

**THE VALUE OF LOCAL LANGUAGE IN THE MANAGEMENT OF HIV/AIDS
IN THE WORLD OF WORK**

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Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2009

Abstract

This study aims to investigate the significant role local language plays in the dissemination of life saving HIV/AIDS information in the World of Work in particular and the community at large in general. The objective is to focus on language usage as an impediment to HIV/AIDS prevention, in the event that local language is ignored.

In this study a sample of 79 participants from three workplaces within the Cape Metropolitan Area and Wine Land District was accessed. The workplaces include City of Cape Town Municipality, South African Nylon Spinners in Bellville South and Waltons Stationaries Stellenbosch and Somerset-West.

The results of the KAP survey, which was conducted for this study, reflect no significant difference between language preference and knowledge as well as attitudes and perceptions.

It is strongly recommended that further studies be conducted, in order to determine whether a specific language approach to impart HIV/AIDS information is indeed an impediment for intervention strategies.

Opsomming

Met hierdie studie word beoog om die insiggewende rol wat die gebruik van gemeenskapstaal speel, in die oordra van lewensbelangrike MIV/VIGS inligting, in die wêreld van werk, asook in die breë gemeenskap oor die algemeen.

Die doel is om die fokus te plaas in hoe 'n mate taalgebruik as 'n hindernis is in die voorkoming van MIV/VIGS, indien gemeenskapstaal geïgnoreer word.

In hierdie studie is 'n steekproef van 79 werknemers van drie werksplekke in en rondom die Kaapstadse Metropolitaanse Area asook die Wynland Distrik gedoen. Hierdie werksplekke sluit in Die Munisipaliteit Kaapstad, South African Nylon Spinners en Waltons Stationaries Stellenbosch en Somerset – Wes.

Die resultate van die KAP opname en ondersoek, wat vir hierdie studie gebruik is, reflekteer geen beduidende verskil tussen taalvoorkeur en kennis sowel as houdings en persepsies nie. Dit word ten sterkte aanbeveel dat verdere studies in dié verband uitgevoer word, om te kan bepaal of 'n spesifieke taalbenadering in die oordrag van MIV/VIGS inligting wel as 'n hindernis vir intervensiestrategieë is.

Acknowledgement

In the course of conducting this study, compiling the KAP survey questionnaire and interviewing respondents, I had tremendous invaluable assistance from the best of academics at US as well as dedicated managers of various work settings, who displayed their passionate care as I do about the state of HIV/AIDS in our country.

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I would also like to thank Herman and Elisabeth Van der Watt, who helped with the distribution of the questionnaires and the collection thereof from the workers at City of Cape Town Municipality, Zirch and Rozanda Adams as well as Candice Carstens respectively responsible for the distribution and collection of the questionnaires at South African Nylon Spinners and Waltons.

Through it all, Anja Laas, who is quite an asset at the Africa Centre at US, simply was without equal in her ability to fix all of my requests instantly. As always, I am ever so grateful to my husband and sole mate, for his love, understanding, continuous support and encouragement.

Finally, to the management at the Africa Centre, under the peerless leadership of professor Jan Du Toit, for the efforts to equip students from across the globe with the necessary skills in addressing the challenges of HIV/AIDS in their regions and communities.

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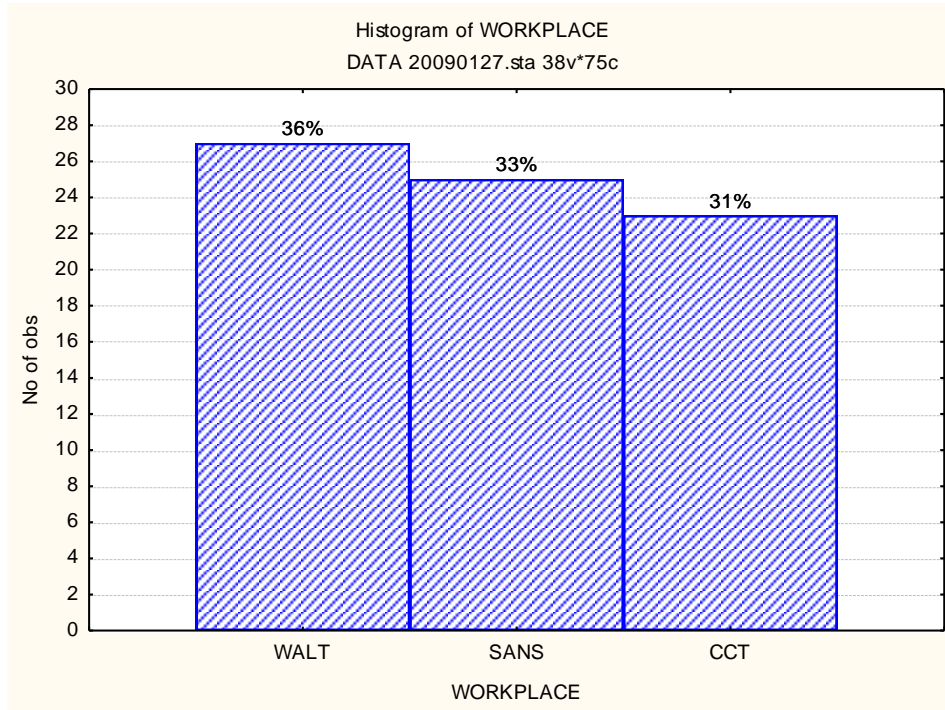
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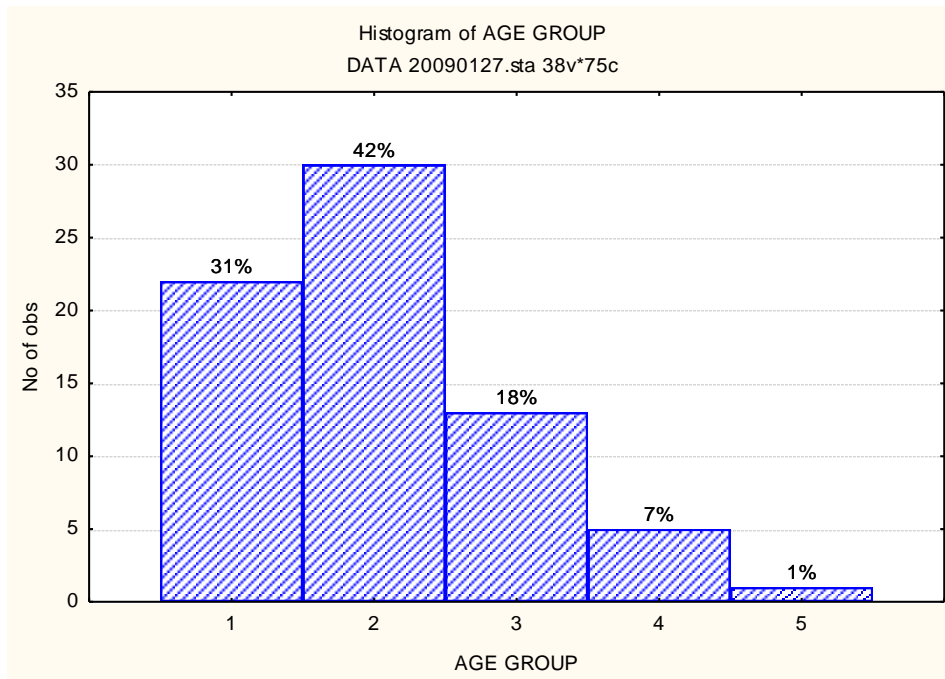
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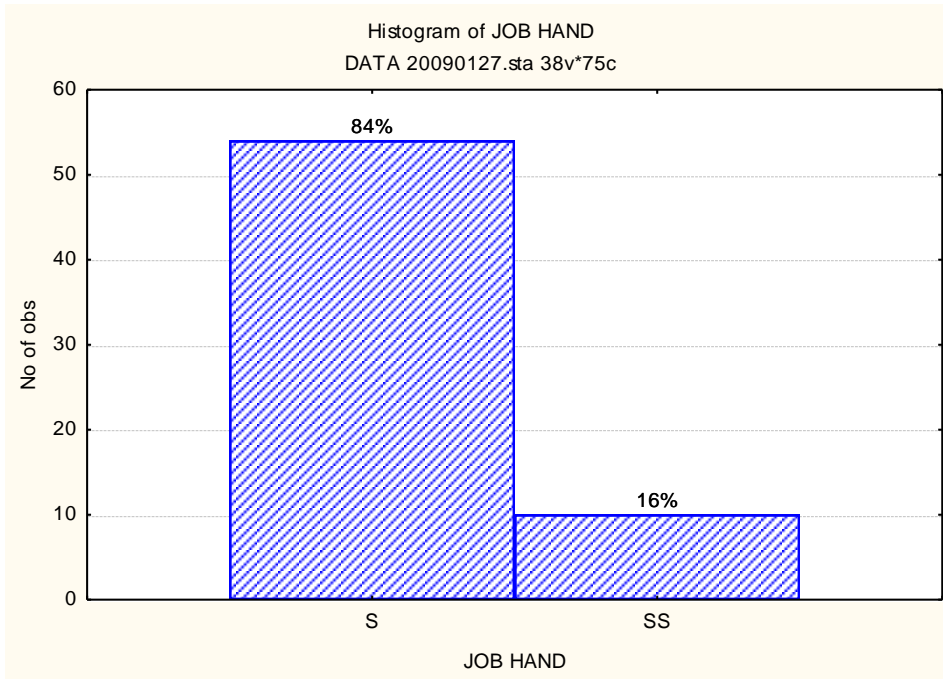
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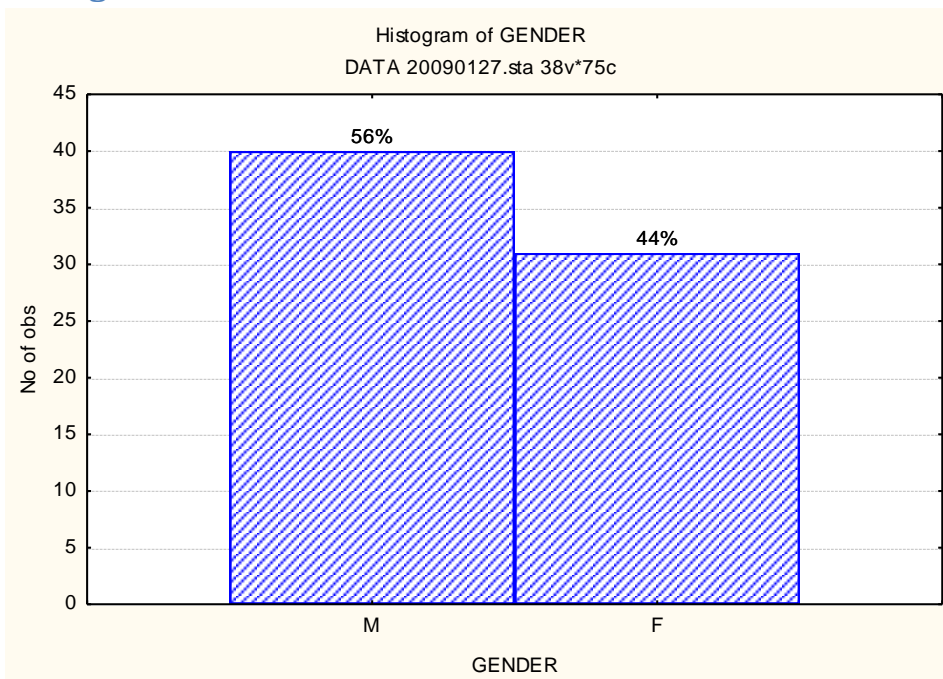
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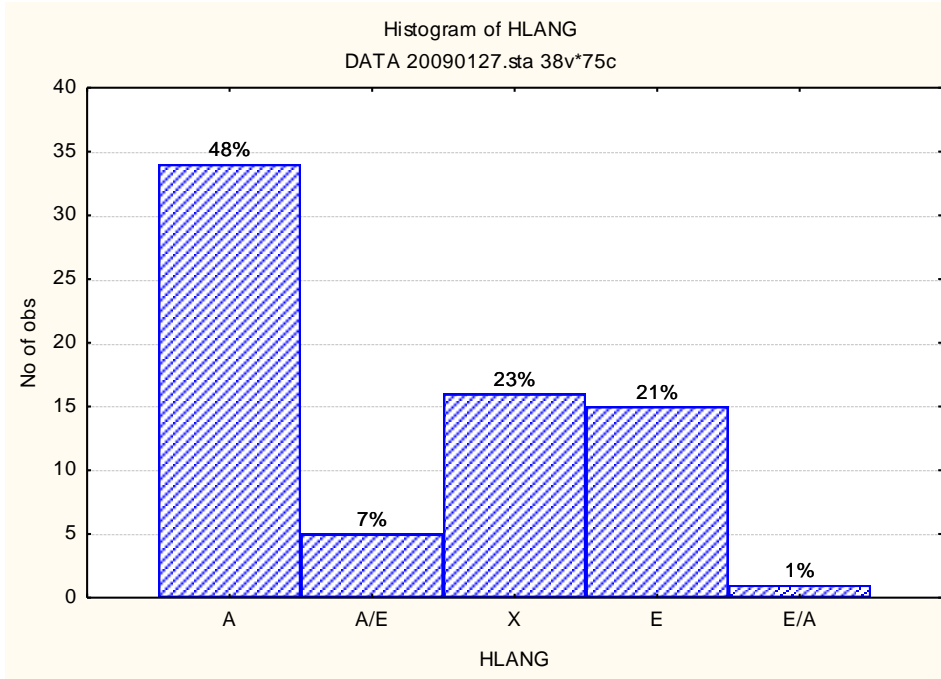
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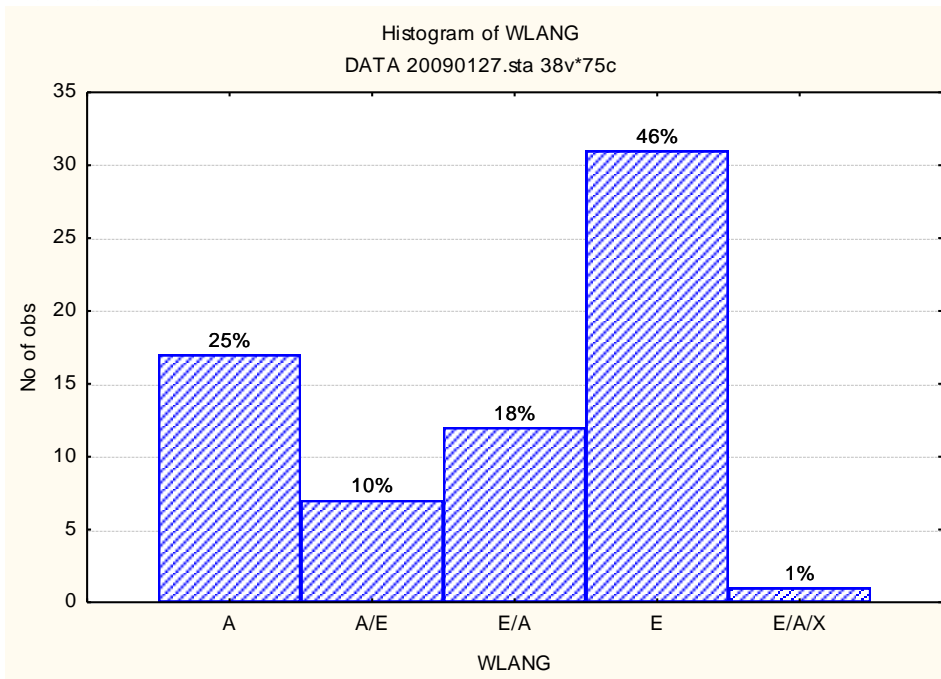
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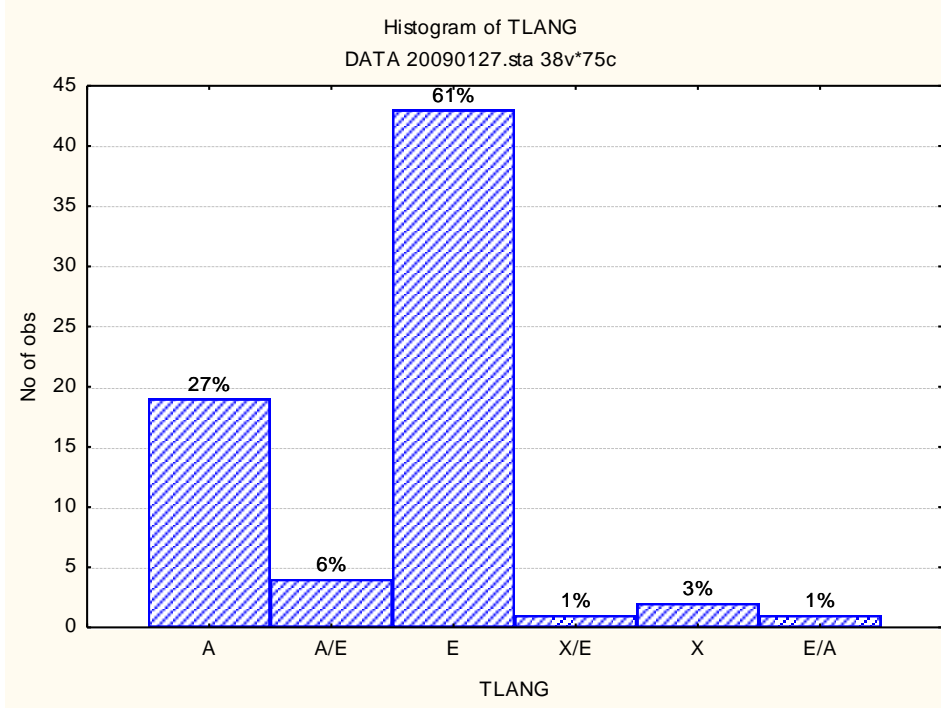
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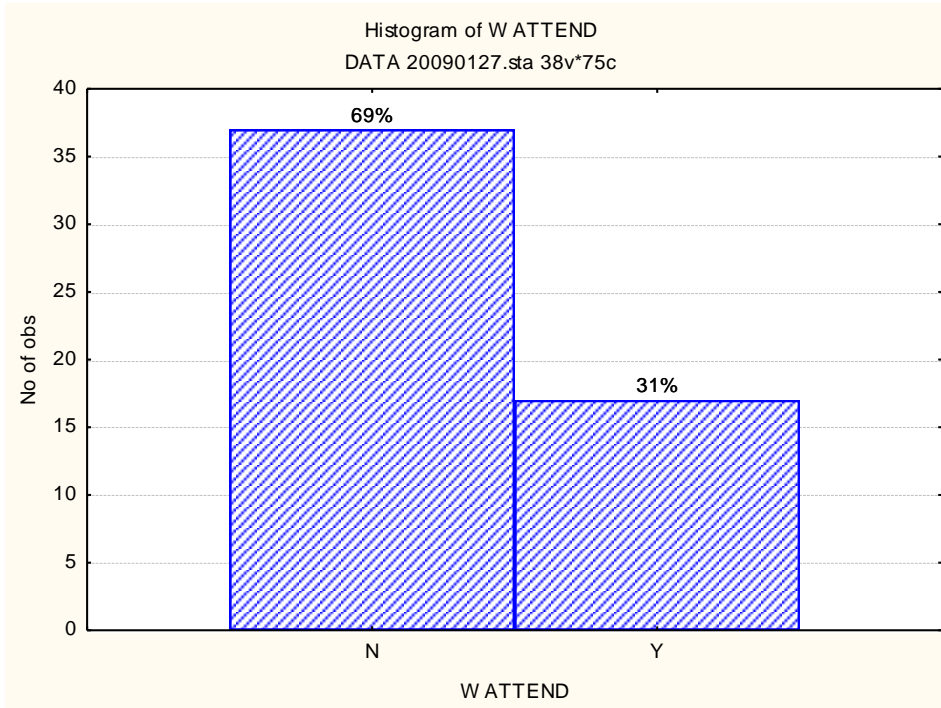
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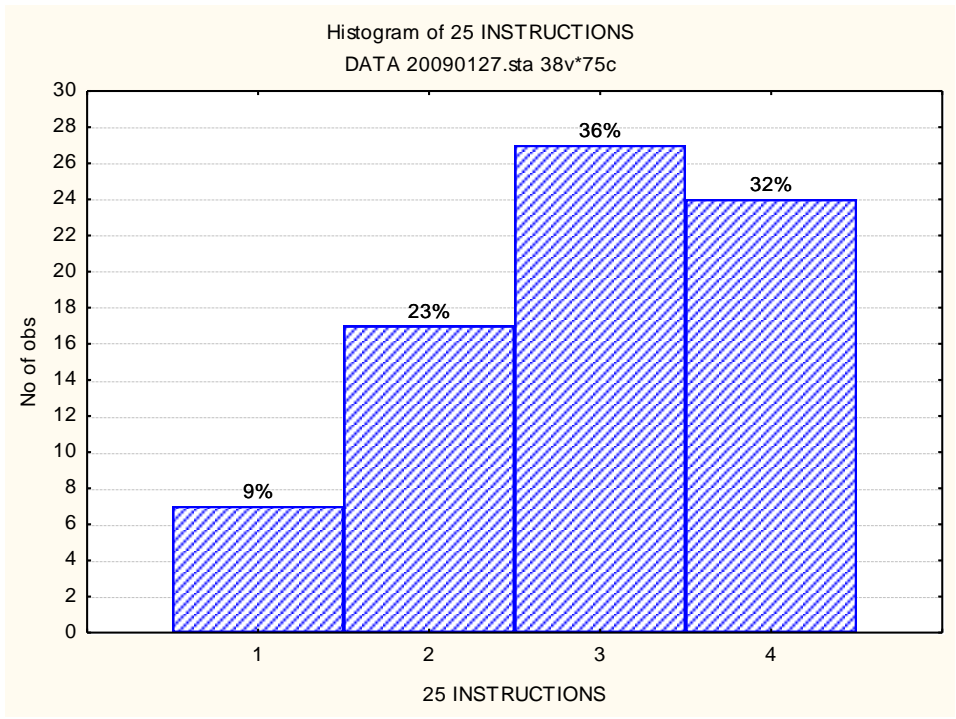


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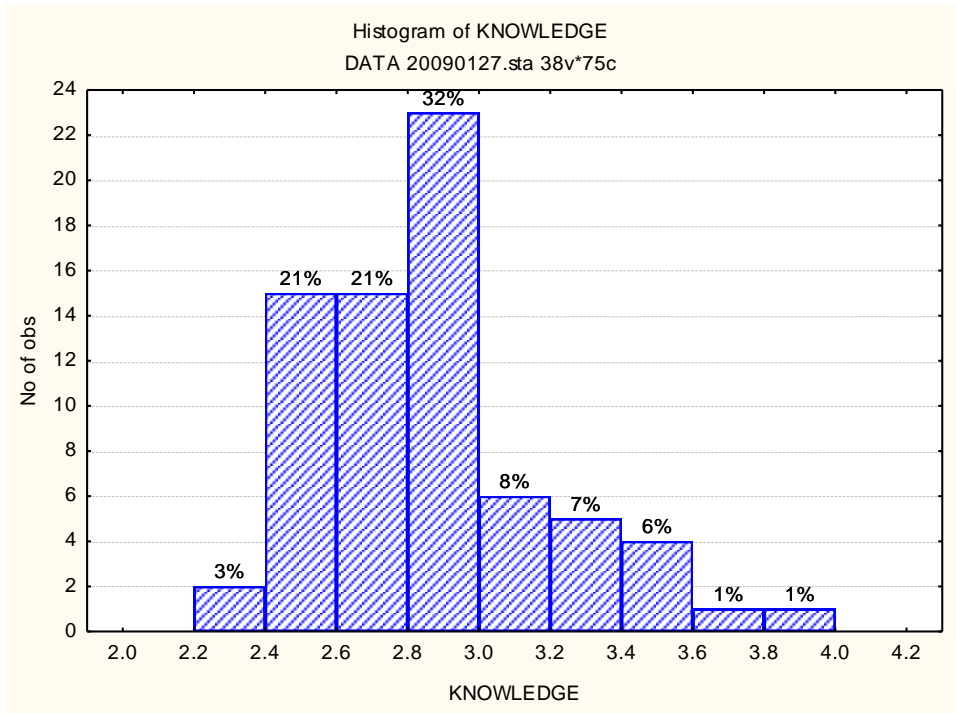


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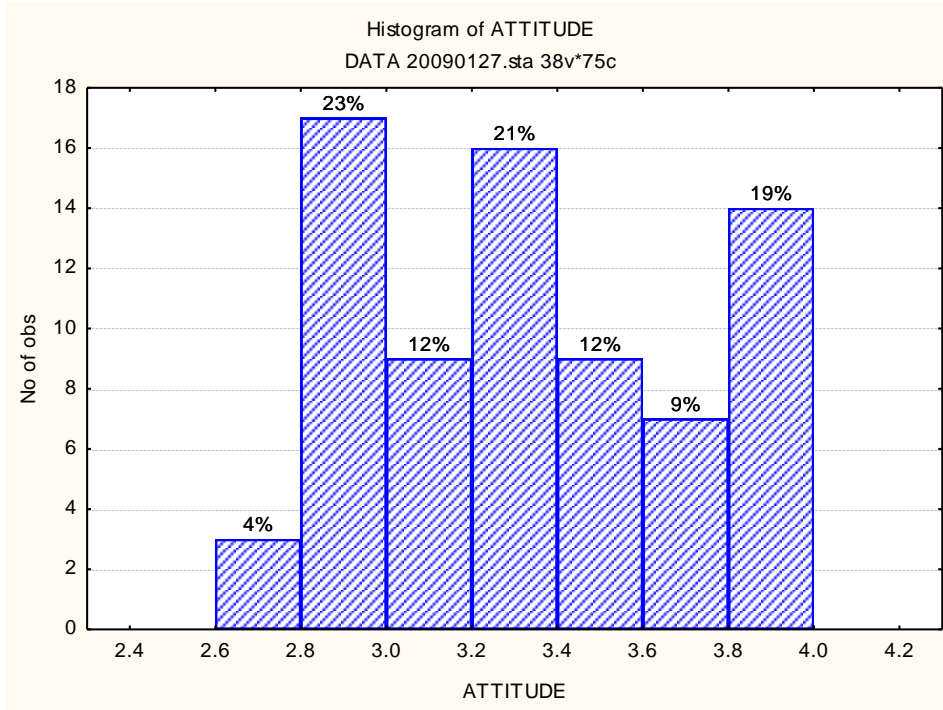




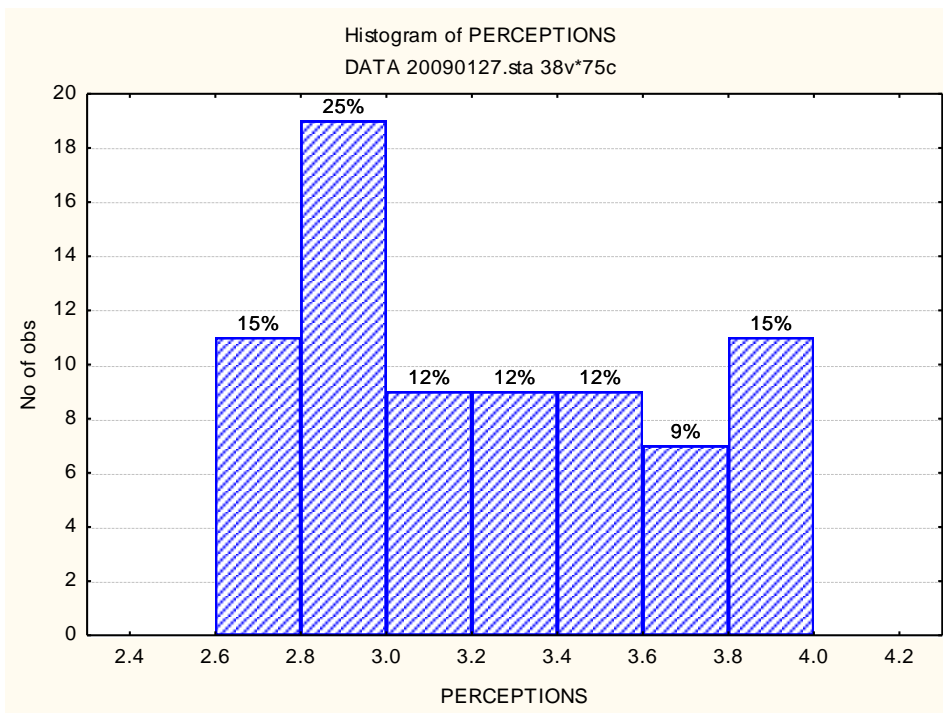
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Frequency table: WORKPLACE (DATA 20090127.s				
Category	Count	Cumulative Count	Percent	Cumulative Percent
WALT	27	27	36.00000	36.0000
SANS	25	52	33.33333	69.3333
CCT	23	75	30.66667	100.0000

Bootstrap test; variable ATTITUDE (DATAxNr Probabilities for Post Hoc Tests				
Cell No.	HLANG	{1}	{2}	{3}
		3.3726	3.5479	3.2396
1	A		0.1545	0.2985
2	X			0.0585
3	E			

Bootstrap test; variable KNOWLEDGE (DATAxN 20090127.sta)

Bootstrap test; variable KNOWLEDGE (DATAxN 20090127.sta) Probabilities for Post Hoc Tests				
Cell No.	WORKPLACE	{1}	{2}	{3}
		2.7877	2.7440	3.0076
1	WALT		0.9285	0.0555
2	SANS			0.0555
3	CCT			

WORKPLACE; LS Means (DATAxN 20090127.sta)

Chapter 1

1.1 Introduction

“The language we use to conceptualize and talk about HIV/AIDS reflects our understanding or lack of understanding. It also helps shape our own and others’ attitudes about HIV/AIDS”.

This statement is but one of many in recent times that highlights the pivotal roles of language and culture when dealing with information on HIV/AIDS, and of late places this issue within the public debate. Amid all efforts by powerful organizations to improve on the existing priorities such as *increasing social mobility, scaling up public health interventions, structural interventions, improving surveillance and monitoring as well as ongoing research*, the destructive force of HIV/AIDS remains a stark reality.

While the world is fervently waiting for a possible breakthrough in the discovery of a vaccine against HIV/AIDS, the latest United Nations Global Report on AIDS indicates that the global AIDS burden is still harshest in Southern Africa, with nine countries accounting for 35 percent of all HIV infections and 38 percent of AIDS deaths in 2007. What is however very appalling is that the report indicates that South Africa continuous to have the largest epidemic than any other country with an estimated 5.7 million people living with HIV/AIDS, and that among 15-24 year olds in South Africa women and girls account for more than 90 percent of new infections (UNAIDS, 2008).

A first glance at the comprehensive global reports and quotations in numerous articles, medical journals and researches, reflect that the pandemic already has reached catastrophic proportions. In their ground breaking work, *Ethics and AIDS in Africa*, Van Niekerk and Kopelman postulate that the horrific statistics about the nature and scope of the pandemic is self-evident that HIV/AIDS is a catastrophe (Van Niekerk, 2005, p102).

However, it is important to acknowledge the sterling work done by many stakeholders country wide and throughout the African regions as a response to a disease that at the last count blighted the lives of so many South Africans already. Within the broader South African business

perspective it is noted that many companies affiliated to the Global Business Coalition, rose to the challenge and are currently implementing policies and intervention programs, which are claimed to guarantee success. Enough evidence exists that the workplace can become a powerful platform for action in HIV/AIDS prevention.

It is against the above background that this paper is aimed to establish in what measure additional strides can be made to turn the tide of this epidemic, which has been described in so many writings, reports and researches as an invisible force that has the power to knock out whole economies, uproot families and destroy regions (UNAIDS, 2002).

1.2 Objectives

With this study it is envisaged to:

- provide knowledge on the power of language in presenting life saving HIV/AIDS facts and information in the World of Work, that would increase the sensitivity and understanding of Management, NGO's, the private sector, the three spheres of government as well as other stakeholders participating in dissemination of information regarding HIV/AIDS
- address the lack of a seemingly culturally linguistic approach in HIV/AIDS informative sessions, adverts and workshops in local communities in general and in the workplace in particular
- raise awareness about the human rights issues pertaining to language use in HIV/AIDS dissemination of information
- determine through a KAP survey the public opinion among respondents in the Western Cape whether language in fact is an impediment in the combating of HIV/AIDS
- urge international and national agencies, NGO's and workplace management towards a more language sensitive approach when presenting life-saving HIV/AIDS information
- urge all stakeholders including the infected and affected, as well as service providers and governments, to come out in full force in an effort to help turn the tide of HIV/AIDS.

1.3 Research Problem

Fundamentally the research problem, that seemingly pose as an impediment to combat HIV/AIDS, and which is to be examined entails the following:

What influence does language as a means of communication have on employee knowledge acquisition as well as the motivation and interest to attend HIV/AIDS workshops and sessions in the workplace?

1.4 Research Methodology

In order to ascertain whether a specific language approach as a means of communicating HIV/AIDS information or treatment, elicits a certain response, (sufficient knowledge, interest/insufficient knowledge/ scant interest) during informative campaigns, through the use of written materials as well as attending workshops on HIV/AIDS, the focus will be on:

- Language appropriateness
- Contextual
- Program design and customization
- Communication strategy and clarity of the message

It serves to mention that cultural sensitivity and language appropriateness in this study refer to a shared language as a measure of communication, thus integrating these factors which exercise an influence on the workers targeted for intervention.

Chapter 2

2.1 Sampling and Size

For the purpose of this study, a suitable and small representation was selected from a larger group of workers at three different workplaces in the Western Cape, in order to determine specific characteristics of the entire population of workers. These sample participants are in fact representative in nature because characteristics are represent of the people in the population (Christensen, 2004).

Furthermore, the sample was randomly selected from the defined population at the three workplaces, “to provide for the maximum control of any systematic bias in the process of selecting” (Christensen, 2004, p. 234).

The following three workplaces within the Cape Metropolitan Area and the Wine lands District were selected:

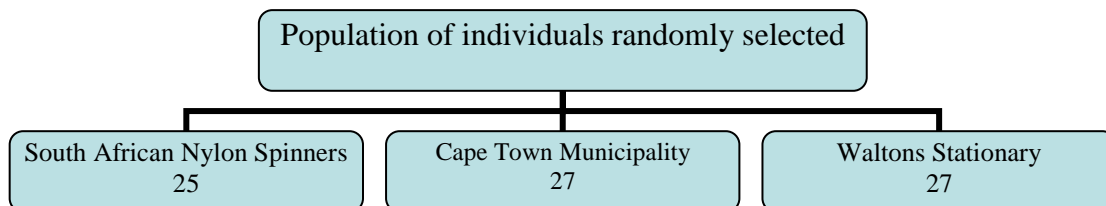
Bellville SANS: South African Nylon Spinners (25)	Cape Town City of Cape Town Municipality (27)	Stellenbosch & S West Waltons Stationary (27)
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The sampling selection was done with the assistance of the Human Resource Departments of all three workplaces. At each workplace a special coordinating officer was assigned to raise awareness among the workers about participating in this KAP survey. The target groups in all three respective work settings as indicated included skilled, semi-skilled and unskilled workers. Initially 79 respondents in each workplace were randomly selected and included both male and female workers from different age groups. A total of 78 participants across these three workplaces participated.

It was confirmed by the Human Resource Managers of all three workplaces that a HIV/AIDS policy is in place and workshops as well as other HIV/AIDS-related programs are frequently organized for the workers to attend, on a voluntary basis.

It should be noted that all three workplaces differ completely from one another and respectively represent the textile industry, public sector and the retail business in the Western Cape.

The compilation of the workforce in the abovementioned work settings also reflects the South African diversity in terms of culture and language. The population of interest, as reflected below is not only those who participated in this study, but is representative of all workers in the respective workplaces. Thus the results say something about all the workers in the three workplaces and not only those who participated in the KAP survey. Christensen postulates that in the context of scientific research the sample participants portray the same characteristics as the people in the population (Christensen, 2004).



2.2 Research Design

The Survey Research Technique

In this study a non- experimental descriptive design was used, not only “to attempt to provide an accurate description or picture of a particular situation or phenomenon”, but also to attempt to describe the relationship that exists between the variables. Hence the correlational approach sufficed “to accomplish the goal of prediction” (Christensen, 2004, p. 33, 34).

The rationale to use this approach as a choice for research was that both the independent variable and the dependent variable were not directly under the control of the experimenter and no control was exercised over the participants. Also the descriptive method was used to describe the status of KAP in the respective workplaces. This approach was further embarked upon to shed light regarding the effectiveness of the solution to be proposed as well as hypotheses about how a more effective solution could be reached (Christensen, 2004).

A structured questionnaire containing standardized questions on each section of the KAP survey was used (**attached as Appendix 1**). Some of the questions used included examples that have been developed in the past by researchers and widely used for KAP on HIV/AIDS. The questionnaire was drafted in Afrikaans and English and the workers exercised their rights to complete it in their language of choice. Although quite a number of Xhosa-speaking respondents participated, the request for a questionnaire in Xhosa or any other Nguni language was not put forward.

With the assistance of the respective Human Resource Managers at the three workplaces a total commitment was entered into with the employees regarding confidentiality and anonymity.

2.3 KAP Survey

The KAP survey was mainly to:

- gather information on the knowledge, attitudes and perceptions of identified respondents who are a representative sample of the population, regarding the power of language in the prevention and intervention of HIV/AIDS
- determine whether major differences in the KAP profile of various respondents occur by age, gender and job band
- gather relevant information in order to raise awareness to revisit the theory of business of HIV/AIDS strategies in the World of Work if necessary, regarding the dissemination of information either through workshops, campaigns, written and audiovisual materials, treatment

- and other services, identify the level of strengths and weaknesses in the current HIV/AIDS workplace initiatives
- establish to what extent agencies, NGO's and other stakeholders deal with HIV/AIDS related information with specific focus on language as a norm to impart information

2.4 Terms of Reference

The following widely used details were encapsulated in a structured questionnaire, compiled for the purpose of the research:

- Biographical details such as age, gender, marital status, job band (skilled, semi-skilled, unskilled) and workshops attendance;
- Knowledge of HIV/AIDS linked to basic human rights and employment;
- Attitudes towards co-workers who might be infected or affected;
- Attitudes regarding a cultural and language approach;
- Perceptions of risk and self-efficacy;
- Communication about HIV/AIDS against the background of a more sensitive culturally-linguistic approach during workshops, group sessions, advertising campaigns and billboards as well as other informative materials.

The Likert type of questions in the questionnaire design was used to help ascertain how strongly the respondents are agreed or not agreed on a statement. Each respondent rated the questions in the KAP survey on the Likert scale. Every question was rated on a 1 – 4 scale, varying from Agree- Disagree.

This helped to assess the sentiments towards culture and language regarding HIV/AIDS programs, workshops, treatment and other relevant information aids. The proposed line of questioning also shed light on the level of knowledge each respondent reflected on HIV/AIDS.

The following 4 point scale was applied:

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Knowledge

Questions 1/2/4/6/9/10

Attitudes

Questions 16/18/22/23

Perceptions

Questions 12/13/14/15/17/19

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

Knowledge

Questions 3/5/7/8/11

Attitudes

Questions 20/21/24

The respondents were asked to indicate their responses with a circle as an affirmation to the extent of their agreement / disagreement.

2.5 Hypothesis

Against the background of the research problem and the above recourse of operation, the relationship that exists between the variables was predicted by the following hypothesis:

A specific language approach of presenting HIV/AIDS prevention programs, (independent variable), influences employee knowledge, attitudes and perceptions of HIV/AIDS and turnout,

(dependent variable), at group sessions and workshops in the workplace. From a scientific research perspective, this is in line with what Kerlinger (1973, p 17) defines as an interrogative sentence or statement that asks: “what relationship exists between two or more variables” (Christensen, 2004).

2.6 Analysis Used

Because research indicates that testing lies at the heart of both experimental and non-experimental research, the most appropriate type of analysis for this study was applied through a process of computation of the means and standard deviation in order to test for significance of difference. Hence a standard data bases was used to analyze and to present the KAP findings. All three components of the KAP survey were analyzed differently e.g. Knowledge responses was assessed differently from those in the Attitude category, which was in turn differently analyzed from those under Perceptions.

The suggestion by Christensen, that the mean analysis as an arithmetic average of a group of numbers to be computed by dividing the sum of all scores by the number of scores in the group, served this approach well. A sample of the employees of the targeted workplaces was respectively issued with the questionnaire, to be completed individually within a set time frame. In the final analysis of these questionnaires it was possible to determine whether a specific approach of communicating HIV/AIDS information, (culturally-appropriate language use) does in fact influence knowledge, attitudes and perceptions of HIV/AIDS more positively not only in the workplace in particular but also within the community at large.

Chapter 3

3.1 Rationale for Identified Problem

The following statements had a very strong bearing on the testing of the hypothesis and the recommended solution to the perceived problem:

According to UNAIDS HIV prevention programs fail to reach those at greatest risk and efforts to increase HIV/AIDS knowledge among people remain inadequate. The World Bank echoes the above statement that language and cultural differences are significant factors to be addressed.

The guidelines recommended by UNESCO on the preferred / proper use of language in an effort to respond on HIV/AIDS– related issues, are intended to provide guidance towards using uniform, correct, gender-sensitive, non-discriminatory and culturally-appropriate language that is respectful to universal human rights (UNESCO, 2006).

“Communicators at the grassroots level, and often nationally, require many resources for understanding HIV/AIDS and producing accurate content that has an impact on their audiences. These needs include understanding the science and language of AIDS; accessing credible sources of information; collaborating with information providers and developing their own excellent AIDS content” (www.gloacltimes.k3.mah.se/viewarticle).

In a discussion document on the importance of local language use, The World Health Organisation (WHO) emphasised a need to learn about the importance of appropriate language in terms of finding words that are culturally acceptable which do not stigmatize or discriminate (WHO, 2004).

In an article on the accessibility of information, Glocaltimes expresses the need for resources to present content in ways that are acceptable for audiences, using appropriate language and methods (www.glocaltimes.k3.mah.se/viewarticle).

An affirmation on the significant roles that language and culture play in the ability of HIV/AIDS patients to comply with treatment, Medscape cautions, that much of the existing treatment information is written or presented in English, yet many of the underserved patients do not speak English or speak a different version of English (www.medscape.com/viewarticle/412903).

Judging by the above statements as well as the findings reflected in the following statistical analysis, it was hoped that the hypothesis formulated in this study may be valid to the extent that HIV/AIDS information in whatever format is not always tailored in the idiom of the local communities, and could be in fact an impediment in the fight against HIV/AIDS in a number of ways.

On the strength of the following facts it can be argued that culture and the powerful force of language are important factors in people's ability to understand the HIV/AIDS phenomenon not only in the communities at large, but also in the World of Work:

3.2 The Powerful Force of Language and HIV/AIDS

Much has been said and philosophized about the complexity and destructive force of HIV/AIDS since its appearance way back in the eighties. Ever since, many responses have been elicited in every sphere of society to fight the scourge of this pandemic, ranging from well tested policies, the quest for an appropriate vaccine, intervention programs, treatment, declarations, research, action campaigns, only to mention a few.

The most recent thought provoking response came from UNESCO, one of the founding members of UNAIDS, with the publication of a Guideline to provide "for a harmonized use of language and content in HIV/AIDS-related materials that reflect an approach to the epidemic which is comprehensive and inclusive, sensitive to the needs and issues of the whole population. What is so significant about the Guidelines is that many stakeholders in HIV/AIDS-related projects and actions, UN agencies and UNAIDS strongly support this guiding document and was engaged in many consultative briefings.

Chapter 4

4.1 The South African Reality

Given the diverse nature of the South African society with eleven national languages and so many different cultures and traditions, it makes sense to construe that people's understanding and interpretation will differ whenever HIV/AIDS issues are discussed or life saving information is disseminated. The power of language can never be underestimated in particular when dealing with people from so many diverse backgrounds and cultures as South Africa.

On the Webpage powered by Media Wikipedia the latest modified information on 11 November, 2008, reflects the 2001 census in terms of spoken languages in South Africa: "Of the 11 official languages Afrikaans and English constitute the Indo-European languages while the other nine languages are of the Nguni and Sotho-Tswana branch ([http://en.wikipedia.org/wiki/Languages of South Africa](http://en.wikipedia.org/wiki/Languages_of_South_Africa)).

The census confirms that English is the sixth most common Home Language in the country and spoken by only 8.2 percent of the country's citizens, although it is said to be understood in most urban areas. It is also common knowledge that English is the dominant language in the government and media.

Cognisance is taken of the fact that each of the Nguni and Sotho- Tswana branch the languages are for the most part intelligible to a native (traditional Black) speaker of any other language in that group. With regards to the Afrikaans language it is noted that this language is the most widely spoken and understood language in the Western third of the country (Western Cape, Northern Cape). It is spoken by the majority of White Afrikaners and also approximately 90 percent by people of Color. Across the centre and north of the country Afrikaans is widely spoken and understood as a 2nd 3rd or 4th language by Black South Africans (traditional Blacks and people of Color) living in the farming and rural areas.

The Khoi, Nama and San languages as well as the Sign language are among the unofficial languages in the country. It serves to mention that the South African Constitution made provision for a Pan South African Language Board (Pan SALB) with the sole purpose to promote and create conditions for the development and respect of all official and unofficial languages as well as other spoken languages in the country (German, French, Portuguese, Italian etc.)

It is also noted that during a campaign by Pan SALB in 2004 to raise the public's awareness about their right to be served in their own language by government institutions, the Board's Chief Executive, Cynthia Marivate remarked that appropriate language use "*is not only limited to written information, even verbal information should be communicated through the language citizens best understand*". This statement may well be applied to NGO's, and agencies communicating HIV/AIDS information or facilitating workshops in the communities and in the workplace. Latching on to the above the following statement as already focused on in the abstract emphasizes that the language we use to conceptualize and talk about HIV/AIDS reflects our personal biases and understanding or lack of understanding. It also helps shape our own and others' attitudes about HIV/AIDS (UNDP, 2008).

4.2 Cultural Language and Sensitive Approach Unchecked Projects and Intervention

Currently quite a number of agencies and NGO's in South Africa are fervently busy with HIV/AIDS-related projects and programs. Unlike the analytical reports by UNAIDS on the Country by Country dynamics of HIV/AIDS, most of these international and national agencies as well as NGO's articulate and deliver their responses mainly into verbal, visual and textual content. It is noted that quite a number of AIDS communication and intervention projects and programs were started 15 years ago to reach communities throughout the nine provinces in the country.

The following are examples of such programs, some of which are still in use:

Soul City Project 1994

It had as its objectives to educate people about AIDS through radio, print and television using dramas and soap operas to promote the message. At this juncture it is necessary to convey that it was launched at a time shortly after the democratic election of South Africa and at that stage English was the dominant language for HIV/AIDS information.

Beyond Awareness Campaign 1998-2000

This campaign focused on the youth about HIV/AIDS through the national and provincial media. Those who do not understand and speak English or any of the few Nguni languages in which most of the campaigns were conducted during that time remained underserved

Love Life 1999

This prevention campaign is by far the most prominent of all to be introduced in the country and is backed by the Global Fund. AIDS South Africa, an organization that is hands on regarding HIV/AIDS issues in the country, points out that this campaign specifically targets young people and attempts to integrate HIV prevention messages into their culture (www.avert.org/aidssouthafrica.htm). By an approach of branding it not only market sexual responsibility through the media but also operates a network of various facilities and outreach services. However in December 2005, Love Life suffered a major setback when the Global Fund withdrew its funding, stating that the campaign was deemed not to have sufficiently addressed weaknesses in its implementation (www.avert.org/aidssouthafrica.htm).

Khomanani Campaign 2001

This campaign was run by the AIDS Communication Team (ACT). The government initiated this project and mainly “used the media and celebrity endorsement to get across HIV/AIDS messages, with a particular emphasis on encouraging HIV testing”. However, one must concede that some of the materials are presented in a few of the 11 official languages of the country but English remains the dominant language to present information on HIV/AIDS.

4.3 The Moral Impact of ignoring Local Language

Many scholars, who in recent times researched the destructive path of HIV/AIDS in Africa, are agreed on one common observation that “South Africa is a particularly interesting case study of the moral and economic challenges posed by major AIDS pandemic” (Natrass, 2004, p. 19). Despite all the efforts discussed above the picture of HIV/AIDS in South Africa remains a daunting one. The latest UNGASS Report of 2008 states that HIV/AIDS prevalence varies considerably throughout South Africa. Some provinces are severely affected than others. It is also noted through this country-by- country report that in 2006 the highest antenatal prevalence was in Kwazulu - Natal (39%) and the lowest in the Western Cape (15%).

Given the fact that of the eleven languages, Zulu is mostly spoken in the country followed by Xhosa and Afrikaans, one may well concede with a remark in a recent view article that culturally sensitive language- specific educational information is vital to improve clinical outcomes. Natrass quotes Crothers 2001; Alexander and Uys 2002 that “sexual culture is an important dimension of the AIDS pandemic” (Natrass, 2004, p.27), while the importance of a culturally-linguistic approach, that may serve as one instrument in the fight against HIV/AIDS, seems to be ignored.

This situation is most certainly not a question of “crying wolf” as most probably might be surmised by powerful people. It raises the moral question against the backdrop of discrimination, human rights violations and limitations of people to be able to access life saving information and break the cycle of ignorance regarding transmission and infection only to mention a few, in the language they best understand.

Chapter 5

5.1 Reporting and Analysis

As first analysis descriptive statistics for the entire sample were calculated. The detailed frequency and histograms indicate very clearly the attributes of the population that was surveyed.

As mentioned earlier in this study, the questionnaire was administered to 79 respondents within three different workplaces during a four week period. The completed questionnaires received back totaled 78. The results derived at were categorized as biographic followed by a discussion of KAP and the Likert scale questions in terms of Knowledge, Attitudes and Perceptions.

The data capturing was done through the application of descriptive statistics and was calculated for the entire test sample. Each respondent's score on knowledge, attitudes and perceptions were determined individually.

The data was categorized in groups in terms of the following:

- Home Language
- Training preference language
- Gender
- Age
- Job band
- HIV/AIDS workshops attended.

It should be noted that language preference in this instance means, the communication of HIV/AIDS information in a language that best serve their interest. To elaborate further, it simply means that if local language use is practiced during workshops, the level of particularly knowledge will be adequate. The mean responses of all the sub-groups were compared for every category of question relating to the three components of the KAP survey.

In the final analysis, the KAP survey was examined and analyzed through the Analysis of Variance (Anova).

5.2 Results

It has been reflected in this particular study that no significant difference were found with regards to language preference and knowledge. With reference to perceptions and attitude, no significant difference was found amongst all the sub- groups. Purely from the results of this study it seems as if language preference does not have a significant effect on training outcomes, the acquirement of knowledge as well as the attitudes towards HIV/AIDS infected or affected, in the dissemination of HIV/AIDS information. Although only an observation, it was however evident that in all three work settings there is tendency among the different language groups which participated in this KAP survey, to receive HIV/AIDS lifesaving information in the idiom of the local language.

In quite a number of cases it was noted particularly during interviews, save for CCT, that many respondents rarely understood the terminology and acronyms related to HIV/AIDS. It was also observed that in particular many Xhosa speaking respondents prefer English for training above their Home Language. What can be deduced from this is the fact that the Xhosa grammar is limited with reference to the complex medical and epidemiological issues of HIV/AIDS, which have differently understood in different cultural and social contexts (UNESCO, 2006). This could pose as a reason why people develop a scant interest towards attending work shops, for fear of ridicule or discrimination for their lack of understanding or rather opt for an additional language use.

To this end the inference that was initially drawn can be construed as a concern, that many employees who attend workshops can become passive recipients of HIV/AIDS terminology and in most cases do not comprehend the muted contents of written materials or oral presentations regarding the pandemic. Against this background it is quite valid to argue that a number of workers and communities throughout South Africa might remain ignorant about many issues ranging from wellness programs, care, assistance, treatment etc. and many may develop an

attitude of total apathy and scant interest, in accessing lifesaving information regarding HIV/AIDS, while in the process remain the underserved communities.

5.3 Recommendations

The responsibility now lies with everyone to embark on a vigorous outreach effort to those people who are sidelined regarding HIV/AIDS information because of a potential lack of sensitive approach through a language they best understand - those who have been on many occasions identified by researchers as the underserved clients in the HIV/AIDS community.

Companies who invite or consent to NGO'S or other service providers to host workshops for the purpose of dissemination of HIV/AIDS information, first need to do the following:

- compile a staff audit in terms of language preference of the target workforce who attend these workshops
- insist that educational materials whether visual, written or oral, to be presented in the language of the workers understand best
- request that capable interpreters where necessary be deployed during these workshops or group discussions
- running peer programs to effectively deal with the dissemination of relevant information

A report in a recent journal confirms the moral issue that the impact of language may have many manifestations on people's lives, ranging from "human rights violations, limited access to appropriate treatment, ignorance about HIV/AIDS and inability to access appropriate treatment and therapy" (www.medscape.com).

5.4 Concluding Remarks

Against the above it is strongly recommended that further studies be conducted in order to determine whether a relationship exists between a specific language use and the raising of knowledge levels regarding HIV/AIDS.

Whilst one can concede that many lives have most probably been saved by effective campaigns and projects, the reality is that the prevailing rates of the HI-virus are still soaring in South Africa.

Is this perhaps not a suggestion that since 1994 up till now the appropriate culturally- linguistic approach of all these campaigns had gone unchecked or just conveniently placed on the back burner? One can only echo the sentiments of the quoted organizations that ignoring the local language of the people in need of life saving HIV/AIDS-related information, treatment and other services, can indeed become an impediment in combating this pandemic, and above all it is also a gross violation of their constitutional rights not to be served in the language they best understood. It is time that the realization should be brought home that “populist rhetoric has been insufficient to meet the demands of both black and white South Africans for action against a AIDS enemy” (Patterson, 2005, p145).

It is widely acknowledged that prevention and intervention mean promoting widespread awareness of the disease, through effective programs which are understood by the recipients thereof. The International AIDS Alliance identifies prevention and intervention programs as a combination of the following:

- Behavior change programs
- Control of sexually transmitted infection
- Voluntary counseling and testing
- Intervention of the prevention from Mother to Child
- Blood safety measures and structural interventions to alter the environment in ways that promote reduction.

Prevention and intervention can thus be identified as the utilization of every possible effective approach, tool or measure to counter the spread of new HIV infections and in the process help turn the tide of the pandemic. Currently, across the globe vigorous calls are once again echoed to urge Heads of State and Government Representatives to honour The Declaration of Commitment on HIV/AIDS adopted in 2001 by 189 nations. This calling has ever since been carried into every possible arena from public sector, private sector, the organized business sector to the education sector. Judging by the numerous UNAIDS reports on this pandemic it is evident that HIV/AIDS poses as the greatest threat to economic, health and societal stability worldwide, with “Southern Africa as the epicentre of this disease” (Van Niekerk, 2005, p. 6).

It is also echoed world wide that an appropriate cultural approach, where language as a means of communication during presentations is considered, can serve as a pivotal instrument in the fight against HIV/AIDS. Such an approach warrants programs to be customized to meet of the target group within a specific socio-cultural setting. Interventions need to be tailored to the culture and the society targeted (UNAIDS, 2006). What transpires from the debate on language and discourse, the content of any program e.g. resource material, pamphlets, brochures, charts, verbal and audio-visual presentations must take cognisance of the local cultural terms of reference (UNESCO, 2001).

It is thus evident that the global view is held that a high premium should also be placed on the culturally communicative appropriateness of preventative initiatives if risk behavior is to change. Awareness among all stakeholders engaged in the combat of this pandemic, need to recognize the need for a vigorous shift regarding the communication and presentation of prevention programs on HIV/AIDS. One can only echo the global call that the message must be brought home to a level that everyone truly understand and benefit by it. However, until such a time that a lifesaving vaccine is developed to stop new AIDS infections, intervention through prevention programs remains the best alternative bearing in mind the power of a sensitive cultural-linguistic approach to those who need it most.

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APPENDIX

HIV/AIDS SURVEY

LANGUAGE PREFERENCE TO IMPART HIV/AIDS FACTS AND INFORMATION

This survey on the importance of local language use during workshops or sharing life saving information on HIV/AIDS is conducted by Freda J Adams, for the purpose to place this issue within the public debate as well as in the quest for an MPhil Degree at US.

Your commitment and cooperation as a stakeholder in the World of Work to help to turn the tide of the HIV/AIDS pandemic is highly valued and appreciated.

Just a few minutes of your precious time to add your contribution towards a HIV/AIDS free South African society can make a huge difference. Please respond to this short survey by giving your opinion to the questions.

Be assured that none of your responses will be revealed, but rather combined with the opinions of many other respondents in order to get to an overall view. Confidentiality will at all times be adhered to. A nom de plume may be used.

Thank you once again for your cooperation.

Researcher: FJ Adams

Contact details: 0786357800

Name of Respondent (optional) _____

Circle where applicable

Age Group: 20-29 30-39 40-49 50-59 60+

Job Band: Unskilled Semi-skilled Skilled

Gender: Male Female

Home Language: _____

Workplace language: _____

Preferred Language for Training: _____

Workshops Attended (In HIV/AIDS): _____

Marital Status: Single Married Widow Widower

1. VCT is the most effective intervention in reducing the risk of HIV/AIDS

1 **2** **3** **4**
Strongly disagree Disagree Agree Strongly agree

2. HIV/AIDS is a manageable chronic disease.

1 **2** **3** **4**
Strongly disagree Disagree Agree Strongly agree

3. People eventually die of AIDS.

1 **2** **3** **4**
Strongly disagree Disagree Agree Strongly agree

4. AIDS is the result of the HI – virus.

1 **2** **3** **4**
Strongly disagree Disagree Agree Strongly agree

5. AIDS develop immediately after being infected by the HI-virus.

1 **2** **3** **4**
Strongly disagree Disagree Agree Strongly agree

6. Anti-retroviral treatment for infected people is the only way to secure a longer and quality life.

1 **2** **3** **4**
Strongly disagree Disagree Agree Strongly agree

7. The disease is most high amongst men who have sex with men.

1 **2** **3** **4**

information and wellness programs to the infected ,is not really important.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

18. Information and counselling will help you to live positively with the virus.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

19. Sessions that are conducted in a language which they do not speak often can be the main reason why many workers don't become actively involved.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

20. It is not safe to work too closely with someone who is infected by the virus.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

21. Workers who have AIDS should not be allowed to work anymore.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

22. Co – workers who know or suspect to be HIV positive will refuse to be tested for fear of discrimination or losing his/her job.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

23. VCT is a process where you may ask for HIV testing to find out your HIV status.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

24. If tested positive you should keep it a secret from your love ones and family.

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**

25. Any person can easily follow treatment instructions although it is in one language only (e.g. English/Afrikaans/Xhosa).

1 **2** **3** **4**
Strongly disagree **Disagree** **Agree** **Strongly agree**