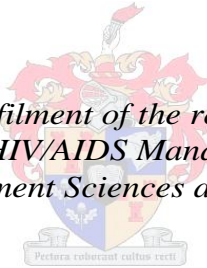


**The knowledge, attitudes and practices
(KAP) of correctional officers relating to HIV
and AIDS in Johannesburg Management
Area: Gauteng Region: Republic of South
Africa**

By

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Master of Philosophy (HIV/AIDS Management) in the Faculty of
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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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20 January 2014

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ACRONYMS

AIDS	Acquired Immunodeficiency syndrome.
ARV	Antiretroviral.
CD4	Cluster of differentiation 4.
DCS	Department of Correctional Services.
EAP	Employee Assistance Programme.
HIV	Human Immunodeficiency Virus.
HCT	HIV counselling and testing.
IEHW	Integrated Employee Health and Wellness programme.
KAP	Knowledge, Attitudes and Practices.
NSP	National Strategic Plan.
PEP	Post- exposure prophylaxis.
PMTCT	Prevention of Mother to child Transmission.
SPSS	Statistical Programme for the Social Sciences.
STI	Sexually Transmitted Infections.
UNAIDS	Joint United Nations programme on HIV/AIDS.
VCT	Voluntary Counselling and Testing.
WHO	World Health Organisation.

ABSTRACT

The South African prevalence is estimated at just over 17.1%, but efforts to reduce the number of HIV and AIDS deaths have dramatically changed. What is disturbing is that HIV prevalence rate in South African correctional facilities is higher than in general population. At 44%, HIV prevalence rate in South African correctional facilities are more than double of the just over 17.1% HIV prevalence rate in general population at the end of 2012 (UNAIDS, 2013). South African department of correctional services should regard these as a serious challenge given the increased number of sexual assaults and rape in correctional facilities as the Minister of correctional services Sbu Ndebele recently stated in Prison Brief. These could be worsening if the DCS does not come up with proactive strategies to reduce this prevalence in our Correctional facilities. These come back to the very same correctional officers who are not even aware of this state of HIV prevalence in their correctional facilities. This is because the findings of this study illustrate that majority of the correctional officers stationed in Johannesburg management area have limited knowledge about HIV and AIDS general information and they do not trust their management and their employee assistant staff when it comes to HIV and AIDS and this deny them necessary support and care from their employer.

As the global HIV and AIDS epidemic enters its fourth decade, we are confronted by new challenges. In recent years, research related to HIV and AIDS has abounded as scholars continue to seek insight into the reciprocal influence of the pandemic on the one hand and various social systems on the other (Ebersohn, 2008). The purpose of this study was to explore the knowledge, attitudes and sexual practices of correctional officers relating to HIV in Johannesburg management area, Gauteng Region: South Africa. In this study the emerging findings are that Johannesburg management area are implementing their workplace HIV and AIDS programmes without a KAP study conducted to establish the baseline information about their employees, let alone conducting the KAP study on the regular basis to establish the effect of their workplace HIV and AIDS programmes. This was evident when majority of the respondents in this study had a limited knowledge about HIV in general and HIV prevalence in their country and their correctional facilities. Furthermore, there were also a poor monitoring and evaluation of such programmes.

Another disturbing finding was that correctional officers in this management area did not have trust on their employee assistant staff and this was evident when 56% of the respondents responded that they would not use their internal EAP in HIV/AIDS related matters.

This was the same when it comes to correctional officers attitudes towards management of this management area. This is evident when 71% of the respondents responded that if tested positive for HIV, they would not inform their immediate supervisors, managers, EAP and let alone their chaplain. This implies that there is a lack of trust between the management and their employees and between the employees and the employee assistant programme staff.

However, correctional officers attitudes towards offenders living with HIV and AIDS is very good and encouraging and if correctional officers of this management area are given enough HIV information, they may pass it easily to all offenders as they interact with them on a daily basis. Given correctional officers' response on HIV testing and the use of EAP it is recommended that external service providers unknown to correctional officers should be used instead if management is unable to conduct a successful capacity building within the management area.

Majority of the correctional officers according to this study had a limited knowledge about HIV treatment, cure and vaccine as they are unable to differentiate between the three and this is should be a serious concern for the department of correctional services. Although correctional officers sexual practices in this study findings indicated that correctional officers are well equipped when it comes to safe sexual practices, workplace HIV and AIDS programmes should include cultural beliefs, religion, tradition and myths to fight the spread of this epidemic.

OPSOMMING

Die doel van hierdie studie was om die kennisvlakke asook die houdings en seksuele praktyke van korrektiewe offisiere binne die Departement van Korrektiewe Dienste in die Gauteng Streek in Suid-Afrika te ondersoek.

Indien die korrektiewe offisier nie die nodige kennis en vaardighede besit om die verspreiding van die MIV-virus te beperk nie, kan hulle nie 'n doeltreffende rol speel in die Suid-Afrikaanse tronke nie.

'n Vraelys is vir die inwin van data gebruik en 'n steekproef van korrektiewe offisiere is vir die studie gebruik. Die data is op 'n beskrywende vlak ontleed en gevolgtrekkings is gemaak.

Die studie bevind dat 'n minderheid van korrektiewe offisiere oor 'n voldoende kennisvlak van MIV beskik. Daar is verder bevind dat daar nie voldoende opleidingsfasiliteite vir hierdie korrektiewe amptenare bestaan nie en dat die programme wat wel aangebied word, nie behoorlik gemonitor en ge-evalueer word nie.

Daar is egter bevind dat korrektiewe amptenare wel 'n positiewe houding het teenoor oortreders wat wel MIV-positief is en dat hulle wel die beperkte kennis waaroor hulle beskik na die beste van hulle vermoë oordra aan die oortreders gesurende hulle daaglikse interaksie.

Voorstelle word in die studie gemaak vir die ontwikkeling en aanbieding van doeltreffende opleidingsprogramme vir korrektiewe offisiere. Daar word ook voorgestel dat korrektiewe offisiere op 'n veel groter skaal bewus gemaak word van die komplekse interaksie tussen tradisie, vooroordele en mites wat rondom suksesvolle MIV/Vigs-bekamping bestaan.

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CONTENTS

Declaration.....	ii
Acronyms.....	iii
Abstract.....	iv
Opsomming.....	vi
Acknowledgements.....	vii
Contents.....	viii
List of figures.....	xi
List of Tables.....	xii
CHAPTER 1.....	1
1.1. Introduction.....	1
1.1.1. Background and Rationale.....	1
CHAPTER 2.....	3
Literature Review.....	3
2.1. Introduction.....	3
2.2. Importance of KAP studies.....	3
2.3. HIV prevalence on DCS staff.....	3
2.4. DCS Strategic Plan 2013/2014-2016/2017.....	4
2.5. General Knowledge about HIV and AIDS.....	4
2.6. Attitudes towards HIV and AIDS.....	5
2.7. Sexual Practices.....	6

CHAPTER 3	7
Research Methods.....	7
3.1. Research design.....	7
3.2. Research problem.....	7
3.3. Research Question.....	8
3.4. Significance of the study.....	9
3.5. Aim and objectives of the study.....	9
3.5.1. Aim of the study.....	9
3.5.2. Objectives of the study.....	9
3.6. Research Methodology.....	10
3.6.1. Target population.....	10
3.6.2. Sampling method.....	10
3.6.3. Data collection methods.....	11
3.6.4. Pilot study.....	13
3.6.5. Data analysis.....	13
3.7. Ethical consideration.....	14
 CHAPTER 4	 15
Results and Discussions.....	15
4.1. Findings of the study.....	15
4.2. Discussions of the findings.....	52
4.2.1. Correctional officer’s demographic characteristics.	
<i>Discussions</i>	52
4.2.2. Correctional officer’s knowledge about HIV and AIDS.	
<i>Discussions</i>	53
4.2.3. Correctional officer’s attitudes towards HIV and AIDS.	

<i>Discussions</i>	55
4.2.4. Correctional officer’s sexual practices.	
<i>Discussions</i>	58
4.2.5. Knowledge, attitudes and practices of the respondents as per an interview guide.	
<i>Discussions</i>	60
CHAPTER 5	61
Limitations, conclusions and recommendations.....	61
5.1. Limitations of the study.....	61
5.1.1. Sample of the study.....	61
5.1.2. HIV and AIDS related stigma.....	61
5.1.3. Security consideration.....	61
5.2. Conclusions.....	62
5.3. Recommendation from the study.....	63
5.3.1. Workplace HIV and AIDS programmes.....	63
5.3.2. HIV/AIDS workplace programmes to focus on the following aspects.....	64
5.3.2.1. Correctional officer’s HIV and AIDS general knowledge.....	64
5.3.2.2. Correctional officer’s attitudes towards HIV and AIDS.....	64
5.3.2.3. Correctional officer’s sexual practices.....	65
5.3.3. Strategic business imperative.....	65
REFERENCES LIST	67
Addendum A: Questionnaire participant’s information sheet.....	69
Addendum B: Questionnaire.....	70
Addendum C: Interview Schedule participant’s information sheet.....	79
Addendum D: Interview schedule.....	80

LIST OF FIGURES

Figure 4.1: Gender distribution.....	15
Figure 4.2: Race distribution.....	16
Figure 4.3: Age distribution.....	17
Figure 4.4: Educational level of the respondents.....	17
Figure 4.5: Length of service of the respondents.....	18
Figure 4.6: Salary level of the respondents.....	19

LIST OF TABLES

Table 4.1: Difference between HIV and AIDS.....20

Table 4.2: HIV prevalence rate in South Africa.....20

Table 4.3: HIV and sexually transmitted infections.....21

Table 4.4: HIV prevalence rate in KwaZulu-Natal.....22

Table 4.5: Cure for AIDS.....22

Table 4.6: Having unprotected sex with your spouse.....23

Table 4.7: Vulnerability of women in HIV infection.....24

Table 4.8: HIV positive test and AIDS.....24

Table 4.9: HIV prevalence rate in South African correctional facilities.....25

Table 4.10: The purpose of HIV vaccine, if found.....26

Table 4.11: Difference between HIV and AIDS and the purpose of ARVs.....27

Table 4.12: Publicity of HIV positive status.....28

Table 4.13: Disclosure of HIV positive status to colleagues.....29

Table 4.14: Separation of HIV positive offenders from other offenders.....30

Table 4.15: Responsibility of HIV positive offenders taking ARVs.....30

Table 4.16: Physical nature of duties performed in DCS and HIV test.....31

Table 4.17: Sharing a bedroom with HIV positive person.....32

Table 4.18: Condom use and multi-concurrent partners.....33

Table 4.19: Identification of HIV positive people.....34

Table 4.20: The risk of correctional officers to HIV infection in the workplace.....34

Table 4.21: Workplace HIV/AIDS programmes target population.....	35
Table 4.22: Who HIV positive people trust and attitudes towards HIV positive offenders.....	36
Table 4.23: Condom use and untrustworthy partner.....	37
Table 4.24: Practicing anal sex and the risk of HIV infection.....	38
Table 4.25: HIV positive people and sexual intercourse.....	39
Table 4.26: Multi-concurrent partnership and chances of being HIV infected.....	39
Table 4.27: HIV infection and free antiretroviral treatment.....	40
Table 4.28: Alcohol abuse and sex.....	41
Table 4.29: Using condoms and the length of sexual partnership.....	41
Table 4.30: The practice of dry sex	42
Table 4.31: Knowing own HIV positive status and the spread of HIV.....	43
Table 4.32: Using condoms and partners who are both HIV positive.....	44
Table 4.33: Safe sexual practices and multi-concurrent sexual partnership.....	44
Table 4.34: Respondents HIV and AIDS general knowledge.....	46
Table 4.35: Respondents attitudes towards HIV and AIDS.....	48
Table 4.36: Respondents sexual practices.....	50

CHAPTER 1: INTRODUCTION

1.1. Background and rationale.

Globally, 35.3 million people were living with HIV/AIDS at the end of 2012 and estimated 6.0 million of those are from South Africa. An estimated 0.9% of people between the age 15-49 years worldwide are living with HIV/AIDS, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains the most severely affected with nearly one in every 20 adults (5.39%) living with HIV/AIDS and accounting for 71% of the people living with HIV/AIDS worldwide (UNAIDS, 2013).

HIV and AIDS prevalence in South African correctional facilities is of a high proportion among offenders and this led DCS to pay more attention to offenders and less to correctional officers. HIV and AIDS related services and resources should be distributed equally between offenders and the correctional officers as the latter would play a vital role in reducing the high rate of HIV prevalence in correctional facilities, if given appropriate HIV and AIDS education and information (Cox, 2011). There are currently 243 Correctional facilities in South Africa, having 118, 154 beds. The HIV prevalence in South African facilities is over 40%, in prison population of between 155, 836 and 181, 944 offenders currently incarcerated. Of those incarcerated they share the services of 800 nurses and 12 Doctors. The Department of correctional services also use the services of provincial hospitals (DCS Strategic Plan, 2013-2014).

To accelerate the response to this epidemic, the South African government revised their National strategic Plan for 2012-2016 to include sexually transmitted infections (STIs) and tuberculosis (TB). And their vision and goals are as follows: zero new HIV/Tuberculosis infection, zero new HIV infection due to vertical transmission, zero preventable death associated with HIV and TB, and zero discrimination associated with HIV and TB (NSP, 2012-2016). It is quite clear that HIV/AIDS has a significant effect on organizations since they are losing skilled labour in numbers and DCS employees are not immune to this epidemic. This is because a lot of money has already been spent on staff turnover, recruitment, training, health and support programmes because of HIV/AIDS.

Many organizations are embarking on managing HIV/AIDS at their workplace through the use of workplace HIV and AIDS programmes which are part of the Department workplace HIV and AIDS policy. These programmes are very important in increasing knowledge about HIV

prevention, HIV counselling and testing, treatment and care. Workplace HIV and AIDS programmes which are continuously taking place within the correctional centres will also change the attitudes of correctional officials towards fellow employees and offenders infected with HIV and AIDS, and as a result it will reduce stigma and discrimination among correctional officials in Johannesburg management area. The effective response to the epidemic by DCS through workplace HIV and AIDS programmes will reduce unsafe sexual and cultural practices by correctional officials in Johannesburg management area.

According to World Prison Brief (2013), South Africa has the biggest offenders' population in Africa and the ninth biggest in the world at more than 156 000 and just over 30% of those offenders are awaiting trials. On average, more than 23 000 offenders are released but another 25 000 enter the system. Just over 10% are serving life sentences. It costs more than R8 000 a month to keep an offender in the correctional centre. Considering the increased number of reported correctional centres rape and sexual assaults in the past year as reported by the Minister of correctional services Mr Sbu Ndebele, it is important to explore correctional officers HIV knowledge, attitudes and sexual practices so that the DCS could have a base on where to strengthen their workplace HIV and AIDS programmes, which would in turn benefit offenders in the long run.

Johannesburg correctional facility is situated in Gauteng M1 South, in the outskirts of Johannesburg, Mondeor, 9 Main Street Meredale. Johannesburg correctional facilities comprise of five correctional institutions: Medium A, Medium B, and Medium C, female correctional facility, youth correctional facility and community corrections, which is based in Johannesburg central business district (CBD). This management area is very overcrowded due to remand and awaiting trial detainees. Female offenders are just over 918 during this study. This number includes 642 female sentenced offenders, 276 remand detainees (unsentenced offenders) and 31 babies. These sentenced and unsentenced offenders together with babies are being serviced by the pool of staff of just over 213 correctional officers. Medium A normally houses 2 630 offenders, but due to overcrowding and remand detainees, it houses over 6 500 with a correctional staff of just over 500. Johannesburg Medium B, during this study was housing more than 3000 sentenced offenders, with just over 450 correctional officers servicing them. Medium C was housing just over 488 sentenced offenders during this study and was being looked after by just over 193 correctional officials.

CHAPTER 2: LITERATURE REVIEW.

2.1. Introduction.

South Africa has the highest HIV prevalence rate in the world and this high HIV prevalence would remain in this country for a longer period unless more efforts and focus are given to the vulnerable groups such as women, offenders, children and the economic active population that include correctional officers. Given that HIV prevalence is higher in South African correctional facilities (44%) than in general population at 17.1%. According to the WHO and UNAIDS (2013), it would be of the outmost important to explore the knowledge, attitudes and sexual practices of the correctional officers as they interact with offenders on a day to day basis. Recommendations that may have the positive outcome to correctional officers' knowledge, attitudes and sexual practices should be explored and the findings may give the Johannesburg management area direction as to what exactly should be done to combat this epidemic in a correctional facility setting.

2.2. HIV prevalence in DCS staff.

Although there were few studies conducted about correctional officers and HIV in South Africa, but the following information will be valuable in assessing correctional officers knowledge, attitudes and practices relating to HIV and AIDS in Johannesburg management area. According to Lim'Uvume (2007), (as cited by Tapscott, 2008) in his study on the assessment of the impact of HIV and AIDS on correctional systems governance with special emphasis on correctional services staff, deduced that the HIV prevalence study conducted in 2007 find that national HIV infection rate amongst correctional officers was 9.8% which were lower than the national estimate of 16.25%. Majority of the HIV infected officials (87.2), were between the age of 26 to 45 years and 93.6 of the HIV positive staff were employed at the production level, which means they were working directly with offenders on the daily basis. The study also finds that the national mortality rate of correctional officers who died in office increased from 3.0 per 1000 to 7.8 per 1000 in 2007.

2.3. Importance of KAP studies.

According to SABCOHA (2009), as mentioned by the International Labour Organisation, a KAP survey is an important tool in assessing the knowledge, attitudes and sexual practices of the employees of any organisational setting with regard to HIV and AIDS. Considering the

high prevalence of HIV in the South African correctional facilities, a KAP study may have a valuable input in giving the organisation the picture of the extent of the epidemic. It would also be used to find out the vulnerability of employees to HIV and AIDS and give way to the development of the proactive strategies towards HIV and AIDS. It is important to note that a KAP study serves to provide relevant baseline information for the implementation, monitoring and evaluation of the effectiveness of the workplace HIV and AIDS programmes.

According to Pharaoh (2005), in the public sector responses to HIV and AIDS in Southern Africa, poorly researched and monitored HIV and AIDS programmes often faces huge challenges. A KAP study provides specific needs (as baseline information) of a particular workplace and it is very important that these needs are vigorously understood before designing and implementing HIV and AIDS programmes. Pharaoh (2005) further elaborates that it is very important to conduct knowledge, attitudes and practices surveys before the introduction of the HIV and programme. The KAP study would provide relevant and vital information that may be useful in designing the interventions and may also provide the baseline against which their effectiveness could be measured. The KAP study must be repeated at regular basis in order to determine whether workplace HIV and AIDS activities are having the desired effect.

2.4. DCS strategic Plan 2013/2014-2016/2017.

DCS Strategic Plan 2013/2014-2016-2017 in its strategic plan roll out provides for integrated employee health and wellness programmes which include HIV and AIDS to assist in determining the extent to which IEHW is implemented. Johannesburg management area was one of the sources and collection of data. However, IEHW were having its own limitations and one of them was inconsistency in implementation of this framework in which management areas were implementing different health and wellness programmes.

2.5. General knowledge about HIV and AIDS.

According to Wikipedia, knowledge is a familiarity with something which can include facts, information, description or skills acquired through experience or education. In this case, general information about HIV and AIDS facts such as HIV prevalence, HIV transmission, HIV prevention, course of HIV, risk of transmission, HIV treatment, voluntary HIV counselling and testing, difference between HIV and AIDS, vulnerability, susceptibility, HIV relations to other diseases such as TB, syphilis, sexually transmitted infections, HIV related

stigma and discrimination, PMTCT, HIV treatment adherence, male circumcision, sexual practices and rights of people living with HIV and AIDS.

A study conducted in KwaZulu-Natal by Abdool-Karim in 2001 on knowledge, attitudes and behavioural perception of women established that even though women had a high level of HIV and AIDS knowledge, it did not make any impact on their sexual practices as 50% of those women felt that they do not have a say on sexual practices as men decision is final. This finding clearly indicates that HIV and AIDS knowledge alone is not enough. Empowering women should go hand in hand with provision of HIV and AIDS information. One of the factors that led to this finding was that women were brought up differently from their men counterpart.

The findings of the study by Abdool-Karim (2001), was also supported by Baylies and Bujra, 2000 (AIDS, Sexuality and Gender in Africa) when they emphasise that women vulnerability to HIV and AIDS follows social, but also physiological factors such as higher concentration of HIV in semen than in vaginal fluids, a larger area of exposed female than male, larger period of exposure of semen, untreated sexually transmitted infections (which can increase the probability of HIV infection by ten times to both men and women). The probability of male to female transmission is estimated to be two to four times that of female to male transmission of HIV. Akrah (1991), Hamlin and Reid (1991) and Basset and Mhloyi (as cited by Baylies and Bujra, 2000) described women as subordinates when it comes to sexual practices. This is because of their low status and powerlessness in sexual practices decision making.

2.6. Attitudes towards HIV and AIDS.

According to the free dictionary, an attitude is described as an arrogant or hostile state of mind. An attitude is linked with stigma and discrimination. When it comes to HIV and AIDS it becomes worst and HIV is mainly transmitted sexually. The sensitivity of HIV and AIDS makes it difficult for a person to come forward and disclose a positive HIV status. This is evident on the study conducted by Ogunjuyigbe et al. (2005) on attitudes of friends, relatives and neighbours of people living with HIV and AIDS in Lagos State in 2005 on how this will impact the spread of the infection. The findings of the study were that people living with HIV and AIDS in Lagos State did not disclose their positive status to friends, relatives and neighbours for fear of stigma and discrimination.

These findings were also supported by Van Dyk (2008) in that HIV/AIDS related stigma and discrimination remain the greatest obstacles and barrier for people living with HIV and AIDS to come forward and disclose their HIV positive status. He further emphasise that HIV related stigma and discrimination increases people's vulnerability, isolate them, deny they their basic human rights, care and support and worsen the impact of HIV infection. He further elaborate that HIV related stigma and concerns about discrimination are the main reason why people do not undergo HIV test, access ART, and adopt safe feeding method and changing their high risk sexual behaviour.

2.7. Sexual practices.

The Free Dictionary defines practices as a habitual or customary action or way of doing something. In this case, sexual practices are those that would put a person into high, low or no risk of getting infected with HIV. In this case, there are a lot of factors which influence sexual practices. These include culture, tradition, religion, modern and myths as the most influential factors of sexual practices. Hubley (2002) described sexual practices as the most important way to prevent the spread of HIV. He further elaborate by saying that people should make sure that their sexual behaviour does not put them at risk. Abstinence, correct use of condoms, faithfulness, avoiding dry and anal sex, avoid multi-concurrent partnership is more decorated and low risk sexual practices. Van Dyk (2008), listed high risk sexual practices as follows: vaginal penetration without a condom, anal penetration without a condom (high risk), swallowing semen, sharing uncovered sex toys, untreated STIs and dry sex among others.

CHAPTER 3: RESEARCH METHODS.

3.1. Research designs.

Quantitative and qualitative research methods were used for this study. According to Christensen, Johnson and Turner (2011), this is also known as mixed method research approach and they continue to emphasise that it is the newest methodology as it was recently thoroughly and formally developed. Qualitative research method was used due to the fact that the research were aimed at exploring and obtaining detailed description of the correctional officers existing knowledge, attitudes and practices with regard to HIV and AIDS. This was possible by using face-to-face interviews with participants. A quantitative research method was also used to measure and quantify the results. This was possible by the use of a questionnaire as quantitative instrument to measure participant's knowledge, attitudes and practices relating to HIV and AIDS.

The objective of this study was to explore the existing knowledge, attitudes and practices of correctional officers relating to HIV and AIDS in Johannesburg management area: Gauteng Region: South Africa. The design that were used for this study to discover the existing knowledge, attitudes and practices relating to HIV and AIDS by correctional officers in Johannesburg correctional centres is exploratory research design. This design was conducted to gain insight into a situation and phenomenon regarding HIV and AIDS within the Johannesburg management area.

3.2. Research problem.

HIV prevalence rate is much higher in South African correctional facilities (amongst offenders) than in general population. According to Cox (2011) and DCS Strategic Plan (2013-2014), South African correctional facilities prevalence rate is 40 to 45% in correctional facilities population of between 155 836 and 181 944. Attention is needed to focus on correctional officers' knowledge, attitudes and practices about HIV and AIDS as they share the same environment with offenders living with HIV and AIDS on a daily basis acting as parents and giving support needed to any offender living with HIV and AIDS in Johannesburg correctional facilities.

Although correctional officers job description does not put them at direct risk, but to deal with offenders living with HIV and AIDS on the daily basis need enough knowledge about it, and good attitudes towards people living with it, and the practices that reduce the risk of infection in the correctional facilities.

The value of assessing the knowledge and attitude of correctional officers towards HIV and the people living with this virus within the context of known high prevalence of HIV infection, transmission in correctional centres is without a question. Furthermore, if correctional officer's cultural and sexual practices that lead to transmission of HIV are known and addressed it would be beneficial to correctional officials in particular and Johannesburg management area and offenders in general. This is because DCS would strengthen their HIV programmes according to the knowledge, attitude and sexual practices of correctional officers.

When the institutional HIV programmes outcomes are positive, it would effectively benefit the department of correctional services in a number of ways, for example, low level of absenteeism, low staff turnover and financial benefits from few HIV related incapacity leave and officials being deceased. As for the offenders, correctional officers who are well equipped with HIV information will pass their knowledge to the offenders and the attitude towards offenders living with HIV may be less.

3.3. Research questions.

After considering all the facts about the epidemic in Johannesburg management area, the following research questions were asked:

- ❖ What is the level of correctional official's knowledge on HIV and AIDS transmission, prevention, treatment and care, available resources, HIV counselling and testing (HCT) in Johannesburg management area in Gauteng Region?
- ❖ What are the attitudes of correctional officers towards HIV and AIDS officials and offenders living with HIV and AIDS within Johannesburg management area? What are their attitudes towards HIV counselling and testing (HCT)?

- ❖ What is the level of sexual and cultural practices that are of high risk to HIV infection and how correctional officers practically prevent themselves from HIV infection and re-infection?

3.4. Significance of the study.

This study would be significant to DCS as one of the valuable studies that need to be conducted in this department given the high HIV prevalence rate in South African correctional facilities. This study would be also significant as it will focus mainly on the knowledge, attitudes and practices of correctional officers towards HIV and AIDS in the South African department of correctional services. DCS may benefit from the information generated by the study as baseline information. This study would serve as a baseline information for the management of DCS to effectively engage on the vision and goals of the NSP which are in line with UNAIDS vision and goals. Those vision and goals are zero new infection of HIV and TB, zero new infection of vertical transmission, zero preventable deaths associated with HIV and TB, and zero discrimination associated with HIV and TB (NSP, 2012-2016).

By strengthening their response programmes towards correctional officer's knowledge, attitudes and practices relating to HIV and AIDS, the department of correctional services would realize reduced health and administration costs as positive changes could decrease absenteeism, increase correctional officer's morale and in return increase service delivery.

3.5. Aim and the objective of the study.

3.5.1. Aim of the study.

The aim of this study was to explore the existing knowledge, attitudes and practices of correctional officials towards HIV and AIDS in Johannesburg management area: Johannesburg correctional centres: Gauteng Region: South Africa.

3.5.2. Objectives of the study.

Objectives of this study were as follows:

- ❖ To assess correctional officer's current knowledge and understanding on HIV and AIDS issues amongst other things, HIV transmission, prevention, care and support and treatment.

- ❖ To obtain information on correctional officer's attitudes towards working with officials and offenders living with HIV and AIDS. It would also assess officer's attitudes towards HIV counselling and testing.
- ❖ To obtain information about correctional officers sexual practices that pave way to HIV transmission.
- ❖ To determine if workplace HIV and AIDS programmes and policies exists, and implemented effectively within Johannesburg management area and where possible to make recommendations.

3.6. Research methodology.

3.6.1. Target population.

The participants in this study were permanent correctional officers of different age groups irrespective of gender and rank, employed by the department of correctional services in Johannesburg management area: Gauteng Region: South Africa. These include Johannesburg management area staff employed under Public Service Act and those employed under Correctional Service Act. The four centres have more than 2000 permanent employees in their database. This population were easy to find as most of them work and stay within the premises of the Johannesburg correctional centres in departmental houses and quarters.

Almost 90% of the population of this study had matric as their highest qualification and some of the population had post matric qualifications. Management were also part of the population of this study, both male and female. The only groups who were excluded in this study were Johannesburg management area services provider's staff, for an example, electrical contractors, catering contractors like Bosasa and others. Staff members of judicial inspectorate and members of the parole board who do not fall under correctional services management were excluded from this study as well.

3.6.2. Sampling method.

Participants were recruited from Johannesburg management area four correctional facilities and subjected to simple random sampling. This sampling method is the most basic type of random sampling. According to Christensen, et al. (2012), simple random sampling is the definitive

case of an equal probability of selection method. Everyone in the population must have an equal chance of being included in the final sample. Christensen, et al. (2012), further emphasise that it is the characteristic of equal probability that makes simple random sampling produce representative samples from which you could directly generalise from your sample to the population.

In this sampling method, every correctional officer was represented by a number that was allocated to each of them. The total numbers of 200 participants were randomly selected from these allocated numbers and 160 of them were suppose to complete an HIV knowledge, attitudes and practices questionnaire and 40 participants were randomly selected from these 200 randomly selected participants, were suppose to be subjected to face-to-face interview with the researcher. Everyone in this population had a chance of being selected as participant to this study and everyone in the initial random selection were further had the same chance of being selected either to complete a questionnaire or to be subjected to face-to-face interview with the researcher. From 160 correctional officers who were randomly selected only 132 responded to the questionnaires, and from the 40 correctional officers who were randomly selected for face-to-face interview, only 32 responded.

3.6.3. Data collection methods.

The data collection methods used in this study were self administered questionnaire and the interview schedule. The five point scale questionnaire consisted of strongly agree, agree, neutral, disagree and strongly disagree was used. The questionnaire contained closed-ended and open-ended questions to measure correctional officer's knowledge, attitudes and practices relating to HIV and AIDS. The questionnaire had four sections: Section one: demographic information. Section two: correctional officer's HIV and AIDS knowledge. Section three: correctional officers' attitudes towards HIV and AIDS. Section four: correctional officers' sexual practices. The questionnaire contained a total of 42 questions. Only 132 participants were able to complete the questionnaire. Interview schedules were used to obtain information from 32 participants through face-to-face interview. The answers of this interview schedule were only yes or no (binary)

The structure of face-to-face interview was also divided into four sections: correctional officers' demographic information, HIV and AIDS knowledge, attitudes towards HIV and AIDS and sexual practices with closed and open ended questions. Permission was obtained from all participants to record the face-to-face interview on tape. Benchmarking was done with related literature to make sure that the questions to be asked are valid to answer the relevant research questions.

The questionnaire contained six demographic questions, 30 close ended questions and six open ended questions. In total, the questionnaires were having 42 questions and took the participants between 40-45 minutes to complete. The main themes in the questionnaire were as follows: The demographic questions: this theme asked a total of six questions about age, race, race and gender, level of education, salary level, and length of service.

HIV and AIDS knowledge questions: correctional officer's knowledge relating to HIV and AIDS had 10 close ended questions and two open ended questions. The knowledge questions in the questionnaire were having questions related to prevalence of HIV in the world, region and the country, HIV prevention, sexually transmitted infections, HIV transmission, cure and vaccine for HIV and AIDS, HIV and AIDS treatment (antiretroviral treatment), and HIV counselling and testing (HCT).

Attitudes towards people living with HIV and AIDS questions: The attitudes of correctional officers towards their colleagues and offenders living with HIV and AIDS in the correctional centres consisted of 10 close ended questions and two open ended questions related to HIV infected colleagues and inmates, physical contact, perception about people living with HIV and AIDS, accommodation of such people and what they think, feel and believe about them were asked. Sexual practices questions: correctional officers sexual practices relating to HIV and AIDS consisted of 10 close ended and two open ended questions. Questions related to sexual practices and sexual behaviour like condom use, HIV counselling and testing (HCT), concurrent multi-sexual partnership and HIV risk behaviour were asked. The interview schedule consisted of the total number of six demographic questions, 30 'yes' or 'no' questions were asked to participants. The face-to-face interview schedules were conducted individually face-to-face with the researcher in a designated place and it took between 30-35 minutes to complete as expected.

Soon after the permission has been granted by the department of correctional services, permission were sought from the management of Johannesburg management area four correctional facilities to use their meeting rooms and their training centres for correctional officers to complete questionnaire and interview schedule. Questionnaires were completed individually, not in groups. Participants were not allowed to provide their names in a questionnaire, and both interviews were conducted in a designated place within their respective correctional facilities. The data collected were locked up in a cupboard where the researcher was the only one with access to it.

3.6.4. The pilot study.

The questionnaire and the interview schedule were subjected to a pilot study. The questionnaire was piloted with eight correctional officers and the interview guide was piloted with two correctional officers from Leeuwkop management area to ensure that the format and structure of questions is suitable for the subjects that were chosen and errors were corrected before going into the field. The eight participants that were considered for this pilot study consisted of two participants from management, two senior correctional officers (centre based), two junior correctional officers and two correctional services employees employed under Public Service Act. Errors, grammar and some questions phrases from the pilot study were corrected before the actual research study.

The objectives of the study and instructions for completing the questionnaire were provided in a cover letter and changes were made where necessary. The interview guide underwent the same process and only two correctional officers were needed for this pilot study. The pilot study of interview schedule was also conducted in Leeuwkop management area. In this pilot study, the final draft of the survey questionnaire and its cover letter were used to collect the quantitative data for this study while the final draft of the interview guide which were also recorded were used to collect qualitative data for the study.

3.6.5. Data analysis.

Information collected by means of the questionnaires was subjected to quantitative data analysis (Statistical Package for the Social Science) SPSS and Thematic analysis, while the interview transcripts and audio were subjected to qualitative data analysis which also included thematic analysis. This is because numeric data were easy to enter into Statistical Package for the Social Science. It operates more easily like Excel. Once the data is entered, it was analysed

very fast and one must cautiously check the quality of the data. Running tabulations in Statistical Package for the Social Science (SPSS) and Excel table graphs were of a critical use for better understanding and efficient data analysis in this study. Information from the interview transcripts and audio were analysed using thematic analysis.

3.7. Ethical consideration.

The research study was only advance once ethical clearance and the permission was issued and granted by the University of Stellenbosch and National department of correctional services. Permission to start with the study was also obtained from the national department of correctional services (Head Office), Department of correctional services Regional commissioner, Commissioner of the Johannesburg management area and from the correctional officers as participants in writing.

The participants were informed that their participation is voluntary and that their decision to participate would not inconvenience them in any way. The aim of the study was also explained to them. Participants were guaranteed that their responses would be kept completely confidential and responses could not be linked to individuals as no identifying data will be requested. Participants were informed of their right to stop the interview at any time, should they wish to do so. They were also informed that interview instruments would be destroyed after the research had been completed. Contact details were provided and inspiration were given to participants to contact the researcher should there be any questions regarding the research.

CHAPTER 4: RESULTS AND DISCUSSIONS.

4.1. Results of the study.

The following excel charts and tables were vital in distributing the findings about correctional officer's demographic information. They were also important in distributing the findings about correctional officer's knowledge, attitudes and sexual practices relating to HIV and AIDS of in Johannesburg management area. The findings were further discussed in detail. Limitations and set backs were identified through these charts and tables. Recommendations were provided according to the findings from these charts and tables.

Consent forms were sent out to 200 correctional officers in Johannesburg Management Area who were randomly selected to be part of this study. Forty correctional officers were further randomly selected from these 200 to be subjected to recorded face-to-face interview. However, only 164 correctional officers volunteered to be part of this study. Thirty-six correctional officers indicated very clearly that they do not like to be part of this study. For those who opted not to be part of this study, 28 were supposed to complete questionnaires and eight to be subjected to recorded face-to-face interview. As a result, 132 correctional officers were subjected to questionnaires and 36 were subjected to recorded face-to-face interview. Ethical issues were taken into account at all times in the process of this study.

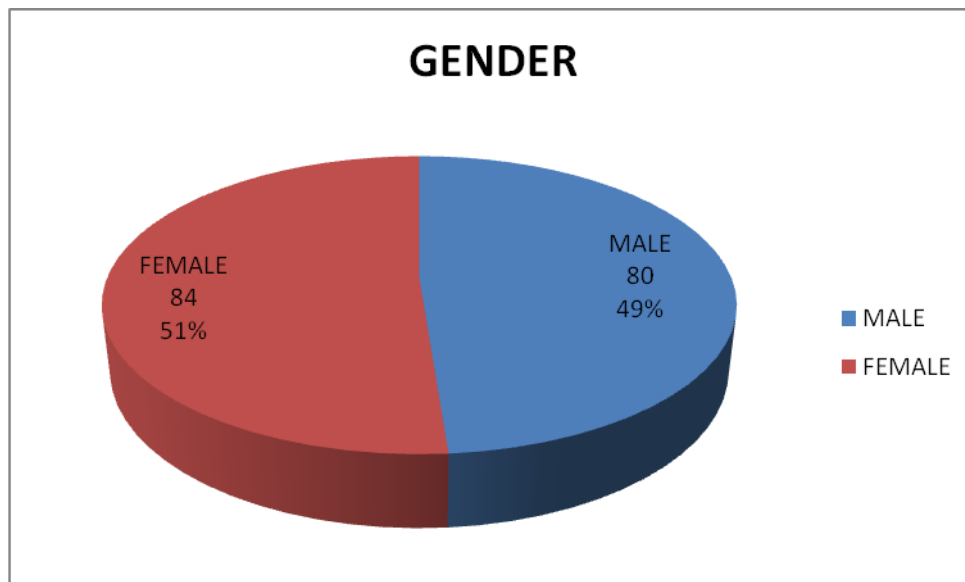


Figure 4.1: Gender distribution.

Figure 4.1 indicates that there were 80 male respondents and 84 female respondents and this means that female respondents constituted the majority, 51%; while their male counterpart were only 49% in this study. Although the differences in gender distribution were not so high but this was an indication that female correctional officers were more willing to participate in HIV and AIDS issues. This distribution also indicates that there were low male turn up to this study given the high number of male and the low number of female correctional officers employed in Johannesburg management area.

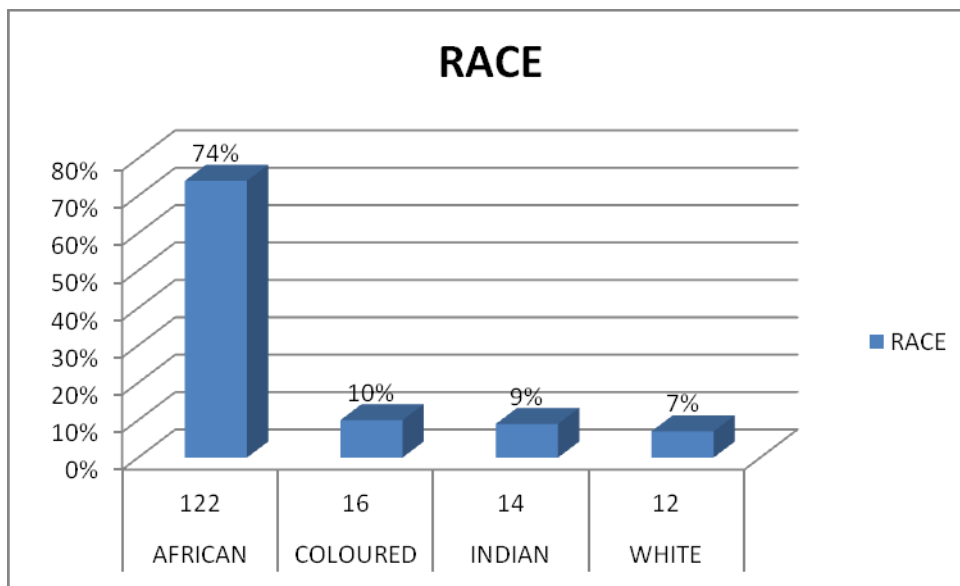


Figure 4.2: Race distribution.

Figure 4.2 indicates that in terms of race, there were more African respondents than any other races. In terms of race, 122 were Africa, 74%; sixteen were Coloured, 10%; fourteen were Indians, 9%; and twelve were Whites, 7%. This is due to percentages by race in number of correctional officers employed in the Johannesburg management area. African, Indians and Whites participants were more willing to participate than Coloured population. This was evident when the high numbers of male coloured were not willing to participate in this study. This further indicates that Africans, Indians and Whites were willing to participate in the prevention of HIV.

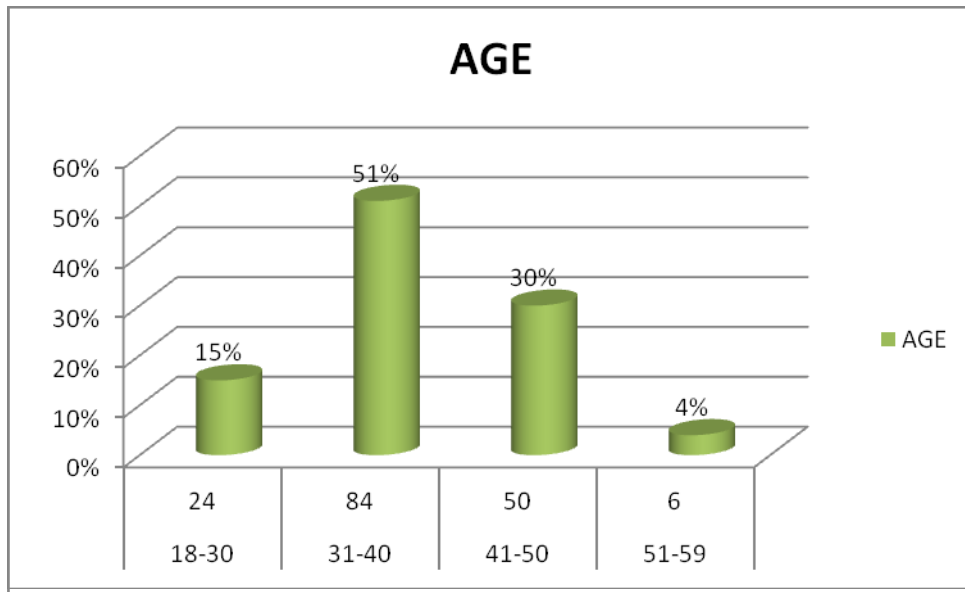


Figure 4.3: Age distribution.

Figure 4.3 indicates that 84 respondents were young adults between the age 31 and 40 years, 51%, followed by 50 adults of age between 41 and 50 years, 30%. The young participants in this study were between the age of 18 and 30 years and were only 24 of them, 15%; and six older participants aged between 51 and 59 years and they just covered only 4% of the overall respondents. The age distribution indicates that there were more correctional officers of between the age 31 and 40 years employed in Johannesburg management area than any other age group, followed by the correctional officers of the age between 41 and 50 years.

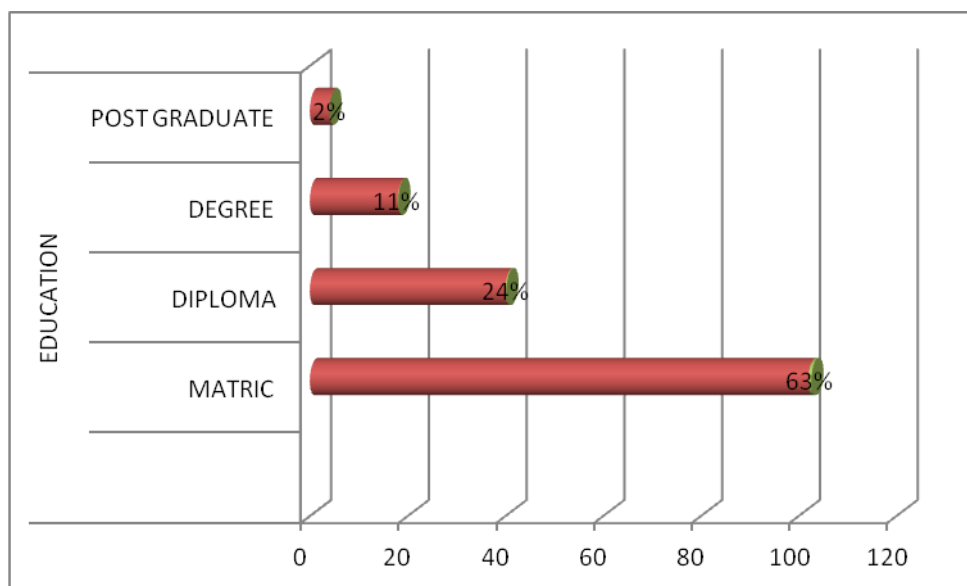


Figure 4.4: Educational levels of the respondents.

Figure 4.4 indicates that 63% of correctional officers participated in this study were having only matric as their highest educational qualification. These were followed by 24% of those who have Diplomas, 11% for those who have degrees and only 2% were having the Post Graduate Qualifications. Taking into consideration that 63% of correctional officers participated in this study had matric as their highest qualification, a conclusion can be made that majority of correctional officers have a basic command of English language and they can read and write. Therefore, they could easily and effectively participate in the workplace HIV and AIDS programmes within their management area.

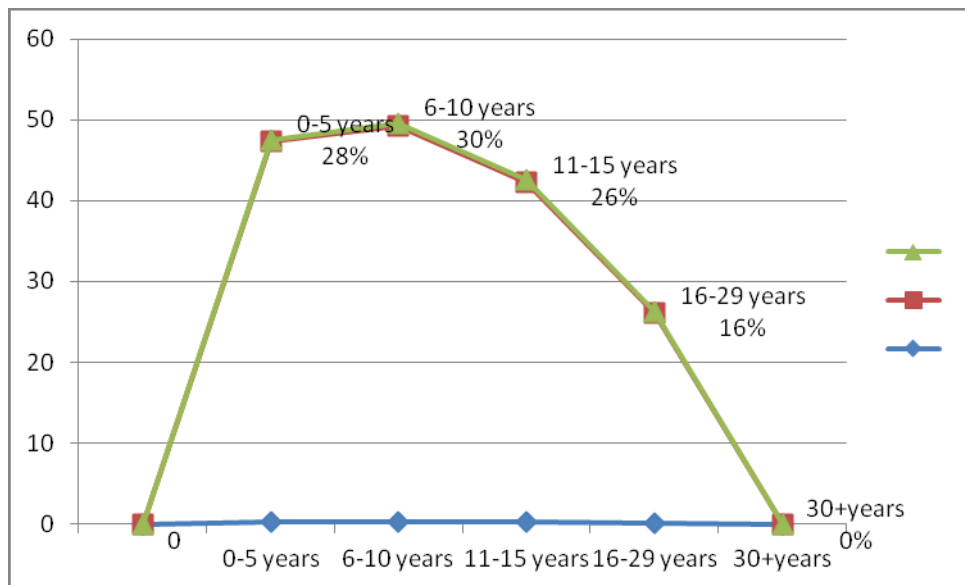


Figure 4.5: Length of service of the respondents.

Figure 4.5 indicates that 30% of correctional officers participated in this study falls under the category of six to 10 year's length of service, followed by the 28% of correctional officers to whom their length of service were five years or less. Twenty-six percent of correctional officers had 11 to 15 years length of service. The lowest number of participants falls under the category of 16 to 29 years of service. These figures also indicate that the lengths of service of the majority of correctional officials in Johannesburg management area are 15 years and below, 84%. This indicates that 84% of the correctional officers will still be with the Johannesburg management area in the coming 15 to 20 years. These also denote that Johannesburg management area must strengthen their workplace HIV and AIDS programmes so that they could retain their healthy and effective workforce for 15 to 20 years to come.

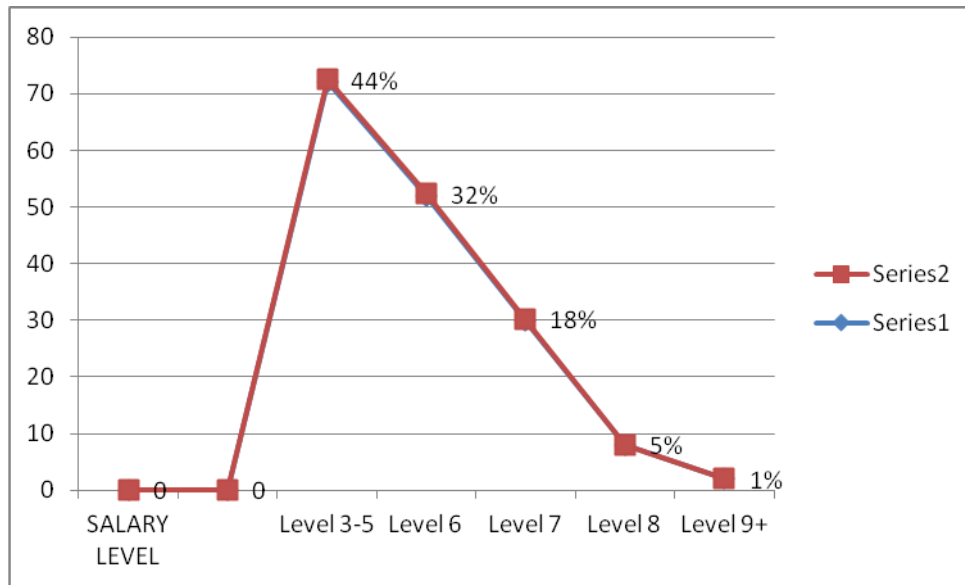


Figure 4.6: Salary levels of the respondents.

Figure 4.6 indicates that 44% of the respondents were on salary level five, and they were majority in this study. This figure also indicates that there were 32% of the respondents on salary level six. Eighteen percent of the respondents were on salary level seven. There were 5% of the respondents who were on salary level eight and only 1% of those were on salary level nine and above. A conclusion that can be drawn from this figure is that Johannesburg management area has a high number of employees who are in the entry level position. This also means that this management area is having so many younger employees.

The following abbreviations will be used in Table 4.1 to 4.33: SA= Strongly Agree; A=Agree; N=Neutral; D=Disagree; SD=Strongly Disagree; PR=Positive response, NR=Negative response and B=Blank which denotes not completed.

Table 4.1 to 4.11 shows respondents' HIV and AIDS knowledge.

Table 4.1: Difference between HIV and AIDS.

Variable	Response	Frequency	Percentage
7. There is no difference between HIV and AIDS.	SA	13	9%
	A	25	20%
	N	10	8%
	D	51	39%
	SD	33	24%
	TOTAL	132	100%

Table 4.1 illustrates that 39% of the respondents disagree that there is no difference between HIV and AIDS. There were 24% of the respondents who strongly disagreed with this statement. Only 8% of the respondents were neutral. However, there were still a high number of respondents who agreed with this statement, 20%; while 9% were strongly agreeing. On average 29% of the overall questionnaire respondents responded that there is no difference between HIV and AIDS. Considering the above findings a conclusion can be made that there were more correctional officers with limited knowledge of HIV and AIDS in general and something need to be done about this in Johannesburg management area.

Table 4.2: HIV prevalence rate in South Africa.

Variable	Response	Frequency	Percentage
8. South Africa has the highest number of people living with HIV and AIDS in the world.	SA	18	14%
	A	39	30%
	N	37	27%
	D	18	14%
	SD	20	15%
	TOTAL	132	100%

Table 4.2 indicates that 30% of the respondents agreed that South Africa has the highest number of people living with HIV and AIDS in the world. Fourteen percent of the respondents strongly agreed with this statement. There were 27% of the respondents who were neutral and 15% disagreed with this statement. There were 14% of the respondents who were strongly disagreeing with this statement. Given the high number of respondents who were neutral, disagreeing and strongly disagreeing to this variable, a conclusion can be made that there are a high number of correctional officers who had no idea about HIV prevalence rate in their own country. It is also evident that majority of correctional officers in Johannesburg management area have limited knowledge about HIV and AIDS prevalence rate in their own country.

Table 4.3: HIV and sexually transmitted infections.

Variable	Response	Frequency	Percentage
9. HIV is one of the sexually transmitted infections available.	SA	41	32%
	A	66	50%
	N	8	6%
	D	2	1%
	SD	15	11%
	TOTAL	132	100%

Table 4.3 indicates that 50% of the respondents agree that HIV is one of the sexually transmitted infections available. Those who were strongly agreeing were 32%; neutral, 6%; those who disagreed, 1%; and 11% were strongly disagreeing with this statement. These statistics illustrates that majority of the correctional officers knows that HIV is a sexually transmitted infection and it mostly infect human being sexually than any other mode of transmission.

Table 4.4: HIV prevalence rate in KwaZulu-Natal.

Variable	Response	Frequency	Percentage
10. KwaZulu-Natal province has the highest number of people living with HIV and AIDS in South Africa.	SA	33	26%
	A	50	38%
	N	28	21%
	D	8	6%
	SD	13	9%
	TOTAL	132	100%

Table 4.4 indicates that 38% of the respondents agree that KwaZulu-Natal province has the highest number of people living with HIV and AIDS in South Africa; and 26% of the respondent strongly agree to this statement. Twenty-one percent of the respondents were neutral. Six percent of the respondents disagreed while 9% percent strongly disagreed. Respondent's response to this statement shows that correctional officers are more aware of the HIV and AIDS prevalence by province.

Table 4.5: Cure for AIDS and ARVs.

Variable	Response	Frequency	Percentage
11. There is a cure for AIDS in the form of antiretroviral treatment	SA	14	11%
	A	23	18%
	N	12	9%
	D	43	32%
	SD	40	30%
	TOTAL	132	100%

Table 4.5 indicates 32% of the respondents disagree and 30% strongly disagree that there is a cure for AIDS in the form of antiretroviral treatment. However, a small number of respondents agreed, 18%; and 11% strongly agreed with this statement. Those who were neutral were only 9%. This statistics denote that majority of correctional officers in Johannesburg management area have a sound knowledge that there is no cure for HIV and AIDS yet, and that antiretroviral treatment is not cure for HIV and AIDS.

Table 4.6: Having unprotected sex with your spouse.

Variable	Response	Frequency	Percentage
12. You cannot get infected with HIV if you have unprotected sex only with your wife/husband.	SA	18	14%
	A	12	9%
	N	7	4%
	D	49	38%
	SD	46	35%
	TOTAL	132	100%

Table 4.6 indicates that 38% of the respondents disagreed with the statement that you cannot get infected with HIV if you have unprotected sex only with your wife/husband. Respondents who strongly disagreed were 35%. Four percent were neutral and 9% agreed; while 14% strongly agreed. The statistics in this table shows that majority of the respondents have a knowledge that a people can get infected by HIV irrespective of the type of a partners they have, as long as they have unprotected sex.

Table 4.7: Vulnerability of women in HIV infection.

Variable	Response	Frequency	Percentage
13. Women are at less risk of HIV infection than men.	SA	10	8%
	A	16	12%
	N	16	12%
	D	51	39%
	SD	38	29%
	TOTAL	132	100%

Table 4.7 indicates that 51 of the respondents disagree that women are at less risk of HIV infection than men, and this is 39% of overall respondents. There were 29% of the respondents who strongly disagreed to this statement. Twelve percent agreed and 8% strongly agreed to this statement, while 12% of the respondents were neutral. This table demonstrate that majority of correctional officers who responded to this statement knows exactly that women are at higher risk of getting HIV infection than men.

Table 4.8: HIV positive test and AIDS.

Variable	Response	Frequency	Percentage
14. A positive HIV test means that a person has AIDS.	SA	16	12%
	A	27	20%
	N	12	9%
	D	47	36%
	SD	30	23%
	TOTAL	132	100%

Table 4.8 illustrates that 36% of the respondents disagreed and 23% strongly disagreed that a positive HIV test means a person has AIDS. Nine percent of the respondents were neutral. Twenty percent of the respondents agreed with this statement; while 12% strongly agreed to it. There were 41% of the respondents who responded strongly agree; agree and neutral that a positive HIV test means that a person has AIDS. This is a strong indication that there are still a lot of correctional officers who do not differentiate between HIV and AIDS.

Table 4.9: HIV prevalence rate in South African correctional facilities.

Variable	Response	Frequency	Percentage
15. HIV infection is higher in South African correctional facilities than in general population.	SA	12	9%
	A	10	8%
	N	51	38%
	D	45	34%
	SD	14	11%
	TOTAL	132	100%

Table 4.9 indicates that 38% of the respondents were neutral and 34% of the respondents disagreed that HIV infection is higher in South African correctional facilities than in general population. This was followed by 11% who strongly disagreed. Nine percent of the respondents agreed and another were strongly agreeing to this statement. The statistics in this table is very shocking because correctional officers who deal directly with offenders on the daily basis have no idea about offenders' HIV prevalence in their correctional facilities. This is because just over 83% of the respondents had no idea whatsoever about the prevalence of HIV in correctional facilities and in general population. Correctional officers should be the front runner in prevention of HIV infection in correctional facilities. Proactive strategy to coordinate workplace HIV and AIDS programmes is needed in Johannesburg management area.

Table 4.10: The purpose of HIV vaccine, if found.

Variable	Response	Frequency	Percentage
16. If HIV vaccine is found, it will help to cure people living with HIV and AIDS.	SA	31	23%
	A	44	33%
	N	27	27%
	D	14	11%
	SD	16	12%
	TOTAL	132	100%

Table 4.10 illustrates that most respondents (44) agree that if HIV vaccine is found, it will help to cure people living with HIV and AIDS. This is 33% of all questionnaire respondents. Respondents who strongly agree to this statement were also high, at 31 which translate to 23% of the overall respondents. These were followed by 21 who were neutral and this denotes 21% of respondents. However, there were a low number of respondents who strongly disagreed with this statement at 16, which is translated to 12% of the respondents. Those who disagreed were only 14 which constitute only 11% of the overall respondents. The statistics in this table indicate that respondents do not differentiate between vaccine and cure. The logic is that vaccine is administered before the infection and cure is given while the person is already infected.

The following is how respondents responded to the open ended questions of the questionnaire on general knowledge about HIV and AIDS.

Table 4.11: Difference between HIV and AIDS and the purpose of ARVs.

Variable	Response	Frequency	Percentage
17. What is the difference between HIV and AIDS?	PR	63	47%
	NR	45	35%
	B	24	18%
	TOTAL	132	100%
Variable	Response	Frequency	Percentage
18. What is ARVs stands for and what purpose it serve in human? Briefly explain.	PR	62	47%
	NR	41	30%
	B	39	23%
	TOTAL	132	100%

Table 4.11 indicates that 63 respondents, which were 47% of the overall questionnaires respondents, provided correct and positive answer to the question “What is the difference between HIV and AIDS?”. However, 45 respondents, which translate to 35% of the questionnaire respondents, provided negative and incorrect respond to the variable. Eighteen percent of the respondents did not respond to this variable. According to the statistics in this table, it is clear that majority of the correctional officers in Johannesburg management area have a limited knowledge around HIV and AIDS.

On the other hand, 62 respondents, which were 47% of all the questionnaires respondents, provided positive and correct answers to the acronym ARVs and the purpose that antiretroviral treatment serves in people living with HIV/AIDS. However 41 of the respondents provided negative and incorrect answers to this question. They constituted 30% of the overall questionnaires respondents. Thirty-nine respondents left this question blank and other were not sure about the answer. They constituted 23% of the overall questionnaires respondents. It is

evident that In Johannesburg management area, there are still more HIV and AIDS programmes needed to correctional officers. This is because they have a limited knowledge about antiretroviral treatment and the purpose it serves in human being.

Table 4.12 to 4.22 shows respondents' attitudes towards HIV and AIDS.

Table 4.12: Publicity of HIV positive status.

Variable	Response	Frequency	Percentage
19. HIV infected people status should be publicly known.	SA	9	6%
	A	26	20%
	N	28	21%
	D	35	27%
	SD	34	26%
	TOTAL	132	100%

Table 4.12 indicates that 27% of the respondents disagreed with the statement that says HIV infected people status should be known to the public. This was followed by 34 respondents who strongly disagreed with this statement. They constituted 26% of the respondents. However, 28 respondents were neutral and that were 21% of the respondents. There were 26 respondents who agreed that in fact HIV infected people status should be publicly known. They constituted 20% of the respondents. There were nine respondents who strongly agreed to the statement. According to the above statistics, the attitude of correctional officers towards people living with HIV is better.

Table 4.13: Disclosure of HIV positive status to colleagues.

Variable	Response	Frequency	Percentage
20. If tested positive for HIV you will disclose your status to your colleagues.	SA	17	12%
	A	21	17%
	N	36	27%
	D	30	23%
	SD	28	21%
	TOTAL	132	100%

Table 4.13 indicates that majority (36) of respondents were neutral on this one and that were 27% of all respondents. Thirty respondents disagreed that if they test positive for HIV they will disclose their status to their colleagues and that stood at 23%; while 28 were strongly disagreeing with this statement and this translate to 21% of the respondents to the questionnaires. Those who agree with this statement were 21 which denote 17% of the respondents. Seventeen respondents were strongly agreeing with this statement and they made up only 17% of the overall participants. According to the statistics in this table the high number of correctional officers would not disclose their HIV status to their colleagues and this shows very clearly that there is still a high level of HIV related stigma attached from correctional officers in Johannesburg management area.

Table 4.14: Separation of HIV positive offenders from other offenders.

Variable	Response	Frequency	Percentage
21. HIV infected offenders should be separated from other offenders for health reason.	SA	11	8%
	A	12	9%
	N	24	18%
	D	51	39%
	SD	34	26%
	TOTAL	132	100%

Table 4.14 illustrates that 51 respondents disagree that HIV infected inmates should be separated from other inmates for health reason. These constituted 39% of the respondents. This was followed by those who strongly disagree at 34; which made up 26% of all the respondents. Twenty-four which denote 18% of the respondents were neutral on this one. However, 12 respondents agreed to this statement and they were just 9% of all the respondents. There were 11 respondents who strongly agreed to this statement, which made up only 8%. The statistics on this table shows that correctional officers attitudes towards inmates who are HIV infected is not bad at all. They really believe in non-discrimination of inmates who are HIV positive.

Table 4.15: Responsibility of HIV positive offenders taking ARVs.

Variable	Response	Frequency	Percentage
22. Offenders who are on antiretroviral treatment are the responsibility of only the health nurse.	SA	8	6%
	A	13	11%
	N	17	12%
	D	50	38%
	SD	44	33%
	TOTAL	132	100%

Table 4.15 indicates that 50 respondents disagreed to the statement that inmates who are on antiretroviral treatment are the responsibility of only the health nurse. These respondents stood at 38%. This was followed by 44 respondents who strongly disagreed to the statement and they made up 33%. Seventeen respondents were neutral at 12%. Thirteen respondents agreed to this statement and made up just 11%. Respondents who strongly agreed to this statement were only eight which made up 6% of the overall respondents. The statistics in this table clearly illustrate that majority of correctional officers in Johannesburg management area believe that inmates who are on antiretroviral treatment are not only the responsibility of the health nurse but they are their responsibility as well.

Table 4.16: Physical nature of duties performed in DCS and HIV test.

Variable	Response	Frequency	Percentage
23. Given the physical nature of duties performed within department of correctional services, all employees should be tested for HIV infection before employment is offered.	SA	4	3%
	A	14	11%
	N	21	16%
	D	46	34%
	SD	47	36%
	TOTAL	132	100%

Table 4.16 indicates that 36% respondents, 47 in total; strongly disagree that department of correctional services should test candidates for HIV before employment is offered due to the physical nature of the duties performed in this department. Forty-six respondents disagree with this statement, which translate to 34% of all respondents. Twenty-one respondents were neutral at 16%. The respondents who agreed to this statement were 14 which constituted only 11%. However, 3% strongly agreed with this statement. This indicates that majority of the respondents have a clear understanding and a good attitudes towards people living with HIV and AIDS and they feel that HIV testing before employment is offered will be discrimination against people living with HIV and AIDS on the basis of health status.

Table 4.17: Sharing a bedroom with HIV positive person.

Variable	Response	Frequency	Percentage
24. I cannot share my bedroom with someone who is HIV infected as I fear HIV infection.	SA	2	1%
	A	8	6%
	N	12	9%
	D	41	32%
	SD	69	52%
	TOTAL	132	100%

Table 4.17 indicates how respondents responded to the statement that “I cannot share my bedroom with someone who is HIV infected as I fear HIV infection”. The high number of respondents (69) strongly disagreed to this statement and they made up 52% of the overall respondents. Thirty-two percent of the respondents disagreed to this statement. Only 12 respondents were neutral and they constituted only 9%. However, only eight respondents agreed to this statement, which denote just 6%. The respondents who strongly agreed to this statement were only two and they only made up just 1%. This statistics indicates that respondents attitudes towards people living with HIV and AIDS is very good and this will help in reducing HIV related stigma and discrimination within the correctional centres.

Table 4.18: Condom use and multi-concurrent partners.

Variable	Response	Frequency	Percentage
25. Condoms should be used only if you have multi-concurrent partners.	SA	19	14%
	A	12	9%
	N	6	4%
	D	29	23%
	SD	66	50%
	TOTAL	132	100%

Table 4.18 indicates that 66 respondents strongly disagreed that condoms should be used only if one has multi-concurrent partners. These made up 50% and constituted half of the overall respondents. This denote that majority of correctional officers believe condoms should be used always to prevent the spread of the HIV. This is evident on the number of respondents who disagreed to this statement (29) and these translate to 23% of the overall respondents. Only six respondents were neutral and made up just 4%. However, 14% of the respondents strongly agreed to this statement. Only 12 respondents and who were about 9% agreed to this statement. The statistics in this table clearly illustrate that correctional officers believes that condoms should be used every time when you have sex irrespective of whether one has multi-concurrent partners or not. Respondents' attitude towards condoms use was not bad at all.

Table 4.19: Identification of HIV positive people.

Variable	Response	Frequency	Percentage
26. People who are HIV infected can be easily identified.	SA	4	3%
	A	8	6%
	N	18	14%
	D	41	32%
	SD	61	45%
	TOTAL	132	100%

Table 4.19 indicates that 61 respondents strongly disagreed that people who are HIV infected can be easily identified and these constitute 45% of the overall respondents. These were followed by 41 respondents who disagreed with this statement and these translate to 32%. Eighteen respondents were neutral and they were just 14%. Only 6% of the respondents agreed, while 3% strongly agreed to this statement. The statistics in this table demonstrate that correctional officers attitude towards people who HIV infected is not bad at all as they cannot conclude that a person is HIV positive by just physical appearance, health status and any other related health problems.

Table 4.20: The risk of correctional officers to HIV infection in the workplace.

Variable	Response	Frequency	Percentage
27. Correctional officers are at high risk of getting HIV infection, given the high HIV prevalence in South African correctional centres.	SA	8	6%
	A	15	11%
	N	28	21%
	D	53	41%
	SD	28	21%
	TOTAL	132	100%

Table 4.20 indicates that 53 respondents disagreed that they are at risk of getting HIV infection in their workplace, and that number made 41% of the respondents. These were followed by 28 respondents who strongly disagreed to this statement, which made up of 21% of respondents. Another 21% respondents were neutral. Fifteen respondents agreed that they were at high risk of getting HIV infection in their working environment and that translated to 11% of the respondents. Only eight respondents strongly agreed to this statement, and made up only 6%. This table illustrate that majority of correctional officers felt that there were not at high risk of getting HIV infection in Johannesburg correctional centres despite the high HIV prevalence rate South African correctional facilities than in general population.

Table 4.21: Workplace HIV/AIDS programmes target population.

Variable	Response	Frequency	Percentage
28. Workplace HIV and AIDS programmes are meant for people living with HIV and AIDS.	SA	12	9%
	A	12	9%
	N	13	11%
	D	47	35%
	SD	48	36%
	TOTAL	132	100%

Table 4.21 indicates clearly that majority of the respondents disagree that workplace HIV and AIDS programmes are meant for people living with HIV and AIDS. This is evident when it comes to the number of people who disagreed with this statement which were 35%; and 36% strongly disagreed. Thirteen respondents were neutral on this statement which made up only 11%. Nine percent of the respondents agreed, while another 9% strongly agreed. These were good news for Johannesburg management area health and wellness management team as most correctional officers understand that workplace HIV and AIDS programmes are meant for every employee in the Johannesburg management area irrespective of their health and HIV status.

The following table illustrates how the respondents responded to the open-ended questions of the questionnaire on attitudes towards HIV infection.

Table 4.22: Who HIV positive people trust and attitudes towards HIV positive offenders.

Variable	Response	Frequency	Percentage
29. Briefly explain who you will tell if you test HIV positive and why?	PR	73	56%
	NR	35	26%
	B	24	18%
	TOTAL	132	100%
Variable	Response	Frequency	Percentage
30. Explain what you think should be done with offenders who are infected by HIV in your correctional centre.	PR	95	73%
	NR	14	11%
	B	23	16%
	TOTAL	132	100%

Table 4.22 indicates that 73 respondents responded clearly who they will tell and why if tested HIV positive. These respondents made up 56% of the overall respondents. Most of these respondents revealed that they will tell their parents, partners and their siblings. Their reasons were more valid and interesting in that they mention support, encouragement and information. However, 26% of the respondents responded to this question negatively and further emphasise that they trust no one. Twenty-six percent of the respondents responded negatively to this question. Only 24 respondents, that is 18% of all the respondents failed to answer this question and left it blank and other just wrote not sure. It is interesting that majority of the correctional officers in Johannesburg management area knows the importance of support, encouragement and HIV information. Although no single respondent were willing to tell his/her colleagues, supervisors and the management of Johannesburg management area. Health and wellness team in Johannesburg management area still have a huge work to do in encouraging those who test HIV positive to come forward for workplace support.

On the other hand 95 respondents responded positive on what they think should be done with inmates who are HIV positive in their correctional centres. These made up 73% of the questionnaire open-ended question. Those who responded positively emphasise that inmates should be given support, counselling, antiretroviral treatment and good nutrition. This is a positive attitude from the correctional officers towards inmates who are living with HIV and AIDS in their correctional centres. However 14 respondents, which made up 11%, responded negatively to this open-ended question as they show their negative attitude towards inmates living with HIV and AIDS. They emphasised about separating HIV infected inmates with other inmates. However, 23 respondents failed to answer this question and made up of 16% of the overall open-ended question respondents.

Table 4.23 to 4.33 shows respondents' sexual practices.

Table 4.23: Condom use and untrustworthy partner.

Variable	Response	Frequency	Percentage
31. Condoms should be used to an untrustworthy partner only.	SA	8	6%
	A	14	12%
	N	6	4%
	D	51	38%
	SD	52	40%
	TOTAL	132	100%

Table 4.23 contains response of respondents on sexual practices of correctional officers in Johannesburg management area. This table indicate that 40% of the respondents strongly disagreed that condoms should be used to untrustworthy partner only. Fifty-one respondents also disagree with this statement, and this made up 38%. Only six respondents were neutral on this one and they made up just 4% of the respondents. There were 14 respondents who agreed to this statement and further eight respondents who strongly agreed and all these made up 12% and 6% of the overall respondents respectively. The use of condoms by correctional officers is an indication of their strong safe sexual practices.

Table 4.24: Practicing anal sex and the risk of HIV infection.

Variable	Response	Frequency	Percentage
32. People who engage in anal sex are not at risk of contracting HIV infection.	SA	11	9%
	A	6	4%
	N	8	6%
	D	35	26%
	SD	72	55%
	TOTAL	132	100%

Table 4.24 indicates that 72 respondents, that translates to 55% of all the respondents strongly disagreed that people who engage in anal sex are not at risk of contracting HIV infection. These were followed by 26% of the respondents who disagreed. Only eight respondents were neutral and they made up only 6%. Six respondents agreed and 11 respondents strongly agreed to this statement. These made up 4% and 9% of the questionnaires respondents respectively. The good analysis of this table is that majority correctional officers in Johannesburg management area understand and knows anal sex increases the risk of HIV infection.

Table 4.25: HIV positive people and sexual intercourse.

Variable	Response	Frequency	Percentage
33. HIV infected people should not have sexual intercourse.	SA	8	6%
	A	10	8%
	N	10	8%
	D	49	36%
	SD	55	42%
	TOTAL	132	100%

Table 4.25 indicates that 55 respondents strongly disagreeing that HIV infected people should not have sexual intercourse, this high number made up 42% of all respondents. These were followed by 49 respondents who disagreed with this statement, which were at 36% of the respondents. Only 10 respondents were neutral at 8% and another 10 respondents agreed to this statement, and they were just at 8% as well. Those who strongly agreed to this statement were just eight and they made up only 6% of the overall respondents. In this case respondents believe that HIV infected people should continue having protected sex.

Table 4.26: Multi-concurrent partnership and chances of being HIV infected.

Variable	Response	Frequency	Percentage
34. Multi-concurrent partners increases the chances of one being HIV infected.	SA	66	50%
	A	37	29%
	N	12	9%
	D	7	4%
	SD	10	8%
	TOTAL	132	100%

Table 4.26 indicates that 50% of all the respondents strongly agreed that multi-concurrent partnership increases the chances of getting HIV infection. These were followed by 29% of the respondents who agreed to this statement. Nine percent of the respondents were neutral; 4% percent of them disagreed with this statement; and those who strongly disagreed to this statement were just 8%. Majority of correctional officers in Johannesburg management area understand that multi-concurrent partnership increases the chances of one being HIV infected.

Table 4.27: HIV infection and free antiretroviral treatment.

Variable	Response	Frequency	Percentage
35. It does not matter if you get infected by HIV as long as antiretroviral treatment is provided for free.	SA	12	9%
	A	3	1%
	N	8	6%
	D	30	23%
	SD	79	61%
	TOTAL	132	100%

Table 4.27 illustrate that 79 respondent strongly disagreed that it does not matter if you get infected with HIV as long as antiretroviral treatment is provided for free. This high number stood at 61% of the overall respondents. These were followed by 30 respondents who disagreed and they made up 23% of the respondents. Eight of the respondents were neutral at 6% and three agreed while 12 strongly agreed, and that made up 1% and 9% respectively. Respondents on this table believe that people should always protect themselves from HIV.

Table 4.28: Alcohol abuse and sex.

Variable	Response	Frequency	Percentage
36. If you are drunk, you must not engage in sex.	SA	59	43%
	A	13	11%
	N	22	17%
	D	22	17%
	SD	16	12%
	TOTAL	132	100%

Table 4.28 indicates that 59 respondents, which are 43% of the overall respondents, strongly agreed that if you are drunk, you must not engage in sex. A further 13 respondents agreed with this statement. These were stood at 11%. 22 respondents were neutral and were made up of 17%. However, 22 disagreed with this statement, which were 17% of the respondents and 16 respondents, which translate to 12% strongly disagreed to this statement. The number of respondents agreed and strongly agreed to this statement provided a clue that respondents knows that when one is drunk, it leads to poor decision making when having sex and it is likely that one will end having unprotected sex.

Table 4.29: Using condoms and the length of sexual partnership.

Variable	Response	Frequency	Percentage
37. It is useless to use a condom with a partner that you are married to for five years.	SA	12	9%
	A	2	1%
	N	13	9%
	D	49	38%
	SD	56	43%
	TOTAL	132	100%

Table 4.29 indicates that 56 respondents strongly disagreed that it is useless to use a condom with a partner of five years. Those who strongly disagreed constituted 43% of all respondents. These were followed by 49 respondents who disagreed to the statement, and they made up 38% of the respondents. Those who were neutral were only 13 and at 9%. Those who agreed that it is useless to use a condom to a partner of five years were only 2, which constituted only 1%. Those who strongly agreed were 12 and constituted only 9% of the overall respondents. Respondents in this table believe that no matter the number of years with your partner, one must use condoms consistently to prevent the spread of HIV as this is the recommended sexual practice in the era of HIV epidemic.

Table 4.30: Practicing dry sex.

Variable	Response	Frequency	Percentage
38. Dry sex makes making love interesting and enjoyable.	SA	21	15%
	A	10	8%
	N	26	20%
	D	34	26%
	SD	41	31%
	TOTAL	132	100%

Table 4.30 indicates that 41 respondents strongly disagreed that dry sex makes making love interesting and enjoyable. These respondents represented 31% of overall respondents. Thirty-four respondents disagreed with this statement and translated to 26%. Those who were neutral were 26 and they constituted 20% of the respondents. Twenty-one respondents strongly agreed and 10 agreed with this statement and these made up 15% and 8% respectively. In this table respondents understand dry sex is one of the unsafe sexual practices and it increases the chances of one being infected with HIV infection.

Table 4.31: Knowing own HIV positive status and the spread of HIV.

Variable	Response	Frequency	Percentage
39. It is not good to know your HIV status as you will get stressed and spread the virus if HIV positive.	SA	13	11%
	A	6	4%
	N	8	6%
	D	37	27%
	SD	68	52%
	TOTAL	132	100%

Table 4.31 indicates that 68 respondents strongly disagreed that it is not good to know your HIV status as you will get stressed and spread the virus if HIV positive. These respondents were the majority, 52%. Thirty-seven of the respondents disagree with this statement, and they made up 27%. Only 6% of the respondents were neutral. Those who agreed to this statement were only six and were just 4%. Those who were strongly agreeing were only 13 and they were just 11% of the overall respondents. The statistics in this table suggest that correctional officers regard knowing your HIV status as very important. There is a need for HIV counselling and testing facility to be available within the premises of Johannesburg management area as most respondents show their interest in HIV testing.

Table 4.32: Using condoms and partners who are both HIV positive.

Variable	Response	Frequency	Percentage
40. If both partners are HIV positive, there is no use of using a condom.	SA	6	4%
	A	6	4%
	N	9	6%
	D	32	25%
	SD	79	61%
	TOTAL	132	100%

Table 4.32 indicates that 79 respondents, which were 61% of the overall respondents strongly disagree that if both partners are HIV positive, there is no need to use a condoms. Thirty-two respondents also disagree with this statement, and this made up 25%. Only nine respondents were neutral on this one and they made up just 6% of the respondents. There were six respondents who agreed to this statement and further six respondents who strongly agreed and both made up 12% each, in the overall respondents respectively. This is evident that condom use in this management area is too high.

The following table illustrates how the respondents responded to open ended questions of the questionnaire on sexual practices.

Table 4.33: Safe sexual practices and multi-concurrent sexual partnership.

Variable	Response	Frequency	Percentage
41. What are the safe sexual practices that may help you to avoid HIV infection?	PR	105	80%
	NR	0	-
	B	27	20%
	TOTAL	132	100%
Variable	Response	Frequency	Percentage

42. What is multi-concurrent partnership and why is regarded as a high risk behaviour? Briefly explain.	PR	93	71%
	NR	11	8%
	B	28	21%
	TOTAL	132	100%

Table 4.33 illustrates that there were 105 respondents who responded positively to this variable. This made up 80% of the overall respondents and no one responded negatively. However, 27 respondents failed to complete this variable and they constituted 20%. It was encouraging to find out that majority of correctional officers in Johannesburg management area know the safe sexual practices that may help them to avoid HIV infection. Their safe sexual practices included condom use, abstain from sex, be faithful, avoiding multi-concurrent partnership and treatment of STIs.

On the other hand 93 respondents responded positively the meaning multi-concurrent partnership and they even explained clearly why it is regarded as high risk behaviour. They made up 71% of the overall respondents. Only 11 respondents responded negatively to this statement and they made up only 8% of the respondents. Twenty-eight respondents failed to complete this question and left it blank. These made up 21% of the respondents. This gives an indication that majority of correctional officers sexual behaviour is good as they understand that multi-concurrent partnership increases the risk of getting HIV infection.

The following are the recorded face-to-face interview schedule findings of this study.

Respondents were required to answer 'Yes' or 'No'.

Table 4.34: Correctional officer's HIV and AIDS general knowledge.

Variable	Response	Frequency	Percentage
7. Almost 6 million South African are living with HIV/AIDS	YES	17	53%
	NO	15	47%
	TOTAL	32	100%
8. Are you aware of the HIV/AIDS programme in your workplace?	YES	20	62%
	NO	12	38%
	TOTAL	32	100%
9. HIV prevalence is high in South African correctional facilities than in general population.	YES	13	41%
	NO	19	59%
	TOTAL	32	100%
10. A person qualifies for free antiretroviral treatment from the government if his/her CD4 count is 350 or less	YES	25	78%
	NO	07	22%
	TOTAL	32	100%
11. Tuberculosis is the main cause of death in HIV positive people.	YES	18	56%
	NO	14	44%
	TOTAL	32	100%
12. Do you how the process of HIV counselling and testing works?	YES	23	72%
	NO	09	18%
	TOTAL	32	100%
13. Do you know where HIV originates from?	YES	11	34%

	NO	21	66%
	TOTAL	32	100%
14. Women are at high risk of being infected by HIV.	YES	14	44%
	NO	18	56%
	TOTAL	32	100%

Table 4.34 indicates that in variable seven 53% of the respondents responded 'yes' to the statement that says almost six million South African are living with HIV and AIDS while 47% of the respondents did not have a clue about this statement. In variable eight, 20 respondents which made up 62% of all respondents were aware of the HIV and AIDS programme in their workplace while 12, who made up 38% were not aware. Nineteen respondents who constitute 59% of all respondents in variable nine did not know that HIV prevalence is higher in South African correctional facilities than in general population while 13 respondents had a clue and were made up of 41%.

In variable ten there were a high number of respondents (25) who responded 'yes' to the statement that says a person qualifies for the free antiretroviral treatment from the government if their CD4 count is 350 or less. They made up 78% of the overall respondents while only seven who constitutes only 22% did not know. In variable 11, just over half of all respondents (18) were having knowledge that tuberculosis is the main cause of death in HIV positive people and they made up 56%. Fourteen respondents had no clue about this variable as they were against it. They constituted 44% of the overall respondents. When it comes to variable 12, there were a high number of the respondents who responded 'yes' to the question that do you know the process of HIV counselling and testing? They were 72% of them. Only nine, which was 18%, did not know this process. In variable 13, 21 respondents, who made up 66% of the respondents did not know where HIV originates from while 11 respondents had a clue about this variable and made just 34% of the respondents. In variable 14, over half of the respondents (18) did not know that women are at high risk of being infected by HIV. They made up 56%. Fourteen had a clue about this variable and made up 44% of the overall respondents.

Table 4.35: Correctional officer's attitudes towards HIV and AIDS.

Variable	Response	Frequency	Percentage
15. It is very easy to see if someone is HIV positive.	YES	10	31%
	NO	22	69%
	TOTAL	32	100%
16. If people who are HIV positive are marked, new incidence of HIV infection will decline.	YES	05	16%
	NO	27	84%
	TOTAL	32	100%
17. HIV infected offenders should be separated from other offenders for health reason.	YES	04	12%
	NO	28	88%
	TOTAL	32	100%
18. Would you undergo HIV test being conducted by someone you know?	YES	15	47%
	NO	17	53%
	TOTAL	32	100%
19. Would you able to share a bedroom with someone who is HIV positive?	YES	29	91%
	NO	03	9%
	TOTAL	32	100%
20. Living with HIV is a death sentence, do you agree with this statement?	YES	6	19%
	NO	26	81%
	TOTAL	32	100%
21. If tested positive for HIV, would you make use of the employee assistance programme in your workplace?	YES	9	28%
	NO	23	72%

	TOTAL	32	100%
22. If you are HIV positive and attend a workplace HIV programme, will you disclose your HIV status?	YES	07	22%
	NO	25	78%
	TOTAL	32	100%

Table 4.35 indicates that 69% of the respondents responded that it is not easy to see if someone is HIV positive; while 31% responded that it is easy. Eighty-four percent of the respondents responded 'no' while only five agree with the variable that says if HIV positive people are marked, new HIV infection will decline. They made up only 16% of the respondents. Variable 17 stated that HIV positive offenders should be separated from other offenders for health reason. Majority (28) said 'no' and they made up 88% while only four responded 'yes' to this variable and made up only 12%.

In variable 18, 17 respondents responded that they would not test for HIV if it is conducted by someone they know. They made up 53% of the respondents while 15 said 'yes' they will get tested for HIV by someone they know and they made up 47% of the overall respondents.

Variable 19 wanted to know from the respondents if they would be able to share a bedroom with someone who is HIV positive. Twenty-nine respondents responded 'yes' they will be able to share a bedroom with someone who is HIV positive. They made up 91% of the respondents. Only three said 'no' they cannot share a bedroom with HIV positive person, and they made up just 9% of the overall respondents of this interview schedule. In variable 20, 26 respondents responded 'no' on the statement that says living with HIV is a death sentence. They made up 81%. Only six said 'yes' HIV is a death sentence and they constitute 19% of the respondents.

Variable 21 had a very disappointing response in that 23 respondents which translate to 72% of the respondents would not use the available employee assistance programme in Johannesburg management area if tested HIV positive. This needs a very serious attention. Only nine responded that they will attend the EAP. They constituted just 28% of the respondents. In variable 22 respondents were asked if they can disclose their HIV positive status when they attend workplace HIV and AIDS programmes. Twenty-five respondents responded 'no' they would not disclose their HIV positive status and they made up 78%, while only seven replied 'yes' and they were only 22% of the respondents.

Table 4.36: Correctional officer's sexual practices.

Variable	Response	Frequency	Percentage
23. There is no use to use a condom with your partner of five years.	YES	4	12%
	NO	28	88%
	TOTAL	32	100%
24. People with multi-concurrent partners are not at greater risk of contracting HIV.	YES	6	19%
	NO	26	81%
	TOTAL	32	100%
25. There are no benefits of knowing your HIV status.	YES	05	16%
	NO	27	84%
	TOTAL	32	100%
26. I can demonstrate the correct use of condom to someone.	YES	21	66%
	NO	11	34%
	TOTAL	32	100%
27. People who practice anal sex are less at risk of contracting HIV infection.	YES	08	25%
	NO	24	75%
	TOTAL	32	100%
28. Have you attended a workplace HIV programme in the past two years?	YES	25	88%
	NO	07	22%
	TOTAL	32	100%
29. If someone is HIV positive and the partner is HIV positive, they must continue to have unprotected sex.	YES	02	6%
	NO	30	94%
	TOTAL	32	100%

30. Alcohol abuse leads to high risk sexual behaviour which leads to HIV infection.	YES	26	81%
	NO	06	19%
	TOTAL	32	100%

Table 4.36 demonstrates respondent's sexual practices in the era of HIV and AIDS. In variable 23, 28 respondents showed that it is very important to use a condom consistently irrespective of number of years. These respondents made up 88% of the respondents. Four respondents believes that there is no use a condom with your partner of five years and these made up just 12%. In variable 24, 26 respondents responded 'no' that multi-concurrent partnership does not put a person at risk of contracting HIV. They made up 81% of the respondents while those who answered 'yes' were just six and made up just 19%. In variable 25, respondents were provided with the statement that there are no benefits of knowing your HIV status. Twenty-seven respondents responded 'no' there are benefits, and only five said 'yes' there are no benefits of knowing your HIV status. These made up 84% and 16% of the respondents respectively. In variable 26 respondents were asked if they can demonstrate the correct use a condom to someone. Twenty one respondents responded 'yes' and made up 66% and 11 responded 'no' which made up 34%.

In variable 27, respondents were asked that people who practice anal sex are at less risk of contracting HIV infection. Twenty-four respondents responded 'no' they are at high risk. These respondents made up 75% while those who responded 'yes' were only eight and constituted only 25% of the respondents. In variable 28, 25 respondents responded that they have attended an HIV and AIDS programme in their workplace in the past two years while only seven did not attend. These made up 88% and 12% respectively. In variable 29, 30 respondents answered 'no' to the statement that says HIV positive partners should consistently use condoms. They made up 94%, while only two respondents said 'yes' they must not bother to use condom. They made up just 6% of the respondents. In variable 30, majority of the respondents (26) said 'yes' alcohol abuse leads to high risk behaviour which leads to HIV infection. Only six said 'no' to this variable. These constituted 81% and 19% of the interview schedule respondents respectively.

4.2. Discussions of the results.

4.2.1. Demographic characteristics of the study participants.

Majority of the correctional officers who responded to participate in this study were females. This may imply that female correctional officers in Johannesburg management area are more willing to participate in HIV and AIDS issues. In this study, 84 female correctional officers and 80 male correctional officers participated. Although there were a slight difference in the number of male and female correctional officers, the female correctional officers were even more in percentage than their male counterparts given the higher number of male correctional officers currently employed in Johannesburg management area. The results of this study indicated that African were the most participants of all races, followed by coloureds, then Indians and followed by whites. A conclusion that can be drawn from this is that this study was highly dominated by African as they constituted 74% of the overall respondents. African, Indians and Whites were more willing to participate in this study and that shows the seriousness of HIV and AIDS prevention by race. Coloureds were not interested in participating to this study, more especially male.

Just over half (51%) of the respondents were between the age of 31 to 40 years old and followed by 30% of respondents between the age 41 to 50 years old. This clearly shows that Johannesburg management area has a high number of young adults in their pool of workforce. This is evident when the results show that respondents of between 51 and 59 years were only 4% of the overall respondents. The inference that can be drawn from this is that Johannesburg management area has the pool of employees who are at the age between 31 and 50 and they constituted 81% of the overall respondents. This age group are more matured and management can manage easily to direct them towards the prevention of HIV and AIDS. Majority of the respondents of this study were having matric as their highest qualification. Conclusion can be drawn that they were majority; given the fact that matric is a minimum requirement to become a correctional officer. These were also positive results as more and more correctional officers are more likely willing to learn more about life skills in general, which include HIV and AIDS.

The worrying factor of these results was that only 24% were having diplomas, 11% degrees and only 2% were having post graduate qualifications. Given the demanding nature of the duties performed by correctional officers, more training and bursaries should be made available to them so that they can be able to develop themselves. Majority of the respondents were in their early years of service, between six and 15 years. Management should strengthen workplace

HIV and AIDS programmes that will help to make them healthier workforce and may be able to retain them in numbers in 15 years time from now. Because majority of the respondents were in between six to 10 years of service, it implies that most correctional officers in Johannesburg management area are still new in the department and they still have a long way to go when it comes to service. Almost all of them were at salary level five which is an entry level for a newly appointed correctional officer. Workplace HIV and AIDS programmes targeting these group of employees is needed and fast.

4.2.2. Correctional officers' HIV and AIDS general knowledge.

It is very encouraging to find out that 63% of the respondents disagreed and strongly disagreed that there is no difference between HIV and AIDS. An inference that can be drawn from this is that Johannesburg management area correctional officers knowledge about HIV is encouraging but not enough, given that 37% of the respondents were agreeing, strongly agreeing and neutral about this variable it raises eyebrows. The deduction that can be drawn from this is that Johannesburg management area workplace HIV and AIDS programmes are not covering enough correctional officers or correctional officers are not willing to attend such programmes. A comprehensive pro-active strategy is needed to encourage correctional officers to attend such programmes.

Although the percentage of the respondents who agree and strongly agree that South Africa has the highest number of people living with HIV and AIDS in the world were 44%. This is less than half of the overall respondents. A deduction that can be drawn out of this is that correctional officers in Johannesburg management area have a limited knowledge about HIV prevalence rate in their own country. This is evident when 56% respondents disagree, strongly disagree and neutral on this variable. These findings also indicate that there are a high number of correctional officers in Johannesburg management area who do not attend or not willing to participate in the workplace HIV and AIDS programmes. However, correctional officers in this management area have a sound knowledge about sexually transmitted infections. These were evident when the frequency of 107 respondents (82%) agree and strongly agree that HIV is one of the sexually transmitted infections available. This information is very important for correctional officers as they may be able to engage in safe sexual practices.

Respondents responded very well on the variable that KwaZulu-Natal has the highest number of people living with HIV and AIDS in South Africa. Because a greater majority of

respondents (83%) agree and strongly agree to this variable, a conclusion that may be drawn from this is that correctional officers' HIV and AIDS general knowledge is better by province.

The possibility that majority of the correctional officers who participated in this study were originally from KwaZulu-Natal province may not be ruled out. However, there were 37% of the respondents who were neutral, agreeing, strongly agreeing with the fact that there is a cure for AIDS in the form of antiretroviral treatment. This may imply that there were more correctional officers who regards antiretroviral treatment as a cure for HIV and AIDS whereas not. This is misleading information as correctional officers may engage in unprotected sex knowing that antiretroviral treatment is a cure for HIV and AIDS. HIV and AIDS treatment education and information is needed in this regard to clarify correctional officers about antiretroviral treatment and how it works and this may be very much beneficial to all employees in this management area. The sooner correctional officers differentiate between HIV cure and treatment, the better.

Majority of respondents believe that you can still get infected with HIV when you have unprotected sex with your wife/husband. This is a good knowledge most of correctional officers have in Johannesburg management area. This is because a person may never know what your spouse was doing in your absence. Furthermore 68% of the overall respondents disagree and strongly disagree that women are at less risk of being infected by HIV than their men counterpart. This indicate that majority of the correctional officers in this management area have a better understanding and knowledge that women are more vulnerable to HIV infection than men. A point of concern is that there are still many correctional officers in this management area (32%) who were either neutral, agreeing and strongly agreeing that women are at less risk of being HIV infected than men. This is matter of concern, and correctional officers should be educated about this variable.

There were a greater frequency of respondents who did not differentiate between HIV and AIDS. This was a reality when 41% of the respondents were neutral; agreeing and strongly agreeing with the fact that a positive HIV test means a person has AIDS. This may mean that correctional officers in Johannesburg management area do not differentiate HIV and AIDS and the two should be differentiated to reduce HIV and AIDS related stigma. Although 59% of the respondents knew the difference, it is so little considering all the efforts the South African government put in educating people about this epidemic. Moreover, it is equally disappointing

to learn that 83% of the overall respondents lack knowledge about HIV prevalence rate in South African correctional facilities. Correctional officers are the only people on the front line who can make the difference to offenders by giving them HIV education and information to reduce HIV prevalence rate in correctional facilities. The inference that can be drawn from this is that correctional officers in Johannesburg management area do not have the baseline information about HIV prevalence rate in correctional facilities and these hamper their efforts in combating HIV in their correctional centres.

There is a very serious lack of HIV and AIDS knowledge in Johannesburg management area. This is evident when the respondents were asked if HIV vaccine is found, it will help to cure people living with HIV and AIDS. Eighty-three percent of all the respondents were either neutral, agreeing and strongly agreeing with this variable. A deduction that can be drawn from this is that correctional officers tend not to differentiate between HIV cure, treatment and vaccine. Correctional officers in this management area do not know that a vaccine is administered before the effect of the disease and cure and treatment are administered to people already living with HIV and AIDS. Only 13% of the overall respondents knew the difference. This should be a big concern to the DCS as the fight for this epidemic is far from over in South African correctional facilities and in general public if correctional officers are not well equipped with HIV information in their workplace.

Furthermore, the findings in open ended questions about correctional officers' HIV and knowledge were still disappointing. The inference that can be drawn from this is that when it comes to HIV and AIDS knowledge in Johannesburg management area, correctional officer's knowledge about HIV and AIDS is far way behind.

4.2.3. Correctional officers' attitudes towards HIV and AIDS.

Frequencies of 97 respondents were neutral, disagreeing and strongly agreeing that people who are HIV positive should be publicly known. This is a whopping 74% of the overall respondents. A conclusion that can be drawn from this is that there are a lot of correctional officers in Johannesburg management area who take the issue of confidentiality into consideration with regard to HIV and AIDS. Attitudes towards people living with HIV and AIDS are minimal in Johannesburg management area as correctional officers are more aware of the confidentiality of an individual. Moreover, there were a high number of respondents who responded that they would not disclose their HIV positive status to their colleagues. Seventy-

one percent of the respondents were neutral, disagreeing and strongly disagreeing that they will disclose their HIV positive status to their colleagues. A deduction that can be drawn from these respondents is that there is a high level of stigma still attached to HIV and AIDS in Johannesburg Management Area to the extent that correctional officers are not keen to disclose their HIV positive status, even though they can do so on their own free will.

The respondents show low level of bad attitudes towards offenders living with HIV/AIDS in their correctional facilities. This is evident when 65% of the overall respondents believed that offenders who are living with HIV and AIDS should not be separated from other offenders.

The inference that can be drawn from these respondents is that majority of correctional officer's view the issue of separating offenders on the basis of HIV status as a gross violation of human rights as no one should be discriminated against because of health status.

Furthermore, there were 72% of the respondents who believed that offenders who are living with HIV and AIDS are not only the responsibility of the health nurse but of everyone working and interacting with them. A conclusion that can be drawn from these findings is that correctional officers in Johannesburg management area have good attitudes towards offenders living with HIV and AIDS in their correctional facilities and they respect the right of every offender as stipulated in the constitution and the correctional services white paper.

Majority of the respondents (70%) were against the notion that HIV screening should be conducted to the successful candidates before the employment is offered in the department of correctional services. A conclusion that can be drawn from this majority of respondents is that correctional officers in Johannesburg management area are well equipped in this area of attitudes and they believe that this would be a gross discrimination against people living with HIV and more importantly is against the law. When it comes to the attitudes of the respondents in sharing the bedroom with someone who is living with HIV and AIDS majority of the respondents (84%) indicated that they do not have any problem sharing a bedroom with someone who is HIV positive. A deduction that can be drawn from these findings is that majority of the correctional officers do not discriminate against people living with HIV and AIDS and it means that they really know how HIV is transmitted from one person to another.

Furthermore, the greater majority of the respondents believed that condoms should be consistently be used. This implies that majority of correctional officers in Johannesburg management area knew the importance of using condoms. This may mean that correctional

officers in this management area take serious precautions before they engage themselves into sexual activities. Still in Johannesburg management area correctional officers attitudes towards HIV and AIDS, 79% of the respondents disagreed and strongly disagreed that people who are HIV positive can be easily identified. A deduction that can be drawn from these findings is that correctional officers in this management area do not have bad attitudes towards people living with HIV and AIDS. It also indicates that correctional officers in this management area believe that one is assumed negative until tested positive. These also pave way to conclude that these correctional officers does not jump to conclusion that a person is HIV positive when they see their colleagues loses weight, coughs and having blisters.

Another finding about the attitudes of correctional officers in Johannesburg management area is that there were a greater majority of the respondents (62%) who indicated that they are not at greater risk of getting HIV infection by working in correctional facilities environment given the high HIV prevalence rate in South African correctional facilities. An inference that can be drawn from this is that correctional officers do not take offenders in their correctional centres as a health threat with regards to HIV infection. A conclusion can be drawn that correctional officers knows exactly that their chances of being infected by HIV by offenders is very minimal.

Furthermore, a vast majority of the respondents disagreed and strongly disagreed with the fact that workplace HIV and AIDS programmes are meant for people living with HIV and AIDS. A deduction that can be drawn from this finding is that majority of correctional officers really know that workplace HIV and AIDS programmes are meant for everyone within the Johannesburg management area irrespective of their HIV status. A conclusion can be drawn from this finding is that correctional officers in this management area regards workplace HIV and AIDS programmes as a platform for HIV prevention, HIV information and a route to HIV counselling and testing.

Respondents were asked to explain who they will tell if they are HIV positive and why. Majority of the respondents responded positively to this variable as they say they tell their mothers, partners, siblings and their spiritual leaders as they trust that those are the people who may give them support and HIV information. No respondents were able to say that they will tell their supervisors, managers or the workplace employee assistant programme manager. A conclusion that can be drawn from this is that correctional officers in Johannesburg

management area do not have trust in their supervisors, managers and their employees assistant programme managers in their workplace when it comes to HIV/AIDS. This is evident when majority of the respondents were opted to tell their mothers, partners, siblings and their spiritual leaders if HIV positive, for support and information.

Attitude of correctional officers in Johannesburg management area towards offenders living with HIV is not bad. This was evident when 73% of the respondents answered positively to the variable that need to explain what they think should be done with offenders who are HIV infected in their correctional centres. Most of the respondents emphasised that HIV positive offenders should supported and encouraged to live healthy lives. A conclusion that can be drawn from this is that correctional officer' attitude towards offenders living with HIV and AIDS is not bad at all in this management area.

4.2.4. Correctional officers' sexual practices.

When it comes to sexual practices, correctional officers in Johannesburg management area are nearly excellent in the prevention of HIV infection. This was evident when 78% of the overall respondents disagreed and strongly disagreed that condoms should be used only to untrustworthy partner. Eighty-one percent of the respondents also showed their good safe sexual practices by disagreeing and strongly disagreeing with the variable that says people who engage in anal sex are not at risk of contracting HIV infection. A further 78% of the overall respondents disagreed and strongly disagreed that HIV infected people should not have sexual intercourse. The deductions that can be drawn from these findings are that correctional officers' sexual practices in Johannesburg management area are safe and encouraging in this era of HIV epidemic.

Moreover, 79% of the respondents agreed and strongly agreed with the fact that multi-concurrent partnership increases the risk of HIV infection. These were promising results from the correctional officers in this management area. Eighty-four percent of the overall respondents disagreed and strongly disagreed that it does not matter if you get infected with HIV as long as antiretroviral treatment is provided for free. A conclusion that can be drawn from this is that correctional officers in this management area have a clue on what multi-concurrent partnership is all about and risk that comes with it. These findings also indicates that correctional officers still regards HIV and AIDS seriously to the extent that they are not prepared to be on antiretroviral treatment, and better protect themselves from HIV infection.

Fifty-four percent of the respondents agreed and strongly agreed to the fact that if you are drunk, you must not engage in sexual activities. Although there were still a considerable number of respondents who disagreed and strongly disagreed with this variable (29%), but the deductions that may be drawn from these findings are that majority of the correctional officers in Johannesburg management area know exactly that if one is drunk and engage in sex, would not be responsible enough. The level of decision making when it comes to sex may be compromised to the extent that unprotected sex may be eminent.

A further 81% of the respondents disagreed and strongly disagreed with the notion that it is useless to use a condom with a partner of five years. These statistics is huge and a conclusion that may be drawn out of this finding is that correctional officers in this management area are not aware that it is not a number of years in love with someone that will protect one another from HIV infection, but only protected sex may protect a person from being infected by HIV infection. Moreover, 57% of the respondents disagreed and strongly disagreed that dry sex makes making love interesting and enjoyable. This implies that Johannesburg management area correctional officer's sexual practices are safe in the sense that dry sex promotes the transmission of HIV from one person to another so easily.

Majority of the respondents believed that it is very good to know your HIV status as you may able to take responsibility of yourself. This was evident when 79% of the respondents disagreed and strongly disagreed that it is not good to know your HIV status as you get stressed and spread the virus if HIV positive. A deduction that can be drawn from this finding is that more and more correctional officers are willing to be tested for HIV as they know that it comes with the responsibility of taking care of oneself. Furthermore, correctional officers in this management area also believe that HIV positive partners can engage in sex, but protected sex all the time. This was evident when 86% of the respondents disagreed and strongly disagreed that if both partners are HIV positive, there is no use of using a condom. A conclusion that may be drawn from this finding is that correctional officers in this management area understand the basic of safe sexual practices.

In the open ended question finding respondents stressed their strong safe sexual practices when they responded positively to the variable that says 'what are the safe sexual practices that may help you to avoid HIV infection? Eighty percent of the respondents were spot on. Respondents also showed their strong safe sexual practices in the second variable of the open ended question

that says what is multi-concurrent partnership and why is it regarded as a high risk behaviour. Seventy-one percent of the respondents responded very clearly and precisely. Conclusions that may be drawn from these findings were that correctional officers in Johannesburg management area have a strong safe sexual practice mentality and they are aware of the unsafe sexual practices that may lead to HIV infection.

4.2.5. Knowledge, attitudes and practices of the respondents as per interview guide.

In the interview schedule the findings were that 56% of the respondents believe that women are not at high risk of getting infected by HIV than men. When it comes to the correctional facilities HIV prevalence rate, 59% of the respondents did not have this information and they do not think so. Another disturbing finding was that 38% were not aware of the workplace HIV and AIDS programme in their management area. This is really hampering the fight against HIV and AIDS in the country that has high HIV prevalence rate in the world.

Still on the interview schedule, when it comes to correctional officers' attitudes towards HIV and AIDS, it is disturbing to learn that 78% of the respondents would not disclose their status to anyone in their workplace, let alone the EAP. This implies that more and more correctional officers who are HIV positive are not able to get the support they needed about HIV in their workplace. This was also fuelled by the fact that 72% responded that they would not make use of the employee's assistant programme available in Johannesburg management area for various reasons that include the issue of confidentiality. Thinking this is enough, 53% of correctional officers in this management area also stressed that they would not attend HIV counselling and testing being conducted by someone they know.

When it comes to sexual practices in the interview schedule, it was disturbing to learn that 34% of the overall respondent of this interview guide were unable to demonstrate the correct use of condom to someone. This implies that majority of the correctional officers are not using condoms correctly if not using condoms at all. Another finding was that 22% of the all respondents of this interview schedule never attended a workplace HIV and AIDS programme in the past two years.

CHAPTER 5: LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS.

5.1. Limitations of the study.

5.1.1. Sample of the study.

This study was initially randomly selected 200 participants and only 164 responded to the questionnaires and the interview schedule. Nevertheless, it may inform the department of correctional services and Johannesburg management area how HIV and AIDS knowledge, attitudes and sexual practices of correctional officers and the negative impact for doing nothing about the findings of this study. It is therefore suggested that further studies be conducted with a bigger sample in Department of correctional services, Gauteng Region and if possible nationally.

5.1.2. HIV and AIDS related stigma.

HIV and AIDS related stigma is the greater obstacle to any HIV and AIDS study and it also hamper support from the selected participants. Stigma attached to HIV and AIDS makes it difficult for correctional officers in Johannesburg management area to openly share information and their personal experiences. Because HIV and AIDS is a very sensitive issue, it affected the sample and the response of the selected participants. This was evident when out of 200 randomly selected participants; only 164 participated to this study. Even those participated, more especially questionnaire respondents, they had skipped some of the questions in which they were not comfortable in answering them but they were still part of the study. Another limitation was there were no adjustments or rephrasing of questions in a self administered questionnaires.

5.1.3. Security consideration.

Because this study was conducting during the course of December and early January, it was hampered by the availability of correctional officers in Johannesburg management area to complete the questionnaire and to be subjected to face-to-face interview. This is because during this period the whole department of correctional services and their correctional facilities were on “Operation Vala” meaning that offenders were put on the maximum security available and the movement of offenders and correctional officers were limited for security reason. This operation limited this study to take longer given the fact that self- administered questionnaires

and face-to-face interviews are time consuming and they need too much respondent's concentration.

5.2. Conclusions.

South Africa has the highest HIV prevalence rate in the world and this prevalence rate would remain with this country for a longer period unless more efforts and focus are directed towards vulnerable groups such as women, offenders, children and the economic active population. It is also a well known fact that HIV prevalence rate is higher in South African correctional facilities than in South African general population. Given the high HIV prevalence rate in South African correctional facilities, the study about knowledge, attitudes and sexual practices of correctional officers relating to HIV is of an out most important as it will explore the level of correctional officers' knowledge, attitudes and their sexual practices. The finding of this KAP study may act as baseline information in the implementation of the workplace HIV programmes in Johannesburg management area. This is the most basic step for the success of such programmes.

According to UNAIDS (2008) correctional officers' plays a very important role in HIV prevention, treatment, care and support programmes in correctional facilities. Their HIV knowledge, attitudes, sexual practices and their corporation are more important in offenders HIV and AIDS programmes goals to reduce the spread of HIV infection in correctional facilities given the fact that there is a high HIV prevalence rate in South African correctional facilities than in South African general population.

Johannesburg management area should support the goals and vision of South African National Strategic Plan for 2012-2016 in its efforts to integrate sexually transmitted infections and tuberculosis to realise the following: zero new HIV infection, zero new infection due to vertical transmission, zero preventable death associated with HIV and TB and zero discrimination associated with HIV and TB (NSP, 2012-2016).

It is advisable that all efforts directed to combating this epidemic in Johannesburg management area should include the following key strategies to control HIV and AIDS: awareness campaigns, life skills programmes, communication campaigns (HIV prevention concepts), legislative response (HIV and AIDS related non discrimination in the workplace), intensive condom distribution, appropriate treatment and the management of sexual transmitted

infections, expanding voluntary counselling and testing programme, expanding home based care, emergency post-exposure prophylaxis programme (PEP), emerging national level antiretroviral treatment programme, provision of adequate care and support, medical male circumcision, prevention of mother to child HIV transmission (PMTCT) and HIV and TB integration. This will accelerate the outcome of the workplace HIV and AIDS programmes.

Workplace HIV and AIDS programme in this management area should be capacitated to encourage as many correctional officers as possible to attend. The statistics that shows that 37% of the respondents did not know the difference between HIV and AIDS is shocking. Given correctional officers limited knowledge about HIV prevalence in their own country and their own department (correctional services correctional facilities), it is very important for the management of this management area to come up with a proactive strategies that may encourage correctional officers to attend workplace HIV and AIDS programmes because this may be a result of low workplace HIV and AIDS attendance rate. There is a need for broader KAP study on this aspect. This is because any HIV and AIDS programme is deem to fail if the KAP study was not initially conducted.

However, when it comes to correctional officers attitudes towards people living with HIV and AIDS (in this case we refer offenders and fellow correctional officers) it is more encouraging and this may pave way for excellent service delivery given the high HIV prevalence rate in South African correctional facilities. Good attitude towards people living with HIV and AIDS is a very important tool in combating HIV and AIDS related stigma and discrimination. Moreover, correctional officers' sexual practices are more encouraging as well and this may put correctional officers less more unlikely to contract HIV infection in future. Their safe sexual practices should be supported and maintained almost every time by the use of workplace HIV and AIDS programmes. A further KAP study should be conducted regularly to determine the effect of such programmes.

5.3. Recommendation from this study.

5.3.1. Workplace HIV and AIDS programmes.

Given the findings of this study, there were more correctional officers who never attended a workplace HIV and AIDS programme in the past two years. This is evident when the 44% of the respondents never attended a workplace HIV and AIDS programme in the past two years.

The health and wellness office should bear in mind that HIV and AIDS issues are evolving each and every day. The health and wellness office should mobilise correctional officers to attend workplace HIV and AIDS programmes and involve them in awareness campaigns.

5.3.2. Workplace HIV and AIDS programmes should focus on the following aspects.

5.3.2.1. Correctional officer's HIV and AIDS general knowledge.

- ❖ The difference between HIV and AIDS should be dealt with vigorously. This is because 63% of the respondents did not differentiate between HIV and AIDS. This implies that majority of correctional officers in Johannesburg management area are struggling to differentiate the two.
- ❖ Focus should also be given to the HIV prevalence rate. This is because 56% of the respondents did not know that South Africa has a high HIV prevalence rate in the world. Eighty-three percent did not know that HIV prevalence rate is higher in correctional facilities (between 40% and 44%) than in general population (17.1%).
- ❖ Attention should also be given HIV/AIDS treatment. This is because 83% of the respondents did not differentiate between HIV treatment, cure and vaccine. The three are very different and correctional officers should be informed about it.
- ❖ Priority should also be given to women. This is because majority of the respondents did not know that women are more vulnerable to HIV infection than men.

5.3.2.2. Correctional officer's attitudes towards HIV and AIDS.

Attitude of correctional officers towards offenders and fellow correctional officers living with HIV in this management area were nearly excellent. There were few aspects in which the workplace HIV and AIDS programme should put focus on:

- ❖ Focus should put the issues of confidentiality and disclosure. This is because 71% of the respondents said they would not disclose their HIV positive status to anyone at their workplace, let alone the employee assistant programme manager.
- ❖ Mobilise correctional officers to attend an employee's assistant programme. This is because 72% of the respondents were not prepared to attend an employee assistant programme if HIV positive. Although this is an individual choice, but emphasis should

be made about the advantage and the relevance of such programme. A pro-active step is needed for the Johannesburg management area to make use of the external employee assistant programme manager in HIV and AIDS related issues.

- ❖ There were 53% of the respondents who emphasised that they would not undergo an HIV test that is being conducted by someone they know. For this, the best recommendation is to make use of the external service providers while encouraging everyone to test for HIV.

5.3.2.3. Correctional officer's sexual practices.

- ❖ Although correctional officers' sexual practices in the findings of this study indicated that they were well equipped with strong safe sexual practices, which include condom use, abstinence, faithful and other aspects. Workplace HIV and AIDS programmes should put their focus on other safe and unsafe sexual practices that are related to culture, religion, tradition, modern, myths and other aspects of sexual practices to equip correctional officers more.
- ❖ Emphasis should also be given to the use of female condoms as most women never came across a female condom, let alone using it. Demonstration on how to use it should also be a priority.

5.3.3. Strategic business imperative.

The HIV and AIDS pandemic is a strategic business imperative. DCS need to implement contingency plans to mitigate the impact of HIV and AIDS; otherwise they may face unexpected low service delivery, increased absenteeism, low morale, increased staff turnover and training costs. The following key interventions should be followed to strengthen the ability to manage HIV and AIDS in DCS correctional centres. Those interventions are as follows:

- ❖ Economic impact assessment (preferably AIM-B Model)
- ❖ KAP studies (before and after workplace HIV/AIDS programme implementation)
- ❖ Accredited HIV and AIDS coordinator training.
- ❖ HIV and AIDS workplace strategy development.
- ❖ Policy and procedure audit.

- ❖ Workplace HIV and AIDS programmes review.
- ❖ Workplace HIV and AIDS programme Implementation and,
- ❖ Workplace HIV and AIDS programme monitoring and evaluation

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Addendum A: Questionnaire Participants information sheet.



AFRICA CENTRE FOR HIV/AIDS MANAGEMENT

PARTICIPANT INFORMATION SHEET

Dear Colleague

My name is Baloyi Risimati Solidify. I am studying towards a Master's degree in Philosophy in the Management of Human immunodeficiency Virus/Acquired immunodeficiency Syndrome with the University of Stellenbosch. As part of the requirements for the degree, I am conducting research into the knowledge, attitudes and sexual practices of Correctional officers at Johannesburg Management Area in relation to Human immunodeficiency Virus/Acquired immunodeficiency Syndrome.

I wish to invite you to take part in this study. Your participation will be entirely voluntary and refusal to participate will not be held against you in any way. If you do decide to participate, I shall arrange an interview with you at a time and place suitable for both you and the correctional centre. The questionnaire interview will last only 45 minutes. You may withdraw from the study at any stage and you may also elect not to answer any question that you feel uncomfortable with.

The interview will be through a questionnaire that consists of 42 questions. No one will have access to the completed questionnaires besides me and my supervisor. Upon completion of the study, the questionnaires will be destroyed. No names or personal details will be included in the final research report. Please feel free to ask any questions regarding the study. I can be reached on the following cell phone numbers, 076 6222 076 or 074 425 1987.

Once the study is completed, a report will be compiled. A summary of the findings will be made available to your management area. You are welcome to contact me directly should you like a copy.

Thank you for taking the time to consider participating in the study.

Yours Sincerely

Risimati Solidify Baloyi

Burt Davis (Africa Centre for HIV/AIDS Management)

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Addendum B: Questionnaire

1. What is your gender?

Male	Female

2. What is your race?

African	Coloured	Indian	White

3. What is your age?

18-30	31-40	41-50	51-59

4. What is your highest qualification?

Below Matric	Matric/ Grade 12	Diploma	Degree	Post graduate Honours +

5. How long were you employed in the Department of correctional services?

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

6. What is your salary level?

Level 3-5	Level 6	Level 7	Level 8	Level 9+

7. There is no difference between Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

8. South Africa has the highest number of people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in the world.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

9. Human Immunodeficiency Virus is one of the sexually transmitted infections (STIs) available.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

10. KwaZulu-Natal province has the highest number of people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in South Africa.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

11. There is a cure for Acquired Immunodeficiency Syndrome (AIDS) in a form of Antiretroviral Treatment.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

12. You cannot get infected with Human Immunodeficiency Virus (HIV) if you have unprotected sex only with your wife/husband.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

13. Women are at less risk of Human Immunodeficiency Virus (HIV) infection than men.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

14. A positive Human Immunodeficiency Virus (HIV) test means that a person has Acquired Immunodeficiency Syndrome (AIDS).

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

15. Human Immunodeficiency Virus (HIV) infection is higher in South African correctional facilities than in general population.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

16. If Human Immunodeficiency Virus (HIV) vaccine is found, it will help to cure people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

17. What is the difference between Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)?

18. What is ARVs stand for? What purpose it serves in HIV positive people? Briefly explain.

19. Human Immunodeficiency Virus (HIV) infected people status should be publicly known.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

20. If you tested positive for Human Immunodeficiency Virus (HIV) you will disclose your status to your colleagues.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

21. Human Immunodeficiency Virus (HIV) infected offenders should be separated from other offenders for health reason.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

22. Offenders who are on antiretroviral treatment (ARVs) are the responsibility of only the health nurse.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

23. Given the physical nature of duties performed within Department of correctional services, all new employees should be tested for Human Immunodeficiency Virus (HIV) infection before employment is offered.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

24. I cannot share my bedroom with someone who is Human Immunodeficiency Virus HIV infected as I fear Human Immunodeficiency Virus (HIV) infection.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

25. Condoms should be used only if you have multi-concurrent partners

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

26. People who are Human Immunodeficiency Virus (HIV) infected can be easily identified.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

27. Correctional officers are at high risk of getting Human Immunodeficiency Virus (HIV) infection, given the high Human Immunodeficiency Virus (HIV) prevalence in South African correctional centres

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

28. Workplace Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) programmes are meant for people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

29. Briefly explain who you will tell if you test Human Immunodeficiency Virus (HIV) positive and why?

30. Explain what you think should be done with offenders who are infected by Human Immunodeficiency Virus (HIV) in your correctional centre.

31. Condoms should be used only to an untrustworthy partner.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

32. People who engage in anal sex are not at risk of contracting Human Immunodeficiency Virus (HIV) infection

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

33. Human Immunodeficiency Virus (HIV) infected people should not have sexual intercourse.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

34. Multi-concurrent partners' increases the chances of one being Human Immunodeficiency Virus (HIV) infected

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

35. It does not matter if you get infected with Human Immunodeficiency Virus (HIV) as long as antiretroviral treatment (ARVs) is provided for free.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

36. If you are drunk, you must not engage in sex.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

37. It is useless to use a condom with a partner that you are married to for five years.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

38. Dry sex makes making love interesting and enjoyable.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

39. It is not good to know your Human Immunodeficiency Virus (HIV) status as you will get stressed and spread the virus if Human Immunodeficiency Virus (HIV) positive

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

40. If both partners are Human Immunodeficiency Virus (HIV) positive, there is no use of using a condom.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree

41. What are the safe sexual practices that may help you to avoid Human Immunodeficiency Virus (HIV) infection?

42. What is multi-concurrent sexual partnership and why is regarded as high risk behaviour? Briefly explain.

Addendum C: Interview schedule participant's information sheet.



AFRICA CENTRE FOR HIV/AIDS MANAGEMENT

PARTICIPANT INFORMATION SHEET

Dear Colleague

My name is Baloyi Risimati Solidify. I am studying towards a Master's degree in Philosophy in the Management of HIV/AIDS with the University of Stellenbosch. As part of the requirements for the degree, I am conducting research into the knowledge, attitudes and sexual practices of correctional officers at Johannesburg management area in relation to HIV/AIDS.

I wish to invite you to take part in this study. Your participation will be entirely voluntary and refusal to participate will not be held against you in any way. If you do decide to participate, I shall arrange an interview with you at a time and place suitable for both you and the correctional centre. The face to face interview will last only 45 minutes. You may withdraw from the study at any stage and you may also elect not to answer any question that you feel uncomfortable with.

The interview will be through a face to face interview schedule that consists of 30 questions. This face to face interview will be tape recorded with your permission. No one will have access to the recorded audio besides me and my supervisor. Upon completion of the study, the audio will be destroyed. No names or personal details will be included in the final research report. Please feel free to ask any questions regarding the study. I can be reached on the following cell phone numbers, 076 6222 076 or 074 425 1987.

Once the study is completed, a report will be compiled. A summary of the findings will be made available to your management area. You are welcome to contact me directly should you like a copy.

Thank you for taking the time to consider participating in the study.

Yours Sincerely

Risimati Solidify Baloyi

Burt Davis (Africa Centre for HIV/AIDS Management)

Africa Centre for HIV/AIDS Management Private Bag X1, ? South Af?Matieland, 7602 rica Tel: (+27) 21 808 3002 e-mail: pdm@sun.ac.za Fax: (+27) 21 883 9243 ? www.aidscentre.sun.ac.za

Addendum D (Interview schedule)

1. What is your gender?

Male	Female

2. What is your race?

African	Coloured	Indian	White

3. What is your age?

18-30	31-40	41-50	51-59

4. What is your highest qualification?

Below Matric	Matric/ Grade 12	Diploma	Degree	Post graduate Honours +

5. How long were you employed in the Department of correctional services?

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

6. What is your salary level?

Level 3-5	Level 6	Level 7	Level 8	Level 9+

7. Almost 6 million South Africans are living with Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS).

YES	NO

8. Are you aware of the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) programme in your workplace?

YES	NO

9. Human Immunodeficiency Virus (HIV) prevalence is high in South African correctional facilities than in general population.

YES	NO

10. A person qualifies for free antiretroviral treatment (ARVs) from the government if his/her cluster of differentiation 4 (CD4) count is 350 or less

YES	NO

11. Tuberculosis is the main cause of deaths in Human Immunodeficiency Virus (HIV) positive people.

YES	NO

12. Do you know how the process of Human Immunodeficiency Virus (HIV) counselling and testing (HTC) works?

YES	NO

13. Do you know where Human Immunodeficiency Virus (HIV) originates from?

YES	NO

14. Women are at high risk of being infected by Human Immunodeficiency Virus (HIV)?

YES	NO

15. It is very easy to see if someone is Human Immunodeficiency Virus (HIV) positive.

YES	NO

16. If people who are Human Immunodeficiency Virus (HIV) positive are marked, new incidence of Human Immunodeficiency Virus (HIV) infection will decline.

YES	NO

17. Human Immunodeficiency Virus (HIV) infected offenders should be separated from other offenders for health reason.

YES	NO

18. Would you undergo Human Immunodeficiency Virus (HIV) test, being conducted by someone you know?

YES	NO

19. Would you able to share a bedroom with someone who is Human Immunodeficiency Virus (HIV) positive?

YES	NO

20. Living with Human Immunodeficiency Virus (HIV) is a death sentence, do you agree with this statement?

YES	NO

21. If tested positive for Human Immunodeficiency Virus (HIV), would you make use of the employees assistance programme (EAP) available at your workplace?

YES	NO

22. If you are Human Immunodeficiency Virus (HIV) positive and attend a workplace Human Immunodeficiency Virus (HIV) programme, will you disclose your Human Immunodeficiency Virus (HIV) status?

YES	NO

23. There is no use to use a condom with your partner of five years.

YES	NO

24. People with multi-concurrent sexual partners are not at greater risk of contracting Human Immunodeficiency Virus (HIV).

YES	NO

25. There are no benefits of knowing your Human Immunodeficiency Virus (HIV) status.

YES	NO

26. I can demonstrate the correct use of condom to someone.

YES	NO

27. People who practice anal sex are less at risk of contracting Human Immunodeficiency Virus (HIV) infection.

YES	NO

28. Have you attended a workplace Human Immunodeficiency Virus (HIV) programme in the past two years?

YES	NO

29. If one is Human Immunodeficiency Virus (HIV) positive and the partner is Human Immunodeficiency Virus (HIV) positive, they must continue to have unprotected sex.

YES	NO

30. Alcohol abuse leads to high risk sexual behaviour which leads to Human Immunodeficiency Virus (HIV) infection.

YES	NO

