groups enable the researcher to gain a larger amount of information in a shorter period of time.

3.7 DOCUMENT ANALYSIS

This data collection strategy was applied as most of the information in this study was derived from the Greater Tubatse Municipality bulletin. The purpose of this data collection strategy was to obtain the opinions or perceptions of the community on matters concerning HIV/AIDS training programmes offered by the state departments in this municipality.

3.8 DATA ANALYSIS

The main purpose of data analysis is to make sense of the collected data. This is done in order to pick up problems in the interview technique, and to identify possible difficulties in the analysis process, so that these can be corrected before the next interview. The interviews have been transcribed and then coded and this was done in detail (see Chapter 4).

3.9 DEVELOPING A CODING SYSTEM

Coding, as defined by Kerlinger quoted by Cohen and Manion (1987:306), is the “translation of questions and responses and respondent information into specific categories for the purpose of analysis”.

On the interview transcripts, all the quotes which seemed to contain information which would answer research questions were highlighted. This was to identify which data would come back from analysis. Trends coming out of the highlighted answers were identified by the researcher, and these were listed as sub-categories to be used for coding. Codes for the categories were then created (e.g. NRI) for not receiving information and (RRI) for people responsible for communication. This process was then checked and approved after a rigorous process of modification, by the supervisor. These codes were used as a form of shorthand to facilitate the analysis process, but were not used for reporting the results. The coding system developed is shown in Tables 1-15, which present the coding schedules for categories for the interview process.

3.10 TRUSTWORTHINESS OF THE INQUIRY

A variety of concepts of qualitative research exists, with competing claims as to what is good quality work. Smith (2001) argues, for example that “modernist headings of validity and reliability no longer seem adequate to encapsulate the range of issues that concern for the quality must raise”. These methodological norms elicit diverse conceptions. Some authors prefer modernist terms while others have replaced these with newer terminology. In this study, I have decided to present validity and reliability of the interviews as part of my data-gathering strategy.

3.11 IMMERSION/ CRYSTALLIZATION

Immersion is a process whereby researchers immerse themselves in the data they have collected by reading or evaluating the portion of the data in detail. Crystallization is the process of temporarily suspending the process of examining or reading the data (immersion reflect on the analysis experience and attempt to identify and to articulate pattern or theme noticed during the immersion process (Cohen and Crabtree, 2006). These dual processes continue until all the data has examined and patterns and claims emerge from the meaningful and can be well articulated and substantiated.

3.12 CONCLUSION

In the course of this study it became clear that qualitative research methods are indispensable for the research process because of their objectivity. The use of in-depth interviews and focus groups as well as a field observation necessitates the use of qualitative research methods. Furthermore, through observation, the views of variety of stakeholders regarding the topic were discussed. It can also be said that qualitative research methods are different from quantitative research in that, it is based on a naturalistic-phenomenological philosophy, assuming multiple realities are socially constructed by the individual and society. And also the purpose of understanding the social phenomena from the respondents’ and participants’ perspective is based on qualitative research. In the following chapter, the results and findings of the investigation were analyzed and discussed in detail in order to identify the views of the respondents.

CHAPTER 4

RESULTS AND FINDINGS OF THE INVESTIGATION

4.1 INTRODUCTION

The purpose of this chapter is to present and discuss the results obtained during the course of the investigation. The results are based on the questions being asked during the interviewing process, in which fifteen respondents were interviewed. The respondents were chosen randomly to form a sample and they were selected on the basis of gender, age, values and their attitudes, but their selection was on voluntary basis and this was done over a period of three weeks.. The results are based on the outcomes of the data-collection strategies applied to the main research questions and each of the sub-questions and the interview question.

The results and the findings are based on the following main research question:

What is the influences of perceptions of community members on the role of the of the components of the social environment in the design of HIV/AIDS educational and preventative programmes in rural areas?

4.2 RESULTS AND FINDINGS THAT EMERGED FROM THE LITERATURE REVIEW

4.2.1 Ethnicity

My own observation is that ethnicity as the component of the social environment could be considered when HIV/AIDS programmes have to be designed because different ethnic groups have different beliefs on HIV/AIDS. For example, some ethnic groups such as Pedis believe that HIV/AIDS is a relational disease that is related to other diseases that it can be cured (see Chapter 2.3).

It is imperative for health professionals and other stakeholders to consider different ethnic groups when designing HIV/AIDS training programmes because of their different beliefs on matters related to HIV/AIDS. This would affect training programmes, especially in rural areas where cultural beliefs are still dominant. In rural

areas, because of poverty, lack of resources, lack of education and training, ethnicity even among black themselves coupled with the above named factors makes it impossible for the success of HIV/AIDS training programmes. Therefore ethnic groups across the context within the municipality should be considered in order to make HIV/AIDS training programmes successful (see Chapter 2).

4.2.2 Religious denominations

In this study, as stated in Chapter 2, it seems that people from different religious denominations have different views on the issues of HIV/AIDS training programmes. For example, some religions believe that the human body should be left in its natural state and therefore the use of condoms as a prevention strategy for HIV/AIDS should be discouraged, as this tampers with the ‘naturalness’ of the human body. It is thus clear that different religious denominations should work together against the spread of HIV/AIDS by spreading the same message on matters related to HIV/AIDS. In this regard, health professionals and other stake holders working on HIV/AIDS should consider different religious denominations and beliefs before designing and introducing of HIV/AIDS programmes, because through consultation, many people may change their attitudes and mindset on matters related to the HIV/AIDS pandemic (see Chapter 2).

4.2.3 Culture

Due to different cultural beliefs, the designing and the implementation of HIV/AIDS programmes needs cultural sensitivity. Braithwaite (2001) defined cultural sensitivity as the incorporation of ethnic and cultural characteristics, experience, norms, values, behaviour patterns, and beliefs of a target population and the acknowledgement of the relevant historical, environmental and social forces in the design, delivery and evaluation of the targeted health promotion materials and programmes (see Chapter 2.5, page 27). Braithwaite (2001) He furthermore stated that cultural approaches to HIV/AIDS prevention are a new effort to contribute to finding solutions to the HIV/AIDS challenge because they utilize local knowledge in order to develop sustainable and appropriate health programmes and prevention efforts. Sengedo (1998) pointed out that patriarchal culture has heavily influenced the legal systems, governance structure and value system that uphold the unequal status of girls and

women. In rural areas, for example, cultural and traditional beliefs have influenced the design and the introduction of HIV/AIDS programmes; therefore it is imperative for the designers of HIV/AIDS training programmes to consider cultural beliefs before designing and introducing such programmes, otherwise those programmes might fail (see Chapter 2).

4.2.4 Industries

As stated in Chapter 2, simple, concrete and verifiable HIV/AIDS programmes in the workplace can help to control the epidemic and reduce the impact on business. Many companies (industries) are losing about up to 3% of their workers to AIDS each year and HIV/AIDS will decrease life expectancy in South Africa by 20 years to about 49 by the year 2008 (Lewis, 2005). It is clear that most of the labour force in South Africa is generally employed by the industrial sectors, and in particular employed by the local municipal industries. This being the case, the industrial sector as one of the largest employers in South Africa needs to be considered when HIV/AIDS training programmes are designed because of its size and complexity.

Based on the above information, factors such as the provision of good accommodation can control the spread of HIV/AIDS. Factors such as long periods away from home and family can serve as a breeding ground for the HIV/AIDS pandemic because industrial workers may turn to prostitutes for sexual pleasure and this increases the risk of HIV/AIDS infection in this sector of employment. It is vital to integrate the construction sector into national AIDS plans and include key representatives of the construction sector in multi-sector national AIDS councils (Lewis, 2005).

4.2.5 Tourism

Tourism brings people in the region and people interact. Through this form of interaction, information can be exchanged. However, tourists may engage in sexual activities with local prostitutes and this may lead to high HIV/AIDS prevalence among the communities. In believe that tourism as a social dimension should be considered when designing HIV/AIDS training programmes because HIV/AIDS infections in most cases is caused by tourists from different countries across the

world. Furthermore, as regards cultural and ethnic differences, tourists are not exceptional in this regard because their views on HIV/AIDS-related matters may differ and this may lead to a high prevalence of HIV/AIDS in different regions due to tourists (see Chapter 2).

4.2.6 Mining

Like the industrial sector, the mining sector as the largest employer in South Africa needs to be considered when HIV/AIDS training programmes are designed, because it is one of the sectors where the HIV/AIDS epidemic is high due to a variety of factors such as poor accommodation, poor working conditions etc. According to Groenewald (2005:47) mineworkers are seen as the bridging population in a sexual network that links transient and residential communities. For example, Basotho workers in South Africa's mining industry are valuable to their extended families in Lesotho. He further pointed that migrant workers who return home three times annually have a high risk of contracting HIV/AIDS, and higher risk behaviour can be as widespread among rural men as among their counter parts in urban areas (see Chapter 2).

It is clear that the mining sector is the main spreader of HIV/AIDS because most of their mineworkers stay far away from their homes for long periods of time and this increases their risk of contracting HIV/AIDS. Furthermore, poor hostel accommodation can lead to high prevalence of AIDS. HIV/AIDS training programme designers need to consider the mining sector when designing and implementing their HIV/AIDS training programmes because it is one of the largest employers in South Africa.

4.2.7 Agriculture

The commercial agricultural sector is vitally important in developing countries and is often the largest employer of wage labour. It can be essential for achieving food security in a country, but farm workers in this sector are vulnerable to HIV/AIDS as much as the mobile mining workers and workers in the construction sectors. Not only do their living and working conditions place them at risk but they are accorded very few rights and labour protection (Groenewald, 2005).

The agricultural sector needs to be considered when HIV/AIDS training programmes are designed because farm workers often live in compound accommodation, tents or shacks that are unhygienic, overcrowded and lacking privacy. As such they are at risk of contracting the HIV/AIDS epidemic and because of that they need to be taken in to consideration or need to be consulted when HIV/AIDS training programmes are designed. They also need to be provided with HIV/AIDS training programmes, such as condoms, counselling and education on AIDS. Many of these workers are on seasonal contracts, and this increases their mobility and, in turn, the risk of HIV/AIDS infection (see Chapter 2.2.10.2).

4.3 MAIN FINDINGS THAT EMERGED FROM THE EMPIRICAL STUDY

Sub-question 1: What is the nature or the characteristics of the social environment?

As indicated in Table 4.2, it is clear that ethnicity as one of the parameters of the social environment that should be considered in the design of HIV/AIDS training programmes in rural areas because communities have different views about HIV/AIDS. Taking account of ethnicity is indispensable for the success of designing HIV/AIDS training programmes (respondent no 7). Besides ethnicity, people in rural areas belongs to different religious denominations such as Africanism, Christianity and Islam et cetera and this factor influences the design and success of HIV/AIDS prevention programmes, since such people view HIV/AIDS within their religious context and this may have a negative impact (respondents no 6 and 8). This is supported by 40% of the respondents interviewed during this investigation. Culture is a way of life; therefore it can have an influence on the design of HIV/AIDS programmes (see Chapter 2) and in Table 4.2 this is indicated by 26,6% of the respondents. Industries, tourism and mining as well as agriculture serve as the parameters of the social environment. About 46,6%, 40% and 53,3% of the respondents have indicated that the above mentioned parameters need to be considered in the design of HIV/AIDS programmes within a given environment.

TABLE 4.1: THE COMPONENTS OF THE SOCIAL ENVIRONMENT AND THE CONTRIBUTION OF THESE COMPONENTS TO THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Ethnicity	Ethnicity should be considered in HIV/AIDS programme design.	EHD
Religious Denominations	Religious denominations should be taken into account in the design of HIV/AIDS training programmes.	RRT
Culture	Culture is a way of life or learned behaviour.	CLB
Industries	Industries need to be considered when designing HIV/AIDS programmes.	ICH
Tourism	Tourism brings people together.	TPT
Mining	Mining is the largest employer in South Africa.	TES
Agriculture	Agricultural sector needs to be considered when HIV/AIDS training programmes are designed.	ADH

TABLE 4.2: FREQUENCIES OF THE RESPONDENTS ON HOW THE SOCIAL ENVIRONMENT COMPONENTS COULD CONTRIBUTE TO THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

Variable	Respondents	Frequency	Percent
Ethnicity should be considered for HIV/AIDS training programmes.	R1, R2, R3, R14	4	26.6%
Religions denomination is a factor in the design of HIV/AIDS training programmes.	R2, R5, R6, R11, R8, R13	6	40%
Culture is a way of life or learned behaviour.	R7, R9, R12, R15	4	26.6%
Industries need to be considered when designing HIV/AIDS programmes.	R1, R2, R4, R5, R10, R11, R13, R15	8	53.3%
Tourism brings people together.	R1, R3, R5, R14, R15	5	33.3%
Mining is the largest employer in South Africa.	R2, R3, R6, R7, R8, R9	6	40%
Agricultural sector should be considered when designing HIV/AIDS training programmes.	R1, R3, R4, R5, R8, R9 & R15	7	46.6%

4.3 Sub-question 2: What type of liaison or communication takes place between the local health department and the communities about the design of HIV/AIDS training programmes in rural areas?

According to Table 4.3 on this issue, it seems that most of the communities do not receive information about HIV / AIDS programmes in rural areas, as is indicated by R1 and R2. The major barrier to communication about these programmes is the remoteness of the area, which is inaccessible. Seventy-three percent (73%) of the respondents interviewed believe that inaccessibility makes communication impossible. Over and above that, poor training also plays a major role as a communication barrier in these rural areas, as sixty-six percent (66%) of the respondents have indicated that poor training results in poor communication between the local health department and the local community. The barrier to communication makes HIV / AIDS programmes difficult to implement (respondent 1).

TABLE 4.3: CODING SYSTEM ON METHODS OF COMMUNICATION BETWEEN THE LOCAL HEALTH DEPARTMENT AND THE COMMUNITIES ABOUT HIV/AIDS PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Communication matters	Community members do not receive information	NRI
Role of learners	Learners do not disseminate information	NRN
Accessibility of areas	Remote areas inaccessible	NRR
Training of people	People are poorly trained	NRP

TABLE 4.4: FREQUENCIES OF THE RESPONDENTS ON METHODS OF COMMUNICATION BETWEEN LOCAL HEALTH DEPARTMENT AND COMMUNITIES ABOUT HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

VARIABLE/DESCRIPTION	RESPONDENTS	FREQUENCY	%
Community members do not receive information	R1 and R2	2	13,3%
Learners do not disseminate information	R1,R2 ,R3,R4 ,R5	5	33,3%
Remote areas inaccessible	R1, R2,R4,R5,R6, R7, R8, R9, R10, R11, R15	11	73%
People are poorly trained	R1, R2 ,R4, R5, R7, R8, R10,R13, R14, R15	10	66,7%

4.4 *Sub-question 3: Who is responsible for communicating the designing of HIV/AIDS training programmes in rural areas?*

This investigation shows that the better part of the information about HIV/AIDS in rural areas is disseminated by teachers to community members. This is evident in the fact that ten out of fifteen respondents (66,6%) believe teachers are responsible for disseminating information on this matter (as indicated in Table 4.6). Community members also distribute information about HIV/AIDS programmes and, on the other hand, non-governmental organizations also disseminate information about HIV/AIDS. Beside these organizations, there are barriers about HIV/AIDS such as sexual taboos, feeling of embarrassment and sensitivity of the HIV /AIDS topic among the communities that prevent the transmission of information about the pandemic.

TABLE 4.5: CODING SYSTEM ON WHO IS RESPONSIBLE FOR COMMUNICATING HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
People responsible for communication	Teachers	PRT
	Community Youth	PRY
	Social workers	PRS
	Religious groups	CPR
	Health workers	CPH
	Municipal workers	CPM
	Traditional healers	CPT

TABLE 4.6: FREQUENCIES OF THE RESPONDENTS REGARDING PEOPLE RESPONSIBLE FOR COMMUNICATION AND COMMUNICATION BARRIERS

DESCRIPTION/VARIABLE	RESPONDENTS	FREQUENCY	%
Teachers	R1 R4, R7, R9, R10 ,R11,R12,R11, R12, R14	10	66,6%
Community Youth	R1, R2, R4, R5, R7 ,R8, R9, R10, R11, R14	10	66,6%
Social workers	R1, R4, R13, R15	4	26,6%
Religious groups	R1, R2, R9, R10, R15	5	33,3%
Health workers	R1, R2, R4, R9, R10	5	33,3%
Municipal workers	R1	1	6,6%
Traditional healers	R1, R2, R6, R7, R8, R9,R10, R11	8	53,3%

4.5 Sub-question 4: What effect do cultural and traditional beliefs have on the design of HIV/AIDS training programmes?

According to the findings, the majority of community members believe that HIV/AIDS-related matters are a sensitive topic to communicate: as indicated in Table 4.6, thirty-three percent of the respondents agreed that the topic is sensitive. Besides sensitivity, as stated in the same table HIV/AIDS is regarded as a relational disease that is related to other diseases that can be cured. Table 4.6 indicates that this matter is worsened by traditional healers, who majority community members still believe can cure HIV/AIDS. The cultural taboos also play a major part in influencing HIV/AIDS programmes within rural areas, and about twenty-six percent (26%) of community members believe in traditional healers and cultural taboos, and this matter is caused by lack of knowledge among community members (respondent 6).

TABLE 4.7: CODING SYSTEM ON THE INFLUENCE OF CULTURE AND TRADITIONAL BELIEFS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Cultural influence	Community members are rural-orientated	DCR
AIDS and other diseases	HIV/AIDS relational disease	DCR
Role of traditional healers	Traditional healers claim they can cure HIV/AIDS	DCH
Role of Youth	Youth still practice unsafe sex	DCS
Views on HIV/AIDS	Sensitivity of the topic	DCS
Influence of Culture	Cultural taboos	DCC
Training and development	Lack of knowledge	DCK

TABLE 4.8: FREQUENCIES OF THE RESPONDENTS REGARDING THE INFLUENCE OF CULTURE AND TRADITIONAL BELIEFS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

VARIABLE/DESCRIPTION	RESPONDENTS	FREQUENCY	%
Community members are rural orientated	R1, R10	2	13,3%
HIV / AIDS is a relational disease	R1, R2, R5, R7, R8, R11, R12, R13, R14	9	60%
Believe in traditional healers	R1, R2 ,R3, R4, R5, R9, R10, R11,	8	53,3%
Sensitivity of the topic	R1, R2, R4, R5, R6, R7, R8 ,R10 ,R11, R12, R13	11	73,3%
Cultural taboos	R1, R2 ,R4, R15	4	26,6%
Lack of knowledge	R1, R2, R4, R7, R8, R10, R11, R12	8	53,3%

4.6 *Sub-question 5: What is the influence of the community's needs on the design of HIV/AIDS training programmes in rural areas?*

Table 4.9 shows that many respondents believe that the needs of the community should be met before any programme can be implemented. Needs such as food serve as a prerequisite for the success of any programme. Out of fifteen respondents interviewed, eleven believe that shelter plays a role because people need security before they can engage in any programme. The basic needs of food, shelter and clothing are important in the lives of people especially in rural areas where there are very few jobs (respondents 7)

TABLE 4.9: CODING SYSTEM ON HOW THE COMMUNITY'S NEEDS CAN INFLUENCE THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB CATEGORY	DESCRIPTION	CODE
Needs of people	The needs of people should be met.	HNM
Basic needs	Food should be provided	HNF
	Shelter is needed	HNS

TABLE 4.10: FREQUENCIES OF THE RESPONDENTS REGARDING THE INFLUENCE OF THE COMMUNITY'S NEEDS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

DESCRIPTION / VARIABLE	RESPONDENTS	FREQUENCY	%
The needs of people should be met	R1, R2, R4, R6 R10, R11,R12	7	46,6%
Food should be provided	R1, R2, R4, R5, R6, R7, R8, R10, R11, R12, R14	11	73,3%
Shelter is needed	R1, R2, R4, R5,R6, R7, R8, R10, R11	9	60%

4.7 Interview question 1: What is the means of communicating the design of HIV/AIDS training programmes in rural areas?

As indicated in Table 4.12, the main means of communication is through workshops, according to 60% of the respondents. The school also plays a major role as a means of communication, as ten out of fifteen respondents remarked that the school serves as a source of information about HIV/AIDS training programmes. The local youth organizations also play part as well as the community forums: this is supported by six out of fifteen respondents, who believe that the youth are good targets of HIV/AIDS information programmes. R1, R7, R8, R9 R13 and R15 respectively indicated this, and others believe that the public places reflected in Table 12 play a significant role in matters pertaining to HIV/AIDS training programmes.

Dramatization also serves as source of information about HIV/AIDS as shown in Table 4.11, where fifty-three 53% of the respondents agreed that information about HIV / AIDS is communicated through broadcasting – for example, Soul City dramas.

TABLE 4.11: CODING SYSTEM ON HOW COMMUNICATION TAKES PLACE CONCERNING HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Ways of communication	Schools	HCS
Ways of communication	Public Places	HPC
Ways of communication	Local Youth Organization	HCY
Ways of communication	Workshops	HCW
Ways of communication	Dramatization	HCD

TABLE 4.12: FREQUENCIES OF THE RESPONDENTS REGARDING MEANS OF COMMUNICATING THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

DESCRIPTION/VARIABLE	RESPONDENTS	FREQUENCY	%
Schools	R1, R2, R4, R5, R7, R13, R14	7	46,6%
Public Places	R1, R2 R4, R4, R6, R7	6	40%
Local Youth Organization	R1,R7, R8, R9, R13, R15	6	40%
Workshops	R1, R2, R4, R7, R8, R10, R11, R12, R15	9	60%

4.8 *Interview question 2: What is the influence of poverty, unemployment and illiteracy on the design of HIV training programmes in rural areas?*

According to the findings as shown in Table 4.6, poverty, unemployment, illiteracy, and pregnancy have a negative impact on HIV/AIDS programme design in rural areas because sixty-six percent (66%) of the population deliberately get pregnant with the

sole purpose of giving birth so they can get child support grant (this is reflected in Table 4.14). “Besides shortage of jobs the pregnancy rate is still high among our rural communities, and the matter is growing at an alarming rate because poverty is very high (respondent 5).

TABLE 4.13: CODING SYSTEM ON THE INFLUENCE OF POVERTY, UNEMPLOYMENT AND ILLITERACY ON THE DESIGN OF HIV /AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Causes of poverty	Lack of Skills	DCJ
	Low Skills	DCS
Causes of high dropout rate	Pregnancy	DCP
	High illiteracy rate	DCI
Causes of pregnancy	Child support grant	DCG
	Unprotected sex	DCU

TABLE 4.14: FREQUENCIES OF THE RESPONDENTS REGARDING THE INFLUENCE OF POVERTY, UNEMPLOYMENT, AND ILLITERACY ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

	VARIABLE DESCRIPTION	RESPONDENTS	FREQUENCY	%
Lack of Jobs		R1, R5	2	13,3%
Low Skills		R1	1	6,6%
Causes of Poverty		R2, R3	2	13,3%
Causes of Pregnancy		R1, R2, ,R4, R6, R7 R8, R9, R10, R13, R15	10	66,6%

4.9 Interview question 3: *What is the role of the school in the design of HIV/AIDS training programmes in rural areas?*

According to Table 4.7, nine respondents believe that the school plays a major role in helping communities with HIV/AIDS programmes. Table 4.6 shows that 66, 6% of the respondents are of the opinion that teachers help to disseminate information on HIV/AIDS among communities. On the other hand, the same respondents argued that our curriculum does not cater for sex and family education as part of the way to eradicate the spread of HIV/AIDS among our learners (see Table 4.16). To exacerbate the matter, as shown in Table 4.7, most of our people do not have knowledge about HIV/AIDS (six out of fifteen respondents believe so). On the role of government it is clear that the provision of ARVs is still a problem, as forty-percent (40%) of the respondents believed that government should provide ARVs to people infected with HIV/AIDS. According to Carol Coombe (2002:26), mainstreaming of HIV/AIDS is a policy change in a systematic manner in order to achieve the broad social goals of controlling the spread of the epidemic and mitigating its effects.

TABLE 4.15: CODING SYSTEM ON THE ROLE OF THE SCHOOL IN HELPING THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
School should play role	School plays a role	HSR
Curriculum should include sex and family education	Curricula do not cater for sex and family education.	HSE
Teachers are silent	Most teachers do not have knowledge	HSK
Culture plays role	Some teachers are culture-bound	HSC

TABLE 4.16: THE FREQUENCIES OF THE RESPONDENTS REGARDING THE ROLE OF THE SCHOOL IN HELPING THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

DESCRIPTION / VARIABLE	RESPONDENT	FREQUENCY	%
The school plays a role	R1,R2,R4,R5,R6,R9,R11, R13,R14	9	60
The curriculum does not deal with sex and family and family education	R1,R2 R5, R7, R10 ,R11, R12, R14, R15	9	60
Most teachers do not have knowledge	R1, R2, R3, R6, R11, R14	6	40
Most teachers are culture-bound	R1, R2, R11	3	20

4.10 Interview question 4: *What is the role of local municipality in helping in designing of HIV/AIDS training programmes in rural areas?*

According to the results shown in Table 4.15, it is clear that, according to 60% of the respondents interviewed, the local municipality needs to provide resources among its community so that HIV /AIDS programmes can succeed. The municipality should organize workshops as well as training for its own counsellors for the success of the HIV/AIDS training programmes. In Table 4.15, for example, 40% of the respondents supported the opinion that messages about HIV/AIDS should be spread through seminars and community gatherings, as this will instill knowledge among members of the community (respondent 10).

TABLE 4.17: CODING SYSTEM ON THE ROLE OF LOCAL MUNICIPALITY TO THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Have department on HIV/AIDS	Have department that deals with HIV/AIDS	WMD
Training of counsellors	Training its counsellors about HIV/AIDS	WMC
Discussion groups	Organize workshops	WMW
Resources provision	Provide resources	WMR

TABLE 4.18: FREQUENCIES OF THE RESPONDENTS REGARDING THE ROLE OF THE LOCAL MUNICIPALITY IN THE DESIGN OF HIV /AIDS TRAINING PROGRAMMES IN RURAL AREAS

DESCRIPTION / VARIABLE	RESPONDENT	FREQUENCY	%
Have department that deals with HIV /AIDS.	R1, R2, R3, R5, R6, R7, R9, R10, R11, R12	10	66,6
Training of counsellors	R1, R5 ,R6	3	20
Organize workshops on HIV /AIDS	R1, R2, R4,R10, R11, R13, R15	7	46.6
Provide resources	R1, R2, R4, R5, R6, R7, R8, R12, R14, R15	10	66,6

4.11 Interview question 5: *What is the role of non-governmental organizations in the design of HIV/AIDS training programmes in rural areas?*

In this instance, 66,6% of the respondents interviewed supported the idea that these organizations can organize workshops where information about HIV/AIDS can be conveyed to community members. In Table 4.11, it is clearly stated that these organizations can seek donations from abroad so that they can buy ARVs for people with HIV/AIDS. Most of the non-governmental organizations have people suffering from this disease, therefore it is easy for them to canvass for the provision of ARVs (respondent 3) and on the other hand, these organizations can invite people living with HIV/AIDS to address our communities about the pandemic (respondent 7). According to Welman and Kruger (2002:229) the stigma of prostitution is possibly aggravated by the association of prostitutes with AIDS, through their identification as a high risk group. In Table 4.11, for example, the idea that supports this argument is clearly indicated by 33% of the respondent interviewed.

TABLE 4.19: CODING SYSTEM ON THE ROLE OF THE NON-GOVERNMENTAL ORGANIZATIONS IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

SUB-CATEGORY	DESCRIPTION	CODE
Workshops	Organize workshops	WNS
Seminars	Organize seminars	WNS
Have invitations	Invite people who are HIV positive	WNI
Funds	Seek donations for people with HIV to get ARVs	WND

TABLE 4.20: FREQUENCIES OF THE RESPONDENTS REGARDING THE ROLE OF THE NON-GOVERNMENTAL ORGANIZATIONS IN THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

DESCRIPTION / VARIABLE	RESPONDENT	FREQUENCY	%
Organize workshops	R1, R2,R4,R5, R6,R7,R8,R9;R10 ,R11,R12,R13,R14, R15	14	86,6%
Organize Seminars	R1, R4 ,R6 ,R8,	4	13,3%
Invite people with HIV / AIDS	R1, R2, R5, R6, R9	5	13,3%
Seek donations for people with HIV/AIDS to get ARVs	R1, R3, R8, R9, R11,R12,R13 R12, R13	9	60%

4.12 *Interview question 6: What is the role of broader society and the community in terms of the design of programmes to fight HIV/AIDS in rural areas?*

The broader society and communities, especially in the rural areas, should change their attitudes, mindset and culture, as this will “serve to shape the future of the present and future generations and enable them to live sustainably” (respondent). This is also highlighted in Table 4. 22, which shows that 73,3% of the respondents consulted agreed that mindset should be changed towards HIV /AIDS. Apart from that, 80% of the respondents believe that community members such as traditional healers should work collaboratively with health professionals against the spread of the HIV/AIDS pandemic (Respondent 11). Some authors such as Carol Coombe (2002:64) pointed that AIDS is still known as a disease for others (tourists, sex workers, and drug addicts).

Moreover, as Table 4.13 highlights, members of the community should respect the rights of the women and be involved in matters related to HIV/AIDS.

TABLE 4.21: CODING SYSTEM ON THE ROLE OF THE BROADER SOCIETY AND COMMUNITIES IN THE FIGHT AGAINST HIV/AIDS IN RURAL AREAS

SUB CATEGORY	DESCRIPTION	CODE
Change behaviour	Change attitude, mindset and culture	WSA
Team Work	Work collaboration with health professionals	WSC
Respect women	Respect the right of women	WSR

TABLE 4.22: FREQUENCIES OF THE RESPONDENTS REGARDING THE ROLE OF THE BROADER SOCIETY IN THE FIGHT AGAINST HIV/AIDS IN RURAL AREAS

DESCRIPTION	RESPONDENT	FREQUENCY	%
Change attitude, mindset and culture	R1,R2,R4,R5,R6, R7,R8,R10,R12,R13	11	73,3
Work collaboratively with health professional	R1, R2, R3, R4, R5, R6, R8, R9, R10, R11, R14, R15	12	80
Respect the rights of women	R2, R5, R6, R8, ,R9, R15	6	40

4.13 DISCUSSION

The purpose of this section is to highlight some of the reflections on the value of the social environment in programme design and development. This section will also reflect on the main components that have been identified as the parameters of the social environment that have an impact on the design and development of HIV/ AIDS training programmes in rural areas. These factors have been discussed on the basis of how they engage one another when it comes to the development or offering of

programmes on HIV/AIDS. Perceptions of the community regarding the role of the social environment towards curriculum design have been highlighted.

The social environment is constituted by various parameters and these parameters are linked to one another and the introduction or the design of HIV/AIDS training programmes needs the analysis of all these factors that are linked to each other. From the literature study, as highlighted in 4.2.1, it is clear that ethnicity as a component of social environment should be analyzed before programmes are designed and implemented, because different ethnic groups have different views on matters related to HIV/AIDS. Within different ethnic groups there are also different religious denominations that also have different beliefs about HIV/AIDS training programmes and for the design and implementation of such programmes, the denominations need to be considered, because of their diverse views. Over and above that, their beliefs on the use of condoms, as a prevention strategy for the curbing spread of HIV/AIDS, is also a factor of great concern. As stated in Chapter 2, support from the religious community is a prerequisite for any HIV/AIDS intervention programme, since differences in ethnicity or religious denomination on matters related to HIV/AIDS can be problematic. This is evident from the literature study, which revealed that supporting each other in the fight against HIV/AIDS can lead to the eradication of the pandemic.

It is also mentioned in this study that culture is one of the factors that constitute the social environment and therefore the development and design of HIV/AIDS training programmes need cultural sensitivity, whereby the incorporation of ethnic and cultural characteristics, experience, norms, values, behaviour patterns, and beliefs of a target population and the acknowledgement of the relevant historical, environment and the social force in the design, delivery and evaluation are the factors that need to be considered when designing and developing HIV/AIDS programmes (see Chapter 4.4.2.3). It has also emerged from the literature that culture, ethnicity and religious denominations need to engage one another when HIV/AIDS programmes are designed and developed, because partnership among various stakeholders can lead to curbing the spread of HIV/AIDS. Sengendo (1998) has pointed that in rural areas patriarchal culture has heavily influenced the legal system, governance structure and value system that uphold the unequal status of men and women, and this also influences the design and development of HIV/AIDS training programmes. Most of

the rural communities are culture-bound and some still do not believe in the use of condoms, others view HIV/AIDS as a curable disease, will still others believe in traditional healers who can claim they can cure HIV/AIDS. The majority also still practise polygamous marriages and have unprotected sex.

The literature revealed that the industrial sector as one of the employers in South Africa cannot be separated from the environment, because it is one of its components. Given its size and complexity, and the fact that it employs migrant labour, it is clear that in the design and development of programmes, especially HIV/AIDS training programmes, this sector needs to be taken into account, because the majority of the labour force is employed within it. Due to poor accommodation, as in the agricultural sector and mining, long periods away from home, and the other factors mentioned above, these sectors can serve as a breeding ground for the HIV/AIDS pandemic, because the industrial workers may turn to prostitutes for sexual pleasure, and this increases the risk of contracting HIV/AIDS (Lewis, 2005).

It has also been found that tourism is one of the factors of the environment that needs an analysis before any programme can be introduced or developed, because tourism brings people together and people interact – and through this interaction the risk of HIV/AIDS becomes high. Beyond this, tourists bring different cultural or ethnic groups together and this leads to the exchange of information and ideas and in doing so it can lead to design and development of programmes across cultural and ethnic difference, and this may lead to social security in the fight against HIV/AIDS. It is vital to integrate the tourism sector into national AIDS plans and design training programmes that are user-friendly and able to control the spread of HIV/AIDS.

The agriculture, industrial and mining sectors need to engage one another when it comes to the offering of HIV/AIDS training programmes because it is vital for these sectors as the largest employers of migrant labourers to come together to design and develop programmes that meets the need of their employers, and this will result in a collaborative effort to fight the spread of HIV/AIDS. Furthermore, the mobility of labourers, which is one of the characteristics of these sectors of the economy, one of the factors that needs to be looked at when programmes are designed and implemented, because it is one of the major causes of HIV/AIDS among workers within these sectors. The analysis of the environment in which employees of the

mentioned sectors live and work is vital when programmes are designed, because these workers live in overcrowded, male-dominated hostels, and poor accommodation that can serve as a breeding ground for sexually transmitted infections (STIs) and the HIV/AIDS.

As stated in Chapter 2, one of the principles that needs to be analyzed within the social environment is the establishment of dialogue between political and religious leaders, because they have different views: some believe that policies on HIV/AIDS are biased against certain culture and traditions. For example, some religious groups do not believe that condoms prevent AIDS. The same goes for some politicians as well. Furthermore, the establishment of a National Multi-Disciplinary Committee for the prevention of HIV/AIDS by the government and the broader society could help to fight the spread of HIV/AIDS.

The emphasis should also be on the provision of resources by the government and non-governmental organizations to counter the spread of HIV/AIDS. Furthermore, the provision of accommodation and financial stipends to those who are prone to the risk of HIV/AIDS could serve as a cornerstone to fight against the spread of the disease. Programmes such as education, counselling and treatment that need to be implemented or developed require the analysis of the environment in which they are to be implemented. Understanding the communities in which these programmes are implemented will help to cut through resistance and the cultural barriers of sexual taboos, the sensitivity of HIV/AIDS as a topic, and feelings of embarrassment by members of the same communities. Therefore programme design and development especially on HIV/AIDS need a culture and mindset change coupled with skills in order to be successful. Over and above this, programmes such as voluntary counselling and testing, care and support, behaviour change, communication and home- and community-based care also need an analysis of the environment before they are designed and developed: this analysis will allow the programme developers to understand the needs of the community, their culture and traditional beliefs as well as their understanding of HIV/AIDS and other related matters.

It has also been ascertained that the agriculture sector employs migrant labourers, and these employees should be orientated, counselled, and educated about HIV/AIDS before they start working in this sector. It is also vital for this sector of the economy to

develop HIV/AIDS initiatives, such as provision of good accommodation, as these will decrease the spread of the disease.

One of the fundamental programmes as indicated in the literature is the provision of basic services such as shelter, food, and provision of houses for the poor. This may curb the spread of the diseases since living in overcrowded, poor conditions serves as the breeding ground for HIV/AIDS.

On the other hand, the literature shows that the provision of basic services such as medical services can serve as a good way of decreasing the spread of HIV/AIDS.

On curricular matters, it is clear that curricular workers, learners, teachers, community and other participants as sources of curriculum design should design curricula that are responsive to the needs of broader society and the changing ways of living.

Finally, the parameters or the components of the social environment such as ethnicity, religious denominations, tourism, culture, agriculture, mining, and the industrial sectors need to be analyzed before any programme is developed and implemented, because through environmental analysis one is able to find the underlying issues that are requisite for the success of any community programmes. Lastly, environmental analyses and curriculum design or programme development go together and this requires the engagement of all environmental parameters for the curriculum design and development to succeed.

4.14 CONCLUSION

As stated in Chapter 1, the social environment serves as a basic tool for the design of training programmes in rural areas because through this environment, one is able to determine what type of training is needed for the success of such programmes as HIV/AIDS prevention programmes. Rural communities are mostly vulnerable to HIV/AIDS because of poverty, and this may provide the basis for further research on how poverty leads to high levels of HIV/AIDS among our communities. This suggests that most of the rural areas investigated still believe in cultural taboos and this influences the design of HIV/AIDS training programmes, and also lack of knowledge. Lack of proper resources also influences the social environment negatively in the

- 105 -

implementation of some programmes. In the following chapter the findings, recommendations and implications of the research are discussed.

CHAPTER 5

MAIN CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS FOR THE STUDY

5.1 INTRODUCTION

The aim of this study was to investigate the opinions of the community regarding the role of the social environment in the design of HIV/AIDS training programmes in rural areas. To attain this aim, a literature review was first undertaken by means of which the opinions of the community members on the parameters of the social environment were determined (see Chapter 2). Attention was also given to the influence of the opinions of the community at the local level on the design of HIV/AIDS training programmes in rural areas. Following the literature review, research was undertaken into which method of research was appropriate for this study (reported in Chapter 3), while the results and the findings were reported in Chapter 4.

HIV/AIDS is a national crisis, and communities need to become aware that this disease is incurable. Furthermore, teachers need to teach learners sex and HIV/AIDS education as a compulsory subject at schools, and our communities need to campaign against the spread of the disease through workshops and seminars, and the government should provide resources for the fight against the disease. On the other hand, caring for and supporting those who have AIDS can serve as a fundamental tool in curbing the spread of this disease.

In this last chapter a summary of the literature study and conclusion from this review are presented. This is followed by a presentation of the results of the empirical research and the limitations of the study. Lastly, recommendations and implications are presented.

5.2 AIMS AND OBJECTIVES OF THE INVESTIGATION

As stated in Chapter 1.1.4.1, the following aims and objectives were central to this study:

- To indicate the nature or the characteristics of the social environment.
- To determine whether there is communication between local health department and communities about HIV/AIDS training programmes in rural areas.
- To ascertain the lines of communication and communication problems in relation to HIV/AIDS training programmes in rural areas.
- To analyze the impact of communities' cultural and traditional beliefs and their influences on the design of HIV/AIDS training programmes in rural areas.
- To determine how communities' needs influence the design of HIV/AIDS training programmes in rural areas.

The opinions of community members regarding the role of the social environment in the design of HIV/AIDS training programmes in rural areas were central to the investigation. Therefore, by means of a discussion based on the data presented in Chapter 4, the researcher analyzed the findings of the investigation in relation to the aims and the objectives stated above.

5.2.1.1 GENERAL OVERVIEW OF THE RESEARCH FINDINGS ON PERCEPTIONS OF COMMUNITIES MEMBERS ON THE ROLE OF THE SOCIAL ENVIRONMENT IN RELATION TO ITS CONTRIBUTION TO THE PROGRAMME DESIGN

This section reports on the information acquired in terms of the first sub-question:

What is the nature or the characteristics of the social environment?

Cultural sensitivity as a fundamental component of ethnicity includes ethnic and cultural characteristics, experience, norms and values as well as the behavioural patterns and therefore the designing and programme development should consider ethnic diversity, since different ethnic groups have different beliefs on HIV/AIDS. According to Dellaria (1994), prevention and development programmes on AIDS in particular should consider language differences, cultural understanding, cultural beliefs about sexuality and behaviour models as well as the context in which these programmes are going to be developed (see Chapter 2). Authors like Bregman (1991) believe that, depending on ethnic diversity, HIV/AIDS prevention programmes should be designed in such a manner that the four foremost topics that are difficult if not taboo to discuss, for example illness, death, sexuality and homosexuality, should be catered depending on the cultural beliefs of each ethnic group. Nyamanthi (1998) added that to determine the effects of HIV/AIDS educational programmes, the traditional role of men and women, cultural beliefs about sexuality and the language differences are factors to be considered when HIV/AIDS programmes are designed. He also stated that the cultural understanding of the participants could influence the success of such programmes (see Chapter 2).

Tourism as one of the activities within the social environment contributes to programme design and development through the socio-cultural impact that results from the interaction between the local or the host people and the guests or the tourists. Mordi (1991) indicated that tourism leads to positive attitudes towards wild life conservation and this may lead to a sustainable future. The findings revealed that tourism promotes the rejuvenation of culture and the preservation of some cultural products and practices whereby tourists are accommodated in traditional huts, and sample traditional dishes, music and dance (Mbaiwa and Ranstudu, 2003).

On the other hand, mining, religious denominations, agriculture and industries as components of the social environment have an influence on the design of HIV/AIDS training and prevention programmes because the majority of people, especially in the rural areas, are employed in these sectors and have religious beliefs.

5.2.1.2 FINDINGS WITH REGARD TO THE COMMUNICATION THAT TAKES PLACE BETWEEN THE LOCAL HEALTH DEPARTMENTS AND COMMUNITIES ABOUT HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

This section reports on the information acquired in terms of the second sub-question:

What type of liaison or communication takes place between the local health department and community concerning the design of HIV/AIDS training programmes in rural areas?

It seems that most communities do not receive information about HIV/AIDS training programmes in rural areas (see Chapter 4, Table 4.4). The matter is worsened by the remoteness of the rural areas, which are inaccessible for the health professionals, and this impedes the dissemination of information. Van Rooyen and Louw (1985) believe that most of the rural communities do not talk about sex-related matters because they claim the topic is sensitive and embarrassing. This is supported by learners who do not disseminate information about HIV/AIDS matters (see Table 4.4). Over and above this, the people responsible for communication are poorly trained as indicated by 66,7% of the respondents interviewed. According to Sengendo (1998), cultural sensitivity prevents a greater number of people from talking about HIV/AIDS because of the shame associated with disease. However, Braithwaite (2001) believes that culturally sensitive professionals should utilise knowledge related to ethnicity, gender and sexual orientation to develop strategies that can serve as a means of communication to curb the spread of HIV/AIDS among our communities (see Chapter 4 paragraph 2).

5.2.1.3 FINDINGS WITH REGARD TO WHO IS RESPONSIBLE FOR COMMUNICATION ON HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

This section reports on the information acquired in terms of the third sub-question:

Who is responsible for communicating the design of HIV/AIDS training programmes in rural areas?

Most of the respondents have indicated that the people chiefly responsible for communicating HIV/AIDS training programmes in rural areas are teachers, community youth and non-governmental organizations (see Table 4.5 and Table 4.6 respectively). Table 4.6 shows that 66,6% of the community youth are responsible for communicating information about HIV/AIDS in rural areas. Furthermore, non-governmental organizations (NGOs), as indicated in Table 4.19, are also communicating the message of HIV/AIDS training programmes in these rural areas. However, there are problems that arise in rural areas on matters related to HIV/AIDS – for example, sex-related matters being treated as taboo.

Most of the common problems that serve as barriers for communicating information about HIV/AIDS training programmes in rural areas are related to the issue of sexual taboos. According to Van Rooyen and Louw (1985), most of the people in rural communities like the respondents do not talk about sex or HIV/AIDS-related matters because they feel that the topic is:

- Sensitive,
- Embarrassing, and
- Something about which they lack knowledge (see Chapter 1)

In Chapter 4, Table 4.6, it is further stated that ignorance on the part of the communities concerning HIV/AIDS is one of the major barriers of communication. Another factor that serves as a barrier to communication is ethnicity – that is, belonging to a particular racial group within a larger set of people. The above factor coupled with cultural beliefs and tradition serves as a barrier to communication because some people believe that issues related to sex or HIV/AIDS need cultural sensitivity (UNESCO 1999). According to Kondowe (1998:25), cultural beliefs influence the way people think and act. He further pointed that ethnic and cultural characteristics, experience, norms and behaviour patterns of the population influence approaches to HIV/AIDS programmes.

5.2.1.4 FINDINGS WITH REGARD TO THE IMPACT OF COMMUNITIES' CULTURAL AND TRADITIONAL BELIEFS AND THEIR INFLUENCE ON HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

This section reports on the information acquired in terms of the fourth sub-question:

What impact do the cultural and traditional beliefs of the rural communities have on the design of HIV/AIDS training programmes?

From the literature study it was discovered that culture has an influence on the design of HIV/AIDS training programmes, especially in rural areas. The reason was that rural communities are culture-bound – meaning their actions are indeed based on their cultural beliefs. As indicated in Table 4.6, 33% of the respondents believe that HIV/AIDS and other sexual matters are sensitive and, according to their own cultural beliefs, these topics cannot be discussed because they are embarrassing. Besides that, it is widely believed in rural communities that the problem of HIV/AIDS can be solved through traditional medicines, as the majority of them still believe in traditional doctors who claim that they can cure HIV/AIDS.

Kondowe (1998) remarked that culture is the sum total of learned behaviour of one group of people and is generally considered to be the tradition of that people and is transmitted from generation to generation (see Chapter 2). Table 4.5 shows that cultural and traditional beliefs have an impact on the design of HIV/AIDS training programmes in rural areas because the majority of the respondents believe that HIV/AIDS-related matters are influenced by the cultural taboo of remaining silent about sex-related matters. They further indicated that HIV/AIDS is a relational disease, meaning it is related to the other diseases that can be cured through cultural and traditional medicines. UNESCO (1999) pointed that the stigmatization and discrimination associated with HIV/AIDS instil fear and prevent a great number of people living with HIV/AIDS from testing, and seeking treatment for and information about the disease because of the shame associated with the epidemic (see Chapter 2). Braithwaite (2001) stated that cultural sensitivity incorporates ethnic, and cultural characteristics, norms, values and attitudes and this enables the target population to respond to their cultural values. This shows that the rural communities are bound by their own cultures and traditions of believing in traditional healers and of remaining silent about HIV/AIDS and sexual matters.

Furthermore, there is the patriarchal system of governance, widow inheritance and the value system that upholds the unequal status of men and women. Polygamy is also

regarded as a high risk practice responsible for the spread of HIV/AIDS in African regions (Sengendo 1998).

5.2.1.5 FINDINGS WITH REGARD TO THE INFLUENCE OF THE COMMUNITY'S NEEDS ON THE DESIGN OF HIV/AIDS TRAINING PROGRAMMES IN RURAL AREAS

This section reports on the information acquired in terms of the fifth sub-question:

How do the needs of the communities influence the design and the implementation of HIV/AIDS training programmes in rural areas?

As far as the communities' needs are concerned, it became clear that they should be met first before any programme, whether HIV/AIDS or any other programme, is implemented or designed. As indicated in the Table 4.10, most of the respondents believe that basic needs such as food should be provided to the community before HIV/AIDS training can be implemented in those communities. The same table shows that 73% of the respondents have indicated that food serves as a basic need so it needs to be provided before HIV/AIDS training can succeed. Besides food, shelter also serves as a prerequisite, because people need to be protected so that they can participate in any programme or activities. Table 4.9 shows that 60% of the respondents believe that shelter, like food, is a primary need that should be considered before any programme is designed and implemented – especially in rural areas where majority of the community members are living below poverty line, are illiterate and unemployed.

Poverty is most prevalent in rural areas and has a positive relationship with the fast spreading of AIDS in the same areas. The incidence of poverty is caused by unemployment, under-employment and unremunerative forms of employment, and rural poverty is more common than urban poverty. Groenewald (2005) believes that the incidence of poverty still reflects apartheid geography, where the majority of poor communities are concentrated in the former homelands such as the Limpopo, Eastern Cape and KwaZulu-Natal. Since most of the people are poor, access to infrastructure such as clinics or sanitation and other amenities is poor and of course was a major challenge of the post-apartheid government. Lewis (2005) stated that the cholera

epidemic currently ravaging some parts of our country is a vivid example of the human backlog in rural areas. The findings indicated that the high rate of poverty in rural areas is aggravated by lack of access to productive resources. Most of the rural poor depend on child support grants from the government and on remittances from relatives or gifts from charity organizations.

5.3 LIMITATIONS OF THE INVESTIGATION

Some of the limitations of the investigation are as follows:

- Due to the fact that most of the respondents that have been interviewed or participated in this investigation have not been exposed to HIV/AIDS workshops or to in-service training or have no background about HIV/AIDS training programmes in rural areas, some found it difficult to clearly understand some questions or terms during the interviews. Therefore, the possibility of some interview questions being misleading or unclear to them could not be ruled out.
- The researcher also wished to cover the entire Greater Tubatse Municipality in the research, but time would not allow this.

However, the researcher gained a lot of insight and invaluable experience in the process of conducting the investigation. The researcher therefore suggests that:

- The interviews could have been better structured to gain more information from the respondents.
- Questionnaires could have been conducted to get more depth and insight beyond the responses to the interviews.
- Data collection could have been conducted over a long period of time to allow the researcher to further consider instruments and data analysis techniques to be used.

Validity: Validity of research findings is defined by Linqvist (1989), cited by Sanders and Mokoku (1994), as the ability of an instrument to measure accurately what it

intended to measure. Sanders and Mokuku (1994) pointed out that there are always two facets to validity: on the one hand validity refers to the likelihood of the results obtained from the instruments being an accurate reflection of “reality”; on the other hand it refers to the plausibility of the inferences made by the researcher. According to Frankel and Wallen (1990), “The drawing of correct conclusions based on the data obtained by use of an instrument is what validity is all about”. In my opinion, the interviews were not valid since there was no obligation on the part of the interviewee to be objective and to tell the truth; hence the instrument cannot measure what it is supposed to. Moreover, as the interviewer I have a purpose while the interviewees have their own purpose with the interview, and this may invalidate the results of the interviews. As the interviewer flexibility becomes the problem since consistency sometimes in asking the questions is not adhered to. Uncertainty on the part of the interviewees on information could have a bearing on the validity of the interviews.

Interviews: Because the respondents answer questions, sometimes they abruptly change their attitude and pretend that everything they have been asked they know and understand. In some cases, the researcher encountered some problems from the participants through their lack of interest and through lack of time. These could affect the results in that it was highly unlikely that the researcher would get asked about a problem experienced by the participants; hence the problem would be underestimated.

The interviewer’s influence could have been minimised by introducing the researcher to the group early, and allowing a number of days for the research subjects to become familiar with researcher’s presence before interviews are conducted, as recommended by McMillian and Schumacher (1993). This was not possible in this study because participants sometimes do not have enough time.

5.4 RECOMMENDATIONS AND IMPLICATIONS

On the basis of the findings of the investigation of the study, the researcher would like to make the following recommendations:

- (i) Our rural communities should change their attitude and mindset towards HIV/AIDS. Our rural communities need to be aware that HIV/AIDS is an incurable disease, as Beyer and Charlton (1986) warn. The study reaffirms that our communities need to change their attitude and mindset on

HIV/AIDS-related matters as the majority of them still believe that HIV/AIDS can be cured by traditional healers, some of whom claim that they can cure AIDS. Furthermore, it would be helpful for our communities to change their attitude towards sex, for example discouraging polygamous marriages and respecting their women et cetera. (See Table 4.7, where it is stated that women should be respected.)

- (ii) The concept of cultural “taboo” (see Table 4.6) as Van Rooyen and Louw (1985) warn, should change, because on the other hand it leads to high levels of HIV/AIDS among our communities, since it encourages parents to remain silent on matters related to sex. Over and above that, it encourages polygamous marriages among communities and this increases the spread of HIV/AIDS among the same communities. Besides that, rural cultures tend to encourage gender inequality and discrimination against women and this increases the rate of vulnerability to HIV/AIDS among women. Cave (1995) pointed that skills development can serve to change the attitude and the culture of our communities towards HIV/AIDS on the basis that such matters should be taught children by communities through parents and other stakeholders.
- (iii) Education and training will improve the understanding of the disease. Teacher training institutions, schools and other institutions should have HIV/AIDS education as a compulsory subject for all prospective learners so that all teachers will be able to integrate and facilitate HIV/AIDS education in various learning areas. Thus, teachers should be trained to improve and develop low-cost resources for promoting the study of HIV/AIDS education. Most support should be given to teachers as they responsible to disseminate information to learners about HIV/AIDS. (See Table 4.5, teachers are presented as being responsible for communicating about HIV/AIDS.)
- (iv) Even though there is life skills education, HIV/AIDS education should be introduced as a compulsory subject at school level, and workshops have to be organized for the re-orientation and retraining of teachers, since life skills education has only a small section on HIV/AIDS. According to

UNESCO (1999:24), all teachers should have opportunities to develop familiarity with the concepts related to HIV/AIDS as well as professional skills on how to present this subject in the classroom so that the learners will be able to understand it clearly. This implies that teachers should be able to teach this subject to learners. Teachers, churches, learners, community, and other participants should be involved in programme design and development with regard to curriculum and HIV/AIDS education.

- (v) Furthermore, community members should be given opportunities to campaign against the spread of HIV/AIDS through gatherings, seminars workshops, et cetera. They should be provided with resources such as transport so that they can reach some of the remote rural areas so that they can spread the message about HIV/AIDS in those communities. Communities through their teachers should be exposed to a variety of existing resource material or programmes on HIV/AIDS education. This should be accompanied by efforts to train community development workers on how best materials could be used or adapted to the local context so that they can be beneficial to both community and learners. Self-developed training materials and other resources should be improvised by the community on how to deal with HIV/AIDS.

- (vi) Awareness campaigns will make people take steps to avoid becoming infected. This creates a climate that encourages disclosure and openness about HIV/AIDS infection. Furthermore, through awareness, knowledge is promoted among the community members and this may decrease the level of infection among the community members. The development of public education as part of the awareness programmes, especially in the agricultural sector, may address xenophobia and show that foreign migrants are important as contributors to economic growth and should be afforded rights and protection (Lewis, 2005). Dilley (2005:185) added that empowering workers by overcoming discrimination, de-stigmatizing and especially empowering rural women will help break the silence. On the other hand, the provision of entertainment, and the provision of condoms

and information as to the correct use of these may also lead to the curbing of the HIV/AIDS epidemic among rural communities (Rix, 1997).

- (vii) Caring and supporting those who are HIV positive with access to medication, especially pregnant mothers is also important. As indicated in Chapter 2, Home- and Community-Based Care (HCBC) is one of the HIV/AIDS training programmes offered in rural areas for giving those who are HIV positive access to medication and support. Furthermore, hospice services for the terminally ill, and community support groups for people living with HIV/AIDS should be made available for people with AIDS as well as pregnant mothers. Over and above that, provision of antiretrovirals (ARVs) for people with AIDS can help to sustain life for people who are already infected the disease.
- (viii) People living with HIV/AIDS should be given care and support as indicated in Chapter 2.19.2: for example, psychological services as a way of encouraging them to cope with HIV/AIDS infection and also palliative care and nutritional support for people with AIDS can serve to reduce death, as HIV/AIDS is mostly related to poverty. Technical assistance for home-based caregivers can help to deal with people who are HIV positive.
- (ix) The findings also show that the social environment is critical for programme design and development, because through the analysis of the environment one is able to understand the underlying issues and the problems the communities are experiencing in their own social environment (see paragraph 1.2). Furthermore, researching in rural areas requires an understanding of the communities and the cultural beliefs of members of the communities at whom the programmes are to be targeted.

In addition, environmental analysis could help to halt the spread of AIDS among communities because it helps the designers to consider all the parameters of the social environment that have an impact on the prevalence of HIV/AIDS in a given area. On the basis of the above, it is clear that an environmental analysis of the social environment is a critical factor for programme design and development since it recognises the need

to understand what underpins the factors under study. The industries, mining, agriculture, ethnicity, and religious denominations as components of the social environment should be considered when programmes are designed and implemented (Swanevelder & Hugsteeen, 2002).

(x) One of the recommendations is that ethnicity as a component of the social environment should be considered when HIV/AIDS training programmes are designed. See Table 4.2, where it is stated that ethnicity should be considered when AIDS programmes are designed for rural areas. It was also mentioned in Table 4.2 that industries should be taken into account when designing HIV/AIDS training programmes are designed, since they employ different ethnic groups.

(xi) Finally, further research is needed to determine whether the HIV/AIDS training programmes identified in the study are generalizable to other municipalities. Dilley (2005) believes that continuing research to find cures, vaccine or new methods of treatment for HIV/AIDS is needed in order to halt the spread of the pandemic. Additional studies on how to support members of the community who are HIV positive should be conducted in order to afford them a healthier lifestyle while research into a cure for HIV/AIDS continues.

6. CONCLUDING REMARKS

From both the literature study and the interview results it is clear that HIV/AIDS training programmes are very important in the eradication of AIDS among our communities. In this chapter, the result of the findings have been discussed and it was found that HIV/AIDS training programmes need knowledge of the perceptions of the communities as parameters of the social environment if they are going to succeed. Furthermore, the literature reveals that cultural problems serves as barriers to the introduction of HIV/AIDS training programmes, because the majority of rural communities are culture-bound, which influences their lifestyle. Recommendations and implications were presented.

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APPENDIX A:

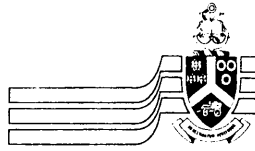
Interview Schedule

INTERVIEW SCHEDULE

	Sub-question	Interview question	Probing question	Why question have been asked
1	What constitutes the social environment?	Does the social environment have an impact on the design of HIV/AIDS training programmes?	What is the social environment?	To determine whether the people understand the components of the social environment.
2	What type of liaison or communication take place between local health department and community about the design of HIV/AIDS training programmes in rural areas?	Does this communication reach the majority of the community members in rural areas?	Are people responsible for communicating this HIV/AIDS programmes well trained?	To know whether these is communication between health department and community about HIV/AIDS training programmes.
3	Who is responsible for communication about HIV/AIDS training programmes?	Are people responsible for communication understood the HIV/AIDS programmes well?	What form of training does the people have about HIV/AIDS?	To determine whether this people have received skills in how to communicate about HIV/AIDS programmes.
4	Does cultural and tradition influence the design of HIV/AIDS training programmes in rural areas?	What influences does culture and tradition have on HIV/AIDS related matters?	What form of influence do they have on design of this HIV/AIDS training programmes?	To identify how culture and tradition influence the design of HIV/AIDS programmes in rural areas?
5	How does the needs of community influence the design of HIV/AIDS training programmes in rural areas?	Why does the needs of community influence the design of HIV/AIDS training programmes?	What form of influence does there needs have on the design of HIV/AIDS training programmes?	To test whether need analysis play role in the designing of HIV/AIDS training programmes in rural areas?

APPENDIX B:

Ethical Clearance Certificate



UNIVERSITY OF PRETORIA
FACULTY OF EDUCATION
RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

CLEARANCE NUMBER : EMP06/06/04

DEGREE AND PROJECT

M.Ed Curriculum Studies

An environmental analysis as a prerequisite to the design and implementation of HIV/AIDS training programs in rural areas

INVESTIGATOR(S)

Makgobebele S Mabitsela

DEPARTMENT

Curriculum Studies

DATE CONSIDERED

1 June 2006

DECISION OF THE COMMITTEE

APPROVED

This ethical clearance is valid for 2 years from the date of consideration and may be renewed upon application

**CHAIRPERSON OF ETHICS
COMMITTEE**

Dr C Lubbe

DATE

1 June 2006

CC

Prof WJ Fraser

Mrs Jeannie Beukes

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

APPENDIX C:

Letters of Permission

Litanyo

Private Bag X9119
DRIEKOP
1129

PROVINCIAL GOVERNMENT

**DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT
SEKHUKHUNE DISTRICT
DILOKONG HOSPITAL**

REF NO: 97261565

ENQUIRIES: M.M.MASHISHI

Mr. Mabitsela
P.O.Box 1187
DRIEKOP
1129

Dear Sir / Madam

APPLICATION TO CONDUCT THE STUDY

Kindly be informed that the permission to conduct the research has been granted.

Hoping that the research will comply with the principles of confidentiality and human rights.

M.M. Mashishi.....
CHIEF EXECUTIVE OFFICER

GREATER TUBATSE MUNICIPALITY

P. O Box 206
BURGERSFORT
1150



Kort & Eddie Sedibe Streets
BURGERSFORT
1150

Tel: 013 231 7645/7265
FAX: 013 231 7491
Website: www.tubatse.com

Enq: DK Boshego

Date: 23 March 2006

Mr MS Mabitsela
PO Box 1186
DRIEKOP
1129

RE: APPLICATION TO CONDUCT RESEARCH

Your letter dated 10-03-06 has reference.

Approval is hereby given that you can conduct research on HIV/Aids in falling within the jurisdiction of this Municipality.

It is expected that the investigations will be carried out with the confidentiality they deserve. It will also be appreciated if the synopsis of the dissertation can be penciled down.

In conclusion, the Municipality needs to be given feedback in writing of the outcomes of your research.

Wishing you best luck and success in your information-gathering.


.....
SPS Malepeng
Municipal Manager

APPENDIX D:

TRANSCRIBED

INTERVIEWS

Respondent no : No 1

Date : 02 July 2006

Gender : Female

Position held : Police officer

Years of working experience : 4 years

Training qualifications : Basic training, field training, and
Tactical training in police and,
Diploma in education.

Level : Constable

Interview : Good morning sir.

Respondent : Good and you sir

Interview : I am Mr. Mabitsela, a student from university of Pretoria I
would like you to share information with me pertaining matters
relating to HIV/AIDS training programmes within your area or
municipality.

Respondent : Okay, sir

Interview : Firstly, give me your qualification and experience.

Respondent : I have been in the police service for a period of four years. I have
a three year teachers diploma, but never worked as a teacher.
presently, I have basic training, field training and tactical training
in policing and work as a police officer.

- Interviewer : Is there a communication between local health department and the community on HIV/AIDS training programmes your area?
- Respondent : yes, but the manner and the means of communications are lesser, as majority of the community members do not received such information. the reason limited communication, i think is due to unwillingness on the part of the community, lack of proper training for people responsible for communication, cultural barriers such as sensitivity of the topic, feeling ashamed to talk about sex related matters. the limited communication is disseminated by few teachers to learners at schools, by community and home based care workers and through workshops organized by local health Department.
- Interviewer : Are only health professional that indicated before, teachers at school give learners information about HIV/AIDS programmes. Other parties are youth organizations, community and home based care workers, social workers and community development officers.

- Respondent : No 02
- Date : 02 July 2006
- Position : Social worker
- Interview : What is the influence of poverty, unemployment and illiteracy towards the design and implementation of HIV/AIDS training programmes?
- Respondent : In the first, I can say poor people are vulnerable to HIV/AIDS infection. Like poor people, unemployed and illiterate people are also susceptible to AIDS infections because most of them are practicing unprotected sex in exchange for money and this increase the risk of HIV/AIDS infections. In our community we still live below poverty line and the level of HIV/AIDS tends to be higher and most of HIV/AIDS programmes are failing because of lack of understanding and ignorance on the part of our community members.
- Interviewer : How does the community's needs influence the design and introduction of HIV/AIDS training programs within your area?
- Respondent : I think a community whose needs are not satisfied will have an impact on the design and introduction of HIV/AIDS programmes. The need for food, for example, must be satisfied before such programmes can be introduced. Poor and hungry people may be engaged in unprotected sex in order to get money and also have children to get child support grant. And this has a negative impact on the HIV/AIDS training programmes.

Respondent : No 03
Gender : Male
Position : Religious leader

Interviewer : Do you think religious leaders can play a role by helping in condom distribution or religion can play a role in the implementation of HIV/AIDS training programs? if yes “how” and if no, why?

Respondent : Yes, it can play a major role by helping in condom distribution among The congregation. They can also spread the message of abstinence and faithfulness during their meeting as a congregation. The same leaders can organize workshops together with health department and highlight their members about HIV/AIDS epidemic.

Interviewer : What role should be played by organizations such as treatment action campaign and other non-governmental organizations in helping the community to design and implement HIV/AIDS training programmes?

Respondent : The mentioned organizations can invite their members who are HIV positive to community gatherings and highlight them about HIV/AIDS and its consequences. They can also work in conjunction with health department to organize workshops, seminars and AIDS days whereby community members can be highlighted about the spread of HIV/AIDS. Lastly, they should put pressure on government to speed up the provision of funds and antiretrovirals to the infected members of the community.

Respondent : No 04
Gender : Female
Position held : Teacher
Date : 2006/07/22

Interview : Is there a communication between local health department and the community on HIV/AIDS training programs around your area?

Respondent : Yes, but our area most of the members of the community do not received such information. In the first place, we do not have well trained personnel on matters related to HIV/AIDS. Secondly, the area too remote and this makes most of the places inaccessible by any form of transport, e.g. vehicles. Another reason for poor communication is lack of enough manpower in terms of health professionals. And again most of community members are not educated and this results in poor communication.

Interviewer : Are only health professionals that communicate messages about HIV/AIDS training programs in your area?

Respondent : No. there are home based care workers, youth non-governmental organizations, lay counselors, some teachers, religious leaders municipal workers and the majority of these people believe in cultural practices whereby sex matters are regarded as taboo to talk about. They feel embarrassed to talk about sex matters because the topic is sensitive.

Interviewer : How does communication about HIV/AIDS programs take place in
Your area or municipality

Respondent : the most common means of communication is through media such
as radio, local newspapers, youth gatherings, schools through
teaching, dramatization by learners, posters pasting, HIV/AIDS
pamphlets distribution by health workers and home and community
based care workers (HCBC).

Interviewer : Do cultural beliefs and tradition have an impact or influence on the
design and implementation of HIV/AIDS training programs within
your municipality?

Respondent : Yes. The said factors have a huge influence, for example there is a
belief that circumcised people cannot be infected with HIV/AIDS.
some community members still regard HIV/AIDS as a relational
disease that can be cured. Some are still silent about sexual matters
due to feeling of embarrassment, sensitively of the topic, lack of
knowledge, not want their children to think of them as sexual beings.
Our communities still practice unprotected and still believe that having
more children makes one more important in the village and they
regard children as gifts from heaven.

Respondent no : 05
Date : 02 July 2006
Gender : Female
Position held : nurse
Years of working experience : 4 years

Interviewer : Good morning sir.

Respondent : Good and you sir.

Interviewer : I am Mr. Mabitsela, a student from university of Pretoria I would like you to share information with me pertaining matters relating to HIV/AIDS training programs within your area or municipality.

Respondent : Okay sir.

Interviewer : Firstly, give me your qualification and experience.

Respondent : I have been in the nurse for period of four years.
I have a three year nursing diploma, working a nurse in policing and work as a police officer.

Interviewer : Is there a communication between local health department and the community on HIV/AIDS training programs around your area?

Respondent : Simple answers, no. as I have indicated before, teachers at school give learners information about HIV/AIDS programs. Other parties are youth organizations, community development officers.

Interviewer : Thank you for the information it will help me a lot.

Respondent : 06
Date : 08 may 2006
Gender : male
Position held : traditional healer
Years of working experience : 20 years
Training qualifications : traditional healer

Interviewer : Good morning sir and how are you

Respondent : Fine and how are you sir.

Interviewer : I am Mr. Mabitsela, a student from university of Pretoria. I would like you to share information with me pertaining matters relating to HIV/Aids training programs within your area or municipality.

Respondent : Good sir, and thus fine.

Interviewer : Firstly I would like you to give me your qualification as well as your present working experience.

Respondent : I have trained as traditional healer and I have been helping patients for 20 years now.

Interviewer : How does communication about HIV/AIDS programmes take place in your municipality?

Respondent : The most common means of communication is through media such as radio, local newspapers, youth gatherings, school through pamphlets distribution by health workers and home and community based care workers HCBC).

Interviewer : Do cultural beliefs tradition, have an impact or influence on the design and implantation of HIV/Aids training programs within your municipality?

Respondent : Yes. The said factors have a huge influents, for example there is a belief that circumcised people cannot be infected with HIV/Aids. Some community members still regard HIV/AIDS as a relational disease that can be cured. Some are still silent about sexual matters due to feeling of embarrassment, sensitivity of the topic, lack of knowledge, not want their children to think of them as sexual beings. Our communities still practice unprotected and still believe that having more children makes one more important in they regard children as gifts from heaven.

Respondent no : 07
Gender : female
Position : councilor

Interviewer : What is the influence of poverty, unemployment and illiteracy towards the designed and implementation of HIV/AIDS training programmes?

Respondent : In the first place, I can say poor people, unemployed and illiterate people are also susceptible to AIDS infection because most of them are practicing unprotected sex in exchange of money and this increase the risk of HIV/AIDS infections. In our communities we still live below poverty line and the level of HIV/AIDS tends to be higher and most of HIV/AIDS programs are failing because of lack understanding and ignorance on the part of our community members.

Interviewer : How does the community's needs influence the design and Introduction of HIV/AIDS programmes within your area?

Respondent : I think a community whose needs are not satisfied will have an impact on the design and introduction of HIV/AIDS programmes. the need for food, for example must be satisfied before such programmes can be introduced. poor and hungry people may engaged in unprotected sex in order to get money and also have children to get child support grants. and this has a negative impact on the HIV/AIDS training programmes.

Interviewer : What are the role that are being played by the school around your area or municipality in highlighting people about HIV/AIDS programmes?

Respondent : I think the role of school is minimal in comparison to the number of learners infected with HIV/AIDS education as a subject on its own within their curriculum. Secondly, our teaching personnel are poorly trained in matters related to HIV/AIDS education. thirdly, cultural taboos of feeling embarrassed to talk about sex.

Respondent no : 08
Date : 02 July 2006
Position held : female
Years of working experience : Police Captain
Training qualifications : 4 years

Level : Captain

Interviewer : Good morning sir.

Respondent : Good and you sir.

Interviewer : I am Mr.Mabitsela, a student from university of Pretoria I would like you to share information with me pertaining matters relating to HIV/AIDS training programs within your area or municipality.

Respondent : Okay sir.

Interviewer : Firstly, give me your qualification and experience.

Respondent : I have been in the police service for period of four years. Presently, I have basic training, field training and tactical training in policing and work as a police officer.

Interviewer : Is there a communication between local health department and the community on HIV/AIDS training programs around your area?

Respondent : Simple answers, Yes as I have indicated before, teachers at school give learners information about HIV/AIDS programmes. Other parties are youth organizations, community development officers.

Interviewer : What is the role of culture on AIDS

Respondent : It plays a major role people do not understand it bound by cultural values and norms.

- Respondent : no 9
Gender : male
Position : community worker
- Interviewer : Is there a communication between local health department and the community on HIV/AIDS training programs around your area?
- Respondent : Yes, but in our area most of the members of the community do not receive such information. In the first place, we do not have well trained personnel on matters related to HIV/AIDS. Secondly, the area too remote and this makes most of the places inaccessible by any form of transport, e.g. vehicles. Another reason for poor communication is lack of enough manpower in terms of health professionals. And again most of community members are not educated and this result in poor communication.
- Interviewer : Are only health professionals that communicate messages about HIV/AIDS training programs in your area?
- Respondent : No. there are home based care workers, youth non-governmental organizations, lay counselors, some teachers, religious leaders, municipal workers and learners and the majority of these people believe in cultural practices whereby sex matters are regarded as taboo to talk about. They feel embarrassed to talk about sex matters because the topic is sensitive.
- Interviewer : What do you think the government should do to help our rural communities in HIV/AIDS design and implementation of the training programmes?
- Respondent : I think the government should empower Aids counsels with resources and capacities to deal with HIV/AIDS epidemic. The government should also provide antiretroviral to the rural poor. They should include HIV/AIDS education in the curriculum as a compulsory subject at schools and train teachers on HI/AIDS matters. Furthermore, support programs and monitoring teams for HIV/AIDS should be capacitated by the government.
- Interviewer : What do you think about the role of local municipality in the associated with HIV/AIDS training programs?
- Respondent : Hmm! I think municipality with help of department should distribute condoms in all communities around their jurisdiction. The local municipality should invite health practitioners.

Respondent : no 10
 Gender : female
 Position : Police Officer
 Years of working experience : 4 years
 Training and qualifications : B TECH IN POLICING

Interviewer : Good morning sir.

Respondent : Good and you sir.

Interviewer : I am MR. Mabitsela, a student from university of Pretoria. I would like you to share information with me pertaining matters relating to HIV/AIDS training programs within your area or municipality.

Respondent : Okay, sir

Interviewer : Firstly give me your qualification and experience.

Respondent : I have been in the police service for a period of four years. I have a three year teachers` diploma, but never worked as a teacher. Presently, I have basic training, field training and tactical training in policing and work as a police officer.

Interviewer : Is there a communication between local health department and the community on HIV/AIDS training programs around your area?

Respondent : Yes, but the manner and the means of communication are lesser and the majority of the community members do not receive such information. The reason for limited communication, i think is due to unwillingness on the part of the community, lack of proper training for people responsible for communication, cultural barriers such as sensitivity of the topic, feeling ashamed to talk about sex related matters. The limited communication is disseminated by few teachers to learners at schools, by community and home based care workers, and through workshops organized by local health department

Interviewer : Are only health professionals that communicate message about HIV/AIDS programs training programmes in your area?

Respondent : Simple answer, no. I have indicated before, teachers at school give learners information about HIV/AIDS programmes. Other parties are youth organizations, community development officers.

Interviewer : How does communication about HIV/AIDS programs take place In your area or municipality?

- Respondent : no 11
- Date : 08 may 2006
- Gender : male
- Position held : head of department
- Years of working department : 20 years
- Training qualification : BSC in mathematics
- Interviewer : Good morning sir and how are you.
- Respondent : Fine and how are you sir.
- Interviewer : I am MR. Mabitsela, a student from University of Pretoria. I would like you to share information with me pertaining matters relating to HIV/AIDS training programs within your area or municipality.
- Respondent : Good sir, and thus fine.
- Interviewer : Firstly I would like you to give me your qualification as well as your present working experience.
- Respondent : I have trained as traditional healer and I have been helping for 20 years now.
- Interviewer : Why is environment analysis so important in the design and implementation of HIV/AIDS training programs?
- Respondent : I think broader community should change their cultural beliefs and mindset towards HIV/AIDS. They also need to change their attitudes, meaning that they should take HIV/AIDS as an incurable disease of the moment. They should attend workshops about HIV/AIDS as this will help to understand HIV/AIDS training programmes.
The home and community based care workers should intensify their their campaign by going door to door with a sole aim of highlighting families about the spread of Aids. Communities should realize the risks of including themselves in unprotected sex activities, and get rid of the myth that circumcised men cannot be infected with HIV/AIDS.
- Respondent : I think this disease has a negative impact in terms of terms of economy, social responsibility and political stability.
- Interviewer : What do you think is the role of the broader community in design and implementation of HIV/AIDS training programmes ?
economically, the government will spend a lot of money to

- Respondent : The most form of communication takes form of condom distribution, home and community based care workers encourage abstinence and faithfulness to each other as partners. at school it takes form of dramatization and workshops by teachers and local health department. generally, media such as local news papers, posters and radio serve the purpose of communicating about HIV/AIDS programs.
- Interviewer : Do cultural beliefs and tradition have an impact or influence on the design and implementation of hiv/aids training programs within your municipality?
- Respondent : Oh, yes. They influence these HIV/AIDS programs negatively because the majority of our communities are cultural and traditional orientated. They believe in witchcraft to the extent that HIV positive person is said to be bewitched. Our communities still practice unprotected sex and believe that HIV/AIDS is a relational disease that can be cured. They also practice circumcision which is said to minimize the risk of contracting HIV/AIDS during sex activities. Therefore, HIV/AIDS programs such as condom distribution will not succeed in curbing HIV/AIDS epidemic.

- Respondent : no 12
Gender : male
Position : traditional leader
- Interviewer : Do you think religion can play a role in the implementation of HIV/AIDS training programs? If yes “how” and if no, why?
- Respondent : Yes, they can play a major role by helping in condom distribution among the congregation. They can also spread the message of Abstinence and faithfulness during their meeting as a congregation. The same leader can organize workshops together with health department and highlight their members about HIV/AIDS epidemic.
- Interviewer : What role should be played by organization such treatment Action campaign and other non-governmental organizations in helping the community to design and implement HIV/AIDS training programs?
- Respondent : The mentioned organizations can invite their members who are HIV positive to community gatherings and highlight them about HIV/AIDS and its consequences. They can also work in conjunction with health department to organize workshops, seminars and Aids days whereby community members can be highlighted about the spread of HIV/AIDS. Lastly, they should put pressure on it so that government should speed up the provision of funds and antiretroviral to the infected members of the community.
- Interviewer : What do you think the government should do to help our rural communities in HIV/AIDS design and implementation of the training programmes?
- Respondent : I think the government should empower AIDS counsels with resources and capacities to deal with HIV/AIDS epidemic. The government should also provide antiretroviral to the rural poor. They should include HIV/AIDS education in the curriculum as a compulsory subject at school and train teachers on HIV/AIDS matters. Furthermore, support programs and monitoring teams for HIV/AIDS should be capacitated by the government.
- Interviewer : What do you think about the role of the local municipality in the associated with HIV/AIDS training programmes?
- Respondent : Hmm! I think municipality of local health department can play role.
Respondent : Thank you.

Respondent : no13
Gender : female
Position : youth commissioner

Interviewer : What is your view, as an individual, about the impact on HIV/AIDS as an environmental issue?

Respondent : I am of the opinion that these healers should work in collaboration and partnership with health department to try and eradicate this disease. They should change the authoritative style into being democratic so that they can exchange their patients with health professionals. Consequently they should allow health department intervene in the healing of their patients for example, issuing of water drips for patient suffering from dehydration. They should use sterilized and standardized instruments when treating their

Interviewer : What is your view, as an individual, about the impact on HIV/AIDS as an environmental issue?

Respondent : I am of the opinion that these healers should work in collaboration And partnership with health department to try and eradicate this disease. They should change the authoritative style into being democratic so that they can exchange their patients with health professionals. Consequently they should allow health department intervene in the healing of their patients for example, issuing of water drips for patient suffering from dehydration. They should use sterilized and standardized instruments when treating their patients. They avoid contracting message about HIV/AIDS.

Interviewer : What role should be played by the traditional healers in the matters Related to HIV/AIDS programmes?

Respondent : I am of the opinion that these healers should work in collaboration and partnership with health department to try and eradicate this disease. They should change the authoritative style into being democratic so that they can exchange their patients with health professionals. Consequently they should allow health department intervene in the healing of their patients for example, issuing of water drips for patient suffering from dehydration. They should use sterilized and standardized instruments when treating their patients. They avoid contracting message about HIV/AIDS.

Interviewer : Have a good day.

- Respondent : no 14
Gender : male
Position : municipal manager
- Interviewer : Is there a communication between local department and the community on HIV/AIDS training programs around your area?
- Respondent : Yes, but in our case as traditional healers most of us do not receive the information and you will agree with me when I say this because of the remoteness of our area. As you can see now, most of our traditional healers are still staying in the mountains where it is not easy for other people who are not used to such places to go there. and this is due to our belief. I think another reason is poor training because HIV/AIDS is disease of 21st century and most people are not well conversant with the skills for imparting knowledge about it.
- Interviewer : Are only health professionals that communicate message about HIV/AIDS training in your area?
- Respondent : No. most of us hear about Aids during our meetings, workshops and seminars. To a lesser extent his form learners who are attending school. There home and community based care worker attached to the local clinic who some times go from door to door to highlight people about HIV/AIDS. I heard about people called NGO's who are also campaigning for HIV/AIDS victims and they also give information.
- Interviewer : What do you think the government should do to help our rural communities in HIV/AIDS design and implementation of the training programmes?
- Respondent : I think the government should empower Aids counsels with resources and capacities to deal with HIV/AIDS epidemic. The government should also provide antiretrovirals to the rural poor. They should include HIV/AIDS education in the curriculum as a compulsory subject at schools and train teachers on HIV/AIDS matters. Furthermore, support programs and monitoring teams for HIV/AIDS should be capacitated by the government.
- Interviewer : What do you think about the role of the local municipality in the associated with HIV/AIDS training programs?
- Respondent : Hmm! I think municipality with help of local department can play a major role in these matters.

Respondent : no 15
Gender : male
Position : HIV/AIDS Activist

Interviewer : Good morning sir, I am Mr Mabitsela from the University & Pretoria as a student . I would to share with you information on HIV/AIDS.

Respondent : Thank you

Interviewer : Is the communication on HIV/AIDS in your community?

Respondent : Generally yes but to a limited extent?

Interviewer : What is the impact of culture on AIDS?

Respondent : I think it has a huge impact. Community is influence by their on culture

Interviewer : What is the role of the school in this matter

Respondent : The school as part of the community is influence by culture of community likewise implies teachers as well.

Interviewer : Why is the municipality, broader society and community think that HIV/AIDS is challenging?

Respondent : It is true that this serve as the huge challenge since this is incurable worldwide.

Interviewer : How does needs of satisfaction influence the design of HIV/AIDS training programs in rural areas?

Respondent : Meeting needs lead to success of programme and needs not met lead to failure

: Thank you for your information