

**THE EXPLORATION OF PERCEPTIONS OF PEOPLE
REGARDING HIV/AIDS IN THE WORKPLACE**

BY

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DEDICATION

I would like to dedicate this dissertation to my wife Takalani Maria, my children Edzani, Unarine and Mukonazwothe, for their love, support and encouragement, including the military units in Free State that made this research project a success.

DECLARATION

I declare that:

**THE EXPLORATION OF PERCEPTION REGARDING HIV/AIDS IN THE
WORKPLACE**

is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete reference


T.R. NETANGAHENI

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ABSTRACT

THE EXPLORATION OF PERCEPTION OF PEOPLE REGARDING HIV/AIDS IN THE WORKPLACE

The study aim to investigate perceptions of military personnel with regard to HIV/AIDS in the SANDF in some military Units of Bloemfontein.

The military personnel includes all males and females whose ages range between 19 - 47 years, were included in the sample.

The approach utilised were both qualitative and quantitative. The data collection technique were:

- ▶ Closed and open-ended questionnaires were distributed to 548 respondents.
- ▶ Participant observation.
- ▶ Review of documents.
- ▶ Unstructured observations.
- ▶ Unstructured interviews.

This different data collection techniques to gather valid and reliable information with regard to HIV/AIDS in the SANDF were triangulated. The findings revealed poor perception with regard to HIV/AIDS in the workplace, health education, lack of privacy, and discrimination on the benefit of HIV/AIDS.

The recommendations of this project deals with aspects which include HIV/AIDS education, inclusion of HIV/AIDS in all military courses, distribution of policy on HIV/AIDS to all military personnel, and involvement in HIV/AIDS awareness.

KEY TERMS

PERCEPTION

HIV/AIDS

WORKPLACE

EDUCATION

EXPLORATION

CULTURE

PRIVACY

CONFIDENTIALITY

TESTING

POLICY

EMPLOYMENT EQUITY ACT

AIDS DRUGS

SEXUALLY TRANSMITTED DISEASES

MILITARY

HEALTH

CIVIL MILITARY ALLIANCE

SANDF

SAMHS

DEFINITION OF TERMS

HIV

HIV refers to Human Immuno virus.

AIDS

AIDS stands for Acquired Immunity Deficiency Syndrome.

Workplace

Workplace is a place or institution where a group of people are confined to do specific activities which is guided by the country policy.

Perception

Perception is regarded as the ability to see, hear or understand.

Attitude

Attitude refers to the way of thinking or behaving. An individual may react positively or negatively to a concept of HIV/AIDS.

SANDF

These are uniform members working to secure the country and its properties.

Perceptions and Attitudes

The ability to see, hear or understand things may improve one's powers of perception. How does military personnel understand and analyse the HIV/AIDS epidemic. Without proper understanding, HIV/AIDS can be regarded as a problem in the military fraternity. (Oxford Advanced Learning Dictionary 1996: 859)

Confidentiality Issues

Refers to keeping things secret and not known to others. HIV/AIDS like any

medical test should be kept as confidential as possible. How does military personnel view HIV/AIDS activities in relation to confidentiality. If perception of confidentiality is poor therefore there might be a problem in the management of HIV/AIDS in the workplace. (Oxford Advanced Learning Dictionary 1996: 240)

Cultural factors

Culture is learned and shared from birth. Cultural differences have an influence in understanding HIV/AIDS as a pandemic problem. African culture of different ethnic groups hinders the understanding of HIV/AIDS. Some ethnic groups do not believe that HIV/AIDS exist, some religious culture referred HIV/AIDS as an act of sin. With or without culture, HIV/AIDS affect all ethnic groups.

Privacy Matters

There is poor perceptions among military personnel with regard to privacy of HIV/AIDS clients. This issue have severe implications. Whether or not privacy is maintained in the workplace, it will remain to be seen. The explorations of these perception might give the possible answer.

Etiquette Behaviour/Disciplinary Issues

Discipline is one of the most critical issues affecting the military community today. It is due to lack of understanding where members of the military community conduct themselves in unprotected sex. Poor sexual discipline seems to be the contributing factor of HIV/AIDS.

Fidelity

Fidelity refers to loyalty. A faithful attitude toward one's principles, religion and partner (Oxford Advanced Learning Dictionary 1996: 431).

Separation from Spouse or Regular Partner

It refers to separation from the family due to work commitments. Military personnel are separated from their families for a longer period. Due to lack of

loyalty and separations, some members of the military are tempted to have multiple partners (Oxford Advanced Learning Dictionary 1996: 1070).

Deployment

Deployment is one of the major projects of the Army. Deployment contributes to possible separation of military families. These deployments are the main contributing factors of the spread of HIV/AIDS. Deployment can be conducted nationally and in foreign countries (Oxford Advanced Learning Dictionary 1996: 312).

National Deployment

It involves members of the SANDF who are deployed to all nine provinces. All provinces have a high rate of HIV/AIDS, but they only differ in percentages.

Foreign Deployment

It involves members of the SANDF who are deployed on foreign land. This possible separation might contribute to the spread of HIV/AIDS.

LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immune - deficiency virus
STD	-	Sexually Transmitted Diseases
UN AIDS	-	United Nations Aids
SANDF	-	South African National Defence Force
SAMHS	-	South African Medical Health Services
SACMA	-	South African Civil Military Alliance
1 SSB	-	1 Special Battalion
1 SAI	-	One South African Infantry Battalion
1 SATR	-	One South African Tank Regiment
DOD	-	Department of Defence
DOH	-	Department of Health
TV	-	Television

ORGANIZATION AND STRUCTURE OF THE STUDY

- Chapter one:** Focuses on the exposition of the problem the research objectives and question, explanations of concepts and research designs.
- Chapter two:** In chapter two, review of literature was undertaken to examine perceptions of HIV/AIDS in the workplace particularly in the military environment. HIV/AIDS is a crisis for the government as well as the Defence Department. The review explores issues such as poor understanding of HIV/AIDS issues which lead to stigma and discrimination of HIV positive people. This is a violation of their privacy and confidentiality rights.
- Chapter three:** This chapter concentrate on conceptualization as well as theoretical framework of the study. The concepts discussed include perceptions, workplace, culture, confidentiality, deployments, soldier, SANDF, HIV/AIDS and different disciplines falling under SANDF.
- Chapter four:** It concentrates on research methodology and the data gathering technique.
- Chapter five:** Quantitative and qualitative data analysis and findings displayed in graphs and tables.
- Chapter six:** The interpretation, recommendation and conclusion of the study were discussed. The chapter also explore the limitations of the study and the conclusion of the study.

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- B. Letter of application dated 8 May 2000.
- C. Application for approval of research projects dated 23 June 2000.
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- F. Application to conduct a research in the work place dated 11 June 2001.
- G. Application to conduct research in the DOD: Capt. T.R. Netangaheni dated 24 August 2001.
- H. Application to conduct research in the DOD: 94720323 PE Capt. T.R. Netangaheni dated 29 August 2001.
- I. Application for 50/50 leave for 94720323 PE Maj. T.R. Netangaheni dated 29 August 2001.
- J. Ex-soldier's lone battle against AIDS.
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CHAPTER 1

INTRODUCTION TO THE PROJECT

1.1 INTRODUCTION

The HIV/AIDS epidemic has become alarming in South Africa. Since 1982 the rate of Human Immuno Deficiency Virus HIV/AIDS Acquired Immunity Deficiency Syndrome infected personnel have multiplied dramatically (AIDS help line 2000).

The need for exploration of perceptions of HIV/AIDS in the workplace might be long overdue. These developments, among others indicate the urgency of the study to determine how people understand HIV/AIDS in the workplace. HIV/AIDS have a serious impact among South African National Defence Force (SANDF) members because they are part of the community in South Africa and therefore they are not immune to the disease (SAMHS Order 1997 : A - 1).

The research setting of the SANDF is especially significant, given the recent speculations regarding the high incident of HIV/AIDS among the SANDF personnel from the researcher's point of view as an employee of the SANDF. The medical examinations for military personnel are done every six months for the purpose of operational duties.

The military personnel are vulnerable due to long deployments, injuries, exposure to blood and being away from home. They are deployed in all provinces and therefore exposed to contracting HIV/AIDS due to unsafe sexual practices. The exploration of perceptions are important in order to understand the problem or factors that put them at risk for strengthening preventive efforts. There is a need to identify causes of impact of HIV/AIDS and to focus on the prevention strategies in the workplace.

The study intends to get the views, perceptions of the military personnel with regard to HIV/AIDS in their work environment. The approach to the study is a combined qualitative and quantitative using exploration design. It is important to note that SANDF comprise of a multicultural society of people whose behaviour, attitude and perception are influenced by their diverse cultural background.

The exploration of understanding of HIV/AIDS among South African National Defence Force members will assist them in changing their behaviour and attitudes towards HIV/AIDS. The effects of Cultural background will be explored as it affects attitudes and perception of HIV/AIDS in the workplace. Strategies used in data collection included structured questionnaire, structured participant observation, review of documents and unstructured interview.

A partnership of all departments will be required to fight HIV/AIDS and health promotion in the workplace. Health education and information with regard to HIV/AIDS is needed to all public and private sectors. A total commitment by the Government, employers, employees, Non Governmental Organisations and the rest of the Community is essential in fighting HIV/AIDS.

There should be massive awareness about HIV/AIDS through all types of Media namely radio TV and newspaper.

1.2 BACKGROUND OF THE PROBLEM

The preventive and promotive measures seem not to be enough in controlling the spread of HIV/AIDS in the workplace. The South African Military Health Service (SAMHS) developed the SAMHS Order on Sexually Transmitted diseases and HIV/AIDS in collaboration with the Department of Health which is aimed at exploring preventive measures with regard to STDs and HIV/AIDS. It is mandatory for all recruits applying for a position as a uniformed member of the SANDF to be evaluated for the presence of HIV antibodies as part of their medical fitness

profile. (SAMHS Order 1997 : D - 2)

Due to the possible stigmatisation and discrimination against individuals who are HIV positive, as well as the legal and ethical issues involved, additional measures were implemented in the management of the disease namely confidentiality, informed consent during all testing procedures, intensive and continuous education and information programmes and psychological support structures for HIV positive members and their dependants. Unless there is total commitment of all members, therefore the statistics of HIV/AIDS will continue to grow. Poor perception and cultural beliefs of members seems to hinder the understanding of HIV/AIDS in the workplace. Reconstruction and development programme and National Health Plan aimed at eliminating HIV/AIDS in the whole of South Africa, this will include any workplace of the department concerned (SAMHS order 1997: A-2).

It is estimated that 30,6 million people in the world have being infected with HIV/AIDS, 11,7 million people have already died of Aids. Parents dying of AIDS have left more than 8,2 million orphans world wide. Africa have over 60% of all the people living with HIV/AIDS in the world. In some parts of Africa 80% of woman have being infected with HIV/AIDS despite being faithful to their husbands (AIDS help line, 2001).

In South Africa 1500 people are being infected with HIV on daily basis, there is no medicines or vaccines to protect people from infection. The most vulnerable group with regard to HIV/AIDS are woman and children as they are prone to abuse through rape and therefore members of the SANDF especially females can be subjected to the same abuse. The male military personnel are subjected to HIV/AIDS infections due to multiple partners contacted during deployments (AIDS Help line 2000).

The SANDF has an obligation to protect its members, not only against HIV/AIDS but also other health hazards such as sexually transmitted diseases. The prevention of HIV infection is based on the modification of sexually behaviour. Sexual behaviour is a sensitive and emotional subject and is influenced by belief culture, privacy, relationship of trust and knowledge. (SAMHS Order 1997 : E-1)

The SANDF should therefore endeavour to liaise with the Department of Health to obtain maximum efficiency in its prevention/education strategies. This information must be coordinated at national, provincial and local level of all departments of health. The SAMHS structure for the management of HIV/AIDS education and prevention is composed of a hierarchical structure in order to facilitate clear and effective lines of communication. However, in my opinion the challenge is the real implementation of the SAMHS Order.

The SAMHS endeavours to provide continuous structured education and training on HIV/AIDS utilizing the opportunities presented in normal training. These modules are tailored to specific level of training and the training modules target specific groups as follows:

- * Pre-counselling - Appointment
- * HIV - Sexuality education - Basic training
- * HIV - Lifestyle education - Junior Officers
- * HIV - Basic Management - WO Training
- * HIV - Management - Officers Training
- * HIV - Strategy - Senior Officers Training
- * Yearly Lectures by HIV Educational Officers at unit level - all members
- * Standard Precautionary measures in the operational setting, HIV and First Aid, Handling of HIV patient - Operational Medical Orderlies, Firemen, Instructors
- * Counselling and strategies towards Lifestyle modification - Primary Health Care Assistants.

- * Legal aspects of HIV-Military law

If the above process are adequately utilized and monitored therefore poor perception, ignorance with regard to HIV/AIDS will diminish. It will also bring about a therapeutic understanding with regard to this pandemic (SAMHS order 1997: E-2).

With regard to peer group education, it remains the responsibility of all Officer Commanding of all arms of the SANDF to nominate members at unit level for peer education training at the SAMHS Academy.

These peer group educators function at grass roots levels as well as providing the necessary information and appropriate referrals to other medical facilities (SAMHS order 1997: D-2).

1.3 MANAGEMENT STRUCTURE

The management structure of the HIV Committee is at SAMHS Head Quarters (HQ) and at Nodal points or Regional HIV sub-committee which functions on the level of the Medical Commands of the nine provinces.

The functions of HIV Committee at SAMHS HQ level are:

- * Compiling of reports for Surgeon General and Department of Defence
- * Formation of Policy/Strategy and evaluation of measures
- * Analysis of reports/statistics from Nodal points
- * Evaluation of training materials and recommendations
- * Determination of yearly HIV theme (SAMHS Order E-3).

The functions of the Regional HIV Sub committee are as follows:

- * Compiling regional statistics and feedback
- * Implementation and monitoring of policies/strategies
- * Distribution of material from HIV co-ordinator to Educational officers
- * Planning and manning of regional response
- * Implementation and maintaining of HIV centres iro SAMSOR
- * Quarterly meetings with HIV Coordinator (SAMHS Order 1997: A-4).

The HIV Educational Officer functions on the level between the command and the unit. The functions of Educational officer includes the following.

- * Spreading the knowledge
- * Three monthly report to modal points
- * Gathering of data/statistics and dissemination of materials and information to peer Educators
- * Yearly information/education sessions at all units using SAMHS national theme
- * Managing referrals from peer Educators
- * Pre and post counselling or appropriate referrals
- * Providing a support structure to peer educators (SAMHS Order 1997: A-4).

The peer educator functions on grass root level in the Unit. Peer educators should be implemented to the ratio of 1:100

- * The functions of the peer Educator include the following
- * Spreading the word on HIV/AIDS
- * Monthly reports to HIV Educational officer
- * Distribution of condoms and educational material
- * Problem solving of peers and referrals to HIV educators / centre
- * General dissemination of information (SAMHS Order 1997: A-5)

The well-being of soldiers and their dependents is the responsibility of Officer Commanding at all levels. The communication of the necessary information to protect the soldier against HIV/AIDS and other related diseases is therefore also a command function. The role of Unit Commanders is to ensure that a sufficient number of instructors have been provided with training to perform the basics of AIDS education in order to ensure an optimum awareness of the disease among all SANDF personnel (SAMHS Order 1997: E-6).

Members of Unit Occupational Health and Safety Committees (OHS) co-ordinators and safety representatives will shortly be trained by SAMHS personnel to empower them to co-ordinate and plan the implementation of HIV/AIDS in the workplace programmes. These programmes will provide health promotion and enable the Department of Defence employees take control of their own health in against HIV/AIDS Epidemic. The intended programmes may promote serious awareness with regard to HIV/AIDS by all military personnel nationally (SAMHS Info Bulletin 2001 : 1).

1.4 STATEMENT OF PROBLEM

There is an increase in the rate of HIV infections among employees of the South African National Defence Force despite the efforts by South African Military Health Services to prevent the spread of the disease in the Free State military bases.

1.5 SIGNIFICANCE OF THE PROBLEM

A crucial factor in selecting a problem to be studied is its significance to health and contributing to the body of knowledge in health in a meaningful way. The exploration of perception of HIV/AIDS in the workplace have significance to health. The research will enhance new knowledge to health profession

and members of the South African National Defence Force (Polit & Hungler 1983: 66).

- ▶ It will add into the body of knowledge on HIV/AIDS and perceptions especially in the military environment which has been a neglected area in research.
- ▶ It will also contribute to strengthening existing initiatives of the SAMHS with regard to HIV prevention.
- ▶ The recommendations drawn from the study will guide the health promotion modules of care in the SAMHS.

According to Simelela (2001), there are already projected figures on the trends in HIV/AIDS deaths in South Africa, which include the following:

Table 1.1: HIV/AIDS deaths in South Africa

Year	Number of deaths
1998	100 000
1999	150 000
2000	200 000
2001	250 000
2002	300 000
2003	350 000
2004	400 000
2005	450 000

Table 1.1 indicates the projection of HIV/AIDS deaths in South Africa per year from 1998 until 2005. ("Simelela, N (2001) Dept of health")

The findings of the whole research project and its recommendation will eventually improve health knowledge and theory with regard to perception of HIV/AIDS in the workplaces, with similar characteristics of the sample studied.

1.6 PURPOSE OF THE STUDY

- ▶ To promote understanding of perceptions with regard to HIV/AIDS in the SANDF.
- ▶ To explore factors affecting their sexual and reproductive health outcomes.
- ▶ To recommend promotive and preventive strategies with regard to HIV/AIDS in the SANDF.

1.7 OBJECTIVES OF THE STUDY

- ▶ To explore the perceptions of military employees with regard to HIV/AIDS.
- ▶ To evaluate the role of Army managers regarding HIV/AIDS in the workplace.
- ▶ To identify the nature or extent of HIV infection at SANDF.
- ▶ To evaluate the role of Occupational Health Services with regard to handling of HIV/AIDS.

1.8 RESEARCH QUESTIONS

The following research questions form the heart of the research design:

- ▶ What are the perceptions of SANDF members regarding HIV/AIDS?
- ▶ What role do managers play regarding HIV/AIDS in the workplace?
- ▶ What is the nature or extent of HIV/AIDS infection at SANDF?
- ▶ How can the Occupational Health Services at SANDF contribute or address the pandemic?

1.9 RESEARCH METHODOLOGY

1.9.1 Research methods

The research methods are qualitative and quantitative. The two approaches were chosen because of the complexity of the subject matter given the situation in which it is explored. The ethical and legislative issues in the military environment are more restrictive than in any other settings. The military people are not covered by the Labour Relation Act and instead they fall under the Defence Act.

Qualitative and quantitative research approach were utilised in this study in order to get the hidden issues about HIV/AIDS in the SANDF.

Qualitative research methods encompass various methods for validating results such as when a sufficient level of plausibility is reached, qualitative investigations are often an end point within a substantive area. The findings will be applied and adjusted to many situations to guide understanding, forestalling the need for further research (Morse 1997: 227).

The sequenced use of qualitative and quantitative methods could be useful in advancing our knowledge, they are critical to those who advocate this approach for demonstrating the validity or scientific worthiness of qualitative analyses. It has been suggested that the value of subsequent quantitative investigations lies in their ability to extend the results of a qualitative study in a complementary or corroborative but distinct way (Morse 1997: 231).

1.9.2 Research Design

The research design is exploratory. Exploratory research design has been chosen because there is limited knowledge about this topic, particularly in the chosen settings of the military. The exploratory research is the extension of descriptive research and is more directly orientated toward the discovery of relationships. The purpose of such exploration is to gain new insights into the domain phenomena, to extend a preliminary investigation into a more structured study, to elucidate central concepts and constructs, to determine the priorities for further research and to develop new hypothesis in respect of an existing phenomena. Explorable studies are aimed at gaining insight and understanding the perception of HIV/AIDS in the workplace is a typical example of exploratory research (Polit & Hungler 1983 : 24).

1.9.3 Research setting

The SANDF setting selected was five Units situated in Tempe Military base. The Units included School of Armour, 1SSB, 1 Parachute Regiment, 1 SA Tank Regiment and 1 South African Infantry Battalion. There was consultation and negotiation between the researcher and the Officer Commanding of the above mentioned Units as required by the approval letter. Members of the population has some form of education.

Several factors that put most members at risk of contracting HIV/AIDS have been identified to include:

- ▶ The presence of prostitutes in the towns of the Freestate.
- ▶ The availability of shebeens and taverns in the province.

1.9.4 Population

A population is composed of all employees of both male and female from Freestate military base of the SANDF.

A population is the entire aggregation of cases that meets a designated set of criteria. The accessible population is the aggregate of cases that conform to the designated criteria and which is accessible to the researcher as a pool of subjects for a study (Yvonne & Williamson 1981: 171).

1.9.4.1 Target group

Target group were all military personnel, both males and females, found in the following units: 1 SSB, 1 Parachute Regiment, 1 SA Tank Regiment and 1 South African Infantry Battalion.

1.9.4.2 Sample size

A sample, then consist of a subset of the units that compose the population (Polit & Hungler 1999:279). The universal population was 1843 members of all the five units selected. A sample of 548 members was chosen.

1.9.4.3 Sampling procedure

The sampling procedure were purposive sampling of 548 respondents was chosen. It was chosen because of the researcher's knowledge about the study population. Because of the sensitivity nature of the topic and ethical issues associated with the research topic, the researcher decided to purposively select only those military members that could provide

useful information to inform the study. The members selected were males and females who were either single, married or divorced (Polit & Hungler 1999:279).

1.9.5 Methods for data collection

The process to gather information entailed:

1.9.5.1 Qualitative data collection approach

The following data collection strategies were used:

- ▶ **Open ended questionnaire**

It was distributed to 548 respondents who put their views in writing with regard to HIV/AIDS. People were free to express their views without any intimidation.

- ▶ **Review of documents**

All documents regarding handling of HIV/AIDS were reviewed. They included SAMHS Order and Occupational Health and Safety documents.

- ▶ **Unstructured interview**

Members involved in planning the medical examinations were asked questions with regard to privacy and confidential issues of the whole process.

1.9.5.1.1 Observational methods

- ▶ **Unstructured observation**

The researcher decide to observe the handling of HIV/AIDS in all

the units situated at Bloemfontein and Bethlehem. This was done through day to day inter actions.

▶ Participant observation

It was done during medical examinations which was conducted at Tempe military based in Bloemfontein and 2 field Engineering Regiment in Bethlehem. It was also done during the memorial service conducted by 3 Military Hospital.

Field notes were noted on the issues of interest like the lack of privacy and confidentiality issues during blood testing.

1.9.5.2 Quantitative data collection techniques

A closed ended questionnaire was given to 548 respondents. It was self administered by the researcher. The approval letter indicate that once the questionnaire has been filled is regarded as confidential for security reasons.

1.9.6 Reliability

Reliability refers to the concept of consistency or repeatability. It also mean the degree of consistency or accuracy with which an instrument measure. Reliability is usually expressed in terms of a numerical index (Polit & Hungler 1983 : 385).

The approval letter from Defence Intelligence and the pilot study have an influence on validity and reliability. Pilot study focus on reliability through refining of questions and self administering.

1.9.6.1 Internal consistency

An instrument may be said to be internally consistent or homogenous to the extent that all of its parts are measuring the same characteristic. The internal consistency approach to estimating an instrument's reliability is probably the most widely used method among researchers today (Polit & Hungler 1983 : 389).

The instrument was self administered after the results of the pilot study in order to maintain internal consistency.

1.9.7 Validity

1.9.7.1 Content validity

Content validity is concerned with the sampling adequacy of the content area being measured. It is of most relevance to individuals designing a test to measure knowledge in a specific content area. It is statistically more significant and focuses on a higher degree of balance and representativeness. It is an instrument based on judgement. It rest upon the careful consideration and specification of the behaviour or attributes that the researcher is interested in and an evaluation of the ways in which the trail might be measured. The exploration of perceptions, attitudes of HIV/AIDS in the workplace is critically based on content validity (Talbot 1995: 281).

Given the sensitivity and complexity of the topic a content validity was maintained by choosing a purposive sampling. Purposive sample was used to get the view or perceptions about HIV/AIDS which could not have been obtained by convenient sample.

1.9.7.2 Construct validity

Construct validity is one of the most difficult and challenging tasks that a researcher faces. Construct validation can be approached in several ways, but there is always an emphasis on logical analysis and the testing of relationships predicted on the basis of theoretical considerations. A nurse frequently uses constructs (Concepts) such as attitudes, anxiety, motivation, personality intelligence and interest so as to understand human behaviour. The exploration of perceptions of HIV/AIDS in the workplace will be mostly rooted on construct validity. New concepts will be explored and prediction and control of the final research product will be attained (Talbot 1995: 282).

The researcher used the construct perceptions and views as the focus of understanding the context of HIV/AIDS in the SANDF which guided the whole research process.

1.9.8 Ethics of research

Ethics are concerned with the rules and principles that would harmonize the aims and desires of all men. The following aspects will be discussed namely explanation of the research, confidentiality and anonymity. Informed consent, privacy, trust and withdrawal (Yvonne & Williamson 1981: 25).

1.9.8.1 Explanation of the Research

Explanation of the whole research project is vital before undertaking the project in question. Permission will be required from SAMHS HQ in order to use SANDF members as the subjects for the intended project. The clients to be used for the project must be informed about the research in

such a way he or she understand. The information given should comprise the following.

- ▶ The purpose of the research the method of the procedure to be followed.
- ▶ The duration of the study.
- ▶ The nature of the participation expected from the client.
- ▶ How the results will be published and used.
- ▶ Possible side effects and detrimental effects.
- ▶ The manner in which confidentiality and privacy will be ensured.
(Uys & Basson 1985 : 99)

The approval letter from SAMHS HQ gave permission to the sue of military personnel. Officer Commanding of units identified were told personally about the research project in order to get informed consent. Before data collection subjects were informed about the whole project and they must not feel intimidated.

1.9.8.2 Confidentiality and anonymity

Confidentiality entails that no information provided by the client should be divulged or made available to any other person. When the client agrees to participate in a research project, this right falls away, since the information must be included in the research report. The researcher should ensure that the anonymity of any person or institution is protected (Polit & Hungler 1983: 30).

It was assured due to the fact that all questionnaire documents were locked in a safe place. The respondents were told not to write their names when filling the research questionnaire. The researcher won't be able to trace the respondents.

1.9.8.3 Informed Consent

The research project was explained to all respondents in order to get informed consent.

The principal mechanism for ensuring that individuals rights are respected is informed consent. Informed consent means that a person agrees in writing, to participate as a subject in a research project and that his decision is made with adequate knowledge of potential and real risks or benefits. An informed consent document has been given to all military personnel who will be taking part in the project of explorations of perceptions of HIV/AIDS in the workplace (Polit & Hungler 1983:29).

1.9.8.4 Privacy

It was maintained by advising the respondents that they must not write their name or any form of identification in the research questionnaire.

The researcher should ensure the client's privacy. Privacy means that a person can behave and think as he or she pleases without interruption and without the possibility that private conduct or thoughts may later be misused to embarrass the client. The researcher should take the necessary precautions to ensure that the self respect and dignity of the client is maintained. In this case a client is referred to a military personnel who will be taking part in the project. (Polit & Hungler 1983 : 30)

1.9.8.5 Trust

The research build trust by allowing the respondents to feel free to contact him with regard to those issues of HIV/AIDS.

The trust between the researcher and respondents is vital for this whole project. The respondents can provide valuable information if the trust is maintained at all times. Trust is maintained by following all ethical consideration for the health research.

1.9.8.6 Withdrawal or Termination

The respondents were told that if they feel uncomfortable about the project, they can voluntarily withdraw from the project.

The research should be terminated if an individual person chooses to withdraw, regardless of the fact that he or she initially agreed to participate or the project is no longer proceeding with the standards set during its planning (Uys & Basson 1985 : 100).

1.10 CONCLUSION

In conclusion, the research method's exclusive literature review with regard to HIV/AIDS in the workplace need thorough investigation.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

There is abundant literature that is published and unpublished on HIV/AIDS generally. The computer search disclosed numerous sources on a variety of themes. The themes that are dominating include vaccines, orphans, opportunistic infections and the vulnerable groups. The literature on the military and HIV/AIDS was scanty. The computer software used to get this literature was Oasis at the UNISA library. The inadequate literature on the military and HIV may be due to the nature of classified information.

This literature review was aimed at describing the process used to locate existing data base, on HIV/AIDS in the work place, with specific reference to the military service. This library search is usually found in publications and day to day media contact. Most of these articles are not linked to exploration of HIV/AIDS in the workplace. Most African and Western studies focus mainly on sexually activity, health education and prevention strategies against HIV/AIDS. The lack of knowledge ignorance or attitude of military personnel towards HIV/AIDS was not adequately explored. To achieve good results, therefore, thorough exploration of perception of HIV/AIDS in the workplace needed to be undertaken.

2.2 HISTORICAL PERSPECTIVE

The HIV phenomena was discovered in the USA among homosexual men. It was first diagnosed in South Africa in 1982. It is estimated that 36 million men, woman and children are now living with HIV/AIDS around the world. So far 22 million are said to have died. Estimates are 5,3 million new cases occurred in 2000. It was

estimated that three million people in South Africa were infected with HIV. This is approximately six percent of the population. In addition, 1500 new infections daily are estimated or reported. The Southern Africa region is said to have one of the fastest rates of HIV infections in the world. The military population around the world is one of the most affected groups as a result of separation due to National and International deployment requirements. The national figures on HIV/AIDS include South African National Defence Force members. The AIDS epidemic seems to be the crisis of defence and Government. HIV/AIDS is fatal, this high mortality has resulted in a high number of orphans (AIDS Help line 2000).

The Ministry of Health, HIV/AIDS Directorate has revealed statistics that were based on prevalence rates. The prevalence rates were derived from women who attended the antenatal care clinic. (AIDS Help Line 2000)

2.3 INTERNATIONAL PERSPECTIVE

South Africa hosted the XIII world AIDS conference in Durban during 2000. It was during this conference that all policy makers, leaders, activists, health practitioners and those suffering from AIDS addressed issues related to human rights, amongst others.

2.3.1 World leaders aim to tackle HIV/AIDS

It is 20 years since the world became aware of AIDS. The epidemic has worsened and leaders were encouraged to add their energy and resources in fighting the disease. HIV/AIDS epidemic have shown humanity at both its worst and its best. The UNAIDS provided a comprehensive approach which includes the following:

- ▶ Constant, visible examples must be set to promote openness about HIV/AIDS and to defuse the stigma and discrimination of people

infected with AIDS.

- ▶ A coordinated approach across all sectors of society from business and civil society to all levels of Government must be adopted.
- ▶ There must be a coherent national strategy and plan that includes a wide range of participants.
- ▶ Social policy must be reformed to ensure that people's vulnerability to HIV infection is reduced.
- ▶ Community participation is essential for the different strategies to succeed.
- ▶ The involvement of people living with HIV/AIDS is paramount to the success of any campaign.
- ▶ Broad access to information about prevention and care is vital.
- ▶ Lessons learnt should be translated into practice.
- ▶ Adequate resources both nationally and globally must be deployed against the epidemic. (Sowetan 2001 : 19)

Social and economic problems like poverty, inequality and inadequate infrastructure need to be dealt with because they are the most contributing factor to this disease. The future is bleak for South Africa, immediate neighbours and the rest of the continent. Fifteen countries with the highest estimated number of adults and children dying with HIV/AIDS, are as follows:

Table 2.1 Number of people dying with HIV/AIDS

Country	Death estimates
South African	4,7 million
India	3,7million
Ethiopia	3 million
Nigeria	2,7 million
Kenya	2,1 million
Zimbabwe	1,5 million
United Republic of Tanzania	1,3 million
Mozambique	1,2 million
Democratic Republic of Kongo	1,1 million
Zambia	870 000
United States of America	850 000
Uganda	820 000
Malawi	800 000
Côte d'ivoire	760 000
Thailand	695 000

Countries in Sub-Saharan Africa, where poverty, conflicts and under development are at their worst with regard to HIV/AIDS epidemic. It is time to act now before the epidemic go out of hand. (Sowetan 2001: 19)

2.3.2 Summit could boost war on AIDS

The Secretary General of United Nations reminded the world that AIDS crisis is not yet over. AIDS is a threat to the whole generation. The United Nation had committed themselves to try to halt and begin to reverse the spread of HIV/AIDS. It wants to reduce the

infections rates in 15 and 24 year old by 25% in most affected countries by 2005. At least 90% of this age group should have access to information and services needed to reduce their vulnerability. The lobbying for contributions to Global Fund to fight HIV/AIDS was in process. The session will start with 400 million dollars already pledged. There is reason for hope (Sowetan 2001: 15).

2.3.3 HIV/AIDS session is global call to arms

The session motto was Global Crisis Global Action. HIV/AIDS is global disaster requiring global responses and new methods of international co-operation. Global action require agreement in the tricky field of human values. Poverty makes poor countries to be more vulnerable to infections due to lack of medical care. The rich countries were urged to pledge their resources in order to fight this epidemic at all costs (Sowetan 2001: 13).

2.3.4 HIV/AIDS and US military manpower policy

Acquired Immune Deficiency Syndrome was recognised by the centres for disease control as a disease in 1981. This fatal disease has sparked considerable controversy world wide. In October 1985, the department of Defence began testing all recruits entering the armed services for evidence of infection with HIV-1 or human immuno-deficiency virus, the cause of AIDS. The department also began testing already serving members. They develop a policy dealing with AIDS virus. The policy include restrictions on the deployment of infected personnel overseas, the effect of exposure may have on the careers of military personnel, health care concerns, and foreign affairs concerns relating to US Military personnel and civilian employers serving abroad and the AIDS virus. The department of Defence created what may be the most comprehensive policy in the workplace dealing with AIDS infection, AIDS

virus in US is found largely among homosexual males or intravenous infusion drug users (Burrelli 1992: 452).

2.3.4.1 HIV/AIDS in the US military

Department of Defence file statistics on active-duty military personnel who were diagnosed as having AIDS and HIV-1 infection. Even South African Military Health Services have all statistics of people living with HIV/AIDS total number of 274 AIDS cases were reported by Department of Defence between the years 1982 and 1986. The assistant secretary of defence established a central management information system in order to provide Department of Defence and Service management with information of infectious diseases including HIV-1. About 7,500 military members were found to be infected, 1,800 were still on active duty as of November 1990, the remaining 5,700 were either retired, had been separated from active duty, or had died. South African National Defence Force members are not excluded in this epidemic. There is an increase of HIV/AIDS infections found after the conduction of Concurrent Health Assessment around the country (Burrelli 1992: 453).

2.3.4.2 Department of defence policies on AIDS

On March 19, 1991, the Department of Defence released its most recent directive specifically dealing with the policy on HIV-1. The following is the policy stated in that directive:

- ▶ Deny eligibility for appointment or enlistment for Military Service to individuals with serologic evidence of HIV-1 infection. This policy apply to South African National Defence Force where all members found not to be medical fit, are not taken to military service.

- ▶ Screen active duty and Reserve component military personnel periodically for serologic evidence of HIV-1 infection. Concurrent Health Assessment are conducted in South Africa National Defence Force. Members found to be HIV-1 infected are not allowed to be deployed Nationally or Internationally.
- ▶ Refer active duty personnel with serologic evidence of HIV-1 infection for a medical evaluation of fitness for continued service.
- ▶ Deny eligibility for extended active duty personnel for a period of more than 30 days to those Reserve component members with serologic evidence of HIV-1 infection.
- ▶ Retire or separate active duty personnel or Reserve Service members infected with HIV-1 who are determined to be unfit for further duty. In South Africa a Medical Board is conducted to determine the fitness of HIV/AIDS infected person.
- ▶ Ensure the safety of the blood supply through policies of the Armed Services Blood Programme office and the accreditation requirements of the American Association of Blood Banks.
- ▶ Comply with applicable statutory limitations on the use of information obtained from a service member during, or as a result of, an epidemiological assessment interview and the results obtained from the laboratory tests for HIV-1. Information obtained should not be used against the member in the following namely court martial, line of duty determination, nonjudicial punishment, involuntary separation, denial of promotion, an unfavourable entry in a personnel record.

- ▶ Control transmission of HIV-1 through an aggressive disease surveillance and health education program. Aggressive disease surveillance includes the periodic refreshing of all military personnel. Health education is aimed at reduction of the occurrence of HIV-1 in Military personnel and other health care beneficiaries as a goal.
- ▶ Provide education and voluntary HIV-1 serologic screening for Department of Defence health care beneficiaries.
- ▶ Comply with most national requirements for HIV-1 screening of Department of Defence civilian employees (Burrelli 1992: 455).

2.3.4.3 Issues with regard to policy

The Department of Defence policy on HIV-1/AIDS has generated contentious debates in terms of the approximate balance between individual civil rights and primary. There was a need for general protection of the public from this deadly disease. It is between these competing perspective that Department of Defence must formulate and administer policies that best ensure force readiness (Burrelli 1992: 462).

2.3.4.4 HIV/AIDS testing in US

In terms of testing in general, testing has remained controversial. The department of defence decision to test military applicants and personnel involved only after lengthy consideration and review. Those against testing have voted the following arguments:

- ▶ Testing is not without errors, and such errors may cause irreparable damage to a person.

- ▶ Testing positive for exposure to the HIV virus does not provide evidence that a person will ultimately contract the illness.
- ▶ Given the inaccuracy of testing, lack of assurance that a positive result will lead to AIDS.
- ▶ Positive test results may be used unfairly against the service member.
- ▶ Precedents for such testing of HIV-1/AIDS are lacking.
- ▶ Allowing the military to test will open the door to large scale testing in the public and private sector.

Those arguing in favour of testing have stated the following:

- ▶ The issue of homosexuality in the military is not relevant because the policy of the armed services regarding the banning of homosexuals from entry into the military is clear.
- ▶ The often "hysterical" reaction towards AIDS will lead to unwanted and prejudicial attitudes toward those who test positive for HIV-1 infection.
- ▶ Maintaining the health of military personnel is essential for force readiness.
- ▶ Screening military for HIV-1 infection acts as a safeguard from infection via blood transfusion and therefore protects the blood supply.

- ▶ The service provide one of the few reliable sources for statistics on infection rates (Burrelli 1992: 463).

2.3.4.5 Education

In 1990, the department of defence designed a programme for the general audiences. They did not focus on modifications of high risk behaviour that is intravenous drug use and homosexuality. Those two groups were not allowed to join the military services. HIV/AIDS education programmes focus on changing high risk behaviour associated with HIV-1 transmission (Burrelli 1992: 466).

2.3.4.6 Career implications

Military personnel are concerned about the effects of testing for HIV-1 infection. It may have negative influence on their career if they are HIV-1 infection positive. Testing positive may subject the service member to prejudicial attitudes regarding HIV-1/AIDS. The superiors should try an eliminate or minimize the effects of such attitudes. HIV-1 infection may limit career opportunities (Burrelli 1992: 466).

2.3.4.7 Health care concerns

The cost of coming for AIDS patients are very high. It include the cost of covering departments. The lost to the military medical care could grow rapidly if the spread of AIDS remain unchecked. Deployment to areas where the incidence of HIV-1 infection is high may result in an increase in service personnel becoming infected. (Burrelli 1992: 467)

2.3.4.8 Protecting military personnel and dependents

The major strategy for protecting military personnel from the AIDS virus is by testing personnel, screening blood supplies, and developing educational and surveillance initiatives. Testing provide direct protection from HIV-1 infection and educational initiatives provide indirect protection. The military personnel will modify their behaviour military personnel who have tested positive have been convicted by court-martial of continuing to engage in sexual relations without informing their partners of their infection. Dependents who have AIDS present a special concern to department of defence officials. (Burrelli 1992: 469)

2.3.4.9 Civil military relations and AIDS

AIDS as a contagious illness has affected military personnel. It is a concern to military policy makers. AIDS presents a unique social and political problems. The media have done a reasonable good job of covering AIDS in the military. It was reported that HIV-1 infection were treated like "lepers" and all were forced to live in a specific barracks known as the "HIV Hotel" Policy makers in general, and in department of defence are faced with an interesting paradox. Education and information on AIDS must be made available. (Burrelli 1992: 471)

Critics and enemies of the United States have used such information to damage US foreign relations. Some countries claim that AIDS was biological engineered by US Army Scientist for the purpose of biological warfare. The policy of the armed services was initially greeted with suspicious and entiasm, such responses have been declining.

2.3.5 United Nation Session urge world leaders on HIV/AIDS

This session urged world leaders to:

- ▶ Educate all people of the world about HIV/AIDS with special focus on prevention, youth and all workplaces. The workplace will also include military environment.
- ▶ Denounce discrimination against people living with HIV/AIDS. Political and military leaders must speak out about the HIV/AIDS issue and its effect to human life.
- ▶ Those who remain silent are responsible for helping the spread of HIV/AIDS in the workplace.
- ▶ Break the cycle of poverty that fuels and perpetuates HIV/AIDS.
- ▶ Mobilize local, national and international resources to expand capacity to fight HIV/AIDS.
- ▶ This will imply that all Headquarters of SANDF in Pretoria and at regional level will have to put more effort in the fight against HIV/AIDS.
- ▶ Provide debt relief to low income countries so that they must have enough resources of fighting against HIV/AIDS.
- ▶ Provide life sustaining medications of which in South Africa there is problems in the provision of those medications to HIV/AIDS sufferers.
- ▶ Quality health care which must be provided by South African Military

Health Services.

- ▶ Continuous supportive services from the multi disciplinary health team of SAMHS. (1st International Declaration 2001)

2.4 NATIONAL PERSPECTIVES

2.4.1 SAMHS Order on Sexually Transmitted Diseases including HIV

The SAMHS have developed policies with regard to handling of STD and HIV/AIDS. The SANDF consider HIV as a chronic disease and HIV and AIDS is treated as such in all aspects of management. This include evaluation during recruitment medical examinations, evaluation as part of the diagnostic process, were clinically indicated, allocation of category, medical intervention and medical board and mustering out on medical grounds.

Due to poor perception of HIV/AIDS in the workplace therefore additional measures are implemented in the management of the disease namely confidentiality, Informed consent during all testing procedures, continuous education, information programmes and psychological support structures for HIV positive members and their departments (SAMHS Order 1997 A-2).

2.4.2 Professional secrecy or courage to disclose

“SPEAK OR BE DAMNED”

The African National Congress Member of Parliament Ruth Bhengu made an announcement that her daughter was HIV positive. This was timely and courageous move for a prominent Member of parliament. She

spoke in parliament while her daughter was sitting in the public gallery. Her statement was an exemplary act motivated by qualities of true leadership that go beyond the feelings of personal pain and anger she referred to. It shows courage and dedication that many leaders lack.

Her statement is timely in that, despite wide calls for leading public figures to declare their HIV status, we have to date been met with a deafening silence from our parliamentarians (Sowetan 2001:12).

Stigma is in part a response to people's fears around HIV/AIDS. Bhengu's exploration seems to suggest that even health professionals perpetuates prejudice against people with HIV/AIDS. The stigma cannot be defeated if those leading the campaign refuse to acknowledge its full presence and power. The country belong to all who live in it, whether with HIV/AIDS or not. Bhengu has been brave enough to rededicate us all to the challenge initiated by Cameron not to rise to the occasion now will damn us all. This is a serious message to all managers in the SANDF and their respective subordinates. Attaching bad stigma to people living with HIV/AIDS will hinder the progress in fighting this pandemic condition at all cost (Sowetan 2001:12).

2.4.3 Civil military alliance

It is a partnership between South African National Defence Force, Department of Health and Welfare, Correctional Services, South African police services and UNAIDS. The provincial chairman form part of the executive level. The aim of civil military alliance is to combat HIV/AIDS in the workplace. (South African Soldier 2001 : 27)

The Gauteng Civil Military Alliance Combat HIV/AIDS was launched in Bloemfontein on 8 March 2001. This was the last alliance in the nine

provinces of South Africa. The Civil Military Alliance to Combat HIV and AIDS was conceived in 1993 at a Satellite Seminar of the 9th World Aids Conference convened in Berlin, Civilian and Military participants from 27 Countries adapted a formal consensus statement that pledged. Military and civilian co-operation in response to the HIV/AIDS epidemic. The smooth running of this organisation may alleviate or reduce poor perceptions of HIV/AIDS in the workplace. It will modify the behaviour of military personnel (South African Soldier 2001:27).

2.4.4 HIV prevalence in South Africa

About 4 million South Africans are currently HIV infected. It is expected to rise over the next 10 years unless major behaviour change occurs that could significantly alter the course of the epidemic. All Concurrent Health Assessment conducted in the SANDF reveals that there is a rise in HIV/AIDS cases. Unless something is done, this Government will end up without any prepared force who are fit for any operational duties Nationally and Internationally. Even the targeted youth will be affected. (Love life 2001 : 6)

There could be around 5.3-6.1 millions infected individuals by 2005 and 6-7,5 millions by 2010. These estimates from the Doyle model are lower than estimates from other sources, which put the number of currently infected people in South Africa at 4,5 to 5 million people. The antenatal survey show similar epidemic patterns for all provinces except the Western and Northern Cape. 15% of all South African adults aged 20 to 64 are currently infected and could rise from 20 to 23% by 2005 and 22 to 27% by 2010.

It affects young people before the age of 25. Over 50% of these young people will die of AIDS before their 35th birthday.

Women are at high risk between the ages of 15 and 20, while men achieve their highest incidence some years later. The fighting troops of the SANDF are between the age of 20 to 35. Unless ignorance of the epidemic is taken away, they are affected and will be infected by HIV virus. In South Africa teenage infections are increasing at a high rate (Love Life 2001: 6).

2.4.5 AIDS cases in South Africa

It is estimated that around 200 000 South Africans are currently living with AIDS. This figure will rise rapidly over the next decade to almost a million people living with AIDS by the year 2010, 50% of all South African adults aged 15 to 49 are currently estimated to be living with AIDS in 2001, and this figure will rise between 2,8 and 3,2% by 2010 (Love Life 2001: 7).

2.4.6 AIDS deaths in South Africa

It was around 120 000 AIDS deaths in 2000. It will rise to between 354 000 to 383 000 in 2005 and up to 545 000 to 635 000 in 2010. Other sources reveal that AIDS deaths will be 800 000 in 2010. Nationally the proportion of the adults dying from AIDS will reach 2 to 2,6% by 2010 (Love Life 2001: 8).

2.4.7 Impacts of HIV on population and structure

The epidemic will impact on population directly through deaths of infected people. SANDF members are not excluded as they form part of the entire population of South Africa. The size of the current Army will decrease due to AIDS related deaths occurring on a daily basis in one or more units. As a result of the HIV/AIDS epidemic is now expected to

reach only 47 million in 2010 (Love life 2001: 8).

2.4.8 Ex-soldiers lone battle against AIDS

A former member of the South African Defence Force is fighting a lone battle against AIDS. A Corporal who served in 21 Battalion at the Lenasia Military base before he was stopped working because of illness he has no one but with his unemployed mother to help him in his battle against AIDS. He spent days alone without anyone to feed him. He is being helped by a volunteer who fed him as well as washing his body. He is one of thousands people in South Africa who are ravaged by HIV-AIDS because of poverty (Sowetan 2001: 4).

2.4.9 Psycho-social effects

Diagnosis and disclosure of HIV status results in major stress for the individual involved stress and depression can compromise function and well being in all areas of family life, work performance and family relationship. Stigmatisation of HIV/AIDS often causes social rejection, alienation and can compromise employment.

New recruits who are found to HIV positive or with other chronic conditions are not employed in the SANDF. The psycho-social impact becomes more acute when death occur. Levels of grief within the households and communities are the results of the AIDS epidemic, with implications for mental health and physical health (Love life 2001: 9).

2.4.10 Effects of HIV/AIDS on businesses

The epidemic primarily affects working age adults. It is estimated that in the next decade the number of employees lost to AIDS could be the

equivalent of 40 to 50% of the current workplace. The SANDF also functions as a business. It may lose more or less the same percentage of the workforce if ignorance and poor perception of HIV/AIDS still exist. HIV/AIDS will have significant effects on Defence budget. The Defence may have a cost of 2 to 6% of salary per year due to HIV infections.

Direct costs to SANDF include cost on health care. The most significant costs for SANDF is likely to be indirect. This includes cost of absenteeism due to illness, funeral attendance, lost skills training, recruitment costs, reduced work performance and lower productivity. By 2010, it is estimated that approximately 15% of highly skilled employees will have contracted HIV. The Defence Force may have a problem in training new members for highly technological warfare equipment (Love Life 2001: 12).

2.4.11 Controversial perspectives

Different views have been expressed regarding the HIV/AIDS epidemic. Some researchers, emphasizing the pandemic as punishment for "immorality". A case in point, van der Ryst, Joubert, Steyn, Heunis, Le Roux and Williamson (2001: 587) assert that:

- ▶ Military recruits may be at high risk for contracting HIV as they are young, with active physiological drive states, and possibly still in an experimental phase of their sexual development. Other factors that could result in unsafe sexual behaviour in this group are fear of rejection, peer pressure, and being on leave only over occasional or infrequent weekends. However, in a study of HIV risk among Ugandan military recruits, it was found that they are at no greater risk than other segments of the population. "The sexual behaviour, AIDS-related knowledge and attitudes of military recruits in South

Africa have not been studied before.”

The research setting for above study was 1 South African Infantry Battalion which is one of the component of the Tempe military from which results were generalised to the entire Tempe. Therefore it may be interesting to find out whether the other four un-researched Units would confirm these research findings.

2.4.12 HIV/AIDS: An obstacle to development

HIV/AIDS epidemic threatens to halt or reverse social and economic gains in Africa. It affects the urban elite as well as the rural poor, generally during their most economical productive years. Deaths of young adults have adverse effects on economic/political and military/security stability throughout Africa. The SANDF is not excluded from this problem as they will miss an opportunity to recruit young soldiers. The most affected group are between 15 - 35 years this concept of poor perception of HIV/AIDS have a serious impact in the growth of South Africa. The absence of an effective drug or vaccine in HIV/AIDS prevention control is a misnomer. Limiting the spread of HIV and mitigating multi-sectoral impact of AIDS is an essential investment in sustainable development.

In SANDF, the involvement of all Units will bear fruits in combatting HIV/AIDS in the workplace and promote a broad understanding about HIV/AIDS issue (Lyerly 1996: 2).

2.4.13 Developing a human rights approach to HIV/AIDS

There should be protection against discrimination by government actors, private or institutions in addressing the social economic causes and

consequences of HIV/AIDS. The SANDF is not excluded in these process. All people living with HIV need dignity, privacy and allow them to explore their talents to the community. Policy legislation which address discrimination will thus help to alleviate the personal and societal impact of HIV infections.

The most effective human rights response to combat HIV/AIDS are those designed to meet the needs of the SANDF. The target situations that make people vulnerable to HIV/AIDS should be taken away. The SANDF have to develop programmes of combatting the high incidence of HIV/AIDS in the workplace. This can be done by empowering the military personnel with knowledge with regard to HIV/AIDS (Delate 2000: 94).

Discrimination to the soldiers. In my opinion I think the whole project may be abused by army managers due to their lack of understanding of the sensitivity nature of HIV/AIDS in the workplace (Heywood 1997: 4).

2.4.14 HIV/AIDS as disabilities

The employer have a duty to implement affirmative action for all SANDF members. It include making reasonable accommodation for, and ensuring equitable representation of, suitably qualified people from designated groups in the workplace, people with disabilities constitute the designated groups under the Act. The question whether HIV and AIDS constitute a disability under the Act so as to afford measure of positive discrimination. The person with disability means a person with a long term or recurring physical or mental impairment which limits the advancement in employment opportunities. Members of the SANDF who are found to be HIV positive are prohibited from National and International deployments. In any opinion, as long as the member does not have full blown AIDS, he or she have an absolute right to take part

in operational duties (Ngwenya 2000: 109).

2.4.15 HIV/AIDS and treatment

In April top pharmaceutical firms dropped their court bid to stop South Africa importing cheap copies of their Aids drugs in what could be a breakthrough in getting treatments to millions of impoverished sufferers.

The lawyer representing 39 drug firms withdrew their application against the Government. The victory was not just for South Africa, but for Africa and the whole developing world. It is a comprehensive climb down. The drug industry have thrown a towel into the middle of the ring. The drugs will be more affordable to South Africa people including members of SANDF. This victory will allow the Government of South Africa to pass laws which will enable them to buy affordable drugs for our fellow HIV/AIDS sufferers (Nursing update 2001:30).

2.4.15.1 The feasibility of Anti-retro Viral use in SOUTH AFRICA

There has been mounting pressure on pharmaceutical companies and international agencies to start providing anti-retro viral medication to people with AIDS in developing countries. It is morally correct and justifiable position. The difficulty in providing these drugs on national scale demands serious consideration. It provide a short course of treatment to prevent mother to child transmission of HIV. It was unlikely that anti-retro viral use would reduce overall cost of care. Paying the full price for anti-retro viral therapy would increase the cost of health care by R70 billion in 2010.

Anti-retro viral drugs does not cure AIDS but turn AIDS into a chronic disease. They are other cost in providing anti-retro viral drugs which

include infrastructure that is needed to monitor the drugs and treat any complications or side effects. Providing anti-retro viral therapy ignores the many ways that person with AIDS can be assisted. These include treating opportunistic infections especially TB, supporting home based care initiatives and basic nutritional support. In the workplace like the SANDF future preventing new HIV infections and developing basic care and support mechanisms will remain the priority (Love life 2001: 18).

2.4.15.2 AIDS drugs

Drugs are not necessary a cure for HIV/AIDS. They are only aimed at treating secondary infections related to HIV/AIDS and to improve their conditions. The issuing of drugs for HIV/AIDS is thus taken seriously by Government as indicated by Free State MEC for health.

A research and trial sites for Neverapine was conducted in Virginia and Frankfort by the year 2000. Neverapine is a drug of which the objective is to prevent mother to child transmission of HIV/AIDS. Once the effectiveness of this drug has been established, the drug will be given to all pregnant mothers in the province (Express 2001:1).

The Government has also entered into partnership with the major pharmaceutical company Pfizer has donated the drug called Flucanazole free of charge. This drugs will be distributed free of charge in Free State and North West Province. It is aimed at treating AIDS related Oesophageal Candidiasis or Cryptococcal meningitis. It must be noted that Flucanazove was not an AIDS-Curing drug and that it was used to treat only opportunity infections (City press 2001: 5).

Good sexual behaviour such as faithfulness, the use of condoms or abstaining are still regarded as the best weapons against the scourge of

HIV/AIDS. The exploration of attitudes, behaviours and perception of HIV/AIDS in the workplace or military environment might bring solution to this global problem (City press2001: 5)

2.4.16 HIV/AIDS in the workplace

HIV/AIDS affects millions of South Africans from all walks of life, including people in the workplace. The military personnel are not excluded in this type of tragedy. There are a number of laws and guidelines relating to people who have HIV/AIDS in workplace. The most important of these is that an HIV positive employee has the same rights and duties as other employees. They cannot be treated differently to other employees by employers or by co-workers. The SANDF members work with chronic diseases like Cancer, Diabetic, Hypertension, Severe injuries and HIV/AIDS are medically reclassified. The aim of medical classification is to give an individual a medical category which will change his or her current working conditions. They cannot be deployed international on nationally for any operational peace process like what is happening to Democratic Republic of Congo (DRC). (SAMHS Order : A - 1)

An employee cannot be fired, retrenched or refused a job simply because they are HIV positive. They are entitled to the same training, development and promotion opportunities as any other employees. The medical classification in the military set up restrict some basic rights of HIV/AIDS person. No employer can require that a job applicant have an HIV test before they are employed. All recruits to the SANDF are done full medical examinations including HIV/AIDS test. If found to be suffering from one of the chronic conditions, therefore the chances or success of that applicant will be doubtful (AIDS Help line 2001).

There is a small risk that HIV can be transmitted accidentally through contact with infected blood. It is important that all blood is treated as possibly infected, that first aid kits which include protective gloves and other devices are available in the workplace and that employees are trained to prevent HIV transmission when helping an injured person. The military environment or workplace are trying to put first aid boxes in all critical workplaces like kitchen and workshops etc (AIDS Help line 2001).

These are many positive steps employees and employer can take to deal with the HIV/AIDS epidemic. These include developing a workplace policy on HIV/AIDS, negotiating benefits such as medical aid, insurance, retirement benefits and disability cover in the interests of all employees and developing a workplace programme that includes awareness campaigns, condom distribution, treatment of sexually transmitted diseases and care for HIV positive staff members. The South African Military Health Service is trying its level best to try and help SANDF members with the provision of comprehensive health services which include Occupational Health (AIDS Help line 2001).

2.4.17 13th International AIDS conference

HIV and AIDS are having a devastating effect on young people. In many developing countries, up to two thirds of all new infections are among people aged 15-24. The military personnel can be affected by this problem as most of the active members of the Defence Force are between the ages of 20-35. It is estimated that half the global HIV infections have been people under 25 years - with 60% of infections of the females occurring by the age of 20. Thus the hopes and lives of a generation, the breadwinner, providers and parents of the future are in jeopardy. Many of the most talented and industrialized citizens who could build a better world and shape the destinies of the countries they

live in, face tragically early death as the result of HIV infection (13th International AIDS Conference 2000: 3).

The President of South Africa asked some questions, namely are safe sex, condoms and anti-retro viral drugs a sufficient response to the health catastrophe. Poverty is linked as the most killer diseases in African Continent or less developed countries. It does also contribute negatively to the management of HIV/AIDS. The above questions were asked to some of the specialised scientists regarding HIV/AIDS. The scientist agreed to work together among other things on the reliability of and the information communicated by the current HIV tests and the improvement of our disease surveillance system. The results will assist in saving lives of all people and improving the lives of millions (13th International AIDS Conference 2000: 5).

The speech also focussed in the following aspect namely:

- ▶ A sustained public awareness campaign encouraging safe sex and the use of condoms;
- ▶ A better focused programme targeted at the reduction and elimination of poverty and the improvement of the nutritional standards of our people;
- ▶ A concerted fight against the so called opportunistic diseases including TB and all sexually transmitted diseases.
- ▶ A human response to people living with HIV and AIDS as well as the orphans in our society.
- ▶ Contributing to the international effort to develop an AIDS vaccine; and further research on anti-retro viral drugs (13th International AIDS Conference 2000: 6).

2.4.18 HIV/AIDS policy in SANDF

The SANDF just developed and implemented an HIV/AIDS policy in 1988. It is regularly updated to keep abreast of national and international developments in the field of HIV. A Multi professional committee was established to manage and monitor the HIV/AIDS epidemic in the SA National Defence Force. The HIV Committee consist of all directors involved in HIV/AIDS prevention and care.

Nodal points were established in all medical commands in 1993 in order to co-ordinate the regional response to HIV/AIDS. It included the implementation of HIV trainers to train peer educators and HIV/AIDS educational officers. HIV and AIDS are managed as a chronic debilitating disease in all aspects to reduce stigmatisation and to normalise the disease. HIV/AIDS should be seen as everyone's problem and not that of the department of Health nor the Medical profession who have to deal with the tragedy of HIV on daily basis (Milmed 1998:14).

2.4.19 South African alliance

The fight against HIV/AIDS gained new momentum. It was due to the launch of the South African Civil Military Alliance to combat HIV/AIDS on 19 November 1997, It was a joining of civil and military communities in the fight against HIV/AIDS in Southern African. The Deputy Minister of Defence is South African Civil Military Alliance's patron.

Seven Provincial alliance were launched during 1999 and 2000 namely North West, Northern Cape, Northern Province, Western Cape, Mpumalanga Free State and KwaZulu Natal. It brought about effective co-ordination facilitation liaison, integration and research to efficiently reduce the personal and social impact of HIV/AIDS on the military,

paramilitary and civilian communities. The South African Military Health Service should organise and co-ordinate all important dates with regard to HIV/AIDS. The SANDF units should be invited in order to stimulate the perception of military personnel with regard to HIV/AIDS in the workplace (South African Soldier 2001:27).

2.4.20 Television series explored attitude to AIDS

The religious attitude to the life and death issues of HIV/AIDS were shown on in a "soul city" episode. In the series, a man was caught stealing medicine for his HIV positive wife after she ran out of pills. The issue was confronted with negative perceptions and attitudes from church leaders until such time when one of the congregants was faced with the reality of contracting the HIV virus.

In another example of the Soul City programme, an HIV positive young male singer was discriminated against winning a prize as the best artist based on his HIV status. These occurrences show that there is still a need to explore and find solutions to address HIV/AIDS prevention programmes at all levels of the society (Soul City 2001).

2.4.21 Screening of recruits

The key issues facing military leaders in trying to control the spread of HIV through its ranks is whether or not to screen new recruits for the virus. The testing can serve several useful purposes. The ethical issues of privacy, confidentiality and human rights have to be taken into consideration. The SANDF does screening of new recruits for HIV infection. Crucial policy choices must also be made about the scope of testing and counselling and about whether to maintain strict confidentiality of test results or to share them with Commanding Officers

and families of those tested. Poor understanding of perception of HIV/AIDS in the workplace will have a serious impact if the results are discussed wide. The Commanding Officers, they might have a tendency to discriminate those members who are HIV positive in terms of job allocation. HIV infection is a problem to the Military Health Care Systems (Miller & Yeager 1996 : 5).

2.4.22 Bosses can test workers for AIDS

Labour Court judge grants mine management an order to screen its employees for HIV with their informed and voluntary consent. This order was aimed at preventing HIV/AIDS in the workplace, mine workers are between the age of 20 and 49. The research had indicated that 84% of people with HIV/AIDS fell into this group. This categories also apply to the South African National Defence Force. Pre-counselling were conducted and strict confidentiality was maintained unless the worker wanted to disclose his status. This whole project will assist the workers to be given less strenuous job in the mine industries. The SANDF also conduct concurrent health assessment. It is these process where full medical examination is conducted including HIV/AIDS. Those who were found to be medically unfit will not be deployed Nationally and Internationally. They were given less strenuous job with this action and the issue of confidentiality in the SANDF remain to be explored because it seems there are loop holes (Sunday Times 2001: 7).

2.4.23 Vulnerability of soldiers

The army is likely to have higher levels of HIV incidence than the general population because the military personnel are often deployed away from their families and are thus likely to have more sexual partners during deployment. Their cancers than the general population. Army

personnel are better paid and this relative influence often attracts the attention of prostitutes. Currently the SANDF have military personnel deployed in Democratic Republic of Congo for three to six month interval. Ignorance, poor understanding of perception of HIV/AIDS and poor sexual discipline can increase the infections rates of new HIV/AIDS cases. In my own opinion I think continuous Foreign and National deployments of soldiers will have a direct and indirect influence in the management of HIV/AIDS in the workplace (Special Correspondent 1991: 4).

2.4.24 The legislative framework and HIV/AIDS

By 1997 it was estimated that three million people in South Africa were infected with HIV. South Africa has one of the fastest rates of new HIV infection in the world. A combination of poverty, illiteracy, migrant labour, commercial sex workers and disruptions to family and communal life have increased the individual's risk of HIV infection. HIV have a direct impact on the economy and it is evident that the workplace will not be able to escape the effects of the AIDS Epidemic. The workplace include the South African National Defence Force. The defence force is currently loosing well trained and skilled military personnel due the HIV/AIDS pandemic. Employers and employee organization have been slow to recognize the potential impact of AIDS on the labour market. This was due to poor perception or ignorance about HIV/AIDS in the workplace. (Heywood & Hassan 1998 : 845)

The contribution, the labour relations act and Employment. Equity Act have curtailed the range of possible responses by employers to HIV/AIDS in the workplace. The Defence Force are not covered by the labour relation Act but are covered by the Defence Act, Legislation put emphasis on non-discrimination and the rights of job applicants and

employees living with HIV (Heywood & Hassan 1998: 845).

2.4.24.1 Prohibition of unfair discrimination

All employers must take steps to promote equal opportunity in the work place by eliminating unfair discrimination in any employment policy or practice. No employer is allowed to deny the right of HIV personnel for employment purposes. All recruits in the SANDF are tested for HIV virus as part of their medical fitness. Those who were not medically fit, will not be considered for appointment (SAMHS Order 1997:A-2).

2.4.24.2 The Employment Equity Act and HIV/AIDS

There is no benefit for medical testing or HICV testing namely:

- ▶ It affect the employment conditions, social policy and fair distribution of employee benefits.
- ▶ It has direct and indirect cost.
- ▶ It does not reduce prevalence or incidence of HIV in the workplace. The Concurrent Health Assessment does not indicate a reduction of HIV/AIDS in the military environment.
- ▶ It undermines the real prevention messages of workplace education and prevention programmes.
- ▶ It prevents shared responsibility. A unilateral response from employers paralyses the development of a common approach by employers and employees to HIV/AIDS (Employment Equity Act 1998:8).

According to Heywood and Hassan (1998:851) state that "The South African National Defence Force will seek constitutional recourse for an infringement of the rights under the right to fair labour practices. SANDF

have to continue with pre-employment HIV testing “

This is supported by SAMHS Order (1997:A-2) which state that “all recruits will be tested for HIV virus before they are finally employed”.

The HIV testing in the SANDF is done under the following conditions:

- ▶ The provision of pre-counselling, post-counselling, the maintenance of confidentiality and strict privacy.
- ▶ The signing of informed consent.

2.4.24.3 Protection for employees with HIV in foreign jurisdictions

The South African National Defence Force conduct HIV testing to determine military personnel who might be fit for foreign deployments like Burundi and the Democratic Republic of Congo.

There is still a legal debate when a member was tested and found to be HIVG positive, therefore the right for foreign deployment is taken away. The SANDF is trying to protect the member and the public he might meet during those operational duties (SAMHS Order 1997 : A-4).

2.4.24.4 Protection of employee's rights and confidentiality

Discrimination of employees on the grounds of HIV is strictly prohibited. In the Military environment, the military personnel are not forced to undergo HIV test. Those who refuse HIV test, their medical examination is regarded as incomplete. They lose the right to be deployed Nationally and Internationally (SAMHS Order 1997 : A-4).

Disclosure of HIV information to an unauthorised person constitute a criminal offence as stated by the Act(Fouche & Van Wyk 1999:421).

2.4.24.5 Employment Equity act's HIV testing provision

Testing of employee to determine HIV status is prohibited unless such testing is determined by the labour court in terms of Section 50(4) of this Act. Medical testing is prohibited unless legislation permit it or requires the testing.

2.4.24.6 SANDF policy with regard to employee's benefits

Gratuities, pension benefits, membership of the continuation fund as well as the SANDF group insurance scheme remain unaffected by the HIV/AIDS diagnoses. Promotion and training opportunities remain unaffected except in such cases where the member's health does not allow him/her to complete his/her training, or fulfill the physical or mental requirements of the post (SAMHS Order 1997: A-4).

2.4.24.7 A code of good practice on HIV/AIDS

It signal that discrimination against employee with HIV will be deemed unfair. HIV testing is allowed in exceptional circumstances which will be decided by the labour court and employers (Employment Equity Act 1998:54).

2.5 REGIONAL PERSPECTIVE

2.5.1 Regional Civil Military Alliance

The Regional Civil Military Alliance was formed during the Third Workshop on HIV/AIDS prevention in military population held in Namibia on 27 March 1997. The network office is situated in Lusaka. It is dedicated to the prevention of HIV/AIDS and sexually Transmitted Diseases in Security and armed forces. This may be at home, during

deployment on foreign soil and across the civil military spectrum of the general population. The target populations include the military, paramilitary, security, peace keeping forces, police, correctional services, military families and the communities in which these groups were located. Members of the alliance were freely open to private and governmental organisations and also to individuals who were active in the struggle against HIV/AIDS. It served as a vehicle of information which may change the attitudes of military personnel in relation to HIV/AIDS (South African Soldier 2001: 27).

2.5.2 Legal aspects of testing

The meeting of Civil-Military Alliance was held in Namibia and it has attracted representatives from 15 African Armies and Governments. By varying degrees every African Army is affected by HIV/AIDS. The seminar confirmed that mandatory testing of military recruits were necessary and that it was justifiable to exclude people with HIV from the armed forces.

Since 1994 the AIDS Law Project at the centre for applied legal studies has acted on behalf of soldiers and recruits who face discrimination. The constitution says the "state may not unfairly discriminate directly or indirectly against anyone" and entrenches rights to privacy and human dignity. It was argued that mandatory testing is unfair discrimination. The SANDF has sought legal counsel on the issue and has gone as far as seeking the approval of the Cabinet. The Cabinet resolves that certain categories of employment in the Defence Force where extreme physical fitness were required be excluded from the appointment of candidates or existing personnel testing HIV-positive. The Applied Legal Studies still view this approval as unfair (Heywood 1997:4).

2.5.3 Soldiers in Southern Development countries

The role of the military in the epidemiology of HIV/AIDS is of growing concern in Africa. The AIDS Conference highlighted the problems facing AIDS prevention programmes both within the military and in areas with high military presence. The countries which were involved have the following statistics of HIV positive.

Table 2.2 Percentages of HIV positive in Southern African Development Countries

Countries	Percentage
Zambia	9,2%
Angola	85,7%
Namibia	8,3% - 33,3%
Malawi	75%

The military must be seen as high risk group, even during periods of peace and low deployment. Soldiers have to be regarded as a significant and mobile pool of infection (Webb 1994: 4).

2.6 CONCLUSION

There is tendency of some units who ignore to invite the army personnel to attend some ceremony regarding HIV/AIDS. This was evidence when 3 Military personnel failed to invite units around them for HIV/AIDS memorial and candlelight ceremony which was held in May 2001. Those members missed a message from HIV/AIDS personnel who did accept the condition. It was going to alert the soldiers that HIV/AIDS exist. In my opinion I think in future all sections under Area Military Health Unit Free State should make sure that they involve Army Units in all HIV/AIDS activity. By doing so it will reduce the general poor perception of HIV/AIDS in the work place.

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

The previous chapter provided a review of the existing literature. In this section the conceptual framework will be described. Polit & Hungler (1999) described conceptual framework as abstractions or concepts that are assembled by virtue of their relevance to a common theme. Both conceptual models and theories use concepts as building blocks. Conceptual frameworks or conceptual schemes represent a less formal and less well developed mechanism for organizing phenomena than theories. (Polit & Hungler 1999 : 107)

Conceptual models provide a conceptual perspective regarding inter-related phenomena but are more loosely structured than theories. They are not directly testable by researchers in the same way that theories are. They are constructed representation of some aspect of our environment. Conceptual framework and conceptual model are used interchangeably. The model represent a phenomena with a minimal use of words. A visual or symbolic representation of a conceptual frameworks helps to express abstract ideas in a more readily understandable or precise form than the original conceptualization. (Polit & Hungler 1999 : 107)

Schematic models are common undoubtedly are familiar to all readers. It represent the phenomena of interest figuratively. Concepts and linkages between them are represented diagrammatically through the use of boxes. It is not always possible to identify a formal theory that is relevant to nursing research problem. Conceptual frameworks and models can be used to clarify concepts and to provide a context for research findings that might otherwise be isolated and difficult to interpret (Polit & Hungler 1993 : 109).

3.2 DISCUSSION OF THE CONCEPTUAL FRAMEWORK

For the purpose of this research, I have used Fawcett model or theory as described by Polit & Hungler (1993). Polit & Hungler (1993) refers to conceptual models of nursing as constituting of formal explanations of what health discipline is according to developers point of view.

In the study there are four major concepts that are central to understanding the perception of HIV/AIDS in the SANDF. They include:

- Soldier - Person or individual
- SANDF - Environment
- HIV/AIDS - Health/social issues
- SAMHS - Health Services

To explain this concept further, HIV/AIDS is seen as the core concept that have social, economic, health and political implications to all three concepts.

Figure 3.1 Conceptual framework



Figure 3.1 indicate the interrelatedness of HIV/AIDS with the other three concepts of individual, SANDF and SAMHS. The figure showed that HIV/AIDS is the core concept.

After a critique of Figure 3.1, its relevance was appreciated. However, it was essential to augment it with Figure 3.2 for a holistic view of the HIV/AIDS context.

Figure 3.2: Holistic view for conceptual framework

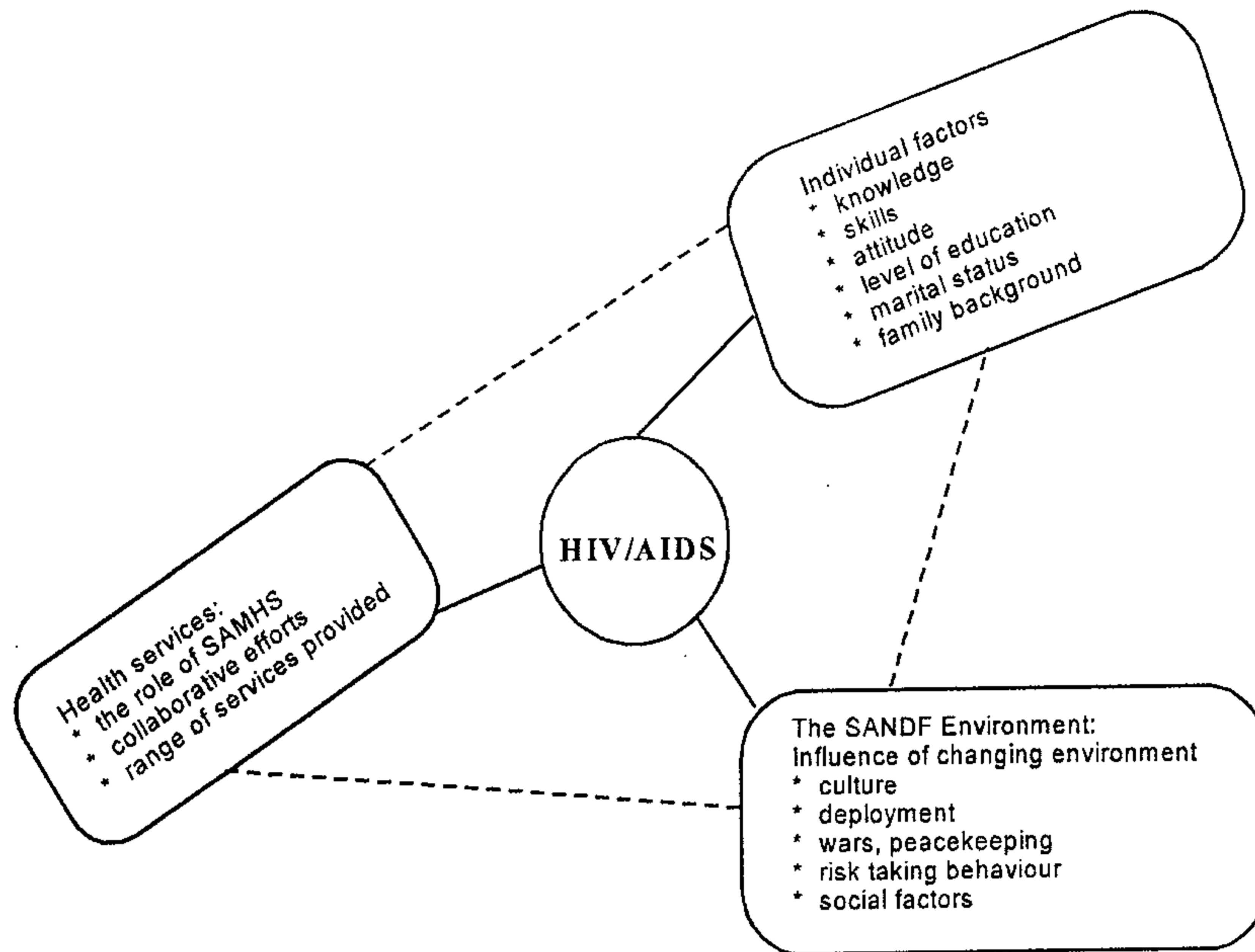


Figure 3.2 indicate how the SANDF environment, individual/soldier factors and health/SAMHS had on the handling of HIV/AIDS in the workplace. They had an impact which can be positive or negative.

3.3 SOLDIER'S PERSONAL FACTORS

A soldier as a person can be infected by HIV/AIDS due to exposure to high risk environment. Their perception, knowledge and understanding have a influence in contracting this dreadful disease. Their personal circumstances are influenced by other factors such as mental status, religion, culture and the presence of risk factors, e.g. alcohol, drugs and unsafe sexual practices.

3.4 SANDF ENVIRONMENT

SANDF is the environment where the soldier performs their daily task. Sometimes the environment can force the soldier to be at places of war, peace keeping missions and deployed to community based facilities or other countries. This actual separation can put most of them at risk of contracting HIV/AIDS. Statistics have reflected that some regions have more HIV/AIDS infection rates (Love life 2001:5).

Due to changing environmental circumstances of soldiers with the resultant separation of most from their families, some of the soldiers tend to engage in risk taking behaviour during their spare time, e.g. alcohol, drugs, unsafe sexual behaviour which put them at risk of contracting diseases such as HIV/AIDS.

3.5 HIV/AIDS EPIDEMIC OR HEALTH PROBLEM

HIV/AIDS is one of the health problem affecting members of the South African National Defence Force. There is evidence showing that knowledge of HIV/AIDS increased in South Africa, but this does not translate into behavioural change. This also happen within the SANDF, whereby some people do not believe that HIV/AIDS is a problem. This poor perception or ignorance have led to high increase of HIV/AIDS infection in the military fraternity. All Concurrent Health Assessment revealed that an increase of new HIV infections in the Military.

3.6 SOUTH AFRICAN MILITARY HEALTH SERVICE (SAMHS)

SAMHS is regarded as the health care component, tasked with the responsibility to avert this crisis of HIV/AIDS in the SANDF. This health service supports the soldier and all the units falling under SANDF including their legal dependents. They are providing clinical services as well as health education, promotion programmes namely:

- ▶ use of condoms,
- ▶ continuous health education with regard to HIV/AIDS,
- ▶ psycho-social support and
- ▶ nutritional advices.

SAMHS must continue to do further research or investigations to determine the impact of HIV/AIDS. It has to link up the Department of Defence with other state departments and strengthen collaboration. There is need for SAMHS to extend its services to the community at large, for referral and follow up of its members in the community. This is because the soldier who might be affected by HIV/AIDS are also part of the community.

3.7 CONCLUSION

Various frameworks define the concept of soldier, SANDF, HIV/AIDS and SAMHS differently. They are linked in diverse ways and they have different emphasis to the relationship among them. These conceptual frameworks will have inspiration and theoretical foundations in formulating research questions and hypothesis. This study is based on a logic of HIV/AIDS as a central concept with interaction of soldiers, the environments and health care services influencing the increase or decline/decrease in the prevalence of HIV/AIDS among soldiers.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The purpose of this study or investigation is to:

- ▶ To promote understanding of perceptions with regard to HIV/AIDS in the SANDF.
- ▶ To explore factors affecting their sexual and reproductive health outcomes.
- ▶ To recommend promotive and preventive strategies with regard to HIV/AIDS in the SANDF.

As stated in chapter 1, the objectives of the study are:

- ▶ To explore the perceptions of military employees with regard to HIV/AIDS.
- ▶ To evaluate the role of Army managers regarding HIV/AIDS in the workplace.
- ▶ To identify the nature or extent of HIV infections at SANDF.
- ▶ To evaluate the role of Occupational Health Services with regard to handling of HIV/AIDS.

4.2 RESEARCH METHOD

The research methods are qualitative and quantitative. The two approaches were chosen because of the complexity of the subject matter given the situation in which it is explored. The ethical and legislative issues in the military environment are more restrictive than in any other settings. The military people are not covered by the Labour Relation Act and instead they fall under the Defence Act.

Qualitative and quantitative research approach were utilised in this study in order to get the hidden issues about HIV/AIDS in the SANDF.

Qualitative research methods encompass various methods for validating results such as when a sufficient level of plausibility is reached, qualitative investigations are often an end point within a substantive area. The findings will be applied and adjusted to many situations to guide understanding, forestalling the need for further research (Morse 1997: 227).

The sequenced use of qualitative and quantitative methods could be useful in advancing our knowledge, they are critical to those who advocate this approach for demonstrating the validity or scientific worthiness of qualitative analyses. It has been suggested that the value of subsequent quantitative investigations lies in their ability to extend the results of a qualitative study in a complementary or corroborative but distinct way (Morse 1997: 231).

The combination of qualitative and quantitative was vital due to the fact that the two approaches will be able to investigate issues on HIV/AIDS more comprehensively.

4.3 RESEARCH DESIGN

The research design will include exploratory design, which include the integrated of qualitative versus quantitative. A research design is an overall plan for obtaining answers to the research questions or for testing the research hypothesis. It spells out the basic strategies that the researcher adapt to develop information that is accurate and interpretable. This process entails data collection plan, the sampling plan and the analysis plan. It is both influenced by research objectives and conceptual framework. It provides the backbone structure of a study, determines how the study will be organized, when data will be collected, and when interventions if any are to be implemented. Special attention should be

paid on the influence of validity, reliability, credibility, confirm ability and trustworthiness of the research findings (Talbot 1995: 198).

The study on HIV/AIDS needs to be done in more unstructured way in order to get enough views about the topic. It is relevant to the current study because the two approaches will be used to investigate issues of HIV/AIDS in the SANDF.

4.3.1 Formulation of questionnaire

The construction of the questionnaire items was partly influenced by ethical issues, literacy level and the overall objectives of the investigation. It was essential to have items that would solicit required information.

The design of questions has been a structured questionnaire which is open ended and closed ended. It may allow the respondent to express their perception of HIV/AIDS in the SANDF. This type of questions will fit in a multimethod research whereas offensive questions were removed by the Defence Intelligence. The sample was drawn once the concepts and hypothesis have been carefully formulated. The research chain of data collection instrument was aimed at exploration of perception of people regarding HIV/AIDS in the SANDF. An open ended questionnaire was handed to the members of the Defence Force residing at the Free State Region. In the construction of the research questionnaire, the following steps were taken:

- ▶ In order to maintain privacy, the respondents were asked not to write their names when the filling the document.
- ▶ Sensitive questions which reflect race and ethnicity were removed by the Defence Intelligence.
- ▶ The research questionnaire was self administered in order to explain vague statements.

- ▶ In order to assure anonymity the respondents were told that there is no right or wrong answer.
- ▶ Explanation was done in order to gain trust to respondents who feel tired of answering questionnaire on the issues of HIV/AIDS.

4.3.1.1 Questionnaires

A questionnaire was self administered to five units selected at Tempe Military Base. The respondent filled in the information at their own time. The researcher was there to clarify any difficult question.

The most familiar self report instrument action is the questionnaire, where the respondent writes his or her answers in response to printed questions on a document. They are used to obtain demographic information, explore relationships and validate assumptions. It allow the gathering of information from a large sample relatively quickly and inexpensively. It can also provide confidentiality and anonymity when dealing with sensitive topic like "Exploration of perception of people regarding HIV/AIDS in the workplace" (Talbot 1995: 293).

4.3.1.2 Structure of questions

All questionnaire have some structure by virtue of their printed nature. Questions may be closed ended or open ended. The inclusion of open and closed ended questions will enhance the investigation of quantitative versus qualitative approaches. The views of participants on HIV/AIDS in the SANDF will be best understood through qualitative and quantitative approaches. Open ended questionnaire may provide real experience from the respondents (Talbot 1995: 294).

Open ended questions may provide valuable views about HIV/AIDS in the SANDF. This is a tool for qualitative approach whereas closed ended questions would yield results on statistical nature of HIV/AIDS issues. This is a typical quantitative approach. This is confirmed by Polit and Hungler (1999:334)

“Open-ended questions allow respondents to respond in their own words ... adequate space must be provided to permit a full response.”

4.3.2 Integration of qualitative and quantitative designs

Both qualitative and quantitative data was blended to get more valid results on HIV/AIDS issues. The support of blending qualitative and quantitative data in a single research project is that they were complementary. The understanding of problems about HIV/AIDS in the workplace will best be studied through the combination of these two approaches. Quantitative data derived from relatively large or representative samples have many strengths with regard to generalizability, precision and control over extraneous variable. It is flexible and it can yield insights into the true nature of complex phenomena through a wealth of in depth information. The discussion suggest that neither of the two styles of research can fully deliver on its promise to establish the truth about phenomena of interest to health researches (Polit & Hungler 1999: 258).

There was integration of data collection strategies which include unstructured observations, participant observation, field notes, open-ended questionnaire, closed ended questionnaire and unstructured interview. The above data collection would yield good results on the topic under investigations.

The complimentary benefit of this approach is supported by Polit & Hungler (1999:258)

“Researchers address their problems with methods and measures that are invariably fallible. By integrating different methods and modes of analysis, the weakness of a single approach may be diminished or overcome.”

4.3.3 Target population

A population is a group whose members possess specific attributes that a researcher is interested in studying (Polit & Hungler 1999: 278). These are uniformed members who are males and females across all the rank levels. The target population is the population under study, the population to which the researcher wants to generalize the research findings (Talbot 1995: 241). The target group for this study was uniform military personnel found in the Free State Province. This will be members situated in the following units namely 1 Parachute Regiment, 1 SA Tank Regiment, 1 SSB, School of Armour and Charlie Company of 1 South African Infantry Battalion. The universal population is composed of 1843 members.

4.3.3.1 Sample size

All male and female military personnel who were affiliated with the following units were chosen:

- ▶ 1 Parachute Regiment,
- ▶ 1 SA Tank Regiment,
- ▶ 1 SSB,
- ▶ School of Armour and
- ▶ Charlie Company of 1 South African Infantry Battalion.

The researcher picked on 548 participants to be involved in the study because they were active members who took part in National and International deployment or operational duties. The element chosen were thought to represent the phenomena under study.

4.3.3.2 Sampling procedures

Purposive sampling proceed on the belief that a researcher is knowledge about the population and its elements can be used to handpick the cases to be included in the sample.

Purposive or judgemental sampling was used. Free State is composed of so many uniformed members of the South African National Defence force (Polit & Hungler 1983 : 417). The purposive sample was drawn from 548 men and women in the following units:

- ▶ 1 SA Tank Regiment = 164
- ▶ School of Armour = 51
- ▶ 1 Parachute Regiment = 147
- ▶ Charlie Company of 1 SA Bn = 38
- ▶ 1 SSB = 148

4.3.3.3 The inclusion criteria

The inclusion criteria was based on the following factor:

- ▶ All uniformed members operating at Free State Province including members of 1 SA Tank Regiment, 1 South African Infantry Battalion, School of Armour, 1 SSB and 1 Parachute Regiment

Based on procedure of the study there might be the potential sampling bias, use of a sample that does not represent the population (Polit & Hungler 1999:259).

4.3.4 Feasibility of the study

The topic is a fertile area for research. Institutional support was enhanced as stated below:

- ▶ The research setting was conducive to investigation.
- ▶ The researcher was given study leave so that he can conduct the research without any delay.
- ▶ The Officer Commanding of the researched units gave time for the conduction of the study.
- ▶ The researcher was sponsored by the department through bursary schemes.
- ▶ Members of Military Psychology Institute assist the researcher with regard to statistics.
- ▶ All material were printed at the department

There was co-operation between the Units selected and the researcher. The support by the South African Military Health Service was very good. The language policy of English will provide the good understanding of answering the research questionnaire on HIV/AIDS in the SANDF. There was good rapport of the units and the researcher.

4.3.5 Description of the pilot project

4.3.5.1 Introduction

A pilot study was conducted to refine the questionnaire and to prepare an anticipatory validation tool. It was conducted concurrently with the pretesting of the questionnaires. The data collection instrument has been administered to 17 participants for the purpose of testing and refining the questionnaire items. Participants who took part in the pre-testing process

has been excluded from the main research.

4.3.5.2 Research setting

The research was conducted in Area Military Health Free State. The following Sickbays were used:

- ▶ 1 SAI Sickbay involving 6 medics
- ▶ 44 Para Regt Sickbays involving 4 medics
- ▶ School of Armour Sickbay involving 7 medics

4.3.5.3 Period

The data collection of pilot study took three consecutive days and continue for eight hours per day. This was between 27 August 2001 and 29 August 2001.

4.3.5.4 Sample

A Sample of Seventeen participants from different Sickbays was selected.

Table 4.1 Number of Participants

Personnel	Category	Number	Percentage
1 SAI Sickbay	Medics	6	35,3%
44 Para Sickbay	Medics	4	23,5%
School of Armour SB	Medics	7	41,2%

4.3.5.4 Findings

The age group between 20 - 31 reflect 52,9% as the highest category whereas only 5,9% reflect the lowest category of age group between 42 to 47. This might imply that SANDF is constituted mainly by young adults who are sexually active. The statistics have indicated that this is a vulnerable group of people of at risk of contracting HIV/AIDS.

The sex category indicated that 64,7% as the highest category in men and 35,3% indicate the female category. This imply that SANDF is mostly composed of male soldiers.

Fourty seven comma five percent (47,5%) is the highest in married category and single people, but only 5,9% contribute the lowest level of divorced category. This might imply that SANDF is a balance of married and single peoples.

The education level indicate that 76,47% are people with secondary school education whereas 23,52% comprise people with tertiary education. This might imply that the majority of SANDF have some form of educational background. It might influence the understanding of HIV/AIDS in the workplace.

The economic status indicate 100% of SANDF members who are earning more than R1000-00 rand per month. This will reflect that SANDF members do not fall under severe poverty condition.

Seventy comma six (70,6%) indicate members of SANDF belonging to some form of religion and 29,4% indicate the lowest percentage of people who do not belong to any form of religion. Religion might play a vital role in handling HIV/AIDS in the SANDF.

Seventy six comma five (76,5%) believe that discrimination against HIV/AIDS can be controlled whereas 5,9% respondents were undecided. This might imply that there might be some form of discrimination against HIV/AIDS people in the SANDF.

There was about 88,2% of people who were prepared to work closely with an HIV/AIDS person. This might imply that SANDF members have understanding of an HIV/AIDS person. It was estimated that 94,1% would assist an HIV/AIDS person during emergency. This might reflect that SANDF have members who understand issues of handling HIV/AIDS.

Fourty one comma two percent (41,2%) were undecided about the prevalence of HIV/AIDS in the SANDF whereas 35,3% believed that there was prevalence of HIV/AIDS in the SANDF. This might imply that the SANDF had few differences with regard to the issue of prevalence of HIV/AIDS.

Fourty one comma two percent (41,2%) did not know about whether their perceptions regarding HIV/AIDS as being representative whereas 35,3% regarded their perceptions about HIV/AIDS as being representative.

Fourty seven comma one percentage (47,1%) indicated that HIV/AIDS personnel were not treated fairly and the lowest respondent of 11,8% reflected no problem. This insight implied that there was a need to start handling HIV/AIDS effectively.

It was estimated that 5,9% strongly agreed that fair treatment should include respect, allocated less strenuous task, family support and social contact whereas 5,9% regarded fair treatment which included provision of sick leave, high protein diet and continuous chaplain services.

Sixty four comma seven percent (64,7%) indicated that they had never observed any cultural discrepancies in the SANDF with regard to HIV/AIDS whereas 35,3% had observed it. This might imply that culture might not play a big role in handling of HIV/AIDS in the SANDF.

It was estimated that 82,7% did not believe that there was cultural barrier with regard to handling of HIV/AIDS in the SANDF.

Fifty two comma nine percent (52,9%) did not believe that HIV/AIDS have medicine or could be treated whereas 23,5% indicated respondents who believed that there is cure of HIV/AIDS. This might imply that there was a slight difference with regard to treatment of HIV/AIDS.

Seventy six comma four percent (76,4%) indicated respondents who had partners of 0 -1 whereas 11,8% indicated respondents who had more than four partners.

Fourty one comma two percent (41,2%) respondents indicated that they were not sexually hyperactive whereas 5,9% indicated respondents who were sexually hyperactive.

It was estimated that 94,1% believed that unsafe sex could contribute to HIV/AIDS whereas 5,9% respondent did not know. This would imply that there was some understanding of HIV/AIDS.

It was indicated that 29,4% believed that HIV/AIDS could be treated by medical doctors or traditional healers and 29,4% did not believe whereas 17,6% were undecided and 23,5% didn't know.

It was indicated that 47,1% believed that procedures conducted during medical examination had privacy whereas 17,6% had no response,

11,8% undecided and 23,5% didn't know.

It was indicated that 88,2% believed that HIV/AIDS personnel had the right to confidentiality whereas only 5,9% had no response about the issue.

It was estimated that 88,2% strongly agreed that perceptions regarding HIV/AIDS could be influenced or changed through health education and 76,5% opted for workshop awareness through different types of media as a tool of changing the behaviour.

It was indicated that 47,1% believed that HIV/AIDS personnel deserved and require privacy whereas only 11,8% strongly disagreed.

It was estimated that 23,5% believed that managers had passion about HIV/AIDS whereas 23,5% didn't, 23,5% were undecided and 29,4% did not know.

Seventy six comma five percent (76,5%) believed that community involvement was necessary in handling HIV/AIDS awareness whereas 11,8% were undecided. This might have an impact in handling of HIV/AIDS in the workplace.

It was indicated that 88,2% would enjoy working with the community in HIV/AIDS awareness programme and only 5,9% were undecided.

It was estimated that 58,8% were trained or informed in general HIV/AIDS awareness whereas 29,4% didn't and 11,8% were undecided.

It was indicated that 64,7% have received Health Education on HIV/AIDS whereas only 11,8% responded by saying no, 17,6% were undecided

and 5,9% did not know.

Only 35,3% indicated that they have knowledge about HIV/AIDS policy in their department whereas 11,8% responded by saying no, 17,6% were undecided and 35,3% didn't know.

It was indicated that 23,5% knows the contents of HIV/AIDS policy whereas 5,9% did not know.

It was estimated that 35,3% strongly agree that there should be no discrimination whereas 5,9% disagree with the contents of deployment to other areas and disclosure of information.

4.3.5.5 Conclusions

The variables such as age, gender and marital status were some of the variables that needed to be controlled. The pilot project was effective in the formulation and betterment of questionnaire items. Where there was a problem of clarification, further explanation was provided. It was shown under ethical concerns that a detailed explanation will be given based on the findings of the pilot project. The strict confidentiality of SANDF required that the questionnaire be subjected to vigorous scrutiny hence there was no modification of the questionnaire after pilot study. The researcher used the interviewing skills in order to clarify the unmodified questionnaire. The researcher administered the questionnaire personally and read all questions while the participants were busy filling it.

4.3.6 Data collection for the main study

The process to gather information entailed:

4.3.6.1 Qualitative data collection approach

The following data collection strategies were used:

- ▶ **Open ended questionnaire**
It was distributed to 548 respondents who put their views in writing with regard to HIV/AIDS. People were free to express their views without any intimidation.
- ▶ **Review of documents**
All documents regarding handling of HIV/AIDS were reviewed. They included SAMHS Order and Occupational Health and Safety documents.
- ▶ **Unstructured interview**
Members involved in planning the medical examinations were asked questions with regard to privacy and confidential issues of the whole process.

4.3.6.1.1 Observational methods

- ▶ **Unstructured observation**
The researcher decide to observe the handling of HIV/AIDS in all the units situated at Bloemfontein and Bethlehem. This was done through day to day inter actions.
- ▶ **Participant observation**
It was done during medical examinations which was conducted at Tempe military based in Bloemfontein and 2 field Engineering Regiment in Bethlehem. It was also done during the memorial

service conducted by 3 Military Hospital.

Field notes were noted on the issues of interest like the lack of privacy and confidentiality issues during blood testing.

4.3.6.2 Quantitative data collection techniques

A closed ended questionnaire was given to 548 respondents. It was self administered by the researcher. The approval letter indicate that once the questionnaire has been filled is regarded as confidential for security reasons.

4.3.7 Reliability and validity

4.3.7.1 Reliability

Reliability refers to the concept of consistency or repeatability. It also mean the degree of consistency or accuracy with which an instrument measure. Reliability is usually expressed in terms of a numerical index (Polit & Hungler 1983 : 385).

The approval letter from Defence Intelligence and the pilot study have an influence on validity and reliability. Pilot study focus on reliability through refining of questions and self administering.

4.3.7.1.1 Internal consistency

An instrument may be said to be internally consistent or homogenous to the extent that all of its parts are measuring the same characteristic. The internal consistency approach to estimating an instrument's reliability is probably the most widely used method among researchers today (Polit

& Hungler 1983 : 389).

The instrument was self administered after the results of the pilot study in order to maintain internal consistency.

4.3.7.2 Validity

4.3.7.2.1 Content validity

Content validity is concerned with the sampling adequacy of the content area being measured. It is of most relevance to individuals designing a test to measure knowledge in a specific content area. It is statistically more significance and focuses on a higher degree of balance and representativeness. It is an instrument based on judgement. It rest upon the careful consideration and specification of the behaviour or attributes that the researcher is interested in and an evaluation of the ways in which the trail might be measured. The exploration of perceptions, attitudes of HIV/AIDS in the workplace is critically based on content validity (Talbot 1995: 281).

Given the sensitivity and complexity of the topic a content validity was maintained by choosing a purposive sampling. Purposive sample was used to get the view or perceptions about HIV/AIDS which could not have been obtained by convenient sample.

4.3.7.2.2 Construct validity

Construct validity is one of the most difficult and challenging tasks that a researcher faces. Construct validation can be approached in several ways, but there is always an emphasis on logical analysis and the testing of relationships predicted on the basis of theoretical considerations. A

nurse frequently uses constructs (Concepts) such as attitudes, anxiety, motivation, personality intelligence and interest so as to understand human behaviour. The exploration of perceptions of HIV/AIDS in the workplace will be mostly rooted on construct validity. New concepts will be explored and prediction and control of the final research product will be attained (Talbot 1995: 282).

The researcher used the construct perceptions and views as the focus of understanding the context of HIV/AIDS in the SANDF which guided the whole research process.

4.3.8 Data analysis

This section entailed both qualitative and quantitative data analysis. The data that was gathered was transcribed. Initially, the quantitative data analysis was done. The questionnaires that were completed were used to fill information in the statistical package for social scientist. After the details were filled, descriptive statistics was used. According to Polit and Hungler (1999:439)

Descriptive statistics are used to describe and synthesize data. Averages and percentages are examples of descriptive statistics. Actually when such indexed are calculated on data from a population, they are referred to as parameters. A descriptive index from a sample is called a statistic.

For qualitative data analysis the three phases suggested by Miles and Huberman (1994) were used. These are:

- (i) data display
- (ii) data reduction
- (iii) data interpretation

The narratives were used to get personal accounts from the respondents. These narratives assist the researcher to understand the "human experience as it is lived." Narrative information was obtained in the detailed notes provided during unstructured interviews. Narrative descriptions are interpreted in the subsequent chapter. As Polit and Hungler (1999:30) state "The analysis of qualitative data is a particularly labor-intensive process."

Qualitative health researches seek to evaluate the quality of their data and their findings through procedures. The researchers have suggested four criteria for establishing the trustworthiness of qualitative data: credibility, dependability, confirm ability and transferability (Polit & Hungler 1999 : 427).

4.3.8.1 Credibility

Quantitative researchers take steps to improve and evaluate the credibility of their data and conclusions. Prolonged engagement is also essential for building trust and rapport with informants. This will be ideal as the researcher is part of the South African National Defence Force. It is possible to have daily contact to members involved in the research project on perception of HIV/AIDS in the workplace (Polit & Hungler 1999: 427).

Triangulation is also used to improve the likelihood that qualitative findings will be found creditable. Triangulation refers to the use of multiple referents to draw conclusions about what constitute the truth. The four types of triangulation are:

- ▶ Data triangulation,

Data triangulation involves the use of multiple data sources in a

study to obtain diverse views for the purpose of validating conclusion.

- ▶ Investigator triangulation,
Investigator triangulation which refers to the use of two or more trained researchers to analyse and interpret a set of data.
- ▶ Theory triangulation
Theory triangulation involves using competing theories or hypothesis in the analysis and interpretation of a single set of data.
- ▶ Method triangulation
Method triangulation involves the use of multiple methods in collecting data about the same phenomena (Polit & Hungler 1999: 428).

This study would yield good results if the abovementioned strategies are taken into consideration. It will promote the credibility of the research project.

4.3.8.2 Dependability

The dependability of qualitative data refers to the stability of data overtime and over conditions. This is similar conceptually to the stability aspect of reliability assessments in quantitative studies (Polit & Hunger 1999 : 430). Similar research questionnaire will be distributed to different units at Free State Province. It is anticipated that all units would yield the same results in the exploration of perception of people regarding HIV/AIDS in the workplace.

4.3.8.3 Confirmability

It refers to the objectivity or neutrality of the data, such that there would be agreement between two or more independent people about the data's relevance or meaning. Inquiry audits can be used to establish both the dependability and confirm ability of the data. (Polit & Hunger 1999 : 430)

4.3.8.4 Transferability

It refers essentially to the generalize-ability of the data, that is the extent to which the findings from the data can be transferred to other settings or groups. The sampling design of purposive sampling of the military personnel in the Free State Province have an allowance for this same information to be standard in any of the South African Provinces. All military subjects have the same characteristics. It will be easy to transfer the results of exploration of perception of people regarding HIV/AIDS in the workplace nationally or to the whole of South African National Defence Force. (Polit & Hunger 1999 : 430)

According to Polit & Hungler (1993: 430) transferability refers essentially to the generalizability of the data, that is the extent to which the findings from the data can be transferred to other settings or groups. The data obtained from the sample units will be regarded as representative of all other units. Military subjects have the same characteristics therefore it might be easy to transfer the results of Exploration of perception of people regarding HIV/AIDS in the workplace Nationally or to the whole of South African National Defence Force.

4.3.9 Ethical concerns

The rights of the participants have to be protected at all cost. The approval of the research project from the Defence Stipulate that all information gathered should be classified and handled as a strictly confidential. The principles of ethics are:

4.3.9.1 Principle of Beneficence

It is one of the ethical principles in research which encompasses the maxim of doing no harm to the research subjects. It includes the following:

- ▶ **Freedom from harm**

The participants were not exposed to either physical or psychological harm. The questionnaire instrument was used. Participants were briefed about the whole project of exploration of perception of people regarding HIV/AIDS in the work place. They were allowed to ask questions for clarification. The address and telephone number were given to the subjects. The researcher is currently working in the South African Military Health Service and is also involved in providing medical care to the research subjects in question (Polit & Hunger 1999: 134).

- ▶ **Freedom from Exploitation**

Participants were given full assurance in the debriefing session that their identities are protected and would remain anonymous. Participants were requested not to write their name when answering the questionnaire, HIV/AIDS in the workplace is one of the sensitive issue and it must be handled as strictly confidential. The researcher used different places as arranged by the Units Commanders. The

participants were informed that the results of the project will be given to them (Polit & Hunger 1999 : 135).

▶ Risk/Benefit Ratio

The risk benefit ratio should be considered. The researcher made it clear to all participants that the benefit of the study would be more than the risk because the outcome of the study would benefit the handling of HIV/AIDS in the South African National Defence Force and increase the body of knowledge in the nursing and medical profession. The bottom line is that the extent of the risk on the informants should not exceed the benefits of new knowledge gained. To ensure an acceptable risk/benefit ratio the researcher made sure that he kept a strong focus on the significant of the topic, having the potential to improve consumer health care (Polit & Hunger 1993 : 357).

All research studies do have some risks, but this should be minimal. Minimal risk, according to federal guidelines, is defined as anticipated risks that are no greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological tests or procedures.

4.3.9.2 The principle of Respect for Human Dignity

It is the second ethical principle. This principle include the following:

- ▶ The right to self-determination.

Research subjects should be treated as autonomous agents, capable of controlling their own activities and destinies. The military personnel will take part in the research project. No penalty will be

voluntarily imposed to those who refuse to participate (Polit & Hunger 1999 : 136).

Military members were not forced to take part in the project.

- ▶ The right to full disclosure

The principle of respect for human dignity encompasses people's right to make informed voluntary decisions about their participation in a study. Full disclosure of the nature of the study were done to all military participants. No person was intimidated nor given any prejudicial treatment in case he or she needed to withdraw before or during the research process. Information disclosure would continue throughout the study process, in case there is a need for clarity, and that there was freedom of choice regarding participation (Polit & Hunger 1999 : 137).

- ▶ Informed Consent

The researcher used the approval from South African Military Health Service and Defence Intelligence as a tool of getting their approval of using their subordinates for the research purposes. The Officer Commanding of different Units were contacted telephonically by the Section Head of the researcher. All Military participants were debriefed about the research project so that they should take part without being forced. The researcher took into consideration that human beings were autonomous agents who were capable of controlling activities they needed to participate in (Polit & Hunger 1999: 140).

4.3.9.3 Principle of Justice

This is the third principle. This principle includes the participants right to fair treatment and their right to privacy.

▶ The right to fair treatment.

All Military participants regardless of their status, race or social position were treated equally and with respect throughout the study regarding the following:

- * The fair and non-discriminatory selection of participants such that any risks and benefits will be equally shared.
- * The non-prejudicial treatment of individuals who decline to participate or withdraw from the study after agreeing to participate.
- * The honouring of all agreements made before the researcher and the participant.
- * Participants access to research personnel at any point in the study to clarify information.
- * Participants access to appropriate professional assistance if there is any physical or psychological damage.
- * Debriefing, if necessary, to divulge information that was withheld before the study or to clarify issues that arose during the study.
- * Respectful and courteous treatment at all times (Polit & Hunger 1999 : 138).

▶ The right to privacy

All research with humans contributes some type of intrusion into the people personal lives. The researcher tried to maintain privacy at all cost throughout the study process to ensure human dignity.

Confirmation was made about the data collection that it would be kept in the strictest confidentiality. The participants were not linked with their information that was the reason why they were treated with anonymity.

Qualitative researchers sometimes find that extra precautions are needed to safeguard the privacy of their research participants. Anonymity is almost never possible in qualitative research because the researcher typically is interjected deeply into the lives of those being studied (Polit & Hungler 1999: 139).

4.4 CONCLUSION

In conclusion, it might seem that, out of the methodological processes the topic still needs continuous assessment and thorough investigations. It was evident during pilot study that some military personnel were shy to talk about the perceptions of HIV/AIDS in the workplace. The use of quantitative and qualitative approaches in one single questionnaire might yield good results in this study.

CHAPTER 5

ANALYSIS AND FINDINGS

5.1 INTRODUCTION

The previous chapter dealt with the research methodology. This chapter will address the specifics of quantitative and qualitative analysis. First, the quantitative data analysis will be discussed. It will be followed by the qualitative data analysis using coding scheme (Point Hungler 1998).

5.2 QUANTITATIVE DATA ANALYSIS

Demographic characteristics

Table 5.1: Age of the participants (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 20 and less	33	6.0	6.0	6.0
21 – 25	146	26.6	26.6	32.7
26 – 31	219	40.0	40.0	72.6
32 – 37	107	19.5	19.5	92.2
38 – 41	28	5.1	5.1	97.3
42 – 47	10	1.8	1.8	99.1
48 and over	5	.9	.9	
Total	548	100.00	100.00	100.00

The age group between 26 - 31 showed the majority of high percentage of (40,0%) followed by age group of 21 - 25 which comprised 26,6%. Evidence has indicated that the two categories are the most highly affected by HIV/AIDS because they were in the reproductive stage (AIDS Help line 2000).

On average, 40% respondents in the age group 26-31 participated in the study compared to 26,6% in the age group 21-25.

Table 5.2: Gender of the participants (N = 548)

Reponse	Frequency	Percent	Valid Percent	Cumulative Percent
Male	494	90.12	90.1	90.1
Female	54	9.9	9.9	100.0
Total	548	100.0	100.0	

There were more males than females. The anatomical differences between males and females had implication because women seemed to be more vulnerable to HIV than men. Women might be subjected to male domination which may lead to rape or forced sexual relationship.

Table 5.3: Marital status (N=548)

Marital status	Frequency	Percent	Valid Percent	Cumulative percent
Married	190	34.7	34.7	34.7
Divorced	16	2.9	2.9	37.6
Single	337	61.5	61.5	99.1
Widow	5	0.9	0.9	
Total	548	100.00	100.00	100.00

Single or unmarried had the highest percentage of 61,5% as compared to married respondents at 34.7%. The single people might be prone to HIV/AIDS due to lack of control.

Table 5.4: Educational level or years of schooling (N=548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
0 - 4 years	2	0.4	0.4	0.4
5 - 9 years	21	3.8	3.8	4.2
primary school	10	1.8	1.8	6.0
secondary school	406	74.1	74.1	80.3
tertiary education	88	16.1	16.1	96.3
illiterate	5	.9	.9	97.3
other	15	2.7	2.7	
Total	547	99.8	100.0	100.0
Missing	1	0.2		
system				
Total	548	100.0		

Seventy four comma two percent (74,2%) of respondents indicated that they have achieved secondary education compared to 16,1% respondents who have achieved tertiary education. This would imply that health education should consider the education of respondents and messages should be targeted to a specific level.

Table 5.5: Monthly income of participants (N = 548)

Income	Frequency	Percent	Valid Percent	Cumulative Percent
less than R1000 pm	42	7.7	7.7	7.7
More than R1000 pm	493	90.0	90.0	97.6
Unemployed	2	0.4	0.4	98.0
Other	11	2.0	2.0	98.0
Total	548	100.0	100.0	

Most participants in the army seem to earn more than R1000,00 per month. This would imply that soldiers may be able to pay sex workers when they are away through legal deployments. There is a high risk of soldiers to be affected by HIV during this separation.

Table 5.6: Attachment to religion (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	326	59.5	60.8	60.8
No	209	38.1	39.0	99.8
Total	536	97.8	100.0	
Missing system	13	2.4		
Total	548	100.0		

Thirty eight comma one (38,1%) percent of respondents were not attached to any form of religion and 59,5% are either Christians or Moslem religion. A need to investigate whether they were Catholics given their Bishop's stance on the use of

condoms. Religion might play a vital part with regard to good morals which may influence good sexual behaviour.

Table 5.7: Perceptions of HIV/AIDS in the work place (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	276	50.4	50.8	50.8
No	91	16.8	16.8	67.6
Undecided	81	14.8	14.9	82.5
I don't know	95	17.3	17.5	100.0
Total	543	99.1	100.0	
Missing system	5	0.9		
Total	548	100.0		

This question was trying to answer a research question on "What role do managers play regarding HIV/AIDS in the work place". It was indicated that 50.4% agreed that HIV/AIDS could be controlled whereas 16.6% did not. The none positive responds indicate that there was a lot still need to be done in order to control the possible discrimination of HIV/AIDS personnel in the SANDF.

Table 5.8: Participants can work closely with the HIV person (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	341	62.2	62.7	62.7
No	59	10.8	10.8	73.5
Undecided	45	8.2	8.3	81.8
I don't know	99	18.1	18.2	100.0
Total	544	99.3	100.0	
Missing system	4	0.7		
Total	548	100.0		

Sixty two comma two percent (62.2%) of respondents agreed to work closely with the HIV/AIDS person compared to 8.2% who indicated that they were undecided. This would imply that people living with HIV infections were more accepted in the community and that myths associated with HIV/AIDS was starting to disappear.

Table 5.9: In an emergency the participant will assist an HIV person (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	358	65.3	65.9	65.9
No	72	13.1	13.3	79.2
Undecided	50	9.1	9.2	88.4
I don't know	63	11.5	11.6	100.0
Total	543	99.1	100.0	
Missing system	5	.9		
Total	548	100.0		

It was indicated that 65.3% respondents would assist an HIV person during emergency and only 9.1% were undecided. This was a positive move in the sense that no HIV person would die because of his/her own status. All soldiers were given Buddy Aid training during their basic training in the military.

**Table 5.10: Believe whether there is prevalence of HIV/AIDS at SANDF
(N = 548)**

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	167	30.5	31.2	31.2
No	61	11.1	11.4	42.5
Undecided	154	28.1	28.7	71.3
I don't know	154	28.1	28.7	
Total	536	97.8	100.0	100.00
Missing system	12	2.2		
Total	548	100.0		

This question was is trying to answer a research question on "what are the perceptions of SANDF members regarding HIV/AIDS." The belief was slightly high for those who affirmed, while 28.1% said they did not know. This was an indication that the rates of HIV might be increasing at the SANDF.

There was an increased awareness that of there were prevalence of HIV/AIDS in the SANDF.

Figure 5.11: Your perceptions as been representative in the SANDF (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	162	29.6	31.5	31.5
No	84	15.3	16.3	47
Undecided	111	20.3	21.6	69.3
I don't know	158	28.8	30.7	
Total	515	94.0	100.0	100.0
Missing system	33	6.0		
Total	548	100.0		

The perceptions were slightly high for those who affirmed, while 28.8% said they did not know. With regard to a questions on “what are the perceptions of SANDF members regarding HIV/AIDS”, 30% said that their perception were representative in the SANDF while 29% said that they do not know about perception.

NB: Table 5.12: Believe HIV persons are being treated fairly (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	116	21.2	21.4	21.4
No	199	36.3	36.8	58.2
Undecided	72	13.1	13.3	71.5
I don't know	15	28.1	28.5	100.0
Total	541	98.7	100.0	
Missing system	7	1.3		
Total	548	100.0		

The research question of "what is the nature of HIV/AIDS infection at SANDF" will be answered. Thirty six comma three percent (36,3%) respondents indicated that they did not believe that HIV persons were being treated fairly in the SANDF, whereas 21,2% affirmed the idea. This might be an indication that the majority of HIV persons are not treated fairly. Further investigation through research need to be conducted.

Table 5.13: Provided with sick leave (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	53	9.7	47.3	47.3
Agree	35	6.4	31.3	78.6
Disagree	11	2.0	9.8	88.4
Strongly disagree	13	2.4	11.6	
Total	112	20.4	100.0	100.0
Missing system	436	79.6		
Total	548	100.0		

The research question on “what role do managers play regarding HIV/AIDS in the work place”. Only 9.7% respondents strongly agreed and 6.4% respondents agreed that HIV personnel were provided with sick leave. This was a positive attitude on the manager’s role.

Table 5.14: Treatment with respect (N = 528)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	60	10.9	54.5	54.5
Agree	39	7.1	35.5	90.0
Disagree	1	.2	0.9	90.9
Strongly disagree	10	1.8	9.1	
Total	110	20.1	100.0	100.0
Missing system	438	79.9		
Total	548	100.0		

The research questions on “what are the perceptions of SANDF members regarding HIV/AIDS and what role do managers play regarding HIV/AIDS in the work place” will be answered about 10,9% were more likely to strongly agree that HIV person need to be treated with respect, whereas only 1.8% strongly disagree. It was an indication that people are starting to understand some situation of HIV person.

Table 5.15: Allocated less strenuous task (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	30	5.5	28.3	28.3
Agree	47	8.6	44.3	72.6
Disagree	19	3.5	17.9	90.6
strongly disagree	10	1.8	9.4	
Total	106	19.3	100.0	100.0
Missing system	442	80.7		
Total	548	100.0		

With regard to the allocation of less strenuous tasks, 5,5% of the respondents were more likely to strongly agree, 8.6% agree, 3.5% disagree and 1.8% strongly disagree that HIV person must be allocated with less strenuous jobs. The members were medically classified if they had illness including HIV/AIDS. This was done through medical examination.

Table 5.16: Provided with high protein diet (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	55	10.0	50.9	50.9
Agree	36	6.6	33.3	84.3
Disagree	10	1.8	9.3	93.5
Strongly disagree	6	1.1	5.6	99.1
5	1	0.2	0.9	
Total	108	19.7	100.0	100.0
Missing system	440	80.3		
Total	548	100.0		

Findings on nutritional diet for HIV infected persons revealed that 10.0% strongly agreed that HIV person must be provided with high protein diet whereas only 1.1% strongly disagreed. Balanced nutrition plays a very important role in fighting complications of HIV infection as it boosts the immune system too.

Table 5.17: Family support (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	70	12.8	65.4	65.4
Agree	30	5.5	28.0	93.5
Disagree	2	0.4	1.9	95.3
Strongly disagree	5	0.9	4.7	
Total	107	19.5	100.0	100.0
Missing system	441	80.5		
Total	548	100.0		

With regard to research question on "How can the occupational health services at SANDF contribute or address the pandemic" only 12.8% of respondents strongly agreed that HIV persons need family support compared to 0.9% who strongly disagreed. In SANDF this services were well co-ordinated by members of South African medical health service. However, integration with the overall general health care system and the community needs to be further explored.

Table 5.18: Social contact (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	55	10.0	51.9	51.9
Agree	40	7.3	37.7	89.6
Disagree	2	0.4	1.9	91.5
Strongly disagree	9	1.6	8.5	
Total	106	19.3	100.0	100.0
Missing system	442	80.7		
Total	548	100.0		

Ten comma eight percent strongly agreed that HIV person need social support whereas 1.6% strongly disagree. Social support was vital in keeping the HIV person very strong in coping with daily challenges.

Table 5.19: Continuous chaplain services (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	51	9.3	47.7	47.7
Agree	41	7.5	38.3	86.0
Disagree	5	0.9	4.7	90.7
Strongly disagree	10	1.8	9.3	
Total	107	19.5	100.0	100.0
Missing system	441	80.5		
Total	548	100.0		

Findings revealed that 9.3% respondents strongly agreed that there must be continuous chaplain services and only 1.8% strongly disagree. The chaplain services provided the spiritual needs for HIV/AIDS personnel including counseling services to the infected and the affected individuals.

Figure 5.20: Observed any cultural discrepancies in the SANDF with regard to HIV/AIDS (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	54	9.9	10.0	10.0
No	205	37.4	38.1	48.1
Undecided	87	15.9	16.2	64.3
I don't know	192	35.0	35.7	100.0
Total	538	98.2	100.0	
Missing system	10	1.8		
Total	548	100.0		

The research questions on “what role do managers play regarding HIV/AIDS in the work place and how can the occupational health services at SANDF contribute or address the pandemic found that only 9.9% agreed, compared to 37.4% who indicated that there was no cultural discrepancies. Culture did not play a significant role in handling of HIV/AIDS in the SANDF. In reality culture is seen to be one of the determinants of health including HIV/AIDS infections in society. This is also confirmed in the next figure 5.21.

Table 5.21: Cultural barrier regarding handling of HIV in SANDF (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	52	9.5	9.7	9.7
No	143	26.1	26.7	36.4
Undecided	82	15.0	15.3	51.8
I don't know	257	46.9	48.0	99.8
5	1	0.2	0.2	100.0
Total	535	97.6	100.0	
Missing system	13	2.4		
Total	548	100.0		

The figure is linked to the previous one discussed above and findings attempts to converge as revealed below. Nine comma five percent said that there is cultural barrier in managing HIV/AIDS in SANDF whereas 26.1% indicated that there were cultural barriers existing in the SANDF. There is slight influence of cultural beliefs that can hamper the proper handling of HIV/AIDS in the work place.

Table 5.22: Does HIV have medicine or can HIV be treated? (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	125	22.8	23.2	23.2
No	205	37.4	38.0	61.2
Undecided	63	11.5	11.7	72.9
I don't know	146	26.6	27.1	100.0
Total	539	98.4	100.0	
Missing system	9	1.6		
Total	548	100.0		

With regard to the question on the treatment for HIV/AIDS 22% respondents agreed that it can be treated. Compared to the majority 37,6% who did not agree that HIV/AIDS can be treated. This implied that a need for health education with regard to treatment of HIV/AIDS had to be done.

Table 5.23: HIV treated by doctors or traditional healers (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	162	29.6	30.0	30.0
No	111	20.3	20.6	50.6
Undecided	90	16.4	16.7	67.2
I don't know	177	32.3	32.8	100.0
Total	540	98.5	100.0	
Missing system	8	1.5		
Total	548	100.0		

The findings on HIV treatment indicated that 29.6% said yes, 20.3% said no compared to 16.4% who were undecided and 32.3% said they did not know whether medical doctors or traditional healers can treat HIV/AIDS. The theory indicated that there is no absolute cure for HIV at this present moment. The need for health education would be needed to address the pandemic.

Table 5.24: How many partners do you have? (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
0 - 1	378	69.0	70.1	70.1
2 - 3	74	13.5	13.7	83.9
4 - 5	24	4.4	4.5	88.3
6 - 7	36	6.6	6.7	95.0
Other	27	4.9	5.0	100.0
Total	539	98.4	100.0	
Missing system	9	1.6		
Total	548	100.0		

To address the research question on “what is the nature/extent of HIV?” the findings revealed that multiple sex relationship is prevalent among soldiers and a cause for concern in efforts to prevent the spread of HIV/AIDS. This item may explain the degree of vulnerability to HIV. Single or unmarried have the highest percentage of 61.5%. Those members may be on high risk during separation caused by legal deployments to other areas.

Figure 5.25: Are you sexually hyperactive? (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	168	30.7	31.9	31.9
No	192	35.0	36.5	68.4
Undecided	64	11.7	12.2	80.6
I don't know	102	18.6	19.4	
Total	526	98.4	100.0	100.00
Missing system	22	4.0		
Total	548	100.0		

Related to the previous question, as many as 30.7% of the respondents acknowledged that they were sexually hyperactive. The findings reveal the urgency for health education and protective measures. Some studies have shown a link between sexual activity and multiple sex relationship as contributory factors to unsafe sexual behaviour.

Table 5.26: Does unsafe sex contribute to HIV (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	424	77.4	78.8	78.8
No	38	6.9	7.1	85.9
Undecided	33	6.0	6.1	92.0
I don't know	43	7.8	8.0	
Total	538	98.2	100.0	100.00
Missing system	10	1.8		
Total	548	100.0		

Only 77.4% of respondents perceived that unsafe sex as dangerous and contributing to the spread of HIV whereas only 6.9% indicated that they did not see it in the same way. This will be a positive response in future handling of HIV.

Table 5.27: Procedures in medical examination have privacy (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	199	36.3	37.5	37.5
No	111	20.3	20.9	58.4
Undecided	61	11.1	11.5	69.9
I don't know	160	29.2	30.1	
Total	531	96.9	100.0	100.00
Missing system	17	3.1		
Total	548	100.0		

With regard to issues of privacy 36,3% respondents confirmed that privacy was maintained during medical procedures compared to 20,3% who did not agree. However some 32% indicated that they did not know. This reflect that some soldiers are still ignorant about their rights in health settings. It seems there is a problem of privacy given the fact that if the remaining figures combined comprised the highest number. Further investigation need to be done in order to solve the problem.

Table 5.28: HIV positive person have the right to confidentiality (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	395	72.1	73.7	73.7
No	58	10.6	10.8	85.5
Undecided	28	5.1	5.2	89.7
I don't know	54	9.9	10.1	99.8
5	1	0.2	0.2	100.0
Total	536	97.8	100.0	
Missing system	12	2.2		
Total	548	100.0		

The research question on “what are the perceptions of SANDF members regarding HIV/AIDS revealed that seventy two comma one percent (72.1%) agreed that HIV persons have the right to confidentiality whereas only 5,1% were undecided. It would have positive significance in managing HIV positive personnel.

Table 5.29: Health education (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	404	73.7	76.4	76.4
Agree	107	19.5	20.2	96.6
Disagree	10	1.8	1.5	98.5
Strongly disagree	8	1.5	1.5	
Total	529	96.5	100.0	100.00
Missing system	19	3.5		
Total	548	100.0		

The research question on "how can the occupational health services at SANDF contribute or address the pandemic will be dealt with, most respondents (73.7%) believed that health education is necessary in changing the life style of SANDF members with regard to HIV/AIDS whereas only 19.5% said no to health education.

Table 5.30: Workshop awareness (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	387	70.6	73.2	73.2
Agree	123	22.4	23.3	96.4
Disagree	11	2.0	2.1	98.5
Strongly disagree	8	1.5	1.5	
Total	529	96.5	100.0	100.00
Missing system	19	3.5		
Total	548	100.0		

The research question on how can the Occupational Health Services at SANDF contribute or address the pandemic will be dealt with, most respondents (70,6%) believe that workshop awareness with regard to HIV/AIDS is necessary in changing the life style of SANDF members whereas 1,5% said no to workshop awareness.

Figure 5.31: Media (Radio, printed, TV) (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	383	69.9	72.3	72.3
Agree	125	22.8	23.6	95.8
Disagree	13	2.4	2.5	98.3
Strongly disagree	9	1.6	1.7	
Total	530	96.7	100.0	100.00
Missing system	18	3.3		
Total	548	100.0		

With regard to the respondent's perceptions on "what role do managers play regarding HIV/AIDS in the workplace and how can the occupational health services at SANDF contribute or address the pandemic, the finding revealed that 69.9% strongly agree that media play a vital role in providing knowledge of HIV/AIDS and changing the life style of people. The statistics of HIV/AIDS indicated by the media serves as the important communication tool to create awareness about the disease and preventative measures to be undertaken at all levels of care.

Table 5.32: Deserve privacy (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	218	39.8	41.4	41.4
Agree	232	42.3	44.1	85.6
Disagree	46	8.4	8.7	94.3
Strongly disagree	30	5.5	5.7	
Total	526	96.0	100.0	100.00
Missing system	22	4.0		
Total	548	100.0		

It was indicated that 39.8% respondents strongly agreed that HIV persons deserve privacy whereas only 8.4% disagree, 42.3% agree and 5.5% strongly disagree.

Table 5.33: Require privacy (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	216	39.4	40.8	40.8
Agree	229	41.8	43.3	84.1
Disagree	52	9.5	9.8	94.0
Strongly disagree	32	5.8	6.0	
Total	529	96.5	100.0	100.00
Missing system	19	3.5		
Total	548	100.0		

Thirty nine comma four percent (39.4%) respondents strongly agreed that HIV positive person required privacy whereas 5.8% strongly disagree, 9.5% disagree

and 41.8% did agree. The managers' role is necessary in making sure that the required privacy of HIV person is maintained.

Table 5.34: Does managers have passion about HIV issues (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	104	19.0	19.7	19.7
No	118	21.5	22.3	42.0
Undecided	87	15.9	16.5	58.5
I don't know	219	40.0	41.5	100.0
Total	538	96.4	100.0	
Missing system	20	3.6		
Total	548	100.0		

It was indicated that 21.5% respondents disagreed that managers have passion about HIV issues compared to 19.0% who did agree. However, 15.9% were undecided and 40.0% said that they did not know. The low percentage of yes indicates there is a problem of managers of SANDF with regard to handling of HIV/AIDS in the work place.

Table 5.35: Is community involvement necessary in HIV awareness?

(N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	323	58.9	60.8	60.8
No	44	8.0	8.3	69.1
Undecided	67	12.2	12.6	81.7
I don't know	97	17.7	18.3	
Total	531	96.9	100.0	100.00
Missing system	17	3.1		
Total	548	100.0		

Many respondents of about 58,9% seem to support community involvement on HIV awareness compared to only 8.0% who did not approve it.

Table 5.36: Would you enjoy working with the community in HIV/AIDS awareness? (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	284	51.8	53.7	53.7
No	88	16.1	16.6	70.3
Undecided	97	17.7	18.3	88.7
I don't know	60	10.9	11.3	100.0
Total	529	96.5	100.0	
Missing system	19	3.5		
Total	548	100.0		

In line with the support for community involvement reflected in the previous table, majority respondents of about 51.8% indicated that they would enjoy working with the community to support HIV initiatives compared to 16.1% who did not perceive it in that way. However, 17,7% still seemed to have a problem of integrating with the community according to my opinions. This reflects a need for an integrated approach to fight HIV/AIDS.

Table 5.37: Have you been trained/informed in general HIV/AIDS awareness (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	290	52.9	54.2	54.2
No	165	30.1	30.8	85.0
Undecided	48	8.8	9.0	94.0
I don't know	32	5.8	6.0	100.0
Total	535	97.6	100.0	
Missing system	13	2.4		
Total	548	100.0		

The research question on occupational health services will be addressed. It was indicated that 52.9% respondents acknowledged the idea, 30.1% did not, 8.8% undecided and 5.8% did not know. A lot more had to be done to train military personnel with regard to HIV/AIDS awareness.

Table 5.38: Are you receiving health education on HIV/AIDS? (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	257	46.9	48.1	48.1
No	179	32.7	33.5	81.6
Undecided	63	11.5	11.8	93.4
I don't know	35	6.4	6.6	100.0
Total	534	97.4	100.0	
Missing system	14	2.6		
Total	548	100.0		

Forty-six comma nine percent (46.9%) respondents acknowledged that health education on HIV/AIDS have been provided to them, whereas the remaining percentage didn't. The South African Medical Health Service had a big role to play in providing health education. There is an urgent need to strengthen the health education for the entire Defense force.

**Table 5.39: Do you have an HIV/AIDS policy in your department?
(N = 548)**

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	118	21.5	22.2	22.2
No	168	30.7	31.6	53.9
Undecided	67	12.2	12.6	66.5
I don't know	178	32.5	33.5	100.0
Total	531	96.9	100.0	
Missing system	17	3.1		
Total	548	100.0		

With regard to HIV/AIDS policy only 21.5% respondents indicated that they knew the policy, while, 30.7% did not know about it and the other 44.7% either did have and idea about the existence of such a policy.

Table 5.40: Are you familiar with the contents of the policy? (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	70	12.8	64.2	64.2
No	24	4.4	22.0	86.2
Undecided	3	0.5	2.8	89.0
I don't know	12	2.2	11.0	100.0
Total	109	19.9	100.0	
Missing system	439	80.1		
Total	548	100.0		

Among those who knew about the policy, 12.8% respondents indicated that they were familiar with the contents of the policy compared to 4.4% who did not, 0.5% were undecided and 19.9% said they did not know. Health education will be required to familiarise the SANDF members with regard to contents of the HIV/AIDS policy.

Table 5.41: No discrimination of HIV/AIDS person (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	73	13.3	67.0	67.0
Agree	20	3.6	18.3	85.3
Disagree	7	1.3	6.4	91.7
Strongly disagree	9	1.6	8.3	
Total	109	19.9	100.0	100.00
Missing system	439	80.1		
Total	548	100.0		

Findings on no discrimination revealed that only 13.3% respondents strongly agreed to the prevention of discrimination of HIV positive person whereas 3.6% agree, 1.3% disagree and 1.6% strongly disagree. There is no room for discriminating HIV positive person in the SANDF.

Table 5.42: Testing optional (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	47	8.6	43.9	43.9
Agree	39	7.1	36.4	80.4
Disagree	10	1.8	9.3	89.7
Strongly disagree	11	2.0	10.3	
Total	107	19.5	100.0	100.00
Missing system	441	80.5		
Total	548	100.0		

With regard to the question on “what is the nature or extent of HIV/AIDS infection at SANDF?”, only 8.6% respondents acknowledged that testing should be optional whereas 7.1% agreed, 1.8% disagreed and 2.0% strongly disagreed. The current position in the SANDF is that if you refuse testing, you will be medically classified as unfit for other jobs like deployment to other areas. This brings about many missed opportunities for young people to enter the Defense force.

Table 5.43: Testing compulsory (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	41	7.5	38.3	38.3
Agree	22	4.0	20.6	58.9
Disagree	23	4.2	21.5	80.4
Strongly disagree	21	3.8	19.6	100.00
Total	107	19.5	100.0	
Missing system	441	80.5		
Total	548	100.0		

Following on the previous table, 19.5% respondents strongly disagreed that testing should not be compulsory, however, 7.5% strongly agreed.

Table 5.44: Deployment to other areas (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	39	7.1	37.1	37.1
Agree	28	5.1	26.7	63.8
Disagree	17	3.1	16.2	80.0
Strongly disagree	21	3.8	20.0	
Total	105	19.2	100.0	100.00
Missing system	443	80.8		
Total	548	100.0		

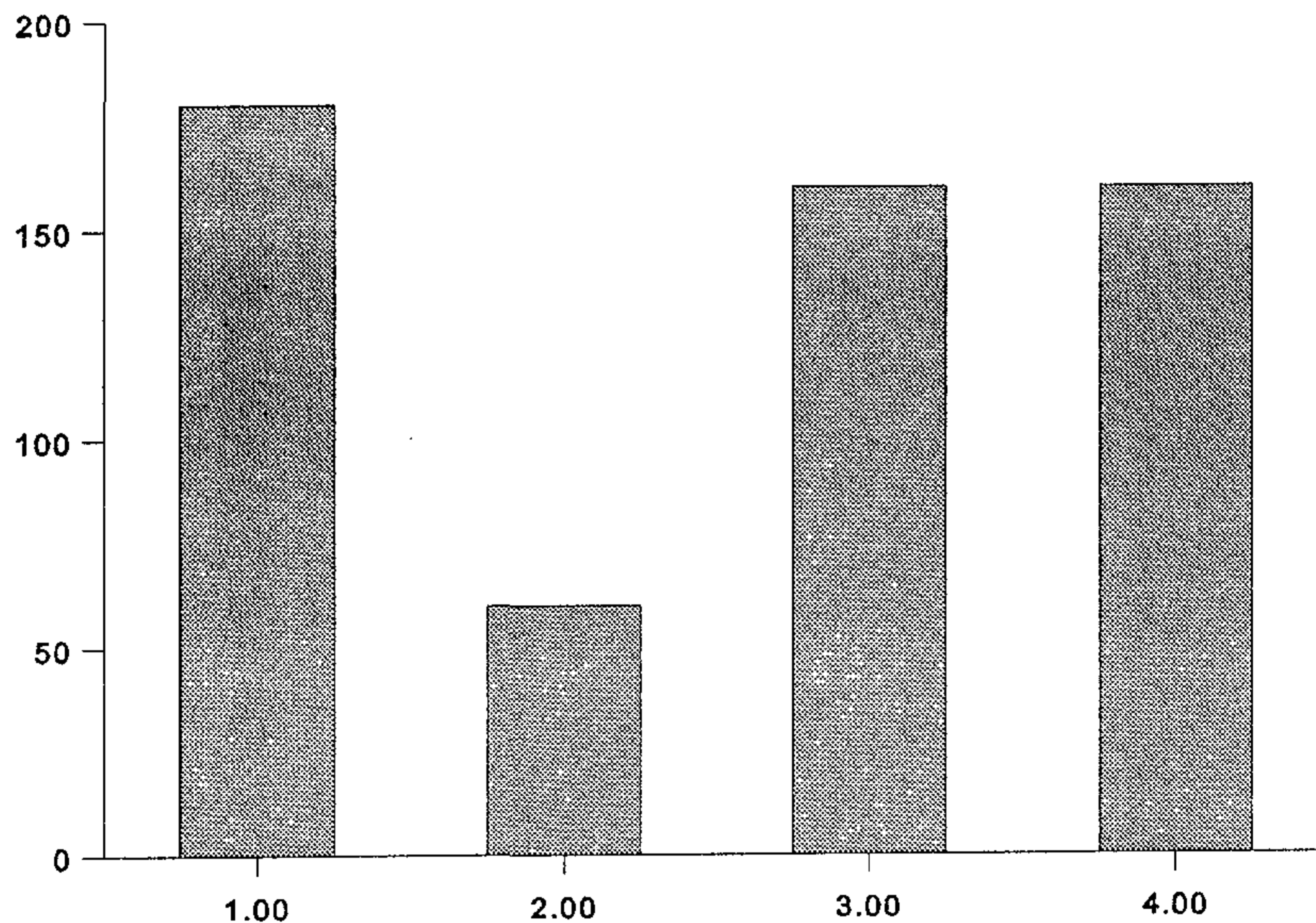
Only 7.1% respondents strongly agreed to be deployed to other areas and 5.1% agreed whereas 3.1% disagreed and 3.8% strongly disagreed. Separation of soldiers from their partners may contribute to risk taking behaviours with the resultant of HIV infection rates.

Table 5.45: Disclosure of information (N = 548)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	37	6.8	35.2	35.2
Agree	22	4.0	21.0	56.2
Disagree	24	4.4	22.9	79.0
Strongly disagree	22	4.0	21.0	100.00
Total	105	19.2	100.0	
Missing system	443	80.8		
Total	548	100.0		

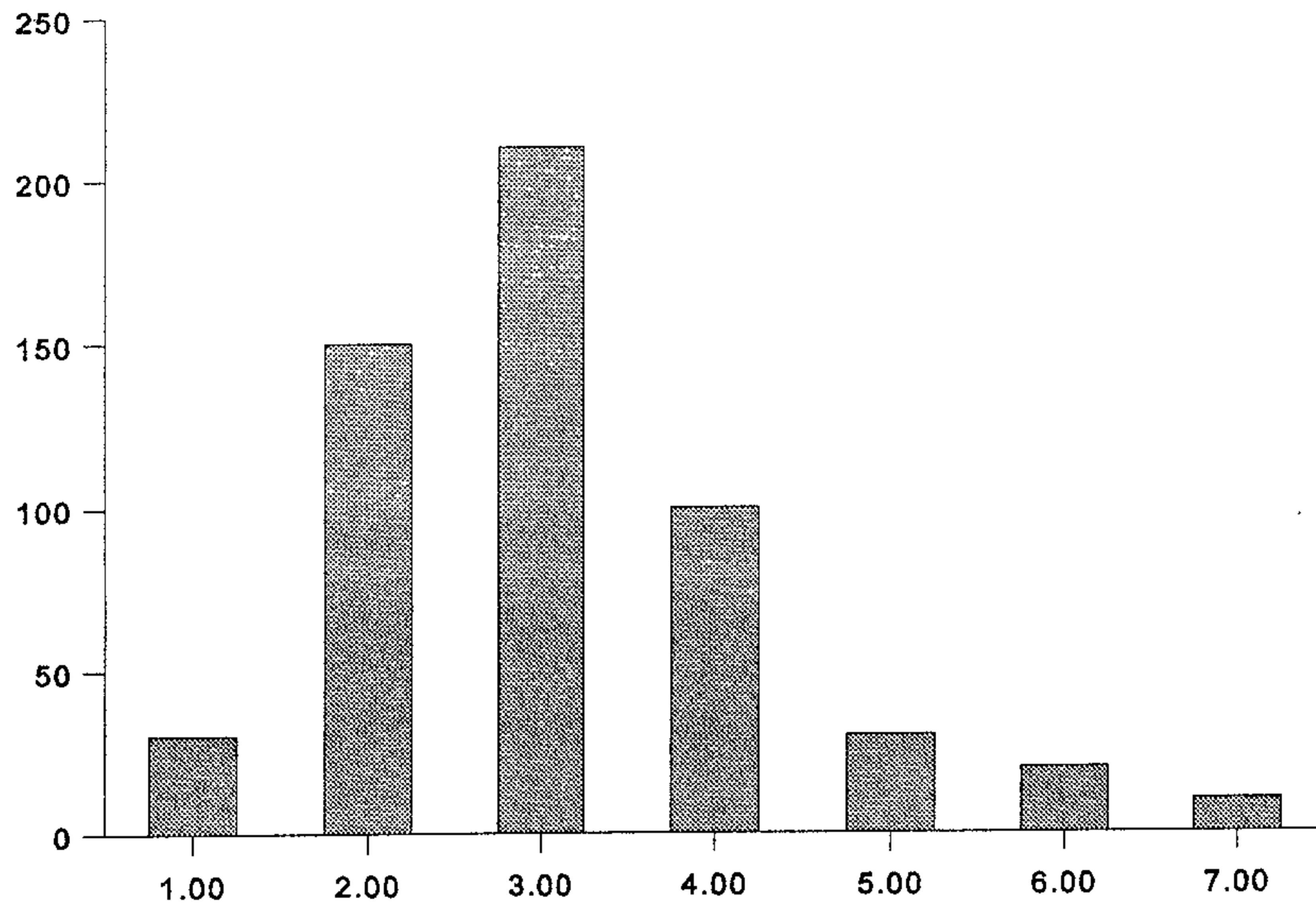
With regard to the question on disclosure, 6.8% respondents strongly agreed on disclosure of information whereas 4.0% strongly disagree. A need for health education is vital in correcting this attitude.

Figure 5.1: Believe whether there is prevalence in SANDF (N = 536)



The mean of the above graph is 2.6. It indicated the incidence of HIV/AIDS in the SANDF. It is an average that was also helpful in determining the reliability of the data obtained. The standard deviation is 1.20. It also describes the normal curve. The N determines its size.

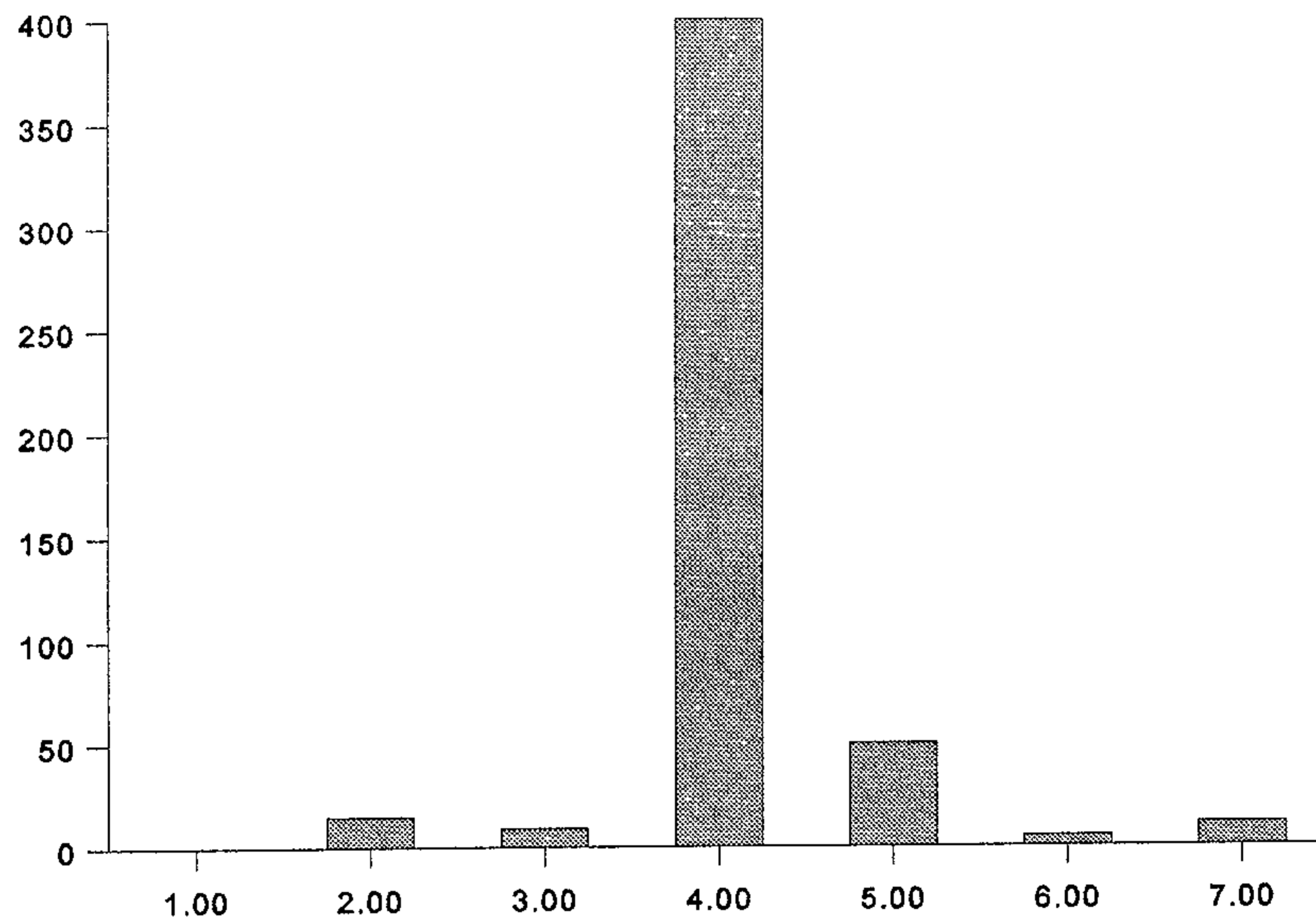
Figure 5.2: Age of participant (N = 548)



The mean of the age of the respondents equals 3.0. As a focal point it indicates the point where the age of the sample population denotes the most susceptible group. The mean is used as an average, it tends to be reliable. This graph is also helpful in determining the reliability of the data that was obtained.

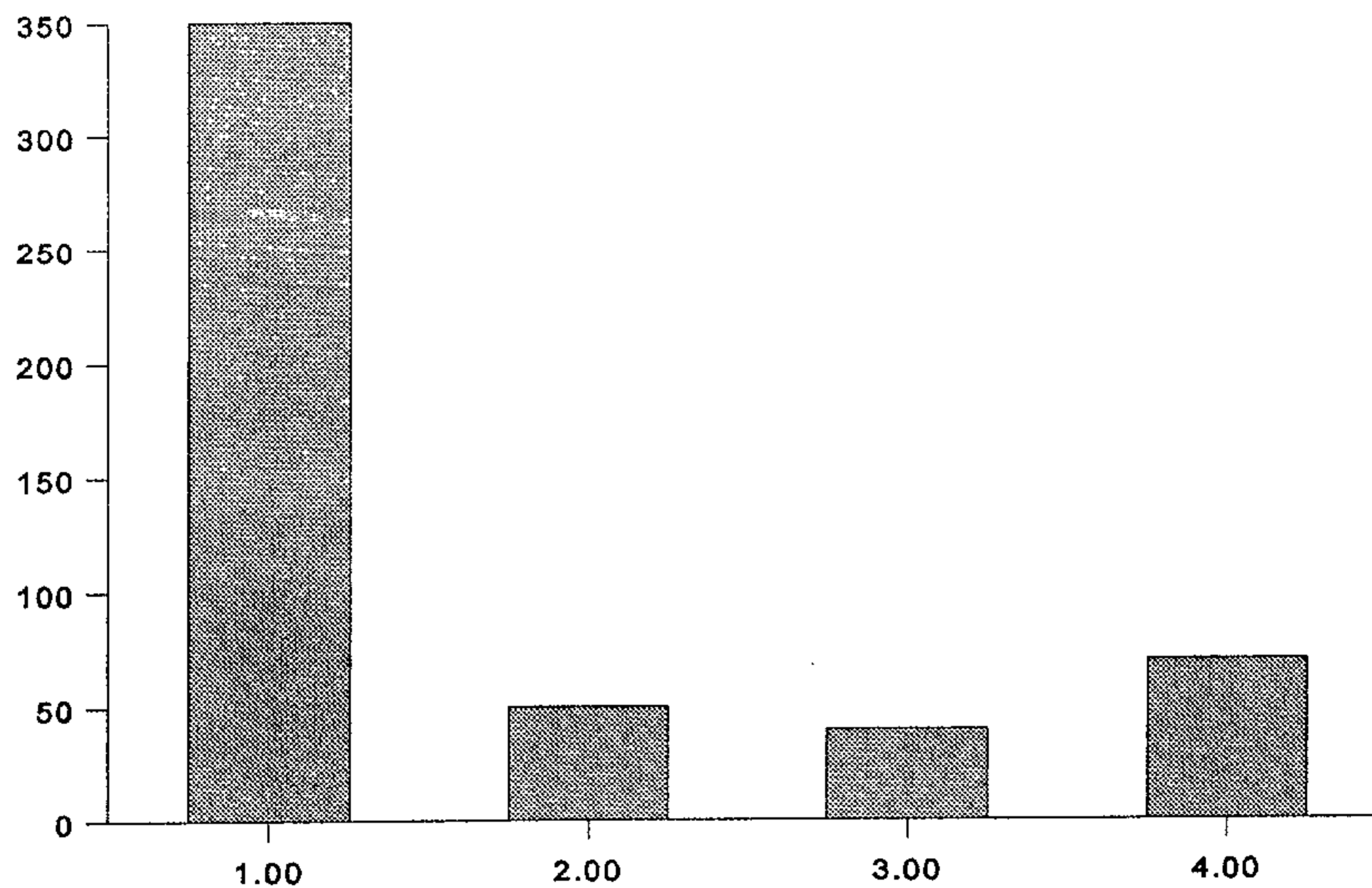
While the standard deviation at 1.10 is assessed, we need to remember the description of the standard deviation, to describe the normal curve. The N determines the size of the standard, if the latter increases so will the standard deviation.

Figure 5.3: Educational level or years of schooling (N = 547)



The mean for educational level was 4.2. Because of its stability the mean is regarded as the best estimates of the central tendency. The standard deviation was 0.70. It was widely used to measure variability and also helps determining deviation from the mean.

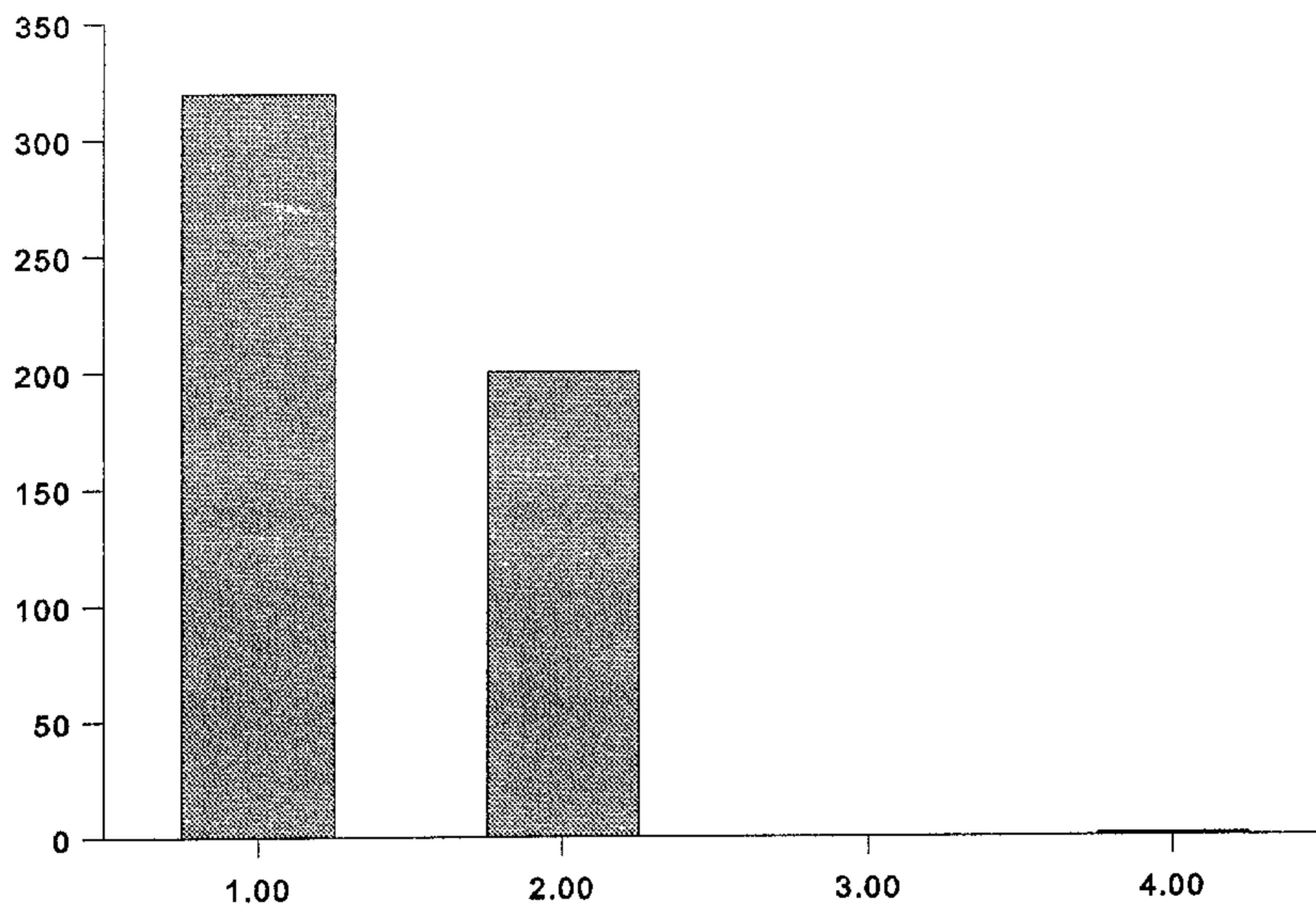
Figure 5.4: Participant can work closely with HIV person (N = 544)



The mean of participant working closely with HIV person in this graph is 1.8. According to Polit and Hungler (1997:297) the mean is equal to the sum of all valued divided by number of subjects. Given its firm stability, the mean is regarded as the best estimate of the central tendency.

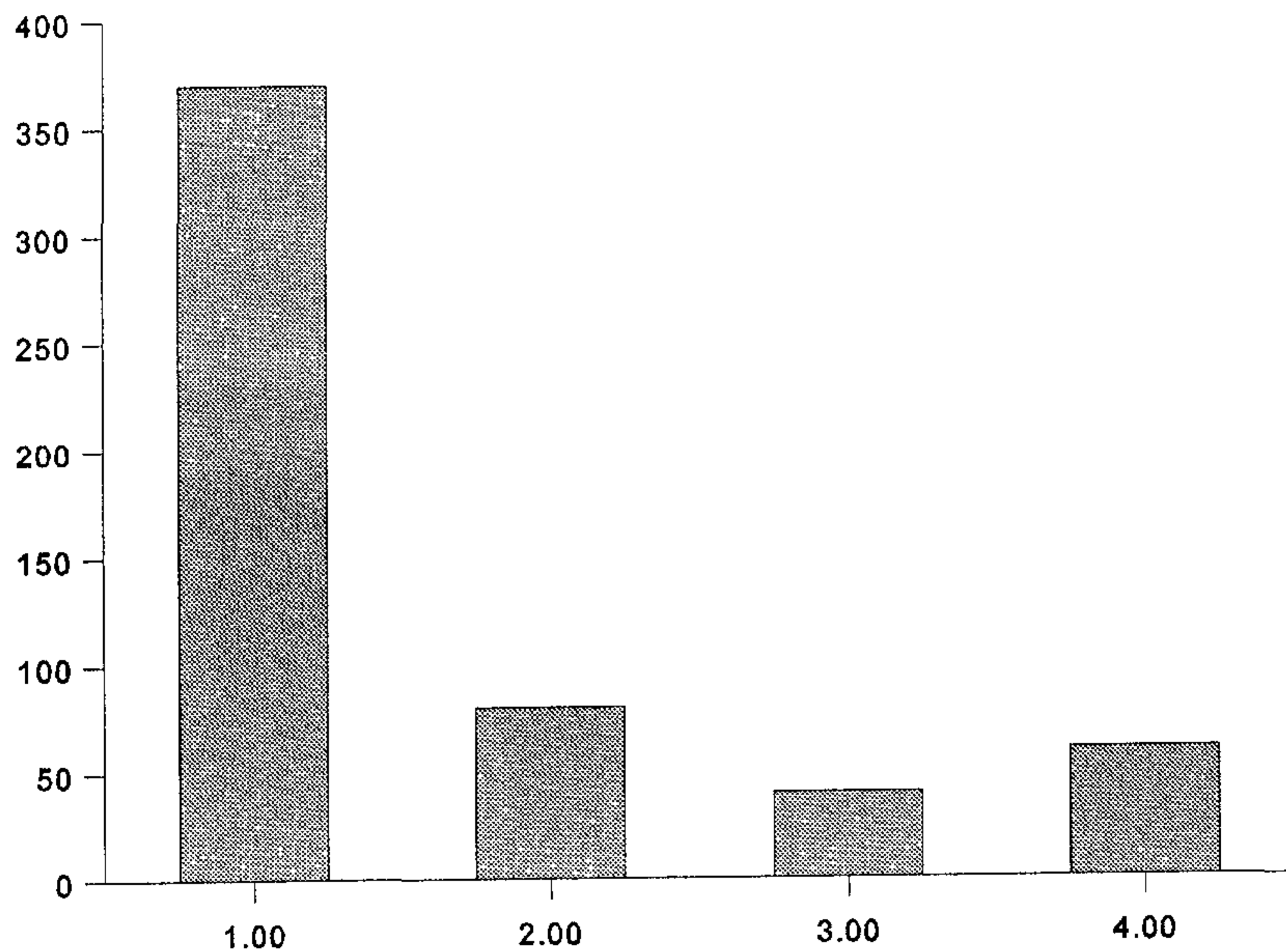
The standard deviation is 1.19. The widely used measure of variability is the standard deviation. It helped determine deviation from the mean.

Figure 5.5: Attachment to religion (N = 536)



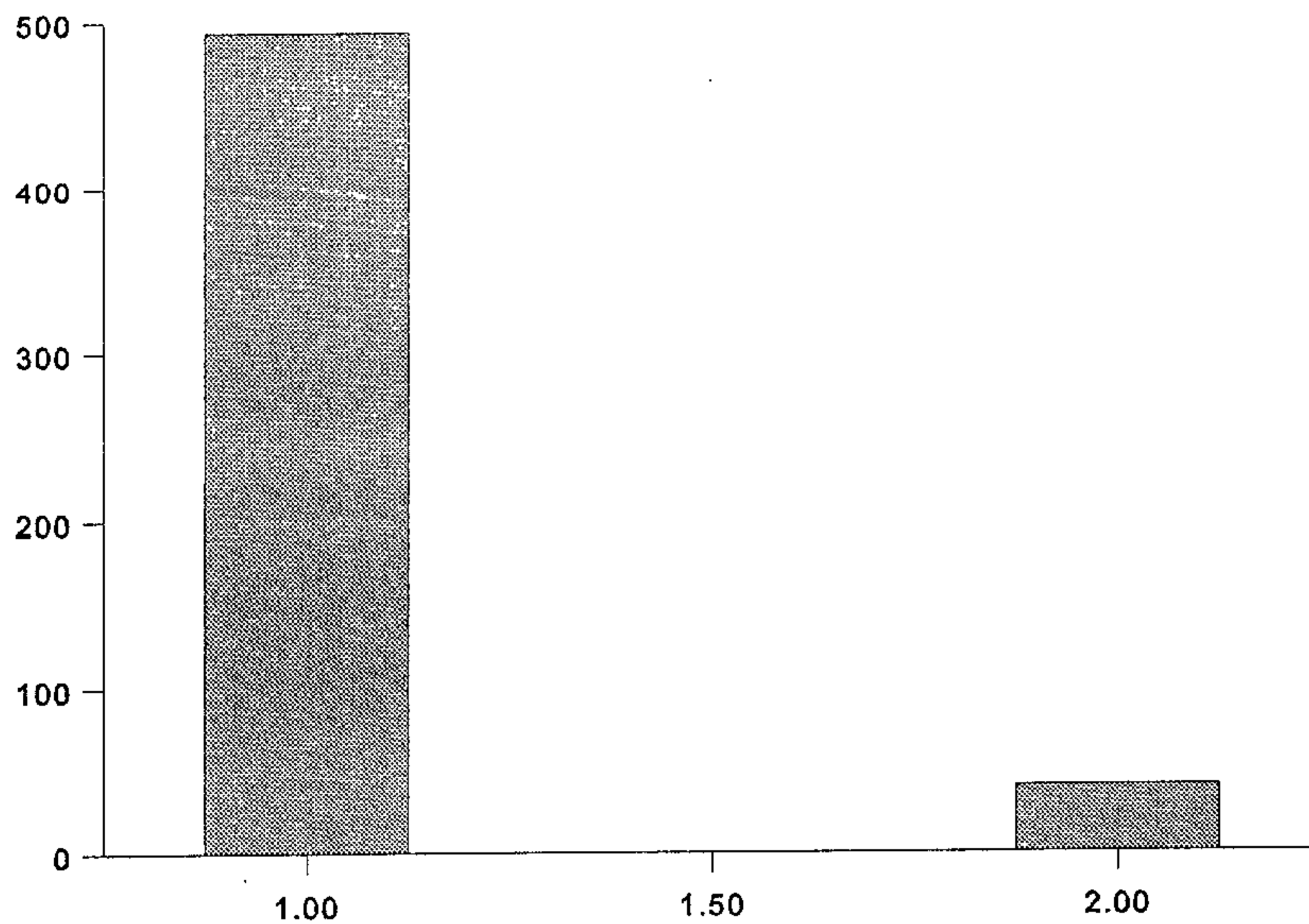
The mean for attachment to religion was 1.4. This graph also helped in determining the reliability of the data that was obtained. The standard deviation was 0.5. The N determines the size of the standard deviation, if the latter increases so will the standard deviation.

**Figure 5.6: In emergencies the participant will assist an HIV person
(N = 543)**



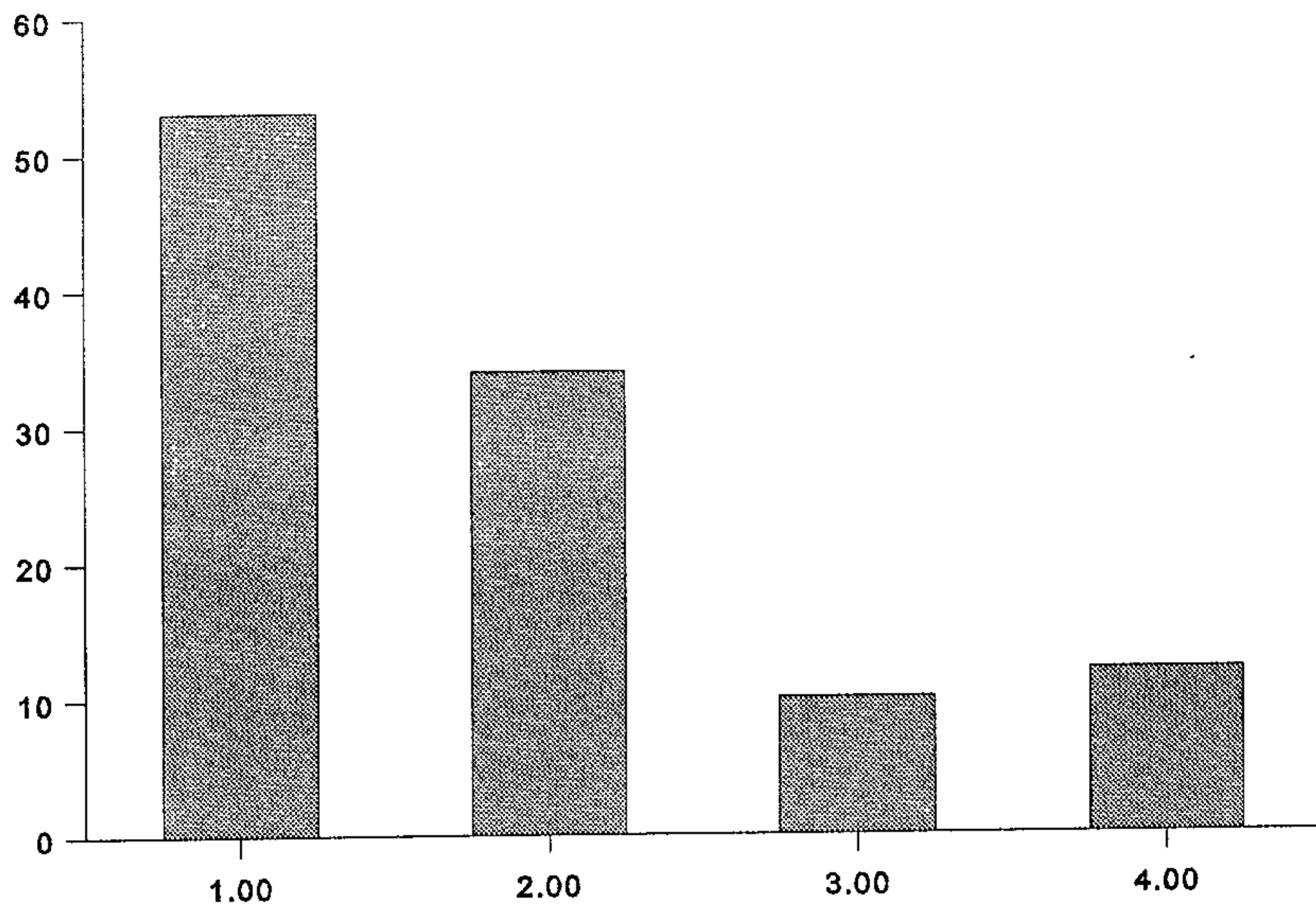
The mean of participants who assisted an HIV person was 1.7. It is used as an average. It promotes the reliability of the data. While the standard deviation is 1.05. It is the description of the normal curve. The N determines it, if the latter increases so will the standard deviation (Brink 1990:53).

Figure 5.7: Gender of the participant (N = 548)



The mean of the gender of the respondents equals 1.10. The gender of the sample population denotes the most vulnerable group. It is helpful in determining the reliability of the obtained data. The standard deviation is 0.3. It describes the normal curve.

Figure 5.8: Provided with sick leave (N = 112)



The mean for providing with sick leave in this graph was 1.9. According to Polit & Hungler (1999) the mean is the point on the score scale that is equal to the sum of the scores divided by the total number of scores. The mean is the index of central tendency that is usually referred to as an average. The standard deviation is 1.01. The standard deviation helps to determine the average amount of deviation of values from the mean.

5.3 QUALITATIVE ANALYSIS

According to Miles and Huberman (1994) qualitative analysis is categorized into three stages. First, the data is displayed. During this phase the researcher takes note of the repeated, emphasized, prominent descriptions. Then the abundant data gets reduced. Here the information is preserved for its relevance and significance for the rationale. Finally, the data gets interpreted.

The following coding scheme was used to proceed with the qualitative analysis:

Table 5.46: Perception of HIV/AIDS

Fre (%), mean + STD (N=548)			
ITEM	MEAN	STD	MISSING
1. Age	3.0	1.10	
2. Gender	1.10	0.30	
3. Education	4.2	0.79	1
4. Religion	1.4	0.50	2
5. Working closely with HIV person	1.8	1.19	4
6. Assisting during emergency	1.7	1.05	5
7. Believe there is prevalence	2.6	1.20	12
8. Sick leave	1.9	1.01	436**

** The missing are respondents who were not permitted to answer the question

5.3.1 The narrative statements

The respondents were asked to provide meanings, descriptions or explanation of the following item:

How many partners do you have? Most respondents indicated the number of sexual contacts they had. Those who had none or just one partner were 378 in number, making 60% of the total sample. Followed by those who had two or three partners in total. These were 74 in number, resulting in 13.5% of the respondents having multiple sexual contacts. This was even more serious, those who had more than six partners were 6.6%. A low percentage which is serious in that these partners may also be involved with additional partners resulting in a chain of sexual contacts that compounds the spread of the HIV epidemic.

However, the most interesting response was when one respondent indicated that the number of sexual contact did not seem to be the main issue. Instead rape was the most dangerous act as far as HIV infection was concerned. Written statement from one of the participant:

"Personal note

Dear Reader, though I fully understand the seriousness regarding AIDS. I would like to let you know, I think you are taking this too far. Personally, I am up to my ears about questionnaires and papers regarding the disease. Every day healthy people die in hijacks, farm attacks, murders, women are being raped more and more, etc. Why not give these issues more attention? AIDS will not be controlled until the people decide to control themselves! People infected with HIV still have a life – they still have a chance. On the other hand, there are those who die in murders, farm attacks, hijacks, etc. Their

chance to life is taken away in an instant. They do not have time afterwards to live it as best they can."

PARTICIPANT OBSERVATION

There was an opportunity to participate in observation during Concurrent Health Assessment. This happened in March 2001. The data gathered during this process will be subjected through the same analytic process as that acquired through unstructured interview schedule.

For instance during the Concurrent Health Assessment, the HIV rapid test were conducted. The testing process was done in an open hall/space. To answer the questionnaire item:

HIV positive person has a right to confidentiality

My observation was that confidentiality was breached because there was no privacy. The testing strips were available in that open space and anyone who could read would certainly get access to the test results. Another scenario was when the persons who required to be retested were publicly announced. Army managers were standing next to the name list of people who were going to be retested for HIV/AIDS as indicated in the rapid test strip.

The other problem was that members who captured the results of in the Concurrent Health Assessment were not medical officers, nurses, social workers and psychologists. They saw the results when they were busy capturing them in the computer. There was a rumour that some of them were divulging the HIV status of different soldiers at Tempe Military Base even before the affected soldiers know about their own status. The

majority of personnel were complaining about privacy and confidentiality at the medical installations. They felt that their status or patient situation are being disclosed to unauthorised people. The other contributing factors of breach of confidentiality was that during medical examination the pre-counselling and post counselling is done in a large number of groups.

This was brought to the attention of Officer Commanding of Free State Medical Command. All sick bay personnel were given warnings about the privacy and confidentiality of HIV positive persons.

Another scenario has when 3 military hospital organised the candlelight ceremony for the people who died or who are HIV positive. Only medical personnel were invited. The exclusion of army personnel in these events is a real problem. That was going to be a real educational and eye opening event as one of the speaker was a person who disclosed her HIV status and the way she was handling herself. The South African Civil Military Alliance promotes the prevention of HIV/AIDS by security forces in conjunction with other departments.

Affiliation to religious movement

Three hundred and twenty six were attached to religious movements. The majority of respondents acknowledged that they are from Christian families, maybe twenty two were from the Islam religion. The following written statements were relevant:

"I am too much of Christian lifestyle"

The influence of religion was significant in the sense that they preach no sex before marriage. It might reduce HIV/AIDS incidences. The moral life would be clean. Some members are from Catholic where there is a confusion of using the condoms due to their bishop's stance on condoms.

Discrimination against HIV/AIDS

Only 276 people believe that discrimination can be controlled. Some comments that if people are educated about HIV/AIDS therefore the problem of discrimination would be defeated. The following written statement is relevant:

"If people can be educated from schools and work places that can help a lot"

It can be controlled by treating people fairly and with dignity. Other respondents indicate racial problem as the stumbling block for controlling HIV. The following written statement was relevant:

"As simple as we can't control racial discrimination then we can't control discrimination against HIV/AIDS"

Table 5.47: Categories on discrimination (N = 545)

ITEM	FREQUENCY		PERCENTAGE
Working with HIV person	yes	341	62.6%
	no	59	10.8%
	undecided	45	8.2%
	I don't know	99	18.1%
Whether discrimination can be controlled	yes	276	50.8%
	no	91	16.8%
	undecided	81	14.9%
	I don't know	95	17.5%
Treatment with respect	Strongly agree	60	10.9%
	Agree	39	7.1%
	Disagree	1	0.2%
	Strongly disagree	10	1.8%

It was indicated that 62.7% would work closely with an HIV person. The respondents even confirmed in their written statement. They believed that HIV cannot affect a person by mere working closely to an HIV infected. The following written statement was relevant:

"I do think that there is nothing wrong in working with an HIV/AIDS person because it is one of the many diseases around"

Though the majority of respondents acknowledged fair treatment on HIV/AIDS person, there was one who said the opposite:

"They must leave the SANDF"

Assist HIV/AIDS person during emergency

The majority of respondents indicated that they will assist the HIV/AIDS person during emergency. They further indicated that they will take safety precautions. The following written statement was relevant:

"I don't have a problem because I will use gloves that are recommended for assisting any injured person"

Some even indicated that they know how to treat people with HIV/AIDS. It must be noted that the majority of soldiers did Buddy Aid during their basic training.

Prevalence of HIV/AIDS in SANDF

Only 167 members said that there is a high prevalence of HIV/AIDS in the SANDF. Some respondents indicated that they have heard this through the media. This is a relevance written statement:

"We can look at the number of soldiers dying having symptoms of HIV/AIDS"

The Concurrent Health Assessment results never indicate the decline of HIV/AIDS in the work place. The health education was vital in alleviating this pandemic.

Views of HIV/AIDS

The majority of respondents indicated that AIDS has no cure. It was a deadly virus. They indicated that people must use condoms in order to

prevent. They must also abstain from sex. The following written statements were relevant:

"It can be controlled. People must be educated about the disease. The use of condoms must be emphasized. Sleeping around is dangerous".

"People must use condoms in order to prevent this disease and a person must have one partner".

Some respondents indicated that HIV is caused by having so many partners. Some of the written statement reflected:

"Don't sleep around and use condoms if you do. I know everybody love sex but how much do you have your life? That is a big question you must ask yourself before you have sex with the girl you just met last night".

Some indicated that HIV can be treated by traditional healers and the government must provide the medicine for it. This was a relevant written statement:

"It is a virus which need a good treatment. Government must make sure that the drugs are available and must be supplied to military hospital. Any drug must be used and not to be debated about"

"My problem is that the government shouldn't wait for too long. They must go out there and meet other countries and find the cure"

The majority of respondents however, indicated that HIV positive should be treated fairly, with respect and not be subjected to discrimination while the other indicated the opposite. This is supported in the following written statement:

"HIV/AIDS is not a qualifying factor to join the SANDF and therefore members must leave the system"

Perceptions regarding HIV/AIDS in the work place

The majority of respondents indicated that HIV positive should be treated fairly and not be subjected to condition of discrimination, they must be respected at all times. They have got rights as they were human beings. The written statement was relevant:

"It has to be controlled and infected persons should be given fair treatment?"

Some respondents voiced their concerns that HIV positive are being discriminated at the work place. This is one of the said statement:

"HIV/AIDS in the work place are always discriminated against and they are not being considered as employee by the supervisor".

They also felt that they must be educated about HIV/AIDS. Those who are HIV positive must be given a chance to express their status. It might help to treat them fairly. The following statement was relevant:

"I think people must just be educated. I don't have a problem to work with people with sickness. They must be open about their status"

"There must be seminars where people are educated about the disease at least once in three months".

They also perceive that AIDS is a killer disease in the work place. The written statement had meaning:

"Is the serious disease that kills especially SANDF members that are neglected"

They also believe that safety sex and health education as a vital tool for prevention of HIV/AIDS. This was the relevant written statement:

"A lot of people don't know about HIV/AIDS and must be educated"

Believe HIV positive are being treated fairly

Of all respondents, most did not believe that HIV/AIDS people are treated fairly in the workplace compared to 21,2% who said that they believe. These personal accounts confirms statements that discrimination of HIV/AIDS people still exist as a critical issue to be addressed by those involved in HIV/AIDS prevention efforts at various level of care:

"People with AIDS are treated like they are not humans. Family abandoned members with AIDS"

"I have noticed that some commanders even go to an extent of not staffing them the minute they notice their circumstances"

Some indicated that they get the fair treatment like others. They were treated with respect and were given sick leave through the Sick Bay. The written statement indicates:

"They are still working in SANDF and the fact that it is kept a secret, protects the persons 100%"

Table 5.48: Category on culture (N = 548)

ITEM	FREQUENCY		PERCENTAGE
Cultural discrepancies in SANDF regarding HIV	yes	54	9.9%
	no	205	37.4%
	undecided	87	15.9%
	I don't know	192	35.0%
Cultural barrier in handling HIV in SANDF	yes	52	9.5%
	no	143	26.1%
	undecided	82	15.0%
	I don't know	257	46.9%

The above categories indicate that there is little influence of culture in handling HIV in the work place. The respondents indicate that the members who were diagnosed HIV positive were discriminated against and they were not promoted. They believe that cultural discrepancies and barrier may be due to incompetent leadership. This was a relevant statement:

"I have noticed that we even get the news of people infected from leader group. I wonder how do they get that as they are not Doctors".

HIV/AIDS have medicine or can be treated

Only 22.8% respondents indicate that there was medicine for HIV whereas 37.4% didn't. The majority of respondents indicated that there was no cure for AIDS. They only take note that condoms could be the best preventive measure for HIV. The following statement indicate:

"This pointing time there is no medicine that can treat the HIV/AIDS"

The other respondents specify that it can be treated by traditional healers. The following statement confirm their views:

"Can be treated by Dr Ngubane in Umlazi, Durban"

Are you sexually hyperactive?

It was about 168 respondents who indicated that they were sexually hyperactive and 192 didn't. Some indicated that they were sexually hyperactive only with their own partners. They also felt that sex is enjoyable. This is the relevant written statement:

"I love sex as many times as possible"

Does unsafe sex contribute to HIV/AIDS

The majority of 424 respondents indicated that unsafe sex contribute to HIV/AIDS. They also believed on the use of condoms in order to prevent HIV/AIDS. The following statements confirm:

"Because by contact of the penis and the vagina in penetration, the virus get transmitted"

"Yes, of course you must always use condoms, my motto says if it is not there, there is no round"

"The juices during sex contact with each other and when one partner has HIV, can pass it to the other"

HIV treated by doctors or traditional healers

There was a mixed reaction. Respondents indicated that HIV cannot be treated by either doctors or traditional healers. These were relevant statements regarding this:

"It can't be treated/cured. Only support and slowing it down is all that can be done. Traditional healers can definitely not do anything to help but only gives false hope"

"It is stupidity to those who think or say they can cure AIDS"

There was a small group who indicated that HIV can be treated by traditional healers. They said that many were treated by Dr Ngubane of Umlazi, Durban.

Medical examination procedures should have privacy

Only 36.3% respondents acknowledged privacy during medical examination procedures whereas 20.3% didn't. They believe privacy could be maintained during medical examination, but once completed someone must handle the personal file for administration. Some felt that the results were spread around. The following statements are relevant:

"We happen to get people's results around here in the unit.

There is no confidentiality according to me"

"Because sometimes when you report sick with a private illness, you will hear people talking about it"

"Some of the medics have friends and they tell them if they don't like you"

Figure 5.49: Categories on managers (N = 548)

ITEM	FREQUENCY		PERCENTAGE
Do managers have passion about HIV issues	yes	104	19.0%
	no	118	21.5%
	undecided	87	15.9%
	I don't know	219	40.0%
Allocated less strenuous task	strongly agree	30	5.5%
	agree	47	8.6%
	disagree	19	3.5%
	strongly disagree	10	18%

It was just about 19.0% respondents who believe that managers had passion on HIV issues. Only 5,5% respondents believe that HIV

personnel are allocated less strenuous task. The respondents felt that managers kept quiet about and they always have discriminating attitude towards HIV persons. The managers always think of medical expenses. The following statement is relevant:

"I have never heard my commander saying anything about it. Even now they are not here to show their support"

Is community involvement necessary in HIV awareness

The majority of respondents believed that community participation was vital in handling HIV/AIDS. It would help to promote safe sex, distribute pamphlet on HIV/AIDS and promoting the general HIV awareness. This was a written statement:

"So that more people can hear, see and understand that AIDS is there"

Would you enjoy working with the community in HIV awareness initiatives?

About 51.8% indicated that they are ready to work with the community in HIV awareness. This will be done to educate people and show support to the people who have HIV/AIDS. The following statement was relevant:

"Because I need to know how they feel and maybe their views can help us in the Defence Force"

Have you been trained/informed in general HIV awareness?

At least 290 (52.9%) indicated they have received some form of training. Some indicated that they have received some form of training in schools, at work, by television and pamphlets. There was a feeling that there was no formal training. The following statement was relevant:

"There are not enough classes for HIV/AIDS in SANDF"

Health education in HIV/AIDS

It was only 46.9% who acknowledged health education is taking place. The majority felt health education or training is not taking place. That was the written statement:

"Because if I am on deployment, no one comes out there and give the lecture to us"

Some respondents indicated that they did receive health education through the media. The said statement had significance:

"At work, but some of my friends avoid it by lying in the bangalow"

Do you have an HIV/AIDS policy in your department

It was indicated that only 21.5% respondents have the HIV/AIDS policy. The majority felt that the medical department didn't provide it. Some alleged that they have never seen the document even though it was

available. It seemed there is lack of communication with regard to handling of HIV/AIDS policy.

Are you familiar with the contents of the policy?

The majority felt that they don't know the contents of HIV/AIDS policy. Few respondents said they knew about the HIV/AIDS policy. Lack of knowledge of HIV/AIDS policy will lead to unfair treatment, discrimination and poor handling of HIV positive personnel

CHAPTER 6

RECOMMENDATIONS, LIMITATIONS OF THE STUDY AND CONCLUSIONS

6.1 INTRODUCTION

This chapter is the presentation of the summary of research findings, conclusions as well as recommendations on the research project on "Exploration of perception of people regarding HIV/AIDS in the work place". The recommendations include policy issues, strategies to reinforce existing structures, education, training initiatives and preventive measures for the control of the spread of HIV/AIDS in the workplace (SANDF).

The objectives of this research project include:

- * To explore the perceptions of military employees with regard to HIV/AIDS.
- * To evaluate the role of Army managers regarding HIV/AIDS in the workplace.
- * To identify the nature or extent of HIV infection at SANDF.
- * To evaluate the role of Occupational Health Services with regard to handling of HIV/AIDS.

The objective of this investigation influence the formulation of research questions. After literature review the conceptual framework as stated below, was developed.

6.2 CONCEPTUAL FRAMEWORK

For instance, the relevance of the HIV/AIDS epidemic as an occupational hazard is addressed.

The description of a conceptual framework was used as presented by Polit & Hungler (1995:433). The authors highlight similarities between conceptual and theoretical framework. This views provided this frame of reference. The frame served as premise to:

- ▶ define related concepts
- ▶ guide the research designs
- ▶ determine interpretations
- ▶ address potential generalizations.

Figure 3.1 under chapter three demonstrate a link between perceptions and HIV/AIDS. The link is also highlighted between work place (SANDF) and HIV/AIDS. The perceptual factors linked to HIV/AIDS such as confidentiality, culture, privacy, discipline, fidelity, separation and deployments were also included. The factors in the workplace include Navy, Army, Airforce and SAMHS contexts. These four major concepts were explored. They include a soldier as an individual, SANDF as an environment, SAMHS as a health care service delivery system of the military and HIV/AIDS is regarded as a health concept. These correlation of concepts with perceptual factors serves to confirm the credibility of the current study.

After the execution of the research project, the analysis yielded the outcomes that were discussed to draw conclusions. The themes that emerged from this conclusions are illustrated in the subsequent section.

6.3 MONTHLY INCOME

Ninety percent of the total respondents (90%) indicated that they were earning more than R1 000,00 per month. This might imply that during National and International deployments members might be tempted to pay for sex workers due to separation from their real partners. It might contribute to the spread of HIV/AIDS.

6.3.1 Recommendations

- ▶ during deployments members should not be allowed to roam around as they might be tempted to have sexual relationships with the local communities.
- ▶ they had to be educated that having money is not a passport to pay for sex workers
- ▶ if possible deployment money must be paid at the end of the operation concerned.
- ▶ Members have to be educated on proper budgeting principles and avoid to use their money for sexual gains.
- ▶ the dieticians should advise those who are HIV positive to purchase well balanced diet which will help in promoting their health.

6.4 MARITAL STATUS AND AGE OF PARTICIPANT

The study reflect that the military population is young, aged between 21-25 and in their reproductive life. Other studies have shown that this age group is associated with high risk behaviours and lifestyles.

Recommendations:

- ▶ Mental health promotion should be included in HIV/AIDS prevention programmes
- ▶ Adequate knowledge through health education is necessary on HIV/AIDS.
- ▶ The promotion of religion might play a vital role in changing the moral standards of the participants this have to be done as a sense of urgency because in the long run the Defence Force might remain with unfit soldiers due to HIV/AIDS.

- ▶ An enabling environment for those who are willing to declare their status should be created so that they can serve as agents of change in the fight against HIV/AIDS in the military and the community.
- ▶ Programmes that promote safer sex should be strengthened in all environments of soldiers e.g deployment.
- ▶ Testing of HIV before marriage should be encouraged, to protect both partners from infection and to take informed decision.
- ▶ More emphasis should be placed on targeted messages in terms of age, gender, marital status etc..

6.5 UNSAFE SEX CONTRIBUTE TO HIV/AIDS

There is an increase among soldiers who believed that unsafe sex is the major contributing factor of HIV/AIDS in the workplace. The following written statements support the above explanation :

- ▶ It is the main cause of HIV/AIDS
- ▶ I have noticed that if you are not safe, then you are 100% risk of being infected
- ▶ The juices during sex contact with each other and when one partner has HIV can pass it to the other.

Recommendations:

- ▶ Motivate and support people diagnosed with the disease to declare their status because it will help those who are vulnerable
- ▶ Had group discussion with all military personnel and explore the issue of unsafe sex.
- ▶ Role plays and dramas could help in providing the solution to the problem.

- ▶ Military members had to be provided with other alternatives such as recreational sports and entertainment that are safe in the communities they are working in.
- ▶ Religion might play a vital role in promoting high moral standards which include preventing unsafe sex.
- ▶ Health education and promotion intervention should be provided to all members particularly to members who were on legal operational duties.
- ▶ Abraham & Bennenson (1995) states "abstain from sexual intercourse or to engage in mutually monogamous sexual intercourse with someone known to be uninfected.
- ▶ Since the findings revealed an increased awareness of HIV/AIDS in the workplace, it is crucial to focus developing behavioral change strategies in the SANDF.

6.6 HIV HAVE MEDICINES OR TREATED BY DOCTORS OR TRADITIONAL DOCTORS

The findings shows a greater 29.6% of participants who were still ignorant about the cure for HIV/AIDS compared to 22.8% who knew that there is no cure for HIV/AIDS.

The following written statements support the above statement:

- ▶ It is still unknown if there is cure, but what I do know is that it can be slowed down by high protein diet and being positive.
- ▶ It can be treated/cured, only support and slowing it down is all that can be done. Traditional healers can definitely not do anything to help and only gives falls hope.

Aids drugs are not necessary a cure for HIV/AIDS. They are only aimed at treating secondary infections related to HIV/AIDS and to improve their conditions (Express dated 9-11 May 2001).

Recommendations:

- ▶ City Press 2001 (5) emphasised that good sexual behaviour such as faithfulness, the use of condoms or abstaining which is still regarded as the best weapons against scourge of HIV/AIDS.
- ▶ Dieticians should play a major role in advising HIV positive about well balanced diet.
- ▶ Psychological and social support will be vital in assisting HIV positive individuals to be positive about their illness. Linkages with support system should be stressed.
- ▶ Continuous support from management will be vital in eliminating the stigma attached to HIV/AIDS.
- ▶ Further research on treatment of opportunistic diseases associated with HIV/AIDS would be needed in order to avoid this current confusion about the treatment.
- ▶ Education programmes on HIV/AIDS prevention should focus on the fact that there is no cure for AIDS through targeted messages and using various channels of communication.
- ▶ Nutrition education should be strengthened.

6.7 SEXUALLY HYPERACTIVE

It's not surprising those 30.7% respondents indicated that they were sexually hyperactive because of the young population of the military force.

Recommendations:

- ▶ The findings reveal the urgency for health education and behaviour change strategies.
- ▶ The state may have to provide condoms to all areas including toilets, bungalows and all sections of the army units.
- ▶ The SAMHS have to collaborate with Department of health with regard to issuing of protective measures.

6.8 RELIGION AND HIV/AIDS

Fifty-nine comma five percent (59.5%) were attached to religion.

Recommendations:

- ▶ Chaplains who were full time at SANDF must play a vital role in HIV/AIDS awareness, and counseling.
- ▶ The SAMHS must provide full training to chaplains so that they could be able to handle HIV/AIDS clients.

6.9 EMPLOYMENT EQUITY ACT AND HIV/AIDS

It address this testing as a prerequisite for pre-employment. The South African National Defense Force denies the appointment of new recruits due to HIV status (Heywood & Hassan : 1998 : 847).

There have to be protection of HIV/AIDS. HIV is regarded legally as an "disability" in the USA, Hong Kong, Australia, Canada and New Zealand. They have access to the same remedies afforded by people with disability. Discrimination on the grounds of disability is prohibited. The Code and Act were there to prevent unfair

discriminatory policies against employees living with HIV/AIDS (Heywood & Hassan 1998:847).

The testing of employees for HIV would need authorization. The Defense Force seeks constitutional recourse for an infringement of the rights under the right to fair labour practices. They have to continue with pre-employment HIV testing (Heywood & Hassan 1998:854).

Recommendations:

- ▶ The South African policy on sexually transmitted diseases and HIV/AIDS has to be adhered to with regard to testing.
- ▶ The issue of testing in the Defence Force needs further investigations.
- ▶ Employers have to be taught to adhere to legal principles with regard to HIV/AIDS.
- ▶ Employees must not lose benefits because of HIV/AIDS status

6.10 DISCRIMINATION AGAINST HIV/AIDS

6.10.1 Discrimination

About 13,3% believed that discrimination against HIV can be controlled. The majority of respondents believe that people should have adequate counselling before and after testing, and they also believed that discrimination could be the issue of the past. The following statements support the above: "If people can be educated from schools and work places that can help a lot" "by counselling the affected person and giving them morale support"

6.10.2 Passion of managers towards HIV/AIDS

Only 19.8% believe that managers have passion about HIV/AIDS issues. The respondents assert that managers sideline HIV/AIDS patients and they don't respect people. Here is a narrative statement:

"I have never heard my commander saying anything about it. Even now they are not here to show their support to this".

Recommendations:

- ▶ Multidisciplinary approach would be able to address this problem.
- ▶ Education would play a major role in minimizing discrimination of HIV/AIDS people.
- ▶ Provides extensive training to managers to prevent possible discrimination to HIV/AIDS personnel.

6.11 HIV/AIDS POLICY IN THE DEPARTMENT

Twenty one comma five percent (21.5%) respondents indicated that they had HIV policy in their departments. Only 12.8% were familiar with the contents of HIV policy. The written statements indicate that the majority of respondents who assert that they have never seen the HIV policy in the SANDF. Milmed (1998) indicate that SANDF developed and implemented an HIV/AIDS policy in 1988. It is currently revised as "SAMHS Order number 7/3/88 (Revised) Sexually Transmitted Diseases and HIV dated 19 March 1997.

All forms of preventing discrimination were explored by this document and it might decrease the poor perception of HIV/AIDS in the work place.

Recommendations:

- ▶ All nodal points of Area Military Health formations have to make sure that this document is known to all army units, Airforce bases, SAMHS and Navy as a matter of urgency.
- ▶ Health education will be required to interpret the meaning of this whole documents, and to promote the use of the policy.
- ▶ An implementation strategy of the policy should be developed.

6.12 COMMUNITY INVOLVEMENT NECESSARY IN HIV AWARENESS

It was indicated that 58.9% respondents acknowledged that community involvement is vital in HIV/AIDS awareness. The respondents further asset that this can be a source of knowledge concerning unsafe sex and HIV/AIDS issues. Here was the following written statement:

"So that more people can hear, see and understand that AIDS is there".

Recommendations:

- ▶ Regional South African Civil Military Alliance to play a role to make this idea a true reality.
- ▶ Integrated programs of HIV prevention should be developed to link services of the SANDF with the other community initiatives for continuity of care of soldiers.
- ▶ Motivate SANDF members to be part of community involvement with regard to HIV/AIDS awareness.

6.13 WORK WITH THE COMMUNITY IN HIV AWARENESS

Fifty one comma eight percent (51.8%) respondents agreed to work with the community with regard to HIV/AIDS awareness. The majority of respondents agreed to work with the community as stated by this respondent.

"Because I need to know how they feel and maybe their views can help us in the Defence Force".

Recommendations:

- ▶ To provide collaborations with other state organs in the fight against HIV/AIDS.

6.14 TRAINING OR INFORMATION IN GENERAL HIV AWARENESS

Fifty two comma nine percent (52.9%) acknowledged that they have been trained. This was a clear indication that comprehensive health education is vital in the work place(SANDF).

Recommendations:

- ▶ The incorporation of HIV/AIDS is in the syllabus of all military courses in order to be in line with the current global problem.
- ▶ To strengthened workplace master training programmes of HIV prevention.
- ▶ Full time health education is vital to fulfil the mission on the fight against HIV/AIDS in the work place(SANDF).
- ▶ Promotion of peer education programme was necessary.

6.15 RECEIVING HEALTH EDUCATION ON HIV/AIDS

It was indicated that only 46.9% respondents said "yes" about the issue of health education. In the study conducted by E van der Ryst, G Joubert, C Heumis, J Le Roux & C Williamson (587) on HIV/AIDS related knowledge, attitudes and practices among South African Military Recruits reveals the following:

Most of the recruits obtained their knowledge regarding HIV/AIDS from schools (34.8%), health and social services (27.1%) and the printed media (17,7%) while only 5.2% stated that they learned about HIV/AIDS from the SANDF education programmes.

In the current study 73.7% strongly agree there must be health education, 70.6% strongly agree that workshop awareness could play a major role and 69.9% strongly agree that media (printed, radio and television) play a vital role in influencing the knowledge about HIV/AIDS.

Here were some of the written statements:

"Simply because there is no good education in SANDF"

"At work, but some of my friends avoid health education by lying in the bangalow".

"I do receive it through media like radio".

"Because if I am on deployment, no one comes and there and give the lecture to us".

Recommendations:

- ▶ Full time health educators will be required from SAMHS in order to provide adequate knowledge.
- ▶ All Military Health Formation Units should provide health education programmes to the army units they were serving.

- ▶ Occupational health should play a vital role in monitoring the activities of health education as required by Occupational Health and Safety Act.
- ▶ Health Education could provide promotive and preventive health in minimising unsafe sex.
- ▶ Role plays had to be done to all army units in order to alert them about this deadly disease.
- ▶ Health education, if given properly will address the poor perception of HIV/AIDS in the workplace.
- ▶ Health education should also be given to all deployment areas. This role have to be done by first aid level five medical personnel.
- ▶ Burrelli (460) indicate the HIV/AIDS education programmes focus on changing high risk behaviour associated with HIV/AIDS transmission.
- ▶ Peer education have to be enforced.

6.16 BELIEVE HIV PERSONS ARE BEING TREATED FAIRLY

It was only 21.2% respondents who acknowledged that HIV people are treated fairly. The majority indicated that there is some form of discrimination regarding HIV positive people and they were abandoned by their families. The following written statements support the discussion:

"I have noticed that some commanders even go to an extent of not staffing them the minute they notice their circumstances".

"They have been treated unfairly in the work places and some of them are taken out of work due to the fact that they are HIV positive".

Recommendations:

- ▶ Collaboration of the whole multidisciplinary team of SAMHS.
- ▶ Educating soldier about their rights to life. Health and humans rights as well as the respecting rights of the others.
- ▶ South African Soldier (27) indicate that South African Civil Military Alliance would play a vital part in modifying the perception of HIV in the work place and promote the treatment of HIV persons
- ▶ Discrimination of employees on the grounds of HIV is strictly prohibited. (Heywood & Hasson: 849)
- ▶ Unfair labour practice is prohibited according to Employment Equity Act (Heywood & Hassan 1998:852).
- ▶ Whether ill or not all soldiers should be considered for all transformation posts and courses.

5.17 VIEW OF HIV/AIDS IN THE WORK PLACE

The respondents indicated that HIV/AIDS have no cure; unprotected sex was the main cause of HIV and they believed that prevention was better than cure. They viewed it as a virus that people will die of it. These were written statements:

"It is caused by having too many sex partners at a time. You can avoid it by safe sex with one partner".

"Don't sleep around and use condoms if you do. I know everybody love sex but how much do you have your life? That is the big question you must ask yourself before you have sex with the girl you just met last night".

Recommendations:

- ▶ Abstinence during operational duties.
- ▶ it can be controlled. People must be educated about the disease. The use of condoms must be emphasized. Sleeping around is dangerous during military deployments.
- ▶ People to have one partner as a preventive measure.
- ▶ Supply knowledge on how people contract HIV.
- ▶ People with HIV/AIDS need support.
- ▶ The government must support the fighting of HIV/AIDS.
- ▶ Strengthened partnership efforts in the fight against HIV/AIDS through SACMA.
- ▶ The beliefs regarding HIV/AIDS should be changed through workshop awareness and training at the work place.
- ▶ Multidisciplinary approach might assist in changing the wrong attitudes of HIV/AIDS in the work place. All peoples contributions were important regardless of their rank.

5.18 PERCEPTIONS REGARDING HIV/AIDS IN THE WORK PLACE

The majority of respondents felt that HIV/AIDS was a serious disease affecting SANDF and believe that HIV positive should be treated fairly and not be subjected to discrimination. Some indicated that those who are HIV positive were not known and it is difficult to provide the support. The following written statements supports the views:

“Let people with it speak for themselves”.

“Those who are positive are not known, so we can't do much about giving them support. I think they must disclose themselves to get our support”.

“The people with HIV should not be discriminated. They should be treated like normal people”.

"Is the serious disease that kills especially SANDF members that are neglected".

Recommendations:

- ▶ It was indicated by one respondent that there must be seminars where people are educated about the disease at least once in three months.
- ▶ The issue of disclosure need further exploration in the SANDF.
- ▶ Health education regarding behavioural changes will be vital in changing the wrong perceptions of HIV/AIDS in the work place.
- ▶ Sowetan 2001 (12) indicate that the disclosure of HIV status of the daughter of the member of parliament. This whole scenario would assist in removing the stigma.
- ▶ Soldiers who are HIV positive must not be discharged from SANDF, but should be supported through out their work experience. Discharging a soldier who is HIV positive is not in line with the Occupational Health and Safety Act and Employment Equity Act.
- ▶ Military personnel had to be given time to attend their own spiritual healers and traditional healers.
- ▶ Multidisciplinary approach will be vital in handling HIV/AIDS in the workplace.

6.19 PRIVACY AND CONFIDENTIALITY

Participant observation were conducted during Concurrent Health Assessment of military personnel. It was found that the papers for rapid test or HIV test were distributed openly. The privacy of the clients seems to be violated. The confidentiality was also affected in the sense that people who read the information in the computer happen to have some lose talks. Here were some views or written statements:

"We happen to get people's results around here in the unit. There is no confidentiality according to me".

"Some of the medics have friends and they tell them if they don't like you".

"There is no privacy totally in SANDF".

Recommendations:

- ▶ All testing procedures should be adhered to privacy at all times.
- ▶ The screen should be used to prevent other peoples from seeing the results.
- ▶ All medical personnel who handle HIV/AIDS files should have a security classification of confidential.
- ▶ All medial orderlies responsible for reading the data related to HIV/AIDS in the computer should be thoroughly screened for their confidentiality and their ethical knowledge.
- ▶ The policy of SAMHS Order on Sexually Transmitted and HIV should be adhered too at all times.
- ▶ The set up for Medical Examination have to be adjusted in order to fit the requirements of privacy.

6.20 CULTURAL BARRIER REGARDING HANDLING OF HIV/AIDS IN SANDF

Nine comma five percent (9.5%) respondents indicated that the cultural perspective with regard to HIV/AIDS must be respected. This statement have been supported by the following written statement.

"People are being advised and given the chance to decide whether they want to do blood test or not".

Recommendations:

- ▶ Military personnel should be allowed to choose whether they want HIV testing or not.
- ▶ People have to be educated about the wrong cultural influence which might affect the handling of HIV/AIDS in the work place.

6.21 CULTURAL DISCREPANCIES IN SANDF REGARDING HIV/AIDS

Nine comma nine percent (9.9%) respondent believed there is cultural discrepancies with regard to handling of HIV. The majority of respondents indicated that they talk about HIV/AIDS through lectures. Culture can be a stumbling block with regard to handling of HIV/AIDS. The written statements indicate

“People must be given opportunity to attend the traditional African doctor”.

Recommendations:

- ▶ Respect all cultures and this will provide proper handling of HIV/AIDS in the work place.

6.22 PARTICIPANTS CAN WORK CLOSELY WITH HIV/AIDS PERSON

Almost 62.2% of the respondents tended to be willing to work closely with an HIV person compared with the others. The remaining percentage may pose a problem.

This was one of the written statements:

“He can't infect me by working close to me”.

Recommendations:

- ▶ Military members must be educated that nobody can contract HIV/AIDS by working next to each other.
- ▶ Training on the causes of HIV/AIDS would be vital so as to remove this negative stigma for people who are not prepared to work closely with an HIV positive person.
- ▶ All forms of discriminations should be removed from the managers' side.

6.23 PREVALENCE OF HIV/AIDS IN THE SANDF

Thirty comma five percent (30.5%) respondents indicated that there is an increase of incidence of HIV/AIDS in the work place. There is a need to increase preventative measures for HIV/AIDS prevention to combat the spread of the disease. The American Department of Defence kept statistics for active duty military personnel. Participant observation which was conducted during Concurrent Health Assessment indicate an increase of incident of HIV/AIDS in the work place. In America 274 aids cases were reported between the years 1982 and 1986. About 7 500 military members were found to be infected, 1 800 were still on active duty as of November 1990, the remaining 5 700 were either retired, has been separated from active duty or had died. (Burrelli 1992:453).

This scenario of American soldiers does not exclude SANDF members. There is a number of soldiers who are medically classified after Concurrent Health Assessment. Qualitative study have never shown a decrease of HIV/AIDS in the SANDF.

Recommendations:

- ▶ Multidisciplinary approach with a strong collaboration will be vital to avert the pandemic.
- ▶ Collaborate with other state departments through National and Regional SACMA might assist in the fight against HIV/AIDS.
- ▶ Full time health educators in all area military health formations will be vital to fight HIV/AIDS.
- ▶ Role plays on the impact of HIV/AIDS in the work place must be conducted. HIV/AIDS co-ordinators must train medical orderlies to perform role plays on different army units nationally.

6.24 GENDER OF PARTICIPANTS

The gender distribution reveals predominance of males. Ninety percent of the participants were male, the remaining 10% were female. This is an indication of the demographics of the SANDF. The Commission on Gender Equality states in its mission the "critical role to play in the attainment of a non-sexist society" (Commission on Gender and Equality 1998:3).

The SANDF should take cognizant of the relevant organization and legislative framework aimed at gender equality. This showed that the army is still a male dominated area, but it is still important to take care of sexual and reproductive health care needs of the female soldier.

Recommendations:

- ▶ The study reveals the need to have a comprehensive health education programmes on the roles of males in combating HIV/AIDS.

- ▶ The need to review the number of condom vending machines in the SANDF.

Participants will assist an HIV person during emergency

The respondents tended to be willing to assist an HIV positive person during an emergency. For instance 65.3% felt they could assist whilst 13.3% were reluctant to do so. This may be that the 65.3% who are willing to assist have the necessary knowledge to protect themselves.

This is further supportive of the view that adequate knowledge regarding the transmission mode of HIV lessens the stigma and discrimination against people with HIV/AIDS.

Recommendations:

- ▶ Personnel equipment of soldiers should include condoms, gloves and few bandages.
- ▶ Improvise by using ordinary plastics in preventing direct contact of blood during emergency.

6.25 LIMITATION OF THE STUDY

The research project deals specifically with "The exploration of perception of people regarding HIV/AIDS in the workplace", hence the ethos of the SANDF had to be adhered to with regard to sampling and editing. The security classification of confidentiality is attached to all the completed questionnaires. In order to abide by the rules, the researcher administered the questionnaire personally and put them in the safe place. For the document to be published for the public therefore it had to be edited by the defence intelligence according to regulations contained

in SANDFO/INT/2/97 dated 12 February 1997. Fortunately the results of the project will be utilized in handling issues of HIV/AIDS in the SANDF.

Pilot study was conducted in order to refine the questionnaire items. Once the questionnaire has been approved by SANDF, it cannot be altered. The research gathered the data personally to all the units indicated.

6.26 CONCLUSION

The project yielded good results and the ultimate recommendations would serve the needs of the SANDF with regard to handling of HIV/AIDS. There was a need to conduct further research on Management of HIV/AIDS in the military. The researcher is ready to conduct further investigations of HIV/AIDS in the SANDF as long as there is financial support.

The main recommendation will be health education, training on HIV/AIDS as well as collaboration of SANDF with other state Departments in the fight against HIV/AIDS. This is supported by South African Civil Military Alliance (see *appendix K*).

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APPENDIX A

APPENDIX A

CONFIDENTIAL

94720323PE

Telephone : 01553-48369
Extension : 2369
Enquiries : Capt T.R. Netangaheni

15 SAI Sickbay
Private Bag X1410
Lwamondo
0985

20 March 2000

The Officer Commanding
Far North Medical Command
Private Bag X9304
PIETERSBURG
0700

Colonel

RE : APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH

1. I hereby apply for permission to conduct a research on "Attitude and perception of HIV/AIDS in the workplace.
2. I am currently doing MA(Cur) with UNISA and my student number is 762-146-9.
3. I intend to use members of SANDF as my research subjects.
4. The research is planned to be conducted in some bases at Gauteng, and Western Province.
5. The reason for exploring the two province is to be able to have research sample which is representative to all populations in the SANDF.
6. The solutions and recommendations will benefit the department as a whole.

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7. See attached research proposal.
8. The research will be strictly confidential.
9. For Action.

T. R. Netangaheni Capt
(T.R. NETANGAHENI)
NURSING OFFICER 15 SAI SICKBAY : CAPT

Distr

For Action

OC Far North Medical Command

(Attention : Brig Gen H.C. Grobler)

For Info

SO1 Pers
OC 15 SAI Sickbay

(Attention : Lt Col Elloff)
(Attention : Maj N.S. Tshifularo)

CONFIDENTIAL

APPENDIX B

APPENDIX B

CONFIDENTIAL

15 SAI SB/C/94720323PE

Telephone : 01553-48369
Ext : 2369
Enquiries : Capt T.R. Netangaheni

15 SAI Sickbay
P/Bag X 1410
Lwamondo
0985

08 May 2000

RE APPLICATION TO CONDUCT A RESEACH IN THE WORK PLACE

1. I hereby apply to conduct a research on "Attitude and perception of HIV/AIDS in the work place".
2. My research proposal has been accepted by UNISA.
3. I will conduct the research in some basis at Northern Province and Gauteng Medical Command.
4. My supervisor is Dr Makhubele Nkondo and her telephone number is (012 - 429 6588).
5. I am intending to use 15 SAI BN members as I am currently situated at 15 SAI Sickbay.
6. My student number is 762-146-9 and my contract for studies with SAMHS is 2093.
7. The results, findings and recomendations will be the property of SAMHS and it will be utilized for future policy formulation on HIV/AIDS.
8. For your action.


(T.R. NETANGAHENI)

NURSING OFFICER 15 SAI SICKBAY: CAPT

DISTR

For Action

OC Far North Medical Command
SO1 Pers Far North Medical Command
OC 15 SAI Sickbay
2IC 15 SAI BN

(Attention: Col Van Rensburg)
(Attention: Lt Col Eloff)
(Attention: Maj N.S. Tshifularo)
(Attention: Maj M.J. Tshugulu)

For Info

SO3 Training Far North Medical Command

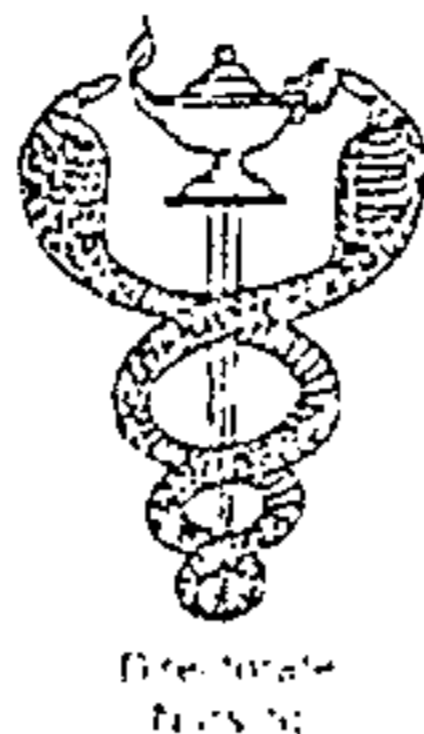
(Attention: Capt Dutoit)

CONFIDENTIAL

APPENDIX C

APPENDIX C

RESTRICTED



Telephone: 671-5313
Enquiries: Col A. Fischer
Fax: 663-1575

SG(7)/R/202/3/7
SG(7)/R/94720323PE

SAMHS Headquarters
Private Bag X102
Centurion
0046

23 June 2000

APPLICATION FOR APPROVAL OF RESEARCH PROJECTS

1. Your letter MED FN/C/94720323PE dated 9 June 2000 has reference.
2. Included, please find a copy of letter and questionnaire that Capt Netangaheni must complete prior to undertaking research.

A Fischer

(COL. A. FISCHER)
SURGEON GENERAL: LT GEN
AF/av(h)letter.af

Enclosure: 2.

DISTR

For Action

→ Act Officer Commanding
FN Medical Command

(Attention: Lt Col E. Coetzee)

177

"The SANDF/SAMHS is committed to HIV prevention."

RESTRICTED

RESTRICTED

SG(2) R 202/3/7

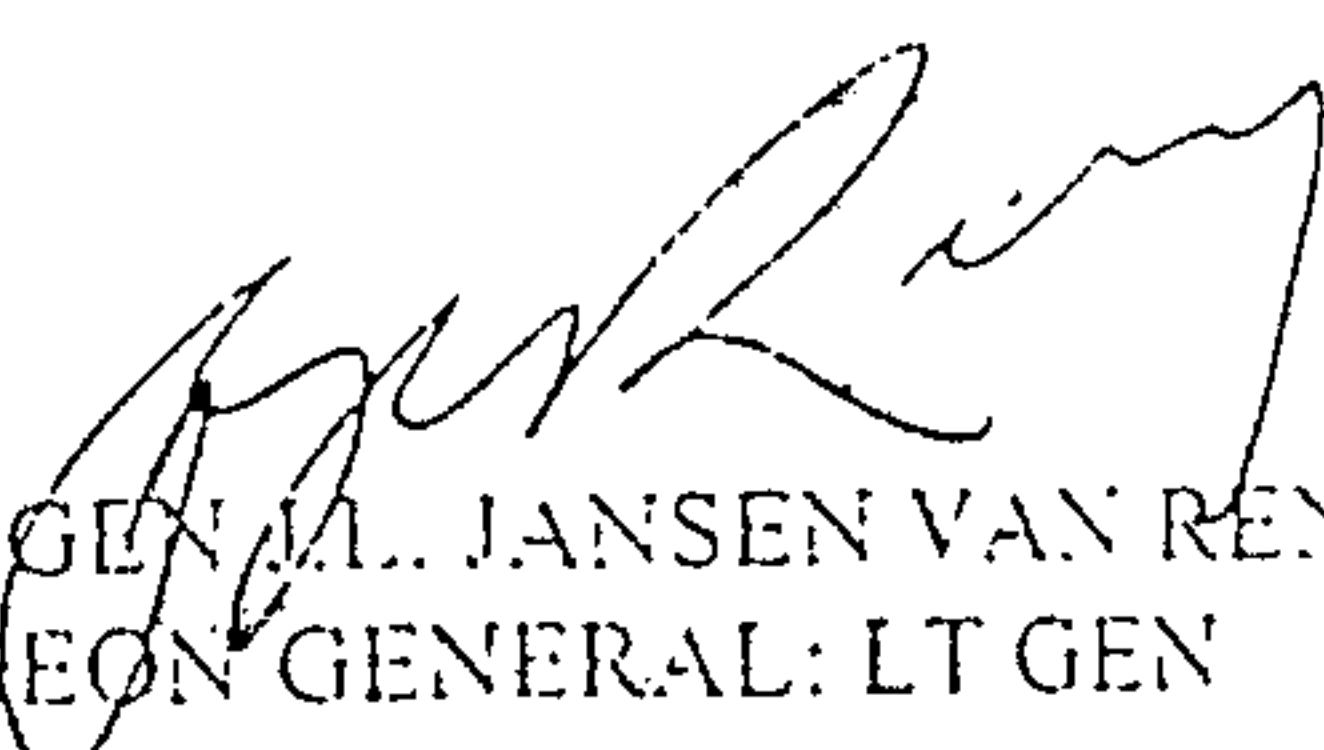
Telephone: 671-5228
Enquiries: Lt S.M.C. Duvenage

SAMHS Headquarters
Private Bag X102
Centurion
0046

23 April 1999

APPLICATIONS FOR APPROVAL OF RESEARCH PROJECTS

1. Letter SG(2)/C/202/3/7 dd 7 Aug 98 has reference.
2. Commanding officers should once again take note that no members of the SAMHS may distribute applications for research projects directly to Defence Intelligence (Def Int). All applications should be addressed to this HQ (MS2). CMFA and SG will first approve the applications before submission to Def Int.
3. The following documents must accompany an application in order to speed up the process:
 - a. A framework of the proposed research project.
 - b. A list of all sources/references who will be contacted or interviewed while working on the project.
 - c. A list of persons or institutions to whom the final product will be distributed.
 - d. Copies of all questionnaires that will be used for the gathering of information when applicable.
 - e. The attached application form (Request to do Research) must also accompany the application.
4. All completed projects containing SAMHS related information must first be forwarded to this HQ (MS2) for submission to the Directorates concerned. After these Directorates have approved the applications, MS2 will submit them to Def Int for final approval.
5. The above-mentioned information must be distributed to the lowest rank level.


(MAJ GEN M.L. JANSEN VAN RENSBURG)
SURGEON GENERAL: LT GEN

RE 178 ED

RESTRICTED

Enclosure: Request to do Research: Application Form

DISTR

For Action

OC's Med List Bravo
Med List Charlie

Internal

File SG(2)/R/202/3/7

RI 179 FED

APPENDIX D

APPENDIX D

REQUEST TO DO RESEARCH: APPLICATION FORM

The following particulars are needed to process your request:

1. a	Full names of applicant	THINAVHUYO ROBERT
1. b	Surname of applicant	NETAMSAHEMI
1. c	Address	Box 246, SHAYANDIMA 0945
2.	Telephone	015 964 1736 (H) 015 348 269
3.	Rank or Title	CAPT
4.	Citizenship	SOUTH AFRICAN
5.	Gender (Male/Female)	MALE
6.	ID Number	6408156021080
7.	Date of Birth	1964-08-15
8. a	Military members (CF/PF)	PERMANENT MEMBER
8. b	Force Number	94720323 PR
8. c	MZ-Number	465692
9.	Surname & Initials of supervisor	Dr O M MAREUBELA-MKONDO
10	Institution/University	UMISA
11.	Medium of research eg. book, film etc.	ENGLISH.
12	Final submission date	APRIL OR SEPTEMBER 2001
13	Examiner	Dr O M MAREUBELA-MKONDO
14	Security Clearance of concerned parties if possible	M/A
15	Sources that will be consulted	UMISA LIBRARY, AIDS CENTRE MILITARY HOSPITAL, DAILY NEWSPAPERS AND GOVERNMENT
16	Title of research	ATTITUDE AND PERCEPTION OF HUMANS IN THE WORKPLACE
17	Purpose of research	The exploration of HUMAN PLACE AND POSSIBLE SOLUTIONS
18	Post graduate qualifications	CURRENTLY DOING M.A (H)
19	Types of previous research	M/A
20	Field of specialization (Contract Researchers only)	COMMUNITY HEALTH
21	SIGNATURE	Netangeni
22	DATE	20/07/10

RES TED

APPENDIX E

APPENDIX E

RESTRICTED

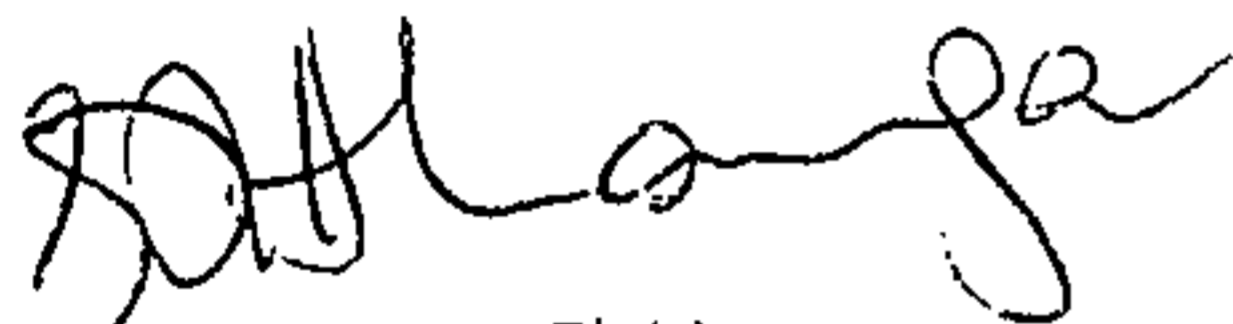
SG(1)/R/94720323PE

Telephone: 6715064
Enquiries: Mrs L. Hammond

Office of the Surgeon General
Private Bag X102
Centurion
0046
15 March 2001

RESEARCH QUESTIONNAIRE 94720323PE CAPT T.R. NETANGAHENI

1. This HQ's letter SG(1)R/94720323PE dated 19 September 2000 refers.
2. Attached please find the research questionnaire approved by Unisa iro the abovenamed officer for the research proposal on an exploration of perceptions of people regarding HIV/AIDS in the workplace.
3. For your further attention.



(N. LANGA)
SURGEON GENERAL: LT GEN

lh/research.net

DISTR

For Action

DHQ CTC

(Attention: Maj Scott)

R [ED

TITLE: EXPLORATION OF PERCEPTION OF PEOPLE REGARDING HIV/AIDS IN THE WORK PLACE

QUESTIONNAIRE

PURPOSE OF STUDY

The purpose of this survey/study is to determine the predisposing causes of HIV/AIDS in the workplace and improve the General perception with regard to HIV/AIDS:

To ensure confidentiality, please do not write your name.

PART 1

Instructions

You are kindly requested in exploring the perception of HIV/AIDS in the workplace. The end results of this study will be utilized in handling of HIV/AIDS in the workplace. Check (✓) the responses which best fits your situation.

Demographic Information

Official use only

1. Age in years

- [20 and less] 1.
- [20 - 25] 2.
- [20 - 31] 3.
- [32 - 37] 4.
- [38 - 41] 5.
- [42 - 47] 6.
- [48 and over] 7.

2. What is your sex

- Male 1.
- Female 2.

3. Marital status

- Married 1.
- Divorced 2.
- Single 3.
- Widow 4.

4. Educational level or years of school

- 0 - 4 years 1.
- 5 - 9 years 2.
- Primary school 3.
- Secondary school 4.
- Tertiary education 5.
- Illiterate 6.
- Other 7.

5. Economic status (Income)

- Less than R1000/month 1.
- More than R1000/month 2.
- Unemployed 3.
- Other 4.

6. Are you attached to any religious movement?

- Yes 1.
- No 2.

Please explain:

.....

.....

.....

PERCEPTIONS OF HIV/AIDS IN THE WORKPLACE

7. Do you believe that discrimination against HIV/AIDS can be controlled?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

8. Would you work closely with an HIV/AIDS person?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

9. During emergency, would you assist an HIV/AIDS person?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

10. Do you believe there is prevalence of HIV/AIDS at SANDF?

- Yes 1.
- No 2.
- Undecided 3.

I don't know

4.

Please explain:

.....
.....
.....

11. What is your view regarding HIV/AIDS?

.....
.....
.....
.....

12. What is your perceptions regarding HIV/AIDS in the workplace?

.....
.....
.....
.....

13. Do you regard your perceptions as been representative?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....
.....
.....

14. Do you believe that HIV/AIDS people are treated fairly?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....
.....
.....

15. If yes, what do you consider to be a fair treatment?

Treatment	Strongly agree	Agree	Disagree	Strongly disagree
1. Provided with sick leave				
2. Treatment with respect				
3. Allocated less strenuous tasks				
4. Provided with high protein diet				
5. Family support				
6. Social contact				
7. Continuous chaplain services				
8. Others				

16. Have you ever observed any cultural discrepancies in the SANDF with regard to HIV/AIDS?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

17. Is there any cultural barrier with regard to handling of HIV/AIDS in the SANDF.

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

18. Does HIV/AIDS have medicine or can be treated?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

19. How many partners do you have (Girlfriend, men, woman)?

- [0 - 1] 1.
- [1 - 2] 2.
- [2 - 3] 3.
- [3 - 4] 4.
- [other] 5.

20. Are you sexually hyperactive?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

21. Does unsafe sex contribute to HIV/AIDS?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

22. Is HIV/AIDS treated by medical doctors or traditional healers?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

23. Does procedures conducted during medical examination have privacy?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

24 Does HIV/AIDS personnel have the right to Confidentiality?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

25. How can perceptions regarding HIV/AIDS be influenced or changed?

Contents	Strongly agree	Agree	Disagree	Strongly disagree
Health Education Workshop Awareness through media - Radio - Printed - TV				

26. HIV/AIDS personnel need privacy?

Contents	Agree	Strongly agree	Disagree	Strongly disagree
Deserve Require				

27. Does managers have passion about HIV/AIDS issues?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

.....

.....

VIEWS ABOUT SANDF EMPLOYEES COMMUNITY

28. In your opinion is community involvement necessary in HIV/AIDS awareness?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

29. Would you enjoy working with the Community in HIV/AIDS awareness?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:
.....
.....

TRAINING AND EDUCATION IN HIV/AIDS MANAGEMENT

30. Have you been informed/trained in general HIV/AIDS awareness?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:
.....
.....

31. Are you receiving health education with regard to HIV/AIDS?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:
.....
.....

32. Do you have an HIV/AIDS policy in your department?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

33. If yes, are you familiar with the contents of the HIV/AIDS policy?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

34. What are your views regarding the contents of HIV/AIDS policy?

Contents	Strongly agree	Agree	Disagree	Strongly disagree
1. No discrimination				
2. Testing optional				
3. Testing Compulsory				
4. Deployment to other areas				
5. Disclosure of information				
6. Other				

TN/AG (NET27821)

33. If yes, are you familiar with the contents of the HIV/AIDS policy?

- Yes 1.
- No 2.
- Undecided 3.
- I don't know 4.

Please explain:

34. What are your views regarding the contents of HIV/AIDS policy?

Contents	Strongly agree	Agree	Disagree	Strongly disagree
1. No discrimination				
2. Testing optional				
3. Testing Compulsory				
4. Deployment to other areas				
5. Disclosure of information				
6. Other				

TN/AG (NET27821)

APPENDIX F

APPENDIX F

SG(7)/R/104/11/6/9/AIDS

Telephone: (012) 671 5412
Fax Number: (012) 663 1574
Enquiries: Lt Col C.J. Engelbrecht

Office of the Surgeon General
Private Bag X102
Centurion
0046

11 June 2001

RE APPLICATION TO CONDUCT A RESEARCH IN THE WORKPLACE

1. Refer to your letter 15SAI SB/C/94720323PE dd 08 May 2001 in this regard.
2. Your application has been approved and you are reminded of the following:
 - a. Please ensure that CI approves your questionnaire prior to distribution.
 - b. Approval for the utilization of members in units for this research must be obtained from the relevant unit OC's.
 - c. The results, findings and recommendations must be filed under file reference number 104/11/6/9/AIDS and a copy of the report must be sent for info to D Med.
3. As the research largely duplicates the current Knowledge, Attitudes and Practice survey planned for implementation throughout the organization, it would be interesting to see if there are any discrepancies with regard to the two studies.
4. We are looking forward to your report and wish you good luck in your studies.

Regards

(LT COL C.J. ENGELBRECHT)
DEPUTY SURGEON GENERAL: LT GEN

DISTR

For Action

OC AMHU Far North

(Attention: Capt T.R. Netangaheni)

For Info

CDCC

(Attention: Ms E-L. Mostert)

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APPENDIX G

APPENDIX G

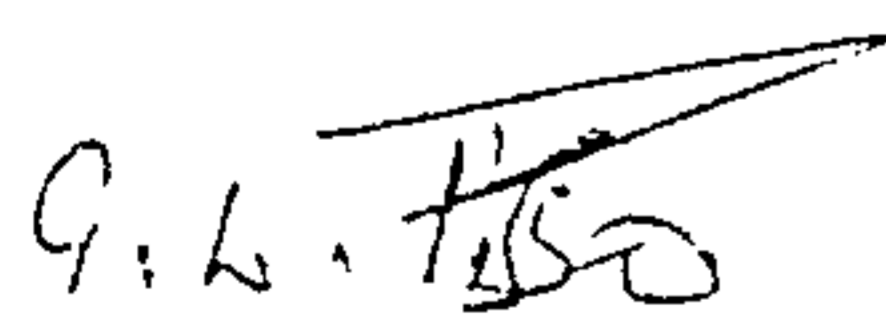
Telephone: (012) 315-0031
Fax No: (012) 326-3246
Enquiries: WO1 S. Pötersen

Defence Intelligence
Private Bag X367
Pretoria
0001

24 August 2001

APPLICATION TO CONDUCT RESEARCH IN THE DOD: CAPT T.R. NETANGAHENI

1. The letter SG(7)/R/202/3/7 dd 1 Aug 01 from Surgeon General refers.
2. The following security restrictions are placed on the research:
 - a. The following questions that are currently included in the questionnaire are not allowed and must be removed:
 - i. Question 6, Years of experience in the SANDF.
 - ii. Question 7, Years experience per rank.
 - iii. Question 8, What's your position in the SANDF.
 - iv. Question 10, What is your race.
 - v. Question 11, What is your ethnic group.
 - b. The security classification of Confidential is attached to all the completed questionnaires.
 - c. A preliminary security classification of Confidential is attached to the research product. The final product must be presented to this Division for scrutiny and the attachment of a final security classification, if any.
 - d. All classified material must be stored according to regulations contained in SANDFO/INT/2/97 dd 12 Feb 97.
3. For your further action.


(MAJ GEN G.L. PITSO)
CHIEF OF DEFENCE INTELLIGENCE: LT GEN

sp/sp



APPLICATION TO CONDUCT RESEARCH IN THE DOD: CAPT T.R. NETANGAHENI

DISTR

Action

Chief of Corporate Staff – CDCC

(Attention: Maj F. Pretorius)

For Info

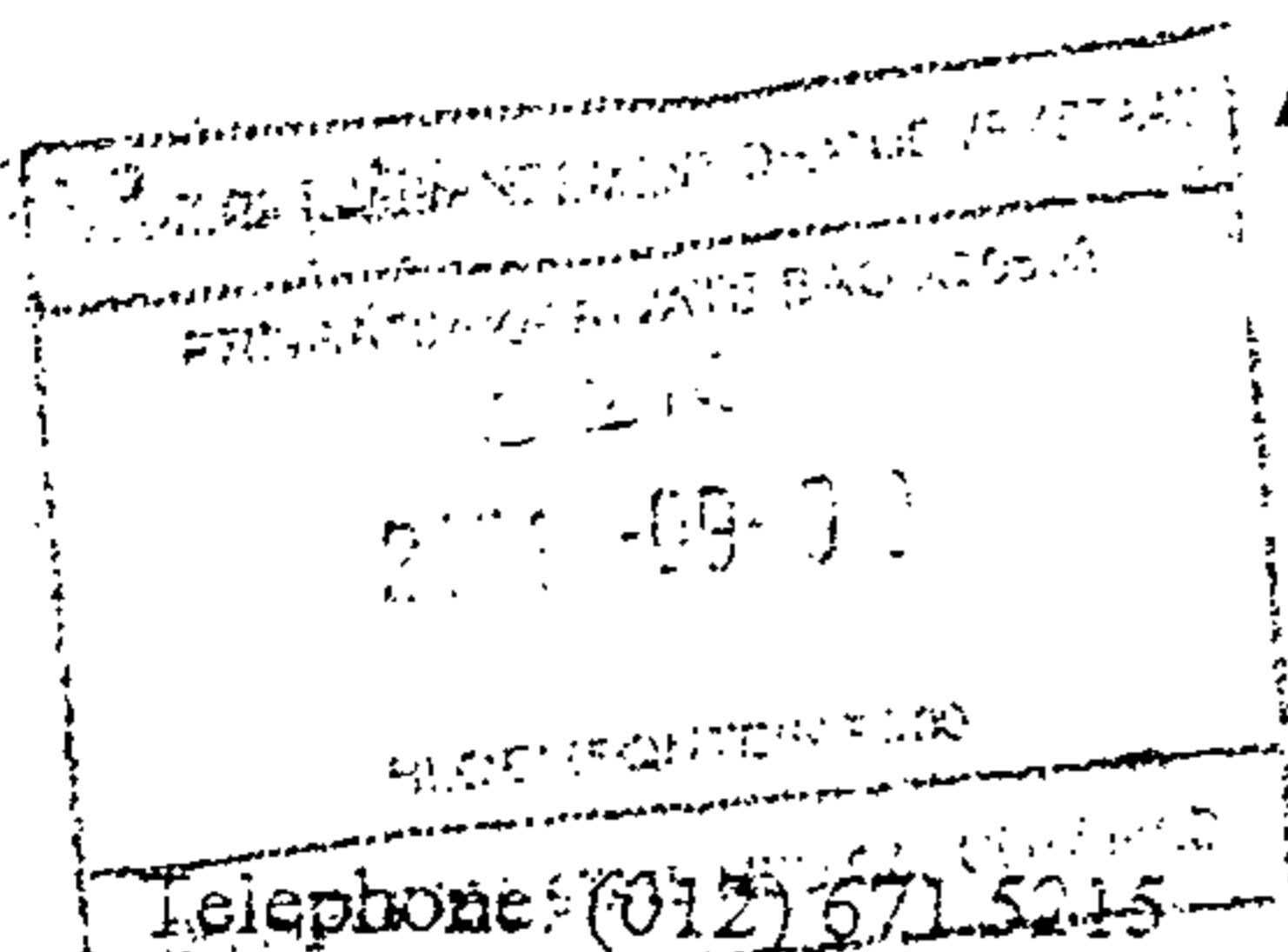
Office of the Surgeon General

(Attention: Lt Col O.T. Nodola)

Internal

File: DI/R/202/3/7

APPENDIX H



RESTRICTED

SG(2)/R/202/3/7

Enquiries: S. Sgt T.Z. Lungwengwe

Office of the Surgeon General
Private Bag X102
Centurion
0046
29 August 2001

APPLICATION TO CONDUCT RESEARCH IN THE DOD: 94720323PE CAPT T.R. NETANGAHENI

1. The letter DIR/202/3/7 dd 24 Aug 01 from Defence Intelligence refers.
2. The following security restrictions are placed on the research:
 - a. The following questions that are currently included in the questionnaire are not allowed and must be removed:
 - i. Question 6, Years of experience in the SANDF.
 - ii. Question 7, Years experience per rank.
 - iii. Question 8, What is your position in the SANDF.
 - iv. Question 10, What is your race.
 - v. Question 11, What is your ethnic group.
 - b. The security classification of Confidential is attached to all the completed questionnaires.
 - c. A preliminary security classification of Confidential is attached to the research product.
 - d. All classified material must be stored according to regulations contained in SANDFO/INT/2/97 dd 12 Feb 97.
3. For your further action.

H. Nodola
PP (LT COL O.T. NODOLA)
SURGEON GENERAL: LT GEN

APPENDIX H

RESTRICTED

2

APPLICATION TO CONDUCT RESEARCH IN THE DOD: CAPT T.R.
NETANGAHENI

DISTR

For Action

OC AMHU FS

(Attention Capt T.R. Netangaheni)

Internal

SG(2)/R/202/3/7

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RESTRICTED

APPENDIX I

APPENDIX I

OFS MED COMD/R/94720323PE

Telephone: . 051 - 4478052
Extension: 242
Enquiries: Maj T.R. Netangaheni

Headquarters
AMHU Free State
Orange Free State Medical Command
Private Bag X20503
Bloemfontein
9300
29 August 2001

The Officer Commanding
AMHU Free State
Orange Free State Medical Command
Private Bag X20503
Bloemfontein
9300

Colonel

RE: APPLICATION FOR 50/50 LEAVE FOR 94720323PE MAJ T.R. NETANGAHENI

1. I hereby apply for the abovementioned leave as from 15-10-2001 - 30-11-2001.
2. I will be doing data analysis and recommendations which include Chapter 5 & 6 of my research project.
3. My contract number for the current studies is 2093.
4. If there is no other changes my contract will expire on December 2001.
5. I put a request to conduct a research since last May 2000.
6. I have received the approval of my Research Project between April and August 2001.
7. Data collection will be collected in September 2001.
8. The other purpose of taking that leave is to prepare an article on the same topic for the purpose of presenting it at the International Conference which will be held at Sun City next year.
9. I will be representing Occupational Health of Area Military Health Unit Free State.
10. See all attached documents regarding my studies.
11. For Action.

T. Netangaheni
(T.R. NETANGAHENI)
OCCUPATIONAL NURSING OFFICER: MAJ

RESTRICTED

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APPENDIX J



Steven Sibetsiba, a former Corporal from Battalion 21 in Lenasia who once prided himself on the service he gave to his country, is now dying at his unemployed mother's home in Soweto. PHOTO: MOTLAPELE TAI

Ex-soldier's lone battle against Aids

SOWETAN 2 JULY 2001:4

APPENDIX K

Civil Military Alliance

to combat
HIV/AIDS

By Capt Fundile Siyongwana

The Civil Military Alliance (CMA) to combat HIV/AIDS was officially launched in Braamfontein, Johannesburg, on 5 March this year. This signalled the re-assertion of the last alliance in the nine provinces of South Africa.

Background

The Civil Military Alliance to combat HIV and AIDS was conceived in 1993 at a satellite seminar of the 27th World AIDS Conference convened in Berlin, Germany. Civilian and military participants from 27 countries adopted a formal consensus statement that pledged "military and civilian co-operation in response to the HIV/AIDS epidemic".

South East Africa

The Regional Civil Military Alliance was formed during the 1997 Africa Regional Workshop on HIV/AIDS Prevention in Military Populations held in Namibia on 27 March 1997. The regional office for this network is situated in Lusaka, Zambia. The Alliance is dedicated to the prevention of HIV/AIDS and Sexually Transmitted Diseases (STDs) in security and armed forces - at home and during deployment on foreign soil - and across the civil military spectrum of the general population.

The target populations concerned include the military, paramilitary security, peace-keeping forces, police, correctional services, military families and the communities in which these groups are located.

Membership of the Alliance is easily open to private and government organisations, and also to individuals who are active in the struggle against HIV/AIDS.

South African Alliance

The fight against HIV/AIDS gained new momentum with the launch of the South African Civil Military Alliance (SACMA) to Combat HIV/AIDS on 14 November 1997. This was the first formal structure to join the civil and military communities as allies in the fight against HIV/AIDS in Southern Africa.

SACMA consists of an executive committee of eight members who oversee the day to day running of the alliance. The executive represents the SA National Defence Force, the Departments of Health, Welfare, Correctional Services, the SA Police Service and UNAIDS. The SACMA meets bi-monthly. The SACMA chairpersons also meet at the executive level.

The Body of Chairpersons consists of all the members of the alliance and meets

once a year. Ms Nozizwe Madlala-Routledge, the Deputy Minister of Defence, is SACMA's patron.

Provincial Alliances

Seven provincial alliances were launched during 1999 and 2000, namely North West, Northern Cape, Northern Province, Western Cape, Mpumalanga, Free State and KwaZulu-Natal. The objective of the launches was to bring together all civil military interface by co-ordination, integration and implementation to efficiently reduce the personal and social impact of HIV/AIDS on the military, paramilitary and civilian communities.

THE HIV
TEST

The
SOUTH AFRICAN
Civil Military
Alliance
to Combat
HIV/AIDS

South African Civil Military Alliance
HIV/AIDS RESOURCE GUIDE