

**THE ATTITUDES OF STAFF MEMBERS AT THE
CAPE PENINSULA UNIVERSITY OF TECHNOLOGY
TOWARDS THE START OF AN
HIV/AIDS WORKPLACE PEER EDUCATION PROGRAMME**

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DECLARATION

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SUMMARY

The growing number of HIV-positive people in South Africa demands that organisations take action in mitigating the devastating effects of HIV/AIDS on their workforces. Since a cure for HIV/AIDS is still to be found, organisations can in the interim do much to manage the disease effectively. Organisations are in a favourable position to empower their employees by means of HIV/AIDS practices, policies, prevention and intervention programmes, such as peer education programmes.

The purpose of this study was to examine the attitudes of the staff members at the Cape Peninsula University of Technology (CPUT) towards the start of an HIV/AIDS workplace peer education programme. The study was prompted by the lack of interest displayed by staff members as perceived by the researcher over a period of a year. Numerous attempts by the HIV/AIDS unit at the CPUT to start an HIV/AIDS workplace peer education programme failed. This study intended to determine the underpinning reasons why staff members display apathy towards such a programme.

A sample of 50 staff members were invited to participate in the study. 34 out of 50 staff members (response rate = 68%) completed and returned the self-administered survey questionnaire.

Overall, an analysis of the responses revealed that the respondents' attitudes were more in favour of the introduction of an HIV/AIDS workplace peer education programme than against it. Respondents displayed neutrality when prompted to indicate their level of knowledge and understanding of HIV/AIDS workplace peer education programmes. Most respondents displayed an unawareness of the call for HIV/AIDS workplace peer educators by the CPUT. It was also found that the internal communication channels used to recruit HIV/AIDS workplace peer educators failed to reach staff members.

This was the first study conducted at the CPUT to determine the attitudes of staff members towards an HIV/AIDS workplace peer education programme and therefore some recommendations are made with regard to the implementation of such a programme.

OPSOMMING

Die groeiende aantal MIV-positiewe mense in Suid-Afrika noodsaak organisasies om voorsorg te tref om die vernietigende effek van MIV/VIGS op hul arbeidsmag te verminder. In die huidige afwesigheid van 'n geneesmiddel vir MIV/VIGS is daar baie wat organisasies in die tussentyd kan doen om die siekte effektief te bestuur. Organisasies is in 'n gunstige posisie om werknemers te bemagtig met behulp van MIV/VIGS-praktyke, beleide, voorkomings- en intervensie-programme, soos portuur-opvoedingsprogramme.

Hierdie studie het ten doel om die houdinge van werknemers verbonde aan die Kaapse Skiereilandse Universiteit van Tegnologie (KSUT) met die aanvang van 'n MIV/VIGS werkplek portuur-opvoedingsprogram, te ondersoek. Die studie is aangespoor deur 'n gebrek aan belangstelling deur werknemers soos waargeneem deur die navorser oor 'n tydperk van 'n jaar. Die MIV/VIGS-eenheid van die KSUT het al vele pogings aangewend om 'n MIV/VIGS werkplek portuur-opvoedingsprogram te begin, maar sonder sukses. Hierdie studie poog om die onderliggende redes te bepaal waarom werknemers 'n traagheid teenoor die program toon.

'n Steekproef van 50 werknemers was genader om aan hierdie studie deel te neem. 34 uit die 50 werknemers (responskoers = 68%) het die selfgeadministreerde vraelys voltooi en teruggestuur.

Oor die algemeen toon die data analise dat die respondente se houdinge meer gunstig is ten opsigte van die aanvang van 'n MIV/VIGS werkplek portuur-opvoedingsprogram as daarteen. Die respondente toon 'n neutraliteit ten opsigte van die vlak van hul kennis en begrip van MIV/VIGS werkplek portuur-opvoedingsprogramme. Die meerderheid respondente het ook aangedui dat hulle nie bewus was van 'n uitnodiging vir MIV/VIGS portuur-voorligters nie. Bevindinge toon ook dat die interne kommunikasiekanale wat gebruik was om werkplek portuur-opvoeders te werf, gefaai het.

Hierdie was die eerste navorsingstudie wat onderneem is aan die KSUT om die houdinge van werknemers te bepaal teenoor 'n MIV/VIGS werkplek portuur-opvoedingsprogram en daarom word sekere aanbevelings gemaak met betrekking tot die implementering van so 'n program.

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CHAPTER 1

INTRODUCTION

The reason why most workplace wellness interventions don't work is because they tend to stay in the awareness phase. By overloading employees with information on illnesses and health, their attitudes and behaviour will not change (Van der Merwe, undated, p. 1).

1.1 Background

South Africa is regarded by the developed world as a developing country and is currently struggling with an HIV/AIDS prevalence rate of 18% (UNAIDS, 2010). Despite this alarming rate of infection, many employees do not want to be involved in HIV/AIDS workplace peer education programmes and display apathy towards such an important prevention and intervention strategy. This results in many organisations not having HIV/AIDS prevention and intervention programmes in place. It is a requirement of the South African government that all organisations should have HIV/AIDS prevention and intervention strategies in place to mitigate the negative effects of HIV/AIDS on their employees.

An HIV/AIDS workplace peer education programme is regarded as an invaluable intervention strategy in changing high-risk sexual behaviours, decreasing of stigma and discrimination against HIV-positive people at work and in the community as well as lessening the negative impact of HIV/AIDS on employees' health and lives. The goals of an HIV/AIDS workplace peer education programme are amongst others to provide people with appropriate and accurate information about HIV/AIDS, to provide people with skills which could assist them to make informed and responsible choices about sex and sexual relationships and to promote sexual behaviour change (AIDSCAP, 2007).

In spite of a successful and active HIV/AIDS student peer education programme, the CPUT has no HIV/AIDS workplace peer education programme in place for its staff members. The HIV/AIDS unit has only recently been tasked by top management to put such a programme in place for the staff members as a matter of urgency. So far, six attempts (over a period of one year) have been made to start an HIV/AIDS workplace peer education programme, but

to-date, staff members show reluctance or no interest in attending the meetings. At the last meeting only 16 staff members attended (one academic, one staff member from the human resources department, eight staff members from the technical, support and maintenance departments - these eight staff members include staff members from a contract company to whom the cleaning services of the CPUT have been outsourced to - and six staff members from the HIV/AIDS unit). The CPUT has a staff complement of $\pm 3\,000$ staff members.

Against this background, it should become apparent to top management that a problem exists in terms of the attitudes of staff members and top management towards the start of an HIV/AIDS workplace peer education programme as an HIV/AIDS intervention and prevention strategy. Despite the fact that top management instructed the HIV/AIDS unit to start an HIV/AIDS workplace peer education programme, none of the top management team attended any of the initial meetings.

1.2 Research problem

The current vision, mission, and core values of the HIV/AIDS unit at the CPUT stress the fact that the whole university community will be taken care of in terms of mitigating the negative impact of HIV/AIDS. Despite this, HIV/AIDS activities (such as awareness programmes, voluntary counselling and testing (VCT) drives, and HIV/AIDS peer education programmes) were geared and directed towards students only. For the past few years, since the inception of the HIV/AIDS unit, the staff members of the CPUT appeared to show little interest in any HIV/AIDS prevention and intervention programme. Currently, no knowledge or evidence exists of exactly what the attitudes of staff members are towards the start of an HIV/AIDS workplace peer education programme.

1.3 Significance of the study

The proposed research study grew out the lack of interest displayed by staff members in the start of an HIV/AIDS workplace peer education programme. In knowing and understanding why staff members react in a certain way towards an HIV intervention strategy, staff members and especially top management might be enabled to reconsider and change their attitudes towards the start of the HIV/AIDS workplace peer education programme. Top management ought to realise that such a programme needs to be driven very aggressively from the top so that the importance, benefits and seriousness of it can filter down to all staff levels. This study will benefit all stakeholders at higher educational institutions and business organisations where staff and students are striving to become exceptional business leaders,

educators, engineers, and in general, community leaders who are being groomed and trained for a better and healthier South African society. If negative and stigmatised attitudes could be highlighted, dissuaded, and altered, then the war against HIV/AIDS is halfway won.

1.4 Research question

What are the attitudes of staff members towards the start of an HIV/AIDS workplace peer education programme at the Cape Peninsula University of Technology?

The CPUT is the only University of Technology in the Western Cape. It is also the largest university in the Western Cape in terms of student numbers (more than 26 000 students). The CPUT comprises several campuses in the Western Cape: Cape Town, Bellville, Wellington, Mowbray, and Granger Bay. With a staff complement of ±3000 employees, this institution of higher learning needs approximately 60 trained HIV/AIDS peer educators as per the Department of Labour Technical Guidelines requirement (as cited in Dickinson, 2007). Currently the university has no HIV/AIDS workplace peer educators to assist employees living with HIV/AIDS. Despite numerous attempts and invitations to staff members from the HIV/AIDS unit to start an HIV/AIDS workplace peer education programme, it does not come off the ground - therefore the need to determine why this situation exists. For this study, invitations were extended to the staff members at the Bellville campus to participate in the survey.

1.5 Aim and objectives of the study

1.5.1 Aim

The aim of the study is to establish the attitudes of staff members towards the start of an HIV/AIDS workplace peer education programme in order to suggest guidelines for an HIV/AIDS workplace peer education training programme.

1.5.2 The objectives of the study are:

- to identify attitudes of staff members at the CPUT towards an HIV/AIDS workplace peer education programme;
- to identify characteristics of an HIV/AIDS workplace peer education programme; and
- to suggest guidelines for an HIV/AIDS workplace peer education programme at the CPUT.

1.6 Operational definitions

The use of words is an important vehicle to convey our actions and thoughts in written form or verbally. Therefore, when we conduct conversations, we use words, and similarly when we do research we also use words and abstract concepts. This is imperative in order to communicate with other scientists and interested readers of the research study. Christensen (2007) notes that in order to avoid confusion with regard to the concepts used in the research title and research question, the concepts used must be operationally defined or conceptualised so that all readers of the study have the same understanding of what is meant by a specific concept. For this study, the following operational definitions should give precise meanings of the variables and population of the study under investigation:

“Attitude”

An attitude is a hypothetical construct that represents an individual's degree of like or dislike for an item. It can be positive or negative views of a person, place, thing, or event (Wikipedia, 2010).

“HIV”

HIV stands for Human Immunodeficiency Virus. It is a virus that infects the blood and then attacks the immune system of the human body. The virus is passed on by either having sex with someone who has the virus, from a pregnant HIV-positive woman to her baby, by sharing needles with an HIV-positive person, or from exposure to blood which is infected with HIV (Metropolitan, 2009).

“AIDS”

AIDS is the abbreviation for Acquired Immune Deficiency Syndrome. AIDS is the collection of different diseases and opportunistic infections. It is a fatal disease which is caused by HIV, the virus that attacks and breaks down the immune system. AIDS is the final stage of HIV infection before the person dies of other opportunistic infections (e.g. tuberculosis) (Metropolitan, 2009).

“Peer”

A peer is a colleague/co-worker or person of the same age range, status and acquaintance (of the same social and cultural environment). The Concise Oxford English Dictionary (2006) defines the concept “peers” as persons who are on the same level in social ranking and equal in other areas.

“Peer education”

Peer education can be defined as an approach or practice whereby information is conveyed from one person to another with the aim of influencing the next person's behaviour. The messenger and the receiver of the information are normally of the same age group, social and cultural standing and/or economic class (Zambia Health Education and Communications Trust (ZHECT), undated).

“HIV/AIDS workplace peer education programme”

HIV/AIDS workplace peer education programme is a practice in organisations that serves as an invaluable intervention strategy whereby colleagues assist colleagues in terms of educating them by changing high-risk sexual behaviours, decreasing of stigma and discrimination against HIV-positive people at work as well as lessening the negative impact of HIV/AIDS on people's health and lives. The key purpose of a peer group education programme is to influence peers (colleagues) in such a way that they choose to change their current beliefs, norms, knowledge, behaviours, etc. about HIV/AIDS and people living with it (Peer Education and Evaluation Resource Center, 2009).

“Cape Peninsula University of Technology”

This is an official name of an institution of higher learning situated in the Western Cape - an employer with a staff component of ±3 000 staff members consisting of top management, academics, administrative, technical/support staff, and maintenance staff as its total workforce.

1.7 Demarcation of the study

The study was done at the CPUT, Bellville campus. It did not focus on any other institution of higher learning in the Western Cape or elsewhere and therefore no generalisations of the findings of this study can be made to other or similar institutions of higher learning in South Africa.

1.8 South Africa: HIV/AIDS statistics

UNAIDS (2010) reports that Southern Africa remains the epicentre of the HIV/AIDS disease globally, with South Africa taking the lead by having the most HIV/AIDS cases in the world. Currently, approximately 5.6 million South Africans are living with HIV/AIDS. The UNAIDS report reflects the following statistics for South Africa for 2009:

Total number of people living with HIV:	5.6 million
Adults aged 15 and up living with HIV:	5.4 million
Women aged 15 and up living with HIV:	3.2 million
Children aged 0 to 14 living with HIV:	280 000
Deaths due to AIDS:	350 000
Orphans due to AIDS aged 0 to 17:	1.4 million
Adults aged 15 to 49 prevalence rate:	18.1%

If one scrutinises the above-mentioned statistics of South Africa and apply the national adults prevalence rate to the total staff members at the CPUT, then for a staff complement of 3 000 employees, the average number of HIV-infected staff members could total approximately 543 HIV-infected employees. The Department of Health (2010) lists the Western Cape as the province in South Africa with the lowest HIV/AIDS prevalence rate in the country – currently it stands at 16.1% (2% below the national average HIV/AIDS prevalence rate). If one applies the provincial adult prevalence rate to the total number of staff members at the CPUT, then the average number of HIV-infected staff members could total approximately 483 HIV-infected employees. Besides the HIV-infected staff members, many of the other HIV-negative employees could be affected by the disease in terms of family members or friends who are HIV-positive and who might be ill. Furthermore, the South African Department of Labour's HIV/AIDS Technical Assistance Guidelines (as cited in Dickinson, 2007), suggest that for every 50 employees on the payroll, an organisation should have one trained HIV/AIDS peer educator.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Based on the objectives of this research study, this chapter reviews literature on attitudes of people in general and in the workplace, four major behaviour change theories, characteristics of an HIV/AIDS workplace peer education programme, and the guidelines of such a programme. It also focuses on literature relevant to barriers to HIV/AIDS workplace peer education programmes as well as the barriers to the effective use of electronic communication channels within organisations.

2.2 Attitudes

Moorhead (2007, p. 68) defines people's attitudes as "complexes of beliefs and feelings about specific ideas, situations, or other people". People bring their attitudes into all life situations and inevitably to the workplace where they spend a lot of their time. Peoples' attitudes are formed by past experiences with other people, situations, and own personality. But, if people react negatively or display a lack of interest to any life skills programme or situation at work, it does not mean that their attitudes are cast in iron and cannot change. Moorhead reiterates that fresh information and perceived new circumstances and situations may change negative attitudes into positive ones.

Attitudes of people are based and formed by components such as beliefs, opinions, knowledge, or information about certain objects, situations, or other people. These components are the determinants of specific types of behaviours. The link between employee attitudes and behaviour is important for managers to understand. Unfavourable attitudes may result in employees not showing any interest in their work and work-related programmes (Wood, Wallace, Zefane, Chapman, Fromholtz & Morrison, 2004). Attitudes are inherently part of the make-up of all people, whether good or bad. Ivancevich (2010) notes that an individual's work attitude is displayed by one's behaviour at work and expressed feelings towards colleagues and work-related issues.

Nelson and Quick (2003) define an employee's attitude as a psychological predisposition expressed by an individual which could be favourable or unfavourable. They further argue that attitudes are learned from birth and developed over time and that attitudes can change. Persuasion techniques could be utilised to change negative attitudes to positive attitudes and vice versa. Through persuasion techniques an individual (source) is able to change another individual's (target) attitudes via positive and strong persuasive messages (Mitchell & Larson, 1987). Attitudes are mostly influenced by direct experience (the individual's own experience) and social learning (the shaping of attitudes by family, peers, and culture) (Nelson & Quick, 2003).

The research study conducted by Kaponda, Jere, Chimango, Chimwaza, Crittenden, Kachingwe, McCreary, Norr and Norr (2009) has shown that the interconnectedness of attitudes, behavioural change and peer education cannot be underestimated. People serve as models of human behaviour and some people (opinion leaders and gatekeepers) are most influential at bringing about behavioural change in peers. Peer group intervention is effective in increasing HIV/AIDS knowledge, changing of attitudes towards HIV/AIDS in general, and behaviour change (reducing stigma and discrimination).

Manning (2004) rightfully states that business conditions are hard, especially for top management that deals with business challenges on a daily basis. Top management has to set the example by their positive attitudes towards challenges and obstacles which they experience perpetually within their organisations. The way to deal with challenges is to tackle them "head-on" (Manning, p. 35). This is so very fitting for the HIV/AIDS epidemic – organisations may not back down on this challenge of looking the epidemic in the eye – they have to react swiftly and timeously.

Sloan and Myers (2005) conducted a study in 2001 to assess the effectiveness of an HIV/AIDS workplace peer education programme in a retail company in South Africa. The HIV/AIDS workplace peer education programme was implemented in 1997. The study was conducted amongst 900 employees working in different areas. It measured the employees' current HIV/AIDS knowledge; employees' attitudes towards people living with HIV/AIDS; employees' perceptions about their own risk to HIV/AIDS-infection; and condom use. They found that the HIV/AIDS workplace peer education programme in the retail company was unsuccessful in changing people's attitudes and perceptions about HIV/AIDS and merely contributed to additional costs to the company. The researchers concluded that in general,

the private sector is just as lethargic as the public sector to fight the HIV/AIDS pandemic with the necessary commitment and passion.

Effective HIV/AIDS peer education programmes are also dependent on environments that support peer education wholeheartedly (Campbell, 2004). In her study, Campbell focused on the attitudes of peer educators and the structures that could support and enhance HIV/AIDS peer education in general. She recommends the following characteristics for peer educators: peer educators as a collective group should “renegotiate” their own individualities in terms of their own sexuality – in other words, their own sexual conduct should set a positive example since they are closely imitated by their peers; peer educators should “empower” their peers by providing them with the necessary and much needed “sexual negotiation skills” in order for peers to take ownership of their own health and sexual behaviours. The results of her research study indicated that, unless an HIV/AIDS prevention programme has strong ties with a supportive social environment and other helpful structures (for example influential people who have positive attitudes towards people living with HIV/AIDS (PLHA) and who are strong on HIV/AIDS advocacy), it will not deliver the anticipated results and the programme might actually be set up for failure.

An important factor of successful HIV/AIDS management in organisations is the attitudes of human resource managers towards PLHA. Lim and Loo (2000) conducted a study whereby they investigated the level of HIV knowledge and awareness of HIV transmission and attitudes of human resource managers in various Singaporean organisations towards PLHA. Human resource managers in all organisations are responsible for the recruitment, selection, and appointment of human capital as well as for compiling job descriptions, dismissal of employees, and other human resources functions. They also have the added responsibility now of having to deal with the management of HIV-related issues affecting their employees such as reasonable accommodation of PLHA, within the organisation. The findings of Lee and Loo’s research study indicated that the human resource managers had an adequate level of HIV knowledge and awareness of HIV transmission, but their attitudes towards PLHA showed some negativity. They reported that a substantial number of human resource managers view PLHA as follows: PLHA are merely added cost to company in terms of increased work disruptions due to absenteeism (e.g. hiring of additional employees) and increased medical insurance costs. An excellent recommendation resulting from this research study is the fact that senior management, and more specifically human resource

managers, should be the first level of employees to be sent for HIV/AIDS education and training – they are after all the decision-makers that have to implement HIV/AIDS prevention and intervention programmes for the rest of the workforce (Lim & Loo, 2000).

2.3 Behaviour change theories

In the middle of the whole debacle of people's perceived negative attitudes towards the tragedy of HIV/AIDS and the successful implementation of HIV/AIDS workplace peer education programmes, lies the challenge of how people's behaviour could be changed. The AIDS Control and Prevention (AIDSCAP) Project (2002) suggests the following four theories that could assist organisations in their attempts to changing people's behaviour:

2.3.1 Health Belief Model (HBM)

The HBM could be used as an HIV/AIDS prevention approach in HIV/AIDS awareness programmes provided factors such as culture, traditions, and availability of care and support are taken into account when it is planned and implemented. This model has been used successfully in the United States of America to gain a better understanding of people's sexual behaviours.

2.3.2 AIDS Risk Reduction Model (ARRM)

The ARRM is an approach whereby behaviour change could be explained and predicted especially with regards to the transmission of HIV via sexual intercourse. This model suggests three phases to reduce HIV transmission: phase 1 – the individual's awareness of his/her high-risk behaviour; phase 2 – the individual makes a conscious effort to stop risky sexual activities and increase low-risk sexual actions; and phase 3 – the individual takes corrective action (e.g. seeking accurate HIV/AIDS information, advice and assistance).

2.3.3 Stages of Change Theory

This model is especially geared for assisting at-risk individuals gradually until long-term behaviour change has been achieved. Interventions are planned according to the level of readiness and therefore it meets the individual's need at an exact point in the change process. Five levels of readiness have been identified for this model: pre-contemplation (the individual is not yet ready for change); contemplation (the individual is starting to think about changing life-style activities); preparation for action (the individual is ready to change life-style); action (the individual is living the changed life-style); and maintenance (the individual has adapted the changed behaviour as the new life-style).

2.3.4 *Theory of Reasoned Action (TRA)*

The underpinning characteristic of the TRA is the notion that all human beings are able to make rational decisions about their behaviours. Human behaviour is first and foremost under the control of the individual who exercises the behaviour, but it is also influenced by the individual's attitude, beliefs, and social standards towards the next person or event and also by what he/she thinks other people would think of him/her when the behaviour is being performed.

2.4 Characteristics of an HIV/AIDS workplace peer education programme

Peer education is a very powerful approach used in many different settings and especially with life skills programmes which focus on young people. The question now arises whether this strategy is also suited for adults and the answer is an important 'yes' according to Dickinson (2006).

The characteristics of an HIV/AIDS workplace peer education programme should centre around aspects such as: the goals of the intervention programme; the attitudes and traits of the target audience (staff members) and those who will be trained as peer educators; interest and support of the decision-making bodies in the organisation; needs of the target audience; training needs of peer educators to meet the objectives of the peer education programme; and the overall sustainability of such an intervention strategy (AIDSCAP Project, 2007).

The Youth Peer Education Toolkit (2005) stresses the importance of a well thought-through strategic plan for an effective HIV/AIDS peer education programme in terms of mobilising stakeholders, ensuring active participation of the target audience, identifying the needs of the target audience, developing a workplan, establishing monitoring and evaluation mechanisms, and developing an overall sustainability plan. These standards also highlight other important issues such as the recruitment and selection of the peer educators, training and supervision of peer educators, the role of management in terms of overseeing the peer education activities, and the overall evaluation of the programme.

The findings of a research study conducted by Dickinson (2006) among five big South African companies on their HIV/AIDS peer education activities correlate with many of the characteristics of an HIV/AIDS workplace peer education programme listed by the AIDSCAP Project (2007) and the Youth Peer Education Toolkit (2005). Dickinson also found that the profiles of potential peer educators are core to a sound HIV/AIDS peer education programme – in fact, the screening of potential peer educators (before selection and training), was valuable and sensible for an effective programme but the decreasing number of willing peer educators necessitated these companies to appoint employees who volunteered to be trained as peer educators.

2.5 Guidelines for running an HIV/AIDS workplace peer education training programme

Before one could even anticipate that a potential peer education training programme could be implemented and accepted by the workforce, some general guiding principles need to be put into place. Guiding principles such as the level of commitment from all stakeholders that there is a need for a workplace programme, clear job descriptions and outline of responsibilities of peer educators, selection criteria for appointment of peer educators, possible compensation or incentives for peer educators; and content and duration of training sessions (Peer Education and Evaluation Resource Center, 2009).

HIV/AIDS intervention and prevention programmes are the cornerstones of HIV/AIDS policies in organisations and therefore clear guidelines for the successful running of an HIV/AIDS workplace peer education programme are important. Depending on the culture of an organisation, the HIV/AIDS steering committee, consisting of representatives of the workforce and management should decide which components should be included in its HIV/AIDS peer education programme and are best suited for the organisation – guidelines on continuing HIV/AIDS education programme; training for peer educator; condom distribution; counselling; care and support (Rau, 2002).

Redpeg (2008), a South African HIV/AIDS education and training service provider, suggests the following topics as guidelines for an effective HIV/AIDS peer education training programme: the basics of HIV/AIDS, prevention and intervention strategies, HIV/AIDS-related illnesses, how to live positively with HIV/AIDS, knowing your rights in the workplace, HIV-testing, and creating manuals for training the trainer (peer educator) in the workplace.

Rau (2002) proposes that a business that wants to combat HIV/AIDS in order to decrease employee turnover, morbidity and mortality, has to decide which components should be included in their HIV/AIDS peer education programme. Possible components include: information manuals covering sexual behaviours; stigma and discrimination; ongoing training for peer educators; correct use of condoms and condom distribution; presentations and information sessions on HIV/AIDS-related illnesses; promotion of VCTs; HIV/AIDS/TB treatment and/or support; and the mandatory monitoring of the impact and effectiveness of the HIV/AIDS workplace peer education programme.

Schlechter (2009, p. 3) proposes that it is important to integrate the HIV/AIDS peer education programme with other health services that “provide access to condoms, medical care, voluntary counselling and HIV testing, and sexually transmitted infections (STI) management”. He also argues that such integration depends on the resources available in terms of the HIV/AIDS-related needs of the target audience, available staff members, work resources, and adequate funding to sustain the health programmes needed in an ever-changing working environment. This might remove the stigma and discrimination that peer educators could experience from colleagues for being associated with a disease like HIV/AIDS. According to AIDSCAP (2007) the integration of the HIV/AIDS workplace peer education programme with other programmes (such as care, support, and human rights issues) is possible, but then the training programmes need to be amended and expanded to cover these aspects.

According to a study done by Dube (2005), it was found that integration with other programmes within an organisation depends on management’s commitment and the organisation’s responses to HIV/AIDS. An HIV/AIDS workplace peer education programme cannot survive on its own. It must be planned in conjunction with the workplace community. Acceptance by a positive and supporting workplace community is only possible through a participatory management style (Flanagan, 2007).

2.6 Barriers to HIV/AIDS workplace peer education programmes

Although there are numerous advantages to implementing an HIV/AIDS workplace peer education programme in an organisation, definite and real barriers exist to the start and successful implementation of such programmes. Kamaldien (2009) argues that staff members find the training period of peer educators too long when compared to the time they spend when educating or talking to peers. He also states that peer education is associated

with voluntary work and people are inclined to leave such a programme if other duties and responsibilities become more important and demanding.

A study conducted by Dickinson (2007, p. 6) in a South African company found that one of the major barriers to HIV/AIDS workplace peer education programmes in organisations, is the “limited power” that peer educators have in “company structures”. He also points out the following barriers which could be detrimental to the sustainability and upholding of an effective HIV/AIDS workplace peer education programme: lack of ongoing refresher courses for peer educators in order to keep them up-to-date with developments in HIV/AIDS workplace issues; literacy levels of peer educators; trust building between peers and peer educators; ongoing competition with other departments in the organisation for resources and funding from top management to sustain peer programme activities; isolation of the HIV/AIDS department within an organisation – no formal representation on strategic organisation forums; lack of union commitment to HIV/AIDS campaigns; the problem of over- and/or under-representation of South Africa’s racial groups within the peer educators group of an organisation; and myths about the HIV/AIDS epidemic in general (e.g. prevention, transmission, and curative measures for HIV/AIDS).

2.7 Communication in organisations

ZHECT (undated, p. 5) defines communication as “the process through which a message is transferred from one person to another or from one group to another, through an appropriate channel with the view of receiving feedback”. An effective communication process is therefore the flow of information – it starts with the sender that sends a message via a channel to the receiver – the receiver responds by sending a message or feedback via a channel back to the sender.

Effective communication forms an important part of all organisational functions – from the lowest level worker to top management. Without effective communication, nobody is able to do their work effectively in organisations. Effective communication allows all employees to be able to plan, control, and execute their job assignments (Dubrin, 2006).

Communication, or in many instances, the lack of it, is usually the major problem in most organisations of keeping staff members adequately informed about events and other important information. Manning (2004, p. 50) stresses the fact that “survey after survey shows that communication is the No. 1 organisational problem and the cause of many”. He mentions that too much important communication is delegated to the wrong people in an organisation to disseminate. He also says that it is indeed the responsibility of the leadership of any organisation to sort of almost “evangelise” important and critical issues. Niewenhuizen and Rossouw (2008) highlight the managing of HIV/AIDS in the workplace as an important and critical challenge in organisations – HIV/AIDS is here to stay because of its current status as an incurable disease. The disease is depriving organisations from their most valuable asset, their human resources.

Organisations are dependent on effective communication networks in order to be successful and productive. Most organisations, if not all, utilise formal electronic communication channels for sending and receiving information, inside as well as outside of an organisation. Communication within an organisation is done via e-mail, electronic notice boards, electronic publications, electronic bulletin boards, and physical notice boards.

Information technology plays an important and positive role in the communication process inside an organisation, but it could also pose negative consequences or barriers to effective communication. Dubrin (2006) reports the following negative consequences of using an electronic communication network extensively: staff members neglect their core functions by spending too much time on the Internet; staff members suffer from certain disorders; relationships with colleagues sever due to a lack of personal interaction; and staff members suffer from information overload. He defines information overload as a situation in which a person receives too much information to absorb at one time and the person is then incapable of discerning which messages contain important information and which could be discarded immediately. He also mentions that the barriers to effective electronic communication channels could include: poor communication and language skills of the sender and receiver of the message (the sender is unable to articulate an important message effectively and the receiver might be unable to understand a good formulated message); electronic messages are impersonal (unemotional, cold words on a screen) and staff members might not grasp the urgency and importance of the message or event; and lastly staff members do not read electronic messages regularly or ignore it altogether.

Niewenhuizen and Rossouw (2008) emphasize the importance of an official internal communication strategy in organisations to ensure that staff members know and understand the contents of policy documents. It should not be left to staff members to request policy documents from the leadership of the organisation. Niewenhuizen (p. 486) suggest the following ways that top management could communicate policy documents to staff members: “company presentations, formal question-and-answer sessions, newsletters, conference calls, notice boards, team briefings, e-mail communications, confidential helplines, and websites with question-and-answer sessions”.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Christensen (2007, p. 454) describes research methodology as the section of the research paper which “tells the reader exactly how the study was conducted”. It gives a detailed description of the target population and how the representative sample was selected, the research design used, and which research instruments were used to collect data. This chapter attempts to explain exactly how the research question has been investigated.

The researcher embarked on this study because of her involvement with and the CPUT’s attempt to start an HIV/AIDS workplace peer education programme. Overall, the lack of interest of staff members in such an employee programme seems to be a problem – the HIV/AIDS unit is struggling for a period of longer than a year to get the HIV/AIDS workplace peer education programme off the ground. This situation prompted the researcher to investigate the attitudes of staff members towards the start of an HIV/AIDS workplace peer education programme at the CPUT.

Given that this study involved people and conducted among staff members at the CPUT and also that it was a non-health topic, the research proposal together with extensive supporting documentation such as the CPUT’s institutional human participant review application, CPUT’s ethical considerations application for survey questionnaires and interviews, the University of Stellenbosch’s (US) research ethics committee application for human research, the US informed consent form for participants, and a copy of the survey questionnaire had to be submitted to the CPUT’s Faculty of Business Research Ethics Committee for institutional approval. After institutional approval was granted (see Appendix A), application also had to be made to the CPUT’s human resources department for their approval – this approval (see Appendix A) was necessary for the researcher to utilise the current employee listings (consisting of only names, surnames and departments where staff members are based).

This study required a compulsory dual submission of the research proposal to two institutions of higher learning: one submission of the proposal with relevant supporting documentation to the University of Stellenbosch (the institution where the researcher is enrolled as a student) and a second submission to the CPUT (the institution where the study had been conducted).

3.2 Target population and sampling

Bless and Higson-Smith (1997) defines a population or target population as the total group of individuals/objects/events that a researcher would want to subject to the research study. If it is impossible to survey the whole target population because of a too large size population, a smaller number (subset) of individuals of the target population is selected to be surveyed. The subset of the entire group of individuals is called the sample (Fox & Bayat, 2007). The target population for this study comprises all the staff members working at the CPUT (from top management to the lowest level worker) and the sample selected from the total workforce consisted of 50 staff members.

The importance of the sampling process cannot be emphasised enough. The sample must have characteristics that make it representative of the population as the findings and results will be generalised to the entire population under investigation. Also, each individual of the entire population should have an equal chance to be selected in the random sample. In order to draw a representative sample, a listing of employees was provided by the CPUT's human resources department which contains names, surnames, and departments where staff members are based. Two sampling techniques are available to researchers: probability sampling (e.g. random sampling) or a non-probability sampling (e.g. convenience sampling). Fox and Bayat (2007) note that a non-probability sampling refers to a type of sampling where all the members of the population do not have an equal chance of being selected whereas the opposite is true for probability or random sampling – each member of the population stands an equal chance of being selected for the sample. Probability sampling includes: simple random sampling, interval or systematic sampling, stratified sampling, and cluster or multi-stage sampling (Fox & Bayat, 2007).

The stratified random sampling technique was used for this study. Since the population comprises both genders, it was decided to divide it into two groups or strata, namely, male and female. Within each stratum, a randomised sample was selected which is equal to the known proportion of the overall target population – every tenth staff member on an employee listing was invited to participate in the survey. This selection played a significant role in interpreting the results and generalising it to the entire CPUT population. The current ratio of male to female staff members is 44:56:

Total number of females:	1 320 (44%)
Total number of males:	<u>1 680</u> (56%)
TOTAL STAFF:	<u>3 000</u> (100%)

The sample size for the survey study was set at 50 staff members. In order to ensure that each stratum is accurately represented, 22 females (which are equal to 44% of 50 staff members) and 28 males (which are equal to 56% of 50 staff members) were selected as a representative sample for the target population.

3.3 Types of research

The two types of research approaches which are available to researchers are the qualitative and quantitative research. According to Fox and Bayat (2007) quantitative research is a research approach that uses statistics or collects numerical data to explain phenomena or to answer the research question. A numerical value is assigned to a response to a statement made by the research participant. A qualitative research study, on the other hand, is a research approach that “collects non-numerical data” such as verbal responses made by research participants, observation of behaviour patterns of people, etc. to answer the research question (Christensen, 2007, p. 39).

3.4 Research design

Christensen (2007, p. 299) defines a research design as “the outline, plan, or strategy used to investigate the research problem specifying the procedure to be used in seeking an answer to the research question”. The design holds the different components of the research project together. According to Bless and Higson-Smith (1997) the research design is the blueprint of a research project – it keeps the researcher on track by guiding him/her from one step to the next until the research project is finished.

Because of the nature of the research problem and the size of the target population, a quantitative research design was the best option for this type of research study. Fox and Bayat (2007, p. 78) list the following two main advantages for using a quantitative research design:

- The use of numbers allows for greater precision in reporting results.
- Powerful methods of mathematical analysis can be used in the form of computer software packages.

The following are some of the characteristics of a quantitative research design (Fox & Bayat, 2007): data are depicted by numerical values which gives greater accuracy and correctness; usage of structured research tools (for example survey questionnaires and interviews); reliability is high; the graphical presentations of findings via graphs, charts, and tables make the results of the research study easier to analyse; and the analysis of results is free from biases and subjectivity.

3.5 Approaches to quantitative research designs

The most widely used approaches in quantitative research are the experimental method, observation techniques, and survey research. The experimental research method is a research design whereby the researcher manipulates one or more variables in order to see the changes in other variables (Christensen, 2007). Observation techniques allow researchers to observe and record actions and responses of people's behaviour patterns in their natural settings (Fox & Bayat, 2007). Survey research is a non-experimental research technique whereby researchers collect data via interviews or questionnaires in order to find answers to why people respond in certain ways. A Knowledge, Attitudes, Practices, and Behaviour (KAPB) study is an example of survey research.

3.5.1 Survey research

The survey method was chosen by the researcher for this study because of the following reasons: attitudes, knowledge, behaviour, and opinions of people are best evaluated by surveys; time constraints on the part of the researcher to complete the survey; the low costs associated with the research tools used in surveys such as self-administered questionnaires; convenience (allowing the research participants to complete the questionnaires in their own time and space); as well as the notion (according to Fox and Bayat, 2007, p. 87) that surveys "lend themselves to be replicated in the future". Fox and Bayat strongly argue that a

major limitation of survey studies is that all research participants might not interpret or understand the questions in exactly the same way. The wording of the questions might confuse the research participants in such a way that the research results might be inundated with biases.

3.5.2 *Measuring research instrument*

A self-administered survey questionnaire (see Appendix B) was used to collect data from research participants. Generally a questionnaire can be described as a measuring instrument that contains a sequence of questions that persons have to respond to – the main objective is to get statistical constructive information about a topic. The survey questionnaire was hand-delivered to a sample of 50 research participants. Apart from the demographics of the research participants, the survey questionnaire examined topics relating to the issue of HIV/AIDS and HIV/AIDS workplace peer education programmes from a personal viewpoint as well as from an employee's perspective (from working at the CPUT) in order to elicit responses that will present an answer to the research question under investigation. The topics were: opinions and beliefs of HIV/AIDS in the workplace; HIV/AIDS workplace peer education programmes; barriers to an HIV/AIDS peer education programme; and the effectiveness of the current internal communication channels at the CPUT.

The survey questionnaire consisted of five sections and each section consisted of pre-formulated statements:

Section 1: Demographic details

This section consisted of seven factual closed-ended questions which requested responses related to the research participants' staff categories, work experience, gender, age, etc. A closed-ended question requires information from the research participant that could be placed in a predetermined category (Bless & Higson-Smith, 1997; Fox & Bayat, 2007).

Section 2: Opinions and beliefs of HIV/AIDS in the workplace

Section 3: HIV/AIDS workplace peer education programme

Section 4: Barriers to peer education programmes

Section 5: Internal communication channels

The above-mentioned sections (2, 3, 4, and 5) consisted of scaled questions. A scaled question requests the research participant to tick off a “certain score on a scale” (Fox & Bayat, 2007, p. 93). For this survey, a five-point Likert scale was used which measured either a positive or negative response to a statement (responses varied in different degrees e.g. from scale 1-5 – the extent to which the research participants agreed or disagreed with a statement).

Each of these sections consisted of a group of statements about an item. The scales are labelled as follows:

- 1 – Strongly agree
- 2 – Agree
- 3 – Neutral
- 4 – Disagree
- 5 – Strongly disagree

3.6 Data analysis

In order to make sense of the data collected during the survey, Bless and Higson-Smith (1997) emphasise that before descriptive data could be analysed, it should be processed into tables, graphs, figures, etc. Thereafter the data analysis takes place – data analysis is thus the processing, interpretation and statistical analysis of the findings (Christensen, 2007). Christensen (p. 407) also claims that statistics enable researchers “to extract meaning from the numbers” so that conclusions could be reached and generalisations could be made to the target population under investigation.

The Statistical Package for the Social Sciences (SPSS) version 18 was used to analyse and interpret the data collected for this study.

3.7 Ethical considerations

Universal ethical considerations have been upheld during this study. Christensen (2007, p. 128) defines research ethics as “a set of guidelines to assist the experimenter in conducting ethical research”. For this study, participation was voluntary. Data collected was regarded as strictly confidential information and research participants were assured of anonymity. Research participants were not requested to put their names on the self-administered questionnaire, except for the consent form. The consent form spelled out the

procedures involved for participation as well as withdrawal from the study. Data were held safe at all times and the researcher was the only person who had access to the data. Research participants were not at risk in any way by taking part in the study (Fox & Bayat, 2007). Completed survey questionnaires are stored in a sealed, unidentified envelope and in a lockable safe in the researcher's office. Individual responses to the survey questions will not be disclosed or discussed with any other person. The survey questionnaires will be retained for a period of five years after which the researcher will personally destroy all survey questionnaires by shredding them.

CHAPTER 4

RESULTS AND FINDINGS

4.1 Introduction

The aim of the data analysis process is to give meaning to the responses given by the respondents. In other words, the researcher has to scrutinize and summarise the data collected in order to make sense out of it after which conclusions and recommendations may be made. For ease of analysing and interpreting the results of quantitative research, the respondents' responses are to be converted to numerical data. Fox and Bayat (2007, p. 111) call the numerical data "descriptive statistics" – and they define descriptive statistics as "the collection, organising, presentation and analysis of data" - summarising and describing what the respondents' responses indicate.

For this study, the researcher made use of first-hand (primary) data since no evidence exists of previous research done on this topic and the fact that the CPUT is embarking on an HIV/AIDS workplace peer education programme for the first time. The analysis of data involved summarising the data into tables and graphs.

The expected results of this study were as follows: overall, the attitudes of staff members would lean more towards a neutral than a negative attitude with regard to the implementation of an HIV/AIDS peer education programme since the institution (and its workforce) has no prior experience of a workplace peer education programme of any kind. Also, the responses would indicate that staff members are not aware of the attempts of the CPUT to start such a programme due to a possible lack of access to and/or the ineffectiveness of the internal communication channels as a tool to recruit HIV/AIDS workplace peer educators.

The sample selected consisted of 50 staff members (28 males and 22 females). The overall response rate of the respondents was 68%. Only 13 out of 28 males (which are equal to 46% of the male stratum) returned and completed the survey questionnaire in full. The response rate of the female staff members showed a much higher response rate – 21 out of 22 females (which are equal to 95% of the female stratum) returned and completed the survey questionnaire in full. The higher female response rate did not affect the study in any way as the two strata were merely essential for total gender representation of the target population.

4.2 Data analysis instrument

SPSS was used to analyse the data collected. SPSS is a well-known and popular computerised data analysis programme that assists and enables novice and experienced researchers to statistically and accurately analyse vast and complex amounts of data (Babbie, Halley, & Zaino, 2007).

4.3 Data collection and analysis

The measuring research instrument, a survey questionnaire (see Appendix B), was used to collect data from 50 respondents. The questionnaire consists of seven multiple choice questions/statements (Section 1) and 33 closed-ended questions/statements to which respondents had to indicate the extent to which they agree/disagree with pre-formulated statements (Section 2-5). The 40 statements were divided into five sections as follows:

4.3.1 Section 1: Demographic details

This section consisted of seven personal indicators and required respondents to select the appropriate box which applied to them. The indicators were:

Statement 1.1: Institutional staff category

Figure 4.1

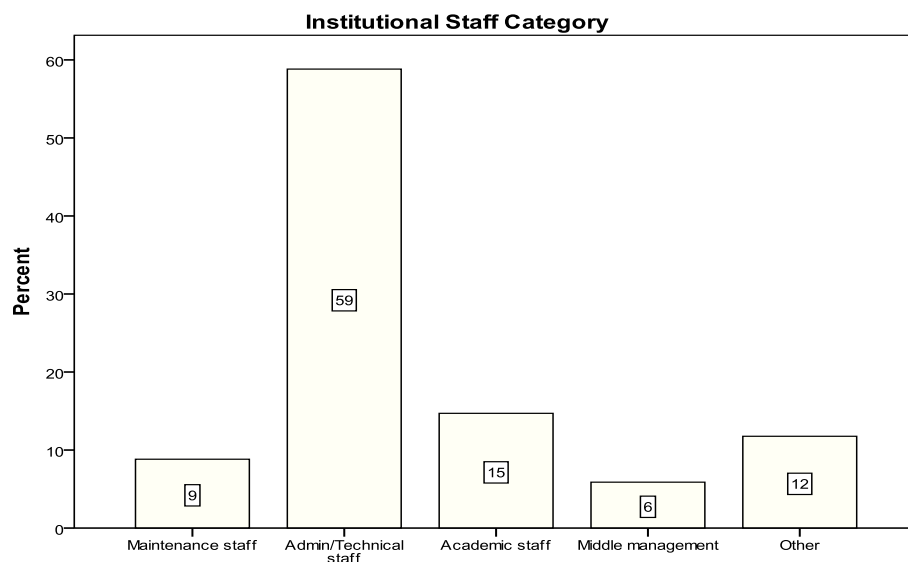


Figure 4.1 shows that the respondents surveyed are representative of the following staff categories: maintenance staff (9%), administrative/technical staff (59%), academics (15%), middle management (6%), and other support staff (12%). The unspecified category 'Other' comprises staff members from the Protection Services department.

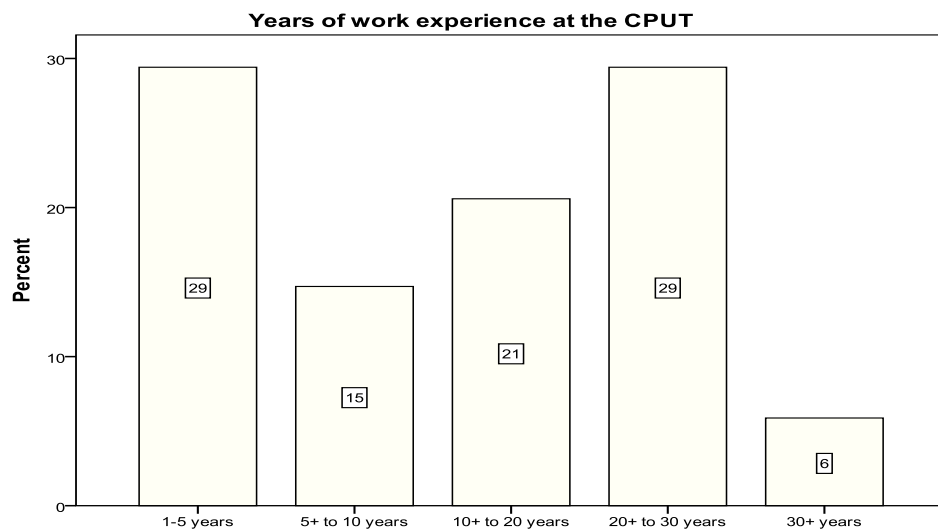
Statement 1.2: Years of work experience at the CPUT**Figure 4.2**

Figure 4.2 reveals that staff members tend to stay with the CPUT as an employer for many years – the cumulative percentage of staff members who have 5+ years of service stands at 71%. This finding might be indicative of a long and successful career as well as loyalty to the CPUT.

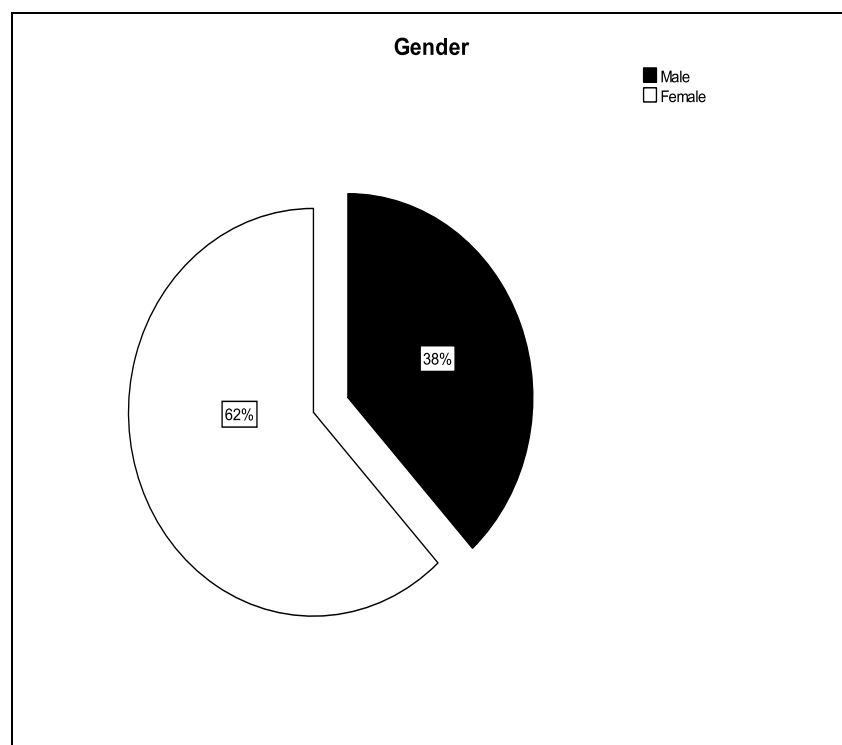
Statement 1.3: Gender**Figure 4.3**

Figure 4.3 outlines the ratio between the male and female staff members who completed the survey questionnaire. More males than females are currently in the employment of the CPUT. However, the response rate of female staff members was higher than the males. Figure 4.3 displays that, of the staff members who completed the survey questionnaire, 38% were males and 62% were females. This high response rate of females could be associated with the nurturing and caring characteristics of females in general towards the research topic under investigation. All 34 respondents completed the survey questionnaire in full.

Statement 1.4: Age group

Figure 4.4

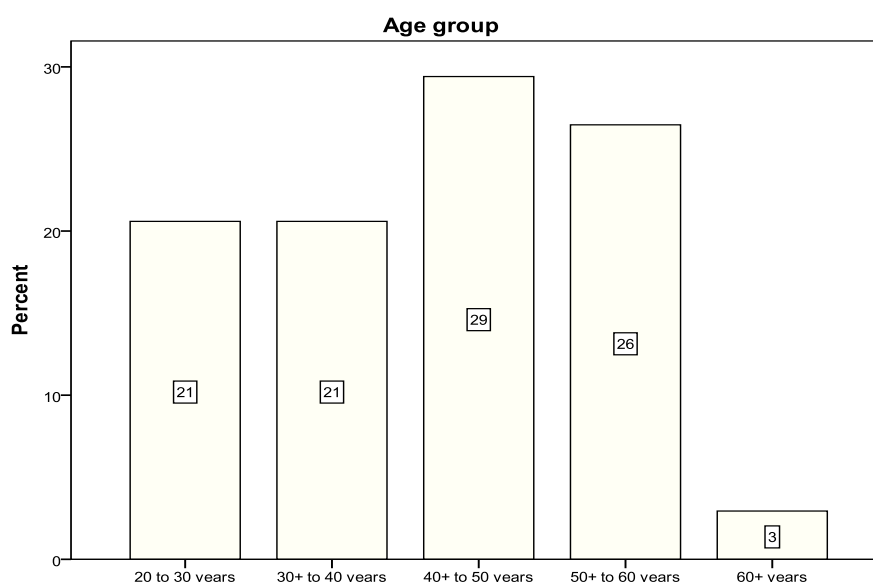


Figure 4.4 displays the age range of respondents from 20 to 60+ years old. Although the mode of the age range of the respondents was between 40+ to 50 years, it must be noted that the aim of the survey study was not to determine the attitudes of staff members towards an HIV/AIDS peer education programme in relation to their age groups. It is, however, still interesting to note that more than 50% of current staff members in the employment of the CPUT are 40+ years old.

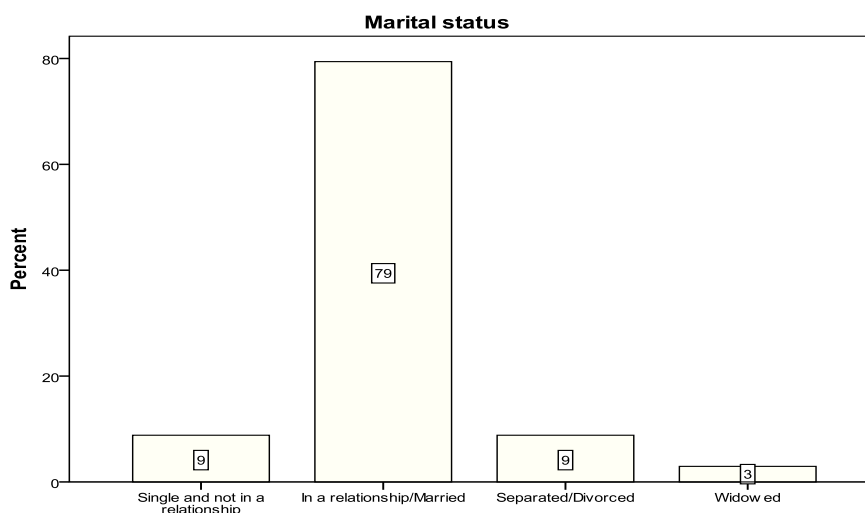
Statement 1.5: Marital status**Figure 4.5**

Figure 4.5 shows that 79% of the respondents are currently married or in a relationship with a partner. The separated/divorced (9%) and widowed (3%) respondents constitute another 12% of respondents who had experience of being in a relationship with a partner. Their experiences in especially their sexual relationships with their partners would be beneficial to an HIV/AIDS workplace peer education programme.

Statement 1.6: Highest educational qualification**Table 4.1****Highest educational qualification**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Doctorate	2	5.9	5.9	5.9
Masters degree	2	5.9	5.9	11.8
Honours degree/postgrad diploma	4	11.8	11.8	23.5
Degree	10	29.4	29.4	52.9
Diploma	7	20.6	20.6	73.5
Matric	5	14.7	14.7	88.2
Below matric	3	8.8	8.8	97.1
Other	1	2.9	2.9	100.0
Total	34	100.0	100.0	

According to Table 4.1, most of the respondents have a post-matric qualification (73.5%), while 14.7% have a matric qualification and 8.8% had a below matric qualification. The unspecified 'Other' qualification is a N4 qualification. It was found that most, if not all, of the target population is literate and therefore the expectation is that their basic level of HIV/AIDS knowledge would be above average.

Statement 1.7: Ethnic group

Figure 4.6

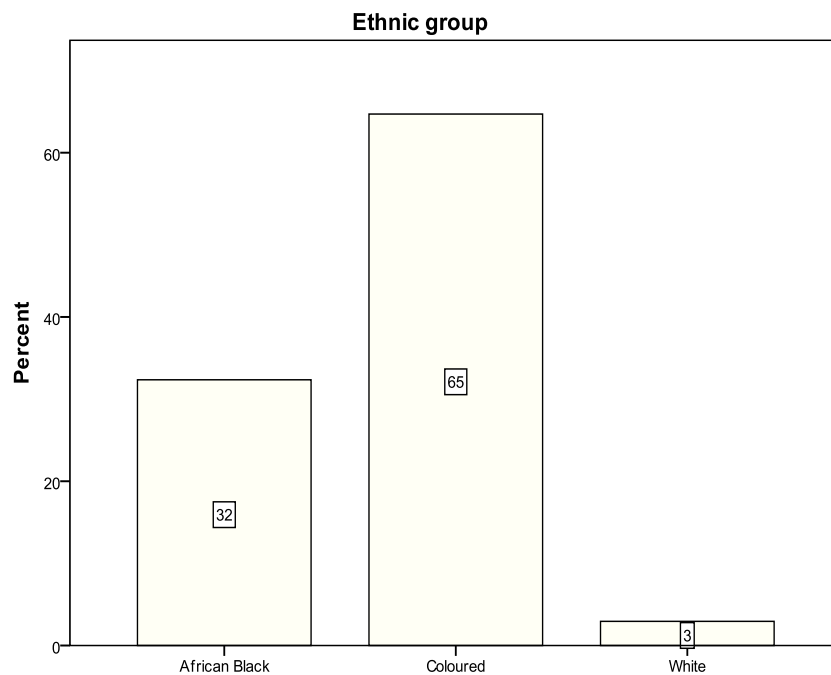


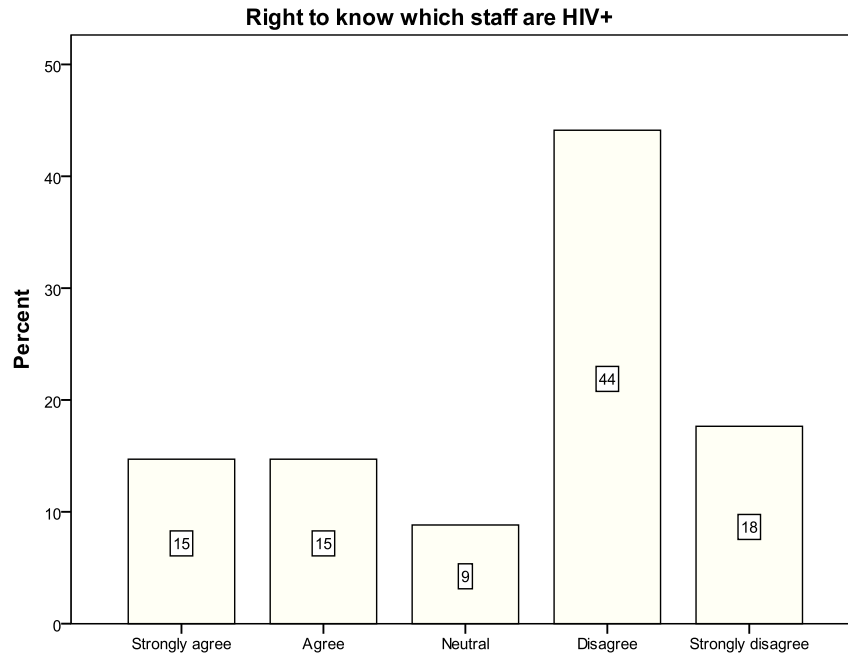
Figure 4.6 reveals that the coloured ethnic group made up the majority of the sample, namely 65%, followed by African Black (32%). Unfortunately only one white staff member returned the survey questionnaire. Furthermore, the aim of this study was not to determine the attitudes of staff members towards an HIV/AIDS workplace peer education programme along ethnic lines, with the result that the under-representation of certain ethnic groups will not have an effect on the final outcome of the study.

4.3.2 Section 2: Opinions and beliefs of HIV/AIDS in the workplace

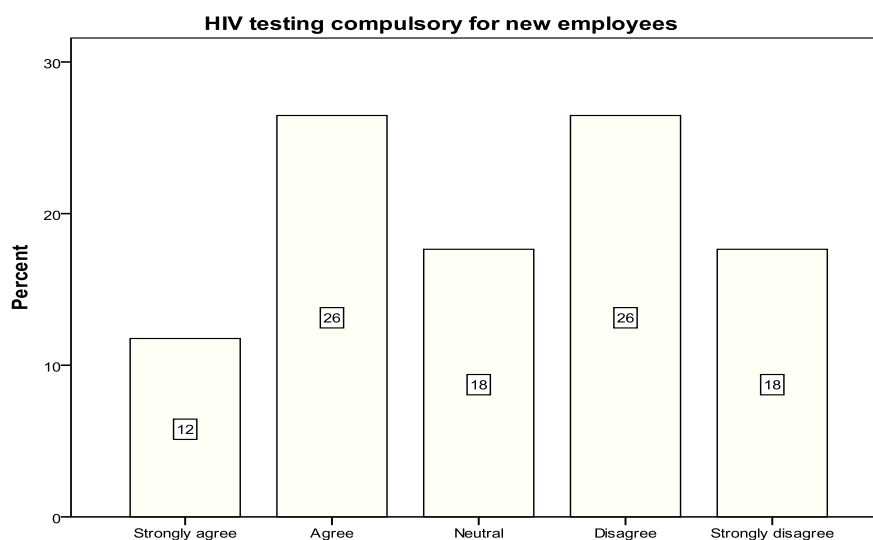
This section consisted of eight statements. These statements required respondents to indicate to what extent they agree/disagree with a given statement (on a 5-item Likert scale - see Appendix B). These statements were:

Statement 2.1: Employees have the right to know which colleagues are HIV-positive to protect themselves from HIV-infection

Figure 4.7



According to Figure 4.7, 62% of the respondents disagree with the notion that they have the right to know which staff members are HIV-positive whereas 30% indicated that they have the right to know which staff members are HIV-positive. If we add the respondents who were undecided (neutral) to the 30% (the respondents who think it is their right to know which staff members are HIV-positive), then the total goes up to 39%. This, in effect, tells us that almost 40% of the respondents are ignorant about the confidentiality and disclosure aspects of the protection of HIV-positive people according to SA legislation compliance (Republic of South Africa - Department of Labour, 2000). This situation could instigate gross stigmatisation and discrimination against PLHA in the workplace.

Statement 2.2: HIV testing should be compulsory for new employees**Figure 4.8**

From Figure 4.8 it can be seen that 38% of respondents want compulsory HIV testing for new employees, whereas 44% of respondents disagree with this statement. Again, if we add the respondents who were undecided (neutral) to the 38% (the respondents who would like to see HIV testing for new employees), then the total goes up to 56%. This situation calls for drastic steps to promote basic HIV/AIDS education and awareness programmes focusing on the rights and responsibilities of the employer and the employee (CPUT HIV/AIDS Policy, 2009).

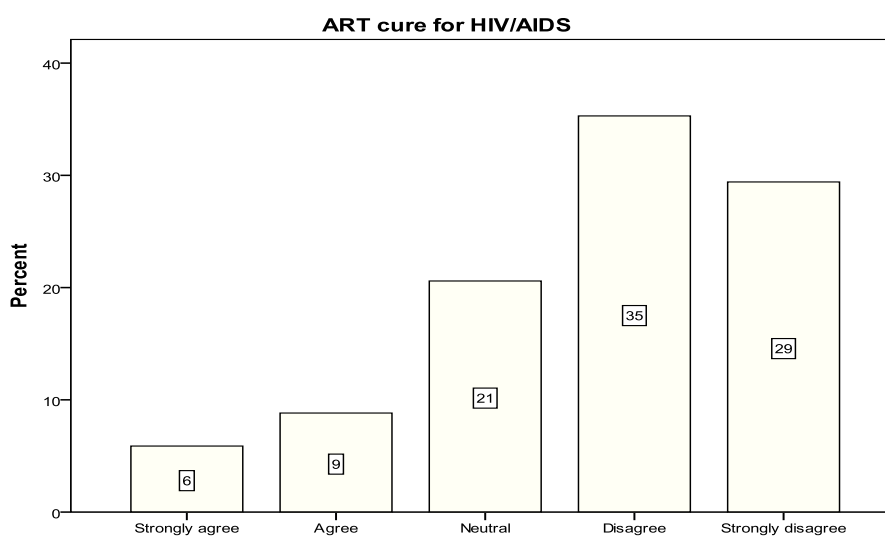
Statement 2.3: Antiretroviral treatment is a cure for HIV/AIDS**Figure 4.9**

Figure 4.9 shows that 64% of the respondents know that antiretroviral treatment (ART) is not a cure for HIV/AIDS. 15% of the respondents are of the opinion that ART cures HIV/AIDS and 21% either do not know what an ART is or are oblivious of the fact that it does not cure HIV/AIDS.

Statement 2.4: Special accommodation (working arrangements) should be made for employees who are HIV-infected and cannot fulfil their normal duties

Figure 4.10

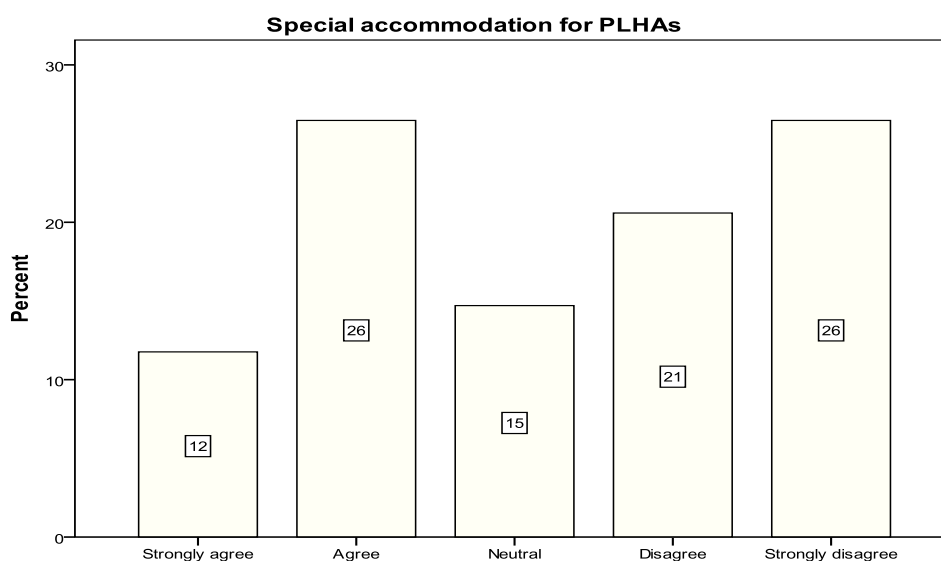
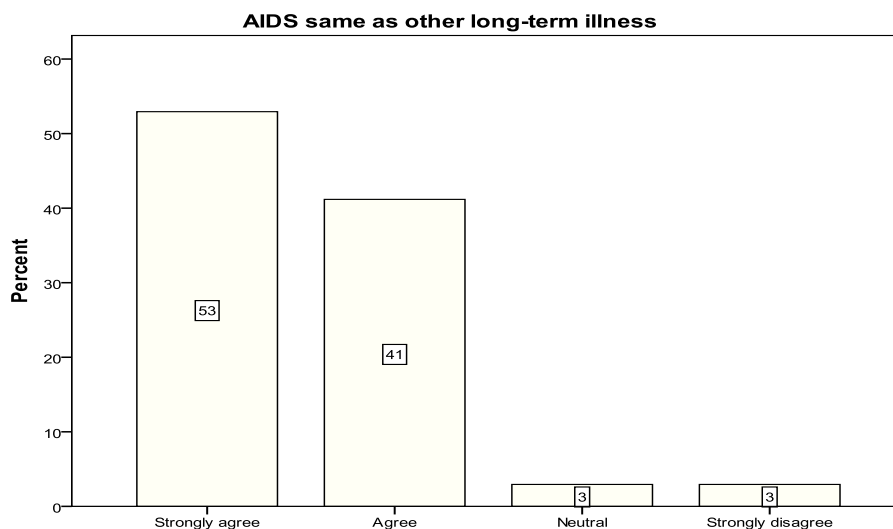


Figure 4.10 shows that only 38% of the respondents are in agreement with the statement that special accommodation should be made for staff members who are too ill to fulfil their normal duties at work. In total, 47% of the respondents disagree with the statement and 15% were undecided or felt indifferent to the accommodation of HIV-positive staff members. This demonstrates that respondents are not familiar with the contents of the CPUT's official HIV/AIDS policy or they are not aware that special working arrangements could be provided for PLHA.

Statement 2.5: AIDS should be treated as any other long-term illness such as cancer, heart disease, diabetes, and tuberculosis

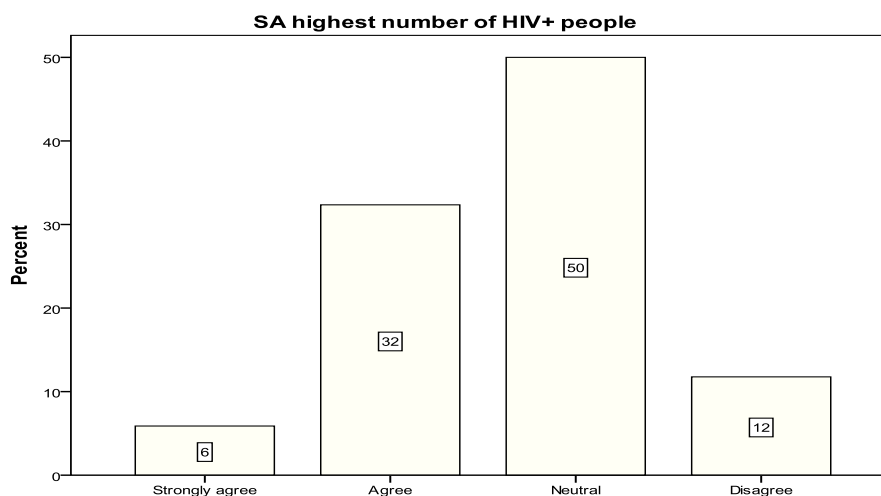
Figure 4.11



According to Figure 4.11, most of the respondents (94%) agreed with the statement that HIV/AIDS should be treated the same as any other long-term illness/disease. 53% of respondents strongly agreed and 41% agreed with this statement. 3% were undecided and 3% strongly disagree with it. The finding is that the majority of the respondents identify with the statement that HIV/AIDS should be treated as any other life-threatening disease.

Statement 2.6: South Africa has the highest number of HIV-positive people in the world

Figure 4.12



It is evident from Figure 4.12 that most of the respondents do not know that South Africa has the highest number of HIV-positive people in the world. There were no respondents who strongly disagreed with the statement, but the percentage of the respondents who remained undecided (neutral) is equal to 50% of the total respondents. Only 38% of the respondents knew that South Africa has the highest number of HIV-positive people in the world.

Statement 2.7: HIV/AIDS is a punishment from one's Creator for immoral sexual behaviour

Figure 4.13

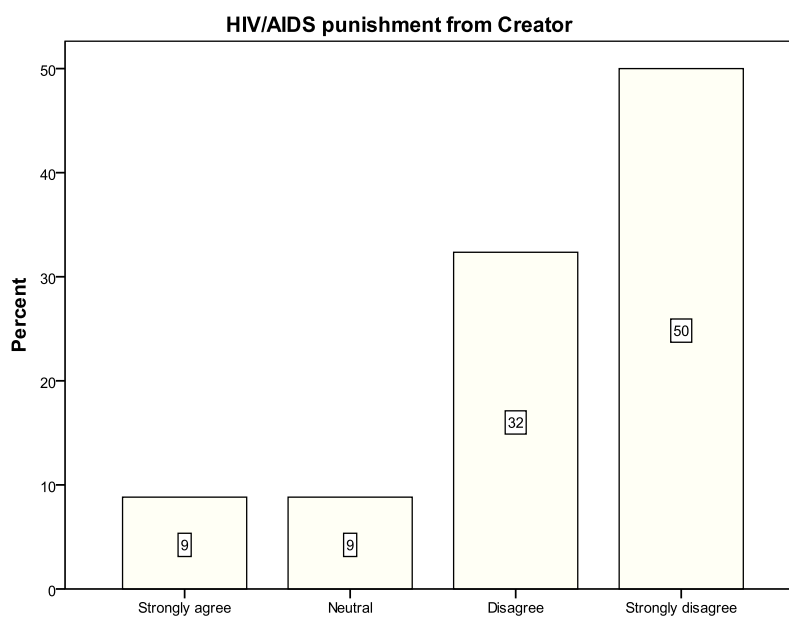


Figure 4.13 indicates without doubt that most of the respondents (82%) disagreed with the statement that HIV/AIDS is a punishment from one's Creator. There are, however, 9% of the respondents who believe that HIV/AIDS is a result of immoral sexual behaviour and a further 9% of the respondents took a neutral stance. The importance of this finding is that the majority of respondents realise that the mitigation of the effects of HIV/AIDS is dependent on sexual behaviour change.

Statement 2.8: I believe that I know enough about HIV/AIDS to protect myself

Figure 4.14

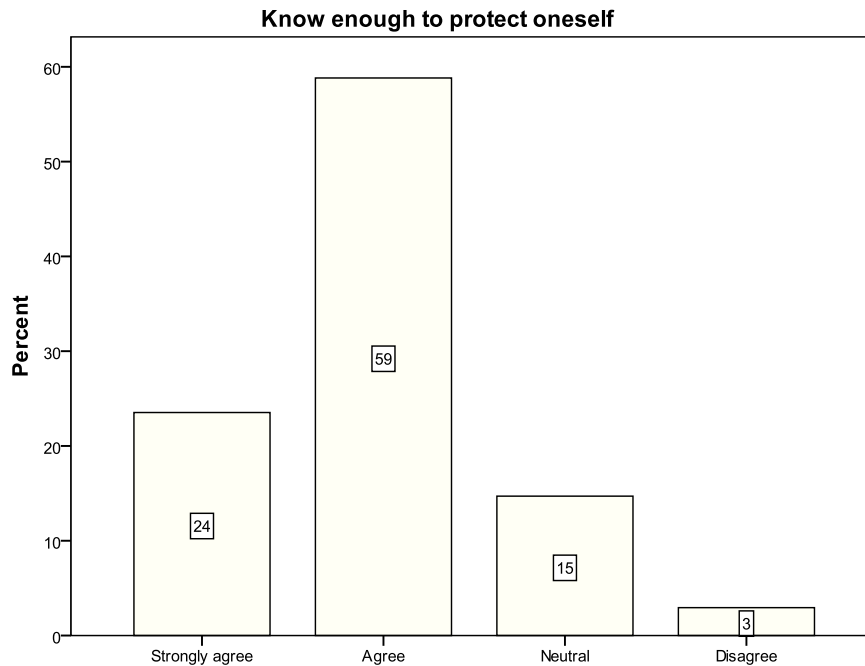


Figure 4.14 reveals that only 3% of the respondents indicated that they disagreed with the statement that they know how to protect themselves from being infected with HIV/AIDS. A high percentage of 83% indicated that they know how to protect themselves against contracting HIV/AIDS. 15% remained undecided. This response was expected as most people in general are of the opinion that they know how to protect themselves against HIV/AIDS.

4.3.3 Section 3: HIV/AIDS workplace peer education programme

This section consisted of seven statements which focused on the understanding and perceptions of staff members towards an HIV/AIDS workplace peer education programme. The statements required respondents to indicate to what extent they agree/disagree with a given statement (on a 5-item Likert scale). The statements were:

Statement 3.1: HIV/AIDS peer education programmes are meant for young people of 18 years and younger

Figure 4.15

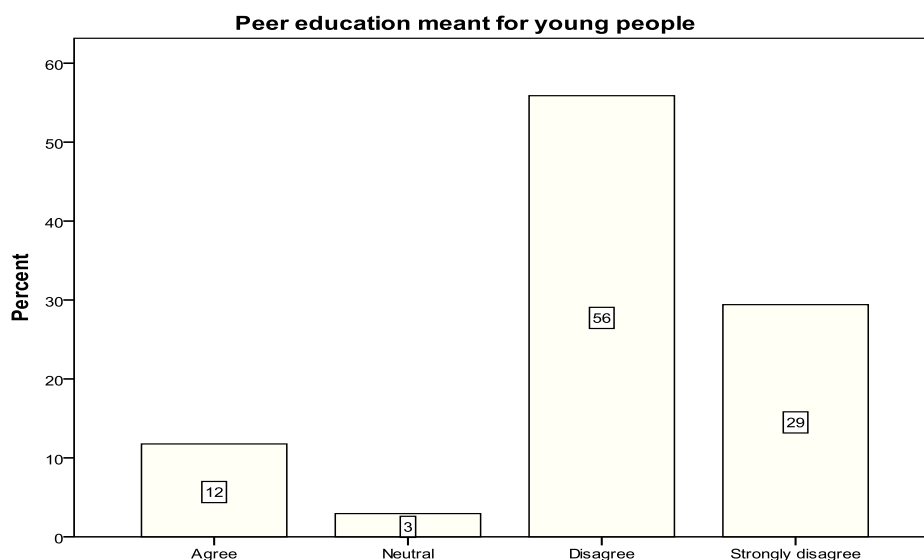
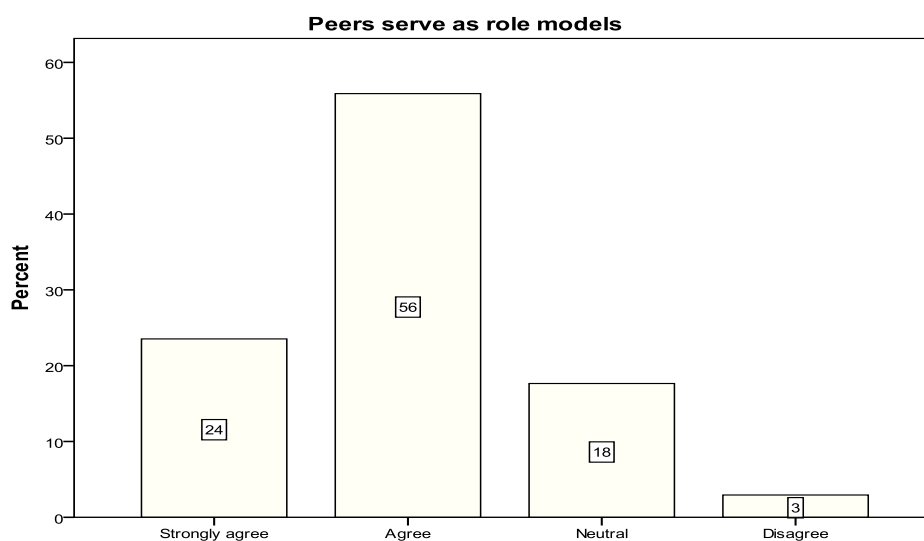


Figure 4.15 shows that most of the respondents (85%) disagreed with the statement that HIV/AIDS peer education should be reserved for young people. 12% of respondents supported this statement and only 3% (n = 1) remained neutral. Most of the respondents are of the opinion that HIV/AIDS peer education is beneficial to people of all ages.

Statement 3.2: HIV/AIDS workplace peer educators can serve as role models for behaviour change in peers

Figure 4.16



According to Figure 4.16, the majority of respondents (80%) are in agreement with the statement that HIV/AIDS peer educators could serve as role models for behaviour change. Only 3% of respondents disagreed while 18% were undecided. The finding is that the respondents do not underestimate the importance that peer educators could play as role models for others.

Statement 3.3: HIV/AIDS workplace peer education is based on the reality that many people change their lifestyles and behaviours not only based on what they know, but on the opinions and actions of their close, trusted peers

Figure 4.17

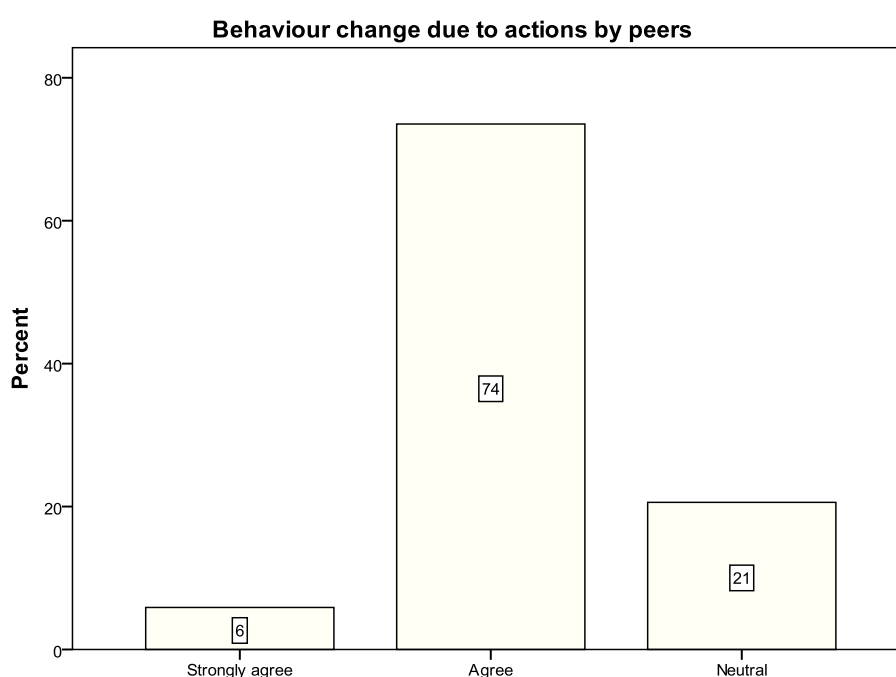
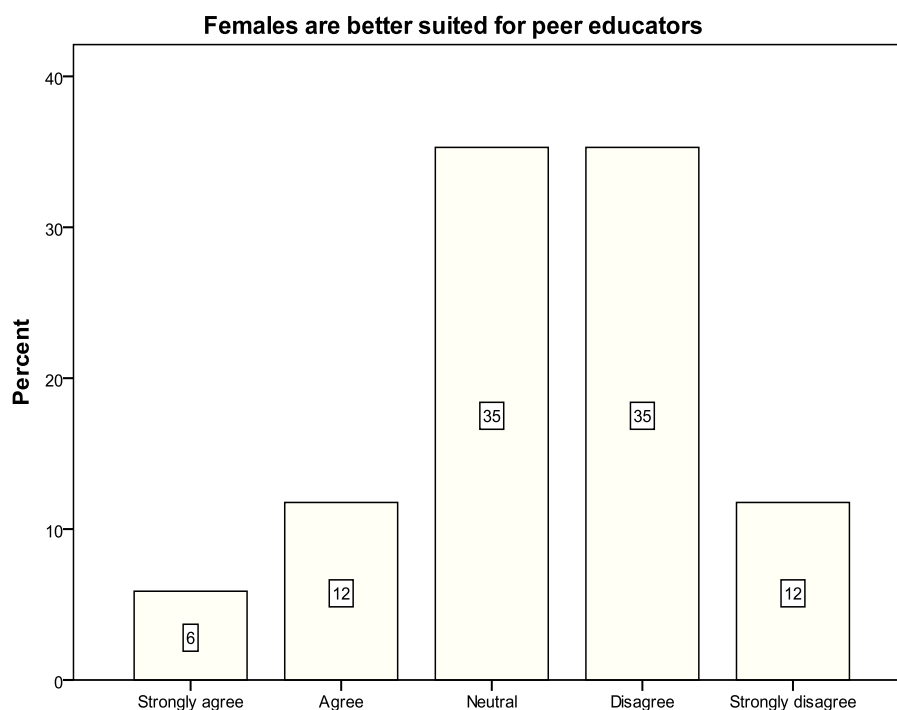


Figure 4.17 indicates that almost 74% of the respondents are of the opinion that HIV/AIDS peer educators can play an important role in the workplace with regard to behaviour change due to the actions and opinions they portray as trusted peers. Although 21% remained undecided, none of the respondents disagreed with this statement. The significance of this finding is that 80% of the respondents are of the opinion that close, trusted peers can play a major role in behaviour change.

Statement 3.4: Female employees are much more suited for the role of HIV/AIDS workplace peer educators than male employees

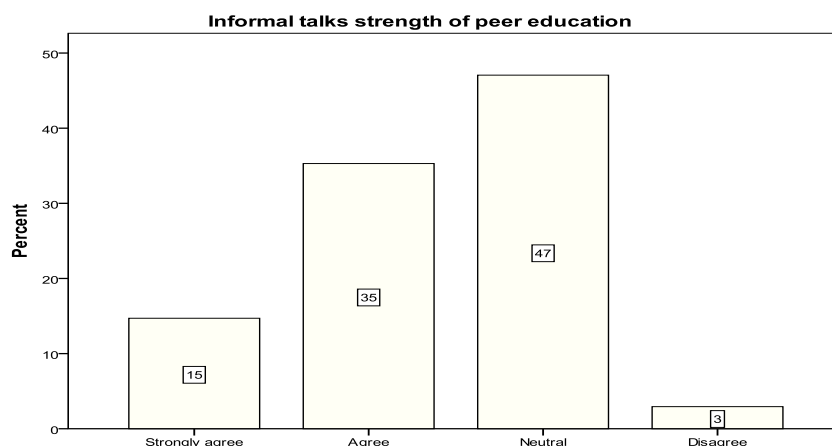
Figure 4.18



The significance of Figure 4.18 is the fact that 35% (n = 12) of respondents took a neutral stance to this statement while 18% of respondents favouring females to be more suited for the role of HIV/AIDS peer educators than males. 47% of respondents disagreed with this statement and put males and females on the same level – males and females are equally competent to be trained as HIV/AIDS peer educators. It is quite interesting to note that of the 12 respondents who indicated neutrality to this statement, nine respondents (41%) were female and three (23%) were males. This finding indicates that more female staff members are ignorant or unaware of the major role both genders can play in being peer educators and combating the negative effects of HIV/AIDS.

Statement 3.5: Informal talks on HIV/AIDS issues are regarded as the ultimate strong point of HIV/AIDS workplace peer educators by which peers learn

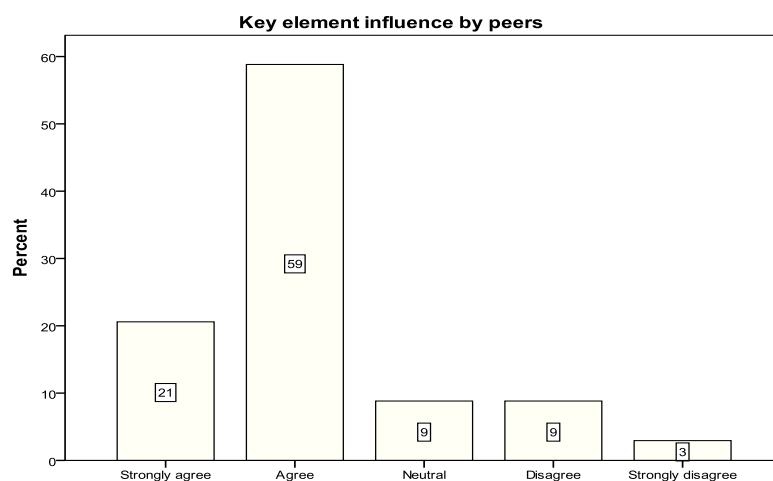
Figure 4.19



According to Figure 4.19, none of the respondents strongly disagreed with the statement that informal talks on HIV/AIDS issues are the ultimate strength of an HIV/AIDS peer education programme. 3% of respondents disagreed. However, quite a high percentage (47%) of respondents remained undecided. Overall, 50% of the respondents agreed with this statement and regard informal talks as the foundation of HIV/AIDS peer education.

Statement 3.6: The key element of an HIV/AIDS workplace peer group education programme is to influence peers from the same age, range, status and acquaintance in such a way that they choose to change their current beliefs, norms, knowledge and behaviours for the better

Figure 4.20



It is evident from Figure 4.20 that most of the respondents (80%) agreed that the key purpose of an HIV/AIDS workplace peer education programme is to influence peers from the same age, range, status, and acquaintance in order to effect change in beliefs, norms, knowledge and behaviour. Only 12% disagreed, while 9% remained undecided. It was found that respondents are of the opinion that an HIV/AIDS workplace peer education programme can be beneficial to the CPUT in terms of changing the beliefs, norms and behaviour for the better.

Statement 3.7: Formal workshops on HIV/AIDS issues run by the Staff and Development department are more satisfying than informal talks by HIV/AIDS peer educators

Table 4.2

Formal workshops better than informal talks by peer educators

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	4	11.8	11.8	11.8
Neutral	19	55.9	55.9	67.6
Disagree	11	32.4	32.4	100.0
Total	34	100.0	100.0	

Table 4.2 displays that 11.8% (n = 4) of the respondents agreed that the formal workshops run by the Staff and Development department at the CPUT on HIV/AIDS issues would be more satisfying than informal talks by peer educators. On the other hand, 32.4% disagreed with this statement. Most of the respondents (55.9%) remained undecided. The finding is that more than double of the respondents (32.4% vs 11.8%) regard informal talks by peer educators to be more valuable than formal workshops run by the Staff and Development department at the CPUT. The majority of the respondents were undecided – their responses could be due to the fact that most of the respondents have no experience of an HIV/AIDS workplace peer education programme and do not know what such a programme entails.

4.3.4 Section 4: Barriers to an HIV/AIDS peer education programme

This section presented nine statements which examined what staff members perceive as barriers to an HIV/AIDS workplace programme. The statements required respondents to indicate to what extent they agree/disagree with a given statement (on a 5-item Likert scale). The statements were:

Statement 4.1: I do not have the necessary qualifications to be an HIV/AIDS workplace peer educator

Figure 4.21

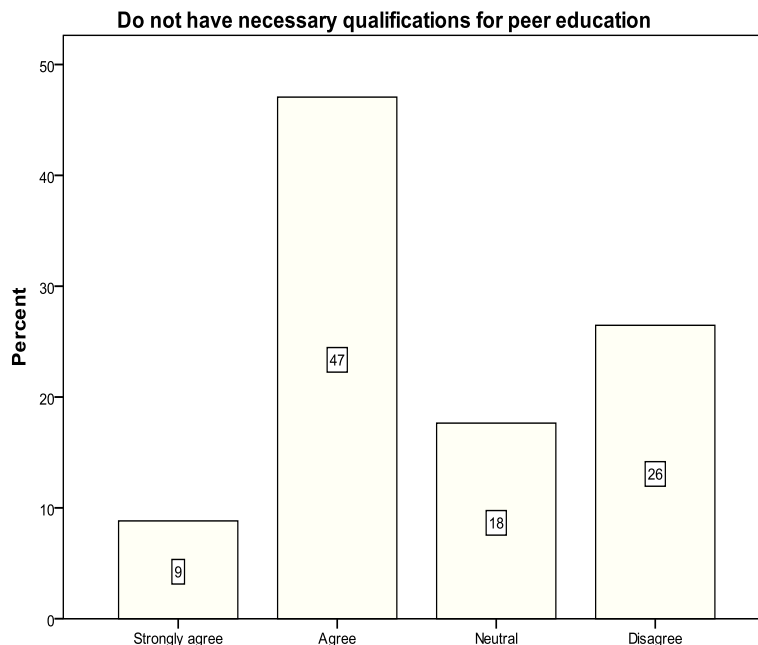


Figure 4.21 indicates that 56% of the respondents are of the opinion that they lack the necessary qualification for the post of an HIV/AIDS peer educator. The undecided respondents totalling 18% could be added to this group –increasing it to 74%. 26% of respondents disagreed with this statement. The high percentage of 74% might be the result of HIV/AIDS being perceived as a medical condition only - the respondents might feel that they lack the medical knowledge. The respondents might be ignorant of the fact that being an HIV/AIDS peer educator merely requires compassion for your fellow human being. It simply requires assisting PLHA to manage the disease effectively.

Statement 4.2: I do not want to be associated with the HIV/AIDS workplace peer education programme, because the peer educators are being perceived as being HIV-infected themselves

Figure 4.22

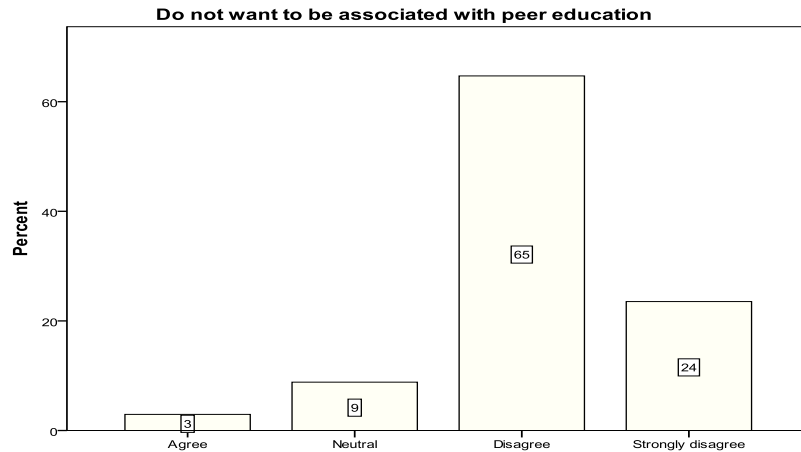


Figure 4.22 presents data that clearly show that 89% of respondents disagreed with the statement that they do not want to be associated with the HIV/AIDS peer education programme. 9% of respondents took a neutral stance while a small percentage of 3% do not want to be associated with HIV/AIDS peer education for fear of being perceived as HIV-positive. Figure 4.22 shows that the majority of the respondents would have no problem to be associated with an HIV/AIDS workplace peer education programme and therefore they would not display negativity towards such an employee programme.

Statement 4.3: My core duties are too demanding - I do not have extra time to participate in the HIV/AIDS workplace peer education programme

Figure 4.23

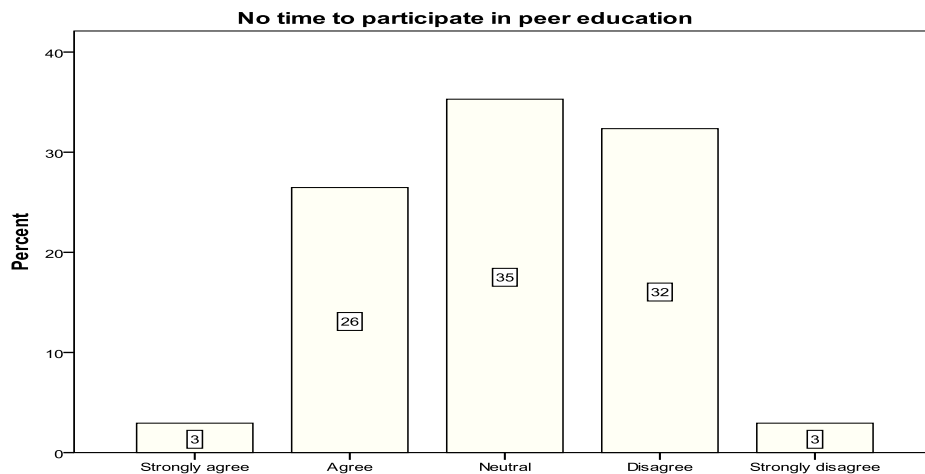
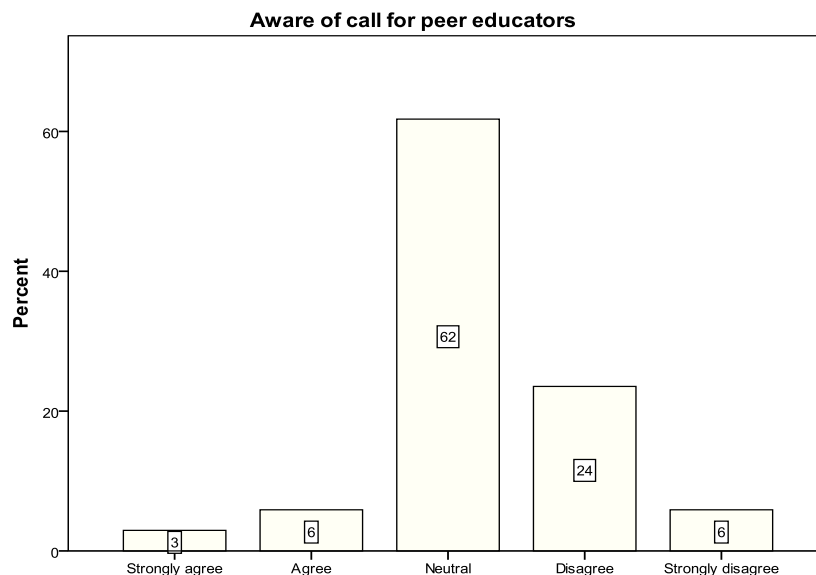


Figure 4.23 indicates that 35% of the respondents could not make up their minds whether they have time to participate in an HIV/AIDS workplace peer education programme or not. 29% of the respondents agreed with the statement that their core duties are too demanding to spend extra time on HIV/AIDS peer education. 32% of respondents disagreed and 3% strongly disagreed with this statement. Overall it seems that the majority of respondents felt that the time aspect is a problem. Staff members are scattered across several campuses. It could be that the actual time of when meetings are scheduled, the duration of the meetings, and the place where meetings are held present logistical problems to interested staff members who want to become HIV/AIDS peer educators.

Statement 4.4: There was a call for staff members to be trained as HIV/AIDS workplace peer educators

Figure 4.24



According to Figure 4.24, an overwhelming 62% of the respondents remained undecided on the statement that they were aware of a call for staff members to be trained as HIV/AIDS peer educators. This could be ascribed to respondents who are guilty of not reading messages that are distributed via different communication media within the CPUT. 30% of the respondents were not aware of such a call, while only 9% agreed that they knew about such a call. This finding presents a major problem as the majority of respondents (91%) were unaware of the call for HIV/AIDS peer educators. In other words, the call for the training of HIV/AIDS workplace peer educators did not reach the target audience.

Statement 4.5: The work that the HIV/AIDS workplace peer educators do is too emotionally demanding and stressful for me

Figure 4.25

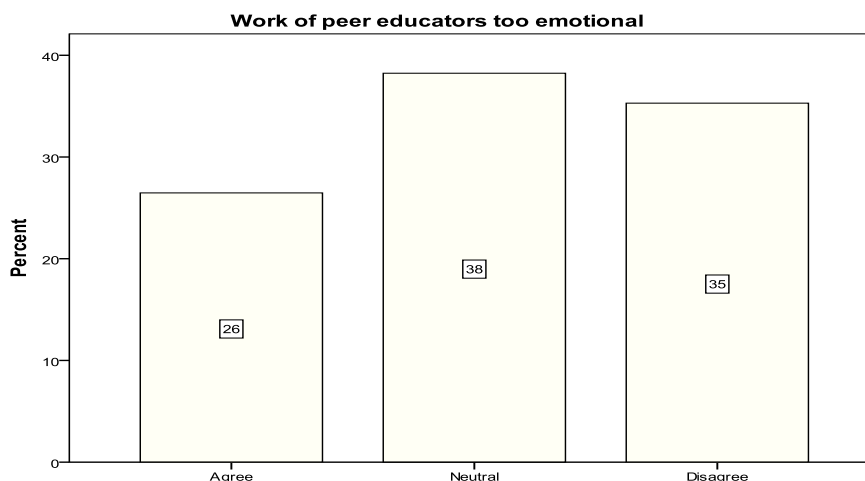


Figure 4.25 shows that there were no respondents who strongly agreed or strongly disagreed with the statement that the work of HIV/AIDS peer educators is too demanding. 26% of the respondents agreed with this statement while 38% remained undecided. 35% of respondents disagreed and are thus of the opinion that the work of HIV/AIDS peer educators are not too stressful or emotional for them. Again, as previously discussed, the lack of experience or involvement with an HIV/AIDS workplace peer education programme could be the reason for the spread of responses.

Statement 4.6: HIV/AIDS workplace peer educators should be rewarded for the work they do

Figure 4.26

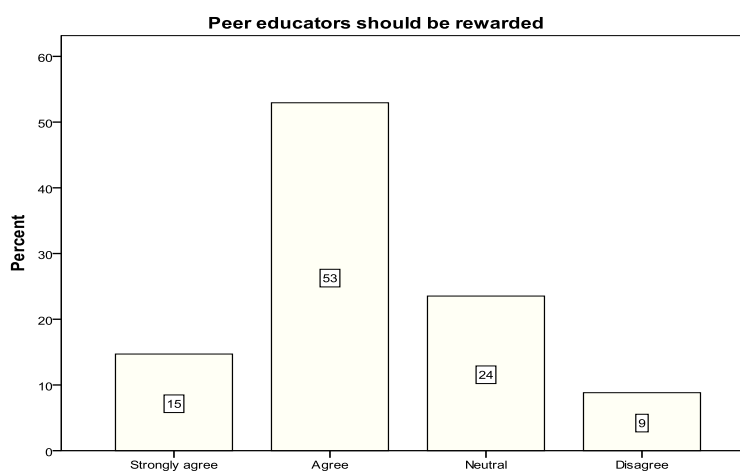
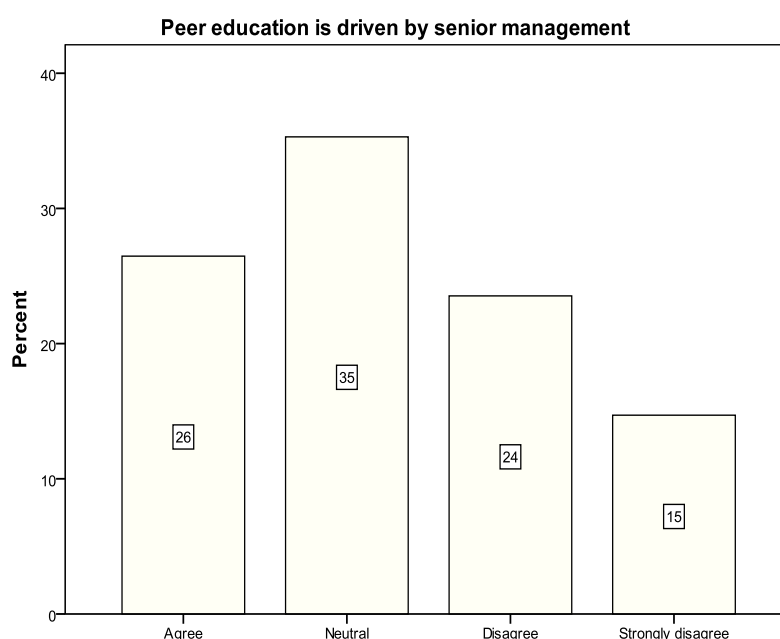


Figure 4.26 shows that 68% of the respondents felt that peer educators should be rewarded for the work they do. 24% of the respondents took a neutral position while 9% disagreed with this statement. Against the background of these responses, it is evident that the respondents are of the opinion that a peer educator's work is an add-on responsibility to their current core duties and therefore they should be compensated for it.

Statement 4.7: The HIV/AIDS workplace peer education programme is driven visibly from the top by senior management

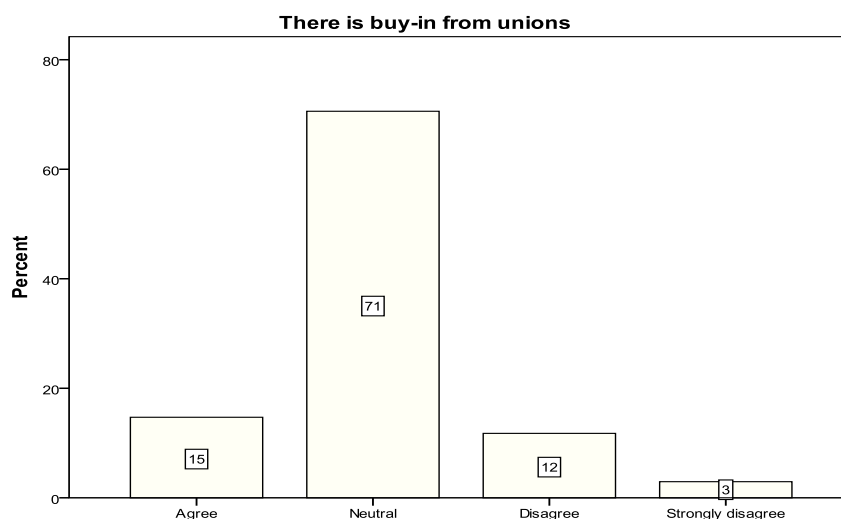
Figure 4.27



From Figure 4.27 we can deduce that the majority of the respondents (35%) feel uncertain whether the introduction of an HIV/AIDS workplace programme is driven by senior management. 39% disagreed that this proposed programme is driven by senior management. If we add the undecided respondents to the respondents that disagreed with this statement, then this percentage increases to 74%. Only 26% of respondents agreed that senior management drives the HIV/AIDS workplace peer education programme. The finding is that the majority of the respondents do not perceive senior management to be driving this HIV/AIDS initiative from the top.

Statement 4.8: There is buy-in from the worker organisations and unions to the HIV/AIDS workplace peer education programme

Figure 4.28



It is evident from Figure 4.28 that 71% of respondents do not know whether the workers' organisations actually bought-in to the whole notion of an HIV/AIDS workplace peer education programme. 15% of respondents are of the opinion that workers' organisations bought-in to this employee programme, while the same percentage (15%) disagreed with this statement. Cumulatively, 86% of respondents either do not know or disagreed that workers' organisations are involved with the CPUT's attempt to start such an employee programme.

Statement 4.9: I am aware that the CPUT wants to start an HIV/AIDS workplace education programme

Figure 4.29

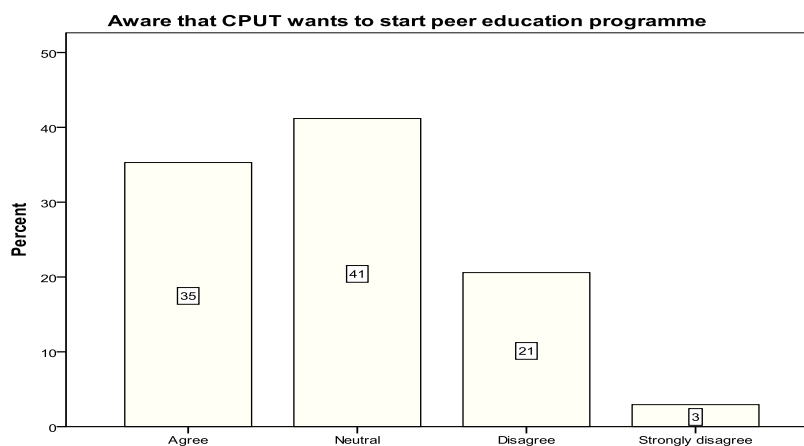


Figure 4.29 reveals that 35% of the respondents agreed with the statement that they are aware that the CPUT wants to start an HIV/AIDS workplace peer education programme. 41% of respondents took a neutral position, while 24% indicated that they are not aware of such a proposed employee programme. None of the respondents agreed strongly with this statement. It is therefore evident that the majority of the respondents (65%) are not aware of the intended HIV/AIDS workplace peer education programme. Effective communication seems to be the problem within the CPUT – therefore the finding that 41% of the respondents indicated neutrality towards their awareness of the proposed HIV/AIDS workplace peer education programme.

4.3.5 Section 5: Internal communication channels

This section consisted of nine statements which required respondents to indicate to what extent they agree/disagree with a given statement (on a 5-item Likert scale). The CPUT is utilising different types of communication tools and channels to communicate with staff members and in the case of HIV/AIDS, the call for the recruitment of HIV/AIDS workplace peer educators was also done via one or more of these channels. This section is therefore divided into three sub-sections to cover all the communication media:

Sub-section 5.1: Communication instrument – HIV/AIDS workplace policy

Statement 5.1.1: The CPUT has an official HIV/AIDS workplace policy

Figure 4.30

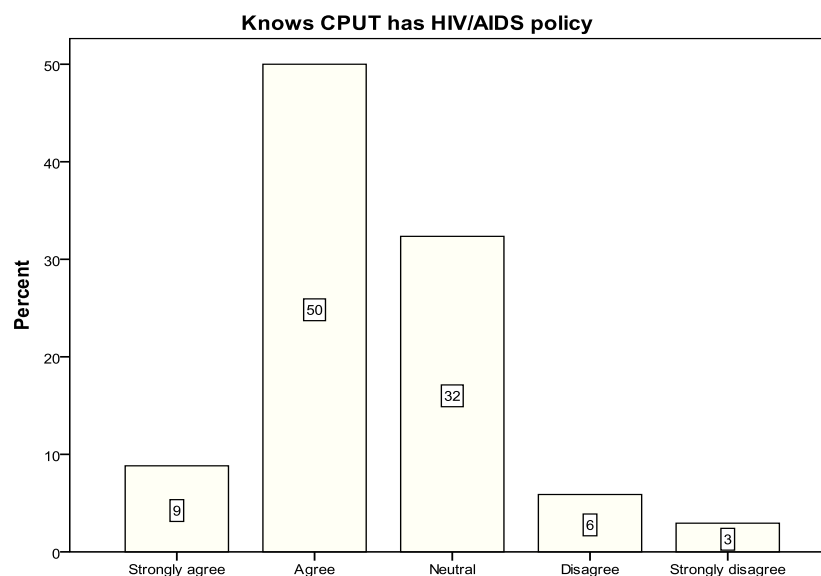
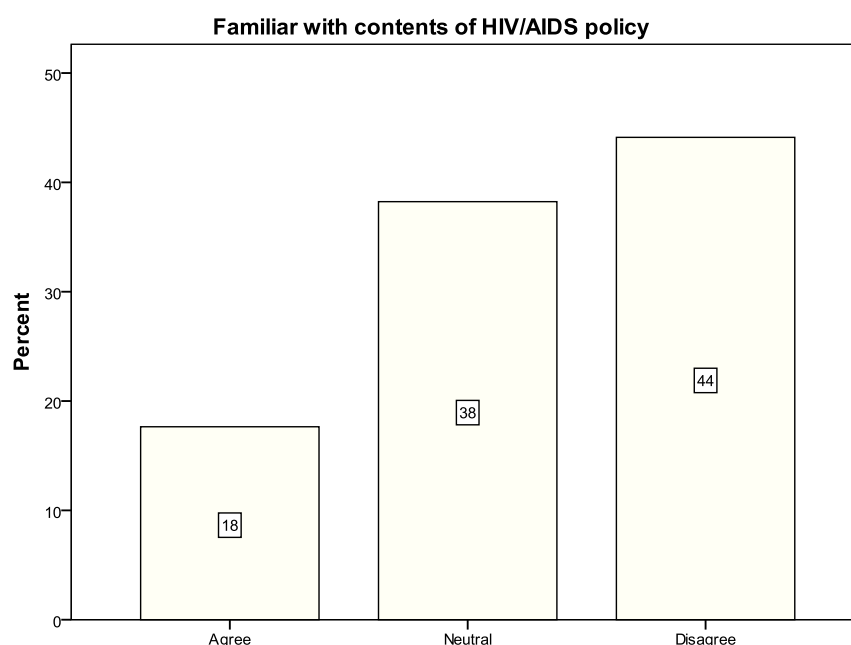


Figure 4.30 shows that 59% of the respondents know that the CPUT has an official HIV/AIDS policy. 32% of the respondents took a neutral stance on this statement while 9% disagreed that the CPUT has an official HIV/AIDS workplace policy. Altogether, 41% of respondents are either not aware of the HIV/AIDS policy or they disagreed that such a policy exists. This finding indicates that drastic marketing, promotion and advocacy of the CPUT's HIV/AIDS policy are needed among staff members to make them not only aware of the existence of such a policy, but also to familiarise them with the contents thereof.

Statement 5.1.2: I am familiar with the contents of the HIV/AIDS workplace policy

Figure 4.31



According to Figure 4.31, none of the respondents strongly agreed or strongly disagreed with the statement that they are familiar or not familiar with the contents of the HIV/AIDS policy respectively. Most of the respondents (44%) disagreed with this statement – in other words, they are not familiar with the contents of the HIV/AIDS policy. 18% of the respondents agreed, while 38% took a neutral stance to this statement. The majority of the respondents (82%) are thus unfamiliar with the contents of the CPUT's HIV/AIDS policy – they might be unaware that the policy exists or they know that the policy exists, but have not made an effort yet to familiarise themselves with the contents thereof.

Statement 5.1.3: The HIV/AIDS workplace policy contains a set of guidelines for dealing with AIDS-related issues

Table 4.3

HIV/AIDS policy contains set of guidelines for dealing with HIV/AIDS Issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	11	32.4	32.4	32.4
	Neutral	21	61.8	61.8	94.1
	Disagree	2	5.9	5.9	100.0
	Total	34	100.0	100.0	

Table 4.3 reveals that the majority of the respondents (61.8%) were undecided on the statement that the CPUT's HIV/AIDS policy contains a set of guidelines for dealing with AIDS-related issues. 32.4% agreed that there are such guidelines while 5.9% disagreed with this statement. Cumulatively, almost 68% do not know about the guidelines that the CPUT has in place for managing HIV/AIDS-related issues and assisting PLHA.

Sub-section 5.2: Intranet

Statement 5.2.1: I have access to Groupwise (e-mail) at all times

Table 4.4

Have access to Groupwise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	14	41.2	41.2	41.2
	Agree	19	55.9	55.9	97.1
	Disagree	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

From Table 4.4 it can be deduced that most of the respondents (97.1%) have access to Groupwise, the e-mail package, which is the major means of communication for staff members within the CPUT. Only 2.9% of the respondents do not have access to the e-mail facility. Although a high percentage of respondents have access to Groupwise, it cannot be assumed that the respondents read their e-mails regularly and diligently.

Statement 5.2.2: I have seen the advertisement for HIV/AIDS workplace peer educators on Groupwise

Figure 4.32

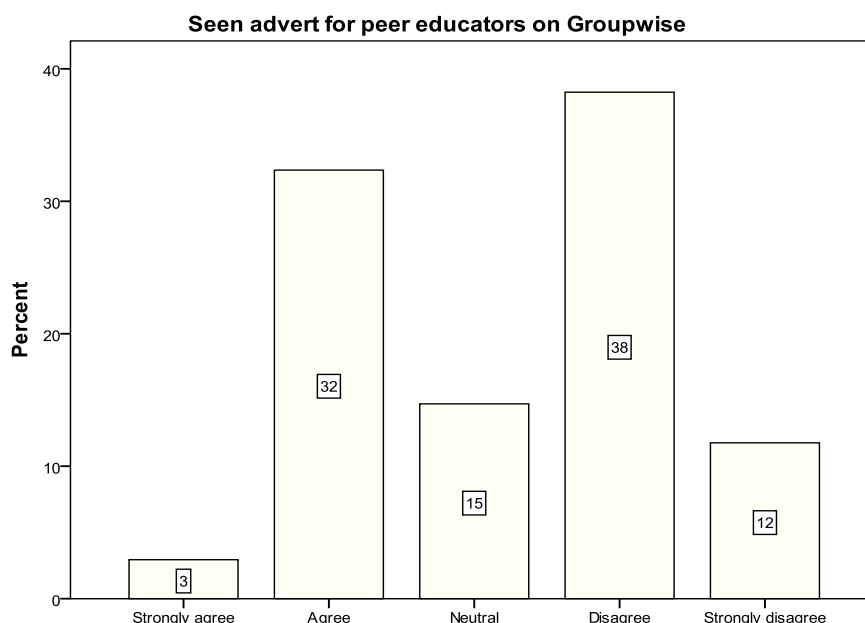


Figure 4.32 shows that 35% of the respondents observed the call for HIV/AIDS workplace peer educators sent via Groupwise, while 50% disagreed with this statement. 15% were undecided. What is significant about these responses is that cumulatively (including those respondents that are undecided), 65% of respondents were unaware of the call for HIV/AIDS workplace peer educators. This could be indicative of staff members that do not read their e-mails or notices or staff members who are not interested in HIV/AIDS issues and HIV/AIDS peer education.

Statement 5.2.3: I have seen the advertisement for HIV/AIDS workplace peer educators on the electronic notice board

Figure 4.33

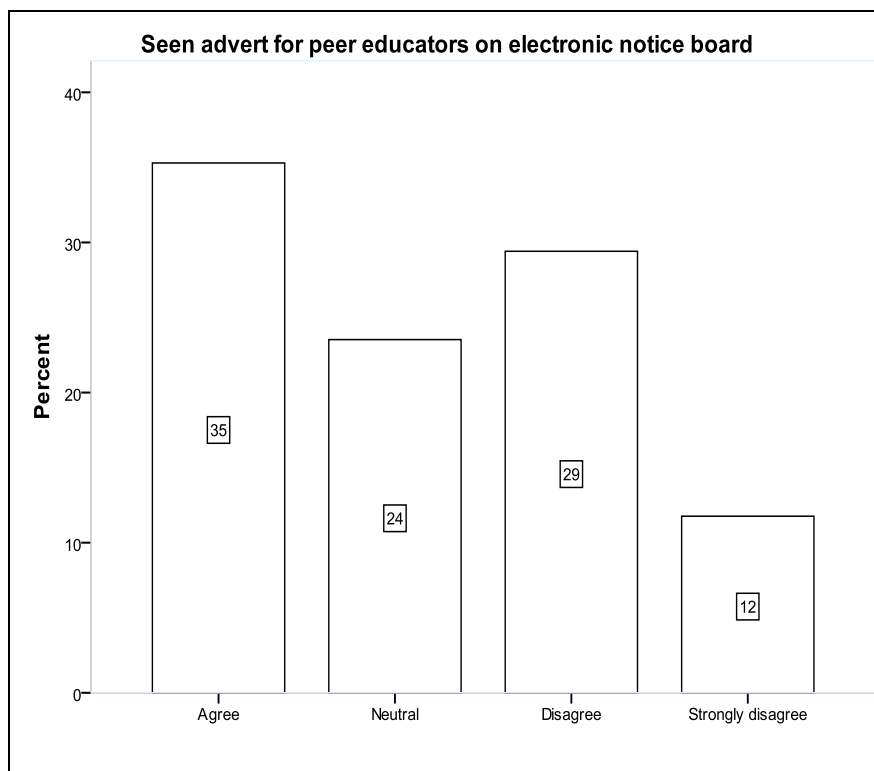
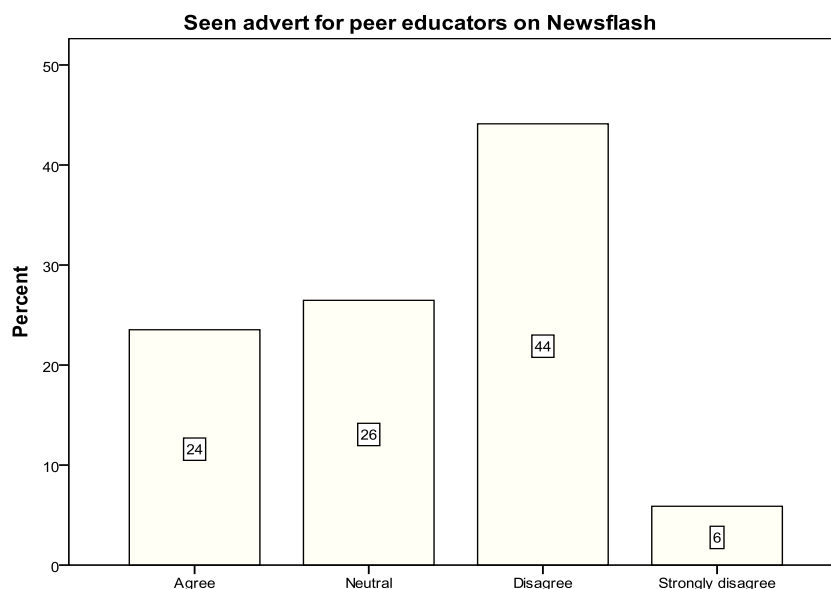


Figure 4.33 shows that 35% of the respondents observed the call for HIV/AIDS peer educators on the electronic notice board. The respondents who agreed (35%), disagreed (29%) or took a neutral stance (24%) to this statement are more or less the same. 41% of the respondents indicated that they never saw it, while 24% were undecided as to whether they observed it or not. The finding is that 65% of respondents did not see the call for HIV/AIDS workplace peer educators on the electronic notice board. It therefore seems that the communication channels of the CPUT are not effective enough in reaching staff members.

Statement 5.2.4: I have seen the advertisement for HIV/AIDS workplace peer educators on Newsflash

Figure 4.34

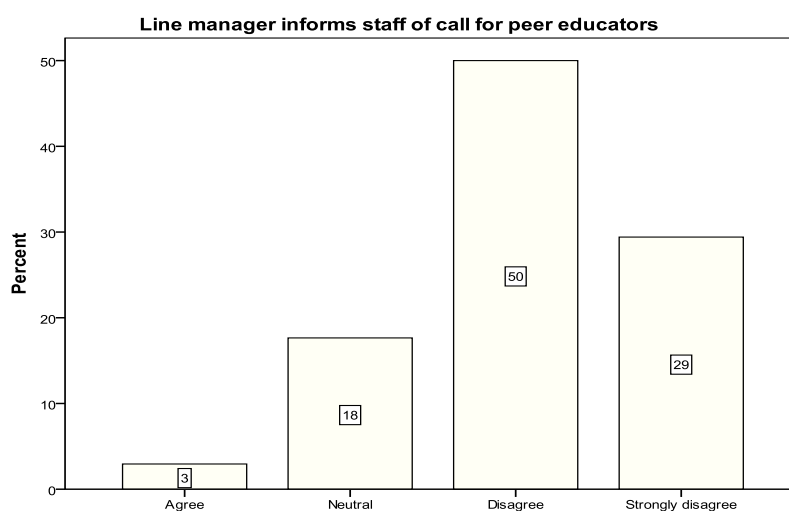


It is evident from Figure 4.34 that a total of 50% of respondents either disagreed or strongly disagreed with the statement – they did not observe the call for HIV/AIDS peer educators on Newsflash. Newsflash is one of the communication components of the electronic mail facility on which general notices are posted for all employees to read. Only 24% of the respondents saw the call for HIV/AIDS peer educators on Newsflash, while 26% took a neutral stance. Cumulatively, therefore, 76% (inclusive of the 26% respondents that were undecided) of respondents did not see the call for HIV/AIDS peer educators on Newsflash. Possible reasons could be that some of the staff members (e.g. maintenance staff and gardeners) are not office bound and do not have readily access to computers. Many of the academic staff members also have to travel between campuses which leave them with little time to read everything that is being advertised and communicated via the different communication media.

Sub-section 5.3: Other communication channels

Statement 5.3.1: My line manager informed me about the call for HIV/AIDS workplace peer educators

Figure 4.35



According to Figure 4.35, 79% disagreed with the statement that their line manager informed them about the call for HIV/AIDS peer educators. Only 3% of the respondents agreed with this statement while 18% remained undecided. The finding is that line managers as normal staff members may also not be aware of the intended HIV/AIDS workplace peer education programme.

Statement 5.3.2: I have seen the advertisement for HIV/AIDS workplace peer educators on numerous notice boards

Figure 4.36

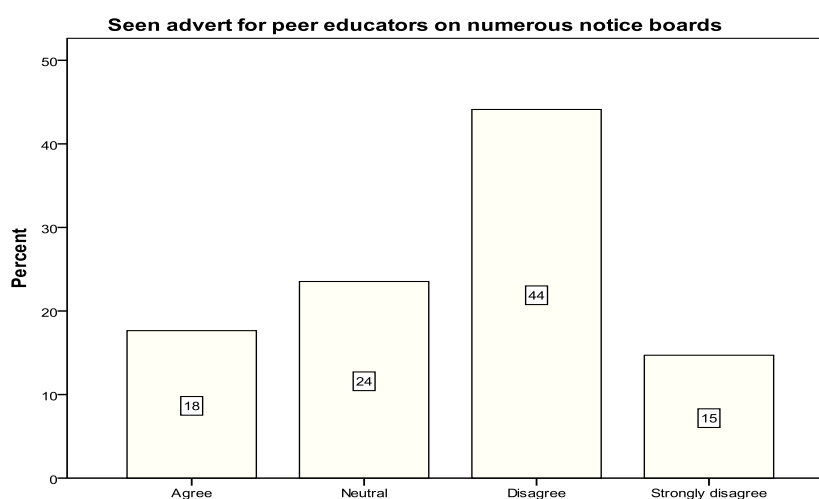


Figure 4.36 shows that 18% of the respondents agree with the statement that they observed the call for HIV/AIDS peer educators on numerous notice boards around the campus. 24% of the respondents took a neutral stance, while 59% disagreed with this statement. Cumulatively, 82% of respondents have not observed the call for HIV/AIDS peer educators on notice boards across campuses. This finding indicates that staff members do not read notices displayed on notice boards.

CHAPTER 5

OVERALL FINDINGS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the overall findings of the study conducted at the CPUT. It also attempts to make recommendations pertaining to the:

- start and implementation of an HIV/AIDS workplace peer education programme at CPUT;
- characteristics of an HIV/AIDS workplace peer education programme; and
- guidelines underpinning an HIV/AIDS workplace peer education programme.

5.2 Overall findings

The reviewed literature on attitudes of people in general indicated that attitudes can change with the presentation of new circumstances and situations (Moorhead, 2007). This study found that the staff members at the CPUT are not unwilling and averse to changing their beliefs and opinions towards HIV/AIDS. In fact, their responses showed that they are more compassionate towards PLHA than discriminatory and would thus be displayed by their individual behaviours if confronted with the HIV/AIDS dilemma. The level of their basic understanding and knowledge of HIV/AIDS tends to be generally good.

The literature review on peer education indicated that an underpinning linkage between behavioural change and peer education should be fostered in organisations because by default colleagues serve as role models for colleagues (Kaponda et al. 2009). Most of the results on the section of HIV/AIDS workplace peer education demonstrated that, in general, the respondents possess adequate knowledge and attitudes in favour of HIV/AIDS workplace peer education programmes.

The reviewed literature suggested that effective HIV/AIDS peer education programmes thrive on supportive environments by management and other influential structures within the organisation (Campbell, 2004). This study revealed a high consistency with a study conducted by Lim and Loo (2000) in various Singaporean organisations whereby staff members perceived a perpetual low level of senior management and workers' organisations'

involvement in HIV/AIDS prevention and intervention programmes. If staff members are uncertain or perceive important structures in the workplace as unenthusiastic or unconcerned about a workplace issue, then they will also display apathy towards the issue. It was found that respondents participating in this study displayed a high degree of neutrality to possible barriers of an HIV/AIDS workplace peer education programme – in other words, they were undecided or uncertain that barriers exist.

This study also indicated that communication channels seem to be the major obstacle of staff members not being fully informed about the proposed HIV/AIDS workplace peer education programme. Although a high percentage of respondents knew about the existence of an official HIV/AIDS policy within the CPUT, they displayed ignorance on the contents thereof. The reviewed literature and more specifically what Manning (2004) and Dubrin (2006) argue about communication problems in organisations, have major implications for the CPUT too. According to Manning (2004), the wrong people, meaning non-influential staff members, are tasked to spread important information. Dubrin (2006) argues that many employees in organisations suffer from information overload and cannot distinguish between important and non-important information. This study found that most of the respondents in this study indicated a neutral stance (uncertainty) to the effectiveness of the internal communication channels within the CPUT.

5.3 Recommendations

5.3.1 *Implementation of an HIV/AIDS workplace peer education programme*

The start and implementation of an HIV/AIDS workplace peer education programme is dependent on the readiness of the organisation to engage, amongst other things, in the discussion of sensitive sexual issues, the protection of workers' rights, health matters and overall well-being of staff members (ILO, 2008). The implementation of such a programme calls for the buy-in of all stakeholders in an organisation – first and foremost, senior management (who has to drive the initiative from the top), then workers' organisations (the representatives of staff members who act on behalf of them), and finally individual staff members who are the most important link to the programme. A peer education programme is an employee programme that can reach many staff members in very a short time.

The ILO (2008, p. 2) suggests that:

An HIV/AIDS workplace programme involves the training of male and female workers to facilitate discussions with their co-workers, with the goal of encouraging them to examine and change their high risk behaviour.

Since the aim of this study was to determine the attitudes of staff members towards the start of an HIV/AIDS workplace peer education programme at the CPUT, it is important to mention that staff members include senior management and representatives of the workers' organisations. This study found that the average staff member perceived senior management and workers' organisations not driving and supporting this initiative respectively. It is therefore strongly recommended that these two important structures within the CPUT make concerted efforts to involve themselves (visibly to staff members) with the start and implementation of this HIV/AIDS initiative. It is also suggested that line managers continuously put the HIV/AIDS issue as an item on their departmental meetings' agenda to ensure that their subordinates are aware of the CPUT's efforts to implement an HIV/AIDS workplace peer education programme and to request staff members to avail themselves for the role of peer educators. It is also recommended that the Vice Chancellor or deputy Vice Chancellors contact specific staff members and invite them personally to become HIV/AIDS peer educators. Staff members would value the notion that the most senior members of the CPUT head-hunted and hand-picked them for this programme. This type and level of communication within the CPUT has the potential to make staff members feel needed and important for the sustainability of such a big organisation.

5.3.2 *Characteristics of an HIV/AIDS workplace peer education programme*

From the results and findings of this study, it appears that the respondents have some knowledge of peer education programmes. The assumption of the researcher is that staff members would be responsive to such a programme because of the benefits that it would present to the CPUT and its workforce. It is therefore recommended that the CPUT implements an HIV/AIDS workplace peer education programme which embraces the following characteristics (Dickinson, 2006):

- Trust and honesty among peer educators and peers:
Relationships built on trust and honesty break down barriers and allow people to identify with one another, have open discussions about sensitive issues and ultimately persuade people to change their high-risk sexual behaviours.

- Well-informed and people-persons' HIV/AIDS workplace peer educators:
Motivated peer educators should have a genuine concern for the well-being of their colleagues. They should possess good interpersonal skills, leadership skills, listening skills (without being biased), organisational skills, as well as being brave enough to speak boldly and openly about HIV/AIDS and sexual intimacies. They should also enjoy the respect of their peers (including senior management).
- Up-to-date and accurate HIV/AIDS information distribution:
Educational material used and disseminated in formal and informal peer activities and workshops should be current, relevant, up-to-date and match the literacy level of peers and peer educators. Peer educators would be empowered by means of regular refresher courses on HIV/AIDS issues.
- Striving for balance between formal and informal peer activities:
Too many formal activities may disengage peers from being actively present in the activity and the same goes for too many informal activities. A good mix of the two types of activities will ensure the achievement of the goals of the peer education programme (depending on the circumstances and topic of discussion).
- Integrating the HIV/AIDS workplace peer education programme with other workplace programmes:
Since the ultimate aim of the proposed HIV/AIDS workplace peer education programme is to reduce new HIV infections at the CPUT and in South Africa, it should not be introduced to staff members as an isolated employee programme, but implemented as part of the overall HIV/AIDS workplace strategy of the CPUT.

5.3.3 *Guidelines of an HIV/AIDS workplace peer education programme*

According to the reviewed literature and more specifically the Peer Education and Evaluation Resource Center (2009), it is recommended that an HIV/AIDS workplace peer education programme should contain all or most of the following foundational guidelines:

- **Commitment from all stakeholders that a need exists for a workplace programme:**
All staff members should have some common understanding and awareness that a need exists for the implementation of the programme. This may involve several meetings with different staff categories within the organisation in order to get commitment and buy-in from all stakeholders.
- **Adequate resources and funding:**
An HIV/AIDS workplace peer education programme requires resources and funding as any other employee programme in an organisation. It is therefore imperative that HIV/AIDS managers should have the same status and authority as other managers in the organisation. This is necessary for securing resources and funding needed for the day-to-day operational activities of the HIV/AIDS unit.
- **Clear job descriptions and outline of responsibilities of peer educators:**
The roles and responsibilities of peer educators will vary with each peer they interact with. It is important that the core underlying responsibility should be upheld at all times – the responsibility of providing insight and support to PLHA. Job descriptions and responsibilities should generally include: providing support in the management of the disease, providing emotional and practical support to PLHA, and using persuasive techniques to encourage staff members to engage in healthy sexual behaviours.
- **Selection criteria for appointment of peer educators:**
Unlike other posts, the position of peer educator requires potential candidates to possess peculiar characteristics and skills such as having a high degree of concern for the well-being of colleagues, having empathy for people in general, having good interpersonal communication skills, and possessing the trait of valuing the confidentiality of personal information of and respect for other people in the highest regard.
- **Training of peer educators:**
Training of workplace educators should be done by qualified trainers. They should have extensive experience in peer education and be sensitive to cultural and gender issues. Ethical issues such as confidentiality and privacy should be highlighted as important issues during training.

- **Monitoring and evaluation:**
Monitoring and evaluation should be an ongoing process - every phase of the HIV/AIDS workplace peer education programme is to be monitored and evaluated from start to finish to improve the programme.

5.4 Conclusion

The outcomes of this study indicate that the attitudes of staff members at the CPUT are not unfavourable towards the start and implementation of an HIV/AIDS workplace peer education programme. Although there was a high degree of disagreement and neutrality around issues concerning the effectiveness of communication channels in reaching staff members, it could be argued that the most accessible communication channels were not used to inform staff members about efforts of the CPUT to start an HIV/AIDS workplace peer education programme and the subsequent call for peer educators. Staff members are simply not aware of the proposed HIV/AIDS workplace peer education programme due to barriers associated with communication media and channels.

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APPENDIX A
LETTERS OF CONSENT



**Cape Peninsula University of Technology
Faculty of Business Research Ethics Committee**

Members present:

**Prof S Davies, Prof Slabbert, Prof Swart, Dr Steyn, Ms Augustyn, Dr West,
and Mr Mvalo, F Salle (Secretariat)**

Venue: Boardroom, Faculty of Business, Cape Town Campus

Date: Wednesday 29 September 2010

Please note that applications to the Faculty of Business Research Ethics Committee (FBREC) must include a full research proposal (that has been approved by the supervisor) that includes a section on the ethical issues involved in the study; along with necessary supportive documentation.

Student: HOFFMAN, Lorraine 12323977
 Supervisor: Ms Anja Laas
 Level: MPhil: Stellenbosch University
 Title: The attitudes of staff members at the Cape Peninsula University of Technology towards the start of an HIV/AIDS workplace peer education programme.

Decision of committee: The Faculty of Business Research Ethics Committee (FBREC) has **approved** the submission and make the recommendation that it be forwarded to Faculty of Business Research Committee (FBRC).

A handwritten signature in dark ink, appearing to read "S Davies".

Prof S Davies
 Chairperson: Faculty of Business Research Ethics Committee
 29 September 2010

From: Charles Gilbert
To: Lorraine Hoffman
Date: 05/Oct/10 16:51
Subject: Re: REQUEST: PERMISSION TO USE CPUT EMPLOYEES IN SURVEY STUDY

Dear Ms Hoffman

Not to worry, as I know who you are. You have my permission to distribute the survey.

Good luck with the studies

Regards

Charles

>>> Lorraine Hoffman 10/10/04 00:42 >>>
 Dear Mr Gilbert

I am a permanent staff member at the CPUT but currently also studying at the Stellenbosch University towards the MPhil in HIV/AIDS Management and hope to finish this qualification by March 2011. One of the requirements for this qualification is the completion of a research assignment.

Currently I am involved with the CPUT's attempt to start an HIV/AIDS workplace peer education programme, but the lack of interest of staff members overall, is a problem - therefore this programme cannot come off the ground. This situation prompted me to look at the attitudes of staff members towards an HIV/AIDS workplace peer education programme via a survey study.

I have already obtained ethical clearance from the Faculty of Business Research Ethical Committee (attached), but I also need the approval of the Human Resources department for the distribution of a survey questionnaire (attached) to a sample of staff members at the CPUT. As the official custodian of employee records, I hereby kindly request your permission and official approval for conducting such a survey. For the identification of participants for this survey, I also need a listing of all CPUT employees and the campus where they are based.

Besides the names of staff members and campus, I do not require any other personal or other information.

A copy of the informed consent form is also attached for your scrutiny.

I thank you for your kind consideration.

Kind regards
 Lorraine Hoffman
 Celll no: 082 2020 713



OFFICE OF THE DIRECTOR: HUMAN RESOURCES

Cape Town Campus
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Telephone 27 21 4603339
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Email gilbert@cput.ac.za

06 October 2010

Research Ethics Committee
University of Stellenbosch
STELLENBOSCH
7602

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH AT CPUT

I was approached by the student, Ms Lorraine Hoffman, who intends to complete a MPhil in HIV/AIDS Management at the Stellenbosch University by March 2011 but would want to conduct a survey study to look at the attitudes of CPUT staff members towards the HIV/AIDS workplace peer education programme.

As HR Director I have no objection that Ms Hoffman conducts the research, provided that the information gathered is used for the purpose in question only, and for no other purpose.

Yours sincerely



CHARLES GILBERT
DIRECTOR: HUMAN RESOURCES

APPENDIX B
Survey Questionnaire

SECTION 1: DEMOGRAPHIC DETAILS

PLEASE INDICATE WITH A CROSS (X) THE APPROPRIATE BOX WHICH APPLIES TO YOU:

1.1 INSTITUTIONAL STAFF CATEGORY

- ☐ Maintenance staff
☐ Administrative / technical staff
☐ Academic staff
☐ Middle Management
☐ Senior Management
☐ Other (please specify) _____

1.2 YEARS OF WORK EXPERIENCE AT CPUT

- ☐ 1 to 5 years
☐ 5+ to 10 years
☐ 10+ to 20 years
☐ 20+ to 30 years
☐ 30+ years

1.3 GENDER

- ☐ Male
☐ Female

1.4 AGE GROUP

- ☐ 20 to 30 years
☐ 30+to 40 years
☐ 40+ to 50 years
☐ 50+ to 60 years
☐ 60+ years

1.5 MARITAL STATUS

- ☐ Single and not in a relationship
☐ In a relationship / married
☐ Separated / divorced
☐ Widowed

1.6 HIGHEST EDUCATIONAL QUALIFICATION

- ☐ Doctorate
☐ Masters degree
☐ Honours degree/postgraduate diploma
☐ Degree
☐ Diploma
☐ Matric
☐ Below matric
☐ Other (please specify) _____

1.7 **ETHNIC GROUP (for statistical reasons only)**

- ☐ African Black
☐ Coloured
☐ Indian/Asian
☐ White
☐ Other(please specify) _____

SECTION 2: OPINIONS AND BELIEFS OF HIV/AIDS IN THE WORKPLACE

Please indicate with a cross (x) to what extent you agree/disagree with the following opinions and beliefs of HIV/AIDS in general and people who are infected and affected by HIV/AIDS.

	Statement	1 Strongly agree	2 Agree	3 Neutral	4 Dis- agree	5 Strongly Disagree
2.1	Employees have the right to know which colleagues are HIV-positive to protect themselves from HIV-infection.					
2.2	Voluntary counselling and testing (VCTs) should be compulsory for new employees.					
2.3	Antiretroviral treatment is a cure for HIV/AIDS.					
2.4	Special accommodations (working arrangements) should be made for employees who are HIV-infected and cannot fulfil their normal duties.					
2.5	AIDS should be treated as any other long-term illness such as cancer, heart disease, diabetes, tuberculosis, etc.					
2.6	South Africa has the highest number of HIV-positive people in the world.					
2.7	HIV/AIDS is a punishment from one's Creator for immoral sexual behaviour.					
2.8	I believe that I know enough about HIV/AIDS to protect myself.					

SECTION 3: HIV/AIDS WORKPLACE PEER EDUCATION PROGRAMME

Please indicate with a cross (x) to what extent you agree/disagree with the following statements with regard to HIV/AIDS workplace peer education programmes.

Statement		1 Strongly agree	2 Agree	3 Neutral	4 Dis- agree	5 Strongly Disagree
3.1	HIV/AIDS peer education programmes are meant for young people of 18 years and younger.					
3.2	HIV/AIDS workplace peer educators can serve as role models for behaviour change in peers.					
3.3	HIV/AIDS workplace peer education is based on the reality that many people change their lifestyles and behaviours not only based on what they know, but on the opinions and actions of their close, trusted peers.					
3.4	Female employees are much more suited for the role of HIV/AIDS workplace peer educators than male employees.					
3.5	Informal talks on HIV/AIDS issues are regarded as the ultimate strong point of HIV/AIDS workplace peer educators by which peers learn.					
3.6	The key element of an HIV/AIDS workplace peer group education programme is to influence peers from the same age, range, status and acquaintance in such a way that they choose to change their current beliefs, norms, knowledge and behaviours for the better.					
3.7	Formal workshops on HIV/AIDS issues run by the Staff and Development department are more satisfying than informal talks by HIV/AIDS peer educators.					

SECTION 4: BARRIERS TO PEER EDUCATION PROGRAMMES

Please indicate with a cross (x) to what extent you agree or disagree with the following challenges and barriers of HIV/AIDS workplace peer education programmes at the CPUT.

Statement		1 Strongly agree	2 Agree	3 Neutral	4 Dis- agree	5 Strongly Disagree
4.1	I do not have the necessary qualifications to be an HIV/AIDS workplace peer educator.					
4.2	I do not want to be associated with the HIV/AIDS workplace peer education programme, because the peer educators are being perceived as being HIV-infected themselves.					
4.3	My core duties are too demanding - I do not have extra time to participate in the HIV/AIDS workplace peer education programme.					
4.4	There was a call for staff members to be trained as HIV/AIDS workplace peer educators.					
4.5	The work that the HIV/AIDS workplace peer educators do is too emotionally demanding and stressful for me.					
4.6	HIV/AIDS workplace peer educators should be rewarded for the work they do.					
4.7	The HIV/AIDS workplace peer education programme is driven visibly from the top by senior management.					
4.8	There is buy-in from the worker organizations and unions to the HIV/AIDS workplace peer education programme.					
4.9	I am aware that the CPUT wants to start an HIV/AIDS workplace education programme.					

SECTION 5: INTERNAL COMMUNICATION CHANNELS

Please indicate with a cross (x) to what extent you agree or disagree with the following statements pertaining to the CPUT's internal communication channels as a tool to recruit HIV/AIDS peer educators.

	Statement	1 Strongly agree	2 Agree	3 Neutral	4 Dis- agree	5 Strongly Disagree
5.1	HIV/AIDS Workplace Policy:					
5.1.1	The CPUT has an official HIV/AIDS workplace policy.					
5.1.2	I am familiar with the contents of the HIV/AIDS workplace policy.					
5.1.3	The HIV/AIDS workplace policy contains a set of guidelines for dealing with AIDS-related issues.					
5.2	Intranet:					
5.2.1	I have access to Groupwise (e-mail) at all times.					
5.2.2	I have seen the advertisement for HIV/AIDS workplace peer educators on Groupwise.					
5.2.3	I have seen the advertisement for HIV/AIDS workplace peer educators on the electronic notice board.					
5.2.4	I have seen the advertisement for HIV/AIDS workplace peer educators on Newsflash.					
5.3	Other communication channels:					
5.3.1	My line manager informed me about the call for HIV/AIDS workplace peer educators.					
5.3.2	I have seen the advertisement for HIV/AIDS workplace peer educators on numerous notice boards.					

I thank you for taking the time to complete the survey questionnaire!