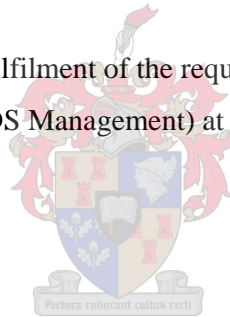


**AN INQUIRY INTO THE EFFECT OF VOLUNTARY  
COUNSELING AND TESTING ON MITIGATING THE  
SPREAD OF HIV AND AIDS AMONG HIGH SCHOOL  
TEACHERS TEACHING IN MDANTSANE**

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## **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 owner thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety, or in part, submitted it for obtaining any qualification.

**March 2010**

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## **ABSTRACT**

This research investigates the effect that VCT (Voluntary Counselling and Testing) has on mitigating the spread of HIV and AIDS among high school teachers teaching in the Mdantsane suburb of East London in the Eastern Cape. An overview of studies addressing VCT is outlined in the literature review. The positive impact of VCT on HIV and AIDS infection is dealt with as well as reasons for the fear participants experience when HIV testing is addressed.

Methods used to collect data have been dealt with. Data collected through questionnaires includes background information about teachers, their opinions and experiences about VCT whether they have undergone this service and how do they feel about it. Areas of concern about VCT e.g. the importance of counsellors, confidentiality, geographical issues that affect the availability of this service and also how HIV positive teachers relate to those who are negative, are also dealt with.

The analysis of this data shows that VCT is a necessity as this service provides teachers with relevant information which when obtained earlier can result in one's HIV status being known, thus resulting in medical service being made accessible. The importance of more awareness campaigns about VCT and about conducting more research has proved to be necessary so that teachers know more about this service. Although HIV and AIDS policies and work programmes are available in our schools, some participants have shown that these are not known to them, whilst others admit that these policies are available in their schools but that their contents are meaningless to them as nothing is being done about them as they were not involved in the drawing up of these policies. If VCT is part of the HIV and AIDS policy of the Department of Education, knowledge about its importance cannot be meaningful if these policies do not have economic and social meaning for the teachers. Due to cultural beliefs, some teachers feel that it is not important for them to be tested for HIV as the result might bring about fears of death and rejection by partners, colleagues as well as family members.

## **OPSOMMING**

Hierdie navorsing ondersoek die uitwerking wat VRT (Vrywillige Raadgewing en Toetsing) het op die verligting van die verspreiding van MIV en VIGS onder onderwysers in Mdantsane, 'n buurt buite Oos-Londen in die Oos-Kaap. Vorige navorsers se beskouings van hierdie noodsaaklike diens is in die literatuurstudie behandel. Die positiewe impak van VRT op MIV infeksie word behandel sowel as die redes vir respondente se vrese wanneer MIV toetsing behandel word.

Metodes gebruik vir data insameling word bespreek. Data ingevorder deur vraelyste sluit in: agtergrond inligting oor onderwysers, hul opinies en ondervinding van VRT, of hulle hierdie diens benut het en hoe hulle daarvoor voel. Areas van bekommernis oor VRT bv. die belangrikheid van beraders, vertroulikheid, geografiese kwessies wat die beskikbaarheid van hierdie diens beïnvloed, en die verhoudings tussen MIV positiewe onderwysers met die wat negatief is, word ook behandel.

Die ontleding van hierdie data toon aan dat VRT 'n noodsaaklikheid is, aangesien hierdie diens die onderwysers met die toepaslike inligting verskaf, wat as dit vroeër verskaf word kan die relevante dienste vroeër verskaf word. 'n Gebrek aan inligting en onkunde vertoon deur die onderwysers bevestig dat meer bewustheidsveldtogte en navorsing aangepak moet word. Di het geblyk dat meer VRT bewusmakingsveldtogte en meer navorsing nodig is om onderwysers meer oor hierdie diens in te lig. Alhoewel MIV en VIGS beleide en werksprogramme in ons skole beskikbaar is, het van die respondente gevoel dat hierdie volgens hulle redelik onbekend is. Ander wat bewus was dat hierdie beleide in die skole beskikbaar is het gevoel dat hul inhoud niksbeduidend vir hulle is omdat niks omtrent hulle gedoen word nie omdat hulle nie betrokke was met die ontwerp van hierdie beleide nie.

As VRT deel van MIV en VIGS beleid is, kan kennis oor die belangrikheid hiervan nie betekenisvol wees as hierdie beleide nie ook ekonomiese en sosiale betekenis het vir die wat deelneem nie. Weens kulturele menings voel van die onderwysers dat MIV toetsing nie belangrik is nie, omdat die uitkoms dalk vrees vir die dood en verwerping deur 'n eggenoot, kollega en gesinslede veroorsaak.

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## **Chapter 1: Introduction**

### **1.1 Voluntary Counselling and testing (VCT) and the high rate of HIV infection among teachers.**

Voluntary counselling and testing (VCT) is a process by which an individual undergoes counselling, enabling him or her to make an informed choice about being tested for HIV. Knowledge of sero status through VCT can be a motivating force for HIV positive and negative people alike to adopt safer sexual behaviour which enables sero positive people to prevent their sexual partners from getting infected and those tested sero negative to remain negative (UNAIDS: 2002).

VCT services are applicable to any context anywhere in the world and consist of the following **principles**:

- The service provided must be confidential
- Attendance is voluntary
- All clients should be offered both pre-test and post-test counselling
- Clients who test HIV-positive should not be discriminated against
- Clients should have access to ongoing prevention, care and support (Baggarley & Oberzaucher: 2002).

Although all VCT programmes embrace these principles, different Government departments take a variety of approaches to VCT service delivery, depending on their particular focus on specific client groups, and or emphasis on VCT as entry points to specific interventions. In all departments, academic staff e.g. teachers as well as non academic staff are infected and affected by HIV and AIDS pandemic.

This results in a high rate of absenteeism due to illness and death. Social and economic aspects of a developing country like South Africa and the Eastern Cape Province in particular are affected. Teachers' work is heavily affected by absenteeism as learners suffer a lot if their teachers are not there to provide them with knowledge and skills. The Department of Education is also affected economically as substitute teachers have to be employed so that learning and teaching continue. This is very costly but it needs to be done so that learners are not denied their basic right to education.

## **1.2. Teachers' attitudes towards VCT**

Initially, many people, including teachers and health care professionals had felt that there was no reason to test for HIV, as not much could be done for people if they were found to be HIV positive. Attitudes towards testing are likely to change as more effective primary and secondary treatments become available, and as the social stigma associated with HIV infection decreases. The decision to have an HIV test is complex as some people do not have enough information about it. Ultimately, the decision to test depends on the doctor's clinical judgement, the patient's personal views and psychological circumstances (Bor et al: 2001).

Teachers are no exception as their negative attitudes concerning information about VCT and its impact on HIV and AIDS infection are also affected just like other members of the community. This has encouraged that an investigation be conducted to find out how and why this service might be seen necessary in encouraging the prevention of HIV and AIDS infection.

## **1.3. Statistical report of research done by the Human Sciences Research Council and the Medical Research Council**

A report from a research consortium comprising the Human Sciences Research Council (HSRC) and the Medical Research Council (MRC) of South Africa focused on HIV and AIDS in South African public schools. This research was prepared for the Education Labour Relations Council (ELRC) in South Africa and its aim was to explore the impact of HIV and AIDS on the supply and demand of educators in the education sector. Its primary objectives were to determine the prevalence of HIV and tuberculosis (TB) to establish the attrition rate among teachers in public schools.

This survey combined behavioural risks questionnaire based survey methods with biological HIV Testing (either saliva or blood samples) and with archival research on existing school records (Shisana et al: 2005). The results were as follows: of those teachers who gave an HIV specimen, 7% were found to be HIV positive, and this did not differ by gender. The prevalence was highest in the 25-34 years age group (21.4%), with women having higher rates than men with those over 55 years having the lowest prevalence of 31%. Within the highest prevalence age group, major racial differences were apparent, whereby

black Africans were greatly over-represented in comparison to the other groups. HIV prevalence was highest in rural areas, followed by informal settlements in urban areas.

This report shows that relevant and important knowledge and skills are needed for teachers more especially if HIV and AIDS can be seen as a threat to our society, as enough good hands in the next decade are needed for South African children who need to be educated.

Redeployment of teachers is rife in our country and it has a negative impact on family structures and also encourages the spread of HIV and AIDS. Teachers are temporarily and physically removed from their loved ones to be placed in other unfamiliar and unfavourable environments where they are unable to be provided with support by their families if they are affected and infected by HIV and AIDS.

#### **1.4 Research objectives**

The main aim of this research was to determine the effect of VCT in mitigating the spread of HIV and AIDS which is a product of various campaigns conducted by a variety of agencies and organisations within and outside of government. Teachers from Masixole and Sinthemba high schools participated in this research. This evaluation places emphasis on where, when and how teachers in each of these two schools receive information about HIV and AIDS and how the manner, form and content of the communication impacts on them in different ways.

#### **1.5 Specific objectives**

The specific objectives of this research were:

- To assess knowledge, attitudes, beliefs and practice's profile of teachers in the two high schools.
- To explore aspects that are beyond awareness campaigns or interventions that take place in and outside our schools.
- To identify enabling and reinforcing factors that promise to make the most marked and sustained difference in promoting HIV preventive behaviour and a culture of HIV and AIDS care.
- To encourage teachers to go for VCT as this might address fear of test results more than accessing services that could promote positive health.



## **Chapter 2; Literature Review**

### **2.1 Introduction**

Data collected has shown that VCT contributes significantly towards the mitigation of the negative impact of the HIV/AIDS pandemic, more especially if our school communities can know and be encouraged to take VCT as a necessity towards dealing with the spread of HIV and AIDS infection. Family Health International (FHI) argues that it is only twelve percent of people globally that has access to HIV counselling and testing whilst 180 million people a year need to be voluntarily tested in order to reach World Health Organization goals (FHI: 2004).

The reason for this is that counselling and testing might encourage people's perceptions of their vulnerability to HIV. Also, VCT can be a motivating force to protect oneself and to seek care and treatment. VCT is seen as a cost-effective strategy that facilitates behaviour change as it is an important component of a comprehensive HIV and AIDS programme for example, prevention and care. Whether tested positive or negative, the fact remains that anxiety can be alleviated and the clients' vulnerability to HIV and AIDS be known. Support groups can be formed to help individuals cope with their HIV status, whilst others can change their behaviours and become role models. Pre and post counselling is a service necessary for testing as there is information that the clients need from counsellors or doctors. The counsellors also provide them with a conducive environment to ask questions that they might have about the testing process.

Working in partnership with government, international and local partners can encourage the development of a national HIV and AIDS Policy that can incorporate VCT into government health care facilities and train government employees in providing these services (FHI: 2005). In Kenya the FHI for HIV and AIDS contributed to the rapid scale-up of 79 VCT sites that tested more than 127,000 people in 2005. There were referral services that allowed clients to make immediate and active responses when learning about their HIV status, and also taking advantage of care and treatment options or finding family planning clinics (FHI: 2005).

Hublely argues that there are two main areas of HIV counselling that take place. These are pre and post testing. These areas focus on educating the infected persons so that they can understand the nature of their problem, explanation of the available treatment options and

outlining ways to prevent others from being infected by them (Hubley: 2002).

Support in anxiety and other physical needs that people go through in the course of their illnesses, especially when the person has enjoyed good health previously, is needed. If the illness has long term implications, a number of anxieties will surface, for example shock, fear, anxiety and despair. It is this state of affairs that might invite VCT, whereby counselling might need to be handled with sensitivity but can be effectively used with engagement of couples as part of marriage preparations, couples planning their families whilst others need to be informed in relevant matters of health (Hubley: 2002).

Willies argues that women of childbearing age, have special needs, counselling being one of these needs, with the aim of helping her to take necessary actions to ensure that this woman does not become infected. Counselling can protect her own health, that of her sexual partner and family, including her future children. The following topics need to be raised in counselling session:

- ~ Disclosure of results to male partners and or to the other significant family or community members.
- ~ The effect of pregnancy on HIV infection.
- ~ The risk of transmission to the baby during pregnancy, delivering and breast feeding.
- ~ Termination of pregnancy options (Willies: 2002).

## **2.2. VCT models and their service delivery**

VCT service centres have models, for example, the direct sites or stand alone models. These sites are not associated with an existing medical institution and usually have their staff focusing only on VCT. These models have benefits and challenges but with only one aim of providing VCT. Integrated models have VCT as an integral part of other ongoing, usually public sector, and health care services such as hospitals, clinics, NGO models, private sector models, public sector model and mobile/outreach models (FHI: 2003).

These VCT service delivery centres play a huge role in the management of HIV and AIDS infection as they provide infected and affected teachers with the service that they need to mitigate the spread of HIV and AIDS. Information and skills on how to live a positive life, is obtained in these centres.

### **2.3. VCT and resource constrained countries**

From the 43 million persons living with AIDS around the world, 90 percent live in resource constrained countries. Despite the very high number of people already infected, it is estimated that less than 10 percent are aware that they are infected mainly because of the limited availability, access, and use of VCT for HIV (FHI: 2005).

The barrier of having a limited access and use of VCT affects response to the AIDS epidemic, as people have to know if they are infected in order to access services. Because of the recognized importance of HIV and VCT in national AIDS control programs, HIV and VCT services are in various stages of development in many resource constrained countries. Where available, these services are implemented by Non Governmental Organizations (NGOs), public and private health care centres (Van Rooyen: 2001).

Though centres for VCT services play a major role in mitigating the spread of HIV and AIDS, these resource countries are not available everywhere in our country due to many reasons. Sometimes the structures are there but there are not enough facilities, for example well trained counsellors as well as medication like anti-retrovirals.

### **2.4. Advantages of VCT**

VCT is seen as a service that brings about relief from anxiety of not knowing one's HIV status and it helps to motivate people to change their behaviours. VCT allows for planning pregnancy and also termination of pregnancy (TOP) or infant feeding options. More effective management of opportunistic infection can be carried out and people encouraged to focus on healthy life styles.

These advantages encourage teachers to go for VCT regularly and that might encourage them to have a positive attitude towards having positive lifestyles. This can contribute a lot in mitigation the spread of HIV/ AIDS.

### **2.5. Disadvantages of VCT**

VCT may sometimes jeopardize one's employment opportunities as some employers are not fully informed about HIV testing and the law. Unemployed people can experience problems in accessing expensive drugs as they might have financial constraints. Obtaining insurance policies or mortgage facilities can also create a problem when one knows his positive HIV

status.

Loss of self confidence, avoidance, self imposed isolation and loss of control over one's life are the negative results of the stigma attached to the positive HIV status.

Life of uncertainty regarding when one will start showing symptoms of sickness is also a problem as it creates fears of death. Possible problems in relationship with family members, friends and colleagues when it is discovered that one is HIV positive can be experienced as this has to do with attachment of stigma prejudice and blame (Van Rooyen: 2001).

Van Rooyen urges that disadvantages of VCT can be dealt with, when concerned teachers make informed decisions. This can have an impact in mitigating the spread of HIV and AIDS. For example the attachment of stigma which is linked to denial to disclosure can cause too much harm as infected teachers not knowing their status may spread HIV.

## **2.6. Socio cultural intervention and VCT.**

Shisana argued that, centralisation of culture and language in health behaviour intervention is crucial to health promotion and disease prevention. Guidance and evaluation of cultural interpretation of for example the use of female condoms to reduce HIV and AIDS in South Africa can be considered when planning, implementing and evaluating these health interventions. The importance of VCT cannot be well understood without taking into consideration the values, beliefs and norms of particular communities. Culture and language need to be centralized in order to provide communities with health interventions. For example, if a teacher is tested positive, he can experience difficulty in disclosing due to socio cultural expectations, perceptions and access to resources. This is due to the influence of family and friends in making health related decisions. The views of how cultures define the roles of a person with expectations from one's family and community needs consideration as relationships influence personal actions that can be examined as functions of a broader social cultural context. This encourages family members and the community's culture and language to be considered if health intervention is to be addressed (Shisana et al: 2001).

The importance of VCT in mitigating the spread of HIV/ AIDS can be a complex issue if the culture and language of a particular society is not taken into consideration. Beliefs,

norms and values of different societies can have different views and expectations when interpreting and implementing the principles and objectives of VCT. Fear to disclose one's HIV status, for an example, can be a challenge if it is positive as this person might not be supported by his/her family since there are still people who are not fully or positively informed about HIV/AIDS. This can lead to challenges in addressing health interventions that can mitigate the spread of the AIDS epidemic.

## **2.7. Culture and Gender Roles**

Kalichman identified a link between gender based violence (GBV) and HIV and AIDS. Men sometimes beat their partners if they refuse to have sexual intercourse more especially those who abuse alcohol, thus leading to sexual violence and so increases the risk of HIV infection. Disclosure by a woman of her HIV positive status could lead to physical assault by a male partner. It is also recognised that traditional gender power relations which regard men to be having power in the house even if both parties are working, does affect decision making by women on sexual matters (Kalichman et al: 2005). Women have less control than their male partners over decision making on the use of protection, distribution of resources and access to health and social services. This makes it more difficult and dangerous for them to refuse unsafe sex. In the case of sexual violence and HIV however, the relationship is a direct one (Mallow et al: 2000).

Traditional values, culture and religion still have an important place in endorsing these gender relations especially among Africans. It is considered acceptable for men to have multiple partners. That is, in fact, endorsed by traditional values. Women are also encouraged to be obedient even if their partners have multiple partners through promiscuity which is seen as an important contributor to HIV infection.

It is acceptable for men in some cultures to have multiple partners whilst traditional values encourage woman to be obedient. This can contribute a lot to HIV/AIDS infection as some of these women are not encouraged to make health related decisions about their bodies in relation to sexual matters. Culture and gender roles need to be considered important when VCT is to be seen as necessary in mitigating the spread of HIV/AIDS.

## **2.8. HIV testing and the Law**

Van Rooyen suggests that HIV antibody testing should be done after voluntary counselling and informed consent has been obtained. An exception only exists in the case of anonymous

epidemiological surveillance. Anonymous and confidential HIV antibody testing with pre and post testing should be available to all.

HIV positive people should have access to continued support and health services. HIV positive people have a right to confidentiality and information may only be disclosed to a third party if it is done with the consent of the patient. Failure to abide by these rules leads to civil litigation in the form of an action for invasion of privacy and dignity. Payment of damages incurred as well as pain and suffering on the part of the counsellor who has divulged information about the health status of a positive person he or she provided counselling to (Van Rooyen: 2001).

If VCT provides the above information that protects those persons discovered to be HIV positive, it means that some of the fears that these persons have can be alleviated and testing can be encouraged. It is the information discussed above that encouraged the researchers to investigate how effective can VCT be on the impact of HIV and AIDS.

## **2.9. Problems encountered in counselling**

There are many challenges that can impede success that can be brought about by the counselling service. Some are as follows:

### **2.9.1. Problems in counselling relating to the competence of the counsellor**

Bor (et al) argued that the practice of skilled professional psychotherapy and counselling requires many years of supervised training and experience. Counsellors or therapists are expected to seek supervision or to cases which are beyond their competence, irrespective of their level of experience. Support through supervision for counsellors is necessary as this may enable them to grow professionally. Barriers within the counsellor may stand in the way of progress in the course of counselling a client. These may stem from underdeveloped theoretical ideas and a lack of therapeutic skills. A personal difficulty with particular issues or processes in counselling can impede the resolution of problems (Bor (et al): 2001).

Most counsellors are responsive to feelings of competence which are challenged when the counsellor is required or expected to provide a solution to a problem which he may be unable to solve, for example, when a patient opens up to a counsellor that he has become increasingly suicidal. Under this condition, the counsellor should discuss with the patient the need for a referral to a psychiatrist or request the patient's permission for an experienced

supervisor to join their session to help make an assessment of the patient's mental state as patients need to be helped to examine difficulties before they become major problems, placing counselling in the domain of preventive medicine.

It is very important for counsellors to be well trained, monitored and have experience in their field of work as they may create many problems whilst they have to provide support for their patients through pre and post counselling sessions. If counselling is a therapy, counsellors should be supervised when necessary as this may encourage them to grow professionally and provide effective assistance to patients. This may encourage people to go for HIV testing.

### **2.9.2. The apparent solution can become part of the problem**

This is possible if the referring person fails to examine other sources of the problem but creates a new view of the problem in the light of his professional opinion which may exacerbate the patient's problem. For example, a counsellor might feel that a patient's problem does not need a referral as he is unable to find anything wrong with the patient. This might result in cancellation of counselling sessions whilst there is a need for regular meetings. As pre- and post-counselling is a principle of VCT, counsellors have a challenge of understanding that a consensus agreement on how to make referrals and when is of utmost importance. A professional can make explicit error of judgement about the nature of the problem when he makes referrals, conveys a view about the person for whom this is a problem, be it the patient, a family member or a member of the health care team as this indicates what should be done about the problem. If the referrals are done without consensus about the problem between referrers and counsellors in order to ensure that patients are satisfactorily managed, more problems can be created because there is no referral that can be seen as a neutral gesture.

### **2.9.3. Problems arising from not properly defined problems**

Lack of concurrence over the definition of a patient's problem and indeed of the purpose of referring a patient for counselling can lead to additional problems for the counsellor, the patient and the referring person. Additional problems can be caused by the patient by not keeping appointments, due to resistance to counselling, thus worsening the patient's problems. Conflicts between the referrer and the counsellor can also create problems as well as referrals being made at times when very little counselling can be done.

Though problems can be seen as important for a person to know his HIV status, there are problems that might be caused by all parties involved in counselling, for example the patient, the counsellor and the referring person. This might result in counselling not finishing addressing the challenges of seeing VCT contributing to mitigate the spread of HIV/AIDS.

#### **2.9.4. Secrets and confidential information**

Bor et al argue that there is a difference between secrets and confidential information as secrecy according to him refers to the keeping of information from others, whilst confidential information, in the context of HIV, is a shared secret. Both secrets and confidential information influences problem solving and decision making from all stakeholders involved, especially when a patient's consent is considered for HIV antibody testing and ethical issues that are associated with the prevention of HIV transmission. Problems do arise when those who feel it is their right to be informed suspect that certain information has been suppressed. The effect of keeping any secret is seldom completely positive or negative (Bor et al: 2001).

It is usually a combination of these, although to varying degrees that a secret may bring into focus themes associated with exclusion and dishonesty. For example, an HIV infected partner who refuses to protect his wife, who is apparently unaware of his HIV status, creates a potentially hazardous situation and raises ethical dilemmas for those who share the secret. Counselling can help patients to find more constructive ways of dealing with dilemmas and facing up to the consequences of more open communication with others. Discussion about these dilemmas, both within the clinical team and with the patient, is one's step towards their management and solution.

Secrecy related problems are inevitable, and health care workers may have both a personal and a professional view of how these should be managed. The context in which the secret is held cannot be separated from the nature of the confidential information or from those participating in the social system created by the secret.

For this reason, there will almost always be a variety of judgements about what constitutes confidentiality that can create an environment for one not to disclose information that arises from his HIV status. This privilege is not without exception or limitation, particularly where harm to the community outweighs confidentiality (Bor et al: 2001). It may be helpful to



inform the patient from the outset of the general limits of confidentiality. The counsellor may choose to disclose information that would protect a third party, for example, if another person's life is endangered by a secret.

This can result in patients being encouraged to know that not everything they say in the context of counselling will be kept secret between the counsellor and patient. Counsellors reserve the right to discuss important information with their colleagues, and the responsibility remains with the patient for what he chooses to disclose in each session. This may prevent the problem arising of whether or not to divulge secrets in the clinical setting and also returns to patients some of responsibility for resolving problems. The use of future – oriented and hypothetical questions can help some patients to consider ideas and views that they might otherwise fear to address, in a non – confronting way. This can also reduce feelings of stress in counsellors.

The effect of the management of secrets can itself lead to more open communication, not only between the counsellor and patient but between the patient and the other social contacts which constitutes his social group. As confidentiality is one of the principles of VCT, it needs to be considered when pre- and post-counselling is to be explored. The counsellor as well as the patient does sometimes understand that it is the information about one's HIV status that needs to be kept confidential whilst affected family members might be of assistance when this person needs support and access to medication. This is a very complicated area of concern as a counsellor is unable to divulge information that can assist in preventing the spread of HIV if the patient has tested positive.

## **Chapter 3: Methodology**

### **3.1 Introduction**

This chapter describes the research methods used, from recruitment of respondents through to data collection and analysis. It further examines the ethical considerations, limitations and challenges experienced in the study. The goals of this study directed the choice of research methods used. The kind of tools and procedures to be used is also important. Certain steps which are not linear are used in a research process (Mouton: 2001). Participants' responses are very important as the researcher has to analyse them in order to find if relevant information needed from the research has been obtained.

The goals of the study are as follows:

- \* To explore the importance of VCT in mitigating the spread of HIV and AIDS among teachers;
- \* To determine the effect of traditional values, culture and gender role on VCT;
- \* To use the analysed data to describe a process of establishing and implementing suitable and new programmes that can be effective in addressing the challenges that HIV and AIDS bring about among teachers.

### **3.2. Research Problem**

Does VCT have an impact on mitigating the spread of HIV and AIDS among teachers?

#### **Research Hypotheses**

Female teachers are likely to go for VCT than male teachers.

Young male and female teachers below thirty years are ignorant and less interested in testing for HIV and AIDS infection.

Culture and its traditional gender roles contribute negatively to VCT.

### **3.3. Research Methods**

#### **Research design**

A survey which is a non-experimental quantitative research technique is used to collect data on a given state of affairs in a representative sample of the population (Christensen: 2004). With the use of survey, the researcher needed to find out if it can be possible for teachers to change negative attitudes so that problems related to HIV and AIDS can be addressed, and those with positive attitudes are encouraged to assist in the efforts of mitigating the spread of this pandemic. Participants were teachers from two high schools, Masixole and Sinethemba.

Fifteen teachers were randomly selected from each school. Questionnaires were personally delivered to teachers by the researcher. The researcher also provided respondents with addressed envelopes for returning these questionnaires. Reasons for using this research technique is that it represents a probe into a given state of affairs that shows up at a given time (Christensen: 2004). It is the challenge of HIV and AIDS that can never be met by armchair theorising and looking hopelessly at the terrifying statistics that brought about questions that the researcher felt needed to be addressed by this investigation. For all of us to become AIDS educators we need to acquire knowledge at every available opportunity,

especially those of us who are always in contact with young people. Contact is made with the individuals whose characteristics, behaviours or attitudes are relevant to the investigations (Christensen: 2004).

Teachers' attitudes, behaviours, and characteristics are relevant to these investigations as they play a major in providing learners with relevant and useful knowledge and skills on how HIV and AIDS epidemic can be mitigated.

Despite the fact that this technique has its disadvantage, it is also applicable to a wide range of problems and deceptively easy to use as completely seemingly simple steps require a lot of thought and work, because without that, these questions might result in unreliable answers. This can bring about false information and the researcher's work might be disturbed. Questionnaires are initially conducted to answer questions like "how many" "how much" "who" and "why" (Christensen: 2004). Teachers' behaviours and attitudes seem to be relevant to this investigation as they have to address HIV and AIDS epidemic challenge in schools, families, churches etcetera.

### **3.4 Sampling Procedures**

Thirty participants were selected randomly from Masixole and Sinethemba High Schools. The second name from the list of teachers from each school was selected and this group represented males and females with different age groups from each school. This type of sampling mirrored results that would have been obtained if the total population had been included.

### **3.5. Data collection**

Respondents were each briefly introduced to the research when questionnaires were distributed (Christensen: 2004). Questionnaires were personally delivered to the participants so that information from each respondent was gathered in the same manner. The researcher personally collected these questionnaires. A mail method was also considered important as some respondents did not see the reason to return their responses at an agreed upon period. Follow ups were done as some responses were not returned. Respondents were allowed to withdraw from the study at anytime without penalty if they felt uncomfortable due to any questions asked. They were also informed that the records and data obtained would be kept confidential (Christensen: 2004). This exercise proved to be a success though it was not an

easy task as some participants needed their questionnaires to be personally collected as they did not post them.

### **3.6. Designing of Questionnaires**

Construction of questions that could provide answers to the research questions was an addition to a decision on the mode of data collection. Questionnaires had both open and closed ended questions to enable respondents to answer in any way that they see fit. Respondents had to choose from a limited number of predetermined responses (Christensen: 2004). The questionnaires consisted of two sections;

Section 1: Demographic information of respondents.

Section 2: HIV and AIDS exposure, access to information and importance of VCT. The knowledge questions in Section 2 required respondents to show how much they know about VCT, the availability of HIV and AIDS policies in their schools, the importance of life skills and centres where VCT is done.

### **3.7. Limitations of the Study**

The study was limited to two schools out of eighteen high schools in this area. The sample size was small considering the fact that other neighbouring schools were not involved in the study due to time constraints

## **Chapter 4: Findings and Analysis of Findings**

### **4.1 Introduction**

Data analysis involves ‘breaking up’ the data into manageable themes, patterns, trends and relationships. The aim of this analysis is to understand the various constitutive elements of one’s data through an inspection of the relations between concepts, constructs or variables and to see whether there are any patterns or trends that can be identified or isolated or to establish themes in the data. Interpretation also involves the synthesis of one’s data into larger coherent wholes, relating one’s results and findings to existing theoretical frameworks or models and showing whether these are supported or falsified by the new interpretation. Interpretation also means taking into account rival explanations or interpretations of one’s data and showing what levels of support the data provides for the preferred interpretation (Mouton: 2001).

Responses that the researcher has obtained from data collected is analysed in this chapter. The interpretation of the data is an important step to show how this information is related to literature that already exists e.g. finding out if the new findings are supported or rejected by the new interpretation and to what level.

### **4.2. Demographic Profile**

Respondents were from Masixole (50%) and Sinethemba (50%) high schools, of which 52% were females and 48%, males with 60% being graduates whilst 40% diplomats with various teaching experiences. These teachers have vast knowledge and have been exposed and trained in different subjects and fields.

There were two major age groups of which 98% were between the ages of thirty and sixty years whilst the rest (2%) were between the ages of 25-29 years 40% were males and 60% were females. The majority are married (65%) whilst 34% single and 1% divorced. Relationships with colleagues seemed to be fairly good.

### **4.3 Discussions of Results**

Understanding of HIV and AIDS exposure, access to and importance of VCT by respondents is discussed.

Lack of information about the importance of VCT seemed to be the main issue with 85% of our respondents of whom 65% are mails and 35% are females. This information is expected

to be brought about by these educators who are also assigned to counsel other educators and learners whilst they have other duties to perform.

With the introduction of the New Curricular, Outcomes Based Education (OBE) and the National Curriculum Statements (NCS), teachers are expected to implement effectively and immediately yet they still have to counsel and provide support to peer educators and learners. Understanding the impact of HIV and AIDS and the importance of VCT is also depending on them to provide others with.

This task becomes a burden on information, VCT inclusive not being a priority. It is recommended that VCT campaigns be encouraged in our schools whether in the form of workshops or live presentation as this would influence constructive communication. This is seen as a source of a relationship that can result in more knowledge and skills about VCT being brought about in our schools.

VCT is an empowering tool for education as it equips teachers with knowledge and skills to deal with the HIV and AIDS epidemic locally and in the community at large. Due to time constraints for all teachers to be trained sufficiently, VCT was not seen as an imperative hence the negative response to the first two questions. Lack of knowledge about the different types of HIV and AIDS tests and the importance of pre and post counselling had shown up as seventy percent was unable to respond positively.

Female teachers, 70% felt that they should test prior to marriage whilst 30% felt that one need not test if he or she is sure of his or her sexual history. Most of the male teachers felt that if one slept with enough 'innocents' they need not test. Few teachers felt a need to test regularly. Most of our respondents felt that if one loves and is loyal to his or her partner, need not go to testing. Ordinarily one would go for testing at the clinic as a result of an ongoing sickness. Testing at schools has never proved to be successful. Our respondents have proved that this is also due to the lack of confidentiality amongst colleagues.

Confidentiality is another challenge as respondents do not trust one another when dealing with HIV and AIDS test results. More especially if one is positive as they are scared of stigma and discrimination. Female teacher of about 75%, below 40 years see VCT as a threat to their lives because if one is tested positive, he she would suffer from stigmatization. Confidentiality is seen as a problem in our work places. Thus the result in

some teachers to prefer to die not knowing or hiding their HIV status. Those who are 50 years and above felt that it is good to test but at times it is difficult to disclose due to, rejection, and too much speculation. Seventy percent of whom fifty percent are females had claimed that socio-cultural factors like having a right to talk about sexual matters e.g. reporting one's HIV status as that might result to rejection, assault or even death.

The respondents were more aware of the disadvantages of VCT than they were of advantages. All of them seem to list the same disadvantages. All my respondents seem to list the same disadvantages for example;

- Stigmatisation
- Rejection
- Discrimination
- No access to treatment
- Loss of Confidence
- Fear of death

Respondents were also aware of few next to none of advantages for example;

- Planning ahead
- Access to treatment
- Be informed

Van Rooyen had stated that there are advantages and disadvantages in HIV testing. Some of those mentioned by respondents above are also those that were listed in our literature review (Van Rooyen: 2001).

Most of our respondents felt that the law protects HIV positive people from being discriminated against although this is not always the case as most respondents still feel that this seem to be only on paper as colleagues whisper about when one has disclosed his/her HIV status.

Van Rooyen (2001) had stated that HIV positive people have a right to confidentiality and information which may only be disclosed to a third party if it is done with the expressed consent of the person. Failure to abide by these rules leads to civil litigation in the form of an action for invasion of privacy and dignity. Payment of damages incurred as well as pain and suffering on the part of the counsellor who has divulged information about the health status of a positive person he provided counselling to.

All of our respondents had no knowledge about how one adheres to treatment. This was also due to the fact that there are no programmes running in their respective workplaces dealing with VCT, HIV and AIDS, life skills and adherence to treatment.

Discrimination against and stigma attached to HIV positive teachers was a subject that 90% of our respondents felt very anxious about. Whispering about a colleague's HIV status more special if he or she is positive, destroys one's ability to cope with his/ her life. Thus lead to fears of disclosure by HIV positive colleagues.

In some cultures, sex in itself is a taboo and something not talked about hence HIV is viewed as a virus that attacks only people who sleep around and have multiple partners. Respondents had proved that socio cultural intervention and VCT are the key issues that had to be centralised on health behaviour intervention if health is to be promoted and disease infection prevented (Webster: 2003).

Seventy percent of female respondents and above forty years males between thirty percent and sixty years supported the fact that culture and language could play a vital role in understanding the importance of VCT as sometimes culture and language used when HIV and AIDS pandemic is addressed does not cater for their socio cultural challenges.

All respondents felt that if they were to have questions about VCT and disclosure, they would not feel comfortable to approach someone within the workplace. It was evident that if ever they were to approach someone, it would definitely be a doctor or a minister. This was all due to the fact that there was no guarantee of confidentiality that is maintained in our schools.

Support for infected and affected educators and learners was seen as virtually not existing in our workplaces. The respondents all felt that if one colleague could disclose her HIV status, he or she would definitely be teased, whispering about and left frustrated and depressed.

It was a feeling of ninety percent of our respondents that the lack of knowledge is due to the fact that policies on paper are present on paper but training and implementing these policies is non-existent. Management's understanding of the impact of HIV and AIDS in our schools can help in designing and implementing all programmes developed by all stakeholders to assist in fighting HIV and AIDS infection. All this leads to VCT not being



seen as an important service by many teachers who are supposed to encourage learners to test for HIV and AIDS infection.

All respondents claimed that VCT sites are only found in hospitals and clinics not in their schools. If one is in need of these centres, one is expected to utilise one's own personal time to visit the clinics. Luckily, these centres are accessible to everyone as they are available in the Mdantsane area. Besides having public and private sector models, there are direct sites, stand alone models as well as mobile/outreach models which FHI sees necessary because the staff in these institutions only focuses on VCT (FHI:2004). Treatment is also provided in these centres and referrals to other centres are also done. Each of these models has their own benefits as well as challenges but with only one aim of providing VCT for the people.

#### **4.4 Summary of findings**

Though VCT could be seen as a gateway to both prevention and care programmes, it is not the only key component of both HIV prevention and care. Responses had shown that teachers are not clear about VCT though they are aware that it is a service of importance. Literature review had shown relations with the responses that the questionnaires brought about. Culture and its traditional gender roles had been seen as a contributing factor to VCT. For example, the issue of gender based violence cited by Kalichman that there is a link between gender based violence (GBV) and HIV/AIDS (Kalichman et al: 2005). Some responses had shown that in some instances female teachers do not go for VCT because they fear their male partners' acts of violence. These teachers had shown that though they are informed about the importance of VCT, they are reluctant to go for testing as they are aware that there is no conducive environment for them to convince their male partners about the importance of VCT. This could be due to an extent of a gender based violence and the abuse of alcohol that one finds herself in, in her relationship.

Also traditional values, culture and religion had been seen as endorsing gender relations especially among Africans, whereby men's promiscuity is seen as a norm even in the era of HIV and AIDS pandemic. A need for intervention programmes to take account of the social constructions of both gender and masculinities had to be highlighted especially in view of shifting gender power dynamics as a result of women's increased earning capacity and the role of risk taking behaviours. The powerful and complex intersection of gender violence, substance abuse and HIV and AIDS needs focussed attention, as does the ongoing

stigmatisation within and between communities that may reflect broader areas of prejudice and discrimination.

Cultural and traditional beliefs had also been found to play an important role in encouraging teachers to go for VCT. As people have different cultural & traditional beliefs, they have many ways of explaining health and illnesses. HIV and AIDS is not an exception even if some people are educated, they always cling to their cultural beliefs. That is why counsellors need to find out what patients believe about HIV and Aids, as knowing patient's ideas can help one to build a better counselling relationship (Granich et al: 2003). VCT is also affected by traditional beliefs. If an HIV infected person believes that HIV and Aids can be cured with traditional medicines, that person educated as he/she can be, will resist going for testing. This result to the idea that patients beliefs need to be treated seriously and with respect otherwise, clients are likely to ignore the counsellors' suggestions and never come back for more treatment or counselling sessions (Journal of Social Aspects of HIV/AIDS Research Alliance: 2006).

As there are many problems encountered in counselling, Bor has stated some of these problems. Counselling need to acquire training skills and knowledge on how to address problems one encounters. This proves that counsellors need a lot of training in order to overcome incompetence due to lack of relevant training that can encourage people to go for testing (Bor et al: 2001). Kampira had argued that there should be recommendations that are put forward. These recommendations are as follows:

- Counsellors should be included in policy making and advising on the role of counselling in VCT, as they are the only people who can adequately and accurately represent the professional opinion of counsellors.
- Counsellors should be provided with an accurate job description.
- There is an immediate need for a career within government ministries that permits professional development and recognition (Kampira: 2002).
- VCT centres need to develop friendly policies to attract young people to come and test. Centres should also address specific needs appropriately, including sex, drugs and sexual transmitted diseases.
- Counselling in VCT centres should give special attention to the needs of young and married women.
- VCT centres should also address the issue of violence, abuse, rape and family planning.

- Training in self esteem and assertiveness should be available for clients
- Referrals and outreach services should be available at the VCT counselling centre.
- Particular attention needs to be given to support groups for people who are HIV positive.

Weiss & Rao Gupta argued that changes in gendered power relations, couple communication and access to health information and services should be made in order to impact the pandemic before it claims millions more lives, women's and men's. Also program responses have to address and challenge gender norms and stereotypes, particularly the unequal distribution of power and resources between men and women. (Weiss & Rao Gupta: 1998)

## **Chapter 5: Conclusion and Recommendations**

This discussion has shown that encouragement to access information to teachers is a necessity to enable them to provide learners with constructive and updated information about HIV and AIDS, but if they lack this information and relevant methods of teaching, learners would not learn effectively about HIV and AIDS epidemic. Young male teachers who had shown that VCT is not that important to them due to various reasons had a positive attitude towards learning and acquiring skills about VCT and its implementation. Studies have illustrated the necessity for programs to incorporate negotiating skills and address the gendered imbalance of power between men and women (Giffin & Lowndes: 1999).

It is recommended that HIV and AIDS policies and projects need to be tailored in the local context. Such HIV and AIDS policies, strategies and programs should be designed through using a cultural and a gender approach. This gender approach is so important as it strengthens gender and HIV and AIDS policies which emphasize the role of women and their organisations in HIV and AIDS policy development, programming and implementations at all levels of government. Both men and women empowerment need to be considered important as well as the decision makers in matters related to reproductive and sexual health (Daniba: 1994).

The response of the Education Department to the epidemic has been practical and multi-faceted with a weakness in the management structures in place that are not adequate to handle the HIV crisis as there are no full-time managers with sufficient skills and executive power to take decisive action to counteract the pandemic's threat as HIV and AIDS has ushered a new area for Education managers. As models for action applicable to education sectors to fight the disease are lacking due to the fact that HIV and AIDS has been seen as a disease and a health problem not an education management problem (Coombie: 2001).

Managers are advised to create awareness about this pandemic through didactic teaching on the etiology of the disease and its prevention. Also understanding cultural and sexual practices, beliefs, attitudes and behavioural change as they relate to the transmission of the infection should not be often overlooked.

Approaches that create partnership between policy-makers, educators, parents and religious community leaders in the battle against HIV and AIDS need to be considered as a best practice in school based interventions.

Building the capacity of teachers to be counsellors and change agents in the area of sexual and reproductive health is a major undertaking. As a partner and guide in this process, a teacher has to reach beyond a conventional role of instruction and fact giving but become a personal change agent. This encourages that teachers need to have a comprehensive understanding of social, economic and psychological effects of HIV infection and full blown AIDS in order to answer the questions of their students and discuss the issues that will empower themselves and their students (Coombie: 2002).

Continuous and relevant training in all levels of management is recommended as this will encourage behavioural change, attitudes and values towards the importance of VCT.

Recommendation that VCT campaigns relevant and updated information should be made available for teachers as this is seen as a necessity. The importance of updated HIV and AIDS policies and programmes need to be seriously taken into consideration so that proper planning for addressing HIV and AIDS issues be dealt with effectively. Ongoing research had also been seen as an important contribution towards mitigating the impact of HIV and AIDS in our schools as they provide us with relevant and updated information.

The development of increasing numbers of effective and accessible medical and supportive interventions for people living with HIV and AIDS means that VCT services are being more widely promoted and developed as many developing countries are gradually instituting VCT as part of their primary health care package. VCT has shown to be a cost effective HIV prevention intervention (Baggarley & Oberzaucher: 2002). This research has probably raised more questions than it has provided answers and several areas requiring further research have been highlighted with the knowledge that can be applied to great effect in a given organizational set up in order to successfully combat this epidemic and help stop it into tracks

## REFERENCES

- Baggarley, R. & N. Oberzaucher, (2002). HIV Voluntary Counselling and Testing: a Gateway to Prevention and Care. World Wide Web. (<http://www.unaids.org>)
- Bor, R & R, Miller & E, Goldman, (2001). Theory and Practice of HIV counselling, A Systematic Approach. Brunner / Mazel Publishers: New York 10003.
- Christensen, L.B, (2004). Experimental Methodology. Boston: Allyn and Bacon, Inc.
- Coombie, C. (2002). Mitigating the Impact of HIV/AIDS on Education Supply, Demand and Quality: South Africa.
- Coombie, C. (2001). Keeping the Education System Healthy: Managing the Impact of HIV/AIDS on Education in South Africa.
- Daniba, P. (1994). UNESCO World Decade for Cultural Development, Culture and Development. Harare, Zimbabwe.
- FHI, (2003). VCT Tool Kit. Voluntary Counselling and testing for HIV: A Strategic Framework.[http://www.fhi.org/en/HIVAIDS/pub/guide/VCT HIV Strategic Frame.htm](http://www.fhi.org/en/HIVAIDS/pub/guide/VCT_HIV_Strategic_Frame.htm).
- FHI, (2004). Models of Voluntary Counselling and Testing (VCT) Service Delivery. [http://www.fhi.org/en/HIVAIDS/pub/fact/VCT models](http://www.fhi.org/en/HIVAIDS/pub/fact/VCT_models).
- FHI, Institute for HIV/AIDS, (2004). 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201, USA. [www.fhi.org](http://www.fhi.org).
- FHI (2005). Voluntary Counselling and Testing for HIV. [http://www.fhi.org/en/Topics/voluntary + Counselling + and + Testing + topic](http://www.fhi.org/en/Topics/voluntary+Counselling+and+Testing+topic)

page.htm.

Giffin, K. & C. Louder. (1999). "Gender, sexuality and the Prevention of Sexually Transmissible Diseases: A Brazilian Study of Clinical Practice." *Social Science and Medicine*

Granich, R. & J. Mermin. (2003). *HIV health and your Community. A guide for action.* The Hesperian Foundation Berkely, California, USA.

Hubley, J. (2002). *The Aids Handbook.* Macmillan Publishers Limited.

*Journal of Social Aspects of HIV/AIDS Research Alliance.* (2006).

*A Cultural Approval for HIV/AIDS Prevention and Care: UNESCO/UNAIDS Research Project: Culturally appropriate information/Education/Communication: Elaboration & Delivery.* Paris: Division of Cultural Policies. UNESCO.

Kalichman, S.C. (et al), (2005). Gender attitudes, sexual violence and HIV/AIDS risks among men and women in Cape Town, South Africa. *Journal of Sex Research.*

Kampira, D. (2002). *Voluntary Counselling and Testing: The Malawi experience. The Meaning and challenge of VCT for Counsellors.* Report of Kenya Association of Professional Counsellors (KAPC). 3<sup>rd</sup> Counselling Conference: Nairobi.

Mallow, R.M. (et al). (2000). *Relationship of Psychological Factors for HIV Infection among Haitian Women. Education, Prevention and HIV/AIDS and the World of Work.* Geneva

Mouton, J. (2001). *How to Succeed in Your Master's & Doctoral Studies: A South African Guide and Resource Book.* Van Schaik Publishers: Pretoria.

Shisana, O. (et al), (2005). The Health of our Educators. Focus on HIV/AIDS in South African Public Schools. Cape Town, HSRC.

UNAIDS, (2002). Joint United Nations Programme on HIV/AIDS. World Wide Web. (<http://www.unaids.org>).

Van Rooyen, H. (2001). Department of Health, Pretoria. African Watermark: Pretoria

Weiss, E & G. Rao Gupta. (1998). Bridging the Gap: Addressing Gender and Sexuality in HIV prevention. Washington DC: International Centre for Research on Women.

Willies, R. (2002). The Aids Pandemic. The Stanborough Press Ltd. Alma Park, Grantham, Lincolnshire, NG319 SH England



## APPENDIX A: QUESTIONNAIRE

Please answer the questions as honestly as possible. Give full answers where possible, put a tick in the appropriate block.

### SECTION 1: DEMOGRAPHIC INFORMATION

1. Are you?

MALE	FEMALE

2. Qualification you have.

GRADE 12	DIPLOMA	DEGREE

3. In which school do you teach?

MASIXOLE	SINETHEMBA

4. Which subjects?

LANGUAGE	NATURAL SC	SOCIAL SC	COMMERCE	TECHNICAL	OTHER

5. How old are you?

20-30 YRS	30-40 YRS	40-50 YRS	50-60 YRS

6. Are you .....

MARRIED	SINGLE	DIVORCED	OTHER

### SECTION B: HIV AND AIDS EXPOSURE, ACCESS TO, AND IMPORTANCE OF VCT

1. Do you know VCT?

YES	NO

2. Is it important?

YES	NO

3. Explain what is pre & post?

PRE :
POST :

4. How is counselling important?


5. Is it, important to test for HIV/AIDS?

YES	NO

6. How often should one go for testing?

NONE	MANY TIMES	ONCE

7. Why?


8. Where do you go for testing?

CLINIC	SCHOOL	HOSPITAL

9. Who should go for testing?

NONE	EVERYBODY

10. If tested positive, what is expected of you?


11. If tested negative, what is expected of you?


12. What do you know about stigma and discrimination?


13. Are there any campaigns on VCT in your work place?

YES	NO

14. Does culture & society have an impact on VCT?

YES	NO

15. How?


16. Does your partner show interest in VCT?

YES	NO

17. Is he / she willing to go for testing with you?

YES	NO

18. How often do you discuss issues related to your sexual relationship? Briefly explain.

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19. Who often initiate these discussions?

YOU	YOUR PARTNER

20. Do you find gender based violence and alcohol abuse a problem in your relationship?

YES	NO

21. If so, how? Briefly explain.

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22. What are barriers to VCT?

ANXIETY	FEAR OF DEATH	DISCRIMINATION	STIGMA
ALL OF THE ABOVE			

23. Briefly explain if the above can be changed and how.

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24. Does your workplace run programmes relating to:

	YES	NO
LIFE SKILL		
HIV/AIDS		
VCT		
ADHERENCE TO TREATMENT		

If yes, how would you rate the programs in terms of:

A . Giving you correct information on sexuality, HIV / AIDS and VCT

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

B. Helping you make good decisions

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

C. Teaching you life skills such as negotiations, self awareness, being able to speak your mind, problem-solving and coping strategies.

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

D. Helping you understand and respect others even if they are HIV positive

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

E. Helping you develop caring relationship in which each respects the other

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

F. Helping you learn how to protect yourself from abuse

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

G. Assisting you with the skills to seek information that you need

VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT

25. If you have questions about VCT and disclosure, would you feel comfortable approaching somebody within your workplace?

YES	NO

26. If, yes, whom would you approach first?

COLLEAGUE	
PRINCIPAL	
SMT MEMBER	
SGB MEMBER	

27. If no, whom would you approach first?

PARTNER	
COUNSELLOR	
DOCTOR	
MINISTER	
FRIEND	
TRADITIONAL HEALER	
OTHER SPECIFY	

28. Do you feel that confidentiality is maintained at your workplace?

YES	NO

29. Is there any support provided for infected and affected educators and learners at your workplace?

YES	NO

30. If an infected colleague can disclose, could he / she be :

TEASED	
WHISPERED ABOUT	
LEFT BY HIMSELF/HERSELF	
TREATED THE SAME AS EVERYBODY	
LOOKED AFTER WELL	

31. Is VCT encouraged or talked about as an important service by your colleagues?

YES	NO

32. Are there any VCT service centres within your workplace?

YES	NO

33. If no, does your school's HIV/AIDS policy and programmes encourage visiting others?

YES	NO