

**HIV/AIDS knowledge levels and attitudes towards people living with  
HIV/AIDS of members of the Pretoria South LIONS Club.**

**TAKAKO PHIRI**

Assignment submitted in partial fulfilment of the requirement for the degree of Master of  
Philosophy (HIV/AIDS Management) at Stellenbosch University.



Africa Centre for HIV/AIDS Management

Faculty of Economic and Management Sciences

Study Leader: Mr Burt Davis

March 2012

## **DECLARATION**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Signed: Takako Phiri

Date: March 2012

## **Abstract**

The purpose of this study was to determine the HIV/AIDS knowledge levels and attitudes towards people living with HIV/AIDS of LIONS Club members of Pretoria South. This was done so to identify potential pitfalls (e.g. negative attitudes of members towards HIV/AIDS) that may influence the roll out of planned HIV/AIDS campaigns in a negative manner; as well as to make recommendations on how the LIONS Club can be involved in future projects related to HIV/AIDS.

Data was collected by means of self-administered questionnaires from 25 participants. The findings revealed that there were high levels of knowledge on HIV/AIDS, as well as positive attitudes towards PLWHA displayed by members of the LIONS Club of Pretoria South.

It was recommended that the LIONS Club of Pretoria South should actively involve itself in HIV-related community projects. Further research could be conducted on a larger scale to obtain a broader picture of the knowledge on HIV/AIDS, as well as attitudes towards PLWHA at LIONS Clubs in the whole of Pretoria.

## Opsomming

Die doel van hierdie studie was om die MIV-verwante kennisvlakke en ingesteldheid teenoor mense wat met MIV/Vigs saamleef van lede van die LIONS-klub van Pretoriasuid, te bepaal. Dit is gedoen om sodoende potensiële valstrikke (soos negatiewe ingesteldheid van lede teenoor MIV/Vigs) te identifiseer wat die beplande loodsing van MIV/Vigs-veldtogte negatief mag beïnvloed, asook om aanbevelings te kan doen oor hoe die LIONS-klub in toekomstige projekte rakende MIV/Vigs betrek kan word.

Data is ingewin deur selfgeadministreerde vraelyste deur 25 deelnemers. Bevindings het hoë kennisvlakke uitgewys oor MIV/Vigs, sowel as positiewe ingesteldheid teenoor mense wat met MIV/Vigs saamleef deur lede van Pretoria-Suid se LIONS-klub.

Daar is aanbeveel dat die LIONS-klub van Pretoriasuid aktief betrokke behoort te raak by MIV-verwante gemeenskapsprojekte. Nog navorsing behoort op 'n wyer skaal uitgevoer te word om 'n omvattende beeld onder lede van die LIONS-klubs in die ganse Pretoria van hulle kennis oor MIV/Vigs, sowel as hulle ingesteldheid teenoor mense wat met MIV/Vigs saamleef, te bekom.

## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
ARV	Antiretroviral
HIV	Human Immunodeficiency Syndrome
PLWHA	People living with HIV/AIDS

## **Acknowledgements**

Firstly, I would like to thank my loving husband, Almakio, for his encouragement and support. Secondly to my fabulous children, Mkumba and Taonga, thank you for agreeing to 'stay put' every weekend.

Secondly, I would also like to acknowledge the members of the Lions Club of Pretoria South for volunteering to participate in this study.

I would like to express my gratitude to Mr Burt Davis my study leader for his guidance and support.

Lastly, I am grateful to God our Father, who enabled me to complete this programme.

## List of Tables

Table 1: A person can be infected with HIV and still look healthy

Table 2: Having more than one sexual partner can increase the person's chances of contracting HIV

Table 3: HIV can be transmitted from mothers to babies

Table 4: A person can contract HIV by sharing the same utensils with an infected person

Table 5: Touching someone with HIV can lead to contracting the disease

Table 6: A person has to consistently use condoms in order to protect against HIV infection

Table 7: A person can get HIV by sharing a cup

Table 8: A person can get HIV by sharing a cigarette

Table 9: A person can get HIV by sharing a toilet seat

Table 10: A person can get HIV by contact with infected blood

Table 11: A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person

Table 12: Antiretroviral therapy should be taken for a lifetime

Table 13: There is a cure for HIV

Table 14: I would be willing to take part in LIONS Club projects involving PLWHA

Table 15: It is a waste of money to sponsor HIV/AIDS projects

Table 16: If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them

Table 17: I would want to keep the HIV positive status of a family member a secret

Table 18: A person would be foolish to have a baby knowing that they are HIV positive

Table 19: I would not have a problem having protected sex with a partner who has HIV/AIDS

Table 20: How would you feel if you had to hug and shake hands with people living with HIV/AIDS?

Table 21: How would you feel if an HIV positive person would become a LION President of the LIONS Club of Pretoria South

Table 22: How can you support people living with HIV/AIDS in the community

Table 23: Knowledge score

### **List of Figures**

Figure 1: Bar chart indicating gender distribution of participants

Figure 2: Pie chart showing the age of participants

Figure 3: Bar chart showing race of participants

### **Appendices**

Appendix 1: Questionnaire

**Table of Contents**

Abstract..... 0

Opsomming..... 1

Acronyms ..... 2

Acknowledgements..... 3

List of Tables..... 4

Table 1: A person can be infected with HIV and still look healthy ..... 4

Table 2: Having more than one sexual partner can increase the person’s chances of contracting HIV ..... 4

Table 3: HIV can be transmitted from mothers to babies..... 4

Table 4: A person can contract HIV by sharing the same utensils with an infected person..... 4

Table 5: Touching someone with HIV can lead to contracting the disease ..... 4

Table 6: A person has to consistently use condoms in order to protect against HIV infection .. 4

Table 7: A person can get HIV by sharing a cup..... 4

Table 8: A person can get HIV by sharing a cigarette..... 4

Table 9: A person can get HIV by sharing a toilet seat ..... 4

Table 10: A person can get HIV by contact with infected blood ..... 4

Table 11: A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person..... 4

Table 12: Antiretroviral therapy should be taken for a lifetime..... 4

Table 13: There is a cure for HIV..... 4

Table 14: I would be willing to take part in LIONS Club projects involving PLWHA ..... 4

Table 15: It is a waste of money to sponsor HIV/AIDS projects ..... 4

Table 16: If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them..... 4

Table 17: I would want to keep the HIV positive status of a family member a secret ..... 5

Table 18: A person would be foolish to have a baby knowing that they are HIV positive .....	5
Table 19: I would not have a problem having protected sex with a partner who has HIV/AIDS5	
Table 20: How would you feel if you had to hug and shake hands with people living with HIV/AIDS? .....	5
Table 21: How would you feel if an HIV positive person would become a LION President of the LIONS Club of Pretoria South.....	5
Table 22: How can you support people living with HIV/AIDS in the community .....	5
Table 23: Knowledge score .....	5
List of Figures .....	5
Figure 2:Pie chart showing the age of participants.....	5
Figure 3: Bar chart showing race of participants.....	5
Appendices.....	5
CHAPTER 1: Introduction.....	12
1.1 Rationale for the Study .....	12
1.2 Significance of study .....	12
1.3 Research problem .....	13
1.4 Research question.....	13
1.5 Aim of the study .....	13
1.6 Objectives of the study .....	13
CHAPTER 2: Literature Review.....	14
2.1 Introduction.....	14
2.2 Knowledge on HIV/AIDS and attitudes towards PLWHA .....	16
2.3 Conclusion .....	17
CHAPTER 3: Research Methodology.....	18
3.1 Introduction.....	18
3.2 Research design.....	18

3.3 Sampling .....	19
3.4. Data Collection.....	20
3.5 Questionnaire .....	20
3.6 Data analysis.....	24
3.7 Ethical considerations .....	24
Chapter 4: Data Analysis and Interpretation.....	25
4.1 Introduction.....	25
4.1.1 Pilot study .....	25
4.2. Demographic Characteristics of Participants .....	25
4.2.1.: Gender Distribution .....	25
4.2.2: Age distribution.....	27
Figure 2:Pie chart showing the age of participants.....	27
4.2.3: Race Distribution .....	28
Figure 3: Bar chart showing race of participants.....	28
4.3 Knowledge on HIV/AIDS .....	28
4.3.1 A person can be infected with HIV and still look healthy .....	29
Table 1: A person can be infected with HIV and still look healthy .....	29
4.3.2 Having more than one sexual partner can increase the person’s chances of contracting HIV .....	29
Table 2: Having more than one sexual partner can increase the person’s chances of contracting HIV .....	30
4.3.3 HIV can be transmitted from mothers to babies .....	30
Table 3: HIV can be transmitted from mothers to babies.....	30
4.3.4 A person can contract HIV by sharing the same utensils with an infected person .....	31
Table 4: A person can contract HIV by sharing the same utensils with an infected person.....	31
4.3.5 Touching someone with HIV can lead to contracting the disease .....	31

Table 5: Touching someone with HIV can lead to contracting the disease .....	31
4.3.6 A person has to consistently use condoms in order to protect against HIV infection.....	32
Table 6: A person has to consistently use condoms in order to protect against HIV infection	32
4.3.7 A person can get HIV by sharing a cup .....	32
Table 7: A person can get HIV by sharing a cup.....	32
4.3.8 A person can get HIV by sharing a cigarette .....	33
Table 8: A person can get HIV by sharing a cigarette .....	33
4.3.9 A person can get HIV by sharing a toilet seat.....	33
Table 9: A person can get HIV by sharing a toilet seat .....	33
4.3.10 A person can get HIV by contact with infected blood .....	34
Table 10: A person can get HIV by contact with infected blood .....	34
4.3.11 A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person.....	34
Table 11: A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person.....	35
4.3.12 Antiretroviral therapy should be taken for a lifetime .....	35
Table 12: Antiretroviral therapy should be taken for a lifetime.....	35
4.3.13 There is a cure for HIV .....	36
Table 13: There is a cure for HIV.....	36
4.4 Attitudes .....	36
4.4.1 I would be willing to take part in LIONS Club projects involving people living with HIV/AIDS .....	37
Table 14: I would be willing to take part in LIONS Club projects involving PLWHA.....	37
4.4.2 It is a waste of money to sponsor HIV/AIDS projects .....	37
Table 15: It is a waste of money to sponsor HIV/AIDS projects .....	37
4.4.3 If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them .....	38

Table 16: If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them.....	38
4.4.4 I would want to keep the HIV positive status of a family member a secret .....	38
Table 17: I would want to keep the HIV positive status of a family member a secret .....	38
4.4.5 A person would be foolish to have a baby knowing that they are HIV positive .....	39
Table 18: A person would be foolish to have a baby knowing that they are HIV positive .....	39
4.5.6 I would not have a problem having protected sex with a partner who has HIV/AIDS .....	39
Table 19: I would not have a problem having protected sex with a partner who has HIV/AIDS .....	40
4.5.7 How would you feel if you had to hug and shake hands with people living with HIV/AIDS? .....	40
Table 20: How would you feel if you had to hug and shake hands with people living with HIV/AIDS? .....	40
4.5.8 How would you feel if an HIV positive person would become a LION President of the Lions Club of Pretoria South? .....	41
Table 21: How would you feel if an HIV positive person would become a LION President of the LIONS Club of Pretoria South.....	41
4.5.9 How can you support people living with HIV/AIDS in the community? .....	41
Table 22: How can you support people living with HIV/AIDS in the community .....	41
Chapter 5: Discussion & Recommendations .....	42
5.1. Introduction.....	42
5.2 Demographic Characteristics of participants.....	42
5.3 Race .....	42
5.4 Knowledge Scores.....	42
Table 23: Knowledge score .....	42
5.5 Attitudes towards PLWHA.....	43
5.6 Recommendations.....	44
5.6.1 Recommendations based on the findings of for knowledge on HIV/AIDS .....	44

5.6.2. Recommendations based on findings related attitudes towards PLWHA .....	44
5.7 Limitations of the study .....	45
5.8. Further research .....	45
5.9 Conclusion .....	45
References .....	47
Appendix A .....	52
Questionnaire.....	52
11. A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person .....	53

## **CHAPTER 1: Introduction**

### **1.1 Rationale for the study**

One of the functions of the LIONS Club is to identify needs within the community where the Club can offer assistance via its community based projects. These include projects related to HIV/AIDS. As far as could be ascertained, no research exists pertaining to the knowledge and attitudes related to HIV/AIDS in the LIONS Club. It is therefore not known whether a lack of knowledge or negative attitudes of members might influence the success of HIV/AIDS-related projects negatively. A knowledge gap therefore exists in this regard. This research aims to identify the knowledge of HIV/AIDS and attitudes towards people living with HIV/AIDS, specifically among members of the LIONS Club of Pretoria South.

LIONS Club of Pretoria South is part of the world's largest service organisation called LIONS Club International, which was founded in 1917. LIONS Clubs are well known for fighting blindness. The Clubs are also known for volunteering in different community projects worldwide such as feeding the hungry, caring for the disabled as well as taking part in environmental awareness. LIONS Club of Pretoria South was founded in 1973. Members meet every third Thursday of the month at 9 Umgazi Road, Menlo Park, Pretoria.

### **1.2 Significance of study**

This study may be instrumental in not only raising HIV/AIDS awareness and increasing knowledge levels among LIONS Club members, but also in identifying potential pitfalls (e.g. negative attitudes of members, lack of information leading to ignorance of the disease or people suffering from it) that may influence the roll out of future LIONS Club HIV/AIDS campaigns in a negative manner. If such negative elements are identified, this study may be helpful in proactively addressing these issues before it influences any planned HIV/AIDS campaign undesirably.

### ***1.3 Research problem***

The level of knowledge of HIV/AIDS and the attitudes that the LIONS members have towards PLWHA are currently not known. Furthermore, limited published studies could be found examining knowledge on HIV/AIDS and attitudes towards PLWHA among members of service organisations such as the LIONS Club.

### ***1.4 Research question***

The **research question** to be discussed and analysed is:

**What is the knowledge of HIV/AIDS and the attitudes towards PLWHA amongst members of the LIONS Club of Pretoria South?**

### ***1.5 Aim of the study***

The aim of this study was to determine the level of knowledge of HIV/AIDS and the attitudes that the members of the LIONS Club of Pretoria South have towards people living with HIV/AIDS. This was done so to identify potential pitfalls (e.g. negative attitudes of members towards HIV/AIDS) that may influence the roll out of planned HIV/AIDS campaigns in a negative manner; as well as to make recommendations on how the LIONS Club can be involved in future projects related to HIV/AIDS.

### ***1.6 Objectives of the study***

The objectives of this study were:

- To identify the existing knowledge of HIV/AIDS that the LIONS club members of Pretoria South had.
- To identify the attitudes of members towards PLWHA
- To make recommendations to determine how LIONS Club of Pretoria South can be involved with increasing projects concerning PLWHA.

## **CHAPTER 2: Literature Review**

### **2.1 Introduction**

HIV/AIDS is a global epidemic and it affects all sectors of the society. South Africa has the highest number of people living with HIV/AIDS in the world even though trends show that there is a decrease in the incidence rate of HIV infection (UNAIDS Global Report, 2010). Despite the fact that there are several media campaigns to make people aware of the disease, namely transmission, prevention and ARVS, lack of knowledge as well as negative attitudes towards PLWHA still exist. Negative attitudes are often reflected by AIDS-related stigma and discrimination.

HIV/AIDS has been an issue surrounded by fear, stigma and discrimination, mostly brought about by lack of knowledge (Herek, 1990; Tee & Huang, 2009). AIDS related stigma and discrimination consequently results in isolation, deprivation of human rights and worsens the impact of infection (Van Dyk, A, 2008). Brimlow, Cook & Seaton (as cited in Tee & Huang, 2009) and Van Dyk (2008), state that due to this stigma and discrimination HIV positive people do not disclose their status. Additionally, they do not go for voluntary counselling and testing (VCT); neither do they seek treatment. Along with that there is no open discussion about the disease (Herek, 1999; Ogunjigbe, Adeyemi & Obiyan, 2005). All of these consequences contribute to creating barriers in HIV/AIDS prevention programmes (Tee & Huang, 2009; Genberg, Hlavka, Konda, Mamac, Chariyalertsak, Chingono, Mbwambo, van Rooyen & Celentan, 2009).

Moreover, the community tends to reject people living with HIV/AIDS because they feel that PLWHA have been sexually immoral and therefore deserve 'to die' (Herek, Capitanio & Widaman, 2002). However, if one contracts HIV by means beyond ones control such as a baby at birth, they are regarded as "innocent victims" (HIV/AIDS, stigma & discrimination, 2011). This rejection extends to the social groups to which PLWHA belong (Herek et al., 2002), as well as to their caregivers (Van Dyk, 2008).

Ogunjigbe et al. (2005) conducted a study assessing the attitudes of friends, relatives and neighbours of PLWHA in Lagos State, Nigeria and how this would impact spread of

infection. This survey revealed that most people do not reveal their positive HIV status to their friends and family for fear of being stigmatised. Furthermore, some studies (Tee & Huang, 2009; Herek, 1999) have noted that stigma and discrimination exist because of people's limited knowledge about the cause of HIV/AIDS, as well as existing treatment. This limited knowledge affects the communities' attitudes towards PLWHA. Quite often, the attitudes are generally negative. Additionally, there is confusion about how the disease is contracted and how it can be prevented (Zeelen, Wijbenga, Vintges & de Jong, 2010).

By addressing the issue of stigma and discrimination, negative attitudes towards PLWHA can definitely change as Ban Ki Moon, United Nations Secretary-General stated:

“Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS a silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world” (HIV/AIDS, stigma & discrimination, 2011).

Next follows a discussion of studies from the literature in line with the proposed research of this study i.e. to determine the HIV/AIDS knowledge levels and attitudes towards people living with HIV/AIDS of LIONS Club members of Pretoria South. As far as could be ascertained, no literature about knowledge on HIV/AIDS and attitudes towards PLWHA specific to service organisations such as the Lions Club exists. However, several studies have been conducted on the topic of knowledge about HIV/AIDS in connection with attitudes towards PLWHA. Most literature presented below is based on studies conducted in health care settings, educational institutions or corporate organisations.

## **2.2 Knowledge on HIV/AIDS and attitudes towards PLWHA**

Tee and Huang (2009) examined the knowledge of HIV/AIDS and attitudes toward people living with HIV among the general staff of a public university in Malaysia. The result was that respondents showed a high level of HIV/AIDS knowledge, which assessed the modes of transmission. Furthermore, Likert scale responses to attitude statements revealed respondents generally had positive attitudes towards PLWHA. However, there were some respondents who felt uncomfortable interacting with PLWHA. Additionally, some people were not able to differentiate HIV from AIDS.

Dana et al. (2008) explored the knowledge, attitudes, beliefs and practices related to HIV/AIDS. Findings showed that respondents had a good knowledge about HIV/AIDS and positive attitudes towards PLWHA. For instance, 68% stated they would not be comfortable buying food from a shopkeeper if they knew that person was HIV positive.

Visser (2007) examined stigmatising attitudes towards PLWHA. He found that most people (80%) felt uncomfortable around PLWHA despite the fact that they felt their human rights should be protected. This study found that even though people have a good knowledge of HIV/AIDS, they are still uncomfortable about physical contact such as buying food from an HIV positive person or sharing utensils. Visser et al. state that in addition to being stigmatised, the disease is still associated with fear, and discrimination. The authors state that there is stigma because people are afraid of contracting the disease, as well as due to negative assumptions about PLWHA since HIV/AIDS is a life threatening disease.

According to the reviewed literature, many of the respondents had good levels of knowledge about HIV/AIDS and generally positive attitudes towards PLWHA. However, a good basic knowledge of HIV/AIDS does not necessarily translate into positive attitudes towards PLWHA: Chiliaoutakis et al. (1996) found that the higher the level of accurate knowledge about HIV/AIDS to be associated lower levels of HIV discrimination and stigmatisation, while Pirie and Coetsee (2006) found that education was not related to do changing AIDS-related stigma and discrimination in a positive manner. They

found that HIV stigma already exists in the community (especially towards already minority groups such as homosexuals and prostitutes) and is not related to level of education.

### **2.3 Conclusion**

The findings of this literature review suggest that the intended study might find a good basic knowledge of HIV/AIDS among the study population, but that does not necessarily translate into positive attitudes towards PLWHA.

## **CHAPTER 3: Research Methodology**

### ***3.1 Introduction***

This chapter will explain the research design and research method as well as the data collection instrument to be used appropriate to this study. Furthermore, data analysis and interpretation will be described, and light will be shed on ethical considerations.

### ***3.2 Research design***

A research design is the outline, plan or strategy used to investigate the research problem. It specifies things such as how to collect and analyse data (Christensen et al., 2004).

In this study, the researcher followed the five steps of a research design outlined by Christensen et al (2011) namely: Step 1: plan and design the research study i.e. what are the issues to be studied, identify target population; Step 2: construct and refine the survey instrument after conducting a pilot test; Step 3: collect the data; Step 4: enter data and Step 5: data analysis and results.

In this study, both quantitative and qualitative approaches were used to determine the knowledge of HIV/AIDS and attitudes towards PLWHA. According to Christensen et al. (2011) a quantitative research study is one that collects some type of numerical data to answer a research question. In this case participants responded to 13 questions on knowledge on HIV/AIDS, and 6 questions on attitudes towards PLWHA. Bryman and Bell (2007), state that closed-ended questions are a limited choice of possible answers. In this study, the participants were required to select responses from a limited number of predetermined options using a Likert scale. A detailed explanation of the latter will be given later.

On the other hand, a qualitative research study “is a study that collects some type of nonnumerical data to answer a research question” (Bryman & Bell, 2007). In this case, the nonnumerical data collected were the participants’ statements to the 3 open-ended

questions on attitudes towards PLWHA. The combination of these two methods of data collection is known as mixed method research. In other words, it is a combination of qualitative and quantitative sampling methods (Christensen et al., 2011). The researcher's choice of using a mixed method approach was supported by Creswell and Patton (as cited in Christensen et al., 2011) who stated that research that only collects quantitative data often provides an incomplete analysis of the situation being investigated. Therefore by adding qualitative data, a more understandable conclusion can be made.

Christensen et al. (2011) further state the following strengths of the mixed method. Firstly, it can provide multiple sources of evidence. Secondly, provides multiple types of validity in a single study. Thirdly, it can compensate for the weaknesses of one method by the systematic inclusion of another method. Next, it can provide rich, detailed, subjective data and objective quantitative data in the same study and lastly data can be easily processed. However the major weakness of this form of approach is that it tends to be more time consuming.

### **3.3 Sampling**

A sample is defined as a subset of the population (Christensen et al., 2011). A population is the full group of interest to the researcher. In this study the sample was recruited from the LIONS Club of Pretoria South.

A total of 25 participants (n=25) were included in the final analysis. The average age of the participants was 53.5 years old. These participants were selected as per convenience sampling. In other words it is the use of people who are readily available, volunteer, or are easily recruited for inclusion in a sample (Christensen et al., 2011). In this case the participants were easily recruited because the researcher is a member of the LIONS Club of Pretoria South. Furthermore for inclusion, the researcher approached members who were present at the monthly meeting held on 11 November 2011.

The members are made up of predominantly Afrikaans white males and females. For inclusion, members had to be present at the monthly meeting held on 11 November

2011. The group currently consists of fifty (50) paid up members. However not all members attend the monthly meetings regularly. Before participants began to fill in the questionnaire, they were assured that responses would remain anonymous and they were assured of confidentiality. Additionally, completion of the questionnaire was on voluntary basis.

The limitations of the sample frame are that a larger sample could not be accessed due to the fact that attending meetings is not compulsory. Therefore the small sample frame might mean that the final results might not necessarily be a valid reflection of the whole club.

### **3.4. Data Collection**

The survey instrument used in this research was a self-administered questionnaire, also known as the paper-and-pencil instrument (Christensen et. Al., 2011). Correspondingly a questionnaire is a self-report data collection instrument that is filled out by research participants (Christensen et. al., 2011). It contained closed and open-ended questions. The questionnaire was distributed to all the members of the Lions Club of Pretoria South.

### **3.5 Questionnaire**

When constructing the questionnaire, the researcher ensured that items matched the research objectives. Secondly, short simple questions or statements as well as clear and simple language was used. This will enable participants to respond clearly. Additionally they will be encouraged to complete the questionnaire without leaving blank spaces. Thirdly loaded or leading questions were avoided. A loaded term is a word that produces either a positive or negative emotion in the participant and a leading question is a question that suggests how participants should answer. Subsequently double-barrelled questions were avoided. This means that two or more issues should not be asked in a single question. In the same vein, double negatives were avoided, that is to say a sentence construction that contains two negatives. Next, the researcher considered the use of closed-ended or open-ended questions the responses of which were then coded and categorised. According to Christensen et al. (2011), as data are

collected, they should be analysed for themes, patterns and meanings. Additionally data should be constantly checked for validity.

Responses were coded according to Likert scale. This is an ordered set of response choices such as a 5-point rating scale, measuring the direction and strength of an attitude. In addition the questionnaire must be easy to use from beginning to end. For instance numbering of questions was consecutive; pages were numbered and clear instructions were provided. The questionnaire was the best data instrument for this form of research because firstly, it is quick for participants to complete. This was essential since the duration of conducting this study was limited. Secondly, anonymity is high because participants do not disclose their identity. Each participant is assigned a number in this case numbers 1-25. Thirdly, closed-ended items provide exact information required by the researcher and open-ended items can provide detailed information in respondent's own words. Fourthly, there is ease of data analysis for closed-ended items using the SPSS.

However, the weaknesses of this method of data collection are that it must be kept short; the researcher is not present to help participants if they need to ask for clarification; there is no opportunity for the researcher to probe participants; there is a social desirability bias in other words a participant tries to respond in the way they think makes them look good. By making the survey anonymous and informing the participants that their responses are based on anonymity avoids the bias. Additionally, the participant might not respond to certain items therefore missing data might affect the final result. Communication to open-ended items may be obscure due to differences in verbal ability. For instance most participants are Afrikaans first language speakers, and might find expressing their responses in English a challenge. Lastly, data analysis is time consuming for open-ended items since the researcher has to read, categorise and code each item (Christensen et al., 2011).

A total of 25 participants were approached and 25 of them agreed to participate, with all questionnaires ( $n=25$ ) returned.

The first section of the questionnaire assessed the participants' knowledge on HIV/AIDS namely modes of transmission and a question about physical appearance. The second section was based on attitudes towards PLWHA.

The questionnaire for this study was adapted and adopted from the HSRC research on knowledge, attitudes, beliefs and practices related to HIV/AIDS among employees in the private security industry in South Africa (2010), as well as from the literature review. It was made of two sections. The first section, question 1-13, had closed-ended questions which assessed the participants' general knowledge on HIV/AIDS. The second section dealt with attitudes towards PLWHA. Participants' had to respond to six closed-ended questions as well as three open-ended questions. Closed-ended questions required the participants' to select options from a limited number of predetermined options using a Likert scale. This is a multi item scale used to measure a single construct by summing each participant's responses to the items on the scale (Christensen et al., 2011). The benefits of a Likert scale are that it is easy to correlate results for a given variable. The participants rated all of the statements using 1,2,3 point rating for general knowledge on HIV/AIDS and a 1,2,3,4,5 point rating for attitudes towards PLWHA (Bowling, 2009). All questionnaires were returned (n=25). Each questionnaire was numbered 1-25 in order to identify each participant anonymously.

Each option on the Likert scale was given a numerical value. For instance the 3-point rating scale had a rating from one to three and the 5-point rating scale had a rating from one to five. Consequently, a single score was calculated for each participant and this lead to the overall result. The rating was as follows:

*3-point Likert scale:* 1=Agree; 2= Undecided; 3=Disagree

*5-point Likert scale:* 1=strongly agree; 2= agree; 3= neither agree or disagree; 4= disagree; 5= strongly disagree

For each individual item, responses were coded as correct (1); incorrect (0) and undecided (0) and missing data was coded 0 (Norman & Carr, 2003). Each participant yielded a knowledge score of which the range was 0-13. Higher scores indicated higher

levels of knowledge with regards to HIV transmission. Subsequently, knowledge scores were dichotomized into high knowledge that is to say participants who scored at least 77% (10-13) were coded as having high knowledge (1) and below 77% (0-9) were coded as low knowledge (0) (Norman & Carr, 2003).

For the section on attitudes towards PLWHA, participants responded to six statements. These had five-point response options on the Likert scale. The responses to each of the six items were dichotomised as to whether participants answered correctly (1) or incorrectly (0) and missing data (0). A collective measure of attitudes was calculated, summing the values of each individual item, yielding an attitude score for each participant (Norman & Carr, 2003). The theoretical range of the attitude measure was 0-6, with higher scores indicating positive attitudes towards PLWHA. For the purpose of analysis, these scores were dichotomised. Participants correctly identifying at least 75% of the items (at least 4 of 6) were coded as having positive attitudes (1) with remaining scores being coded as negative knowledge (0).

For the three open-ended questions in this section, the researcher had to read through all the responses. Similar ideas/responses were grouped into themes. Each theme was then coded. For instance positive attitudes were coded as 1 and negative attitudes were coded as 2, with 0 for missing data. The disadvantage of open-ended questions is that data collection is a long procedure and error can be likely due to variability in coding of responses (Bryman & Bell, 2007).

A nominal scale was used to measure the data collected. This is the simplest and most basic type of measurement. It uses symbols such as words or numbers to classify or categorise the values of a variable into groups or types (Christensen et al., 2011). For instance, the category of the variable gender was 1=female and 2=male.

The scores for each participant were recorded into the Statistical Package for the Social Sciences (SPSS). Frequency tables were then generated to tabulate results.

Completion of the questionnaire required approximately 10 minutes at the end of the meeting. The researcher left the room during this period.

### **3.6 Data analysis**

According to Christensen et al. (2011), as data are collected, they should be analysed for themes, patterns and meanings. Additionally data should be constantly checked for validity. The Statistical Package for Social Science (SPSS) program for Windows version 19 was used to analyse data. Microsoft excel was used to code the data collected, these were then transferred for analysis SPSS. A univariate analysis of the data was conducted for gender; age and race.

### **3.7 Ethical considerations**

The University of Stellenbosch Ethics Committee approved the research protocol. The Researcher got individual written consent from members of the Lions Club of Pretoria South club members in order to observe positive research ethics. The purpose of the study was explained to all the members of LIONS club of Pretoria South. The researcher ensured participants that confidentiality would be maintained at all times. Moreover, the study was based on anonymity. All the questionnaires were kept in secure lockable drawers during the course of the study. All data was entered into a password-protected computer.

## Chapter 4: Data Analysis and Interpretation

### 4.1 Introduction

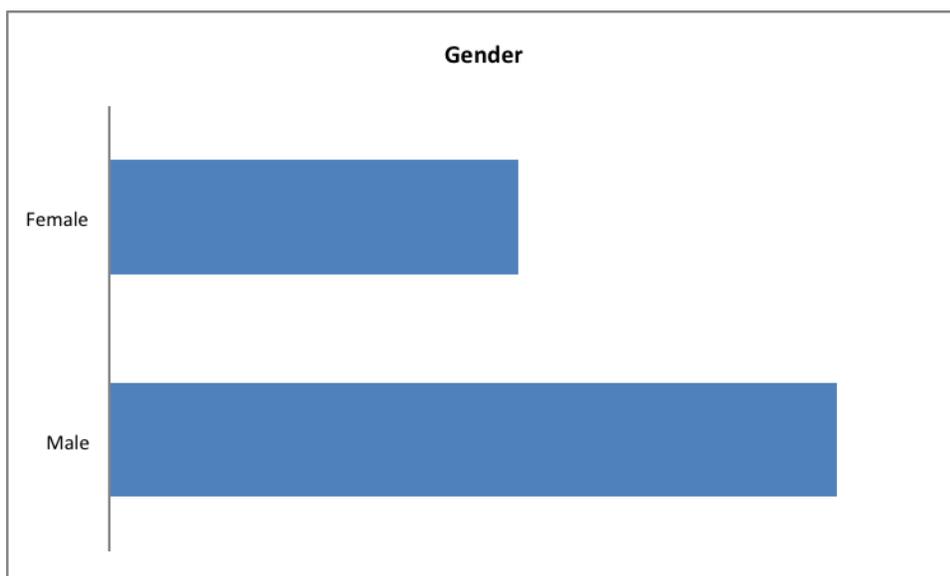
This chapter presents and analyses the findings from the research. The results are presented and interpreted below according to the different sections of the questionnaire i.e. demographics; knowledge on HIV/AIDS and attitudes towards PLWHA.

#### 4.1.1 Pilot study

The questionnaire was pilot tested on 5 people who were not selected to be part of the research sample. They were selected from the researcher's social group. The purpose was to identify problems and fix them before the actual research study was conducted. They gave feedback on problems encountered during completion of the questionnaire such as ambiguous statements (Christensen et al., 2011). The only change that was made was to Question 11 in the first section on knowledge on HIV/AIDS. It initially stated "A person can get HIV by coughing and sneezing" which was changed to "A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person."

### 4.2. Demographic Characteristics of Participants

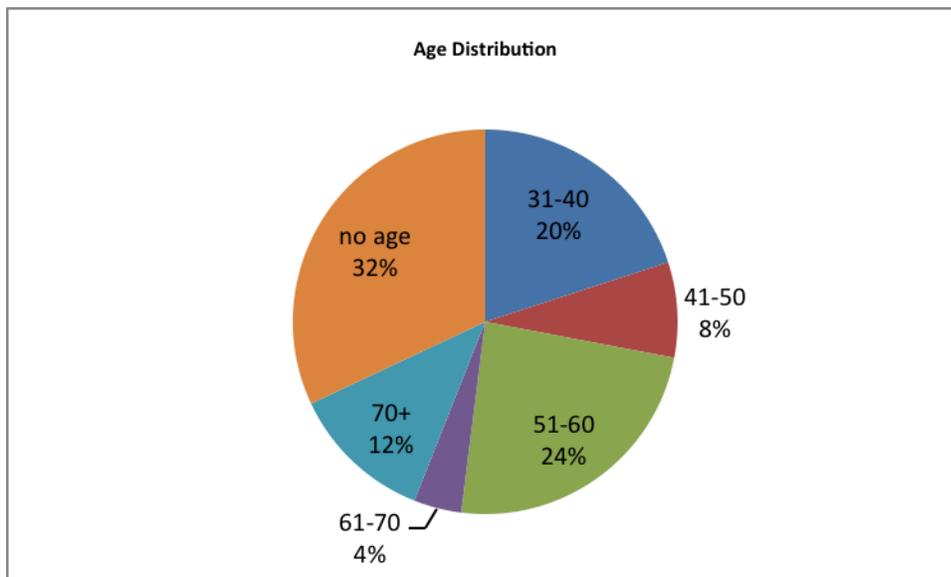
#### 4.2.1.: Gender Distribution



**Figure1: Bar chart indicating gender distribution of participants**

The results show that there are more males (16) than females (9) in the Lions Club of Pretoria South. This shows that the Club is predominantly male because from its inception, it was more of a club for men. However over the years the women, who are mostly the wives of the male members, decided to also meet separately at ladies get-togethers. Their role in the Club has evolved and women have community projects they head, as well as playing a supportive role in the community projects organised by the men.

#### 4.2.2: Age distribution



**Figure 2: Pie chart showing the age of participants**

The participants were aged between 31-76 years old. Age was categorised into five groups and coded as follows.

31-40 years old: 1

41-50 years old: 2

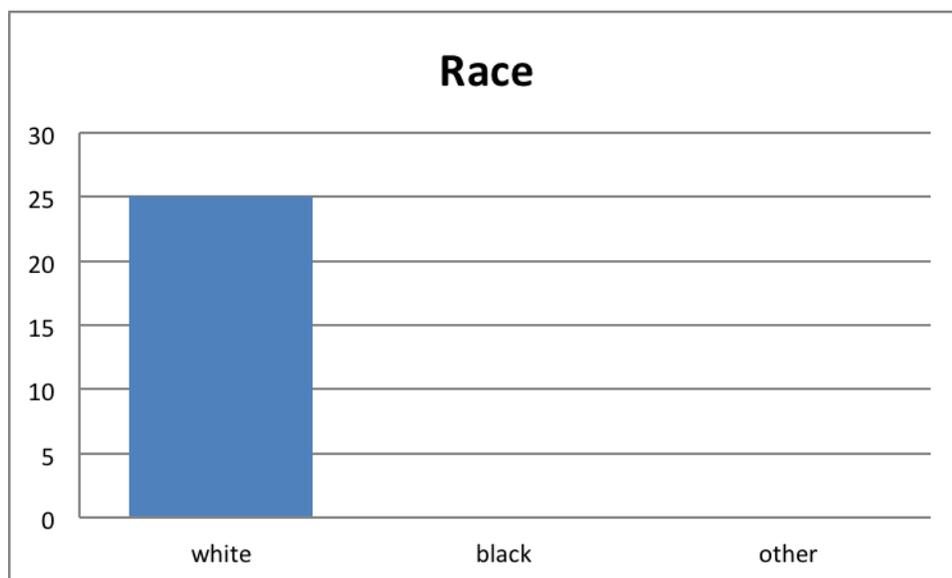
51-60 years old: 3

61-70 years old: 4

Over 70 years old: 5

Figure 2 shows that most participants fell in the 31-40 age groups. It is worth noting that 32% (6 males and 2 females) did not indicate their age.

### 4.2.3: Race Distribution



**Figure 3: Bar chart showing race of participants**

The club is made up of 100% white members. Therefore, Figure 3 shows that all participants who took part were white. It is worth noting that one white female participant indicated her age and gender, but did not indicate her race.

### 4.3 Knowledge on HIV/AIDS

This section analyses the data obtained from the participants responses on the basic knowledge of HIV/AIDS, namely physical appearance; transmission, prevention and treatment. This section had 13 statements, and responses were according to a 3-point Likert scale. The responses for each item were entered into SPSS and generated frequency tables for each item. The results are presented below.

#### **4.3.1 A person can be infected with HIV and still look healthy**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	21	70.0	84.0	84.0
	Undecided	4	13.3	16.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 1: A person can be infected with HIV and still look healthy**

In response to this question, Table 1 shows that most participants (n=21) agreed that a person could be HIV positive and still appear healthy. However, four out of the 25 participants were undecided, which shows that there are still people who might think that immediately a person becomes infected, their physical appearance deteriorates.

#### **4.3.2 Having more than one sexual partner can increase the person's chances of contracting HIV**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	24	80.0	96.0	96.0
	Disagree	1	3.3	4.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 2: Having more than one sexual partner can increase the person's chances of contracting HIV**

The above results indicate that 24 participants agreed to the fact that having more than one sexual partner can increase the person's chances of contracting HIV. Only one participant disagreed with this statement. HIV/AIDS transmission can be reduced by not engaging in multiple sexual relationships. This is because the chances of indulging in risky sexual behaviour mainly lack of condom use is high.

**4.3.3 HIV can be transmitted from mothers to babies**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	23	76.7	92.0	92.0
	Undecided	2	6.7	8.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 3: HIV can be transmitted from mothers to babies**

In total, 23 participants agreed that HIV can be transmitted from mothers to babies. This is a true fact because the virus can be transmitted to the baby before, during or after birth. However the chances of this occurring have been tremendously reduced due to the drug Nevirapine. Two participants were undecided whether HIV can be transmitted from mothers to babies. Avoiding mother to child transmission of HIV can reduce infant mortality in the short term by administering Nevirapine, as prophylaxis, which reduces chances of transmission to 1.9% (Bartlett, 2007). In the absence of such an intervention 15%-45% of children born to infected mothers will be infected (Barnett and Whiteside, 2002).

#### **4.3.4 A person can contract HIV by sharing the same utensils with an infected person**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	3	10.0	12.0	12.0
	Undecided	6	20.0	24.0	36.0
	Disagree	16	53.3	64.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 4: A person can contract HIV by sharing the same utensils with an infected person**

A total number of three respondents agreed that sharing utensils with an infected person could lead to HIV infection. Six participants were undecided and 16 disagreed that HIV can be transmitted by sharing utensils with an infected person. The results show that there might be misunderstandings as to whether the HIV virus can be transmitted by sharing utensils with an HIV positive person.

#### **4.3.5 Touching someone with HIV can lead to contracting the disease**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undecided	1	3.3	4.0	4.0
	Disagree	24	80.0	96.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 5: Touching someone with HIV can lead to contracting the disease**

No one agreed to the statement that touching someone with HIV/AIDS could lead to contracting the disease. One participant was undecided and 24 disagreed that a person can be infected by HIV/AIDS just by touching an HIV positive person.

#### ***4.3.6 A person has to consistently use condoms in order to protect against HIV infection***

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	21	70.0	84.0	84.0
	Disagree	4	13.3	16.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

***Table 6: A person has to consistently use condoms in order to protect against HIV infection***

Out of the 25 participants, 21 agreed that a person has to consistently use condoms in order to protect against HIV infection. No one was undecided and four participants disagreed with the statement. Condom use is imperative to avoid HIV transmission. However, the key word is consistency.

#### ***4.3.7 A person can get HIV by sharing a cup***

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	1	3.3	4.0	4.0
	Undecided	6	20.0	24.0	28.0
	Disagree	18	60.0	72.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

***Table 7: A person can get HIV by sharing a cup***

One participant agreed that a person could get HIV by sharing a cup. Six participants were undecided and 18 disagreed. From these results it seems to be there are misconceptions as to whether a cup can be the mode of transferring the virus.

#### **4.3.8 A person can get HIV by sharing a cigarette**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	4	13.3	16.0	16.0
	Undecided	4	13.3	16.0	32.0
	Disagree	17	56.7	68.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 8: A person can get HIV by sharing a cigarette**

Table 8 illustrates that 4 respondents agreed that a person can get HIV by sharing a cigarette. Four participants were undecided and 17 disagreed. There seems to be a mistaken belief that sharing a cigarette can transfer the HIV virus.

#### **4.3.9 A person can get HIV by sharing a toilet seat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	2	6.7	8.0	8.0
	Undecided	7	23.3	28.0	36.0
	Disagree	16	53.3	64.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 9: A person can get HIV by sharing a toilet seat**

Two respondents agreed that a person could get HIV by sharing a toilet seat. Seven respondents were undecided and 16 disagreed. The above results demonstrate that the response to the statement should perhaps be clarified to participants who were undecided and agreeing.

#### **4.3.10 A person can get HIV by contact with infected blood**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing in system	1	3.3	4.0	4.0
	Agree	21	70.0	84.0	88.0
	Undecided	3	10.0	12.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 10: A person can get HIV by contact with infected blood**

In total, 21 respondents agreed that a person could get HIV by contact with infected blood. Three participants were undecided and no one disagreed.

#### **4.3.11 A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	3	10.0	12.0	12.0
	Undecided	5	16.7	20.0	32.0
	Disagree	17	56.7	68.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 11: A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person**

Table 11 illustrates that three respondents agreed that a healthy person could get HIV if an HIV positive person coughs and sneezes near them. Five respondents were undecided and 17 disagreed. These results demonstrate that there could be misconceptions about this statement.

**4.3.12 Antiretroviral therapy should be taken for a lifetime**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	20	66.7	80.0	80.0
	Undecided	3	10.0	12.0	92.0
	Disagree	2	6.7	8.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 12: Antiretroviral therapy should be taken for a lifetime**

Out of a total of 25 participants, 20 agreed that antiretroviral therapy should be taken for a lifetime. This is a proven fact that the drugs increase a person's life span and improve the quality of life therefore the patient can continue to work and provide for their family. Three participants were undecided and two disagreed that ARVs are a lifetime commitment. The latter results seem to illustrate that there were misunderstandings about ARVs.

**4.3.13 There is a cure for HIV**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	3	10.0	12.0	12.0
	Undecided	2	6.7	8.0	20.0
	Disagree	20	66.7	80.0	100.0
	Total	25	83.3	100.0	
Missing	System	5	16.7		
Total		30	100.0		

**Table 13: There is a cure for HIV**

The results indicated that 20 respondents disagreed that there is a cure for HIV whereas three agreed. Two participants were not sure whether there is a cure or not. Antiretroviral treatment (ART) is the only current treatment that is able to increase the lifespan of a patient. It reduces the viral load in a patient, therefore making them less infectious. Table 13 highlights the fact that there seem to be misunderstandings as to whether there is a cure for HIV/AIDS or not.

**4.4 Attitudes**

This section will provide the results of how participants responded to 6 closed-ended statements rated using a 5-point Likert scale, as well as 3 open-ended questions.

#### **4.4.1 I would be willing to take part in LIONS Club projects involving people living with HIV/AIDS**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing in system	1	4.0	4.0	4.0
strongly agree	7	28.0	28.0	32.0
Agree	7	28.0	28.0	60.0
Undecided	6	24.0	24.0	84.0
Disagree	4	16.0	16.0	100.0
Total	25	100.0	100.0	

**Table 14: I would be willing to take part in LIONS Club projects involving PLWHA**

A total number of seven participants strongly agreed and seven agreed that they were willing to take part in projects involving PLWHA. Six participants were undecided and four disagreed. This shows that perhaps there are still levels of uncertainty surrounding the disease. This reflects the possibility of negative attitudes therefore knowledge on HIV transmission is essential. One person did not respond to this question.

#### **4.4.2 It is a waste of money to sponsor HIV/AIDS projects**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing in system	1	4.0	4.0	4.0
Agree	1	4.0	4.0	8.0
Undecided	3	12.0	12.0	20.0
Disagree	14	56.0	56.0	76.0
Strongly disagree	6	24.0	24.0	100.0
Total	25	100.0	100.0	

**Table 15: It is a waste of money to sponsor HIV/AIDS projects**

One participant agreed that it is a waste of money to sponsor HIV/AIDS projects; three were undecided. Fourteen participants disagreed and six strongly disagreed. This was

reflective that even though there were members who had negative attitudes towards this statement, the positive attitude i.e. it is not a waste of money to sponsor HIV/AIDS projects, outweighs it.

#### ***4.4.3 If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them***

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly agree	6	24.0	24.0	24.0
Agree	14	56.0	56.0	80.0
Undecided	4	16.0	16.0	96.0
Strongly disagree	1	4.0	4.0	100.0
Total	25	100.0	100.0	

***Table 16: If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them***

Out of a total of 25 participants, six strongly agreed, 14 agreed, four were undecided one strongly disagreed. This shows that feelings towards this statement are spread out, i.e. there are mixed reactions.

#### ***4.4.4 I would want to keep the HIV positive status of a family member a secret***

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly agree	6	24.0	24.0	24.0
Agree	7	28.0	28.0	52.0
Undecided	4	16.0	16.0	68.0
Disagree	6	24.0	24.0	92.0
Strongly disagree	2	8.0	8.0	100.0
Total	25	100.0	100.0	

***Table 17: I would want to keep the HIV positive status of a family member a secret***

Table 17 shows that two of the participants strongly disagreed that they would keep the HIV status of a family member a secret. Six participants disagreed; seven agreed; six strongly agreed and four were undecided. HIV/AIDS is still surrounded by stigma and discrimination. This is probably the reason why people are still very cautious about revealing their HIV positive status or that of someone else.

#### ***4.4.5 A person would be foolish to have a baby knowing that they are HIV positive***

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	11	44.0	44.0	44.0
	Agree	8	32.0	32.0	76.0
	Undecided	1	4.0	4.0	80.0
	Disagree	4	16.0	16.0	96.0
	Strongly disagree	1	4.0	4.0	100.0
	Total	25	100.0	100.0	

***Table 18: A person would be foolish to have a baby knowing that they are HIV positive***

Eleven participants strongly agreed to the above statement, while eight agreed; one participant was undecided; four disagreed and one respondent strongly disagreed.

#### ***4.5.6 I would not have a problem having protected sex with a partner who has HIV/AIDS***

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	2	8.0	8.0	8.0
	Agree	5	20.0	20.0	28.0
	Undecided	2	8.0	8.0	36.0
	Disagree	5	20.0	20.0	56.0
	Strongly disagree	11	44.0	44.0	100.0
	Total	25	100.0	100.0	

**Table 19: I would not have a problem having protected sex with a partner who has HIV/AIDS**

Eleven respondents strongly agreed to the above statement while five agreed; two were undecided and 11 strongly disagreed. As long as safe sex is practiced that is to say consistent and correct use of condoms, both male and female, the risk of HIV transmission could be reduced.

**4.5.7 How would you feel if you had to hug and shake hands with people living with HIV/AIDS?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing in system	3	12.0	12.0	12.0
positive	18	72.0	72.0	84.0
negative	4	16.0	16.0	100.0
Total	25	100.0	100.0	

**Table 20: How would you feel if you had to hug and shake hands with people living with HIV/AIDS?**

A total number of 18 participants said they would not have a problem. One respondent said they would not have a problem because they would not be at risk; provided there are no open sores or wounds; accept the situation; ok does not affect me. Four participants expressed negative attitudes such as uncomfortable; tentative; and three participants did not respond to the question.

#### **4.5.8 How would you feel if an HIV positive person would become a LION President of the Lions Club of Pretoria South?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing in system	4	16.0	16.0	16.0
positive	20	80.0	80.0	96.0
negative	1	4.0	4.0	100.0
Total	25	100.0	100.0	

**Table 21: How would you feel if an HIV positive person would become a LION President of the LIONS Club of Pretoria South**

Out of a total number of 25 participants, 20 expressed positive attitudes such as ok; no problem; don't mind; accept the situation; and one participant contradicted himself by stating, "no problem depends on how they contracted the disease. Four participants did not respond.

#### **4.5.9 How can you support people living with HIV/AIDS in the community?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing in system	6	24.0	24.0	24.0
positive	19	76.0	76.0	100.0
Total	25	100.0	100.0	

**Table 22: How can you support people living with HIV/AIDS in the community**

Nineteen respondents made positive statements which included helping in projects; with love; information and support; knowledge; health advise; caring; good food and vegetables; treat them as anyone else but not become intimate; support them with ARVS; accepting them and not rejecting them; training; support confidentiality. 6 either did not respond to the question or simply stated undecided.

## **Chapter 5: Discussion & Recommendations**

### **5.1. Introduction**

The study was conducted in order to determine the knowledge of HIV/AIDS and attitudes towards PLWHA of LIONS club members of Pretoria South. This chapter will make a final conclusion from the data derived in Chapter 4, in order to make recommendations in addressing attitudes towards PLWHA.

### **5.2 Demographic Characteristics of participants**

The sample was made up of 16 males and nine females. The 31-40 age groups had the highest number of participants (n=5). The age group with the least representation was the 61-70 age groups (n=1). However, six participants did not indicate their age.

### **5.3 Race**

All participants were white because the Club has a majority of white members. This is due to the fact that being situated in Pretoria South; the geographical location greatly determines the Clubs membership.

### **5.4 Knowledge Scores**

The first objective of the study was to identify the existing knowledge score of HIV/AIDS that the LIONS club members of Pretoria South had. This is presented in the frequency table below.

		Knowledge score		Total
		low knowledge	good knowledge	
Gender	female	6	3	9
	male	5	11	16
Total		11	14	25

**Table 23: Knowledge score**

The results illustrate that there exists a good level of basic knowledge about HIV/AIDS in the Lions Club of Pretoria South (n=14).

Generally, the respondents showed a high level of knowledge regarding HIV and AIDS specifically transmission; sexual contact, vertical transmission, contact with infected blood and prevention. These results corroborate with the findings of Tee and Huang (2009) who examined the knowledge of HIV/AIDS and attitudes toward people living with HIV among the general staff of a public university in Malaysia. Their finding was that respondents showed a high level of HIV/AIDS knowledge, which assessed the modes of transmission. Similarly, Dana et al. (2008) in their study to explore knowledge, attitudes, beliefs and practices related to HIV/AIDS, also concluded that generally respondents have a good knowledge of HIV/AIDS.

This study illustrated that there are still areas of knowledge that need to be clarified due to existing misconceptions about how HIV is and is not contracted. This involves primarily physical contact. For instance, there were four participants who were not sure if an HIV positive person could look physically healthy. Currently it is possible with the introduction of ARVs. With regards to sharing utensils, some members (n=3) agreed that sharing utensils could transmit the virus. There is also uncertainty as to whether HIV can be transmitted via a toilet seat or by sharing a cigarette. This also applies to whether an HIV positive person can spread the virus if they cough or sneeze. With regards to ART, there was uncertainty whether the medication should be taken for a lifetime or not. Correspondingly there were members who stated that there is a cure for HIV/AIDS.

### ***5.5 Attitudes towards PLWHA***

The second objective of this study was to identify the attitudes of members towards PLWHA. The results showed that participants demonstrated positive attitudes in general, towards PLWHA. However, there are a few who still have stigma as reflected by responses such as 'it depends how they got the disease'. Some might unconsciously express stigma through statements such as "it does not affect me".

It is worth noting that negative attitudes and stigma deter HIV prevention, testing and efforts for PLWHA to seek care and support. Members need to be aware that having HIV/AIDS is not a death sentence. PLWHA can still continue to have a fruitful life as long as they adhere to treatment, and engage in healthy sexual behaviours such as consistent and correct condom use, not missing follow-up visits with health care practitioners; and eating healthy meals.

## **5.6 Recommendations**

### **5.6.1 Recommendations based on the findings of for knowledge on HIV/AIDS**

Firstly a feedback session is required in order to inform participants of the correct answers to the knowledge statements. During this session, questions and concerns will be addressed at an HIV/AIDS awareness workshop. This study has highlighted the fact that a workshop to address misconceptions and misunderstanding about HIV/AIDS needs to be facilitated. This workshop should address modes of transmission as well as modes of transmission of the HIV virus; prevention; treatment and care.

### **5.6.2. Recommendations based on findings related attitudes towards PLWHA**

A feedback session should be conducted to discuss the statements and questions presented in the questionnaire. The findings from this study are that generally participants were willing to be involved in projects involving PLWHA. Those who expressed negative attitudes might just need clarification on issues such as ARVs.

In general, education regarding HIV/AIDS will always be a key component in the strategy to prevent stigma and discrimination (Pirie & Coetsee, 2006, De Bryn, 1998). Storytelling can be introduced as a form of informal education (Zeelen et al., 2010). This can be very appealing to the LIONS Ladies because the ladies meetings are more informal. Here, experiences and ideas can be shared. Providing awareness on HIV/AIDS should be an ongoing process in the LIONS Club of Pretoria South. This study is the first step towards that.

Additionally, since the LIONS Club members generally have positive attitudes towards PLWHA, it is recommended that they initiate community projects such as collecting healthy food and vegetables to distribute to PLWHA in the community; setting aside time to go and give emotional support to PLWHA and perhaps to set up a fund that can assist to provide transport to the clinics and hospitals for follow-up visits for those who cannot afford transport.

### **5.7 Limitations of the study**

The study had the following limitations:

- The sample size was too small ( $n=25$ ) and was not representative of the general community of LIONS Clubs in Pretoria, as well as the LIONS Club International in Pretoria. The day the questionnaire was circulated, not all club members attended the meeting.
- The sample was convenience sampling therefore opinions may not reflect the opinions of the entire members of the members of LIONS Club of Pretoria South.
- A pre and post test survey could have been conducted in order to have a clearer picture of the already existing knowledge of HIV/AIDS and attitudes towards PLWHA

### **5.8. Further research**

Further research could be conducted on a larger scale to get a broader picture of the knowledge on HIV/AIDS as well as attitudes towards PLWHA. This should include LIONS Clubs in the whole of Pretoria.

### **5.9 Conclusion**

The purpose of this study was to determine the HIV/AIDS knowledge levels and attitudes towards people living with HIV/AIDS of LIONS Club members of Pretoria South. This was done so to identify potential pitfalls (e.g. negative attitudes of members towards HIV/AIDS) that may influence the roll out of planned HIV/AIDS campaigns in a negative manner; as well as to make recommendations on how the LIONS Club can be involved in future projects related to HIV/AIDS. The results showed there are high levels

of knowledge and positive attitudes. This is reflective that the LIONS Club members of Pretoria South are very accommodating. The next step is to come together and brainstorm on ways to actively reach out to PLWHA. This will uphold the LIONS Club International motto "We Serve".

## References

- Arachu, C., Farmer, P. (2005). Understanding and Addressing AIDS-related stigma: From anthropological theory to clinical research in Haiti. *American Journal of Public Health*. January 95(1):53-59. Retrieved 04 January 2012 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449851/>
- Bowling, A. (2009). *Research Methods in Health (3rd ed.)*. McGraw Hill.
- Bryman, A., Bell, E. (2007). *Business research methods (3rd ed.)*. New York: Oxford University Press.
- Christensen, L. B. (2004). *Experimental Methodology (9th ed.)*. Boston: Pearson Education, Inc.
- Christensen, L. B.; Johnson, B. and Turner, L. A. (2011). *Research Methods, Design, and Analysis (11th Edition)*. Pearson.
- Definition of attitude. Retrieved 05 January 2012 from: [http://www.lessons4living.com/what\\_is\\_an\\_attitude.htm](http://www.lessons4living.com/what_is_an_attitude.htm).
- Definitions of stigma and discrimination. Retrieved 22 March 2011 from <http://www.hivaidstigma.org/go/resources/definitions-of-stigma-and-discrimination>
- Disparities in attitudes towards PLWHA: a nationwide study. Retrieved 22 March 2011 from: <http://www.hsrc.ac.za/Document-482.phtml>
- Genberg, B.; Hlavka, Z.; Konda, K.; Mamanc, S.; Chariyalertsak, S.; Chingono, A.; Mbwambo, J.; Van Rooyen, H. and Celentan, D. (2009). A comparison of HIV/AIDS-related stigma in four countries: Negative attitudes and perceived acts of discrimination towards people living with HIV/AIDS. Retrieved 21 March 2011 from [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)

Herek, G. (1990). Illness, stigma and AIDS. Lecture delivered at the meeting of the American Psychological Association, New Orleans, Los Angeles

Herek, G. (1999). Aids and stigma. Retrieved 21 March 2011 from [http://psychology.ucdavis.edu/rainbow/html/abs99\\_intro.pdf](http://psychology.ucdavis.edu/rainbow/html/abs99_intro.pdf)

Herek, G.; Capitanio, J. and Widaman, F. (2002). HIV related stigma and knowledge in the United States: Prevalence and trends, 1991-1999. American Journal of Public Health, Volume 92, No. 3

HIV/AIDS, stigma and discrimination. Retrieved 21 March 2011 from <http://www.avert.org/hiv-aids-stigma.htm>

Interventions to Reduce HIV/AIDS Stigma: What Have We Learned? Horizons Program Tulane University. Retrieved 22 March 2011 from <http://brownschool.wustl.edu/sites/DevPractice/HIVAIDS%20Reports/Interventions%20to%20Reduce%20HIV%20and%20AIDS%20Stigma.pdf>

Jackson, H. (2002). AIDS Africa: Continent in crisis. SAfAIDS

Kalichman, S.; Simbayi, L.; Jooste, S.; Toefy, Y.; Cain, D.; Cherry, C. and Kagee, F. (2004). Development of a brief scale to measure AIDS related stigma in South Africa. Retrieved 22 March from <http://www.springerlink.com/content/g065577pt4173037/>

Kalichman, S.C., Simbayi, L.C. (2003 ). HIV testing attitudes, AIDS stigma, and voluntary HIV counseling and testing in a black township in Cape Town, South Africa. Retrieved 21 March 2011 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1744787/pdf/v079p00442.pdf>

Lau, J.T. and Tsui, F.H.Y.(2004). HIV in China: Discriminatory attitudes towards people living with HIV/AIDS and associated factors: a population based study in the Chinese general population. Retrieved 25 March from <http://sti.bmj.com/content/81/2/113.short>

Link, B., Phelan, J. (2006). Background paper on Stigma and its Public Health Implications. Retrieved 04 January 2012 from <http://www.stigmaconference.nih.gov/LinkPaper.htm>

Mahajan, A., Sayles, J., Patel, V., Remiers, R., Oritz, D., Szekeres, G., et al. (2008, August). *Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward.*

Mahajan, A., Sayles, J., Patel, V., Remiers, R., Oritz, D., Szekeres, G., et al. (2008, August). *Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward.* Retrieved 28 March 2011 from [http://journals.lww.com/aidsonline/Fulltext/2008/08002/Stigma\\_in\\_the\\_HIV\\_AIDS\\_epidemic\\_\\_a\\_review\\_of\\_the.10.aspx](http://journals.lww.com/aidsonline/Fulltext/2008/08002/Stigma_in_the_HIV_AIDS_epidemic__a_review_of_the.10.aspx)

Norman, L. and Carr, R. (2003). The role of HIV knowledge on HIV related behaviours: A hierarchical analysis of adults in Trinidad. *Health Education*, Volume 103, No. 3, 2003.pp145-155

Olasupo-Ogunjuyigbe, P.; Olugbemiga-Adeyemi, E.; Obiyan, M. (2005). Attitudes towards people living with HIV/AIDS: Implications for infection and spread in Lagos State, Nigeria. Retrieved 03 April 2011 from <http://journal.shouxi.net/qikan/articla.php?id=473776>

Pirie, M., and Coetsee, W. (2006), *The Effectiveness of High Levels of Knowledge Regarding HIV/AIDS in Reducing Discriminatory Attitudes and Behaviour Towards HIV infected People*. SA Journal of Human Resource Management, 4 (1), 1-11. Retrieved 23 March 2011 from [www.sajhrm.co.za/index.php/sajhrm/article/download/82/82](http://www.sajhrm.co.za/index.php/sajhrm/article/download/82/82)

Stigma and the general population. Retrieved 04 April 2011 from [http://hab.hrsa.gov/publications/stigma/stigma\\_and\\_the\\_general\\_population.htm](http://hab.hrsa.gov/publications/stigma/stigma_and_the_general_population.htm)

Stigma, discrimination and attitudes to HIV & AIDS. Retrieved 28 March 2011 from <http://www.avert.org/hiv-aids-stigma.htm>

Tavoosi, A.; Zaferani, A.; Enzevaei, A.; Tajik, P.; Ahmadinezhad, Z. (May 2004). Knowledge and attitude towards HIV/AIDS among Iranian students Tehran University of Medical Sciences, Tehran, Iran. Retrieved 25 March 2011 from <http://www.biomedcentral.com/1471-2458/4/17>

Tee, Y., Huang, M. (2009). Knowledge of HIV/AIDS and attitudes towards people living with HIV among the general staff of a public university in Malaysia. Journal of Social Aspects of HIV/AIDS. VOL. 6 NO. 4 December pp. 179-186

Van Dyk, A. (2008). HIV/AIDS care and counseling: A multidisciplinary approach (4<sup>th</sup>. Ed.). Pearson Education

Visser, M., Visser, E.; Makin, J and Lehobye K. (2006), Stigmatizing Attitudes of the Community Towards People Living with HIV/AIDS. Retrieved 29 March 2011 from <http://onlinelibrary.wiley.com/doi/10.1002/casp.v16:1/issuetochttp://onlinelibrary>.

Yap, M.; Ineson, E. (2010). Hospitality manager's knowledge of HIV and HIV education: an exploratory study. International Journal of Contemporary Hospitality Management Volume 22. No. 1, pp66-81

Zeelen, J.; Wijbenga, H.; Vintges, M.; de Jong, G.(2010). Beyond silence and rumour: storytelling as an educational tool to reduce the stigma around HIV/AIDS in South Africa. Health Education Volume 110. No. 5, pp382-398

Zhang, L.; Xiamong, I.; Mao, R.; Stanton, B.; Zhao, Q.; Wang, B. and Mathur, A. (2008). Stigmatising attitudes towards people living with HIV/AIDS among college students in China: Implications for HIV/AIDS education and prevention. Health Education Volume 108, No.2.

## **Appendix A**

### Questionnaire

The aim of this study is to assess the knowledge of HIV/AIDS and attitudes towards people living with HIV/AIDS (PLWHA) of LIONS club members of Pretoria South, in order to increase awareness about HIV/AIDS amongst members of the LIONS Club of Pretoria South.

This study will be instrumental in raising HIV/AIDS awareness concerning basic knowledge about the disease as well as gaining a better understanding of what people's perceptions are of PLWHA.

Please note that confidentiality and anonymity is assured.

Age:

Gender:

Race:

Circle the number according to your desired response

	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>
1.A person can be infected with HIV and still look healthy	3	2	1
2.Having more than one sexual partner can increase the persons chances of contracting HIV	3	2	1
3.HIV can be transmitted from mothers to babies	3	2	1
4.A person can contract HIV by sharing the same utensils with an infected person	3	2	1
5.Touching someone with HIV can lead to contracting the disease	3	2	1
6.A person has to consistently use condoms in order to protect against HIV infection	3	2	1
7.A person can get HIV by sharing a cup	3	2	1
8. A person can get HIV by sharing a cigarette	3	2	1
9. A person can get HIV by sharing a toilet seat	3	2	1
10. A person can get HIV by contact with infected blood	3	2	1
11. A person can get HIV if they are exposed to the coughing and sneezing of an HIV positive person	3	2	1
12. Antiretroviral therapy should be taken for a lifetime	3	2	1
13. There is a cure for HIV	3	2	1

	<b>Strongly agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. I would be willing to take part in LIONS Club projects involving people living with HIV/AIDS	5	4	3	2	1
2. It is a waste of money to sponsor HIV/AIDS projects	5	4	3	2	1
3. If I knew an HIV positive person wanted to join the LIONS Club, I would welcome them	5	4	3	2	1
4. I would want to keep the HIV positive status of a family member a secret	5	4	3	2	1
5. A person would be foolish to have a baby knowing that they are HIV positive	5	4	3	2	1
6. I would not have a problem having protected sex with a partner who has HIV/AIDS	5	4	3	2	1

1. How would you feel if you had to hug and shake hands with people living with HIV/AIDS?
2. How would you feel if an HIV positive person would become a LION President of the Lions Club of Pretoria South?
3. How can you support people living with HIV/AIDS in the community?

Thank you for completing this questionnaire.