







































































































**TABLE 4.41**  
**I use a condom always when having sex**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	31	41.3	41.3	41.3
Agree	26	34.7	34.7	76.0
Disagree	13	17.3	17.3	93.3
Strongly disagree	5	6.7	6.7	100.0
Total	75	100.0	100.0	

The findings revealed that 41.3% of the respondents strongly agreed, 34.7% agreed that they always use a condom when having sexual intercourse. Total cumulative of 76% responded that they always use condom during sexual intercourse. Total number of 17.3% disagreed, 6.7% strongly disagreed with a cumulative total number of 24%.

A research was conducted by Minichiolo V., Marino R & Browne J. (2001, 387) to assess attitude to condom use and perceptions etc, the findings revealed that condom use was found in 77% of the encounters with clients and majority perceived themselves to be no risk for HIV because of sex work.

**TABLE 4.42**  
**I do not believe that condoms, if properly used prevent HIV/AIDS**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	8	10.7	10.8	10.8
Agree	6	8.0	8.1	18.9
Disagree	20	26.7	27.0	45.9
Strongly disagree	40	53.3	54.1	100.0
Total	74	98.7	100.0	
Missing System	1	1.3		
Total	75	100.0		

The responses in Table 4.42 indicate that 53.3% of the respondents strongly disagreed, 26.7% agreed that condoms do not prevent HIV even when they are properly utilised with a cumulative total number of 80%. Total number of 10.7% strongly agreed and 8% agreed which result into a cumulative of 18.7% of the respondents who do not believe in condom usage that it prevents the spread of HIV. Total number of 1.3% did not respond.

**TABLE 4.43**  
**Under which circumstances would you not wear a condom?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With my spouse	29	38.7	39.2	39.2
	With my sexual partner	6	8.0	8.1	47.3
	During anal sex	4	5.3	5.4	52.7
	Having sex for the first time	2	2.7	2.7	55.4
	Never	33	44.0	44.6	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The respondents indicated the circumstances when they will not wear a condom; 38.7% with their spouse, 8% with sexual partner, 5.3% during anal sex, 2.7% having sex for the first time. Total number of 44% indicated they never consider options when not to use a condom. Total number of 1.3% did not respond. The results shows a cumulative total of 54.7% is at risk of contracting HIV as there are special circumstances where a condom is not used.

Lindegger, (1995 : 02) stated that “negative perceptions about condoms were revealed by many of the studies, especially among men, with fear of partner’s reaction and desire to have children given as primary reasons for the resistance”. The fact that women are believed to be married for procreation, it will be difficult to use a condom when the need arise and culturally a man is recognized if he bears children. Employees need to be educated and encouraged to use condoms through capacity building programmes and ensure availability of condoms in the workplace. Where there is, no intervention the vulnerability is high.

**TABLE 4.44**  
**People who engage in anal sex are not risk of contracting HIV**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	2.7	2.7	2.7
	Agree	4	5.3	5.4	8.1
	Disagree	15	20.0	20.3	28.4
	Strongly disagree	53	70.7	71.6	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The responses in Table 4.44 revealed that 2.7% strongly agree, 5.7% agree with a cumulative of 8.4% that people who engage in anal sex are not at risk of contracting HIV. The majority of respondents (90.7%) agreed that even anal sex is also a risk factor to contract HIV.

**TABLE 4.45****When I have sex, I do not think about HIV infection as a risk to partner or myself**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	7	9.3	9.3	9.3
Agree	6	8.0	8.0	17.3
Disagree	20	26.7	26.7	44.0
Strongly disagree	42	56.0	56.0	100.0
Total	75	100.0	100.0	

The findings revealed that a cumulative total number of 17.3% agreed that they do not think of HIV infection as a risk when they engage in sexual intercourse. A cumulative total number of 82.7% disagreed with the statement. This shows that the majority of the respondents (82.7%) consider HIV as a risk to one self or partner.

**TABLE 4.46****People who tested HIV positive should not have sexual intercourse**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	8	10.7	10.7	10.7
Agree	6	8.0	8.0	18.7
Disagree	20	26.7	26.7	45.3
Strongly disagree	41	54.7	54.7	100.0
Total	75	100.0	100.0	

“There is a perception that when a person is living with HIV, he or she should not have sexual intercourse. Total number of 54.7% strongly disagreed, 26.7% also disagreed with a cumulative total of number 81.4% that people who tested HIV should not have sexual intercourse. 10.7% strongly disagreed, 8% disagreed with a cumulative total number of 18.7%. The majority of the respondents [81.4%] said that people who tested HIV positive should engage themselves in sexual intercourse.

**TABLE 4.47****People who practice sexual acts like anal sex deserve the right to get HIV**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	19	25.3	25.7	25.7
Agree	15	20.0	20.3	45.9
Disagree	20	26.7	27.0	73.0
Strongly disagree	20	26.7	27.0	100.0
Total	74	98.7	100.0	
Missing System	1	1.3		
Total	75	100.0		

The responses in Table 4.47 indicate that 53.4% [cumulative] disagreed that people who practice sexual act in terms of anal sex deserve the right to get HIV. The remaining cumulative total number of 45.3% agreed that this people deserve to get HIV. Total number of 1.3 % did not respond. It appears that some of the respondents were conforming to their strong moral values where people who contracted HIV are perceived as derserving.

**TABLE 4.48**  
**The Department of Agriculture should continue providing condoms**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	56	74.7	75.7	75.7
	Agree	14	18.7	18.9	94.6
	Strongly disagree	4	5.3	5.4	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total cumulative of agree 93.4% agreed that the department should continue supplying condoms to the employees whereas 5.3% strongly disagreed. Total number of 1.3% did not respond.

**TABLE 4.49**  
**I only had 03 sexual partners in the last 02 months**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	6	8.0	8.1	8.1
	Disagree	16	21.3	21.6	29.7
	Strongly disagree	52	69.3	70.3	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 69.3% strongly disagreed that they had 03 sexual partners in the last 02 months, 21.3% disagreed also with a cumulative total number of 90.6%. Total number of 8% indicated that they had 03 sexual partners in the last 02 months. Condom usage as a method of prevention is recommended to all this groups.

#### 4.6 GENERAL QUESTIONS

**TABLE 4.50**

**What influenced you to become a Peer Educator?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nominated by supervisor	22	29.3	31.4	31.4
	Recruited by colleague	6	8.0	8.6	40.0
	Personal interest	42	56.0	60.0	100.0
	Total	70	93.3	100.0	
Missing	System	5	6.7		
Total		75	100.0		

The majority of the respondents [56%] indicated that the reason they became Peer Educators is due to personal interest, total number of 29.3% were nominated by supervisor, 8% recruited by colleague, 6.7% did not respond.

**TABLE 4.51**

**I have been trained on HIV/AIDS information**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	38	50.7	54.3	54.3
	Agree	17	22.7	24.3	78.6
	Disagree	6	8.0	8.6	87.1
	Strongly disagree	9	12.0	12.9	100.0
	Total	70	93.3	100.0	
Missing	System	5	6.7		
Total		75	100.0		

Cumulative total number of 73.4% agree that they have been trained on HIV/AIDS where as a cumulative total number of 20% indicated they were never received training. Total number of 6.7% did not respond.

**TABLE 4.52**

**The year I received training on HIV/AIDS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Before 2003	7	9.3	13.2	13.2
	2004	19	25.3	35.8	49.1
	2005	11	14.7	20.8	69.8
	2006	6	8.0	11.3	81.1
	2007	10	13.3	18.9	100.0
	Total	53	70.7	100.0	
Missing	System	22	29.3		
Total		75	100.0		

Total number of 25.3% were trained in 2004, 14.7% received training in 2005, 13% in 2007, 9.3% before 2003, 8% in 2006. Total number of 29.3% did not respond which gives an interpretation that they were never trained.

**TABLE 4.53**  
**Key issues you were trained on**

	Frequency	Percent
How to use a condom	23	30.7
Modes of HIV Transmission	21	28.0
Prevention	18	24.0
Sexual Transmitted Infections	13	17.3
How to live with an infected person	10	13.3
VCT	9	12.0
Counseling	7	9.3
Symptoms of AIDS	5	6.7
Nutrition & Treatment	5	6.7
Peer education in general	3	4.0

The majority of the respondents still remember few key issues they were trained on as reflected in Table 4.53. Total number of 52% still remembers information on prevention and transmission of HIV.

**TABLE 4.54**  
**Do you still need any training on HIV/AIDS?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	66	88.0	95.7	95.7
No	3	4.0	4.3	100.0
Total	69	92.0	100.0	
Missing System	6	8.0		
Total	75	100.0		

Total number of 88% still require training on HIV/AIDS where as 4% does not. Total number of 8% did not respond.

**TABLE 4.55**  
**Training needs**

Area	Frequency	Percent
Care & Support [counseling]	24	31.9
Human Rights, Research, Treatment, Nutrition	22	29.3
VCT	8	10.7
How to encourage people to disclose	5	6.7
To be trained and get certificate/diploma	4	5.3
Prevention of Mother to Transmission	3	4.0
Prevention strategies	3	4.0
Condom Demonstration	1	1.3

Their training needs were prioritized as follows in terms of the respondents: care and support, human rights, research treatment and nutrition, care and support are the critical areas where the respondents need to be trained on.

**TABLE 4.56**  
**Challenges you experience while performing your task as a Peer Educator**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
People denying the existence of HIV/AIDS	6	8.0	12.0	12.0
Lack of support from management/colleagues/supervisors	16	21.3	32.0	44.0
Lack of enough time	3	4.0	6.0	50.0
People not disclosing their status	3	4.0	6.0	56.0
Lack of resources [ budget, transport]	9	12	18.0	94
Lack of training (counseling skills )	7	9.3	14.0	84.0
Lack of commitments from other peer educators	1	1.3	2.0	86.0
People not taking female condoms	1	1.3	2.0	88.0
Negligence of colleagues	1	1.3	2.0	90.0
Labeling- Myths and stigma	1	1.3	2.0	96.0
Lack of materials	1	1.3	2.0	98.0
People are saying HIV/AIDS is the disease for youth	1	1.3	2.0	100.0
Total	50	66.7	100.0	
Missing				
System	25	33.3		
Total	75	100.0		

The respondents indicated that the challenges, which they experience during implementation of HIV/AIDS, programme which is lack of support, transport and counseling skills. Total number of 33.3% of the respondents did not indicate.

**TABLE 4.57****Recommendations you have with regard to Peer Education Programme in the Department of Agriculture**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Making awareness to colleagues	5	6.7	9.6	9.6
	Continuous training for Peer Educators	9	12.0	17.3	26.9
	Train/engage all managers and/employees about the programme	15	20.0	28.8	55.8
	Be taken more seriously	4	5.3	7.7	63.5
	Be allocated with budget	2	2.7	3.8	67.3
	Offer care and support to the infected and affected employee.	2	2.7	3.8	71.2
	Continuous workshops to all employees/managers or supervisors	7	9.3	13.5	84.6
	Establishment of the fully flashed structure from provincial to municipality	4	5.3	7.7	92.3
	Monitoring and evaluation	1	1.3	1.9	94.2
	Have regular meetings with the Department of Health to update on the new information	1	1.3	1.9	96.2
	To have full time peer educators	1	1.3	1.9	98.1
	Be appointed as a Peer Educator by appointment letter	1	1.3	1.9	100.0
	Total	52	69.3	100.0	
Missing	System	23	30.7		
Total		75	100.0		

On the recommendations, the area of focus suggested is training of managers and supervisors [20%], awareness to colleagues / employees [16%], in service training of Peer educators [12%].

Total number of 30.7% did not respond.

**TABLE 4.58**

**If you happen to test HIV positive, would you still be prepared to continue with Peer Education?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	67	89.3	100.0	100.0
Missing System	8	10.7		
Total	75	100.0		

Total number of 89.3% responded positively that in the event where they test HIV positive, they would still be prepared to continue implementing the Peer educators' programme. This clearly shows the passion and commitment they have in the programme. Total number of 10.7% did not respond.

**TABLE 4.59**

**Elaborations on how you would continue with Peer Education regardless of HIV status?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid HIV/AIDS is a disease like any other	4	5.3	9.8	9.8
Valid Will be a living example to the community and colleagues	8	10.7	19.5	29.3
Valid Learn more about HIV/AIDS	2	2.7	4.9	34.1
Valid Empowered to help themselves and others	6	8.0	14.6	48.8
Valid To be an ambassador of the department	4	5.3	9.8	58.5
Valid Have passion on the programme	3	4.0	7.3	65.9
Valid Assist in Prevention	2	2.7	4.9	70.7
Valid Promote awareness	2	2.7	4.9	75.6
Valid Share knowledge	6	8.0	14.6	90.2
Valid Help people to disclose	2	2.7	4.9	95.1
Valid For personal interest	1	1.3	2.4	97.6
Valid After going through counseling	1	1.3	2.4	100.0
Valid Total	41	54.7	100.0	
Missing System	34	45.3		
Total	75	100.0		

Majority of the respondents [54.7] indicated that they will continue being Peer educators even though their HIV results are positive. The reason why the respondents will continue being Peer Educators despite their HIV status is that most of them indicated that they would be living example to the colleagues and community [10.7%]; share knowledge [8%], HIV/AIDS is any other disease [5.3%] and has passion for the programme. Total number of 45% did not respond to the question.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

#### 5.1 RECOMMENDATIONS

The recommendations are illustrated as follows:

##### 5.1.1 Knowledge

Training should focus on the following factors to increase their knowledge:

- Prevention there should be issues on modes of HIV transmission.
- Treatment – whether there is any cure for AIDS need to be addressed.
- Stigma & Discrimination- Total number of 10.7% Peer Educators still believes HIV/AIDS is a private matter and cannot be discussed with anyone.

##### 5.1.2 Attitudes

The following factors need to be included during in service training in order to strengthen the positive attitude of Peer Educators towards HIV/AIDS.

- Disclosure of HIV status- Total number of 48% of the respondents indicated that they would not disclose to anyone their HIV status.
- Care and Support of people living with HIV.
- Myths.

##### 5.1.3 Practices

- The significance of knowing their HIV status –Total number of 17.4% respondents still believed it is not necessary to know their status. This should Voluntary Counseling and testing.
- Education , Condom promotion and distribution should be mainstreamed into the core business of the department.

##### 5.1.4 Capacity building

- The training of Peer Educators should be an ongoing process. Inservice training will assist them to update or upgrade the knowledge and skills on the implementation of HIV/AIDS programme. There are some individual gaps on their competencies, which need to be addressed to avoid burnout or turnover.

### 5.1.5 Stakeholder Partnership

- There is also a need to form partnership with external agencies e.g. health professionals, support groups, NGO`s and CBO`s in the community. Employees can also be referred to these organizations to benefit in their services.

### 5.1.6 Retention

- There should be a retention plan to maintain Peer Educators .Their expectations and that of the programme need to be discussed and agreed upon at the beginning. Providing incentives is another strategy used for retention purposes.
- The individual Performance Instrument should to include functions of Peer Education.

### 5.1.7 Codes of Ethics

- In this study, it was found that Peer Educators need counseling skills and this can be enhanced by training and further developing the Code of Ethics. Codes of Ethics are essential in the management of Peer Education; it should be discussed before implementation and an agreed upon. It was stated in the document published by UNPFA (2004:11) that “since peer educators are usually volunteers, it is especially important that they fully understand the ethical standards they are expected to uphold during the course of their work.” The integrity of the programme would be maintained, as there will be compliance to the set standards. Confidentiality is a crucial issue and addition to the standards the Peer educators will be subjected to sign an oath of secrecy form for quality assurance.

### 5.1.8 Recruitment

- There should be criteria developed to select Peer Educators which will include the following factors; age, gender, division, salary levels, motivation, voluntarism, belief system etc. The recruitment plan should include all these elements to ensure equity. Union representatives should be represented.
- It was found that technical services in the department is not well-represented [24%] where as Administration is 74%. Salary level 11-13 is represented by 1.3%. There is a need to recruit additional Peer educators in this specific category. Age gap has been identified at the range of 31-40.
- The DPSA has developed a framework [2006] on Health and Wellness programme and the suggested ratio is one Peer Educator is to 50 employees.
- Recruitment of Peer Educators will start from popularizing HIV/AIDS programme where employees will be encouraged to apply. Posters and pamphlets indicating the activities of Peer education will be drawn and made available to all employees in their language so that those interested can apply.

### 5.1.9 Management Support

- Supervisors should be educated on the functions of Peer Educators in order to offer the necessary resources to support the programme. There should be continuous supervision and coaching by programme managers to address challenges that Peer educators encounter during the process of implementation and to offer the necessary emotional support.

## 5.2 DELIMITATIONS OF THE STUDY

The subjects were drawn from the employees of the Limpopo Department of Agriculture. These are Peer Educators appointed in the department and are stationed in almost all the workplaces. The findings of the study have been generalized based on the total population of the number of Peer Educators. All Peer Educators were given equal opportunity to participate in the study. Employees in the department who were not Peer Educators were excluded from the study.

## 5.3 LIMITATIONS

The limitation of the study was that some of the questions were not answered by respondents. Some of the questions asked were sensitive and personal in nature however, the researcher was unable to assess the emotional level of understanding by the respondents. The disadvantage of using self-administered questionnaire is that there is no opportunity to probe for more information. Completion of the questionnaire was time consuming, as it needed much concentration of respondents.

## 5.4 CONCLUSION

The evidence from the exploratory study revealed an average level of knowledge and positive attitudes towards HIV/AIDS. Sexual practices have been identified as a concern as some respondents [38%] indicated that they do not use condoms with their spouses and 18.7% did not believe condoms if properly used prevent the spread of HIV. This shows that there still are people who have negative attitude towards condom use.

Peer Education programme has been proven the most economical strategy to reach large number of people on issues of health and HIV/AIDS. "The Tanzania AIDS support group Organization (TASO) has used peer education by people living with HIV/AIDS to promote risk reduction among those already infected, to prevent further infections, and to sensitize both peers and community members to the need for stigma reduction". (UNAIDS, 199:30).

The benefit, which this programme entails, is that as more people are reached, the information received also has an influence to change sexual behavior among people. "Peer education approaches offer many benefits to programmers, target audiences, and communities, and empirical evidence have shown that well designed and well implemented programme can be successful in improving youth's knowledge, attitudes and skills about reproductive health and HIV prevention" (UNFPA, 2004:05). The use of Peer educators is recommended as it is regarded as a behavior change strategy in these different theories e.g. Social learning, Diffusion of Innovation, Reasoned action which have a belief that people change their behavior as they see their role models or peers change lifestyle. "HIV/AIDS is everyone's Business."

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**APPENDIX A**

**QUESTIONNAIRE**

**THE KNOWLEDGE, ATTITUDES AND PRACTICES ON HIV/AIDS AMONG PEER  
EDUCATORS IN LIMPOPO DEPARTMENT OF AGRICULTURE**

**DEVELOPED BY : SHIPALANA P.N**

**YEAR : 2008/2009**

**DEAR PEER EDUCATORS**

**PLEASE NOTE THE FOLLOWING:**

- You are requested not write your name in the form. Your anonymity is guaranteed.
- Please answer all question as honest as possible
- This survey is based on exploring the knowledge, attitudes, and practices of Peer Educators on HIV/AIDS.
- Please make sure after completion, the questionnaire is submitted.
- All Peer Educators in the Department of Agriculture have been chosen to voluntary participate in the study.
- The findings of this research are significant and will assist the Limpopo Department of Agriculture to redesign the HIV/AIDS programme.
- The findings will be communicated to all Peer Educators in the Department of Agriculture.

**SECTION 1: DEMOGRAPHIC INFORMATION**

1. What is your gender?

Male	Female

2. What is your salary level?

Level 1-6	Level 7-10	Level 11-13

3. Where are you stationed?

Head office (Research stations, Colleges, Head office)	Eastern Cluster (Vhembe & Mopani)	Western Cluster (Capricorn, Sekhukhune Waterberg)

4. How long were you employed in the Limpopo Department of Agriculture?

0-5 years	6-10 years	11- 15 years	16-20 years	30 years +

5. What is your age range?

20-30	31-40	41-50	51+

6. What are your highest qualifications?

Grade 12	National Diploma	Degree +	

7. Which division do you represent?

Technical	Administration [support services]

**SECTION 2: KNOWLEDGE ON HIV/AIDS**

8. There is no difference between HIV& AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

9. Tears are one of the bodily fluids that have been identified as being a risk factor in the transmission of the HIV virus.

Strongly agree	Agree	Disagree	Strongly disagree

10. You can get HIV from mosquito bites.

Strongly agree	Agree	Disagree	Strongly disagree

11. Wearing gloves is essential when assisting a person who is bleeding.

Strongly agree	Agree	Disagree	Strongly disagree

12. There is a cure for AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

13. HIV/AIDS is a private matter; I do not discuss it with any none.

Strongly agree	Agree	Disagree	Strongly disagree

14. Having sexual intercourse with a virgin can cure HIV/AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

### SECTION 3: ATTITUDES

15. I know someone who is HIV positive.

Strongly agree	Agree	Disagree	Strongly disagree

If strongly agree, what is your relationship with the person?

Colleague	
Friend	
Family member	
Neighbor	
Community member	

16. If an employee share an office with a person who HIV positive, there is high risk of being HIV infected.

Strongly agree	Agree	Disagree	Strongly disagree

17. Children who are HIV positive should be allowed to mix with other children.

Strongly agree	Agree	Disagree	Strongly disagree

18. If you happen to go for HIV test and the result turn to be HIV positive, you will disclose your HIV status.

Strongly agree	Agree	Disagree	Strongly disagree

19. Whom would you not disclose your HIV status if tested HIV positive.

Friend	
Colleague	
Sexual partner	
Family member	
Religious counselor	
EAP Professional	
None	

20. I can be able to take care of someone who is infected with HIV or dying with AIDS related diseases?

Strongly agree	Agree	Disagree	Strongly disagree

21. In a sexual relationship, only women should be responsible for the prevention of HIV/AIDS transmission.

Strongly agree	Agree	Disagree	Strongly disagree

22. Only white people can get HIV.

Strongly agree	Agree	Disagree	Strongly disagree

23. People with many sexual partners are at greater risk of contracting HIV.

Strongly agree	Agree	Disagree	Strongly disagree

24. I would feel not comfortable to demonstrate how male and female condoms should be used to the employees or public.

Strongly agree	Agree	Disagree	Strongly disagree

**SECTION 4: PRACTICES**

25. There are no benefits of knowing one`s HIV status.

Strongly agree	Agree	Disagree	Strongly disagree

26. I will not participate in a workplace VCT [Voluntary Counseling and Testing campaign].

Strongly agree	Agree	Disagree	Strongly disagree

27. When last did you go for HIV testing?

3 months back	
6 months back	
12 months back	
24 months back	
Never	

28. I believe is appropriate to conduct Voluntary Counseling & Testing in the workplace.

Strongly agree	Agree	Disagree	Strongly disagree

28. I have been shown on how to use a condom by a professional coordinator/trainer.

Strongly agree	Agree	Disagree	Strongly disagree

29. I use a condom always when having sex.

Strongly agree	Agree	Disagree	Strongly disagree

30. I do not believe that condoms, if properly used prevent HIV/AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

31. Under which circumstances would you not wear a condom?  
(You can choose more than on option)

With my spouse	
With my sexual partner	
During anal sex	
Having sex for the first time	
Never	

32. People who engage in anal sex are not at risk of contracting HIV.

Strongly agree	Agree	Disagree	Strongly disagree

33. When I have sex, I do not think about HIV infection as a risk to partner or myself.

Strongly agree	Agree	Disagree	Strongly disagree

34. People who tested HIV positive should not have sexual intercourse.

Strongly agree	Agree	Disagree	Strongly disagree

35. People who practice sexual acts like anal sex deserve the right to get HIV.

Strongly agree	Agree	Disagree	Strongly disagree

36. The Department of Agriculture should continue providing condoms.

Strongly agree	Agree	Disagree	Strongly disagree

37. I only had 03 sexual partners in the last 02 months.

Strongly agree	Agree	Disagree	Strongly disagree

**SECTION 4: GENERAL QUESTIONS**

38. What influenced you to become a Peer Educator?

Nominated by Supervisor	Recruited by friend	Recruited by colleague	Personal interest

39. I have been trained on HIV/AIDS information.

Strongly agree	Agree	Disagree	Strongly disagree

If you strongly agree, on which year were you trained?

Before 2003	
2004	
2005	
2006	
2007	

Please state key issues you were trained on.

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Do you still need any training on HIV/AIDS information?

Yes	
No	

If yes, please specify

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40. What type of challenges do you experience while performing your task as a Peer Educator?

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41. What recommendations do you have with regard to Peer Education Programme in the Department of Agriculture?

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42 . If you happen to test HIV positive, would you still be prepared to continue with Peer Education?

Strongly agree	Agree	Disagree	Strongly disagree

**THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS QUESTIONNAIRE.**