

# **HIV/AIDS VULNERABILITY AMONG FARM WORKERS IN THE SOUTHERN FREESTATE**

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“ ... If we are to stop the progress of this disease through our society, we will need to pursue extraordinary measures. We will need to mobilize all South Africans to take responsibility for their health and well being and that of their parents, their families and their communities. There should be no shame; no discrimination; no recriminations. We must break the stigma surrounding AIDS.”

Excerpts from President Zuma’s speech on WAD 2009

## **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.

## **Abstract**

The farming industry in South Africa is experiencing serious economic threats due to the death rate among farm workers caused by HIV/AIDS related illnesses. I analyzed an educational intervention, focusing on HIV/AIDS prevention and understanding, involving 8 farms and 90 workers. Interactive and didactic methods included self-reflection, storytelling and group work. Data were collected through questionnaires and interviews. The workers learned the importance of knowing their HIV status. Their knowledge about HIV/AIDS increased and they developed skills to better manage their health. They became more positive towards people living with AIDS, about condom use, and status disclosure.

Farmers in the Southern Free State and specifically those in and around Springfontein have been trying for years to engage into some kind of discussions in order to assist their employees to better deal with the impact of HIV/AIDS on their respective families. In the past mobile clinics visited the farms for Primary Health Care including HIV related services, but as relationships with Government deteriorated over the years, services also terminated. As a result, farm workers in this area became a neglected and forgotten group as far as AIDS awareness programmes are concerned. The low literacy levels of most of the workers disadvantaged them further as most of the material printed for awareness passed them by.

With this study the possibility is investigated that a specifically designed HIV/AIDS awareness programme will impact on the knowledge, attitudes and behaviour of farm workers in the Springfontein region. The programme will be evaluated continuously in order to improve methodology and content of the programme. The ultimate aim would then be to design an HIV/AIDS awareness programme that will assist farmers and farm workers to better deal with the impact of HIV/AIDS.

## Opsomming

Die plaasnywerheid in Suid-Afrika ondervind ernstige ekonomiese dreigemente as gevolg van die sterftesyfer onder plaaswerkers, wat veroorsaak word deur MIV/VIGS verwante siektes. Ek het 'n opvoedkundige intervensie, met die fokus op MIV/VIGS voorkoming en begrip wat 8 plase en 90 werkers betrek, ontleed. Interaktiewe en didaktiewe metodes het in selfbesinning, storievertelling en groepwerk ingesluit. Data is gekollekteer deur middel van vraelyste en onderhoude. Die werkers het geleer dat dit belangrik is om te weet wat jou MIV/VIGS status is. Hul kennis van MIV/VIGS het toegeneem en hulle het vaardighede ontwikkel om hul gesondheid beter te beheer. Hulle het meer positief geword teenoor mense wie met VIGS saamleef, oor die gebruik van kondome en die bekendmaking van 'n persoon se status.

Boere in die Suidelike Vrystaat, en spesifiek diegene in en rondom Springfontein, probeer al jare om aan een of ander bespreking deel te neem om werknemers te help om die impak wat VIGS op hul onderskeie families het, te hanteer. In die verlede het mobiele klinieke die plase besoek vir Primêre Gesondheidsorg, insluitende MIV verwante dienste, maar soos verhoudings met die Regering agteruitgegaan het, is dienste ook beëindig. As gevolg daarvan, het plaaswerkers in hierdie gebied 'n verwaarloosde en vergete groep geword sover dit VIGS- bewustheidsprogramme betref. Die lae geletterheidsvlakke van die meeste van die werkers het hulle verder benadeel omdat die meeste gedrukte material vir bewustheid, hul verbygegaan het. Met hierdie studie is die moontlikheid ondersoek dat 'n spesifiek ontwerpte MIV/Vigs program impak sal maak op die kennis, houding en gedrag van die plaaswerkers van die Springfontein-streek. Die programme sal voortdurend geëvalueer word sodat die metodologie en inhoud van die programme verbeter kan word. Die uiteindelige doel sal dan wees om 'n MIV/VIGS- bewustheidsprogram te ontwerp wat boere en plaaswerkers sal help om beter aandag te kan gee aan die impak van MIV/VIGS.

## **Acknowledgements**

The author expresses appreciation to Prof. Jan du Toit (US) and Prof Josephine Allen (University of Cornell, USA) for their guidance, leadership and support. Special thanks is also due to Prof Herman Van Schalkwyk for his vision in starting this work, Rev Kiepie Jaftha and Dr Retha Du Plessis for their constructive suggestions and inputs and to John Makoatsane and Tarryn Nell for their practical assistance to the project. I furthermore wish to extend my sincere gratitude to God Almighty for talents and particularly the passion I have for people, my husband Neil and kids, Lee Ann and O’Ryan for their support and love without which this project would not have been possible.

## **Glossary**

<b>DoH</b>	<b>Department of Health</b>
<b>STI</b>	<b>Sexually Transmitted Infection</b>
<b>UFS</b>	<b>University of Free State</b>
<b>VCT</b>	<b>Voluntary Counselling and Testing</b>
<b>PLWHA</b>	<b>People living with HIV and AIDS</b>
<b>HIV</b>	<b>Human Immune Deficiency Virus</b>
<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>NGO</b>	<b>Non Governmental Organization</b>
<b>CBO</b>	<b>Community Based Organization</b>
<b>HSRC</b>	<b>Human Scientific Research Council</b>
<b>NSP</b>	<b>National Strategic Plan</b>
<b>JICA</b>	<b>Japan International Cooperation Agency</b>
<b>IOM</b>	<b>International Organization for Migration</b>
<b>CDS</b>	<b>Centre for Development Studies</b>
<b>UFS</b>	<b>University of Free State</b>

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# 1. Introduction

## 1.1. Background and Context

HIV and AIDS is one of the main challenges facing developing countries such as South Africa. It is estimated that of the 39, 5 million people living with HIV worldwide in 2006, more than 63% were from sub-Saharan Africa.<sup>1</sup> The following graph shows that the number of people infected continues to grow because of ongoing new infections.



### Estimated number of people living with HIV and adult HIV prevalence Global HIV epidemic, 1990–2007; and, HIV epidemic in Sub-Saharan Africa, 1990–2007

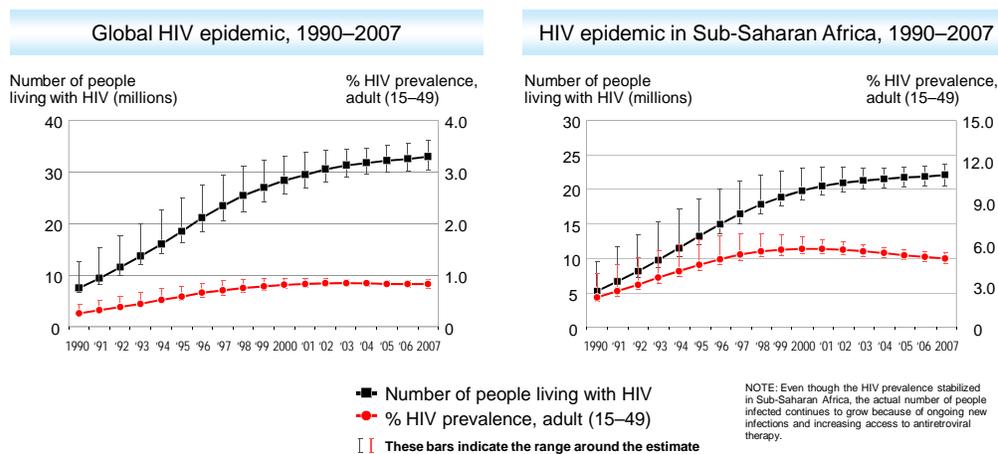


Figure 2.3

2008 Report on the global AIDS epidemic

South Africa with more HIV positive citizens than any other country in the world is at the epicentre of the pandemic affecting all aspects of society. The social impact of HIV/AIDS is potentially devastating to families and households; as breadwinners die, the number of orphans increase, the household dependency relationships change and community resources become exhausted.<sup>2</sup>

<sup>1</sup> National Strategic Plan 2007-2011

<sup>2</sup> National Strategic Plan 2007-2011

Sub-Saharan Africa is home to just over 10% of the world's population but accounts for more than two-thirds (67%) of all people living with HIV. More than 40% of the region's population lives on less than one US dollar a day<sup>3</sup>.

The HIV epidemic has resulted in history's single sharpest reversal in human development. In the most heavily affected countries, HIV has reduced life expectancy, deepened poverty amongst vulnerable households and communities, skewed the size of populations, undermine national systems, and weakened institutional structures.<sup>4</sup> Recent data from 11 African countries clearly link higher education levels with lower HIV prevalence. A recent study in rural South Africa found that each additional year of educational attainment reduced the risk of HIV infection by 7%.<sup>5</sup>

## **1.2. HIV/AIDS and the Agricultural sector**

The commercial agricultural sector in South Africa is significantly impacted by HIV/AIDS. Farm workers vulnerability to HIV has its roots in a combination of low knowledge of HIV/AIDS and poor living conditions. The FAO has estimated that since 1985 more than 7 million agricultural workers have died from AIDS related disease in 27 severely affected African countries (SA included). The anticipated labour loss in SADC is estimated at between 12, 7% and 26%.<sup>6</sup>

Figures on the prevalence of HIV/AIDS in the agriculture sector in South Africa are not readily available, although a 2002 study indicated that there was an 11, 3% prevalence of HIV amongst people between the ages of 15 and 49 years of age living on farms. Women and children are particularly vulnerable, having to take over traditionally male roles when men die, as well as fulfilling their own traditional roles.

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<sup>3</sup> (UNAIDS. <http://www.unaids.org>)

<sup>4</sup> UNAIDS.2008 Report on the Global AIDS Epidemic. Geneva: UNAIDS, 2008, p161.)

<sup>5</sup> (UNAIDS.2008 Report on the global AIDS Epidemic. Geneva: UNAIDS, 2008, p69)

<sup>6</sup> JICA, IOM. February 2004

Farm workers are particularly vulnerable to HIV/AIDS. Not only do their living and working conditions often place them at risk, but they are accorded relatively by way of rights and labour protection. Farm workers are the most under serviced workers in South Africa. Poor access to health care and health related information is partly due to their remote location of work. Rural people are therefore less likely to know how to protect themselves from HIV, and if they fall ill, less likely to get care. The high incidence of poverty and the low level makes the farm worker even more vulnerable to the impact of HIV/AIDS. The multiple factors influencing the HIV infection rate in farming communities warrants concern. Factors that lead to HIV vulnerability include: poverty, a lack of access to appropriate information, education and communication (EIC) materials on HIV, cultural attitudes and practices, belief in HIV myths, gender based violence, very few interventions from government and non- governmental organizations targeting the farm workers, lack of incentives or facilities to test for HIV and lack of access to condoms. Almost all government interventions on HIV/AIDS transmission are communicated to the general public in the form of mass media. These include, among others, the Love Life campaign and the Soul City television series. Due to the low levels of education and literacy in rural areas, farm workers might interpret the messages these campaigns are conveying differently. This makes them more susceptible to HIV infection.

From work by various groups on farms, including the University of the Free State, it is clear that women remain by and large dependent on their male partner/family members for both food and tenure security. Located within a prevailing power framework of patriarchy and paternalism, gender-based violence is particular pervasive. In the context of systematic discrimination and gender-based violence women and children living and working on farms remain most vulnerable to HIV/AIDS.

## **2. The study area in context**

The project focused on the farming areas in and around the town of Springfontein, a typical livestock farming community in rural Southern Free State about 150 km South

West from Bloemfontein. According to Mr Blackie Swart, one of the farmers in the area, the estimated population of Springfontein is about 6000. Unemployment is estimated at 60%. The reason for this is mainly the fact that Spoornet scaled down their workforce and business in the area since the early nineteen hundreds. There are about 30 farms in and around Springfontein where farmers mostly farm with Merino (wool) and Dorper sheep (meat).<sup>7</sup> Furthermore, there are about 3 black subsistence farmers in town, one commercial farmer and a few emerging farmers. The community is typically rural and consists of three main groupings: Sotho and Xhosa speaking black people, Afrikaans speaking brown people and Afrikaans and English speaking white people. The region has a high level of illiteracy, with almost 20% having received no schooling at all.<sup>8</sup> The town became a municipality in 1912. The town has a clinic with no doctors, 2 churches and 2 schools. The nearest ARV sites are Jagersfontein (80km away) or Edenburg (90 km away). By studying the map below, the reader will get a good indication of the challenges people in these areas face keeping in mind that there is no public transport available. The farmers we worked with indicated to us that it is the responsibility of the farmer's wife to make sure that the farm workers get to the clinic for whatever need they have. This again is proof of how important it is to encourage disclosure to the employer as this will ensure support from the farmer and his wife.

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<sup>7</sup> Blackie Swart. Farmer: Prior Grange in Springfontein, 2009.

<sup>8</sup> Farmers in the region, 2009.



In an HSRC survey conducted in the Free State and Northern Cape in 2003, farmers overwhelmingly regarded ill health, HIV and domestic violence as the most pressing problems facing farm workers. Numerous farmers suggested that the general health of their workers had radically declined over the past three years. All attributed this decline to the spread of HIV/AIDS. The decline was apparent enough for some farmers to see it in the general productivity and physical strength of the workers.<sup>10</sup>

<sup>9</sup> [http://www.places.co.za/maps/new\\_maps/free\\_state\\_map3.gif](http://www.places.co.za/maps/new_maps/free_state_map3.gif)

<sup>10</sup> Atkinson, Doreen. Going for broke: The fate of farm workers in arid SA.

Because farm workers are scattered among farms and areas that are often remote and neglected, farm workers as a group are invisible in society. Although it is a worldwide phenomenon, it is particularly severe in South Africa.

Not only is there concern because of the number of people sick and dying, but also because of the lack of certain attitudes and values and the exercising of certain cultural practices, contributing to the spread of the disease. If attitudes, values and certain cultural practices could be understood, then they could perhaps be changed. This study explores these attitudes, beliefs, values and cultural practices amongst farm workers in the Southern Free State by exploring specifically the relationship between the above HIV infections.

The program will be based on the premise/assumption that people who

- Have knowledge about HIV/AIDS,
- Understand their risk and
- Have the necessary attitudes regarding HIV, PLWA, condoms, lifestyles etc will not only look at their behaviour and lifestyle critically in order to minimize their risk of contracting and spreading HIV, but also take control of their life's and live a healthy lifestyle.

### **3. Overall objectives**

The development of an HIV/AIDS awareness/ intervention programme for farm workers, with the focus on transfer of knowledge and development of values and attitudes that might lead to possible behaviour change.

The study will therefore be directed by the following research questions:

1. Can an awareness programme dealing with HIV knowledge, information and skills bring about change in values, attitudes and behaviour?
2. Was the knowledge provided suitable sufficient and enough?
3. What methodology should be used to ensure effective transference of knowledge and skills as well as retention thereof?

4. What values, in the context of HIV/AIDS, are necessary to be transferred to facilitate this change?

#### **4. Theoretical framework**

HIV-prevention initiatives among groups, who engage in risky behaviors is the process of bringing about and maintaining behavior change. Although the different interventions might differ according to the target group and circumstances, it will be based on some kind of theory, whether stated or unstated.<sup>11</sup> AIDS intervention programs draw on various theoretical approaches to help support and shape the intervention activities selected. Individual cognitive theories and theories of collective action, and group empowerment- drawn from the field of health psychology, health education and public health explain why people adopt new behaviors. The model influencing the prevention plan is Bandura's Social learning theory which states that an individual's behavior is not only determined by the environment, but instead there is a reciprocal relationship between the environment, behaviors and cognitive influence of the person. This project plan provided the necessary information to the farm workers in a way that ensures attention retention of the relevant knowledge. It was important to involve them in activities in order to ensure that the material was understandable. Through further exploration activities the program addressed behaviours, and creates an awareness of accessing services within the selected environment or how to bring about the change within that environment. In the area of research it is somehow difficult because of the distances between the farms and the relevant services. However, the fact that the farmers support the programme make it easier as they took it upon them to assist their employees in accessing these services.

According to the behaviour change theory people will make sensible decisions about issues regarding their sexuality such as HIV/AIDS in the following cases:

1. if they receive information on a level that they can understand

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<sup>11</sup> Nichols, Speer, Watson, Vergon, Vallee, Meah. 2002. Aging with HIV: Psychosocial, social and Health Issues.

2. if they have access to services
3. if their own sexual values are taken seriously by people facilitating this possible change and
4. if they have all the necessary skills to act upon their decisions

This approach forms the basis for effective sexuality education and is reflected in the Trans Theoretical Model (TTM) of change developed by Prochaska, Di Clementine and others.<sup>12</sup> These two theories basically cover the same principles except for the fact that the TTM also focus on the importance of appreciating the participants' values as well as equipping them with the necessary skills to make informed decisions.

The above mentioned theories thus formed the basis of the research approach which intended to prove that people will make good and informed choices if they are exposed to accurate information, in an understandable way, over a period of time, equipped with all the relevant skills as well as support in operationalizing of their decisions.<sup>13</sup> The researcher was nevertheless conscious about obstacles that impede or encourage behaviour change. Such obstacles include unsupportive peers and partners, lack of good communication skills, fatalistic attitudes to life, inaccessibility of health care services and non availability of condoms, cultural norm and beliefs and alcohol abuse.<sup>14</sup>

## **5. Research design**

### **5.1. Literature review**

A literature study was used to gather enough background information. A book that was published recently by Prof Doreen Atkinson of CDS at UFS, was studied to get an in

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<sup>12</sup> Prochaska,JC & DiClementine,C & Norcross, JC.1992. In search of how people change

<sup>13</sup> Hedgepeth, E. Helmich, J.1996. Teaching about sexuality and HIV.

<sup>14</sup> Van Dyk, Alta.2007.HIV/AIDS care and Counselling.

depth look at the farming situation in the SFS and NC. Research done by IOM on Migration and HIV, served as further support for investigating this research problem. A keyword search was done on Google to contextualize the study. Other literature was reviewed, including some publications in the Lancet series on Prevention in HIV/AIDS.

## **5.2. Gaining entry**

Bearing in mind the importance of the agricultural sector in the region, a meeting was held with local Farmers, their wives and community members to discuss the project and ensure the support of the local farming community as well as the general community at large. Participation was to be voluntary, and those farmers who are willing to participate will be included in the program. Taking into consideration that the farm is a private business, individual meetings were held with each farmer to clarify issues and discuss concerns. It was also important to regularly inform the farmer of the progress with workers on his farm, without disclosing confidential information about the workers. Ongoing interaction with the farmers became a very important way to involve them in the HIV/AIDS prevention/care/treatment strategy. It was also important because they would be crucial in providing support to the farm workers who might test positive or who are already positive.

## **5.3. Survey methodology**

The evaluators chose a qualitative approach for the programme. This method was chosen because an in-depth understanding of issues involved in HIV prevention programs was needed. The qualitative approach was also expected to complement quantitative data collected amongst the same farm workers in pre and post test questionnaires. This approach also captured the perceptions and feelings of the group targeted during project implementation. As the evaluation had to cover information from several types of groups, pre and post test interviews and observations were chosen as the main collection method. Three tools were developed, a pre test questionnaires, a post test questionnaire and a template matrix for note taking and observations. While the discussions were semi directed, there was scope for discussion and open ended responses. The study and data collection at the projects sites took 8 weeks per site.

The methodology included interactive and didactic methods, including self-reflection, storytelling and group work, suitable for people with low levels of literacy.

The awareness program consisted of 10 weekly interventions per farm on 3 farms. Each intervention consisted of 2 hour workshops each week (10 sessions in total per farm). The program was designed so that the farm workers were actively involved in all activities. Scripture reading, suitable teaching aids, group work and games were used for each session. As there are an average 7 families on each farm, 30-35 participants were included in each session.

The initial contact with farmers was on the 19<sup>th</sup> of May 2009 on the farm Rondefontein. 24 farmers and their wives came to listen to a presentation by us on the farm interventions planned for the Southern Free State. The aim was to get their buy in, but to also identify a group to be trained as peer educators who will serve as a support network to the farm workers after the programme. 14 women including farmers' wives, teachers and community members volunteered to be trained in an 8 week programme in HIV related issues.

Training and educating the Springfontein care givers (farmers' wives, teachers and community members) was a critical step within this program to lay the groundwork for supporting the farm workers, and ultimately the broader Springfontein community. It is hoped that as these women have participated in the very same workshop course material, their increased knowledge and skills will create an open environment where issues of HIV testing, transmission prevention, ongoing health care needs, nutrition, and confronting stigma can be addressed on their farms and in the Springfontein community.

These women were and are still extremely excited to respond to other social needs beyond HIV and AIDS as a result of this training programme.

After the women have been trained, the farms were identified. The facilitators were introduced to the farm workers and the project commenced. The first group consisted of

26 members and included husbands, wives and children for 5 different farms. The farms were in close proximity from each other and the farmers allowed the workers to attend the sessions.

*The following is a brief description of the training programme: The programme is intended to influence individual, family and social factors that affect the lives of the farming community. More specifically, the programme intends to influence*

- a) qualities of families*
- b) knowledge of HIV/AIDS, gender and sexuality, and*
- c) social problem skills*

#### **SESSION 1: MEETING, INTRODUCTION AND PRE TEST QUESTIONNAIRES**

During session one the facilitators made contact with the workers and introduced themselves. An introduction to the group work process was given and the aim of the project explained. Pre programme interviews were conducted to test the levels of knowledge as well as the group's attitudes towards HIV/AIDS related issues such as PLWHA, condoms and knowing ones status. Students from the University's Social works department assisted us with the interviews. It was very important to establish a relationship of trust with every worker who took part in the programme because this would form a very valuable foundation for the programme to follow.

#### **Session 2: Attitudes**

Activities about exploring ones attitudes towards certain HIV/AIDS related issues allowed participants to really think and talk about their own feeling regarding these issues.

#### **Session 3: Transmission and Immune system**

A very simplistic way was used to explain these concepts to the respective groups. They had to look at different picture cards and explained to each other how they made sense out f the pictures. I then facilitated a session on the role of WBC in protecting the

body against infections as well as what happen in the blood when the virus gained entrance.

#### *Session 4: Testing*

During session four, the group discussed the reasons for people not wanting to test for HIV. They were able to share their own fears regarding this. The group was led to realize that by testing for HIV they would be able to take control over their lives and by the end of the session they agreed that it is important to go for testing.

#### *Session 5: STIGMA SURROUNDING HIV/AIDS*

The group members were able to take part in discussions and share examples of stigma that they had experienced in their community towards people living with the virus. The farm workers are Christians and this was identified as a strength that could be built on to prohibit stigmatization of HIV+ people.

#### *Session 6: Healthy living including nutrition and knowing your status*

The message of “HIV is preventable and manageable” was given to the farm workers. It is important to know that if a person is HIV+ it is not the end of their lives, by living healthily life can be prolonged. They were given information on the different treatment options as well as role-players in the community that can aid them such as the mobile clinic.

#### *Session 7: Closure*

The final session consisted of a DVD of the story of a person living with HIV. A special candle light ceremony was held and guests invited to share the occasion. The role of the farmer as well as the newly trained support group was explained to the farm workers and arrangements were made for Voluntary Testing and Counselling in September.

#### *Session 8: Evaluation*

Evaluation questionnaires were completed and the programme received positive feedback. It was communicated by the workers that they would like the programme to

be for a longer duration. When asked how their lives had changed since the start of the programme they shared that they now made use of preventative measures. They felt that they had a relationship of trust and respect with the facilitators and that they had gained valuable knowledge. Many of the workers shared that they had tested for HIV and will continue to do this to ensure that they would be around to see their children grow up.

#### 5.4. Choosing the participants (sample size)

To conduct this study, information will be gathered from couples on several variables including understanding of HIV/AIDS issues, willingness to participate in the programme, attitudes and values regarding HIV/AIDS issues, quality of interpersonal relationships, self esteem, using three techniques- group work, interviews and observations. The first group consisted of 26 members and included husbands, wives and children for 5 different farms. The farms were in close proximity from each other and the farmers allowed the workers to attend the sessions.

<b>GROUP</b>	<b>PRIOR GRANGE</b>
<b>LOCATION/ PLACE</b>	Prior Grange, Stockpoort, Mountbrent, Kuilfontein, Staples and Slangfontein
<b>AGE</b>	20 - 65 years
<b>GENDER</b>	14 Female; 12 Male
<b>EDUCATION LEVEL</b>	No formal education - matric
<b>GROUP</b>	<b>GARINGBOOM</b>
<b>LOCATION/ PLACE</b>	Kleinzuurfontein, Grootzuurfontein, Garingboom and Cyferfontein
<b>AGE</b>	17 - 62 years
<b>GENDER</b>	12 Female; 16 Male
<b>EDUCATION LEVEL</b>	No formal education - matric
<b>GROUP</b>	<b>MAPHODI</b>
<b>LOCATION/ PLACE</b>	Maphodi
<b>AGE</b>	20 - 65 years
<b>GENDER</b>	15 Female; 2 Male
<b>EDUCATION LEVEL</b>	No formal education - matric

## **5.5. Interview instrument**

The following tools were used as interview instruments as well as to monitor and evaluate the program as we progressed:

Structured interviews with individuals before and after the interventions

- Questions before and after each session regarding levels of knowledge and skills
- Facilitator's checklist of topics covered
- Observer recordings/report
- Tape or video recording with the consent of the farm workers

Pre and post test questionnaires will contain demographic questions/ statements, questions that will test respondent's knowledge, values and attitudes and behaviour patterns regarding HIV/AIDS.

## **5.6. Gathering data**

Two researchers were responsible for gathering data. The team consisted of a researcher and an assistant. Potential participants were contacted via the farmer after a meeting to discuss the aim of the programme with the latter. A meet and greet session was then arranged with the farm workers. We introduced the study and agreed on the place where the programme will be carried out as well as a time convenient for all. A programme and schedule were prepared by the assistant and pasted on a wall where everybody could see it. We were dependent on the time given to us by the farmer to avoid interference with their work programme. Quantitative data was gathered through individual and key informant interviews. This is presented and described in tables. Comparisons are made using the following variables:

Gender

Level of education

Age

Location/ place.

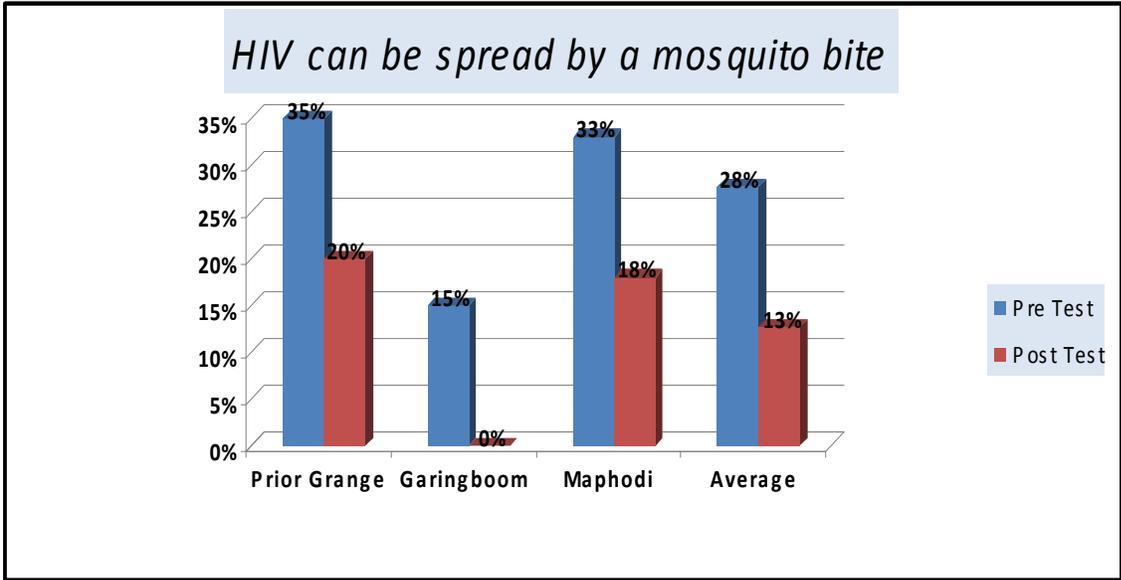
Open ended questions and observation reports from both the research assistant and some farmers contribute to the qualitative nature of the study.

## **6. Results**

While every farm/ group was unique, common threads were found in the evaluation program as a whole. The interviews and questionnaires concentrated on knowledge, attitudes and practices of participants. We must however bear in mind that many participants did not always understand the questions and might have guessed the answer to those questions. The following elements emerged from a synthesis of the data.

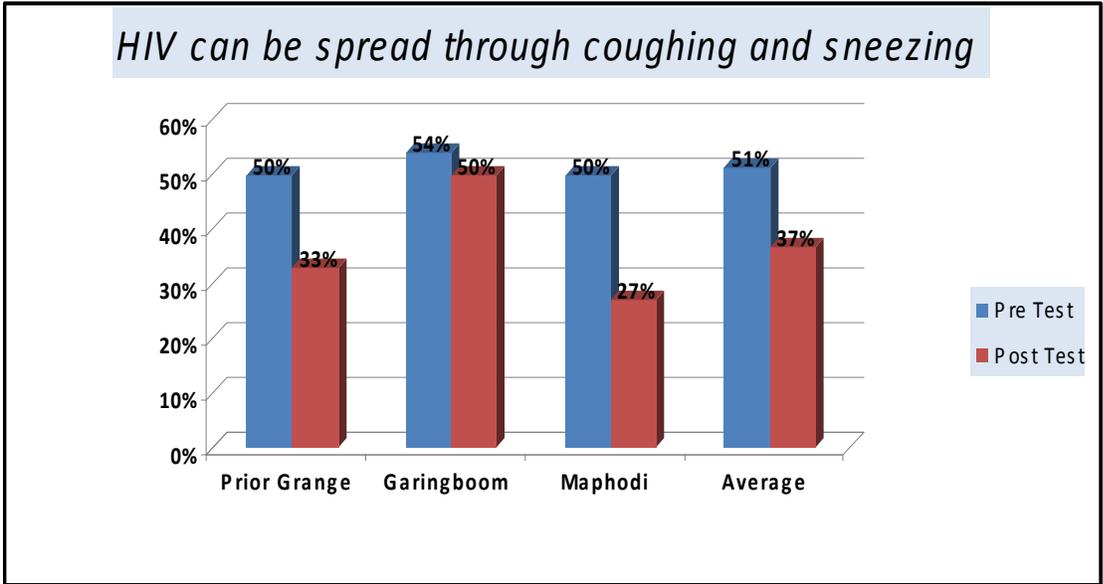
### **6.1. Ways of transmission of HIV/AIDS**

Figures 1.1, 1.2 and 1.3 show the participants' responses on ways of transmission of HIV. This proves that there are still misconceptions about how HIV is transmitted in the body. Some of them have never been exposed to any kind of awareness programme and they informed us that they had no idea what the answer to many of the questions were. Their little logic however informed them that it is possible to get infected from a mosquito as there is blood involved.



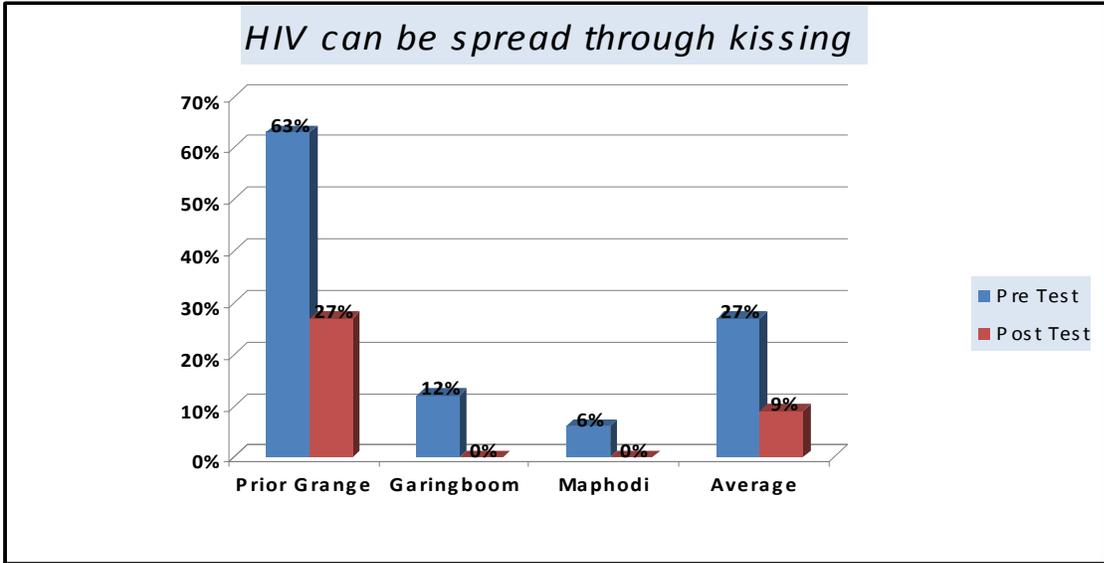
**Figure 1.1**

The response to the above question/ statement on all three farms was basically uniform.



**Figure 1.2**

The above response was surprising. After much explanation some of them were still convinced that there is a possibility. This is where we not sure whether it was guessing or not.



**Figure 1.3**

The above response was again proof of the little knowledge most of them had been exposed to. The group in town, with farm workers exposed to a little more information, displayed a better understanding to the above question. It is however important to note that there was a significant change in the way they understand and responded to this question after training took place.

**6.2 Stigma and attitudes towards HIV/AIDS, condoms and PLWHA**

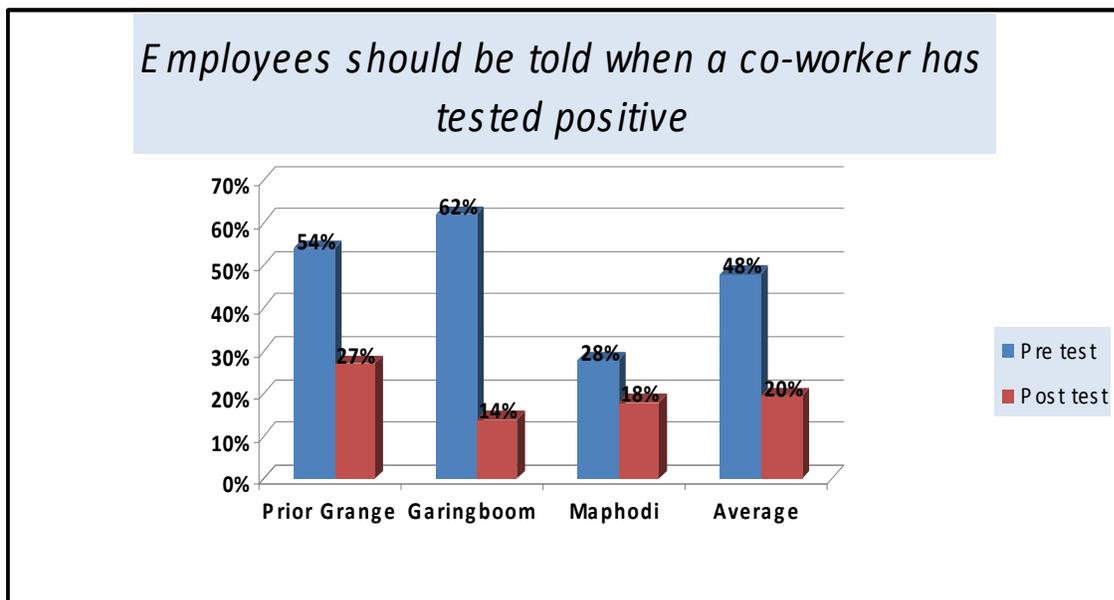
When asked how PLWHA are treated in their community, these are the most common responses:

- 6.2.1 Gossiped about
- 6.2.2 Rejected
- 6.2.3 Stigmatized
- 6.2.4 Discriminated against
- 6.2.5 Doesn't know any PLWHA

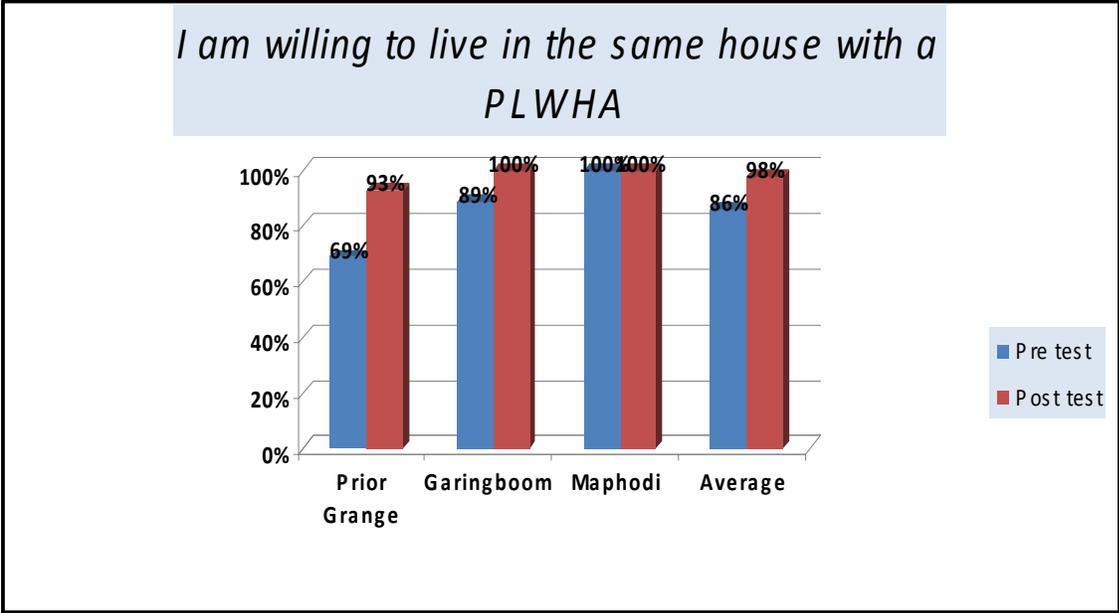
As evident in the above responses, PLWHA have to face a lot of stigma from others. Lack of information on ways of transmission of HIV seems to be one of the reasons. This causes people to withhold their HIV status. An example of this can be seen in

Figure 2.1 where 62% of respondents (in the Pre test) from the Garingboom group believed that employees should be told when a co-worker has tested positive for HIV, but changed their minds later. This might be because they realized that it was something that an individual person has to decide about without having to be forced to do.

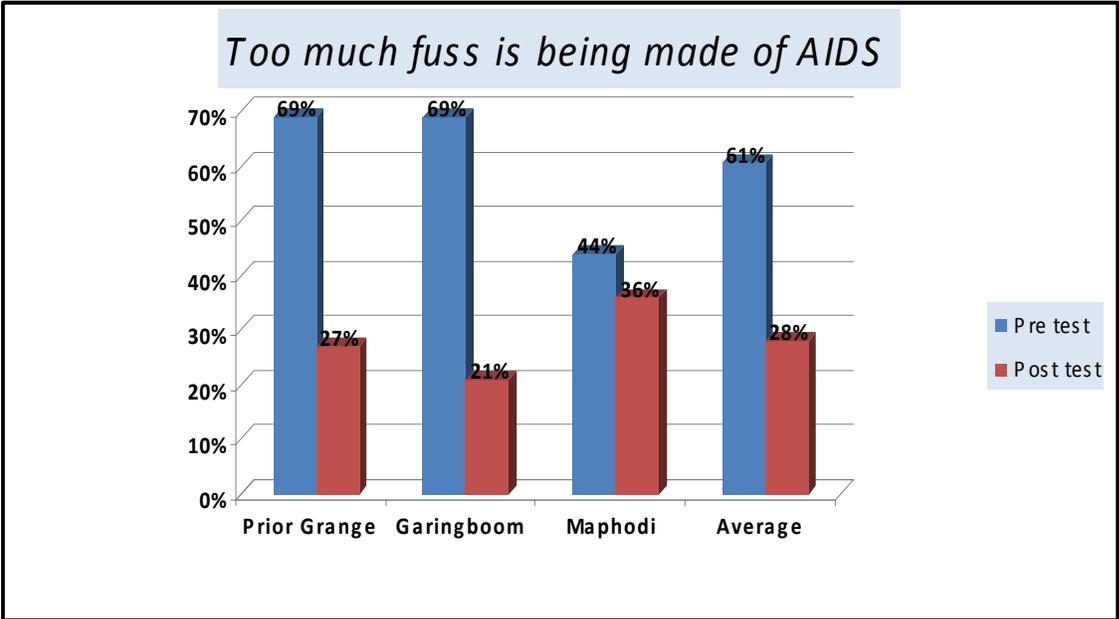
Figure 2.3 describes the respondents' attitudes towards HIV/AIDS. 69% of respondents from the Prior Grange and Garingboom groups believe that too much fuss is being made of HIV/AIDS.



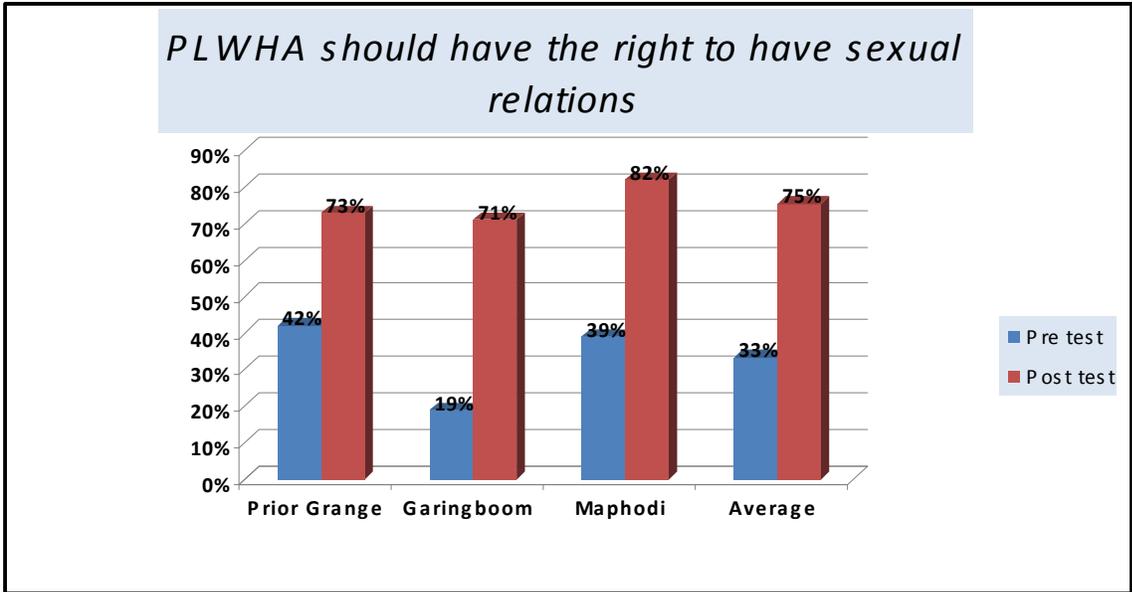
**Figure 2.1**



**Figure 2.2**



**Figure 2.3**

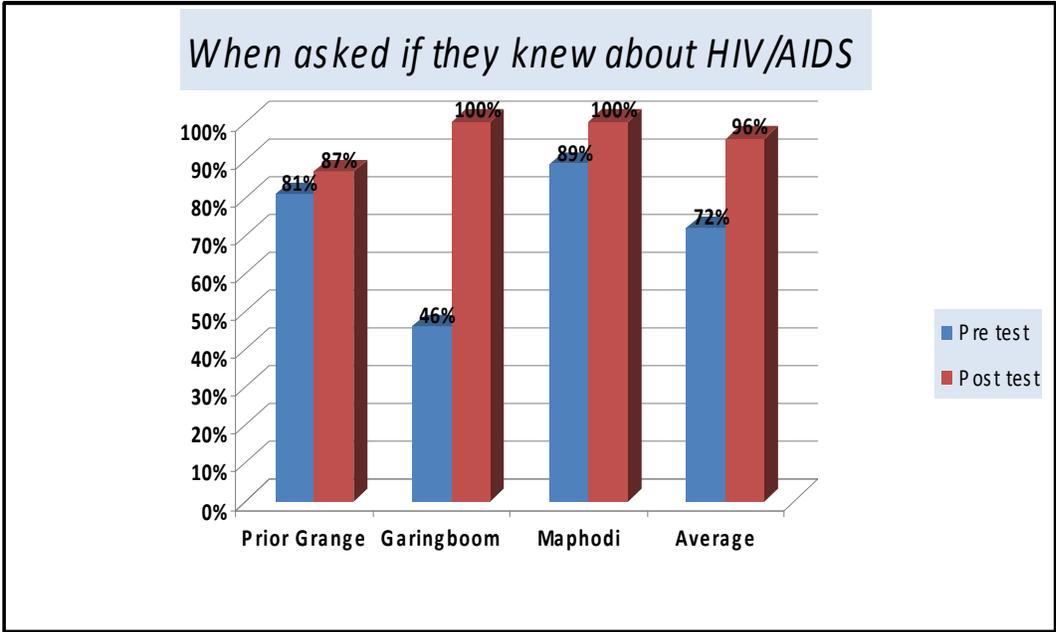


**Figure 2.4**

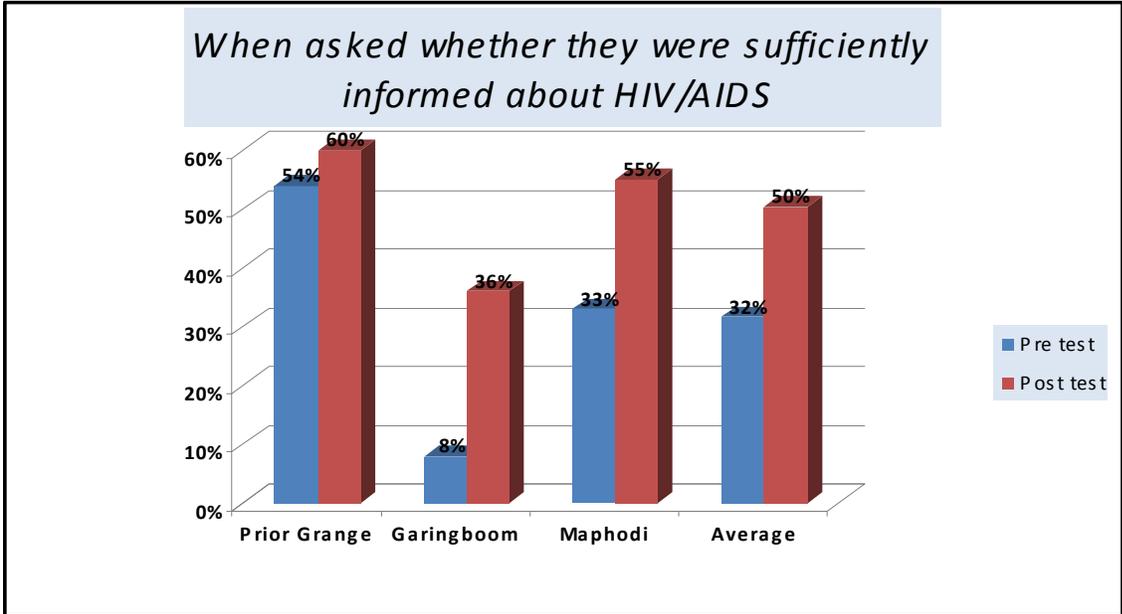
The above graphs show a significant improvement in the attitudes of participants towards PLWHA and their activities. It was again found that the group in town (Maphodi), with a lot more exposure to PLWHA, did not have any negative attitudes towards PLWHA.

**6.3 Knowledge of HIV/AIDS**

Figure 3.1 shows that there was an increase in the respondents' knowledge of HIV/AIDS. The Garingboom group had a 54% increase, while the Prior Grange and the Maphodi groups showed 6% and 11% increases respectively. Even though there is evidence that learning took place, it's important that information be supplied continuously. The presence of a Support Network is important in this regard

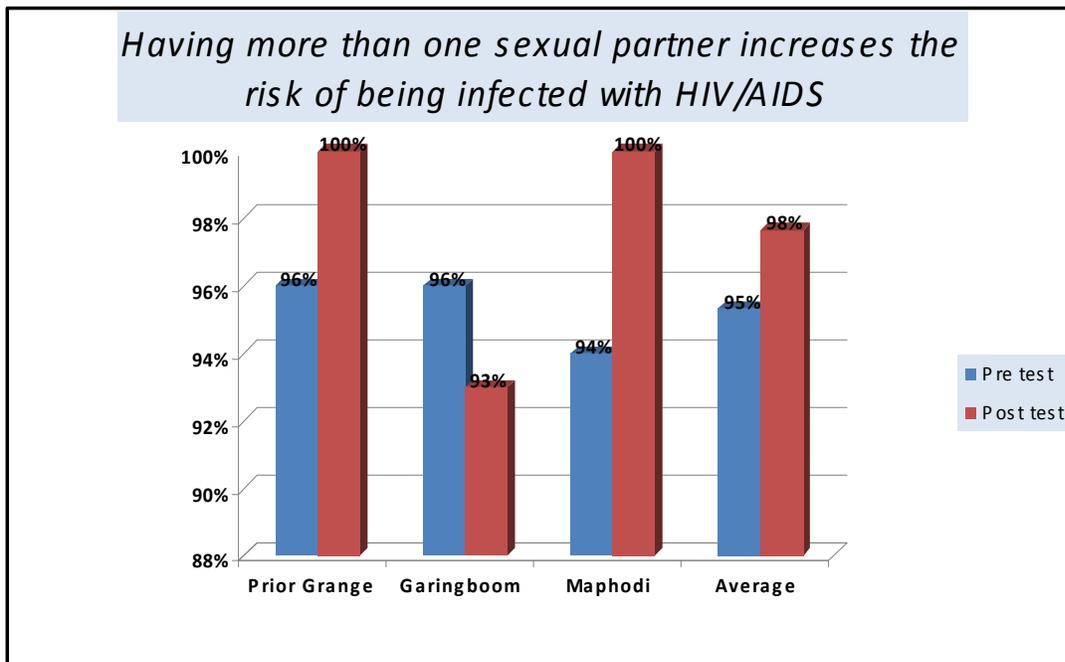


**Figure 3.1**



**Figure 3.2**

## 6.4. Safer sex practices



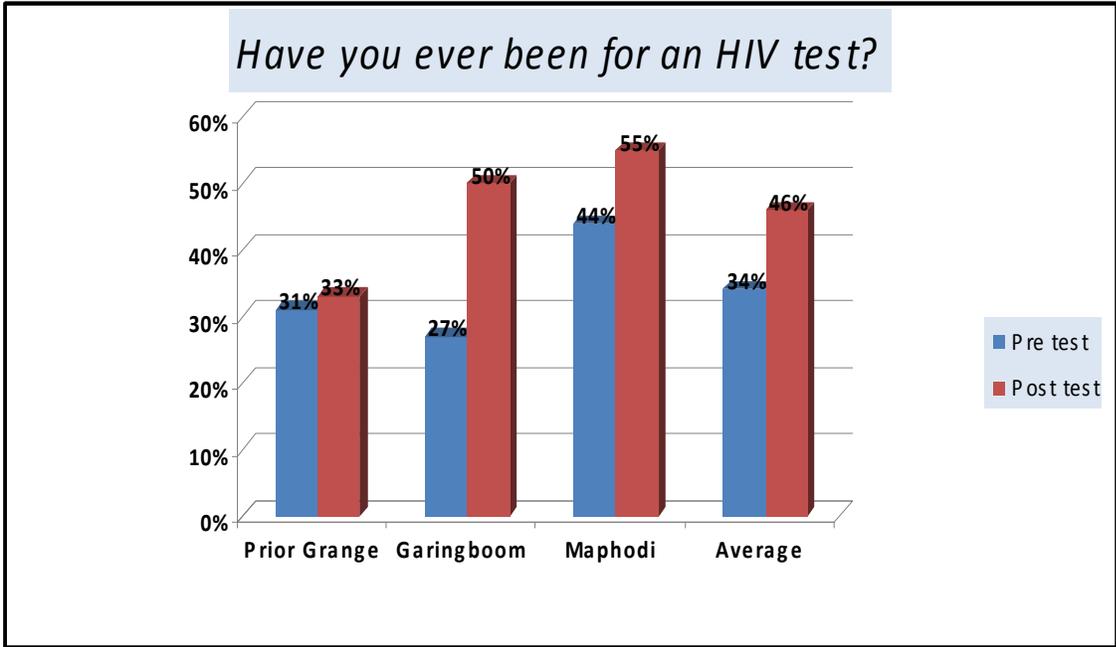
**Figure 4.1**

The above response is a clear indication that the knowledge of participants at all locations increased as a result of the intervention.

## 6.5. Testing and Counselling

Voluntary Testing and Counselling services are not readily available to farm workers. These services should be implemented in these communities. As Figure 5.1 shows, a great number of respondents have never been for an HIV test. Gender also plays a major role as most of the respondents who have tested for HIV are female. When asked what their main reason for not testing was, the following responses were most common:

- I am never sick
- I am not prepared to know the results
- Not promiscuous, faithful to one partner
- Scared to die
- I am not at risk



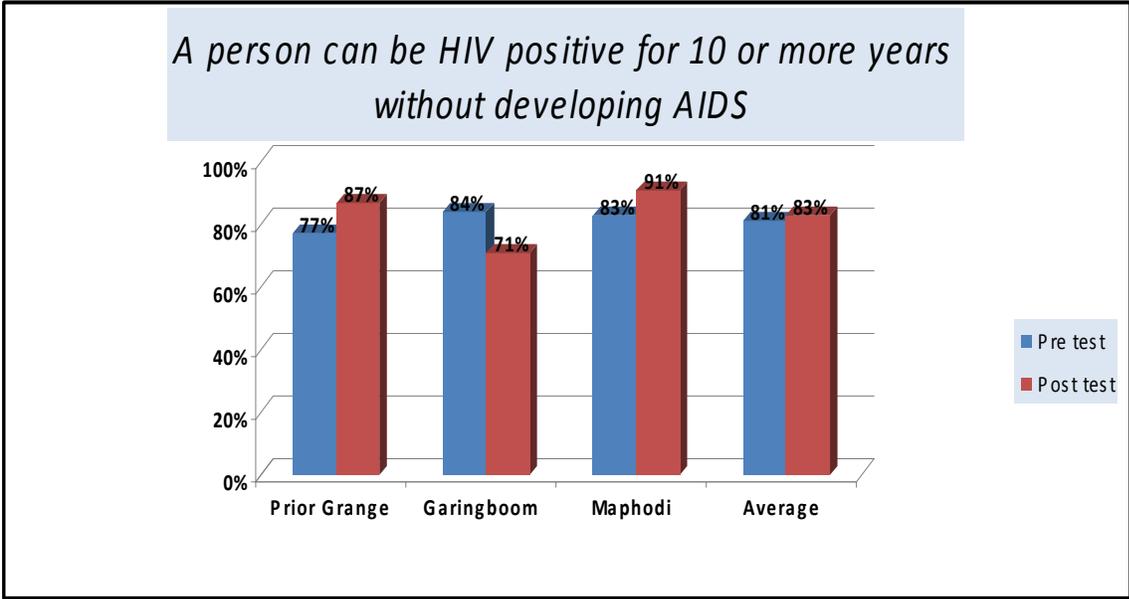
**Figure 5.1**

**6.6. Positive living**

The respondents identified the following services / people as support mechanisms if they were diagnosed with HIV:

- Family
- Friends
- Pastor
- Health workers

Due to the fact that Primary Health Care services are not easily accessible to farm workers, it is important that they receive information on HIV/AIDS to help them better take care of family members infected with HIV/AIDS.

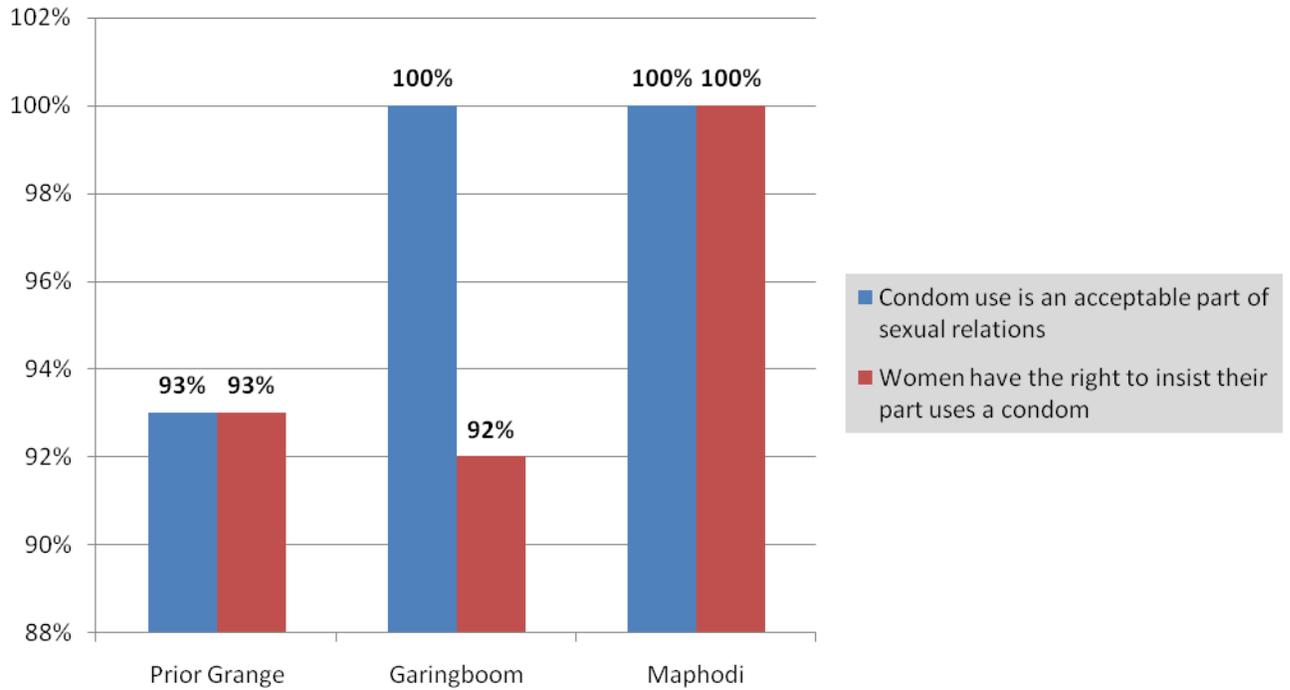


**Figure 6.1**

On questions such as “how do you think we should improve on this programme”, it was evident that all farm workers felt that including someone living with HIV/AIDS would really be helpful. They furthermore indicated that they enjoyed group work and all the activities like body mapping etc.

The last and final graph shows the participants response to questions about condom use. No one had a real problem with condom use or women’s rights and feelings about insisting on condom use. What is however difficult to say, is whether most of them took wild guesses and whether this is really how they feel.

## Condom use



## 7. Conclusion

While awareness of HIV/AIDS and basic prevention knowledge is quite widespread amongst populations of South Africa, it has been confirmed that there are still areas of sub population's e.g. farm workers on commercial farms, who are still lacking access to information and among whom myths are still very much alive.

The HIV epidemic cannot be removed from things like sexuality, substance abuse, poverty and grief. Our experience was that the programme was well accepted because it covered all these aspects, was taken to the farming community, had no political involvement or agenda and build on some of the strengths owned by families.

This research project can pave the way for other intervention programme. It can point out the types of knowledge needed to bring about attitudes change regarding matters of HIV/AIDS. It can also highlight the shortcomings of such programme. Based on the above the development of a program for people with low literacy levels as well as the training of peer educators to form a support network becomes very important.

According to Whiteside, prevention campaigns must be maintained as new generations become sexually active have to be reached and educated. HIV prevention is not something that can be "done" and ticked off a list.<sup>15</sup> That is why it will be very important that a close cooperation between stakeholders including Government Departments, University of the Free State, local NGO's, CBO's, farmers associations etc should form the basis of these interventions to ensure long term sustainability.

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<sup>15</sup> Whiteside, A. 2008. A very short introduction. Oxford University Press.

## **Lessons learnt**

The participants had different practices, cultural opinions and levels of education. Although we took these differences into account, some groups, especially the Garingboom group found it difficult to understand and internalize all the messages. We had to do all sessions in the evening as we did not want to interfere with their work programme. The participants were however very tired and lethargic sometimes.

On a personal note, I was pleasantly surprised by so many things. Firstly, all the perceptions I had about farmers and specifically farmers from the FS were rectified. The way they take care of their workers was really astounding. Most of the farm workers maintain a better standard of living than people in Springfontein town. Their living conditions are good and they get their meat, milk and vegetables from the farmer. They are supported in many ways for example accessing of PHC. The fact that we were allowed to be on the farms for 10 weeks at a time is prove of the farmer's commitment to assist their workers to better deal with HIV/AIDS.

2 visiting professors from the University of Minnesota visited to 2 farms with me during their recent trip to South Africa. They wanted to know from the farmer whether the decision to get involved into this programme was to keep farm workers healthy in order to be productive for longer. Both farmers responded that that will be the ultimate bonus, but their first reason was humanitarian. The one farmer grew up with one of his workers. They both have families to support and he just wanted the same things for Gert\* that he wanted for himself. (Not the farm worker's real name).

## 8. References

1. Apps, P. 2005. Centre for HIV/AIDS Networking: HIV/AIDS will take deathly toll on farm workers.
2. Atkinson.2007.Going for broke: The fate of the farm workers in arid SA.HSRC Press.
3. Christensen. 2007. Experimental Methodology. Pearson: Tenth edition
4. De Vos, Strydom, Fouche, Delpont. 2006. Research at Grassroots. Van Schaik Publishers: Third edition
5. Farmers in the region. 2009
6. [http://www.places.co.za/maps/new\\_maps/free\\_state\\_map3.gif](http://www.places.co.za/maps/new_maps/free_state_map3.gif)
7. Hedgepeth, E. Helmich, J. 1996. Teaching about sexuality and HIV. New York University Press.
8. JICA, IOM. February 2004
9. Nichols, Speer, Watson, Vergon, Vallee, Meah. 2002. Aging with HIV: Psychological and Health issues
10. Prochaska,JC & DiClementine,C & Norcross, JC.1992. In search of how people change
11. Swart, Blackie. Farmer: Prior Grange in Springfontein. 2009
12. UNAIDS. <http://www.unaids.org>
13. UNAIDS. 2008. Report on the Global AIDS Epidemic. Geneva. UNAIDS, 2008, p 161
14. UNAIDS. 2008. Report on the Global AIDS Epidemic. Geneva. UNAIDS, 2008, p 69
15. Van Dyk, Alta. 2007. HIV/AIDS Care and Counselling. CTP Bookprinters, CT.
16. Whiteside, A. 2008.A very short introduction. Oxford University Press.

## **9. Appendices**

### **1. Report by observer (Research assistant)**

#### **Personal experiences of the Springfontein Farm Project**

The warmth I received from the Springfontein farm community was really enormous. From my first visit there, the people (farmers and their workers) went out of their way to make me feel at home. Springfontein is such a small and intimate community with a really big heart.

Surprisingly, the farmers in this town are loving people and they have passion for serving the community. They are nothing like the general perception that society has of farmers.

**REPORT**

**SPRINGFONTEIN FARM PROJECT**

**GROUP:**

**VENUE:**

**DATE:**

**INTRODUCTION**

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.....  
.....  
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**AIM OF THE SESSION**

.....  
.....  
.....

**LEARNING TOOLS USED DURING SESSION**

.....  
.....  
.....

**COMMENTS**

.....  
.....  
.....  
.....

**FACILITATOR:**

**ASSISTANT(S):**

**REPORT COMPILED BY:**

1.

## PRE - QUESTIONNAIRE

**DATE:**

**AGE:**

**GENDER:**

**MARITAL STATUS:**

**EDUCATION LEVEL:**

**NAME OF INTERVIEWER:**

PLEASE INDICATE WHETHER YOU THINK THE FOLLOWING STATEMENTS ARE TRUE OR FALSE :

STATEMENTS	TRUE	FALSE
HIV can be spread by a mosquito bite		
Coughing and sneezing do not spread HIV		
A person can be HIV positive for 10 or more years without developing AIDS		
HIV is another way of saying AIDS – the two terms mean the same thing		
A person can be infected by HIV/AIDS for up to 6 months before its presence can be detected in the blood		
Having more than one sexual partner increases the risk of being infected with HIV/AIDS		
If both partners are HIV positive they do not need to use a condom		
A person who is HIV positive can spread HIV even if they are not sick		
You can get infected with HIV by kissing someone		
Employees should be told when a co-worker has tested positive		
I am willing to live in the same house as a person who has AIDS		
Too much fuss is being made of AIDS		
People with AIDS should be kept in isolation		
AIDS is God's way of punishing people		
People with AIDS should have the right to have sexual relations		
Women have the right to insist their partner uses a condom		
Condom use is an acceptable part of sexual relations		
I feel angry if my partner wants to use a condom		

Do you know about HIV/AIDS? Yes or No

Do you think you are sufficiently informed about HIV/AIDS? Yes or No

Have you ever been for an HIV test? Yes or No

If your answer to the above question was yes, what was the main reason for you to go for HIV testing?

If you have not been tested, what is the main reason for not testing?

If there are people who are HIV positive in your community how are they treated by others?

If you were HIV positive what services or people do you know of that could give you support?

## POST - QUESTIONNAIRE

**DATE:**

**AGE:**

**GENDER:**

**MARITAL STATUS:**

**EDUCATION LEVEL:**

**NAME OF INTERVIEWER:**

PLEASE INDICATE WHETHER YOU THINK THE FOLLOWING STATEMENTS ARE TRUE OR FALSE :

STATEMENTS	TRUE	FALSE
HIV can be spread by a mosquito bite		
Coughing and sneezing do not spread HIV		
A person can be HIV positive for 10 or more years without developing AIDS		
HIV is another way of saying AIDS – the two terms mean the same thing		
A person can be infected by HIV/AIDS for up to 6 months before its presence can be detected in the blood		
Having more than one sexual partner increases the risk of being infected with HIV/AIDS		
If both partners are HIV positive they do not need to use a condom		
A person who is HIV positive can spread HIV even if they are not sick		
You can get infected with HIV by kissing someone		
Employees should be told when a co-worker has tested positive		
I am willing to live in the same house as a person who has AIDS		
Too much fuss is being made of AIDS		
People with AIDS should be kept in isolation		
AIDS is God's way of punishing people		
People with AIDS should have the right to have sexual relations		
Women have the right to insist their partner uses a condom		
Condom use is an acceptable part of sexual relations		
I feel angry if my partner wants to use a condom		

Do you know about HIV/AIDS? Yes or No

Do you think you are sufficiently informed about HIV/AIDS? Yes or No

Have you ever been for an HIV test? Yes or No

If your answer to the above question was yes, what was the main reason for you to go for HIV testing?

If you have not been tested, what is the main reason for not testing?

If there are people who are HIV positive in your community how are they treated by others?

If you were HIV positive what services or people do you know of that could give you support?

## Post program Interviews

**Date:**

**Farm:**

**Age:**

**Gender:**

**Education level:**

**Marital status:**

**Interviewer:**

### **1. Content**

Is there anything you still want to know about HIV/AIDS that you think we should include in the program?

Can you apply what you have learned to your lives or the lives of people close to you? If the answer is yes- explain how.

### **2. Methodology**

Which of the following activities did you enjoy most and why?

Group work

2.1.2 Pictures

2.1.3 DVD's

2.1.4 Guest speakers

2.1.5 Listening to the facilitator

Reasons:

### **3 Feelings**

3.1 Explain your thoughts on visitors coming to attend the sessions (students and other)