THE NEED FOR AN HIV/AIDS EDUCATION PROGRAMME AT MOKOPANE POLICE STATION, LIMPOPO PROVINCE

by

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DECLARATION

I hereby solemnly declare that this document is my own work and that all the sources I have used or quoted have been acknowledged by means of complete references.

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KHOMOTSO JANE KGARE

DEDICATION

This work is dedicated to my beloved parents, siblings, grandmother, relatives, friends and colleagues.

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I wish to express my sincere gratitude to the following people for their unconditional assistance in successfully completing this study:

1. **Most of all, to the Almighty God.**

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SUMMARY

THE NEED FOR AN HIV/AIDS EDUCATION PROGRAMME AT MOKOPANE POLICE STATION, LIMPOPO PROVINCE

HIV is a very small germ or organism, called a virus, which people become infected with. It cannot be seen with the naked eye, but only under a microscope. The body's natural ability to fight illness is called the immune system. It is the body's defence against infection. The virus attacks the immune system and reduces the body's resistance to all kinds of illnesses. That is why HIV is called the Human Immuno Deficiency Virus.

AIDS stands for Acquired Immune Deficiency Syndrome. The word syndrome means that several symptoms occur at the same time. It is used to emphasize that people with AIDS have many signs and symptoms, because they suffer from several illnesses at once.

Education is a process of learning, acquiring information or gaining knowledge through training, workshops or seminars. HIV/AIDS education refers to a way of disseminating information about HIV/AIDS pandemic in order to reduce ignorance and fear, thus preventing the spread of the virus infection. Education on the pandemic seems to be the only solution through which HIV/AIDS can be controlled.

At present there is no medicine that can prevent people from being infected, and there is no cure for HIV/AIDS pandemic, which is a fatal disease. Some drugs seem to enable the body to defend itself against the opportunistic diseases like cancers, TB, pneunemia, flu or diarrhea, but these are expensive. The drugs are not yet available to many people in our country. This means that the death rate from HIV/AIDS pandemic is still climbing rapidly among men and women of all ages and race especially among sexual-active people.

The only way to combat the pandemic is through massive programme of public education which will include the following: the basic information on the pandemic, modes of transmission, stages on HIV infection to AIDS, diagnosis of HIV infection, counseling, treatment and prevention of HIV infection. It is the responsibility of the employer to ensure that there are programmes to educate the workers at all levels, on HIV/AIDS pandemic.

The aim of the study is to explore the need for an HIV/AIDS education programme at Mokopane Police Station through literature review and administration of a questionnaire to participants.

The research approach used was quantitative. This approach helped the researcher to clearly understand and investigate aspects of social reality. The type of research was applied research. Applied research focuses on problem solving in practice. In this study applied research was used as the findings of exploratory study to recommend to SAPS Management for a possible programme on HIV/AIDS education at Mokopane Police Station. Exploratory design was used to explore the need for HIV/AIDS education programme.

The method for data collection was by means of self-constructed questionnaires. The population for the study was 126 police officers. Random systematic sampling method was used to select the sample of 42 respondents. The questionnaires were pilot tested on five (5) respondents who did not form part of the research study. Data was analysed and interpreted using tables, bar graphs and piecharts.

OPSOMMING

DIE BEHOEFTE AAN 'N MIV/VIGS OPLEIDINGSPROGRAM IN DIE MOKOPANE POLISIESTASIE, LIMPOPO PROVINSIE

MIV is 'n baie klein kiem of organisme, genoem 'n virus waarmee mense ge-infekteer word. Dit kan nie met die blote oog gesien word nie, slegs met 'n mikroskoop. Die liggaam se natuurlike teenmiddel word die imuunstelsel genoem en beskerm die liggaam teen infeksies. Die virus val die imuunstelsel aan en verminder die liggaam se weerstand teen alle virusse en siektes. Dit is hoekom MIV - Menslike Immuniteitsgebrekvirus genoem word.

VIGS beteken Verworwe Immuniteitsgebreksindroom. Die woord sindroom beteken dat verskeie simptome gelyk verskyn. Mense wat met MIV/VIGS besmet is sal verskeie tekens en simptome van die siekte wys.

Opleiding is 'n proses van leer, versamel van inligting en die ondervinding deur onderrig, werkswinkels en seminare. MIV/VIGS onderrig verwys na die verspreiding van inligting van die MIV/VIGS pandemie om die vrees van verspreiding en infeksie te voorkom. Onderrig oor die MIV/VIGS pandemie, blyk die enigste oplossing te wees om die virus te beheer.

Huidig is daar nog geen medisyne wat kan voorkom dat mense siek word nie. Sommige medisyne versterk die immuunstelsels teen kanker, tuberkulose, longontsteking, verkoue en diaree. Die middels is egter baie duur en is nie vrylik beskikbaar vir almal in die land nie. Dit beteken dat die getalle van MIV/VIGS onder seksueel aktiewe persone van alle geslagte, ras en ouderdomme, vinnig toeneem.

Die enigste manier om die pandemie te voorkom is deur onderrig wat die volgende insluit: basiese inligiting oor MIV/VIGS, maniere van verspreiding, verskeie stadiums van die infeksie van MIV op VIGS, diagnose van MIV infeksie, berading,

behandeling en voorkoming. Dit is die verantwoordelikheid van die werkgewer om te verseker dat daar opleiding vir die werkers is op alle vlakke oor die MIV/VIGS pandemie.

Die doel van die studie is om die behoefte aan ‘n MIV/VIGS opleidingsprogram in die Mokopane Polisiestasie deur middel van ‘n vraelys en ‘n literatuurstudie vas te stel.

Die navorsing wat gebruik was en die benadering daarvan was kwantatief. Hierdie benadering het die navorser gehelp om alle aspekte te ondersoek en te verstaan aangaande die werklikheid van MIV/VIGS. Die tipe navorsing wat gebruik was kan toegepaste navorsing genoem word. Toegepaste navorsing fokus op probleempunte in die praktyk. In hierdie studie is toegepaste navorsing gebruik om die behoefte aan ‘n MIV/VIGS opleidingsprogram in die Mokopane Polisiestasie deur middel van ‘n vraelys en ‘n literatuurstudie vas te stel.

‘n Self ontwerpte vraelys was gebruik om al die nodige inligting te versamel. 126 Polisie beamptes is bebruik in die studie en ‘n roterende seleksie metode is gebruik. Die vraelys was getoets op 5 persone wat nie deel was van die navorsings studie nie. Die data was geanaliseer en geinterpreteer deur middel van verskillende grafieke.

KEY CONCEPTS

1. NEED ASSESSMENT
2. HIV
3. AIDS
4. EDUCATION
5. PROGRAMME

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CHAPTER ONE

RESEARCH METHODOLOGY

1.1 INTRODUCTION

Today “AIDS” is one of the most widely talked about illnesses. The rapid spread of HIV/AIDS has become a serious concern worldwide. Aids is the most important new threat to world health to emerge this century. In the absence of a cure or vaccine, health education is directed at modifying risk behaviour. This seems to be the only way in which the disease can be contained.

The HIV/AIDS education programme is basically an information and or communication process, which seeks to create awareness about the HIV/AIDS problem, inform people about the problem, motivate them so that positive attitudes are developed and create a more favourable environment so that people behave in a desired manner (Agadzi, 1989:146).

According to Hochhauser & Rothenberger (1992:47) education, both as an institution and as a process has been given the responsibility of “solving” a number of societal problems. The serious threat of HIV infection and the diagnosis of AIDS faces us in a context where we are told “education” is the only solution for the moment.

The researcher is of opinion that HIV/AIDS education should not only be the prevention of illness but also the promotion of health and the improvement of the overall quality of life. The aim is to encourage changes in sexual behaviour or lifestyle.

1.2 MOTIVATION FOR THE CHOICE OF THE SUBJECT

The researcher is employed at the Department of Health and Welfare as a Social Worker since 01/09/1998 up to date. Since then the researcher observed that civil servants were offered continuous information, education and awareness campaigns on HIV/AIDS pandemic by the Department's Co-ordinators on HIV/AIDS management field. The aim being to embark on the prevention of the rapid spread of HIV/AIDS, change of behavioural patterns or life style and to ensure that employees and the public at large are awakened to the reality of this disease. This was done in the form of workshops, seminars, conferences and awareness campaigns. Attendance was not restricted, that is, each and every employee regardless of education and rank level was permitted to attend.

According to Superintendent Becker at Mokopane Police Station, few of the police officers at management level were offered basic training on HIV/AIDS education and nothing was done to the other junior and senior police officers. The researcher therefore became concerned about the need for a basic HIV/AIDS education programme at Mokopane Police Station. The researcher realized that HIV/AIDS education could be a significant tool in preventing the spread of HIV infection and in promoting sexual behavioural change. An HIV/AIDS education programme should be part of the workplace programmes, which informs the personnel of the essential facts about the AIDS pandemic. Since there were no programmes on HIV/AIDS at Mokopane Police Station, the researcher explored the need for such a programme at the police station.

1.3 PROBLEM FORMULATION

AIDS is likely to affect the workplace because of its impact on productivity, cost and the national economy. Productivity is reduced by absenteeism and loss of morale amongst employees. Costs increase if the employer has to pay for additional employee benefits such as medical care. The loss of skilled

workers due to the Aids pandemic meant that there was a need to train new workers.

Even though it was difficult to assess “the effects of Aids” on the national economy, it is believed that the epidemic reduces national output and people spend their savings on health care and insurance rather than on investment.

The pandemic poses challenges to business development as it claimed some of the best business leaders, managers and a great number of workers at levels of the production system. It also poses a major challenge to all to reduce the rate in which HIV infection is increasing.

The researcher is of the opinion that as the workplace was not immune to HIV/AIDS, it was the responsibility of the organization to combat the disease. The workplace could impact on this by implementing and sustaining a workplace programme on HIV/AIDS.

According to Van Dyk (1992:63-64) an HIV/AIDS education programme in the workplace is aimed chiefly at disseminating information about AIDS in order to reduce fear, ignorance, dispel myths, change people’s attitudes and sexual behaviour – thus made aware of the illness, as well as its medical, psychosocial, legal and financial implications.

According to Anderson and Wilkie (1992:103) despite the emphasis on HIV/AIDS, education is likely to be effective in changing knowledge and perhaps attitudes and is likely to be effective in changing behavioural patterns.

Evian (1995:17) states that all categories of personnel in the workplace must be informed of the essential facts about HIV/AIDS that is, people need to be informed about how the virus is transmitted and what activities and interactions are safe.

The researcher observed that lack of education; ignorance, misconceptions, myths and the stigma attached to the disease lead people to disbelieve the existence of the HIV/AIDS pandemic.

1.4 GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to investigate the need for an HIV/AIDS education programme at Mokopane Police Station, Limpopo Province.

For the purpose of this study, the following objectives were identified:

* To explore and generate data through a literature study concerning HIV/AIDS in the workplace.
* To assess whether police officers thought that there was a need for an HIV/AIDS education programme at Mokopane Police Station, Limpopo Province.
* To formulate recommendations about an HIV/AIDS education programme to the management at Mokopane Police Station, Limpopo Province.

1.5 RESEARCH QUESTION

According to Grinnell (1993:24) research questions are simply efforts to be clear about the ignorance that makes a situation problematic. In this regard the researchers will clarify the doubts and ignorance about a problem by specifying the research question.

According to De Vos (1998:115-116) research questions are posed about the nature of the real situations.

For the purpose of the study, the researcher formulated the following research question: Is there a need for an HIV/AIDS education programme at Mokopane Police Station?

1.6 RESEARCH APPROACH

Bless and Higson-Smith (1995:150) identified two types of approaches that are qualitative and quantitative research approaches. Qualitative research is described as the research conducted using a range of methods, which use qualifying words and descriptions to record and investigate aspects of social reality. Whilst, quantitative is the research conducted using a range of methods, which use measurement to record and investigate aspects of social reality.

Quantitative research is using reconstructed logic and qualitative research uses more of a logic in practice. It relies on the informal wisdom that has developed from the experiences of researchers (Neuman, 1997:330)

The researcher utilized a quantitative research approach. This research approach helped the researcher to clearly understand the needs of the police officers so that a suitable programme could be implemented.

1.7 TYPE OF RESEARCH

According to Bless and Higson-Smith (2000:37) research is classified as basic social research and applied social research. Basic social research aims primarily to increase human understanding of a particular aspect of society and in contrast applied social research aims primarily to solve a particular problem confronting a group of people.

The researcher used the applied research. The researcher is of opinion that applied research focuses on problem solving in practice. In this study applied research was used as the findings of the exploratory study to recommended to South African Police Service (SAPS) Management for a possible programme on HIV/AIDS education at Mokopane Police Station.

1.8 RESEARCH DESIGN

According to Grinnell (1993:94) research design is a blueprint or detailed plan for how a research study is to be conducted - operationalizing variable so they can be measured, selecting a sample of interest to study, collecting data to be used as a basis for testing hypothesis and analyzing the results.

Bless and Higson-Smith (2000:37) distinguished amongst basic types of research: exploratory, descriptive, correlation and explanatory research. In case where very little is known about the research topic one speaks of exploratory research. Where the researcher is merely interested in describing a phenomenon the research is called descriptive research. When the research question requires an understanding of the relationship between variables, the research is called correlation research. When the research demands that the researcher explains the relationship between variables and demonstrates that change in one variable which causes change in another variable the research is called explanatory research.

The researcher utilized exploratory design. Exploratory designs are at the lowest level of the continuum of knowledge that can be derived from research studies. An exploratory study explore or uncover generalizations and develop hypothesis which can be investigated and tested later with more precise and hence more complex designs and data - gathering techniques (Grinnell, 1993:136).

Mouton and Marais (1990:43) pointed out that the goal in exploratory studies is the exploration of a relatively unknown research area. Little is known about the need for HIV/AIDS education at Mokopane Police Station.

The researcher explored the need for an HIV/AIDS education programme at Mokopane Police Station, through literature review and administration of questionnaires to participants.

1.9 RESEARCH PROCEDURE AND STRATEGY

Mc Burney (1994:184) writes that procedure refers to what the researcher does in translating the design into action. The procedure of a study consists of steps to be taken to carry out the method and design of the study.

According to Grinnell (1993:441) a description of data gathering procedures for the planned investigation is needed and this description covers specific techniques to be employed, the specific measuring instruments to be utilized and the specific series of activities to be conducted in making measurements.

The researcher made use of a self-constructed questionnaire (appendix C). The New Dictionary of Social Work (1995:51) defines a questionnaire as a set of questions on a form, which is completed by the respondent in respect of a research project.

A questionnaire is a set of questions with fixed wording and sequence of presentation, as well as, more or less precise indications of how to answer each question. The researcher used both open-ended and closed-ended questions. Open-ended questions provided the participants with the opportunity to give their own answers to the question whilst with close-ended questions the participants were asked to select an answer from among a list provided by the researcher (Fouche; 1998:160).

The researcher delivered the questionnaires by hand for the respondents to complete at their own time and arranged to collect them after three weeks.

1.10 PILOT STUDY

Mc Burney (1994:185) describes pilot study as a tentative, small scale done to pre-test and modify study design and procedure. Huysamen (1994:198) defines a pilot study as an investigation of the feasibility of the proposed project and to detect possible flaws in the measurement procedures and in

the operationalization of the independent variables.

The following aspects of a pilot study are discussed:

1.10.1 LITERATURE STUDY

Strydom (1998:179-180) states that the prospective researcher can only hope to undertake meaningful research if he/she is fully up to date with existing knowledge on the prospective subject. The purpose is rather to orientate the researcher to, for instance, the question of whether literature on the specific subject actually exists what kind of literature it is and whether it is freely available.

According to McBurney (1994:8-21) before researchers can design a study that will contribute to psychological knowledge, they need to have a good idea of what is known already.

The researcher utilized textbooks, handbooks, psychological abstracts, science citation, index, current content and computerized databases from University of Pretoria Library, Interlibrary Loan, Library Website, Electronic Journals and Theses, Newspaper articles and International Databases as sources for literature review.

1.10.2 CONSULTATION WITH EXPERTS

According to Strydom (1998:181) the researcher should ensure that she approaches a respective number of experts whose experience and opinions she can utilize. These experts should also be representative of all possible type of experience which practice can offer. According to Cilliers as cited by Strydom (1998:181), the utilization of experts can help to delineate the more sharply and to gain valuable information on the more technical and practical aspects of the prospective research endeavour.

The researcher contacted experts who are co-ordinators in the field of HIV/AIDS management at the District, Regional and Provincial office of the Department of Health and Welfare in the Limpopo Province. The management and the training section in the Department of Safety and Security (SAPS) were also consulted with regard to the need for an HIV/AIDS education programme at Mokopane Police Station.

The following experts were consulted:

*	Mrs Olive Mohapi	-	Department of Health and Welfare Provincial Coordinator for eight years (Polokwane)
*	Miss Fiona Kobe	-	Regional Coordinator for six years (Waterberg District Office)
*	Mrs Germinah Chepape	-	District Coordinator and Trainer for five years (Mokopane Hospital)
*	Miss Johanna Mokonyama	-	Senior Social worker and trainer for five years (Mapela Clinic)
*	Superintendent Becker	-	Mokopane SAPS, Limpopo Province

According to experts HIV/AIDS education is a life skill programme. It is important as it help to increasing the Officers' knowledge about the pandemic and also in changing individual's attitude and lifestyle. The programme help to prevent the spread of the virus by altering the behaviour through which the virus is transmitted.

If people are informed about the way HIV is transmitted; it will be easy for them to prevent the virus from infecting them. The HIV/AIDS education programme in the workplace should be monitored and evaluated regularly to

ensure its impact on the organization.

According to Supt. Becker, most of the police officer's were never given any training on HIV/AIDS pandemic. The researcher is of the opinion that HIV/AIDS education programme is important in preventing the spread of HIV. As part of the workplace programme it should be offered to all employees regardless of their occupational rank. HIV/AIDS educational programme is directed at modifying risk behaviour, which is the only way in which the virus can be contained.

1.10.3 FEASIBILITY OF THE STUDY

The researcher found the research study to be feasible as it was conducted at Mokopane Police Station where participants were accessible. The topic was related to their workplace programme as it focused on the need for an HIV/AIDS education programme.

The researcher obtained written permission from Mokopane Police Service Management to conduct the research study. (appendix A). The study was undertaken within the researcher's area of operation. There was little financial implication for typing questionnaires, photocopying material and the use of a photocopying machine and a computer.

1.10.4 PILOT TEST OF QUESTIONNAIRE

According to Fouche (1998:158) it is essential that the newly constructed questionnaire, be thoroughly pilot-tested before being utilized in the main investigation.

The researcher conducted a pilot test to make sure that everybody understands the questionnaires the same way. The questionnaire was tested on five respondents who did not form part of the main study. The purpose of this was to remove uncertainties and ambiguities.

The researcher didn't experience any difficulties in pilot testing of questionnaires, as the respondents completed the questionnaires correctly and relevantly. This indicated that the questionnaires were clearly compiled for the respondent to understand the questions asked.

1.11 DESCRIPTION OF THE RESEARCH POPULATION/DELIMITATION OF THE SAMPLE AND SAMPLING METHOD

1.11.1 RESEARCH POPULATION

According to Strydom and De Vos (1998:190) population refers to individuals who possess specific characteristics. The word "universe" refers to all potential subjects who possess the attributes in which the researcher is interested.

Bailey (1994:84) writes that a population is defined as the sum total of all unit of analysis from which a sample is drawn.

The population comprise of 126 police officers i.e. both males and females from Mokopane Police Station, Limpopo Province.

1.11.2 DELIMITATION OF THE SAMPLE AND SAMPLING METHOD

Mc Burney (1994:412) defines a sample as a subject of the population. A sample is part of a large population selected to represent the whole. According to Strydom and De Vos (1998:190) sampling means taking any portion of a population or universe as representative of that population or universe. The primary goal of any sampling procedure is to obtain a representation sample. A sample is therefore a representation of the total population from which it is drawn. From the population of 126 police officers, 42 respondents were selected from Constable to Captain ranks, who were not in managerial positions.

1.11.3 SAMPLING METHOD

The researcher utilized probability sampling. Probability sampling occurs when the probability of including each element of the population can be determined (Bless and Higson-Smith, 1995:88).

According to Strydom and De Vos (1998:197) systematic sampling is considered of higher value than simple random sampling. Systematic sampling is done according to a particular interval on a list of names.

The researcher first got a subsequent list of all police officers names and surnames and selected a sample according to a particular interval. Each third name and surname was selected to form part of the sample for the study. From the population of 126 police officers the researcher selected only 42 respondents to represent the study.

1.12 ETHICAL ISSUES

Strydom (1998:24) defines ethics as a set of moral principles which is suggested by an individual or group that is subsequently widely accepted, and which offers rules and behavioral expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

The researcher outlined the following ethical issues based on the research study:

* **Harm to experimental subject or respondents**

As there was no physical or emotional harm done to the respondents, the ethical issue is not applicable to the research study.

* **Informed consent**

A written consent form was given to participants to complete before they could participate in the study (appendix B). The researcher clearly explained the content of the research so that participants were able to voluntarily participate in the study or withdraw at anytime if they so wished.

* **Deception of the subject or respondents**

The researcher did not withhold information or offer wrong information to respondents in order to ensure their objective participation in the study.

* **Violation of privacy**

The researcher treated all participants with dignity, confidentiality and anonymity so as to conceal their identity.

* **Cooperation with collaborators**

As there were no sponsors for the study, the ethical issue was not applicable.

* **Release or publication of the findings**

An objective and ambiguous written report was given to the Mokopane SAPS management on the findings of the study.

* **Action and competence of researcher**

The researcher was skilled and therefore competent to undertake the investigation as she was offered training on an HIV/AIDS education programme for two weeks at the Department of Health and Welfare.

* **Restoration of the respondents**

The researcher clarified and rectified any misunderstandings or misconceptions after the study was conducted.

1.13 DEFINITION OF KEY CONCEPTS

1.13.1 NEED ASSESSMENT

According to Barker (1991:153) need assessment is the systematic appraisal made by social workers and other professionals in evaluating their clients' problems, existing resources, potential solutions and obstacles to problem solving.

According to Bless and Higson Smith (2000:46) need assessment is a survey of all facets of the community in order to define the various concerns of all community's members.

The researcher is of the opinion that need assessment is one way in which professionals do their situation analysis to determine the exact needs of the client in order to combat the problem they might be facing.

1.13.2 HIV

HIV - the abbreviation for Human Immune Deficiency Virus. HIV is the virus that causes AIDS (Van Dyk, 1992:62).

HIV - The Human Immune Deficiency Virus which causes AIDS (Evian, 2000:324).

According to the researcher HIV stands for Human Immune Deficiency Virus, this is the virus that causes AIDS. It is the virus that attacks and slowly destroys the immune system of a human being.

1.13.3 AIDS

AIDS - the abbreviation for Acquired Immune Deficiency Syndrome. Vital disease that impairs the immune system, of the human body, leaving it prey to a great of infection that would be readily suppressed by a functioning immune system (Norton & Espositi, 1995:170).

AIDS - Acquired Immune Deficiency Syndrome. This means the body has great difficulty in fighting infections because the immune system is weakened (Evian, 2000:324).

According to the researcher Aids stands for Acquired Immune Deficiency Syndrome and is a condition in which the HIV has been in human body's blood for a long period of ± 3-7 years, whereby the immune system has difficulty in defending itself against many infections and certain cancers.

1.13.4 EDUCATION

Education is the process by which your mind develops through learning (Longman Dictionary, 1993:44).

Education is the process of educating, teaching or training a part of or a stage in this training. The process of acquiring or imparting skill for a particular trade or profession (Hochhauser & Rothenberger, 1992:106).

According to the researcher education is therefore a learning process whereby a person impart or acquire knowledge or skill for a particular phenomenon.

1.13.5 PROGRAMME

A resemblance of a project in that it is a set of objectives designed to facilitate the achievement of specific objectives but generally on a larger scale and

over a longer time frame (Cushworth & Franks, 1993:1).

A programme is a list of the successive items of any entertainment, public ceremony, conference, course of study plus other relevant information (Cassell's English dictionary, 2000:986).

According to the researcher a programme is a planned series of future events.

1.14 LIMITATIONS OF THE STUDY

The researcher understands that in both qualitative and quantitative studies there are limitations of the study. The limitations of the study provide and identify potential weaknesses of the study. That is in short, the problem and obstacles that the researcher encountered when researching.

The researcher experienced problems in obtaining completed questionnaires as most of the respondents went on leave, training and others had a tight schedule at the Police Station.

1.15 CONTENT OF RESEARCH REPORT

Mouton (1996:170) states that a research report represent a reconstruction of the research process. The logic of the report is the logic of the argumentation. This means that a report is written to represent one's case as logically and persuasively as possible.

For the purpose of this study the content of the report is as follows:

Chapter 1 : Motivation for the study and research methodology.

Chapter 2 : Literature study on HIV/AIDS pandemic in the workplace.

Chapter 3 : Presentation of the empirical study on the need for an HIV/AIDS education programme.

Chapter 4 : Interpretations, conclusions and recommendations.

1.16 CONCLUSION

This chapter serves as a map of how the study was undertaken. The chapter focused on the general orientation to the study, motivation for undertaking the study, aims of the study, sample, sampling method, data collection method and limitations of the study. The next chapter focuses on literature review on HIV/AIDS pandemic in the workplace.

CHAPTER TWO

HIV / AIDS PANDEMIC IN THE WORKPLACE

2.1 INTRODUCTION

The AIDS pandemic is well established in South Africa and it represents one of the most greatest threats to the future of our country. HIV/AIDS is everybody's problem. It knows no colour, age, race, gender or social group.

Due to the complexity of the pandemic and the socio-economic impact of AIDS, it affects all sectors of the society. Each sector, government and civil society, have a critical role to play in developing appropriate strategies in addressing the HIV/AIDS pandemic. It is essential for the government; private sector and the community at large to maintain the partnership that already exist to combat the spreading of HIV.

According to Hubley (1990:64) in the absence of a vaccine or cure, the AIDS epidemic can only be controlled through a massive programme of public education which will involve:

* Promotion of sexual and other behaviours which limit the spread of HIV and AIDS.
* The dispelling of myths and misunderstanding about the spread of HIV and AIDS.
* The encouragement of a positive and caring attitude towards persons with HIV/AIDS.
* The development of public support for AIDS control measures carried out by government and voluntary parties/bodies.

Van Dyk (1992:94) supports the statement by saying that it is the responsibility of the employer to develop programmes to educate and protect their workers. This is not only a legal obligation but also an ethical obligation.

HIV/AIDS education is the primary means of persuading individuals to modify their risk behaviour and minimize fear and prejudice based on ignorance. People need to be well-informed about HIV/AIDS, so that they can clearly understand how the virus is transmitted and what activities or interactions are safe. Although this is not enough to promote effective behavioural change, it is an essential part of what should be done to prevent the spread of the virus.

The researcher is of the opinion that HIV/AIDS education is important in preventing the spread of HIV to people. It helps to dispel myths about HIV infections, and prevent infected individuals from being stigmatized. Education should be based on the prevention of the illness, and the promotion of a healthy lifestyle, which aims at encouraging changes in sexual behaviour.

2.2 THE INCIDENTS AND PREVALENCE OF HIV IN SOUTH AFRICA

Whiteside and Sunter (2000:28-30) state that incidents refer to the number of infection over a given period of time. The incident rate is the number per specified unit of people infected. Prevalence rate is the percentage of the population, which exhibits the disease at a particular time or averaged over a period of time. Most data on HIV in South Africa is obtained from anonymous, annual survey of pregnant women attending a public sector antenatal clinic, although not accurate, the data is sufficient to estimate the current and future size and impact of the epidemic by using a projection model. It is further mentioned that the data on AIDS may be inaccurate due to the unwillingness of medical staff because of the stigma attached to the disease, or pay out by insurance companies. The authors mention that HIV is unique because it is the only disease where prevalence is given in percentage rather than rate.

Evian (1995:17-18) surveys estimate that about 1.2 million South Africans are HIV infected and 20 000 cases of AIDS have been reported. The figure is expected to rise from 3 to 5 million over the next few years, unless there is a medical breakthrough in finding an affordable cure for AIDS. Most of the affected people will become seriously ill and die within the next ten years.

UNAIDS (2000:14) also estimated that around 4 million South Africans are currently HIV-infected. This number may be expected to continue to rise over the next 10 years, unless major behavioural change occurs, that could significantly alter the course of the epidemic. There could be around 5.3 to 6.1 million infected individuals by 2005, and 6 to 7.5 million by 2010. The researcher supports the statement because most people in South Africa still do not believe that AIDS is real and that those who are positive have the perception that they do not want to die alone as a result they spread the virus.

Lastly, Love life (2001:5) also estimated that HIV infects approximately 4 million South Africans, and this may continue to increase if there is no behavioural change. Community surveys have confirmed the high level of infection among women. For example one study conducted in a high-risk community surrounding a mine in Gauteng, showed that HIV prevalence among men peaked at 30% at age 35 and among women at 50% at age 25. Information from death certificates confirms an alarming increase among the 20 to 40 years age group.

Evian (1995:18) further mentions factors that continue to make South Africa susceptible to HIV infection:

* High unemployment rate promotes migrant labour. People leave their homes to seek employment and while in the urban areas, due to loneliness they get themselves sexual partners and this might lead to the spread of HIV.
* Poor education and lower literacy level help to keep people ignorant, some people just do not believe that HIV/AIDS exists.
* Drug usage where people share needles and if people are infected with HIV might infect each other.
* Breakdown of the usual traditions, customs, beliefs, cultural practices in community. In the past the traditions use to determine acceptable

sexual practices and constraints in a society, when these are broken it results in multiple sexual partners and indiscriminate sexual behaviour.

* Good transport infrastructure and high mobility, allowing for rapid movement of the virus into new communities.
* The low status of women in society and within relationships.
* Economic dependency and the threat of physical force, make it difficult for women to protect themselves from infection.
* Parallel norms that frown on open discussions of sexual matters, including sexual education for children and teenagers.

Presently there is no cure for HIV infection or AIDS. Many drugs such as Zidovudine, Apozidovudine or Avozid (AZT) have been introduced to stop mother-child transmission but AIDS treatment is expensive everywhere in the world. It is estimated that AZT currently costs approximately R600.00 per month, which means most people infected with the HIV/AIDS epidemic will find it difficult to afford it.

To curb this HIV/AIDS pandemic, the researcher is of the opinion that men and women who are in intimate relationships should learn to communicate on matters relating to sexuality freely, be trustworthy, be honest and faithful to each other. Extramarital affairs should be discouraged.

Table 1: HIV prevalence rate in women attending antenatal clinics per province in South Africa. (Whiteside & Sunter, 2000:51)

PROVINCE	1996	1997	1998	1999
Kwa-Zulu Natal	19.9	26.9	32.5	32.5
Free State	17.5	20.0	22.8	27.9
Mpumalanga	15.8	22.6	30.0	27.3
Gauteng	5.5	17.1	22.5	23.8
North West	25.1	18.1	21.3	23.0
Eastern Cape	8.1	12.6	15.9	18.0
Limpopo	8.0	8.2	11.5	11.4
Northern Cape	6.5	6.6	9.9	10.1
Western Cape	3.1	6.3	5.2	7.1
South Africa	14.2	17.0	22.8	22.4

According to Whiteside & Sunter (2000:51) there has been a drop in percentage in two Provinces i.e. Limpopo and Mpumalanga in 1999 and an increase in all other Provinces except that Kwa Zulu-Natal which maintained the status quo. The researcher agrees with the authors that these data underestimate the HIV prevalence among sexually active women. These data only focuses on pregnant women not the other population such as men, nulipara or barren women. The data assist to show that both urban and rural areas are affected by this epidemic as a result one can regard this data as valuable to make projections of the number of infected people in the country.

2.3 HIV/AIDS AS A DISEASE/SYNDROME

There is a tendency of using the acronyms HIV and AIDS interchangeably and as such most people become confused and regard them as immaterial. According to Aggleton, Rivers, Warwick and Whitty (1994:1) HIV stands for Human Immuno-Deficiency Virus and on the other hand AIDS stands for Acquired Immuno Deficiency Syndrome.

According to Van Dyk (1992:9) HIV is known as a retrovirus because it is the reverse of other viruses. It uses its ribonucleic acid (RNA) to attack a cell as a result the enzyme in the cell transforms the RNA into the deoxyri bonucleic acid (DNA). The virus may lie dormant for months or years before it begins to use its genetic information and resources of the cell to multiply. The HIV changes its outer layer rapidly, making the layer of each virus different. It is difficult for the immune system to detect the virus because of the changes.

Hochhauser and Rothenberger (1992:75) state that HIV damages the immune system by attaching itself to the cells, inserting genetic material to the cells, and causing those immune system cells to generate defective new cells.

Norton and Esposito (1995:170) state that AIDS is a viral disease that impairs the immune system of the human body, leaving its prey to a great variety of infections that would be readily suppressed by a functioning immune system.

Gilford, Lorig, Kaurent and Gouzalez (1996:182) said that AIDS is a disease of the immune system caused by a virus, the Immuno deficiency virus or HIV.

These definitions raise the issue of concern:

* HIV and AIDS are both viruses.
* HIV causes AIDS.
* AIDS is a disease.
* HIV affects the immune system.

Van Dyk (1992:5) further states that immunity refers to the body's natural defense system that protects it against infection and diseases. Deficiency indicates that the defense system is inadequate, that is, that something is amiss. Syndrome is a group of specific signs and symptoms that occur together and are characteristic of a particular pathological condition. As a result, AIDS is not a specific illness. It is rather a collection of more than 70 conditions that occur as a result of damage to the immune system and parts of the body, caused by HIV.

The researcher understands AIDS as a syndrome of opportunistic diseases or infections that eventually destroys the immune system and kills the infected person.

2.4 THE EFFECT OF HIV ON THE IMMUNE SYSTEM

Van Arkel (1991:12-16) and Van Dyk (1992:7-8) agree that HIV is unique in that it directly attacks and destroys the immune system that protect the body against viral, bacterial and parasitic infection. The immune system comprises of two basic defense mechanisms i.e. phagocytes and lymphocytes.

Phagocytes are non-specific defense as they are called spies of the immune system and are usually effective in destroying chemical poisons and environmental substances such as dust or smoke. Phagocytes are unable to destroy organic invaders such as viruses, bacteria, protozoa and or fungi. When organic invaders intrude the body, the phagocytes send for help of macrophages that are special types of phagocytes.

Macrophages function set the specific defense system comprising of T and B cells (lymphocytes), into action. The T helper cells (T4 cells) and B cells manufacture antibodies that can destroy the invaders (virus/bacteria). The antibodies neutralize the viruses by attaching themselves to the virus surfaces, preventing them from attacking other cells.

The researcher understands that HIV attacks and slowly destroys the immune system of human beings, by entering and destroying important cells that control and support the immune response and system. These important cells are called the T4 cells.

The main function of these cells is to protect our body from invasion by certain bacteria, viruses, fungi and parasites. When HIV attacks the immune system, the body loses its defense mechanisms and protection against other diseases.

2.5 THE ROUTES OF HIV TRANSMISSION

For HIV to be transmitted from one person to another there must be an exit point (opening) for the virus to pass out from the infected person and an entry point into the body of the uninfected person. HIV has been identified in various body fluids but is especially concentrated in blood, seminal fluids and cervical secretions.

Although HIV is present in saliva and tears, the concentration of the virus in these fluids is very low and there are no reported cases of HIV transmission in this way. The virus is also present in the breast milk of infected mothers and in urine. HIV has not been identified in sweat. (Van Dyk, 1992:13)

Hochhauser and Rothenberger (1992:48-56) and Van Dyk (1992:13-16) agree that a person can become infected with HIV in the following ways:

2.5.1 Intimate sexual contact with an infected person

AIDS is primarily a sexually transmitted disease and is transmitted through penetrating, unprotected vaginal, anal and possible oral sexual contact. HIV is transmitted only if the virus enters a person's bloodstream via the body fluids of an infected individual, which can easily happen owing to the friction, but takes place during sexual contact. For example a person with a sexually transmitted disease, like drop, may have a discharge or sores on his or her private parts. This makes it easier for the HIV germ to get into the body during sexual intercourse.

2.5.2 Exposure to contaminated blood and blood products

The HIV germ can pass from one person to another through blood. Sometimes sick people are given extra blood transfusion. In the RSA all blood transfusions are safe because all blood is tested before it is given to sick people (Van Dyk,1992:14).

The HIV germ can also be passed on by injecting drugs and sharing needles. These people run a high risk of being infected by HIV. HIV is easily transmitted when needles are shared because drug users shall have injected drugs directly into the bloodstream.

2.5.3 Mother-to-child HIV transmission

HIV can be transmitted from an infected mother to her baby before, during or after birth. The virus may be transmitted through placenta before birth, by blood contamination during birth and also through breastfeeding after birth.

2.5.4 Infected organs, tissue or semen

The virus is also present in organs, tissue or semen of infected donors. All donor products are tested for HIV antibodies. HIV positive people should be encourage not to carry donor cards.

It must be understood and mentioned that HIV cannot be transmitted through social contact like hugging, kissing, touching, sharing a bed, towels, toilets, clothes and food with an infected person, or a mosquito bite.

2.6 STAGES OF HIV INFECTION TO AIDS

Evian (2000:27) states that it is not clear whether every infected person will progress to AIDS. He further mentions that approximately 80% of HIV infected people will have developed AIDS within 12 years of infection. The average period of infection to AIDS is eight (8) years.

Van Dyk (1999:9-12) states that HIV infection can theoretically be divided into four stages: Acute stage, Asymptomic Carrier stage, AIDS Related Complex (ARC) stage and lastly the Fullblown stage.

2.6.1 The acute stage

The Acute stage of HIV infection may begin as early as a week after infection. It usually precedes sero-conversion, which generally develops 6-12 weeks (or sometimes longer) after infection. Sero-conversion means change over from HIV negative to HIV positive. The symptoms of the acute stage of HIV infection often resemble those of flu, fever, sweats, sun rashes, headaches and coughing.

The researcher is of opinion that this is a stage where the individual has been infected with HIV. The stage can last for 12 weeks or even longer depending on the individual immune system.

2.6.2 The asymptomic carrier stage

The person infected with HIV develops anti-bodies, becomes a carrier of the virus for life but displays no symptoms. Infected persons are often aware that they are carrying the deadly virus and may infect other people.

The infection is clinically silent, the virus is active in the body and the person is able to spread the virus.
According to the researcher this stage should be regarded as a period through which antibodies develop. When tested, the antibodies are present, that is positive but with no signs and symptoms of illness. This period may last from a few months to many years.

2.6.3 AIDS related complex (ARC)

The stage begins when people with HIV antibodies begin to display one or more of the following symptoms: fever, diarrhea, thrush, weight loss, fatigue, anorexia, headache, swelling of glands, night sweat or genital lesion. These symptoms may be continually or intermittently present and are usually not

lethal. These symptoms can occur as part of many other diseases as well, and are not only characteristic of HIV infection.

The researcher view this stage as the one in which the infection damages the immune system, signs and symptoms of diseases will appear, but not life threatening ones. This period may continue for months or years, and infection become more persistent and serious.

2.6.4 Fullblown aids

Only when an infected person enters the fourth stage of HIV, infection can be said to be AIDS. As ARC becomes more serious, the immune system deteriorates increasingly, and a more persistent, untreatable opportunistic condition appears. Kaposi's Sarcoma, a rare form of skin cancer, is common during this stage.

It is characterized by painless bluish-purple swelling on the skin on different parts of the body. It can also occur in the mouth glands and gastro intestinal tract. All this reacts well to the chemotherapy but can result in death if not timeously treated.
According to the researcher this is an AIDS stage. During this stage, life threatening infections and cancers occur, because the immune system is slowly weakened. The infected person may die when such conditions are not treated. People at this stage die within few years depending on the treatment they use.

Gilford et al. (1996:13) state that not every infected person goes through all the stages of HIV infection. Some people show no symptoms of the disease.

2.7 DIAGNOSIS OF HIV INFECTION

A person can look or feel fine for many years after he/she first has the HIV germ in the body. The only way to tell if one has the HIV germ is by having the blood tested.

Van Arkel (1991:18) notes that HIV is currently diagnosed by means of blood tests. Two of the best known tests are the ELISA (enzyme-linked immuno sorbent assay) and the Western Blot tests. These tests cannot trace the virus itself in the blood, but react to HIV antibodies which are formed in an unsuccessful attempt to protect the system against the virus. However, it takes an average of six weeks to three months, or even longer, for infected individuals to develop antibodies against the virus that is already present in their blood. Blood tests performed during this period - which is known as the: "Window period" - may therefore give falsely negative results. There is even a very small group of people who apparently never develop antibodies despite HIV infection.

According to Van Dyk (1992:12) these tests cannot trace the virus itself in the blood, but react to HIV antibodies, which are informed in an unsuccessful attempt to protect the body against the virus. The results of an HIV antibody blood test are usually available within ten days. Polymerase chain reaction technique, is also used to detect the virus but it is not used often, as it is expensive and not reliable.

The researcher notes that HIV testing is any form of medical testing to determine the HIV status of a person. HIV tests are usually done on blood. A small amount of blood is taken from one's arm with a needle and syringe, or by pricking one's finger and putting the blood on blotting paper. The blood sample is scientifically examined. The test does not show the virus itself, but it shows the presence of "antibodies" in the blood. Antibodies indicate that the body is reacting to the presence of the HIV virus, and trying to defend against it.

2.8 PRE- AND POST-TEST COUNSELLING

Gladding (2000:7) notes that counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioural or systematic interventions or strategies that address wellness, personal growth or career development, as well as pathology.

Van Dyk (1992:63) states that counseling is defined by the World Health Organization (WHO) as a process of dialogue and interaction aimed at facilitating problem-solving and increasing motivation. Counseling is designed to provide support at times of crisis, to promote change when required, to propose realistic action in the context of different life situations, and to assist individuals to accept information on health and well-being and adapt to its implications.

The researcher agrees with the authors, as their definitions contain the following points:

* Counseling is a profession.
* Counseling deals with personal growth and wellness.
* Counseling is conducted with persons who are considered to be having serious problems.
* Counseling is theory based.
* Counseling is a process that may be developmental.

According to the researcher AIDS counseling has two functions, namely education and support. Education is aimed at disseminating information about AIDS in order to reduce fear and ignorance, thus preventing the spread of HIV infection. The infected people should be made aware of the nature of the illness. Support involves offering emotional support to those already infected by assisting them to change their sexual behaviour and to help them remain functioning members of their families and their community for as long as possible.

Van Dyk (1999:74-78) and Evians (2000:49-54) mention that before a person have an HIV test he/she should speak with a counselor about the test and what they will do when they hear the result. HIV testing must be carried out according to the proper and ethical standards as for any other HIV test. Therefore there must be pre- and post-test counseling, informed consent and privacy, confidentiality and the right to refuse to have the test. The authors agree that pre- and post-test counseling can be used during HIV diagnosis/testing.

2.8.1 Pre-Test Counseling

The HIV test is different from all other tests. It is a phenomenon with emotional, psychological, practical and social implications for the patient. The counselor should encourage pre-test counseling. Pre-test counseling, is a short time counseling, it can be up to 3 sessions.

The main aim of the pre-test counseling is to:

* Allow the client to make his/her own decision about testing.
* Prepare a client for a positive/negative result.
* Create a safe place to explore motivation, risk and implementation of a safer life style.
* Assess the client's inner and outer resources.
* Allow the client to own the test process.
* Rehearse being positive.
* Provide and explore safer sex information and the window period.
* Explore HIV fears and other issues.

The following guidelines should be followed for pre-test counseling:

*** Reason for testing**

Find out why the person wants to be tested. This will help the practitioner to know the person's high or low risk behaviour and address his/her fears.

* **Knowledge of AIDS pandemic**

Find out the person's level of knowledge and understanding of the concept AIDS. Here the counselor should provide information about the meaning of HIV/AIDS, transmission, treatment and prevention. The counselor will ask about their past and present sexual behaviour and provide information about a safer sex life style.

* **Information about the test**

It is critical to explain to the client what the test entails. Explain what positive and negative results mean. The other concept that should be explained is the issue of the "Window period", that is a stage where a person might be infected with the virus but the antibodies are not yet developed as such the test results becomes negative.

* **The implications of the result**

Provide the client with the advantages of testing (1) knowledge of the result reduce stress associated with uncertainty, (2) prepare oneself emotionally and spiritually for living with HIV, (3) symptoms can be confirmed, (4) adjustment to lifestyle can be made and lastly (5) decisions about family planning and sexual relationships can be made.

The disadvantages of taking a test, especially if its result is positive, include, (1) possible limitation on life insurance, (2) social stigma associated with the disease, (3) possible dismissal from work, (4) problems in maintaining relationships and making new friends.

* **Confidentiality of test result**

The counselor should stress confidentiality of test results. Confidentiality is a principle that is used by most professions where clinical information obtained

from the person during counseling, may not be disclosed to anyone without the permission of the person concerned.

Archambault, Doran, Matias, Nadolski and Sutton -Wright (1994:210) note that confidentiality is the cornerstone of effective counseling. They further mention that there are four forms of confidentiality, namely, (1) absolute confidentiality (2) limited confidentiality, (3) contractual confidentiality and (4) discretionary confidentiality.

Absolute confidentiality is when the counselor pledges never to disclose what was shared during counseling unless the client agrees and inform the practitioner to disclose. **Limited confidentiality** is when the counselor clarifies the conditions where information will be divulged to others such as their doctor. **Contractual confidentiality** is when the counselor agrees about which part of the information may be revealed and to whom. **Discretionary confidentiality** is when the counselor conveys that he/she uses professional judgement about which aspect of the discussion will be divulged, such disclosure being limited to those who are judges as absolutely necessary in case of suicidal treats.

The researcher is of the opinion that for counseling to be effective absolute confidentiality should be kept at all times unless the employee or client agrees that the information can be disclosed with written consent. The employee also has a choice to remain anonymous and be assured that no information will be communicated to anyone without their permission to do so.

* **Informed consent**

Informed consent means that a person agrees voluntarily to be tested, with an understanding of what the test involves and what the result may mean to them. The decision to be tested rest with a person and the informed consent must be obtained prior to testing and even disclosure. A written consent

should include the type of information to be disclosed, name of the client, the person to be given information, be signed and dated.

2.8.2 Post-Test Counseling

Van Dyk (1999:74-78) and Evian (2000:49-54) further mention that the post-test counseling will be done when the person is negative or positive.

When the test is negative, both the counselor and the person tested will be relieved. It is important that the counselor offers counseling in order to reduce the chances of future infection, for example give advice of risk reduction (behaviour) of safe sex. Explain the possibility of the client being in the "Window period" and encourage the client to be retested every 3 months in a year.

When the test is positive, the counselor should inform the person about the positive result. The results should be communicated openly, honestly and without fuss. The counselor will obviously encounter problems in telling a person about the positive result. Counselors should first deal with their own feelings. People may react differently to positive results, can include shock, anger, outrage, stress, crying, withdrawal and or acceptance. As a counselor, one has to deal or respond to the person's needs, fears or feelings.

The counselor should make follow-up visits, give the infected person a chance to talk about his/her fears and various problems he/she encounters. Find out support group systems where people meet on a regular basis to talk about their difficulties and to socialize. It is important to discuss safe sex practices, infection control and health care in general.

According to the researcher, if pre-test counseling is done thoroughly, it will be easy for the person tested to accept their health status after being diagnosed. Testing people and then telling them they are HIV positive without

gaining their consent or giving them time to consider the implications, may reduce the likelihood that they will change risky behaviours or protect others.

2.9 TREATMENT OF HIV/AIDS

There is at present, no treatment available to cure HIV or AIDS. Medical researchers in many countries including South Africa are working hard to develop the vaccines to prevent HIV infection. But even when a vaccine is developed, it will take several years before it can be thoroughly tested, approved by the proper authorities and be made available to the public.

Van Dyk (1999:49) emphasizes that the treatment of AIDS and HIV infection, focuses on strengthening the immune system so that the infected individual can be kept healthy for as long as possible, treating opportunistic infections and caring of general health problems.

According to Weitz (1991:85) the method people use to treat or protect their health vary widely. Some rely primarily on prayers, others use prayer to supplement other methods. They strive to eat more balanced meals, take vitamins, get regular exercise, reduce stress in their lives, develop a positive attitude, and limit their use of caffeine, tobacco and illegal drugs.

The researcher is of the opinion that people who are HIV positive get sick very easily. Most of these ill-health can be cured. Once they are cured the person will still be HIV positive, but will feel well again. They may not want to eat because they feel sick. But it is important that they must eat a balanced diet, exercise regularly, rest and sleep, avoid alcohol and smoking and lastly visit the clinic or doctor regularly.

2.10 PREVENTION OF HIV INFECTION

Van Arkel (1991:24-25) notes that since there will be no treatment for or vaccine against this deadly disease in the foreseeable future, prevention is

our only weapon against AIDS. The most basic means of preventing HIV infection is to ensure that body fluids - whether blood, seminal or cervix fluids do not enter the blood stream of a non infected person. Infected people have a moral or ethical responsibility to protect their sexual partners against infection and themselves against re-infection. The author mentioned that since HIV is transmitted mainly through sexual contact, the following prevention measures are emphasized:

* Total abstinence from sex is of course, the surest means of not contracting the disease.
* A mutual faithful relationship with an uninfected partner is ideal.
* The number of sexual partners should be limited to "one".
* Condoms should be used at all times.
* Alternative practices should be adopted (mutual masturbation and skin-to-skin contact have become common).

According to Weitz (1991:85) there are three important ways to prevent AIDS from spreading, that is:

* Not to have sex at all.
* If one has sex, use a condom.
* Be faithful to your marriage or sexual partner.

Hochhauser and Rothenberger (1992:93) agree with Van Arkel and emphasized that in the absence of a cure for AIDS, and the likelihood of a safe and effective vaccine being perhaps decades away, education has been recommended as the major, if not the only strategy for preventing future cases of HIV infection.

Education works to prevent the spread of AIDS by altering the behaviour through which the virus is transmitted. They further mention that for someone who is diagnosed with AIDS, prevention will not work and for someone who is uninfected, the goal of prevention must be to prevent infection.

According to the researcher prevention is the only sure way to defeat HIV and AIDS. People can avoid becoming infected and infecting others by ensuring that they act carefully, considerately and responsibly at all times especially in their sexual behaviour. The tragedy facing South Africa is that so many people are dying from a disease which is entirely preventable.

2.11 HIV/AIDS EDUCATION IN THE WORKPLACE

HIV/AIDS education can take place most effectively in the workplace, even though most HIV transmission occurs outside the workplace. The workplace is where people or employees spend a large part of their day, where they are trained and where they interact with their peers.

The aim of health education in AIDS prevention should not only be the prevention of an illness, but also the promotion of health and the improvement of the quality of life (Van Dyk, 1992:67).

Hochhauser and Rothenberger (1992:118) note that educational programs are often effective in changing knowledge and attitudes, but less effective in changing behaviour. They further mention that many assume that if knowledge is increased and attitudes are changed, behaviours change automatically.

Davies, Schneider, Rapholo and Everatt (1998:55) state that education programs go beyond just providing information through campaigns. Education programmes aims to provide people with skills that can help them adapt behaviours that will protect them from HIV and sexually transmitted diseases (STD's). Education is a two-way process of sharing information and understanding beliefs, attitudes and feelings.

Davies et al. (1998:55-56) further mentioned reasons for conducting an education programme:

2.11.1 Preventing the spread of HIV and STDs

There is presently no vaccine or cure for HIV/AIDS. The most effective way to slow down the spread of HIV/AIDS is to reduce the rate of transmission from infected to uninfected people. The first step towards lowering a person's risk of becoming infected is providing knowledge and awareness of HIV. Knowing about and practicing safer sex is the best way of remaining HIV negative, since the most common way of being infected with HIV is through sexual intercourse.

However, HIV may be transmitted in the workplace through contact with another person's blood. Education programmes should include training around what to do if there is an accident in the workplace and how employees can perform first-aid and handle blood spills safely in an emergency.

2.11.2 Preventing unfair discrimination against employees with HIV

Many people experience intense confusion and anxiety about how HIV could affects their job security and their relationships in the workplace (with managers and colleagues) and outside (with their families and friends). Many have heard of others who have lost their jobs or pensions because they are HIV positive. Some people living with HIV/AIDS have been discriminated against by their employers, co-workers, friends or family. These irrational responses and prejudices and the fear they produce in employees can have a serious impact on productivity and industrial relationships. Fear and prejudice can be reduced by appropriate education around the employees and employer's attitude to HIV/AIDS, the facts of transmission and the rights of employees in relation to HIV (positive status).

2.11.3 Facilitating the fair management of employees living with HIV

An education programme for employees at all levels of a company or organization, including managers, can greatly facilitate the management of

those employees who are HIV positive. Taking active steps to prepare for the full impact of HIV/AIDS will allow a more reasoned, appropriate and effective response.

2.11.4 Demonstrating management's commitment to addressing HIV/AIDS in the workplace

Management support for the HIV/AIDS programme demonstrates that management are sincere about addressing HIV/AIDS in the workplace, the welfare of employees and the well-being of the company. In this context, management should provide a budget specifically for the HIV/AIDS programme. Management participate in the AIDS committee and in education and training programmes.

Jackson (1992:277) notes that there are principles for HIV/AIDS education. These principles should underlie any education that the organization implemented, but can also be used to evaluate programmes offered by the organization and those offered by outside sources. The author outlines the following principles:

* Start where people are with their existing knowledge, beliefs, fears, hopes, attitudes and practices
* Take into account the socio-economic and cultural context of people's lives
* Correct information in a supportive way
* Help people express their feelings and describe their own experiences
* Help people to identify, understand and articulate their own problems and to explore opportunities for change and development and lastly
* Do not try to take responsibility away from people by telling them what to do. Decisions must be theirs.

The researcher is of opinion that HIV/AIDS education programmes should be ongoing, rather than a once off or annual training course. This allows the

programme to be monitored and to amend changes if necessary. This also helps to reduce the stigma attached to the pandemic.

2.12 CONCLUSION

Little about the AIDS crisis can be considered remotely positive. But the fact that HIV is only transmitted through a few very specific practices offers our greatest hope for controlling the AIDS pandemic. Education on the pandemic seems to be the only solution through which HIV/AIDS can be controlled. Individual choices and decisions to change risk-related behaviours remain the most viable means of preventing HIV infection. Changing sexual behaviours on the long term however, has proven difficult. Sexual behaviours are highly reinforced and occur in complex social environments that are often resistant to change.

Preventing HIV infections, however depends on behavioural choices to avoid transmission. Behavioural change strategies that can prevent HIV transmission, are therefore the primary arrangements for HIV risks reduction intervention. It is very crucial that the professionals should educate and encourage employees to go for anonymous HIV tests voluntarily, as this will help to understand the HIV status of the employees within the organization.

The researcher will in the next chapter present, analyze and interpret questionnaires of the empirical study on the need for an HIV/AIDS education programme at Mokopane Police Station, Limpopo Province.

CHAPTER 3

PRESENTATION OF THE EMPIRICAL STUDY ON THE NEED FOR AN HIV/AIDS EDUCATION PROGRAMME

3.1 INTRODUCTION

In this chapter, the empirical data that was collected is analyzed, interpreted and presented. According to Monette, Sulliman and De Jong (1994:365) data analysis refers to deriving some meaning from the observation that have been made during the research project.

The data collected assisted the researcher in understanding the need for an HIV/AIDS education programme at Mokopane Police Station.

3.2 THE QUESTIONNAIRE

The researcher reviewed literature on an HIV/AIDS pandemic in the workplace and afterwards compiled questionnaires on the need for HIV/AIDS education programme. The focus was on police officers from Constable to Captain rank(s) at Mokopane Police Station.

The questionnaire composed of 32 questions on the need for HIV/AIDS education. The method used to collect data was by means of self-constructed questionnaires. The empirical data collected from the elaboration of the questionnaires is interpreted by using tables, pie charts and bar graphs.

The first page of the questionnaire explains the aim of the research study and the guideline on how to respond to the questionnaire. It also assures the respondents of confidentiality, as it is a major concern to respondent when participating in a research project.

The questionnaires were completed anonymously to ensure a high rate of response and also to increase reliable information.

The questionnaire was issued to all police officers that were not on managerial positions. The questionnaires were outlined as follows:

* Section 1 : Biographical Data
* Section 2 : General insight on HIV/AIDS pandemic
* Section 3 : The spread, treatment and prevention of HIV/AIDS pandemic
* Section 4 : HIV/AIDS education programme

The pilot test was done with five police officers who did not form part of the respondents. The same questionnaire was used to gather data. The questionnaire was structured in such a way that questions that were closed ended be marked with an (x) in the column provided. Some questions were open-ended to allowed the respondents to elaborate more on the questions asked.

3.3 DESCRIPTION OF THE EMPIRICAL SURVEY

3.3.1 Procedure

The researcher utilizes the list that was provided by the station manager with a total population of 126 police officers and selected 42 police officers as the respondents for the research project. Forty-two (42) questionnaires and consent forms were given to the respondents and were all returned which indicated a 100% response rate. The response was excellent as all of the respondents completed and returned the questionnaires.

3.3.2 Sampling method

The researcher used probability systematic sampling. According to Bless and Higson-Smith (1995:88) probability sampling occurs when the probability of including each element of the population can be determined.

In this study respondents were selected randomly from the subsequent list of all police officers names and surnames. Each third name and surname was selected to form part of the sample of the study. From the population of 126 police officers the researcher selected 42 respondents to represent the study.

3.3.3 Sample size and response

The researcher issued 42 questionnaires to 42 police officers as they formed part of the research study. All the selected respondents were given questionnaires personally to fill in and return the completed questionnaires after three weeks as agreed. The questionnaires were distributed on the 05-06-2003 and collected on the 26-07-2003. The respondents were given a period of three weeks to complete the questionnaires as they had a busy schedule and most of them went on leave and needed plenty of time to complete the questions.

3.4 PRESENTATION OF DATA

3.4.1 SECTION 1: Biographical data

Age of the respondents

Table 2: Frequency distribution of police officers according to age

AGE	FREQUENCY	PERCENTAGE
20 – 30	7	16.7
31 – 40	28	66.6
41 and above	7	16.7
TOTAL	42	100

Table 2 indicates that 7 (16.7%) of the respondents are between the age of 20–30 years old, 28 (66.6%) between the age 31–40 years old and another 7 (16.7%) are 41 years old and above. From the data, it shows that most of the police officers are in the age group 31-40 years.

Gender of the respondents

Chart 1: Gender

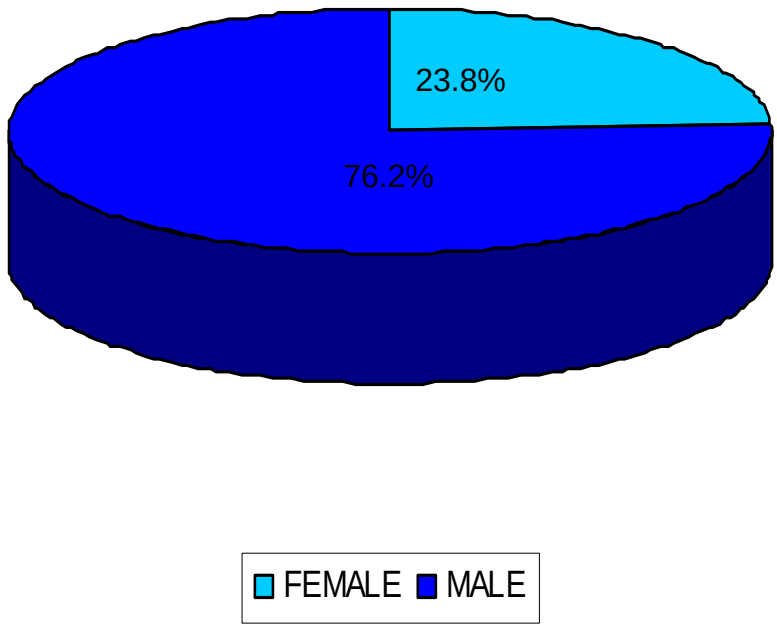


Chart 1 indicates that 10 (23.8%) of the respondents are female and 32 (76.2%)are males. From this data it is clear that the highest total of respondents were males which indicate male dominant profession at the Mokopane Police Station.

Marital status of the respondents

Table 3: Frequency distribution of police officer according to marital status

MARITAL STATUS	FREQUENCY	PERCENTAGE
Single	9	21.4
Married	31	73.8
Separated	0	0
Widow/er	0	0
Divorced	2	4.8
Other, specify	0	0
Total	42	100

Table 3 indicates the marital status of the respondents. 9 (21.4%) of the respondents are single, 31 (73.8%) are married and 2 (4.8%) are divorced. From that data, it shows that most of the police officers are married.

Home Language of the respondents

Table 4: Frequency distribution of Police Officer according to home language

HOME LANGUAGE	FREQUENCY	PERCENTAGE
Afrikaans	6	14.3
English	0	0
Ndebele	6	14.3
Northern Sotho	28	66.6
Tsonga	0	0
Venda	0	0
Setswana	1	2.4
Zulu	1	2.4
Xhosa	0	0
Other, specified	0	0
TOTAL	42	100

Table 4 indicates the home language of the respondents. From the data it shows that 6 (14.3%) are respectively Afrikaans speaking and Ndebele 28 (66.6%) are Northern Sothos and 1 (2.4%) are Tswanas and Zulu. From the data it shows that most of the police officers at Mokopane Police Station are Northern Sotho speaking. The police officers speak Northern Sotho as most of their clientele also speak Northern Sotho. The station is therefore dominated by Northern Sotho speaking police officers.

Religion of the respondents.

Table 5: Frequency distribution of police officer according to the respondents religious aspects

RELIGION	FREQUENCY	PERCENTAGE
Ancestoral	4	9.5
Christianity	36	85.7
Islamic	0	0
Hindu	0	0
Jewish	2	4.8
Other	0	0
TOTAL	42	100

The table 5 indicates that 4 (9.5%) respondents are ancestral Worshippers, 36 (85.7%) respondents are Christians and 2 (4.8%) respondents are Jewish. There are no Hindu or Islamic respondents from the data, it is therefore clear that most of the respondents are Christians.

Highest level of education of the respondents

Chart 2: Highest level of education

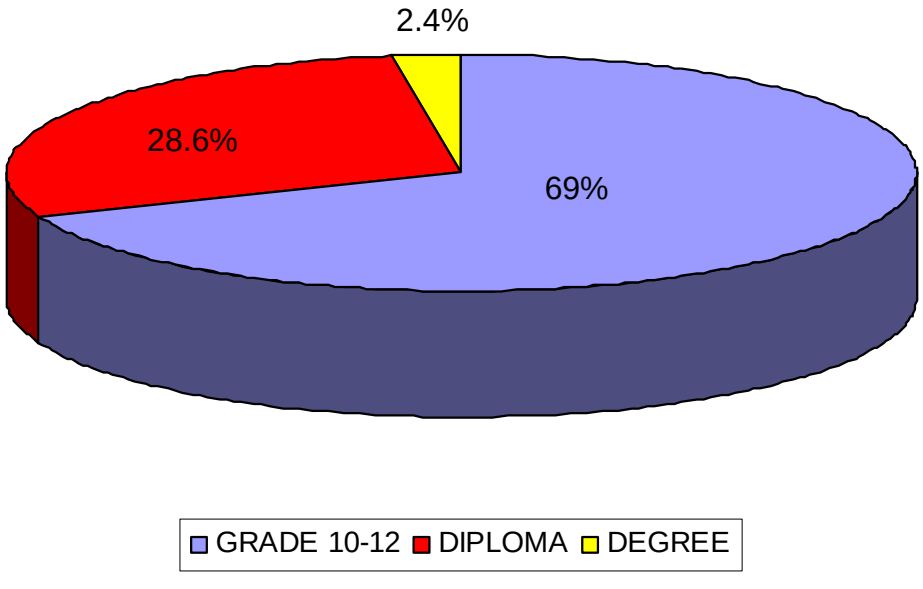
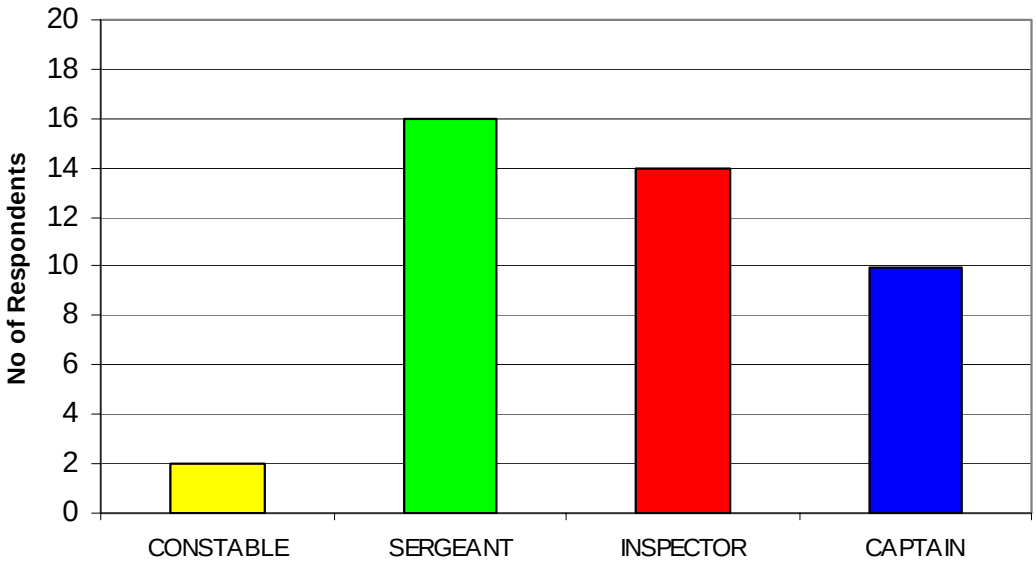


Chart 2 indicates that 29 (69%) respondents had reached Grade 10–12, 12 (28.6%) of the respondents has diplomas while 1 (2.4%) respondent has a degree. From the data collected it shows that all the respondents have the minimum (Grade 10–12) qualification. All respondents were literate as a result it was easy to complete the questionnaire on their own.

Level of occupational rank for the respondents

Graph 1: Occupational Rank



Graph 1 indicates 2 (5%) respondents are Constables, 16 (38%) are Sergeants, 14 (33%) are Inspectors and 10 (24%) are Captains. From the data, it becomes clear that the highest rank of the respondents are Sergeants in a junior position.

Years of experience in the field

Chart 3: Years of experience in the field

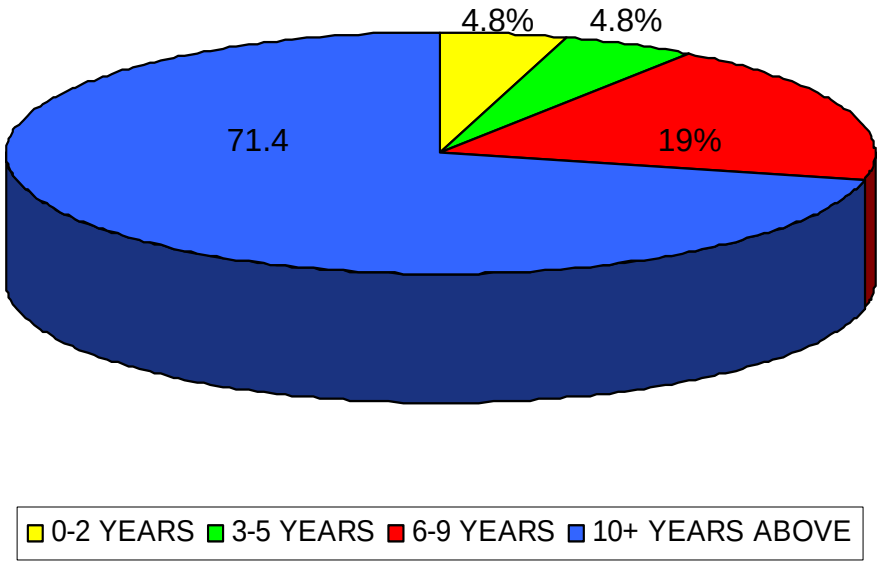


Chart 3 indicates the level of experience of the respondents in their field. For instance 2 (4.8%) have respectively 0–2 years and 3-5 years of experience in the field, 8 (19%) have 6–9 years of experience in the field, and lastly 30 (71.4%) are 10 years and above. It is clear that the highest rate of respondents have a long service 10 years or more in the field.

3.4.2 SECTION 2: General insight on HIV/AIDS pandemic

What is HIV?

From the data collected it is clear that 16 (38%) respondents have an excellent understanding of the concept as they have the correct meaning of the abbreviation. Eight (19%) respondents have an average explanation while 18 (43%) respondents did not answer correctly, thus they did not show any knowledge and understanding of the concept.

Most of the respondents show that they had never undergone any information or training of the concept. The highest rate of response from the respondents were incorrect, it shows that formal training was never provided to them.

Van Dyk (1992:9) defined HIV as a retrovirus because it is reverse of other viruses.

What is AIDS?

From the data collected, it is clear that 16(38%) respondents have an excellent understanding of the concept, as they gave the correct meaning of the acronym. Three (7%) respondents gave an average explanation, whilst 23 (55%) did not answer correctly, that is, they did not show any knowledge and or understanding of the concept. Most of the respondents show that they had never undergone any information or training session on the concept. The definition is explained by Norton and Esposito (1995:170) stating that AIDS is a viral disease that impairs the immune system of the human body, leaving its prey to a great variety of infections that would be readily suppressed by a functioning immune system

What do you think causes AIDS?

From the data collected it is clear that 10 (23.8%) of the respondents have an excellent understanding of the causes of AIDS, whilst 12 (28.6%) of the respondents have an average understanding and 20 (47.6%) of the respondents gave incorrect answers. The most highest rate of response shows that the respondents do not know what causes AIDS. This also indicates that no formal education was provided to the majority of the respondents. Gilford et al (1996:18) defined AIDS as a disease of the immune system caused by the virus called HIV.

How can HIV be transmitted from an infected person to an uninfected person?

From the data collected it is clear that 24 (57%) of the respondents have an excellent understanding on the mode of transmission, 10 (24%) of the respondents have an average understanding and 8 (19%) of the respondents have a poor understanding. The highest rate of respondents do have an understanding in as far as the mode of transmission is concerned. Even though they did not receive any training, at least they have the basic knowledge or understanding on how they can be infected by the virus. The authors Houchhauser and Rothenberger (1992:48) and Van Dyk (1992:13) agreed that a person can be become infected with HIV in the following ways:

- intimate sexual contact with an infected person
- exposure to contaminated blood and blood products
- infected organs, tissue or semen
- mother-to-child HIV transmission

How can you tell if you have HIV in your body?

From the data collect 21 (50%) of the respondents gave excellent answers, 10 (24%) of the respondents gave average response, whilst 11 (26%) of the respondents gave incorrect responses. Even though most of the respondents did not attend any formal training, at least they have knowledge on how to confirm one's health (HIV) status.

Van Arkel (1991:18) notes that HIV is currently diagnosed by means of blood tests. Two of the best known tests are the ELISA (enzyme-linked immuno sorbent assay) and the Western Blot tests.

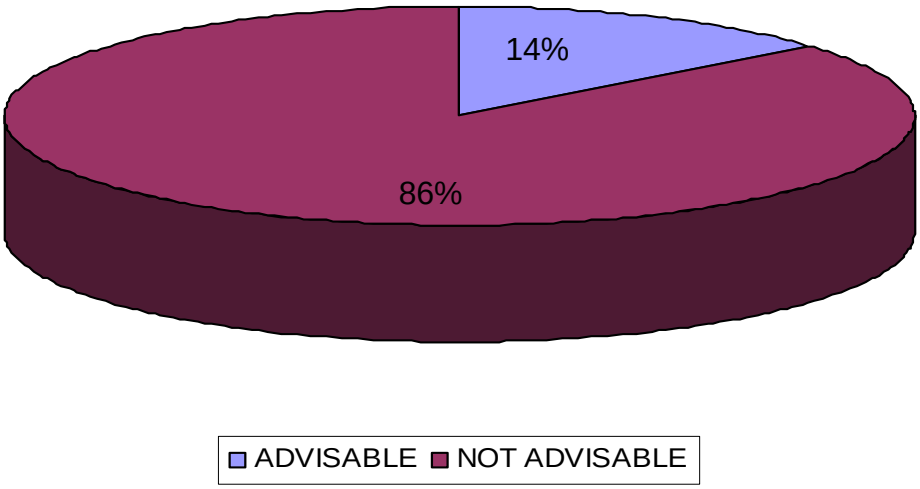
How can you prevent getting infected with HIV?

From the data collected it is clear that 30 (71%) of the respondents gave excellent responses, 8 (19%) gave average responses, whilst 4 (10%) gave incorrect responses. Even though most of the respondents did not attend any formal training, at least they have an understanding on how to prevent getting the HIV infection.

Van Arkel (1991:24-25) notes that since there will be no treatment for or vaccine against this deadly disease in the foreseeable future, prevention is our only weapon against AIDS. The most basic means of preventing HIV infection is to ensure that body fluids - whether blood, seminal or cervix fluids do not enter the blood stream of a non infected person. Infected people have a moral or ethical responsibility to protect their sexual partners against infection and themselves against re-infection.

It is advisable to continue to have sex when your blood test has shown that you are infected with HIV? Explain.

Chart 4: To have sex with an infected person



From the data collected it is clear that 6 (14%) of the respondents think it is advisable to have sex when your blood test shows that you are HIV positive,

whilst 36 (86%) of the respondent think it is not advisable as the infected person can infected others.

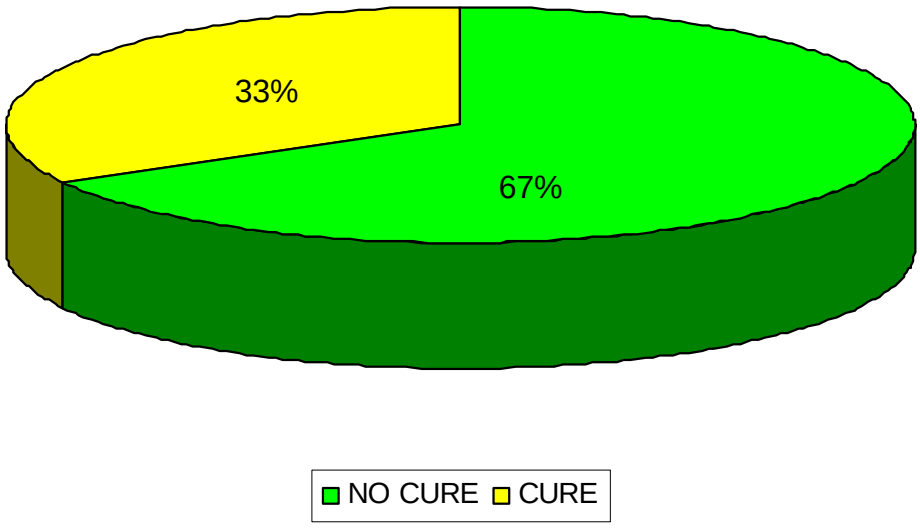
The highest response rate indicated that it is not advisable to have sex when you have the HIV in your blood stream. Most of the respondents have an understanding of how HIV can be transmitted.

According to Weitz (1991:85) there are three important ways to prevent AIDS from spreading, that is:

* Not to have sex at all.
* If one has sex, use a condom.
* Be faithful to your marriage or sexual partner.

Is there any cure for AIDS

Chart 5: Any cure for AIDS



From the data collected it is clear that 28 (67%) of the respondents gave an excellent response, whilst 14 (33%) of the respondents gave and incorrect response. The highest rate of the response indicated that the respondents are aware that there is no cure of the disease at this moment. The authors

Hochhausert and Rothenberger (1992:92) agreed with Van Arkel (1991:2425) that there is no cure or vaccine for AIDS.

Do you regard HIV/AIDS as a threat to the South African economy?

All of the respondents strongly regard HIV/AIDS as a threat to the South African economy; as most of the money is spend on caring for the infected persons, residential care, orphans due to parents who died of AIDS, antiviral drugs (AZT) and loss of skilled workers. Van Dyk (1999:49) emphasizes that the treatment of AIDS and HIV infection, focuses on strengthening the immune system so that the infected individual can be kept healthy for as long as possible, treating opportunistic infections and caring of general health problems.

3.4.3 SECTION 3: The Spread, Treatment and Prevention of HIV/AIDS Pandemic

Table 6: The spread, treatment and prevention of HIV/AIDS pandemic

	YES	NO	Number	%
1. Is AIDS a deadly virus?	38	4	42	100
2. Is HIV a retro virus which destroys the immune system?	39	3	42	100
3. Can HIV infect all people regardless of age, race, ethnic, gender or social group?	42	0	42	100
4. Can you become infected by kissing someone who has HIV?	8	34	42	100
5. Can you become infected by using cups, plates and spoons that were used by an infected person?	3	39	42	100
6. Is it safe to share a needle/syringe with an infected person?	4	38	42	100
7. Is it true that traditional doctors can cure AIDS?	5	37	42	100
8. Can condoms prevent the spread of HIV if used correctly?	40	2	42	100
9. Having sex with a baby cures AIDS?	3	39	42	100
10. Should infected persons be killed to control the spread of HIV infection?	2	40	42	100

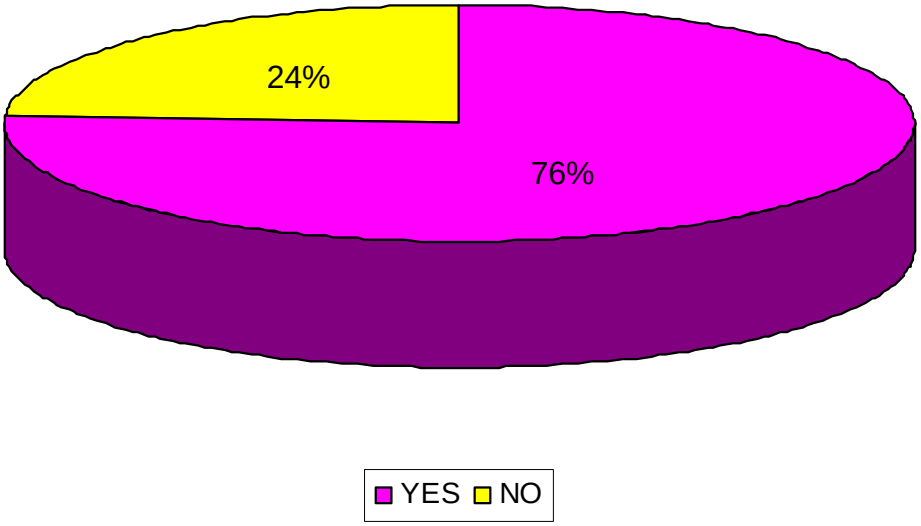
From the data collected it is clear that the highest rate of the respondents are aware of the myth and dispels around HIV/AIDS. The respondents are at least able to distinguish between the correct and the incorrect statements.

According to Hubley (1990:64) in the absence of a cure, the AIDS pandemic can only be controlled through massive programme of public education which will involve the dispelling of myths and misunderstanding about the spread of HIV/AIDS. Also, the development of public support for AIDS control measures carried out by government and voluntary parties/bodies.

3.4.4 SECTION 4: HIV/AIDS Education Programme

3.4.4.1 Have you ever attended training, a workshop or seminar on HIV/AIDS education?

Chart 6: The respondents attended an HIV/AIDS training session



The chart illustrated that 10 (24%) respondents attended the training or workshop on HIV/AIDS education, whilst 32 (76%) respondents never attended any training, seminar or workshop on HIV/AIDS education. The

highest rate of respondents have never undergone any information/training session on HIV/AIDS.

Van Dyk (1992:94) supports the statement by saying that it is the responsibility of the employer to develop programmes to educate and protect their workers. This is not only a legal obligation but also an ethical obligation.

Do you think that HIV/AIDS education is important in preventing the spread of HIV/AIDS? Explain

All of the respondents think that HIV/AIDS education is important in preventing the spread of HIV/AIDS. The reasons being that they will be more knowledgeable about the dangerous virus, how to prevent the virus from infecting them, how to care for infected people and making correct decisions in life.

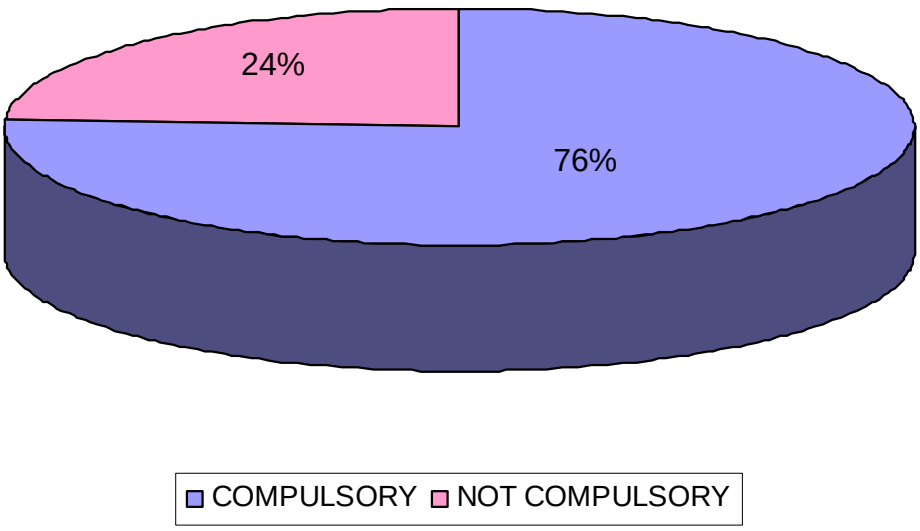
What information / training / workshop do you think you need on HIV/AIDS?

The respondents indicated the following as their training needs.

- Modes of transmission
- Prevention of the virus
- Counseling and supporting those infected
- Safer sex
- Correct use of condoms
- Blood test
- Caring for HIV positive people

Do you think that attendance of an HIV/AIDS education programme should be compulsory and why?

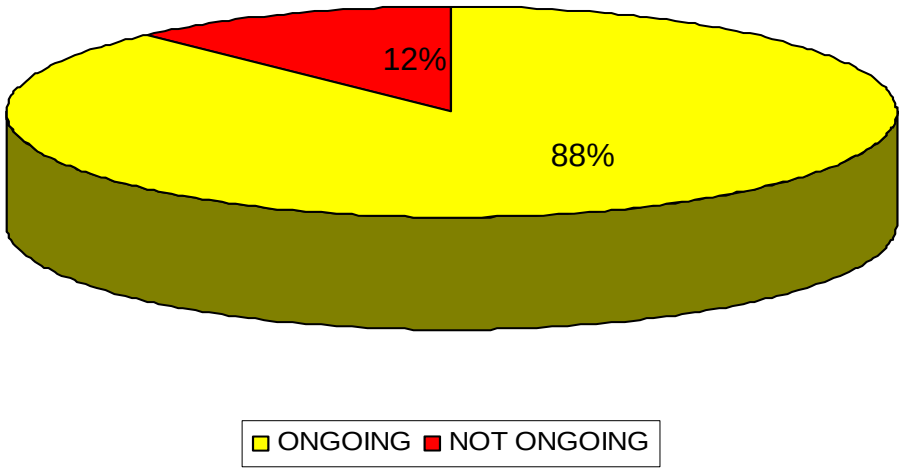
Chart 7: Compulsory attendance to an HIV/?AIDS education programme



The chart illustrates that 10 (28%) respondents think that attendance should not be compulsory whereas 32 (76%) respondents think that the attendance should be compulsory. The highest rate of respondents reflects that attendance of training sessions on HIV/AIDS education to compulsory so as to be knowledgeable about the HIV/AIDS pandemic, a HIV/AIDS free life and avoid being infected with the virus.

Do you think that HIV/AIDS education should be on-going and why?

Chart 8: HIV/AIDS education programme be ongoing.



The chart shows that 37 (88%) respondents agree that an HIV/AIDS education programme should be on-going, whilst 5 (12%) respondents do not agree to that. From the data collected it is clear that most of the respondents think that an HIV/AIDS education programme should be ongoing as it will help the new generation to know about the pandemic, keep them informed about new information.

3.5 CONCLUSION

The researcher used a self-constructed questionnaire as a way of collecting the data. According to the data collected, it is clear that most of the respondents (76%) never attended any training session of HIV/AIDS education. Most of the respondents (70%) have basic knowledge on the pandemic; that is the general insight about the pandemic, modes of transmission, treatment, the prevention of the HIV/AIDS pandemic and caring for those infected and affected by the pandemic.

The next chapter focuses on the interpretations, conclusions and recommendations of the study.

CHAPTER 4

4. INTERPRETATIONS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The primary objective of this chapter is to give a summary of the main findings resulting from the data analyzed in the proceeding chapter. The data analyzed in the proceeding chapter was collected on the basis of four variables, namely biographical data, general insight on HIV/AIDS pandemic, the spread, treatment and prevention of HIV/AIDS pandemic and lastly, HIV/AIDS education programme. These findings are further compared with the findings of related studies discussed in Chapter 2. The comparison is followed by a brief discussion of conclusion and recommendations by the researcher.

In this chapter, the researcher will restate the objectives and the research question of the study for the purpose or reviewing the findings, drawing conclusions and making recommendations. The main goal was to investigate the need for an HIV/AIDS education programme at Mokopane Police Station, Limpopo Province.

4.2 RE-STATEMENT OF THE OBJECTIVES

The objectives of the study were:

(a) To explore and generate data through a literature study concerning HIV/AIDS in the workplace.
(b) To access whether police officers thought that there was a need for an HIV/AIDS education programme at Mokopane Police Station.
(c) To formulate recommendations about an HIV/AIDS education programme to the management at Mokopane Police Station.

4.3 RE-STATEMENT OF THE RESEARCH QUESTION

The research question that underlined the study was that: Is there a need for HIV/AIDS education programme at Mokopane Police Station.

The research question was proved by the findings in this research study and supported by the literature review.

4.4 RESEARCH METHODOLOGY

The researcher selected a sample of 42 respondents, which was heterogeneous. Probability systematic sampling was used to select a sample from a target population. A self-constructed questionnaire was used as a research tool for collecting data at Mokopane Police Station. The respondents were asked questions about their general insight on HIV/AIDS pandemic, the spread, treatment and prevention of HIV/AIDS pandemic and lastly on HIV/AIDS education programme.

Some major concepts used in the study like AIDS, Education, HIV, Need assessment and Programme were defined. The researcher outlined ethical issues based on the research study. The limitation was also mentioned.

The literature review on Chapter 2 emphasized many aspects that the researcher wanted to investigate. The research study focussed on the need for an HIV/AIDS education programme at Mokopane Police Station.

4.5 INTERPRETATIONS OF MAJOR FINDINGS

4.5.1 Biographic data

From the data presented and analyzed in section 1 the biographic data, the findings revealed that the majority of the respondents, 28 (66.6%) were between the age of 31 - 40 years old, 32 (76%) were males as compared to females, 31 (73.8%) were married, 28 (66.6%) were Northern Sotho speaking, 36 (85.7) were Christians, 29 (69%) had Grade 10 – 12 as their highest level of education; 16 (38%) were sergeants and 30 (71.4%) had 10 and above years of experience in the field. The findings show that most of the respondents were between the age of 31 – 40 years, males. married, Northern Sotho speaking, christians, Sergeants, their qualifications were between grade 10 – 12 and their experience in the field was 10 and above years.

4.5.2 The general insight on HIV/AIDS pandemic

From the data presented and analyzed in section 2 of the questionnaire, the findings revealed that the majority of the respondents indicated that they did not have any basic insight on HIV/AIDS pandemic, that is defining the acronym HIV and AIDS, causes of AIDS, modes of transmission, how to find out if one is infected, how to prevent getting infected, what to do if infected and also about the availability for a cure.

The findings where supported by Evians (1995:17) stating that all categories of personnel in the workforce must be informed of the essential facts about HIV/AIDS, people need to be informed about how the virus is transmitted and what interactions or activities are safe.

4.5.3. **The spread, treatment and prevention of HIV/AIDS pandemic**

From the data presented and analyzed in section 3 of the questionnaire, the findings revealed that the majority of the respondents had an understanding on how the HIV virus can be spread, treated and prevented. The respondents also showed their knowledge and understanding of the myths about the pandemic.

4.5.4 **HIV/AIDS education programme**

From the data presented and analyzed in section 4 of the questionnaire, the finding revealed the following:

* Thirty two (76%) of the respondents never attended any training, workshop or seminar on HIV/AIDS education.
* All of the respondents regard HIV/AIDS education as important in preventing the spread of HIV/AIDS.
* The respondents needs to be trained on modes of transmission, prevention of the virus, counseling and supporting those infected, safer sex, correct use of condoms, blood test and caring for HIV/AIDS positive people.
* Thirty two (76%) of the respondents think that attendance of an HIV/AIDS education programme should be compulsory so that people can be aware of the virus and its implications in life.

The findings were supported by Hubley (1990:64) stating, that in the absence of a vaccine or cure, the AIDS epidemic can only be controlled through a massive programme of public education, which will involve:

* Promotion of sexual and other behaviours which limit the spread of HIV and AIDS.
* The dispelling of myths and misunderstanding about the spread of HIV and AIDS.

* The encouragement of a positive and caring attitude towards persons with HIV/AIDS.
* The development of public support for AIDS control measures carried out by government and voluntary parties/bodies.

Van Dyk (1992:94) also stated that HIV/AIDS education is the primary means of persuading individuals to modify their risk behaviour and minimize fear and prejudice based on ignorance. People need to be well informed about HIV/AIDS, so that they can clearly understand how the virus is transmitted and what activities or interactions are safe. Although this is not enough to promote effective behavioural change, it is an essential part of what should be done to prevent the spread of the virus.

4.6 CONCLUSION

1. Education is the key note in disseminating information about HIV/AIDS pandemic, and it help to reduce the fear and ignorance, dispel myths, change people's attitude and sexual behaviour, thus preventing the spread of HIV infection.
2. HIV/AIDS education should not only be the prevention of illness but also the promotion of health and the improvement of the overall quality of life. The most important aim is to encourage changes in sexual behaviour.
3. Through education, the infected individual will be prevented from being stigmatized, full infection control precaution will be applied routinely in the workplace.
4. The employers have the responsibility to develop programmes on HIV/AIDS to educate and protect their workers.

4.7 RECOMMENDATIONS

The following recommendations can be made in view of the above mentioned findings and conclusions. The Mokopane Police Station Management, Limpopo Province, should:

* Develop an HIV/AIDS education programme for all the police officers regardless of age, gender, race, qualifications, religion and occupational rank.
* Ensure that training be compulsory and continuous.
* Disseminate any new information to employees.
* Be in partnership with the Department of Health and Welfare (Limpopo Province) for HIV/AIDS education training.
* Access magazines, periodicals or any handouts issued by the Department of Health and Welfare or NGO's.

The researcher proposes that the HIV/AIDS education programme be as follows:

* Definition of HIV/AIDS pandemic.
* History of the HIV/AIDS pandemic.
* HIV/AIDS as a disease/syndrome.
* The effect of HIV on the immune systems.
* The modes of transmission.
* The stages from HIV infection to AIDS.
* HIV testing and diagnosis.
* Treatment and prevention of HIV/AIDS pandemic.
* Legal and ethical issues.

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