

**Is the isolation of people living with HIV/AIDS in Mogalakwena, Waterberg district hospitals
aggravating stigma and discrimination against people living with HIV/AIDS?**

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DECLARATION

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ABSTRACT

Background

Stigma and discrimination due to HIV/AIDS has been a threat to the community and the society at large. This disturbs the national health department's goal of providing care and support for those who are living with HIV/AIDS and those affected. It is a fact that government advocates against stigma and discrimination against people living with HIV (PLHIV). Stigma and discrimination against people living with HIV has been a problem as those who are affected and infected experience discrimination from their own families, communities and even at government hospitals where they expect to get help. The purpose of this study is to ascertain if the isolation of people living with HIV/AIDS in Mogalakwena, Waterberg district in Limpopo hospitals is aggravating stigma and discrimination against people living with HIV.

Objectives

The objective of the study is to: 1) establish as to whether PLHIV are treated the same as other patients when consulting at government hospitals. 2) Explore the existence of stigma and discrimination during the delivery of health care services. 3) To ascertain if bridge of confidentiality is violated by the employees in the department of health against HIV/AIDS patients. 4) Describe personal experiences of officials handle people living with HIV concerning stigma and discrimination in hospitals and healthcare facilities. 5) Identify factors in practice that promote stigma and discrimination against people living with HIV.

Methods

In this study non-experimental qualitative research design was used as it is an interpretative, multi-method approach that investigates people in their natural environment. This approach was used as the study was conducted in the natural surroundings of the participants (Christensen B, 2007:62). Qualitative data was collected, using a questionnaire as a measuring instrument, which was done using both close ended and open ended questions. Data was interpreted and the information gained helped provide light to the problem in question.

Results

The study revealed that PLHIV consult at a separate location made specifically for those who are living with HIV. Their files are marked differently and stickers are used to indicate the status and level of HIV patient. Administration staff lacks knowledge about stigma and discrimination. The type of stigma common was verbal and took place at the hospital.

Conclusion

It has been observed that the element of stigmatization is prevalent at government hospitals in Mogalakwena. This should not be generalised to other government hospitals as the study was only conducted at Mokopane and Voortrekker hospital in Limpopo. The policy about the management of confidentiality of patient's status must be available to all employees. This could help to cap against stigma and discrimination. There is a need for monitoring and support of stigma and discrimination principles.

OPSOMMING

Die stigma en diskriminasie wat daar heers as gevolg van MIV/VIGS veroorsaak 'n bedreiging in die gemeenskap en samelewing as geheel. Dit ontwrig die Nasionale Departement van Gesondheid en Welsyn se doelwit om sorg en ondersteuning te bied aan diegene wat met MIV leef asook diegene wat daardeur beïnvloed word. Die doel van die studie is om die volgende te bevestig dat: Is die isolasie waarin mense met MIV leef in Mogalakwena, distrik in Limpopo se hospitale besig om die stigma en diskriminasie te vererger teen diegene wat met MIV saamleef.

Die volgende doelwitte word gestel; 1) Bepaal die graad van doeltreffendheid, van behandeling van vigs pasiënte, in vergelyking met ander pasiënte in staatshospitale. 2) Ondersoek tot watter mate die stigma en diskriminasie 'n rol speel in dienslewering aan pasiënte. 3) Bepaal in watter mate die departement van gesondheid pasiënte se konfidensialiteit behou of nie. 4) Notuleer persoonlike ondervinding van vigslyers in verband met stigma en diskriminasie in staatshospitale en klinieke. 5) Identifiseer die faktore wat stigmatisering en diskriminasie van vigslyers vererger. Die instrument(e) wat gebruik is, is vraelyste met verskeidenheid van vrae, bv. Oop-en geslote vrae. Die dataverwerking en interpretasie verskaf die nodige informasie om genoemde probleem aan te spreek.

Die resultaat van die studie met vigslyers is vergelyk met 'n soortgelyke studie wat in 'n ander gemeenskap gedoen is. Daar is vasgestel dat pasiënte se lêers verskillend gemerk word, byvoorbeeld deur verskillende plakkers wat die status en vlak van die vigslyers aandui. Administratiewe personeel se ontkundigheid en verkeerde houding word hierdeur, en deur verbale misbruik, bewys. Daar is bewys dat stigmatisering en diskriminasie van vigslyers in die staatshospitaal in Mogalakwena bestaan. Veralgemening met alle staatshospitale word nie in die studie gestel nie, net in Mokopane Voortrekker Hospitaal in Limpopo.

Die gebrek aan deurlopende implementering van die verskillende beleide aangaande vigs, versterk die stigmatisering en diskriminasie by hospitale en klinieke. Die beleid oor die hantering van konfidensialiteit van pasiënte se status, moet toegepas word en deur alle gesondheidsamptenare eerbiedig word. So kan mense die stigma en diskriminasie teenoor vigslyers stop.

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Acronyms and abbreviations

AIDS	Acquired immune deficiency syndrome
HIV	human immunodeficiency virus
PLHIV	people living with HIV
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development

CHAPTER 1

1.1. Introduction

To understand the effect of stigma and discrimination against people living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), one needs to be clear about what the impact of stigma and discrimination are. Stigma and discrimination related to HIV/AIDS can be described as unfair treatment of people living with HIV, based on their actual or suspected status.

Stigma and discrimination impact on people's ability to be respected by their families and the community at large. It is therefore important that every effort is made to guard against any type of stigma and discrimination to human beings.

This study tried to indicate that stigma and discrimination might be happening even at hospitals and health care centres where people hope to get help. The study will focus on hospitals and health care centres around Mogalakwena in Waterberg district Limpopo province South Africa. Stigma and discrimination is one of the factors that make people to be afraid to disclose their HIV/AIDS status and as a result of that compromise efforts put in place by government to prevent and manage HIV/AIDS pandemic.

This study might help the department of health and social development to be aware of the practices of stigma and discrimination in the facility. This practice might be taking place in the facility unnoticed due to lack of systems in place to reflect if operational plans reconcile with the departmental policy.

The findings in this study should be able to help authorities and management of hospitals in Mogalakwena to manage stigma and discrimination related to HIV/AIDS effectively.

1.2. Background of the study

Stigma and discrimination related to HIV/AIDS is as a result of individual actions towards people living with HIV. Individual actions of those who are influential in society influence the thinking of the society where they reside, as a result, stigma and discrimination becomes a social issue.

When citizens of South Africa visit health care centres and hospitals the first line of consultation is administrative staff followed by nurses and doctors and lastly the medicine dispatch team which is composed of administrative staff and medical professionals (pharmacist) in other institutions. HIV/AIDS related stigma and discrimination has been noticed to be taking place in all these sections. This is not seen as a surprise as government employees are members of the society. In a society where many people are living with HIV and society is not well informed about the pandemic, Stigma and discrimination will be practiced.

Richard Parker and Peter Aggleton with Kathy Attawell, Julie Pulerwitz, and Lisanne Brown (2002) in their project with Horizons indicated that stigma and discrimination is used to create difference and social hierarchy in society and that this could be challenged by social action.

Stigma and discrimination impact on people's ability to be respected by their families and the community at large. It is therefore important that every effort is made to guard against any type of stigma and discrimination to human beings. In case stigma and discrimination take its toll, the one who is affected may find it difficult to find employment, contribute positively to the betterment of the community, cannot network and to make matters worse one might not be able to plan for his own future.

The study will focus on hospitals and health care centres around Mokopane hospitals in Mogalakwena, Waterberg district Limpopo province South Africa. Stigma and discrimination is one of the factors that make people to be afraid to disclose their HIV/AIDS status and as a result of that compromise efforts put in place by government to prevent and manage HIV/AIDS pandemic.

At these facilities patients are allocated their own ward where they consult in isolation. Their files are marked differently from other patient's files. Apart from the patient's number that appears on all files, their files had an additional number which is written in bold letters. When they have to collect medication they also collect at a different outlet from other patients. As a result of this, there is a need to ascertain if Stigma and discrimination is not practiced in these public institutions without it being noticed by the authority. There might be good reasons for the practice, but the main question is, in

doing what they practise are they not stigmatising and discriminating against other people that they think they are helping? Hence this research study is proposed.

1.3. Research problem

The study needs to find out whether the isolation of people living with HIV from the hospitals queuing system in Mokopane hospitals, Waterberg district Limpopo province aggravating stigma and discrimination against people living with HIV. What is not known is how government officials are managing patients who are treated for HIV/AIDS when consulting in government hospitals. This paper will concentrate on the ways in which HIV/AIDS patients are treated as they consult at government health facilities around Mokopane. It needs to ascertain as to whether particular actions do not culminate in aggravating stigma and discrimination.

1.4. Research questions

- *Is the isolation of people living with HIV/AIDS in Mokopane, Waterberg district Limpopo province hospitals aggravating stigma and discrimination against people living with HIV/AIDS?*
- *Is the isolation of people living with HIV/AIDS from the day to day queuing system when visiting hospitals promoting stigma and discrimination?*
- *In what way does marking of files belonging to people living with HIV/AIDS differently discriminate against them?*

This research problem has led to the following hypothesis to enable it to be researchable.

1.5. The aim of the study

- The aim of this study is to determine whether patients who are isolated from queuing with the rest of the patients when consulting at Limpopo province government hospitals and Health care centres are not stigmatised and discriminated against.
- To check if bridge of contract of confidentiality is not been contravened by department to of health against HIV/AIDS patients in this area.
- To ascertain if marking of files belonging to people living with HIV/AIDS differently does not promote stigma and discrimination.

- To check if people living with HIV are not treated differently from the rest of the population during their consultations to government health institutions.

The findings in this study should be able to help authorities and management of Mokopane hospital and hopefully other areas in the district to manage stigma and discrimination related to HIV/AIDS effectively in their areas of operation.

The concern has always been that good policies are being put in place but the implementation thereof is not monitored. As a result the opposite of the intention become evident. This study will alert the department of health and social development that monitoring of stigma and discrimination programmes in place will help health workers to deal effectively with stigma and discrimination and become an example to the public, while that will also motivate people living with HIV/AIDS to come forward to receive the necessary help that is due to them.

1.6. The objectives of the study

The objective of the study is:

- Ascertain whether people who are living with HIV are isolated from the rest of the people during consultation and whether that does not lead to discrimination.
- To ascertain if bridge of confidentiality is violated by the department to of health against HIV/AIDS patients exists.
- Describe personal experiences of officials handle people living with HIV/AIDS concerning stigma and discrimination in hospitals and healthcare facilities.
- Identify factors in practice that promote stigma and discrimination against people living with HIV.
- Outline the principles that could be implemented and be monitored in addressing stigma and discrimination

Stigma and Discrimination can take place anywhere. That is, from home by family members, from communities by friends and community members and from workplace by the employer and colleagues. This study will try to find out if stigma and discrimination is taking place at hospitals

where people hope to get help from, through the trained and trusted personnel stationed at these hospitals.

The study will focus on hospitals around Mokopane in Waterberg district Limpopo South Africa. Skinner and Mfecane in their research paper explain stigma and Stigma and Discrimination as cruel social processes that offer some feeling of protection to the powerful, while increasing the load on the individual or group who is victimised in the process, that Stigma can be seen as a tool used by more powerful groups to protect themselves as people (Skinner D and Mfecane S, 2004). Stigma and discrimination is one of the factors that make people to be afraid to disclose their HIV/AIDS status and as a result of that, compromise efforts put in place by government to prevent and manage HIV/AIDS pandemic.

1.7. Methodology

In trying to respond to the research question and determine if putting people living with HIV in isolation promotes stigma and discrimination against people living with HIV, the approach used was non-experimental qualitative research design. This has been selected strategically as it is an interpretative, multi-method approach that investigates people in their natural environment. This approach will be used as the study will be conducted in the natural surroundings of the participants (Christensen B, 2007:62).

In this case the phenomenology research strategy will also be employed as it deals specifically with the description of individual or group of individual's conscious experience of a phenomenon. It attempts to describe, convey and understand individual's experience of the phenomenon (in this case, stigma and discrimination). Once data is collected, there will be a need for interpretation (Christensen B, 2007).

1.8. Data collection

Qualitative data will be collected, using a questionnaire as a measuring instrument, which will be done using both close ended and open ended questions. To be specific structured interview will be employed as some of the clients might not be literate. The questionnaire will be translated to N. Sotho which is the communication language that is understandable by the participants who do not

understand English and notes will be taken of all written information noticed on documents used by the health institutions. The information gained should be able to provide light to the problem in question. That ultimately should be able to help to make decision related to the research question.

An in-depth interview will be used as a method in phenomenology which is a relevant research approach for this study. This has been selected as it focuses on the description of an individual or at a group's conscious experience of a phenomenon. It also focuses on the description of that experience and the meaning and interpretation of that experience (Christensen B, 2007).

Once these significant phrases and statements are extracted, meaning had to be formulated from them (Christensen B, 2007). As this study will try to get personal experience from all research participants about isolating other patients from the rest (people living with HIV/AIDS). A description of the phenomenon (problem in question) findings will be produced by integrating the statements and their meaning. As it has been stated that there is no random assignment or experimental manipulation in this study therefore a qualitative research will be used. All participants will volunteer to the study and as a result they will be assured that the research will be anonymous and confidential in all respect. Their identity will not be disclosed to anyone.

1.9. Analyses and packages

In this study qualitative data analysis will be used. Any of the following data analyses could be employed MoonStats. As it has been indicated during research design that in-depth individual interview will be conducted and data collected. Detailed notes made by hand and observations as well as those recorded during interviews will be put together. Write-up will be used to replace some of the missing content, but it should be noted that interview transcribed will be verbatim (Welman, Kruger, and Mitchell, 2008: 211).

Data collected will be grouped according to their themes and coded to be used with ease during analyses. After all this then a coding list which contains the symbol for each code, its name, a definition of the code will be compiled (Welman, Kruger, and Mitchell, 2008). Data will be analysed based on the specific category on the interview form.

1.10. The geographical area and the research population

The study will focus on hospitals and health care centres around Mogalakwena in Waterberg district Limpopo South Africa that is Mokopane Hospital and Voortrekker hospital.

Mokopane is a town that covers 1683 sq km and 117 villages in Limpopo province, South Africa. Mokopane has a population of 325,000 of which 120 000 is under the age of 14. The area is serviced by the two mentioned hospitals which are about 10km apart from each other. Mokopane hospital is situated in the township called Mahwelereng while Voortrekker hospital is situated in the town MOKOPANE (Capeinfo, 2011/06/14. 17:56)

Stigma and Discrimination takes place everywhere, that is, from home by family members, from communities by friends and community members and from workplace by the employer and colleagues. This study will try to find out if stigma and discrimination is or is not taking place at hospitals where people hope to get help from. Skinner and Mfecane in their research paper explain Stigma and Discrimination as cruel social processes that offer some feeling of protection to the powerful, while increasing the load on the individual or group who is or are victimised in the process, that Stigma can be seen as a tool used by more powerful groups to protect themselves (Skinner D and Mfecane S, 2004). Stigma and discrimination is one of the factors that make people to be afraid to disclose their HIV/AIDS status and as a result of that, compromise efforts put in place by government to prevent and manage HIV/AIDS pandemic.

Institutions selected were nominated on the basis that they have been chosen to provide services to people living with HIV/AIDS. The distance was also taken in to consideration as this study is not sponsored. Available members of administrative staff, doctors, nurses and volunteers will be part of the study in question.

1.11. The significance of the study to department of health and social development

This study will help the department of health in Mokopane municipality to be aware of the practices that are prevailing at the health facilities related to stigma and discrimination. The behaviour will help the management to do frequent reflections which help not to have undesirable behaviour taking place

unnoticed. This study will also be able to help other hospitals and health care centres in other areas to monitor the policy on stigma and discrimination in their area of operation.

It is through the study like this that institutions could be helped to build back the communities pride. The findings in this study should be instrumental to enable authorities and management of hospitals and health care centres in Mokopane to manage stigma and discrimination related to HIV/AIDS effectively.

1.12.Conclusion

In this draft the main concern is to introduce the problem for this study, the background, purpose and instrument that could be employed throughout this study. This draft will provide a good base for the first chapter and literature review.

CHAPTER 2

Literature review

2.1. Introduction

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) pandemic is a problem that is affecting the entire world. There is no country, developing or developed that can boast to be immune to HIV/AIDS. UNAIDS global report estimated that 33million [30 million – 36 million] people were living with HIV in 2007 globally, that the annual number of HIV infections declined from 3.0 million [2.6 million – 3.5 million] in 2001 to 2.7 million [2.2 million – 3.2 million] in 2007 and that overall, 2.0 million [1.8 million – 2.3 million] people died due to AIDS in 2007, compared with an estimated 1.7 million [1.5 million – 2.3 million] in 2001 and the number of children younger than 15 years old living with HIV increased from 1.6 million [1.4 million – 2.1 million] on 2001 to 2.0 million [1.9 million – 2.3 million] in 2007 of all this estimates almost 90 % in sub-Saharan Africa (UNAIDS 2008:34-35).

The estimated HIV infection for Sub-Saharan Africa was 1.9 million in 2007. That brought the number of people living with HIV/AIDS to 22million, which is 67% of the 33million of the global infections in the region. UNAIDS further reported that 75% of all AIDS death in 2007 occurred in Sub-Saharan Africa. As a result of the estimates provided above, it is evident that there is stabilisation of HIV infections in the region. An example is seen in Botswana among 15 – 19 year old which dropped from 25% in 2001 to 18% in 2006, the estimates also indicated that there is stabilisation in South Africa though there was no evidence yet of major changes in HIV related behaviour. It further indicated that 5.7 million South Africans are living with HIV in 2007 which still indicates the highest HIV epidemic Infection in Africa and the entire world (UNAIDS, 2008:40)

It took South Africa same time to realise that provision of anti-retroviral drug to people living with HIV/AIDS will prolong their lives. This was due to the argument presented by the then president of South Africa, President Thabo Mbeki and the health minister Tshabalala-Msimang who were arguing that HIV does not cause AIDS and portraying antiretrovirals as being poison. South Africa's cabinet made its ground for the first time in 2003 to roll out antiretroviral treatment in public health sector (Natrass N, 2006:16). In July 2008 Department of health awarded R3.6 billion tender for ARVs supply for two years throughout the country of South Africa (sagoodnews, 2008).

The introduction and roll out of antiretroviral treatment is the only hope for the millions of people living with HIV/AIDS in South Africa and elsewhere in the world until the correct cure is found. Knowing one's status and with good counselling, people could be able to make up their minds and get access to free treatment that is available from South Africa's government hospitals and clinics.

HIV/AIDS related stigma and discrimination is one of the factors that is fuelling the spread of the HIV pandemic. This has resulted with the attitudes and actions that prevented those who are living with HIV/AIDS from seeking or obtaining care and social support they required (de Bruyn, 1998). Stigma is a social experience when an individual or group of people are considered shameful, rejected, judged or ostracised due to their personal condition.

2.2. Literature review (survey)

Literature review is important as indicated by Christensen (2007:104) that the purpose of the literature review is to gain an understanding of the current state of knowledge about the selected topic. It indicates as to whether the identified problem has already been researched or not, and further gives ideas as to how to proceed in designing the study and obtain answers to the research question.

The literature review in this study indicates how stigma and discrimination is treated by individuals, government institution and the community at large. It further indicates the action taken thus far against stigma and discrimination by authorities.

2.3. Definition of HIV related stigma

Stigma related to HIV refers to all unfavourable attitudes, beliefs and policies directed toward people perceived to have HIV/AIDS as well as toward their significant others and loved ones, close associates, social groups, and communities (Bruce G, 2008). Stigma is part of the attitudes and social structures that set people against each other. This really impedes any countervailing forces for social equality. Stigma has been recognised as an attribute that is significantly discrediting, and it is known as a potent and painful force in individual lives. Stigma functions to diminish the person or group being targeted (PLoS Medicine 2007). UNAIDS defines HIV-related stigma and discrimination as; "a process of devaluation" of people either living with or associated with HIV/AIDS...Discrimination

follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status” (UNAIDS, 2006:8)

2.4. Definition of HIV related discrimination

HIV related discrimination is the action that results from stigma. It occurs when a distinction is made against a person that results in their being treated unfairly and unjustly on the basis of their actual or presumed HIV status or their belonging, or being perceived to belong, to a particular group. Stigma result in rejection, denial and discrediting, and consequently leads to discrimination which inevitably frequently leads to the violation of human right (hdn, 2006). It is important to note that even if a person feels stigma or to discriminate towards another, he or she can decide not to act in a way that is unfair or discriminatory (UNAIDS, 2006).

Skinner D and Mfecane S in the study conducted in 2004 indicated that to understand stigma and discrimination against people living with HIV/AIDS, one need to be clear about what the impact of stigma and discriminations are (Skinner D and Mfecane S, 2004:157). Stigma and discrimination related to HIV/AIDS has negative impact to both those who are living with HIV/AIDS, their families, colleagues, friends“, society at large and the country as all could be unfairly treated by those who fear or are ignorant of what is happening around them. Stigma and discrimination brings out the worst when individuals are stigmatised and ostracised by their loved ones, their family and their communities and discriminated against individually as well as institutionally. It is on these bases that this study is conducted as stigma and discrimination is also noticed in the health care centres and hospitals, of which this practice is being done by those who are suppose to be the last hope for those who are stigmatised and discriminated against. This has been evident in the study conducted in Kenya and Ukraine where both nurses and Doctors showed elements of discrimination against patients (USAIDS, 2007), this has also been the case in Nigeria where 1000 healthcare professionals who were directly working with people living with HIV was conducted and 40% of them observed their colleagues refusing a patient with HIV hospital admission. In a study conducted in Jamaica, researchers found that more than two-thirds of newly diagnosed AIDS cases in 2002 tested late in the progression of their illness, a phenomenology linked to Stigma and homophobia (UNAIDS 2007:9).

Stigma and discrimination impact on people’s ability to be respected by their families and the community at large. This can lead to depression, lack of self-worth and despair for people living with

HIV (UNAIDS, 2003). It is therefore important that every effort is made to guard against any type of Stigma and discrimination to human beings. In case stigma and discrimination take its toll, the one who is affected may find it difficult to find employment, contribute positively to the betterment of the community, will not be able to network and to make matters worse one might not be able to plan for his or her own future.

Stigma and discrimination is taking place at societal, community and individual and even at different government and non-government institutions. In Society people are stigmatised first because of the societal standard of living and morals. When Stigma turns into action, it becomes discrimination (UNAIDS, 2003). There is when the right of people living with HIV/AIDS – and their families, friends, co-workers, lovers or caregivers – are violated. At this stage they are not allowed to be freely involved with community activities. They are considered shameful and are penalised by being rejected, judged or ostracised. People stigmatise individuals they suspect of having infected by HIV/AIDS primarily because of fear of the disease.

2.5. People living with HIV/AIDS

The active involvement of persons living with or affected by HIV/AIDS is central to the fight against stigma. However the responsibility is not theirs alone: all individuals and all sectors of society must accept the moral obligation to fight stigma and to promote openness, acceptance and solidarity. This has been indicated also by UNAIDS when it indicated that; it is important to note that even if a person feels stigma or to discriminate towards another, he or she can decide not to act in a way that is unfair or discriminatory (UNAIDS, 2007:9).

2.6. How is stigma and discrimination (S&D) manifested?

2.6.1. Individual contexts

It is been indicated in the Horizons programme that “in individuals, the way in which HIV/AIDS-related S&D are manifested depends on family and social support and the degree to which people are able to be open about such issues as their sexuality as well as their serostatus” (Parker R. et al, 2002:8). In context where HIV/AIDS is highly stigmatised, fear of HIV/AIDS-related stigma and discrimination may cause individuals to isolate themselves to the extent that they no longer regard themselves as part of society. This result in them being unable to gain access to the services and

support they are entitled to (Daniel and Parker, 1993). This is called internalised stigma. In extreme cases, this has led to premature death through suicide (Parker R. et al, 2002:8). These has also been indicated in news release No. 2007/58/DEC when Praful Patel, world bank vice president for South Asia region indicated that; “stigma and discrimination seriously undermines efforts to fight HIV and AIDS and it also marginalises people at risk and living with the disease contributing further to their social isolation and rejection”.

This negative understanding about HIV/AIDS has resulted in people living with HIV/AIDS not willing to disclose for fear of being stigmatised and discriminated against even if there are laws that protect their confidentiality.

2.6.2. Family contexts

Parker R. Aggleton P and Attawell K. indicates in Horizons that family is the main source of care and support for people living with HIV/AIDS in most developing countries. However, negative family responses are common and that infected individuals often experience stigma and discrimination in their own home. In some instances HIV/AIDS is reinforced because it is associated with promiscuity, homosexuality and drug use (Parker R. et al, 2002)

2.6.3. Health system

There have been many reports from health care settings of HIV testing without consent of patient, breaches of confidentiality, and denial of treatment and care. Failure to respect confidentiality by clearly identifying patients with HIV/AIDS, revealing serostatus to relatives without prior consent, or releasing information to the media or police it has been a problem in the health service (Richard Parker and Peter Aggleton Kathy Attawell, Julie Pulerwitz, & Lisanne Brown, 2002:6). Parker and Daniel et al in horizons confirm that, Factors contributing to these Stigma and discrimination responses include lack of knowledge, moral, attitudes, and perceptions that caring for people living with HIV/AIDS is pointless because HIV/AIDS is incurable (Parker R. et al 2002:8) .

It is in the light of the above that one may indicate that stigma and discrimination is evident from all walks of life. This has been evident when health workers were asked about their comments about HIV in their work place, they responded with fear to patients with HIV virus. It is clear that, this attitude

makes them to stigmatise and discriminate against these patients. Others indicated that they better take care of people they know will be cured instead of wasting their time with people they know will die anyway (DoH, 2003).

In UNAIDS/2000/1 Protocol for the identification of discrimination against people living with HIV state that “simply justifying a discriminatory measure as necessary for public health – as is often done in the context of HIV/AIDS – is not sufficient” It state that the measure must be in the interest of a legitimate objective, and when the measure is for legitimate objective the means employed to achieve it must be proportionate to the aim pursued (UNAIDS 2000:8).

2.6.4. Stigma and discrimination in South Africa’s health department

Stigma and discrimination has been rife in South Africa like in other countries, such that it has been noticed in the health care facilities (Hospitals and Clinics). Skinner D and Mfecane in their article “Stigma, discrimination and the implications for people living with HIV/AIDS in South Africa” confirms that stigma and discrimination has been evident in South Africa’s Health and welfare facilities (Skinner D, 2004). At one stage 28 doctors in South Africa disclosed the status of domestic workers to their employees and as a result of that those domestic workers lost their work. It has been further indicated that health professionals have refused to treat people with HIV on the grounds of possible risk of infection. All this indicates that stigma and discrimination is also being practised in the health care facilities in South Africa.

In 2003 department of health in South Africa National department conducted a study on the impact of HIV/AIDS on the health sector, in that study the professional Health Workers and non-professional when asked of their opinion about the existence of stigma at their work place responded as follows:

- HIV/AIDS patients were treated differently from patients who were not infected with AIDS.
- Members of staff were reluctant to provide proper care for HIV/AIDS patients because they were concerned that they might become infected.
- Members of staff used a different manner of speech when they talked about the disease and patients living with HIV/AIDS.

- Ongoing gossiping took place regarding patients living with HIV/AIDS, or patients who showed symptoms associated with HIV/AIDS, such as weight loss and TB,
- Rejection, condemnation or isolation of patients with AIDS, their friends or family members often occurred.

(DoH, 2003:68)

The above mentioned has as a negative impact on the fight against HIV/AIDS and the stigma and discrimination. The prime impact of stigma and discrimination is that it pushes the epidemic underground, forcing those infected into hiding (Skinner D, 2004).

Laura Nyblade and Dara Carr in one study conducted in 2006 indicated the three key actionable drivers of stigma as; lack of awareness and knowledge of stigma, fear of acquiring HIV through everyday contact with infected people and values linking people with HIV with behaviour considered improper and immoral (UNAIDS, 2006:2). This has been evident in most cases of stigma and discrimination studies conducted by individuals and concerned organisation. It is real that people are being stigmatised and discriminated against, that when people suspect that they might be HIV positive they hide and try to get help where they will not be part of statistics. It is only when they are at the crucial stage of aids when they are forced to disclose as they would be expected to be hospitalised for treatment. It is at that stage when they will be fighting for their lives when hospitals and healthcare centres will stigmatise and discriminate against them. It should also be noted that people could refrain from such actions by providing support to people living with HIV/AIDS, and that this could take place when they understand the impact of stigma towards social development in general.

In a recent study conducted by Anne Stangl, Laura Nyblade and Dora Carr it has been acknowledged that HIV-related stigma and discrimination was globally pervasive and confirmed that it operate at multiple levels throughout society: within individuals, families, communities, institutions and media, and in government policies and practices (UNAIDS 2007: 7). As is has been noted that HIV related stigma and discrimination is a critical barrier to effectively addressing HIV. It was then indicated that HIV- related stigma and discrimination has to be put as a central area of concern in the national response to AIDS. It has been indicated that the reduction of stigma and discrimination could be made

key pillar of national AIDS strategies and programmes to protect those affected and infected to reduce the transmission and impact of HIV (UNAIDS 2007).

Praful Patel, world bank vice president for South Asia region in news release No. 2007/58/dec indicated that; “ stigma and discrimination seriously undermines efforts to fight HIV and AIDS and it also marginalises people at risk and living with the disease contributing further to their social isolation and rejection”.

2.7 Conclusion

Stigma and discrimination is a concern to all population around the world. Government departments develop strategies to combat this illness but the war is not won because the war is against an enemy who fight silently. It is therefore important that governments department should monitor their policies and intervention strategies that are put in place to fight stigma and discrimination. With continuous reflection of goals departments as an organised body could successfully win the war against stigma and discrimination.

CHAPTER 3

Research Methodology

3.1. Introduction

The chapter will identify the research design, method and the instruments used to collect data and how data is analysed and interpreted to draw a conclusion in this study.

3.2. Methodology

In trying to respond to the research question and determine if putting people living with HIV in isolation promotes stigma and discrimination against people living with HIV, the approach to be used will be non-experimental qualitative research design. This has been selected strategically as it is an interpretative, multi-method approach that investigates people in their natural environment (Christensen B, 2007:62). This approach will be used as the study will be conducted in the natural surroundings of the participants. Qualitative data will be collected, through interviews and observation notes will be made. To be more specific phenomenology research strategy will be used.

This strategy deals specifically with the description of individual or group of individual's conscious experience of a phenomenon. It attempts to describe, convey and understand individual's experience of the phenomenon (in this case, Stigma and discrimination). Once data has been collected, it should be interpreted (Christensen B, 2007). The information gained should be able to provide light to the problem in question. That ultimately should be able to help the department of health in managing policies in HIV/AIDS, by frequently reflecting on what is put in place as policy to run the institution.

An in-dept interview will be used as a method in phenomenology which is a relevant research approach for this study. This has been selected as it focuses on the description of an individual or at a group's conscious experience of a phenomenon. It also focuses on the description of that experience and the meaning and interpretation of that experience (Christensen B, 2007).

Once these significant phrases and statements are extracted, meaning had to be formulated from them (Christensen B, 2007). As this study will try to get personal experience from all research participants about isolating other patients from the rest (people living with HIV/AIDS). A description of the phenomenon (problem in question) findings will be produced by integrating the statements and their

meaning. As it has been stated that there is no random assignment or experimental manipulation in this study therefore a qualitative research will be used.

3.3. Research design

In trying to respond to the research question and determine if putting people living with HIV in isolation promotes stigma and discrimination against people living with HIV/AIDS, the approach used is non-experimental qualitative research design. This has been selected strategically as it is an interpretative, multi-method approach that investigates people in their natural environment (Christensen B, 2007:62). This is used as the study is conducted in the natural surroundings of the participants.

3.4. Research method

Qualitative data will be collected, through interviews and observation notes. To be more specific phenomenology research strategy will be used. This strategy deals specifically with the description of individual or group of individual's conscious experience of a phenomenon (Christensen L.B, 2007:62). It attempts to describe, convey and understand individual's experience of the phenomenon in this case, Stigma and discrimination (Welman, Gruger and Mitchell 2005:8)

It should also be noted that qualitative research is multi-method as it uses variety of method to collect data (Christensen L.B. 2007:60). In this case an interview with individuals and observation of written documents (Patient file) was of interest to the study.

3.5. Research setting

This study was conducted at Mokopane Hospital and Voortrekker hospital in Waterberg district Limpopo South Africa. The two institutions provide health care services to community members of all races in that area. The two were selected as they provide services to all types of ailments including the supply of ARV which provided by selected health institutions in South Africa.

3.6. Population

The population in this study consisted of random sampled employees in the department of health; members of administrative staff, doctors, nurses and volunteers. Wleman, Kruger and Mitchell describe population as individuals who are exposed to the study (Welman et al, 2008:52), while Polit and Hunger(1995: 243) in Regina Mmabo Monageng (January 2008:50) defines population as the entire group of persons or objects that is of interest to the researcher or that meets the criteria the researcher is interested in studying. Random samples of population were drawn from administrative staff, doctors, nurses and volunteers who on daily bases provide patients with files, treatment, medication, and support in the two health care institutions. Christensen indicated that when random sampling is used every member of the population has an equal chance of being selected for the study (Christensen L.B. 2007:59)

3.7. Sampling

The study uses random sampling technique as it requires the accurate depiction of the general population of health care community members. This is supported by Christensen in experimental methodology book (Christensen L.B 2007:59) when indicating that: Random sampling is a technique in which every member of the population has an equal chance of being selected for the study (2007:59).

The target group comprises of administrative staff of the hospital, Doctors, Nurses, Volunteers at hospital and general working staff (support staff). The population will be from the two selected hospital as they provide services to people living with HIV/AIDS.

3.8. Procedure for data collection

The following explanations will be made to participants before the interview could be done:

That all the information obtained will be treated as confidential,

There is no right or wrong responses in the study,

Participants may not respond to questions that they are not comfortable with, and

That they may withdraw from participating in the study in case they are not willing to continue.

Participants will be provided with the concerned form that will be read and explained to them and after agreeing by making a concerned mark, It is then that the interview will be conducted. Observation notes will also be taken during this study.

3.9. Pilot study

A pilot study is explained by Christensen as “a run-through of the experiment with a small number of participants” (Christensen L.B 2007:394). In this study the pilot will be done on 3 participants and the required adjustments will be made on the instrument where necessary.

3.10. Data collection

The study will be conducted on human beings that are males and females between the ages 18 and 65 years of age. This is in line with Christensen when indicating that data collection when using survey questionnaire must be administered to a group of individuals to obtain a set of responses that will provide an answer to the research question (Christensen L.B 2007:58).

In this study, participants are employees in the department of health and welfare; administrative staff, doctors, nurses, general working staff and volunteers. Data will be collected by one researcher as a result there was no need to train other data collectors. An interview will used as the instrument for data collection and notes will also be collected while observing the work done during consultation time at the health institutions.

3.11. Open and closed-ended question

The open-ended question and closed-ended question are used in survey as explained by Christensen (Christensen L.B 2007:58). Where in an open-ended question enable the respondents to answer as they please, whereas in a closed-ended question respondents has to chose from a limited number of predetermined responses. In this study the both the open-ended question and closed-ended question were used.

3.12. Data analysis and packages used in the study

Christensen (2007:407) indicated that the data analysis reveals the importance of statistical analysis in reaching conclusions regarding the result of the experiment that is conducted. In this study the researcher used non-experimental qualitative research design. Data was collected from the variable of interest (in this case, the employees in the department of health and welfare). In this case the outcome data is a bunch of numbers which will be used employing the statistic tools that will allow one to extract meaning from these numbers (Christensen 2007:407). In describing data collected, tables and graphic displays is employed.

In this study MoonStats is used as a computer-aided qualitative research data analysis packages (Welman et al, 2008:224), in-depth individual interview was conducted and data collected. Detailed notes made by hand during observations is put together to share light of the situation. Write-up will be used to replace some of the missing content, but it should be noted that interview transcribed should be verbatim (Welman et al, 2008: 211).

Data collected will be grouped according to themes and coded to be used with ease during analysis. After all this, a coding list which contains the symbol for each code, its name, a definition of the code will be compiled (Welman et al, 2008).

3.13. Ethical issues

The researcher needs to „get the approval of the institution or organisation in whose name the inquiry is being conducted“ (Henning et al, 2007:73). The consent letter needs to be accompanied by letter in which organisations also consent to the use of their site and name (2007:73). The researcher made an application to the department of health and welfare in Limpopo for permission to conduct study in their institutions. The letter of approval was obtained and is attached as appendix B. Letters from individual hospitals was also secured as approval to use their institution for the study attached as appendix C

In any research ethical behaviour are important. This includes such matters as plagiarism and honesty in reporting of results as well as when research involves human subjects. The subjects in this study are human beings, therefore as ethical issues are concerned about issues such as respect for the rights of

individuals (Welman et al, 2008:181). Ethical approval is obtained from Stellenbosch University and Department Health and Welfare Limpopo. It is noted that ethical principles are vital to the research enterprise because they assist the scientist in preventing abuses that may otherwise occur and delineate the responsibilities of the researcher (Christensen 2007:128)

3.14. Consent to participate

Explanations of ethical issues will be clarified to participants before starting with the interview. Participants will be made aware of the purpose of the study. They will also be informed that a questionnaire is used only for the purpose of studies for masters degree, that all the information will be kept as confidential at all times. That their names and employee numbers is not needed, as this information is anonymous. They will also be informed that they need to give informed consent to participate in the study by just making a mark on the consent form to participate, and that they may not participate in the study in case they are not comfortable with what has been said. All participants in the study will be volunteers who will be assured that the research will be anonymous and confidential in all respect and that their identity will not be disclosed in any manner.

3.15. Confidentiality and privacy

Confidentiality, in the context of a research study, refers to an agreement with research investigators about what may be done with the information obtained about a research participant. This means that the information obtained, although known to the research group, will not be revealed to anyone other than the researcher and his or her staff (Christensen 2007:163).

Privacy refers to controlling other people's access to information about a person. The researcher in this case tried to ensure the privacy of participants by collecting anonymous information and further ensured that the information obtained is kept confidential. By anonymity it refers to keeping the identity of the research participants unknown (Christensen 2007:162). The APA code of ethics is very explicit in stating that information obtained about a researcher participant must be kept confidential because to do otherwise represents a violation of the right to privacy (Christensen 2007:163).

3.16. Conclusion

This chapter was concerned about the methodology, research design, research method, research setting, population, sampling, procedure for data collection, pilot study, data collection, type of question to be used, data analysis and ethical issues used this study.

This has been discussed to clarify that the methodology followed the correct processes relevant in research study.

CHAPTER 4

The result of the study

4.1 Introduction

This chapter will present the results obtained during the research process. The results will be presented using a combination of MoonStats statistical software program and tools in Microsoft word.

4.2 Participants

The study was conducted at the two hospitals in Mogalakwena district, Mokopane and Voortrekker hospital. The study was divided into two phases. In phase one the first 3 participants were sampled from one of the two health care institutions and were used as a preliminary investigation to test the instrument and to acquaint the researcher with the environment. After the preliminary investigation the instrument was edited to correct the observed flows in the instrument.

In the second phase a total of 104 participants were randomly sampled from employees in the two institutions and they all consented to participate in the study. Out of 104 participants who completed the questioners 9 of them withdraw from participating in the middle of the study. As a result the total number of participants used in this study is $n = 95$. The questionnaire instrument used in this study is attached as appendix C.

The participants are composed of doctors and nurses, hospital administrative officials and staff as well as the general workers and volunteers. The questionnaire instruments had open ended and closed questions that evaluated general knowledge on stigma and discrimination, exposure to stigma and discrimination related to HIV/AIDS, support provided to people living with HIV/AIDS and the monitoring of policies related to stigma and discrimination related to HIV/AIDS. The study took a format of face to face interview as well and notes on observation were made.

4.3. General background of participants

4.3.1. Participants by sex

Figure 4.1 Participants by sex

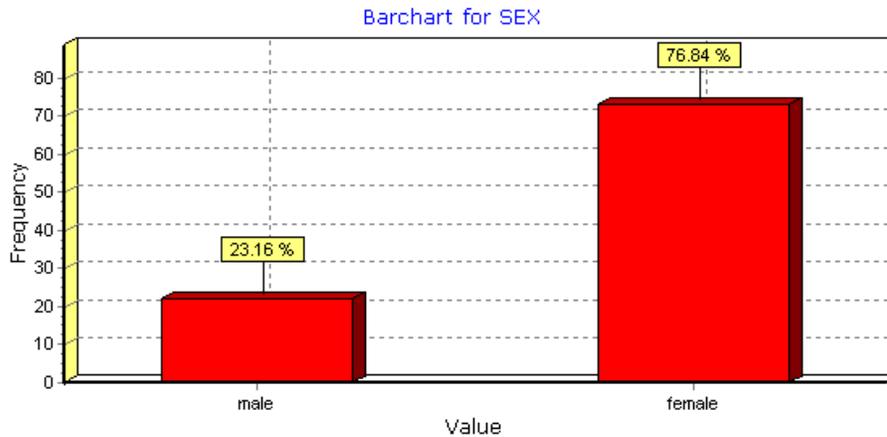


Table 4.1.Fr

equency table for SEX

Value	N	%	cum. %
Male	22	23.16	23.16
Female	73	76.84	100.00
TOTAL	95	100.00	

Table 4.1 indicates the number all participants who participated in this study. The number of male who participated in the study is 22 (23.16%) participants while the number of female's participation is 73 (76.84%) of the cases obtained.

4.3.2. Participants by age

Figure 4.2. Participants by Age

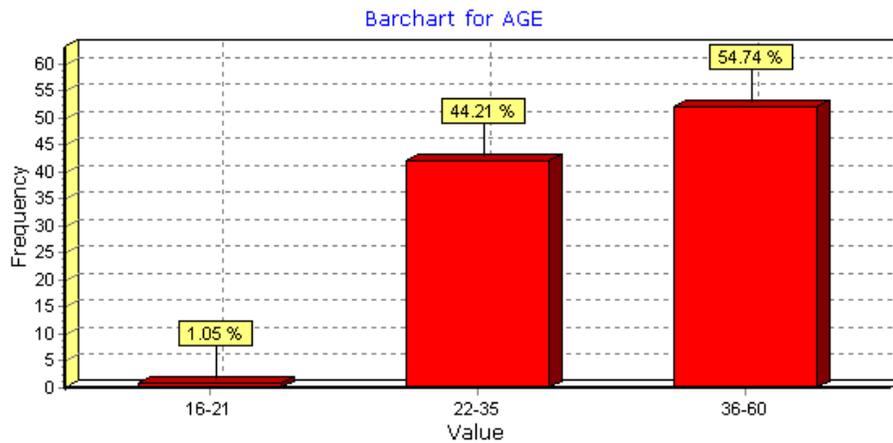


Table 4.2. Frequency table for AGE

Value	N	%	cum. %
16-21	1	1.05	1.05
22-35	42	44.21	45.26
36-60	52	54.74	100.00
TOTAL	95	100.00	

Table 4.2 indicates the number of participants by age. There was only one participant age between 16 and 21 years of age. Most of the respondents in this study fall between age 22 and 60 years of age. Wherein 42 (44.21%) participants fall between the age 22 and 35 years, and 52 (54.74%) of them fall between 36 and 60 years of age.

4.3.3. Participants by educational level

Figure 4.3 Participants by Educational level

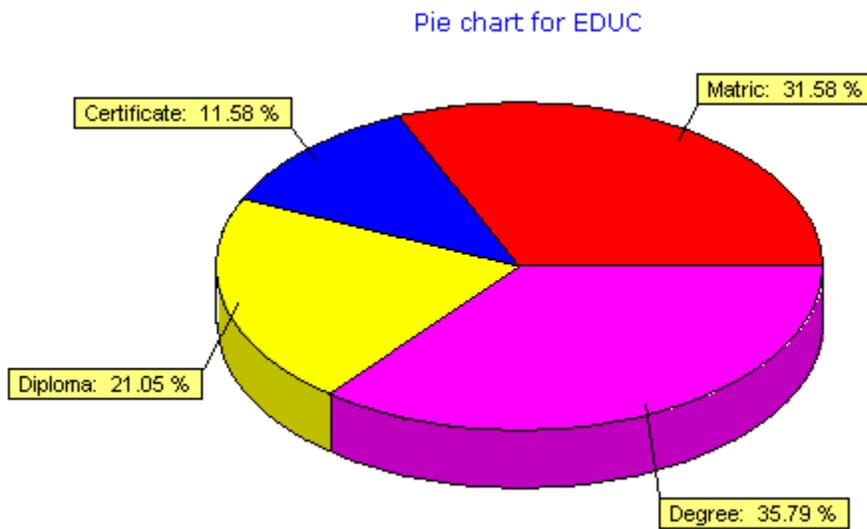
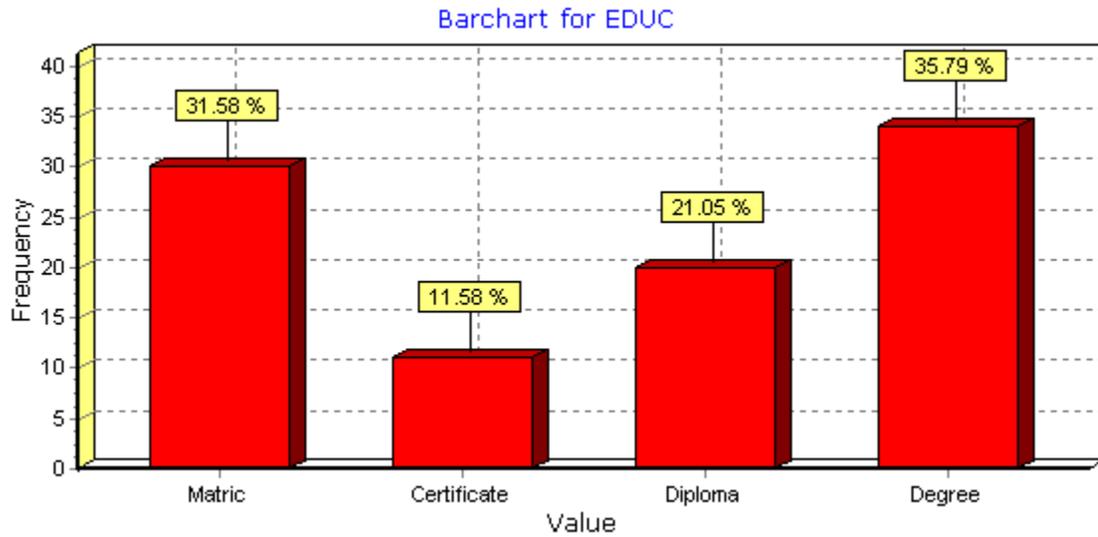


Table 4.3 Frequency table for EDUC

Value	N	%	cum. %
Matric	30	31.58	31.58
Certificate	11	11.58	43.16
Diploma	20	21.05	64.21
Degree	34	35.79	100.00
TOTAL	95	100.00	

The educational profile of participants on table 4.3 indicates that 30 (31.58%) of the participants had obtained matric (Grade 12), 11 (11.58) Certificate, 20 (21.05%) Diploma and 34 (35.79%) obtained degree. The number of candidate who obtained degrees is made up of doctors and professional nurses.

4.4. Evaluation tool for general knowledge on stigma and discrimination

Figure 4.4 Did you ever notice a colleague stigmatizing or discriminating against someone living with HIV/AIDS?

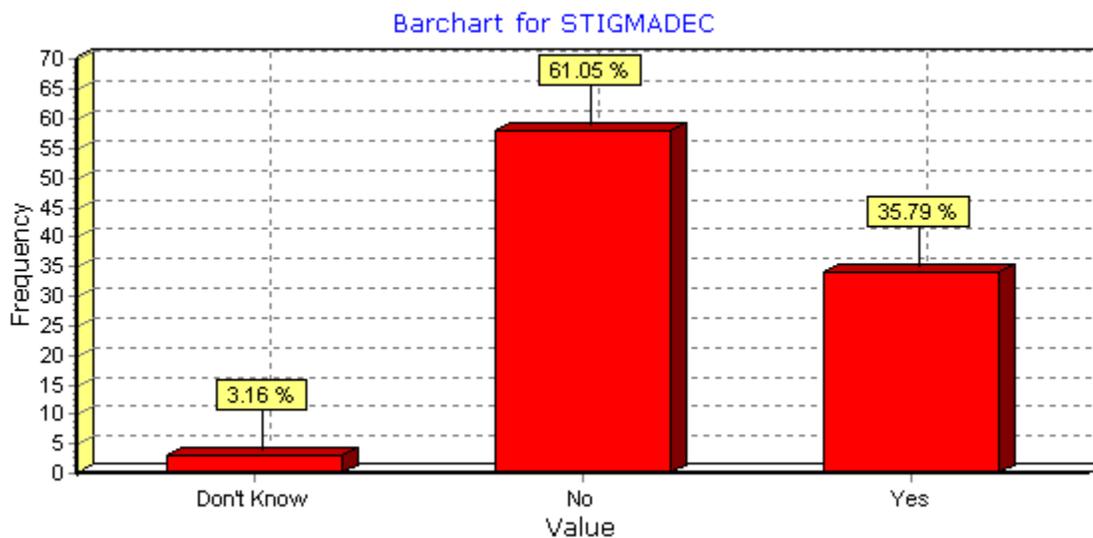


Table 4.4 Frequency table for STIGMADEC

Value	N	%	cum. %
Don't Know	3	3.16	3.16
No	58	61.05	64.21
Yes	34	35.79	100.00
TOTAL	95	100.00	

Participants were asked, did you ever notice a colleague stigmatizing or discriminating against someone living with HIV/AIDS?

The study revealed that 3%) of the respondents did not know of any act of stigmatizing or discriminating. 61% of the respondents responded “No” to the question and 36% responded “Yes”.

Figure 4.5 Can you eat from the same plate with someone who is HIV positive?

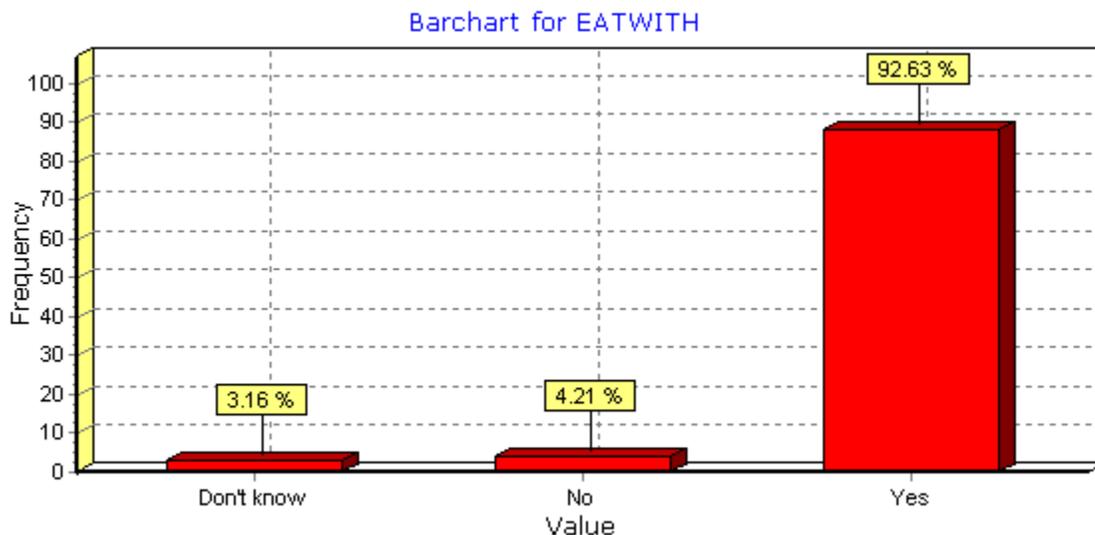


Table 4.5 Frequency table for EATWITH

Value	N	%	cum. %
Don't know	3	3.16	3.16
No	4	4.21	7.37
Yes	88	92.63	100.00
TOTAL	95	100.00	

On table 4.5 above participants were asked as to whether they can eat from the same plate with someone who is HIV positive? 88 (92.63%) responded “Yes” while 4 (4.21%) give a “No” responded and 3(3.16%) did not know as to whether they could eat with and HIV/AIDS patient.

Figure 4.6 Are you comfortable to work with a colleague who is HIV positive?

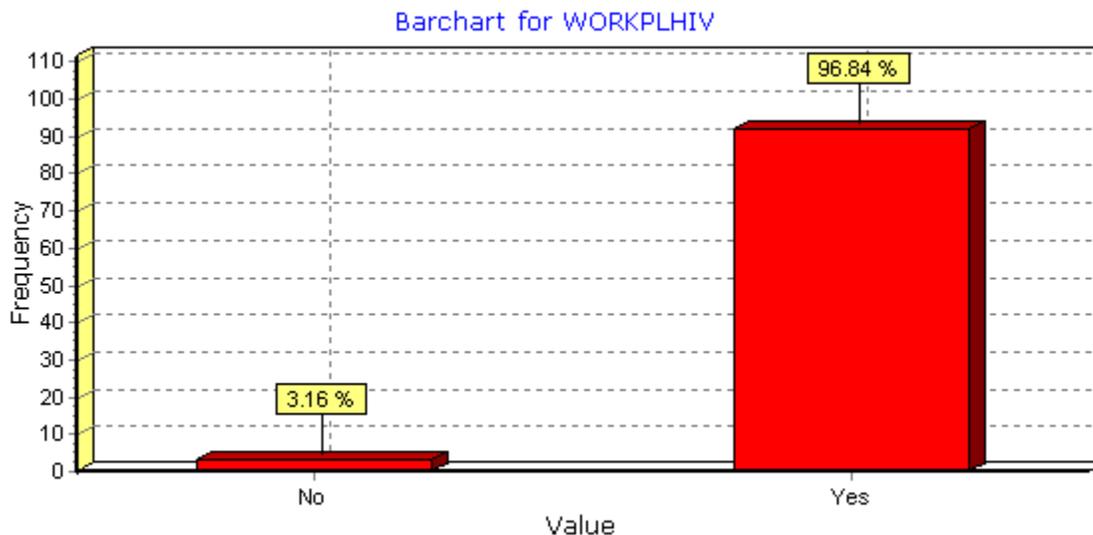


Table 4.6 Frequency table for WORKPLHIV

Value	N	%	cum. %
No	3	3.16	3.16
Yes	92	96.84	100.00
TOTAL	95	100.00	

Table 4.7 shows responds to the question as to “whether participants are comfortable to work with a colleague who is HIV positive?” 92 (96.84%) responded Yes and 3 (3.16%) responded No.

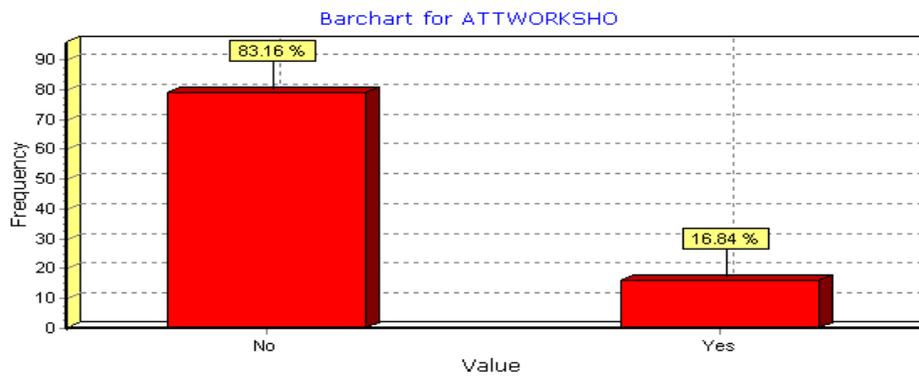


Figure 4.7: Did you ever attend a workshop on stigma and discrimination?

Table 4.7 Frequency table for ATWORKSHO

Value	N	%	cum. %
No	79	83.16	
Yes	16	16.84	100.00
TOTAL	95	100.00	

In table 4.7 responds to the question as to whether employees did ever attend a workshop on stigma and discrimination, 83% “No” and 17% indicated “Yes”.

Figure 4.8 Is it possible for one person who is HIV negative to marry the one who is HIV positive?

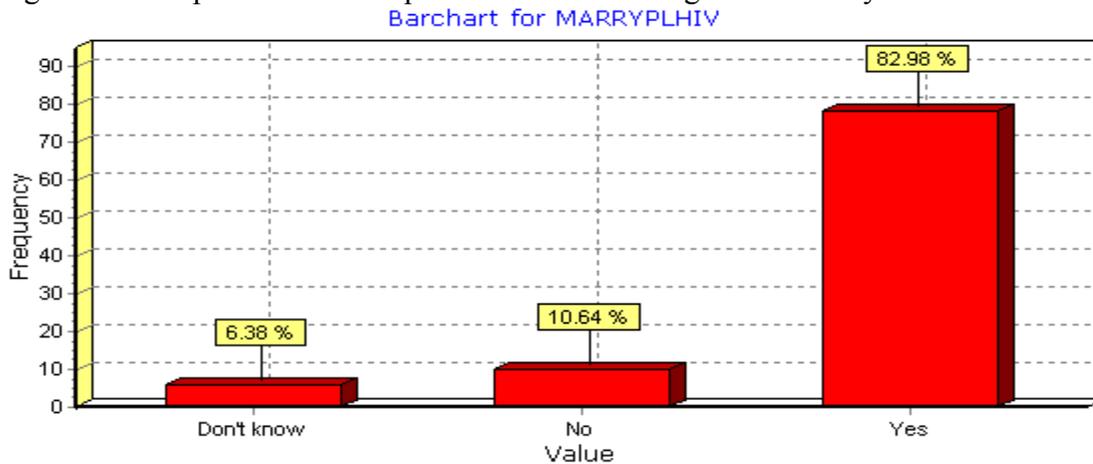


Table 4.8 Frequency table for

MARRYPLHIV

Value	N	%	cum. %
Don't know	6	6.38	6.38
No	10	10.64	17.02
Yes	78	82.98	100.00
TOTAL	94	100.00	

Table 4.8 provides responses to the question “whether it is possible for one person who is HIV negative to marry the one who is HIV positive?” 78 (82.98%) “Yes”, 10 (10.64%) “No”, 6 (6.38) “Don’t know” and one case is not included in the calculation as respondent did not respond to this question.

Figure 4.8 Can you eat food prepared by an HIV positive person?

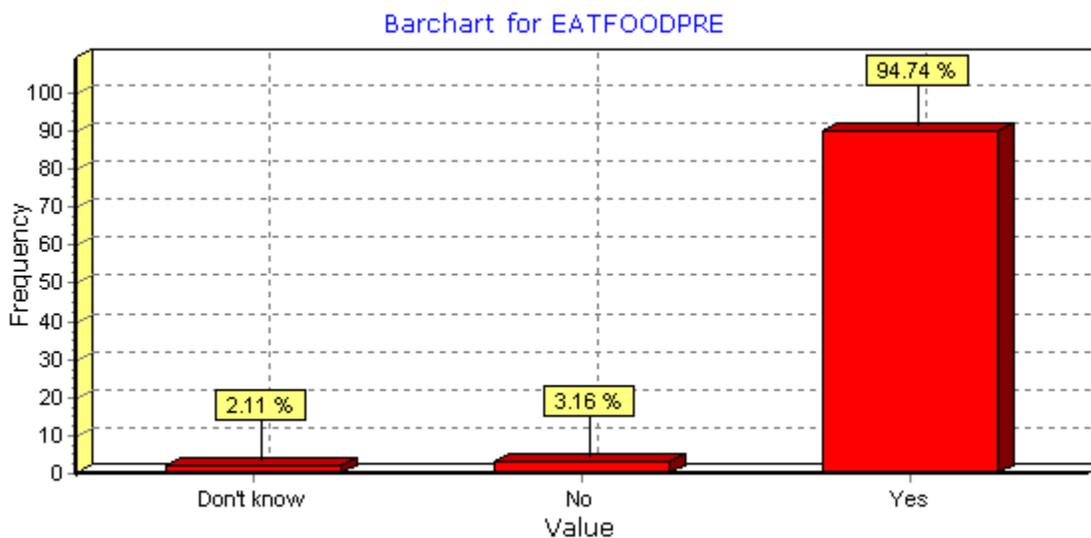


Table 4.8 Frequency table for EATFOODPRE

Value	N	%	cum. %
Don't know	2	2.11	2.11
No	3	3.16	5.26
Yes	90	94.74	100.00
TOTAL	95	100.00	

On the question whether employees “can eat food prepared by an HIV positive person?” 94.74% responded “Yes” and only 2.2% where not sure as to whether they could eat food prepared by an HIV positive person.

Figure 4.9 Does your institution have a written policy on confidentiality regarding HIV/AIDS matters?

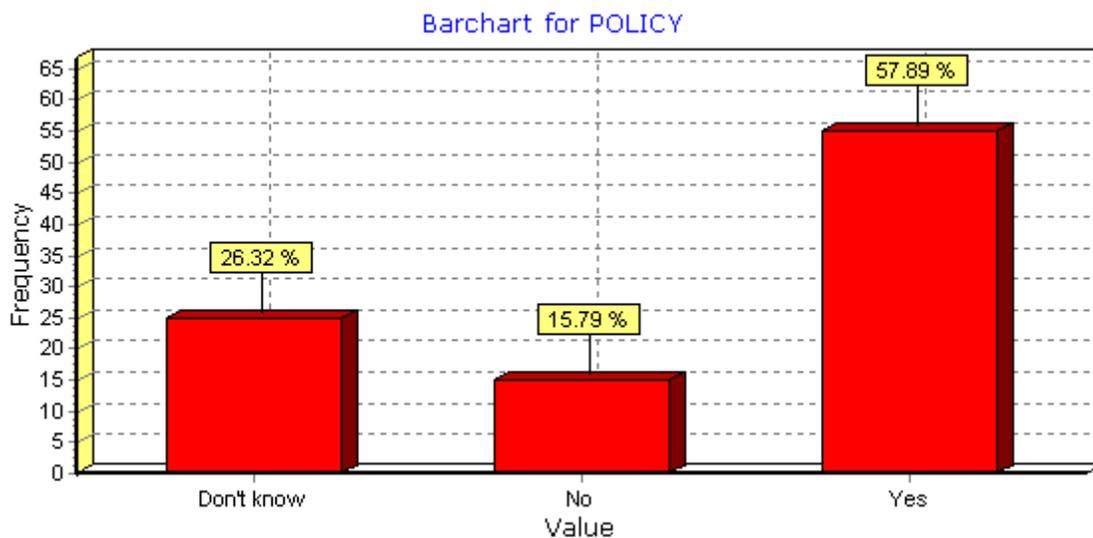


Table 4.9 Frequency table for POLICY

Value	N	%	cum. %
Don't know	25	26.32	26.32
No	15	15.79	42.11
Yes	55	57.89	100.00
TOTAL	95	100.00	

Figure4.9: Indicates that 58% indicated that “Yes” there is a written policy on confidentiality regarding HIV/AIDS matters? And 43% indicated that they do not know if there is any policy in the institution and that they never saw it.

Figure 4.10 Have you ever witnessed or heard of any act of Discrimination against people living with or affected by HIV/AIDS?

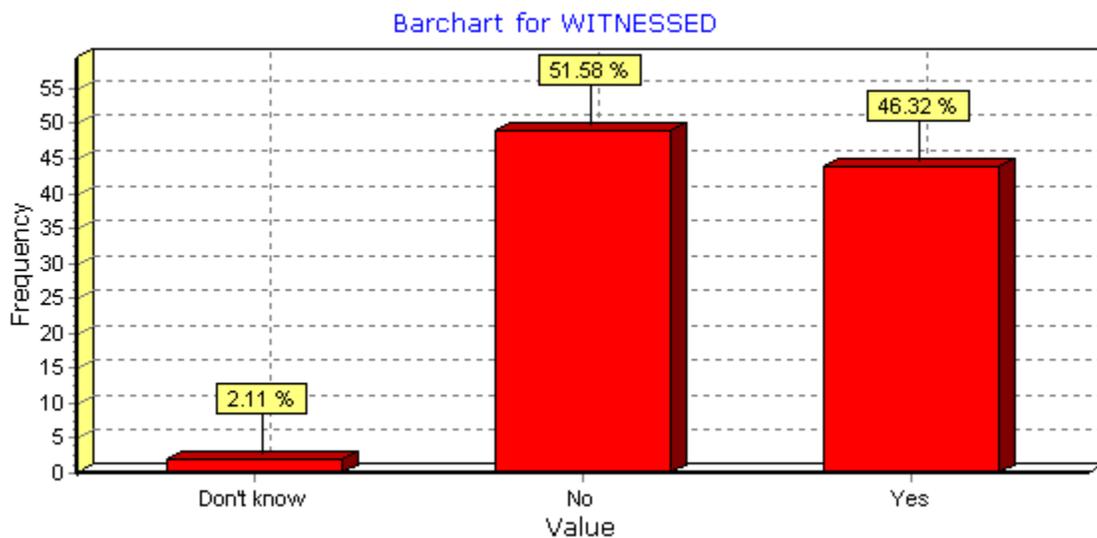


Table 4.10 Frequency table for WITNESSED

Value	N	%	cum. %
Don't know	2	2.11	2.11
No	49	51.58	53.68
Yes	44	46.32	100.00
TOTAL	95	100.00	

Table 4.10 Indicated that 46% of the respondents have witnessed or have heard the act of discrimination against people living with or are affected by HIV/AIDS, while 52% indicated that they have not witnessed this act, and 2% where did not know what to say about this question.

Figure 4.11: If you found out that a colleague has HIV would you be willing to work with him/her?

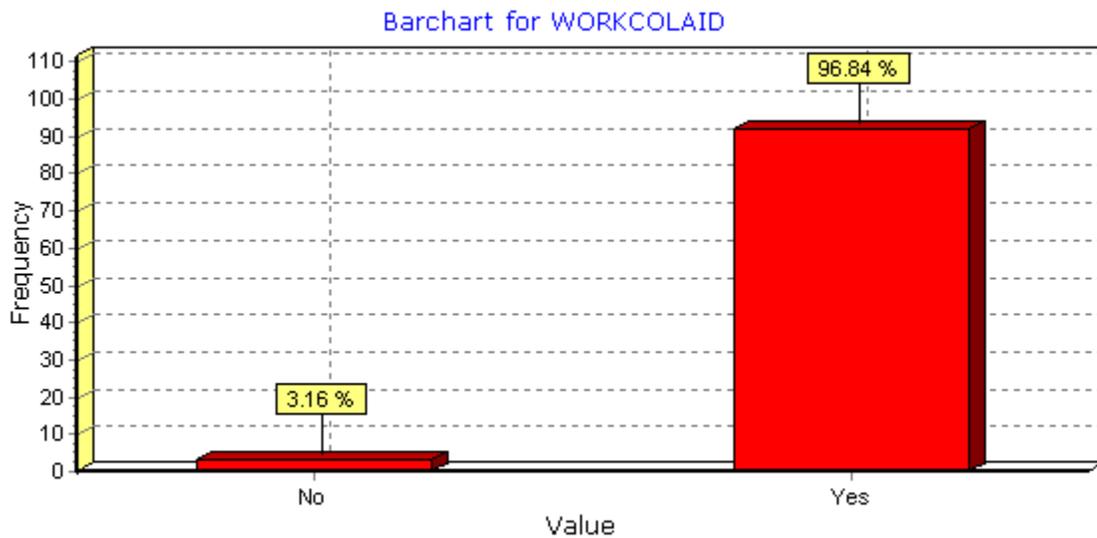


Table 4.11 Frequency table for WORKCOLAID

Value	N	%	cum. %
No	3	3.16	3.16
Yes	92	96.84	100.00
TOTAL	95	100.00	

Table 4.11 shows that 97% respondents were ready to work with a colleague who is found to be HIV positive. Only 3% indicated that they would not be comfortable to work with a colleague who is HIV positive.

Figure 4.12: Are all patients' files in the institution marked the same?

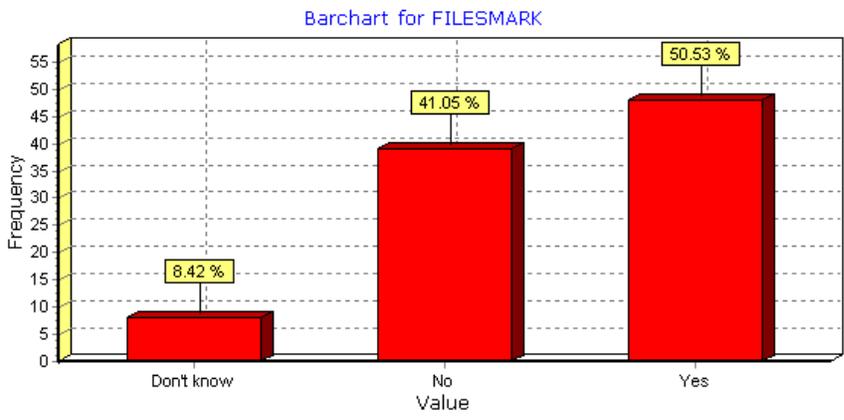


Table 4.12 Frequency table for FILESMARK

Value	N	%	cum. %
Don't know	8	8.42	8.42
No	39	41.05	49.47
Yes	48	50.53	100.00
<hr/>			
TOTAL	95	100.00	

Table 4.37 shows that 51% of respondents indicated that files of patients with HIV are marked differently. The respondents indicated that files have a mark to indicates that the patient is HIV positive and further another mark is put in case the patients has developed in to the AIDS stage, while 41% indicated that all files are marked the same.

Figure 4.13: Are people living with HIV/AIDS collecting their files from the same office like other out patients?

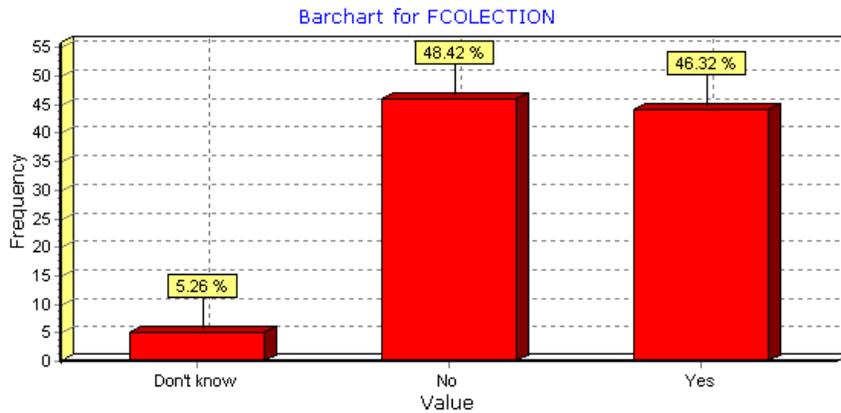


Table 4.13 Frequency table for FCOLECTION

Value	N	%	cum. %
Don't know	5	5.26	5.26
No	46	48.42	53.68
Yes	44	46.32	100.00
TOTAL	95	100.00	

In the table above when participants were asked: Are people living with HIV/AIDS collecting their files from the same office like other out patients? 48% indicated “No” that HIV/AIDS patients do not collect their files from the same Office with the rest of the patients, while 46% indicated that “Yes” that people living with HIV/AIDS do collecting their files from the same office like other out patients. Only 5% didn’t know where HIV/AIDS patients collect their files.

4.5. Evaluation tool for exposure to stigma and discrimination related to HIV/AIDS

Figure 4.14: Do people living with HIV/AIDS stand in the same queues with other out patients when collecting medication?

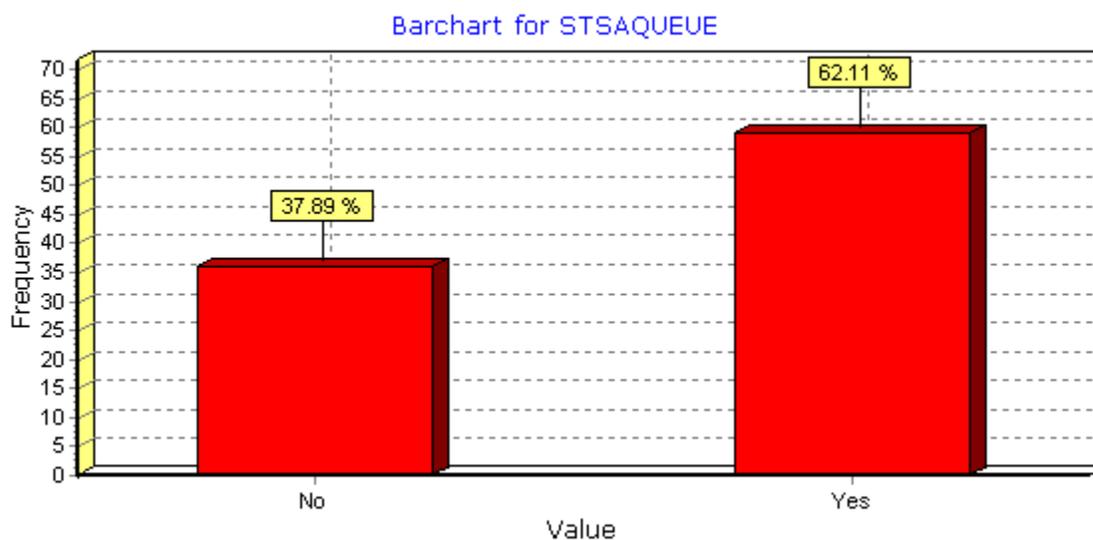


Table 4.14 Frequency table for STSAQUEUE

Value	N	%	cum. %
No	36	37.89	37.89
Yes	59	62.11	100.00
TOTAL	95	100.00	

In table 4.14: When participants were asked: Do people living with HIV/AIDS stand in the same queues with other out patients when collecting medication? The respondents indicated that 62% indicated “Yes” while 38% indicated “No”

Figure 4.15: Do people living with HIV consult with the general out patients in the same consulting rooms?

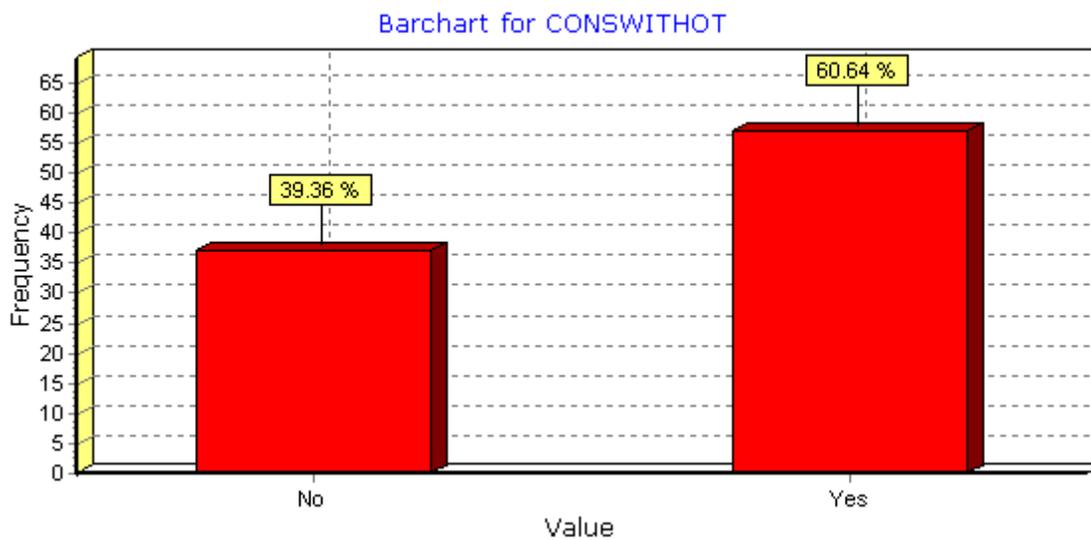


Table 4.15 Frequency table for CONSWITHOT

Value	N	%	cum. %
No	37	39.36	39.36
Yes	57	60.64	100.00
TOTAL	94	100.00	

In the above table when respondents were asked as to whether people living with HIV consult with the general out patients in the same consulting rooms. 61% of the respondents indicated “Yes” which means that all patients where consulting in the same consulting rooms. While 39% responded “No” which indicated that HIV/AIDS patients do not consult with other patients in the same consulting rooms, while one participant did not respond to this question.

Figure 4.16: Have you ever witnessed or heard of any act of stigma and discrimination against people living with or affected by HIV/AIDS?

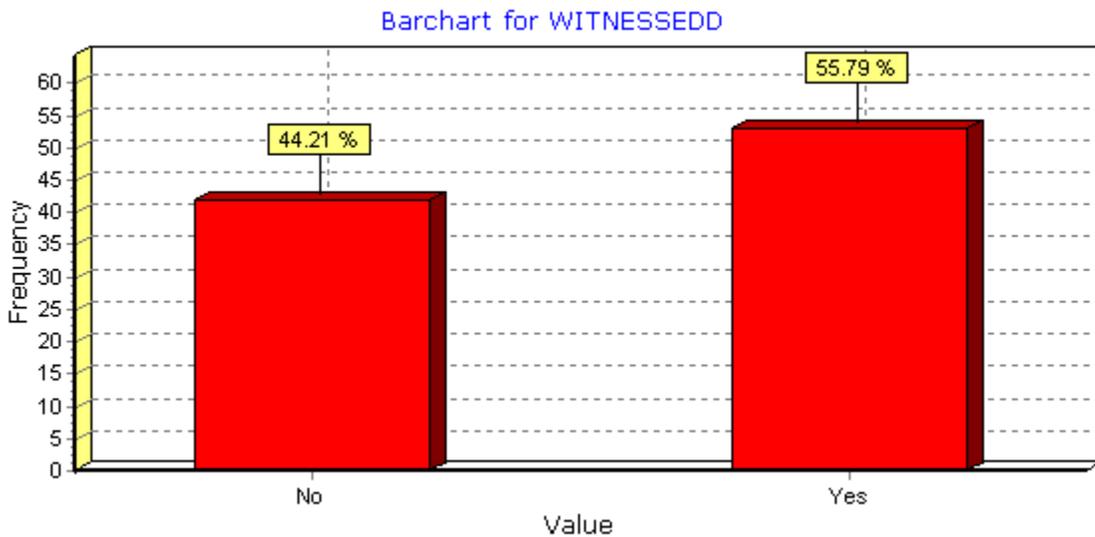


Table Table

4.16 Frequency table for WITNESSEDD

Value	N	%	cum. %
No	42	44.21	44.21
Yes	53	55.79	100.00
TOTAL	95	100.00	

Table 4.16 shows that participants did witness or heard of any act of stigma and discrimination against people living with or affected by HIV/AIDS as 56% indicated “Yes” to the question: Have you ever witnessed or heard of any act of stigma and discrimination against people living with or affected by HIV/AIDS? And 44% indicated “No”.

Figure 4.17: Where did the stigma happen

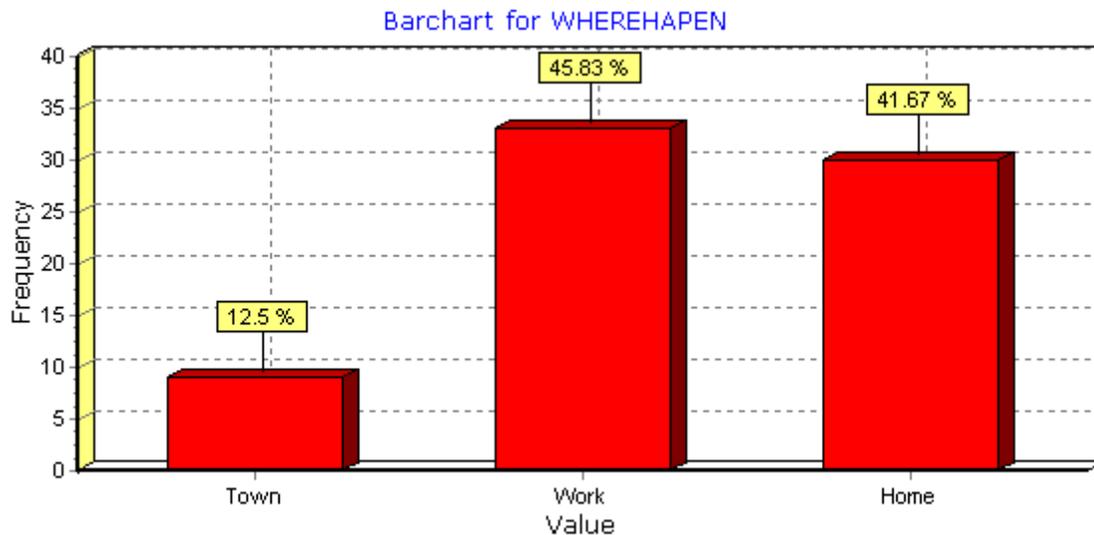


Table 4.17 Frequency table for WHEREHAPEN

Value	N	%	cum. %
Town	9	12.50	12.50
Work	33	45.83	58.33
Home	30	41.67	100.00
TOTAL	72	100.00	

When candidates were asked where did the stigma take place 46% indicated that the act took place at work, while 42% indicated that the act of stigma took place at home. And 9% of the candidates said it happened in town.

Figure 4.18: What was the nature of the stigma or discrimination?

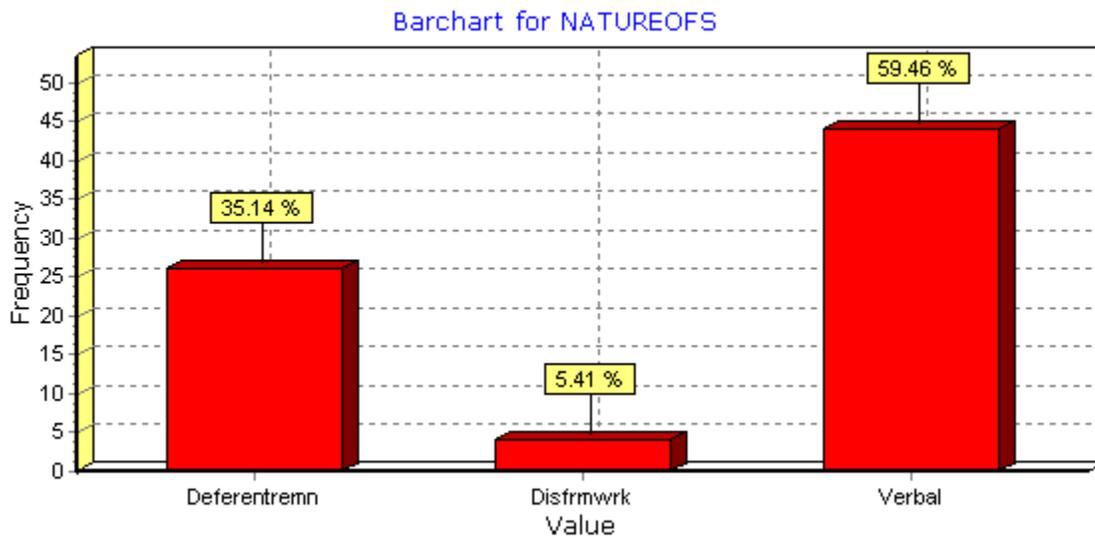


Table 4.18: Frequency table for NATUREOFS

Value	N	%	cum. %
Deferentremn	26	35.14	35.14
Disfrmwrk	4	5.41	40.54
Verbal	44	59.46	100.00
TOTAL	74	100.00	

When participants were asked what was the nature of the stigma or discrimination they observed 59% indicated that it was verbal. Participants who indicated that the patients were given different treatment were 26 which is 35%, while only 5% of them indicated that there were cases of dismissal from work.

Figure 4.19: How did you feel about the act?

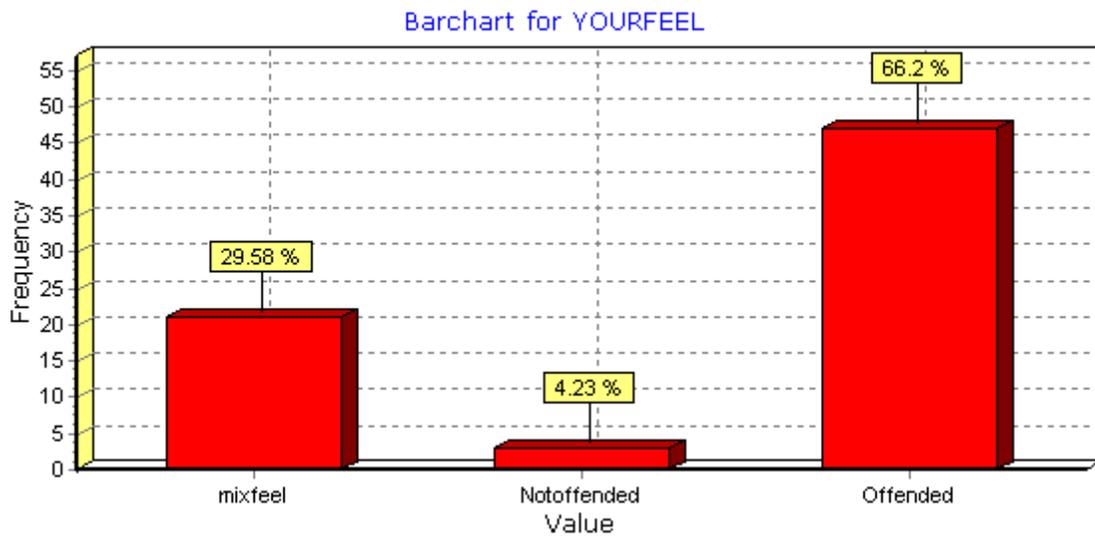


Table 4.19

Frequency table for YOURFEEL

Value	N	%	cum. %
Mix feel	21	29.58	29.58
Not offended	3	4.23	33.80
Offended	47	66.20	100.00
TOTAL	71	100.00	

In table 4.19 participants were asked how they felt about the act of stigmatisation and discrimination. 66% indicated that they were offended by the act while only 4% indicated they did not feel anything about it.

Figure 4.20: Can you identify a file of a patient living with HIV/AIDS?

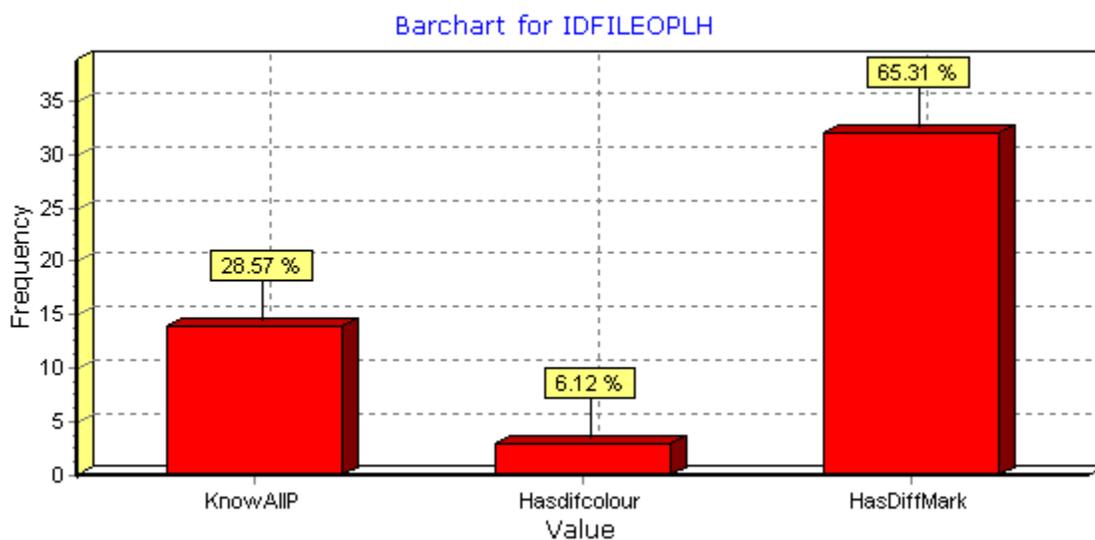


Table Table

4.20 Frequency table for IDFILEOPLH

Value	N	%	cum. %
KnowAllP	14	28.57	28.57
Hasdifcolour	3	6.12	34.69
HasDiffMark	32	65.31	100.00
TOTAL	49	100.00	

Missing cases: 63

When participants were asked if they could identify a file of patients who are living with HIV/AIDS 71% indicated that they could identify those files as either they have a different mark or had stickers of different colours attached to them. 29% indicated that they know all patients.

Participants indicated that the stickers had different colours to further indicate the level of the patients HIV status. The yellow sticker indicated that the patient was on ARV while the Blue stickers indicated that the patient was on Bactrim (the state where the patient was treated for minor infections before provided with ARVs).

Figure 4.21: What do you think is the main reason / courses for stigma related to HIV/AIDS?

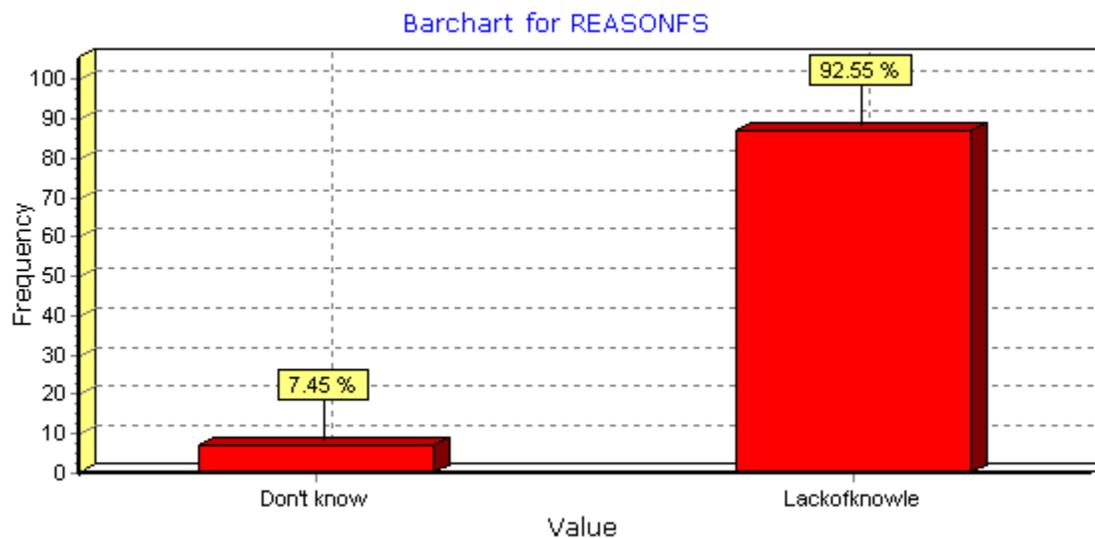


Table 4.21 Frequency table for REASONFS

Value	N	%	cum. %
Don't know	7	7.45	7.45
Lackofknowle	87	92.55	100.00
TOTAL	94	100.00	

When participants were asked “What do you think is the main reason / courses for stigma related to HIV/AIDS?” 93% indicated that the course was due to lack of knowledge and 7% indicated that they do not know what the course was.

Figure 4.22: What do you think is the main reason / courses for stigma related to HIV/AIDS?

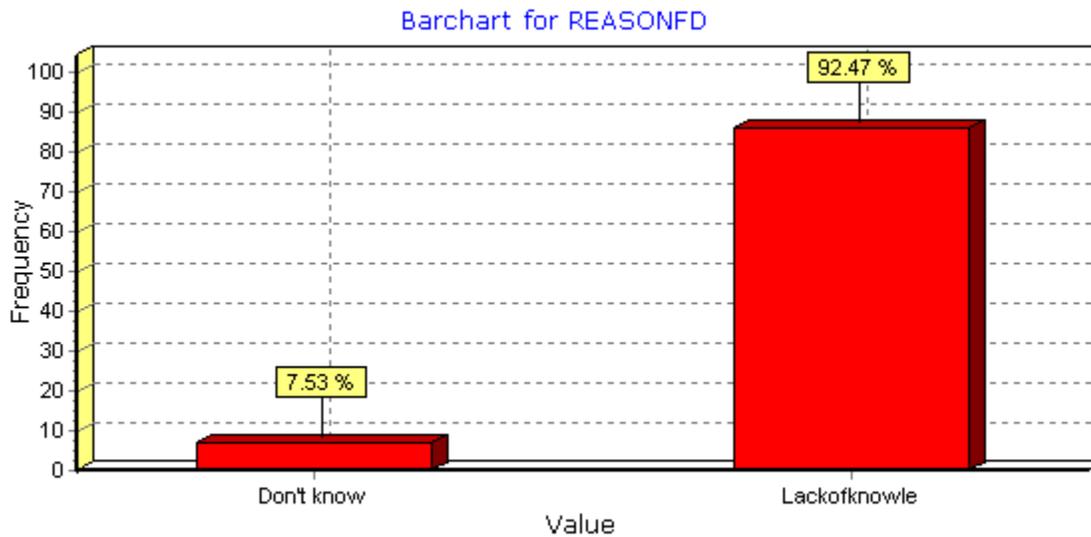


Table 4.22 Frequency table for REASONFD

Value	N	%	cum. %
Don't know	7	7.53	7.53
Lackofknowle	86	92.47	100.00
TOTAL	93	100.00	

When participants were asked “What do you think is the main reason / courses for discrimination related to HIV/AIDS?” 92% indicated that the course was due to lack of knowledge and 8% indicated that they do not know what the course was.

Figure 4.23: How do you think these (stigma and discrimination) can be prevented?

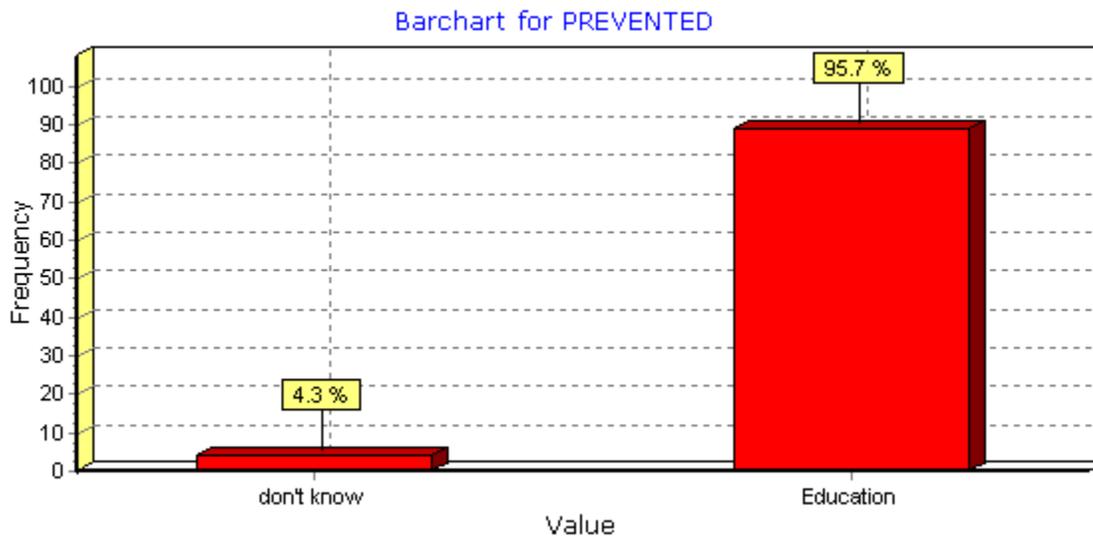


Table 4.23 Frequency table for PREVENTED

Value	N	%	cum. %
Don't know	4	4.30	4.30
Education	89	95.70	100.00
TOTAL	93	100.00	

Missing cases: 19

When participants were asked “How do you think these (stigma and discrimination) can be prevented?” 96% indicated that the community needed to be educated about the pandemic while 4% indicated that they do not know what could be done.

4.6. Evaluation tool for the support provided to people living with HIV/AIDS

Figure 4.24: We provide easily accessible (clear, simple and available) information about the rights of PLHIV

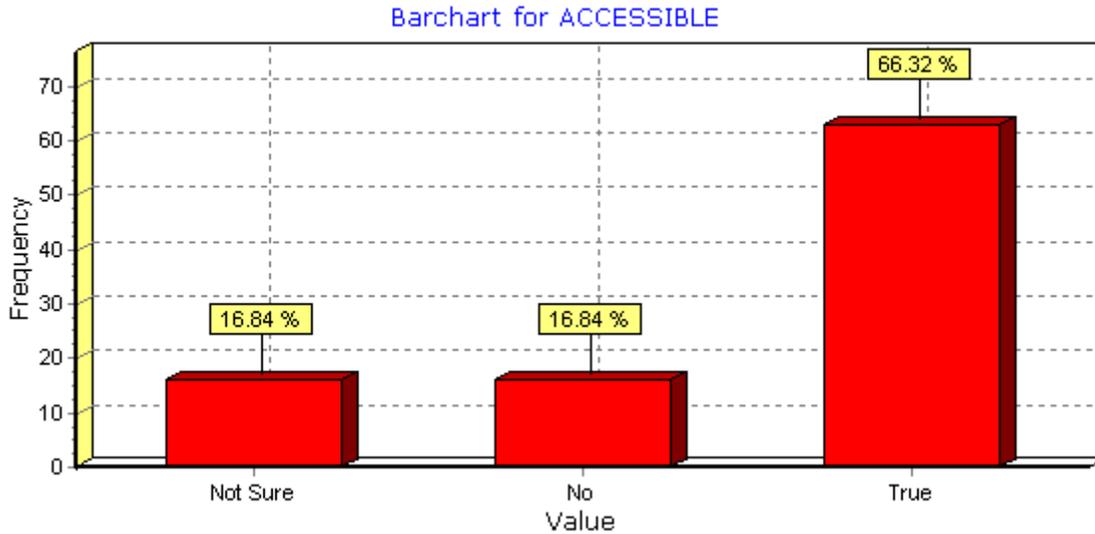


Table 4.24

Frequency table for ACCESSIBLE

Value	N	%	cum. %
Not Sure	16	16.84	16.84
No	16	16.84	33.68
True	63	66.32	100.00
TOTAL	95	100.00	

When participants were asked as to whether they “Provide easily accessible (clear, simple and available) information about the rights of PLHIV” 66% indicated that they do provide such information to patients living with HIV/AIDS, while 16.84 indicated that they do not provide such information to people living with HIV/AIDS and 16.84 indicated that they were not sure about this.

Figure 4.25: We provide PLHIV with advice and support to take action in response to discrimination, through individual advocacy services or effective referral to relevant agencies

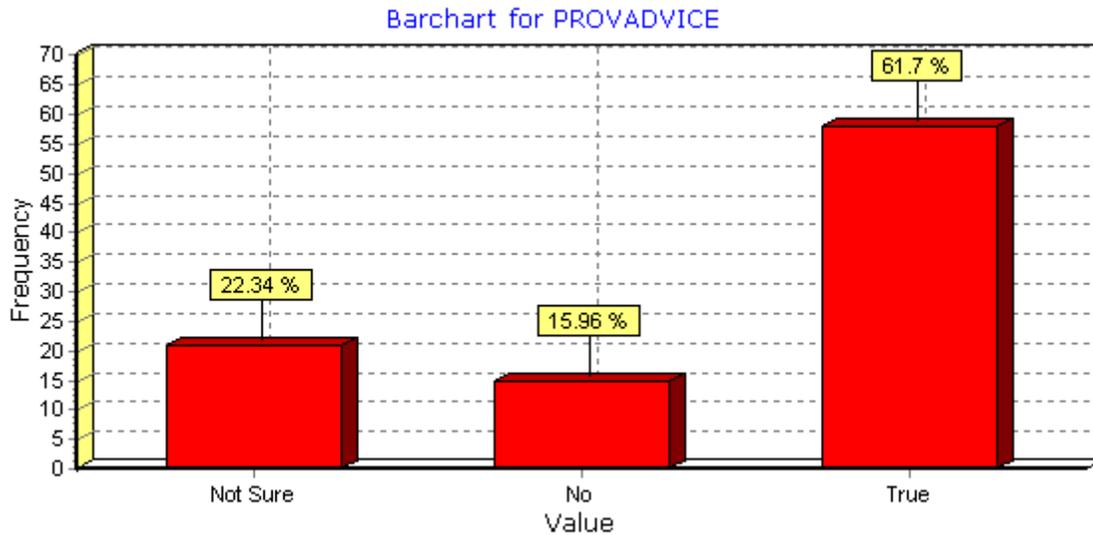


Table 4.25 Frequency table for PROVADVICE

Value	N	%	cum. %
Not Sure	21	22.34	22.34
No	15	15.96	38.30
True	58	61.70	100.00
TOTAL	94	100.00	

Sixty one point seventy percent 62% Participants indicated that it is true that they (Department of health) do provide advices and support to take action in response to discrimination, through individual advocacy services or effective referral to relevant agencies, while 16% indicated that such services are not provided and 22% where not sure as to whether that services where provided.

Figure 4.26: We support PLHIV and communities to respond to and address the consequences of discrimination, through peer support, counselling, discussion groups or effective referral services

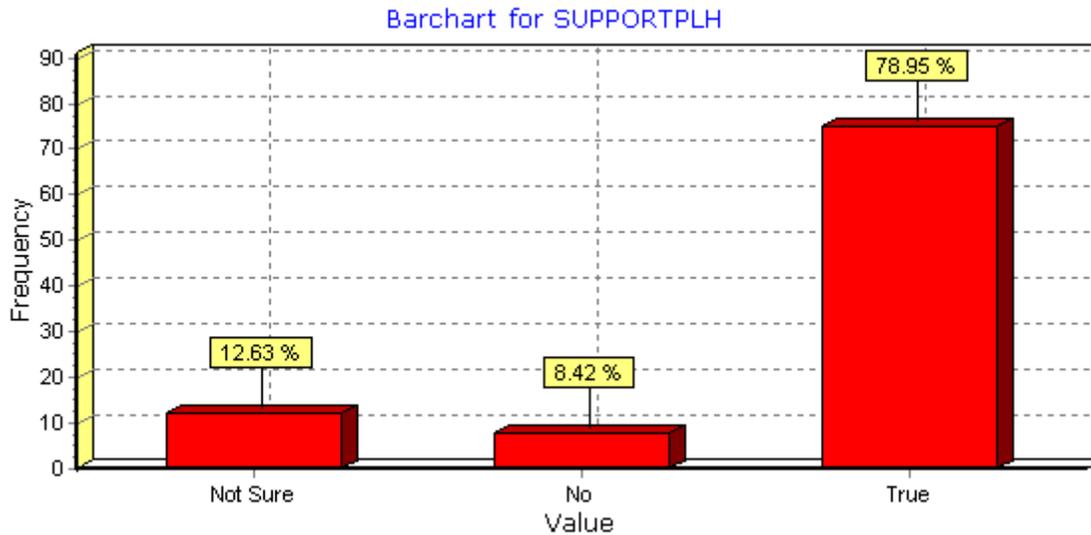


Table 4.26 Frequency table for SUPPORTPLH

Value	N	%	cum. %
Not Sure	12	12.63	12.63
No	8	8.42	21.05
True	75	78.95	100.00
TOTAL	95	100.00	

When participants were asked as to whether they support PLHIV and communities to respond to and address the consequences of discrimination, through peer support, counselling, discussion groups or effective referral services, 79% indicated that the services are provided, 8% indicated that the services are not provided and 13% where not sure about the services being provided.

Figure 4.27: We provide a supportive environment for PLHIV within the health care institution by having and promoting workplace policies that address issues of living with HIV

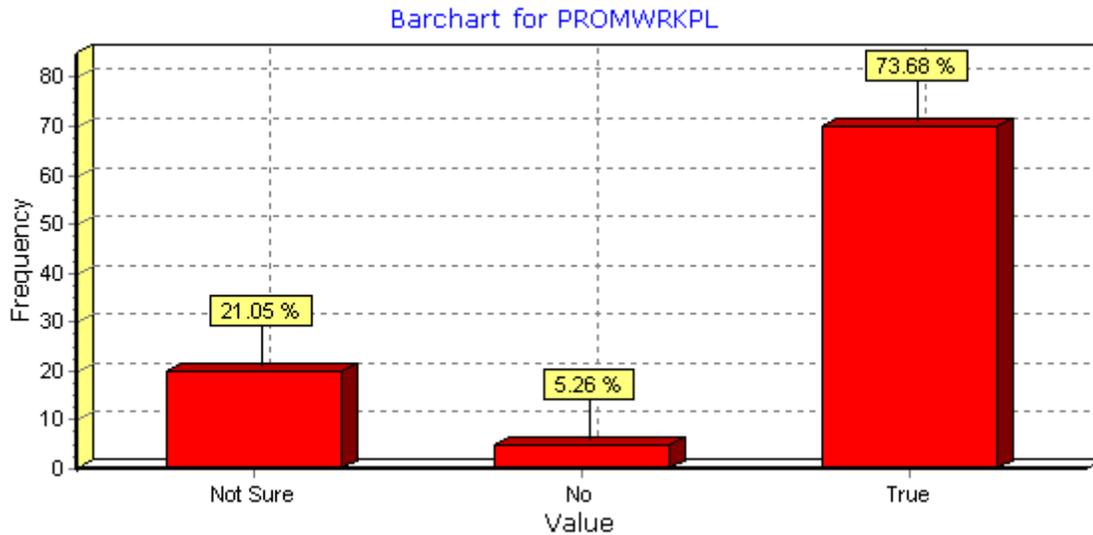


Table 4.27 Frequency table for PROMWRKPL

Value	N	%	cum. %
Not Sure	20	21.05	21.05
No	5	5.26	26.32
True	70	73.68	100.00
TOTAL	95	100.00	

When participants were asked whether they provide a supportive environment for PLHIV within the health care institution by having and promoting workplace policies that address issues of living with HIV 74% indicated that the services are being provided while 5% indicated that the services are not provided and 21% indicated that they are not sure if they provide the services.

Figure 4.28: We involve PLHIV and affected communities in the design, delivery and evaluation of programmes designed to address stigma and discrimination.

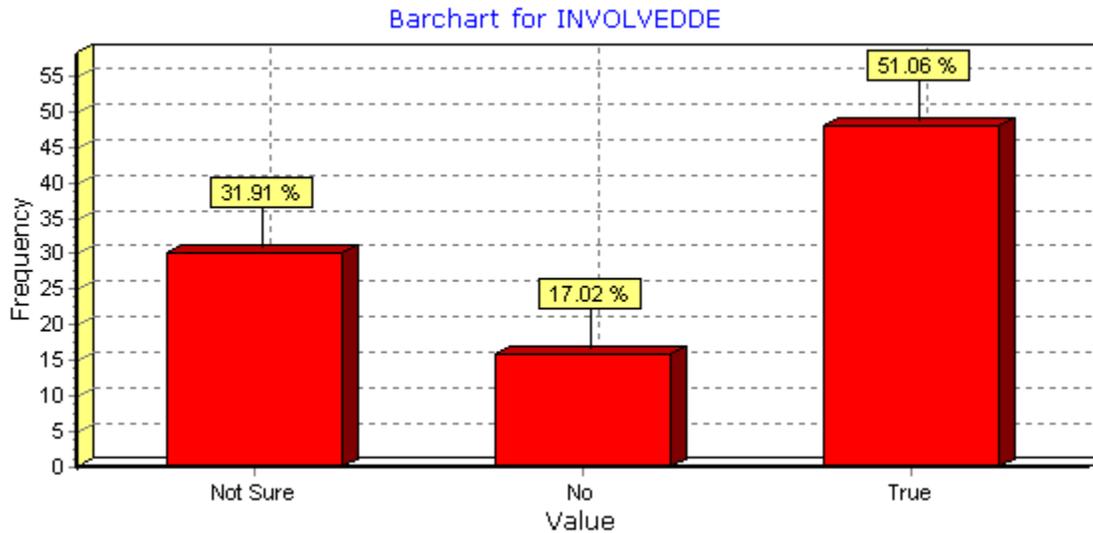


Table 4.28 Frequency table for INVOLVEDDE

Value	N	%	cum. %
Not Sure	30	31.91	31.91
No	16	17.02	48.94
True	48	51.06	100.00
TOTAL	94	100.00	

When participants were asked as to whether they “Involve PLHIV and affected communities in the design, delivery and evaluation of programmes designed to address stigma and discrimination”. 51% Indicated that it is true they involve PLHIV and affected communities in the design, delivery and evaluation of programmes designed to address stigma and discrimination, 17% indicated that the services are not provided and 32% where not sure about the services being provided.

Figure 4.29: We ensure access to legal advice and advocacy for individuals seeking to enforce their rights.

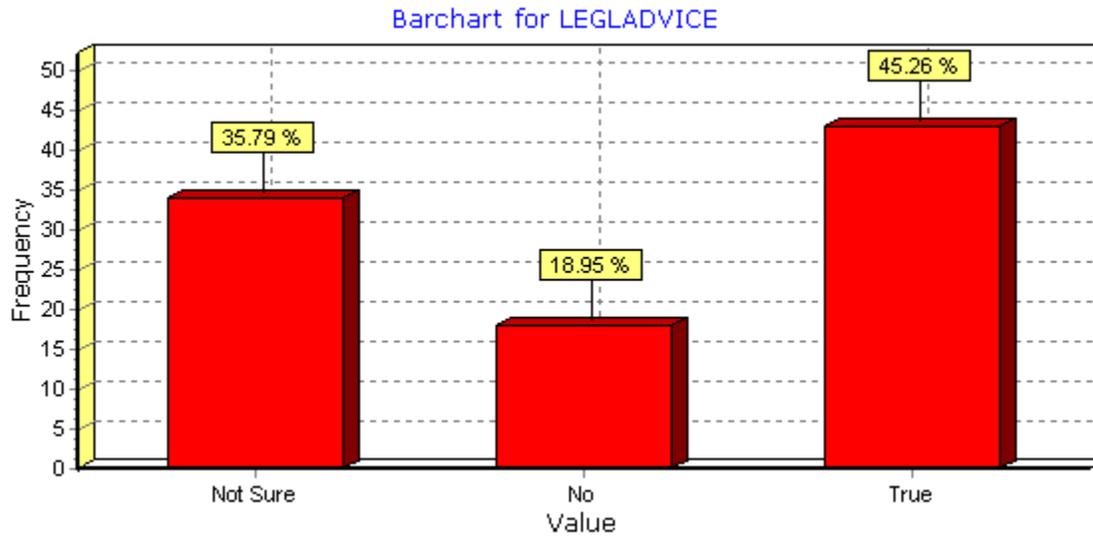


Table 4.29 Frequency table for LEGLADVICE

Value	N	%	cum. %
Not Sure	34	35.79	35.79
No	18	18.95	54.74
True	43	45.26	100.00
TOTAL	95	100.00	

In case of ensuring access to legal advice and advocacy for individuals seeking to enforce their rights 45% of participants indicated that the institution do provide the services, 19% indicated that the services are not provided and 36% were not sure if the services are provided.

4.7. Evaluation of monitoring stigma and discrimination

Figure 4.30: We help PLHIV and affected communities identify stigma and discrimination in particular settings, such as in health care setting.

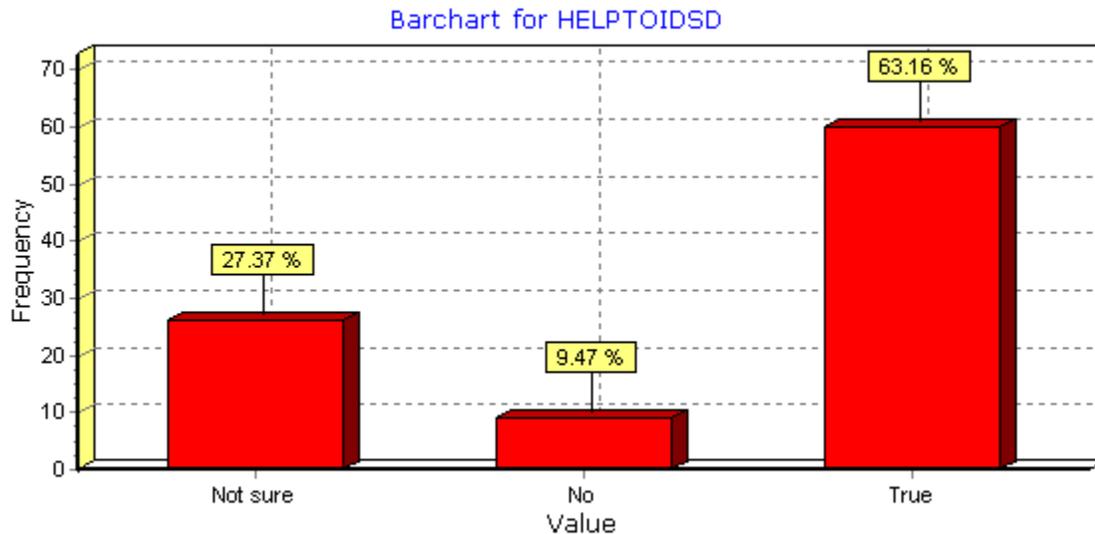


Table 4.30 Frequency table for HELPTOIDS

Value	N	%	cum. %
Not sure	26	27.37	27.37
No	9	9.47	36.84
True	60	63.16	100.00
TOTAL	95	100.00	

When participants were asked as to whether they help PLHIV and affected communities identify stigma and discrimination in particular settings, such as in health care setting 63% indicated that it is true that the services are being provided, 9% said no and 27% where not sure that the services are being provided.

Figure 4.31: People living with HIV/AIDS are isolated in special section of the hospital or health facilities

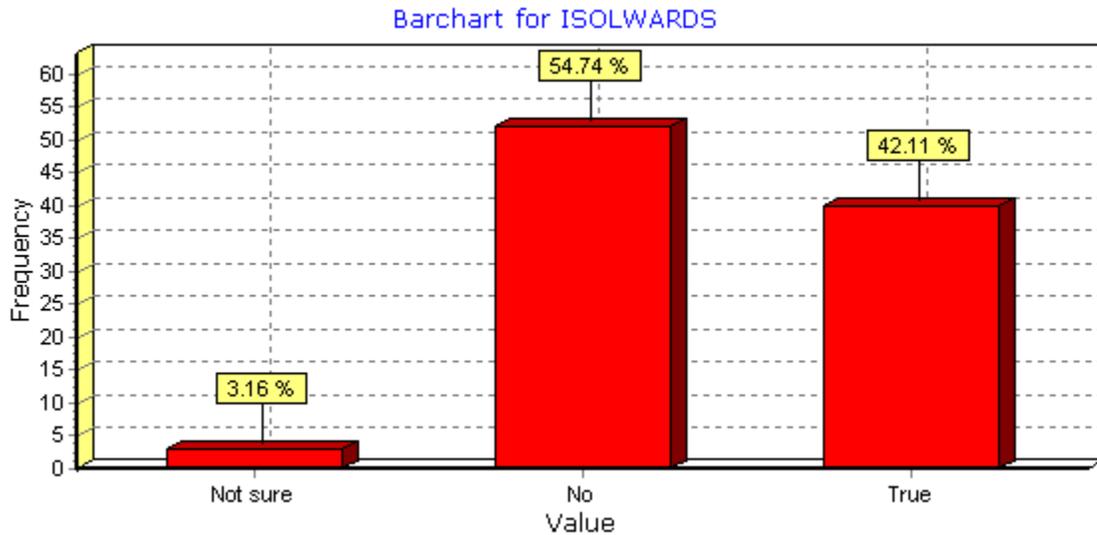


Table 4.31 Frequency table for ISOLWARDS

Value	N	%	cum. %
Not sure	3	3.16	3.16
No	52	54.74	57.89
True	40	42.11	100.00
TOTAL	95	100.00	

When participants were asked as to whether People living with HIV/AIDS are isolated in special section of the hospital or health facilities? 42% Participants indicated that PLHIV where isolated, 55 indicated that they are not Isolated but they do consult from different sections of the health care centre, and 3 % where not sure if this patient are isolated or not.

Figure 4.32: Hospitals do not admit PLHIV if their health is already very poor.

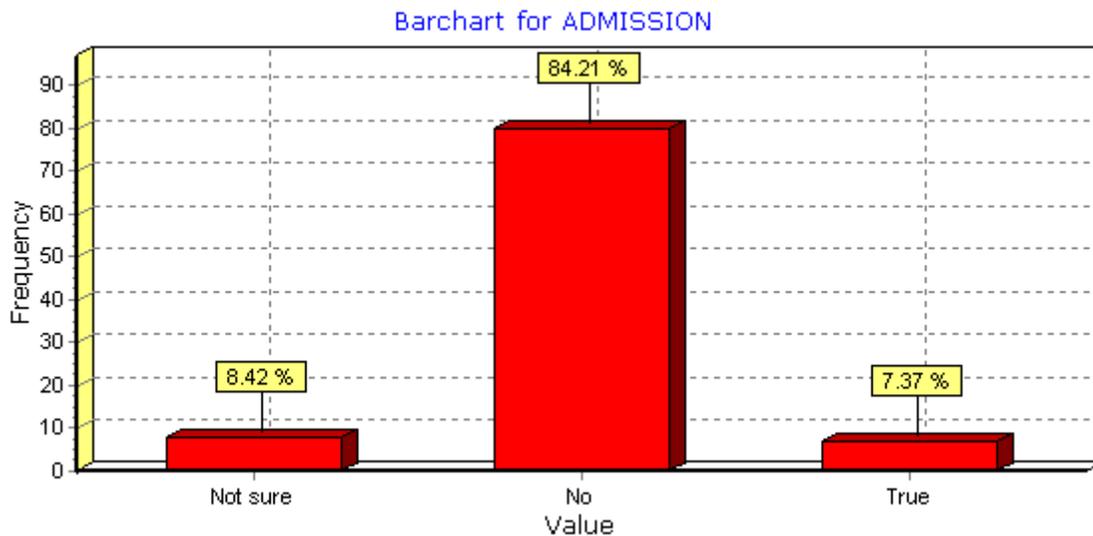


Table 4.32 Frequency table for ADMISSION

Value	N	%	cum. %
Not sure	8	8.42	8.42
No	80	84.21	92.63
True	7	7.37	100.00
TOTAL	95	100.00	

When participants were asked as to whether the Hospitals do not admit PLHIV if their health is already very poor 7% indicated that the hospital do not PLHIV if their health is already very poor, 84% indicated that the hospital admit all patients at all times irrespective of their health conditions and 8% where not sure about that.

Figure 4.33: All patients are treated on equal basis irrespective of their illnesses.

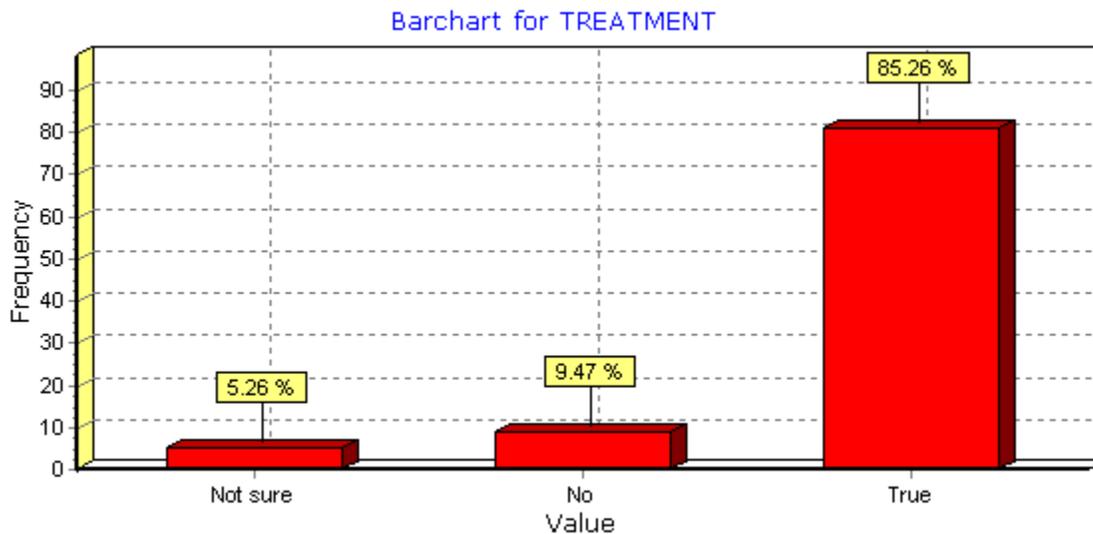


Table 4.33 Frequency table for TREATMENT

Value	N	%	cum. %
Not sure	5	5.26	5.26
No	9	9.47	14.74
True	81	85.26	100.00
TOTAL	95	100.00	

When participants were asked if all patients are treated on equal basis irrespective of their illnesses 85% responded yes which means all patients are treated the same. 9% indicated that patients are not treated the same, while 5% of participants were not shore about the treatment of patients.

Figure 4.34: How often do you get a brief about Stigma and discrimination?

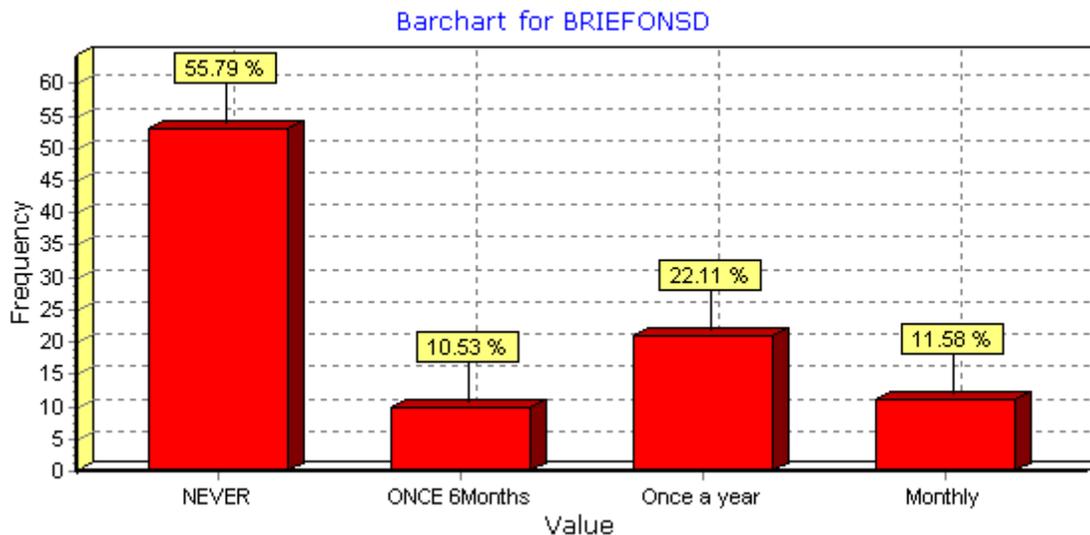


Table 4.34 Frequency table for BRIEFONSD

Value	N	%	cum. %
NEVER	53	55.79	55.79
ONCE 6Months	10	10.53	66.32
Once a year	21	22.11	88.42
Monthly	11	11.58	100.00
TOTAL	95	100.00	

When participants were asked about how often they got briefed about HIV/AIDS stigma and discrimination 56% indicated that they never received any briefing on this matter while 22% indicated that they are being briefed at least once a year. While 12% indicated that they receive briefs every month and 11% indicated that they received training once in every 6 months.

4.8. Conclusion

This chapter was concerned about the scores obtained during the interview. This forms a base for the next chapter that deals with the discussions about the findings.

CHAPTER 5

Limitations, recommendations and conclusion

5.1. Introduction

In this chapter, reference will be made to the objectives of this study. The objective of the study was to ascertain whether people who are living with HIV/AIDS are isolated from the rest of the people during consultation, and Identify factors in practice that promote stigma and discrimination against people living with HIV/AIDS.

The study will be concluded by providing limitations and recommendations that could help to improve the management of stigma and discrimination against those living with HIV/AIDS and those Affected in Mokopane Hospital and Voortrekker hospital in Limpopo.

5.2. Limitations

The findings in the study were obtained from employees in the department of health

The study was conducted in two health facilities, with voluntary participation. These might influence the result as those who were not willing to participate might have given a different perspective in the study. The code of conduct of professional participants might also influence the results of the study.

Sins the study was based on how HIV/AIDS stigma and discrimination is being managed in health institution by employees that could give a blanket result as they respect the code of the profession they serve. The results of this study might not be generalised as findings from other institution could give another perspective.

5.3. Recommendations

The findings of the previous chapter lead to the following recommendations:

- That the department of health should have a scheduled programme for orientation of its employees about stigma and discrimination related to the HIV/AIDS.
- Workshop should be planned as employees lack knowledge about stigma and discrimination.
- Policies on confidentiality regarding HIV/AIDS must be made available to all sections of the institution.

- Files of all patients should be kept at the same location and be marked the same.
- Medication to be collected at the same place.
- Monitoring of the implementation of policies should be in place to avoid bridge of contract at the institution.

5.4. Conclusion

In general participants indicated/showed the basic knowledge about stigma and discrimination. In case of the availability of the policy participants agree the institution do have one even if they never laid their eyes on it.

In case of exposure to stigma and discrimination Majority of participants indicated that they never attended a briefing or workshop about this matter. The study revealed that majority of participants indicated that they never experience the act of stigma and discrimination. Those who witnessed it indicated that the act is taking place at work (hospital) in the form of gossip among employees.

In case of monitoring of the implementation of policies related to stigma and discrimination, the study revealed that, the institution does help PLHIV and those affected to identify the act of stigma and discrimination, all patients are admitted and treated equally irrespective of their state of their illness.

The study revealed that at hospitals in Mogalakwena municipality people living with HIV are not treated the same as other patients who are regarded as HIV negative during consultations; they consult and collect their medication from different location than the rest of the patients. Their files are marked differently.

The study further revealed that majority of employees never attended workshop or a briefing about stigma and discrimination. As a result these could mean they are not able to tell if one is stigmatised or discriminated against due to lack of knowledge.

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<http://www.socialresearchmethods.net/kb/expfact.php>

Annexure A

Requisition for permission to conduct the study:

Enquiries: Mr. Mokwena W.O
082 2023 763

P.O. Box 309
MOKOPANE
0600
CELL: 082 2023763
Email: oukiemok@yahoo.com
09 April 2009

The Chairperson
Ethics Committee
Department of Health and welfare
Limpopo

Sir/ Madam

Request for permission to conduct a study at Hospitals around Mogalakwena that treat HIV/AIDS patients

I am presently a student of Masters of Philosophy (HIV/AIDS management) at the University of Stellenbosch. I am requested to submit a research project in the area of stigma and discrimination. The research will ascertain whether the isolation of people living with HIV/AIDS through day to day queuing system when consulting at hospitals is promoting stigma and discrimination.

Data will be collected in the form of questionnaires, interviews with the participant's i.e. people living with HIV/AIDS consulting at government health institutions, administrative staff and volunteers involved with people living with HIV/AIDS at Government institutions.

Confidentiality of all the results obtained whilst conducting the study will be maintained. The results may be published, but names will not be used. The outcome of the research study may assist in

improving service to all citizens in the country without stigmatizing or discrimination. The program is designed to improve quality service among all involved in rendering services to people consulting at government institutions.

It is in the light of the above that I request the committee to grant me permission to conduct my research project at Mokopane Hospital and Voortrekker hospital.

Attached are the following:

1. Ethics clearance,
2. Questionnaire schedule,
3. Informed consent form
4. Questionnaire

Yours faithfully

Mokwena W.O.

Annexure B

Questionnaires schedule: To be completed by:

Doctors and Nurses

Hospital Administrative official and staff

General workers and volunteers

The responses received from the questions will be treated as confidential.

The study is intended for partial fulfilment of the requirement for a master of Philosophy (HIV/AIDS management), University of Stellenbosch.

Study leader: Dr. Thozamile Qubuda

The following conditions will be complied with;

All responses to questions will be taken as presented by the respondents.

Information obtained will be used for research purpose only.

Identity of respondents will remain confidential throughout and will not be used for any public presentation.

There are no wrong or right answers.

Your co-operation will be highly appreciated.

Evaluation tool for general knowledge on stigma and discrimination

Evaluation tool for exposure to stigma and discrimination related to HIV/AIDS

Evaluation tool for the support provided to people living HIV/AIDS

Evaluation tool for Monitoring stigma and discrimination

Annexure C

INFORMED CONSENT FORM

AUTHORISATION TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF THE STUDY:

Is the isolation of people living with HIV/AIDS from the queuing system when visiting hospitals promote stigma and discrimination?

THE PURPOSE OF THE STUDY:

To ascertain as to whether the isolation of people living with HIV/AIDS from the day to day queuing system when consulting at hospitals is promoting stigma and discrimination in government health care centres and hospitals of Waterberg District, Mogalakwena municipality?

The procedure to be followed:

The following information will be available to all participants in this study.

In case the participant needs clarity, the researcher will clarify any points that need clarity.

The results of the study will be shared with the health management officials to develop and improve on the existing program if there is any or develop one to improve service delivery to its clients.

The study might not benefit a particular health care centre directly but it may benefit other government health care institutions to improve on their intervention strategy to deal with stigma and discrimination in health institutions.

There should not be any discomfort to the participants in sharing their experiences.

There is no right or wrong responses in this study.

You may not respond to questions that you are not comfortable with.

All information will be kept manually and electronically, were necessary tape recorder for record purposes will be used.

All information obtained will be treated as confidential.

INFORMED CONSENT FORM

There should not be any discomfort to the participants in sharing their experiences.

There is no right or wrong responses in this study.

You may not respond to questions that you are not comfortable with.

All information will be kept manually and electronically.

All information obtained will be treated as confidential.

Your identity will be not be revealed to any one while the study is on and even when the results are published.

Researcher's declaration: I discussed the above points with the subject. In my opinion the subject does understand the benefits, obligation and risks involved in participating in this study.

Researcher

Date

Participant's declaration: I understand that my participation is voluntary and that I may refuse to participate or withdraw my consent and stop taking part at any time without penalties.

I hereby consent freely to take part in this study.

Participants Mark

Date

Annexure D**QUESTIONNAIRE No.** _____

Type of institution: _____

Particulars of Participants:

Gender: _____ Age: _____

Educational level (e.g. Grade 12.) _____.

My Name is Mokwena W.O with your permission I would like to keep notes of discussions to keep all information on record.

Section 1

Instructions:

Mark the appropriate answer with an **X** in a provided **box**

There is no right or wrong answer

		Yes	No	Don't know
1	Did you ever notice a colleague stigmatizing or discriminating against someone living with HIV/AIDS?			
2	Can you eat from the same plate with someone who is HIV positive?			
3	Are you comfortable to work with a colleague who is HIV positive?			
4	Did you ever attend a workshop on stigma and discrimination?			
5	Is it possible for one person who is HIV negative to marry the one who is HIV positive?			
6	Can you eat food prepared by an HIV positive person?			
7	Does your institution have a written policy on confidentiality regarding HIV/AIDS matters?			
8	Have you ever witnessed or heard of any act of Discrimination			

	against people living with or affected by HIV/AIDS?			
9	If you found out that a colleague has HIV would you be willing to work with him/her?			
10	Are all patients' files in the institution marked the same?			
11	Are people living with HIV/AIDS collecting their files from the same office like other out patients?			

Section 2

Instructions:

Circle the appropriate answer

There is no right or wrong answer

	Question
1.	Do people living with HIV/AIDS stand in the same queues with other out patients when collecting medication? (Yes / No)
2.	Do people living with HIV consult with the general out patients in the same consulting rooms? (Yes / No)
3.	Have you ever witnessed or heard of any act of stigma and discrimination against people living with or affected by HIV/AIDS? (Yes / No)
4.	Where did this happen? a. Home b. Work c. Town
5.	What was the nature of the stigma or discrimination? a. Verbal b. Dismissal from work c. Different treatment
6.	How did you feel about the act? a. Offended b. Not offended

	c. Mixed feelings
7.	<p>Can you identify a file of a patient living with HIV/AIDS? (Yes/No)</p> <p>If yes, how can you recognise it from the rest?</p> <p style="padding-left: 40px;">a. Know all patients</p> <p style="padding-left: 40px;">b. Has a different mark</p> <p style="padding-left: 40px;">c. Has a different colour</p>

8. Generally speaking, what do you think is the main reason/ courses for;

- a. Stigma related to HIV/AIDS _____
_____.
- b. Discrimination related to HIV/AIDS _____
_____.
- c. How do you think these can be prevented? _____
_____.

Section 3

Instructions:

Mark the appropriate answer with an **X** in a provided **box**

There is no right or wrong answer

PLHIV = People living with HIV

	Question	True	No	Not sure
1	We provide easily accessible (clear, simple and available) information about the rights of PLHIV			
2	We provide PLHIV with advice and support to take action in response to discrimination, through individual advocacy services or effective referral to relevant agencies.			
3	We support PLHIV and communities to respond to and address the consequences of discrimination, through peer support, counselling,			

	discussion groups or effective referral services.			
4	We provide a supportive environment for PLHIV within the health care institution by having and promoting workplace policies that address issues of living with HIV			
5	We involve PLHIV and affected communities in the design, delivery and evaluation of programmes designed to address stigma and discrimination.			
6	We ensure access to legal advice and advocacy for individuals seeking to enforce their rights.			

Section 4

Instructions:

Mark the appropriate answer with an **X** in a provided **box**

There is no right or wrong answer

	Question	True	No	Not sure
1.	We help PLHIV and affected communities identify stigma and discrimination in particular settings, such as in health care setting.			
2.	People living with HIV/AIDS are isolated in special section of the hospital or health facilities			
3.	Hospitals do not admit PLHIV if their health is already very poor.			
4.	All patients are treated on equal basis irrespective of their illnesses.			
5.	How often do you get a brief about Stigma and discrimination?			
	a. Once a year			
	b. Once in 6 months			
	c. Monthly			
	d. Never			

Dipotsisonyakišišo: E tla tlatšwa ke:

Dingaka le baoki

Bangwaledi lebašumi ba ka bookelong

Basomi le Basomi ba nakwana

Di karabo tsa diputsiso di tlo tseiwa bjalo ka sephiri

Hlogo ya taba : Naa go arogantsha balwetši bao ba phelago ka twatši ya HIV mo go ba bangwe nakong ya ketelo ya bona sepetleleng, go hlohleletsa go pharwa ka dika le go kgethollwa?

Se se dirwa fela go phetha dithuto tsa godingwana tša Masters wa Philosophy

Mohlahlhi wa dithuto: Dr. Thozamile Qubuda

Maikemisetso

Go nyakisisa gore na e kaba batho bao ba phelago le kokwana ya HIV ga ba akaretswe methalading ya batho kamoka bao ba tlogo bookelong)

Dikgato tše di latelago di tla elwa hloko:

- Dikarabo kamoka diputsisong di tla tsewa kamo di filwego ke batsea karolo
- Tshedimošo ye e hweditswego e tla šomišwa go tsa thuto
- Maina a ba tsea karolo ga a bohlokwa, batlo sireletšwa gomme ba se utulwe.

Go tsea karolo ya lena go bohlokwa, go a lebogwa

Sediriswa tekolo dinyakisisong tsa tsebo kakaretso go tsa go pharwa ka dika le go kgethologanyo

Sedirišwatekolo dinyakišišong tša go pharwa ka dika le go kgethologanyo mabapi le HIV/AIDS

Sedirišwatekolo dinyakišišong ša thekgo ye e fiwago batho bao ba phelago ka twatši ya HIV/AIDS

Sedirišwatekolo dinyakišišong tša go ela hloko go pharwa ka dika le go kgethologanyo mabapi le HIV/AIDS

FOROMO YA TUMELO YA GO TSEA KAROLO

NETEFATSO YA GO TSEA KAROLO MO DINYAKISISONG

HLOGO YA DINYAKIŠIŠO

Naa go arogantšha balwetši bao ba phelago ka twatši ya HIV mo go ba bangwe nakong ya ketelo ya bona sepetleleng, go hlohleletša go pharwa ka dika le go kgethologanyo?

LEBAKA LA GO DIRA DINYAKIŠIŠO

Go kgonthišiša gore naa go arogantšhwa ga balwetši bao ba phelago ka twatši ya HIV mo go ba bangwe nakong ya ketelo ya bona sepetleleng, go hlohleletša go pharwa ka dika le go kgethologanyo?

Lenaneo

Tšhedimoso ye e latelago e tla fiwa ba tšea karolo kamoka. Ge e le gore batšeakarolo ba nyaka tšhedimoso/hlaloso batla e fiwa. Dipoele tša dinyakisiso di tla tšebagatšwa go ba lefapha la maphelo le selegae. Nepo e le go fahlosa lefapha gore le kgone go dira diphetogo mo go nyakegago.

Dinyakišišo di ka no se hole lefapha le le itsego la tša maphelo feela le ka thusa mafapha a mangwe go tla ka mekgwa e mekaone ya go lwantšha go pharwa ka dika le go kgetholwa ga balwetši bao ba phelago ka kokwana ya HIV dipetleleng le mafelong a mangwe a tša maphelo.

Batšeakarolo ba ka se hwetse ditšhitiso go ba bakgathi ba tema thutong ye.

Ga go karabo ye e nepagetšego le ye e sa nepagalago

A le gapeletsege go araba dipotsiso tseo le sa di kwisisego.

Ditshedimošo ka moka di tlo ngwalwa, tše dingwe di tlo ba komputareng, gomme di tlo šireletswa gore di se wele matsogong a a sa lokago.)

Ditshedimoso ka moka di tlo tšewa bjalo ka sephiri)

Ga go yo a ilego go utulwa bjalo ka mokgatha tema ge moithuti a sa ithuta le ge dipoelo di se no phatlalatswa)

Boithaupi dinyakišišong: Ba tsea karolo ba hlaoloseditswe ka bohlokwa ba go tsea karolo thutong ye. Ba tsea karolo ba kwesisa bohlokwa bja thuto ye le tseo di sepedisanago le tsona.

Monyakišiši

Letšatši

Boikano bja Motšekarolo: Ke kwišiša gore go tšea karolo ga ka ke boithaopo gomme ke dumeletswe go ka e kgogela morago ka nako engwe le engwe ge ke se sa nyaka go tšwela pele.

Ke dumela go tšea karolo thutong ye.



Leswao la motšekarolo

Letšatši

Dipotsisonyakišišo.....

Lefelo/Sediriswa.....

Dinyakwa tsa motšekarolo _____

Bong _____ Mengwaga _____

Maemo a Dithuto _____.

Leina la ka ke Mokwena W.O ka tumelelo ya gago ke rata go rekhota le go ngwala tsohle tse o tla di arabago.

Sediriša tekolo go nyakisisa tsebo kakaretso ka maemo go tsa kgethologanyo le go pharwa ka dika.

Ditaetšo

- Bontsha karabo ka go bea X ka lepokisaneng la maleba
- Ga gona karabo ya nnete le ye e sebago ya nnete
- Dikarabo di tla šomišwa go dira dinyakisiso feela

		Ee	Aowa	A ke tsebe
1	Naa o kile wa bona o mongwe wa badirisane ka wean a kgetholla goba go phara ka dika molwetši wo a phelago ka twatši ya HIV?			
2	Naa o ka ja ka sebjaneng se tee le motho yo a phelago ka kokwana ya HIV?			
3	Naa o na le bothata bja go soma le mongwe yoo a phelago ka twatši ya HIV?			
4	Naa o kile wa rutwa ka kgethologanyo le go pharwa ka dika ga balwetši ba ba phelago ka twatši ya HIV?			
5	Naa go a kgonega gore motho yoo a phelago ka kokwana ya HIV a nyalane le yoo a sa phelego ka yona?			
6	Naa o ka ja dijo tseo di apeilwego ke motho yoo a nago le twatši ya HIV?			
7	Naa mosomong wa lena go na le lenaneo le le thadilwego mabapi le go swara sephiri ka merero ya HIV/AIDS?			
8	Naa o kile wa bona tiragalo yeo e bontshago go kgethologanyo goba go pharwa ka dika go batho bao banago le twatši ya HIV?			

9	Ge o ka hwetsa gore modirisane ka wena o phela ka twatši ya HIV, o ka tswela pele go soma le yena?			
10	Naa difaele tsa balwetši di swailwe ka go swana mo mosomong wa lena?			
11	Naa balwetši ba HIV ba tsea difaele lifelong le tee le balwetši kamoka?			

Sediriša tekolo go nyakisisa maemo ka go ba kotsing go tsa kgethologanyo le go pharwa ka dika.

Ditaetšo:

- Bontsha karabo ka go bea X ka lepokisaneng la maleba
- Ga gona karabo ya nnete le ye e sebago ya nnete
- Dikarabo tse di filwego di tla šomišwa go dira dinyakisiso feela

	Indicators of stigma and discrimination	Yes Ee	No Aowa
1.	Naa o na le bohlatse goba o kile wa kwa ka kgethologanyo mabapi le batho bao ba phelago ka twatši ya HIV?		
2.	Ke mafelo afe ao o kwelego: d. Ka gae e. Mošomong f. Toropong		
3.	Naa kgethologanyo le go pharwa ka dika di be di le ka mokgwa ofe? d. Polelo e. Go rakwa mosomong f. Go swarwa ka kgethologanyo		
4.	O kwele bjang ka tiragalo yeo c. O kgopišegile d. Ase wa kgopisege c. O bile le maikutlo a a farologaneng		
5.	O ka kgona go kgetholla faele ya molwetši yo a phelago ka twatši ya HIV? (YesEe/NoAowa)		

	Ge e le ee o kgona bjang go e tšeba ge e le ka gare ga tše dingwe d. Ke tšeba balwetši kamoka e. E na le leswao c. E molaleng		
6.	Naa batho bao ba phelago ka twatši ya HIV ba lekolwa ka diphaphosing di tee le balwetši kamoka (Ee/Aowa)		
7.	Ge e le Aowa hlalosa a. Ba hlahlobja ka phaposing tša ka thoko go sireletsa balwetši ba bangwe go fetela ke HIV b. Ba hweditse seo ba bego ba se nyaka c. Se se direlwa gore ba hwetse thuso ya ka pela		
8.	Naa batho bao ba phelago ka twatši ya HIV ba ema moraladi o tee le batho kamoka go tšea dihlare (Ee/Aowa)		

9. Ge re akaretsa lebaka e ka ba eng

- a. Go pharwa ka dika mabapi le HIV _____
_____.
- b. Kgethologanyo mabapi le HIV _____
_____.
- c. Naa se se ka thibelwa bjang _____.

Sediriša tekolo go thekga balwetši bao ba phelago ka twatši ya HIV.

Ditaetšo:

Bontsha karabo ka go bea X ka lepokisaneng la maleba

Ga gona karabo ya nnete le ye e sebago ya nnete

Dikarabo tse di filwego di tla šomišwa go dira dinyakišišo feela

	Potsiso/Lefoko	True	No	Not yet
1	Re ba fa tshedimoso ya maleba, e bonolo ye e hwetsegago mabapi le ditokelo tsa batho bao ba phelago le HIV			
2	Re ba fa dikeletso le thekgo gore ba tšee magato mabapi le			

	kgethologanyo ka go etela mafelo ao a fago thekgo.			
3	Re fa thekgo le dikeletšo go batho bao ba phelago ka HIV le setšhaba ka go ba botsa ka thekgo ya sethaka, dipoledisano ka sehlopha le mafelong a thekgo			
4	Re fa balwetši bao ba phelago ka HIV thekgo ka go ba fahlosa ka melao ya mesomong yeo e amanago le HIV			
5	Re akaretsa batho bao ba phelago ka twatši le setšhaba seo se amegago ka go thala, go lekola le go bolela ka lenaneo leo le akaretsago go pharwa ka dika le kgethologanyo			
6	Re kgonthisa go ba gona ga keletso ke ba molao			

Go lekolwa ga go pharwa ka dika le kgethologanyo

Ditaetšo:

Bontsha karabo ka go bea X ka lepokisaneng la maleba

Ga gona karabo ya nnete le ye e sebago ya nnete

	Potsiso/Lefoko	Ee	Aowa	Ga se ya dirwa
1.	Re thusa balwetši bao ba phelago ka twatši ya HIV le setshaba seo se amegago go ela hloko bao ba pharwago ka dika le go kgetholwa			
2.	Batho bao ba phelago ka twatši ya HIV ba beelwa thoko ka dipetleleng			
3.	Dipetlele ga di robotse batho bao ba phelago ka HIV ge ba setse ba amegile kudu			
4.	Balwetši kamoka ba swarwa go swana ntle le go kgethologantsha malwetsi.			
5.	Naa o hwetsa thuto ga kae mabapi le go pharwa ka dika le kgethologanyo? e. Ga tee ka ngwaga			

	f. Ga tee ka kgwedi tse tshela			
	g. Kgwedi ka kgwedi			
	h. A se ka ka ka e hwetsa			

ANNEXURE E

P.O.Box 309

Mokopane

0600

oukiemok@yahoo.com

11 November 2009

ETHICAL CLEARANCE

Stellenbosch University

Sir

Letters of concerned to conduct study in the Department of Health and welfare will be forward to your office as soon as I received them, could not get that in time due to procedures and policies involved

Yours faith fully

Mokwena W.O

ANNEXURE F

Permission to conduct the study:



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

Enquiries: Ramalivhana NJ/Malomane EL

Ref: 4/2/2

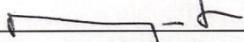
6 April, 2010
Mr Mokwena WO
Centre for HIV/AIDS Management
University of Stellenbosch
Stellenbosch
7600

Dear Mr Mokwena WO

"Is the isolation of people living with HIV/AIDS in Mogalakwena, Waterberg district hospitals aggravating stigma and discrimination against people living with HIV/AIDS"

Permission is hereby granted to Mr Mokwena WO to conduct a study as mentioned above in Limpopo Province, South Africa

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study
- The research results must be used only for the purpose of the study
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible
- The Institution management where the study is being conducted should be made aware of this,
- A copy of the permission letter can be forwarded to Management of the Institutions concerned



HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE