

THE ROLE OF KNOWLEDGE OF  
HIV/AIDS AMONGST EMPLOYEES  
IN A NON- GOVERNMENTAL  
ORGANIZATION

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**Declaration**

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Date: 17 11 2010

Signature

A handwritten signature in black ink, appearing to read 'A. Behave', written in a cursive style.

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## **Abstract**

At least two decades has passed since the HIV/AIDS epidemic took roots. To date the Africa continent still has the greatest number of infections and deaths. Businesses and economies have been hard hit by the disease which has a negative effect on the workforce and labour-markets. The disease causes and results in an escalating decrease in profits and productivity whereby markets are forced into an economic decline. The societal wellbeing which is vital for a healthy economy is negatively affected. Businesses owe it to their employees to help deal with the worst health crisis the world has seen since at least 10-40% of the workforce is likely to be infected with HIV. The impact and potential impact of HIV/AIDS differs from one company to the next because HIV/AIDS has become a serious threat to all industries. Employers and employees both experience an increasingly difficult time due to the changing environment in which they must operate as a result of HIV/AIDS. Employers and line functions must deal with the sensitive issue of managing HIV/AIDS infected employees and all the concerns surrounding this disease.

This research investigates the role of knowledge amongst all the employees within an organization, focusing on those employees based at the national office in Gauteng. It is necessary for the researcher to conduct a survey within the organization to investigate the extent of current existing knowledge of HIV and AIDS amongst the workforce on various levels. The research is necessary so that any workshops, programmes and policies that focus on HIV/AIDS take into consideration the knowledge gaps that exist.

Dealing with HIV/AIDS in any organization is surely a difficult road to walk initially but the Organization itself may come to be regarded as precious in itself, as a source of pride, and in some sense unique when all is said and done i.e. when all members are educated, informed and aware of HIV/AIDS (Wikipedia. 2009, 1).

## **Opsomming**

Hierdie navorsingsprojek ondersoek die kennisvlakke van werknemers binne 'n onderneming in die nie-informele sektor in Gauteng Provinsie.

Nadat 'n omvattende literatuurstudie gedoen is, is 'n Likert-tipe beoordelingskaal ontwikkel om kennisvlakke ten opsigte van MIV/Vigs by werknemers te toets. Resultate toon aan dat die kennisvlakke van werknemers relatief hoog is in die meeste afdelings van die organisasie.

Daar is egter nog sekere areas wat dringend aandag moet geniet deur middel van , onder andere, werknemers bewusmakingsprogramme.

Voorstelle ter verbetering van die bestuur van MIV/Vigs binne die organisasie word aan die hand gedoen.

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## Chapter 1: Introduction

*Education is the great engine of personal development. It is through education that the daughter of a peasant can become a doctor, that a son of a mineworker can become the head of the mine, which a child of farm workers can become the president of a great nation. It is what we make out of what we have, not what we are given, that separates one person from another.*

*Nelson Mandela*

It is now over two decades since the HIV/AIDS epidemic took roots, yet Africa continues to record the greatest number of infections and deaths. The United Nations (UN) estimates that approximately 33.4 million people in the world are living with HIV/AIDS. South Africa is home to the world's largest population of people living with HIV which is 5.7 million. AIDS-related deaths in 2008 amount to 2.0 million. We have buried three-quarters of the more than 20 million people worldwide who have died of HIV/AIDS since the epidemic began (UNAIDS 2009, 6).

HIV is much more than just a disease. It is different from other diseases, in that it not only touches the lives of those infected, but it has an unmistakable bearing on the lives of practically everyone on earth. It is becoming increasingly difficult to find any number of persons around the world that are not affected by the HIV epidemic in some way or the other. Realistically it has emerged as the single most important public health issue of our time. There is no known cure for HIV infection or AIDS (Mark Cichocki, R.N. 2009).

The rapid spread of HIV/AIDS is having an increasingly harmful impact on the operations of companies. AIDS has already started increasing the cost of doing business. Companies are starting to pay direct costs for treatment of sick employees and have to deal with more expensive health and insurance benefits, as well as the indirect costs related to lower productivity, absenteeism and increased recruitment and training costs for replacement staff (Barks–Ruggles et al. 2001, 1-3).

Sub-Saharan Africa still is the area where HIV/AIDS has a greater impact. In 2008, sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children. The region also accounted for 72% of the worlds AIDS-related deaths in 2008. This epidemic has a huge impact on households, communities, businesses, public services and national economies in the region. The disease appears to affect the adults who are the breadwinners and who are struck down during their most economically active years (UNAIDS. 2009, 21-23).

The research is being conducted within a non –governmental Organization that operates in a diverse, multifaceted industry which tends to combine election related activities with operational activities in areas such as financial management, human resources, voter education, communication, logistics, voter registration, delimitation of areas, information technology (IT) and geographical information systems (GIS). This non- profit making organization has on its establishment approximately 700 employees across the nine provinces in South Africa. It will usually increase in size with about 250 000 more contractual employees when elections take place in the country.

The mention of HIV/AIDS brings about low morale, fear and tends to triggers irrational things in people. When employers are proactive especially in terms of looking after employees they are able to prepare the workplace for HIV/AIDS issues, thus minimizing work disruptions and reducing morale problems. The rationale as to why countries, governments, businesses and or organizations prioritize HIV/AIDS as a management issue is simply because HIV/AIDS has an undeniable direct impact on the social and economic issues such as occupational health and safety, staff morale, human rights and the availability of a productive and able workforce. In order for the Organization to make effective and efficient utilization of the workforce in order to meet the business objectives, it must prepare all employees to deal with issues related to the disease (DoL. TAG. 1).

This is especially important in a country where so many people belonging to the workforce group especially the breadwinners are infected with HIV/AIDS.

When employers fail to consider the wellbeing of their employees they definitely jeopardize any future relationship.

The most commonly known theory of motivation is Maslow’s hierarchy of needs theory. He hypothesized that within every human being there exists a hierarchy of five needs which are depicted in the diagram below:

Self Actualization	Morality.
	Creativity
	Spontaneity
	Problem solving
	Lack of prejudice
	Acceptance of facts
Esteem	Self –esteem, Confidence
	Achievement, Respect of others
	Respect by others
Love/belonging	Friendship, Family, Sexual intimacy
Safety	Security of body, Employment, Resources,
	Morality, The family, Health, Property
Physiological	Breathing, Food, Water, Sex, Sleep, Homeostasis, Excretion

**Figure 1.1.** Maslow’s hierarchy of needs theory

(Wikipedia. 2010. 1).

According to Maslow, as each need is considerably satisfied, the next need becomes dominant. So if one wants to motivate someone one will need to understand where that individual is in the hierarchy of needs and then focus on satisfying his/hers needs at or above that level (Wikipedia. 2010, 1).

In a similar way in order to motivate people who are infected or affected with HIV/AIDS a full understanding is required of the needs of employees and where they fit in this hierarchy. To be aware of the knowledge and attitudes of employees towards HIV/AIDS as well as the extent to which they are infected and or affected is important.

## **Chapter 2: Background**

In 2008, there were an estimated 5.7 million people that were living with HIV and AIDS in South Africa. This astounding number is more than in any other country. The belief is that in 2008, more than 370,000 South Africans died of AIDS (TAC. 2008, 1-8).

In South Africa businesses actively participate and play an important role in the fight against HIV/AIDS. The South African Business Coalition on HIV/AIDS (SABCOHA) greatly influences and promotes partnerships with government, leads research and pilots' best practice in AIDS workplace programmes. SABCOHA has a membership base of over 40 corporates, of which 10 are large companies and more than 50 small companies as well as service providers. They encourage and empower businesses to respond effectively to the epidemic (SAinfo reporter. 2007, 1-3).

HIV/AIDS has become a serious threat to all industries especially when there is no strategy with which to adequately address HIV/AIDS as well as its impact on both production and business. HIV/AIDS is a disease that is spreading rapidly across various continents, countries and cultures and it does not discriminate with regard to gender, race or economic status. In many ways it is having an increasingly adverse impact on the operational areas of most companies and organizations. Both employers and employees are experiencing an increasingly difficult time due to the changing environment in which they must operate as a result of HIV/AIDS. Employers and line functions must deal with the sensitive issue of managing HIV/AIDS infected employees and all the concerns surrounding this disease.

In the Organization not much about HIV and AIDS is discussed on an ongoing basis. Issues pertaining to the disease are avoided. However the organization is exposed to educational sessions, motivational talks and speeches, drama's and other wellness sessions that focus on HIV/AIDS and this is usually done closer to AIDS Day on the 1 December annually. Both employer and employees do support these initiatives. However, when these activities are over, HIV and AIDS is 'packed away'.

The draft HIV/AIDS policy is currently under review. The introduction of a workplace HIV/AIDS policy may very well be the guiding light that may succeed in creating a platform for the awareness of the disease.

However in order to work-shop the policy and develop further HIV and AIDS programmes in this regard, it is necessary for the organization to conduct a survey to investigate the extent of current existing knowledge of the disease amongst the workforce on various levels.

This is necessary so that any workshops, programmes and policies that focus on HIV/AIDS take into consideration the knowledge gaps that exist, areas that require additional focus like stigma, fear as well as addressing the myths surrounding the disease.

Although many can argue that business indeed has a moral responsibility to help deal with the worst health crisis the world has seen since the Black Plague, there is also the matter of the bottom line which suggests that at least 10-40% of the workforce is likely to be infected with HIV. However the impact and potential impact of HIV/AIDS differs from one company to the next. Most affected are the labour and capital-intensive industries, and where there is high labour mobility. In South Africa (SA), the mining, metals processing, agribusiness and transport sectors are most affected by the pandemic. More than 23% of employees are infected with the disease. There is a strong indication that prevalence rates are much higher amongst skilled and unskilled workers as compared to amongst supervisors and managers (SAinfo reporter. 2007, 1-3).

Sectors and organisations have now taken the lead and become the most proactive in tackling the AIDS issue. Many have now become respected world leaders with regard to their responses to HIV/AIDS in the workplace. "Some of the most comprehensive and successful HIV workplace programmes are being developed in the South African private sector," says SABCOHA CEO Brad Mears. "These programmes can be used as a blueprint by countries that have yet to feel the impact of the disease." SAB (SA Breweries), Anglo American and Volkswagen are among those companies that have developed world-class programmes which are being used by many other businesses worldwide.

Research indicates that should companies invest in the prevention and treatment programmes, their eventual savings will by far outweigh their costs. This provides care and treatment to HIV-positive employees and can reduce the financial burden of HIV/AIDS in companies by as much as 40% (SAinfo reporter. 2007, 1-3).

Owing to the stigma around AIDS there remains a demand for other health services where many companies now provide broader health and wellness services instead of just the narrowly defined HIV/AIDS programmes. It is encouraging to note the growing strength of workplace programmes, as well as to see that employers are increasingly embarking on community-wide initiatives. SABCOHA in partnership with big players such as Eskom and Volkswagen, pilot supply chain workplace programmes by offering services such as voluntary testing and counseling, provision of antiretroviral's and broader health and wellness services to employees in smaller, less well-resourced companies.

Organized business is playing a central role in the SA National Aids Council (SANAC). SANAC is a high-level organization made up of government, business, labour and civil sector representatives, who have developed a national strategic plan to reduce the impact of HIV/AIDS in the country. The targets of the plan are to reduce the rate of new infections by half and to ensure that at least 80% of those who require treatment get it by 2011 or at least those that are still alive by then, (SAinfo reporter. 2007, 1-3).

Table 2.1 below shows the growth of HIV/AIDS in the labour force. It indicates how the initial onset of HIV infection is followed by increased AIDS morbidity and mortality. It is obvious that between the first and seventh year after the initial HIV infection, there is an increase in AIDS related illnesses which may add to the labour turnover due to the increased absenteeism as well as the overall decline in productivity which becomes noticeable. According to Rosen et al (2001), permanent labour losses follow as sick employees develop full-blown AIDS, approximately 1-2 years before death or retirement due to ill health (Vass. J. 2005, 6-7).

**Table 2.1.** - Progression of HIV/AIDS in the labour force

<b>Timeframe</b>	<b>Projected effect on the workforce</b>
Year 0	Employee becomes infected with HIV.
Year 0-7	Morbidity begins (secondary infections, increased absenteeism, sick and compassionate leave)
Years 7 -10	Employee leaves workforce by resigning, retirement or death due to AIDS.
Years 7-10	Company hires replacement employee.

[Source: Rosen et al (2001)]

Table 2.2 below, looks at both an AIDS scenario and a non-AIDS scenario in terms of the labour market. Macro-modelling studies predict that AIDS-related mortality, disability and reduced life expectancy will eventually result in a smaller labour force market as compared to a no-AIDS scenario. Quattek (2000) predicts an 18% decline in the labour force by 2015, while Abt/Metropolitan predicts a decline of 21% by 2015 (BER 2001) (Vass. J. 2005, 6-7).

**Table 2.2:** Projected changes in the size of the labour force (millions), 2000-2015

<b>Year</b>	<b>No AIDS scenario (millions)</b>	<b>AIDS scenario (millions)</b>	<b>Difference (%)</b>
<b>2000</b>	14.5	14.4	-0.7
<b>2005</b>	15.8	15.1	-4
<b>2010</b>	17.2	15.1	-12
<b>2015</b>	18.7	14.8	-21

[Source: Abt Associates-Metropolitan Life, as cited in Bureau for Economic Research 2001:12.]

Table 2.3 below looks at the various costs that accompany HIV/AIDS morbidity, mortality, the ever increasing labour turnover, loss in skills and years of experience as well as the detrimental effects on productivity that are all products of a direct, indirect and systemic nature.

However, these costs need to be measured against the cost of total AIDS-related losses. A report by Anglo American (2005) indicates that the cost of ARV treatment is partly off-set by increases in productivity as a result of infected employees remaining productive and at work (Vass. J. 2005, 15)

**Table 2.3: HIV/AIDS costs in the labour force**

<b>Timeframe</b>	<b>Projected effect on the workforce</b>	<b>Effect on company costs</b>
Year 0	Initial infection	Prevention and awareness; peer counselling and training; Morbidity-related costs (e.g. absenteeism, individual and workforce productivity, management resources, medical care and benefits); Termination –related costs including death benefits from retirement benefits, funeral costs, loss of morale, loss of skills and experience, loss of workplace cohesion. Turnover costs including recruitment, training, loss in productivity.
Year 0-7	Morbidity begins (secondary infections, increased absenteeism, sick and compassionate leave)	
Years 7 –10	Employee leaves workforce by resigning, retirement or death due to AIDS.	
Years 7-10	Company hires replacement employees.	

*[Source: Adapted from Rosen et al (2003)]*

According to Weiler, (2003. 4-5) HIV/AIDS is no longer just a government, welfare or health issue. It has become a workplace problem no matter the size of the organisation. Human Resources (HR), social corporate personnel and leadership in general will have to equip themselves in terms of HIV/AIDS knowledge and skills so as to deal effectively with employees and colleagues who are infected and affected by the challenges of HIV and AIDS. Amongst other workplace issues, they would have to look at ways to prevent discrimination against employees who are HIV positive, make provision for these workers under relevant legislature and know how to address and prevent workplace disruptions on issues relating to the disease.

In order to make the workplace a better place for all employees a workplace policy provides the support to reduce the spread of the disease and to manage its effects. It provides consistency with legislation. The workplace policy sets a solid foundation for detailed workplace programmes which together look at prevention, care and the protection of rights (ILOAIDS. not dated, 1-5). The HIV/AIDS policy further defines an institutions position on HIV/AIDS. It provides guidelines on how the disease will be managed in the workplace, ensures fairness and protects the rights and responsibilities of employees and employers with regard to the disease and sets acceptable standards of behaviour that is expected of employee and employer (Capegateway.2009, 1). Lack of an HIV/AIDS policy leaves employees vulnerable and ignorant.

They are not knowledgeable about the disease and adopt different attitudes, perceptions and beliefs that may not be of a positive nature.

It is essential that all employees in a workplace know what their rights with regard to HIV/AIDS are. Some of the rights include protection against unfair dismissal, HIV testing can only be done with consent from the Labour Court, having the right not to disclose their HIV status and that they can demand confidentiality if their HIV status is known. These are just a few of the rights but they are important in that employees shy away from the disease precisely because they fear the stigma attached to the disease. They think that if they disclose their status they will be fired or other employees will make their life so difficult that they would be forced to leave or seek alternative work. In today's recession climate there are few who can afford to leave a job because they fear being stigmatized or labeled (Frequently Asked Questions. 2009, 1-8). Business Partners (2009, 1-3) report that many HIV-positive persons are often abused and shunned by their colleagues or co-workers as well as employers simply because of the misperceptions, ignorance, denial factors, beliefs and attitudes people have concerning HIV/AIDS.

Van Dyk (2008, 460-462) says that the workplace is a perfect entry point to HIV/AIDS prevention and care. Organizations have their own particular culture whereby all workers interact and connect with each other. Employees and employers share in the vision and mission of the organization. Workers come from all walks of life, depicting different cultures, religions, backgrounds and languages. Hence we note the different personalities, attitudes and perceptions of the workforce in general.

The organizational culture provides a common platform where a HIV/AIDS policy and programmes can be implemented, work-shopped and communicated to all staff. Before one can develop an HIV/AIDS strategy for the workplace it is important to assess the climate in the company with regard to HIV and AIDS. There is a need to assess the company's readiness, needs and resources regarding the disease. This is a crucial phase that if done accurately can save the organization lots of money, time and frustration. One of the questions employers will have to ask themselves is what do employees know and think about HIV/AIDS?

A survey can be done to try to assess the employee's attitudes, knowledge, understanding, beliefs and needs in terms of HIV/AIDS. This information can be used to plan the HIV/AIDS programmes that will fall in place (van Dyk, 2008, 461-462).

A critical survey of the literature is presented in Chapter 3.

### Chapter 3: Literature Review

*"By all accounts, we are dealing with the greatest health crisis in human history. By all measures, we have failed in our quest to contain and treat this scourge."*

*Nelson Mandela talking about the HIV/AIDS pandemic, at the opening of the Second International AIDS Society (IAS) Conference on HIV Pathogenesis and Treatment (July 14, 2003).*

Engelbrecht (2004, 22) says that HIV/AIDS measures have been in place since 1985 in the SA Defense Force. In 2001 the department launched 'Masibambisane', a programme that sought to enhance the corporate identity of the wellness programmes. By 2004, there was an increase amongst employees about basic knowledge about the disease and an increase in positive attitudes about condom use. More employees were getting HIV tested. After a scientific evaluation the department had noted a promising, positive change in the knowledge, attitudes and behavior of staff.

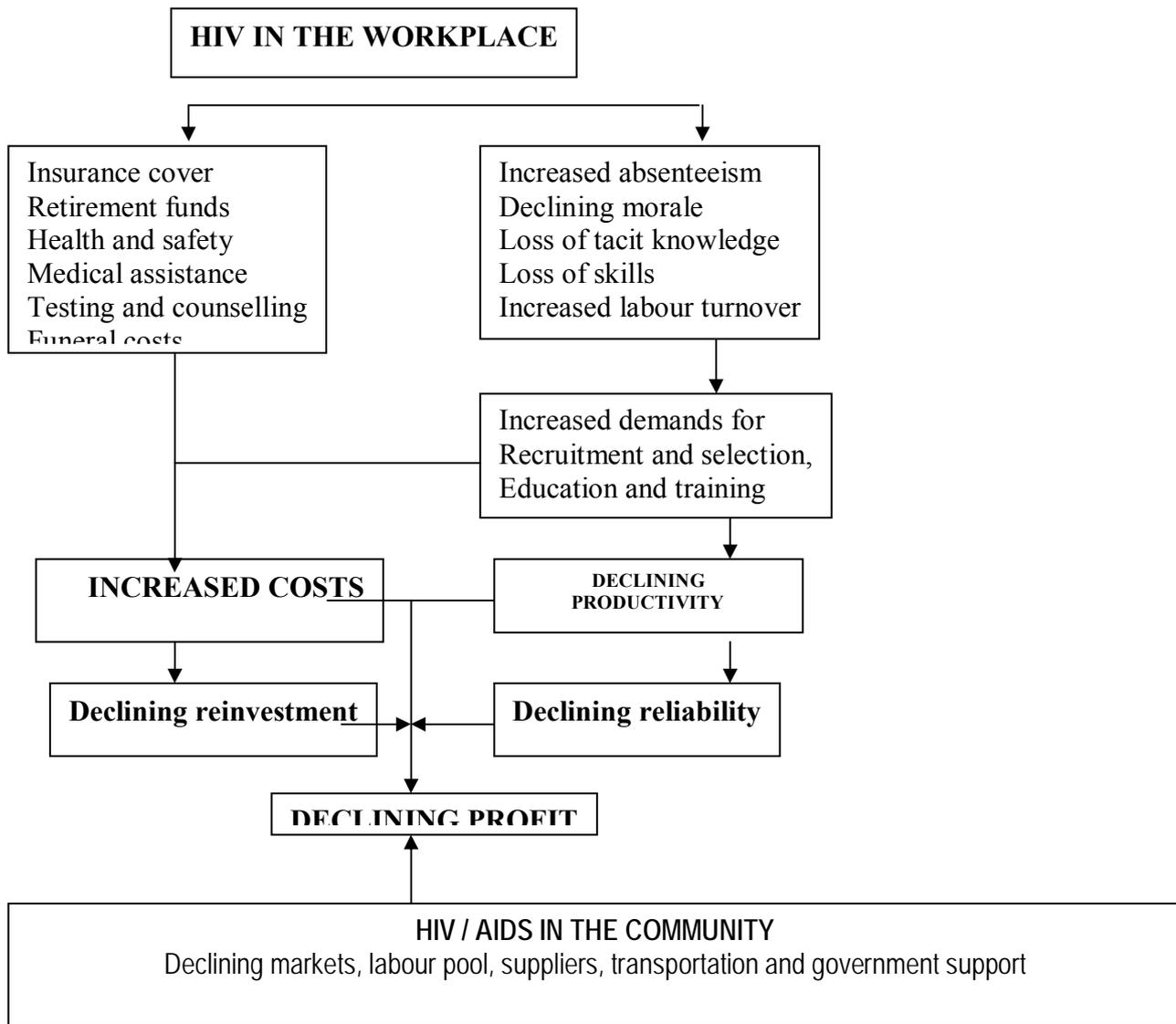
An HIV/AIDS infection survey conducted in early 2001 revealed that 35 per cent of Debswana Mine employees were infected with the virus (Mukumbira. 2003, 2). HIV/AIDS continued to be the leading cause of death among employees accounting for 51 per cent of all deaths. However a disturbing observation was that over 50 per cent of employees that were receiving treatment came in when they were at Stage 4 of the disease, when their immune system was severely impaired (Mukumbira. 2003, 3). This could have been because employees became aware of their status at a very late stage, they were in denial of their status, or they feared being discriminated against. Equipping them with accurate knowledge about treatment, practicing safe sex, condomization, stigma and discrimination may have resulted in them seeking help for their illness much earlier.

Many people are aware of some of the facts about HIV, whilst others may have unreasonable and distinct fears about contracting HIV. Ultimately some may have negative attitudes towards people who are infected. Hence the need for educating employees about HIV/AIDS is not just necessary but vital for co-workers to lead a healthy lifestyle. The Canadian AIDS Society (2003, 1-2) conducted a HIV/AIDS survey focusing on public knowledge and attitudes. A result from the study pointed to the unease with HIV in the workplace was associated with education and the need thereof. Younger persons, particularly females with higher education are more likely to be knowledgeable about HIV and accepting of colleagues who are ill. More education in terms of HIV/AIDS with employees was recommended so as to create a supportive working environment for co-workers who are ill.

Older and less educated employees may require more information on the disease. The survey further recommended that employees need to be exposed to basic knowledge such as defining HIV and AIDS infections, explaining how transmission of the virus occurs, identifying possible risks in the workplace and defining the rights of workers who are infected and the role of colleagues in the process.

Dijkstra et al (2007, 636-639) reported on a pilot study that was conducted in a South African State hospital. The aim of the study was to get some idea of the knowledge of HIV/AIDS of the hospital staff as well as their knowledge of the hospitals HIV/AIDS policy and counseling programmes and how they used them in the working environment. In hospitals, medical staff are confronted daily with HIV/AIDS issues. Owing to the stress that must accompany treating and caring for HIV/AIDS patients, it is essential that medical staff have accurate and adequate knowledge about the disease. This could also mean providing patients with more information on the disease and caring better for the patients with additional knowledge and awareness of the disease. 41% of the participants scored themselves below average on alleged HIV/AIDS knowledge; 26% appeared to have incomplete basic knowledge of the disease; 38% indicated that knowledge and information on HIV and AIDS was not accessible to all staff; 72% were of the opinion that there was not sufficient training on counseling programmes for staff (Dijkstra et al. 2007, 636-639). The study concluded that in order for medical staff to be more in control and to ensure proper treatment and care for staff, it is vital that they receive adequate knowledge, information and training on counseling programmes on the disease.

HIV/AIDS has a huge impact on the workforce and ultimately affects the day to day running of operations; it eventually is seen as a management issue. A myth that exists in most industries and is clearly visible in my Organization is that HIV/AIDS is a fluffy business issue which is best dealt with by the Human Resources Department. Sadly the reality is that HIV/AIDS will eventually have a significant impact on productivity at various strategic and operational levels. It is important that HIV/AIDS form a significant part of line management's strategic thinking and decision-making. The UNAIDS cost impact model indicated below is a useful summary of the potential impact of HIV/AIDS in the workplace (Lewis, Girade, Motshegare, Kgarebe & Taolo, 2002).



**Figure 3.1 – UNAIDS Impact Model**

HIV/AIDS is responsible for the many organizations, institutions and networks being deprived of intellectual property, no continuity of competence and serious loss of institutional memory. This can be a major threat to the Organization which is relatively small and has few specialists on board. Leadership in terms of HIV/AIDS means looking ahead, investing in the wellbeing of employees with regard to provision of knowledge, education and information; minimizing costs by capitalizing on opportunities; striving for employee satisfaction and establishing a positive image.

With regards to HIV/AIDS and its effect on the business, this can only be achieved through an effective and all encompassing HIV/AIDS workplace training program which is the key to the doors to knowledge, education and information (ILO. 2004, 13).

The methodology of this study is outlined in Chapter 4

## Chapter 4: Methodology

*"The more we lack the courage and the will to act, the more we condemn to death our brothers and sisters, our children and our grandchildren. When the history of our times is written, will we be remembered as the generation that turned our backs in a moment of a global crisis or will it be recorded that we did the right thing?"*

*Nelson Mandela, at 46664 Arctic, in Tromso, Norway (11 June 2004).*

This study is a field experiment which is an experimental research study that takes place in a real life setting. The experimenter is able to actively manipulate the variables and is also able to carefully control the influence of the number of extraneous variables as far as possible. This field study involves the collection of information from people in their natural environment (Christensen, 2007. 87-89).

This study measures the knowledge of HIV/AIDS of employees in the organization. This will help in identifying the knowledge gaps that exist with regard to HIV/AIDS in the organization. The KAP analysis method was used since it effectively measures changes in human knowledge, attitudes and practices. It tells us what people know about certain things, how they feel, and how they behave. A questionnaire which is attached as 'Addendum 1' was developed to measure the knowledge of employees.

The self addressed envelope has the advantage of convenience and self-preference. The self addressed envelope ensures confidentiality for the respondent. Once the respondent has completed the questionnaire he can personally put it in the self addressed envelope, seal the envelope and post it. This method of data collection is also very popular, very feasible and very cost effective (Christensen, LB. 2007, 55). The aspect of confidentiality is of utmost importance. Another advantage of self-administered questionnaires is that it gives respondents the assurance of complete anonymity. It is certainly true that if respondents do not in any way feel threatened or if they are certain that there can be no repercussions or 'come-backs' when they complete the questionnaire, then the validity and reliability of the results of the survey is greatly improved.

The questionnaire will be designed to examine the level of knowledge of employees in the organization. The questionnaire will be an adaptation of various KAP questionnaires used both locally and internationally. For the purpose of this research only the knowledge portion of the questionnaire will be used. The data collection procedure was found to be most effective in obtaining responses for questionnaires.

These procedures will include the use of introductory instruction to the participant that will be carefully worded in a manner that supports the completion and return of the questionnaire.

The questionnaire will comprise of four sections;

- Section A - Demographic information is collected using 6 closed questions.
- Section B – Level of knowledge is examined by 12 closed questions.
- Section C – Level of knowledge is examined by 10 closed questions.
- Section D - Level of knowledge (attitude) is examined by 3 closed questions

The response format for the closed questions will include a five-point Likert scale with 1 being “Strongly Disagree” and 5 being “Strongly Agree”. Precautions will be taken to ensure that all aspects relating to the questions wording, structure and placement will be optimal to avoid confusion and improve the response rate.

The data collected from the questionnaires will be entered into separate excel spreadsheets and saved on the researchers personal computer. To simplify the results each questionnaire will be allocated a unique number. Results are then entered per questionnaire on relevant excel spreadsheets. The researcher will enter the data from the coded questionnaires twice for validation. All questionnaires will be evaluated for completeness.

The results of the study will be documented and discussed in Chapter 5

## **Chapter 5: Interpretation of the Results**

*"AIDS today in Africa is claiming more lives than the sum total of all wars, famines and floods and the ravages of such deadly diseases as malaria ... We must act now for the sake of the world."— Nelson Mandela, in a closing address at the 14th International AIDS Conference in Barcelona, Spain, 2002.*

Forty – five (45) of the 50 randomly selected employees responded by completing questionnaires and sending it back to the researcher. An astounding 90% success rate was achieved in this regard. Fifteen (33%) of the respondents personally delivered their questionnaires to the researcher. They were very excited about the questionnaire since this is the first time they had answered any questions on a sensitive issue like HIV/AIDS. One respondent indicated that this was the first time he had been confronted with issues around the disease. Another respondent said that the questionnaire had made her realize how little she actually knows about the disease. She said that she felt she needed a month to answer the questionnaire to the best of her ability. Another respondent felt 2 weeks left him with very little time to do research on the topic. Twenty–three (51 %) respondents slipped/pushed their questionnaires into the wellness box that was put close to the wellness office. Seven (15%) questionnaires were pushed under the wellness office door

### **Biographical Results**

While respondents had been assured of anonymity some employees did not answer certain questions under the biographical information since they may be of the opinion that this would inadvertently reveal who they are. The researcher received phone calls from some employees who felt that should they fill in details in the biographic section, their responses could be traced back to them. These respondents were encouraged to respond and were told to leave out any information they were not comfortable revealing. It is suspected that some of these employees did not respond.

In the interpretation of the results reference is made to race groups. This is a sensitive issue, especially when it is considered within the context of South Africa's apartheid era.

The researcher is aware of the potential damage that can be done by associating findings with race groups. Even though the Organization does redress past inequalities, particularly amongst previously disadvantaged groups, the specific differences amongst the various groups may be pertinent to this research. The question was asked merely to ensure that amongst the randomly selected employees there was equitable representation amongst the race groups as well. It is also then possible to find out how

many returned the questionnaire in terms of the race groups. This aspect can certainly play a role in the HIV/AIDS programmes for the Organization.

Table 5.1 below is a summary of the biography factors that respondents' were asked to complete i.e. race, gender, age, marital status, number of years with the company and number of children. 'Valid' refers to the number of respondent who did fill in the relevant sections. 'Missing' refers to the number of respondent who left these sections blank. It is interesting to note that two persons were reluctant to complete their race statistics even though the questionnaire was anonymous and at least 1 person refused to divulge information on any of the factors.

The table thus represents a summary of the responses received from respondents. The responses were first captured in a table format followed by a graphic representation as well.

**Table 5.1** Summary of Responses to Biography Results

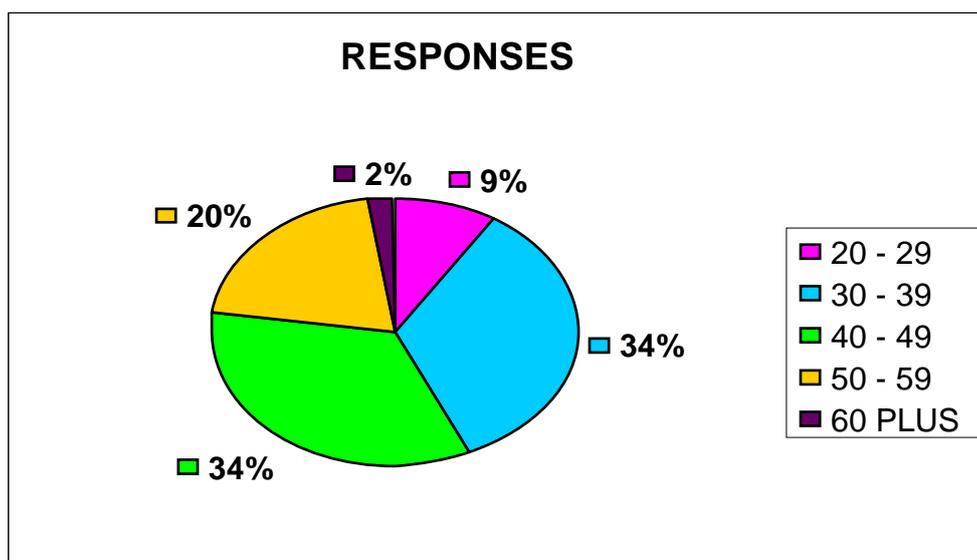
Factors	Number	
	Valid	Missing
Age	44	1
Gender	44	1
Race	43	2
Marital Status	44	1
Number of year/s with Organization	44	1
Number of Children	44	1

There was a 90 % response rate that was achieved from the participants. 45 of the 50 application were returned. 1 respondent did not answer this section at all.

Table 5.2 below shows the different ages of the respondents who participated in the survey. It is clear from the table that the majority of the respondents were between the age groups 30 -39 and 40 -49 respectively. It is interesting to note that 4 respondents were in the age group 20-29 whilst only 2 were 60 years and older. The table thus represents a summary of the different ages of the respondents. The ages were first shown in a table format followed by a graphic representation as well.

**Table 5.2** Age Groups of the Respondents

Years	Number of responses received	Percentage achieved
20 – 29	4	9%
30 – 39	15	34%
40 – 49	15	34%
50 – 59	9	20%
60 and older	2	2%

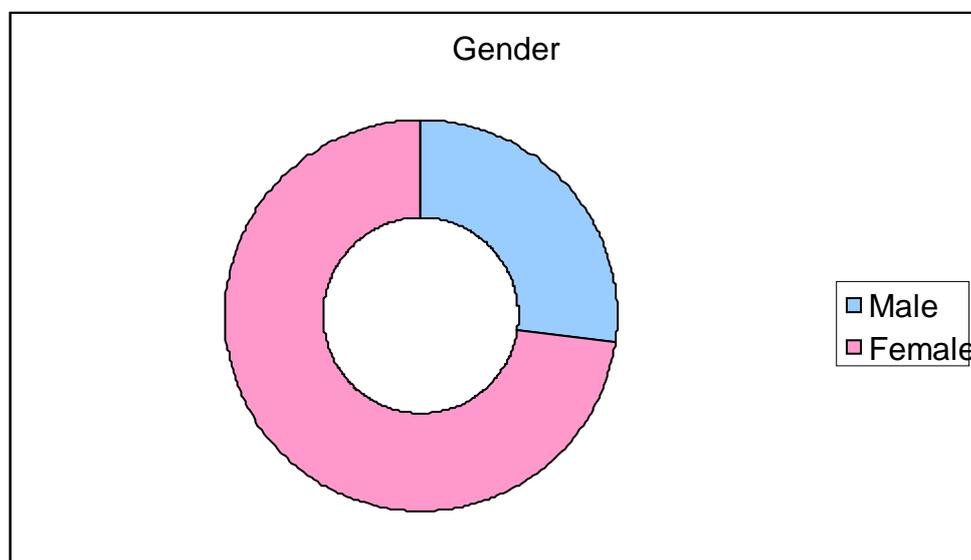


**Figure 5.1** Age Group of Respondents

Table 5.3 below shows the differences in the gender grouping. It is clear that most of the respondents were female with 72% followed by the males with 27% participating. The table thus represents a summary of the different ages of the respondents. Out of the 45 responses received only one respondent did not answer this question. The gender differential was first captured in a table format followed by a graphic representation as well.

**Table 5.3** Gender of the respondents

Gender	Percentage
Male	27%
Female	72%

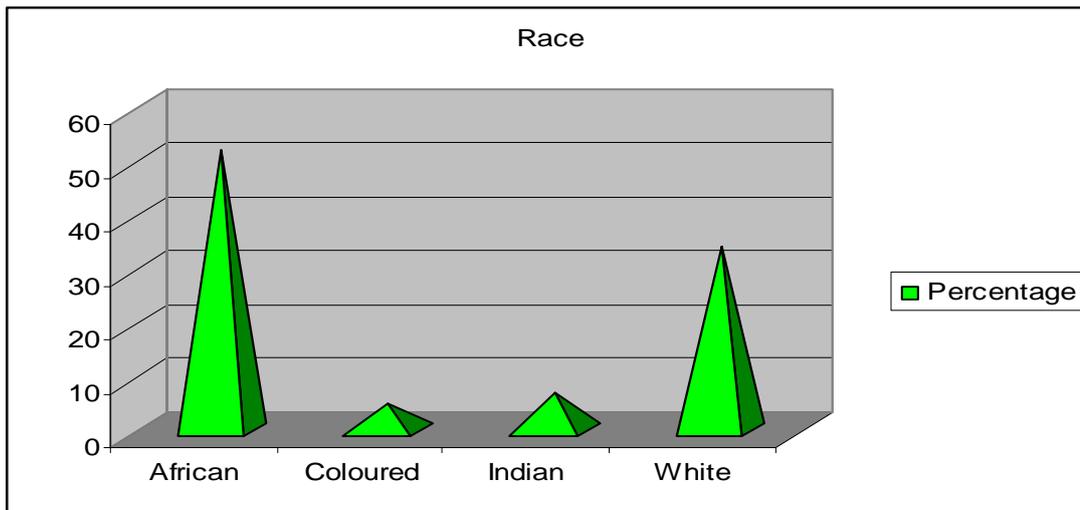


**Figure 5.2** Gender of the Respondents

Table 5.4 below shows the different race groups that participated in the study. Majority of the respondents were African with 52% whilst the minority was from the Coloured group with only 5% participating. The spread of the race groups in the figure is fairly consistent with the demographics of the population. Only one respondent did not answer this question. The number of questionnaires from the different race groups is fairly consistent with the demographics of the race groups in the Organization as well. The race statistics was first captured in a table format followed by a graphic representation as well.

**Table 5.4** Race of the respondents

Ethnic group	Percentage
African	52%
Coloured	5%
Indian	7%
White	34%

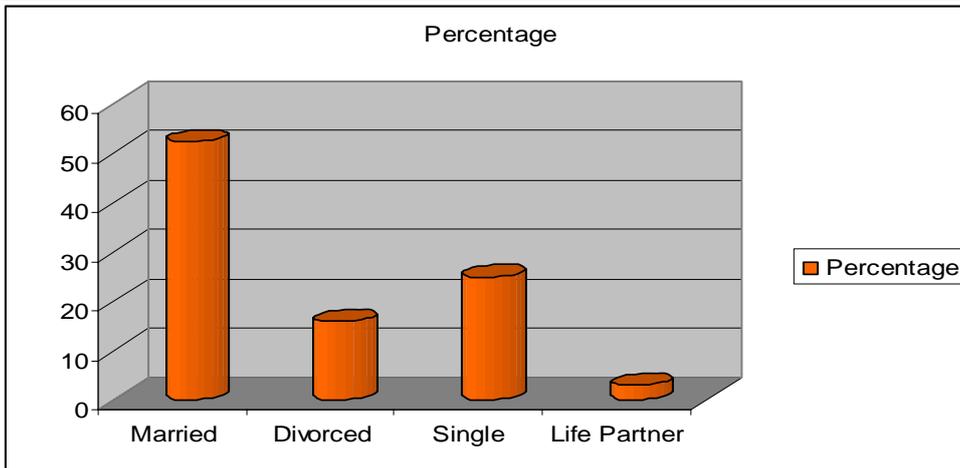


**Figure 5.3** Race of the respondents

Table 5.5 shows the marital status of the respondents. Majority of the respondents are shown as married and 15, 9% have indicated that they are divorced. It is interesting to compare this statistics with those statistics obtained from the age groups considering that more that 60% of the respondents were between 30 -49 years old. One respondent did not answer this question. The marital statistics was first shown in a table format followed by a graphic representation as well.

**Table 5.5** Marital status of the respondents

Marital status	Percentage	
Married	52.27%	
Divorced	15.9%	
Single	25%	
Life Partner	3%	



**Figure 5.4** Marital status of the respondents

Table 5.6 shows the number of years that the respondent has been with the company. Majority of the respondents have been with the employer for more than 10 years. One respondent did not answer this question. The different years of service was first shown in a table format followed by a graphic representation as well.

**Table 5.6** Number of years with Employer

Years	Percentage
10+ years	40.9%
5 - 10 years	15.9%
- 5 years	27.27%
temp and contract	15.9%

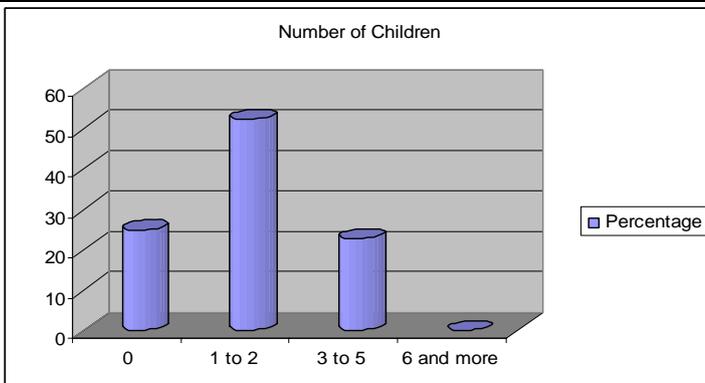


**Figure 5.5** Number of years with Employer

Table 5.7 looks at the number of children the respondents have. Fifty –two percent (52%) have between 1-2 children whilst 25% don’t have any children. One respondent did not answer this question. Interestingly enough not one has more than 6 children. The number of children is first shown in a table format followed by a graphic representation as well.

**Table 5.7** Number of Children

No of children	Percentage
0	25%
1-2	52.27%
3-5	22.72%
6 and more	0%



**Figure 5.6** Number of Children

**Table 5.8** Cross Tabulation of Age vs Gender

Age	Blank (no responses)	Gender		Total
		Male	Female	
20-29		1	3	4
30-39		4	11	15
40-49		3	12	15
50-59		4	5	9
60 and over		0	1	1
Blank	1			1
	<b>1</b>	<b>12</b>	<b>32</b>	<b>45</b>

The majority of the female respondents fall within the 40-49 year age category (37, 5%) whilst the females in the 30-39 year age category fall a very close second (34, 3%). The males are equally distributed amongst the 30 – 39 and 50-59 year age category (33, 3%). Generally the majority of respondents were from the 30-39 and 40-49 year age category where an equal number of responses were depicted (33, 3%).

**Table 5.9** Cross Tabulation of Age vs Race

Age	Race					Total
	African	Coloured	Indian	White	Blank	
20-29	3	0	0	1		4
30-39	10	1	1	3		15
40-49	8	1	1	5		15
50-59	2	0	1	5	1	9
60 and over	0	0	0	1	0	1
Blank	0	0	0	0	1	1
Total	23	2	3	15	2	45

The majority of Africans fall in the 30-39 age groups, whilst for Coloureds and Indians there is an equal distribution between the 30-39 and 40-40 age group. An equal number of whites are found in the age groups 40-49 and 50-59.

**Table 5.10** Cross Tabulation of Age vs Marital Status

Age	Marital Status					
	Married	Single	Divorced	Life Partner	Blank	Total
20-29	2	2	0	0	0	4
30-39	9	3	0	3	0	15
40-49	9	2	4	0	0	15
50-59	3	3	3	0	0	9
60 and over	0	1	0	0	0	1
Blank	0	0	0	0	1	1
	23	11	7	3	1	45

63% of single persons are below 49 years of age. 78% of married employees are between the age group 30-49 years old. All of the divorced employees are over the age of 40. Those employees with life partners are younger than 40 years of age.

**Table 5.11** Cross Tabulation of Gender vs Race

Gender	Race					
	African	Coloured	Indian	White	Blank	Total
Male	8	0	1	2	1	12
Female	15	2	2	13	0	32
Blank	0	0	0	0	1	1
Total	23	2	3	15	2	45

There is 1 Indian male, 2 White males and no Coloured males, The majority of the males come from the African (66%) race. There are 2 females each from the Coloured and Indian population respectively. Majority of females come from the African population (46%) with white females following a close second (40.6%)

**Table 5.12** Cross Tabulation of Gender vs Marital Status

Gender	Marital Status					
	Married	Single	Divorced	Life Partner	Blank	Total
Male	7	5	1	0	0	13
Female	16	6	6	3	0	31
Blank	0	0	0	0	1	1
Total	23	11	7	3	1	45

69% of the females are married. There is a predominance of married males and females.

**Table 5. 13** Cross Tabulation of Race vs Marital Status

Race	Marital Status					
	Married	Single	Divorced	Life Partner	Blank	Total
African	15	4	2	2		23
Coloured	1	0	1	0		2
Indian	0	1	1	1	0	3
White	6	6	3	0	0	15
Blank	1	0	0	0	1	2
Total	23	11	7	3	1	45

Majority of the married population is from the African group.

## Knowledge questionnaire

Below is an example of the questionnaire under Section B without the results. The coloured blocks indicate the correct answers which would result in a higher level of knowledge. Please read the following statements carefully. Indicate to what extent you agree with the statements by marking the box of your choice with an X.

\*Coloured blocks in questionnaire below (Table 5.14) indicate most correct responses.

**Table 5.14:** Knowledge Questionnaire depicting correct answers in yellow (bold blocks)

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1.	HIV is a virus that causes AIDS					
2.	Yes, there is a difference between HIV and AIDS					
3.	HIV/AIDS is a curable disease					
4.	Poorer people are more likely to get AIDS					
5.	HIV is curable if it is diagnosed and treated at an early stage					
6.	People can get HIV/AIDS by shaking hands with an infected person					
7.	Using a condom during sexual intercourse is sufficient protection against getting HIV					
8.	People with HIV/AIDS always look sick					
9.	There is a vaccination that can protect one from getting HIV/AIDS					
10.	No matter who we are, we will all be affected by HIV/AIDS					
11.	Persons who have AIDS usually have many sexual partners					
12.	White persons are more likely to get AIDS than Black persons					

1.

In table 5.15 below the percent of responses is listed. The 45 respondents answered most of the questions under this section. A few respondents left some statements blank. The answer highlighted in bold blocks indicates the correct answers which would result in a higher level of knowledge.

**Table 5.15 Summary of ‘Attitude’ Response**

		Strongly Disagree	Disagree	Don’t Know	Agree	Strongly Agree	Responses to questions
1.	HIV is a virus that causes AIDS				(20) 44.55	(25) 55.6%	45
2.	Yes, there is a difference between HIV and AIDS		(1) 2.2.9%	(2) 4.4.4%	(20) 44.5%	(21) 46.7%	44
3.	HIV/AIDS is a curable disease	(22) 48.9%	(13) 28.9%	(4) 8.9%	(5) 11.1		44
4.	Poorer people are more likely to get AIDS	(8) 17.8%	(16) 35.6%	(3) 6.7%	(9) 20%	(8) 17.8%	44
5.	HIV is curable if it is diagnosed and treated at an early stage	(12) 26.7%	(16) 35.6%	(7) 15.6%	(8) 17.8%		43
6.	People can get HIV/AIDS by shaking hands with an infected person	(31) 68.9%	(12) 26.7%	(1) 2.2%	(1) 2.2%		45
7.	Using a condom during sexual intercourse is sufficient protection against getting HIV	(4) 8.9%	(15) 3.3%	(1) 2.2%	(19) 42.2%	(5) 11.1%	44
8.	People with HIV/AIDS always look sick	(18) 40%	(21) 46.7%	(3) 6.7%	(1) 2.2%	(2) 4.4%	45
9	There is a vaccination that can protect one from getting HIV/AIDS	(16) 35.6%	(16) 35.6%	(11) 24.4%	(1) 2.2%	(1) 2.2%	45
10.	No matter who we are, we will all be affected by HIV/AIDS	(8) 17.8%	(4) 8.9%	(1) 2.2%	(12) 26.7%	(20) 44.5%	45
11.	Persons who have AIDS usually have many sexual partners	(16) 35.6%	(21) 46.7%	(3) 6.7%	(4) 8.9%	(1) 2.2%	45
12.	White persons are more likely to get AIDS than Black persons	(17) 37.8%	(22) 48.9%	(4) 8.9%	(1) 2.2%	(1) 2.2%	45

**Section B: Summary of Knowledge Answers**

• **B1: HIV is a virus that causes AIDS**

45 persons responded to this statement. 45 agreed with the statement. This statement had a 100% accuracy knowledge level.

- **B2: Yes, there is a difference between HIV and AIDS**

44 persons responded to this statement. One person refrained from responding to the statement. . 91% answered the statement correctly. 4.4% did not know the answer and 2.2% did not agree with the statement.

- **B3: HIV/AIDS is a curable disease**

77.8% of the respondents responded correctly to this statement whilst 11.1% answered incorrectly and 8.9% did not know.

- **B4: Poorer people are more likely to get AIDS**

53.4% did not agree with the statement whilst 6.7% did not know the answer and 37.8% agreed with the statement. The correct answer to the question literally may be that the statement is appropriately incorrect. However when considering the statement in practical light, one is apt to agree that the way in which the individual will respond to the statement will depend on the individuals experiences, perceptions and identification with the disease. At least 5 respondents who agreed with the statement made brief notes next to the statement which included 'no education on the disease, ignorant about safe sexual practices, not is a position to obtain condoms (rural areas) and most poor people are unemployed and cannot afford up to date medical care'. These brief notes are very self explanatory and clearly show that the respondents had thought seriously and deeply about the statement before answering.

- **B5: HIV is curable if it is diagnosed and treated at an early stage**

62% of respondents disagreed with the statement which is correct. However 15.6% did not know and 17.8% agreed with the statement.

This is one of those myths statements that indicate the desperate need for HIV/AIDS education in the organization since 33% which is almost a third of employees in the Organization are clearly confused and very ignorant about HIV which is the initial phase to having full blown AIDS.

- **B6: People can get HIV/AIDS by shaking hands with an infected person**

95.6% disagreed with the statement whilst 2.2. % was unsure and a further 2.2 % agreed with the statement. This statement creates a form of relief and some positive assurance that employees may not react totally negative to HIV/AIDS infected colleague. It is of course not possible to actually judge or predict their reaction to an HIV/AIDS infected colleague just by looking at their response above but it is definitely soothing to know that the small majority of employees in the organization will know that shaking hands with an infected person will not give them the disease.

- **B7: Using a condom during sexual intercourse is sufficient protection against getting HIV**

53% of the respondents sadly agreed with the statement. This is indicative of the fact that these individuals may only be focusing on safe sexual practices in terms of protecting themselves from the disease. They probably think about the disease within a very limited range. They don't think 'out of the box' in a manner of speaking and consider other issues such as having many partners or sharing needles. 12.2% of respondents disagreed with the statement, whilst 2.2% did not know.

**B8: People with HIV/AIDS always look sick**

86.7% disagreed with the statement which is an indication that they may be familiar with people who are HIV positive or that they do know that by taking HIV antiretroviral medication, being on a healthy diet, doing regular and practicing safe sex can help HIV positive people to maintain a healthy lifestyle. 6.7. % respondents were not sure of the statement whilst 6.6. % agreed with the statement.

- **B9: There is a vaccination that can protect one from getting HIV/AIDS**

71.2% correctly disagreed with the statement. 24.4. % did not know and 4.4. % agreed with the statement. This statement is actually quite 'confrontational' in terms of testing how much one really knows about a disease that is in your face each and every day, on television, in the newspapers and a special day is set aside in the year to observe this disease. The millions of people dying each day from the disease are announced loud and blaring from the media and huge billboards across highways. Still sadly enough there are still adults who believe in this statement.

- **B10: No matter who we are, we will all be affected by HIV/AIDS**

71.2. % of the respondents agreed with the statement probably because in some way or the other directly or indirectly, they have been touched by the disease. 2.2% did not now what to make of this statement and 26.7% disagreed totally. This statement is loaded with how connected one feels to the disease or to be more precise how connected one feels to this planet we occupy. One is prone to think that these individuals are of the opinion that they will never be touched by the disease. It can also be that many individuals are in denial of the disease. Who can blame them when the governments and Heads of some countries are also in denial of the existence of such a disease? In South Africa, President Thabo Mbeki came out in 2002 and announced that HIV/AIDS is not a threat at all. The Minister of Health in the country at that time calmly promoted nutritional remedies such as garlic, lemons, beetroot and olive oil, to people suffering from AIDS.

- **B11: Persons who have AIDS usually have many sexual partners**

82.3. % of respondents disagreed with the statement showing that they are aware that it can take only one sexual encounter to be infected with the disease. 6.7% were not sure of the statement whilst 11.1% agreed that persons with AIDS are probably quite promiscuous. The result to this statement which is not very negative still proves that education in the workplace is vital to all individuals.

- **B12: White persons are more likely to get AIDS than Black persons**

86.7% of the respondents morally and correctly disagreed with the statement. 6.9% did not know how to respond and 4.4% agreed with the statement. An individual’s morals, upbringing and birth are all indicative aspects of how an individual can respond to the statement. It is also possible that the apartheid era to which South African were exposed to until 1994 will greatly influence an individuals response to the statement.

### Summary on Section B – Knowledge

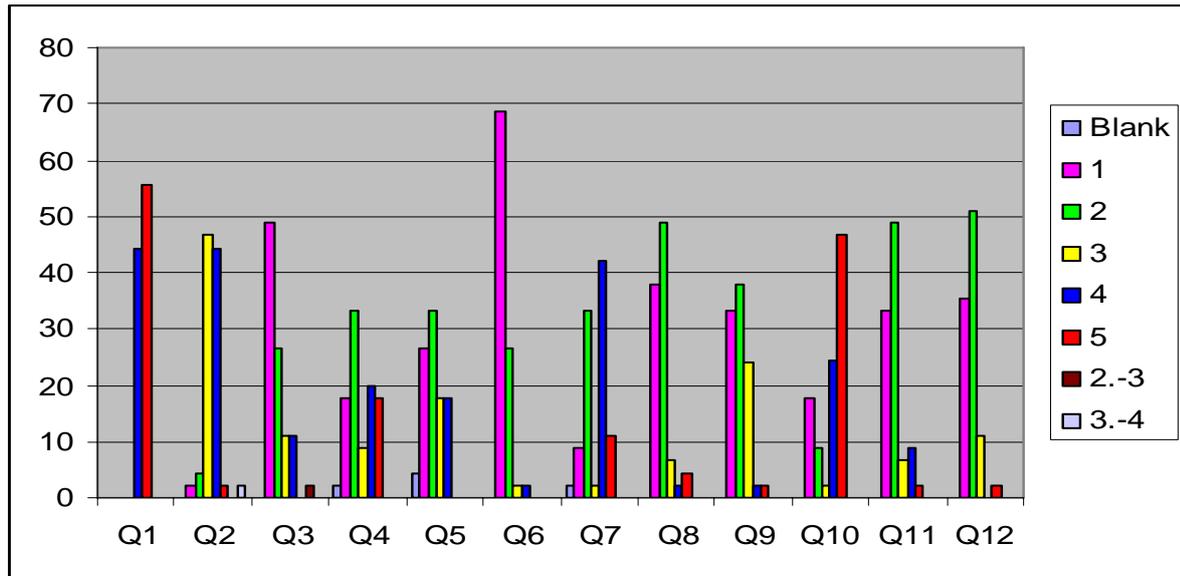
The answer in bold blocks indicates the correct answers which would result in a higher level of knowledge. The table below shows the summarized responses received for Section B of the Knowledge Questionnaire.

**Table 5.16** Summarized responses for Section B

Questions													
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Respo nse rate 1- 5	<b>Blank</b>	0	0	0	1	2	0	1	0	0	0	0	
	1	0	0	22	8	12	31	4	17	15	8	15	16
	2	0	1	12	15	15	12	15	22	17	4	22	23
	3	0	2	5	4	8	1	1	3	11	1	3	5
	4	20	20	5	9	8	1	19	1	1	11	4	0
	5	25	21	0	8	0	0	5	2	1	21	1	1
	2.- 3spoilt			1									
	3.-4 spoilt		1										
	45	45	45	45	45	45	45	45	45	45	45	45	

From the table above the majority of ‘don’t know’ were from the following statements:

- Statement 5 which relates to HIV being curable if it is treated an early stage. This means that 17, 7% of the respondents do not know that there is no cure for HIV and AIDS.
- Statement 9 suggests a vaccination that can protect one against HIV/AIDS. 24, 4 % of the responses are not sure of the statement. This statement is closely related to the one above and once again we see that employees are not aware of the real dangers of this disease.
- Spoilt in this case means the respondent ticked more than one box.



**Figure 5.7:** A graphical percentage (%) representation of the responses received in Table 5.16 above (Summarized responses for Section B)

Table 5.17 shows the correct answers in bold blocks (√) which indicate the different ways in which a person can contract the disease-HIV/AIDS.

**Table 5.17:** Summary of ways in which HIV/AIDS can be contracted

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1	By sharing a toilet	√	√			
2	By having sexual intercourse with an infected person				√	√
3	An infected mother infects her baby				√	√
4	An infected mother infects her baby when breastfeeding				√	√
5	By having more than one sexual partner				√	√
6	When having a blood transfusion				√	√
7	From an infected persons saliva	√	√			
8	When a mosquito bites you	√	√			
9	Infected needles				√	√
10	By sharing needles when doing drugs				√	√

Table 5.18 indicate the correct answers in bold blocks which would result in a high positive attitude with regards to HIV/AIDS and people infected with HIV/AIDS.

**Table 5.18** Summary of attitude responses

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1	By sharing a toilet	(20) 44.5%	(23) 51.1%	(1) 2.2%		
2	By having sexual intercourse with an infected person				(18) 40%	(27) 60%
3	An infected mother infects her baby	(1) 2.2%	(3) 6.7%	(3) 6.7%	(24) 53.3%	(14) 31.1%
4	An infected mother infects her baby when breastfeeding		(4) 8.9%	(8) 17.8%	(25) 55.6%	(8) 17.8%
5	By having more than one sexual partner		(7) 15.6%		(21) 46.7%	(16) 35.6%
6	When having a blood transfusion	(1) 2.2%	(7) 15.6%	(3) 6.7%	(22) 48.9%	(11) 24.4%
7	From an infected persons saliva	(5) 11.1	(19) 42.2%	(8) 17.8%	(11) 24.4%	(1) 2.2%
8	When a mosquito bites you	(12) 26.7%	(24) 53.3%	(6) 13.3%	(2) 4.4%	
9	Infected needles		(2) 4.4%		(23) 51.1%	(20) 44.5%
10	By sharing needles when doing drugs				(20) 44.5%	(25) 55.6%

## **Section C: Summary of Knowledge (Attitude) Response**

### **C1: By sharing a toilet**

95.6% correctly agreed with the statement whilst 2.2% did not know. The results are positive in terms of the knowledge of employees in the Organization with regard to the disease.

### **C2: By having sexual intercourse with an infected person**

100% of the respondents correctly agreed with the statement. The results are positive in terms of the knowledge of employees in the Organization with regard to the disease.

### **C3: An infected mother infects her baby**

84.4% of the respondents agreed with the statement whilst 6.7% did not know and 8.9% disagreed. The question is not a very straightforward one and it is not one that is discussed a lot in the media and it certainly does not come up in a casual conversation. Hence there are at least 15% of the responses that were not correct and where respondents came across as unsure.

### **C4: An infected mother infects her baby when breastfeeding**

73.4% of the respondents correctly agreed with the statement. 17.8% were not sure of the statement or they don't actually know the answer and 8.9% incorrectly disagreed with the statement.

### **C5: By having more than one sexual partner**

82.3% of the respondents agreed with the statement whilst 15.6% of the respondents disagreed with the statement.

### **C6: When having a blood transfusion**

73.3% of the respondents correctly agreed with the statement whilst 6.7% did not know. It was actually quite a shock that 17.8% disagreed with the statement.

### **C7: From an infected person's saliva**

53.3% disagreed with the statement which is the correct option whilst 17.8% indicated that they did not know. 26.6% agreed with the statement.

### **C8: When a mosquito bites you**

80% disagreed with the statement 13.3% did not know and 4.4% agreed.

### C9: Infected needles

It is good to report that at least 95.6% agreed with the statement and 4.4% disagreed.

### C10: By sharing needles when doing drugs

It is quite good that 100% agreed with this statement.

### Summary on Section C – Knowledge

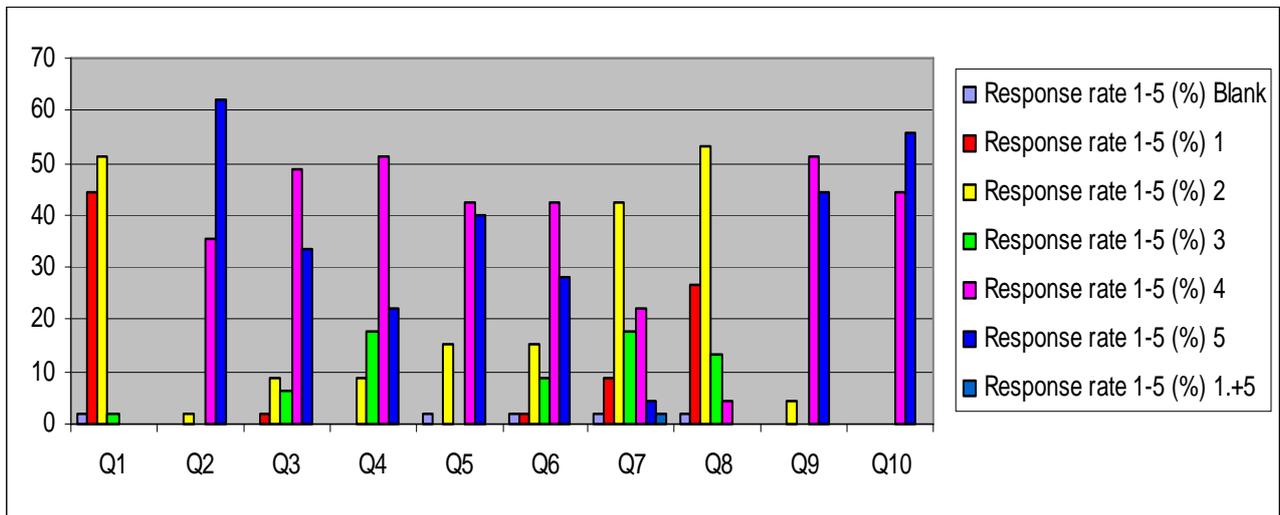
The answer highlighted in bold blocks indicates the correct answers which would result in a higher level of knowledge. The table below shows the summarized responses received for Section C of the questionnaire.

**Table 5.19:** Summarized responses to Section C of the questionnaire

		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Response rate 1-5 (%)	Blank	1	0	0	0	1	1	1	1	0	0
	1	20	0	1	0	0	1	4	12	0	0
	2	23	1	4	4	7	7	19	24	2	0
	3	1	0	3	8	0	4	8	6	0	0
	4	0	15	22	23	19	19	10	2	23	20
	5	0	28	15	10	18	13	2	0	20	25
	1.+5							1			
		45	44	45	45	45	45	45	45	45	45

From the table above the majority of ‘don’t know’ were from the following statements:

- Statement 4 which relates mother –child infection where respondents 17% of respondents indicated made a ‘don’t know’ and 8% incorrectly disagreed.
- Statement 7 which related to getting HIV from an infected person’s saliva. 17% did not know if this was true or not and 26% incorrectly agreed with the statement.



**Figure 5.8:** A graphical percentage (%) representation of the responses received in Table 5.19 above (Summary of responses to Section C)

### Attitude

#### Section D: Knowledge

In table 5.20 below the answer highlighted in bold blocks indicates the correct answers which would result in a high positive attitude with regards to HIV/AIDS and people infected with HIV/AIDS. The answer in bold blocks indicates the correct answers as completed by some of the respondents.

**Table 5.20:** Summary of Attitude responses with regards to HIV/AIDS

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1	If a colleague disclosed their HIV status to me, I would know what to do			<b>(7)</b> <b>15.6%</b>	<b>(27)</b> <b>60%</b>	<b>(10)</b> <b>22.2%</b>
2	If an infected colleague approached me for advise and help, I would be able to assist him/her affectively and comfortably		<b>(2)</b> <b>4.4%</b>	<b>(11)</b> <b>24.4%</b>	<b>(20)</b> <b>44.4%</b>	<b>(12)</b> <b>26.7%</b>
3	I honestly would not like to deal with issues relating to HIV/AIDS	<b>(14)</b> <b>31.1%</b>	<b>(21)</b> <b>46.7%</b>	<b>(1)</b> <b>2.2%</b>	<b>(6)</b> <b>13.3%</b>	<b>(1)</b> <b>2.2%</b>

## Section D: Summary of Knowledge (Attitude) Response

### D1: If a colleague disclosed their HIV status to me, I would know what to do.

82.2% agreed that they would indeed know what to do in the event a colleague disclosed his/her HIV status to them. 17.6% very honestly indicated that they did not know what their reaction would be towards the colleague who disclosed their status to them.

### D2: If an infected colleague approached me for advice and help, I would be able to assist him/her affectively and comfortably.

71.1% agreed that they would be able to assist an HIV positive colleague. 24.4% were not sure how they would deal with such an issue and 4.4% agreed disagreed that they would not be very comfortable in helping an HIV positive colleague.

### D3: I honestly would not like to deal with issues relating to HIV/AIDS

77.8% disagreed with the statement, 2.2% did not know if they could deal with HIV/AIDS issues and 15.5% agreed that they honestly would not manage HIV/AIDS issues.

### Summary on Section D – Knowledge

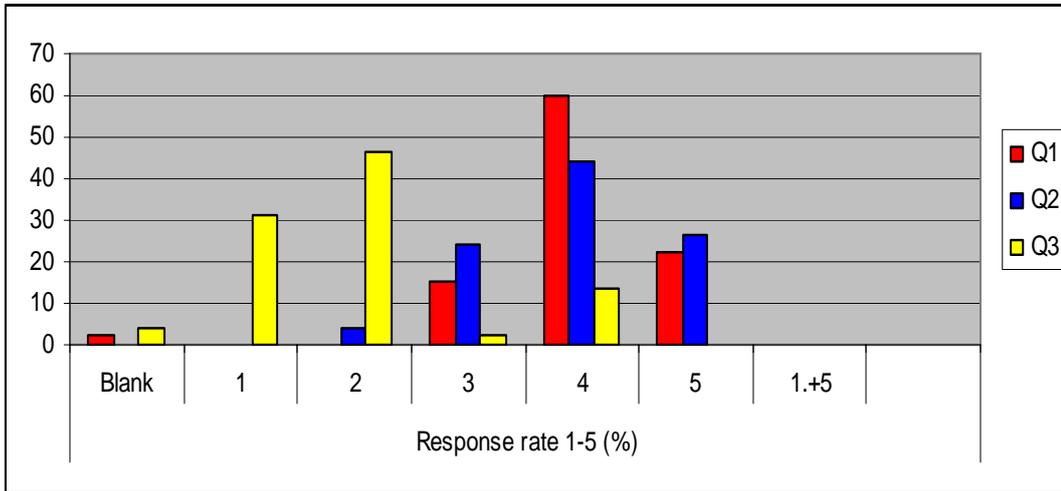
For Section D there are no correct answers. This section was put in to get an idea of the employee's attitude and perception of the disease.

**Table 5.21:** Employee's attitude and perception of the disease.

		Q1	Q2	Q3
Response rate 1-5 (%)	Blank	1	0	2
	1	0	0	14
	2	0	2	21
	3	7	11	1
	4	27	20	6
	5	10	12	1

From the table above the majority of 'don't know' were from the following statement:

- Statement 2 which relates to assisting an infected colleague who is seeking assistance. 24 % said they would not know what to do in such a scenario.



**Figure 5.9:** Graphical percentage (%) representation of the responses received in the Table 5.21.above (Summary of attitude responses to HIV/AIDS)

In Section D, one can see that the overall attitude of participants with regard to the disease is good. However, inevitably due to the daily rise in HIV/AIDS statistics, a higher positive attitude is required especially when one considers that the organization is already way past the deadline of having to deal with HIV/AIDS infected and affected employees.

### Suggestions from Respondents

Some of the participants took it upon themselves to make a few suggestions and recommendations. These suggestions and recommendations are listed below:

- Staff requires very basic awareness training with lots of scenarios to illustrate the basics with regard to HIV and AIDS. Focus on the differences between HIV and AIDS and consequences of the disease.
- The most important thing is to get more knowledge & info about the disease
- HIV/AIDS knowledge is important to be able to help ourselves, our families and friends
- Managers must be trained to help infected employees deal with the disease
- Elaborate on the preventative measures which can help individuals not infected as yet.
- It is very important to provide counseling to persons infected with HIV/AIDS
- I suggest regular knowledge sessions on HIV/AIDS.
- How about having live sessions with infected individuals so as to share in their experiences and learn from it
- ‘I personally don’t need any training’.
- HIV/AIDS seminars, workshops, discussions throughout the year not only at year end

- Please explain to employees that one cannot get the disease just by handling documents from an infected person

### **Training suggestions**

- The Training directorate must provide repetitive awareness campaigns and programmes equipping individuals/family & employees to deal with the disease
- Provide all employees with knowledge on how to counsel HIV/AIDS colleagues.
- Provide standard quarterly sessions for staff on HIV/AIDS awareness, prevention, how to deal with the disease, how to support family and friends
- Employers should allow employees to test for HIV/AIDS at least twice a year. Once you know your status you can act on it, stop infecting others and get treated. Infecting others is very bad. When you know you are positive you become more careful

The recommendations and conclusion of the study will be discussed in Chapter 6.

## Chapter 6: Recommendations and Conclusion

*“That managers might know about AIDS and be able to quote statistics is not sufficiently helpful. They have to know about HIV/AIDS as it applies in their workplace; they have to know and understand those who are infected in their workplace; and they need to take a hands-on approach to developing policy and managing programs.”*

*Geraldine Fraser-Moleketi. (Public Service and Administration Minister)*

From the research conducted within the organization it is very clear that the role of knowledge and education plays and will continue to play a very important role in the manner in which employees relate to the disease HIV/AIDS.

From the responses obtained it is clear that some of the employees are very knowledgeable about the disease, whilst some have a basic knowledge and nothing else. In cases where the respondent did not know the answer they opted for the ‘don’t know’ option.

It is probable that all respondents had ideas, notions and perceptions of the disease but from the responses it seems as if they did not consider the statements or think about it clearly. Some of the statements or phrases although they appeared straightforward and clear may be complicated and even a little bit confusing to the person who has not been confronted with the disease or topic at all.

Overall, the majority of the respondents were with the Organization for 10 years or more and the majority of them were married. As a group, the levels of knowledge of HIV/AIDS amongst employees were somewhat high. On the first statement which relates to HIV being a disease that causes AIDS, all of the respondents scored 100%. This is certainly a good point to start any HIV/AIDS programme. However increasing knowledge of employees is not enough to decrease stigma. There must be additional awareness efforts which should focus on supporting positive attitudes and decreasing negative attitudes.

The following knowledge gaps must be addressed in future HIV and AIDS programmes.

- The difference between HIV and AIDS.
- How one can get infected with the disease.
- Mother-to-child transmission
- The lasting effects of the disease.
- Importance of practicing safe sex.
- Taking into consideration the responses to the following statements:

‘In terms of disclosure, I would know what to do ....’. Eighty two percentage (82%) agreed with the statement.

‘I would effectively and comfortably advise and help infected colleagues...’. Seventy one percentage (71%) agree with the statement.

From the high response rates it is evident that the respondents in the study are eager and willing to help and assist colleagues who may be infected and affected. Employees of the organization will not be without some form of prejudice towards some aspects of the disease. This is especially true perhaps once they are actually confronted with it and the disease is no longer a questionnaire staring them in the face but a living person who declares his/her status. Erasing fears, sad myths and teaching employee’s one step at a time to be comfortable with their knowledge of the disease can go a long way in providing them with the necessary security and assurance to cope better.

In terms of the ‘don’t know’ responses in Section D (Attitude), the high percentage of 42% indicates that some employees may be unsure and ignorant of the issues and areas related to the disease. 15% of respondents very honestly admitted that they would not like to deal with any issues relating to the disease. In this case a strong recommendation would be to ensure effective and ongoing training and support to help such employees overcome their fear and ignorance.

There is no major relationship between the responses received and the biographical information of the respondents. It is thus not possible to make recommendations which would target different groups of the population. It is however recommended that the organization conduct further investigation into the identification of different target group’s i.e. similar age groups, race groups singles below a certain age etc.

This must be taken into consideration so as to get the maximum benefit from the implementation of the approved HIV/AIDS policy and programmes.

The scores in the knowledge sections of the questionnaire vary from one degree to another, from one extreme to another which could indicate that while some employees are inherently aware of the basic facts surrounding HIV/AIDS, their attitudes may be influenced by fear regardless of their knowledge or personal prejudice. It is thus recommended that employees especially supervisors and line managers be sent on a comprehensive HIV/AIDS training course.

In order to help in promoting a healthy attitude, it is perhaps a good idea to show short documentaries on DVD on various aspects of the disease at least once a month initially. Perhaps to get buy-in or wet the

appetite of employees it is advisable to send relevant articles, newsletters or newspaper articles to staff on the email on an ongoing basis. To supplement this gesture the documentary of the month must focus on the information provided by the articles which can be obtained on the Internet.

With regard to the suggestions and recommendations that was voluntarily scribbled on some of the questionnaires, the following comments regarding the disease clearly support the need for training:

- Basic HIV/AIDS awareness training
- Managers require training so as to better support subordinates
- Employees need training to provide support to family members and friends when necessary.
- Knowledge and information is important to increase the educational levels of all staff
- Counseling services must be provided to those employees who are infected and or affected.
- Hold regular knowledge and information sessions
- Invite infected and affected persons to share their experiences
- Provide more information on the myths and fears surrounding HIV/AIDS
- Address the stigma and discrimination surrounding the disease.

One of the respondents indicated that the lack of an HIV/AIDS Policy and a wellness programme in the organization can have a negative impact on a persons work, their relationship with other colleagues, family members, partners and it can impact on his/her health physically, mentally and spiritually. This can mean that the existence of an HIV/AIDS policy and a wellness programme can provide employees with security, assurance and a sense of being cared for especially if they disclose their HIV status or seek help for other health conditions.

Workplace strategies which can help to reduce HIV-related stigma and discrimination tend to focus mostly on anti-discrimination policies and HIV prevention activities. However in order to successfully address stigma and discrimination, other interpersonal aspects, such as social isolation, must also be directly addressed within the organization. The HIV/AIDS strategy of the organization must be accompanied by a dynamic communication strategy to complement the education and training undertaken in ensuring that all employees receive the necessary skills, knowledge and information to deal with the disease.

Lack of or no formal education for some employees can prove to be an important barrier to increasing knowledge and safer sex behaviours because some employees with little or no formal schooling have very limited opportunities of learning about the disease. Hence it is advisable to provide some way of educating those that cannot read or write well. They must be given the life-skills to protect themselves against the disease, thus offering them greater stability and increasing opportunities for them to engage in

healthy lifestyles. Information sessions that will include videos, demonstrations and speakers who are able to then relate to the circumstances and level of the employee is a strong recommendation.

In 2000 Stellenbosch University (Africa Center for HIV/AIDS Management) took up the gauntlet in the battle against HIV/AIDS when Deputy President, Jacob Zuma presented them with a challenge. They were asked to develop a programme that will address one of the most important challenges that is facing our growing democracy today, by taking HIV/AIDS training to the managers and labour leaders of South Africa's besieged labour force. Stellenbosch University (together with Medunsa Medical University) took up the challenge. The result was the Post Graduate Diploma in the Management of HIV/AIDS in the World of Work that was designed in response to the challenge.

Mr. Zuma said *“Regardless of what we do in the community, if we do not extend our prevention and care to the workplace, we will not make a dent in this epidemic”*.

Due to high costs the option above may not be feasible for all employees, however target groups such as the managers and certain supervisors could be approached to enroll for the diploma. Another option which for the organization may be for the best would be to get a consultant to help develop an HIV/AIDS training programme that is specific to the needs of the organization. This option would have the greatest impact since it would be specific to the organization. There are many training companies that offer this service. One of the recommended companies is Futuristic Training Solutions, who assisted both AECI and Eskom to address their training needs regarding HIV/AIDS.

An analysis of the needs of the employees shows that there is definitely a need to raise awareness amongst employees with regard to the organizations intervention plans in response to the pandemic. Confidentiality is undoubtedly a very difficult and sensitive obstacle to overcome, given the constraint of making sure that confidentiality is not breached or sacrificed at any cost. It is imperative that the organization make a concerted effort to find a way to inform all employees that the welfare of all infected and affected employees remain their priority.

The HIV/AIDS policy must be reviewed annually so as to receive important input from key stakeholders. This can promote buy-in to the policy as well and it will increase the aim of raising awareness.

A support group for employees is an excellent idea but it is important to consider the effect and impact of the group diversity. This means that it is important that both infected and affected employees form part of the constitution of the group. This will remove any stigma attached to the support group. This is an excellent idea once the HIV/AIDS Policy, programmes and relevant awareness training are all underway. The support group should then be formed. It is important for the organization to continue to raise

awareness of HIV/AIDS and promote safe sex practices of condom usage. Perhaps more attention should be directed towards increasing concern for those employees in the Organization who may be affected or infected by the disease.

This would certainly mean that there can be a decrease in the negative attitude towards people/employees living with HIV/AIDS if the education levels are raised. All of the efforts to increase awareness show the organizations commitment to dealing with HIV and AIDS.

Finally ongoing monitoring and evaluation is an essential element of a well-managed and successful HIV/AIDS program. Without this information it is difficult to know a program's effect or impact. It is also important that the information collected from the monitoring and evaluation process be used to guide and steer the activities of the wellness programme.

## **Conclusion**

The research in more than one way achieved its objective of establishing the role of knowledge of HIV/AIDS in the organization. The knowledge rate was found to be of a satisfactory level but it also served a purpose of putting out warning bells as a signal that the implementation of an approved HIV/AIDS policy and programme is long overdue.

The results of this research will definitely provide useful input for the organization to consider when finalizing the HIV/AIDS Policy and programmes. It is our sincerest wish and hope that whatever is done within the boundaries of the workplace, it will be wise to remember the words of a wise man, our former president, Mr. Nelson Mandela who said ...

*“When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance, the future of whole nations. Future generations will judge us on the adequacy of our response.”*

*President Nelson Mandela,  
At the World Economic Forum on AIDS.*

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## Addenda

Addendum 1

### **HIV/AIDS Questionnaire**

**To:** Relevant employees of the Organization

**Subject:** Research into the level of knowledge of HIV/AIDS of employees in the Organization

Dear Colleagues

My name is Milla Beharie and I am employed in the Human Resources division of the Organization. I am responsible for the 'Wellness and Care' of the employees within the Organization and I am currently studying towards my Masters Diploma (Mphil) in HIV/AIDS Management at the Africa Centre for AIDS at the Stellenbosch University in Cape Town. In fulfillment of my studies and with the full agreement of the Human Resources Manager of the Organization I am conducting the following research: *The level of knowledge of HIV/AIDS of Employees in the Organization.*

There are approximately 100 employees based at the national office of the Organization. There is a concern with regard to what kind of impact HIV/AIDS is having on the working life of these employees. It is important to know to what extent this disease has affected some of these employees. In order for me to achieve the objectives of my research, I have drawn up the attached questionnaire. I would be most grateful if you would use a little of your valuable time (approximately 20 minutes) to fill in this questionnaire. The information collected via the questionnaire will be reported in a statistical format.

You have been randomly chosen to complete the questionnaire. Your cooperation in filling this questionnaire as honestly as possible would be highly appreciated. All information given will be kept in the strictest of confidence. There is no place on the questionnaire for a name or any other kind of information which may allow the participant to be identified. Together with the questionnaire you will also find an unused envelope with the name of the researcher and the office number on the front. Use this envelope to return the questionnaire to the researcher. Please note that by filling in this questionnaire you are giving consent for the information collected to be used in a statistical format.

Once you have completed the questionnaire, please put it in the unused envelope, seal it and put it in the sealed box, marked 'RESEARCH STUDY', that will be placed on the 4<sup>th</sup> Floor, Room 406 (Wellness Office). The box will have a slit on the top through which you can slip your sealed response through. For security reasons the box will only be available in this space between the hours 08h00 – 17h00. Please do complete and return the completed questionnaire within the next 7 days. I appreciate the fact that you are busy but I would be extremely grateful if you would assist me by filling in the attached questionnaire. Please do not hesitate to contact me with any queries on 072 770 8836.

Thanking you in anticipation for your time and effort.

Yours Sincerely

M Beharie

Deputy Manager: Human Resources (Wellness Division)

## Biographical Information

### Section A

Please select and mark the appropriate box with a X.

<b>1. Age</b>	20-29	30-39	40-49	50-59	≥ 60
<b>2. Gender</b>	Male			Female	
<b>3. Race</b>	African	Coloured	Indian	White	
<b>4. Marital status</b>	Married	Divorced	Single	Have a life partner	
<b>5. Number of years at the IEC</b>	more than 10 years	10 years	Between 5 and 9 years	Below 5 years	
<b>6. Number of children</b>	More than 5	Between 3 & 5	Between 1 & 2	None	

## Knowledge

### Section B

Please read the following statements carefully. Indicate to what extent you agree with the statements by marking the box of your choice with an X.

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
13	HIV is a virus that causes AIDS					
14	Yes, there is a difference between HIV and AIDS					
15	HIV/AIDS is a curable disease					
16	Poorer people are more likely to get AIDS					
17	HIV is curable if it is diagnosed and treated at an early stage					
18	People can get HIV/AIDS by shaking hands with an infected person					
19	Using a condom during sexual intercourse is sufficient protection against getting HIV					
20	People with HIV/AIDS always look sick					
21	There is a vaccination that can protect one from getting HIV/AIDS					
22	No matter who we are, we will all be affected by HIV/AIDS					
23	Persons who have AIDS usually have many sexual partners					
24	White persons are more likely to get AIDS than Black persons					

## Knowledge

### Section C

By which of the following ways can a person contract the disease-HIV/AIDS

Place an X in the relevant box.

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1	By sharing a toilet					
2	By having sexual intercourse with an infected person					
3	An infected mother infects her baby					
4	An infected mother infects her baby when breastfeeding					
5	By having more than one sexual partner					
6	When having a blood transfusion					
7	From an infected persons saliva					
8	When a mosquito bites you					
9	Infected needles					
10	By sharing needles when doing drugs					

## Attitude

### Section D

The following statements indicate my personal knowledge of the disease  
Place an X in the relevant box.

		Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1	If a colleague disclosed their HIV status to me, I would know what to do					
2	If an infected colleague approached me for advise and help, I would be able to assist him/her affectively and comfortably					
3	I honestly would not like to deal with issues relating to HIV/AIDS					

**Thank you for taking the time to answer this questionnaire.  
Your assistance and cooperation as always is appreciated.**