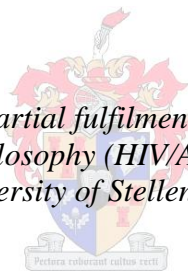


**KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF HIV AND AIDS RESPONSE  
PROGRAMMES BY SERVICE STAFF AT THE UNIVERSITY OF VENDA.**

by  
**Ndakaitei Chikonzo**

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degree of Master of Philosophy (HIV/AIDS Management) at the  
University of Stellenbosch*



Supervisor: Prof. J.C.D Augustyn

Faculty of Management and Economics Sciences  
Africa Centre for HIV/AIDS Management

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## **DECLARATION**

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## ABSTRACT

This study is a KAP (Knowledge, Attitudes and Perceptions) survey that aims to identify and examines the level of knowledge, attitudes and perceptions of the University of Venda service staff towards the university's HIV and AIDS response programmes. The study is a non-experimental, descriptive research that involves service staff only of the University of Venda in Limpopo. Consent to participant in the study was sought from all participants. A questionnaire with both closed and open-ended questions was used to obtain data from the participants. The questionnaire had an English and Tsivenda version to enable participants to choose the language they are more comfortable with. The participants' knowledge, attitudes and perceptions were rated on a Likert scale. The responses were analysed using the SPSS programme and Microsoft Excel 2007.

An interview was conducted with the Head of the HIV/AIDS Unit at the University of Venda to identify the ways in which the university is/has been responding to HIV and AIDS matters. The interview with the Head of the HIV/AIDS Unit was just a fact-finding mission to explore the HIV and AIDS related undertakings since the researcher is carrying the study as an outsider. No data analysis was done on the information obtained from this interview. The interview however, reveals that the University of Venda has prevention, treatment, care and support programmes that seek seeking to limit the impact of the HIV and AIDS epidemic on the institutions, workers, their families and the surrounding community. Other endeavours include the employment of a Health Promoter, who is openly living with HIV, to interact more with workers and to de-stigmatise HIV and AIDS and the attempts to incorporate HIV and AIDS into the curriculum and the University's major events.

The findings of the study show that many workers are knowledgeable and have a positive attitude and perceptions of the HIV and AIDS response programme that the University of Venda is undertaking. No significant relationship was found between the participants' educational level and their levels of knowledge, attitudes and perceptions. In addition, the participants' ages were found to be independent of their level of knowledge, attitudes and perceptions.

## OPSOMMING

Die doel van die studie was die bepaling van die kennis, houdings en persepsies van dienspersoneel aan die Universiteit van Venda. Die studie was 'n nie-eksperimentele, beskrywende ondersoek by die personeel aan die Univesiteit van Venda in Limpopo provinsie.

Vooraf toestemming is van die deelnemers aan die studie verkry en 'n oop-einde vraelys is vir dataversameling gebruik. Die betrokke vraelys het beide 'n Engelse en Tsivenda weergawe bevat wat aan die deelnemers die vryheid gelaat het om hulle response te verskaf in die taal waarmee hulle die mees-gemaklike was.

Die kennis, houdings en persepsies van deelnemers is deur middel van Likert-tipe skaal verkry en die data is deur middel van die SPSS statistiese pakket ontleed. 'n Onderhoud is ook gevoer met die hoof van die MIV/Vigs-eenheid van die Universiteit van Venda, maar geen data-analise van hierdie onderhoud is gedoen nie.

Daar is bevind dat die kennisvlakke van die werkers van dioe Universiteit van Venda oor die algemeen goed was en dat werkers 'n besondere gunstige houding teenoor die pandemie en die bekamping daarvan gehad het.

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## **1. CHAPTER 1: INTRODUCTION**

This thesis focuses on the knowledge, attitudes and perceptions of the University of Venda service staff towards HIV and AIDS response programmes at that university. The aim of this survey is to establish the service staff's level of knowledge, attitudes and perceptions towards HIV and AIDS response programmes that the University of Venda is engaging. The research was triggered by the results of the HEAIDS study of 2008-2009 which shows a distinctive high rate of HIV and AIDS among service staff at most institutions of higher learning in South Africa. In addition, most published studies focus on students. As such, this study will form part of the much needed knowledge base for staff centered research at institutions of higher learning. The 2008-2009 HEAIDS study is a major study that involves all South African Higher Education populations, (students, administrative staff, academic staff, service staff and top management). This study is therefore, among a few that focus on members of staff at institutions of higher learning.

### **1.1 Background**

The HIV epidemic has attracted global attention because of its impact on all sectors of the economy. Of the estimated 33 million people living with HIV and AIDS globally, 5.7 million are in South Africa. The people that are mostly affected are those in their productive years, 25-49 years (UNAIDS, 2009). This means that the workforce is under threat, hence, measures should be taken to safeguard the workforce. The impact of HIV and AIDS is vast to the extent that no segment of society can claim to have escaped its impact (Karim, Abdool & Baxter, 2008). Many sectors in Sub-Saharan Africa are operating within the epicenter of the epidemic since high HIV prevalence rates are recorded in this region (UNAIDS, 2009). This means that there should be a prioritization of responses to the HIV and AIDS epidemic in order to reduce its impact on the day-to-day running of businesses. The Global Business Coalition on HIV and AIDS together with the South African Business Coalition on HIV and AIDS encourage all sectors of the economy to implement programmes that aim to reduce the impact of HIV and

AIDS on business. The education sector, being the largest public sector employer in most countries, (UNESCO, undated), must therefore adopt effective responses to HIV and AIDS.

Issues that drive businesses to respond to HIV and AIDS range on a wide continuum. According to Bloom et al. (2000); Rosen et al. (2003); Dickinson et al. (2005), cited in Mahajan, Colvin, Rudatsikira & Ettl, (2007), businesses respond to the epidemic in order to limit the HIV burden on the workforce, control the costs of HIV and AIDS to the employers, meet the legislative requirements, and to fulfill the principles of corporate social responsibility. The education sector, on which this project is focused, is facing its own HIV and AIDS related challenges. Van Wyk & Pieterse (2006:3) assert that the epidemic is capable of “radically changing the core functions and rationale of any university” because of the devastating effects caused by HIV and AIDS related deaths and illness. It means that a university’s core functions of teaching, research and community engagement are under threat from the epidemic. According to Marwitz & Okello (2010), staff turnover at Higher Education Institutions (HEIs) is projected to peak drastically due to HIV and AIDS related deaths and illness. This impact negatively on the institutions’ productivity and competitiveness in ways that can seriously affect a university’s core functions.

Higher Education South Africa, (HESA) in its response to the HIV epidemic, formed the Higher Education HIV and AIDS Programme - HEAIDS in 2001 (HEAIDS, 2010). The HEAIDS programme aims to reduce the HIV prevalence and its impact on the university and its community by encouraging the establishment of positive responses that assist on improving the management of HIV and AIDS at HEIs. The main focus is the encouragement of the development and implementation of comprehensive HIV prevention, treatment and mitigation programmes at HEIs. Marwitz and Were-Okello’s (2010) study on HIV and AIDS in the workplace, notes that many HEIs have successfully implemented wellness programmes and are currently aligning their HIV and AIDS policies with the National HIV and AIDS sector policy framework. The National HIV and AIDS sector policy framework guides the management of HIV and AIDS in all sectors of the economy in South Africa. This is a positive development towards effective management of the epidemic at HEIs. A challenge still remains on the establishment of structural and management dynamics that ensure that the HIV and AIDS

responses address the vulnerabilities of the most at risk groups, such as service staff, and how to win their involvement in these programmes.

During 2008 - 2009, HEAIDS conducted a national Knowledge, Attitude, Behaviour and Practices (KABP) survey among 21 HEIs in South Africa. A total of 17 062 students, 1 880 academics and 4 433 administrative and service staff participated in the survey, (HEAIDS, 2010). The results show that the HIV prevalence among the academics is 1.5%, administrative staff 4.4%, students 3.4% and for service staff it is at 12.2%. According to the report, this was the first large-scale study that involved both students and workers. Other surveys focused mainly on students. The University of Venda participated in the study and obtained the following HIV prevalence rates; students (3.3%), academics (1.1%), administrative staff (5.6%) and service staff (10.0%), (Univen, 2010). This researcher, being aware of such high HIV prevalence among service staff, therefore, seeks to use the findings of the 2008-2009 HEAIDS study as the basis for carrying out this study.

## **1.2 Research Problem**

Statistics from the 2008-2009 HEAIDS report show that the HIV prevalence among the service staff stood distinctively higher than other staff categories, (12.2% nationally and 10.0% at Univen). The researcher's concern stems from the high HIV prevalence among the service staff. As such, the researcher attempts analysis of the knowledge, attitudes and perceptions of service staff towards HIV and AIDS responses that are adopted by the University of Venda. Positivity towards and compliance with HIV and AIDS response programmes is very influential in ensuring that the epidemic's threats on the institution and its workers are kept to a minimum.

Furthermore, the high HIV prevalence among service staff, which was reported in the 2008-2009 HEAIDS study, has prompted the researcher to examine how the University is/has been responding to HIV and AIDS and evaluate the accessibility of the programmes to service staff. UNAIDS recommends that programmes must adopt comprehensive approaches to HIV prevention that address deep-seated concerns and vulnerabilities of individual groups (UNAIDS,

2005), in this case, service staff. UNESCO also calls for targeted interventions, whereby programmes should cover key groups that are more at risk, using appropriate methods (UNESCO, undated). It is often thought that high HIV transmission often results from failure to use the available prevention strategies and tools as well as poor coverage of HIV and AIDS programmes. Although HEIs are doing considerable work in dealing with HIV and AIDS, service workers remain the most at risk group as evidenced by the highest HIV prevalence rate that is reported in the HEAIDS 2008-2009 study. The researcher is unaware of the service staff's level of knowledge, attitudes and perceptions of the HIV and AIDS responses that the University engages.

### **1.3 Operational Definitions**

Knowledge refers to familiarity with or the understanding of, in this context, HIV and AIDS facts, information and the awareness of HIV and AIDS responses that are engaged at the University of Venda.

The Cambridge international dictionary of English defines an attitude as a feeling or opinion about something or someone or a way of behaving that follows from it. In this case, it refers to the service staff's feelings or opinions on matters involving HIV and AIDS at their workplace and in general.

A perception is a mental impression by which a person regards, understands or interprets something (Google dictionary). Thus, the mental impression of the service staff at Univen towards the HIV and AIDS response programmes will be assessed.

An HIV and AIDS response programme is any endeavour or intervention that aims at HIV prevention, care, support, impact mitigation and the creation of an enabling and supportive environment. Response programmes can be classified under prevention, treatment, care and support. Examples of the programmes include education, advocacy and awareness, condom

promotion and distribution, treatment of Sexually Transmitted Infections, Antiretroviral Therapy, Voluntary Counselling and Testing and wellness programmes.

Service staff is categorized by HESA as a group of university workers that comprises of support workers; non-professional administrators, technical staff, crafts and trade workers. Examples include grounds staff, guards, cleaners, messengers, drivers, canteen workers, university farm workers and hostel wardens.

#### **1.4 Research Question**

The research question to be investigated is, “What is the level of knowledge, attitudes and perceptions of service staff towards HIV and AIDS response programmes at the University of Venda?”

#### **1.5 Objectives of the Study**

The objectives of the research are;

- To explore service workers’ level of knowledge, attitudes and perceptions towards HIV and AIDS and HIV and AIDS responses at the University of Venda.
- To establish if the service staff’s level of knowledge, attitudes and perceptions are influenced by their age and educational level.
- To provide guidelines on how to improve the existing HIV and AIDS response programmes if knowledge gaps and perception gaps are found.

## **1.6 Significance of the Study**

This research is one of the few to focus on the knowledge, attitude and perception of service staff towards HIV and AIDS response programmes at the University of Venda. As such, the University of Venda will benefit from the findings of the study by reviewing, enhancing or maintaining the response programmes. By doing so, the University will engage effective HIV and AIDS response programmes that work towards UNAIDS' vision of zero new HIV infections, zero discrimination and zero AIDS related deaths (UNAIDS, 2011). Furthermore, the study's findings will influence service staff to perceive the HIV and AIDS response programmes differently and change accordingly. This means that their impression of the response programmes will improve or change positively. Lastly, the University will, in the long run, encounter reduced health and administration costs if positive changes are made in the measures against.

## **1.7 Ethics approval**

An ethics approval was obtained from the Stellenbosch University Ethics Committee and permission to carry out the study was granted by the University of Venda. Written informed consent from the participants was obtained and they all participated voluntarily. Anonymity was observed by discouraging respondents from putting any form of identification on the questionnaires and by identifying the questionnaires by case numbers instead of names. Confidentiality was strictly followed by keeping all the research documents away from people that were not directly involved in the study.

## **1.8 Limitations, challenges and complications**

Firstly, the response rate was 54%. As a result, the results of the study must be treated with caution. A better response rate could have made the findings more generalizable since the total population was involved. Secondly, due to the fact that the researcher is not part of the University of Venda community, the bulk of the questionnaires were distributed and collected in

the absence of the researcher, which made it difficult for the researcher to make effective follow-ups on non-respondents. Fortunately, the researcher attended the University of Venda's annual World AIDS Day commemoration on 09 November 2011 and had a chance to interact with some workers and made some follow-ups.

Thirdly, the researcher's command of Tshivenda is very poor. The researcher totally relied on the work of translators in translating the contents of the consent form and the questionnaire from English to Tshivenda and in translating participants' comments from Tshivenda to English. Although the translation was done by language practitioners, any distortions or misrepresentations of statements could not be easily picked up by the researcher.

Lastly, studies that focus on workers' knowledge, attitudes and perceptions of HIV and AIDS response programmes at higher learning institutions are so few that it was difficult to find relevant literature to cite.

## **1.9 Conclusion**

This first chapter introduces the study. Chapter 2 contains a review of literature, chapter 3 contains the methodology, chapter 4 looks at data analysis, chapter 5 discusses the findings of the study and chapter 6 contains the conclusion and recommendations.



## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter reviews the various aspects that relate to, and influences knowledge, attitudes and perception of people towards HIV and AIDS matters. It explores literature on areas such as HIV and AIDS prevention programmes at the workplace, access to HIV and AIDS information; HIV/AIDS education and awareness as a tool to influence knowledge, attitude and perceptions; translating knowledge into action; attitude versus action; perception of risk and vulnerability to HIV infection; stigma and discrimination; educational level as an influence of knowledge, attitude and perception and motivation to utilize facilities, resources and participation against HIV and AIDS. The study is one of the few studies that involve members of staff at institutions of higher learning. As such, there was not much literature to cite. As mentioned earlier, the 2008-2009 HEAIDS study was the first major study involving workers at higher education institutions. If there are other studies involving workers at higher education institutions, they are not available for peer review.

### **2.2 HIV and AIDS prevention programmes at the workplace**

To date, there is no vaccination or cure for the HIV and AIDS condition, (UNAIDS, 2005). As such, prevention against HIV infection is the best defence, (Van Dyk, 2008). Prioritizing and institutionalizing HIV and AIDS prevention, treatment and care programmes can be the best strategy in the fight to curb the epidemic. HIV and AIDS response programmes are part of the operational repertoire stretching from prevention to treatment, care and support; all which is done in alignment with the requirements of national policies and legislature. Figure 2.1 below shows an HIV/AIDS conceptual model for a workplace HIV/AIDS programme by Mahajan, Colvin, Rudatsikira and Ettl, (2007). Although, the model is designed for large firms, it is very practical in the education sector, which this research focuses on.

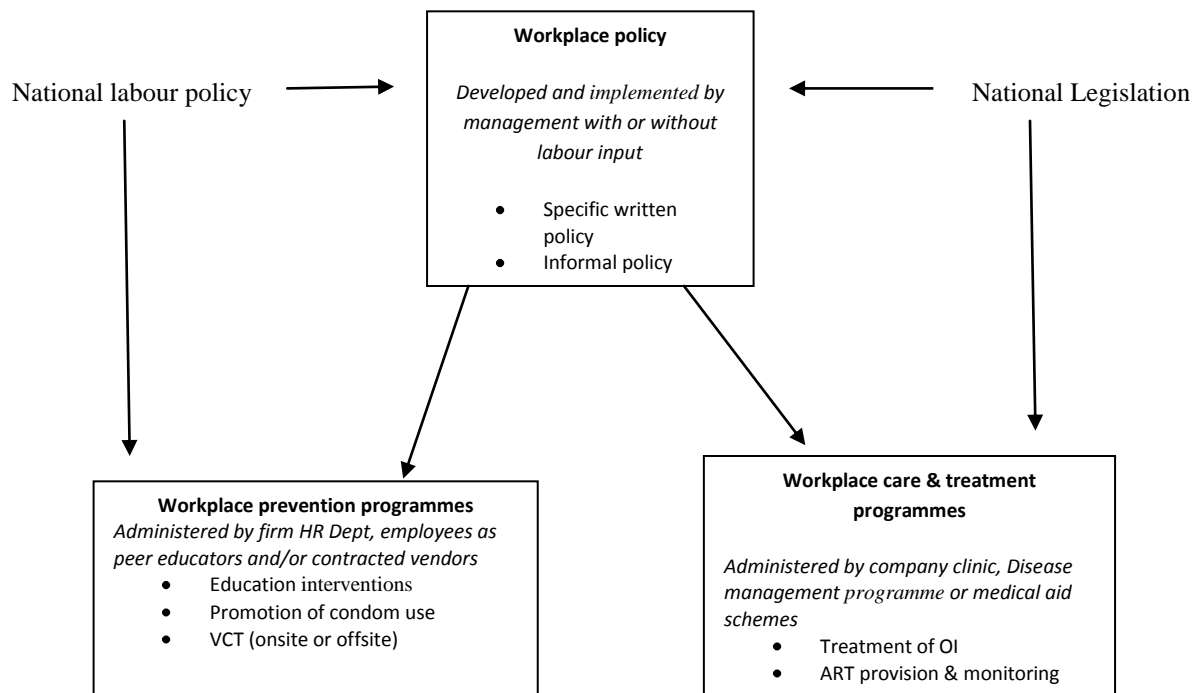


Figure 2.1 Conceptual model of workplace HIV/AIDS programmes for large firms. Adopted from Mahajan, Colvin, Rudatsikira and Ettl, (2007:53)

It is encouraging that most HEIs in South Africa have or are working on putting in place structures that help to manage the epidemic well, (HEAIDS, 2010). According to HEAIDS, many institutions of higher learning have successfully implemented HIV and AIDS response programmes, as these are instrumental in the management of the HIV/AIDS epidemic. After all, the results of the 2009 HEAIDS study instigated pressure on many institutions of higher learning to evaluate their HIV response programmes and implement more effective ways. The University of Venda is one such institution. After interviewing the Head of the HIV/AIDS Unit at the University of Venda, it became clear that the institution is working hard at making sure that its response programmes become a benchmark of excellence in the management the HIV/AIDS epidemic.

Kelly, (2001) cited a forecast by Quatteck, (2000:34), that the rate of HIV infection at Universities in South Africa will peak at 13.1% for highly skilled workers compared to 32.8% for the semi or unskilled workers. Dickinson (2003) also noted that, depending on the socio-economic profile of their communities, semi-skilled or unskilled employees have a very high risk of contracting HIV. In the mining sector, corporations like Debswana have reported high HIV prevalence among its low-skilled workforce (UNAIDS, 2002b). Most service staff falls under the semi or unskilled workers and have the highest chances of getting infected by HIV, as supported by the results of the HEAIDS study. Unfortunately, as noted by Van Wyk & Pieterse, (2006), HEIs tend to focus their prevention responses more on students than on staff members. For example, by 2005, only 20% of Higher Education Institutions had staff peer education programmes (Van Wyk & Pieterse, 2006). It is therefore, essential that HIV and AIDS responses that accommodate every part of the university community and address the vulnerabilities of specific groups be established.

Van Wyk & Pieterse's, (2006), study of HIV and AIDS responses at universities, carried out on behalf of the Southern African Regional Universities Association, is instructive. The study notes that responses to HIV and AIDS involve four major components that include; promoting and advancing leadership on HIV and AIDS; prevention, care and support; mitigating the impact of HIV and AIDS; and research on HIV and AIDS. Van Wyk & Pieterse's study also indicates that most universities in the Southern African region have responded to HIV and AIDS by adopting at least one of these key components (Van Wyk et al., 2006). The main issue therefore, that HEIs should not only have strategies and policies on paper, but be able to implement, monitor and evaluate the effectiveness of these policies and programmes. The other challenge is on the creation of comprehensive approaches that also address the causes of vulnerability within the university community, especially within the service staff.

### **2.3 Access to information on HIV and AIDS**

Many workers who fall under the category of service staff earn the least wages, have little or no education and have limited career advancement because their jobs require less or no skills at all. It is possible that the bulk of service staff has lower literacy levels and therefore, finds it difficult to access and understand the HIV and AIDS information, notices and facilities that are delivered in English and other non-graphical forms. Furthermore, most service staff is hard to reach because they do not work in offices where they can be easily reached telephonically or via the internet. It means that they miss out on most of the HIV/AIDS information because they rely mostly on the word of mouth from their supervisors or colleagues. Getting them informed of most programmes is therefore a challenge that Dickinson (2003) regards as counter-effective to HIV/AIDS programmes. This fact is supported by Kolesnikow, (2004) who argues that people who often ignore or are not informed about HIV and AIDS are less likely to practice safer sex. The service staff are therefore, likely to have a low perception of the facilities and resources that they find hard to access.

### **2.4 HIV/AIDS education and awareness as a tool to influence knowledge, attitude and perceptions**

HIV and AIDS education and awareness have a huge impact on the level of knowledge of workers and it is widely used as a HIV preventive tool. Van Dyk, (2008), believe that information about HIV and AIDS is instrumental in influencing one's attitude and behavior because the knowledge gained yields into skills and empowerment against HIV infection. Education usually comes first and is followed by awareness because it is difficult to promote something that is unknown to the anticipated receiver. A study by Dickinson which involves workers at Deco found out that most education and training programmes were ineffective because they were being implemented well behind awareness (Dickinson, 2003).

## 2.5 Translating knowledge into action

It is easy to believe that through education one becomes knowledgeable and that knowledge empowers a person to act or to change certain risky behaviours. However, the available literature dictates that this is not as simple as it appears. Being knowledgeable is arguably not a predictor of action, especially in changing behaviour. This is articulated in Hartel, (2005); Erulkar, Bekshinska & Cebekhulu, (2001) cited in Moodley & Phillips, (2011) who argue that being knowledgeable about consequences of risky sexual behaviour do not yield any changes in behaviour among the young people that were under their study.

On another note, information that gives guidelines on behavior change is not free from ideological contamination, (Wilton & Aggleton, 1991). Every person has his/her own ideological motivation for promoting certain ideas like behavior change. These ideologies emanate from an individual's social, cultural and religious beliefs which dictate the way individuals behave. That is why there seems to be gaps between knowledge and behavior. It is not surprising therefore, that most service staff receives health education on HIV and AIDS but their perspectives are influenced by their social and cultural ideologies.

Translating knowledge into action also involves behaviour change. Mitchell Cohen (1991) discusses a theory on the relationship between behavior change and health education in his paradigm called rational man framework that is worthy of note. The rational man framework dictates that switching to safer behavior depends on the ability of a man to receive some information, to process it and to make sense of it. Changing to, for example, safer sexual practices requires a logical evaluation of the information and the belief that the information is accurate, which will then result in positive attitudes towards safer sex, (Cohen, 1991). Warwick, Aggleton & Homans (1988), cited in Wilton & Aggleton, (1991), concur as noted in their comment that people do not simply absorb information and respond logically by modifying their behavior. They rather try to make sense of new ideas by assessing them in light of pre-existing beliefs, interpreting them accordingly and linking them with what they already know. Service staff that receive information on HIV and AIDS and fail to evaluate it are likely to benefit less from the information and thus have increased risk of contracting sexually transmitted diseases

including HIV and AIDS. It is thus little wonder that, despite all the HIV and AIDS education and awareness campaigns that institutions of higher learning engage, service staff still have an alarming HIV prevalence.

Pfeffer & Sutton (1999), argued this matter in a very interesting dimension. Pfeffer and Sutton's investigation of why companies with trained and qualified personnel kept on failing to perform better led to the observation that there is always a gap between knowledge and action. Pfeffer et al., (1999) reviewed some literature, cases, industrial studies and organizational practices of different companies found that people have difficulties in translating knowledge into action but no answers could explain the knowledge-doing gap problem. Although the study is not HIV and AIDS related, it gives an insight on the relationship between the human mind, actions, acquired and existing knowledge. It sheds light on the fact that there are various circumstances that influence practicing knowledge. As Yonder (1997), cited in Airhihenbuwa & Obregon (2000) noted, people tend to evaluate information that might result into action in line with external constraints that surround them. An enabling environment to practice what people know is key here.

Williams et al. (2000), cited in Dickinson (2003), also identify the problem between knowledge and practice. They argue that most people possess high levels of knowledge of HIV/AIDS and its prevention, but they are reluctant to act on that acquired knowledge. Yet, that knowledge and understanding of the epidemic are central to any response programme (Dickinson, 2003).

## **2.6 Attitude versus action**

The theory of reasoned action by Fishbein & Ajzen (1975), cited in Airhihenbuwa & Obregon, (2000), gives an insight into the relationship between an individual's attitude and action. Fishbein and Ajzen remarked that it is one's intention that progresses into responsible or reasonable action. This intention to act responsibly can emanate from or can be influenced by acquired knowledge or the health beliefs and norms of the surrounding environment. The intentions of the

service staff are thus critical in influencing their attitudes towards HIV/AIDS response programmes.

## **2.7 Perception of risk and vulnerability to HIV infection**

Perception of risk is explained in the Health Belief Model (Becker, 1974), as a prediction made by an individual to respond to, and to utilize preventive health services (Airhihenbuwa & Obregon, 2000:7). Thus by extension, it is an individual's perception of risk that influences one's attitudes towards HIV and AIDS and the available preventive response programmes. Those who perceive themselves to be invulnerable to harm (Freimuth, 1992), cited in (Airhihenbuwa & Obregon, 2000), in this case invulnerable to HIV infection, are likely to adopt a fatalistic attitude towards health issues, including averting HIV infection. That is why Peltzer (2000) remarked that the more concerned people become of getting infected, the more they are likely to make health decisions like practicing safer sex. It that low perception of risk and that sense of invulnerability that can also affect the utilization of facilities and the way people respond to activities that aim to inform and empower people against HIV infection. The risk assessment that was carried out by HEAIDS shows that close to 48% of service staff at Higher Education Institutions that participated in its 2008-2009 study, had never taken a HIV test, (HEADS, 2010). Although this cannot be directly linked to low perception of risk by concerned employees, it is an indication of low perceptions of the use of facilities like voluntary counseling and testing that are crucial in HIV prevention and management.

People tend to assess their risk in line with what they know and think against the new advice or knowledge that they receive. According to Cervon & Peake, (1986), cited in Memon, (1991), people tend to resist information that is incongruent with their initial perception. As a result, they find it difficult to translate perception into action. If service staff cannot see the severity of risk in their behavior and practices, they develop a low perception of HIV and AIDS risk and fail to act accordingly. This baseline perception is likely to influence attitudes towards new knowledge and advice, either positively or negatively.

## 2.8 Stigma and discrimination

The HEAIDS study (2010) identified stigma as one of the major factors that influence the utilization of facilities like VCT. Stigma, which refers to unfavourable attitudes and beliefs towards people living with HIV or those that are presumed to be living with HIV, (Health Resources and Services Administration – HIV/AIDS Bureau, 2003), often affect attitudes towards HIV response programmes. The complexities of the HIV and AIDS condition and its relationship to sexual contact, makes it a highly stigmatized health condition which many people are not proud to be associated with. As a result, many workers adopt a “self-exclusion and avoidance” tactic that affects their participation in activities related to HIV and AIDS activities. Mahajan, Colvin, Rudatsikira and Ettl’s, (2007) overview of HIV/AIDS workplace policies and programmes by, cites Williams, Pulerwitz, Mgilane and Stewart, (2005) observations that perception of stigma affects the uptake of HIV prevention programmes at the workplace. Therefore, workers who alienate themselves from HIV and AIDS services for fear of unfavourable treatment are likely to perceive lowly of the response programmes that are availed to them.

The situation is however, not all that gloomy; for HIV education has been proved to reduce stigma and to influence attitudes and behaviour towards HIV/AIDS. In a case involving a Limpopo based fruit processing company, it was found that, after the company adopted the HIV/AIDS education programme, workers felt comfortable to come out and test for HIV without fear of stigma and discrimination (ILOAIDS, 2008:3). Workplace programmes are thus likely to be more effective if they take place in an environment free of stigma and discrimination, (ILOAIDS, 2008:16). ILO’s Strategic HIV/AIDS Responses by Enterprises (SHARE) programme which helps the world of work to address HIV/AIDS issues, has yielded positive results in decreasing stigma and discrimination at the workplace. It is reported that in Ghana, the number of workers who reported to have positive and supportive attitude towards their co-workers who are living with HIV and AIDS after the implementation of the SHARE programme, rose from 33% to 63%.



## **2.9 Education level as an influence of knowledge, attitude and perception**

In a study by Jukes, Simmons, Smith Fawzi and Bundy, (2008), there was strong evidence to the effect that the attainment of education can influence sexual behaviour and the risk of HIV infection. Jukes et al., (2008) carried out a study on educational access and HIV prevention among children of school-going age and found out that educated individuals tend to have more control of their sexual behaviour than their counterparts that were not in school.

## **2.10 Motivation to utilize facilities, resources and participation against HIV and AIDS**

Underutilization of resources and services against HIV and AIDS at HEIs is a great concern. Kolesnikow's theory that one needs to be aware and curious of something in order to use it can be taken further here. It cannot be a surprise that the service staff can be found to be underutilizing these facilities at the University. If service staff is difficult to reach, they stay uninformed and this results in them not becoming curious to utilize the available facilities. It has been proved that the utilization of HIV/AIDS programmes at the workplace can increase if workers are informed, trained and educated in related matters. According to ILO, the SHARE project has reported significant increases in behaviour and use of HIV/AIDS services among workers in at least six countries that were under its study (ILOAIDS, 2008:10). For example, the percentage of people who grew a positive attitude towards condom use rose from 34% to 68% in Cambodia and from 74% to 84% in six countries that include Ghana and Togo (ILOAIDS, 2008:10). The change in behaviour and attitude was due to the implementation of the SHARE programme that focused on HIV/AIDS responses at the workplace.

It is, nevertheless, encouraged to incentivize workers who are reluctant to utilize facilities, resources or to participate in HIV/AIDS matters. Incentivizing people has been proven to be effective in managing HIV and AIDS Weihs (2010); Thornton & Kohler (2009). Weihs (2010), study where incentives were used to persuade workers to take undergo on-site voluntary

counselling and testing, reveals that more workers were willing to go for Voluntary Counselling and Testing due to the R3000 worth of incentives that were on offer (Weihs 2010).

## **2.11 Conclusion**

Basing on the arguments presented in this section, it can be concluded that knowledge, attitudes and perception of a person towards HIV and AIDS response programmes can be influenced by various aspects. Of interest, is the ability of a worker to access the important information about HIV and AIDS; his/her perception of risk and vulnerability; the level of stigma and discrimination surrounding the HIV and AIDS condition; ignorance and denial of and the motivation to utilize facilities and resources against HIV and AIDS facilities and resources.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter outlines the research methodology used in this study. It looks at the research design, target population and data collection.

### **3.2 Research Design**

The research design is a non-experimental, descriptive research. Christensen, Johnson and Turner, (2011) describe it as the best design that provides a description or picture of a situation or phenomenon. In this case, the design was adopted to help in giving a clear description of the level of knowledge, attitudes and perceptions of service staff towards HIV and AIDS response programmes at the University of Venda.

### **3.3 Target population and target group**

The participants in this study were permanent service staff of the University of Venda, who, according to the 2009 audit report, totals to 185. Due to the small size of the total population and the difficulties in getting hold of the type of staff under study (service staff), the total population was considered as the best technique to get a reasonable number of responses. Christensen, Johnson & Turner, (2011) argue that the use of a total population in a study can be considered if the size of the population is small. Initially, the researcher had chosen to randomly select service staff to participate in the study, but due to a very poor response rate, the total population was the best alternative.

### 3.4 Data collection

A mixed method approach was used to collect data whereby qualitative and quantitative methods were adopted. The researcher carried out a survey on research participants and conducted an interview with the Head of the HIV/AIDS Unit at the University of Venda. Written consent was sought to participant in the study. The Tshivenda version of the consent form was used for those who preferred the local language. A questionnaire containing a Likert scale was used to collect data in order to assess the level of knowledge, attitudes and perceptions of staff basing on their degree of agreement with the provided statements. The questionnaire, both in Tshivenda and English to enable participants to choose the language they are comfortable with, consists of five sections. The five sections are; demographic questions, knowledge based questions, attitude based questions, perception based questions and a section for general comments. There were ten items under the knowledge, attitude and perception sections. These items have varying degrees of agreement ranging from strongly disagree (1) to strongly agree (5). The questionnaire also has an open-ended question seeking the participants' general comments, which assisted the researcher to collect, according to Ulin, Robinson & Tolley, (2005), data on issues that could not be answered in a structured way. The contents of the questionnaire were explained to participants in their local language and questions, queries and misunderstandings were cleared accordingly.

Data was collected between 24 October 2011 and 20 November 2011. Response bias was guarded by encouraging participants to return the questionnaires early. There was a cut-off date to receive the questionnaires because the researcher did not want to accommodate late responses. According to, Oppenheim (1996), late responses are as bad as no responses.

After a very poor response rate; only seven questionnaires were returned, the researcher changed the sampling technique from random to total population. This means that all service staff had to be included in the study. A total of 124 questionnaires were distributed, (some service workers could not be located). 68 questionnaires were returned. Of the 68 questionnaires, 9 were either blank or filled inconclusively. Hence, a total of 59 questionnaires were analysed. For confidentiality' sake, all questionnaires were distributed in non-transparent envelopes and

participants were instructed to seal in their responses before handing them back. Participants were also instructed not to put any form of identification on the questionnaire.

An interview was also conducted with the head of the HIV and AIDS Unit at the University of Venda. The aim was to find out how the University is responding to HIV and AIDS matters. The Head of the Unit pointed out that University of Venda has adopted effective ways of dealing with the epidemic. The employment of the on-campus Health Promoters, especially one that is openly living with HIV, has influenced the way some of the workers view HIV and AIDS matters. Part of the strategy involves door-to-door testing campaigns to encourage workers to take HIV tests. The Health Promoters makes door-to-door visits and interacts with those hard-to-reach members of staff like service staff. Such a strategy is in line with the ILO's recommendation that messages and communication channels must be tailored to match the types of jobs, level of education, habits and values of workers (ILO, 2008:27). All in all, the interview revealed that the following programmes are undertaken;

#### **3.4.1 HIV prevention programmes.**

The University of Venda offers Voluntary Counselling and Testing for students, workers and their immediate families. It also carries out condom promotion and distribution; HIV/AIDS education and awareness; and has embarked on a programme where HIV and AIDS are being introduced into the University's curriculum.

#### **3.4.2 Treatment, care and support programmes.**

The University of Venda manages HIV and AIDS by offering on-the-campus treatment of Sexually Transmitted and Opportunistic Infections. It also makes sure that blood samples that test positive for HIV are sent to the laboratory for viral load and CD4 tests. The University of Venda has a very effective referral system of its workers to institutions that enrolls people with HIV and AIDS on Antiretroviral Therapy.

### **3.4.3 Support programmes.**

The University of Venda supports workers that test positive by offering on-ongoing counselling. Follow-ups are also done to those who default on their counselling appointments. In addition, the University has a nutritional programme for its workers that are living with HIV and AIDS. This programme bolsters the dietary requirements of those workers that are living with HIV and AIDS through the distribution of supplementary food parcels.

Some comments from the Head of the HIV/AIDS Unit reveal that most workers are reluctant to take HIV tests because of the fear of knowing their status and the stigma associated with a positive HIV/AIDS condition. She also raised her concern on the fact that the University's HIV/AIDS policy is only available in English. The Head feels that the policy needs to be translated into Tshivenda so that those with a low command of English can read and understand its contents with ease.

### **3.8 Conclusion**

This chapter reviewed the methods and techniques that were used to select the participants and to collect data. The total population was used as the size of the target group is small enough to include everyone in the study. Questionnaires were distributed and collected within a month and an interview with the HIV/AIDS Unit Head was conducted at the University of Venda.

## **CHAPTER 4: DATA ANALYSIS AND FINDINGS**

### **4.1 Introduction**

The SPSS version 19 and Microsoft Office Excel 2007 were used to analyse data. The data was obtained from respondents who were to indicate their degree of concurrence with statements under each category on the questionnaire. The allocation of values was as follows: 1 = strongly disagree, 2 = agree, 3 = neutral, 4 = agree and 5 = strongly agree. The responses were scored for purposes of data analysis. The scoring was as follows; a correct answer was given a 1, a wrong and a neutral answer was given a 0. Negatively worded items were reversed before scoring.

Frequencies were computed and data was represented by tables and charts. Chi-Square tests were used to assess any relationship between different variables like participants' educational level with knowledge, attitudes and perceptions and also participants' age with knowledge, attitudes and perceptions. As a result, the principal findings were that most service staff at the University of Venda has a high level of knowledge, attitude and perceptions of the university's HIV/AIDS response programmes. Furthermore, the participants' educational level and age are independent of their level of knowledge, attitudes and perceptions.

### **4.2 Demographic data**

The age group with the highest number of participants is the 51-60 years (29%) and the least is 61-70 years, (7%). Females dominated the participation with (58%), while males had (37%) participation and 5% was missing. Most of the participants, (46%), have secondary education. In addition, 20% of the participants have primary education and 25% have tertiary qualifications.

### 4.3 Knowledge based questions

The first question tested the participants’ knowledge on what HIV stands for. Many participants, (66%), agree that HIV is a syndrome. The table below shows the frequency and percentages related to the meaning of HIV; where knowledgeable is scored 1 and not knowledgeable is 0.

**Table 4.1 HIV Meaning**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	39	66.1	66.1	66.1
1	20	33.9	33.9	100.0
Total	59	100.0	100.0	

The statement relating to the HIV prevalence in South Africa was fairly answered. Those who are knowledgeable, (59%), are more than those not knowledgeable (41%). The table below shows that many participants are agreeable to the fact that South Africa has the highest number of people living with HIV/AIDS in the whole world.

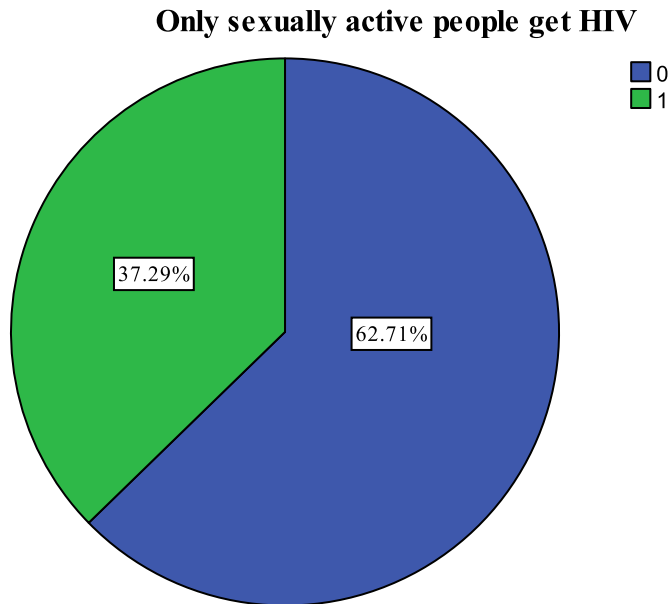
**Table 4.2 South Africa HIV Prevalence**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	24	40.7	40.7	40.7
1	35	59.3	59.3	100.0
Total	59	100.0	100.0	

In a related epidemiological question which seeks the respondents’ knowledge on the leading route of HIV transmission in South Africa.(65%) of the participants demonstrated that they are aware of the fact that sexual contact is the leading route.

A lack of knowledge was however shown on the variable related to who is prone to HIV infection. Quite a number of participants, (63%), indicated that they agree with the fact that only sexually active people can get HIV (n = 59) – which is wrong. The pie chart below summarises responses related to this variable, (where 1 represents knowledgeable and 0 not knowledgeable).





*Figure 4.2 HIV can only be acquired by sexually active people.*

HIV and AIDS programmes are guided by the legal instruments like the ILO Code of Practice on HIV/AIDS and the world of work, of 2001. Section 8 of this instrument that testing for HIV should be voluntary and treated with the utmost confidentiality. While the greater percentage of workers (59%) agreed that forcing workers to take an HIV test is against the law, a considerable fraction (30%) disagreed (n = 56).

One way that the University of Venda is responding to HIV/AIDS is through the development and implementation of an HIV/AIDS policy. Participants were tested to see whether they are aware of the existence of such a policy at the University of Venda. 28% were not sure, 52% agreed and 20% disagreed (n = 53). Although a bigger fraction of the participants agreed, the percentage is not very convincing as indicated by the pie chart below;

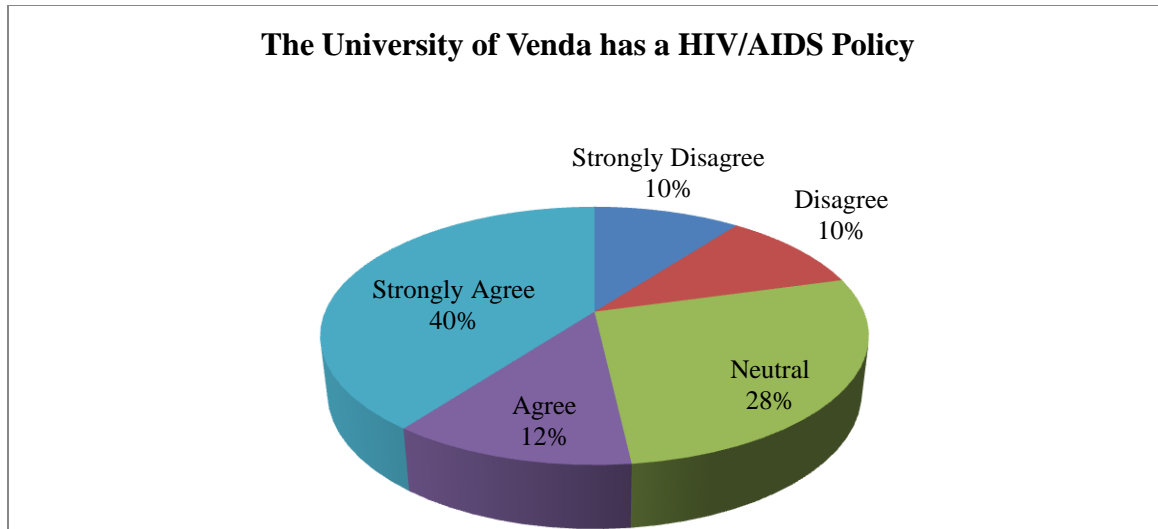


Figure 4.3 The University of Venda has a HIV/AIDS policy

An item that sought to ascertain whether participants are familiar with the fact that the HIV/AIDS policy is freely available to workers showed that 39% are not knowledgeable, and 61% are knowledgeable that the policy is freely available.

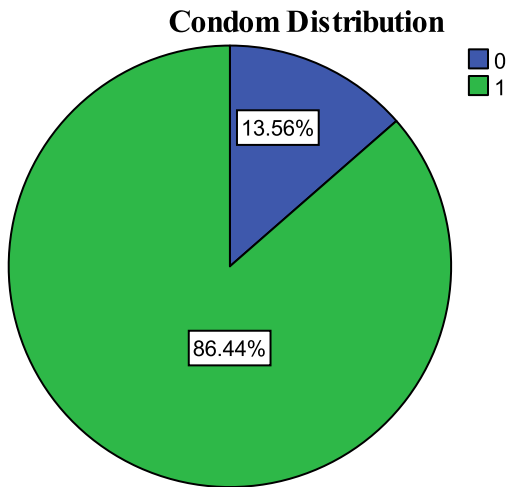
On the treatment and care programmes, 66% of the participants demonstrated that they are knowledgeable of the fact that the University of Venda assists its workers to access ARVs.

The statement on HIV counseling and testing received the most positive responses with close to 90% demonstrating some knowledge of the fact that they can get free HIV counseling and testing at the University. The table below shows the results on HIV counselling and testing;

**Table 4.3 HIV Counselling and Testing**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	5	8.5	8.6	8.6
1	53	89.8	91.4	100.0
Total	58	98.3	100.0	
Missing System	1	1.7		
Total	59	100.0		

Participants also indicated high levels of knowledge about the University’s prevention strategies. 86% agree with the fact that the University of Venda is distributing condoms as part of its prevention strategy as depicted by figure 4.4 below.



*Figure 4.4 Condom distribution is one of the University’s prevention strategies*

In summary, the level of the service staff’s knowledge on the University’s HIV/AIDS response programme is very high, mode = 7 as shown on the table below. The responses were computed to see how much each participant scored out of the ten questions on the knowledge category. The results showed that most service staff scored 7 out of 10 which is an indication of a good knowledge level.

**Table 4.4 Knowledge Level**

	Frequency	%	Valid Percent	Cumulative Percent
Valid 3	1	1.7	1.7	1.7
4	9	15.3	15.5	17.2
5	10	16.9	17.2	34.5
6	12	20.3	20.7	55.2
7	14	23.7	24.1	79.3
8	10	16.9	17.2	96.6
9	1	1.7	1.7	98.3
10	1	1.7	1.7	100.0
Total	58	98.3	100.0	
Missing System	1	1.7		
Total	59	100.0		

**Statistics**

Knowledge

N	Valid	58
	Missing	1
Mode		7

Discrepancies were, however, found in the general HIV/AIDS knowledge, which falls under HIV/AIDS education (one of the important HIV response programme). Workers confuse the HI virus and a syndrome as shown by a 66% of those who agreed that HIV stands for Human Immunodeficiency Syndrome. The results show a lack of conclusive knowledge of the epidemiological facts.

#### **4.4 Attitude based questions**

The attitude of participants towards the University's HIV and AIDS responses programme is very favourable, (mode score = 7). No significant relationship was found between the participants' attitude and their educational level as well as their age group, ( $p = 0.711$ ).

Participants exhibited a positive and favourable attitude towards working with HIV infected colleagues; 87% disagreed with the view that they can get HIV if they work close to a person with HIV. A bigger fraction (61%), knows that having HIV does not mean that one is dying. Furthermore, 66% of the participants disagreed with the assertion that appearance can determine

the HIV status of a person. Other positive results are that (68%) of the participants disagreed that people should only be concerned about HIV and AIDS only when they start to feel sick. 76% disagree with the fact that a worker with HIV or AIDS must not be allowed to continue working at the University.

On the issue of HIV prevention at the University, 56% disagree that HIV prevention should only be focused on students since workers know how to protect themselves. However, 44% agreed with this idea, as shown in the table below;

**Table 4.5 HIV prevention must be focused on students, workers know how to protect themselves**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	26	44.1	44.1	44.1
1	33	55.9	55.9	100.0
Total	59	100.0	100.0	

Many service staff, (71%) reported that their job is a hindrance to HIV/AIDS matters. Responses were scored where 1 represents the total of those whose job does not prohibit them from participating in HIV and AIDS matters and 0 was given to those who agree that their job is a hindrance. The following pie chart shows the frequencies;

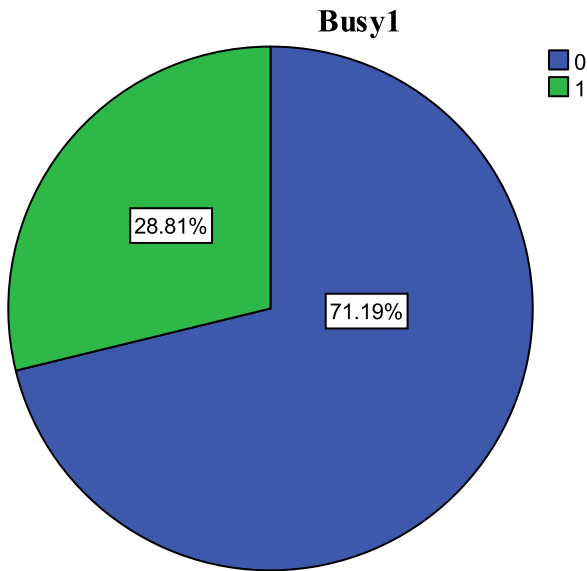


Figure 4.5 My job keeps me busy from worrying about HIV/AIDS matters

An impressive 83% indicated that participation in the University’s HIV and AIDS matters has nothing to do with one’s HIV status. Participants also demonstrated a positive attitude towards condom distribution by disagreeing with the view that the University is encouraging promiscuity by distributing free condoms, as shown on the chart below;

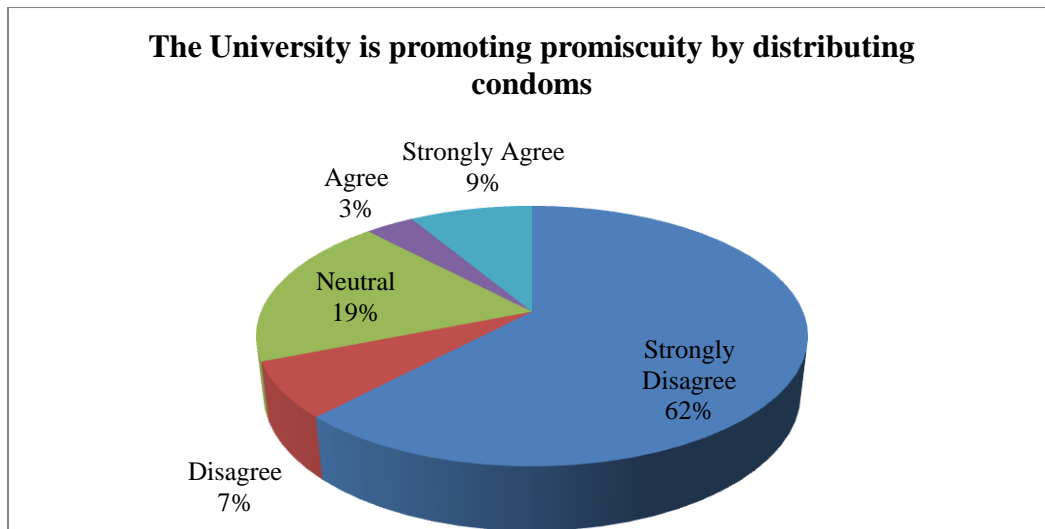


Figure 4.6 The University is promoting promiscuity by distributing condoms

In this attitude category, service staff at the University of Venda demonstrated a positive attitude towards HIV and AIDS response, as the mode is 7. Table 4.6 shows the results;

**Table 4.6 Attitude towards HIV/AIDS response programmes**

	Frequency	%	Valid Percent	Cumulative Percent
Valid 0	1	1.7	1.7	1.7
2	4	6.8	6.8	8.5
3	2	3.4	3.4	11.9
4	4	6.8	6.8	18.6
5	6	10.2	10.2	28.8
6	10	16.9	16.9	45.8
7	13	22.0	22.0	67.8
8	7	11.9	11.9	79.7
9	11	18.6	18.6	98.3
10	1	1.7	1.7	100.0
Total	59	100.0	100.0	

**Statistics**

Attitude

N	Valid	59
	Missing	0
	Mode	7

#### 4.5 Perception based questions

This section evaluates the perception of service staff towards HIV and AIDS response programmes that are undertaken by the University of Venda. Participants demonstrated favourable perceptions towards the HIV and AIDS response programmes, with a mode score of 7 out of ten.

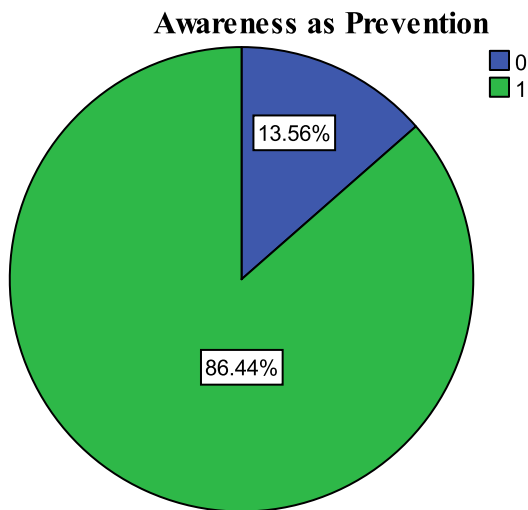
Participants were first asked a question related to perception of risk. They were asked whether they perceive everyone to be in danger of acquiring HIV. Only 51% agreed that everyone is at risk of acquiring HIV, as illustrated on the following table.

**Table 4.7 Anyone is in danger of acquiring HIV**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	29	49.2	49.2	49.2
1	30	50.8	50.8	100.0
Total	59	100.0	100.0	

The researcher also tested participants on the efficacy of condoms by asking them how they agree with the fact that the correct use of condoms can protect people from getting HIV. 82% agreed with this fact.

In another perception based question, participants perceive HIV and AIDS awareness programmes as a crucial undertaking in protecting people from HIV infection. 86% agreed. The chart below shows the results;



*Figure 4.7 HIV and AIDS awareness helps people to protect themselves from HIV infection*

Eighty-four percent of the participants agreed that one’s HIV status can only be ascertained by taking a HIV test. The researcher also wanted to check if participants perceive that stigma and discrimination is exacerbated by visiting the HIV/AIDS Unit for counselling and testing. Some mixed responses were obtained as 37% disagreed, 16% were neutral and 47% agreed. The



greater percentage of workers believes that stigma and discrimination can be exacerbated by visiting the HIV/AIDS Unit at the University.

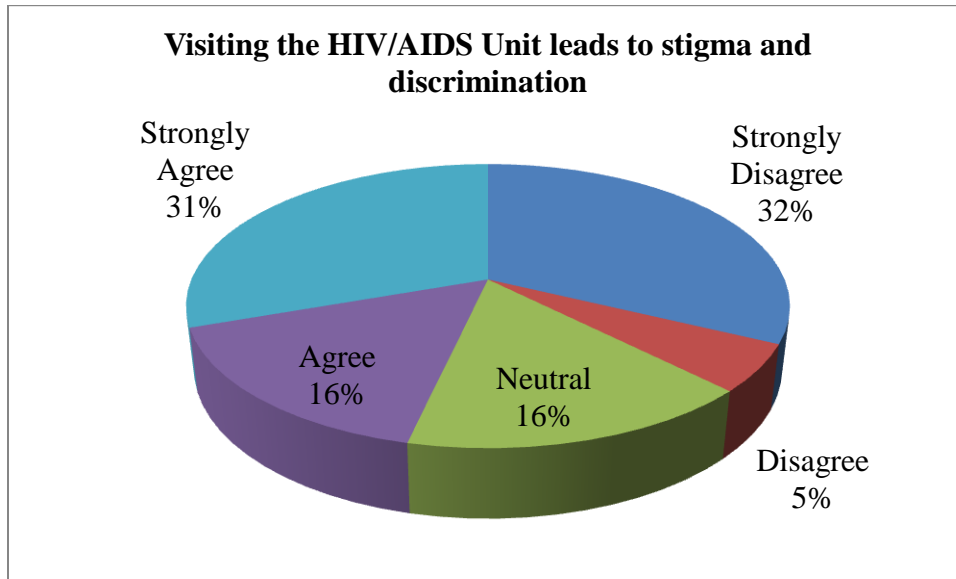


Figure 4.8 Visiting the HIV/AIDS Unit at the University leads to stigma and discrimination

The researcher tested participants' perception on voluntary disclosure of one's HIV status. Participants were asked if a worker can lose a job if he/she tells others that he/she has HIV. 81% showed that they are knowledgeable and disagreed with this statement.

Table 4.8 A person can lose a job if he/she tells others that he/she has HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	11	18.6	18.6	18.6
1	48	81.4	81.4	100.0
Total	59	100.0	100.0	

The researcher sought to assess the way in which the HIV and AIDS messages are presented to staff at the University of Venda. There is a concern that most notices are delivered by email and in English. Even the HIV/AIDS policy is in English only. Participants however, reported otherwise as 56% disagreed.

Furthermore, mixed responses were given on whether most HIV and AIDS messages are focused mostly on students. 51% disagreed; 49% agreed. The table below shows the results;

**Table 4.9 HIV and AIDS responses at the University are focused mainly on students**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	30	50.8	50.8	50.8
1	29	49.2	49.2	100.0
Total	59	100.0	100.0	

The researcher also assessed the participants' perceptions on the usefulness of getting tested at the University since it does not provide Anti-retroviral drugs. 61% indicated that although the University does not offer the drugs, it is still important to know one's HIV status.

Lastly, the researcher asked the participants' perception on why people should worry about HIV and AIDS and yet death is inevitable. Although 54% disagreed, 46% agreed.

Generally, service staff has positive and favourable perceptions of the HIV and AIDS response programmes that are engaged by the University of Venda. The most frequent score on the perceptions of workers is 7; which shows that most service staff have a positive perception towards the HIV and AIDS response programmes that the University of Venda is engaging. The scores are shown in table 4.10.

**Table 4.10 Participants’ scores on perception based questions**

		Frequency	%	Valid Percent	Cumulative Percent
Valid	2	1	1.7	1.8	1.8
	3	3	5.1	5.4	7.1
	4	1	1.7	1.8	8.9
	5	6	10.2	10.7	19.6
	6	14	23.7	25.0	44.6
	7	23	39.0	41.1	85.7
	8	8	13.6	14.3	100.0
	Total	56	94.9	100.0	
Missing	System	3	5.1		
Total		59	100.0		

**Statistics**

Perception

N	Valid	56
	Missing	3
Mode		7

#### 4.6 Relationship between variables

Cross tabulations were done to establish the relationship between the participants’ educational level with the three categories; knowledge, attitude and perceptions. The Pearson Chi-Square test revealed no significant relationship between knowledge level of participants and their educational level ( $p = 0.443$ ). The following table summarises the relationship between knowledge and educational level;

**Table 4.11 Chi-Square Tests - Relationship between knowledge and educational level**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.627	2	.443
Likelihood Ratio	1.603	2	.449
Linear-by-Linear Association	1.449	1	.229
N of Valid Cases	53		

The participants' attitude level is also independent of their educational level ( $p = 0.711$ ), as indicated on the table below.

**Table 4.12 Chi-Square Tests - Relationship between attitude and educational level**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.683	2	.711
Likelihood Ratio	.707	2	.702
Linear-by-Linear Association	.613	1	.434
N of Valid Cases	54		

The perceptions of the participants are not significantly related to their educational level as demonstrated on the table below;

**Table 4.13 Chi-Square Tests - Relationship between perceptions and educational level.**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.288	2	.193
Likelihood Ratio	3.073	2	.215
Linear-by-Linear Association	1.632	1	.201
N of Valid Cases	51		

To sum up, no significant relationship was found between the participants' ages and their knowledge level, ( $p = 0.444$ ). There was also no significant relationship between the participants' attitudes and their age, ( $p = 0.526$ ). Lastly, the participants' perceptions are also independent of their age as no significant relationship was found, ( $p = 0.095$ ).

#### 4.7 Qualitative results

Participants were asked to give their general comments on the way the University of Venda is responding to HIV and AIDS. 51 participants gave their comments and they demonstrated that they are aware of, and appreciate the University of Venda's HIV and AIDS response programmes. The provision of free counselling and testing and the free distribution of condoms were mentioned the most; with 41 participants mentioning them\*. Service staff upholds the distribution of condoms and HIV testing, which are crucial prevention tools in the management of HIV and AIDS. Some comments read; *“The University of Venda is trying its level best in educating and awareness of HIV/AIDS between staff and student. So far they are encouraging an individual to go and know their status”*. Another participant reported as follows; *“University iri testisa nga mahala, ra phakha condom mahala, ra counceiwa mahala, I nea dzi ARVs nga mahala, Irifha pfunzo ya HIV/AIDS nga mahala.”* Translated to, *“The University gives us free testing, we get condoms for free, we get free counselling, it gives free ARVs and it gives free HIV/AIDS education.”*

Others commented that the University is doing a good thing by holding workshops to teach workers about HIV and AIDS.

Others displayed some lack of knowledge by reporting that the University offers Antiretroviral drugs. Some even refer to the Antiretrovirals as a cure for AIDS. One of the participants reported that, *“Ngauri ri wana dzilafho nga mahala na condom.”* Translated to *“because we get cure and condoms for free”*. Another participant reported that workers that are found to have HIV get cured by saying *“I ri test mahala, ya phagela condom mahala na urivha dzilafho ngathedzi arali ndori ndi tshi testiwa nda wanala ndi na HIV. Nda dovha nda counselling ngathedzi”*. Translated to mean *“testing is free, condoms are free and we get cure if we are HIV positive”*. *I also get free counselling “Ndi livhuwa University ngauri iri nea ndingo mahala nau neiwa khuthadzo mahala na ARVs mahala”*. Translated to mean, *“I thank the University because it gives us free testing, free comfort and free ARVs”*. Firstly, there is no cure

\* In some cases, variables were mentioned separately.

for AIDS and secondly, according to the Head of the HIV/AIDS Unit, the University only assists by referring those infected to institutions that distribute them.

Others were not happy about the conduct of some workers as is stated in this quoted statement, *“Univhesiti I khou balelwa u tsireledza HIV naAIDS nga ndila ya u vhavha tshothe. Vhatsivhudza matshudeni vha dovha vhalala navho vhasina khondomu. Ndi mini yeyo?”* meaning, *“The University is clearly failing to prevent HIV and AIDS. They advise students and then have sex with them (students) without condoms. What is that?”*

This comment certifies the notion that people do not always practice what they know.

#### **4.8 Conclusion**

This chapter presented the findings of the study in which the service staff at the University of Venda demonstrated high levels of knowledge, positive attitudes and perceptions towards the university's HIV and AIDS response programmes.

## CHAPTER 5: DISCUSSION ON FINDINGS

### 5.1 Introduction

The focus of this study was to establish the University of Venda service staff's level of knowledge, attitudes and perceptions of HIV and AIDS response programmes at the institution. The results show that service staff possess high knowledge, have positive attitudes and have favourable perceptions towards the HIV and AIDS response programmes at the University of Venda. A very interesting scenario is portrayed here if one takes into consideration the results of the 2008-2009 HEAIDS study that reported that service staff had the highest HIV prevalence than other staff categories. A group of staff that recorded the highest HIV prevalence has demonstrated high levels of knowledge, positive attitudes and favourable perceptions of HIV and AIDS response programmes. Yet positivity towards HIV and AIDS response programmes assist to avert HIV infection and delays the progression of HIV into AIDS.

It can be argued that either, the University of Venda intensified its HIV and AIDS response programmes after the alarming 2008 -2009 HEAIDS study results or that, service staff do not practice what they know. In this case views by Hartel, (2005); Erulkar, Bekshinska & Cebekhulu, (2001); Williams et al.( 2000); Pfeffer & Sutton, (1999) and Freimuth (1992); , that there is always a gap between knowledge and action is affirmed. These scholars are of the view that many people are reluctant to act on acquired knowledge, as noted in the way Service staff at the University of Venda has the right levels of knowledge, attitudes and perceptions towards HIV and AIDS response programmes but, fail to translate these into practice.

This scenario, whereby the service staff possess high levels of knowledge, attitudes and perceptions and yet have the highest HIV prevalence (HEAIDS, 2010), might be a matter of failing to logically evaluate HIV and AIDS information in order to make healthy choices. Cohen's (1991) view that a person must possess the ability to receive, process and make sense of information in order to, for example, switch to safer behaviour, can help to explain the discrepancy between the findings of this study and the findings of the 2008-2009 HEAIDS study. The service staff at the University of Venda might be having challenges in receiving, processing

and making sense of the HIV and AIDS information in order to make rational decisions regarding HIV and AIDS.

In addition, the discrepancy can be attributed to Wilton & Aggleton's, (1991) remark that most HIV/AIDS information faces the danger of ideological contamination (Wilton & Aggleton, 1991). It is the people's ideologies that are rooted in their cultural, social and religious beliefs that influence behaviour, attitudes and perceptions towards the much stigmatised HIV and AIDS epidemic. This perception of fear of stigma is noted in one of this research findings where the greater fraction of participants reported that visiting the HIV/AIDS Unit exacerbates stigma and discrimination – a problem identified by Williams et al., (2000), cited in Dickinson, (2003), to be counter effective in the uptake of HIV prevention programmes at the workplace.

Findings from the qualitative question reveal that participants are aware of the HIV and AIDS response programmes and they appreciate them too. If the usage of such facilities like condoms and HIV counselling and testing is low, it is not caused by lack of knowledge of their existence, but, through other factors such as personal beliefs and/or the ideological contamination of health education by individuals that was identified by Wilton & Aggleton, (1991).



## **CHAPTER 6: CONCLUSION**

The study aimed to establish the level of knowledge, attitude and perceptions of service staff towards HIV and AIDS response programmes that are engaged at the University of Venda. The study found out that the University of Venda's service staff has high knowledge levels, positive attitude and favourable perceptions of HIV and AIDS response programmes at the University of Venda.

The findings of the study imply that the University of Venda is doing well in educating its workers as well as in creating an enabling environment that influences workers' attitudes and perceptions in a positive way.

### **6.1 Recommendations**

More attention must be given towards programmes that focus on behaviour considering that most service staff have a fair level of knowledge, positive attitudes and perceptions of HIV and AIDS response programmes at the University, but recorded the highest HIV prevalence in the HEAIDS 2008-2009 study. It is also recommended that ways must be devised to encourage workers to translate their knowledge, attitude and perceptions into action or practice.

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**ADDENDA**

**Addendum A -English Questionnaire**

**Demographic Questions**

**Please tick a suitable answer**

1. What is your gender?

Male

Female

2. Which one is your age group?

18-30 yrs

31-40 yrs

41-50 yrs

51-60 yrs

61-70 yrs

Other

3. Which of the following is your highest educational level?

Primary

Secondary

Tertiary

Other

4. *Please indicate how you agree with the following statement; (1) is for Strongly Disagree, (2) is for Disagree, (3) is for Neutral, (4) is for Agree and (5) is for Strongly Agree*

<b>Knowledge Based Questions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
HIV stands for Human Immunodeficiency Syndrome					
South Africa has the highest number of people living with HIV/AIDS in the whole world					
Sexual contact is the leading route of HIV transmission in South Africa					

Only sexually active people can get HIV					
Forcing workers to take a HIV test is against the law					
The University of Venda has a HIV/AIDS policy.					
The University's HIV/AIDS policy is freely available to every worker					
The University helps workers who are living with HIV and AIDS to get ARVs					
I can get a free HIV counselling and testing at the University					
Condom distribution is one of the University's HIV prevention strategy					
<b>Attitude Based Questions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I can get HIV if I work close to a person with HIV					
Having HIV or AIDS means that a person is dying very soon					
You can tell if a person has HIV or AIDS by looking at his/her appearance					
A person must be concerned about HIV and AIDS only if he/she start to get sick					
HIV and AIDS is a family matter, it has nothing to do with my job.					
A person with HIV or AIDS must not be allowed to continue working at the University					
HIV prevention must be focused on students, workers know how to protect themselves.					
My job keeps me busy from worrying about HIV and AIDS matters					
Participating in the University's HIV and AIDS matters shows that a person has HIV					

The University is promoting promiscuity by distributing condoms					
<b>Perception Based Questions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Any person is in danger of getting HIV					
Correct use of condoms can protect people from getting HIV					
HIV and AIDS awareness helps people to protect themselves from HIV infection					
I can only know that I have HIV if I get tested for HIV					
Visiting the HIV/AIDS Unit at the University leads to stigma and discrimination					
A person can lose a job if he/she tells others that he/she has HIV					
HIV/AIDS messages from the University focus mainly on those who can understand English					
HIV and AIDS responses at the University are focused mainly on students					
It is useless to get tested for HIV at the University because it does not provide ARVs					
Why bother about HIV prevention, everyone is going to die					

5. What are your general comments on the way the University is responding to HIV and AIDS?

Thank you for participating in this study.

## Addendum B - Tshivenda Questionnaire

### QUESTIONNAIRE (TSIVHENDA)

#### Demographic Questions

*Khou hambela uri vha/ni nange phindulo ire yone.*

1. Mbeu yanu ndi ifhiho?

Tshinna

Tshisadzi

2. Minwaha yanu i wela ngafhi?

18-30 yrs

31-40 yrs

41-50 yrs

51-60 yrs

61-70 yrs

Zwinwe

3. Kha zwi tevhelaho, ndi pfunzo ifhiho ine ya vha ya nthesa?

Phuraimari

Sekhondari

Theshiari

Zwinwe

4. *Kho hambela uri ni sumbedze uri ni khou tendela hani na zwi siyethimende zwi tevhelaho. (1) U hanedzana na zwo iwa tshothe (2) Khou tou hanedza (3) Zwi vhukati (4) U tendelana na zwo (5) U tendelana na zwo iwa tshothe*

Mbudziso dza zwine wa divhisa nga zwo	1	2	3	4	5
HIV yo imela Human Immunodeficiency Syndrome					
South Africa ina vhathu vhanzhi vhane vha vha na HIV/AIDS kha dzhangano lothe					
Vhudzekani ndi ndi ndila ine ya pfukisa AIDS South Africa					
Vhathu vhane vha ita zwa vhudzekani ndivhone vhane vha nga wana HIV					
U kombetshedza vhashumi u dzhia ndingo dza HIV a zwiho mulayoni					
Yunivesithi ya Venda i na pholisi wa HIV na AIDS					



Yunivesithi iyi in a pholisi ya HIV/AIDS i wanala mahala kha mushumi mun'we na mun'we					
Yunivesithi i thusa vhashumeli vhayo vhane vha khou tshila na HIV u wana dzi ARVs					
Ndi a kona u lingwa malofha iwa fhedzi na u dovha hafhu nda khuthadziwa hafha Yunivesithi					
Ndila ine Yunivesithi ya ishumisa kha u thivhela HIV ndi u nea dzikhondomu lwafhedzi ^					
<b>Mbudziso dza uya nga mikhwa</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Ndi nga wana HIV arali ndi tshi shuma tsini na muthu are na HIV					
U vha na HIV kana AIDS zwi amba uri muthu u kho do lovha hu si kale ^					
Muthu are na HIV kana AIDS u vhonala nga zwine a vha zwone					
Muthu u fanela u vhilahela nga HIV na AIDS arali a tshi vho thoma u iwala					
HIV na AIDS ndi thaidzo ya muta hu si ri ya mushumo wanga ^					
Muthu are na HIV kana AIDS ha ngo fanelwa u isa phanda na u shuma Yunivesithi ^					
U thivhela HIV zwi tea u livhiswa kha matshudeni, vashumi vha a divha i di tsireledza vhone vhane ^ ^ ^					
Mushumo wanga u nthusa uri ndi sa le mbilu nga dwadze ili la HIV/AIDS ^					
U dzhenelela kha mafhungo a HIV/AIDS afha Yunivesithi zwi amba uri iwe una HIV					
Yunivesithi i khou nanisa vhuada nga u nea dzikhondomu i dzi ^ ^ ^ ^					

Mbudziso dza ku vhonele	1	2	3	4	5
Muthu munwe na munwe u kha khombo ya u wana HIV					
U shumisa condom nga ndila yone zwinga thivhela vhatu uri vha songo wana HIV					
Ndivhadzo dza HIV na AIDS dzi thusa vhatu uri vha di tsireledze nga u fariwa nga HIV					
Ndi nga divha uri ndina HIV arali ndo thesithiwa HIV					
U dalela HIV/AIDS Unithi Yunivesithi zwi siya tshono na thalulo					
Muthu a nga fhelelwa nga mushumo arali a vhudza vhatu uri na HIV					
Milaedza ya HIV na AIDS yo no bva Univesithi I sedzesa nga maanda kha vhatu vhane vhane vha pfesesa tshi-isimani/English					
Dzipindulo dza HIV na AIDS Yunivesithi dzi sedzesa/fokhasa nga maanda kha matshudeni					
Ndi vhu dahelo u thesithiwa HIV Yunivesithi nga uri a vha na dzi ARVs					
Mulandu ri tshi nga vhilahela nga u thivhela HIV, munwe na munwe u khou do fa					

5. Nwalani vhu di pfi hanu nga/kha ndila ine Univesithi ya khou dzhiela vhukando HIV na AIDS?

Ndi khou livhu no dzhenelela kha ngudo heyi.

**FIGURES**

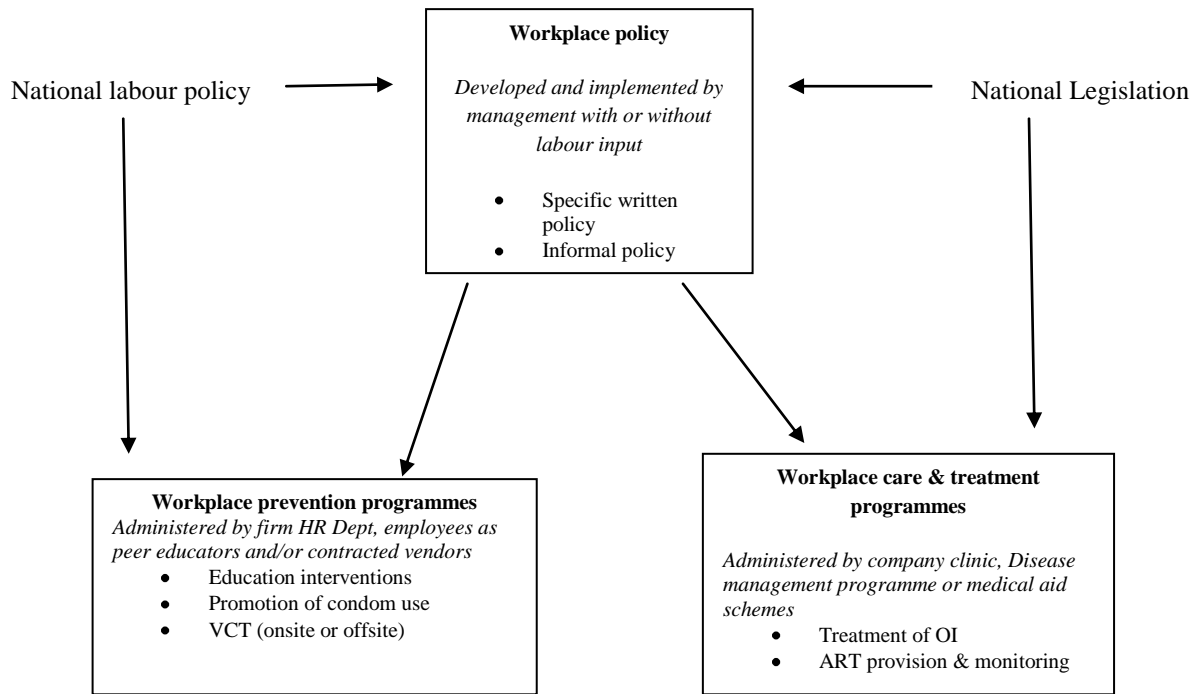


Figure 2.1 Conceptual model of workplace HIV/AIDS programmes for large firms. Adopted from Mahajan, Colvin, Rudatsikira and Ettl, (2007:53)

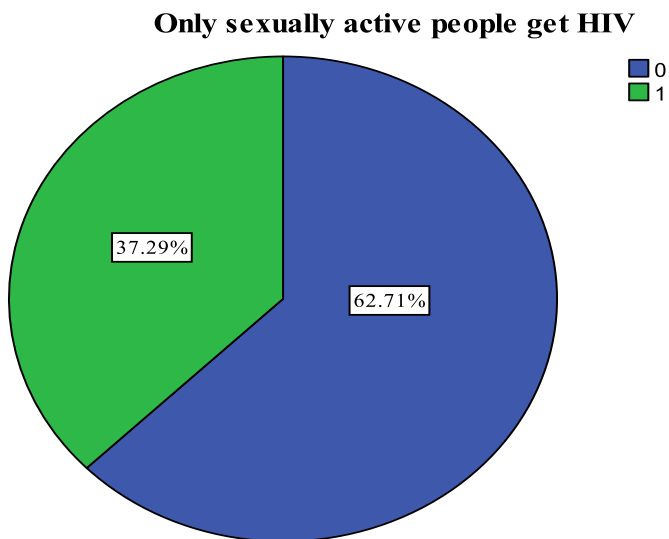


Figure 4.2 HIV can only be acquired by sexually active people.

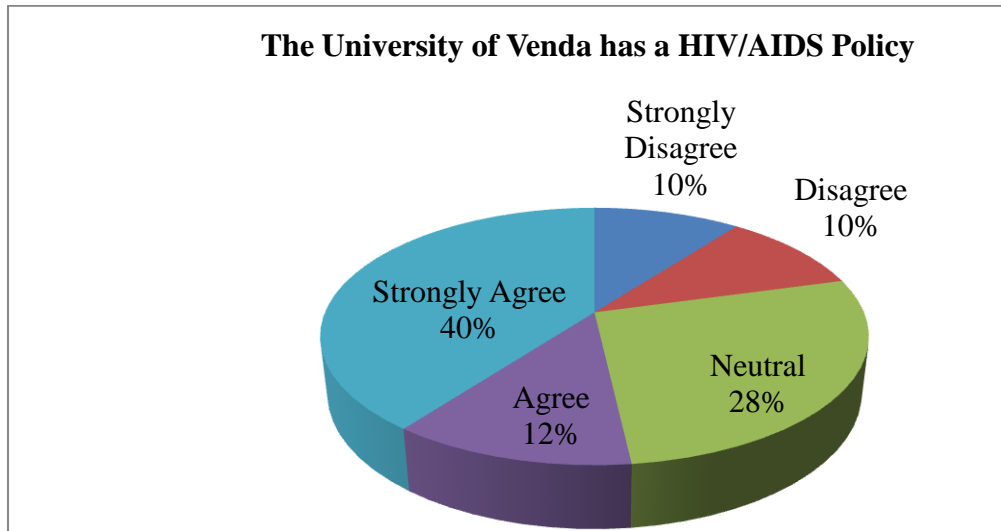


Figure 4.3 The University of Venda has a HIV/AIDS policy

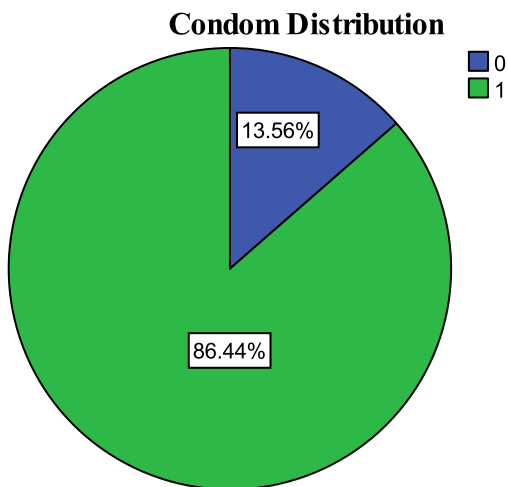


Figure 4.4 Condom distribution is one of the University's prevention strategies

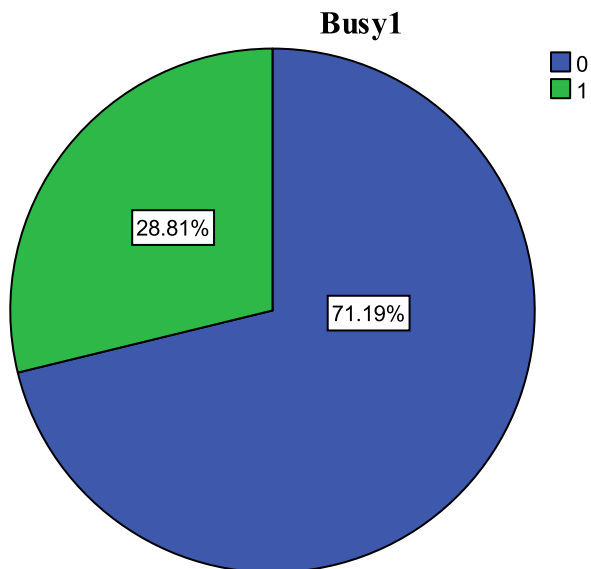


Figure 4.5 My job keeps me busy from worrying about HIV/AIDS matters

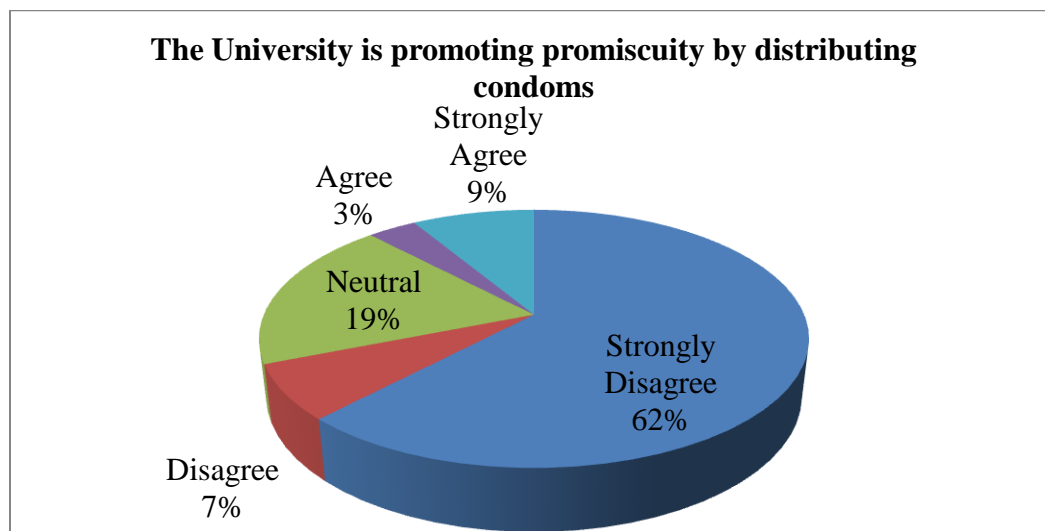


Figure 4.6 The University is promoting promiscuity by distributing condoms

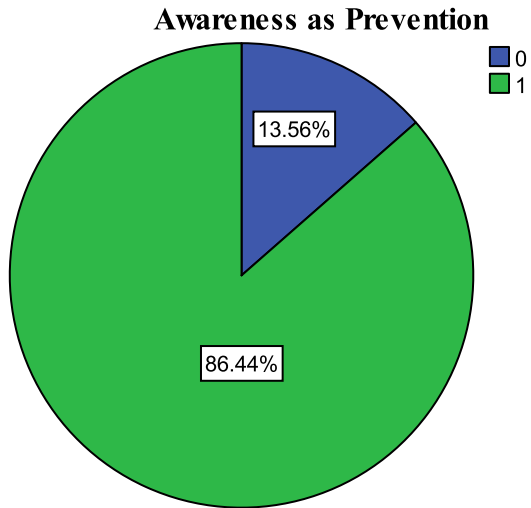


Figure 4.7 HIV and AIDS awareness helps people to protect themselves from HIV infection

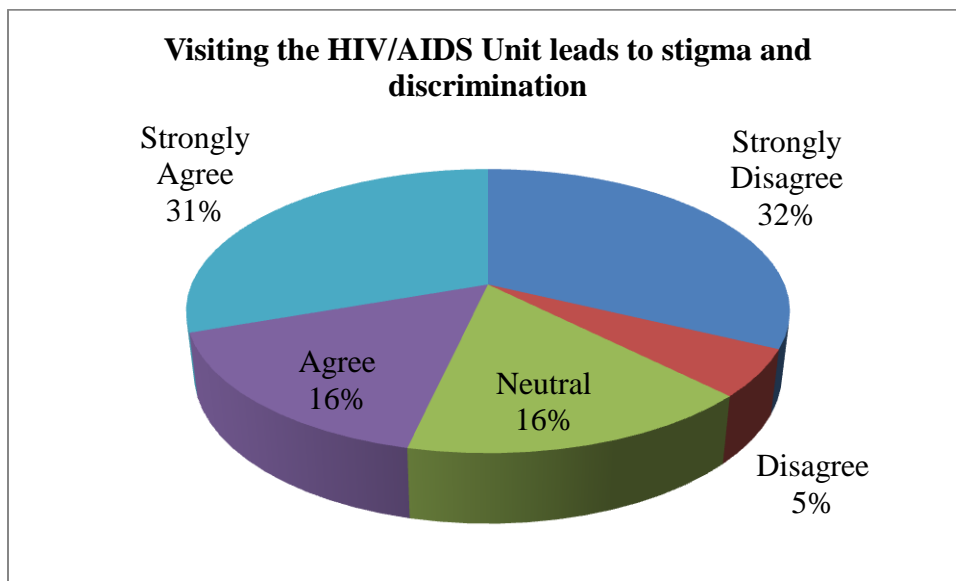


Figure 4.8 Visiting the HIV/AIDS Unit at the University leads to stigma and discrimination

**TABLES**

Table 4.1 Meaning of HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	39	66.1	66.1	66.1
1	20	33.9	33.9	100.0
Total	59	100.0	100.0	

Table 4.2 South Africa has the highest number of people living with HIV and AIDS in the whole world

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	24	40.7	40.7	40.7
1	35	59.3	59.3	100.0
Total	59	100.0	100.0	

Table 4.3 I can get free HIV counselling and testing at the University

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	5	8.5	8.6	8.6
1	53	89.8	91.4	100.0
Total	58	98.3	100.0	
Missing System	1	1.7		
Total	59	100.0		

Table 4.4 Knowledge level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	1.7	1.7	1.7
	4	9	15.3	15.5	17.2
	5	10	16.9	17.2	34.5
	6	12	20.3	20.7	55.2
	7	14	23.7	24.1	79.3
	8	10	16.9	17.2	96.6
	9	1	1.7	1.7	98.3
	10	1	1.7	1.7	100.0
	Total	58	98.3	100.0	
Missing	System	1	1.7		
Total		59	100.0		

Statistics  
Knowledge

N	Valid	58
	Missing	1
Mode		7

Table 4.5 HIV prevention must be focused on students, workers know how to protect themselves

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	26	44.1	44.1	44.1
	1	33	55.9	55.9	100.0
	Total	59	100.0	100.0	



Table 4.6 Attitude towards HIV/AIDS response programmes

	Frequency	%	Valid Percent	Cumulative Percent
Valid 0	1	1.7	1.7	1.7
d 2	4	6.8	6.8	8.5
3	2	3.4	3.4	11.9
4	4	6.8	6.8	18.6
5	6	10.2	10.2	28.8
6	10	16.9	16.9	45.8
7	13	22.0	22.0	67.8
8	7	11.9	11.9	79.7
9	11	18.6	18.6	98.3
10	1	1.7	1.7	100.0
Total	59	100.0	100.0	

**Statistics**

Attitude

N	Valid	59
	Missing	0
Mode		7

Table 4.7 Anyone is in danger of acquiring HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	29	49.2	49.2	49.2
1	30	50.8	50.8	100.0
Total	59	100.0	100.0	

Table 4.8 A person can lose a job if he/she tells others that he/she has HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	11	18.6	18.6	18.6
1	48	81.4	81.4	100.0
Total	59	100.0	100.0	

Table 4.9 HIV and AIDS responses at the University are focused mainly on students

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	30	50.8	50.8	50.8
1	29	49.2	49.2	100.0
Total	59	100.0	100.0	

Table 4.10 Participants' scores on perception based questions

	Frequency	%	Valid Percent	Cumulative Percent
Valid 2	1	1.7	1.8	1.8
3	3	5.1	5.4	7.1
4	1	1.7	1.8	8.9
5	6	10.2	10.7	19.6
6	14	23.7	25.0	44.6
7	23	39.0	41.1	85.7
8	8	13.6	14.3	100.0
Total	56	94.9	100.0	
Missing System	3	5.1		
Total	59	100.0		

**Statistics**

Perception

N	Valid	56
	Missing	3
Mode		7

Table 4.11 Chi-Square Tests - Relationship between knowledge and educational level

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.627	2	.443
Likelihood Ratio	1.603	2	.449
Linear-by-Linear Association	1.449	1	.229
N of Valid Cases	53		

Table 4.12 Chi-Square Tests - Relationship between attitude and educational level

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.683	2	.711
Likelihood Ratio	.707	2	.702
Linear-by-Linear Association	.613	1	.434
N of Valid Cases	54		

Table 4.13 Chi-Square Tests - Relationship between perceptions and educational level.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.288	2	.193
Likelihood Ratio	3.073	2	.215
Linear-by-Linear Association	1.632	1	.201
N of Valid Cases	51		