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THE PERCEPTIONS OF TEACHERS REGARDING HIV/AIDS IN THE THOHOYANDOU AREA

by

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SUMMARY

The perceptions of teachers regarding HIV/AIDS in the Thohoyandou area.

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This study aimed at exploring the perceptions of teachers regarding HIV/AIDS in the Thohoyandou area. A survey design was employed to find out how teachers perceive HIV/AIDS.

A group-administered questionnaire was used as a method of data collection. One Hundred and Fifty teachers were selected by using stratified random sampling technique. From each stratum the systematic random sampling method was used to select the sample. The respondents were selected from the population of teachers in the Thohoyandou, Thulamela area, in the Limpopo Province.

HIV/AIDS in the workplace, with special emphasis on theoretical background, perceptions regarding HIV/AIDS and HIV/AIDS prevention strategies has been provided. Theoretical background covered what HIV/AIDS is, factors promoting the AIDS epidemic, HIV/AIDS in the workplace and psychosocial impact of HIV/AIDS on employees. Perceptions regarding HIV/AIDS covered voluntary counseling and testing and issues around working with someone who is HIV positive. HIV/AIDS prevention strategies focused on prevention and wellness programme, abstinence from sex, being faithful to one sexual partner, condom usage, managing STI and HIV/AIDS in the workplace.

The research findings were presented graphically and discussed. It was found that teachers perceive HIV/AIDS as a reality and they also know the ways to prevent it, although most of them do not utilize those methods. Generally, teachers in Thohoyandou area are still at risk of contracting HIV/AIDS.

The conclusion and recommendations derived from the study are provided lastly.

CONCEPTS

English	Afrikaans
• AIDS	Vigs
• Department of Education	Department van Onderwys
• HIV	MIV
• Management	Bestuur
• Perceptions	Persepsies
• Prevention strategies	Voorkomingsstrategië
• Learners	Leerders
• Sexually Transmitted Infections	Seksueel oorgedraagde infeksies
• Teachers	Onderwysers
• Voluntary counseling and testing	Vrywillige berading en toetsing

DECLARATION

I declare that this dissertation and the work inside have not been previously submitted by me for a degree at this or any other University. All materials have been fully acknowledged.

Makondelele Sarah Mulaudzi

Date

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DEDICATION

I dedicate this work to my daughter, Muga Vhukhudo Mulaudzi, for sparing me valuable time to work on this dissertation.

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CHAPTER 1
GENERAL INTRODUCTION OF THE STUDY

1.1 INTRODUCTION

According to the Global Business Coalition against HIV/AIDS (2002:2), the HIV/AIDS epidemic is one of the greatest challenges to development in South Africa and Africa as a whole. The epidemic claims some of the best business leaders, managers and workers at all levels of the production system. Absenteeism as a result of HIV-related conditions, the cost of replacing workers lost due to AIDS and loss of productivity pose a threat to the survival of several businesses and industrial sectors in the world market. HIV/AIDS does not affect workers only; it also affects the market base of African business by claiming a large part of the population with disposable income and by impoverishing families and communities.

The devastating impact of HIV/AIDS in South Africa where many people are infected, or have died is receiving attention by government and this has resulted in policy debates and policy making in order to curb the crisis (Department of Finance and Economic Development HIV/AIDS report, 2004:3). According to Umerah-Udezulu & Williams (2002: 35), the drastic decline in life expectancy and quality of life will carry a long-term effect on Africa. In order to contain this crisis it is important to look at factors that increase the spread of HIV/AIDS, especially in the workplace.

Umerah-Udezulu and Williams (2002: 35) further argue that despite diligent efforts of various Western governments and international health organizations, progress on African governments' response to AIDS seems slow. This is due to the fact that some governments have displayed a sense of diminished priority for HIV/AIDS prevention and this has resulted in the escalation of the epidemic in the region. Also, when compared with other continents of the world, Africa ranks

very low in selected health and social indices, mortality and morbidity rates for AIDS and other diseases, as well as health service availability and accessibility. Other factors include high level of poverty, low-level education attainment, inadequate or lack of public health services, grossly inadequate personnel in medical health fields, apathy, myths and misconceptions about HIV/AIDS and those factors that are linked to emotional and behavioral human factors. The above-mentioned are making the challenge of AIDS difficult, particularly to Africa.

Williams (in Umera-Udezulu & Williams 2002: 36) indicates that attitudes that AIDS is a consequence of sinful behaviour also affect ways in which Africans as well as African-Americans respond to HIV/AIDS prevention efforts. In addition to that, Peltzer (2003: 255) has found that people are not willing to take the AIDS test because of fear of being stigmatized by the community. It is also indicated that some do not go for the test because there is no cure for the disease, should their results reveal infection (Peltzer, 2003: 256).

Given such attitudes, myths and misconceptions that people have, regarding HIV/AIDS and testing, the researcher found it important to explore the teachers' perceptions regarding HIV/AIDS. The main importance of the present study is to provide recommendations that can be implemented towards prevention of further spread of HIV amongst teachers.

According to Hubley (1995:32), the most common route for transmission of HIV is by sexual intercourse between two people when one person is carrying the virus. Hubley (1995:53) indicates that the use of condoms is the only method that can prevent HIV transmission during sexual intercourse. In the study conducted by Peltzer (2003: 258) it is revealed that most of sexually active participants do not use condoms because they did not like using condoms, inconveniences during condom use, and negative psychological feelings. Given these attitudes towards the safe method of prevention of HIV transmission, the researcher can conclude that people who have negative attitudes towards the use of condoms run a risk of

being infected or infecting others. As a result the researcher has found that it is of importance to study teachers' perceptions regarding HIV/AIDS as this can contribute towards prevention of further spread of HIV/AIDS.

Since it is the main goal of the company/organization, to promote productivity and to be cost-effective, the present study will inform the HIV/AIDS committee in the Department of Education on the available gaps that need to be attended to towards prevention of the spread of HIV. The study will determine the perceptions of teachers regarding HIV/AIDS in the Thohoyandou area in Limpopo Province.

Teachers' responses will add to the knowledge-base of HIV/AIDS and equip the workers in the field to understand the perceptions that teachers have regarding HIV/AIDS. The findings from this study will also help the Department of Education in evaluating the role that the existing HIV/AIDS programme is playing towards prevention of the spread of HIV and whether teachers have negative or positive perceptions regarding HIV/AIDS. These can help HIV/AIDS workers improve on their prevention programmes and the policy that is governing the programme. The findings will further add knowledge about the prevalence and predictions regarding the spread of HIV/AIDS in the next five years. This is in line with what HIV/AIDS officer at the University of Venda has indicated as another significance of this study, that the study of this nature could reveal the vulnerability of teachers to HIV/AIDS in the near future. The researcher will also recommend on the strategies that should be employed in prevention of the spread of HIV/AIDS in the work environment, especially the Department of Education. This is also in line with the emphasis from the HIV/AIDS worker from the Department of Education that there is a need to know teachers' perceptions regarding HIV/AIDS because the Department of Education has already lost a number of teachers to HIV/AIDS opportunistic diseases and the fact that there are still some teachers who are suffering from such diseases.

Both management and relevant stakeholders within the Department of Education, including teachers will use the findings from this study. The usage of this study will impact on the decision-making and policy formulation towards reduction and prevention of HIV/AIDS prevalence in the workplace, within the Department of Education in particular.

The reason for conducting a study of this nature is out of interest to explore teachers' perceptions regarding HIV/AIDS and unrecorded observations regarding the spread of HIV amongst the teachers in the Thohoyandou area. This is also motivated by the number of deaths amongst the teachers as a result of HIV/AIDS opportunistic diseases, like tuberculosis and pneumonia with other symptoms of AIDS. The HIV/AIDS worker from the Department of Education also indicated that the study of this nature will also help them understand the role that their HIV/AIDS programme has played in promoting teachers' perceptions regarding HIV/AIDS and prevention of the spread of HIV infections.

The researcher also has an experience of working as a teacher in both primary and secondary schools. Her observation regarding the interaction and relationship between teachers and learners show that there is correlation between this relationship and learners' progress. If a teacher is sick and learners are aware about that, it affects them negatively. This is because such a teacher might be forced to take sick leave and leave learners without an experienced teacher in his/her field of specialization. Learners are also affected emotionally when they know that such a teacher has symptoms related to HIV/AIDS. These observations motivated the researcher to study the perceptions that teachers have regarding HIV/AIDS because when the perception is negative teachers run a risk of being infected and affect their learners as well as the relationship they have with these learners. The researcher has also observed that learners take time to adjust to a new teacher who is substituting the one who has died than when such substitution is a result of transfer or resignation. Delay in adjustment

with a new teacher also affects learners' progress. This brings a need to prevent any further spread of HIV infection among teachers.

Given the above observations, there is a need to explore teachers' perceptions regarding HIV/AIDS. Recommendations will bring other strategies towards prevention of further spread of the infection. Due to confidentiality and sensitivity of the disease, it was difficult to find statistics to prove that HIV/AIDS is uncontrollable amongst the teachers. Since the objective of the present study is to explore the perceptions of teachers regarding HIV/AIDS, the statistics regarding those who are already affected might not be significant for this study, but their vulnerability in the near future would bring some light on how prevention can be facilitated.

1.2. PROBLEM FORMULATION

Du Plessis, Meyer-Weitz and Steyn, (in Peltzer 1993: 257) indicate that it is long now since the existence of HIV/AIDS in South Africa. A large number of people know about the disease, but this knowledge is confused with the myth that people attach to the prevalence of this epidemic. Several studies have been done around this aspect, but nothing, if not too little has been done focusing on the workplace in South Africa (Peltzer 1993: 257). As a result employees (including teachers) are dying at their most productive age, as indicated by van Schalkwyk (2004: 85). Masi (2000:321) on the other hand argues that this is further costing the workforce to an extent that on average 27% of the workforce is infected with the HI virus, with 3-4% actually being ill with AIDS. It is expected that by the year 2009, 17% of the workforce will be showing the symptoms of AIDS.

When people know about the disease and continue engaging in sex with more than one partner without the use of condom, it does not serve any purpose towards prevention of further spread of HIV/AIDS (Peltzer, 2003: 258). Several

organisations/companies have HIV/AIDS programmes that are aimed at promoting knowledge about HIV/AIDS and changing employees' perceptions towards the disease. Therefore, it is important for one to focus on the perceptions that teachers have regarding HIV/AIDS. This, as indicated earlier, can increase or decrease the spread of HIV/AIDS. As a result there is a need for one to focus on these perceptions and provide recommendations that can facilitate the process of slowing down the HIV infection rate.

Peltzer (2003: 250) argues that in general HIV behavioural population surveys have been conducted in various African countries but there is a lack of such studies in South Africa, especially amongst the general adult population. As a result the researcher in this study wants to focus on the perceptions that teachers have regarding HIV/AIDS as a way to explore whether teachers have negative or positive perceptions regarding HIV/AIDS as it has an impact on prevention and further spread of HIV infection.

According to Tailor and William (in Umera Udezulu & Williams 2002: 36) beliefs that illness is a form of punishment by God and perceptions that AIDS is a consequence of sinful behaviour also affect ways in which Africans respond to HIV/AIDS prevention efforts. This implies that negative perceptions towards the existence of HIV/AIDS prevent people from taking proper precautions towards prevention of its spread. As a result most teachers will still get infected and affected by the disease and become less productive in their working environment. Given the above arguments, the researcher can conclude that HIV/AIDS has a negative impact on workplace productivity, including the field of teaching as a target group for this study. As a result there is a need to study the perceptions that teachers have regarding HIV/AIDS, so that recommendations can be drawn for implementation towards prevention of further spread of HIV infection.

1.3. PURPOSE, GOAL AND OBJECTIVES OF THE STUDY

1.3.1 Purpose

Fouche (2002:107) indicates that the words purpose and goal of the study are used interchangeably or as synonyms for each other. Their meanings imply the broader, more abstract conception of the end towards which effort or ambition is directed. Therefore, the purpose of this study is to explore the perceptions of teachers regarding HIV/AIDS.

1.3.2 Goal

The goals of the study are defined as being exploratory, descriptive and explanatory (Rubin and Bubbie, 2001: 123). Therefore, the goal of this study is to explore the perceptions of teachers regarding HIV/AIDS in the Thohoyandou area.

1.3.2 Objectives

This section provides that which the researcher wants to achieve at the end of the study (Fouche, 107). For the purpose of this study, the researcher needs to achieve the following objectives:

- To provide a broad theoretical background regarding HIV/AIDS in the workplace
- To investigate the perceptions of teachers regarding HIV/AIDS
- To provide recommendations with regard to improved HIV prevention strategies

1.4. RESEARCH QUESTION

According to Babbie and Mouton (2001: 75), an empirical question addresses a real-life problem, and to resolve this question researchers either have to collect new data or analyse existing data. For the purpose of this study the researcher

will collect new data. Mouton (1996: 110) indicates that a question surrounding empirical testability is whether one can foresee or even indicate how the hypothesis will be tested. This implies that through a research question people should see how the hypothesis will be tested. Since the objective of this study is to explore the real life problem, which is teachers' perceptions, and nothing is known or predicted, the researcher will make use of a research question and not a hypothesis.

The research question formulated for this study is: **"What are the perceptions of teachers with regard to HIV/AIDS in the Thohoyandou area?"**

1.5 RESEARCH APPROACH

The present study adopts the quantitative research approach as a vehicle towards investigating teachers' perceptions regarding HIV/AIDS in the workplace. Creswell (1994: 1) defines quantitative study as an inquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers and analyzed with statistical procedures in order to determine whether the predictive generalizations of the theory hold true. When one talks about quantitative paradigm, there are the following themes in mind (Babbie and Mouton, 2001:49):

- An emphasis on the quantification of constructs. For example, the best way to measure the properties of phenomena like the perceptions of an individual towards certain topics (HIV/AIDS in this research), is through quantitative measurement, i.e. assigning numbers to the perceived qualities of things.
- A related topic concerns the central role of variables in describing and analyzing human behaviour
- The central role afforded to control for error in the research process.

For the purpose of this study, the researcher is of the opinion that quantitative approach is most suitable, as it will enable the researcher to determine the perceptions of teachers regarding HIV/AIDS in the Thohoyandou area.

1.6 TYPE OF RESEARCH

The type of research for this study is applied research because the findings have a practical application to the observed concern. According to Durreim (1999: 41) applied research aims to contribute towards practical issues of problem-solving, decision-making, policy analysis and community development. Neuman (1994: 21) states that application of the results of applied research may be beyond the researcher's control. As a result, the researcher using applied research as a type of research, has an obligation to translate findings from scientific technical language into the language of those who are going to make use of the findings. Neuman (1994: 22) further indicates that the primary concern is with the ability to generalize findings to areas of interest.

Therefore, the present study will contribute towards change or improvement of strategies for HIV/AIDS prevention amongst the teachers in the Thohoyandou area.

1.7 RESEARCH DESIGN AND METHODOLOGY

Before the researcher can begin with the research process, it is important to design a plan of the whole process. According to Durrhein (1999: 29), research design is a framework for action that serves as a bridge between research questions and the execution or implementation of the research. Research design also provides a plan that specifies how the research is going to be executed in such a way that it answers the research question. Mouton (2001: 55) argues that research design focuses on the end product. This stage in a research process

involves multiple decisions about how the data will be collected and analysed (Huysamen, 1993: 10). Finally, it also ensures that the final report answers the initial research question (Durrhein, 1999: 30).

For the purpose of this study, the researcher employed a survey design. Fouche & de Vos (2002: 142) indicate that survey designs are of a more quantitative nature, requiring a questionnaire as a data collection method. Respondents were selected by means of randomised sampling methods. This design was more suitable for this study because the researcher selected the respondents randomly and also used a questionnaire as a measuring instrument.

1.7.1 Data collection

According to Delport (2002: 165), quantitative data collection methods often employ a measuring instrument. For the purpose of this study, the researcher used a questionnaire, as a method of data collection. 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. The researcher used a self-developed questionnaire. The personal questionnaire was found to be more suitable as the respondents are literate, which were self-administered in a group at each identified school.

Delport (2002: 174) describes personal questionnaires as those questionnaires that are handed over to the respondents who complete on their own, in the presence of the researcher, who is available for in case problems are experienced. Babbie and Mouton (2001: 258) refer to these questionnaires as self-administered in which respondents are asked to complete the questionnaires themselves. Babbie and Mouton (2001: 258) further indicate that this type of questionnaire is only appropriate when the population under study is adequately literate. It can also be administered to a group of respondents gathered at the same place at the same time (Babbie and Mouton, 2001: 258). Group-administered questionnaires on the other hand involve distribution of

questionnaires to a group of respondents who receive the same stimulus and complete without discussing the questionnaire with the other members of the group (Delport, 2002: 174).

The researcher used this data collection technique because of the sensitivity of the phenomenon under investigation. The possibility that the study could provoke other respondents' emotions to an extent that they need help during the period of answering the questions was another reason for adopting this data collection technique. For ethical reasons, it was important to provide that help immediately, unlike when the respondents will have to suffer the consequences when the researcher is not there, for example, when hand-delivered or mail questionnaires are used. As it was the case during data gathering, no respondent appeared to have an emotional problem that needed intervention.

1.7.2 Data analysis

Data analysis in the quantitative paradigm entails that the analyst breaks data down into constituent parts to obtain answers to research questions (De Vos, Fouche & Venter, 2002: 223). This further needs interpretation of the analyzed data so as to get meaning and answer to such a research question (De Vos, Fouche & Venter, 2002: 223).

Babbie and Mouton (2001: 411) have indicated that there are many computer programmes today that serve specifically to analyze social science data. In order to analyze data for this study, the researcher made use of a computer statistical programme. The research support service of the University of Pretoria was utilized from the compilation of a questionnaire up to analysis of the data. The data has been presented in graphs and tables in this research report.

1.8 PILOT STUDY

The New Dictionary of Social Work (1995: 45) defines pilot study as the process whereby the research design for a prospective survey is tested. In addition to that Bless and Higson-Smith (2000: 155) argue that a pilot study is a small study conducted prior to a larger piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate.

Pilot testing the questionnaire was conducted prior to the formal collection of data. According to Neuman (1994:188), the purpose of pilot testing is to uncover aspects of the instrument that need refinement. In support, Babbie (2001: 250) indicates that, no matter how carefully a data collection instrument is designed, there is always the certainty of possible error, and the surest protection against such error is through pre-testing the instrument.

Pilot testing of the questionnaire was conducted by selecting two teachers from the population and they were not included in the sample for the actual study. This was meant to help the researcher to refine the questionnaire if necessary.

1.9 BOUNDARIES OF THE RESEARCH POPULATION, SAMPLE AND THE SAMPLING METHOD

1.9.1 Population

According to Mouton (1996: 132), a population is a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying. According to Babbie and Mouton (2001: 100), the population for a study is that group (usually of people) about whom we want to draw conclusions. The population for this study consisted of all secondary school teachers in the Thohoyandou area at Thulamela municipality in the Limpopo Province. Thohoyandou area is composed of forty-six schools with 823 teachers.

Due to the conditions set by the Department of Education, the researcher found it feasible to involve secondary teachers in this study. Such conditions include the fact that employees should not be involved in research during their working period (between 7H15 and 14H00). As a result secondary teachers are the ones accessible during self-study slot (14H30 and 16H00), which is after their teaching periods, but learners' time to study on their own.

1.9.2 Sampling and sampling method

Since it is difficult for a researcher to take the whole population for participation in the study, a sample was drawn from the population. The researcher employed a probability type of sampling because the findings will be generalized to the whole population. This type of sampling makes it possible for the population to be randomly represented in the sample. Strydom and Venter (2000:203) describe probability sampling as one in which each person or other sampling unit in the population has the same known probability of being selected and such selection is based on some form of procedure. According to Babbie and Mouton (2001:173), probability sampling involves the selection of a random sample from a list containing the names of everyone in the population one is interested in studying. In the present study, this involved selecting teachers randomly from a list containing all the names of schools and teachers from different schools.

In order to select twenty-four schools from forty-six schools systematic random sampling was adopted. All the names of the schools in each of the five circuits were written down. From each circuit, the interval of two was used to get the number of schools representing the circuit. It is from these twenty-four schools where 150 teachers were selected for participation in the study. Strydom & Venter (2002: 205) argue that in systematic sampling there is an interval that should be followed when sampling the participants. The researcher has to select one case and then follow a particular interval until all cases are selected.

Strydom and Venter (2002:201) have indicated that to ensure that the sample is as representative as possible, random sampling is the only available technique that should be used. For the purpose of this study the researcher used stratified random sampling. Neuman (1994:204) has indicated that in stratified random sampling, the researcher first divides the population into subpopulations (strata) on the basis of supplementary information. After dividing the population into strata, he or she draws a random sample from each subpopulation. Then the researcher can randomly select the sample within strata using simple or systematic sampling. In stratified sampling the researcher controls the relative size of each stratum, rather than letting random processes control it. This guarantees representativeness of different strata within a sample. Strydom and Venter (2002:205) indicate that this type of sampling is suitable for heterogeneous populations because the inclusion of small subgroups percentage-wise can be ensured.

Since there is a large population of teachers around the Thohoyandou area, the researcher selected teachers according to schools they are working in. The researcher selected twenty-four schools, which is about 50% of all schools in the Thohoyandou area. This was done to ensure a fair representation of schools in each circuit. From each selected school, a formula was used to select teachers for inclusion in the study. In order to do that the researcher adopted systematic random sampling in which a particular interval was followed to get to a chosen sample size (Strydom and Venter, 2002:205). From schools with a bigger number of teachers a smaller percentage was selected, whilst from a smaller number of teachers a larger percentage was selected. The total number of 150 teachers was systematically selected for participation in the study. Babbie in Strydom and Venter (2002:205) also indicated that this kind of sampling is regarded as having a higher value than simple random sampling.

1.10 ETHICAL ISSUES

Since social research is about the use of human beings as the subjects of study, it is indicated in Durrheim (1999: 65) that researchers need to protect the rights and the welfare of such respondents. For the purpose of this study, the researcher took the following ethical issues into consideration.

1.10.1 Informed consent

The researcher allowed the respondents to sign the informed consent form before they participated in the study. This allowed them to take the voluntary decision on participating in the study. Neuman (1994: 435) has indicated that it is important not to coerce the respondents into participation in the study. The researcher further provided the participants with information about the purpose of the study, risks involved, advantages and disadvantages, so that they decide to participate knowing what the study is all about (Neuman, 1994: 435). This information that the researcher provided to the respondents included the purpose of the study, advantages and disadvantages.

1.10.2 Privacy, Confidentiality and anonymity

The respondents were assured of privacy, confidentiality and anonymity so that they could provide the necessary information without fear. As indicated in Strydom (2002: 67), these three aspects are synonymous.

- **Privacy** is defined as that which normally is not intended for others to observe or analyze (Strydom, 2002: 67). To ensure that, the researcher protected respondents' information so that unauthorised individuals would not get access to the information, the researcher kept all the questionnaires and information related to the respondents' data in a safe place where no one could be able to access them.

- **Confidentiality** is a continuation of privacy in the sense that the researcher should respect the information that will be obtained from the respondents. It will be unethical to disclose such information to unauthorised individuals. It was made clear to the participants that the researcher and the supervisor will access this information. The issue of publication of the findings was discussed with the respondents in order to get their permission.

- Finally, the researcher also protected the identity of the respondents by making sure that the questionnaires were completed anonymously.

1.10.3 Deception

Since it is highly expected from a researcher to conduct a voluntary study, it will be unethical for the researcher to hide some truth from the respondents. To ensure that the researcher did not misrepresent information that is crucial for voluntary participation, all information that the respondents should know before they decide to participate was made available and clear to them. Such information included telling them the real purpose of the study, significance of the study, risks involved, advantages and disadvantages, especially because the phenomenon under investigation is sensitive.

The respondents were not forced or deceived for participation in this study. Neuman (1994: 434) states that researchers should never force anyone to participate in research. No matter how sensitive this study might be, the researcher provided the respondents with all the necessary information as true as possible.

1.10.4 Harm to the respondents

It is possible that in social research respondents can be harmed physically and emotionally. Strydom (2002: 64) indicates that emotional harm to subjects is often more difficult to predict and to determine than physical discomfort, but often has more far reaching consequences for respondents. The researcher is aware

of the sensitivity of the phenomenon under investigation. Therefore in order to protect the respondents against any emotional harm, it was ensured that the researcher be there when the respondents completed the questionnaires. It was also indicated on the covering letter that for in case the respondents need some emotional assistance after responding to the questionnaires they be able to contact the researcher. The contact particulars were provided on the covering letter of the questionnaire. This was meant to provide the respondents with the necessary attention they might need, for example, debriefing.

1.10.5 Publication of findings

Strydom (2002: 72) indicates that subjects should be informed about the findings in an objective manner, without offering too many details or impairing the principle of confidentiality. On the informed consent form the researcher indicated that the findings from this study will be published in a written form so that respondents participate knowingly about how the findings will be made available for implementation of the recommendations. This was aimed at getting permission from the respondents for publishing the findings from the information they have provided.

1.11. PROBLEMS AND LIMITATIONS OF THE STUDY

Although there were no major problems or limitations concerning the study, the researcher can note that the group administered questionnaire is time consuming, especially because teachers are not always available and the researcher has to avail herself whenever it suites the teachers. The time for administration of the questionnaires had to suits all the teachers who were sampled.

1.12 DEFINITION OF CONCEPTS

1.12.1 Human Immunodeficiency Virus (HIV)

According to Taylor (1995:546), HIV is the virus that attacks the immune system. On the other hand Papalia & Olds (1992:321) indicate that HIV is a virus that causes AIDS and it is transmitted through bodily fluids (mainly blood and semen) and stays in the body for life, even though the person carrying it may not show any signs of illness. Based on these definitions the researcher can conclude that HIV is a virus that causes AIDS and can only be acquired or transmitted through bodily liquids.

1.12.2 Acquired Immune Deficiency Syndrome (AIDS)

According to Hubley (1995:1), AIDS is a disease caused by deficiency in the body's immune system. It is a syndrome because there are a range of different symptoms which are not always found in each case. It is acquired because AIDS is an infectious disease caused by a virus, which is spread from person to person through a variety of routes.

Another definition shows that AIDS is a collection of many different conditions that manifest in the body because HIV has weakened the body's immune system. (Van Dyk, 2001: 5)

Based on the above definitions one can conclude that AIDS is a syndrome of opportunistic infections and diseases that occur because of the weakened immune system of a person.

1.12.3 Perception

Feldman (1999:101) defines perceptions as the sorting out, interpretation, analysis, and integration of stimuli involving our sense organs and brain. Louw & Edwards (1997: 150) on the other hand define perception as the process through which we give meaning to the information we get from our senses.

Therefore, the researcher can argue that perceptions are views that we have around certain issues or information that we are aware of.

12.4 Teacher

According to Dune & Wragg (1994:1), a teacher is someone who teaches someone to read and write, to understand the world around them, to grasp and be able to apply fundamental mathematics and scientific principles, to use their developing intelligence and imagination, to live and work harmoniously with others.

On the other hand, Siyakwazi & Siyakwazi (1999: 6) view a teacher as someone who purposefully transmits that which is worthwhile to those who become committed to education.

Therefore, the researcher can argue that a teacher is somebody who imparts knowledge to another person who may also be called a learner.

1.13 CONTENTS OF RESEARCH REPORT

Chapter 1: General introduction of the study

This chapter introduces the setting of the whole study. This involves general background of the study, the rationale for the study, the problem formulation, purpose, goal and objective of the study, the research methodology and the ethical aspects.

Chapter 2: Theoretical background regarding HIV/AIDS in the workplace

The second chapter focuses on the theoretical background regarding HIV/AIDS in the workplace.

Chapter 3: Empirical findings

This chapter presents the findings of the study.

Chapter 4: Summary, Conclusions and Recommendation

This is the final chapter. It focuses on the summary of the whole process, conclusion and also recommendations that are based on the empirical findings.

The following chapter deals with HIV/AIDS in the workplace.

CHAPTER 2
HIV/AIDS IN THE WORKPLACE

2.1 INTRODUCTION

People have different perceptions regarding the world around them. This involves the way they will interact with everything that is happening in the world. This is also the case with employees in different working environments. Aspects they are dealing with can also contribute towards the way they will perceive them. The way in which HIV/AIDS knowledge is imparted to them also play a role on how such employees will perceive HIV/AIDS. Such information could lead to further spread of HIV/AIDS or prevention of further spread.

HIV/AIDS has its own way of affecting the workplace. It is therefore calling the employers to keep an open eye regarding establishing ways in which productivity can be maintained through management of HIV/AIDS. There is therefore a need to prevent further spread of the virus.

This chapter addresses the theoretical background of HIV/AIDS, the way people perceive HIV/AIDS and also different strategies that can be employed to prevent the spread of HIV/AIDS. HIV/AIDS in the workplace is the primary focus of this chapter.

2.2 THEORETICAL BACKGROUND OF HIV/AIDS

2.2.1 What is HIV/AIDS?

- **Human Immunodeficiency Virus (HIV)**

According to Taylor (1995:546), HIV is the virus that attacks the immune system. On the other hand Papalia & Olds (1992:321) indicate that HIV is a virus that causes AIDS and it is transmitted through bodily fluids (mainly blood and semen) and stays in the body for life, even though the person carrying it may not show

any signs of illness. Based on these definitions the researcher can conclude that HIV is a virus that causes AIDS and can only be acquired or transmitted through bodily liquids.

As indicated in Services Seta Toolkit (2003: 26), all doctors agree that HIV/AIDS is not known to be spread by toilets, baths, showers, mosquitos, combs or hairbrushes, clothing, tears, telephone or hugging, kissing, shaking hands, plats, cups, spoons, pools, swimming, touching, sneezing and coughing, and laughing. If HIV were spread in any of the above ways we would all be HIV positive now. However, HIV is also present in saliva, urine but not in sufficient quantities to be transmitted by these fluids. The following are primary mode of transmission of HIV: unprotected sex, blood and blood products, and mother to child transmission.

As indicated by Evian (1991: 9) HIV is not a very 'strong' or resilient virus compared with other diseases-causing viruses. It cannot survive for any significant amount of time outside a human body, nor can it withstand any trauma or change from its usual environment. As highlighted above, in order to effect its transmission from one person to another, it needs the most intimate of human contact and exchange of fluids from an infected person to the other.

The researcher can argue that HIV cannot be transmitted from one person to the other through any other means except body fluid. Therefore, any other conditions that do not involve a process of exchanging body fluid are not risky. Teachers who do not know about this reality are the ones who will continue discriminating against others and causing stigma to those who are HIV positive. This brings a need for continual education to teachers. The present study is therefore intending to investigate the way teachers perceive HIV/AIDS with the aim of ensuring that those who are already infected are not unfairly discriminated against, based on ignorance

- **Acquired Immune Deficiency Syndrome (AIDS)**

According to Hubley (1995:1), AIDS is a disease caused by deficiency in the body's immune system. It is a syndrome because there are a range of different symptoms which are not always found in each case. It is acquired because AIDS is an infectious disease caused by a virus, which is spread from person to person through a variety of routes. Van Dyk (2001: 5), shows that AIDS is a collection of many different conditions that manifest in the body because HIV has weakened the body's immune system.

Based on the above views one can conclude that AIDS is a syndrome of opportunistic infections and diseases that occur because of the weakened immune system of a person.

As indicated in Strebel & Lindegger (1998:5) HIV/AIDS was initially depicted predominantly as a disease of male homosexuals, intravenous drug-users and sex workers. This was accompanied by a powerful and dominant stigmatizing and "othering" discourse which saw the virus associated with deviant and promiscuous behaviour of minorities, giving rise to moral panic, blaming of others and denial of risk amongst the general. Based on this view one can depict that people shift the blame and responsibility around HIV/AIDS.

Though AIDS is scientifically known to be caused by HIV, there are still different myths around AIDS. Such myths result in a situation where people ignore the reality and all preventative measures and end up practicing unsafe sex that expose them to contracting HIV. It is for the purpose of this study to explore ways in which teachers perceive HIV/AIDS, which in most cases determine their behavior. This behavior can be influenced by the myths that are held about HIV/AIDS. It is through knowing the perceptions that constructive efforts could be made to prevent further HIV infections amongst the teachers.

2.2.2 Factors Promoting the AIDS Epidemic

Umerah-Udezulu and Williams (2002: 35) argue that despite diligent efforts of various Western governments and international health organizations, progress on African governments' response to AIDS seems slow. This is due to the fact that some governments have displayed a sense of diminished priority for HIV/AIDS prevention and this has resulted in the escalation of the epidemic in the region. Also, when compared with other continents of the world, Africa ranks very low in selected health and social indices, mortality and morbidity rates for AIDS and other diseases, as well as health service availability and accessibility. Other factors include high level of poverty, low-level education attainment, inadequate or lack of public health services, grossly inadequate personnel in medical health fields, apathy, myths and misconceptions about HIV/AIDS and those factors that are linked to emotional and behavioral human factors. The above-mentioned factors make the challenge of AIDS difficult, particularly to Africa.

Hearn and Jackson (2002:12) indicated that factors such as low socioeconomic status, lack of sexual education, less education, culture, religion and gender also contribute in placing people at a high risk for HIV. Until HIV is eradicated, education remains the single most effective weapon against the proliferation of the virus. Education is not only necessary for those at risk to contract HIV, but also for professionals who may have occupational contact with the persons at risk.

Furthermore, beliefs that illness is a form of punishment from God and an attitude that AIDS is a consequence of sinful behavior also affect ways in which Africans respond to HIV/AIDS prevention efforts (Umerah-Udezulu and Williams 2002: 36). Given such attitudes, perceptions and beliefs, it can be asserted that future HIV/AIDS prevention programs for African communities must be innovative, anticipating the myriad social and historical influences that may act as barriers to

effective intervention efforts. Williams (in Umerah-Udezulu and Williams 2002: 36) suggests that lack of enabling national government policies and accurate statistical data from official and semi-official health agencies about AIDS and related infections results in underreporting and under-estimation of the problem.

According to the World Bank Reports (in Umera-Udezulu 2002: 37), the continued health disparities are a result of challenges between economic classes, the challenge of substance abuse control and the correlation between substance abuse and the HIV epidemic and other sexually transmitted infections. The main determinants of the problem include behaviors, for example, risky sexual practices, psychoactive drug use and abuse, and biomedical status, that is, being infected with other STI's. These factors have made the HIV/AIDS prevention efforts a difficult task in Africa.

These factors will be briefly discussed as follows:

- **Drug Abuse**

According to the National Institute on Drug Abuse (NIDA, 2003: 1) 40 million people around the world are living with HIV/AIDS and two to three million are injecting drug users. Drug use is a contributing factor in the rising HIV infection rate in South Africa and other countries. The United Nations Office for Drug Control and Crime Prevention (UNODCCP) (2002: 5) reports that the abuse of illicit drugs, including cannabis, cocaine, heroin and psychotropic substances is rising, and intravenous drug use appears to be higher than commonly believed in Kenya, Nigeria and South Africa. While no official prevalence figures exist for drug use in South Africa, cannabis and mandrax are seen as the most commonly used illicit drugs.

The United Nations Office on Drugs and Crime Prevention (2002: 5) suggests that there is a direct link between intravenous drug use (IDU) and HIV/AIDS. Four per cent (4%) of registered HIV/AIDS cases in North Africa are caused by

IDU and some individual countries report even a higher rate. AIDS has spread to different people including intravenous drug users. Drug use increases the risk of sexual violence and is also associated with sexual HIV risks (Alloy, Acoccela and Bootzin, 1996: 336)

The use of heroin, cocaine and ecstasy has also increased significantly. This, unfortunately, also increases the risk of contracting HIV/AIDS.

Behavior associated with drug abuse is one of the largest factors in the spread of HIV infection. National Institute on Drug Abuse (2003:1) suggests that using or sharing un-sterile needles, cotton swabs and cookers, such as when injecting heroin, cocaine or other drugs, leaves a drug abuser vulnerable to contracting or transmitting HIV. Another way of contracting HIV is simply by using drugs, regardless of whether a needle or syringe is involved. Research on alcohol abuse and alcoholism has shown that drug and alcohol use interfere with judgment about sexual and other behavior, making it more likely that users engage in unplanned and unprotected sex. The National Institute on Drug Abuse (2003:1) also suggests that the use of drugs, whether injected or not can affect decision making, particularly about engaging in unsafe sex, which can endanger one's health and that of others.

It is further argued by the National Institute on Drug Abuse (2003:1) that injection of a substance directly into the bloodstream is the most efficient mode of HIV transmission, much more than through sexual intercourse. Since intravenous drug users are often linked in networks and commonly share injecting equipment, HIV can spread rapidly amongst these people. Also, drug users are more likely to be involved in the sex industry in the form of 'sex for drugs' or 'sex for money' and can transmit the virus to their partners and children.

The above information proves that drug usage is one factor that is contributing towards the spread of HIV/AIDS. It is when such usage is also practiced among

teachers where teachers would be left at risk. Further than that the education system will be affected. This is because the loss of a teacher to HIV/AIDS will not only affect that teacher but also learners, as it has already been indicated earlier on, other teachers and the whole education system and government. This loss creates a gap in the sense that a skilled teacher is lost and then there has to be a replacement, not necessarily by a skilled one. This can have a negative impact on the learning process of the learners as they have to adjust to this new teacher, instead of proceeding with their learning.

- **Sexually Transmitted Infections**

The most common route of HIV transmission is through sex. Evian (1991: 10) argues that for specific reasons, the genital tract and the anal region appear to be ideal for the transmission of HIV. The presence of sores in the genital tract from diseases such as syphilis and other sexually transmitted diseases, further promotes the likelihood of successful transmission from one person to another. This shows that the presence of untreated STI can greatly increase the risk of HIV transmission during sexual contact.

Studies show that people infected with STIs are at least two to five times likely to get HIV if they are exposed to the virus through sex than individuals who are not infected (Wasserheit, 1992: 61). These infected individuals are also more likely to transmit the HI virus during sexual intercourse than those who have HI virus only. According to Fleming and Wasserheit (1999: 4) there is biological evidence to demonstrate that the presence of other STIs increases the chances of both transmitting and acquiring the HI virus. For example, syphilis and herpes results in the breakage of the genital tract lining which creates a portal entry for HIV. Gonorrhea and Chlamydia also increase the concentration of cells in genital secretions, which serve as targets for HIV. Fleming and Wasserheit (1999: 5) further argue that individuals who are infected by both HIV and STIs have HIV in their genital secretions. For example, if an HIV positive man is also infected with

gonorrhea, he is more likely to release HIV in his genital secretion than a man who is not infected with gonorrhea.

According to Fleming and Wasserheit (1999: 15) detecting and treating STIs can greatly reduce the HIV transmission. Their suggestion is that treating STIs in individuals who are HIV positive reduces both the amount of HIV they release as well as how often they release the virus. This treatment of STIs can be effective in reducing the HIV transmission particularly in communities where STI rates are high.

Given the above findings and suggestions, one can argue that lack of a comprehensive STI treatment could lead to the world of work being negatively affected. This could also be observed in the teaching field, as the teachers will also be affected. Therefore there is a need that any STI detected should be perceived as a vehicle for spreading HIV. Such perception would lead to proper prevention of any spread of HIV amongst teachers.

2.2.3 HIV/AIDS in the workplace

It is estimated that about 40 million people are infected with HIV and of these 90% are adults and at least 25 million are workers in their prime of their working lives (UNAIDS, 2002: 12). The Global Business Coalition on HIV/AIDS (2002: 2) argues that the HIV/AIDS epidemic poses the greatest challenge to business development in Africa. HIV/AIDS impacts on finance, service delivery, productivity, socio-economic status and employees. This epidemic results in employees wanting to attend funerals, absence from work and an increase in worker attrition, the supply and cost of labour which is affected by the reduction in the number of adults as well as the psychological and emotional impact as a results of multiple deaths and over work due to understaffing.

The UNAIDS (2002: 3) estimates that the size of labour force in 32 African countries will be between 5% - 35% smaller by 2020, than it would have been without HIV/AIDS. It is further suggested that the direct and indirect costs of HIV/AIDS have already caused an estimated fall of 2%-4% in GDP in sub-Sahara Africa.

Some of the problems that threaten the fundamental principles and rights at work are stigma and discrimination, that also undermines efforts for prevention and care. Global Bussiness on HIV/AIDS (2003: 1) highlights that HIV related stigma and discrimination takes many forms against people living with HIV/AIDS, their families, marginalized groups associated with the epidemic, and also outreach workers and community leaders working with HIV positive people. Stigma and discrimination can contribute towards failure in disclosing one's HIV status that can lead to denying consultations and services available.

The workplace has an important role to play in the wider struggle to limit the spread and the effects of the epidemic. It has been pointed out by The National Aids Committee (2001: 1) and UNAIDS (2002: 2) that HIV infection and AIDS affect the world of work in different ways, which include among other things:

- Low employee morale
- Recruiting, screening, hiring, and training costs for new employees.
- Disruptions of workplace when co-workers of someone with HIV/AIDS do not know the facts about the transmission and prevention of HIV/AIDS.
- Discrimination against individuals with HIV threatens fundamental principles and rights at work, and undermines efforts for prevention and care.
- Potential legal cost from discrimination or privacy suits
- Disability requirements

- The disease cuts the supply of labour and reduces income for many workers.
- Customer concerns
- Reduced labour supply
- Loss of skilled and experienced workers
- An increase in absenteeism and early retirement
- An increase in the costs for employees, including health insurance and re-training.
- Productivity profitability are directly and negatively impacted
- Weakened demand, discouraged investment and enterprise undermined
- One person will be forced to do the job of at least three people

The above effects of HIV/AIDS in the workplace also apply to education environment where the loss of teacher morale will contribute towards keeping learners in class for more than the period expected. That is because when learners are not receiving lessons that are due to them, failure rate also increases, which leads to staying in one class for more than one year.

The South African government in particular will suffer from larger deficits with increased public sector spending in other sectors like capital expenditure. When one teacher is infected by HIV, when he or she gets sick, medical aid contribution will have to increase to meet the expensive demands by an infected person. Death of one teacher in a particular school also leads the government to advertise a post to replace that teacher. It is evident from the above discussion that the impact of HIV/AIDS in the workplace is enormous. This calls for all stakeholders to increase their efforts to prevent further infections and also to have programmes in place to deal with the needs of all who are already infected.

2.2.4 Psychosocial Impact of HIV/AIDS on employees

HIV/AIDS is a concern within the corporate sector. Whilst many large corporations have embarked on ambitious plans and implemented strategic

programmes to mitigate the impact HIV/AIDS will have on their workforce, others have been left defenseless through lack of resources, knowledge and an established infrastructure. Some companies are not aware of debilitating effect that HIV/AIDS could have on them (George, 2002: 9).

A number of factors have been suggested as having particular significance in HIV disease and contributing to the development of psychosocial conditions. These include the problems caused by living with the uncertainty surrounding the progression of HIV disease, coupled with the knowledge that it is a potentially fatal condition. In addition, the stigma and prejudice, which continues to surround the virus. People find that support and understanding from loved ones and significant others is not forthcoming (Faugier and Hicken in Firn 1996: 203).

According to Faugier and Hicken (in Firn 1996: 203) these above-mentioned facts can have disastrous effects on interpersonal relationships, sexual expression and employment, and often lead to feelings of alienation and rejection; along with possible loss of income and status. Landis and Umberson (in O'Brien and Koerkenmeier 2001: 13) indicate that empirical evidence seems to provide support for the belief that isolation and the lack of social support are often major factors in the emergence and course of disease conditions. A lack of support for those with HIV/AIDS in the workplace and elsewhere may exacerbate the progression of HIV-related diseases.

People with HIV/AIDS have to cope with many different problems. These problems vary from medical conditions to psychosocial problems, which are often related to coping with the disease and crises – anxiety, fear and depression (Evian, 2000:113)

Evian further indicates the following as the psychosocial problems associated with HIV infection in a person:

- A person may develop feelings of despair, guilt, shame, hopelessness, anger.

- Problems may be related to their work, their personal relationships, their families and sexual activities.

- Financial and social problems may arise

- Problems may also relate to becoming pregnant as well as infant feeding

- Fear and anxiety may be related to thoughts of dying, and spiritual support and help may be needed".

Psychological distress amongst people with HIV infection is as diverse as the epidemic itself. Reactions to HIV infection may include feelings of sadness, worry, despair and confusion. The most frequently diagnosed clinical syndrome associated with HIV infection is adjustment disorder with features of anxious, depressed or mixed mood (Kalichman, 1995: 139).

HIV has great implications not only for the infected person, but also for his/her colleagues. Workplace discrimination can include reduced responsibilities, isolation from co-workers or the public, lay-off or termination (Kalichman, 1995: 203). Isolation or termination causes loss of social relationships and a diminished sense of self-worth – a threatening implication for the employee and his family.

If HIV/AIDS programmes are implemented, they may help in reducing the stigma and increase opportunities for social support and eliminate distress stemming from blame and condemnation (Kalichman, 1995: 214). Efforts at the workplace to dismantle HIV-related stigma will therefore psychologically benefit employees with HIV infection.

It can be deduced from the above information that HIV/AIDS has a negative psychological impact on individuals who are living with the virus or disease and also those who are close to them. As a result infected employees turn to be less

productive, which affects the running of the organization. This also applies to the world of teaching and requires a proactive action to ensure that the impact is minimized.

Given the above arguments, it becomes important for organizations to have HIV/AIDS policies in an effort to consolidate the service rendered to those who are already infected and their families as well as for prevention purposes. Davies, Schneider, Rampholo and Everrat (1998: 29), highlighted the following reasons for developing an HIV/AIDS policy:

- A workplace policy on HIV/AIDS is central to developing and implementing an effective workplace programme. It provides the framework for action.

- An HIV/AIDS policy defines the organisation's position and practices in relation to employees with HIV/AIDS and to prevent its spread.

- The policy prepares the organisation for the time when it will face the presence of HIV infection and AIDS. The policy must be developed through consultation with all levels of workers.

- An HIV/AIDS policy also demonstrates the organisation's concern and commitment in taking active steps to manage the HIV/AIDS epidemic. However, a commitment in the form of policy must be taken further into concrete action in the form of an HIV/AIDS programme.

This shows the need that is there in the workplace, including education environment where teachers are employees, to have HIV/AIDS policy that can govern the services rendered to teachers. Lack of HIV/AIDS policy in the workplace has an impact on how employees will perceive issues around HIV/AIDS. Teachers might not see the value of seeking help when they discover they are HIV positive when there is no policy that guides them around those

issues and how they can handle them. This could lead to those who discover that they are infected experiencing despair, which could have devastating results on their health status. Because of this emotional state they could end up giving up on life and not making any efforts to maintain better health status. This emphasizes the importance of the HIV/AIDS policy within each organization, as a form of support for its employees and a tool to encourage positive outlook towards life, despite HIV infection.

2.3 PERCEPTIONS REGARDING HIV/AIDS

This section involves the views and ideas that people have regarding HIV/AIDS and other issues around the disease. The perceptions will be addressed through addressing voluntary counseling and testing (VCT) as a method used at the initial stage for one to know his/ her status. The main idea around this method is to find ways of preventing further spread and management of the disease.

2.3.1 Voluntary Counseling And Testing (VCT)

Voluntary Counseling and Testing (VCT) is an effective prevention and care strategy. It is the process by which an individual undergoes counseling which enables him/her to make an informed decision as to whether to take an HIV test in order to know his/her status. This decision is the individual's choice, and he/she must be assured the process will be confidential (Services Seta HIV/AIDS toolkit, 2003: 14).

Voluntary counseling and testing (VCT) programmes are regarded as an important strategy in the management of the HIV/AIDS pandemic worldwide. Often, however, such programmes have experienced various problems and barriers, which limited their successful implementation. Such barriers may relate to problems with facilities and services or to psychosocial obstacles that negatively impact on people's willingness to participate in VCT programmes, or they may relate to the efficacy of such programmes (van Dyk & van Dyk, 2003:118).

The erroneous perceptions sometimes exist that the VCT programmes are only intended for diagnostic purposes. People often do not access these services due to psychosocial barriers, such as the fear of breaches of confidentiality, social ostracism, disclosing their serostatus, and the inability to handle the psychological turmoil of an HIV-positive test result, as well as feelings of fatalism and lack of incentives for knowing one's HIV status (van Dyk & van Dyk, 2003:118).

Perceptions that employees have regarding VCT also play a role towards a further spread and contracting HIV. This is due to the fact that employees do not go for testing not because they are against testing, but they have serious doubts and anxieties about the confidentiality of the HIV test results. Fear of the lack of confidentiality was a key barrier preventing clients from participating in VCT services in Kenya. Other problems identified included ignorance of the benefits of knowing one's status, and fear of stigma both being tested and of being HIV-positive (Arthur, Mutemi, Kariuki, Ngatia, Forsythe, Gilks & Songok, 2000: 12).

Apart from clients' fear that health-care personnel will breach confidentiality, they also fear disclosing their HIV-positive status to their sex partners. Disclosing to sex partners was especially a problem for women who are often socially and sexually disempowered and fear the outcome of disclosure to their partners. Gaillard, Meilis, Mwanyumba, Claeys, Muigai, Mandalia, Bwayo & Temmerman (2000: 115) found that 68% of women in stable relationships, who lived in a resource-poor setting in Africa, did not inform their sex partners, mainly for fear of their reaction. Violence, break-up of marriages, being neglected or disowned by families, the loss of security, shelter, food and relationships, and even murder, have all been reported as real consequences when women disclose their HIV-positive status to their sex partners (Maman, Mbwambo, Hogan, Kilonzo & Sweat, 2001: 600).

To know one's HIV status without any follow-up support services or treatment, can be detrimental to a person's mental and physical well-being. Feelings that one is going to die and depression were reported by clients who believed that there is nothing they could do about AIDS, and this fatalism may actually prevent any form of behaviour change or taking care of oneself (Macintyre, Brown & Sosler, 2001: 170). Gaillard et al. (2000: 116) found that 15% of the HIV-positive women were depressed as a result of this knowledge, or because there is no cure for HIV infection, and hence nothing they could do about it.

It is argued by van Dyk & van Dyk (2003:119) that the Voluntary Counseling and Testing programme in South Africa is perceived and used for diagnosis instead of prevention and treatment. Peltzer (2003:256) has found that people do not see the value of testing if the results will not be made available to the community and also the fact that there is no cure available. People do not see the value of knowing their HIV status. As a result even employees might perceive it as such and fail to go for voluntary testing. Such perception and behaviour will contribute to further spread of HIV/AIDS amongst employees, teachers included.

Negative attitude and erroneous perceptions regarding the purpose of VCT programmes can be major stumbling blocks in the way of the successful implementation of VCT programmes.

2.3.2 Working with someone who is HIV positive

Department of Finance and Economic Development in Limpopo (2004: 44) has found that 76% of the employees would be willing to work with a colleague who is HIV positive. Due to massive HIV/AIDS campaigns and education programmes a considerable number of people are beginning to understand the real nature of HIV transmission. A number of organizations and campaigns have vigorous education programmes, this effort will impact positively on the process of

ensuring that employees who are found to be HIV positive become accepted, hence making them feel wanted in their workplace.

UNAIDS (in Department of Finance and Economic Development Limpopo Province 2004: 45) advises managers to develop appropriate strategies of educating their workforce on how HIV is transmitted and the various stages of its development. If this is done, managers would be in a better position to deal with inter- and intra-personal relations of workers with HIV/AIDS and their HIV negative colleagues.

In the education environment, particularly amongst teachers, employees share the staffroom where it is easy for one to feel discriminated against whenever other teachers knew that he/she is HIV positive. As a result there is a need to develop programmes that will train teachers to understand HIV infection, prevention and management.

2.4 HIV/AIDS PREVENTION STRATEGIES

Successful business relies on a productive labour force. Where the number of AIDS death continues to rise, businesses feel the financial pinch. Some studies have projected losses of up to 56% of annual profits for selected companies in sub-Saharan Africa as a result of the HIV/AIDS pandemic (Family Health International, 2003: 1). In order to reduce the impact of HIV/AIDS in the workplace, including the teaching environment, there is a need to prevent the spread of the disease. The present section will look at several ways of preventing further infections of HIV/AIDS.

2.4.1 Prevention and Wellness Programme

These two elements (prevention and wellness) are interlinked and cannot be dealt with as independent of each other. Rather they form part of a continuum of prevention and care. According to the South African Department of Labour

(2003: 54), workplace prevention programmes are one of the cornerstones of a comprehensive workplace response to HIV/AIDS. HIV prevention through behaviour change is a complex issue that needs to be well understood if prevention programmes are to have any chance of success. As indicated in South African Department of Labour (2003: 54) the usual elements of a comprehensive workplace HIV/AIDS prevention programme include:

- Awareness raising activities
- Voluntary testing, disclosure of HIV status, and counseling programmes
- Peer education
- Condom use and distribution
- Optimal management of STDs
- An infection control programme

According to Breuer (1995:125), employees believe that their employers are credible source of information about HIV/AIDS. They expect them to provide workplace HIV/AIDS programme. It is further stated that businesses that do not provide their employees with HIV/AIDS programme fail to reduce the prejudice, and discrimination increases.

As indicated by Breuer (1995:125), if the organisation has these programmes, it enjoys the following benefits:

- Workforce will be much more at ease in dealing with HIV/AIDS issues
- It promotes compliance with use of condoms
- It creates open dialogue, dispel myths and encourages a more positive attitude towards employees living with HIV/AIDS
- It helps prevent the spread of HIV by raising awareness

AIDS education makes good business sense because by educating employees businesses and companies can potentially reduce the financial impact, the legal

implications, work disruptions and the other effects that HIV/AIDS can have in the workplace. For this reason health promotion and prevention of HIV infection becomes a very crucial point in the workplace, to enhance production and maintain a stable workforce.

2.4.2 Abstinence from Sex

As a way of preventing the disease, people are encouraged to abstain from sexual activities. Plotnik (1993: 345) mentioned that the most effective or surest way to avoid AIDS infection is to be celibate, meaning, not to have sexual contact.

It is very important to spread the message of abstinence amongst the sexually active people, with the aim of reducing HIV infection. Even though at times people see this as an impossibility, the benefits need to be emphasized and this might lead to the slowing down of the infection rate.

2.4.3 Being Faithful to one Sexual Partner

Several studies that have been conducted on HIV/AIDS prevention show that to prevent infection of HIV/AIDS people who are sexually active have to stick to one sexual partner. In their study, Sherman and Bassett (1999:121) found that to prevent AIDS, “stick to one sexual partner” has to be the norm. Feldman (1999: 392) argues that people who want to practice safer sex have to consider the benefits of monogamy. Feldman argues that people in long-tem, monogamous relationships with partners who have been faithful are at a lower risk of contracting AIDS.

The present study, therefore, focuses on how teachers perceive HIV/AIDS. Their perceptions might influence the way they practice safer sex. It is possible that one might not see the danger of having more than one sexual partner, which is

culturally practiced amongst the Venda men. This practice can be seen as a vehicle to spread HIV infection, especially that the South African society is still male dominant. With this in mind the men could just have many sex partners, without even thinking about their marriage partners. On the other hand, women are submissive and do not question, which could expose them to HIV infection, even though they were faithful partners.

2.4.4 Condom Usage

As a means of preventing transmission of HIV/AIDS from one individual to the other, condom usage is recommended (Feldman, 1999:391). This does not mean that everyone who is involved in sexual relationship is making use of condoms. Depending on how people perceive the use of condoms, some are using them while others are not. From the study conducted by Sherman and Bassett (1999:121) it was found that condom usage was a second-best alternative to abstinence. However, participants believe that condoms inhibit spontaneity and intimacy.

The findings of the study conducted by Peltzer (2003:254) show that people's perceptions regarding condom usage is influenced by their life experiences and their level of relationship with their sexual partners. People see condom usage as a waist of time when HIV has already infected them. Some find it useless to use condoms with their marriage partners because to those people condoms can only be used with a non-regular partner. Such people believe that condoms are used to prevent pregnancy, and they cannot throw away their "seeds".

The study conducted by Cash, Anansuchatkul and Busayawong (1999:129) found that respondents do not use condoms because it is embarrassing to buy condoms, while others "would/could not request" their partners to use condoms.

As indicated by Peltzer (2003: 250), the 1994 South African Health Inequalities Survey shows that the AIDS epidemic is spreading rapidly across South Africa.

The perceptions that women had are that condoms were used to avoid getting AIDS. In that survey HIV/AIDS was found to be transmitted by having sexual intercourse with someone without using a condom.

Plotnik (1993: 345) recommends the use of condoms so that no semen, vaginal fluids or blood is exchanged between partners. Most people do not accept the latter option. This is seen in the study that was done by Peltzer (2003: 258) who found that people do not like using condoms because they believe that using condoms interferes with their enjoyment of sex and they do not see reasons to use condoms with a person one is married to.

The above information proves that the way people perceive HIV/AIDS plays a role in the way they will behave sexually and their initiatives towards prevention of further spread or contracting HIV/AIDS. It is also believed that the interest for investigating the way teachers perceive HIV/AIDS will contribute towards development of training programme that will influence teachers to value the seriousness of HIV/AIDS and the need to prevent its spread.

2.4.5 Managing Sexually Transmitted Infections (STI's)

As another way of preventing transmission of HIV from one individual to the other, companies have to find ways of promoting management of STI's amongst their employees. This is because when other sexually transmitted diseases or infections are not treated the risk of transmitting HIV from one individual to the other becomes high (George and Whiteside, 2000:225).

If HIV/AIDS progrmmes in the workplace could also promote the management of STI's amongst teachers the spread of HIV/AIDS would be decreased. Therefore there is a need for the Department of Education in partnership with the Department of Health, to establish programmes that would also cater for teachers who might be suffering from AIDS. There is a need for a

comprehensive HIV/AIDS programme that could manage the STI's, in an effort to reduce the HIV infection, as well as address the needs of those who are already infected with HIV.

2.4.6 Managing HIV/AIDS in the Workplace

Venter (2000:77) mentions that effective management of HIV/AIDS in the workplace requires an integrated strategy that includes an understanding and assessment of the impact of HIV/AIDS in the workplace as well as the long and short-term measure to deal with and reduce the impact of the epidemic. The author mentions that there should be two important elements in the workplace, namely an HIV/AIDS policy for the workplace and an HIV/AIDS programme.

The view is supported by George and Whiteside (2002:225) as they mention that both a company's policy and its programme are critical responses to the epidemic and will evolve over time, as necessitated by conditions. The authors explain that an HIV/AIDS policy defines an organisation's position and practices for preventing HIV transmission and for handling HIV infection amongst employees. This policy should provide guidance to supervisors who deal with day-to-day issues and problems in the workplace and furthermore the policy should inform employees about their responsibilities, rights and expected behaviour at work.

The researcher is of the opinion that the policy formulation and development process should involve all stakeholders in the workplace. Some of the critical role-players include management, union, employees, human resources, social workers, EAP practitioners, occupational health doctors and health and safety representatives. This inclusion will ensure that the policy caters for the needs of each section in the workplace and that policy decisions are informed by those needs.

Van Dyk (2002: 404) mentions that employers, schools and institutions should have a responsible attitude towards the legal and ethical implications of HIV/AIDS. The author gives a guideline relating to the contents of the HIV/AIDS policy in the workplace. It is suggested that the policy must include:

- Basic principles that acknowledge the rights of all people
- Create a safe working or school environment
- Specify detailed procedure for handling and coping with accidents and accidental exposure to blood and body fluids
- Provide adequate education about HIV and AIDS

The researcher is of the opinion that the guideline provided above gives a comprehensive framework for formulating and developing a company specific HIV/AIDS policy.

The South African Department of Labour (2003:40) states that there is a broad acceptance that HIV/AIDS is having and increasingly will have a significant impact on the workplace. Ideally HIV/AIDS should be managed in the same manner as other long-term threats to an organisation. The South African Department of Labour (2003:39) further indicates that organisations should have a management plan to support their workplace HIV/AIDS response. Services Seta HIV/AIDS toolkit (2003:14) shows that companies should broadly aim to manage those employees who have been infected by HIV/AIDS and prevent others from contracting the disease. These aims can be achieved through education, helping everybody to know their status and facilitating behaviour change. The South African Department of Labour (2003: 41) highlighted the following objectives and actions that form the basis for management strategies:

Management strategies

Objectives	**Actions**
To create mechanisms to communicate on policy and programme issues	- Establish a representative AIDS Committee with official terms of reference - Modify job descriptions to include roles relating to the workplace HIV/AIDS responsibilities
To provide regular reports and advice to management	Communicating and reporting - Mechanisms for communicating internally and externally - Identification of reporting requirements
To understand the epidemic: - in the workplace and the surrounding community - Currently and in the future	Analyse data received from risk and impact assessments conducted
To facilitate budgetary provision and ensure financial accountability To utilise this understanding for short and medium term planning and budgeting	Analyse data received on direct and indirect costs of: - Absenteeism and sick-leave. - Morbidity and reduced productivity. - Replacement, recruitment and retraining - Medical costs - Disability and ill-health retirement, pension, dependent benefits and funeral costs.
To clarify Human Resource issues and ensure compliance with legislation	Review HR policies and procedures, such as:

	- Confidentiality, disclosure and protection against discrimination - Disciplinary and grievance procedures - Employment benefits - And ensure in line with HIV/AIDS policy.
To address socio-economic factors which fuel the epidemic within the context of sustainable development	Examine development plans to ensure that HIV/AIDS is considered
To ensure the protection of human rights and compliance with labour legislation	Analyse policies and procedures for legal compliance
To provide leadership, and lead by example	Demonstrate commitment for the policy and programme
To identify roles and responsibilities in respect of the policy and programme.	Define the HIV/AIDS-related responsibilities of: - Management - Supervisors - Unions - Health care workers.
To facilitate on-going monitoring and periodic evaluation.	- Identify data sources for monitoring - Review policy at regular intervals.

The South African Department of Labour (2003: 41)

According to the South Africa Department of Labour (2003: 39), the effective management of HIV/AIDS in the workplace requires an integrated strategy that includes, amongst others, the following elements:

- An HIV/AIDS policy for the workplace
- A prevention programme

- A wellness programme
- Management strategies to deal with the direct and indirect costs of HIV/AIDS

Since HIV/AIDS is costly to the organization, be directly or indirectly, there is a need for the Education Department to develop a programme that will not only look at how HIV/AIDS is affecting the workforce, but involve management of already existing HIV/AIDS challenges.

It is essential that employers develop comprehensive workplace programmes which relate to prevention, care and support activities. George and Whiteside (2000:225) mention the following components:

- Raising awareness activities – such as displays, distribution of pamphlets, industrial theatre and planning world AIDS campaign;
- Peer education – this is a successful tool in changing behaviour amongst employees. Employees will respond better to an HIV/AIDS policy and programme as the peer counselors will usually share a common cultural and communal background.
- Condom promotion & distribution – this is often the first response companies have taken in an attempt to prevent new infections.
- Voluntary testing and counseling must be promoted either as an on-site service or in the community;
- Management of STI must be optimal, as part of a workplace health service;
- An infection control programme, specifically focusing on health care providers and first aid personnel;
- A wellness programme for the infected employee consisting of positive living elements and medical management

The researcher is of the opinion that the components are comprehensive and all relevant stakeholders must be involved in the implementation of the programme. It is essential to ensure that an HIV/AIDS programme is integrated with other

existing programmes, like EAP's and Primary Health Care programme in an effort to de-stigmatize the disease in the workplace.

- **Why manage HIV/AIDS in the workplace?**

As highlighted in the Services Seta HIV/AIDS toolkit (2003:13), workplace provides a sense of shared identity and community, and determines informal rules of behaviour, thinking and speaking. As such presents the ideal settings for interaction and it is possible to exploit favourable conditions to influence attitudes and behaviour in ways that may not be possible outside it.

Workers interact socially in the workplace, exchanging ideas, information and experiences, thus influencing one another's opinion and behaviour. Peer group pressure becomes a key factor in people's thinking and behaviour. This is also the case in the teaching environment where no one lives as an island. Teachers also share the ideas and experiences. If one teacher could share negative ideas regarding HIV/AIDS, that can also influence how others will perceive HIV/AIDS. As a result, the way teachers will perceive HIV/AIDS as a result of negative ideas shared, will affect the prevention of HIV spread.

2.5 CONCLUSION

The fact that HIV/AIDS is deadly and it costs the company a lot in terms of money and emotions, raises a concern to both employers and employees. As a result considering how employees, teachers in particular, perceive HIV/AIDS is of importance. This chapter focused of the theoretical background of HIV/AIDS and how people perceive HIV/AIDS including the ways that can be adopted to prevent the spread of HIV/AIDS.

It has also been established from the literature that in order for organizations to render meaningful HIV/AIDS programmes there has to be involvement of all the

stakeholders, starting from the development of the policy. In establishing this policy the needs of the employees have to be the driving force, as this will ensure that the service is responsive to the needs of the employees and not just there for the sake of being there.

The following chapter deals with the empirical findings

CHAPTER 3

EMPIRICAL FINDINGS

3.1 INTRODUCTION

In this chapter the research methodology is firstly described briefly, before the quantitative empirical findings are presented according to the subsections of questions. The aim of this phase of the study was to explore the perceptions of teachers with regard to HIV/AIDS in the Thohoyandou area. The chapter consists of the research findings, which are presented according to the four subsections in the questionnaire, namely, biographical information, background of HIV/AIDS, perceptions regarding HIV/AIDS and HIV/AIDS prevention.

3.2 RESEARCH METHODOLOGY

The type of research used was applied research, while the research design was survey design. Quantitative research approach was used in this study. In this chapter empirical findings will be presented.

The total population consisted of 853 teachers from the Thohoyandou area. One hundred and fifty (150) teachers were drawn into the sample using stratified sampling technique followed by the systematic random sampling technique, from the probability sampling methods. Group administered questionnaires were completed in the presence of the researcher. The questionnaire is attached as an Appendix of the dissertation. .

3.3 RESEARCH FINDINGS

The data that was collected by means of questionnaires will be presented and interpreted. The most important findings are presented graphically.

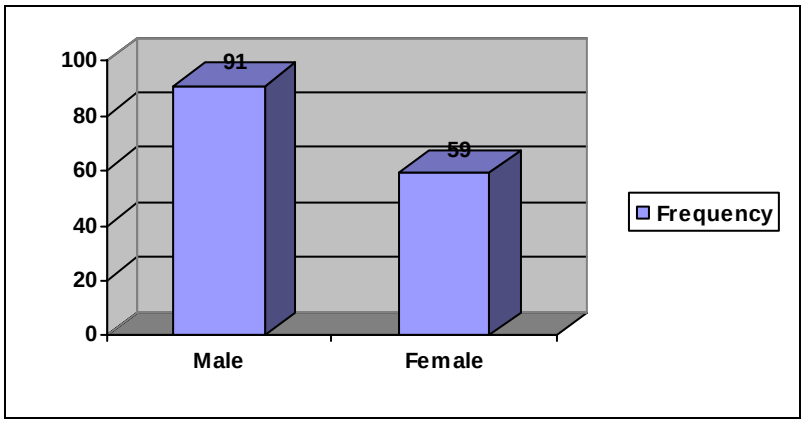
3.3.1 BIOGRAPHIC INFORMATION

This subsection was used to collect personal information from the respondents, for a better understanding of their perceptions.

3.3.1.1 Gender

Figure 1: Gender

(n=150)



The findings from figure 1 are as follows:

91 teachers (60.3%) were males

59 respondents (39.33%) were females

The present study involved both male and female respondents. The above figure shows that there was 61% male and 39% female. This is equivalent to the ratio of male to female teachers, where there are more male teachers than female teachers in different schools that were visited. Given the understanding that males are more difficult to change, gives one a concern that should male teachers fail to perceive HIV/AIDS as a reality that needs prevention, most teachers will be lost to HIV/AIDS that will have serious financial implications for the Department of Education.

3.3.1.2: Age in completed years

Figure 2: Age in completed years

(n=114)

(Missing=36)

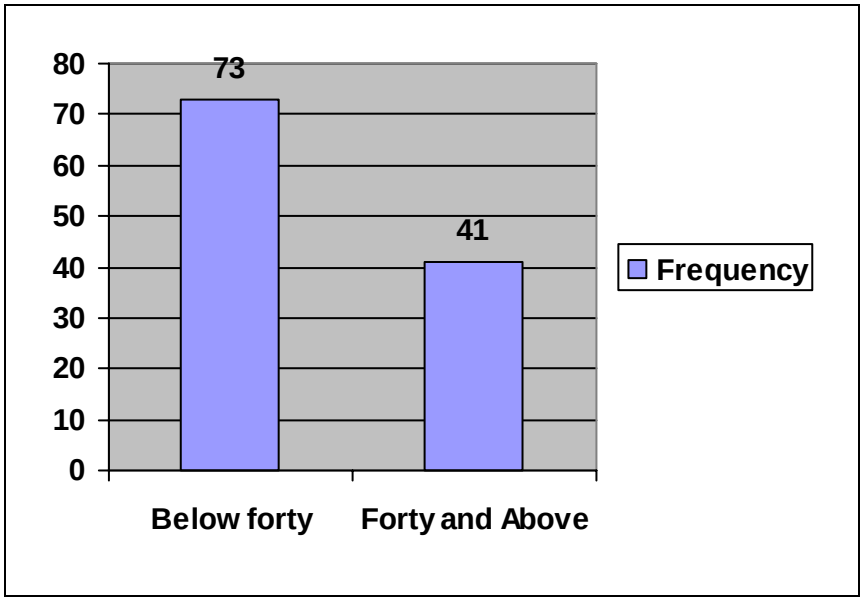


Figure 2 shows that:

73 respondents (64.04%) were below forty

41 respondents (35.96%) were forty and above

In terms of age, the researcher grouped the teachers in terms of those who are under forty and forty and above. This decision was influenced by the variety of ages supplied. The above figures show that the majority (64%) of teachers were below forty whilst 36% was forty and above. HIV/AIDS is known to be killing the majority of those who are still young and most productive in their working environment than those who are old. This age range calls for intervention for HIV/AIDS prevention that will protect the young and active teachers from contracting the disease.

3.3.1.3: Marital status

Figure 3: Marital status

(n=150)

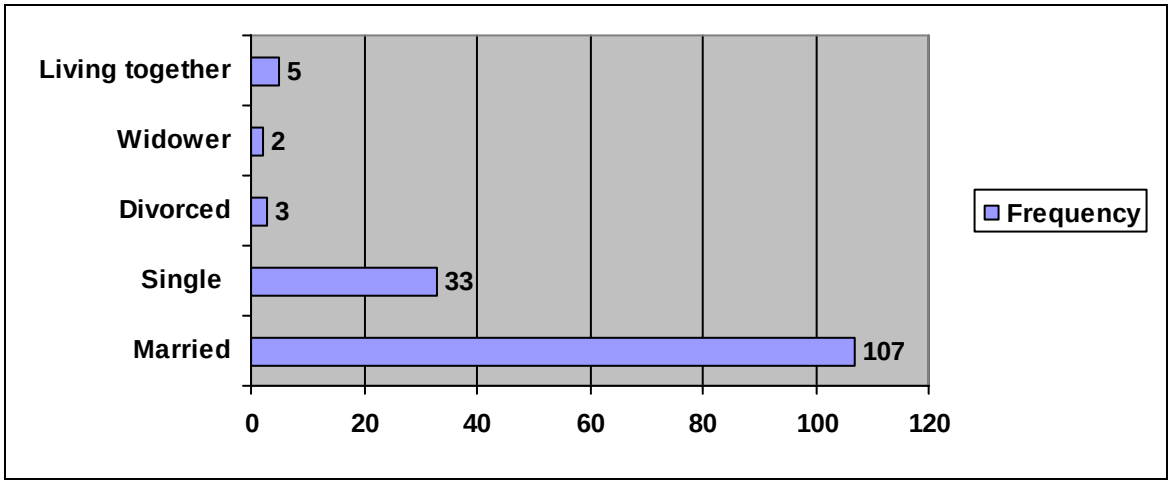


Figure 3 represents the following:

107 respondents (71.33%) were married

33 respondents (22 %) were single

3 respondents (2 %) were divorced

2 respondents (1.33 %) were widower

5 respondents (3.33%) living in cohabitation

It is evident from the above information that the majority (71 %) of teachers in the Thohoyandou area are married, followed by those who are single (22 %). Significantly low percentage of teachers (3 %) was living together with their partners but not married. Two percent were divorced whilst one percent was widowers. These findings show that the majority of teachers have other family responsibilities in addition to teaching. This creates a concern for an appropriate programme that will increase the positive perception of the reality of HIV/AIDS

existence, so to protect teachers, learners and their family members from suffering the consequences of HIV/AIDS.

3.3.1.4 Position

Table 4: Position
(n=150)

Position	Frequency	Percent
School Manager	5	3.3
Head of the Department	10	6.67
Teacher	135	90.00
Total	**150**	**100**

In terms of work position, teachers were asked to indicate their work position that was grouped into school manager, head of department, and teacher. School manager and head of department indications were grouped together against teachers. The finding shows that most of the teachers (90%) were just teachers and 10% occupying other positions (3% school manager and 7% head of department). This shows that most of the employees in schools do not have powers to control the communication of HIV/AIDS issues since they rely on the management. Therefore it is important that those who occupy top positions initiate HIV/AIDS programmes to be run in schools to save the majority of employees.

3.3.1.5: Religious background

Figure 5: Religious background

(n=150)

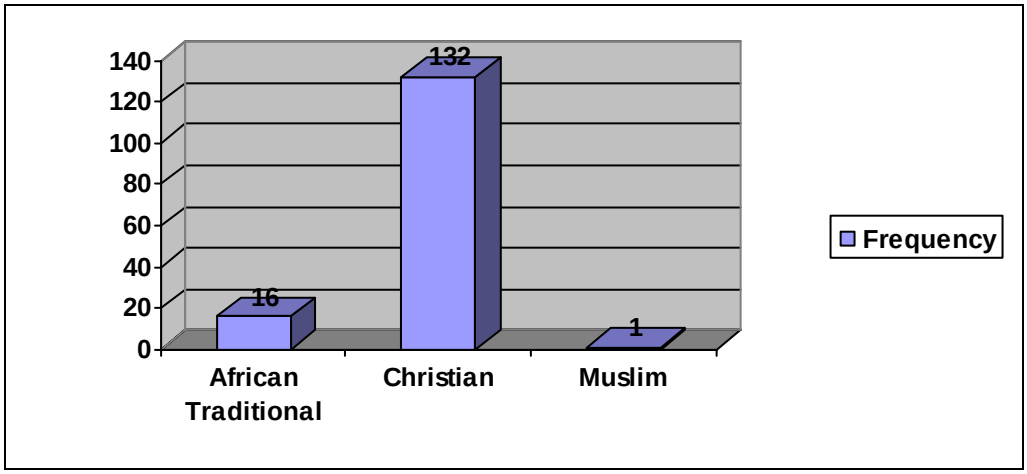


Figure 5 reflects the following:

132 respondents (88.59 %) were Christians

16 respondents (10.74 %) were African traditional

1 respondent (0.67 %) was a Muslim

Teachers were also asked to indicate their religious background, where 88.59% were Christian and 11% non-Christian. Religious affiliation is seen to play a role in terms of how people will perceive HIV/AIDS. In the Thohoyandou area there is a clear teaching in Christian churches that condom usage for prevention of HIV/AIDS should not be taught in church. Some churches still address HIV/AIDS as a punishment from God, that does not need to be a concern of the church. This brings a need for HIV/AIDS issues to be addressed in schools where teachers spent most of their time.

3.3.2: BACKGROUND OF HIV/AIDS

This subsection reflects the background understanding of the teachers regarding HIV/AIDS.

3.3.2.1: Having heard about HIV/AIDS

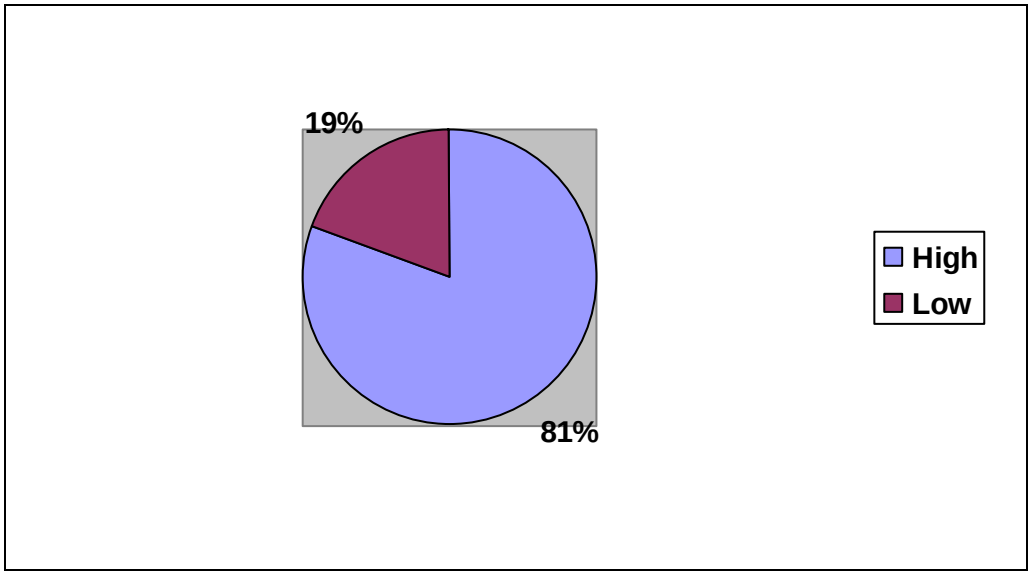
Table 6: Having heard about HIV/AIDS
(n=150)

Have heard	Frequency	%
Yes	149	99.33
No	1	0.67
Total	**150**	**100**

It is evident from the above table that the majority of teachers (99.33%) have heard about HIV/AIDS and less than one percent had never heard about HIV/AIDS. This shows that even where there is a significantly high percentage of teachers who know about HIV/AIDS, there is a possibility that some people in the work environment have never heard about HIV/AIDS. Seeing that there are still teachers who have not yet heard about HIV/AIDS, there is a need to have the prevention strategies in the workplace intensified to curb the spread of HIV.

3.3.2.2: Perceptions of one's knowledge of HIV/AIDS

Figure 7: Perception of one's knowledge of HIV/AIDS
(n=149)
(Missing = 1)



When asked to classify their perceptions with regard to their knowledge of HIV/AIDS, 81 percent of teachers perceive their knowledge of HIV/AIDS as high. Very few teachers (19%) rate their knowledge of HIV/AIDS as low. The missing response to the question might be for the respondent who has not heard about HIV/AIDS, which was difficult for that teacher to rate the perception. Although the majority of teachers have high knowledge of HIV/AIDS there is still a need to educate teachers about HIV/AIDS. Lack of enough knowledge about HIV/AIDS might leave teachers at a risk of contracting or spreading the virus. Knowledge regarding HIV/AIDS plays a role in the way teachers will behave in relation to HIV/AIDS.

3.3.2.3 Knowledge about voluntary counseling and testing

Table 8: Knowledge about Voluntary Counselling and Testing

(n=149)

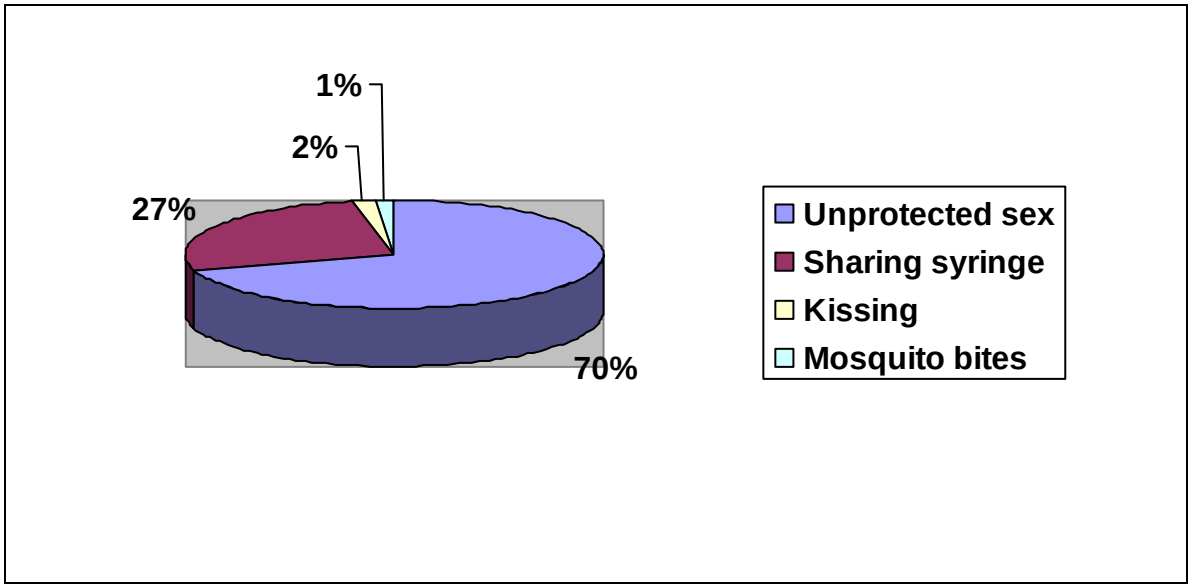
(missing=1)

Knowledge	**Frequency**	**%**
Little	69	46.31
Enough	70	46.98
Nothing	10	6.71
Total	**149**	**100**

It is interesting to note that the difference between those teachers who have enough (46.98%) knowledge about voluntary counseling and testing and those who have little (46.31 %) knowledge is so minimal. This brings another sphere, that teachers need awareness programmes that will address issues concerning voluntary counseling and testing so that they can access this service irrespective of their HIV status. Another observation is that from little to no knowledge the frequency is higher than for those who have enough knowledge. One can conclude that when the majority of teachers do not have clear knowledge about voluntary counseling and testing, such teacher will fail accessing the services even if they are there because they do not know what such services entail or their benefit.

3.3.2.4: The way HIV is transmitted

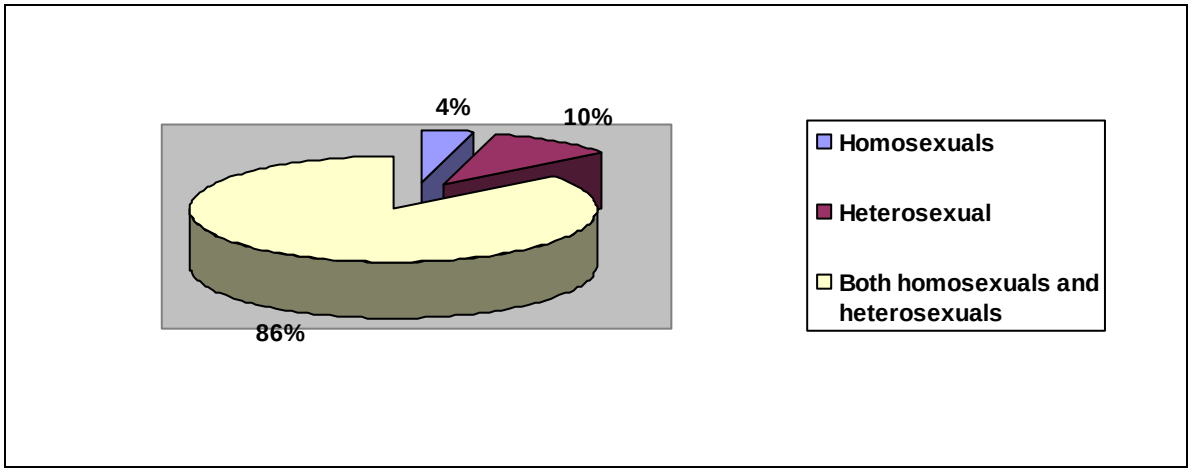
Figure 9: The way HIV is transmitted from one person to the other (n=150)



The findings presented in figure 9 show that the majority of teachers (70%) regard unprotected sex to be the main HIV transmitter. That is followed by 27% of the teachers who selected sharing of syringe whilst two percent of teachers think kissing plays a role in transmission of HIV. It is interesting to find that there are still teachers who perceive HIV to be transmitted through mosquito bites. This one percent is in line with the previous indication that there are teachers who have not heard about HIV/AIDS. It is when proper knowledge is imparted to all teachers, that proper prevention strategies will be taken seriously.

3.3.2.5: Group of people who are at risk of contracting HIV/AIDS

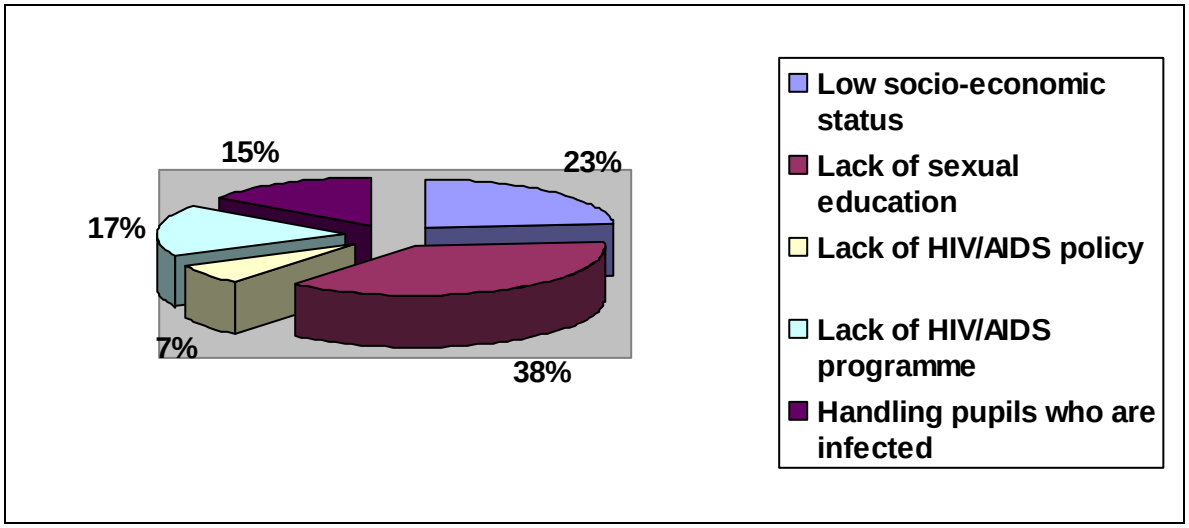
Figure 10: Group of people who are at risk of contracting HIV/AIDS
(n=149)
(missing=1)



It has been established in this study that significantly high (86%) number of teachers regard both homosexuals and heterosexual to be at risk of contracting HIV. Only 10% of the teachers regard heterosexuals as the group of people who are at risk of contracting HIV, whilst 4% of respondents regard homosexuals to be the ones who are at risk of contracting HIV. Although it is satisfactory to find that most of the teachers have correct and real understanding about which group is at risk, some teachers still think there is just one (homosexual) group, that is at risk. This knowledge supports the historical understanding that only homosexuals are at risk. Even though the majority knows that both homosexual and heterosexuals are at risk, there is a need to address the other group that think only homosexuals are at risk, so that if they are homosexuals they also take precautions to prevent HIV spread.

3.3.2.5 Factors that play a role in placing teachers at high risk for HIV/AIDS

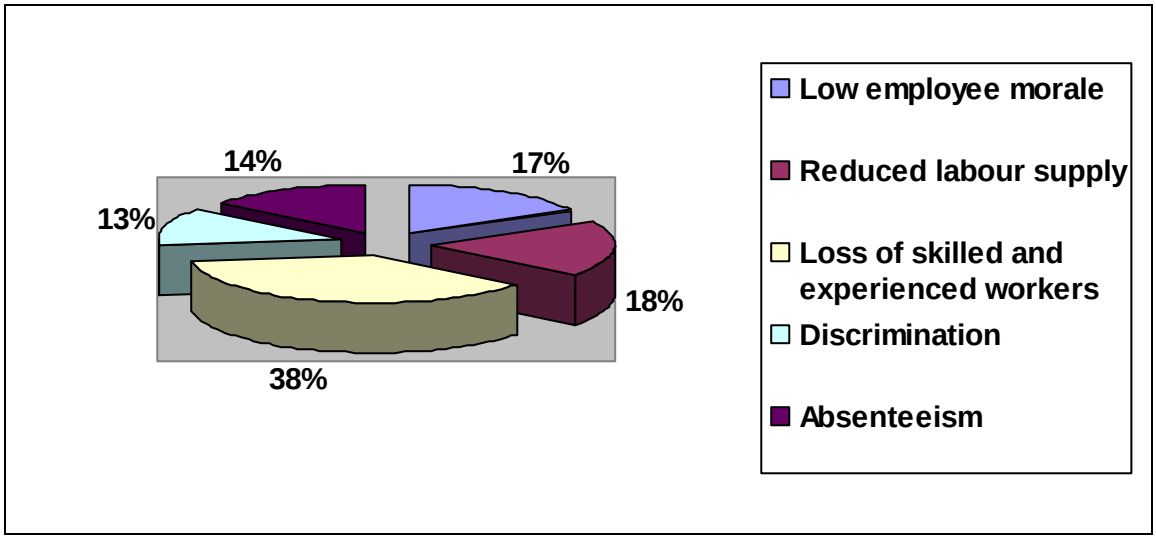
Figure 11: Factors that play a role in placing teachers at high risk for HIV/AIDS
(n=150)



The above figure shows that irrespective of gender and age, teachers regard all the mentioned factors to play a role in placing teachers at risk for HIV/AIDS. The majority of teachers regard lack of sexual education (37%), followed by those who regard low socio-economic status (23%), to be the main contributors. Lack of HIV programme (17%), handling pupil who are infected (16%) and lack of HIV/AIDS policy (7%), were also considered as playing a role in placing teachers at high risk for HIV/AIDS by minimal number of teachers. This finding supports the Hearn and Jackson (2002: 12) study that shows that these factors also contribute in placing people at high risk for HIV.

3.3.2.6: The way HIV/AIDS affects the world of work

Figure 12: The way HIV/AIDS affects the world of work



HIV/AIDS is known to have an impact on the world of work. It affects workplace in different ways (Department of Public Services and Administration, 2002: 15). When teachers were asked to indicate the way HIV/AIDS affects the world of work, 38% of teachers have indicated that HIV/AIDS contribute in loss of skilled and experienced workers. That was followed by (18%), who indicated that HIV/AIDS reduces labour supply. Seventeen percent (17%) indicated that HIV/AIDS leads to low employee morale. HIV/AIDS is also known to affect world of work by influencing absenteeism (14%), followed by discrimination (13%). Several supportive statements were provided.

When teachers were asked about the way HIV/AIDS affects the world of work the factors indicated above appeared to be the results of HIV/AIDS. The study has found that HIV/AIDS kills most skilled and experienced teachers. Thirty five percent of teachers indicated that losing skilled and experienced teachers leave learners with no more skilled and experienced teachers. As a result of death or

early retirement, seventeen percent (17) of the teachers indicated that the Department of Education will have to replace such a teacher. When a teacher has HIV/AIDS his / her morale to continue working is reduced. Seventeen percent (17%) of teachers indicated that lack of work interest leads to low productivity. Teachers also indicated that when a teacher is HIV positive or has AIDS he / she will stay away from work for medical consultation. Sixteen percent (16) of teachers have shown that absenteeism affects the world of work because such teachers who are infected will no longer offer lessons to learners and that will result in large failure rate amongst the pupils, due to HIV/AIDS.

It has been found that when teachers are HIV positive or have AIDS they are discriminated by other teachers and learners. Twelve percent (12%) of teachers have shown that when other teachers do not associate themselves with the HIV positive teacher, such an infected teacher experience stigma. When teachers are HIV positive or have AIDS the way they perform their tasks also get affected. Though not significant, three percent (3%) of teachers indicated that HIV positive teachers will no longer provide teaching as it is expected from them. UNAIDS (2002: 3) estimations show that the size of labour force in African countries will be 5%-35% smaller by 2020, than it would have been without HIV/AIDS. This maintains that HIV/AIDS reduces the labour force.

3.3.3 PERCEPTIONS REGARDING HIV/AIDS

The present subsection highlights the way in which teachers perceive HIV/AIDS in the workplace. The perception regarding HIV/AIDS varies depending on the questions asked. Generally, HIV/AIDS is perceived to be a real disease that some of the teachers would try to avoid.

3.3.3.1 The possibility of an infected teacher to infect other teachers

Figure 13: The possibility for an infected teacher to infect other teachers (n=148)
(Missing=2)

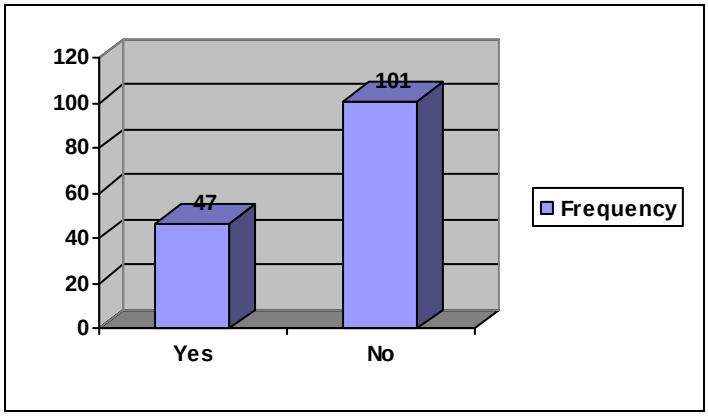


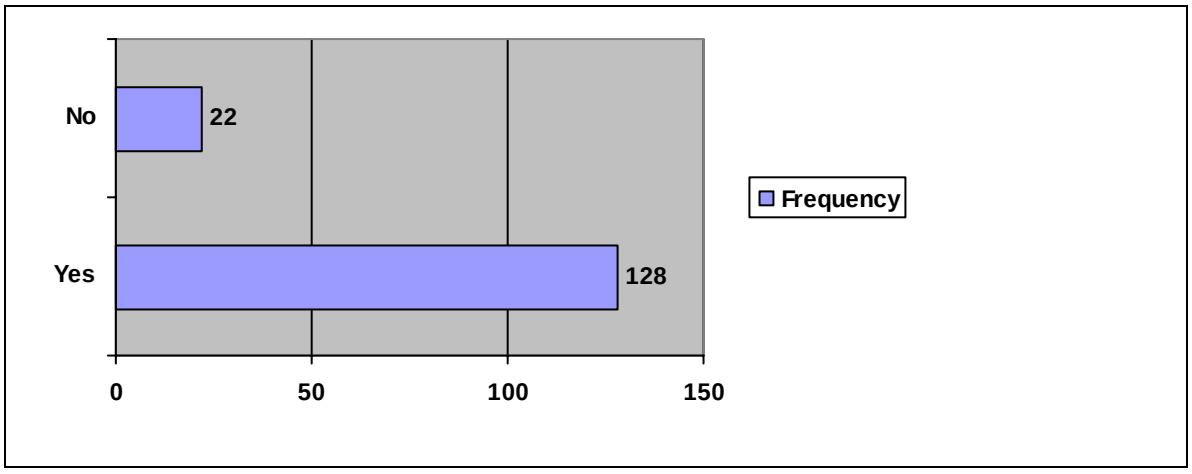
Figure 13 reveals that the majority of teachers (68%) perceive that infected teachers may not infect other teachers whilst 32% sees the possibility that such infected teachers can infect other teachers. Different motivations to the choice of an answer have been provided.

As a motivation to the yes or no responses, forty four percent (44%) of the teachers argue that teachers do not have sexual relationship in the school; hence they cannot infect one another. For those who see that an infected teacher can infect others 26% indicated that if those teachers who have sexual relations may practice unprotected sex, they can infect one another. Avoidance of blood contact was also mentioned by 10% of the teachers as contributing to their perception that an infected teacher cannot infect other teachers. On the other hand nine percent (9%) indicated that should there be blood contact with an infected teacher, other teachers would be infected. This is evident that teachers

know ways in which they can infect others, and their perceptions show that only if there are blood contact and unprotected sex among teachers, it is then that they will infect one another. Papalia and Olds (1992:321) have mentioned blood contact as a contributing factor because HIV is seen as transmitted through bodily fluids (mainly blood and semen). Services Seta Toolkit (2003:26) indicates that unprotected sex is one of the primary mode of transmission of HIV. This shows that failure to practice safer sex will results in teachers infecting one another.

3.3.3.2 The possibility for HIV infection to affect productivity

Figure 14: The possibility for HIV infection to affect productivity in schools
(n=150)



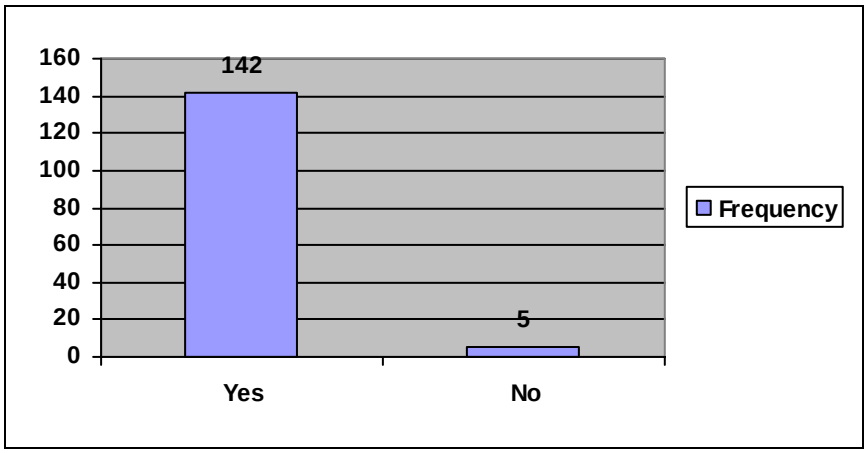
It is evident from the above figure that a significantly high percentage of teachers (85%) perceive HIV/AIDS as capable of affecting productivity in schools. Only 15% of teachers did not show the effect of HIV in school productivity. This can be due to lack of proper understanding of how HIV/AIDS can affect productivity.

In motivation of the perception that HIV/AIDS can affect productivity, 37% of teachers indicated that an infected teacher will have low teaching morale. Thirty

two percent (32%) have indicated that HIV/AIDS contribute towards absenteeism where teachers will spend much of time out of work for consultation. Twelve percent (12%) indicated that HIV/AIDS will contribute towards death of teachers, whilst 10% argue that HIV/AIDS reduces productivity. As argued by the National AIDS Committee (2001: 1) HIV/AIDS contributes towards low employee morale and negatively impact on productivity. It is evident that should a teacher be infected, there shall be a need for that teacher to spend much of the time out of work and when he is at work his focus will be on the condition than what he is employed for. This brings a need for assistance or counseling that should be directed to teachers who are HIV positive or have AIDS, in an effort to minimize the impact on productivity.

3.3.3.3 Allowing a teacher with HIV to continue teaching

Figure 15: Allowing a teacher with HIV to continue teaching
(n=147)
(Missing=3)



The information from figure 15 indicates that the majority of the teachers (97%) are of the perception that such a teacher should be allowed to teach for different reasons that teachers indicated as motivation for their responses. Only three percent (3%) of the teachers indicated that such infected teachers should be released of his/her teaching responsibilities.

The following are the reasons for allowing an infected teacher to continue teaching as given by the respondents:

- Thirty-two percent (32%) have shown that it is illegal to discriminate someone else due to his / her HIV status.
- Twenty-six percent (26%) of the teachers indicated that the teacher should be allowed to teach because his or her skills are still needed even when he / she might be HIV positive.
- Seventeen percent (17%) have shown that HIV is not a disability, so an infected teacher should be allowed to teach.
- Seven percent (7%) indicated that the family of such an infected teacher will still need his / her income for survival and also such a teacher will need money for medication. Other responses in motivation were found to be insignificant as compared to the ones mentioned here.

One can conclude that teachers do not perceive HIV infection as a disability that should prevent an infected teacher to work for the benefit of both the school and his/her family. Teachers also perceive discrimination of an infected teacher as illegal.

3.3.3.4: Sharing a table with an infected teacher in the staff-room

Table 16: Sharing a table with an infected teacher in the staff-room (n=150)

Sharing a table	**Frequency**	**%**
Yes	146	97.33
No	4	2.67
Total	**150**	**100**

Teachers in different schools have to share the staff room due to lack of resources. No matter how threatening HIV/AIDS is to some of the people, 97% of the teachers indicated that they can share the table with an infected teacher in the staff-room. Only three percent (3%) were still scared to share the table with an infected teacher. This shows that even when reports like Services Seta toolkit (2003: 26) indicate that HIV/AIDS can only be transmitted through bodily fluids, there are still people who perceive HIV as possibly transmitted through sharing the table with an infected individual. This needs to be addressed through the prevention strategy that is responsive to the needs of the teachers.

3.3.3.5: Continue a friendship with an HIV positive teacher

Table 17: Continue a friendship with an HIV positive teacher (n=150)

Friendship	Frequency	%
Yes	144	96.00
No	6	4.00
Total	**150**	**100**

Global Business on HIV/AIDS (2003: 1) has shown that some of the problems that threaten the fundamental principles and rights at work are stigma and discrimination. The present study has found that even when majority of teachers (96%) will not discriminate the infected friends, there are still teachers (4%) who will not continue a friendship relationship with an infected person. This shows that teachers who will still be discriminated because of their HIV status may fall within the category of those teachers who will have low working morale that will affect the way they will provide services in schools.

3.3.3.6: Allowing an infected teacher to use their books

Table 18: **Allowing an infected teacher to use their books (n=150)**

Sharing books	Frequency	%
Yes	144	96.00
No	6	4.00
Total	**150**	**100**

Table 18 shows that the majority of teachers 96% would be willing to share their books with an infected teacher. The other four percent (4%) of teachers would not allow an infected teacher to use their books. This shows that discrimination is still practiced among teachers although in a very small percentage. This is in line with the previous finding that the majority of teachers would share the table with an infected teacher and also continue with friendship.

3.3.3.7 How does a teacher with HIV/AIDS affect learners he/she is teaching

The responses on how the teacher with HIV/AIDS affect learners he is teaching, revealed the following:

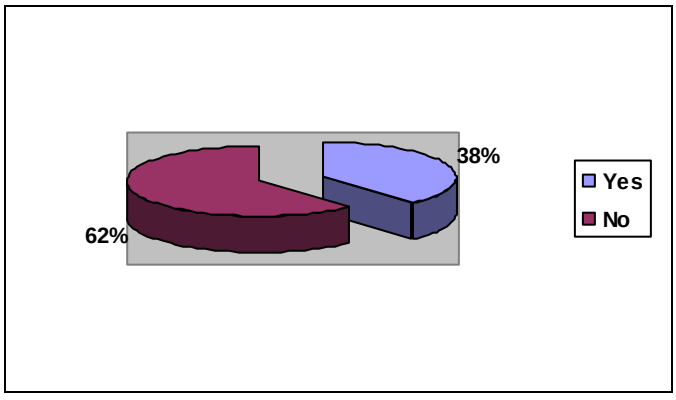
- Twenty-two percent (22%) of teachers indicated that there is no way an infected teacher can affect learners, unless such a teacher is sexually involved with a learner.
- Data indicates that 12% perceive sexual relationship with learners as a way an infected teacher could affect learners.
- Eighteen percent (18%) of teachers indicated that an infected teacher can affect learners because he or she will spend much of the time on sick leave that delays learning.

- Seventeen percent (17%) indicates that such an infected teacher will not be motivated to teach due to discrimination that he/she will be experiencing from other teachers or learners.
- Sixteen percent (16%) of the teachers indicated that learners will develop negative attitude towards an infected teacher to an extent that they may avoid his/ her class.
- Five percent (5%) of teachers indicated that such negative attitude and behaviour will be a result of fear that learners will be having. Learners will fear that such an infected teacher will infect them. Such perceptions from learners will be a result of lack of enough knowledge about HIV/AIDS that it cannot be transmitted verbally.

The above information indicates that the way an infected teacher could affect learners involves his/ her motivation towards work and the attitude of learners towards him/her, that both will lead to high failure rate on the part of learners.

3.3.3.8: Access to voluntary counseling and testing

Table 19: In your working environment, do you have access to voluntary counseling and testing for HIV?
(n=149)
(Missing=1)



Voluntary counseling and testing programme is regarded as an important strategy in the management of the HIV/AIDS pandemic (van Dyk & van Dyke, 2003: 118). In terms of access to voluntary counseling and testing, teachers have different views. Most of the teachers (62%) do not have access to voluntary counseling and testing whilst 38% have access to voluntary counseling and testing. This shows that for in case teachers are interested in voluntary counseling and testing 62% of them will have to use their own spare time that is not part of the working schedule because their employer cannot provide such services to them. This might lead to reluctance to utilise the VCT, which could have devastating results on the work environment and the education system as a whole. If teachers are not motivated to go for VCT, because it is not readily available, then they will not know about their status until it is very late for any intervention. Taking into consideration the fact that the majority of teachers did not have access to VCT, then the impact of HIV in the workplace could be very high, specifically in the teaching field.

3.3.3.9: Going for voluntary counseling and testing

Table 20: Going for voluntary counseling and testing
(n=148)
(missing=2)

Going for VCT	Frequency	%
Yes	115	77.70
No	33	22.30
Total		**100**

Majority of teachers have indicated that if they can be given chance to go for voluntary counseling and testing they would go. Very few (22%) indicated that even if that chance is given to them they would not go for voluntary counseling and testing. Different reasons for not going and going were provided.

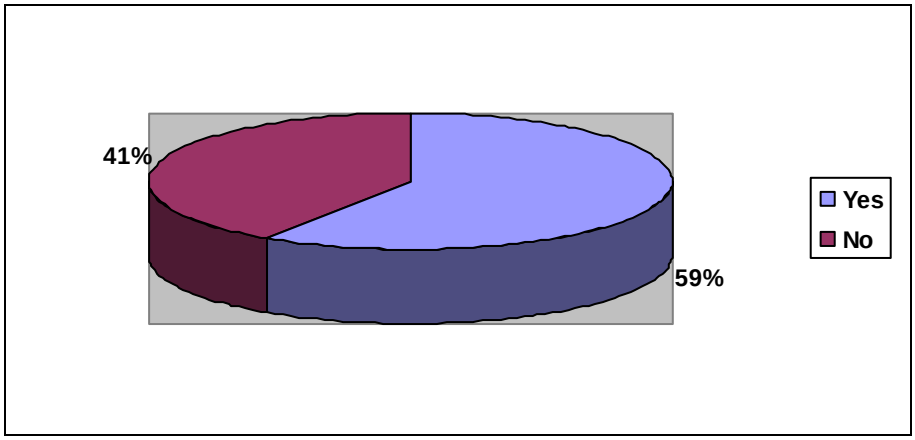
- **Going for VCT**-The majority of teachers(48%) indicated the value of going for voluntary counseling and testing as for knowing one's HIV status. Some of the teachers (15%) indicated that they would go for voluntary counseling and testing because if they can find that they are HIV positive they will be provided with necessary coping strategies through counseling. Thirteen percent (13%) of the teachers who would go for voluntary counseling and testing understand that when they go they will be provided with necessary knowledge about HIV/AIDS. There are also those (7%) who will go for voluntary counseling and testing so that they can encourage other people to go, irrespective of their HIV status. These are positive perceptions that some of the teachers have about voluntary counseling and testing for HIV, which is encouraging.
- There are also those who are **not willing to go for voluntary counseling and testing**. Van Dyk and van Dyke (2003: 118) have found that people do not go for voluntary counseling and testing because of fear of psychological turmoil of HIV positive results. The present study has found that 10% of the teachers will not go for voluntary counseling and testing to avoid psychological impact of HIV positive results. Such teachers have indicated that they will rather die without knowing that they are HIV positive. This perception should be influenced by lack of proper knowledge about voluntary counseling and testing for HIV, for these teachers. With this attitude prevailing amongst teachers further spread of the infection can be expected, unless something drastic is done.

3.3.3.10: Feel free to share the results with a colleague

Table 21: Feel free to share the results with a colleague

(n=147)

(Missing=3)



Gaillard et. al. (2000: 115) have found that people do not go for voluntary counseling and testing because of fear of disclosing their HIV status. The present study has found that most of the teachers (59%) would be willing to disclose their HIV status to their colleagues. The other 41% have indicated the opposite, that they would not be willing to disclose their HIV status to their colleagues. This indicates that even though the majority of teachers would like to go for voluntary counseling and testing, significantly high number of teachers would not share their results with colleagues. This can be due to lack of trust between colleagues and avoiding being discriminated by other teachers.

3.3.3.10 With whom do you think you would be able to share the results of voluntary counseling and testing?

Table 22: Disclosing test results

(n=123)

(Missing=27)

Disclosing test result	**Frequency**	**%**
School principal	52	42.28
Best friend from another school	43	34.96
School guidance teacher	21	17.07
HOD in my subject field	3	2.44
Regional inspector	4	3.25
Total	**123**	**100**

To whom does one disclose an HIV status is important and depends on the trust that one has in that person. People who do not have an element of trust might find it difficult to disclose their result to anyone. The majority of teachers in this study have indicated that they can share their results with someone as indicated in the table above. The figures only represent people who have answered the question. There were others who did not answer the question because they do not see anyone they can trust enough to share their results with. The table above shows that 42.28% of the teachers will disclose their results to the school principal, 34.96% will disclose the results to best friend from another school, 17.07% will disclose test results to the school guidance teacher. Others will disclose the test results to the Head of Department in the subject they are teaching and regional inspector. One can conclude that most of teachers would disclose their status to the school principal who carries the management position and would need to know, should teachers request for sick-leave days.

3.3.4: HIV/AIDS PREVENTION

The aim of this subsection was to explore teachers' perceptions regarding prevention of HIV. The present study has found that HIV/AIDS prevention is possible. Different ways of preventing HIV/AIDS in the workplace have been indicated by the respondents. There are also some of the teachers who are still at risk of contracting HIV/AIDS not only by perception, but also behaviour. Teachers know how to prevent HIV/AIDS but their behaviour indicates the opposite. Most of the teachers know that having one faithful sexual partner and using condom can prevent HIV spread. The findings show that there are people who know that condoms can prevent HIV spread but do not use condoms for one reason or the other.

3.3.4.1 Having had sexual intercourse

Table 23: Having had sexual intercourse
(n=149)
(Missing=1)

Sexual intercourse	Frequency	%
Yes	141	94.63
No	8	5.37
Total	**149**	**100**

The table above shows that 95% of teachers have had sexual intercourse. This shows that majority of teachers are sexually active. The other 5.37% of the teachers have never had sexual intercourse. Sexual intercourse is the major cause of HIV transmission. This shows that the majority of teachers are at risk for HIV transmission. This brings a need to address the importance of practicing safer sex.

3.3.4.2 Engaging in sex with a sexual partner not married to

Figure 24: Engaging in sex with a sexual partner not married to (n=146)
(Missing=6)

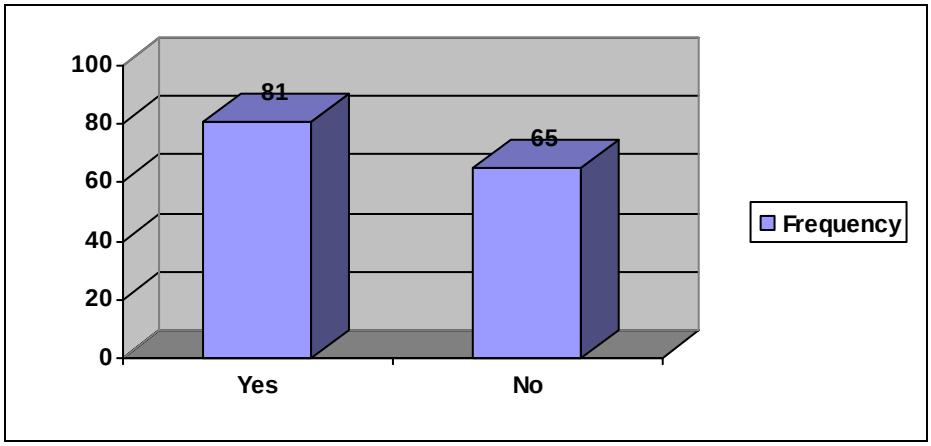
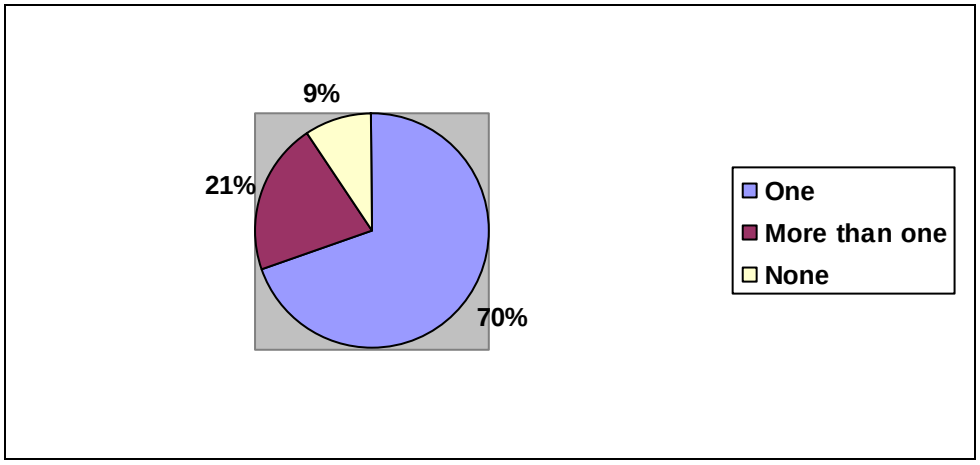


Figure 24 indicates that the majority of the teachers (55%) have been engaged in sex with sexual partners they are not married to. The other significantly large number of teachers (45%) has never been engaged in sex with sexual partners they are not married to. The understanding that most of the teachers in this study are married, gives one an impression that most of the teachers are not practicing what Sherman and Bassett (1999: 121) regards as the strategy of preventing HIV spread. Such behaviour put most of teachers at a risk of contracting HIV.

3.3.4.3: Number of sexual partners one has

Figure 25: Number of sexual partners one has
(n=150)



When asked about the number of sexual partners they have at the moment, most of the teachers (69%) indicated that they have only one sexual partner. This gives a different impression as compared to the responses given to the previous question. Twenty one percent (21%) of the teachers indicated that they have more than one sexual partners. This shows that there are still some teachers who are at risk of contracting HIV as a result of having multiple sexual partners. Only 9% of the teachers have do not have sexual partner at all. This is the group that can be regarded as safe in contracting HIV.

3,3,4.4 Knowledge about condom usage

Table 26: Knowledge about condom usage
(n=150)

Knowledge about condom usage	**Frequency**	**%**
Yes	137	91.33
No	13	8.67
Total	**150**	**100**

Information in table 26 shows that the majority of teachers (91%) know about condom usage. The other nine percent (9%) do not know about condom usage. Since condom usage have been recommended to be one of the strategies that should be utilised for prevention of HIV spread, some of the teachers are seen to be at risk. When teachers do not know about condom usage, it gives an impression that they either do not use it, or they fall within the category of teachers who do not have a sexual partner or who have never been involved in sexual activities. These findings show the need to promote condom knowledge and use so that teachers who are sexually active can use condoms to prevent HIV spread.

3.3.4.5 Frequency of using condom with a regular sexual partner

Figure 27: Frequency of using condoms with a regular sexual partner (n=147)
(Missing=3)

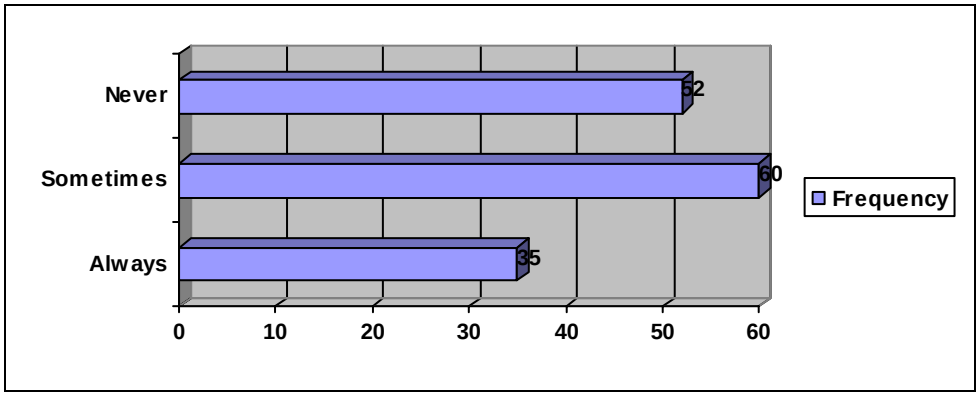


Figure 27 shows that
60 respondents (40.82%) sometimes use condoms
52 respondents (35.38) never use condoms
35 respondents (23.81) always use condoms

Although the majority of teachers know about condom usage, they do not always use condoms when they have sexual intercourse with a regular sexual partner. Only 24% of the teachers always use condoms when they have sexual intercourse. In this 24%, 17.69% of them are males and 6.12% are females. Most of the teachers (25.85% males and 14.97% female) only use condoms sometimes, whilst 35% (17.01% males and 18.37% females) do not use condoms with a regular sexual partner. Different reasons have been provided for always, sometimes and never use condom, irrespective of gender.

- **Always** - Twenty percent (20%) have indicated that they always use condoms because they want to protect themselves against sexually

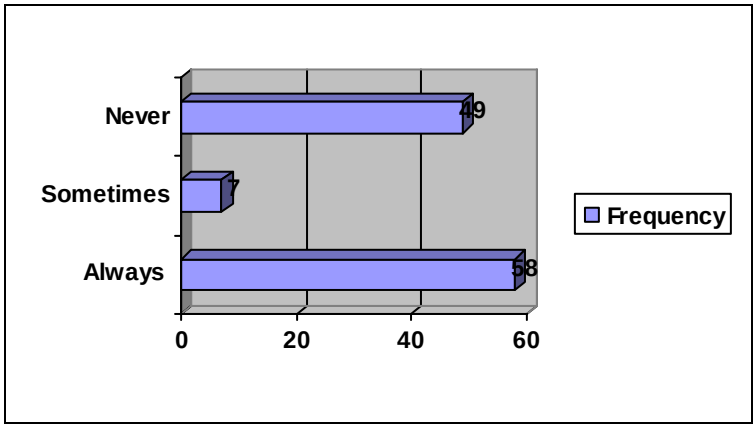
transmitted infections and HIV. Two percent (2%) use condoms because they do not trust their regular sexual partners

- **Sometimes-** Condoms are also sometimes used because they are perceived as the way to prevent pregnancy. This is indicated by five percent (5%) of the teachers. There are also those who sometimes use condoms (4%) if their sexual partners are menstruating.
- **Never**- Eight percent (8%) of the teachers do not use condoms because condoms are known to reduce pleasure. This finding is in line with Sherman and Bassett (1999: 121) who have found that condoms are known to inhibit spontaneity and intimacy. Peltzer (2003: 258) have found that people do not like using condoms because they do not see the reason for using condoms with the person they are married to. Forty four percent (44%) of the teachers have indicated that their reason for not using condom is the trust that they have on their regular partner.

The information above shows that reasons for using and not using condoms vary from one teacher to the other. Only few teachers use condoms for prevention of infections. This shows that most of the people are using condoms not for HIV prevention, but other reasons that if one is not menstruation and there is no possibility of pregnancy, these teachers would be at risk of contracting HIV.

3.3.4.6: Frequency of using condom with a non-regular sexual partner

Figure 28: Frequency of using condoms with a non-regular sexual partner (n=114)
(Missing=36)



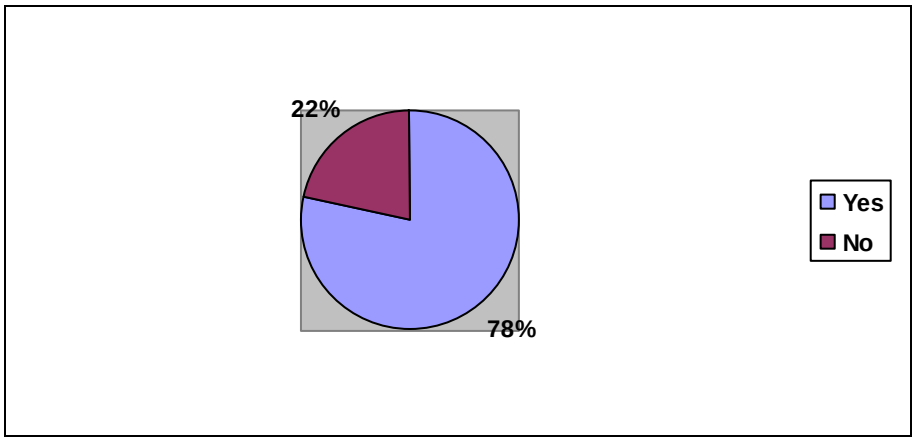
Although teachers do not use condoms with the person they are married to or regular partner, some still do not use condoms with the non-regular sexual partner. The present study has found that the majority of teachers (41.23% males and 9.65% females) always use condoms with a non-regular sexual partner. A significantly high percentage (20.18% males and 22.81% females) has indicated that they never used a condom with a non-regular sexual partner, whilst very few teachers (6.14% males) sometimes use condoms with a non-regular sexual partner. The reasons for always, sometimes and never use condoms were as follows irrespective of gender:

Some of the teachers who do not use condoms have indicated that they do not have non-regular sexual partners. Those who use condoms with non-regular sexual partner know that there is HIV/AIDS, and they (35%) want to protect themselves from infection. There are also those who use condoms because they (19%) do not trust non-regular sexual partners. Very few (4%) of teachers have given up to life to an extent that they do not fear death. Even with the ones who

have non-regular sexual partner, two percent (2%) still feel that condoms reduce pleasure, hence do not use them.

3.3.4.7: Preventing HIV spread by having one uninfected faithful sexual partner

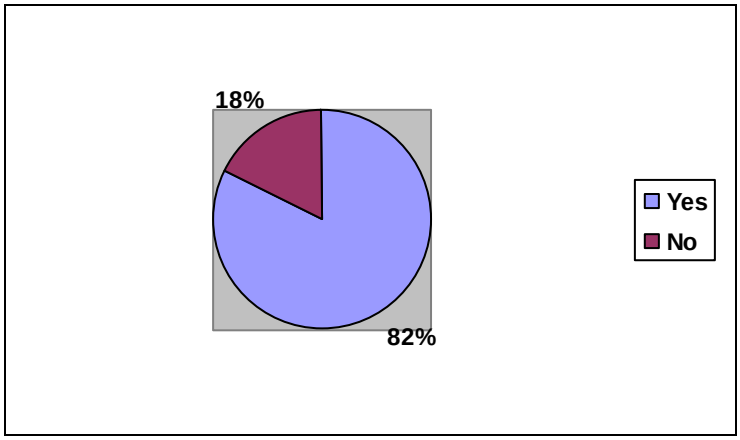
Figure 28: Preventing HIV spread by having one uninfected faithful sexual partner
(n=148)
(Missing=2)



Sticking to one sexual partner has been suggested to be a norm (Sherman, 1999: 121). There fore the present study has found that the majority (78%) of the teachers agree that people can prevent HIV spread by having one uninfected sexual partner. The other 22% indicated that having one uninfected sexual partner cannot prevent HIV spread. This variance shows that there are still teachers who do not understand what it means to have one uninfected sexual partner in relation to HIV/AIDS prevention. This brings a need for intervention so that knowledge about the value of prevention strategies should be clearly imparted to these teachers.

3.3.4.8: Preventing HIV spread by abstaining from sexual intercourse

Figure 29: Preventing HIV spread by abstaining from sexual intercourse (n=147)
(Missing=3)



Plotnik (1993: 345) mentions that the most effective or surest way to avoid AIDS infection is to be celibate, not to have sexual intercourse. The present study found that the majority of the teachers (82%) perceive abstinence as another way that can prevent the spread of HIV, whilst 18% is against the idea that abstinence can prevent HIV spread. Like the previous finding, these teachers also need education on what really plays a role in prevention of the spread of HIV . This can also suggest that teachers who do not think abstinence play a role in prevention of HIV have other reasons.

3.3.4.9 What is the best way to prevent the spread of HIV/AIDS?

The following information indicates the responses to the opinion about the best way to prevent the spread of HIV/AIDS:

- The majority of teachers (45%) perceive abstinence as the best way of preventing HIV/AIDS, followed by
- 26% for having one uninfected faithful sexual partner.
- 21% for the use of condom. Condom usage in this study is found to be the last alternative.
- There are other teachers (3%) who indicated the need for talking about HIV/AIDS as a reality for the prevention of its spread. This involves campaigns about HIV/AIDS. This alternative might be given by the teachers who do not perceive being faithful to one sexual partner and abstinence to be the ways of preventing HIV/AIDS, hence they think people need campaigns to prevent HIV/AIDS spread.

One can conclude that even though there are teachers who do not use condoms, have more than one sexual partner and still involved in sexual activities, the majority of teachers know about ways that can prevent the spread of HIV/AIDS.

3.3.4.10: Communication method of HIV/AIDS issues

Table 30: Communication method of HIV/AIDS issues
(n=145)
(Missing=5)

Communication method	**Frequency**	**%**
Meetings	25	17.24
Circulars	15	10.34
Newsletters	59	40.69
Personal letters to all staff members	2	1.38
Notice boards	11	7.59
Not communicated	33	22.76
Total	**145**	**100**

HIV/AIDS communication strategy was also measured. Table 30 shows that in most of the schools that has access to HIV/AIDS communication, 41% access newsletters as communication strategy for HIV/AIDS. Twenty three percent (23%) of the teachers have no access to any HIV/AIDS communication in their schools. Seventeen percent (17%) communicate HIV/AIDS information through meetings and 11% through circulars. Eight percent (8%) indicated that HIV/AIDS issues are communicated through notice boards. The finding that there are teachers who are not accessing any HIV/AIDS communication in their schools highlights the need for the Department of Education to communicate HIV/AIDS issues to all schools as a mechanism to prevent the spread of HIV/AIDS.

3.3.4.10: The best communication method of HIV/AIDS issues

Table 31: The best HIV/AIDS communication method
(n=127)
(Missing=23)

The best method	Frequency	%
Meetings	67	52.76
Circulars	6	4.72
Newsletters	32	25.20
Personal letters to all staff members	9	7.09
Notice boards	11	8.66
Not communicated	2	1.57
Total	**127**	**100**

Teachers were also asked to indicate the best method that they think is most effective in preventing further spread of HIV/AIDS. The majority of teachers (53%) indicated that meetings are the most effective, followed by those (25%) who recommends newsletters, and 9% that recommends notice boards. Seven

percent recommended personal letters. The choice of different methods have been motivated.

- Those who indicated **newsletters and personal letters**, 24% indicated that people will read at their own time.
- Amongst those who recommended **meetings**, 21% indicated that meetings easily convince people as they share different ideas, 17% indicated that in meetings different people meet and ask questions for in case there is something they do not understand. Meetings were also found by 15% of the teachers to be providing more knowledge as people discuss issues around HIV/AIDS. Eleven percent (11%) indicated that in meetings people get to know how other people perceive HIV/AIDS.

This shows that the majority of teachers have seen the value of meetings as a best way of communicating HIV/AIDS issues. Given the fact that HIV/AIDS issues are communicated in some schools, the findings show that such communication methods are not the best as compared to meetings. This brings a need for the Department of Education to find out if the methods used are effective in the schools that are receiving HIV/AIDS communication services.

3.3.4.11 If you were given opportunity to improve on something in the way the programme is being run at your school, what would you improve?

George and Whiteside (2000: 225) indicate that it is essential for employers to develop comprehensive workplace HIV/AIDS programmes that are related to prevention, care and support activities. In this study, when teachers were asked to indicate things that they would improve should they be given the opportunity, most of the teachers (42%) indicated that even though there is no HIV/AIDS programme in their schools they would run public awareness and 36% suggested talking about HIV/AIDS more often in their schools. Nine percent (9%) of the teachers indicated that since there is no HIV/AIDS programme in their schools

there was nothing to improve. When there is no HIV/AIDS programme in the workplace it is difficult for employers and employees to know their rights regarding HIV/AIDS. These findings show that even where teachers indicated the way HIV/AIDS is communicated to them, not all of them were referring to schools, but some other areas of life.

3.4 SUMMARY

In this study 150 teachers in Thohoyandou area were sampled to respond to the questionnaires compiled to explore their perceptions regarding HIV/AIDS. This phase of the empirical study was done from a quantitative approach and the findings are as follows:

The findings from this study show that teachers perceive HIV/AIDS as existing and as a reality. The majority indicated that they have heard about HIV/AIDS and they perceive their knowledge as high. HIV/AIDS is also perceived as transmitted through unprotected sex, sharing syringe and kissing. Several factors have been mentioned as playing roles in placing teachers at high risk for HIV/AIDS.

The perception of teachers regarding HIV/AIDS is that HIV/AIDS affects productivity, but that does not mean teachers should not be allowed to continue teaching should they be HIV positive. Despite the infection, teachers are of the opinion that the skills could still be applied for the benefit of the learners. This could be interpreted as acceptance of the teachers who are infected by HIV, that could be seen as a positive aspect that could lead to support. No matter how discriminated people with HIV/AIDS in the society, the majority of teachers will still continue sharing their belongings with teachers who are HIV positive or have AIDS. The way HIV is transmitted is well known among teachers.

Although teachers know how HIV is transmitted majority of male teachers do not prefer the use of condoms for several reasons ranging from reduction of pleasure

to trust. Women are found to be protective and in preference of condom usage with their regular partners because of lack of trust and protecting themselves from HIV infection.

The following chapter addresses the summary, conclusions of the study and the recommendations based on the findings.

CHAPTER 4
SUMMARY, CONCLUSIONS AND REOMMENDATIONS

4.1 INTRODUCTION

HIV/AIDS is known to be a harmful disease that has a negative impact on the workplace, the field of teaching included. It does not matter whether the infected are young or old, male or female, occupying which position at work, or affiliated in whatever religion, its impact will be felt by the organization. The way all the groups mentioned here perceive HIV/AIDS plays a role on how teachers will prevent further spread of HIV/AIDS.

In this chapter the most vital information drawn from the literature and the empirical data will be briefly discussed. The summary is outlined, followed by the conclusions drawn from the findings, and then recommendations are presented.

4.2 SUMMARY

The present section provides the summary of the whole study. The purpose of the study, goal of the study, objectives of the study and contents of the research report are as follows:

4.2.1 Purpose of the study

The aim of the present study was to explore the perceptions of teachers regarding HIV/AIDS.

4.2.2 Goal of the study

The goal of this study was to explore the perceptions of teachers regarding HIV/AIDS in the Thohoyandou area.

4.2.3 Objectives of the study

For the purpose of this study, the researcher wanted to achieve the following objectives, of which the study managed to achieve:

- To provide a broad theoretical background regarding HIV/AIDS in the workplace. This objective was achieved in chapter 2.
- To investigate the perceptions of teachers regarding HIV/AIDS that was attained in chapter 3, where the empirical findings are presented in detail. The data that was collected through the questionnaire has been presented in graphs and tables and interpreted.
- To provide recommendations with regard to improved HIV prevention strategies and this has been attained in chapter 4, where the researcher presents the recommendations based on the findings.

4.2.4 Content of research report

This research report comprises of four chapters that are divided as follows:

Chapter 1: General introduction of the study

This chapter presented the conceptualization of the study. That involved general background of the study, the rationale for the study, the problem formulation, purpose, goal and objective of the study as well as the research methodology that was used in the study.

Chapter 2: Theoretical background regarding HIV/AIDS in the workplace

The second chapter focused on the theoretical background regarding HIV/AIDS in the workplace.

Chapter 3: Empirical findings

This chapter focused on perceptions that are held by teachers regarding HIV/AIDS in the Thohoyandou area.

Chapter 4: Summary, Conclusion and Recommendation

This chapter presents the summary of the whole research process, conclusions drawn from the findings and also recommendations.

4.3 CONCLUSIONS

Based on the findings of the present study, the researcher can conclude that:

- Most of the teachers are at the age category (below forty) mostly at risk of HIV infection.
- A large number of teachers perceive their knowledge about HIV/AIDS to be high.
- Most of the teachers have enough knowledge about voluntary counseling and testing
- Unprotected sex is perceived to be a way of transmitting HIV from one person to the other.
- Most of the teachers perceive both homosexuals and heterosexuals to be at risk of contracting HIV/AIDS.
- HIV/AIDS affects the world of work by killing skilled and experienced teachers.
- It is possible that an infected teacher can infect other teachers
- HIV/AIDS affect productivity
- An infected teacher should be allowed to continue working
- Teachers are not afraid to work or share their belongings with an infected teacher
- An infected teacher can affect learners he/she is teaching in one way or another.
- If teachers can go for testing, they would be willing to share their results with a colleague.

- Due to the fact that teachers are sexually active and have been engaged in sex with a partner they are not married to and never used condoms, they run a risk of contracting HIV.
- Even though teachers know that having one faithful uninfected sexual partner, abstinence and condom usage are ways to prevent HIV spread, their practices put them to HIV risk.
- There is still a need for teachers to receive the best HIV/AIDS communication method in their working environment.

4.4 RECOMMENDATIONS

4.4.1 Recommendations from the literature

Given the literature review of this study the researcher would like to come up with the following recommendations:

- The fact that HIV/AIDS is deadly and it costs the company a lot in terms of money and emotions, raises a concern to both employers and employees. Therefore teachers are not immune to this concern. As a result it is recommended that the Department of Education focus on how much HIV/AIDS is costing the department and come up with programmes that will benefit the workforce.

- It has also been established from the literature that in order for organizations to render meaningful HIV/AIDS programmes there has to be involvement of all the stakeholders, starting from the development of the policy. In establishing this policy the needs of the employees have to be the driving force, as this will ensure that the service is responsive to the needs of the employees and not just there for the sake of being there. As in line with the findings of the study that shows that some of the teachers do not know about the Departmental HIV programme it gives one a question as to whether there is a policy that during its development

teachers were involved. Therefore one can recommend that the Department of Education should consider involving all stakeholders who will benefit from the policy in establishing HIV/AIDS policy.

4.4.2 Recommendations from the empirical findings

Based on the findings from this study the researcher found it necessary to come up with the following recommendations:

- The way teachers perceive HIV/AIDS gives one a question if what they are doing contributes enough towards prevention of HIV/AIDS or still put teachers at risk of contracting HIV/AIDS. Teachers indicated that AIDS is a contributing disease in killing teachers and therefore creates the need for replacement of teachers who died of AIDS. Replacement of teachers affects the education environment. One can therefore recommend that, in order to save economically, the Department of Education should come up with programmes that will encourage teachers to take safer precautions that will prevent HIV from spreading and AIDS from killing teachers.

- The researcher recommends that the Department of Education should consider stressing the need to prevent HIV/AIDS in the workplace. Abstinence, being faithful to one sexual partner and condom usage are known to be preventative measures, but surprisingly there are still teachers who have more than one sexual partners and who do not use condoms. This leaves teachers at risk, which has a negative impact on the Department of Education as a whole.

- There are teachers who indicated that they cannot go for voluntary counseling and testing for the reason that they do not want to suffer psychologically by discovering that they are HIV positive. Such teachers would die without knowing their HIV status. Such a perception leads further infections, whereas knowing one's status might help the person

protect others unless he/she wants to die with others, as it is indicated on the findings. Therefore there is a need that the Department of Education promotes voluntary counseling and testing amongst teachers. The emphasis must be on the prevention and maintenance and not on the diagnostic factor of the programme, to encourage teachers to utilize the programme without fear of being stigmatized after their HIV status has been discovered. The value of voluntary counseling and testing must also be emphasized.

- The majority of teachers do not have HIV/AIDS programmes in their schools. HIV/AIDS education makes good business sense. By educating yourself as an employer and your employees now, you can potentially reduce the financial impact, legal implications, work disruption, and other effects that HIV and AIDS can have on a department when it is not prepared. Therefore one can recommend that there be HIV/AIDS programmes in schools that will function as an agent for prevention of HIV spread.

- The researcher can also recommend that there be professionals who visit schools with the intention to meet with teachers and promote the value of preventing HIV/AIDS. Professional can also assist those who are HIV positive, and think they cannot disclose their HIV status to anyone.

- There is still a need for future research on this area, so to add on the scientific knowledge around HIV/AIDS.

4.5 CONCLUDING STATEMENT

It is evident that HIV/AIDS has a major impact on the field of education in the Thohoyandou area. It has been also established from this study that having

infected teachers at schools affects the teaching process due to absenteeism and low morale that affect the learners.

It is very important for all the stakeholders to take the prevention of HIV in a more serious note, in order to ensure stability in the field of teaching, as this will further ensure excellence in learners.

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APPENDIX A

QUESTIONNAIRE: The perceptions of teachers regarding HIV/AIDS in the Thohoyandou area

INSTRUCTIONS

This questionnaire and the information that you are going to provide will be handled in a confidential manner.

Your answers will be used to understand the way you perceive HIV/AIDS as a teacher.

Please answer the questions by drawing a circle (O) around an appropriate number in a shaded box or by writing your answer in the shaded space provided.

When you are required to motivate your answer, please give your honest thought to motivate your answers.

Do not include your names or the name of your school.

The Department of Education will access the final report of this project.

Respondent V1 [ ][ ][ ] 1

SECTION A: Demographic information

1. What is your gender?

Male	**1**	V2 [ ] 4
Female	**2**	

2. What is your age in completed years?

	V3 [ ][ ] 5

3. What is your marital status?

Married	**1**	V4 [ ] 7
Single	**2**	
Divorced	**3**	
Widow	**4**	
Widower	**5**	
Living together	**6**	

4. What is your position?

School Manager	**1**	V5 [ ] 8
Head of the Department	**2**	
Teacher	**3**	

5. What is your religious background?

African Traditional	**1**	V6 [ ] 9
Christian	**2**	
Muslim	**3**	
Other (specify):		

SECTION B: Background of HIV/AIDS

6. Have you ever heard about HIV/AIDS?

Yes	**1**	V7	10
No	**2**		

7. How do you perceive your knowledge of HIV/AIDS

High	**1**	V8	11
Low	**2**		

8. To what an extent do you know about Voluntary Counseling and Testing?

Little	**1**	V9	12
Enough	**2**		
Nothing	**3**		

9. How is HIV transmitted from one person to the other?

Unprotected sex	**1**	V10	13
Sharing syringe	**2**	V11	14
Sharing meal	**3**	V12	15
Sharing utensils	**4**	V13	16
Sleeping in one bed	**5**	V14	17
Kissing	**6**	V15	18
Mosquito bites	**7**	V16	19

10. Which group of people is at risk of contracting HIV/AIDS?

Homosexuals	**1**	V17	20
Heterosexual	**2**		
Both homosexuals and heterosexuals	**3**		

11. Which of the following factors play a role in placing teachers at high risk for HIV/AIDS?

Low socio-economic status	**1**	V18		21
Lack of sexual education	**2**	V19		22
Lack of HIV/AIDS policy	**3**	V20		23
Lack of HIV/AIDS programme	**4**	V21		24
Handling pupils who are infected	**5**	V22		25

12. How does HIV/AIDS affect the world of work?

Low employee morale	**1**	V23		26
Reduced labour supply	**2**	V24		27
Loss of skilled and experienced workers	**3**	V25		28
Discrimination	**4**	V26		29
Absenteeism	**5**	V27		30
No affect	**6**	V28		31

Please motivate your answer

	V29		32
	V30		34
	V31		36

SECTION C: PERCEPTIONS REGARDING HIV/AIDS

13. If one teacher is infected with HIV, do you think that he/she can infect other teachers?

Yes	**1**	V32		38
No	**2**			

Please motivate your answer

	V33		39
	V34		41

V35 43

14. Is it possible for HIV infection to affect productivity in schools?

Yes	**1**
No	**2**

V36 45

15. If your answer is "**Yes**" to **Question 14** above, how does HIV infection affect productivity?

V37 46
V38 48
V39 50

16. If a teacher has HIV, should he or she be allowed to continue teaching?

Yes	**1**
No	**2**

V40 52

Please motivate your answer

V41 53
V42 55
V43 57

17. If one teacher is infected by HIV would you share a table with him or her in the staff-room?

Yes	**1**	V44	59
No	**2**		

18. If such an infected teacher was your friend would you continue with such a friendship even when you know he or she is HIV positive?

Yes	**1**	V45	60
No	**2**		

19. Would you like it if a teacher who is known to be HIV positive, or a teacher who in fact has AIDS, uses your books?

Yes	**1**	V46	61
No	**2**		

20. How does a teacher with HIV/AIDS affect learners he/she is teaching?

V47		62
V48		64
V49		66

21. In your working environment, do you have access to voluntary counselling and testing for HIV?

Yes	**1**	V50	68
No	**2**		

22. If you were to be given a chance to go for voluntary counseling and testing, do you think you would go?

Yes	**1**	V51	69
No	**2**		

Please motivate your answer

	V52	70
	V53	72
	V54	74

23. Should you go for Voluntary Counselling and Testing, would you feel free to share your results with your colleagues?

Yes	**1**	V55	76
No	**2**		

24. With whom do you think you will be able to share the results of your Voluntary Counselling and Testing? (Choose one option only).

School principal	**1**	V56	77
Best friend from another school	**2**		
School guidance teacher	**3**		
HOD in my subject field	**4**		
Regional inspector	**5**		

SECTION D: HIV/AIDS PREVENTION

25. Have you ever had sexual intercourse?

Yes	**1**	V57	78
No	**2**		

26. Have you ever engaged in sex with a sexual partner you are not married to?

Yes	**1**	V58	79
No	**2**		

27. How many sexual partners do you have?

One	**1**	V59	80
More than one	**2**		
None	**3**		

28. Do you know about condom usage?

Yes	**1**	V60	81
No	**2**		

29. How often do you use condoms with a **regular** sexual partner?

Always	**1**	V61	82
Sometimes	**2**		
Never	**3**		

Please motivate your answer

	V62	83
	V63	85
	V64	87

30. How often do you use condoms with a **non-regular** sexual partner?

Always	**1**	V65	89
Sometimes	**2**		
Never	**3**		

Please motivate your answer

V66			90
V67			92
V68			94

31. Can people prevent HIV spread by having one uninfected faithful sexual partner?

Yes	**1**	V69	96
No	**2**		

32. Can people prevent HIV spread by abstaining from sexual intercourse?

Yes	**1**	V70	97
No	**2**		

33. In your opinion, what is the **best** way to prevent the spread of HIV/AIDS?

V71			98

34. How are HIV/AIDS issues communicated to you? (Choose only **one** option)

Meetings	**1**	V72	100
Circulars	**2**		
Newsletters	**3**		
Personal letters to all staff members	**4**		
Notice boards	**5**		

Not communicated	**6**

35. Which of the communication methods mentioned in **Question 34** is most effective in preventing further spread of the virus to other people?

V73 ☐ 101

Please motivate your answer

V74 ☐☐ 102
V75 ☐☐ 104
V76 ☐☐ 106

36. If you were to be given opportunity to improve on something in the way the programme is being run at your school, what would you improve?

V77			108
V78			110
V79			112
V80			114

Thank you for your time and co-operation