

**An Evaluation of HIV/AIDS knowledge and attitudes of Nkonkobe  
Municipality employees in the Eastern Cape Province**

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Assignment presented in partial fulfillment of the requirements for the degree  
of Master of Philosophy (HIV/AIDS Management) at Stellenbosch University



Study leader: Ms A. Laas

March 2008

**Declaration**

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part, submitted it at any university for a degree.

Signature:

Date:

## **Summary**

The objectives of this study were to determine the knowledge and attitudes of Nkonkobe municipality employees about HIV/AIDS, to identify the strengths and weaknesses in the municipality's existing HIV/AIDS initiatives and to evaluate what information is needed to enhance the employees' HIV/AIDS knowledge and attitudes.

A non-experimental quantitative research design was used in this study with a sample of 40 Nkonkobe municipality employees.

Overall the respondents indicated to have good knowledge and positive attitudes towards HIV/AIDS and people living with it. There are, however, the following concerns: a) some respondents are not sure about basic modes of HIV transmission and whether there is a difference between HIV and AIDS; b) some respondents tend to be ignorant towards HIV/AIDS, not interested or trying to avoid the topic. These concerns need to be addressed to enhance the employees' HIV/AIDS knowledge and attitudes.

The results showed that there are currently no existing HIV/AIDS initiatives at Nkonkobe municipality and that there is a definite need for that to make information available to employees.

## **Opsomming**

Die doel van hierdie studie was om die kennis en houdings van Nkonkobe munisipaliteit werknemers rondom MIV/VIGS vas te stel, die sterk- en swakpunte van die munisipaliteit se huidige MIV/VIGS inisiatiewe te identifiseer en om vas te stel watter inligting nodig is om die werknemers se kennis en houdings rondom MIV/VIGS te verbeter.

'n Nie-eksperimentele kwantitatiewe navorsingsontwerp is in die studie gebruik, met 'n steekproef van 40 Nkonkobe munisipaliteit werknemers.

Die deelnemers het oor die algemeen goeie kennis en positiewe houdings gehad rakende MIV/VIGS en mense wat daarmee leef. Daar is egter kommer rakende die volgende: a) sommige deelnemers is nie seker oor die basiese maniere van MIV-oordrag en of daar 'n verskil tussen MIV en VIGS is nie; b) sommige deelnemers blyk oningelig oor MIV/VIGS te wees, hulle stel nie belang nie of probeer die onderwerp vermy. Hierdie punte moet aangespreek word om die werknemers se kennis en houdings rondom MIV/VIGS te verbeter.

Die resultate het getoon dat daar huidiglik geen MIV/VIGS inisiatiewe by die Nkonkobe munisipaliteit bestaan nie en dat daar 'n definitiewe behoefte daarvoor is sodat inligting aan die werknemers beskikbaar gestel kan word.

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## **1. Introduction**

There has been growing recognition that some of the most significant HIV/AIDS interventions are most effectively undertaken at local level, because it is at this level that individuals, households, communities and organisations experience the effects of the disease. With the recent global trend towards decentralisation of governance, attention is increasingly turning to the role that local governments, as the structures of governance closest to citizens and the providers of key developmental services, have to play in local level responses to the epidemic.

In South Africa, a country with one of the world's highest HIV/AIDS prevalence rates, most of the country's 283 municipalities have only in the last few years begun to consider their role in local level responses to HIV/AIDS. While policy and support interventions are starting to emerge from national government and other agencies to assist municipalities to mainstream HIV/AIDS, much work is still needed to develop an understanding of what mainstreaming HIV/AIDS means and how the concept can be operationalised within the local government sphere (Isandla Institute, 2007).

Vass & Phakathi (2006) believe the effective management of HIV/AIDS in the workplace is critical in reducing the negative impact it has on the economy and human resources. The capacity of local governments to deliver services is undermined and this makes it difficult for the municipal government to continue with their core business in the face of the AIDS epidemic.

## **2. Research objectives**

The objectives of this study are to:

- determine the knowledge of Nkonkobe municipality employees about HIV/AIDS;
- determine the attitudes of Nkonkobe municipality employees towards people living with HIV/AIDS;
- identify the strengths and weaknesses in the municipality's existing HIV/AIDS initiatives; and to
- evaluate what information is needed in order to enhance the employees' HIV/AIDS knowledge and attitudes.

## **3. Literature review**

### **3.1 The impact of HIV/AIDS on municipalities**

The Local Government Municipal Structures Act (1998) requires municipalities to fulfill their constitutional obligations to ensure sustainable, effective and efficient municipal services to promote social and economic development and encourage a safe and healthy environment. Municipalities' ability to deliver may be compromised should increased numbers of local government employees become infected with HIV. The pandemic might also result in the creation of labour and skills shortages and the need to divert expenditure.

Green (2000) believes that HIV/AIDS has the potential to threaten municipal management, finances and local service delivery, particularly to poor people in rural areas. Sarzin (2005) states that HIV/AIDS is undermining the capacity of municipalities to deliver effective and efficient services. The direct costs include increased absenteeism, lower productivity, higher health care costs, funeral expenses, pension payments and recruiting as well as training of replacement

employees. The indirect and less measurable costs include service delivery failures, loss of experienced and skilled employees, breakdown in morale, diversion of management time and deteriorating of labour relations.

### **3.2 The challenge for municipalities**

The key challenge for municipalities is to shift paradigms from viewing HIV/AIDS as predominantly a health and behavioural concern to recognising how poverty, unemployment, gender inequality and lack of basic services, amongst others, conspire to make people more vulnerable to HIV infection and less able to cope with the consequences of the epidemic.

In general municipalities have been slow in recognising the implications of HIV/AIDS. As a result most municipal responses to date have not been sufficient in addressing the context of vulnerability to HIV and in providing the necessary support that will allow individuals, households, organisations and institutions to cope.

According to Sarzin (2005) municipalities need to attend to the factors that make their employees vulnerable to HIV/AIDS. They need to identify strategies to manage the impact of HIV/AIDS on municipal human resources and service delivery. They need to invest in *prevention activities* (including information and education programmes; promotion and distribution of condoms in the workplace), *treatment and care of sick employees* and in *broadening the skills of employees* (to facilitate re-allocation of responsibilities and ensure that there are adequate career development and succession plans for key staff functions).

Although planning and implementing HIV/AIDS workplace programmes have financial implications, the World Bank (2003) demonstrated that these programmes are profitable investments as municipalities will achieve positive return on investment over a period of time. There is a wide range of responses that a municipality can plan and execute to address HIV/AIDS that does not cost



much (Mottiar, 2004), for example to erect a notice board with information on where to find local HIV/AIDS service providers. Municipalities therefore don't have to wait for external funds to start implementing simple, low-cost interventions and leveraging the services provided by the private and non-profit sectors.

Municipalities undoubtedly have to define the responsibilities for HIV/AIDS workplace issues. Sarzin (2005) indicated that responsibility should be fragmented across the health department, community service department, human resources department and district HIV/AIDS focal point or committee. He believes there should be a sub-team established in the municipal HIV/AIDS committee, including representatives from the human resources department and staff associations, distinctively to address workplace issues. Ward councillors and municipal managers need to support these groups by demonstrating their commitment to employee welfare, prioritising the delivery of HIV/AIDS workplace programmes, and engaging with staff on health and other social issues in order to decrease the employees' vulnerability to HIV/AIDS.

### **3.3 HIV/AIDS knowledge and attitudes**

For the purpose of this study *knowledge* will be defined in terms of people's knowledge and understanding of the HIV/AIDS epidemic, e.g. how it is transmitted and how it can be prevented and treated. *Attitudes* will be defined in terms of the behaviour and perceptions that people have towards people living with HIV/AIDS.

Green (2000) believes that there are still myths around HIV/AIDS and they lead to people seeing it as a scandal that should be kept secret. There are people who believe that people living with HIV/AIDS should be isolated from society, this is because they still associate HIV with a particular type of lifestyle (drug use; sex work; homosexuality) and this helps form their negative attitudes towards people living with HIV/AIDS.

A high level of fear of people living with HIV/AIDS is still prevalent in many societies. This can possibly be explained by inadequate levels of knowledge about the transmission of HIV, which leads people to fear of contracting the virus. Informational campaigns to improve people's knowledge on the transmission of HIV and on how to behave towards people living with HIV/AIDS can help dispel some of these unnecessary fears (Green, 2000).

The debunking of myths and personalisation of problems are essential to create tolerant attitudes towards people living with HIV/AIDS. According to research that was done in China (Manchester, 2003) some people still have varied feelings with regards to people living with HIV/AIDS. Manchester further states that some people strongly believe that the government should offer them medical and social support, though on the other hand other people were in favour that people living with HIV/AIDS should be isolated from the rest of society so they cannot infect other innocent people.

A study that was conducted at the Iringa Municipality in Tanzania (Rumisha, Senkoro, Ngadaya, Shayo & Mayala, 2006) found that the employees' knowledge of HIV/AIDS was relatively high, especially with regards to modes of transmission, but not that good regarding the symptoms and signs of HIV/AIDS. The mass media, especially radio and television, was found to be the most popular source of health education in Africa for conveying information about prevention and treatment services to large sectors of the population and for reducing the silence, stigma and misconceptions associated with the epidemic.

A study in Kosovo (Center for Social Group Development, 2005) found that most people seemed to have some basic information regarding HIV/AIDS. In general they were aware that HIV/AIDS has to do with a virus, but can't distinguish between HIV and AIDS. However, respondents with a higher educational level understood the difference between the concepts. Respondents had shown clear

knowledge regarding the ways of HIV/AIDS transmission, but stigma and discrimination against people living with HIV/AIDS were very high. There was a significant number of respondents who did not want to be in contact with HIV positive people and almost all respondents would not think of having sexual intercourse with an HIV positive person. They understood the importance of HIV testing and will do it regularly, especially after unsafe sex.

#### **4. Research problem**

The objective of this study is to determine the knowledge and attitudes of Nkonkobe Municipality employees. The research question then is: *“What is the knowledge and attitudes of Nkonkobe Municipality employees towards HIV/AIDS and people living with it?”*

#### **5. Research methodology**

##### **5.1 Research design**

A non-experimental quantitative research design was used in this study. This design provides an accurate description of a particular phenomenon, identifies the variables that exist and the possible relationship between them (Christensen 2004).

##### **5.2 Sampling**

A sample of 40 Nkonkobe Municipality employees was used as respondents in this study.

##### **5.3 Data collection**

Questionnaires, with open and closed ended questions, were used to gather data in this study. The researcher translated the English questionnaires to Xhosa so that all respondents could feel accommodated and free to express themselves without facts being distorted as a result of second language usage.

The questionnaire consisted of four parts, namely

- (a) biographical details;
- (b) knowledge of HIV/AIDS;
- (c) attitudes towards HIV/AIDS and people living with it
- (d) HIV/AIDS at the workplace

#### **5.4 Ethical consideration**

Informed consent was the major principle of ethics. Respondents were informed about the purpose of the research and that their participation is voluntary. They were informed of their rights and were assured that their responses will be kept confidential. Honesty and transparency were practiced, their responses were kept in their original form, and no alterations were made to suit the researcher's needs. Respondents were provided with the findings of the study.

## 6. Results

### 6.1 Biographic details

**Table 1: Sex of respondents**

Sex	Number	%
Female	22	55%
Male	18	45%

**Table 2: Age of respondents**

Age	Number	%
20–30	9	22.5%
31–40	18	45%
41–50	6	15%
Older than 51	7	17.5%

**Table 3: Marital status**

Marital status	Number	%
Single	21	52.5%
Married	10	25%
Living with partner	3	7.5%
Divorced	1	2.5%
Widowed	5	12.5%

**Table 4: Educational level of respondents**

Education	Number	%
Masters	0	0%
Honours	3	7.5%
Degree (undergraduate)	11	27.5%
Diploma	11	27.5%
Matric	7	17.5%
Below matric	8	20%

**Table 5: Occupation**

Occupation	Number	%
Cleaner	7	17.5%
Driver	5	12.5%
Clerk	12	30%
Plumber	3	7.5%
Ward councilor	3	7.5%
PA	1	2.5%
Speaker	1	2.5%
Communication and public relations officer	4	10%
HR officer	4	10%

**Table 6: Work experience**

Experience	Number	%
Less than 1 year	0	0%
1 – 2 years	2	5%
2 – 5 years	20	50%
More than 5 years	18	45%

From the 40 respondents 22 (55%) were female and 18 (45%) were male. The majority (45%) was between 31 to 40 years of age, single (52.5%) and held a tertiary qualification (55%). The majority of the respondents was clerks and worked for the municipality for 2 years or more.

## 6.2 Knowledge of HIV/AIDS

**Table 7: Knowledge of HIV/AIDS**

Knowledge of HIV/AIDS	Number	%
Good	8	20%
Average	26	65%
Poor	6	15%

**Table 8: Difference between HIV and AIDS**

Difference between HIV and AIDS	Number	%
Yes	26	65%
No	0	0%
Don't know	14	35%

**Table 9: Unprotected sex as a mode of HIV transmission**

HIV transmission through unprotected sex	Number	%
Yes	33	82.5%
No	0	0%
Don't know	7	17.5%

**Table 10: Using the same toilet as a mode of HIV transmission**

HIV transmission through using same toilet	Number	%
Yes	1	2.5%
No	28	70%
Don't know	11	27.5%

**Table 11: Shaking hands as a mode of HIV transmission**

HIV transmission through shaking hands	Number	%
Yes	1	2.5%
No	32	80%
Don't know	7	17.5%

Only 20% of the respondents thought that their knowledge of HIV/AIDS was good, with 65% who thought it was average and 15% who thought it was poor. This indicates that the respondents don't feel equipped with adequate knowledge regarding HIV/AIDS.

Though some doubted their knowledge of HIV/AIDS, the majority of respondents have shown certainty with regards to the difference between HIV and AIDS and

how HIV is transmitted. Twenty six respondents (65%) were confident of the fact that HIV and AIDS is not the same thing and 35% did not know. The majority (82.5%) were certain that HIV/AIDS can be contracted through unprotected sexual intercourse. Although the majority knew that HIV cannot be transmitted by sharing a toilet (70%) or shaking hands (80%), there is a concern that respectively 27.5% and 17.5% indicated that they “don’t know”. This indicates that there is still a need for further education on modes of HIV transmission and the difference between HIV and AIDS.

### 6.3 Attitudes towards HIV/AIDS and people living with it

**Table 12: Knowing someone with HIV/AIDS at work**

Do you know someone with HIV/AIDS at work?	Number	%
Yes	18	45%
No	22	55%

**Table 13: Supporting someone with HIV/AIDS at work**

Will you support someone with HIV/AIDS at work?	Number	%
Yes	33	82.5%
No	7	17.5%

**Table 14: People’s attitudes towards HIV/AIDS at work**

How are people’s attitudes towards HIV/AIDS at work?	Number	%
Don’t see HIV/AIDS as a problem	6	15%
More information needs to be distributed to employees	30	75%
No special attention should be given to HIV/AIDS matters, it should be treated just like any other disease	4	10%



**Table 15: HIV/AIDS test**

Have you been for an HIV/AIDS test?	Number	%
Yes	16	40%
No	24	60%

**Table 16: Reason for HIV/AIDS test**

What was your reason for testing?	Number	%
I wanted to know my HIV status	16	100%
A policy application requested that	0	0
There was an awareness campaign at work	0	0

**Table 17: Reason for not testing**

What was your reason for not testing?	Number	%
I don't want to know my HIV status	17	70.8%
I am afraid of the outcomes of the test	0	0
I will not be HIV positive	7	29.1%

The respondents have shown generally positive attitudes towards HIV/AIDS and people living with it. Though 55% don't know someone with HIV/AIDS at work, 82.5% demonstrated their willingness to support such colleagues. Only 17.5% respondents indicated that they will not support colleagues with HIV/AIDS.

15% of the respondents indicated that they don't see HIV/AIDS as a problem and 10% think that no special attention should be given to HIV/AIDS, it should be treated like any other disease. The majority (75%) felt that more HIV/AIDS information needs to be distributed to employees.

When asked whether they have been for an HIV/AIDS test before, more than half of the respondents (60%) indicated that they have never been for a test. They were not afraid of the outcomes of the test, they either didn't want to know their HIV status (70.8%) or believed that they will not be HIV positive (29.1%). The respondents who have been for a test all did that to know their HIV status.

#### 6.4 HIV/AIDS in the workplace

**Table 18: Information about HIV/AIDS at work**

Did you receive any information about HIV/AIDS at work?	Number	%
Yes	0	0%
No	25	62.5%
Can't remember	15	37.5%

**Table 19: HIV/AIDS clearly communicated to employees at work**

Do you think HIV/AIDS is clearly communicated to employees at work?	Number	%
Yes	0	0%
No	30	75%
Can't remember	10	25%

**Table 20: Available HIV/AIDS related information at your workplace**

What HIV/AIDS information is available at your workplace?	Number	%
No information available at all	40	100%
Posters, pamphlets, brochures	0	0

**Table 21: Adequacy of HIV/AIDS information**

Do you think the information you have about HIV/AIDS is adequate?	Number	%
Yes	20	50%
No	13	32.5%
Don't know	7	17.5%

**Table 22: Availability of HIV/AIDS Unit at your workplace**

Our workplace has an HIV/AIDS Unit	Number	%
Strongly agree	0	0%
Agree	0	0%
Strongly disagree	15	37.5%
Disagree	15	37.5%
Don't know	10	25%

The responses about HIV/AIDS in the workplace indicated that there is undoubtedly a need for HIV/AIDS information, as none of the respondents indicated to have received any HIV/AIDS information or felt that HIV/AIDS is clearly communicated to employees. It is alarming to see that 37.5% “can’t remember” whether they received information and 25% if HIV/AIDS was clearly communicated to them. When asked whether their workplace has an HIV/AIDS unit, the majority (75%) indicated that there is no HIV/AIDS unit at their workplace. Again 25% indicated that they “don’t know”. From this it can be concluded that some employees are ignorant towards HIV/AIDS, not interested or trying to avoid it, as so many respondents “don’t know” or “can’t remember”.

## **7. Conclusion**

Overall the respondents indicated to have good knowledge and positive attitudes towards HIV/AIDS and people living with it. There are, however, the following concerns: a) some respondents are not sure about basic modes of HIV transmission and whether there is a difference between HIV and AIDS and b) some respondents tend to be ignorant towards HIV/AIDS, not interested or trying to avoid it. These concerns need to be addressed to enhance the employees' HIV/AIDS knowledge and attitudes.

The results showed that there are currently no existing HIV/AIDS initiatives at Nkonkobe municipality and that there is a definite need for that to make information available to employees.

## **8. Recommendations**

From the research findings it became evident that there are no existing HIV/AIDS initiatives at Nkonkobe municipality. The most important need at this stage is to make HIV/AIDS information available to the employees. This can be as simple as to mount posters on the walls or to print brochures that contain relevant HIV/AIDS information. Another option is to present workshops to the employees where they can interact with their colleagues. This can encourage discussion about the topic and give employees the opportunity to present their views and concerns.

An HIV/AIDS unit can be established – this will ensure that employees have one central point to find all the necessary HIV/AIDS related information and services. The unit can deal with prevention activities as well as the treatment and care of sick employees. This might also encourage HIV testing if the employees know that they do have access to such a facility at their workplace.

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**Africa Centre for HIV/AIDS Management**

15 June 2007

Municipal Manager  
Nkonkobe Municipality  
Fort Beaufort

Dear Madam

**RE: Request for permission to administer questionnaires for my study**

I acknowledge the rigid programmes that we are all operating under, but despite that it will be a great honour for me to be accommodated to administer some questionnaires for the study. The study intends to ***Evaluate the HIV/AIDS knowledge and attitudes of Nkonkobe Municipality employees.*** The focus is on all the Nkonkobe employees from all the levels. I would like them to complete questionnaires. Some questionnaires are translated in Xhosa for the benefit of all the Municipality employees. I'm sure you will be willing to cooperate towards those desired goals and I also promise to provide you with the final findings of the study.

Thank you, I will value your kindness.

Yours faithfully  
Tyilo P.N. (Ms)

A handwritten signature in black ink, appearing to be 'Tyilo P.N.', written over a horizontal line.

082 056 5018



**Africa Centre for HIV/AIDS Management**

**QUESTIONNAIRE FOR ALL RESPONDENTS**

I'm a student in Mphil (HIV/AIDS Management) at Stellenbosch University. I am conducting a research project evaluating HIV/AIDS knowledge and attitudes of Nkonkobe Municipality employees.

The questionnaire seeks your ideas and views on the HIV/AIDS knowledge and attitudes. Strict confidentiality of responses is guaranteed and your honest opinion will be most valuable and appreciated.

Please put an (X) where appropriate.

**A: BACKGROUND INFORMATION**

**1. Sex**

Male	
Female	

**2. Age**

20 – 30 years	
31- 40 years	
41 – 50 years	
Above 51 years	



**3. Marital status**

Single	
Married	
Living with a partner	
Divorced	
Widowed	
Other (Specify):	

**4. Highest qualification**

Masters	
Honours	
Undergraduate Degree	
Diploma	
Matric	
Other (specify):	

**5. What is your occupation?**

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**6. How long have you been working at the municipality?**

Less than 1 year	
1-2 years	
2-5 years	
More than 5 years	

**B: KNOWLEDGE OF HIV/AIDS**

**7. How can you rate your knowledge of HIV/AIDS?**

Good	
Average	
Poor	

**8. Is there a difference between HIV and AIDS?**

Yes	
No	
Don't know	

**9. Can HIV/AIDS be contracted through sexual intercourse?**

Yes	
No	
Don't know	

**10. Can HIV/AIDS be contracted through using the same toilet?**

Yes	
No	
Don't know	

**11. Can HIV/AIDS be contracted through shaking hands with HIV positive people?**

Yes	
No	
Don't know	

**C: ATTITUDES TOWARDS HIV/AIDS**

**12. Do you know someone with HIV/AIDS at work?**

Yes	
No	

**13. Will you support someone with HIV/AIDS at work?**

Yes	
No	

**14. How are other people's attitudes towards HIV/AIDS at your workplace?**

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**15. Have you been for an HIV/AIDS test?**

Yes	
No	

**16. If yes (at question 15), why**

I wanted to know my HIV status	
A policy application requested that	
There was an awareness campaign at work	

**If no (at question 15), why**

I don't want to know my HIV status	
I am afraid of the outcomes of the test	
I will not be HIV positive	

**D: HIV/AIDS AT YOUR WORKPLACE**

17. Did you receive any information about HIV/AIDS at work?

Yes	
No	
Can't remember	

18. Do you think HIV/AIDS are clearly communicated to the employees at work?

Yes	
No	
Not sure	

19. What HIV/AIDS related information is available at your workplace?

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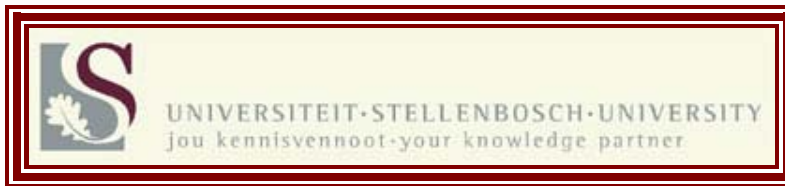
20. Do you think the information you have about HIV/AIDS is adequate?

Yes	
No	
Don't know	

21. Our Municipality has a HIV/AIDS Unit where all the people can go if they require assistance and information on HIV/AIDS.

Strongly agree	
Agree	
Strongly disagree	
Disagree	
Don't know	

**Thank you very much for your time**



## ICANDELO ELIJONGENE NOLAWULO LUKAGAWULAYO NENTSHOLONGWANE YAKHE

### IMIBUZO YABATHATHI – NXAXHEBA

Ndingumfundi kwi Dyunivesiti yase Stellenbosch, ndenza imfundo enomsila ngolawulo lukagawulayo kunye nentsholongwane yakhe. Ndenza uphando oluhlola ulwazi kunye nezimvo zabasebenzi be Nkonkobe ngokuphathelele kumba kagawulayo nentsholongwane yakhe.

Injongo yalemibuzo kukufumana iimpendulo ezibhekisele kolu phando sele ndilukhankanyile ngasentla. Ikho ingqiniseko yokuba nayiphina impendulo oyinikileyo kolu phando ayisayi kuthwa pahaha, impendulo zakho zakugcinwa ziyimfihlo. Ukunyaniseka kwakho xa uphendula le mibuzo kuyakuthakazeleleka kakhulu.

Nceda ubeke u (X) xa kuyimfuneko.

### A: INKCUKACHA NGAWE

#### 1. Ubuni bakho

Indoda	
Ibhinqa	

#### 2. Iminyaka yakho

20 – 30 eminyaka	
31- 40 eminyaka	
41 – 50 eminyaka	
Ngaphezu kwama - 51 eminyaka	

**3. Imeko yomtshato wakho**

Anditshatanga	
Nditshatile	
Ndiyahlalisana	
Ndiqhawule umtshato	
Ndiswelekelwe ngumlingane	
Ezinye (Chaza):	

**4. Imfundo ephakamileyo**

Masters	
Honours	
Undergraduate Degree	
Diploma	
Matric	
Ezinye (Chaza):	

**5. Wenza msebenzi mni?**

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**6. Unexesha elingakanani uphangela apha kwa Maspala?**

Ngaphatsi konyaka	
1-2 eminyaka	
2-5 eminyaka	
Ngaphezu kwesi 5 seminyaka	

**B: ULWAZI NGOGAWULAYO KUNYE NENTSHOLONGWANE YAKHE (HIV/AIDS)**

**7. Lukangakanani ulwazi onalo malunga nogawulayo nentsholongwane yakhe (HIV/AIDS)?**

Lukhulu	
Luphakathi	
Luncinci	

**8. Ingaba ukhona umahluko phakathi kwentsholongwane kagawulayo (HIV) kunye nogawulayo (AIDS)?**

Ewe	
Hayi	
Andazi	

**9. Ingaba umntu xa ethe wabelana ngesondo angasuleleka na ngugawulayo kunye nentsholongwane yakhe (HIV/AIDS)?**

Ewe	
Hayi	
Andazi	

**10. Ingaba abantu abasebenzisa indlu yangasese enye bangalwandisa na usuleleko lukagawulayo kunye nentsholongwane yakhe (HIV / AIDS)?**

Ewe	
Hayi	
Andazi	

**11. Ukuxhawulana ngesandala nomnye umntu kuyawusasaza na ugawulayo nentsholongwane yakhe (HIV / AIDS)?**

Ewe	
Hayi	
Andazi	

**C: IZIMVO NGOKUBHEKISELELE KUGAWULAYO NENTSHOLONGWANE YAKHE (HIV/AIDS)**

12. Ingaba ukhona umntu ophila nentsholongwane kagawulayo (HIV) okanye ugawulayo (AIDS) emsebenzini wakho?

Ewe	
Hayi	

13. Ungamnceda umntu ophila nentsholongwane kagawulayo (HIV) okanye ugawulayo (AIDS) emsebenzini wakho?

Ewe	
Hayi	

14. Zithini izimvo zabanye abantu ngokubhekisele kubantu abaphila nentsholongwane kagawulayo (HIV) okanye ugawulayo (AIDS) emsebenzini wakho?
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15. Wakha walwenza uhlolo lukagawulayo kunye nentsholongwane yakhe?

Ewe	
Hayi	

16. Ukuba wakhe walwenza, kwakutheni Ukuba zange walwenza, kutheni

Ndandifuna ukuzazi ukuba ithini na imeko yempilo	
Isicelo sokungena kumasingcwabane sasifuna njalo	
Kwakukho iphulo emsebenzini elalifundisa abantu ngogawulayo	

Andifuni ukwazi ukuba ndinayo na intshongwane	
Ndoyika iziphumo zohlolo	
Andinakuze ndibenaye ugawulayo nentsholongwane yakhe	



**D: UGAWULAYO NENTSHOLONGWANE YAKHE EMSEBENZINI WAKHO**

17. Ingaba lukhona na ulwazi olufumanekayo malunga nogawulayo kunye nentsholongwane yakhe emsebenzini wakho?

Ewe	
Hayi	
Andikhumbuli	

18. Ucinga ukuba imiba ehlanganisa ugawulayo kunye nentsholongwane yakhe ifikeleleka ngokucacileyo kuye wonke umntu ongumsebenzi ka Maspala?

Ewe	
Hayi	
Andiqinisekanga	

19. Lwazi luni olufumanekayo emsebenzini wakho ngokunxulumene nogawulayo kunye nentsholongwane yakhe?

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20. Xa ucinga, ingaba ulwazi onalo malunga nogawulayo nentsholongwane yakhe lwanele na?

Ewe	
Hayi	
Andazi	

21. Likhona icandelo (Unit) kwa Maspala eliphathelele kugawulayo nentsholongwane yakhe apho abantu banokuya khona xa befuna ukuncedwa ngolwazi olumalunga nogawulayo kunye nentsholongwane yakhe?

Ndivuma ngamandla	
Ndiyavuma	
Andivumi konke-konke	
Andivumi	
Andazi	

***Enkosi kakhulu ngexesha lakho!!***