

**A HIDDEN COHORT: HIV AND AIDS AMONGST THE
FARMING COMMUNITY**

by

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DEDICATION

I dedicate this thesis to my dear mother, Mrs Tshinakaho Mbedzi; my beloved children, Unarine, Mukonazwothe and Emmanuel; my fiance, Miss Dimakatso Margaret Matjeke; the altruistic management and staff of SAFM (South African Farm Management); as well as the assiduous farming communities of Levubu and Tzaneen for their love, support and relentless encouragement in making this research project achieve its intended objectives.

DECLARATION

I hereby declare that:

A HIDDEN COHORT: HIV AND AIDS AMONGST THE FARMING COMMUNITY

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

Thinavhuyo Robert Netangaheni

Date

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ABSTRACT

Purpose

This research project was an attempt to determine situational aspects of HIV and AIDS among the designated farming communities in the Vhembe and Mopani districts of Limpopo Province. Questions arising from the pilot project were premised on the capacity of farmers in these areas to adequately address the daunting reality and prevalence of HIV and AIDS in their communities.

Research Design and Methodology

The research was designed to facilitate the integration of both qualitative and quantitative approaches. A sample of 228 respondents was involved in a triangulated participatory action research method. To the extent that the data collection techniques were triangulated in both nature and focus, HIV/AIDS-related data and information within the designated farming communities was attained with a maximum degree of validity. The data collection techniques used in this regard were: questionnaires, which were distributed to 228 respondents; participant observation; exploratory investigation; unstructured interviews; naturalistic observation; focus group interviews and discussion; and review of documents. The reviewed documents include (primary) sources on HIV/AIDS by the Department of Health and (secondary) sources of literature by various authors presenting a range of perspectives on HIV/AIDS in farming areas.

Findings

The results of the study revealed the absence of a coordinated policy on HIV/AIDS in particular, and health in general; and a vacuous prevalence of basic HIV/AIDS-related information. For instance, knowledge on condom usage as a prevention strategy was ostensibly scant. Currently, primary healthcare services in the area are not available. The sampled farm workers themselves unanimously corroborated that there was no HIV/AIDS policy on the SAFM farms.

Conclusion

Based on the main findings established above, it has become indispensable that comprehensive and multidisciplinary HIV/AIDS policy interventions be initiated by all

the relevant stakeholders. Local and provincial healthcare authorities need to provide policy guidelines for the development of such policy, taking the particular needs and circumstances of farm workers. The pervasive degree of insufficient HIV/AIDS knowledge among this group necessitates that such a policy should integrate both a labour perspective and healthcare orientation, rather than perpetuating a separation of the two paradigms. This form of integration ensures that the observance of a human rights dimension becomes a sacrosanct component of the prevention of HIV/AIDS among farm workers, as well as their education concerning their healthcare-related rights as farm employees. Furthermore, the prevalence of a national HIV and AIDS policy is mainly aimed at facilitating broad guidelines, not addressing the specific contexts of every public, corporate and rural employment sector (DoH, 2007: 11-12; Muhlemann, et al., 1992: 479). In order that the education, prevention and treatment initiatives in the Vhembe and Mopani farming communities are achieved, the most important parameters of the policy should indicate:

- The systematic institutionalisation of local, provincial, and national HIV and AIDS programmes, notwithstanding the provision of healthcare facilities such as clinics;
- The promotion of basic healthcare education in general, and HIV/AIDS awareness and prevention among farm workers in particular;
- The development of HIV/AIDS work place policy by SAFM as employer;
- The systematic involvement and formation of partnerships between policy makers, local and international funders, HIV/AIDS healthcare workers and practitioners, NGOs and SAFM.

As a critical factor and unit of analysis in the study, SAFM is expected to fulfil a developmental function among its employees, their families, and the local communities. This function could be enhanced further with the collaboration between SAFM and other farmers in the distribution of basic information regarding HIV/AIDS and other sexually transmitted diseases at the workplace, as well as extensive healthcare education and training for their farming personnel. Trained personnel, especially managers, are a salient factor in the implementation of organisational health and safety requirements (DoH, 2007: 6, 8; Muhlemann, et al., 1992: 478-479).

KEY TERMS USED IN THE STUDY

AIDS DRUGS

ANTIRETROVIRAL TREATMENTS (ARV'S)

COHORT

CONFIDENTIALITY

CULTURE

DATA

EDUCATION AND TRAINING

EMPLOYMENT EQUITY ACT

FARMING COMMUNITY

FARM OWNERS

FARM WORKERS

HEALTH

HIV/AIDS

KNOWLEDGE

PERCEPTION

POLICY

PRIVACY

RELIGION

SEXUALLY TRANSMITTED DISEASES

SOUTH AFRICAN FARM MANAGEMENT

STIGMATIZATION

STRATEGIC INTERVENTION

TESTING

TUBERCULOSIS

WORKPLACE

DEFINITION OF TERMS USED IN THE STUDY

AIDS

The Acquired Immune Deficiency Syndrome weakens, the body's defence systems, rendering it ineffective against other opportunistic diseases. In this study, it was appropriate that the participants' levels of knowledge and understanding of AIDS be determined, as it would help explain their attitudes towards it.

Attitude

A way of behaviour and thought, based on perception of phenomena. An individual may react or respond positively or negatively to stimuli, or a concept such as HIV/AIDS. It was necessary that the HIV/AIDS attitudes of the respective farming communities engaged by the study be understood by the researcher, as it would help in explaining the life-world that generated the prevalence of such attitudes.

Confidentiality issues

Legally enforced matters or issues that relate to privacy and non-disclosure of HIV/AIDS status between parties. Like any other medical condition, HIV/AIDS is a confidential matter between the patient and the medical practitioner/caregiver. How does the farming community view HIV/AIDS in relation to confidentiality? In rural areas and impoverished areas such as the designated research sites in the study, lack of knowledge by farm workers may result in the violation of their human dignity. If their understanding of confidentiality is vacuous, there might be the resultant problem of HIV/AIDS management in the farming environment. However, confidentiality may also exacerbate the transmission of HIV/AIDS if it is misconstrued as promoting non-disclosure of the HIV/AIDS status.

Cohort

A group of people whose geographic location and socio-economic status identifies and distinguishes them from other groups. In the study, farm workers are the most identifiable group or cohort, by virtue of such variables as low literacy and HIV/ADS awareness levels, poverty exacerbated by their employment conditions, migrant labour, and general rural underdevelopment. Generally, farm workers, despite their immeasurable contribution to an important sector of the country's economy, could be

relegated into an unproductive underclass as they face HIV/AIDS decimation. SAFM for instance, did not have a workplace-based HIV and AIDS policy for its employees working on the farms. Focus on this particular group is necessitated by, among other factors, the need to highlight the devaluation of their human rights to fair labour practices and access to health facilities – rights that are accorded all citizens despite their geographic origins, socio-economic status, and other material variables.

Cultural factors

Culture is a way of life characteristic of a particular group of people, and may be symbolised by traditions, mores or customs. Cultural beliefs and differences impact on the understanding of HIV/AIDS as a pandemic problem. Different forms and levels of the understanding of HIV/AIDS within different African ethnic groups related to their cultural understandings. The farming culture among different ethnic groups seemed to have hindered the understanding of HIV and AIDS.

Farming community

Landowners, their employees, and/or others living on the land – all of whom are engaged in the primary function of farming activities for the purposes of production and profit. Farm employees constitute a wage-earning category with the productive labour services rendered to the farm owners. As owners of the means of production (land), farm owners are legally obliged to provide adequate health and safety requirements for their employees.

Farming environment

A socio-economic milieu dominated by land-based or agricultural means of land cultivation, ownership, production and income generation for sustenance. As opposed to “farming community” (which is person-specific), the farming environment further includes a lifestyle-based context. In the study, the farming environment highlights the particular social dynamics inherent in this specific scenario.

Farm owners

Individuals and/or organisations that own land to cultivate for commercial purposes. In the study, SAFM is the corporate entity (company) owning farms in the designated

research areas (Vhembe and Mopani). Accordingly, this entity is obliged to develop its own company-specific HIV/AIDS policy (see Muhlemann, et al., 1992: 479).

Hidden cohort

A group of variables/individuals that have a common statistically defined characteristic; the most defining feature of such variables/individuals is that the group's characteristics are not equitably aligned to mainstream access to health. (The DoH, 2007: 10 states: "Equity means ensuring that *the whole population* has access to quality health care") The group's unknown features could include inadequate knowledge, understanding and management of HIV/AIDS – without which proper preventive strategies would be rendered ineffective. In the study, the rural situatedness of farm workers could submerge them into an unnoticeable underclass whose socio-economic salience and contribution is obfuscated by their labour- and health-related challenges on the farms.

HIV

The Human Immuno-Deficiency Virus, the causative agent of AIDS. In the study, as in the case of the definition of AIDS, it was necessary to find out whether or not the respondents were aware of the distinction between the concepts "HIV" and "AIDS". The level of awareness (or a lack thereof) is concomitantly linked to their levels of (il)literacy

Perception

The capacity to view or understand, which serves as the basis for formulating opinions or judgement on phenomena or any prevailing state of affairs. In the study, it was imperative that the farmers' and the farm working community's perception of the HIV/AIDS pandemic be determined. Without proper perception, attitudes, and understanding, HIV and AIDS may not be regarded as a medical and social problem in the farming community, and will not be accorded the urgency it deserves.

Privacy matters

Issues arising out of the need for the HIV/AIDS status of a person to be concealed from any unauthorised person(s). The right to the privacy of HIV/AIDS clients is a legally enforced human rights requirement, and its contravention may lead to litigious

action being taken against the transgressor. Among the farming community, where literacy rates are very low, the privacy of HIV/AIDS-positive persons may be (in)advertently overshadowed by social or culturally-located factors, such as stigmatisation.

South African Farm Management

The institution/company that has been legally entrusted with the control, patronage and management of farms that were expropriated from their indigenous owners. SAFM acts as a farming company that controls a 51% share of all community projects, with the community, so that production should continue. Since the study was conducted on its sites (farms), and as the employer of a majority of farm workers in the Vhembe and Mopani districts, SAFM is instrumental in the implementation of the main findings in the study.

Spousal fidelity

Loyalty, especially between (potential) sexually intimate parties; an attitude of faithfulness toward one's partner. Work commitments on the farms resulted in family members being absent from their families over extended periods of time. Separated from their families for long periods of time due to their migrant status, some farm workers have multiple partners, thus putting their loyalty and faithfulness to their partners at risk. Probabilities are that there would be no HIV/AIDS if all partners were faithful to one another from the beginning, unless if it (HIV/AIDS) was contracted by other means such as blood transfusion.

Workplace

An organised institution or place where a group of people are confined to performing specific incentive-based activities which are guided by the country policy and constitution. In this regard, it refers to the agricultural farming sector, which, as in other economically productive sectors, is also obliged to normalise the health and labour requirements in compliance with applicable legislative requirements

LIST OF ACRONYMS USED IN THE STUDY

AIDS	Acquired Immune Deficiency Syndrome
ALP	AIDS Law Project
AMARF	African Medical and Research Foundation
ARV's	Antiretrovirals
ATC	Autonomous Treatment Centre
CALS	Centre for Applied Legal Studies
CDC	Centre for Disease Control (USA)
DoH	Department of Health
DCSA	Daimler Chrysler South Africa
DHS	District Health System
EU	European Union
FDA	Food and Drug Administration
GNP	Gross National Product
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICASO	International Council of AIDS Service Organizations
IDC	Interdepartmental Committee on AIDS
LRA	Labour Relations Act (No. 66 of 1995)
MDR	Multi Drug Resistant
MNCs	Multi National Corporations
MEC	Member of the Executive Council
NGOs	Non Governmental Organisations
NPOs	Non Profit Organisations
PCP	Pneumocystis Carinii Pneumonia
RSA	Republic of South Africa
SABC 3	South African Broadcasting Corporation Channel 3
SAFM	South African Farm Management
SAMHS	South African Military Health Services
SANDF	South African National Defence Force
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection

TAC	Treatment Action Campaign
TASO	The AIDS Support Organisation (Uganda)
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
US	United States
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organisation

ORGANIZATION AND STRUCTURE OF THE STUDY

Chapter 1: Introduction to the Research Project

The chapter focuses mainly on the exposition of the problem, the research objectives and research questions; as well as the salient ethical considerations that had to be observed in the execution of the study.

Chapter 2: Literature Review

In this chapter, the review of literature is undertaken to examine the nature and extent of HIV/AIDS-related issues and trends in the farming environment in particular. The agricultural sector has also been affected by the HIV/AIDS pandemic that is increasingly ravaging South Africa. The literature review addresses issues such as poor understanding of HIV/AIDS; the stigmatisation and possible discrimination of HIV positive people; as well as the extent to which HIV/AIDS policy impacts on the agricultural sector as a major employer of rural communities.

Chapter 3: Conceptual Framework

This chapter's thrust is on theoretical framework and conceptualisation of the study. The key concepts discussed include farm workers, HIV/AIDS, South African Farm Management; confidentiality; health; and culture. The links between and amongst these concepts forms a critical aspect of conceptualisation.

Chapter 4: Research Design, Research Methodology and Data Collection

Approaches

The chapter focuses mainly on the multiple approaches utilised during the exploration of the research environment. Semi-structured interviews were utilised to construct both an exploratory and participative framework within which the final questionnaire instrumentation was created. The questionnaire itself, which became the primary means of data collection in the main study, appears in the List of Appendices section of the study.

Chapter 5: Data Presentation and Data Analysis

The main thrust of the chapter is on the presentation, interpretation and analysis of both the interview-based (qualitative) and questionnaire-based (quantitative)

information/data. The latter served as the evidence on which the findings or results were derived. The findings have been presented graphically, in tabular form, and descriptively.

**Chapter 6: Evaluation and Monitoring, Limitations of the study,
Recommendations and Conclusions.**

The chapter mainly explores the implications of the collected data on the study as a whole. The interpretation of results, conclusions, recommendations, limitations, evaluation and monitoring of study are discussed in more detail. It is on the basis of the study's validity, reliability and transferability that its socio-economic and scientific worth is ultimately determined.

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CHAPTER 1

INTRODUCTION TO THE RESEARCH PROJECT

1.1 INTRODUCTION

This chapter focuses mainly on the exposition of the problem, the research objectives and research questions; as well as the salient ethical considerations that had to be observed in the execution of the study. The main tenets of the problem necessarily reflect on the reason(s) that necessitated the undertaking of the study itself. The tenets that are closely linked with the problem relate to an overview focusing on the description of the problem and its background, as well as the socio-economic importance of this investigation. Due to their gravitational significance and credibility value, the essential tenets of the study relating to the research methodology and the collection of data and its analysis are discussed in their respective chapters.

The HIV/AIDS pandemic continues to rise at an alarming rate in South Africa (DoH, 2000a: 5; 33; U.N. AIDS, 2007: 3), and no socio-economic sector of society has been left unscathed by the ruthless scourge of this disease (Fidelis, 2005). In the absence of a permanent HIV/AIDS cure, prevention seems to be the most viable solution to the rampant spread of this dreadfully unprecedented and certain killer (DoH, 2000a: 4). The rate of accidental workplace needle prick among healthcare personnel has multiplied dramatically (Family Health International, 2001: 2). However, available figures relating to these dramatic increases are largely based on predominantly metropolitan and urban workplace contexts (DoH, 2007a: 10). Rural and farming communities have not yet received more than scant reference. This study has focused on the latter communities in an attempt to highlight their plight to the broader national health consciousness.

The need to investigate the state of HIV/AIDS occurrence among these communities is long overdue, firstly because these are areas where risk factors such as poverty and inadequate access to healthcare facilities are relatively high (DoH, 2007a: 5). Secondly, the government itself (through the DoH) realises that there is a disproportionate availability and delivery of primary healthcare services between

urban/metropolitan and rural communities; which adversely impacts on communities in high-risk areas. To the latter effect, the DoH (2007a: 5) observed that “major gaps in health status among racial, socio-economic and underserved populations need to be targeted to reduce the underlying causes of illness, injury and disability. For example, *individuals living in poverty are more likely to experience delays in receiving appropriate treatment*, or lack access to water and sanitation within their dwelling [italics my own emphasis]”.

Situated in rural areas where the availability and delivery of healthcare services remain inadequate, most of the community members are poor and illiterate (illiteracy is itself a high-risk factor), which increases HIV/AIDS incidences among groups that do not know, for instance, the causes and relationship between HIV and AIDS. Such a state of affairs placed the urgency on the study to determine how socio-economically disadvantaged communities – such as farm workers – were affected by, and addressed and dealt with HIV/AIDS difficulties, given the extremely undesirable state of service delivery in such environments (DoH, 2007a: 5; Makhubela-Nkondo, 2004).

The rural research milieu/environment is especially significant, given the extent to which the inhabitants have historically been subjected to various forms of exploitation and neglect. Personal fieldwork observations made by the researcher between April and October of 2006 (period of exploratory phase of the study), and between March and May 2007 (actual period of conducting the main study), corroborated conversations with farm workers that there was evidence of the widespread prevalence of HIV/AIDS among the designated farming communities of Vhembe and Mopani districts in Limpopo Province. In addition, SAFM – the major employer of farm workers in the above-stated districts – had no workplace-based HIV/AIDS policy. The investigation of the magnitude of HIV/AIDS prevalence among these farming communities was vital in facilitating a better understanding of the research problem, which is fundamentally located in the magnitude and effects of HIV/AIDS infection among the designated farming communities.

For comparative analytic purposes, the researcher took into account other ongoing HIV/AIDS research initiatives; such as the one embarked on by Dzhavhelo Farmers

(Pty) Ltd between April 2004 and May 2005, the purpose of which was to examine the same HIV/AIDS-related units of analyses (e.g. access to healthcare facilities and HIV/AIDS awareness) on farms in all the nine provinces of the country. During the afore-stated period, the researcher was the Director of Health at Dzavhelo Farmers (Pty) Ltd, and had noticed during the tour of the provinces that access to primary healthcare facilities by farm workers was a perennial challenge to both the local healthcare authorities and the farming companies (Makhubela-Nkondo, 2001).

As the current study unfolded (between March and May 2007), it emerged to the researcher that the development of any meaningful HIV/AIDS policy on the farms under SAFM's jurisdiction had to take into account and highlight the critical factor of the vulnerability of farm workers. This group constituted "the hidden cohort" which bore the brunt of both the disproportionate distribution and access to public healthcare, as well as the unavailability of workplace-based HIV/IDS policies. The latter could also be construed as a violation to their constitutionally enshrined human rights as articulated in the RSA Constitution (Act 108 of 1996: 7, 13).

According to Sachs (2005: 211) poverty and illiteracy need to be halted by 2015 to reverse the spread of HIV. Exacerbating the situation in the farming community was the incidence of health risks such as injuries on duty, alcoholism, and spousal infidelity. The migrant labour system aggravated the HIV/AIDS situation with the consummate practice of unprotected sex (DoH, 2000a: 8). The prevalence of all the cited high-risk factors could be countered by strengthening HIV/AIDS preventive and management care strategies (DoH, 2000a: 8). In addition, the identification of the causes and impact of HIV and AIDS would assist in developing a comprehensive course of action to alleviate the HIV/AIDS malice among the designated farming communities, in which all stakeholders jointly share the responsibilities of decision-making.

The multifaceted causes and impact of HIV/AIDS in the designated farming communities of Levubu and Mamathola farms are significant factors, as they highlight the relationship between the complexity of the HIV/AIDS pandemic and political, socio-economic, cultural, and other variables affecting the farming communities' general welfare. The profound thrust of this investigation therefore, is two-fold. On

the one hand, it is located on health-related challenges facing rural communities in general, and HIV/AIDS prevention and promotive strategies in particular. On the other hand, it incorporates a Daimler Chrysler South Africa workplace-based perspective. As this could not be relegated to the periphery, this perspective incorporates the fundamental right to fair labour practice and non-discrimination of HIV-infected farm employees (Daimler Chrysler South Africa, 2002: 1; RSA Constitution, 1996: 7, 13).

The dual perspective (of incorporating health and labour approaches) forms the basis on which this study attempts to establish its “truth value” (Babbie & Mouton, 2001:9); that is, determining the practical implications of the study, or the study’s relevance to “social reality” (De Laine, 2000:11-12). An interview-based pilot study (outlined in more detail from pp. 56-58 in Chapter 4) was undertaken to facilitate the researcher to the “social reality” of his research subjects.

1.2 BACKGROUND OF THE RESEARCH PROBLEM

South Africa has been seriously affected by the HIV/AIDS pandemic, with the agricultural sector being no exception (Zvomuya, 2005: 33). The Department of Health (2007: 4) has identified that “... inadequate health care capacity, *particularly in rural areas* [emphasis mine]”, is one of the factors contributing to the disproportionate provision of “... good quality care” and “... targeted development”. The plethora of high-risk factors (e.g. inadequate access to healthcare facilities, poverty, and general infrastructural under-development among the Levubu and Mamathola farm workers necessitates that urgent primary healthcare interventions be developed to thwart the spread of HIV/AIDS. Among the farming communities in general, awareness, treatment, and prevention have been utilised as components of a strategy intended to empower these communities and highlight the severely adverse impact of HIV/AIDS (Zvomuya, 2005: 33).

In the Levubu and Mopani farming communities, women and children were the most vulnerable group, as they were prone to domestic violence, sexual abuse and rape. SAFM, the local farming company, was also affected by the rampant spread of HIV and AIDS infections among its employees. The male farming personnel were

subjected to HIV infections due to possible multiple partners contacted in their workplace environments. The following statistical information illustrates the 2006/2007 HIV/AIDS trends in Tshakuma village (the largest of the five villages in the Levhubu farming community).

Table 1.1: 2006/2007 HIV/AIDS trends in Tshakuma village

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
45	50	60	65	70	64	58	60	75	72	74	62	63
11	15	22	23	25	20	18	19	25	27	24	17	21

Source: Tshakuma Clinic documents

The horizontal section indicated in the pale blue colour is the individual number of V.C.T. cases for the period between January 2006 and January 2007. In total, 952 people underwent V.C.T. in this village. Most of the volunteers undergoing V.C.T. were women. The horizontal section underneath the V.C.T. section outlines the number of people who actually tested HIV-positive in the same village between January 2006 and January 2007. In total, of the 952 people who underwent V.C.T., 267 (about 41%) tested HIV-positive. At Hamutsha Clinic (which serviced the Tshitwani farming community in the Levubu area) the statistics for the period between January and December 2007 the clinical records indicated that 700 V.C.T. cases were reported, of which 137 (about 19%) tested HIV-positive. Among the HIV-positive cases, 95 were females and 42 males. The high proportion observed for women is confirmed in the excerpt on global inequities (Dawson, 2007).

The migrant labour system, exacerbated by the arrival of job seekers from neighbouring countries, increased risky behaviours such as spousal infidelity and unprotected sexual practices. A further 16 million rural people will die of the disease in Southern Africa by 2010 (WHO, 2007: 4). Fieldwork conversations with the farmers and their employees indicate that the sparsely-available preventive and promotive measures were inadequate in controlling the spread of HIV/AIDS in the farming community. The rural situatedness and general infrastructural under-development of the farming communities in this study further compounded the problem of skewed and inadequate healthcare service delivery. The above author contends that mobile primary healthcare clinics could be utilised to temporarily 'close the gap' in those

areas (such as Levubu & Mamathola farms) where *distance* has become a barrier for the local communities to access public healthcare facilities:

“In an attempt to narrow and reduce the service delivery gap (inaccessibility), mobile clinics then present *an opportunity for the direly needed healthcare services to be brought to the local populace without the physical constraints of distance*. Depending on the number of available mobile clinics at any particular moment, and the size of the recipient population to be served, mobile clinics could effectively reduce and nullify the disequilibrium between the supply and demand overload in the provision of healthcare services, *particularly to underserved rural communities in rural villages* [italics my own emphasis]”

1.2.1 The need for HIV/AIDS prevention within the farming community

According to the World Health Organisation (WHO), over seven million farmers and farm workers worldwide have died of HIV/AIDS since 1985 (WHO, 2007: 3). It is further estimated that between 30% and 40% of Southern Africa farm workers were HIV-infected (WHO, 2007: 4). Due to the concern over the impact of HIV/AIDS in the South African agricultural sector, Agri-Aids “... an awareness, prevention and treatment programme” (Zvomuya, 2005: 33), was launched in 2004 in an attempt to address this problem. Among some of its concerns, Agri-Aids sought to empower farming communities to be aware of, and understand the causes of HIV/AIDS and available treatment methods; and to disseminate information applicable to the farming sector on interventions that are meant to combat the further spread of the HIV/AIDS pandemic. It is predicted that the high infection rates will devastate the sector in the next few years, if no holistic and vigorous educational campaigns are adopted (Zvomuya, 2005: 33).

The above-cited statistical information provided the impetus to investigate the HIV and AIDS dynamics in the farming community (DoH, 2000: 21), especially in Limpopo Province, which is home to some of the country’s producers of agricultural products (In Levubu, for instance, high quality bananas, mangoes, oranges and macadamia

nuts are produced for both local consumption and international markets). The projected HIV/AIDS increases cited above in relation to HIV/AIDS incidences among farming communities in general, suggest there was a pressing need for socio-economically viable HIV/AIDS-related intervention strategies to be applied in the Vhembe and Mopani farming districts. Hopefully strategies should help provide farm management with prevention and management care strategies, considering that the scarcity of health facilities exacerbates the high risk environment of HIV/AIDS occurrence (DoH, 2007a: 4; Fidelis, 2005: 33).

1.3 STATEMENT OF THE PROBLEM

Conversations with both farm workers and SAFM personnel indicated that high- risk HIV/AIDS-related factors (e.g. poverty and inadequate access to primary health-care facilities) afflicting farm workers in the Vhembe and Mopani municipal districts are inadequately addressed by both local health-care authorities and SAFM. The national HIV/AIDS policy does *not* absolve any private or public business entities from developing their own policies aligning them to national guidelines (DoH, 2007a: 28; Henry, 1991). As the employer of the majority of farm workers in the area, SAFM is then obliged to develop and implement their work-based HIV/AIDS policy. While the DoH (2000: 25-26) advocated the formation of Interministerial Committees on HIV/AIDS within the nine provinces in its 2000-2005 Strategic Plan, there was no evidence of either their (Committees') visibility or efficacy in the Vhembe and Mopani districts. Against this background then, the lack of a comprehensive and multidisciplinary HIV/AIDS policy (integrating both healthcare and workplace perspectives) compounds the situation for this socio-economically marginalised group. Such a state of affairs is further problematic as it has the (in)advertent effect of relegating farm employees (who are as entitled to the benefits accruing from the public healthcare system as the rest of the population) to the margins of mainstream of service delivery (Makhubela-Nkondo, 2001).

1.4 SIGNIFICANCE OF THE PROBLEM

The lack of a comprehensive HIV/AIDS policy for SAFM employees, the disproportionate availability of, and access to healthcare facilities increase risks for

the spread of HIV/AIDS in the designated farming communities. It is important that the HIV/AIDS-related challenges experienced by the farm workers in the designated research sites be highlighted, particularly on the basis of the observation already made. According to the Department of Health (2007a: 4) that “Inadequate health care capacity, particularly in rural areas ... [where there needs to be] targeted development efforts and new methods of delivering quality health care”, are some of the service delivery problems that have to be addressed vigorously by all concerned.

The under-supply of healthcare services in these areas could therefore not be relegated to the periphery, lest that farm workers as a socio-economically active category are confined to the perpetual status of an underclass in society. The significance of the problem is therefore premised on the accentuation of “a hidden cohort” that is likely to be submerged into an underclass, as social and healthcare benefits accruing to the majority of citizens in other infrastructurally developed parts of the country become less available to them. Highlighting the research problem is therefore relevant to the extent of strengthening existing initiatives of Agri Aids with regard to HIV/AIDS prevention, treatment, and management. Furthermore, highlighting the prevalence of HIV/AIDS among the designated farming communities is particularly important for its advocacy of the integration (rather than separation) of HIV/AIDS as an aspect of health; with workplace-compliant initiatives, for the purposes of developing a comprehensive policy to improve the lives of these farm workers.

1.5 THE PURPOSE OF THE STUDY

There is an affinity between the purpose (general aims) and objectives of a study on the one hand; and the methods of data collection, the research problem, the problem statement, and the research questions (Henning, 2005: 1; Mouton, 2001: 122). Based on the above delineation of “purpose” and “objectives” of the study), the purpose (general aim) of this research project is articulated thus:

- To investigate and determine the extent to which targeted development efforts regarding HIV/AIDS among the farming communities of the Vhembe and

Mopani districts of Limpopo Province are addressed with specific focus on “awareness” among the communities.

1.6 THE OBJECTIVES OF THE STUDY

Furthermore, the study intends to achieve the following narrower and specific objectives:

- To determine the farm workers’ basic understanding and awareness of HIV/AIDS as a disease that threatens their own survival;
- To investigate the extent of primary healthcare provision (service delivery) by local healthcare authorities in both the Vhembe and Mopani farming communities;
- To assess the capacity of SAFM to develop and implement work-based HIV/AIDS policy and act as a change agent in addressing the skewed provision of healthcare to its farm employees as a socio- economically productive sector.

1.7 RESEARCH QUESTIONS

The following questions were deemed to be relevant, and have been formulated in tandem with the purpose and objectives of the study. In addition, these questions have been constructed to encompass the three critical stakeholder constituencies explored in the fieldwork; namely, the farm workers, SAFM as their employer, and the (local/district) healthcare system’s capacity to provide equitable services to farm workers as part of the local/district population:

- What are the farm workers’ views and experiences regarding the prevalence of HIV/AIDS on the farms?
- Do local/district healthcare authorities significantly contribute towards the development, implementation, and monitoring of HIV/AIDS awareness and education programmes for farm workers?
- What measures are employed by SAFM to educate its employees and thwart the spread of HIV/AIDS in the Vhembe and Mopani farms?

1.8 ETHICAL CONSIDERATIONS IN THE STUDY

Why is the adherence to ethical considerations relevant and significant in the study? Ethical considerations in research “mostly affect the stages of planning and data collection” (Gibbs, 2007: 7). Furthermore, ethical considerations harmonised and reconciled the behaviour/conduct of the researcher with the expectations of the respondents (Holosko, 2001: 263-265). The adherence to ‘behavioural protocol’ or ‘research etiquette’ was also instrumental in constructing the manner in which the research methods and data collection processes collectively maintained a “human” dimension; as opposed to the treatment of participants as non-living, laboratory-like experimentation subjects which could be manipulated at any time with the use of a range of instrumentation tools (Holosko, 2001: 263). During the entire research process, the researcher was bound by ‘behavioural protocol’ which served a dualistic purpose according to which professionally and legally stipulated limits and requirements were adhered to. Firstly, the ‘behavioural protocol’ guided the researcher’s expected conduct, in alignment with acceptable norms within the professional community of research practice. Secondly, it guided the researcher’s dignified treatment of research participants, which had to be observed, respected and protected at all times by the researcher. A commitment to appropriate professional conduct and conscientious objection to manipulation of research subjects is what gives to research its scientific character (Babbie & Mouton, 2001: 563).

1.8.1 Research-/Researcher-focused ethical considerations

The researcher could not of his own volition embark on the research project without the due approval of the research project by the UNISA Health Studies Research & Ethics Committee and the South African Farm Management (SAFM) officials in their Tzaneen headquarters. Appendix A, appearing in the List of Appendices section of the study, verifies that approval was granted by the academic institution for the study to commence. Appendix B further demonstrates the researcher’s request and approval to conduct the study by the relevant SAFM personnel. It was imperative that SAFM’s *written* permission be obtained, as failure to obtain such crucial authorisation would render the study ineffective in fulfilling its intended mission at the Levubu and Mamathola farms.

1.8.1.1 Explanation of the research

Far from being a research quality control issue, the explanation of the research's purpose was critical for ensuring the validity and credibility of the empirical process – without which the results' credibility would be compromised. Partial or total non-compliance by the participants would have had adverse effects on the researcher's ability to implement both the general and specific intentions of the study to the farming community. From the perspective of this study, the explication of the research to SAFM officials and the farm workers was an indispensable requirement, given that the viability of the study was premised more on the empirical phase than on a predominantly literature-based exegesis. Considering the low levels of formal education among virtually all the farm workers, their verbal and personal interactions with the researcher was also necessary in trying to understand their psyche and “social reality”.

Subsequent to the approval of the study by the academic institution, permission was also sought and granted by SAFM for the use of some of their employees (those in the sample size) as research subjects. Both the general purpose and the specific objectives of the study (as articulated in sections 1.6 and 1.7 of the current chapter) were made known openly from the beginning to all the stakeholders. The paramount reason for the open declaration of the purpose of the research was to facilitate transparency and to generate trust/harmony between the researcher and these stakeholders. The trust between the researcher and the respondents was vital for the success of the project. The participant-researcher trust was consolidated by allowing the former (respondents) to freely contact or discuss with the latter (researcher) those HIV/AIDS issues that were within the scope of the research. The maintenance of unbridled trust at all times became the means by which respondents openly provided valuable information relating to the *actual* prevalence of HIV/AIDS in the Levubu and Mamathola farms. Trust itself is an ethical aspect that gives due consideration and respect for the human rights of research participants and respondents.

It was envisaged that prior engagement with the research subjects would obviate any resentment and feelings of intimidation. Satisfied that no insidious or hidden

intentions existed on the part of the study and its purpose, two SAFM officials in the HR Department agreed to act as research assistants. Their inclusion further buttressed the viability of the fieldwork aspect, as they were known to the farm workers. Considering the educational levels of the farm workers (to whom English was not the best form of linguistic and cultural expression, the two research assistants acted as interpreters/translators too. Using clear and uncomplicated terms, the process of verbally explaining the purpose of the research to the farm workers took cognisance of their human dignity and entailed the following aspects (Uys & Basson, 1985: 99):

- the duration of the study, so that they could plan their time accordingly;
- the methods and the procedures to be followed (e.g. questionnaires and interviews);
- the nature of the participation expected from the client (e.g. filling-in of questionnaires in their own language); and
- how the results of the study would be used, that no detrimental effects such as HIV/AIDS clinical trials and experimentation were part of the study.

1.8.2 Participant-/Respondent-focused ethical considerations

As opposed to researcher-focused 'behavioural protocol' or 'research etiquette' (which regulate the researcher's *own* conduct), respondent-/ participant-focused ethical considerations relate primarily to the researcher's treatment of, or attitude and behaviour *towards* the research participants. Such treatment of participants ensured that they were treated fairly and with dignity (Burns & Grove, 1999: 157-158); thus enforcing the culture of human rights, especially in a nascent democracy like South Africa. The fair treatment of research participants in this study was applied largely in the context of some principles, which were considered *sine qua non* to the viability of the participant-/respondent-focused perspective. It is worth mentioning that some aspects and nuances of these principles apply concurrently. For instance, the right to privacy (a factor of the principle of justice) is concomitantly linked to the right to self-determination (a factor of the principle of human dignity). All other participant-related rights in the study could be said to pivotally accrue from the pursuance of the respect for human dignity.

1.8.2.1 The inviolable principle of respect for human dignity

The right to be respected – irrespective of race, creed, or any other material considerations – is a fundamental human right (RSA Constitution, 1996: 3, 6-8). The principle of respect for human dignity encompasses people's right to make informed voluntary decisions about their participation in a study. Respect for human dignity implies that human subjects especially, are not to be 'objectified' or used as research experiments in a manner that violates their right to be informed about any aspect of the research (Adler & Adler, 1998: 82). The principle entails the following:

- **The right to self-determination**

Research subjects should be treated as autonomous agents capable of controlling their own activities and destinies. The farming personnel and their employees took part in the research project with no penalty threatened to be imposed on those who refused to participate. The right to self-determination includes the right to refuse (Polit & Hungler, 1999: 136). It is for this particular reason that the 39 respondents who withdrew were not persuaded to rescind their further participation. Instead they were replaced with the same number of volunteers (Talbot, 1995).

- **The right to full disclosure**

A full disclosure of the nature and purpose of the study was made to all participants. The researcher sought the services of two SAFM personnel in the HR Department to explain the research project in African languages (Sepedi, Xi-Tsonga, Tshivenda), which suited most of the respondents. Participants were not intimidated, neither were they subjected to prejudicial treatment in case they withdrew at any stage of the research process. Full disclosure was made regarding the purpose of the study, and the use to which the results will be made (Polit & Hungler, 1999: 137).

The right to full disclosure exists in two domains. In the first instance, it is research-/researcher-compliant; that is, the obligation to make all aspects of

the study known to participants is entrusted to the researcher. In the second domain, it is subject-/client-compliant; that is, the obligation to divulge the results of an experiment or an actual test (e.g. HIV and AIDS testing) is the privilege and prerogative of the research subject, who should neither be persuaded nor coerced to divulge the outcome of such testing or experimentation. The client/subject must be privy to any decision relating to the disclosure or non-disclosure of such outcome or result (Polit & Beck, 2004).

- **Informed consent**

The research participants' informed consent is largely the product of the research's explanation. If participants manifest the view that the purpose of the research is suspicious, they are likely to withdraw their voluntary participation. The researcher used the approval letters from UNISA Ethics Committee and the South African Farm Management as instruments for obtaining permission to execute the study on the designated farms. The researcher contacted the Human Resources Manager telephonically. All farming participants were debriefed about the research project so that they could take part voluntarily. The research project's purpose was explained to all respondents and participants in the designated farming communities in order to obtain their voluntary and free participation, as well as to make them aware of their legally protected rights. Their informed consent thus became the principal mechanism for ensuring that their rights were individually and collectively respected (Polit & Beck, 2004).

The two SAFM officials acting as research assistants facilitated the translation and interpretation for virtually all the respondents, as basic understanding of the Anglicised legalistic and health-related argot was problematic to them due to their historically 'imposed' educational challenges. A document outlining Informed Consent was distributed to all participants (Polit & Hungler 1983: 29); indicating among others, that the purpose of the study was thoroughly explained to them, available benefits, if any (e.g. monetary incentives), and that their decision to participate was made on the basis of sufficient information which indicated potential risks (particularly in the event

of experimental studies or clinical trials). Based on the Informed Consent (appearing in Appendix D), the 228 research subjects' participation was agreed upon either in writing. Those who could not write their names on the space provided in the form were helped by the researcher and the two assistants. This category of respondents was encouraged to cross X next to the space allocated for the signature in the Informed Consent form (Talbot, 1995; Polit & Beck, 2004).

Polit & Hungler (1983: 30), however, argue that when the client agrees to participate in a research project, that right falls away, since the information would be included in the final research report. The researcher should ensure the anonymity of any person or institution was protected. It could also be argued that the research subjects do not cease to be human by virtue of their participation in a research project. Their human rights should supersede the sensationalism attached to sensitive studies such as in the HIV/AIDS realm.

All the questionnaires administered to the Levubu and Mamathola farms were locked in a safe place after being filled-in by the respondents, who were informed not to divulge their names when filling in the research questionnaire so that the researcher would not be able to trace them for any purposes unrelated to the original intention of the study as explained to them.

1.8.2.2 The principle of justice

The culture of human rights is legally enforceable (RSA Constitution, 1996: 6) and thus resides in the principle of justice. In addition to ensuring the participants' right to fair treatment, the principle of justice encompasses the research participants' right to legal recourse in the event that their rights have been unduly prejudiced or compromised by the research, or any aspect of it. The principle of justice, as applied in this study, included the right to fair treatment, according to which the following aspects were considered (Polit & Hungler 1999:138):

- All participants from the various farming communities were treated equally and respectfully throughout the study, regardless of their gender, race, creed, educational level or socio-economic status. No member of the farming

community at Levubu or Mamathola was treated prejudicially for refusing to participate, or withdrew from the study after initially agreeing to participate. The fair and dignified treatment of research participants further ensures that “non-interventionism” materialises. Non-interventionism refers to the non-manipulation of research subjects; that no form of instrumentation (e.g. questions) is applied to influence them or alter their conceptualisation of phenomena in the ‘direction’ of the researcher’s own views and perception of the same phenomena (Adler & Adler, 1998: 80-81);

- The researcher abided by all the written and verbal agreements made in principle with SAFM prior to the execution of the study.

- **The right to privacy, confidentiality, and anonymity**

Privacy, confidentiality, and anonymity are ethical considerations that are mainly applicable to safeguarding the respondents’ human dignity from external abuse. It was for reason that all the respondents in Levubu and Mopani farms were made aware of their legal right to subject the researcher to any litigious action in the event of a breach of any aspect of the ethics of research. Research conducted on, or with humans contributes to some form of invasion of their privacy. Prior to the explanation of the purpose of the study, many farm workers were suspicious of, and uncomfortable with any HIV/AIDS-related issue. Some still believed that the prevalence of the disease was mere fabrication. In such an environment, it became necessary that an atmosphere of trust be established and maintained between the participants and the researcher. The research subjects were guaranteed that no unauthorised persons would be privy to any information arising from their participation in the study without the client/participant giving prior consent to that effect. In addition, the identities of all respondents were not divulged; this was made manifest by no name required on the questionnaires. Such anonymity vouchsafed that no particular respondent could be linked to any particular form of response in the questionnaires (Polit & Hungler, 1999: 139). Most importantly, the participants were assured that the research results, or any other aspect of their involvement in the study, would be made available to

SAFM; and would not be used for purposes unrelated to the aims of the study (Polit & Beck, 2004: 145).

- **Voluntary participation**

The farm workers were informed that their participation was voluntary and they were *free to withdraw* if they felt uncomfortable with any aspect of the research project, regardless of the initial verbal agreement or understanding to participate. Withdrawal could also occur when the research project no longer proceeded in accordance with the standards set during its planning stage (Uys & Basson, 1985: 100). In the Vhembe district, 39 farm workers voluntarily withdrew from the project prior to its actual execution, perhaps because they were no longer interested on HIV/AIDS issues. Reasons for their withdrawal were not sought, as that might have been misconstrued as coercion. They were not forced to rescind their decision, and they were replaced.

1.8.2.3 Principle of beneficence

This ethical consideration involves the principle of not subjecting the research clients/subjects to any form of danger during the research process. It included the following fundamental aspects:

- **Freedom from exploitation**

All research entails some element of risk. However, minimal risk should be the desired goal of any research. Minimal risk refers to "... anticipated risks that were no greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological tests or procedures" (Polit & Hungler, 1993: 357). Historically, farm workers have been among the most exploited of workers in the country. The working conditions and forms of pecuniary remuneration accorded to them did not correspond with the physically demanding labour they expended on their daily tasks. The Informed Consent statements (in Appendix D) were utilised to allay fears of exploitation

of the farm workers. An assurance of freedom from exploitation is in alignment with the respect for their human dignity (Talbot, 1995).

The researcher made it clear to all participants that the benefits of the study would be more than the risks involved, because the outcome of the study would increase the levels of HIV/AIDS awareness among the farming community; while at the same time highlighting their plight occasioned by skewed forms of access to primary healthcare facilities. Inversely, the community and participants would suffer incalculable consequences of loss due to ignorance or lack of sufficient knowledge on HIV and AIDS. The bottom line was that the extent of the risk on the farm workers should not exceed the benefits of new knowledge gained (Polit & Hungler, 1993: 357). To ensure an acceptable risk/benefit ratio, the researcher made sure that he kept a strong focus on the significant potential of the study to improve consumer health care (Polit & Beck, 2004).

1.9 SUMMARY

The identification, description, and explanation of the research problem were pivotal in providing a perspective for the HIV/AIDS scenario in the designated farming communities of Levubu and Mamathola. The centralisation of the research problem linked the magnitude of the spread of HIV/AIDS in these areas with the main reasons for the study being undertaken. From the researcher's point of view, it is this affinity between the research problem and its attendant variables (e.g. the background and description of the problem) which illuminated on the form and types of research questions, as well as negotiating entry to the research setting. These are not issues uniquely 'reserved' for the research proposal. In the actual execution of the study, it was imperative that salient information, particularly information on the research problem and the research milieu, be clarified. Failure to do so would preclude the logic that guided the research process itself. It is precisely for this reason that the inclusion of research ethics is viewed as facilitating a procedural, rather than a quality assurance prerogative (Babbie & Mouton, 2001).

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

It is essential to point out that in the review of literature, the researcher's primary concern was to gain insights from existing knowledge; while simultaneously 'testing' this knowledge from the actual empirical reality. In doing so aspects of the study which did not 'conform' to any known literature or theoretic perspectives (e.g. whether or not an affinity existed between all the demographic factors in the questionnaire, and the spread of HIV/AIDS on the farms), were subjected to the researcher's understanding of the research environment from the perspective of the study participants. In other words, there may be a new phenomenon that does not yet lend itself to currently available explications (Morse & Richards, 2002: 169). At the same time, Morse and Richards (p. 169) caution that in reviewing literature, 'facts' should not be invented to 'appease' certain paradigms:

“Surveying the literature allows you to get a grip on what is known and to learn where the holes or weak areas are in the current body of knowledge ... The interplay of prior knowledge and discovery is critical in the process of making and developing concepts ... *Such knowledge and background does not, however, mean that you [as researcher] go looking for particular information to fit expectations. A common source of invalidity is the researcher's seeking out what the literature suggests he or she should find [italics mine]*”.

The general purpose of literature review is “... to ensure that adequate and relevant literature is available to inform the theoretical approach, the research design and methodology, the instrument development and to assist in data analysis and findings made ... pronounc[ing] on what has, and what has not been established in a particular field [e.g. the prevalence of HIV/AIDS among farming communities]” (Muller, 2004: 4-5). (See also Babbie & Mouton, 2001: 565-566; Mouton, 2001: 4-6, 90-91). The review of available literature on the research topic also helped to locate

and to develop the empirical frameworks aimed at finding practical responses to the research problem.

The consulted primary and secondary sources mainly focused on these spheres of the research topic:

- a historical overview of the provenance of HIV/AIDS, and its international-local dimensions;
- HIV/AIDS prevalence and the existing *imbalances* of healthcare provision among rural and farming communities in South Africa;
- efficacy and/or lack of comprehensive/multidisciplinary workplace-based HIV/AIDS *policy*, with specific reference to the farming community; and
- the *socio-economic* implications of HIV/AIDS in society and among the farming community in particular.

The international perspective of HIV/AIDS prevalence was mainly derived from authoritative primary documents by established agencies and organisations such as WHO, UNAIDS and the World Bank. These organisations/agencies are considered to be authoritative due to their capacity to engage continuously in specific aspects of HIV/AIDS-related research. The consulted literature by these agencies/organisations also provided all relevant causative factors of the diseases and the broad range of implications it has on humanity's development in the 21st century. Secondary sources in this domain were accessed by means of library-based literature and electronic searches on the current state of HIV/AIDS prevalence in general, as well as its particular impact on farming communities. However, the observation has been made that literature on HIV and AIDS prevalence among rural and farming communities was sparsely available.

The local (South African) review of primary sources mainly included governmental documents such as the RSA Constitution (Act 108 of 1996), the Department of Health's HIV/AIDS Strategic Plan for South Africa: 2000-2005 (2000) and A Policy on Quality in Health Care for South Africa (2007). A labour (workplace-based) perspective and legislative framework was derived from other primary documents such as the Occupation Health and Safety Act (No. 85 of 1993), the LRA (Labour

Relations Act, No. 66 of 1995), and the Employment Equity Act (No. 55 of 1998). Since HIV and AIDS pose the biggest threats to humanity's survival (Zvomuya, 2005: 33), the war against it is fought from different fronts by multiple stakeholders, including the private and NGO (non-governmental organisation)/ NPO (non-profit organisation) sectors. Primary documents by multinational corporations (MNCS) such as BMW South Africa and DCSA (Daimler Chrysler South Africa) are an indication of the seriousness with which multi-pronged approaches are applied in seeking workplace-based solutions to thwart the spread of the disease.

The topicality of the disease necessitated that data, information and relevant knowledge be sourced from scientific and other publications, including the day-to-day print and electronic mass media. Although numerous articles on several aspects of HIV/AIDS abound, there is a general paucity of studies on the multiple effects of HIV/AIDS in the farming environment. Most of these articles were not directly linked to the research topic. African and Western studies focused mainly on sexually active persons, HIV/AIDS-related health education and prevention strategies. In order that a thorough exploration of the research topic is facilitated, information was also sourced from relevant primary documents of the local healthcare institutions (e.g. Tshakuma Clinic, Hamutsha Clinic, Tshilimbi Clinic and Letaba Hospital). SAFM, one of the most critical components of the study, could not provide any relevant information, as there was yet no operational HIV/AIDS policy in the company.

2.2 A HISTORICAL OVERVIEW OF THE PROVENANCE OF HIV/AIDS

According to U.N. AIDS (2001) the history of the origin of HIV/AIDS can be summarised in four main developmental and interconnected stages. The first phase is located in the mid 1970s, when the pandemic was spreading silently and unnoticed. During the second phase (1981-1985), the first discovery of the disease was made and publicly announced. The third stage (1986-1988) was characterised by the mobilisation of global action against the disease. In the fourth stage (1990s to the present), ongoing research has facilitated better understanding, prevention and treatment options, as well as management strategies. The following tabular representation is meant to illustrate the main features of the historical provenance of HIV/AIDS (Makhubela-Nkondo, 2001).

Table 2.1: The historical context of HIV/AIDS

STAGE 1: A silent killer spreads (mid 1970s)	
YEAR	MILESTONE
1979	▪ Unprecedented requests made for the drug ¹ pentamidine isethionate.
STAGE 2: HIV/AIDS discovered (1981- 1985)	
1981	▪ The first cases of unusual immune system failures are identified among homosexual men in the US (New York City, Los Angeles & San Francisco).
1982	▪ AIDS is publicly defined for the first time. Blood transfusion, sexual intercourse, and mother-to-child transmission are identified as primary modes of AIDS spread.
1983	▪ HIV identified as cause of AIDS. A heterosexual AIDS epidemic revealed in Africa.
STAGE 3: Global mobilisation (1986-1988)	
1985	▪ In each region of the world, at least one HIV/AIDS case is reported; ▪ The FDA (Food & Drug Administration) in the US approves the 1 st HIV antibody test & HIV screening of blood donations begin.
1987	▪ Africa's 1 st community-based response to AIDS is formed by Uganda's TASO (The AIDS Support Organisation), which becomes a role model worldwide; ▪ The International Council of AIDS Service Organisation (ICASO) and the Global Network of People Living with HIV/AIDS are formed; ▪ WHO establishes Special Programme on AIDS/Global Programme on AIDS; ▪ AZT is approved as AIDS therapy for the first time in the US.
1988	▪ Health ministers from around the world meet in London to discuss HIV/AIDS
STAGE 4: Understanding, prevention & treatment (1990s to the present)	
1991 to 1993	▪ Uganda experiences HIV decline among young pregnant women. This first major decrease in a developing country is attributed to countrywide mobilisation efforts.
1994	▪ The first treatment regimen for reducing mother-to-child transmission is developed.
1995	▪ An HIV outbreak in Eastern Europe is detected among injecting drug users.
1996	▪ The Joint United Nations Programme on HIV/AIDS (UNAIDS) is established; ▪ The efficacy of HAART is presented for the first time.
1997	▪ Brazil becomes first developing country to provide antiretroviral therapy through its public health system;
1998	▪ First short-course regimen to prevent mother-to-child transmission is announced.
1999	▪ Thailand develops the first efficacy trial for potential HIV vaccine.
2000	▪ The UN Security Council discusses HIV/AIDS for the first time.
2001	▪ The creation of a global fund on AIDS and health.

Source: (UNAIDS, 2007 in MX Health, 2007: 9-10)

¹The drug was used to treat PCP (Pneumocystis carinii pneumonia), an opportunistic infection in patients with severely defective immune systems. Between November 1967 and December 1979 only two requests were made. Its sudden requested alerted authorities in the US of something unusual.

The above table indicates that although the HIV/AIDS phenomenon (initially suspected as Pneumocystis Carinii Pneumonia (PCP) or Kaposi's Sarcoma) was first realised in the USA among homosexual men during 1981, it had progressed and manifested itself among heterosexual communities as well by July 1982 (UNAIDS, 2007 in MX Health, 2007: 9). The above-cited concatenation of dates and events is not necessarily exhaustive, but establishes a historical trend according to which the incidence of the disease was located in risky sexual behaviours.

2.2.1 An international perspective of HIV/AIDS prevalence

Whereas the previous section presented an overview of the clinical evolvement of HIV and AIDS, the current sub-section specifically addresses the statistically derived manifestation of the disease in various parts of the world. It is estimated that about 36 million men, women and children are now living with HIV and AIDS around the world. So far, 22 million are reported to have died from this disease. Estimates are that 5.3 million new cases occurred in 2000 (UNAIDS, 2007: 4). Compared with the rest of the world, sub-Saharan Africa is the area with most HIV/AIDS infections. In 2007 for instance, the sub-Saharan region accounted for 22.5 million adults and children living with HIV/AIDS, of which 1.7 million were new infections. In the same year, 1.6 million children died as a direct result of HV/AIDS. These figures clearly indicate that while there are more incidences of the disease, the death rates relating to the disease are declining. The following table is intended to present a global overview of HIV/AIDS incidence in 2007.

Table 2.2: A global overview of HIV/AIDS incidence in 2007

Region: Sub-Saharan Africa			
Adults & children living with HIV	Adults & children with new HIV infections	% Adult prevalence	Adult & children AIDS deaths
22.5 million	1.7 million	5.0%	1.6 million
Region: Middle East & North Africa			
Adults & children living with HIV	Adults & children with new HIV infections	Adult prevalence in numbers	Adult & children AIDS deaths
380 000	270 000-500 000	35 000	16 000-65 000
Region: South & South-East Asia			

4.0 million	3.3 million-5.1 million	340 000	180 000-740 000
Region: East Asia			
800 000	620 000-960 000	92 000	21 000-220 000
Region: Oceania			
75 000	53 000-120 000	14 000	11 000-26 000
Region: Latin America			
1.6 million	1.4 million-1.9 million	100 000	47 000-220 000
Region: Caribbean			
230 000	210 000-270 000	17 000	15 000-23 000
Region: Eastern Europe & Central Asia			
1.6 million	1.2 million-2.1 million	150 000	70 000-290 000
Region: Western & Central Europe			
760 000	600 000-1.1 million	31 000	19 000-86 000
Region: North America			
1.3 million	480 000-12.9 million	46 000	38 000-68 000
Total	33.2 million	30.6-36.1million	2.5 million
			1.8-4.1 million

Source: (UNAIDS, 2007 in MX Health, 2007: 8)

Although the focus of the research topic is on the farming context of a particular South African sector of the population, a global perspective has been presented to afford a comparative background and illustrate the magnitude of the threat posed by the disease to 21st century development. A range of high-profile developments from the late 20th century to the present times have demonstrated the international community's concerted efforts aimed at thwarting the continuous trends of HIV/AIDS prevalence (Makhubela-Nkondo, 2001).

2.2.1.1 The United Nations HIV/AIDS initiatives

The HIV/AIDS pandemic worldwide had reached such alarming proportions that in 2000, the UN Security Council discussed the HIV/AIDS pandemic "for the first time" since its outbreak in the early 1980's (UNAIDS, 2001). World leaders were encouraged to use all resources at their disposal to join in the war on HIV and AIDS. The attention given to HIV/AIDS at this world forum was occurring at a time when the disease's aetiological base was becoming better understood, and its prevention and management had become more feasible (UNAIDS, 2001). The 13th World AIDS

Conference held in Durban in 2000 accentuated the human rights perspectives of the disease. The UNAIDS, which had been established in (1996), took a lead in the creation of comprehensive strategies to combat the spread of HIV and AIDS. The accentuation of the UN as an HIV and AIDS platform signifies that the pandemic had become a world problem. Some of the initiatives advocated by UNAIDS in the creation of comprehensive HIV/ADS strategies included (UNAIDS, 2001):

- Constant, efforts to promote openness about HIV and AIDS and to reduce the stigma and discrimination of people infected with HIV. This declaration could form the basis for SAFM and farm owners to encourage their members to be open about HIV and AIDS, make concerted efforts to prevent further infection, and tackle stigmatisation of people infected and affected by HIV/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 was reduced;
- Community participation was essential for the different strategies to succeed;
- The involvement of people living with HIV and AIDS was paramount to the success of any campaign;
- Broad access to information about prevention and care was vital;
- Lessons learnt should be translated into practice; and
- Adequate resources both nationally and globally must be deployed against the epidemic.

The above cited points of reference highlight the extent to which organisations such as SAFM could take an active role in educating and training farm owners and farm workers to adopt the above principles of managing HIV and AIDS in their working environment. Good collaboration of farmers could bring positive results on HIV and AIDS farming personnel. The Department of Agriculture should provide the technical support to co-ordinate all the farmers to work as a cohesive and organised unit in reversing the scourge of HIV/AIDS.

Socio-economic factors such as inequality, poverty and inadequate infrastructural development, were found to be inimical to the implementation of protracted strategies aimed at reversing infection trends, especially among farming communities, casting a shadow of pessimism among some in Southern Africa and the African continent. Despite such pessimism, the following table indicates other countries outside of Africa also featured among the highest 15 countries in the world with the highest rates of incidences of HIV/AIDS (UNAIDS, 2007: 8).

Table 2.3: International sampling of people living with HIV/AIDS, 2007

Country	Estimated people living with HIV/AIDS
South Africa	5,4 million
India	3,7 million
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 Congo	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

Source: UNAIDS, 2007: 8

The above figures were randomly selected. In comparison with the rest of the world, Sub-Saharan and Southern Africa jointly account for the highest numbers of HIV and AIDS infections in the world (UNAIDS, 2007: 8). More than 68% of worldwide infections and 76% of all HIV and AIDS deaths in 2007 were from the Sub-Saharan region (UNAIDS 2007).

Concerted efforts and initiatives by world leaders to combat the scourge of HIV/AIDS resulted in the call by the UN Secretary General (Koffi Anan) in 2001, for the creation of a global HIV/AIDS fund (UNAIDS, 2001). The main purpose of such a fund would be to promote treatment and prevention strategies, as well as on-going research on possible cure options. At the session of the above-cited gathering at UN headquarters in New York, the unanimously adopted theme was “Global Crisis, Global Action”, to reflect on the global scale and scope of HIV and AIDS devastation. Global responses and new methods of international cooperation were concomitantly required to address current HIV/AIDS carnage. Such global action required that corresponding agreements be reached in the field of human rights. The rich countries were urged to pledge their resources in order to fight this epidemic and pandemic at all costs (UNAIDS, 2001).

At this session, the United Nations committed itself to significantly reversing the spread of HIV and AIDS within specific timeframes. By 2005 for instance, the infection rate among the 15 to 24 year age cohort would be reduced by 25% in most affected countries. At least 90% of this age group should have access to information and services needed to reduce their vulnerability to the disease. Rigorous lobbying for contributions to the Global Fund to fight HIV and AIDS was already in progress. There was reason for hope, as the Global Fund would start with 400 million dollars already pledged. As of mid-2007, philanthropic contributions by financial magnates such as Microsoft founder Bill Gates, political opinion makers such as former US president Bill Clinton, and a host of other internationally recognised individuals, groups and organisations, have made important and unprecedented contributions in the form of direct financial contributions to countries or NGOs (non-governmental organisations) and NPOs (non-profit organisations); as well as promoting advocacy and HIV/AIDS awareness campaigns and programmes.

As opposed to the 2000 UN Security Council discussions (which focused largely on social policy as the pivotal base of HIV/AIDS awareness and treatment), the 2001 call to a Global Fund could be viewed as the first integrated financial catalyst on a worldwide scale by multiple stakeholders, whose aim was to seek more viable solutions to the HIV/AIDS pandemic. Some of the resolutions adopted are:

- Educating and training all people of the world about HIV and AIDS, with a special focus on prevention by the youth (15-24 year age cohort); all workplaces, which also includes the farming environment, are also to become integral to preventive and promotive measures.
- Denouncing discrimination against people living with HIV and AIDS. Political and other leaders in all spheres of public life should speak out about HIV and AIDS issues, as well as its deleterious effects on human life.
- Those who remained silent, especially HIV and AIDS sufferers in the farming areas and elsewhere, were co-responsible for perpetrating the spread of HIV and AIDS in the farming community.
- Breaking the cycle of poverty, as it aggravates and perpetuates the spread of HIV and AIDS.
- Mobilising local, national and international resources to expand the capacity to fight HIV and AIDS in the farming environment. This would imply that South African Farm Management and farm owners must work with other stakeholders and put more effort in the fight against HIV and AIDS.
- Providing debt relief to low-income countries so that they channel enough resources to fighting HIV/AIDS.
- Providing life-sustaining medicine to HIV/AIDS sufferers, a contested area of perennial litigations in South Africa between individuals and groups such as the TAC (Treatment Action Campaign). In the specific case of this research, the relevant Limpopo Province health authorities are expected to fulfil this function of quality healthcare provision. Continuous inter-district supportive services from the multi disciplinary and inter-departmental in the province should participate in these initiatives.

2.2.1.2 The 13th International World AIDS Conference

The above conference was held in 2000 at the Durban International Convention Centre, and serves as an example that the UN does not have to be the only platform at which the international ramifications of the HIV/AIDS pandemic are highlighted. At this conference, policy makers, world leaders, health practitioners, HIV activists and sufferers present discussed, amongst other issues, ways to integrate a human rights dimension of the pandemic. It was highlighted that the youth, more than any other

group, bore most of the brunt presented by HIV/AIDS. In many developing countries, up to two thirds of all new infections were among the 15 to 24 years age cohort. As most of the active members of the farming personnel were between the ages of 20 and 35, the farm employers were most likely to experience this problem. It was estimated that half the global HIV infections have been from people under 25 years – with 60% of infections of the females occurring by the age of 20. The hopes and livelihood of the next generation were in jeopardy, as the breadwinners, providers and parents of the future could be exterminated by the increasing spread of HIV infections (13th International AIDS Conference, 2000: 3). It is incumbent on governments, private and non-governmental organisations, individuals and communities, to cultivate a sense of responsible citizenship among the youth as scions of future generations and custodians of what has so far been contributed to civilisation by our predecessors.

Conceptual perceptions, articulations and inclinations constituted various (and sometimes divergent) scientific arguments around HIV/AIDS. Some viewed HIV and AIDS as related, while others disagreed. In addition, some regarded the disease as a “syndrome”, therefore, a collection of diseases acting in unison to produce a devastating effect such as observed among HIV/AIDS sufferers. Proponents of the latter argument posited that the pandemic could be meaningfully addressed by attending to a whole range of other issues, including those that are outside the direct domain of the disease itself – such as poverty and other socio-economic variables.

Poverty has been referred to as the killer disease with the most devastating consequences for the African continent and other less-developed countries. It does also contribute negatively to the management of HIV and AIDS. The scientists at this conference agreed to work together on, among others, assessing the reliability of the information communicated by the current HIV tests and the improvement of surveillance systems. The results would assist in saving and improving the lives of millions of people. Poverty rendered farming communities incapable of affording the most basic necessities such as ARV treatment and proper dietary requirements for infected family members (13th International AIDS Conference 2000: 5). Salient knowledge emerging from the conference’s deliberations included the following (13th International AIDS Conference 2000: 6):

- 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 nutritional standards.
- A systematic offence against opportunistic diseases, including TB and all sexually transmitted diseases.
- A humanistic response to people with HIV and AIDS as well as the orphans in society.
- Contributing to the international effort to develop an AIDS vaccine, and further research on antiretroviral drugs

2.3 THE SOUTH AFRICAN CONTEXT OF HIV/AIDS PREVALENCE

The disease was first diagnosed in South Africa in 1982. Since then, the numbers of HIV/AIDS –infected people in the country has increased exponentially. It has been estimated that three million people in South Africa, including rural and farming communities, were infected with HIV in 2000 (UNAIDS, 2001). This was approximately six percent of the population. In addition, 1500 new infections were reported daily (Family Health International, 2001: 2). Among teenagers, infection rates are increasing at an alarmingly high rate (Statistics South Africa, 2007). In 2007, about 5.54 million South Africans were living with HIV and AIDS (DoH, 2007a; Mzolo, 2008: 36). These were 18.8% of the adult population aged between 15 and 49 years. According to the Department of Health’s 2006 survey, “29.1% of pregnant women were living with HIV in 2006. The provinces that recorded the highest HIV rates were KwaZulu-Natal, Mpumalanga, and Free State”. Apart from these household-based figures, indications are that the number of people on ARVs is expected to increase from 418 000 in 2007 to 1 million in 2011; thus necessitating an annual 10% increase on HIV/AIDS treatment and prevention throughout the country (Mzolo, 2008: 36).

2.3.1 HIV/AIDS morbidity and mortality in South Africa

The UNAIDS (2007: 8) indicates that on a global scale, about one third of all new HIV/AIDS infections and deaths were found in South Africa in 2007. Citing the Actuarial Association of South Africa, Mzolo (2008: 36) states that there were 354 400 AIDS-related deaths in South Africa in 2007. The high mortality rates occasioned by HIV/AIDS have resulted in the prevalence of about 1.1 million orphans in 2007, which in itself has serious fiscal implications on the gross national product (GNP) (Mzolo, 2008: 36). The healthcare system alone consumes 8% (about R9. 8 billion) or more of the GNP annually (DoH,2007a: 2; Mzolo, 2008: 36). The HIV/AIDS Directorate of the Ministry of Health has revealed statistics based on prevalence rates derived from women who attended antenatal healthcare clinics. The prevalence rates themselves vary considerably among provinces.

Over five million South Africans (15% of the adult population aged between 20 and 64 years) including those in rural areas, were currently infected with HIV (DoH, 2007a). By 2010, between 6 million and 7, 5 million people could be HIV-infected in the country. These estimates from the Doyle model are lower than estimates from other sources, which put the number of currently infected people in South Africa (in 2006) at between 4, 5 million and 5 million people. The antenatal survey showed similar epidemic patterns for all provinces except the Western and Northern Cape; and these figures could rise from 20% to 23% by 2005, and from 22% to 27% by 2010 (Love Life, 2001: 6).

The youth (15-24 years age group) are the most affected, at-risk group that needs serious intervention strategies. The infection rate among this age cohort was expected to rise over the next decade, unless major behavioural and attitudinal changes occur in the personal constitution and mindset of the population; that is the single most important factor that could dramatically reverse the epidemic's current trends of high incidence rates. Young people contracted HIV before they reached the age of 25. Over 50% of these young people would die of AIDS before their 35th birthday (Love Life, 2001: 6). Women between the ages of 15 and 20 were at high risk, while men generally achieved their highest incidence some years later (Love Life, 2001: 6).

2.3.2 The legislative framework and HIV/AIDS

HIV has a direct impact on the economy and it was evident that the workplace will not be able to escape the effects of the AIDS epidemic. The workplace included the farming industry, which was currently losing well-trained and skilled farming personnel due to HIV/AIDS-related factors; such as insufficient awareness to the dangers posed by the disease (Zvomuya, 2005: 33). Employers' and employee organizations had been slow to recognize the potential impact of AIDS on the labour market. This was due to poor perception or ignorance about HIV and AIDS in the workplace (Heywood & Hassan, 1998: 845).

The Labour Relations Act (No. 66 of 1995) and the Employment Equity Act (No. 55 of 1998) have collectively curtailed the range of possible responses by employers to HIV and AIDS in the workplace. These pieces of legislation have put emphasis on equity and non-discrimination and the rights of job applicants, including those who are HIV-positive (Heywood & Hassan 1998: 845). The inclusion of a legalistic framework is crucial here. It is the terrain in which a workplace-centred culture of human rights for SAFM employees is argued. Documents by private sector organisations such as BMW South Africa, DCSA, and MX Health provide unequivocal clarity on the need for all individual companies to devise their own HIV/AIDS policy, despite the fact that national guidelines have been provided by both the Department of Health and the Department of Labour.

While it advocates for equitable employment opportunities (between HIV-infected and non-infected individuals), the Employment Equity Act also appears to be directed at promoting de-stigmatisation by not elevating medical testing for HIV. In terms of Section 50(4) of the Employment Equity Act, the testing of employees to determine their HIV status was prohibited, unless the Labour Court determined such testing. Medical testing could take place if the Labour Court ascertained a danger was posed to other employees at the same workplace. The article appearing in the Sunday Times (2001: 7) highlights the rights of workers to informed consent and voluntary testing, as opposed to the application of coercive labour tactics forcing them to undergo testing and disclose their HIV status. A Labour Court judge granted mine management an order to screen its employees for HIV, on the proviso that the

informed and voluntary consent of these miners had been granted by the miners themselves. The order was aimed at preventing the spread of HIV and AIDS in the workplace. The mineworkers were between the vulnerable ages of 20 and 49, a cohort into which research had indicated that 84% of people with HIV and AIDS belong. Pre-counselling was conducted and strict confidentiality had to be maintained, unless the miners desired to voluntarily disclose their status. This whole project would assist the workers to be given less strenuous jobs in the mine industries (Sunday Times, 2001: 7).

The above scenario might apply to the farming industry, as they also have employees whose care would enhance HIV/AIDS management. The main challenge could surface due to ignorance and/or illiteracy compounding the lack of understanding of HIV and AIDS issues among the farming community. The rural nature of these communities makes it difficult to understand the dynamics of HIV and AIDS. Through such state apparatuses as the Departments of Health and Labour, the government could play a pivotal role in assisting the farmers to understand the comprehensive management of HIV and AIDS.

While there are ostensible benefits for work-related testing, the following are some of the weaknesses inherent in this procedure:

- It affects 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.
- It undermines the real prevention messages of workplace education and prevention programmes.
- It prevents shared responsibility. A unilateral response from employers paralyzes the development of a common approach by employers and employees to HIV and AIDS. When conducting HIV test to the farm personnel, therefore the employment and Equity Act had to be followed to prevent possible discrimination (Employment Equity Act, 1998: 8).

The legislative framework, in the context presented above, serves to provide a legally and constitutionally protected code of good practice on HIV/AIDS. Law, as cited above, strictly prohibited discrimination of employees on grounds of their HIV status (SAMHS Order 1997: A-4). From the researcher's observational point of view during the execution of the study at the designate sites, farm owners and managers were more than likely to infringe on other employee's rights and confidentiality due to lack of knowledge about HIV and AIDS issues. Contrastingly, farm managers appeared to be 'exempt' from the very voluntary testing they were expecting from the other low-level personnel. Disclosure of HIV information to an unauthorized person constitutes a criminal offence (Fouche & van Wyk, 1992: 421).

A code of good practice safeguards that all stakeholders observe the essence of treating people living with HIV/AIDS with candour, respect, and dignity. It further signals that discrimination against HIV-infected employees HIV will be deemed unfair. In the context of this study, a code of good practice on HIV and AIDS is desirable for SAFM, as it would guide in the development of their own policy (Employment Equity Act 1998: 54). As part of their employment policy and practice, SAFM and other farm owners should take steps to eliminating unfair discrimination in any form, and promote equal opportunity in the workplace. As the employer, SAFM should not be allowed to deny employees and potential employees the right to equal employment opportunities on grounds of HIV/AIDS infection, which – from a medico-legal perspective – is considered a private and confidential matter between the patient/client and the doctor or any other authorised healthcare practitioner. This perspective is in consonance with the humanistic dimension of according dignity and respect to HIV-infected persons (SAMHS Order, 1997: A-2).

2.3.3 HIV/AIDS prevalence in the farming community

Albeit the agricultural industry's massive contribution to the South African economy, communities found in most rural farming areas were still living in conditions of abject poverty, deprivation and inexplicably sub-level access to health, education, and other basic amenities (DoH, 2007a: 4). The rural situatedness of farm work has inadvertently been affected by the geographically skewed distribution of healthcare facilities. In order to observe the proper prevalence rate of HIV among the

designated farming communities, voluntary testing and counselling would have to be conducted among the entire Levubu and Mamathola farming communities. The results accruing from this process would assist SAFM, farm owners and other stakeholders to formulate effective prevention, treatment and management strategies in the protracted war on HIV and AIDS.

In the context of this study, two factors already had immediate impact on the availability or non-availability of HIV/AIDS statistical evidence in the two areas under investigation (Levubu and Mamathola farms) Firstly, at the commencement of the study (including the pre-trials and actual execution), the researcher was very conscious of the absence of a comprehensive workplace-based HIV/AIDS policy by SAFM. The investigation would therefore serve as the basis and catalyst for establishing such a policy. In this regard, there was therefore *no* frame of reference on the part of SAFM as the employer.

Secondly, the poor rural farming communities in the Limpopo Province were severely affected due to lack of co-ordinated district-level intervention strategies by the local healthcare authorities. The district health system in the Limpopo province appears to be lacking the capacity to combating HIV and AIDS in the farming industries. There was a need for seminars for farmers with regard to the implementation of an HIV and AIDS policy, without which comprehensive HIV/AIDS management strategies will be difficult to attain (DoH, 2007: 28; Heywood & Hassan 1998: 845).

It was difficult to estimate AIDS cases among the Mopani and Vhembe farming communities, as there were no active voluntary testing and counselling programmes that had been conducted or implemented for farm workers, except one initiated by Agri AIDS, whose details are succinctly encapsulated in Appendix E. Its impetus is limited by its narrow focus on only a few farms in the entire district. A programme of this calibre is needed in all farms so that co-ordinated strategies could be developed. HIV testing among farming communities was allowed in exceptional circumstances which would be decided by the Labour Court and employers (Employment Equity Act 1998: 54). Women in the farming community were mostly affected as they represented more members in this industry. It is estimated that the farming community may loose more personnel by 2010, due to HIV and AIDS-related

diseases. Unless ignorance of the epidemic was vehemently challenged, farming communities would continue to be infected by the HIV virus (DoH, 2007a). Attaching bad stigma to people living with HIV and AIDS would hinder progress in the fight against the pandemic. Some farm managers and other low-level employees may have difficulty in disclosing their HIV and AIDS status due to lack of knowledge, illiteracy and lack of support from farm owners. Comprehensive and voluntary testing, as well as counselling, would have the desirable effects of enhancing full disclosure (Sachs, 2005).

The South African farming community could benefit profusely from some of the recommendations accruing from studies such as the one undertaken in the Vhembe and Mopani districts by the researcher. The farming communities could benefit from these types of globally funded programmes if the South African government played a more active role at the United Nations and other international forums in respect of HIV/AIDS management and control in the current absence of permanent cure. The farming population around the world was one of the most affected categories as a result of spousal separation due to the migratory and rural dynamics of farm work. (AIDS Help Line, 2000; Dawson, 2007).

It would be advisable for all local stakeholders and interest groups to present a united stance in the fight against HIV/AIDS. It is common cause that a severely and adversely devastating HIV/AIDS impact on farming and agriculture in general, would have deleterious results on the economy; especially as most of sub-Saharan countries relied on agricultural products for their economic survival. A stymied agricultural sector would then increase dependence and reliance on imports, which carry the burden of debt for the country. From the study's perspective, SAFM and farm owners should coordinate a massive education and training programme on HIV and AIDS. Such an approach would greatly enhance the proper and serious management of the concerns of people living with HIV and AIDS (DCSA, 2002: 4; MX Health, 2007: 75-76).

The researcher observed that there was a great need for local farm owners and SAFM to contribute some of their profits to the improvement of health care in general, and HIV/AIDS management in particular. Generous contributions of this

nature could become a form of incentivisation; by which government accorded some form tax relief for donor companies – for instance, exemption from paying the full 14% government tax. This typical private-public sector example serves to indicate the extent of considerations for human values, while simultaneously exemplifying abundance of possibilities and creative opportunities that could be reined-in, in developing a culture of HIV/AIDS awareness. These partnerships would also assist the state in its efforts to expedite the eagerly awaited delivery of basic services. From this researcher's point of view, the private sector (whose declared obligation is to its shareholders) is also morally bound to contribute some of their profit towards HIV/AIDS awareness and management strategies. A workforce that is gradually becoming de-populated due to HIV-related casualties correspondingly translates into lost production hours and substantial insurance settlement benefits to dependants of deceased and still-dying employees (Makhubela-Nkondo, 2001).

2.3.3.1 HIV/AIDS implications in the farming environment

The HIV/AIDS epidemic threatens to reverse the social and economic gains in post-1994 South Africa. It affects the urban elite as well as the rural poor, especially during their most economically productive years (DCSA, 2002: 5; MX Health, 2007: 83). It is estimated that in the next decade, the number of employees lost due to HIV and AIDS could be the equivalent of 40% to 50% of the current workforce (Love Life, 2001: 12). The farming community might have added budgetary costs of 2% to 6% of salary per year due to HIV infections, including direct healthcare costs. The deaths of young adults have adverse effects on economic, political, security, social and farming stability throughout Africa. The farming environment was not excluded from this problem, as they would miss an opportunity to recruit young farming personnel. The absence of an effective HIV/AIDS vaccine suggests that developmental obstacles may take long to overcome. Limiting the spread of HIV/AIDS and mitigating its multi-sectoral impact was an essential investment in sustainable development (Lyerly, 1996: 2).

Production in the farming industries would be heavily affected. There will probably be less production due to AIDS-related deaths. The farming community might lose skilled personnel, which will eventually affect the economy. South Africa relied on

agricultural products in boosting particularly the foreign exchange rate through agriculturally based imports. Unless something dramatic was done in combating HIV and AIDS, the agricultural industry may lose valuable skilled personnel everyday. The farm owners may be forced to terminate the services of some HIV-infected workers due to their low productivity, thus increasing the unemployment rate in South Africa (Sach, 2005).

From the business risk management perspective, the HIV/AIDS pandemic has become one of the contributors to the volatility in the business risk management sector (e.g. health insurance) vulnerable to risk factors in the market (Miller & Yeager, 1996: 10). For instance, HIV positive farm employees working on fruit carving during harvest time pose a health risk by being susceptible to accidentally cutting themselves with the sharp utensils used for their job. If they do not wear gloves, they could cross-infect fellow employees who themselves might not be provided with gloves by their employers. In this regard, the farming industry was also a part of the health risk management chain (AIDS Helpline, 2001). High HIV/AIDS infection rates among the farming community would lead to low economic production and adversely affect investor confidence in the country's ability to proactively address risk. Intervention strategies should thus include training in the management of business risk posed by the pandemic (Miller & Yeager, 1996: 10).

Enterprise operators, farm owners and workers need to provide for the future survival of their families, especially if they were already infected. That is also true in case they become infected with the virus. Poverty-stricken people such as farm workers tended to experience shorter life expectancy. This state of affairs occasioned a high demand in the farming sector for access to social protection schemes such as grants, medical aid and insurance; these would provide expenditure relief in the case of unforeseen eventualities such as hospital and funeral costs. Expenditure intervention plans should also aim to broaden this concern into recognition of the value of schemes that include household maintenance in the event of a HIV and AIDS-related illness and death of a family member or breadwinner. SAFM and farm owners are then morally challenged to make sure that all of their employees have such comprehensive schemes in order to fight the effects of this pandemic from all fronts (Miller & Yeager, 1996: 10).

The most significant costs for the farming industry were those that are of a more indirect nature, such as absenteeism due to illness, funeral attendance, lost skills, training, recruitment costs, reduced work performance and lower productivity (Love Life, 2001: 12). It was estimated that approximately 15% of highly skilled employees would have contracted HIV by 2010. The farming community might have problems in training new members for highly technological farming equipment. (Love Life, 2001: 12).

Farm owners in Limpopo are challenged to start taking the fight against HIV and AIDS vigorously, if they are to improve economic development in their industry. This challenge is also to be taken jointly by SAFM, the district health officials, and the Department of Agriculture of Limpopo province. The positive aspect of such a joint venture is that it would promote a broader understanding of the challenges and threats posed by HIV and AIDS in the country.

Both government and private institutions should act against discrimination in addressing the social economic causes and consequences of HIV and AIDS. Policies and legislation that addressed discrimination would thus help to alleviate the personal and societal impact of HIV infections. The farming community should not be excluded from these processes and interventions. All farming personnel living with HIV need dignity, privacy and an equitable environment allowing them to explore their talents in the community. The attitude of farm owners and SAFM may have a negative effect on farming personnel living with HIV and AIDS (Delate, 2000:94).

The most effective human rights response to combat HIV and AIDS were those activities aimed to meet the needs of the farming community. Situations that make people vulnerable to HIV and AIDS should be eliminated. The farm owners and SAFM had to develop programmes of combating the high incidence of HIV and AIDS in the farming environment. This could be done by empowering the farming personnel with adequate knowledge on HIV and AIDS (Delate, 2000: 94), as well as transforming the farms into workplaces that are compliant with basic healthcare and labour relations laws. As the agricultural sector's source of income, farms have not been left unscathed by the HIV and AIDS scourge.

People living with HIV/AIDS, as is the case with people living with other forms of disability, are protected from discriminatory and unfair labour practices. HIV/AIDS positive employees had the same rights and duties as other employees. They cannot be treated differently by their employers or their co-workers (SAMHS Order, 1997: A-1). An employee cannot be dismissed, retrenched or refused a job merely on the basis of their HIV positive status. Individuals in the latter category were entitled to the same training, development and promotion opportunities as any other employee. Employers are not entitled to demand that a job applicant be subjected to HIV/AIDS testing as a condition of employment (Mbovane, 2007). Farm employers are therefore legally required to treat HIV positive employees with dignity and respect, and as equal to others in the workplace. Stigmatisation and lack of adequate knowledge and information, could lead to high levels neglect on the part of farm employers (AIDS Helpline 2001).

Workplace incidences of risk related mainly to infection transmitted through the blood of an HIV employee. They were many positive steps employees and employers could take to deal with the HIV and AIDS epidemic. These included developing a workplace policy on HIV and AIDS, negotiating benefits such as medical aid, insurance, retirement benefits and disability cover in the interest 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. It was important that all blood was treated as possibly infected, that first aid kits which include protective gloves and other devices were available in the workplace and that employees were trained to prevent HIV transmission when helping an injured person. Farm owners and SAFM had to install first aid boxes at their working area, and have trained personnel for these tasks. It is of critical importance that farm owners provide their farming personnel with first aid kit for emergencies at the work site. This is particularly necessary in cases where the workplace is geographically dislocated from professional healthcare centres (Sachs, 2005).

The South African farm management company tried its best to involve other farm owners in the implementation of awareness campaigns on HIV and AIDS among the farming community, whose active participation rendered such initiatives meaningful

in combating HIV and AIDS. The farm owners and other stakeholders were invited to the strategic meeting for the planning of an aggressive awareness campaign held at Lenyenye Stadium on 06 October 2007. The first of such meetings was held at the SAFM boardroom on 12 May 2007.

2.3.3.2 Possible HIV/AIDS treatment options

Incessant pressure has been exerted on pharmaceutical companies and international agencies to provide cost-effective antiretroviral medication to people with HIV and AIDS in developing countries. This morally defensible position is congruent with the advancement of a humanistic HIV/AIDS perspective. The difficulty in providing these drugs on a national scale demands serious consideration. The availability of these drugs provided a direly needed short course of treatment to prevent the mother-to-child transmission of HIV. It was unlikely that antiretroviral use would reduce overall cost of care. Paying the full price for antiretroviral therapy would increase the cost of healthcare by R70 billion in 2010 (U.N. AIDS, 2007).

The health department in Limpopo is most particularly challenged with the provision of HIV/AIDS drugs and a systematic programme of ARV provision in the province and among the farming communities. While provincial health policy is governed by national regulations, the establishment of clinical trials for ARV treatment is not illegal. The establishment of provincial clinical centres have the advantage of the continuous monitoring of the effects of the anti-retroviral drugs. Although ARVs cannot cure the disease, they do act as a clinical and control mechanism for a chronic disease. ARV therapy however, does not limit other assistive ways of healthcare towards people living with HIV and AIDS. These included the treatment of opportunistic infections, especially TB; supporting home-based care initiatives; and providing basic nutritional support. In farming-confined work environments, the provision of basic healthcare support is of the utmost priority. While ARV treatment is provided, infrastructural and logistical support is needed to monitor side effects on clients in far-flung parts of the province (DoH, 2007a: 10-11).

It was important for all funding agencies to post vaccine research higher in their priorities as there was a need for an even more radical solution to the persistent

problem of finding an effective HIV vaccine. Due to the conflictual state of labour and capital on the one hand, and fundamental imperatives of a human rights culture and healthcare on the other; the development of vaccines has met with muddled competition among prospective competitors and partners (Miller & Yeager, 1996:11). In South Africa for instance, a community of interests has not yet been sufficiently achieved between government, pharmaceutical companies, traditional health bodies, non-profit organisations such as the TAC, and other stakeholders. Such a scenario has tended to divert the formation of a common national health agenda in innovative and continuous research towards further research and possible invention of the vaccine.

The psycho-social ramifications of HIV/AIDS require that professionally trained personnel (e.g. counselling services) be involved to assist the infected and/or affected parties face the reality of their situation. Diagnosis and disclosure of HIV status result in major stress for the individual. Stress and depression could compromise the function and well being in all areas of family life, work performance and family relationship. Those closely associated with the infected person(s) are themselves later affected, especially as bodily degeneration begins to occur. In the absence of adequate HIV/AIDS information and education, the stigmatisation, social rejection, and alienation of HIV and AIDS-positive persons could unfairly compromise employment opportunities (DCSA, 2007: 3).

The psycho-social impact becomes more acute when death occurs (DoH, 2000: 20). Levels of grief within the households and communities exacerbate the mental health and physical health of survivors. Scarce health and support structures among the farming community compounded the situation for those affected psychologically and socially. Farming community members infected and affected by HIV and AIDS did not receive proper support, and the farm owners seemed less interested on HIV and AIDS issues. There was a need for farm owners, SAFM, and the Limpopo district health officials to provide these services effectively to the farming community as a matter of urgency. This form of intervention might prolong the lives of people infected with HIV and affected by AIDS, while effectively limiting loss of production on the farms (Love Life, 2001: 9; Zvomuya, 2005: 33).

2.3.3.3 The NGO sector's contribution to HIV/AIDS prevention for farmers

Agri-AIDS (already explicated in p. 5, Section 1.2.1) was established in 2004 to raise awareness of HIV and AIDS among the farming community and facilitate prevention and treatment campaigns. As far as the researcher is aware, this programme was not available to all farms in South Africa. If the HIV/AIDS pandemic were to be effectively thwarted among the agricultural and farming sectors, is then imperative that it be expanded to other provinces as well (Zvomuya, 2005: 33). It is projected that high infection rates would devastate the agricultural sector in the next few years, if no holistic and vigorous educational campaigns were adopted. According to the World Health Organization (WHO), over seven million farmers and farm workers in Africa have died of HIV and AIDS-related diseases since 1985. A further 1, 6 million rural people would die of the disease in Southern African by 2010 (UNAIDS, 2005). WHO (2005) estimates between 30% and 40% of Southern African farm workers were infected by HIV. These figures undoubtedly cast a disturbing scenario that warrants expeditious but systematically discrete interventions by relevant sector stakeholders. It was also the responsibility of the provincial health, education, and labour departments to initiate inter-departmentally co-ordinated education and training strategies to help the farming personnel in the fight against HIV and AIDS (Zvomuya, 2005: 33).

The Ndlovu Medical Centre in Groblersdal was established in 1995 and partnered with Agri-AIDS to provide medical services to surrounding farming communities. Funded by Dutch, European Union and US donors, the centre was also instrumental in running a pilot project of antiretroviral treatment on two farms in Gauteng and Mpumalanga. The centre's resource and knowledge capacity qualifies it as an Autonomous Treatment Centre (ATC) specializing in HIV and AIDS treatment and prevention programmes. It is structured as an outpatient facility, a mini hospital for in-patient care, and a laboratory for HIV testing and monitoring. There was a need for a centre like this to be made available to all farming communities. Its partnership with Agri Aids strengthens the direly needed dimension of comprehensive and protracted action against HIV/AIDS. It might serve to reduce HIV and AIDS in the farming communities in Limpopo province as well (Zvomuya, 2005: 33).

The centre provides services such as a free TB clinic, subsidized maternity care, a free ARV service and counselling for AIDS patients. A mobile HIV and AIDS clinic visits farms and provides treatment. An HIV and AIDS awareness campaign was also run alongside all treatment interventions to emphasize the need for prevention. It was envisaged that this project would develop a model for the farming sector on managing HIV and AIDS on farms where resources were scarce. The rollover of this project must extend to other Limpopo farms as well, so as to increase concerted efforts aimed at reducing the infection rate of HIV/AIDS. The clinic provides voluntary counselling services to about 300 people at a time. Over 100 HIV positive farm workers on the two farms enrolled in the pilot programme were being assisted. Thirty of these farm workers were receiving ARV's. The demand of this occupational HIV clinic was very high, and other farmers were calling for the extension of this centre on their farms. Collaborative and networking partnerships between the centre, Agri Aids and SAFM would stand the farming communities in good stead, and broaden the intervention base for HIV and AIDS management. A co-ordinated HIV/AIDS prevention programme by the non-governmental sector would even enrich the entire country (U.N AIDS, 2007).

The concerted effort to fight HIV and AIDS among the farming community was further demonstrated by the USAID and "Right to Care" through a three-year funding plan to expand a pilot project to include more farms. Green's Farm, a highly productive vegetable farm with a labour force of 500 workers situated near Meyerton – south of Johannesburg, was selected as the pilot project site. The farm manager, who had noticed the rapid rate at which the farm was losing its workers due to HIV/AIDS, initiated an HIV and AIDS project. Workers were increasingly being absent from work because they were either HIV infected, or looking after an HIV infected family member. HIV/AIDS awareness campaigns were held to highlight the scale and the scope of dangers presented by HIV and AIDS. The awareness campaigns also focused on preventive and promotive interventions, and also encourage people to get tested.

At the incipient stages, it was difficult to get people to attend the meetings and to talk openly about AIDS. The farm manager's resilience resulted into more and participative attendances where pre-counselling and post-counselling acquainted the

participants and sufferers to the fact that a diagnosis was not necessarily a death sentence (Zvomuya, 2005: 33). The farm devoted a portion of its profits to fund a programme supplying its HIV positive staff with supplementary nutrition, whose role in the management of HIV and AIDS could not be undermined. Irrefutable research-based evidence has proved that high-protein nutritional supplements significantly boost the body's immune mechanism, which is vital for its defence against diseases. The mobile HIV and AIDS clinic provides Green's staff with medical assistance and counselling once a week. The clinic had a truck on standby to transport patients to and from the local hospital. South African farm management and other farm owners have to play a role in making this service to apply in their area of operation at Limpopo Province. This would alleviate the problem of transport in providing basic healthcare services to the farming community (DoH, 2007a:4-5; Zvomuya, 2005:33).

The farm owners and managers illustrated a sense of awareness and understanding of HIV and AIDS issues, as they did not allow any discrimination against sufferers. The Green's Farm project is another illustrious exemplification of the efficacy of partnerships against HIV/AIDS. As is the case in other economic sectors, lethargy and despondence are of no value, as they lead to loss of production, income and precious life. The project managers did not wait to be coerced into obligation by such legal instruments as the Occupational Health and Safety Act (No. 85 of 1993), Labour Relations Act (No. 66 of 1995 and the Employment Equity Act (No. 55 of 1998), in order to provide preventive and promotive initiatives on a comprehensive scale. These kinds of ventures are reciprocally and mutually beneficial, as the farm owners will also benefit from a physically and mentally healthy workforce.

The major obstacle in the fight against AIDS was the stigma attached to the disease. Most farm workers were illiterate; hence the need for aggressive educational campaigns to inculcate a humanistic understanding of HIV/AIDS. There was a need for information on treatment models and information to be disseminated in the farming sector. This would provide farm management with prevention and management strategies, especially for farms that were far from health centres. The farms in Limpopo and Green's Farm share some characteristics that are verisimilitude by comparison; such as high HIV incidence and its consequent loss of production, as well as inadequate understanding of issues around this disease. This

type of model can be used extremely instrumental in contributing to the alleviation of the problem and reduce total dependence on state provision of all resources. It further demonstrates possibilities that are opportuned by cost effective and community-based HIV and AIDS solutions on farms in South Africa and can help to reduce the negative impact of HIV/AIDS on the sector (Zvomuya, 2005: 33).

2.4 SUMMARY

The “accumulated body of literature and scholarship” (Babbie & Mouton, 2001: 566) on the research topic has been reviewed such that an integrated and multi-disciplinary perspective is projected. Accordingly, HIV/AIDS is not viewed as a peripheral healthcare issue. Instead, it is viewed jointly with workplace requirements for the rights of farm workers as human beings too. Data and information relating to SAFM workers was not readily available as a comprehensive HIV/AIDS policy had not yet been developed at the time of the study’s execution. Complementary data and information utilised in the data collection was derived from SAFM and farm workers, as well as from clinical documents in the farming area. The dearth in voluntary counselling and testing necessitated that literature be obtained from a range of sources.

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

The previous chapter provided a broad review of the consulted literature on the HIV/AIDS phenomenon in general, as well as its specific impact on the farming communities under investigation. In this section, the very HIV/AIDS environment/framework just described above is conceptually described. The conceptual framework *per se* refers to the 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). Furthermore, “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 were constructed representation of some aspect of our environment. ‘Conceptual framework’ and ‘conceptual model’ were used interchangeably. The model represents 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 conceptualisation” (Polit & Beck, 2004).

Schematic models are undoubtedly familiar to all readers. They are a diagrammatic representation of the researcher’s phenomena of interest. It was not always possible to identify a formal theory that was relevant to all research problems (Polit & Hungler 1993: 109), such as those healthcare-related problems that were an aspect of the research’s focus.

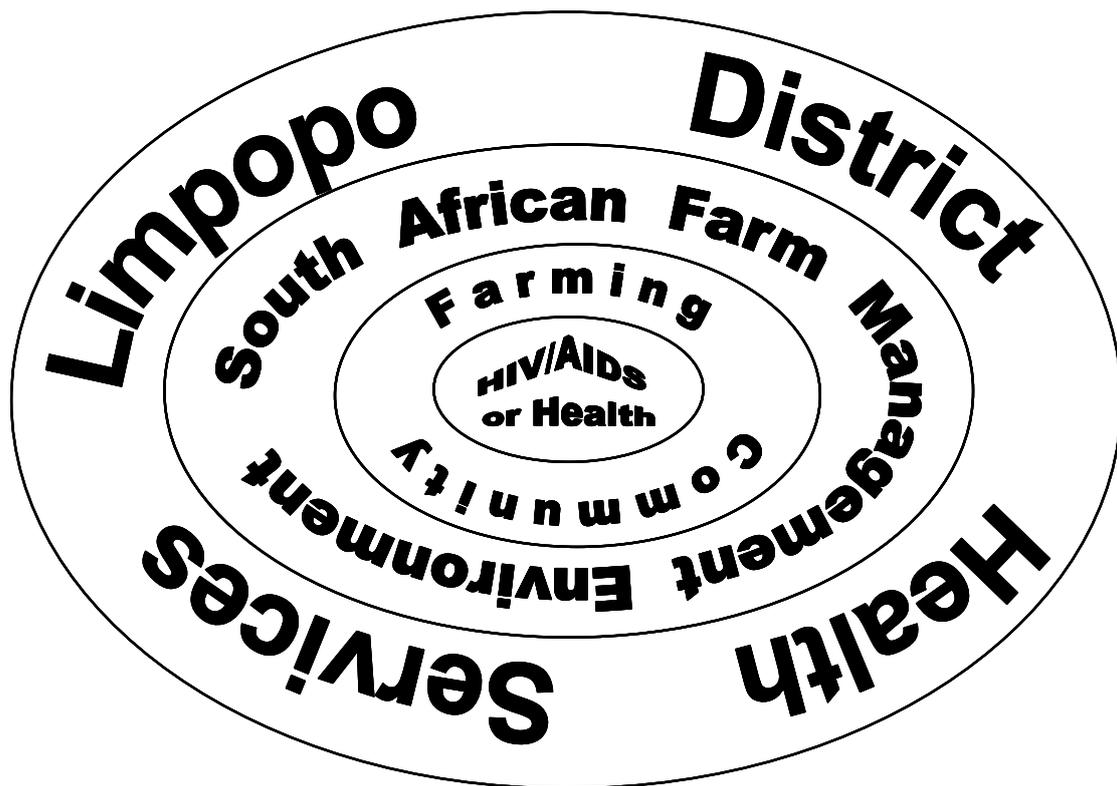
3.2 MODEL EXPOSITION

To the extent that 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), the Fawcell model of theory/concept development was utilised. This model of concept development projects the developer’s/researcher’s point of view in terms of the nature of formal explanations and statements that constitute the phenomena under investigation (Polit & Beck, 2004). In this particular regard, the phenomena relates to HIV/AIDS prevalence and other multi-faceted implications for the farming communities of Levubu and Mamathola farms.

In this study, a multiple stakeholder involvement/participation model has been developed. The framework along which the model has been conceptualised is premised on a three dimensional environment, with HIV/AIDS as the gravitational factor. The literature review has irrefutably indicated that HIV/AIDS is perhaps the biggest threat to humanity’s survival. No aspect of our daily lives has been left unscathed by the pandemic, prompting world bodies, governments, NGOs, the private sector and civil society to act in unison towards finding appropriate responses in the absence of a permanent cure. It is in this particular context that multiple stakeholders are involved, or participate in various capacities to find solutions. The following diagram represents the researcher’s conceptualisation of a multiple stakeholder involvement/participation model.

Figure 3.1: A multiple stakeholder involvement/participation model



In the context of the Levubu and Mamathola farming communities, there are four major concepts/environments that are central to understanding “A Hidden Cohort: HIV and AIDS Amongst the Farming Community”; namely, HIV/AIDS, the farming community, SAFM, and the Limpopo District Health Services. The ‘delineation’ of the four variables into ‘separate’ entities is only meant to indicate how each of the variables confound the other.

3.2.1 The HIV/AIDS domain

Figure 3.1 above indicates the *centripetal* interrelatedness of HIV/AIDS with the other three variables. In other words, HIV/AIDS is the focal point *towards* which all other elements of the model act or react. The HIV/AIDS sphere of the model is the principal catalyst for the actualisation of the investigation. In the first place, the study was brought into existence by the researcher’s concerns with the high HIV/AIDS prevalence rates in the identified farms, coupled with the high-risk factors of the disease (e.g. poverty, limited access to health facilities, migrant labour, and the low

status of women in a particular society (DCSA, 2002: 3; MX Health, 2007: 84)). The centrality of the disease in the personal, social, and economic lives of the infected and affected farm workers necessitated that multiple responses to the pandemic be developed, where none existed before (Sachs, 2005).

3.2.2 The farm workers' domain

As represented by the farm workers, the farming community are the most significant variable pertaining to HIV/AIDS. As being socio-economically active, this is the sector of society whose health and labour rights have not been accorded full recognition by both their employer and the local/district healthcare authorities. They could be subjected to HIV infection due to the high risks that are imminent in their environment. The risk factors are attributable to variables such as unsafe health practices, excessive consumption of alcohol and the use of illegal drugs. Their perception, knowledge and understanding of HIV/AIDS issues have a co-relational value with the outcomes of workplace-based intervention strategies that could be initiated and implemented. The success of any intervention strategies for the relief of the farm workers is critically linked with their awareness of HIV/AIDS destruction, as well as the protracted involvement of SAFM and the local healthcare services. Farm workers, therefore, are a constituency whose vested interests are based on the full recognition of their rights as human beings and as workers.

3.2.3 The sphere of SAFM as employer

The SAFM was the environment/context within which the *combined* workplace-based HIV/AIDS healthcare and labour requirements are monitored. An imbalance was found to exist between the healthcare and labour requirements. Through its HR section, SAFM mainly applied what could only be regarded as partial labour practice. The absence of a comprehensive HIV/AIDS policy implies that there is heavy reliance on those services provided by the local district healthcare authorities, whose facilities are far from the farms, under-resourced, and not easily accessible due to general infrastructural under-development in the area. Of all the centripetally-linked spheres of the multiple stakeholder involvement/participant model, the sphere of SAFM as employer exhibits a dual character and relationship with the other spheres.

Firstly, the (partially executed) labour perspective is expressed through SAFM's HR department. Secondly, the absence of an employee policy on health in general implies that a direct violation of both labour and health laws has been demonstrated:

“An HIV/AIDS policy [in the workplace] defines the company’s position and practices as it relates to an employee with HIV infection. It forms the foundation *for the entire HIV/AIDS programme*. A good company policy sets the standards of behaviour expected of employees, *in line with the relevant South African labour-related laws*. A workplace policy on HIV/AIDS/STIs is central to developing and implementing an effective workplace programme ... An HIV/AIDS/STIs policy also demonstrates the organisation’s concern and commitment in taking active steps to manage the HIV/AIDS epidemic within. This commitment in the form of policy must be taken into concrete action via the HIV/AIDS/STI programme [*italics my own emphasis*]” (MX Health, 2007: 75).

3.2.4 The sphere of the Limpopo District Health Services

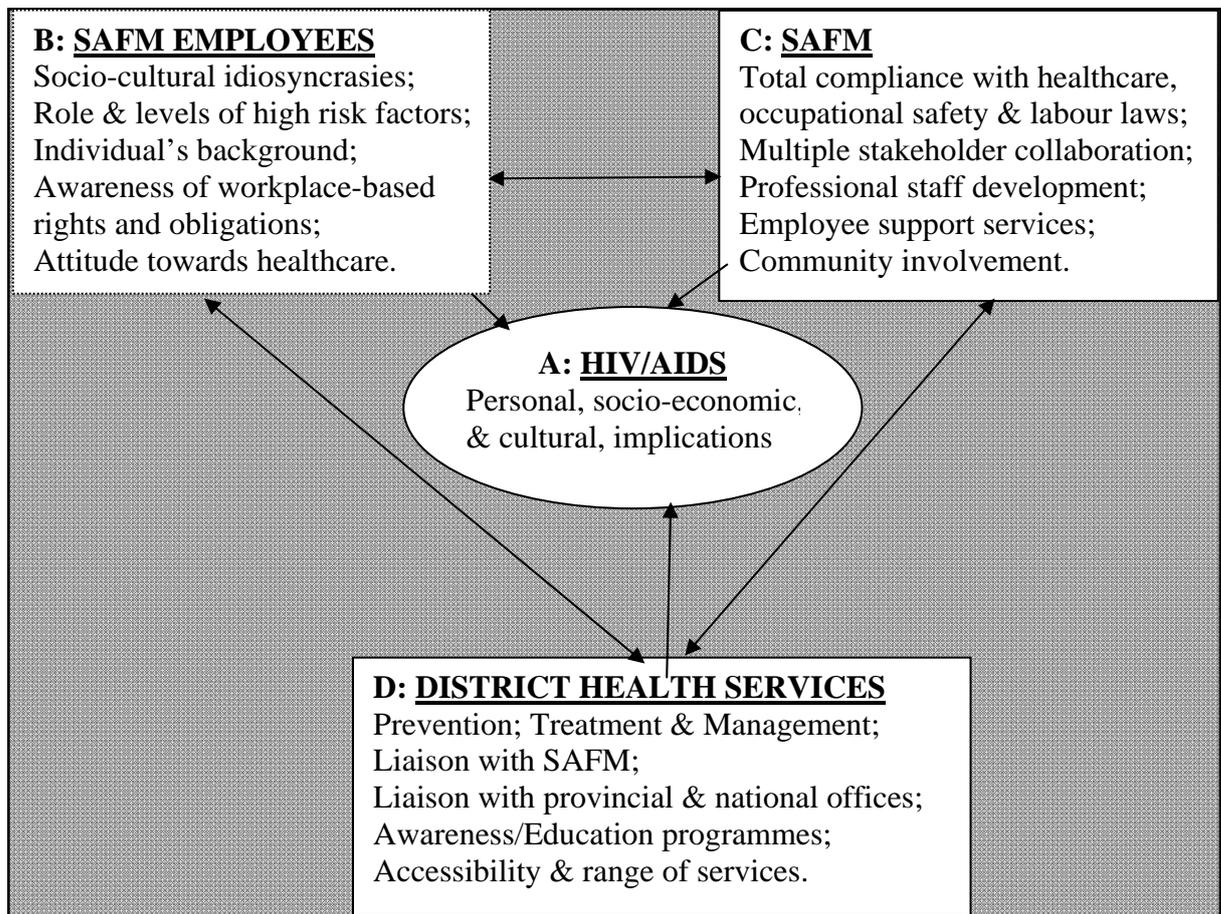
In its quest to “deliver quality [health] care in the public sector” the national Department of Health initiated the District Health System (DHS) “... to ensure that national [healthcare] standards and guidelines are reflected in the delivery of services ... because it [DHS] it is close enough to the community to be responsive to their needs...” (DoH, 2007a: 17). By establishing such structures as the DHS, the national Department of Health therefore attempts to decentralise the fiduciary function of providing quality services to the public. In that regard, the Limpopo District Health Services was regarded as the grassroots-level healthcare component tasked with the responsibility of averting an HIV and AIDS crisis in the farming community.

It is at this level that the failure or success of basic service delivery could be determined. Such service should include the provision of mobile clinics to be accessed by people in the remotest parts of farms, as well as health education, promotion programmes including the following (DoH, 2007: 7-9):

- use of both male and female condoms;
- continuous health education with regard to HIV and AIDS;
- psycho-social support;
- nutritional advice, and
- organised training for farm managers and SAFM personnel

The relevance of figure 3.1 is fully appreciated when viewed in the context of a holistic HIV/AIDS paradigm, which manifests itself in the social, economic, health, cultural, and political domains. The following figure attempts to construct such a holistic conceptualisation of a multiple stakeholder involvement/participant model.

Figure 3.2: A holistic view of the conglomerate of participants



Source: Researcher's own derivation from fieldwork data

Figure 3.2 is the researchers' own diagrammatic representation of the co-relational value of HIV/AIDS to the other three spheres /domains, namely: the Farm Employees/Farming Community, the South African Farm Management; and the

Limpopo District Health Services. The nature of the interrelatedness of the three variables could have either a positive or negative impact on the researcher's conceptualisation of the investigated phenomena (Polit & Hungler, 1997: 107-109). The holistic conceptualisation followed a dual framework of both categories and processes.

3.2.4.1 The duality of model processes

The duality of processes is visualised in terms of the direction of the arrows. The 'two-way' arrows depict a reciprocal or interactive relationship among all the relevant factors in the macro-environment, or the sphere within which "the social reality" (De Laine, 2000: 148) of HIV/AIDS materialises. The B, C, & D spheres in the macro-environment of HIV/AIDS affect each other in any direction, reminiscent of a chaos-like reaction in systems theory (Cutright, 2001:32). At the same time, all the B, C, & D spheres in the macro-environment of HIV/AIDS are drawn to the centre by the centripetal force of HIV/AIDS as the most common denominator/variable in the study. The degree of common variability is indicated by the 'one way' direction of the other set of arrows. The multi-dimensional aspect of the conceptualised model indicates the aetiological complexity and clinical manifestation of the disease; which necessarily warrant that effective management systems and structures (especially for SAFM and the District Health Services) be deployed as forms of preventive and promotive interventions (DCSA, 2002: 4-6; DoH, 2007a: 20-22).

3.2.4.2 The categorisation of model spheres/environments

Each of the sub-units in every sphere has been categorised in the context of a framework of continuous policy development. Since SAFM's functioning relies mostly on their Human Resources capacity, the development of a comprehensive workplace-based HIV/AIDS policy would require interactive (networked) engagement with all other spheres. For instance, the continuous professional development of SAFM staff (sphere C) translates into a personal achievement for the particular staff member (A), which logically has a positive contribution on the individual farm worker's attitude towards the disease (B); the logical outcome is that the collaborative prevention, treatment, and management initiatives of the DHS (D) is

ultimately enhanced. The networked form of engagement among various stakeholders (including farm workers' trained peer educators on HIV) is therefore continuous, non-exclusionary, and occurs during the entire process of developing a comprehensive HIV/AIDS by SAFM.

3.3 SUMMARY

Various frameworks have been adopted to construct a value of co-relation (interaction) in defining the various conceptual bases of: HIV and AIDS, South African Farm Management, the farming community, and the Limpopo District Health Services. They were linked in diverse ways, and they have different emphasis to the relationship among them. The extended conceptualisation of the model in Figure 3.2 is an attempt to illustrate this (networked) form of interaction among the various spheres/environments. These conceptual frameworks would have inspiration and theoretical foundations in formulating research questions and hypothesis. This study was based on the logic of HIV and AIDS as a central concept with interaction of farming personnel, the environments and health care services influencing the increase or decrease in its prevalence among both the farm workers, farm owners, and SAFM personnel.

CHAPTER 4

RESEARCH DESIGN, RESEARCH METHODOLOGY AND DATA COLLECTION APPROACHES

4.1 INTRODUCTION

The most important purpose of the current chapter is to provide the practical and relevant details of how the study's intentions were actualised. The study's intentions (purpose and objectives, as articulated in pages 7-8 of Chapter 1) and the research questions (as articulated in pages 8-9 of Chapter 1), collectively influenced and shaped the manner in which the research methods and the data collection techniques were constructed. The terms "research design" and "research methodology" are interpreted differently by different social scientists and researchers – depending on the particular 'terrain'/intellectual influences of a particular scholarly community of practice or "academic tribe" (Becher & Trowler, 2001: 4). Mouton (2001: 55) mentions that some researchers prefer to use "research design" and "research methodology" as two distinct, but interrelated research nuances; while others use the terms synonymously. For purposes of procedural clarity – and taking into account the duration of both the exploratory phase and the actual fieldwork of the study – "research design" and "research methodology" have been applied in this study *complementarily*; that is, as two distinct but interrelated research nuances.

4.2 RESEARCH DESIGN

The research design of this project refers to the broader course of *action/plan* of how the research was conducted; whereas the research methodology refers to the specific *instruments/tools* used in meeting the objectives of the research (Mouton, 2001: 55, 114). The research design is invariably regarded as "the management plan" (Henning, 2005: 142) of the study, in that it outlines and charts the course of action for the processes and procedures followed in the actualisation of both the study's objectives and resolution of the research problem as stated by the researcher (Mouton, 2001: 56, 114).

In enhancing optimum participation to the general mould of the research design, key stakeholders were involved during both the pre-trial and actual investigation phases of the study. The maximisation of participation by key stakeholders was applied as a means to also establish harmonious rapport between the researcher and these stakeholders (Polit & Beck, 2004: 265). The orientation towards maximum stakeholder participation further enhanced the collection of valuable evidence pertaining to the farms as places of employment. To this effect, the researcher collaborated with the Human Resources Manager and Public Relations Officer of SAFM to facilitate the granting of permission to undertake the investigation in all the farms under the jurisdiction of SAFM in the Levubu and Tzaneen farming districts. Various dated meetings (listed later in this chapter) and some appendices (appearing on the List of Appendices) indicate an ongoing process of consultation and liaison between the researcher and SAFM as the key stakeholder in the two designated farms of Levubu and Mamathola.

4.2.1 Triangulated research design

Triangulation refers to “the use of multiple methods or perspectives to collect data and interpret data about a phenomenon, to converge on an accurate representation of reality” (Polit et al., 2001: 472). In effecting a broader plan to obtain maximum results in this study, multiple forms of triangulation were integrated into the qualitative and quantitative aspects of the entire research process (Henning, 2005: 103; Polit et al., 2001: 472). The main purpose of the triangulated research design for this study was to facilitate the processes of research exploration, as well as stakeholder observation and participation; all of which are considered here as pivotal to methods of data acquisition and interpretation. The multiple forms of triangulation include:

4.2.1.1 Data triangulation

Data triangulation involved the use of multiple data sources in the study to obtain diverse viewpoints for the purpose of validating the study’s findings, conclusions, and recommendations. In this study, data triangulation was applied by sourcing HIV and AIDS-related information from primary, secondary and electronic sources; as well as

from discussions with relevant stakeholders such as provincial and local district healthcare authorities in the Levubu and Mamathola farming districts.

4.2.1.2 Investigator triangulation

Investigator triangulation refers to the use of two or more trained researchers to analyse and interpret a set of data. Investigator triangulation further enhanced the authenticity of the investigation (Polit & Hungler, 1999: 428). In this study, the researcher utilised the services of a Sepedi and Xi-Tsonga proficient colleague to interpret the indigenously presented Sepedi and Xi-Tsonga HIV and AIDS statements emanating from the farming community during both the pre-trial and actual stages of the investigation. Two SAFM personnel were formerly asked by the researcher to assist with other information gathering duties (e.g. administration of questionnaires) during the investigation.

4.2.1.3 Method triangulation

Method triangulation involved the use of multiple methods of data collection. The subject of HIV/AIDS is complex, and warrants that as many related aspects as possible be addressed in protracted detail by all concerned role players. The prevalence of HV and AIDS in the designated farming communities of Levubu and Mamathola is an aggregated accumulation of various factors that are constituted in the high-risk nature of the farm workers' living environment. It therefore became imperative that a combination of exploratory, observational, and participatory strategies be utilised. Such strategies included the administration of questionnaires and interviews with SAFM officials, farm workers, local healthcare and traditional authorities. Such wide consultation enabled the researcher to be presented with unbiased information/knowledge (Talbot, 1995).

4.2.1.4 Rationale for the integration of qualitative and quantitative research approaches

For purposes that are congruent with maximising the efficacy of the study, both qualitative and quantitative approaches were employed to enhance complementarity

of approaches, to accelerate the research process, and to expand the study beyond conceptual limitations (Dick, 1998; Polit & Beck, 2004). These approaches were opted for, due to the complexity of the subject matter necessitating that numerical evidence be *concurrently* supported with descriptive discussion relating to the multiple layers of variables prevalent on the research sites. The duality of numerical evidence and descriptive discussion provided narrative coherence, considering the range of stakeholders consulted in the study. Furthermore, the dual approach enhanced the availability of data relating to issues which would otherwise remain obfuscated due to the idiosyncratic nature of the matrix of interactions between the health, occupational, social, personal, cultural, and other variables attendant to both the living and working conditions among the farming community (Talbot, 1995).

The fundamentally qualitative aspects of the research have informed both the course of action and the types of instruments to be used – quantitative elements have been included to maximise the accuracy of the study’s findings. The qualitative aspects refer to the descriptive (non-statistical) elements which rely on the researcher’s own interpretive and analytic input. Methods of data collection – such as focus group interviews, naturalistic observation, and the review of documents – constitute examples of qualitative aspects in the study. Both qualitative and quantitative data was blended to get more valid results on HIV and AIDS issues in the farming community. The benefit of blending qualitative and quantitative data in a single research project was that they were complementary, and enhanced the validity of the results. The understanding of HIV and AIDS problems in the farming community would best be studied through the combination of these two approaches. In showing the usefulness of complementarity to researchers, Polit & Hungler (1999: 258) mention that:

“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”.

Morse (1997: 227) states multiple advantage points for research advancing its stated objectives: “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 would be applied and adjusted to many situations to guide understanding, forecasting the need for further research". Furthermore, "The sequence used of qualitative methods could be used in advancing our knowledge; they were critical to those who advocate this approach for demonstrating the validity or scientific worthiness of qualitative analyses. It had been suggested that the value of subsequent quantitative investigations lies in their ability to extend the result of a qualitative study in a complimentary or collaborative distinct way" (Morse, 1997: 231). Morse's statement above is congenial, as it justifies the appropriateness of multiple approaches that enhance better understanding of complex phenomena. In investigating the prevalence of HIV/AIDS among the Vhembe and Mopani farming communities, both the working and living conditions, as well as cultural dynamics of the farm workers had to be explored; so as to construct a coherent aspect of the very idiosyncrasies of this group.

4.3 EXPLORATORY ASPECT OF THE STUDY'S RESEARCH DESIGN

The exploratory research served the purpose of extending the preliminary investigation into a more structured and coherent whole (Burns & Grove, 1999: 40). The exploratory basis of the research design outlined the preliminary stages of how the study as a whole was envisaged to progress. The exploration itself relates to the pre-investigation stage, when the research instruments' efficacy and compatibility with the research environment is determined (Adler & Adler, 1998: 81). Such compatibility and efficacy are usually not easy to pre-determine or 'judge' in advance, until during the pre-testing process itself (Adler & Adler, 1998: 82). The purpose of such exploration was to gain new insight and better understanding of the variety of critical units of analysis and phenomena entailed in "A Hidden Cohort: HIV and AIDS among the farming community".

The exploratory orientation of the research design was influenced by the limited availability of knowledge relating to the specific setting of the chosen farming communities. In this regard, two factors became instrumental; namely, the negotiating of entry to the actual research sites, as well as the implementation of the pilot study. The exploratory aspect of this research materialised between April 2006, and October 2006;

respectively the period between the granting of permission to undertake the study by both the academic institution (UNISA) and SAFM as the legal custodians of the designated research sites in Levubu and Mamathola farms. During this period, the researcher travelled in all of the farms owned by SAFM, observing and taking notes on every health-related information and data pertinent to the study. At the end of October 2006, the general manager of SAFM invited the researcher to present a survey of the impact of HIV and AIDS in the farming community and be part of the planning programme for the intended Agriculture and Land Affairs MEC's visit, whose purpose was to come and check the progress of land distribution to the five communities at Levubu. The mention worthiness of this invitation accentuates the valuable on-the-scene experiences and insights that the researcher was able to amass prior to the actual execution of the study. In the ethnographic context, such experience also provided the researcher with an awareness of the psyche of the people he would interact with in the research environment.

4.3.1 The research environment and its negotiated entry

The SAFM farms in the Mopani district consist of the Mamathola farming community, which is a self-contained unit with no further communal sub-divisions. Letaba Hospital, which is about 15 kilometres away from Mamathola, is the main healthcare centre servicing the entire community, including farm workers. On the other hand, the Levubu farms comprise of the Tshakuma, Tshitwani, Masakona, Tshivhazwaulu, and Ravele communities. These scattered communities' healthcare needs are serviced by Tshakuma Clinic (based in Tshakuma village), and Hamutsha Clinic (based in the Tshitwani farming community) (Talbot, 1995).

Due to the scattered nature of these communities, some are relatively nearer to the clinics (about 8km), and some are rather far (about 15km). As opposed to the Mamathola community (whose access to mobile health facilities was almost non-existent), some of the Levubu farms could be serviced by two mobile clinics from Elim Hospital and Tshino Health Centre; respectively about 40 and 15 kilometres from Levubu. In conjunction with Tshakuma Clinic, the only available home-based care NGO is able to provide all home-based HIV/AIDS services (e. g. bathing and feeding patients) in Tshakuma. The Tshakuma clinic staff further provides training for

the home-based care NGO, which is mainly volunteer-driven. In an attempt to narrow and reduce the service delivery gap ... mobile clinics then present an opportunity for the direly needed healthcare services to be brought to the local populace without the physical constraints of distance. Depending on the number of available mobile clinics at any particular moment, and the size of the recipient population to be served, *mobile clinics could effectively reduce and nullify the disequilibrium between the supply and demand overload in the provision of healthcare services, particularly to underserved rural communities I n remote villages* [italics my own emphasis]”.

The above-cited excerpt also illustrates the extent to which the farm workers at the selected research sites stood to be continuously affected by the persistent non-intervention of primary healthcare providers, which is the underlying factor for the researcher’s selection of these farms. The selection and choice of the two actual sites of research (Levubu Farm in the Vhembe District, and Mamathola Farm in the Mopani District) was influenced by the extent to which these farms also met a range of criteria related to the aims of the study (Polit & Beck, 2004: 28). The inclusion criteria for these farms included socio-economically determined high-risk factors such as the prevalence of “... poverty, migrant labour, commercial sex workers, the low status of women, illiteracy, the lack of formal education, stigma and discrimination” (DoH, 2000: 8). Variables such as age, gender and marital status needed to be controlled, so that their influence on the participants’ collective responses (if any) could be determined. The pilot project was effective in the formulation and betterment of questionnaire items and the inclusion criteria.

Although these factors are not all *sui generis* to these two farming districts, their rate of probable occurrence is accentuated by the rural infrastructural underdevelopment and disproportionate access to health facilities, when compared to urban/metropolitan areas. In addition to the socio-economically determined high-risk factors, behavioural factors (e.g. unprotected sex and multiple partners) also became relevant determinants in the selection of these farms. The preponderant availability of alcohol in these areas, and the conspicuous absence of recreational and other social amenities complete a scenario where the farm workers as a socio-economic category and their lifestyles – if urgent action is not taken – could possibly be confined to the unenviable status of an underclass or cohort to whom the world outside of the farms

is *terra incognita* (unknown world, hence the inclusion of “hidden cohort” in the research topic).

Negotiating entry into the “social reality” of the research environment itself was virtually indispensable for exploring beforehand the likely trajectory the research process would follow. Initial telephone calls (in April, 2006) to the SAFM Human Resources Department catalysed the communication stage between the researcher and the SAFM as a very critical component of the stakeholder constituencies. Notwithstanding their work commitments, the management of the farms under investigation rendered full support and participation in the study. The rapport developed by the researcher ensured that interaction with the SAFM, their employees and the community at large, was conducive to the research and its stated objectives. Permission by SAFM to conduct the study was finally granted on 11 September, 2006.

4.3.2 The pilot study

Mouton (2001: 113) makes the assertion that the empirical phase enhances the ultimate findings of an investigation in a logical manner. To this end, the findings could follow any single, or combination of the following trajectories:

- empirical (based on observation);
- descriptive (to explicate trends or patterns of phenomena);
- causal (showing a link between variables);
- theoretical (based on new evidence to account for existing or new theory);
- interpretive (based on researcher’s view of existing or new phenomena); or
- evaluative, based on the assessment “... of outcomes, benefits or impact of certain interventions ...” (p. 113).

The pilot study *per se* commenced in February 2007, and was the pivotal stage of exploring how the actual research instrumentation (questionnaires and interviews) would be finally structured; such that the research instrumentation did not alienate the very participants it meant to involve in the study. (The actual study was conducted between April and May, 2007) Due to some unforeseen The pilot phase

influence questionnaire items subsequent to the exploratory tenet of the pre-trials. Logistical constraints at that stage prevented the availability of the desired numbers of respondents at any given time. Consequently, only semi-structured (flexible, informal) interviews with representatives of each respondent category materialised.

It is worth stating here that the pre-trial stage interviews were not mere random and aimless events. In addition to facilitating the feasibility and compatibility of the research instruments, they also served a particular purpose – that of familiarising the researcher with the life-world, or “the social reality” of his subjects prior to the actual execution of the study. The social reality *per se* refers to the actual life experiences of the subjects (Holosko, 2001: 265). Miller and Brewer (2003: 166) accentuate the value attached to interviews in their respective contexts: “Interviews are not just conversations. They are conversations *with a purpose* [authors’ italics] – to collect information about a certain topic or research question. These ‘conversations’ do not just happen by chance, rather they are deliberately set up and follow certain rules and procedures”. The “conversations” with the research participants took the form of semi-structured focus group interviews. That they were semi-structured implies, among some of the features, that there was “... no restrictions in the wording of the questions, the order of the questions or the interview schedule” (Sarantakos, 1998: 247). That is to say, the face-to-face and oral information-gathering activity between the researcher and the interviewee/respondent is characterised by a great degree of flexibility in a more relaxed atmosphere that is not rigid to protocol, convention, or etiquette. For instance, questions can be posed to the interviewee in a sequence that does not adhere to the order in which they were written, depending on the researcher’s prioritisation of issues in accordance with the prevailing circumstances during the interview.

This format is different from that of structured interviews, which “... are based on a *strict procedure and a highly structured interview guide*, which is no different from a questionnaire. A structured interview is in reality a questionnaire read by the interviewer as prescribed by the researcher” (Sarantakos, 1998: 247). Secondly, the ‘focus group’ effect has been occasioned by the need to have the same category of stakeholders at the same session, and with a specific set of questions addressed to them. For instance, during the exploratory phase, the SAFM personnel, the farm

workers, and the local healthcare worker were able to provide profound concerns and insights without being 'intimidated' by the presence of others from 'different' ranks.

The interview-based pilot study became the means by which new insights could be integrated into the prevalence and implications of HIV/AIDS among the farming community in the Mopani and Vhembe districts of Limpopo Province. As a pre-testing mechanism, the pilot study facilitated the exploration of salient HIV/AIDS and other primary healthcare concerns, and assisted in the refinement of those concerns into relevant questions for their final implementation during the actual study. To the extent that the pilot study became the preliminary mechanism by which significant elements of the feasibility of the study could be evaluated, it therefore acted as a *precursor* to the entire study's framework of data collection, and the analysis and interpretation of the selfsame data. Most importantly, the pilot study actualised *both* the exploratory and participatory components of the research design simultaneously, albeit in varying degrees. However, participants who took part in the predominantly interview-based pre-testing process had been excluded from the main research, so as to enable as much inclusive representativity as possible; thus maximising the credibility, validity and generalisability of the findings and the conclusions upon which these findings were made (Talbot, 1995).

The process of the pilot study's interview-based data collection involved the *participation* of various representative stakeholder categories. Since the purpose of the interviews was to explore the research 'territory', each stakeholder category had its own interview schedule, although the thematic thrust was common to all (e.g. HIV/AIDS awareness, and its implications as both a healthcare factor and workplace-based imperative). The participatory aspect of the study's research design is necessarily informed by a *dualistic* environment. Firstly, the various stakeholder representatives' engagement and participation is actuated by means of interviews. Secondly, the stakeholders' pre-trial participation is further enhanced by *personal* interactions with the researcher in activities such as SAFM corporate meetings, and a range of other community-based meetings and activities. By engaging in this (dualistic) activity, the researcher was therefore facilitating the exploration of the "social reality" and living environment of the farming communities as a whole. For purposes of coherence, the interviews and their responses are presented first, and

later followed by the personal interactions outside of formally or informally constituted interview sessions. In all cases, the number of questions asked depended on the nature of the responses. The shorter the response, the more the number of questions asked (Polit & Beck, 2004).

4.3.2.1 Pre-trial interview-based participation by SAFM official

In this one-on-one interview held during the first week of February 2007 at SAFM Head Office in Tzaneen, the HR Manager at SAFM was the respondent. As per prior agreement, the SAFM manager's name is kept anonymous. The listed questions constituted the gist of the interview schedule, which was conducted in English. Thirty minutes was the time allocated for this semi-structured interview. (Q is for question, and R for response)

Q1: Does SAFM have an HIV/AIDS policy?

R: No. We are still consulting with others to help us develop one.

Q2: Haven't you been 'confronted' for not having such a policy (e.g. by labour unions or the Departments of Labour and Health)?

R: We have asked the local clinic to come and educate the employees, and to assist us with the Department of Health's national guidelines. We have not been confronted as such by 'outsiders'. But we feel it is our duty to act soon.

Q3: Do you have figures of your employees who are currently HIV-positive?

R: We rely on information from the clinic.

Q4: Do you personally believe in the need for a workplace-based policy?

R: We cannot deny that the disease is a serious problem in the country, especially for the socio-economic development that is needed for our survival in the global sense. In the agricultural sector, as you can see, most of our employees are not educated. There are many who come

from the neighbouring countries. It is absolutely important that we educate them about HIV/AIDS here at their work. We can also benefit from close cooperation with the clinic, although they are not well staffed.

Q5: As HR Manager, do you see such a policy improving on productivity?

R: Of course. Many HIV-infected people in our workforce will mean a high rate of absenteeism, as they have to attend treatment sessions at the clinic.

Q6: Would you say the pandemic is worse than in other farms in the country?

R: Unfortunately, we do not yet have reliable 'in-house' data to comment on any scientific details about the disease, especially in the farming sector.

Q7: As a company, does SAFM offer any special advice to workers?

R: So far it is only basic, like preaching on high-risk behaviour.

Q8: How soon do you think your own policy will be ready?

R: We can not delay any further. I'm afraid that if we continue with this delay, we might face litigation by our employees, as the unions have started asking about their conditions of work. I also think that we might be accused of modern slavery if we ignore this important role that we can play as employers.

Q9: Do you think farm owners as employers receive adequate support from local healthcare authorities in preventing the spread of HIV/AIDS?

R: I don't think so. Clinics and hospitals are usually far from the farms, and there are no mobile healthcare services visiting the farms. I believe we have to work with the local NGOs and the local district officials to solve this

The most important conclusion drawn from the above excerpt is that there is a need for SAFM to develop their 'in house' HIV/AIDS policy. Relying on the conventional clinic-based services is obviously not enough to address the healthcare needs of all SAFM employees. In addition, the existence of such a policy would have to be the result of broad-based consultation and cooperation.

4.3.2.2 Pre-trial interview-based participation by some SAFM farm workers

During the second week of February 2007, the second exploratory semi-structured focus group interview was held with a group of about thirty-two SAFM farm workers randomly selected by the SAFM personnel from Mamathola and the other five farms in the Levubu area. The researcher had accorded this prerogative to SAFM since the workers were better known by them. The interview was initially scheduled for thirty minutes, but eventually lasted for more than one hour; as the participants were accorded time to fully express their views. Two SAFM officials acted as the researcher's assistants and translators during the interview. Under ordinary circumstances, this group could be considered very small, given that the total number of farm workers at both Levubu and Mamathola farms was 593. In this particular instance, however, the 32 farm workers were considered to be sufficient; the research was still at the pre-investigation stage. In addition, these farm workers did not come from only one geographic location of the entire farming community. The researcher forwarded to SAFM the following criteria for the selection of the first category of participating farm workers:

- all participants to be above 18 years of age, which was the researcher's indirect denouncement of the employment of minors on the farms;
- the ratio of males to females had to be balanced, to prevent gender-based domination of views;
- the period of employment to be at least more than one year, which would 'qualify' respondents to have acquired sufficient 'first-hand' knowledge on the goings-on at their workplaces;
- citizenship status to be ignored, as there was a considerable number of non-South African farm workers who also faced the same challenges as their South African counterparts;

- the individual's HIV/AIDS status to be disregarded, since the disease is not communicable by their physical presence in a group;
- marital status, educational level, and category of work/designation not a factor, as the 'non-professional' categorisation of their work did not place them at the same levels with those of their SAFM counterparts in for instance, managerial and other upper level categories of employment.

The following "conversation" with the 32 participating farm workers took place at SAFM's Tzaneen headquarters. The "conversation" assumed the format of both an interview and a discussion. This dual character was necessitated by the fact that the researcher sought to attain maximum and spontaneous participation and own views by the farm workers, unrestricted by adherence to the interview schedule. Considering the number of participants, the multi-lingual and oral nature of participation, the responses indicated below reflect the majority or dominant views emerging from this session. For purposes of coherence, a show of hands at the end of each question asked became the erudite determinant of a dominant view. The two SAFM officials assisted in counting hands and in translating, as they knew all the languages spoken by both the migrant and aboriginal South African workers. Direct questions and opinion-seeking statements were posed to the respondents, and these provided a framework for some of the questions in the final research questionnaire (Polit & Beck, 2004).

Q1: Have you heard of HIV/AIDS?

R: All the participants responded affirmatively, which implies, among others, that ignorance of the disease's prevalence is no longer excusable. However, this awareness does not translate into appropriate preventive behaviour, as the next conversation with the local nurse indicated. Notwithstanding the behavioural/moral and attendant spousal fidelity factors, the following responses indicated that the terms "HIV" and "AIDS" were not unfamiliar to the respondents.

There were other narrative statements with a variety of meanings. The following are some of the combined narrative responses from this group. The italicised and quoted versions are the respondents', in their own languages:

“Ga re tsebe gore re reng” – We do not know what to say [about the disease].

“Ke bolwetše bja go se alafege, bjo bolego kotsi mo bathong. HIV ke gore motho o fetetše ke bolwetši” – HIV is an incurable disease and it is dangerous to everybody. HIV means one is infected.

“Ke bolwetši bjo bo sa alafegego, bo hloka more, ene bo a bolaya” – It is a disease that is not curable and it kills.

“HIV ke mathomo a bolwetši – HIV is the beginning of the disease”

“HIV ke bolwetši bjo bo sa foleng, bjo bo kotsi bolwantsha motho go fihlela a ehwa”. – HIV is incurable, dangerous and you become ill until you die.

“HIV ke bolwetši bja thobalano”. – HIV is a sexually transmitted disease. The majority of infection of HIV infections are through sexual intercourse

“Ke bolwetši bjo bo sa bonalego mo motho gore bolwetši bjo mohuta mang?” – It does not show until someone dies Other patients die of HIV-related diseases before it is diagnosed officially

“Kokwane tjoko ya bowletsi bja AIDS”. – It is an AIDS virus.

The following are the researcher’s Anglicised versions of the respondents’ original views:

"It is an endless headache or endless flu".

"It is a killing disease".

"HIV is a virus which causes AIDS".

"It is a disease that is killing more people. It is easily transferable to another person during sex".

"It is caused when people are having many partners".

"It is Human Immune Virus. It is caused when people are having many partners"

"HIV is the Human Immune Virus disease".

The respondents indicated that HIV is basically incurable, fatal and transmitted through sexual intercourse. This indicated that the farming personnel, employees and community members had some form of understanding regarding the description of HIV and the main modes of its transmission. However, there is still dire need for simplified education and training. Although some of the statements are not a proper

description of HIV, they at least have a positive meaning and modicum of HIV as causing AIDS, and not vice versa.

“Ke bolwetši bjago fetela”. – It is a contagious disease.

“Ke bolwetši bja go bolaya”. – It is a killer disease.

“Bolwetši bja go tseno ka thobalano” – It is sexually transmitted

“Ndi vhulwadze vhu sa fholi”. – It is an incurable disease.

There were other interesting narrative statements. They have been Anglicised by the researcher:

“AIDS is a combination of diseases”.

“It is a serious disease”.

“AIDS is caused by unprotected sex”.

At least one respondent tried to describe AIDS in these terms:

“AIDS is Acquired Immune Syndrome diseases”.

Q2: What does the acronym “HIV/AIDS” denote?

R: The technical definitions were not necessarily required. Virtually all the 32 farm workers did not know what the acronym “HIV/AIDS” denoted. Some could not differentiate between HIV and AIDS, and believed it was a synonymous expression of the same disease. What is conventionally known is that HIV causes AIDS, but not vice versa. Instead, a semblance of the disease’s manifestations and symptoms were given by these participating farm workers. Some of the respondents indicated that HIV is a disease with no available cure. The following responses illustrate the point more succinctly. (The italicised print indicates the response in the indigenous language of the respondent. The Anglicised responses have been transliterated (as opposed to translation) to be as close to the language of the original speaker as possible. The transliteration provides a context of

understanding from the first (native) speaker's perspective – as opposed to the second speaker's (translator's) perspective)

“HIV ndi tshitshili tshine musu muthu a natsho u vhidziwa uri u na AIDS”: It is a virus that affects a person who will be said to be having AIDS.

“AIDS ndi musu tshitshili tsho hula tsha vho vha AIDS. Vhulwadze vhunwe na vhunwe vhu fhira kha vhone ha vha nanisela vhulwadze vha thoma u fhela, vha onda u swika vha tshi lovha”: AIDS is when the virus is big and becomes AIDS. Any disease can come to you and grow bigger. The person (sufferer) becomes thin and eventually dies.

Opinion statements: Participants asked to give their own description or explanation of the signs and symptoms of an HIV/AIDS-positive person

R: The majority of respondents indicated that the following HIV and AIDS signs and symptoms were derived from what they have actually seen (at homes, clinics, hospitals, and in the media) rather than on hearsay:

- diarrhoea; loss of weight; coughing; general bodily weakness; tuberculosis; sores in the whole body; headaches; sweating; continuous diarrhoea; and vomiting.

The following statements confirmed the externally visible symptoms and signs listed above:

In Sepedi:

- *“go šhologa”*: diarrhoea
- *“go ota”*: loss of weight
- *“go seje”*: loss of appetite

In Tshi-Venda:

- *“ku chuluka”*: diarrhoea
- *“ku khohlala”*: coughing

- *“ku hela matimba”*: general bodily weakness
- *“u vha na zwilonda”*: develop sores
- *“u ya hotola”*: coughing
- *“u ya tshuluwa”*: diarrhoea
- *“u vha na TB”*: tuberculosis
- *“mavhudzi a ya fhutha”*: extreme hair loss

Q3: In your view, how best can HIV/AIDS be prevented or treated?

R: The following narrative statements depict both optimism and pessimism. While there is some belief in the treatability of HIV and AIDS, there is also concomitant disbelief in that regard.

- *“Ga bo alafege ba okobala”*. – It is not curable but the treatment makes people feel better”
- “There is no cure or treatment” .
- “There is no cure, but there are medications that are taken by HIV positive people in order for them to live a long life” .
- “No, there is no cure for AIDS. The only thing is to take care of yourself and accept the way you are; but have ARV’s which help, but do not cure HIV and AIDS” .

The above narrative statements indicate that respondents understood there was presently no cure, but ARV’s prolonged life. The following narrative statements deal with the total management of HIV and AIDS.

“Ka go hlokomela batho bao ba nago le HIV and AIDS ba thusa ka go sa dire thobalano ya go hloko tšireletšo”. – By taking care of people living with HIV and AIDS and ensuring that they do not engage in unprotected sex”

“If the traditional and western doctors can join hands, they could perhaps come up with a cure for this killer disease that is destroying our nation. Co-operation between the two groups will be vital if we want to succeed in the comprehensive treatment and management of HIV and AIDS” .

“HIV and AIDS can be treated by abstaining, condomising or by using ARV treatment if you are already infected or affected”.

“If more scientists, doctors, traditional healers can work jointly and quicker than they are doing now. HIV and AIDS seem to be politicised than health problem. Countries that were poorer will be deeply affected by HIV and AIDS because there would be not enough resources to fight this pandemic. The farming community have to use some of their profits to be utilised against HIV and AIDS problem. The government alone could not succeed in fighting this pandemic. The private sector has to play an active role concerning the management of HIV and AIDS”.

Q4 Does SAFM provide work-based HIV/AIDS training, e.g. for peer educators?

R: The farm workers unanimously indicated that since they worked as SAFM employees on the farms, they have neither seen nor heard of any health-related training on the farms. Instead, whatever form of training they seen was from the clinic and the only home-based NGO in the Levubu area. From the researcher’s point of view, this was an indictment on SAFM, almost tantamount to ‘a vote of no confidence’.

Q5 Are there cultural taboos which contradict conventional HIV/AIDS preventive strategies?

R: A majority of the males indicated traditionally chauvinistic (and stereotypical) views which indicated the many cultural barriers that had to be concomitantly addressed in the treatment, prevention and management of HIV and AIDS. Cultural taboos cited as being contradictory to conventional HIV and AIDS treatment, prevention and management strategies included, but not limited to the following:

- blood transfusion: they felt human blood is not for “exchange”, regardless of the reason or circumstance necessitating its “donation”;
- condom usage and demonstration: a significant majority of the men were completely uneasy with the demonstration of how male and female condoms looked like, and how they are used. To them, protected sex was the

equivalence of an “invasion of privacy” and a “besmirching” of their “traditionally endowed genital supremacy”;

- sex education: this “form of birth control” usurped the place of the traditional/initiation schools, where such education was “taught properly”. According to them, the spread of HIV and AIDS was a direct result of the “failure” of the conventional mode of “Western sex education”.

Opinion statements: Participants asked to explain the impact of the inadequate access to healthcare facilities in their daily lives on the farms?

R: A picture of gloom emerged from the collective statements of the majority of the 32 farm workers who felt that, insofar as their “healthcare rights” were concerned, they were not part of mainstream society, and used some adjectives of that verisimilitude nature, such as: “neglected”, “unwanted”, “ostracised” and “cheated” by both SAFM and the public health system. They justified their notion of “healthcare rights” by referring to infrastructural development in other non-farming communities and regarded such “unequal development” as “a new form of discrimination”. Access to adequate healthcare offered by the public healthcare system was categorised into the following factors:

- **distance** to the only available facilities: the clinics and hospitals were far from the farms, compounded by the costly means of scantily available public transport, and the Tshakuma Clinic was far from the other farming communities. Only two mobile healthcare clinics were infrequently available to all the six farming communities (Mamathola village and the other five communities in Levubu (Reavhele, Tshakuma, Tshitwani, Masakona, and Tshivhazwaulu));
- the **range** of healthcare services provided: Tshakuma Clinic was not well staffed and fully equipped for many ailments, e.g. TB. Ambulatory services were really “a pain” as very ill people sometimes died while waiting for an ambulance to be dispatched from Letaba Hospital, which is respectively some 15 kilometres from Mamathola village, and some 40 kms from Levubu (the distance could increase, depending on the

geographic location of a particular village within Levubu). There were mostly no doctors at the clinic and briefly-trained volunteers (such as those from the only home-based NGO) complemented the healthcare 'staff' within the farming communities. Community-based HIV and AIDS prevention and healthcare education campaigns were few and irregular; and

- SAFM did not provide workplace-based healthcare education and training of peer educators.

Opinion statement: Participants asked to suggest possible solutions to HIV and AIDS problems in the farming community

R: The most striking feature of the range of the orally presented possible solutions is that the responsibility for implementing the solutions was not accorded to any single stakeholder. All components of the farming community were regarded as instrumental – the farm owners, SAFM, local/district and provincial healthcare authorities, as well as the farm workers themselves were viewed as being critical in the formulation, development and implementation of any meaningful and comprehensive HIV/AIDS policy for farm workers as an integral component of the mainstream economic activity of the country. The following opinion statements reflect the respondents' views on possible solutions.

In Sepedi:

"Ke go re ruta ka yona". – Teach us about it.

"Re ka hwetša baoki ba go re thuša go alafa HIV/AIDS". We should involve more nurses [at clinics and hospitals] to help us treat HIV and AIDS.

"Gore bo sebe gona, re tshwanetše gore re šomiše condom". For its prevention, we must use condoms.

"Re ka kgopela di condom". We could ask for [more] condoms.

“Ke be ke re ba re thuše ka di condom”: We need to be helped with provision of condoms.

“Re ka thuša ka gore re šomiše condom”. – We can help by using condoms.

“Go tshwanetše go ntšhiwa batho ba go dula ba futa batho ka theesi yeo. Ba tshwanetše go re ruta nako le nako gore re kgone go tseba”: There must be people who are trained to teach about the virus. They must teach us often, so that we are not deprived of knowledge.

“Re kgopela dithuto tsa go thibela bolwetsi bjo bja AIDS le go ruta batho gore ba itshware bjang”: We need knowledge on how to prevent the spread of AIDS, and on how people must behave themselves.

“Re ka hwetša di ngwabe le merogo e metala ke tsona tse dika re fepago le tšhireletšo”: We could use green vegetables and they will protect us (against the disease).

“Le borapolasi ba, ba swanetše gore ba thuše ka mašelang go aga ditliniki”: The farm owners should also contribute money for the building of [more] clinics.

“Re kgopela management wa rona gore re dule fase ka baka la gore ga re tsebe HIV le AIDS”: We request that the [SAFM] management help us, because we do not know much about HIV and AIDS.

“Re swanetse go bokela le bašumi ka rena gore re phela bjang mo thobalano ya rena”. – We must share with our colleagues how to conduct ourselves during sex.

Other statements bothered on the lethargic:

“A re tsebe gore re ka dira eng ka baka la gore e alafege”: We do not know what to do because it is incurable.

“Khotso rena re kgopela thuso”: In peace, we asking for help”.

In Tshi-Venda:

“Hi nga tirhisa ti condom kumbe hi dondisiwa”: We can use condoms and we must be taught how to use them.

“Vhathu vha shumishe kondomu iri zwithu zwi tshimbile zwavhudi”: People must use condoms so that the process of managing HIV and AIDS should go smoothly.

“Ku tirhisa ticondom e ka timhaka ta masangu”: By always using a condom during sexual intercourse.

“Vhathu vha fanele u funziwa nga vhudzekani ho kunaho na uri vhafanela u shumisa khondomu.” People must be taught about safe sex and they must use condoms.

“Vhathu vha fanela u shumisa condom uri HIV and AIDS i songo vha kwama”: People are supposed to use condoms in order to prevent HIV infection.

“Vhathu vha tea u da vha gudiswa nga vha HIV and AIDS”: People must come together and be trained about HIV and AIDS.

“I ku tshunguriwa marabji kurima hela madokodela mafanela ku ta a mapurasini”:

For us to be cured, doctors must come to the farms.

“Muvhuso nga u dise condom, nahone muthu ane a divha uri u na AIDS, a tangana na munwe tshihulwane, nga a farelwe. Vha bviswa mushumoni ngauri vha do shela vhanwe. Muvhuso ndi khwine u tshi linga uri wanela mushonga”: The government must bring condoms. A person who has AIDS and has sexual intercourse with another person, should be forgiven. They are removed from the workplace due to fear

that they will infect others, therefore government must try to get medicine for HIV”.

“Vhathu vhane vha vha na tshitshili tsha HIV nha AIDS vha fanela u tangenedza na hone vha songo la mbilu. Vho dovhe vha ye kiliniki u wana pfanelo dzothe dza mishonga, vha dovhe vha tevhedze milayo ya madokotela”: People infected and affected by HIV and AIDS have to accept the condition. They must visit the clinic in order to get medication and they must follow doctors’ instructions.

Another case of apathy in Tshi-Venda:

“Loko munhu are maride may be swinga”. – Maybe a miracle will happen.

English translations of the farm workers’ other opinion statements:

“Bring a trainer”.

“Put a notice board with: “Don’t sleep around””.

“One wife, one life policy”.

“Farm workers must not keep their girlfriends in the workplace”.

“My solution is like a slogan: “One man one wife”. If you fail to do that, you can condomise or abstain. But of most importance is to have one man or one wife and believe that God will help us. Thank you”

“In my opinion, I think our manager should ask someone to come and teach people about HIV and AIDS every month because most of the people in the farming community are not aware of this disease, and most people are coming from disadvantaged areas. Health and welfare officials must visit people to give them condoms”.

“The people in the farm must be treated equally. They must get education on HIV and AIDS. People must be given HIV and AIDS pamphlets. People in the farming community must be educated on HIV and AIDS. Those who are affected by HIV and AIDS must be taught to follow treatment as usual and must use condoms during sex. The

community must try to accept those who are infected by HIV and AIDS.”

The above narrative statements generally indicate that there was some form of HIV/AIDS awareness among some members of the farming community; although the technical and medical aspects were not necessarily well-articulated. The farming community needs more formal HIV and AIDS prevention, treatment and training interventions, so that they could differentiate between the two terms. They experience some comprehension difficulties and have misconceptions regarding HIV and AIDS. SAFM, other farm owners and the district and provincial health authorities have a moral responsibility to make sure that their members know the impact and effects of HIV and AIDS. Knowledge is the key to success to any challenge in South Africa.

These narrative statements serve as a possible solution to the prevention and management of HIV and AIDS in the farming community. There is a need for co-operation between farming community and other stakeholders so that the challenge of HIV and AIDS could be resolved. The SAFM and other farm owners have an obligation to have a health department that will be also responsible in the management of HIV and AIDS (Talbot, 1995).

An analysis of all the responses and statements by the farm workers – irrespective of such variables as country of origin and cultural/ethnic beliefs; gender, marital status, and educational background; and socio-economic status – indicates that they are aware of the existence of the disease. Despite the (expected) lack of technically articulating the definition of “HIV/AIDS”, they were nonetheless able to provide compelling descriptions of the signs and symptoms. Furthermore, SAFM were cited for their ‘complicity’ in addressing the situation (e.g. lack of on-the-job preventive and promotive healthcare-based education and training, and provision of frequent mobile clinic services). Their input, however, provided instances of contradictions or lack of unanimity in for instance, the realm of culturally-perceived practices; such as in sex education and condom demonstration and usage.

4.3.2.3 Pre-trial interview-based participation by local/district healthcare worker/practitioner

The following “conversation” with the primary healthcare worker (nurse) was held during the third week of February 2007, at Tshakuma Clinic. Since no member of either the local/district or provincial healthcare authorities was available for the interview (despite several telephone attempts by the researcher), the nurse fulfilled the dual role of healthcare worker and ‘spokesperson’ for the healthcare administrators. Her personal and professional experiences served as frames of reference for responding to the questions posed to her and in making further comments. The interview exceeded the initially scheduled thirty minutes, as the ‘position’ of the nurse, acting as proxy administrator, had to be clearly articulated and understood in respect of the farm workers’ healthcare challenges. The latter constituted a critical unit of analysis and area of investigation directly linked to the research topic; namely, inadequate access and provision of healthcare services to farm workers as a contributory factor to their (farm workers as an economically active sector) obfuscation or perceived obscurity from the mainstream society’s benefit from such services. As was the case in the previous two interviews, the nurse’s identity was not made public.

Q1: How is the clinic staffed?

R: There are two professional nurses, including myself, and two nursing assistants. Volunteers from the community also help us to cope.

Q2: Are there any volunteers, and have they been trained?

R: Six have been trained by the Levubu District Health Department at the moment. Only three come to the clinic daily. The other three go to the community on a daily basis. We all work from eight in the mornings until half past four in the afternoons. The interview was in English and no translation was needed, which ‘freed’ the two SAFM assistants for the day.

Q3: Given the prevalence of the HIV and AIDS pandemic, are you all able to cope with the workload?

R: No, obviously not. As you know, many professional nurses are leaving the country for greener pastures. In Limpopo Province many have also left, although I am not sure how many. We are really overloaded with work. All primary healthcare work is supposed to be done here, except serious cases which we refer to Letaba Hospital. There are in total six villages serviced by this clinic, Mamathola and the other five communities in Levubu. HIV/AIDS requires specialised knowledge. There is a shortage of doctors. We only have a doctor coming from the hospital once a week. He/She comes with about two counsellors. The mobile clinic service is not yet as helpful as expected. There are other areas outside Levubu and Mamathola that have to be serviced by the two mobile clinics from Elim Hospital and Tshino Health Centre. You can see for yourself that the distance they have to travel is long, and there many villages. In addition to other services like antenatal care, the increasing HV/AIDS duties are too much for few people.

Opinion statement: The nurse was asked to comment on the view that the clinic was expected to take the lead in the fight against HIV/AIDS.

R: As I have already said, there are many expectations, but few people to fulfil those expectations. On the other hand, the provincial [health] department will tell you there is not enough funding from the national [health] department. So, it all comes to funding. If there is no money to pay people, they go to other countries like Australia and England. But we still have to do the job. Our people are dying. The local farm owners and companies must also play their part. As employers of farm workers here, nothing stops them from educating their employees. For instance, condom distribution does not require a nurse to come to their workplaces. But we can come if they ask us to do so. Employers cannot shift the blame for their incompetence. I think the law requires that they ensure that workers' working environment is safe and healthy.

Opinion statement: Nurse asked to respond to the view that the clinic was still expected to do more.

R: Well, yes. That view is correct, depending on how you look at the general health and the HIV situation in this area. We try to work with NGOs to help us. They can sometimes be better funded than the public health system. So, we engage with them to complement our limited resources. The most important part is to educate our people about the reality of HIV and AIDS. What we try doing is to organise community forums to educate people. At these forums, either one professional nurse from here, or a team from the district or the province comes to address the people on a number of health issues such as HIV/AIDS prevention and treatment. People are also told what the government is doing to fight the AIDS pandemic. But VCT [voluntary counselling and testing] are always put at the top.

Q4: How are these education forums publicised?

R: We put notices all around the boards in the clinic. We also distribute flyers in conjunction with the community-based volunteers and some volunteer members of the home-based NGO. For very big events, we use the local radio stations to attend at the venues in their areas. Condoms and pamphlets are distributed as well.

Q5: Do you go to schools to health-educate the youth?

R: Yeah we do, although not as regular as we wished. But the provincial [health] department works together with the [provincial] education department for such school visits. The main aim of these visits is to make sure that the children understand why it is necessary to take preventive measures against HIV and AIDS infection. The cost of AIDS suffering cannot be measured. It is better to prevent than to cure, which is still not available yet. As a rural community, you can just imagine the difficulties of going to the schools, and the facilities at the schools themselves. It means once you are there, you can't present audio-visuals because the school does not have electricity. Word of mouth, pictorial materials, pamphlets, those are the things that become more useful

Opinion statement: Nurse asked to comment on the absence of a work-based HIV/AIDS policy at SAFM.

R: That is not necessarily my area, but I think if they [SAFM] had such a policy, it would make everybody very much aware. The issue of HIV and AIDS involves us all. That is why we try to communicate with local traditional healers to educate them also. Some of their methods are dangerous, like using the same razor for different clients. So SAFM must play their part. They cannot just hire people and watch them when they die of AIDS. It would be very helpful to the employees and their families if employers played a part. Besides, employers stand to benefit from healthier employees. I suppose that in general, it would also help them from paying non-stop death benefits.

Q6: What kind of support is offered to HIV-infected individuals and their families?

R: VCT is always advocated, even before people contract HIV and AIDS

Researcher (making a follow-up): I mean when they have already contracted the virus?

R: Patients are advised on dietary regimes that could help prolong their life. They are also advised on the benefits of sticking to prescribed medicines. We also advise them to avoid backdoor 'fly by night' medicines that have not been scientifically tested. Exercise and healthy lifestyles are recommended. We work in conjunction with volunteers and NGOs on home-based care, like washing and feeding patients at home. Trained counsellors and volunteers offer counselling services at the clinic and at home. But this is done on certain days of the week. Affected relatives are also involved. They are important, as that also helps the patient in feeling accepted. The psychological effects HIV/AIDS suffering can be very difficult to cope with. Counselling is very important for relieving the pressures of stigmatisation, especially in a situation where people are still finding it difficult to declare their HIV-positive status. What I can also say is that women come for VCT more than the men.

Q7: Do you have statistics relating to HIV and AIDS cases in this area?

R: That is a difficult one. The provincial and district departments would have them. Here, we conduct voluntary testing and on patients who are declared by the doctor to show signs and symptoms of HIV infection. We then record daily cases of those who come for treatment after they had been positively tested. For the period between January 2006 and January 2007, at both the Tshakuma Clinic and Hamutsha Clinic (which serviced the Tshitwani farming community in the Levubu area). A total of 1 652 people underwent VCT. Most of them were women. Some men are still conservative. From this total, 404 tested HIV-positive.

Opinion statement: Nurse asked to give her own view of the areas of service provision which could be improved.

R: The most important thing to be solved is staffing. We need more trained nurses here, especially in HIV and AIDS. Although we have volunteers, the training is short and meant only to improvise. Also, more doctors and mobile clinics should be provided. This clinic is too small to offer a range of services satisfactorily. You might have noticed that there are many immigrants working on the farms. There is an unplanned increase on the sizes of the population we serve. In my view, the most important improvement has to be in the number of professional nurses, doctors, and mobile clinics. That could also improve our morale, more than the money we earn. The most important factor is also for the clinic to be supported by community leaders and the farming companies. We will all work towards a common goal. As things are now, there is no coordination.

An analysis of the pre-investigation scenario outlined by the healthcare worker indicates that there is an overload of expectations placed on an understaffed clinic. The apparent lack of coordinated HIV/AIDS intervention strategies poses a serious challenge in the improvement of farm workers' lives. On the whole, the observations made during the exploratory phase of the investigation indicated that the fight against HIV and AIDS in the designated farming areas is a long one. There was no coordinated HIV and AIDS policy between farm owners and the public healthcare

system, which limited the efficacy of HIV/AIDS education and training initiatives that were already in existence.

4.3.3 Participatory action and the consultative process

The research started on the basis of negotiation and consultation with South African Farm Management in Levubu in 2006. From the exploratory (pre-investigation) phase until the conclusion of the study (in May 2007), various forms and levels of engagement with the key stakeholders and role players has been critical to the researcher's understanding of the environment. The *reciprocal* nature of the engagement (interaction) during both the exploratory period and the actual execution stages of the study meant that the "conversations" between the researcher and his subjects was continuous (Polit & Beck, 2004).

The consultative process implies that the researcher was not seen to be imposing himself or his views on his subjects (Solomon & Draine, 2001: 31). This approach therefore enhanced both consultation and reciprocated participation by both researcher and subjects in common problem solving initiatives. In the process of investigating the challenges facing farm workers, the researcher also participated in those forums (other than interview sessions) where HIV and AIDS prevalence within the farming communities were discussed. The following activities are examples of such consultative initiatives, in which the researcher actively participated with the purpose of observing how problem-solving was addressed; or offering problem solving suggestions when asked. The first two of such consultative initiatives occurred during September 2006, after permission was granted by SAFM for the study to be conducted on its farms.

September 2006

The General Manager of SAFM in Levubu, Mr "G", invited the researcher to participate in the preparation of the visit by the Limpopo Province MEC for Agriculture and Land Affairs. The MEC and senior provincial government officials were coming to assess progress made with regard to the redistribution of land from white farmers to the local farming communities. SAFM's interest in partnering with the local communities was generated by the desire to increase production on the

farms. The researcher was assigned the duty of outlining relevant activities relating to patient care and management of HIV and AIDS. The schematically outlined framework below formed part of a presentation to the provincial governmental delegation on how SAFM could help address the HIV/AIDS problem. Permission was requested from Tshilidzini Hospital management for the use of Tshakuma Clinic personnel.

Objectives	Rationale	Activities and/or Interventions	Expected outcomes
To organise HIV/ AIDS care, treatment and prevention activities;	Encouragement of multiple stakeholder participation between SAFM, local traditional leaders, health authorities and the community to work together in relation to promoting HIV/AIDS awareness;	Organise 20 groups of NGOs dealing with HIV and AIDS; SAFM provided with full support in terms of telephonic HIV/AIDS-related enquiries;	Cooperation and identification of common challenges by all role players; Establishment of a local database of HIV and AIDS cases to coordinate effective treatment and care strategies;
Empowerment of local farmers to establish interaction with the Tshakuma Clinic;	Reinforcement of awareness and control of HIV transmission;	Tshakuma Clinic staff to work together with SAFM and the rest of the community in discussing HIV and AIDS issues; Permission requested from Tshilidzini Hospital management for the use of Tshakuma Clinic personnel;	Liaison committee established between SAFM, researcher and a professional nurses in charge of Tshakuma Clinic; Tshakuma NGOs dealing with HIV/AIDS to be involved in home based care;

29-30 November 2006

On 29/11/2006, the researcher drove from Pretoria to Levubu to attend the SAFM and community-hosted land redistribution event at which the government officials from Limpopo Province were present. The briefing session was conducted by the General Manager of SAFM in Levubu. It was agreed that 5-10 minutes on 30 November 2006 will be allocated to the researcher to make a presentation about the state of HIV and AIDS in the farming community. The function commenced at 09h00 on 30/11/2006. The General Manager of SAFM Levubu introduced all the stakeholders, including the researcher's role in the handling of HIV and AIDS in the farms.

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
To highlight to provincial authorities the need to intensify the fight against HIV/AIDS;	The visit by the MEC could serve as a launching pad for the farm workers' plight; Economic impact of HIV/AIDS in the farming community (e.g. loss of production and loss of personnel) warrants MEC's mentioning;	Co-ordinate with the professional nurses and HIV and AIDS NGOs to be addressed by MEC at Tshakhuma Clinic; Distribution of HIV and AIDS educational materials on the day of MEC's visit; Each stakeholder representative to be accorded speech of 5 minutes; Questions from the audience to MEC to be addresses in about 10 minutes;	Collaboration between all stakeholders will be ideal in fighting HIV and AIDS in the farms; Research on "A hidden cohort HIV and AIDS amongst the farming community" to be conducted at SAFM;

22 March 2007

The researcher had a meeting with SAFM's Human Resources Manager and Public Relations Officer in Tzaneen. The purpose of the meeting was to establish the best way to conduct the research, obtaining final approval, and discussing other issues related to HIV and AIDS. The meeting was a breakthrough because research on "A hidden cohort HIV and AIDS among the farming community" took a positive direction from that day onwards.

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
Motivation of SAFM and other farmers to participate earnestly in the development of a comprehensive HIV/AIDS policy; Ultimate eradication of HIV and AIDS in the farms	Effective prevention of HIV transmission and promotion of healthy lifestyles in the farming community;	Continuous deliberation regarding HIV and AIDS to be done telephonically, through email and verbally; The researcher to identify training needs of farming personnel regarding HIV and AIDS; The research on HIV and AIDS continues;	A successful HIV/AIDS awareness campaign to be held at Lenyenye Stadium on 06/10/2007; SAFM and farmers to be educated on HIV and AIDS. challenges affecting their personnel; Promotion of healthy lifestyles among farm employees

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
		Possible problems and solutions to be identified and documented;	

11-13 April 2007

The researcher was invited by the HR Manager of Levubu SAFM to meetings at which the researcher re-iterated the data gathering process from the various farms. The process of data collection went on as planned, and relevant intervention was done in relation to condom distribution to the farm workers.

Another meeting was held on 13/04/2007 with Mr “S”, the HR and PR of SAFM in Polokwane. This was a strategic meeting in preparation for the HIV/AIDS awareness campaign to be held on 06/10/2007 at Lenyenyene Stadium. The researcher drafted a document on the impact of HIV and AIDS on the farming community. The drafted information was used during the invitation of all stakeholders, farmers and government officials.

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
Raise concerns about lack of condom distribution containers;	The need to provide effective prevention of HIV infection in the farms;	Alert the SAFM authorities of Levubu on extent of preparation;	Securing and distribution of 5000 condoms handed over to Levubu HR Manager; Voluntary counselling and testing to be established at SAFM;
Raise concerns about the lack of HIV/AIDS awareness skills and programmes among the farming community;	Training HIV peer educators will facilitate reduction in the spread of HIV and AIDS;	Establish profile or ‘inventory’ of HIV and AIDS training needs by SAFM; Outline the impact of HIV and AIDS on the farming community; Liaise with SAFM and other stakeholders in preparing for the HIV/AIDS awareness campaign.	Training of 600 HIV and AIDS trainees to be completed; Mobilise all local farmers maximum co – operation of all the farmers in order to implement process for HIV and AIDS training; Trainees to spread knowledge of HIV and AIDS to fellow workers and the community at large.

11-13 May 2007

A general stakeholders' meeting was held during this period at SAFM's Tzaneen head offices for the purpose of determining the extent of their preparation for the pioneering HIV and AIDS awareness campaign to be held at Lenyenye Stadium on 06/10/2007.

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
Determine the extent of logistical and other strategic preparations for the major awareness campaign;	Adhere to plans for comprehensive HIV and AIDS policy is key to coordination of activities for the awareness event;	Continuous networking of all the stakeholders; The HR Manager's PA to update all stakeholders on the progress report; Stakeholders to use different media and Farmers Weekly to publicise the HIV/AIDS awareness campaign; The HR manager to request permission from the farm managers to allow NGO's and health officials to provide HIV/AIDS services on the farms; Trust Account to be opened for donations and viability of the Lenyenye Stadium campaign	A well coordinated HIV and AIDS awareness campaign to be achieved; Effective marketing of HIV/AIDS awareness through various media; Effective counselling of farming personnel to take place as soon as possible; Co-ordinated condom distribution to be effected in the farms;

June 2007 (Progress Report)

The purpose of this gathering was for SAFM and farm owners' representatives, and the researcher to be updated on any progress being made on promoting HIV/AIDS awareness and prevention on the farms. The HR Manager's personal assistant distributed copies of the progress report to all stakeholders present. The progress report was also given telephonically to the HR Manager. It emerged from the report that the NGOs and health officials have started visiting the farms in Tzaneen and Mpumalanga provinces, where condoms were distributed and HIV and AIDS

counselling was done. Many sponsors, like Shoprite Checkers, and Pick 'n Pay, agreed to sponsor the HIV and AIDS awareness campaign to be held in Lenyenyé Stadium. The HR Manager was assigned to call a press conference to formally announce the Lenyenyé Stadium HIV/AIDS education and awareness initiative. The researcher offered to publicise the event through Phalaphala FM, and the rest of the stakeholders would utilize different radio stations and local and national newspapers using other official languages.

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
Progress report on preparations for the major Lenyenyé Stadium awareness campaign; Determine the level of commitment by the stakeholders;	Maximum participation and commitment guarantees success of the HIV and AIDS awareness campaign at Lenyenyé Stadium;	HR manager to continuously communicate with all stakeholders; The PA to update all members about the progress;	Maximum publicisation and promotion of the HIV and AIDS campaign through extensive print and electronic media coverage

13 July 2007

A stakeholders' meeting was held at the SAFM head office in Tzaneen. The members present included the researcher, SAFM personnel, and the Bushbuckridge and Mopani district municipality officials. The SAFM Human Resources Manager reported on the positive responses of various sponsors. The researcher was assigned the task to invite health officials from Limpopo and Gauteng provinces. The MEC for Agriculture in Limpopo Province confirmed her availability and that she would come and attend the Lenyenyé Stadium HIV/ADS education event. The Mopani municipalities confirmed their support of the project and assured that they would check all the safety and other protocols for the MEC's visit. On the whole, this particular meeting was almost a replica of the previous one (of June 2007). All matters discussed were focused on the publicisation of the event.

Objectives	Rationale	Activities and/or Intervention	Expected outcomes
To assign duties to all stakeholders; Ensure logistical preparations were proceeding as planned	To reinforce efforts for HIV and AIDS awareness campaign	Mopani district officials to ensure protocols and logistical organisation for senior government officials; Stakeholders to market the event to the whole farming community; The HR manager at SAFM to continue networking with the sponsors for the promotion of the awareness campaign	A highly successful and well co-ordinated HIV and AIDS event to be the hallmark of promoting awareness and prevention Publicisation of the event in print and electronic media; Invitation of other HIV/AIDS role players in Limpopo Province

4.4 RESEARCH METHODOLOGY AND DATA COLLECTION APPROACHES

Whereas the research design facilitated a broader plan for the management of this study (Mouton, 2001: 55, 114; Henning, 2005: 142), the research methodology refers to the specific *instruments/tools* utilised in achieving the particular outcomes (findings) of the study (Mouton, 2001: 56). The research methodology is closely linked with the collection of data and the techniques used in the collection of data (Mouton, 2001: 56). Consequently, a discussion on the research methodology is invariably a discussion on the collection of data and the techniques used in the collection of data. In the execution of this study, both qualitative and quantitative research methods and data collection instrumentation were utilised. As opposed to quantitative studies – which by their very nature make use of numerical measures – qualitative studies are largely content based. The outcome of an investigation in the latter type of studies cannot be subjected to prediction, and the researcher’s interpretive ability becomes helpful in explaining phenomena. Adler & Adler (1998: 80-81) refer to “non-interventionism” /interpretive domain as a distinguishing feature between qualitative and quantitative studies. In this particular study, an integrated approach has been applied to enhance the validity and reliability of the findings quantitatively; while the descriptive approach has been utilised to enhance the qualitative aspect (e.g. the researcher’s description and interpretation of the methods and processes of data collection).

In the exploratory phase of the investigation, semi-structured interviews with representatives of three pivotal stakeholder categories (SAFM, farm workers, and local/district healthcare authorities) became the *modus operandi* by which the qualitative aspects (methodological and data-based) of the study were realised. By participating in the preparation of the pioneering HIV/AIDS awareness campaign in Lenyenye Stadium, the researcher was able to observe how the research participants related to one another in different contexts. These forms of interactions were helpful, in that they demonstrated the nature of rapport and trust – or a lack thereof – among constituencies that were expected to work together in the establishment of a comprehensive HIV/AIDS policy for the entire district.

4.4.1 Quantitative data collection

The questionnaire was utilised as the primary mode of quantitative data collection (instrumentation) in the main study. The range of qualitative instrumentation used in the exploratory stage of investigation (e.g. semi-structured interviews and participant observation during the meetings) cumulatively contributed to the framework within which the questionnaire was finally developed. In other words, the questionnaire (appearing in the List of Appendices) is the product of the accumulated interview processes, in which questions were pared, integrated, and eliminated/added according to various criteria that were observed during the exploratory stage; for instance, the male-female ratio among farm workers, their level of education, and number of years in SAFM's employment.

Sarantakos (1998: 168) justifies the development of research instrumentation prior to the execution of fieldwork, as "... it helps to avoid collection of too much superfluous information". However, the questionnaire in this study was developed during the exploratory phase of the fieldwork, which had the added advantage of including data as it unfolded. The generation of the questionnaire on the basis of the semi-structured interview sessions does not imply that the issues addressed are different or fragmented. The questionnaire decidedly became the refined version of the interview-based "conversations". For purposes of ensuring full participation, the respondents were informed that there was no right or wrong response to the questionnaire items.

4.4.1.1 Formulation of questions

The construction of the questionnaire items was partly influenced by ethical issues, the literacy levels of the respondents, and the overall objectives of the investigation. It was essential to have items that would effectively and discretely solicit the required information (i.e. HIV/AIDS awareness, prevention and management strategies). The design of the questions was motivated by the researcher's desire to enable the respondents to participate in less restrictive mode (e.g. through open-ended questions and statement of own views); and in a more directed format (e.g. close-ended questions). These types of questions fit well in a multi-purpose study such as this, which pursues both general and specific goals of "A Hidden Cohort: HIV and AIDS Among the Farming Community". The full range of questions was drawn once the relevant concepts and related questionnaire items had been carefully formulated. The research plan of data collection instruments was aimed at the exploration of the scale and scope of HIV/AIDS awareness and prevention among the farming community in the Vhembe and Mopani districts of Limpopo Province. In the formulation of the research questions, the following steps were taken:

- In order to maintain privacy and anonymity, respondents' names were not required when responding to questions;
- Sensitive questions that reflected race and ethnicity were removed;
- The questionnaires were self-administered, to facilitate respondents' own comprehension of statements.

4.4.1.2 Questionnaire administration

Six locations were selected for the self-administered questionnaires; one location in Mamathola village, and one also in each of the five villages of the Levubu farming district. The questionnaires were filled-in in the presence of the researcher and the two employees acting mainly as research assistants. The latter's 'duties' were primarily to translate questions to the farm workers, and were on no occasion left with any group of farm workers to administer on their own. In Tzaneen, the entire SAFM management acted as research assistants, handling groups of 104 farm employees. Since the assistants' functions were predominantly translation-based,

their participation did not constitute a threat to the credibility and standardisation of the questions. Prior training was not necessarily a decisive pre-requisite; they spoke all the farm workers' languages, including the immigrants as well.

The questionnaire guide was used as a self-report mechanism used to obtain demographic information, explore relationships and validate assumptions, in response to printed questions. The self-report guide allowed the gathering of information from a large sample relatively quickly and inexpensively. It also enabled the researcher to establish his own quick-reference mechanism for items and issues that have already been addressed, thus pre-empting repetitions.

4.4.2 The study population and sampling procedures

At the time of executing the empirical phase of the study (between April 2006 and May 2007) the total population of SAFM farm workers was 593; with 445 located at different farms in the Levubu farming area, and 148 at Mamathola Farm. Due to the practical reasons of logistics and the creditable management of data, a sampling size of only 228 *post-pilot* research participants was selected. The following assertion by Williamson (1987: 171) served as the framework according to which the sample population (research subjects) was determined (the selection/inclusion criteria are explicated later): "A population was the entire aggregation of cases that meet designated set of criteria. The accessible population was the entire aggregate of cases that conform to the designated criteria and which was accessible to the researcher as proof of subjects for a study". From the initial 148 respondents selected at Mamathola Farm, only 104 participated as the other 44 withdrew uncoerced by the researcher. At Levubu Farm, the initial 124 respondents selected from the 445 farm workers proceeded with the empirical phase of the study until its conclusion. The following table illustrates the sample size (Polit & Beck, 2004).

Table 4.1: Sample size distribution according to farms (N = 228)

District	Farm	Participants
Mopani	Mamathola	104
Vhembe	Levubu	124
TOTAL	2	228

In selecting both the research sites and the research participants, judgement/purposive sampling was applied by the researcher. In terms of this approach, the researcher's own critical judgement becomes the 'arbiter' in determining the suitability and viability of research participants to enhance the main objectives of the study (Polit & Beck, 2004: 218; Sarantakos, 2000: 141, 151; Strydom & Delpont, 2002: 333-335). The purposive sampling procedure makes demands on the researcher to carefully select participants who reflect the most salient characteristics or variables of the particular group being targeted. In respect of the research topic, farm workers at the designated research sites (Levubu and Mamathola farms) constitute a targeted group (hidden cohort) within the broader context of farm employees in the broader agricultural sector. In order to establish patterns and trends of inclusive representativity, a sample of 228 participants is therefore considered as the framework according to which characteristics and shared experiences of the larger group (of 593) could be constructed. Constructed in this manner, the findings ultimately will determine the extent to which the nuances of generalizability could be applied to other farming communities in Limpopo Province and other parts of the country. The following factors (inclusion criteria) were employed in the selection of participants who formed the sampling profile:

- Adult males and females who were older than twenty-five years;
- The marital status and educational background of participants did not preclude them from participation;
- Participants could be of any nationality, but should have worked for SAFM for at least more than one year;
- Both HIV/AIDS-infected and non-infected farm workers allowed to participate;
- Participants should have visited the local primary healthcare facility (clinic) at least once for any health-related matter;
- Only SAFM personnel in the HR (Human Resources) section could participate, for their pronouncements on the conditions of employment for farm workers under SAFM;

4.4.2.1 Some remarks pertaining to the rationale for sampling/inclusion criteria

The following remarks are congenial as they help in providing some insight into a variety of factors relating to, among others, the research setting and its idiosyncrasies, respondents' profile, as well as implications for data collection. The research setting is obviously rural, and the proximity of the available healthcare facilities is disproportionate to the physical distance and location of the farm workers' residences and /or work places. Virtually all the farm workers (excluding SAFM officials) have had little exposure to formal education, and many worked on the farms from an early age. The farm labour force consists of many illegal immigrants from neighbouring countries who left their families behind, thus creating grounds for pervasive spousal infidelity. During the participant selection process, the researcher was able to observe and take notes on important research-relevant information; such as the psyche of respondents from different countries of origin, attitudes to farm work, and views on HIV/AIDS. Such information contributed to the re-designing of questions to be included in the final questionnaire and interviews (Polit & Beck, 2004).

The need for respondents' number of visits to the local clinic is important for (indirectly) providing insights into the condition of the clinic and the nature of healthcare services it provides; even though the researcher visited the same facility to (in)validate the remarks made by the research participants. Participation by the selected SAFM officials was incumbent on their HR-related official tasks, as the researcher perceived them to be most familiar with conditions of work issues. Also, they would offer indications of how, and when, the development of an HIV/AIDS policy would materialise.

4.5 SUMMARY

The research design and research methodology of the investigation preceded the actual presentation and analysis of data. The investigation was not located in any single methodological orientation. A multiple approach (triangulation) was utilised in the accumulation of both qualitative and quantitative data that was considered pertinent to the realisation of the study's objectives. The predominantly interview-based exploratory phase of fieldwork served as the basis for the articulation of the final research instrumentation in the form of the questionnaire.

CHAPTER 5

DATA PRESENTATION AND DATA ANALYSIS

5.1 INTRODUCTION

The previous chapter addressed the methodological aspects of the study. The current chapter addresses the specific and relevant modes of the study's quantitative and qualitative data presentation and analysis. The qualitative aspects of data analysis is discussed and analysed first, followed by the quantitative aspects. It is also worth mentioning that the quantitative data analysis is guided by the majority percentage responses. These majority responses have served as the basis on which conclusions and findings were reached on individual questionnaire items. Data collection techniques were used in this project with the primary aim of enhancing the quality of the processes of obtaining information and producing creditable results. Babbie & Mouton (2001:563) concur that "The worth of all scientific findings depends heavily on the manner in which the data was collected and analyzed".

It is worth stating that the questionnaire used in this investigation is ultimately the *product* of the semi-structured interviews held with various constituencies and their respective representatives. Questionnaire-based data collection for the main study was conducted between March and May, 2007. In the Levubu farms – where 124 farm workers participated – data collection was conducted during April 2007, with the assistance of two SAFM officials who were familiar with the purpose of the study. Respondents were free to express their views in their language of choice, e.g. Venda, Tsonga or Sepedi. In each of the five sessions allocated for this farming area, there were 25 farm workers consisting of 13 males and 12 females. During May 2007, questionnaire-based data collection took place at Mamathola Farm, where 104 farm workers were engaged in the five sessions of approximately 20 members each. Except for the translation of questions to the farm workers, the two research assistants did not in any way interfere with the questionnaire administration process.

5.2 QUALITATIVE DATA COLLECTION AND ANALYTIC APPROACHES

Qualitative health researchers seek to evaluate the quality of their data and their findings through procedures (Polit & Hungler, 1999: 427). For purposes relating to this study's relevance, the quality of the findings was based on the criteria of the results' validity, reliability, and generalisability. For qualitative data collection and analysis to be fully realisable, the three phases suggested by Miles & Huberman (1994) were used:

- data **display**: all accumulated and relevant evidence to be visually presented (e.g. graphs, figures and tables), such that every aspect is intelligible to the reader;
- data **reduction**: all accumulated to be subjected to a quality assurance process of prioritisation and elimination of redundant and repetitive information;
- data **interpretation**: all accumulated and relevant evidence to be subjected to a process of meaning-making. The researcher used the construct of perceptions and views as the focus of understanding the context of HIV and AIDS in the farming community.

In addition to the semi-structured interviews and discussions with specific focus groups or respondent constituencies, as well as the questionnaire-based elicitation of responses, the basic process of information gathering (data collection) entailed the following *qualitative* approaches.

5.2.1 Review of documents

The review of documents (literature search) occurred during both the pre-investigative and actual investigative phases of the study. Whereas both the primary and secondary sources of information/data contributed to the formulation and organisation of critical units of analyses of the study (e.g. the research topic, HIV/AIDS as a field of study, and socio-economic dynamics of farming communities); the fieldwork phase of this study benefited largely from whatever available primary documents at the research sites themselves. HIV and AIDS as a field of study in

predominantly rural farming communities is relatively stagnated by the general infrastructural 'backwardness' inherent in these areas. In contradistinction to the socio-economic, infrastructural, logistical, and other forms of development associated with urban/metropolitan areas – where material conditions of research are relatively advanced and attractive to researchers – rural communities could become obfuscated from pecuniary incentives for researchers.

In comparison with other spheres of health research, the field of HIV/AIDS among farming communities is 'thinly' researched. For purposes of this study, primary documents were sourced from the Tshakuma Clinic, as well as the interview with the primary healthcare worker (nurse) who also had to act as administrative personnel in the selfsame interview. The inadequate prevalence of statistical information relating to actual HIV/AIDS cases in all of the six research sites reflects the need for more administrative coordination between local, district, and provincial healthcare structures, which would enhance the national health department's capacity to deliver sustainable services to the public (DoH, 2007: 17-18). From the point of view of this study, the empirical phase provided a 'first-hand' opportunity for the researcher to personally peruse the clinics' HIV and AIDS documents for frequencies of occurrence and deaths. In gaining access to these documents, the researcher had to produce the required documents. For professional etiquette, the information from the clinical documents could not be published without due approval. It is for this reason that only statistical data is indicated, with no identity of the persons involved. A breach of this undertaking could definitely result in the researcher facing legal action by the persons involved or the healthcare institutions themselves.

5.2.2 Observation of research subjects

The observation of subjects was a continuous exercise, spanning both the pre-investigative and actual investigation phases. Since no clinical trials were involved in this study, the nature of observation focused on *every* member and aspect of the farming community within the designated research sites – not only the farming community members who constituted the sample participating in the focus group interviews and in the filling-in of the questionnaires. No formal session was required for observational purposes (Gibbs, 2007: 150). During both the preliminary

(interview-based focus groups) and the actual stages of the investigation, the researcher's observation of the subjects was guided by the following factors:

- Levels of HIV/AIDS awareness by members of each category constituency;
- The extent to which culturally-induced, personal, and other forms of attitudes (if any) contributed towards conceptions on HIV/AIDS;
- Participant observation was applied in the form of the researcher's constructive observation of actual contact and interaction between the farmers and farm workers and the researcher (Polit & Beck 2004: 378);
- How farming community members in different categories react to HIV conversations among themselves.

All of the above were achieved over a period of time, commencing from the date of the granting of permission by SAFM for the study to be executed (11 September 2006). The researcher periodically visited the farms and observed the community members' informal day-to-day interaction among themselves. For more direct observational feedback, the researcher *randomly* engaged individual or groups of workers on a range of HIV-related questions during their spare time. These engagements were in addition to those already embarked during the semi-structured focus group interviews and discussions.

The main difference between the former (semi-structured focus group interviews) and the latter (informal day-to-day interaction with any farming community member) is that the latter facilitated an unrestricted scope of HIV/AIDS-related issues that could be covered during any conversation between the researcher and the participants. The unrestricted scope included issues other than those interrogated in the 'prescribed' interview and questionnaire items. Field notes were recorded on specific issues of interest, like the lack of privacy and confidentiality issues during blood testing. (Polit & Beck 2004:380). Ultimately, the goal of participants being observed in especially informal situations is to re-create a 'replica' of the life-world experiences that shaped and informed their conceptualisation of a variety of HIV/AIDS-related issues.

5.2.2.1 Securing and translation of narrative statements

The narrative statements provided the context for a discourse analysis according to which a “text or speech tells a story of *events and experiences*, usually *involving the personal dimension* and told from the individual’s [study participant’s] point of view [italics my own emphasis]” (Gibbs, 2007: 150). While the perspectives of participants are crucial for data collection, these may also become a source for contradictory analysis. Gibbs (2007: 94) highlights the informant (study participant) situation thus:

“There is always a possibility that informants are not consistent in what they say and do. They can change their minds about what they think and say from occasion to occasion, and they may do something different from what they say they do. Forms of data triangulation [e.g. participant observation and interviewing] are useful here, not to show that informants are lying or wrong, *but to reveal new dimensions of social reality where people do not always act consistently* [italics my own emphasis]”.

The securing and translation of the narrative statements by the SAFM representative, the sampled farm workers, and the ‘healthcare worker cum official’, served as a mechanism for the data collection of the “first-hand” and “lived experience” of the respondents in their own words. (In the case of seeming contradiction in responses, the researcher applied cross-referencing on thematically similar questionnaire items, so as to affirm or negate the veracity of the particular response). In the case of the majority of the participants (farm workers) their own indigenous languages (Sepedi, Xi-Tsonga and Tshivenda) were used. These are the dominant languages in the Limpopo Province. A professional linguist was contracted to translate the African languages of Sepedi, Xitsonga and Tshivenda from the narrative statements given by the respondents from Tzaneen and Levubu farms. The purpose of involving a translator was to ensure that the narrative statements denoted the original and true meanings of the first speakers. Accurate translation improved the content validity of the various statement given by the respondents, as well as authenticated the source, content and context upon which interpretation and analysis could be based (Polit & Beck, 2004:260). The two SAFM personnel acting as research assistants were very

helpful in translating and interpreting statements by the non-South African immigrant farm workers.

This process was instrumental for the researcher to obtain the correct meanings of the content and context of the various statements. Thereafter the researcher analysed all the statements without any prejudice. It was another way of eliminating researcher 'prejudice' in the study. The transliteration of the narrative statements preceded their translation. The researcher had to interpret the verbal responses in both the linguistic and cultural milieus of the respondents, as they were using their most rudimentary form of linguistic expression and cultural identity. Translation from the perspective of the researcher's own understanding and linguistic acumen acted as 'mediator' between the respondents and the readers/end-users of the complete research report. The narratives were used to get personal accounts from the respondents. These narratives assisted the researcher in understanding the farm workers' human experience in its unfettered context. Narrative information was obtained in the detailed notes taken participant observation, semi-structured focus group interviews and naturalistic observation. Narrative descriptions are interpreted in the subsequent chapter.

5.3 QUANTITATIVE DATA PRESENTATION AND ANALYSIS

This section primarily entails the presentation and analysis of quantitatively-derived/questionnaire-based data. Quantitatively derived data was collated with the guide questions (questionnaire schedules) that were used to fill information in the statistical package for social scientists (Gibbs, 2007: 38-39). After the details were filled, descriptive statistics (e.g. averages and percentages) were used to analyze and synthesize data. When such indexes are calculated on data from a population, they are referred to as parameters. A descriptive index from a sample is called a statistic (Polit & Hungler, 1999: 439). The researcher used the construct of perceptions and views as the focus of understanding the context of HIV and AIDS in the farming community (Polit & Hungler, 1999: 439). It has to be mentioned that the basis for the findings and analysis of statistical data was to the greatest extent informed by the majority and minority responses to the questionnaire items. For purposes of objective analysis however – and depending on the emphasis of the

question and the value of its (question's) distractors – the other forms of responses (those that are neither in the majority nor in the minority) have also been considered in an attempt to obviate researcher bias/prejudice.

5.3.1 Justification of the questionnaire variables

As outlined in pages 8-9 of Chapter 1, the general purpose of this study is: To investigate and determine the extent of HIV/AIDS prevalence and devastation among the farming communities of the Vhembe and Mopani districts of Limpopo Province. The extent of HIV/AIDS prevalence and devastation among the designated farming communities is not necessarily located within a uni-dimensional range of only health-related factors. Other significant (socio-economic, cultural, political) factors also contribute to a multi-dimensional approach to the prevalence of HIV/AIDS within any community, and rural communities in particular matter (DoH, 2007: 4).

The variables indicated in the following quantitative presentation and analysis depict an entire range of the personal, social, and cultural life-world of the sampled respondents. The purpose for the inclusion of a range of variables is to facilitate a holistic and comprehensive context within which various responses have been constructed. The respondents' totality of existence is not confined to the role of mere research subjects only. They inhabit a sphere in which they fulfil many roles other than farming activities; for instance, cultural, socio-economic, and personal duties. It is for the particular multiple and societal roles that the questionnaire items/variables also reflect this dynamic aspect. The manifestation of HIV/AIDS indicates that the disease does not occur in a static aetiological vacuum, but exists alongside a multi-pronged causative environment. It is therefore imperative that the farm workers' input and perspectives in particular, be viewed against the background of a larger socio-economic, cultural, and political milieu. Most importantly, this multi-dimensional milieu is necessitated by the very prevalence of the notion of 'the hidden cohort'.

In page xii of this study, the concept 'hidden cohort', is described by the researcher as: A group of variables/individuals that have a common statistically defined characteristic; the most defining feature of such variables/individuals is that the group's characteristics are not equitably aligned to mainstream access to health.

(The DoH, 2007a: 10 states: “Equity means ensuring that *the whole population* has access to quality health care”) Furthermore, the group’s unknown features could include inadequate knowledge, understanding and management of HIV/AIDS – without which proper preventive strategies would be rendered ineffective. In the study, the rural situatedness of farm workers could submerge them into an unnoticeable underclass whose socio-economic salience and contribution is obfuscated by their labour- and health-related challenges on the farms. The purpose(s) of the study and the explication of ‘the hidden cohort’ are two important factors that have established an adequate context for both the justification of the questionnaire variables, and the relevance and interpretation of the findings in this and the ensuing chapter.

As being distinct from the interviews from which they have been derived, no questionnaire items were exactly the same as the original interview variant. Considering that the main participants are from the farm workers’ stakeholder constituency, only *one* set of questionnaires was created. There were no separate questionnaires for the other role players (SAFM and local healthcare authorities). Considering that the latter categories were both represented by one individual during the interviews, their responses were also sufficiently corroborated by the farm workers. The questionnaire items also include some personal data about the particular respondent; for instance, marital status and educational level. The personal information, although not directly linked to the prevalence of HIV and AIDS among the farm workers, was instrumental in the formulation of general profiles about various variables and dynamics that existed in the research environment.

In other words, information such as the personal circumstances of respondents assisted the researcher in constructing the life-world of the farm workers as both individuals and as a group. The range of questions derived from the perspectives of both SAFM and the local healthcare authorities, therefore, was intended to compare and contrast the validity, credibility, and generalisability of responses made earlier during the interviews.

The questionnaire-based data presentation and analysis have been thematically articulated, in order that a cogent degree of accretion, coherence, and logical

argumentation be established. With regard to the analysis of the statistical data, the orientation here has been the utilisation of the largest percentages as determinants of the dominant majority view. Conversely, the lowest percentages are the depiction of the least dominant views/perspectives. The median percentages (or approximation thereof) are interpreted as reflecting less dominant views, whose impact or implication are entirely subject to the researcher's own understanding of the questionnaire variable.

5.4 DEMOGRAPHIC INFORMATION

5.4.1 Marital status

Figure 5.1: Respondents' marital status

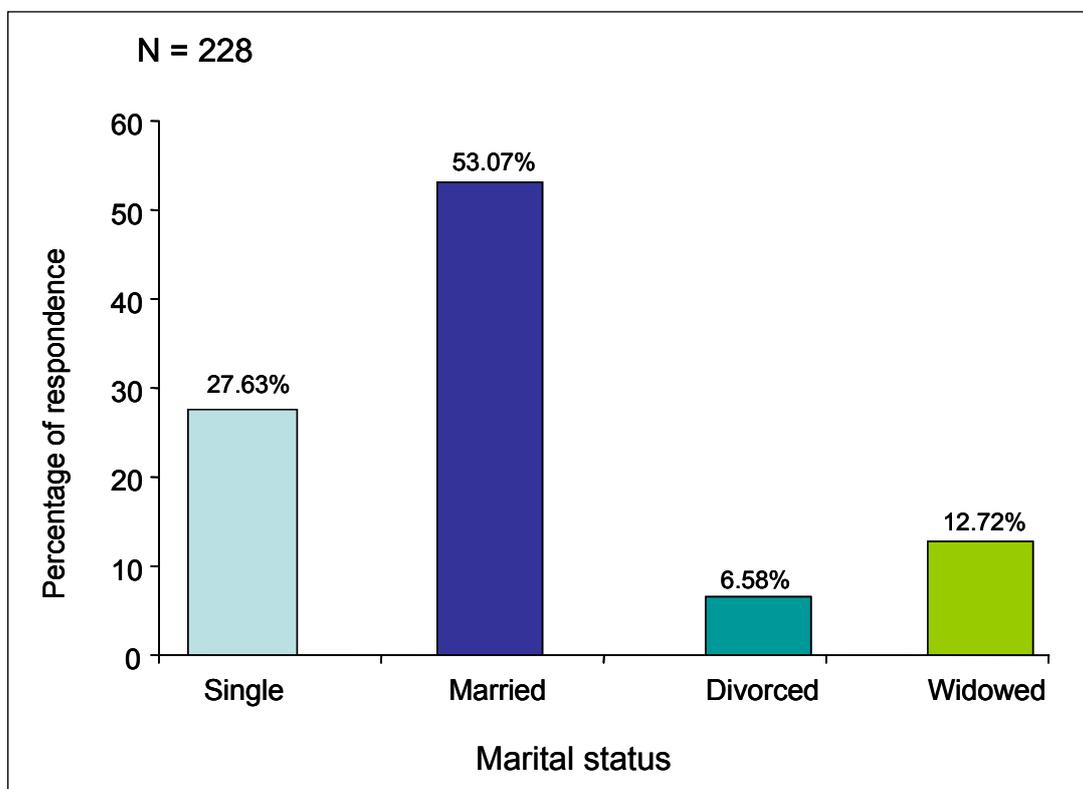


Table 5.1: Respondents' marital status

Fidelity in Marital status	Number of respondents	% of respondents
Single	63	27.63%
Married	121	53.07%
Divorced	15	6.58%
Widowed	29	12.72%
Total	228	100%

A majority of the respondents (53.07%) were married couples, compared to 27.63% who were single. 6.58% of the respondents were divorced, and 12.72% were widowed. That the majority of couples within the farming communities were married, presupposes that fidelity in marriage can be mitigating state of affairs in support of the reduction of the spread of HIV and AIDS. The logic and rationale for such likelihood is located on equality of spouses. It is arguably within the cohort of married couples that spousal fidelity is should be expected to prevail more than in the other categories. Married couples are should be expected to embrace fidelity, which might reduce the spread of HIV and AIDS among themselves. There is a possibility that those without constant partners might be more vulnerable. The respondents might need concerted education and training regarding HIV and AIDS and fidelity in the farming community. They may be empowered to embrace behavioural and attitudinal changes. The relatively low divorce rate at 6.58% also corroborates the perspective being propounded here; that is, that a relationship seems to exist between the degree of fidelity among spouses and commitment to protect the other.

5.4.2 Family type

Figure 5.2: Respondents' family types

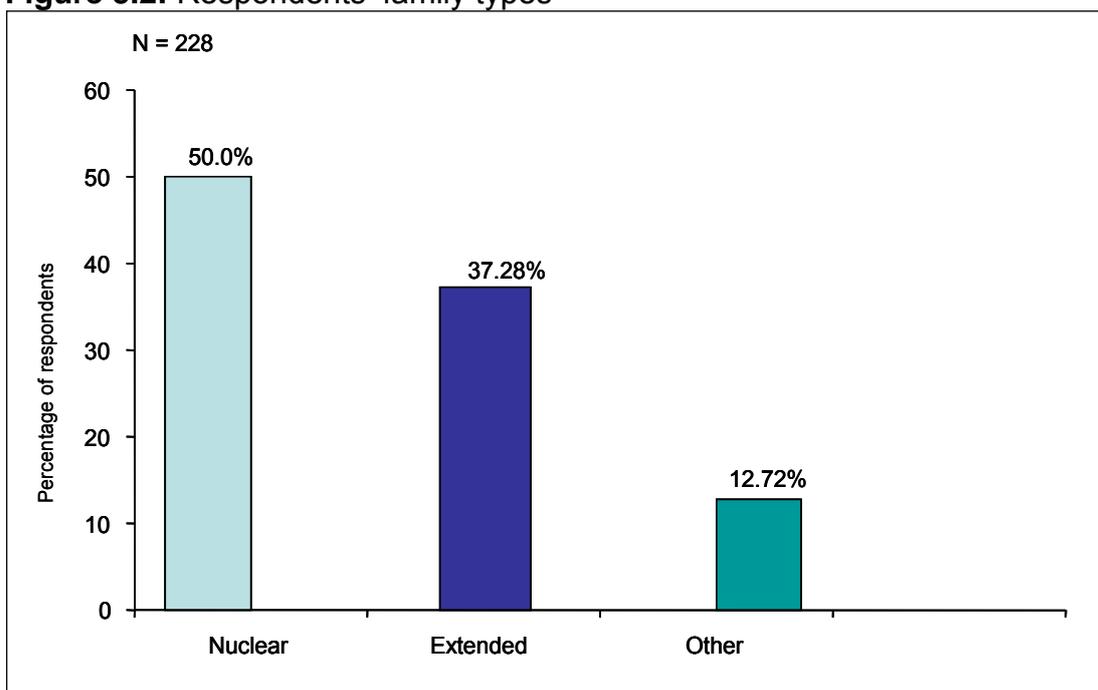


Table 5.2: Respondents' family types

Family type	Number of respondents	% of respondents
Nuclear	114	50.00%
Extended	85	37.28%
Other	29	12.72%
Total	228	100%

The majority of the respondents (50.00%) have a nucleus family, while 37.28% of the sample is constituted mainly by extended family members; and 12.72% belong to other categories not mentioned. If a degree of association/relationship is formulated on the basis of the morality principle espoused in Table 5.1 above, there appears to be a high correlation value between marital status (53.07% married, Table 5.1) and family type (50.00% nucleus family in Table 5.2). On this basis, it seems those who belong to the nuclear type of family in the farming communities might be married couples. Due to both the high moral standards expected of married couples, and the binding nuptial commitments; this is the most likely social group which might be expected to contribute to the reduction of HIV and AIDS – ergo, moral re-generation. There was a likelihood that those farming personnel infected and affected by HIV and AIDS would receive more support from the extended family type of situation.

The farming community should be reminded that the HIV and AIDS problem was the responsibility of the total family, whether nuclear or extended. Lack of family support for HIV and AIDS-positive persons would lead to fatalistic psycho-social stress and unnecessary physical illnesses.

5.4.3 Number of children/dependants

Figure 5.3: Respondents' number of children/dependants

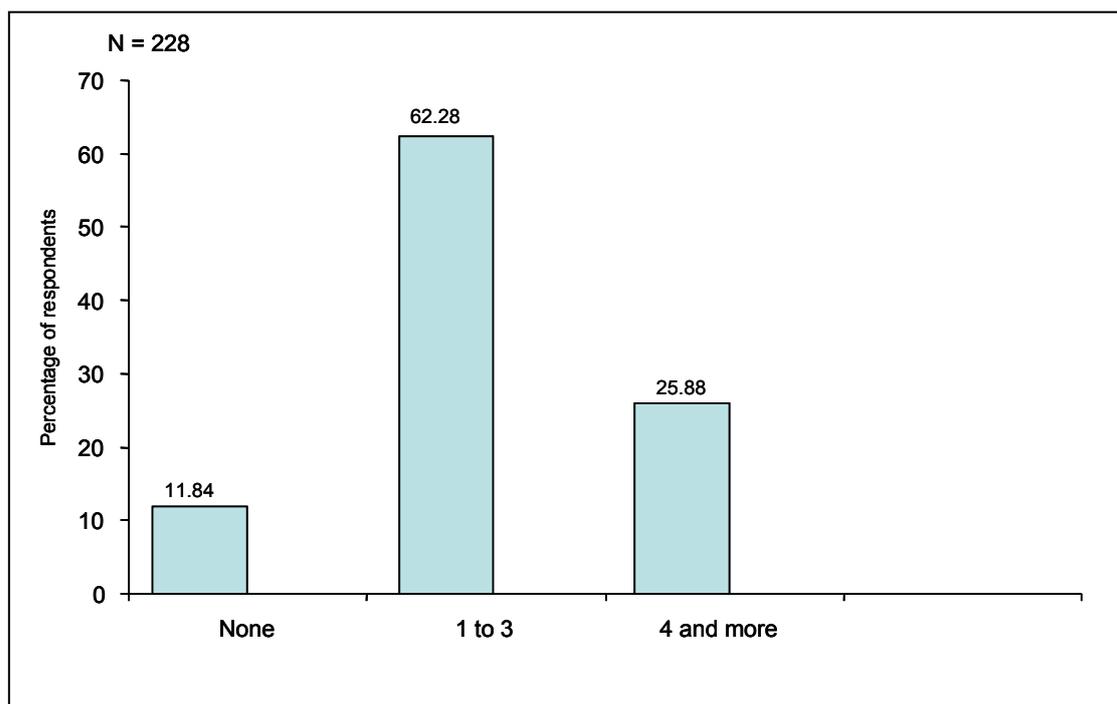


Table 5.3: Respondents' number of children/dependants

Number of children	Number of respondents	% of respondents
None	27	11.84%
1 – 3	142	62.28%
4 and more	59	25.88%
Total	228	100%

The majority of the respondents (62.28%) on the farms have between 1 and 3 children – the 'median' number of children (between 0 children and 4 or more children); and 25.88% of the respondents have more than four children, whereas 11.84% respondents had none. Because of inflation; the statistical state of affairs implies that those families with more than four children might incur the combined

wrath of poverty and psycho-social stress if they have HIV-infected members in their midst. The Vhembe and Mopani district health officials had a major role to play in providing comprehensive primary health care services, and reduce the burden of families collapsing as a result of failure to cope with HIV-positive family members. It was time for these districts to provide health care to the farming community as a matter of urgency. Given the combined effects of HIV-induced psycho-social and economic pressures, this study is of the view that farm workers would benefit from healthcare services and programmes that emphasise on, among others, planned parenthood (as opposed to 'birth control'). Such services have the cumulative effect of reducing HIV-infected children, especially amongst the single or unmarried social categories.

5.4.4 Are there any HIV-positive members in your nucleus family?

Figure 5.4: Respondent's awareness of any HIV-positive family member.

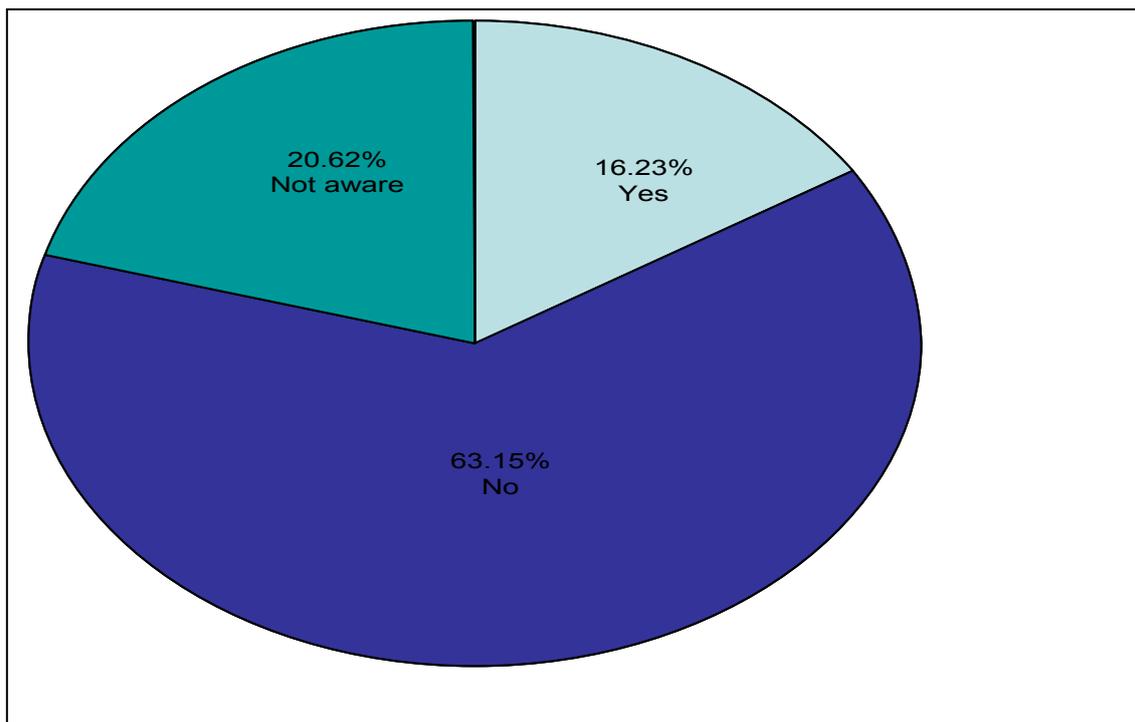


Table 5.4: Respondent's awareness of any HIV-positive at nucleus family

Response	Number of respondents	% of respondents
Yes	37	16.23%
No	144	63.15%
Not aware	47	20.62%
Total	228	100%

63.15% of the respondents indicated that they have no HIV-positive relative, while 16.23% had such relatives who might not necessarily be living with them (on the farms); and 20.61% were not aware (unsure) of the existence of such (HIV-positive) relatives on the farms. This could imply that if there are HIV cases on the farms, the infected persons are afraid to publicly declare their status; which makes them statistically inconspicuous. They need to be educated by professionally trained healthcare workers on the benefits of publicly declaring their status. This would help this farming community to have a better understanding of the dynamics of HIV and AIDS. To do this process SAFM and farm owners have to utilize a variety of service providers dealing with the training of HIV and AIDS in order to empower farm personnel.

5.4.5 Do you have an HIV-positive relative?

Figure 5.5 Knowledge of an HIV-positive relative by respondent?

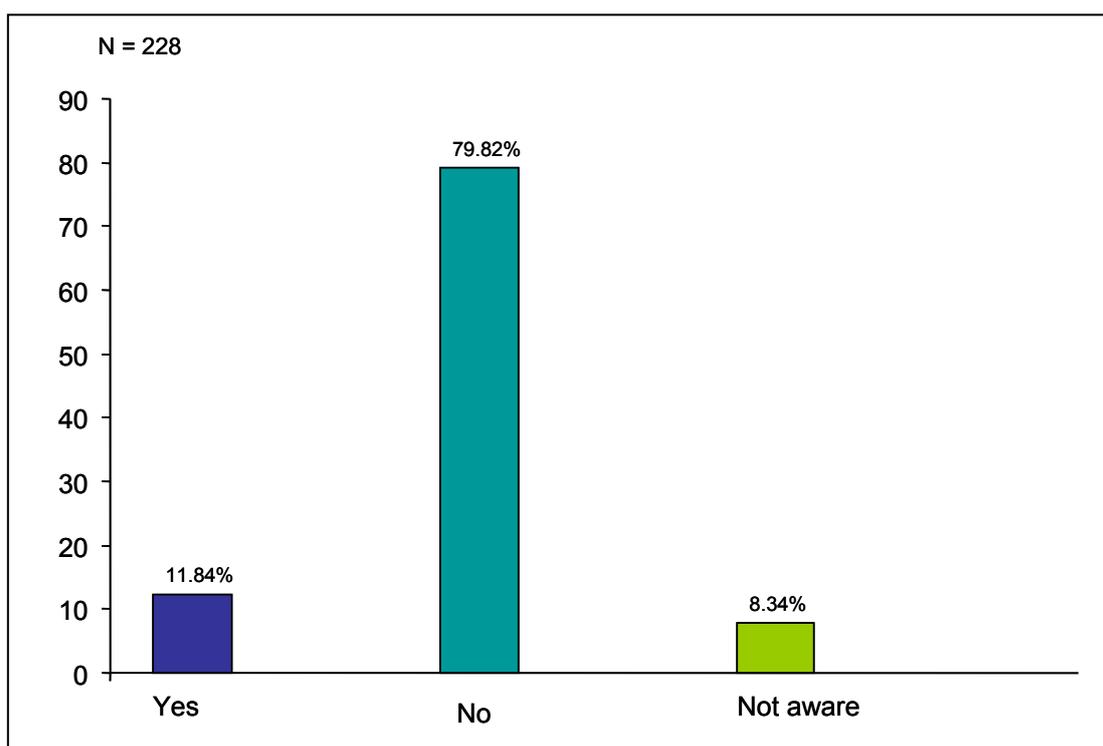


Table 5.5: Knowledge of an HIV-positive relative by respondent?

Response	Number of respondents	% of respondents
Yes	27	11.84%
No	182	79.82%
Not aware	19	8.34%
Total	228	100%

The majority of respondents (79.82%) indicated that they did not know of any close (nucleus) family member who was HIV-positive; while 11.84% knew of such a person, and 8.77% were unsure. That a majority of the respondents were not aware of any HIV-positive person within their immediate/nucleus family environment (as opposed to just any relative) raises a few questions. Does it imply that HIV consciousness is relatively low? It is a major feature among the farming community.

However, the oral presentations (chapter 4) suggest that the farming community is not necessarily oblivious of the general HIV signs and symptoms. That they could provide such generalised overviews on the signs and symptoms of HIV, illustrates that they do not completely lack knowledge about HIV itself. This view is corroborated by participants' own description of the signs and symptoms of an HIV/AIDS-positive person in pages 70-71. One is *always* likely to observe the health status of nucleus family members, more than the health status of those in the community and extended family structure. A 100% Yes or No response would therefore constitute a fair reflection in this regard, because of the constant interaction.

5.4.6 Do you know of any HIV-positive member in the farming community?

Figure 5.6: Respondents' awareness of any HIV-positive member in the farming community

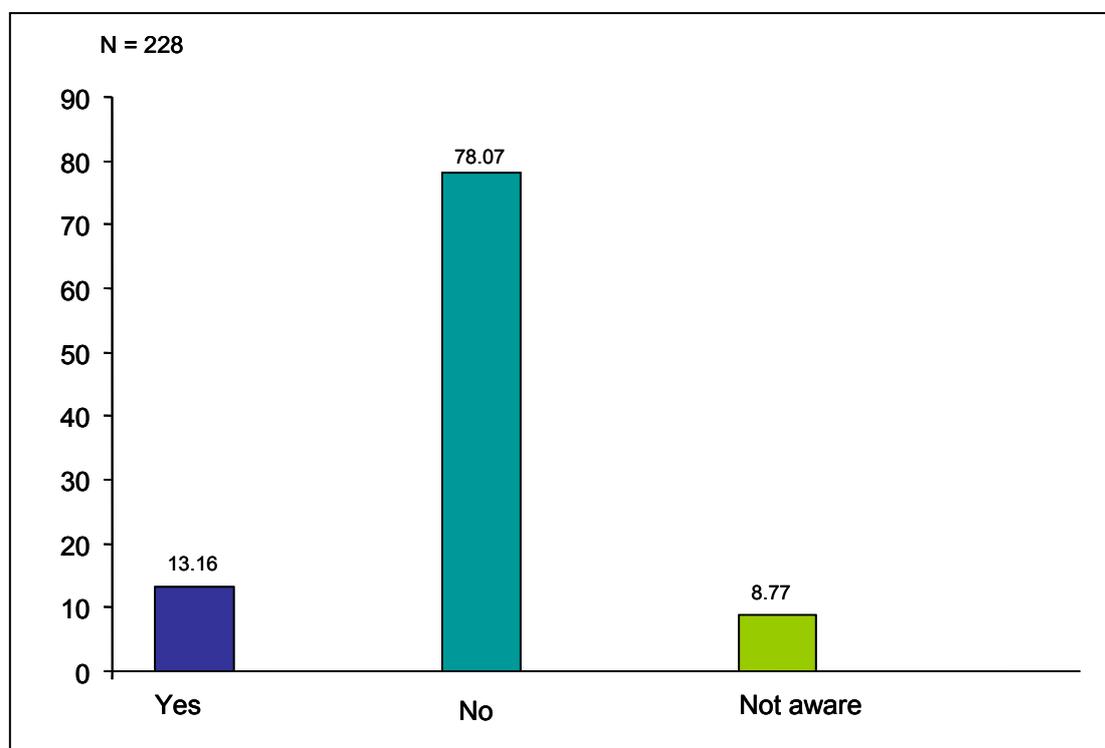


Table 5.6: Respondents' awareness of any HIV-positive member in the farming community

Response	Number of respondents	% of respondents
Yes	30	13.16%
No	178	78.07%
Not aware	20	8.77%
Total	228	100%

78.07% of the respondents indicated that they didn't know anybody who was HIV-positive in the farming community, and 13.16% knew of someone; while 8.77% were not sure. There was a need to empower this farming community with basic HIV knowledge and information, which could also help them in the event that anyone in the community was infected. Such as is the case in questions 5.4.4 and 5.4.6, the intention of this particular question was to determine the extent of respondents' level of *awareness* on HIV and AIDS issues (e.g. signs and symptoms) among themselves. For purposes of this study such knowledge is relevant, as it provides

statistically verifiable information insofar as the total number of reported and known HIV and AIDS cases in the area is concerned.

5.4.7 Do you know of any HIV/AIDS-related death(s) in the farming community?

Figure 5.7: Respondent's awareness of any HIV/AIDS-related death(s) in the farming community

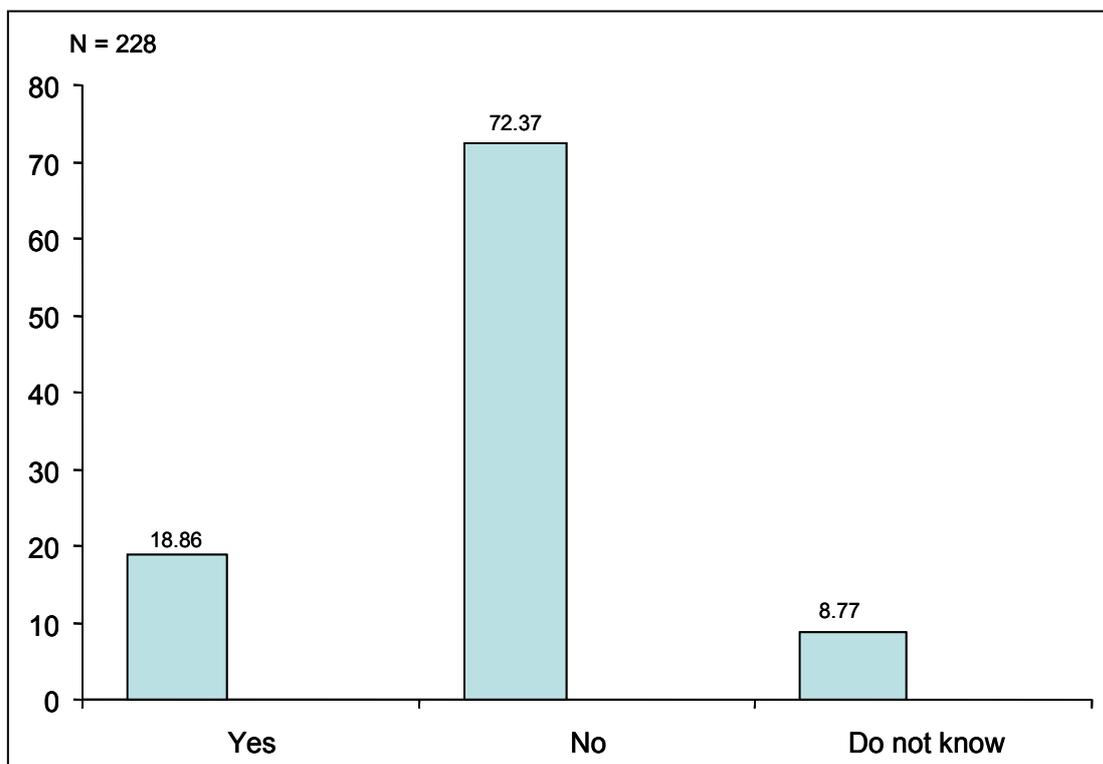


Table 5.7: Respondent's awareness of any HIV/AIDS-related death(s) in the farming community

Response	Number of respondents	% of respondents
Yes	43	18.86%
No	165	72.37%
Do not know	20	8.77%
Total	228	100%

Consistent with the majority response in question 5.4.6 above (in which 78.07% of the respondents indicated that they didn't know anybody who was HIV-positive in the local farming communities); that the majority of the respondents (72.37%) similarly indicated no knowledge of any HIV/AIDS-related death(s) in the farming community. The lack of awareness of actual and potential HIV/AIDS cases and deaths on the

part of the farming community could be significantly reversed by the application of aggressive education campaigns by SAFM, as well as the provincial and the local/district health authorities. The provision of comprehensive management of HIV/AIDS have to take law into consideration.

Those respondents who knew people who have died due to HIV and AIDS (from within the 18.86% response group), have their own interpretation about this disease. These are some of their responses:

- *“Huna vhatu vhanzhi vho lovhaho nga HIV and AIDS. Vhatu vha hone vha tshi lovha vha humela vhutukuni. Zwi pfisa vhutungu. Vha do wana muthu a tshi renwa ngo thoho na u tshuluwa lu sa fheli”* – There were many people who died due to HIV and AIDS. When they die, they begin to behave like children. You will find them having headaches and continuous diarrhoea. It is painful.
- *“O vha o onda na hone o bva zwilonda muvhili wothe”* – They suffer loss of weight and have sores all over the body.
- *“A ri munhu wo lala swinene”* – Asleep a lot of the time.
- *“They are thin, having sores all over the body and coughing”.*

The respondents showed a better understanding of HIV/AIDS with regard to the signs and symptoms.

5.5 HIV/AIDS AWARENESS IN THE FARMING COMMUNITY

5.5.1 Unprotected sex increases the transmission of HIV/AIDS

Figure 5.8: HIV transmission through unprotected sex

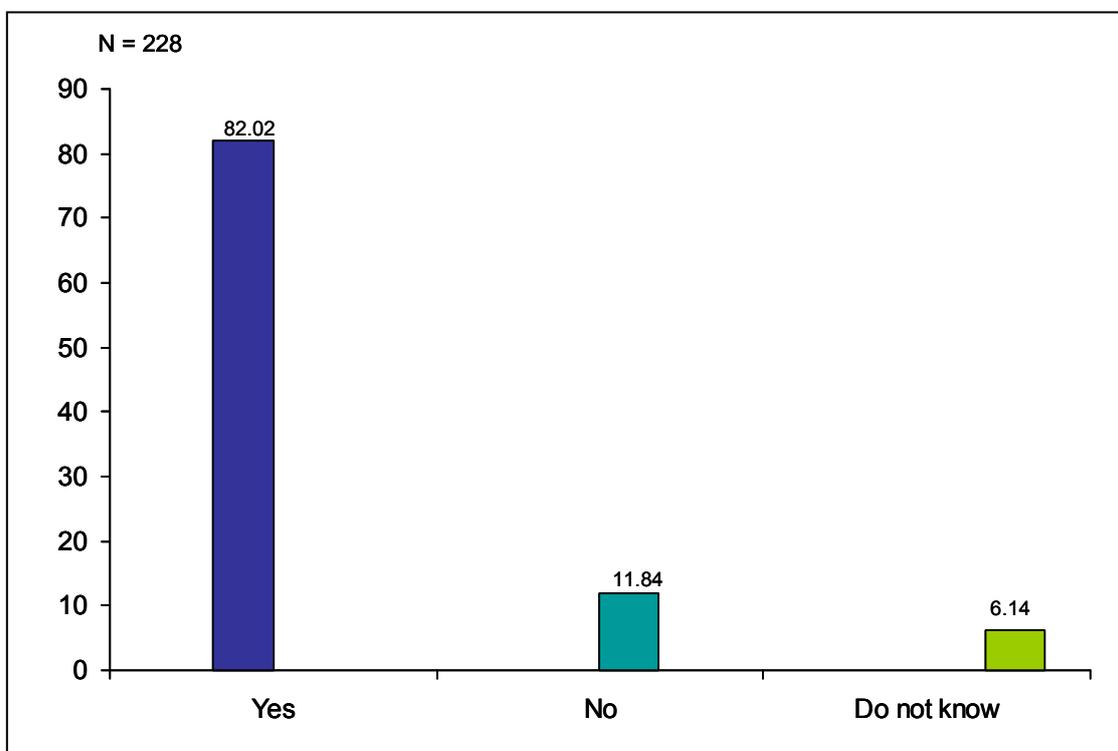


Table 5.8: HIV transmission through unprotected sex

Response	Number of respondents	% of respondents
Yes	187	82.02%
No	27	11.84%
Do not know	14	6.14%
Total	228	100

That only a combined minority of 17.98% (11.84% negating the question statement and 6.14% non-committal), affirmed that there was a majority understanding of the fact that sexual intercourse without the usage of condoms is most likely to spread HIV infection. Based on the majority response (of 82.02%), such a positive development indicates that condoms have to be distributed frequently to more members of the farming communities. The realisation of the urgency of the latter state of affairs led to the researcher voluntarily collecting 5 000 (five thousand) male condoms from Tshidimbini Clinic (some 30 kilometres from the Levubu farms, and

some 200 kilometres from Mamathola farms in Tzaneen) between April and May, 2007. These condoms were handed to SAFM in Levubu. During the launch of the much-awaited HIV/AIDS campaign at Lenyenye Stadium (Tzaneen) on 6 October 2007, the researcher handed 16 000 male and 500 female condoms to the SAFM representatives. These condoms were also obtained from Tshidimbini Clinic. This altruistic contribution is a challenge to both SAFM and the local healthcare authorities. If the researcher could obtain a total of 21 500 condoms between April and October 2007 for the benefit of both male and female members of the farming community, how could the two stakeholders not have achieved even a more remarkable feat over a longer period?

5.5.2 Can HIV/AIDS be treated?

Figure 5.9 Respondents' belief on treatability of HIV/AIDS

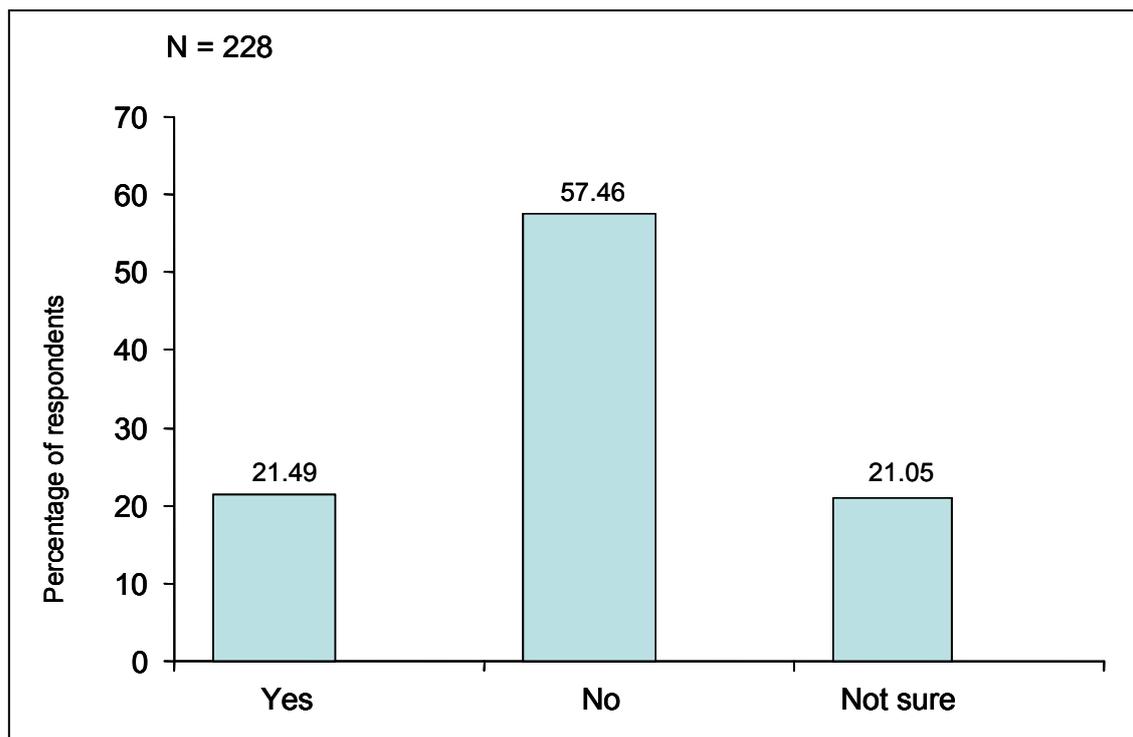


Table 5.9: Extent of respondents' belief on treatability of HIV/AIDS

Response	Number of respondents	% of respondents
Yes	49	21.49%
No	131	57.46%
Not sure	48	21.05%
Total	228	100%

There seems to be an inclination by some respondents (57.46%) that HIV and AIDS could not be treated. Among (21.49% were optimistic, and 21.05% were unsure). This implies that most farm workers seemed familiar, despite the mainstream medicine's efficacy to prolong the lives of sufferers if the disease is detected at an early stage. That there are at least some farm workers (21.49%) who are optimistic of the treatability of HIV and AIDS is inspirational enough that not every farm worker is that pessimistic. For the successful implementation of future HIV awareness programmes, this group of optimists could be utilised as a 'springboard' for the changing of conservative mentalities.

5.5.3 HIV/AIDS is a serious threat in the farming community

Figure 5.10: Respondents' perception of HIV/AIDS as a serious threat in the farming community

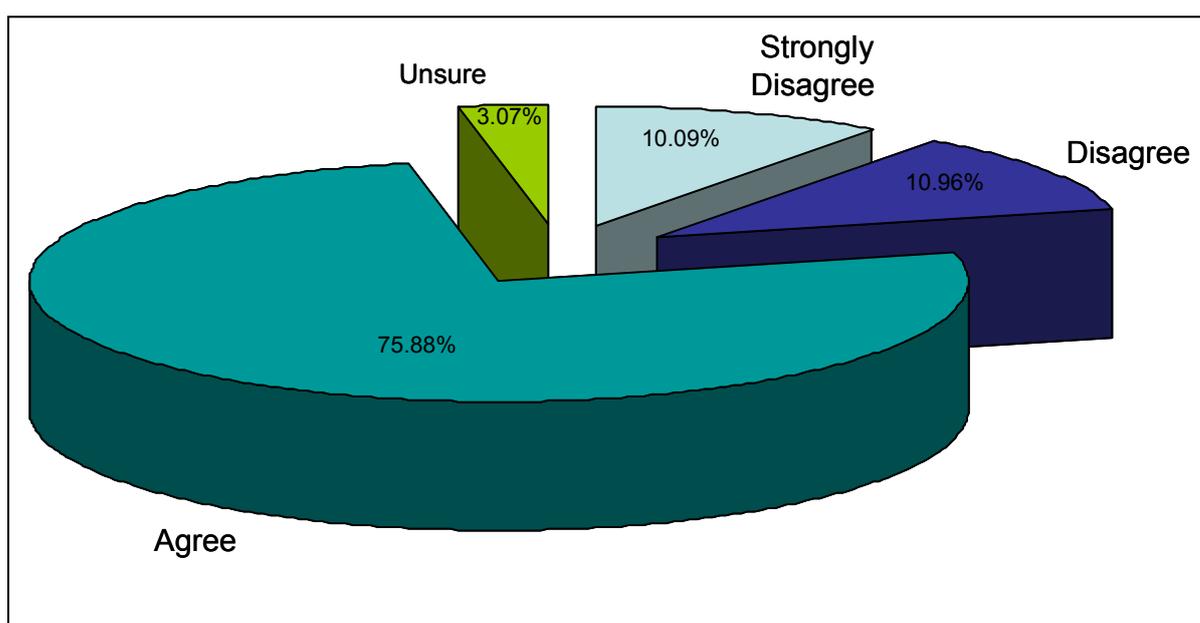


Table 5.10: Respondents' perception of HIV/AIDS as a serious threat in the farming community

Response	Number of respondents	% of respondents
Strongly disagree	23	10.09%
Disagree	25	10.96%
Agree	173	75.88%
Unsure	7	3.07%
Total	228	100%

Notwithstanding its low prevalence rate, the fact that a total minority of 21.05% (10.09% and 10.96%) indicates various degrees of disagreeability with the question statement implies that there is still a segment of the farming community that is not conscious of the seriousness of the disease among the farming population. Albeit the comparatively low prevalence rate of the minority, there is still a need to empower the farming communities with HIV/AIDS-compliant knowledge, skills, and attitudes. It is *possibly* from among this minority (whose reality of HIV/AIDS severity is still obscured) that the spread of HIV/AIDS is likely to be perpetuated.

5.5.4 Do farm managers have an interest in HIV & AIDS issues?

Figure 5.11: Farm managers' interest on HIV and AIDS issues

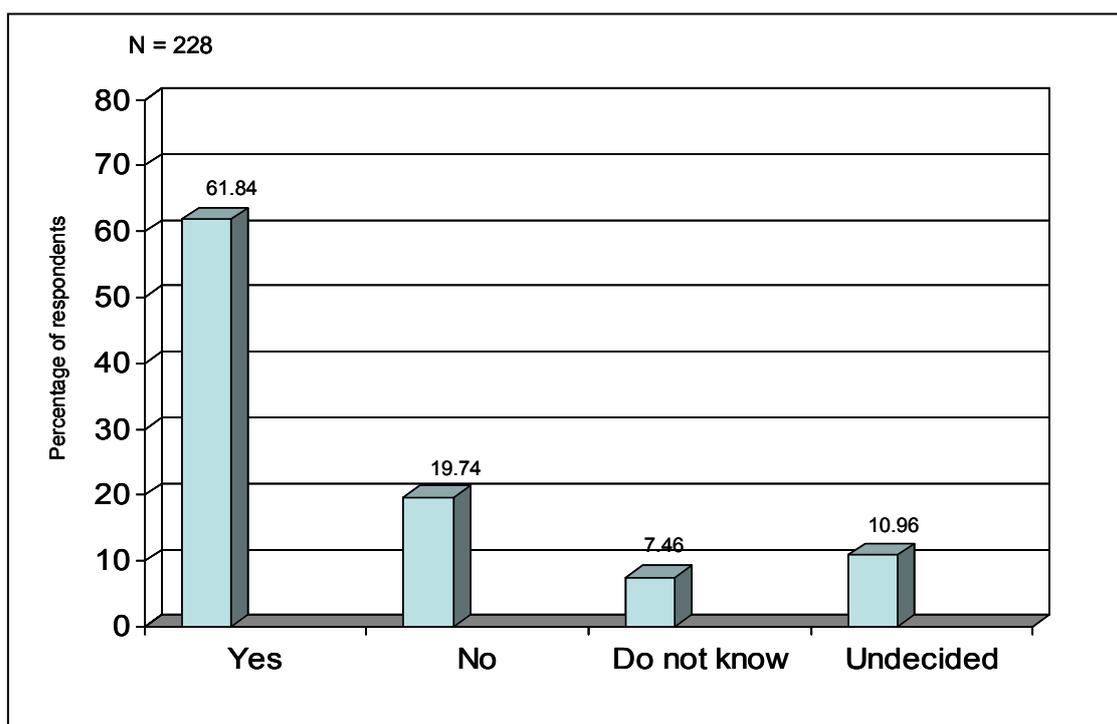


Table 5.11: Farm managers' interest on HIV and AIDS issues

Response	Number of respondents	% of respondents
Yes	141	61.84%
No	45	19.74%
Do not know	17	7.46%
Unsure	25	10.96%
Total	228	100%

Although the majority response of 61.84% indicated that farm managers do have an interest on HIV and AIDS issues (which was demonstrated by the release of almost the entire workforce in Tzaneen by the SAFM farm managers for the purpose of this research); the 19.74% confirms the opposite – that farm managers show no interest on HIV/AIDS issues. The prevalence of this view – albeit a minority one – is an ‘indictment’ on SAFM. Such a negative state of affairs could augment to perceptions of management insularity and gross dereliction of the human rights of the farming employees. An interest on HIV/AIDS issues by SAFM in particular concomitantly translates into the broad-based welfare of their employees as human beings first.

5.5.5 Do the farm employers have an HIV & AIDS policy?

Figure 5.12: Existence of an HIV/AIDS policy on the farms

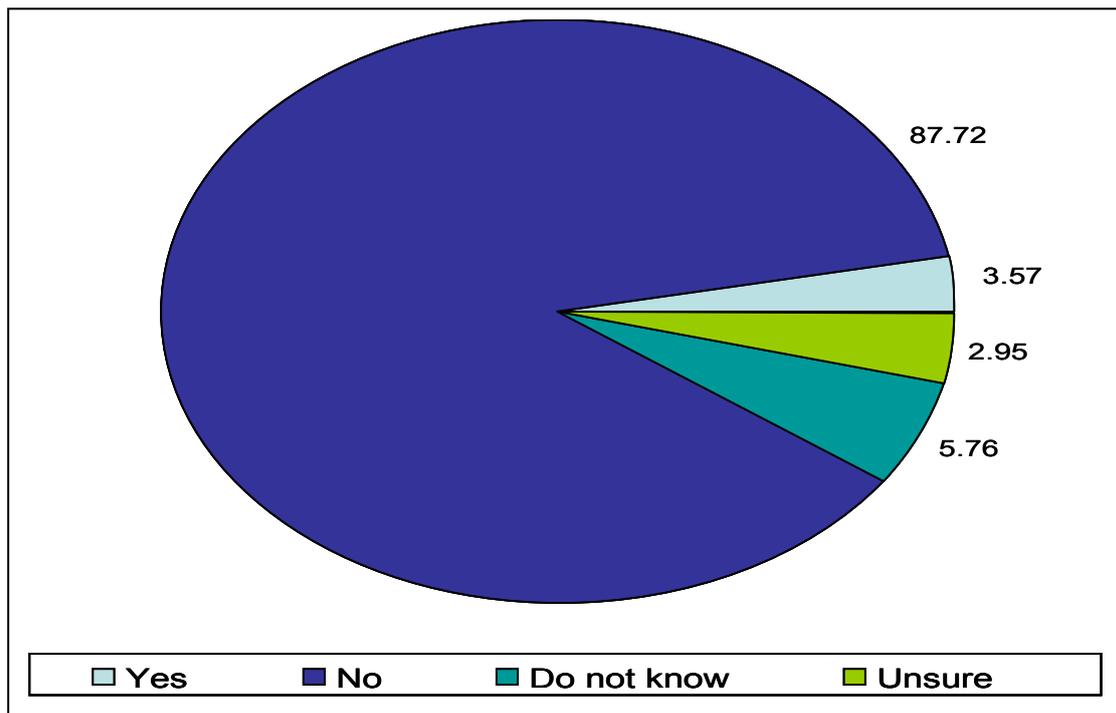


Table 5.12: Existence of an HIV/AIDS policy on the farms

Response	Number of respondents	% of respondents
Yes	7	3.57%
No	200	87.72%
Do not know	13	5.76%
Unsure	9	2.95%
Total	228	100%

The negative response of 87.72% indicates that SAFM is acutely challenged to initiate an HIV and AIDS policy. Once this policy is formulated, it would help in increasing awareness among the farm employees. The SAFM and other farm owners in Limpopo province could hire an HIV and AIDS consultant. Without a well-articulated HIV and AIDS policy, the fight against the disease could become enmeshed between policy rhetoric, and policy implementation/management

5.5.6 HIV/AIDS-infected workers should be removed from the farms

Figure 5.13: Respondents' views on removal of HIV/AIDS-infected farm employees

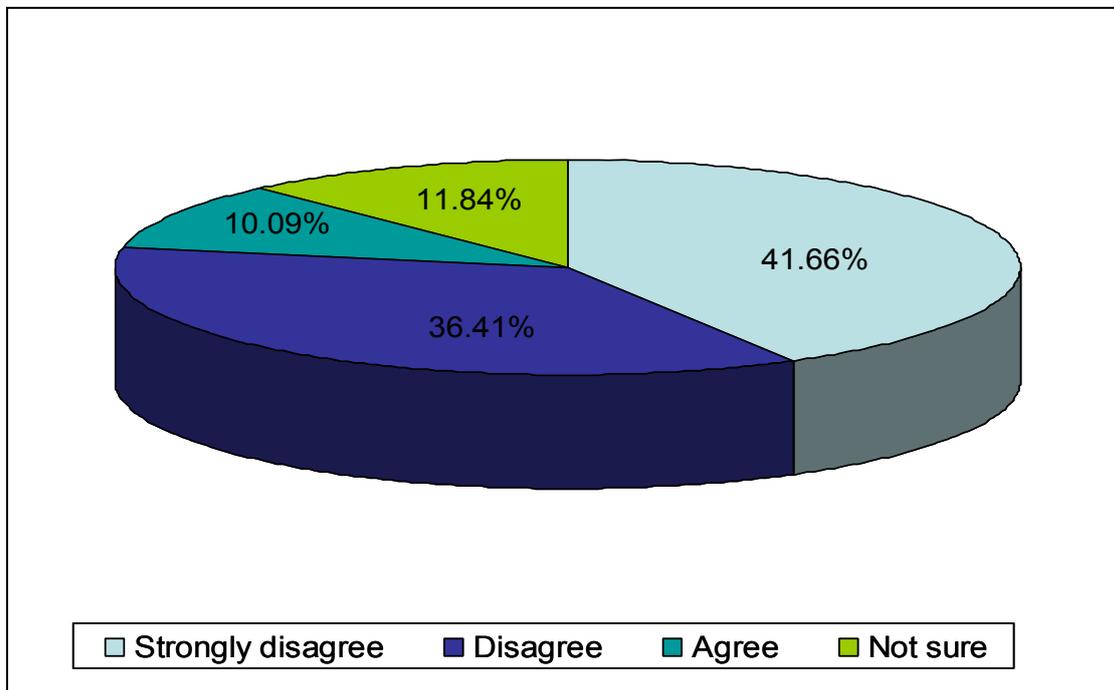


Table 5.13: Respondents' views on removal of HIV/AIDS-infected farm employees

Response	Number of respondents	% of respondents
Strongly disagree	95	41.66%
Disagree	83	36.41%
Agree	23	10.09%
Not sure	27	11.84%
Total	228	100%

The combined majority of disagreeability at 78.07% (41.66% + 36.41%) emphatically denounces the removal of HIV/AIDS-positive persons from the farms. Such removal would constitute discrimination, and is prohibited by the Constitution. The SAFM and farm owners have to make sure that this possible unfair labour practice is prevented from occurring. District health authorities should also assist in this regard. However, the very prevalence of the 10.09% minority response in support of such 'excommunication' suggests that protracted HIV/AIDS education and awareness programmes are needed. The latter would ensure that a human rights culture is inculcated in the conscience of the farming communities, and clarify the exact and precise means by which the disease is contracted. Furthermore, stigmatisation, stereotyping and prejudicial treatment of HIV-infected persons would be addressed.

5.5.7 Would you sit next to, or eat from the same plate with someone you suspected of being HIV-positive?

Figure 5.14: Respondents' attitudes towards sharing facilities and amenities with suspected HIV/AIDS-positive persons

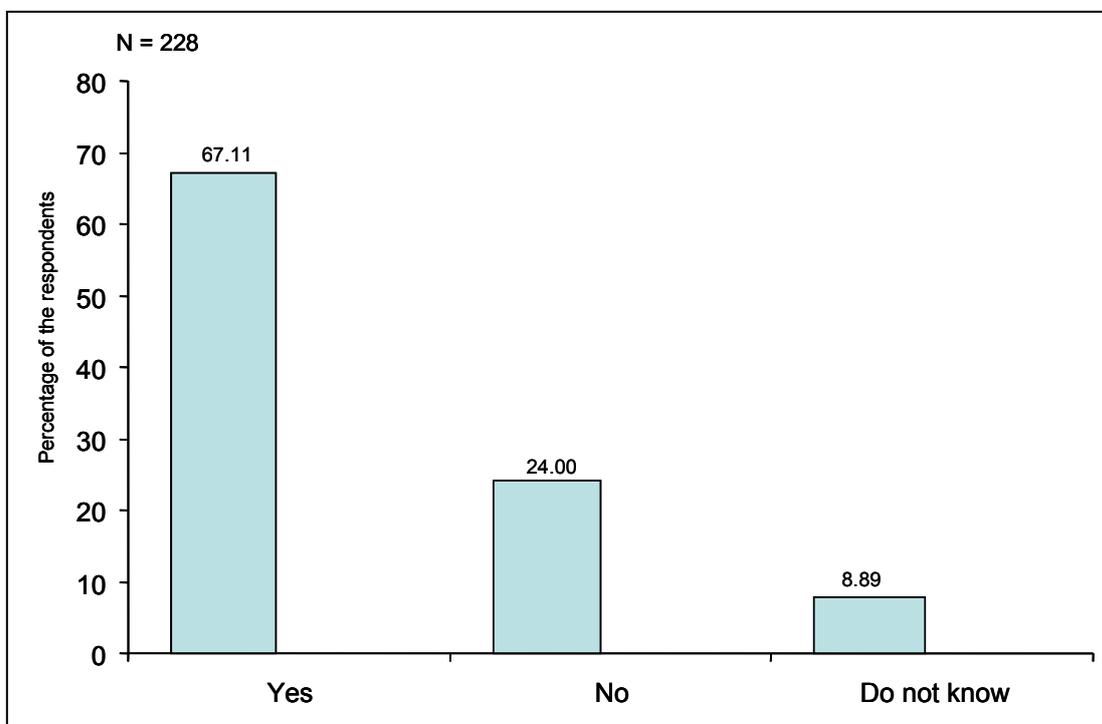


Table 5.14: Respondents' attitudes towards sharing facilities and amenities with suspected HIV/AIDS positive persons

Response	Number of respondents	% of respondents
Yes	153	67.11%
No	55	24.00%
Do not know	18	8.89%
Total	228	100%

It is a scientifically established fact that HIV/AIDS is not transmitted by eating from the same plate as an infected person. It is mainly transmitted through saliva (when kissing) and unprotected sex. Consistent with the majority view in question 5.5.6 above (in which 78.07% collectively denounces the removal of HIV/AIDS-positive persons from the farms). People could share facilities with HIV-positive persons on the farms- the majority of respondents (67.11%) in this regard illustrate that they are not prejudicial to HIV-infected persons. The non-prejudicial assumption could

indicate that compassion and de-stigmatisation are positive developments on the basis of attitudinal and behavioural change. Trained health practitioners can assist. The following narrative statements seem to be informative:

- *“Nka se je le yena, ka gore bolwetsi bjo bo a bolaya”* – I cannot eat with him because the disease kills.
- *“Lebaka ke gore bolwetsi bjo bo a fetela”* – It is because the disease is contagious.
- “Because I am afraid to eat with him in the same plate. I could be infected, because of the saliva coming from his mouth”.
- *“A vhu pfukeli kha munwe nga u la ngauri u vha u songo tangana tshihulwane”* – It cannot be transmitted through eating except through sexual intercourse.

This implied that there was a need to train the farming community with regard to the mode of spread because there were misconceptions and fallacies on how HIV was transmitted from one person to another.

5.5.8 Do the farm managers support HIV/AIDS-infected employers and their affected families?

Figure 5.15: Management support for HIV/AIDS-infected persons and their affected families

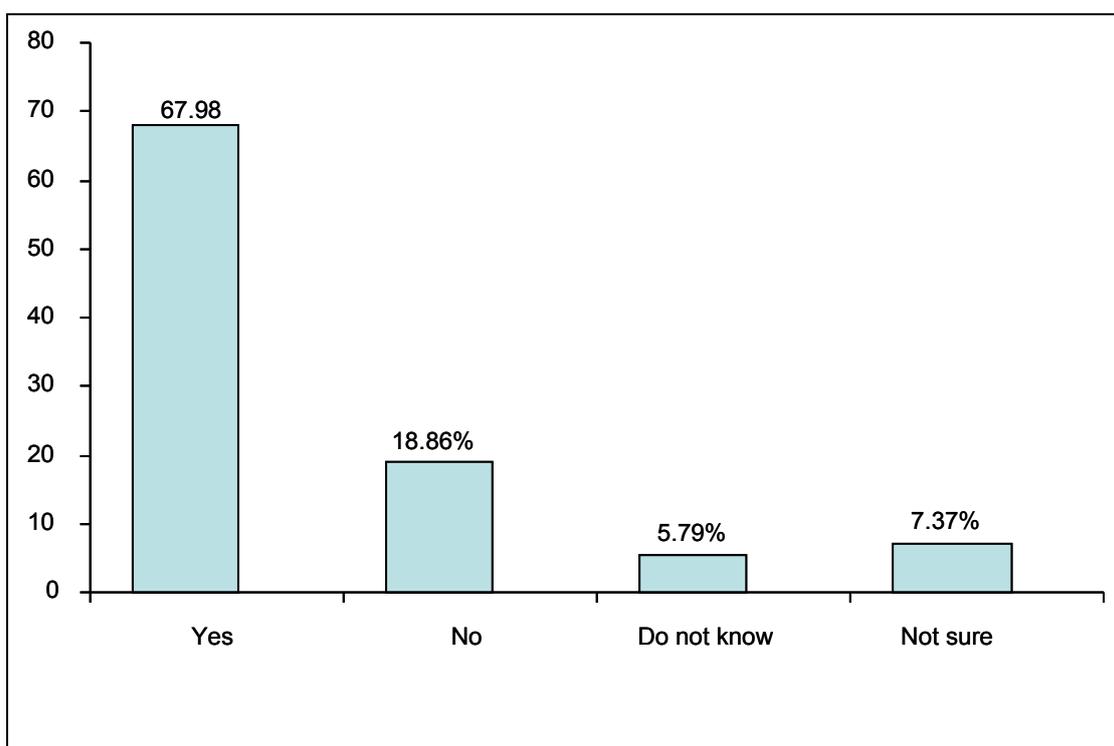


Table 5.15: Management support for HIV/AIDS-infected persons and their affected families

Response	Number of respondents	% of respondents
Yes	155	67.98%
No	43	18.86%
Do not know	13	5.79%
Unsure	7	7.37%
Total	228	100%

The indication by the majority (67.98%) suggests that farm management is supportive of the plight of AIDS sufferers and their families, colleagues or relatives. Such support has the potential to improve the coping mechanisms of for HIV and AIDS sufferers. Discriminatory practices or unfair labour practice would impact negatively on the psychological constitution of those directly and/or indirectly linked to the sufferer. The implication is that SAFM needed to actualise their support, for instance, by providing condoms and providing work-based counselling services. Following are some of the narrative statements indicating the need for such management support:

“When people get infected farm management must treat them with honour, dignity and respect. Farm managers must show their love”.

“I don’t think that people who are infected must be taken out of the farms, because he/she got infected on the job”.

“We are treated like anybody else”.

“Mobereka naye ga kubiwi” – A co-worker is never dismissed.

5.5.9 Is it important for HIV-positive pregnant mothers to receive Anti-retroviral treatment?

Figure 5.16: Importance of ARVs to pregnant mothers

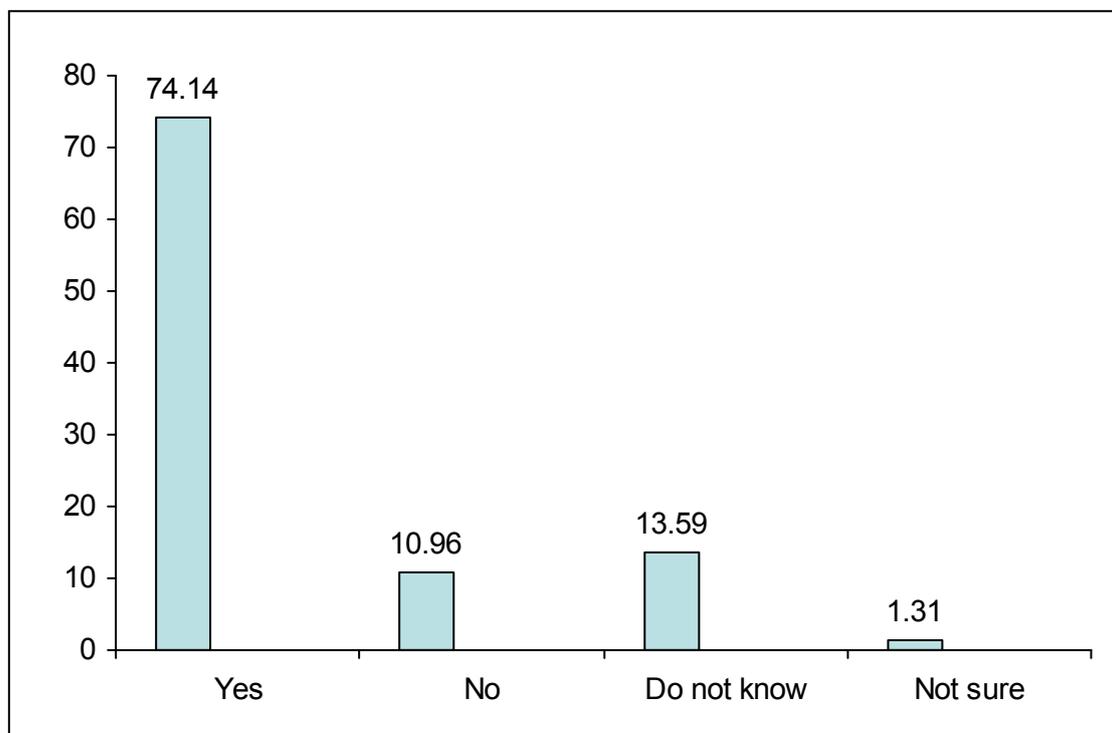


Table 5.16: Importance of ARVs to pregnant mothers

Response	Number of respondents	% of respondents
Yes	179	74.14%
No	25	10.96%
Do not know	31	13.59%
Unsure	3	1.31%
Total	228	100%

The majority of the respondents (74.14%) affirmed the statement; that is, agreed that it is important for HIV-positive pregnant mothers to receive ARV treatment. The knowledge of this aspect by a majority of the farm workers suggests firstly that they have been health-educated on the role of ARVs in the fight against HIV and AIDS. Secondly, and based on the former, these respondents are consequently optimistic about the efficacy of ARVs believed in helping HIV- positive pregnant mothers in the prevention of infection from mother to child. – despite their knowledge that no

permanent cure of the disease has yet been found. In the interests of HIV prevention, health authorities would do well to further the implications of this finding. The very existence of a total minority of 25.86% respondents (consisting of 10.96% No-responses, 13.59% Do not know-responses, and 1.31% unsure) implies that a comprehensive healthcare policy for the farming community should also be inclusive of the availability of various HIV/AIDS treatment options (e.g. ARVs) in thwarting the spread of the disease.

5.5.10 Do HIV-infected farming employees receive Anti-retroviral treatment?

Figure 5.17: Availability of ARV treatment to HIV-positive farm employees

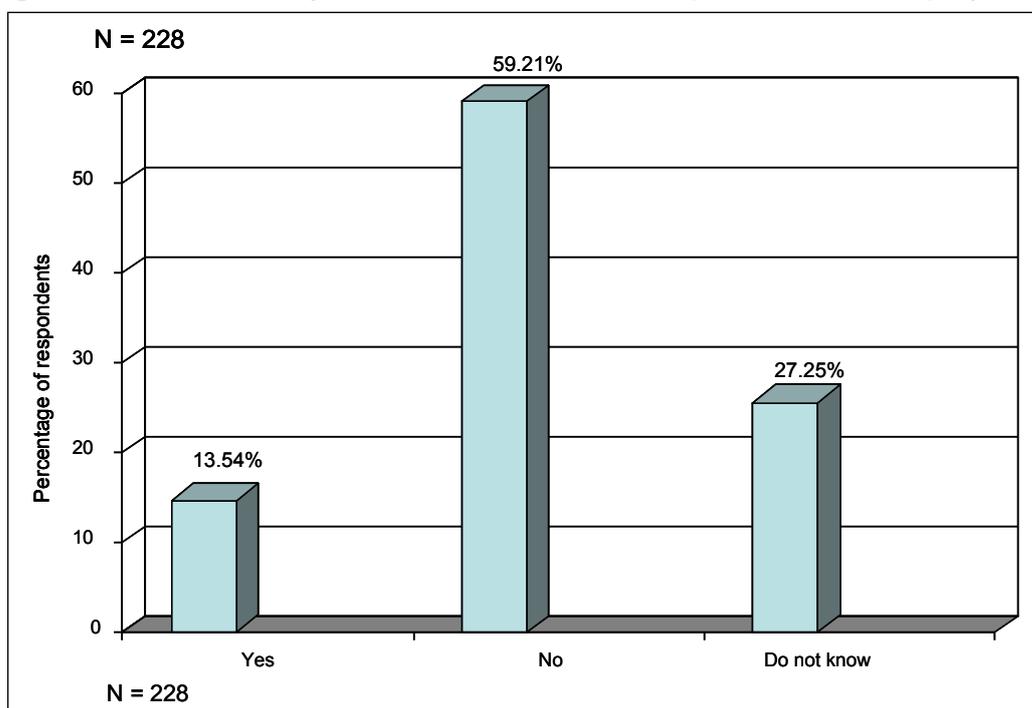


Table 5.17: Availability of ARV treatment to HIV-positive farm employees

Response	Number of respondents	% of respondents
Yes	30	15.39%
No	135	59.34%
Do not know	53	25.27%
Total	228	100%

The majority of respondents (59.34%) indicated that there was no ARV programme on the farms. Bearing in mind that the majority (74.14%) of the selfsame respondents (farm workers) in question 5.5.9 above indicated that was important for HIV-positive pregnant mothers to receive ARV treatment, it is indicative that there is

an urgent need for the provision of ARV's to the farming community by the local district health officials. The urgency is reflected by the observation that in all the ARV-related questions, there is a significant number of respondents (albeit in the minority) who display complete or partial awareness of the role of ARVs in the fight against HIV and AIDS on the farms. The availability of ARVs would benefit both SAFM and farm owners as it would lead to longer life spans for HIV and AIDS sufferers in their employ.

5.5.11: Families must give support to HIV-positive pregnant mothers

Figure 5.18: Necessity of family support to HIV-positive pregnant mothers

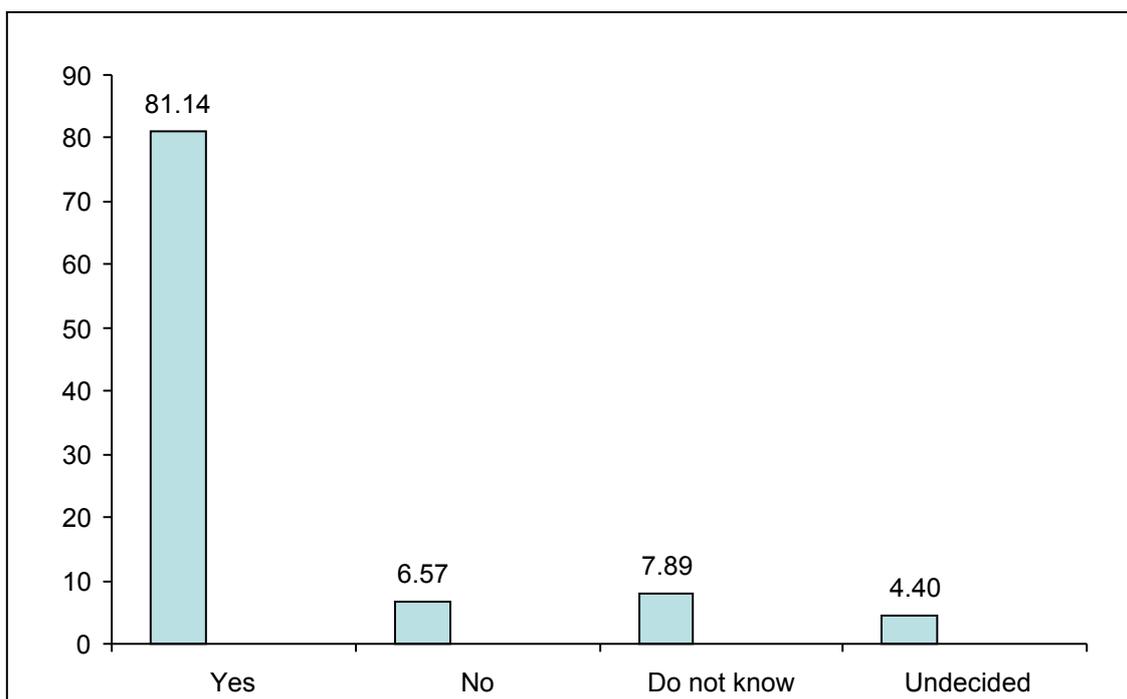


Table: 5.18: Necessity of family support to HIV-positive pregnant mothers

Response	Number of respondents	% of respondents
Yes	185	81.14%
No	15	6.57%
Do not know	18	7.89%
Unsure	10	4.40%
Total	228	100%

An overwhelming majority 81.14% affirmed the view that families (both nucleus and extended) should give support to their HIV-infected members. The support was vital for the proper management of HIV and AIDS in the farming community. It might also suggest that, as constituting an important aspect of tradition, family support for each

other is crucial. Hence the aged, frail, ill, and poor – in most traditional families – are not relegated to some geriatric ‘homes’. Instead, they remain part of both the core and extended family structures until they die. If a link was to be established between this majority response and that of question 5.2.2 on page 105 (family types of respondents), it would be that both the traditional nucleus and extended family structures are crucial in the home-based care and treatment of HIV-infected persons in the rural farming communities. It is for the latter reason that the only NGO offering home-based care in the designated farming areas would need to be extensively supported with physical, fiscal and human resources.

5.6 HIV/AIDS EDUCATION AND TRAINING

5.6.1 Is it necessary to have a full-time HIV/AIDS trainer on the farms?

Figure 5.19: Necessity of a full-time trainer on the farms

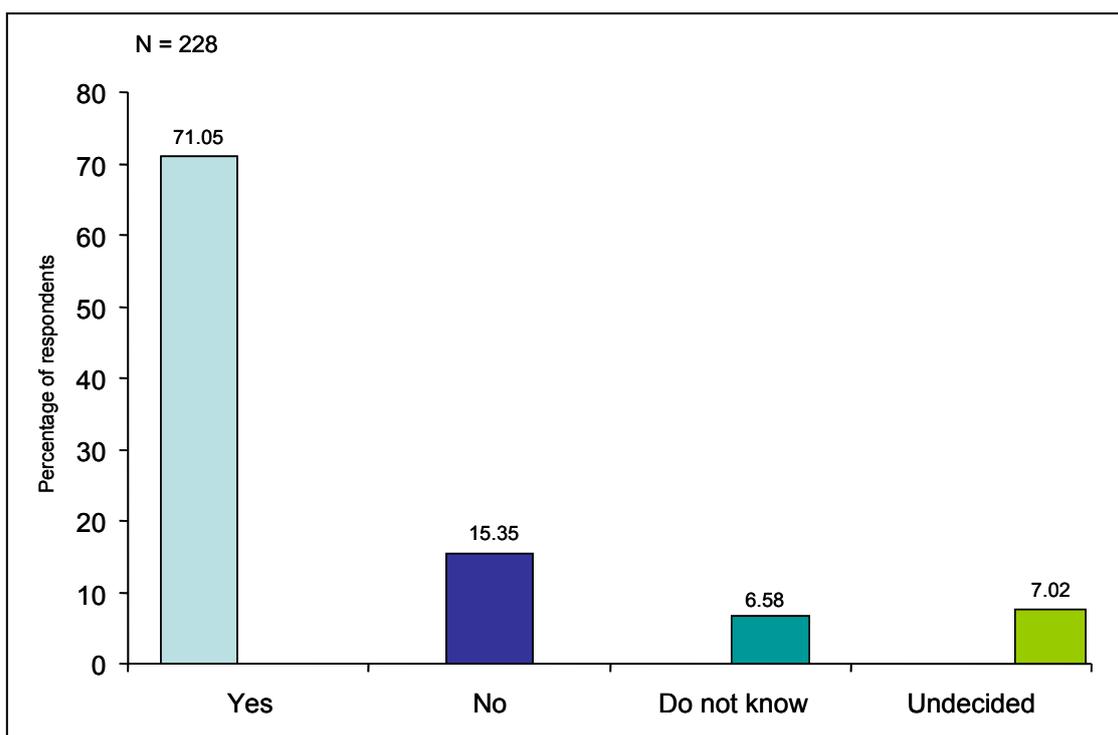


Table 5.19: Necessity of a full-time trainer on the farms

Response	Number of respondents	% of respondents
Yes	162	71.05%
No	35	15.35%
Do not know	15	6.58%
Unsure	6	7.02%
Total	228	100%

That the majority of 75.05% of the respondents indicated the need for a fulltime HIV and AIDS trainer on the farms makes it abundantly evident that training (for both SAFM and their employees) is acutely desirable on the farms. It could not be ignored or overlooked any further, especially since HIV/AIDS was still viewed as a serious threat in the farming community. (See majority response (75.88%) of question 5.10 on page 115). The seriousness of this threat would therefore demand that the appointment of a full-time trainer on the farms not be taken lightly by both SAFM and the local district healthcare authorities. Such an appointment would especially alleviate the person power shortage alluded to by the nursing practitioner in the focused group interview stages of the investigation (see pages 80-81 of Chapter 4).

5.6.2 Have you had any HIV and AIDS training?

Figure 5.20: Respondents' HIV/AIDS training status

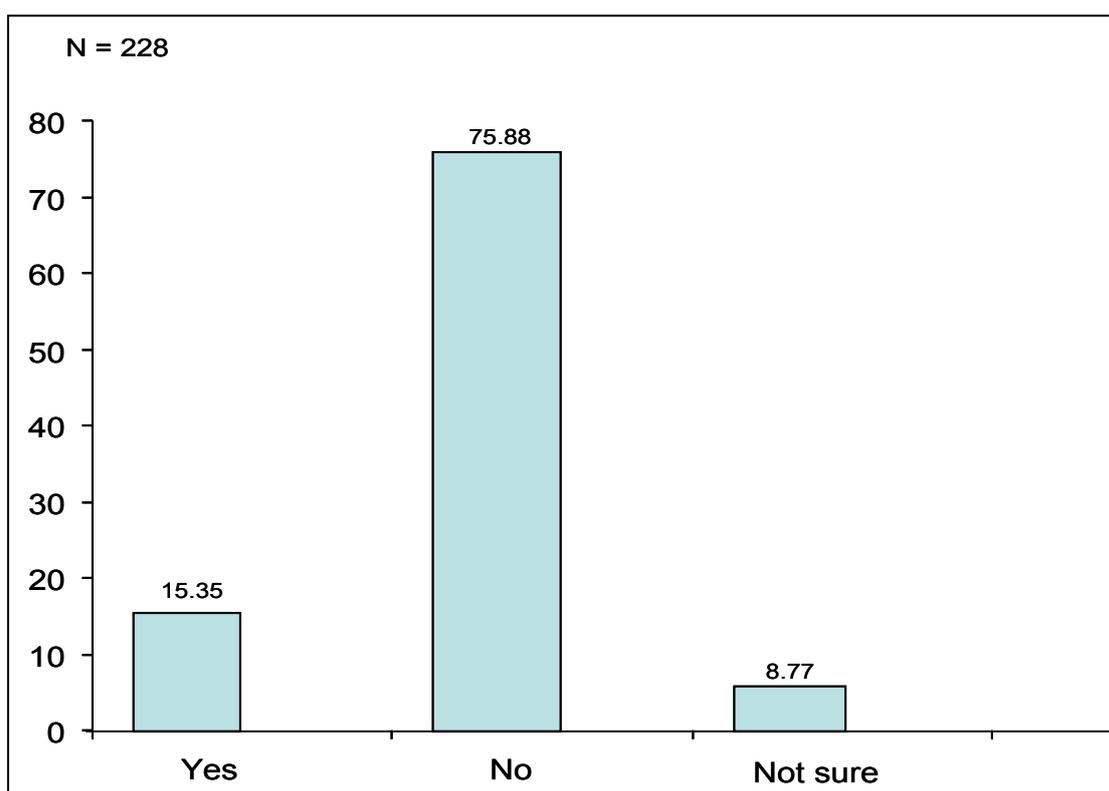


Table 5.20: Respondents' HIV/AIDS training status

Response	Number of respondents	% of respondents
Yes	35	15.35%
No	173	75.88%
Not sure	20	8.77%
Total	228	100%

By a majority response of 75.88%, an indication was made that no HIV and AIDS training was provided to farm workers. This (unacceptable) state of affairs is an indictment to both SAFM and the local healthcare authorities, especially when viewed against the background that a majority of 71.05% farm workers in question 5.6.1 above have indicated that it was direly necessary to have a full-time HIV trainer on the farms. This is a requirement by the Labour Relations Act, the Health Act, Employment Equity Act and the Occupational Health and Safety Act (Bridge, 2002: 2; DCSA, 2002; Fouche & Van Wyk, 1999).

5.6.3 Would you like to become an HIV and AIDS trainer

Figure 5.21: Respondents' interest in HIV/AIDS training

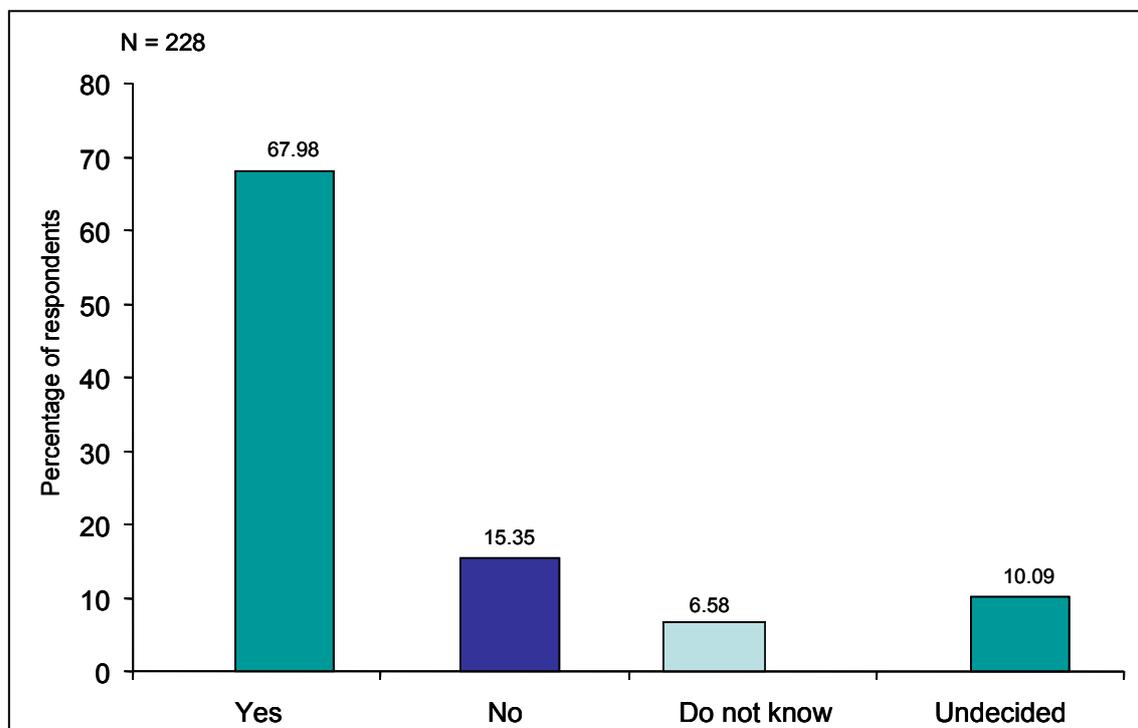


Table 5.21: Respondents' interest in HIV/AIDS training

Response	Number of respondents	%of respondents
Yes	155	67.98%
No	35	15.35%
Do not know	15	6.58%
Unsure	23	10.09%
Total	228	100%

Consonant with the majority of responses in question 5.6.1 (in which 71.05% of the respondents mention the need for a full-time HIV trainer), a majority of 67.98% *personally* demonstrate their interest in HIV training. The great interest to become HIV/AIDS trainers is indicative of positive attitudes into which the respondents have to explore available education and training resources. Such attitudes also augur well for an HIV/AIDS policy formulation environment.

5.6.4 Does farm management grant permission for HIV/AIDS training?

Figure 5.22: Farm management's permission to employees for HIV/AIDS

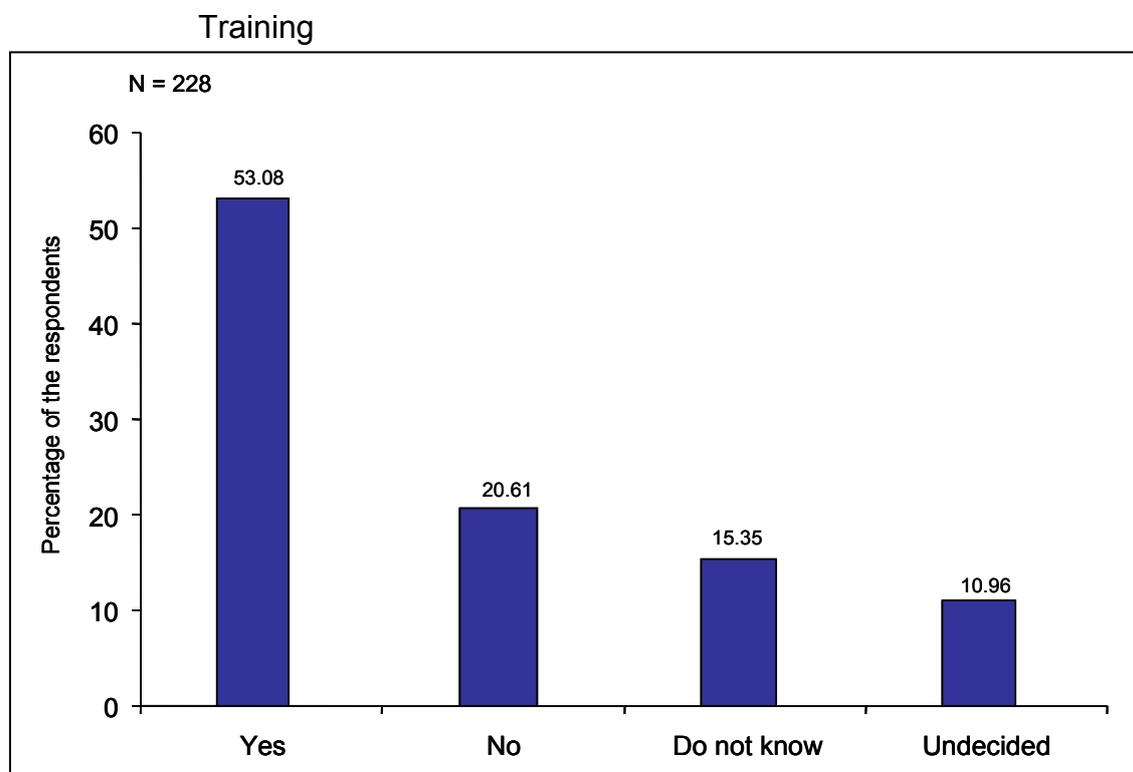


Table 5.22: Farm management's permission to employees for HIV/AIDS training

Response	Number of respondents	% of respondents
Yes	121	53.08%
No	47	20.61%
Do not know	35	15.35%
Unsure	25	10.96%
Total	228	100%

The majority of 53.07% is an indication that farm management grasps the seriousness of the threat posed by HIV and AIDS on the farms under their control. Furthermore, the 53.07% is in consonance with the data in question 5.6.4 above, in which a 75.88% majority indicated no HIV training background. Given the absence of a meaningful HIV/AIDS policy on the farms, as well as under-resourced healthcare facilities both at SAFM and other local clinics training is necessary. Knowledge empowerment about HIV and AIDS could be the key to fighting this pandemic, and the total control of this problem could be achieved. The farming community had very high illiteracy levels. ABET training would also augment to provision of basic life skills. This would assist in understanding the issue of HIV and AIDS during their training. The following narrative statements generally reflect SAFM's compliance to the training of their employees:

- *“Ka gore managers ba na le kgaretelo”*. – Because managers did act.
- *“There was never an AIDS training before”*.
- *“Ngauri zwino vho tenda uri ri funzwe ngo vhone”*. – Now they gave us permission to be taught by you

5.7 USE OF CONDOMS

5.7.1 Are condoms distributed in your workplace?

Figure 5.23: Distribution of condoms at respondents' workplace

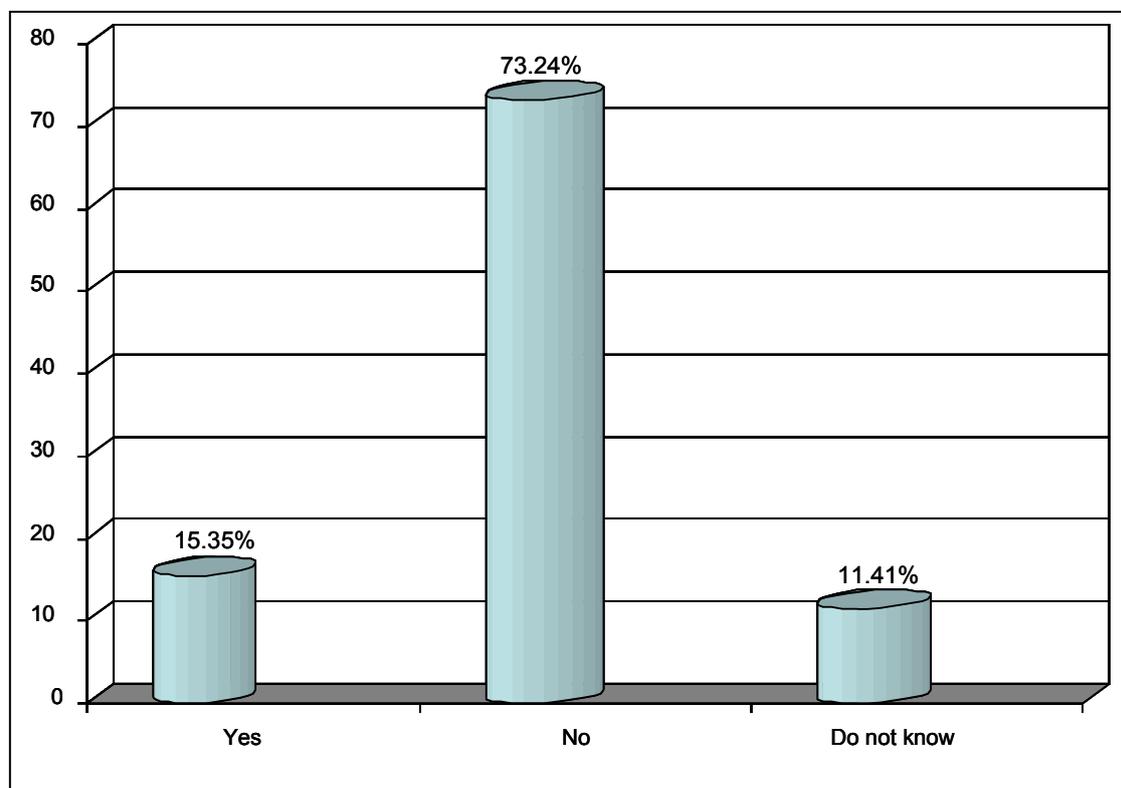


Table 5.23: Distribution of condoms at respondents' workplace

Response	Number of respondents	% of respondents
Yes	35	15.35%
No	167	73.24%
Do not know	26	11.40%
Total	228	100%

The indication by the 73.24% majority response that no condoms are distributed at their workplace suggests that, despite SAFM's interest in HIV issues (as in the 61.84% of Table 5.11 on page 116) The interest is not translated into action. (The apparent contradiction in interest was observed by the researcher, who managed to obtain a total of 21 500 condoms between April and October 2007 for the benefit of both male and female members of the farming community even though it does not translate into usage).

The SAFM and farm owners have to work hand in hand with district and provincial health services at Vhembe and Mopani district. There are now available condoms at the local clinics to provide to employees. Hopefully it would help to minimize the HIV infection in the farming community. Previously condoms were distributed to the farming community. Consequently, five thousand condoms were organized from Tshidimbini Clinic by the researcher and handed over to Levubu SAFM management to distribute at their respective farms Participatory Action Research is informative in this regard.

5.7.2 Do you know how to use a male or a female condom?

Figure 5.24: Male or female condom usage

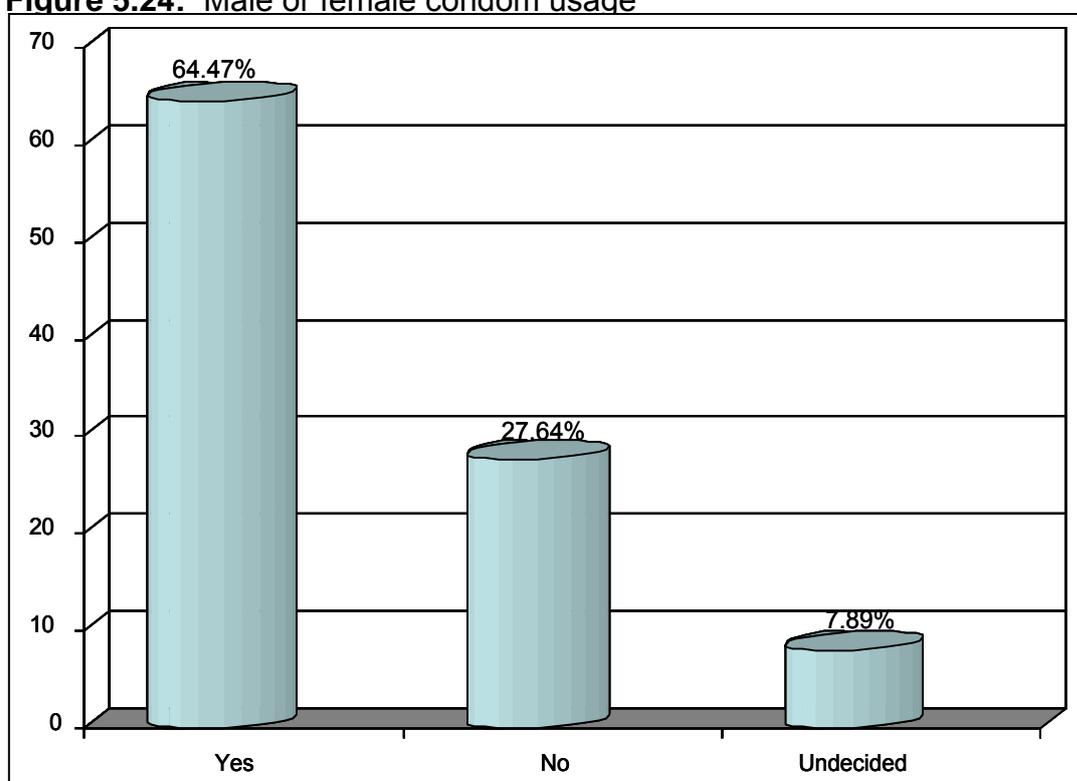


Table 5.24 Male or female condom availability

Response	Number of respondents	% of respondents
Yes	147	64.47%
No	63	27.64%
Unsure	18	7.89%
Total	228	100%

The majority of the respondents (64.47%) seems to know how to utilize both female and male condoms. The implication for the study is that both the SAFM and local healthcare authorities (in their effort to heighten HIV/AIDS management) should include demonstrations where necessary. The demonstration of such sexually healthy and protective safety measures would also assist in demystifying these contraptions, which – in ‘compliance’ with the associated taboo mentalities – has contributed in the construction of sexual topics as ‘closed’ topics in some traditional and conservative communities (Anderson-Ellstrom et al., 1996; Briggs & Blinkhorn, 1996; Blacke et al., 2001).

5.7.3 Would you like a demonstration of how a female or male condom is used?

Figure 5.25: Interest in the demonstration of how a female or male condom is used

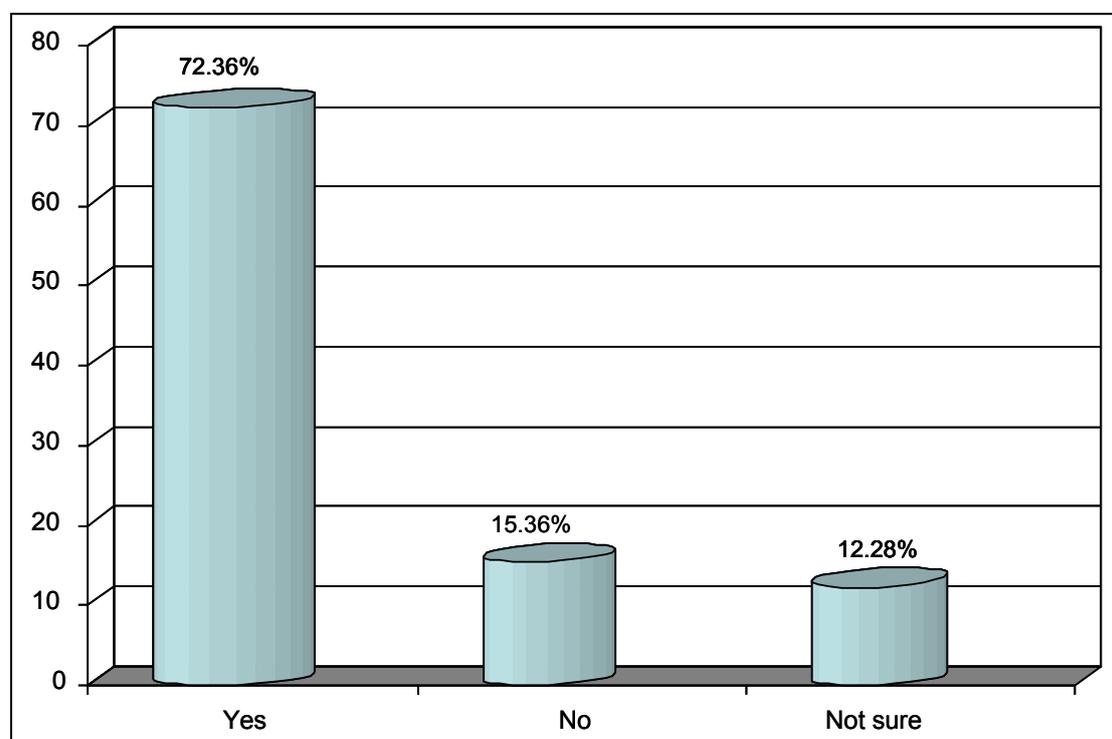


Table 5.25: Interest in the demonstration of how a female or male condom is used

Response	Number of respondents	% of respondents
Yes	165	72.36%
No	35	15.36%
Do not know	28	12.28%
Total	228	100%

There was definitely a need for a demonstration on how to use both male and female condoms, as indicated by the 72.36% majority of responses. It was the responsibility of the local health authorities to implement this in their education and training, as well as to manage HIV/AIDS comprehensively. When the 72.36% majority of response above is compared with the 82.02% majority response of question 5.5.1 (affirming that unprotected sex increases the transmission of HIV), there is unequivocal agreement that the level of HIV awareness among most members of the farming community is not necessarily negligible. The latter is also corroborated by some of their narrative statements, which indicated HIV prevention consciousness, such as: "AIDS is caused by unprotected sex" (chapter4); and "*Vhathu vha fanela u shumisa condom uri HIV and AIDS i songo vha kwama*": People are supposed to use condoms in order to prevent HIV infection.

5.7.4 Is it safe to have unprotected sex with an HIV-infected person?

Figure 5.26: Threat to safety regarding unprotected sex with an HIV-infected person

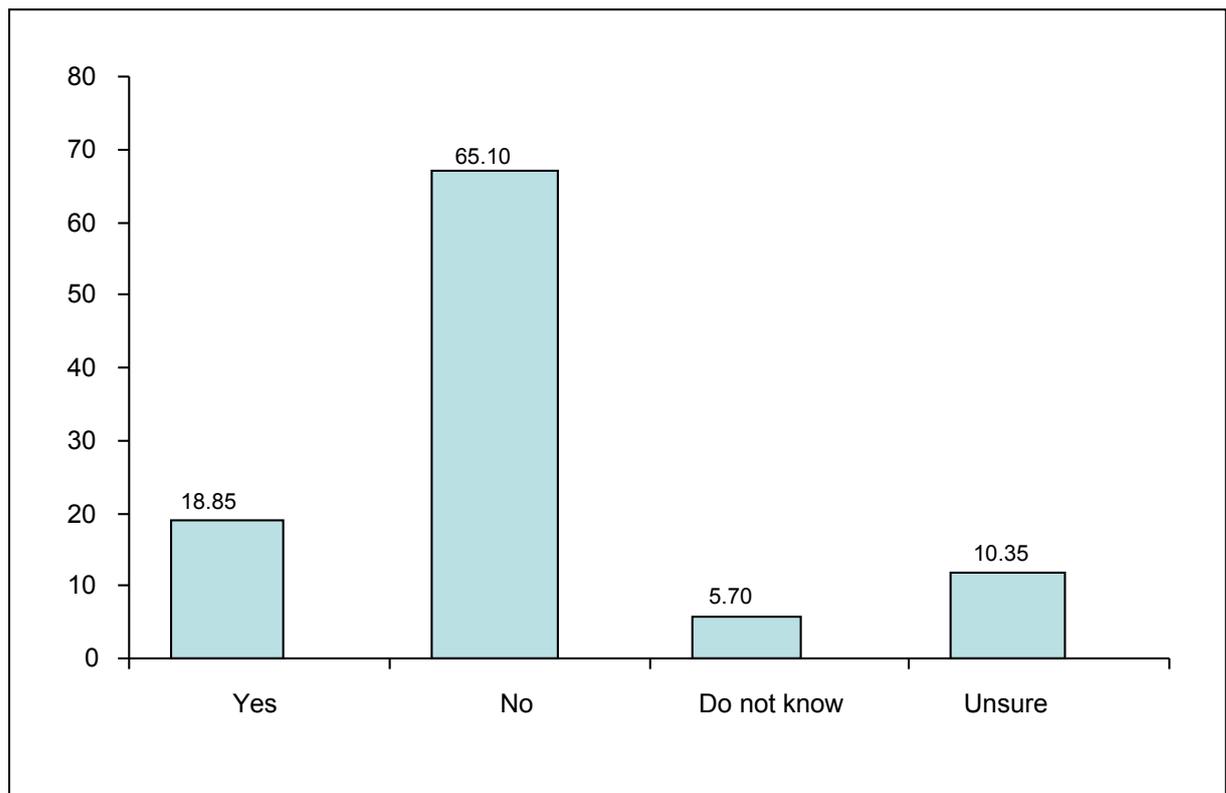


Table 5.26: Threat to safety regarding unprotected sex with an HIV-infected person

Response	Number of respondents	% of respondents
Yes	43	18.85%
No	153	65.10%
Do not know	13	5.70%
Unsure	27	10.35%
Total	228	100%

That a majority of 67.10% respondents affirmed the attendant risks of unprotected sex with an HI-infected person, suggests that a convincing degree of HIV awareness (in respect of the spread of the disease) does exist. For that reason alone, the consequences of having unprotected sexual intercourse with an HIV-infected person would be dire. The implication is that a comprehensive HIV/AIDS awareness programme for the farming communities would necessarily have to also emphasise on the various modes by which the disease spreads. The high rate of affirmation in this particular regard (65.10%) is in tandem with the 82.02% majority view already expressed in question 5.5.1– that unprotected sex increases the transmission of HIV. The fact that there *are* others (everybody else except the 65.10% already mentioned) on the farms who responded differently suggests that a comprehensive HIV/AIDS awareness programme for the farming communities would definitely have to be undertaken. The success of such a programme would necessarily be determined by the eventual maintenance of a 100% affirmation for this particular kind of question.

5.7.5 Is substance abuse a likely cause of unprotected sex on the farms?

Figure 5.27: Substance abuse as a likely cause of unprotected sex on the farm

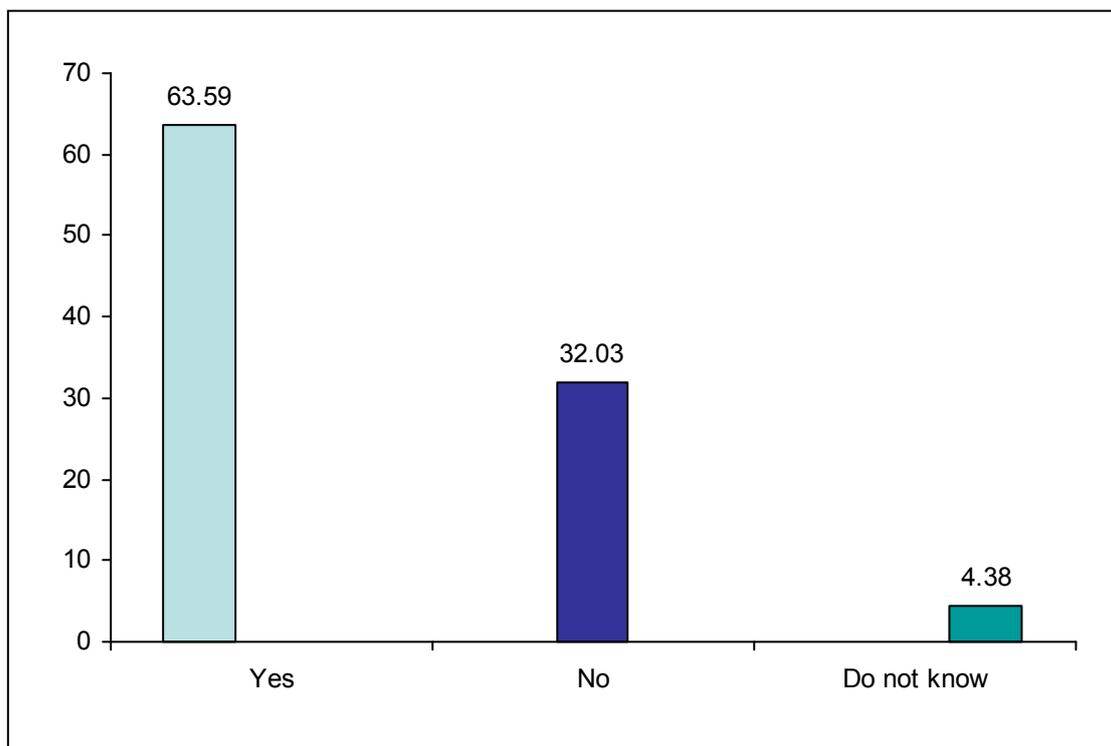


Table 5.27: Substance abuse as a likely cause of unprotected sex on the farms

Response	Number of respondents	% of respondents
Yes	145	63.59%
No	73	32.01%
Do not know	10	4.38%
Total	228	100%

A total of 63, 59% seem to be aware of the consequences of substance abuse in relation to unprotected sex. The implication is that there might be some connection between excessive consumption of alcohol and unprotected sexual intercourse, due to the inebriated person's state of mind. The farming community might be prone to HIV infection due to alcohol abuse. The lack of recreational facilities on the farms inadvertently links with other factors such as excessive alcohol intake, migrant labour, commercial sex workers, and contributed to the underlying causes of the disease (DoH, 2007a: 8). It would be necessary for HIV education and training providers to indicate the social hazards of the excessive intake of alcohol.

5.7.6 Is kissing a likely means of possible HIV transmission?

Figure 5.28: Awareness of oral transmission of HIV

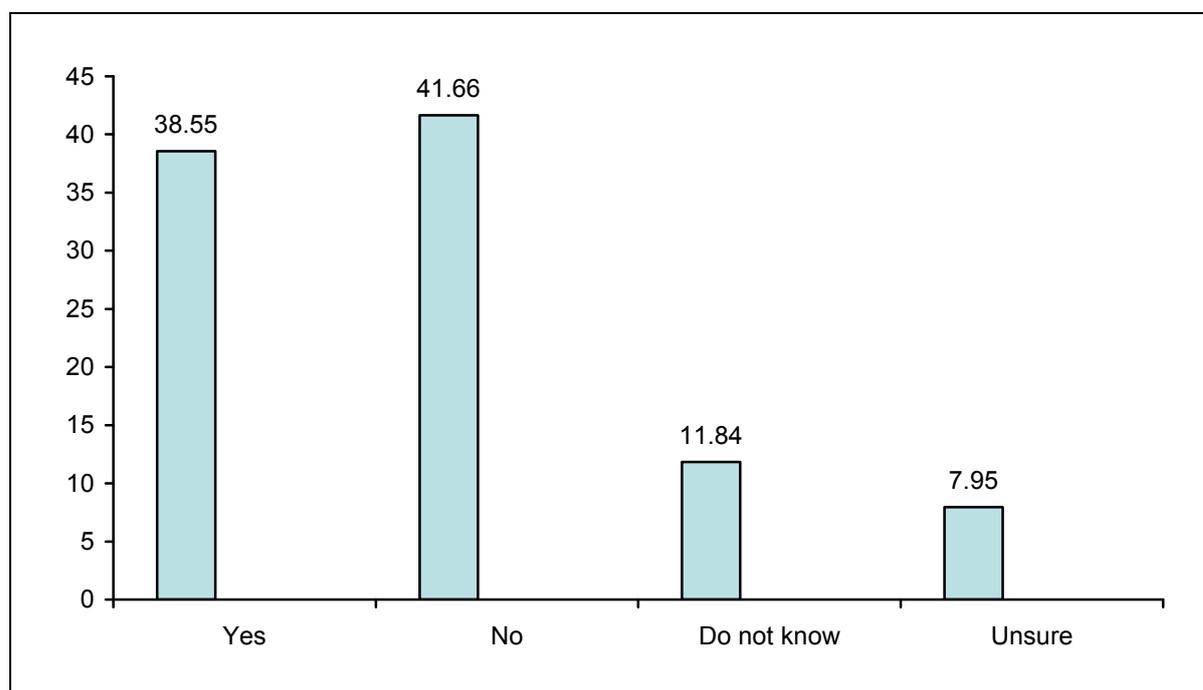


Table 5.28: Awareness of oral transmission of HIV

Response	Number of respondents	% of respondents
Yes	87	38.55%
No	95	41.66%
Do not know	27	11.84%
Unsure	9	7.95%
Total	228	100%

The difference between the highest response (41.66% by those who were not aware of the oral transmission of HIV) and the next highest score (38.55% by those who were aware of the oral transmission of HIV) is merely 3.11% (about 7 respondents). Such a narrow variation implies there is not sufficient awareness of HIV-related preventive and promotive strategies by the farm workers, which is in stark contrast of the observations which thus far indicated reasonable HIV awareness among the farm workers (e.g. the majority responses in questions 5.5.1 and 5.5.3. This aspect (of the oral transmission of HIV) would also have to be incorporated in the education programmes by professional HIV trainers.

5.8 VOLUNTARY COUNSELLING AND TESTING

5.8.1 Have you been tested for HIV and AIDS?

Figure 5.29: Respondent's HIV/AIDS testing record

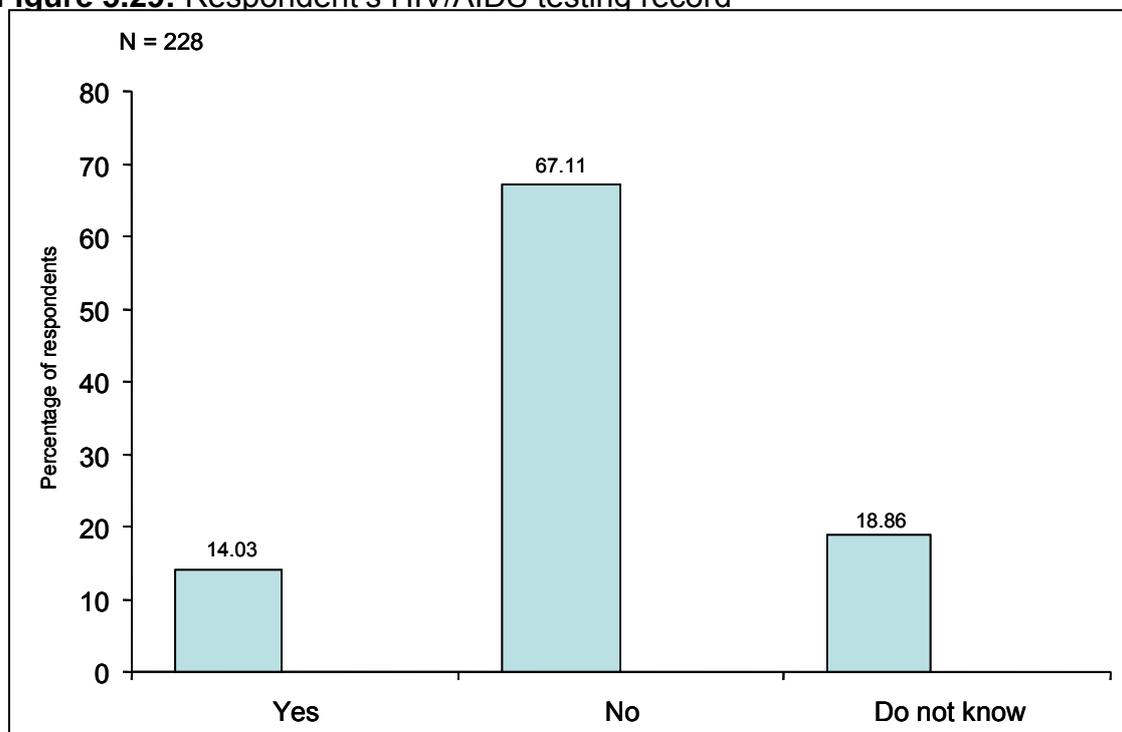


Table 5.29: Respondents' HIV/AIDS testing record

Response	Number of respondents	% of respondents
Yes	32	14.03%
No	153	67.11%
Do not know	43	18.86%
Total	228	100%

The majority (67.12% of the respondents) acknowledged that they have not undertaken an HIV test. This was a very serious cause for concern as it illustrates a lacklustre attitude towards preventive behaviour. The SAFM personnel and community members needed to be motivated to do so voluntarily. The prevalence of a 14.03% minority who undertook VCT implies that there is still hope for the inculcation of VCT among farm workers and the community in general.

5.8.2 If Yes above, were you pre-counselled prior to the HIV/AIDS test?

Figure 5.30: Respondents' HIV pre-counselling awareness

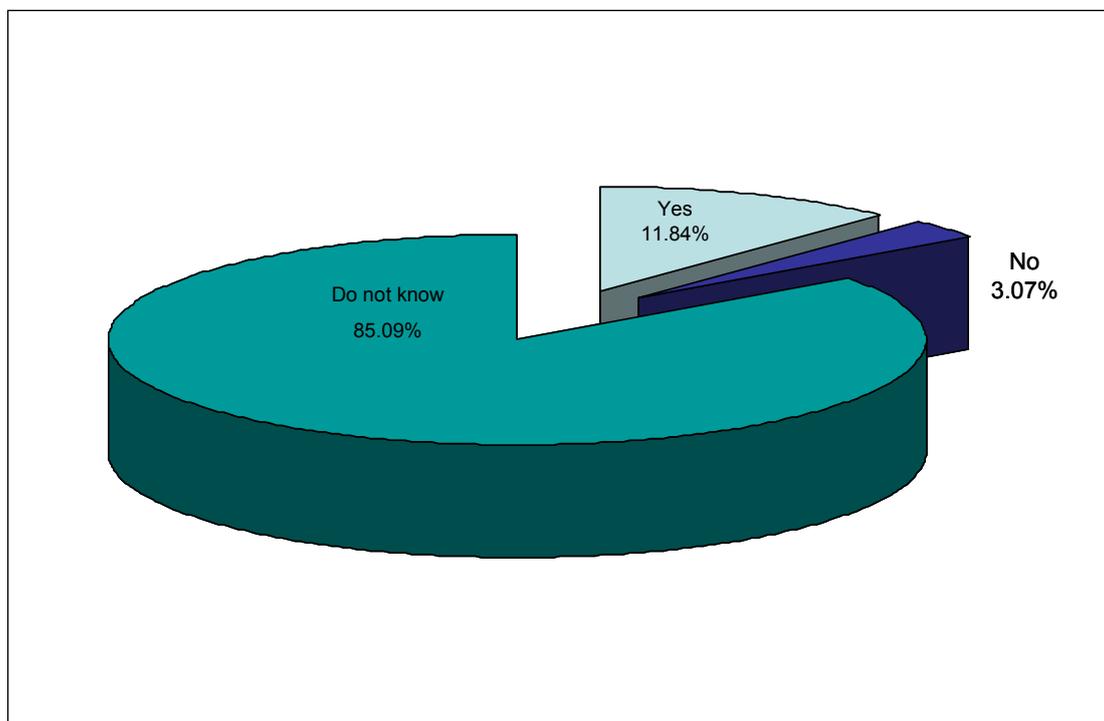


Table 5.30: Respondents' HIV pre-counselling awareness

Response	Number of respondents	% of respondents
Yes	27	11.84%
No	7	3.07%
Do not know	194	85.09%
Total	228	100%

The overwhelming majority of 85, 09% respondents did not know about pre-counselling services, which is a serious indictment on the part of both the district and provincial health authorities. The latter had a role to play insofar as facilitating these types of services to the farming communities is concerned. The farming communities have the right to receive primary health care, which includes the provision of pre-counselling services as an aspect of the management of HIV and AIDS. Excuses that the Vhembe and Mopani areas are inaccessible due to the poorly developed road infrastructure cannot be allowed to prevail much longer. The provision of (pre) counselling services has the desirable effect of promoting VCT.

5.8.3 If the results of an HIV test are positive, would you accept them?

Figure 5.31: Respondents' capacity to accept HIV-positive test results

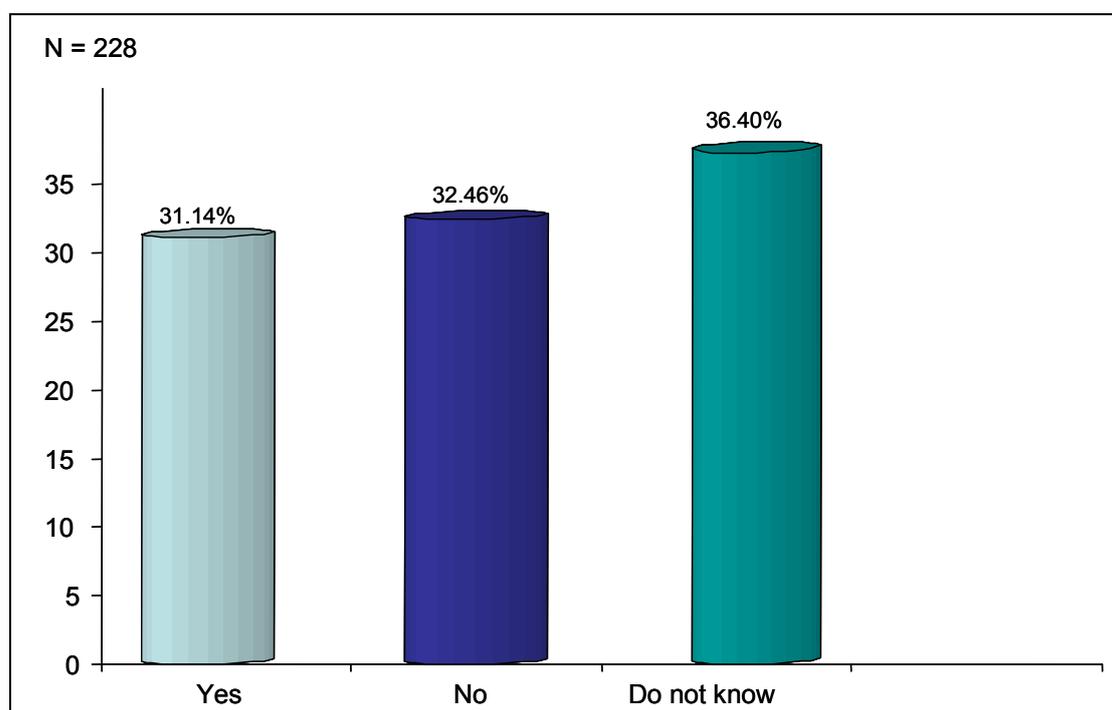


Table 5.31: Respondents' capacity to accept HIV-positive test results

Response	Number of respondents	% of respondents
Yes	71	31.14%
No	74	32.46%
Do not know	73	36.40%
Total	228	100%

The very close margins of the respondent category that was “decided” shows an acute need for the farming community to receive proper counselling before the HIV results are made known to them. This would help inculcate the necessary psychological support for both the tested persons and their families. Multi-disciplinary teams of health practitioners consisting of nurses, psychologist, social workers, spiritual healers, and others, have to take an active role with regard to advising and counselling clients before and after the HIV test. The HIV positive clients need continuous monitoring in order to improve their coping mechanisms.

5.8.4 Would you undergo post-counselling after HIV-positive test results?

Figure 5.32: Respondents' preparedness for post-counselling after HIV-positive test results

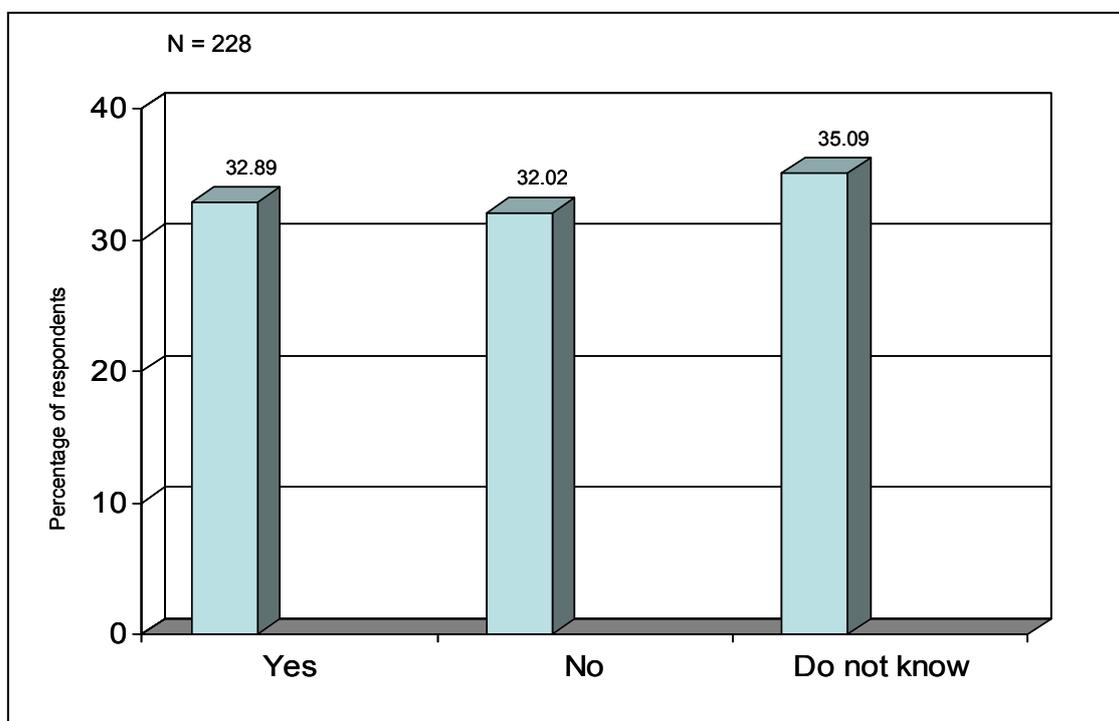


Table 5.32: Respondents' preparedness for post-counselling after HIV-positive test results

Response	Number of respondents	% of respondents
Yes	75	32.89%
No	73	32.01%
Do not know	80	35.09%
Total	228	100%

A majority of 35.09% respondents indicated they were unsure/do not know whether or not they would accept post-counselling. Arising from this response, the most plausible realisation and observation in this particular instance is that trained professionals are needed to counsel the farming community members. This would ease the tension among the farming community who chose to be tested for HIV. For the development of a protracted HIV/AIDS policy for the farm workers, the implication here is that, apart from HIV education and training, (pre- and post-HIV) counselling should constitute a vital aspect of educating the farm workers. As a critical component of the *psychological* aspect of treatment, counselling would also

help in addressing problems of culturally-enforced myths, and promote disclosure of status without feeling inferior or ensconced in denial mode.

5.9 RESPONDENTS' VIEWS ON POSSIBLE TREATMENT OPTIONS

5.9.1 A high-protein dietary regime helps to prolong the lives of HIV/AIDS patients

Figure 5.33: High protein diet's capacity to prolong the lives of HIV/AIDS patients

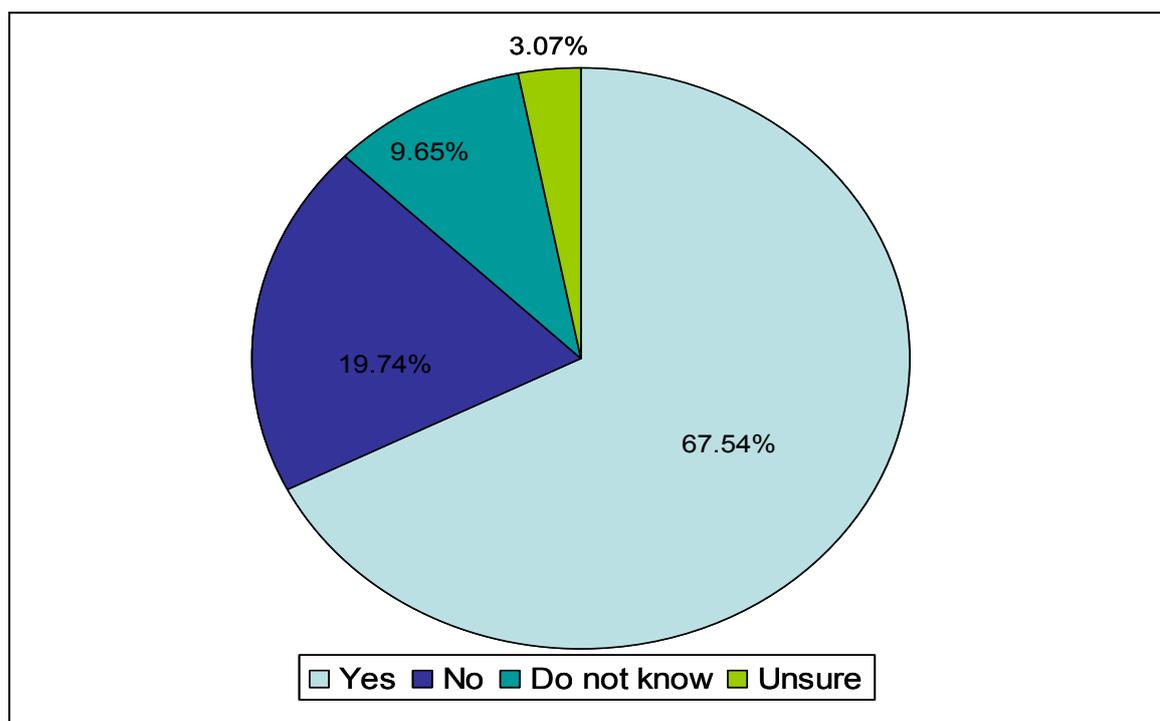


Table 5.33: High protein diet's capacity to prolong the lives of HIV/AIDS patients

Response	Number of respondents	% of respondents
Yes	154	67.54%
No	45	19.74%
Do not know	22	9.65%
Unsure	7	3.07%
Total	228	100%

Most respondents (67.54%) affirm that high-protein diet is essential for prolonging the lives of HIV/AIDS sufferers, especially when supplemented by ARV treatment. High protein diet provides strength to HIV and AIDS persons. As an agricultural sector, SAFM and farm owners are challenged to donate some of high-protein

produce to support HIV/AIDS patients. Such donation would help in raising their social responsibility profile.

5.9.2 Do ARVs cure HIV/AIDS?

Figure 5.34: ARVs as cure for HIV/AIDS

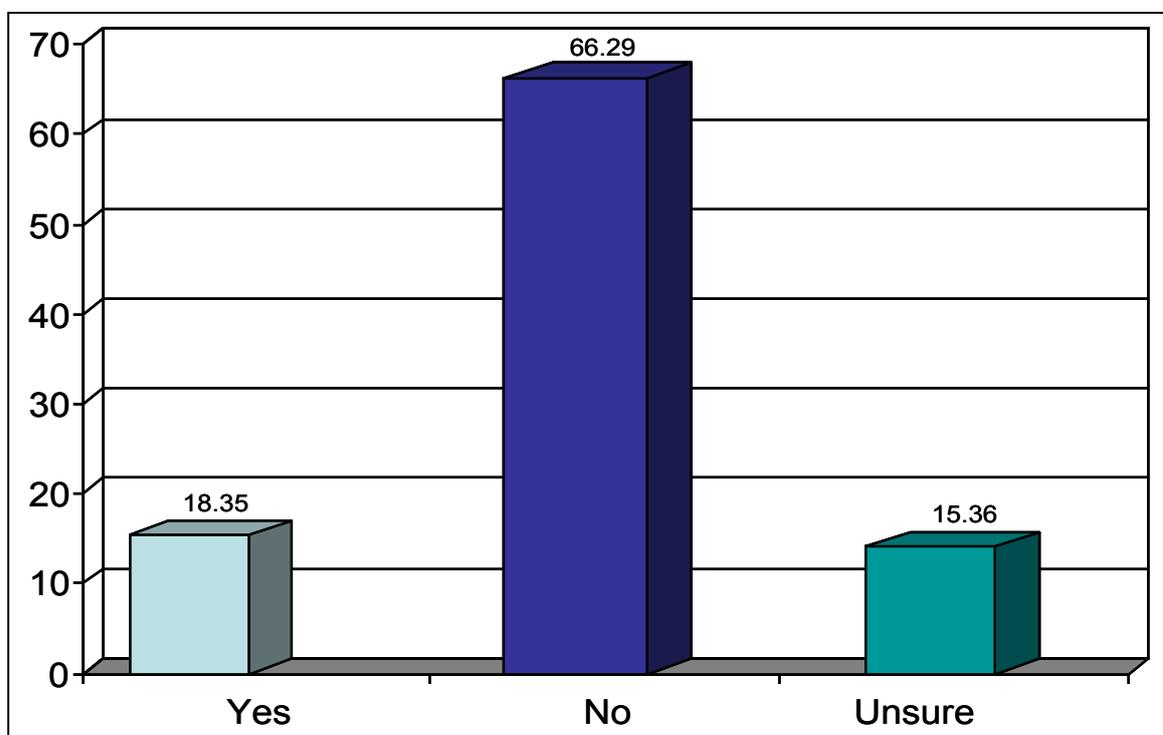


Table 5.34: ARVs as treatment for HIV/AIDS

Response	Number of respondents	% of respondents
Yes	35	18.35%
No	151	66.29%
Unsure	32	15.36%
Total	228	100%

The majority of respondents (66, 23%) indicated that they did not believe ARVs is effective treatment. The response could imply that they either believe that there are *other* means by which the disease could be treated; or it could even mean that as a result of lack of basic HIV aetiological knowledge, they were unaware of the disease’s current status as medically manageable. One of the implications arising from the majority’s negation of ARVs as a treatment is that in health-educating the farm workers, a clear distinction has to be inculcated between “management” and

“treatment”. Such a distinction will also help to separate proven facts from the fallacy of myth, misconceptions and rumour about what *is*; and what is *not* in the realm of HIV/AIDS management and care.

5.9.3 Is there an ARV programme for farm employees?

Figure 5.35: Current ARV programme for farming employees

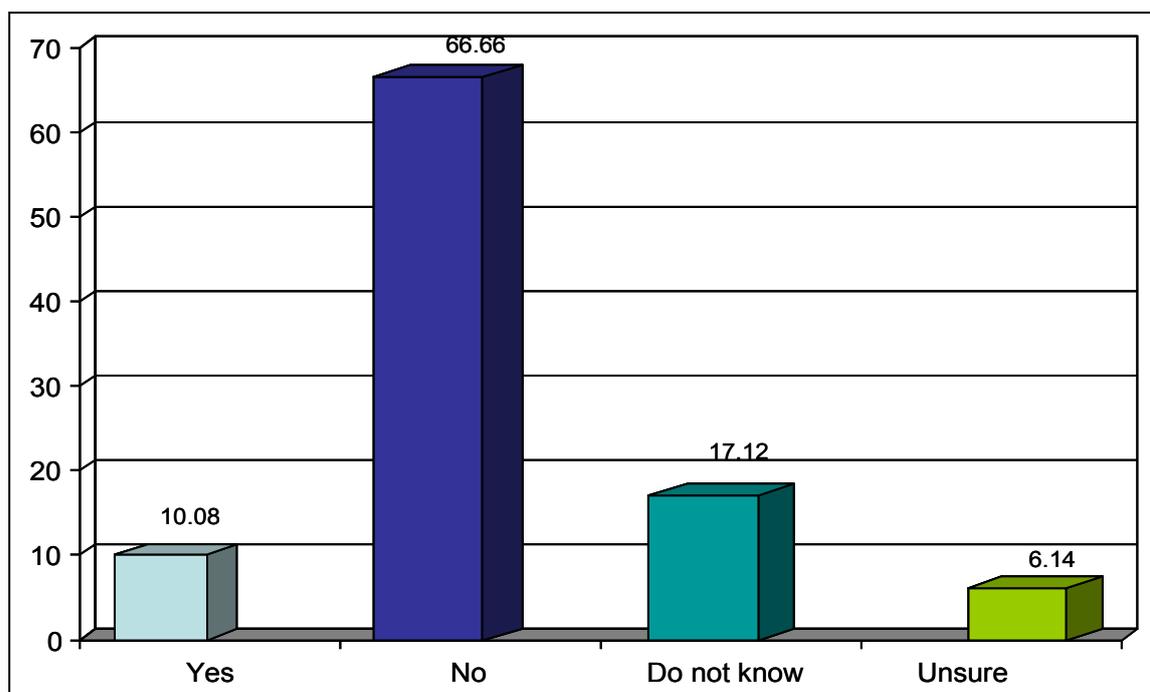


Table 5.35: Current ARV programme for farming employees

Response	Number of respondents	% of respondents
Yes	23	10.08%
No	152	66.66%
Do not know	39	17.12%
Unsure	14	6.14%
Total	228	100%

The majority of respondents (66.66%) indicated that there was no ARV programme on the SAFM farms. The absence of an ARV treatment programme on the SAFM farms could account for the view expressed in question 5.9.2 above (an expression of the apocryphal efficacy of ARV-based treatment). It is a challenge for the local and provincial health authorities in particular, to disprove such mentalities by actually providing ARV treatment to the poor communities. The cost structure of ARVs is not

easily manageable to individuals and communities that are still besieged by poverty, illiteracy and lack of sufficient information on HIV and AIDS. However, it is the fiduciary function of the state to ensure that HIV/AIDS decimation is contained. For public healthcare institutions and facilities in particular, the state might collaborate through partnerships in escalating treatment options. To that effect, mutually beneficial agreements and arrangements between the state, pharmaceutical companies, communities among others should be developed and implemented.

5.9.4 In your view, which of the following is/are (un)likely to cure HIV/ AIDS?

Figure 5.36: Perceptions on various healing practitioners' ability to treat HIV/AIDS

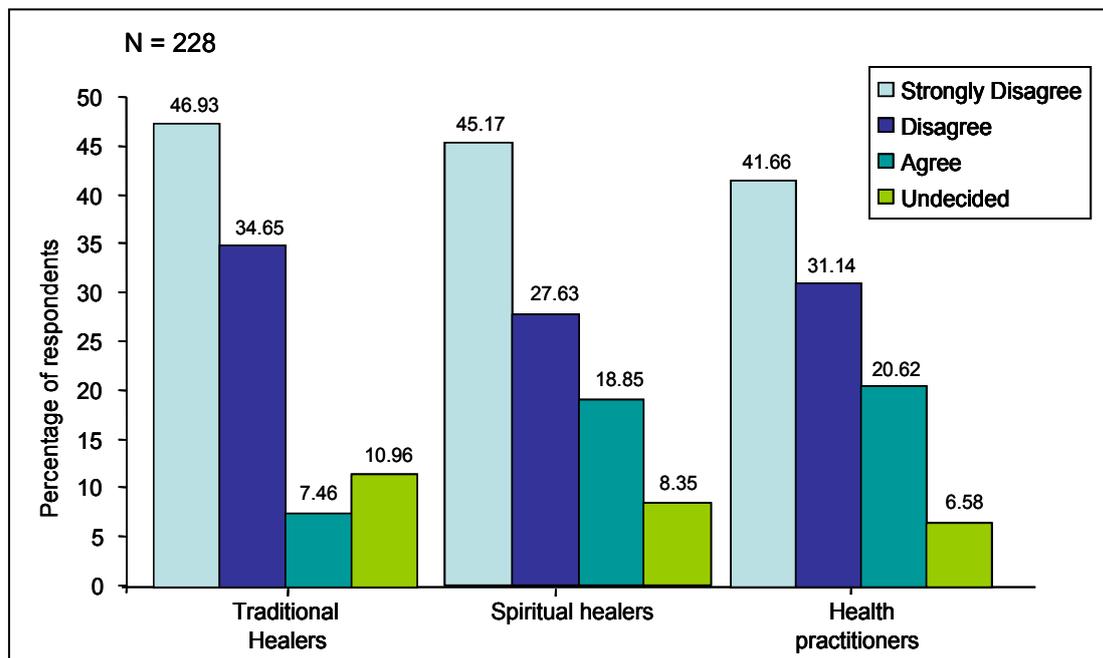


Table 5.36: Respondents’ perceptions of various healing practitioners’ ability to treat HIV/AIDS

Category	Response	Number of respondents	Percentage of respondents
Traditional healers	Most unlikely	107	46.93%
	Unlikely	79	34.65%
	Likely	17	7.46%
	Unsure	26	10.96%
	Total	228	100%
Spiritual/faith healers	Most unlikely	103	45.17%
	Unlikely	63	27.63%
	Likely	43	18.85%
	Unsure	19	8.35
	Total	228	100%
Medical practitioners	Most unlikely	95	41.66%
	Unlikely	71	31.14%
	Likely	47	20.62
	Unsure	15	6.58%
	Total	228	100%

5.9.4.1 Traditional healers’ ability to treat HIV and AIDS

A majority of the respondents (46.93%) strongly disagreed that traditional healers could effectively treat HIV and AIDS, and only a minority of 7.46% believed in the traditional healers’ efficacy to effectively treat HIV and AIDS; while 10.96% were unsure (unsure). Despite the majority’s scepticism on traditional healers’ ability to manage HIV/AIDS effectively, it is common knowledge that both urban and rural Africans may consult with a traditional healer.

5.9.4.2 Spiritual/faith healers’ ability to treat HIV and AIDS

A majority of 45.17% of the respondents strongly disagree that spiritual healers could manage HIV and AIDS and 27.63% disagreed; while 18.85% agreed and 8.35% were unsure. It appears that of “disagreeable” views regarding the traditional and spiritual healers’ ability to heal HIV and AIDS seems marginal. On a comparative basis, the implication might be that the respondents are inclined to utilize health

practitioners. Respondents marginally agree to this (20.61%), when compared to the degree of agreeability between traditional and spiritual healers – at 7.46% and 18.85% respectively. For policy making purposes, an effective HIV/AIDS programme for the designated farming communities would have to promote medically-compliant treatment options, while encouraging those communities to destigmatize HIV/AIDS.

5.9.4.3 Health practitioners’ ability to treat HIV and AIDS

A total of 72.80% (41.66% strongly disagree, and 31.14% disagree) shows a general trend of variable degrees of *disagreeability*. Also, it illustrates that only 20.62% agreed with the statement that health practitioners could manage HIV and AIDS; while 6.58% were unsure. Based on the generally low “Agree” responses for *all* the healing categories, there seems to be some preference of the healing category as indicated here.

5.10 POSSIBLE TRADITION-BASED APPROACHES TO HIV TREATMENT

5.10.1 Are there cultural factors which are in conflict with the medical means of HIV/AIDS treatment and prevention on the farms?

Figure 5.37: Cultural barriers in the management of HIV/AIDS in the farms.

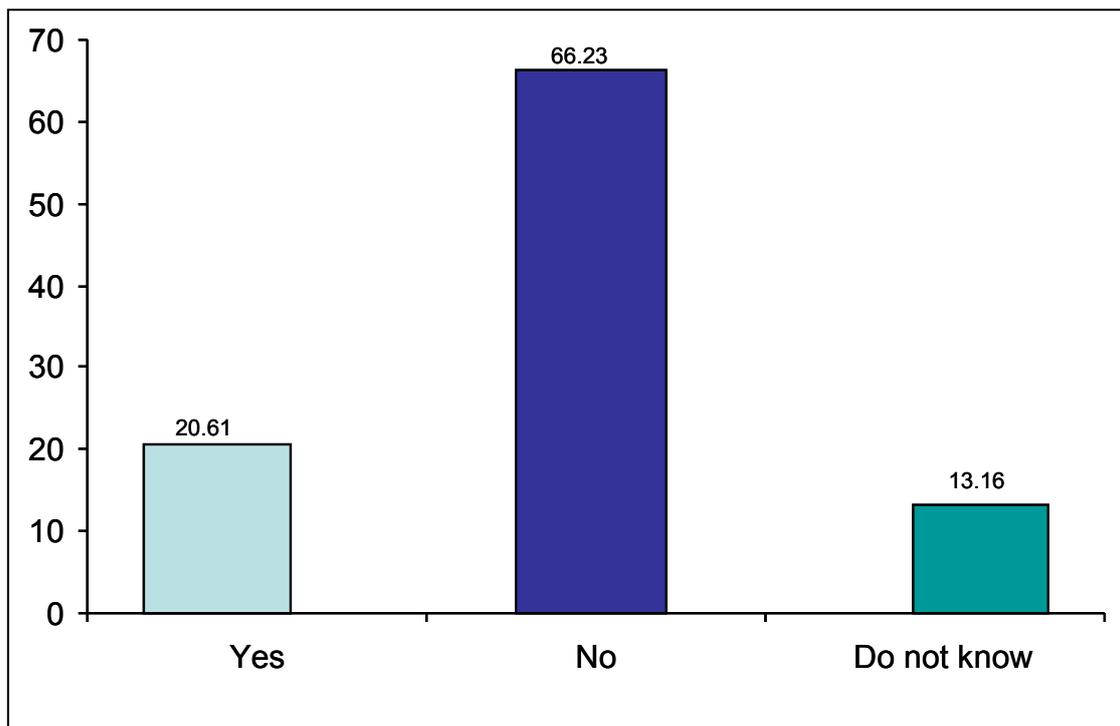


Table 5.37: Cultural barriers in the management of HIV/AIDS on the farms

Response	Number of respondents	% of respondents
Yes	47	20.61%
No	151	66.23%
Do not know	30	13.16%
Total	228	100%

The “no” response came from the majority of the respondents at (66.23%) as shown in Table 5.37. The major issue of concern here is: Could there be some culturally-steeped barriers that we might not know or they might not be aware of? Nonetheless, if the interpretation is placed on their affirming no to any known barriers.

5.10.2 Traditional medicines should be investigated as potential and alternative HIV/AIDS treatment options

Figure 5.38: Traditional medicines as potential HIV/AIDS treatment option

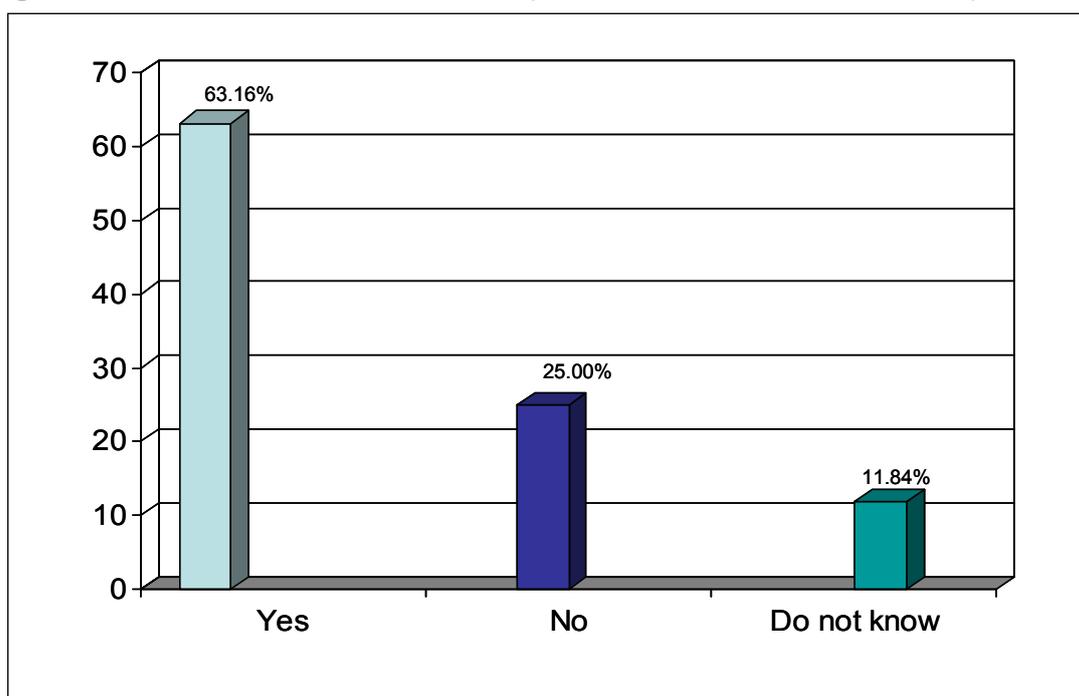


Table 5.38: Traditional medicines as potential HIV/AIDS treatment option

Response	Number of respondents	% of respondents
Yes	144	63.16%
No	57	25.00%
Do not know	27	11.84%
Total	228	100%

That a majority of 63.16% study participants has affirmed the statement, confirms their belief that traditional medicines might have the potential to help manage HIV/AIDS. The low response (25%) indicates their minimal faith in that regard. It has been suggested (in page 147) that insofar as the most preferred treatment option is concerned, there seems to be a dualistic/'schizophrenic' mode displayed by the study participants. Based on this observed duality (insofar as HIV/AIDS treatment is concerned) a combination of the bi-cultural intervention has to be tested in developing a sustainable solution to the HIV and AIDS pandemic.

5.10.3 Traditional healer's ability to manage HIV/AIDS-infected persons

Figure 5.39: Traditional healer's ability to manage HIV and AIDS

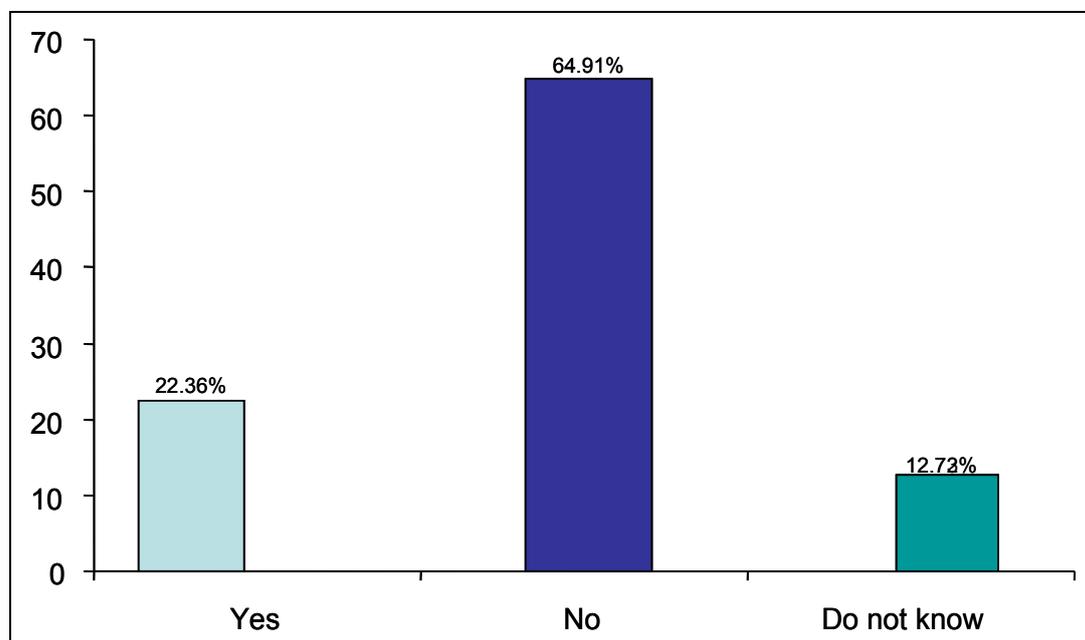


Table 5.39: Traditional medicine’s capacity for treating HIV and AIDS

Response	Number of respondents	% of respondents
Yes	51	22.36%
No	148	64.91%
Do not know	29	12.73%
Total	228	100%

The majority of respondents (64.91%) did not believe in traditional medicine’s efficacy in treating HIV and AIDS. It has emerged that among the farm workers, there is some subtle nuances regarding “treatment” and “cure”. Properly trained health practitioners and HIV trainers might have to infuse the concept in their education and training programmes.

5.10.4 Do traditional foodstuffs play a vital role in treating and managing HIV/AIDS?

Figure 5.40: Role of traditional foodstuffs in treating and managing HIV/AIDS

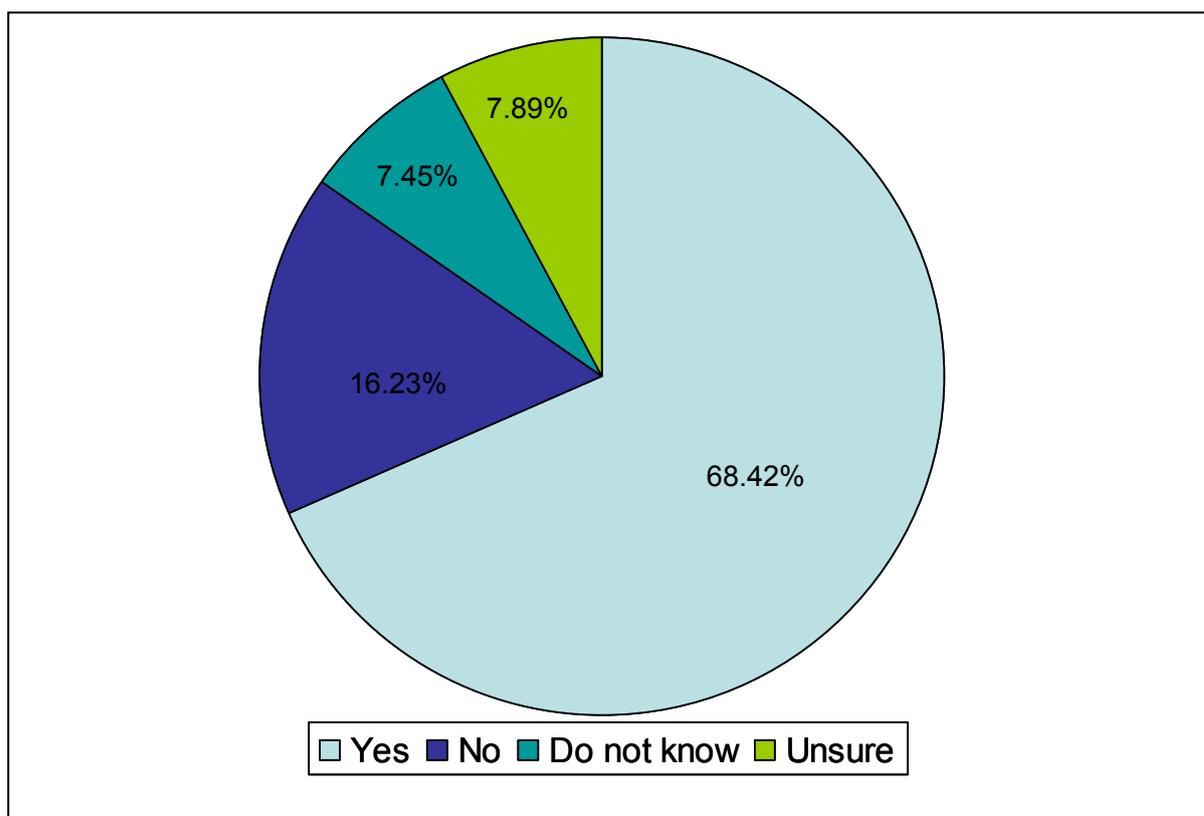


Table 5.40: Role of traditional foodstuffs in treating and managing HIV/AIDS

Response	Number of respondents	% of respondents
Yes	156	68.42%
No	37	16.24%
Do not know	17	7.45%
Unsure	18	7.89%
Total	228	100%

It is possible that the rural environment and its concomitant tradition-rootedness have had an effect in the 68.42% majority's response affirming that traditional foods have a meaningful role to play in the treatment and management of HIV/AIDS. As inexpensive and locally produced by almost everybody for their own families' consumption, traditional high-protein is found in mopani worms. Vegetables are rich in a variety of vitamins, which boost the immune system among HIV and AIDS patients. The range of traditional food is available among others, as rural communities, albeit a few may not face restrictions of land like their urban counterparts. The SAFM and other farm owners should allow their employees to get the traditional vegetables in their farms. A case in point, those farmers with mopani trees should allow their employees to take mopani worms.

5.10.5 Do any cultural beliefs play a role in promoting unsafe sex on the farms?

Figure 5.41: Unsafe sex in the realm of cultural beliefs

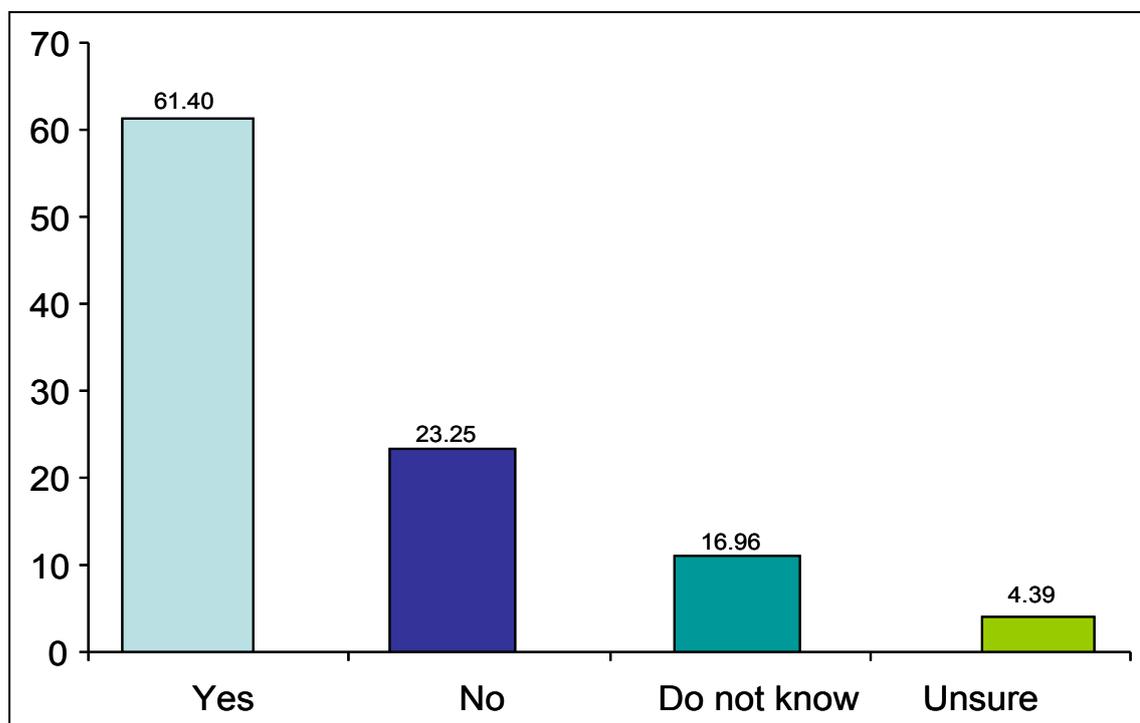


Table 5.41: Unsafe sex in the realm of cultural beliefs

Response	Number of respondents	% of respondents
Yes	140	61.40%
No	53	23.25%
Do not know	25	10.96%
Unsure	10	4.39%
Total	228	100%

The majority of 61.40% of the study participants agreed that some aspects of culture, if not properly instituted, could become an ‘outlet’ for the further spread of HIV and AIDS. There would be a high incidence of HIV infection if such practices were not assessed. For instance, if a man is in a polygamous relationship and also practices spousal infidelity and unsafe sex, such a person is likely to become a conduit for the transmission of this deadly disease. However, the lack of unanimity (100%) in this regard (demonstrated by the prevalence of the “No” (23.25%), “Do not know” (10.96%), and the “Unsure” (4.39%) categories suggests that (some) cultural

aspects of farming community life are considered as integral components of ‘a way of life’. It would therefore be advisable for a successful and comprehensive HIV/AIDS policy for the farm workers to include input by the relevant traditional authorities.

5.10.6 There are polygamous relationships in the farming community

Figure 5.42: Polygamous relationships on the farms

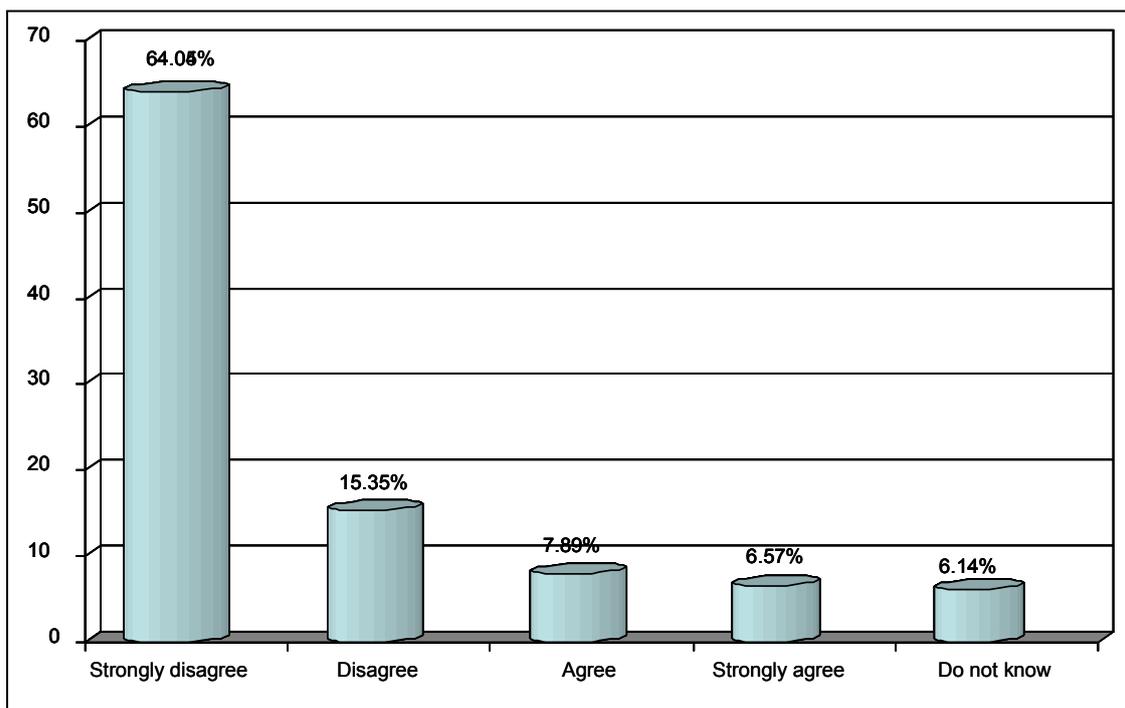


Table 5.42: Polygamous relationships on the farms

Number of partners	Number of respondents	% of respondents
Strongly disagree	146	64.05%
Disagree	35	15.35%
Agree	18	7.89%
Strongly agree	14	6.57%
Do not know	15	6.14%
Total	228	100%

The 64.4% majority response implies that polygamous relationships are not a common feature within the farming community – which attests to the 66.23% majority response in question 5.10.1 affirming cultural barriers (such as polygamy) in the management of HIV/AIDS on the farms.

5.11 HIV/AIDS FROM RESPONDENTS' RELIGIOUS PERSPECTIVES

5.11.1 Are you a member of any organised faith-based community/religion?

Figure 5.43: Respondents' religious affiliation

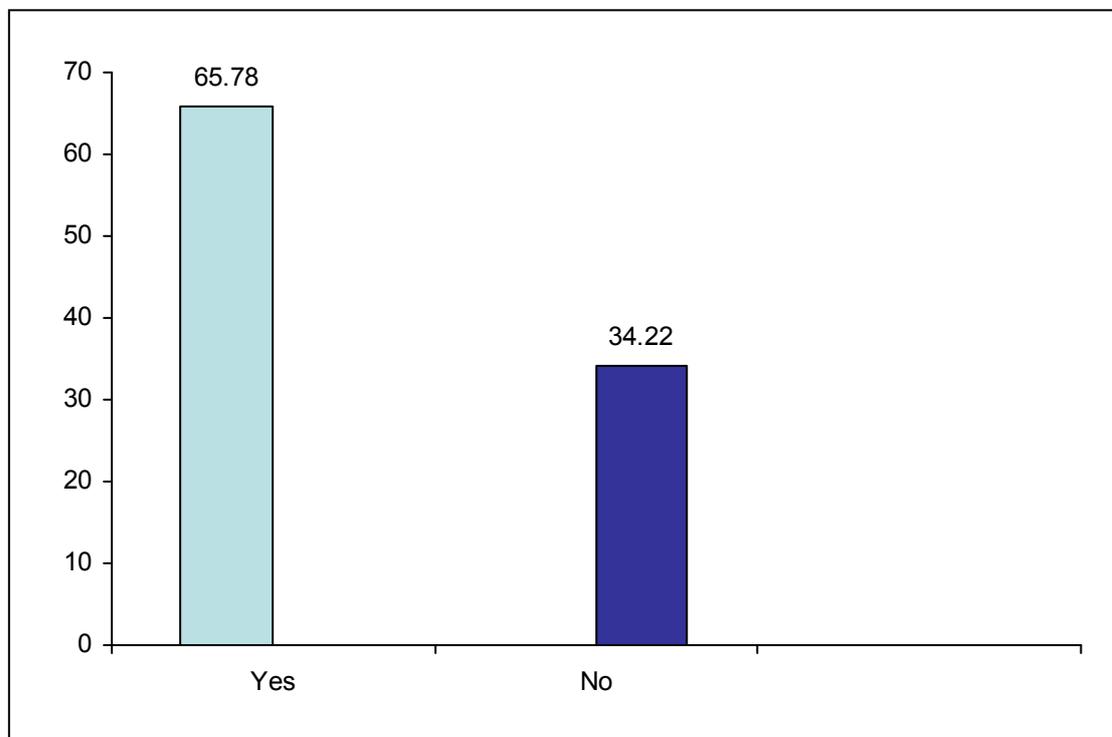


Table 5.43: Respondents' religious affiliation

Response	Number of respondents	% of respondents
Yes	150	65.78%
No	53	34.22%
Total	228	100%

A total of 65.7% respondents belonged to some form of religion, which indicates that spirituality and morality do constitute significant aspects of their world view and understanding of worldly problems – such as the calamity of HIV and AIDS; which might be viewed by some as an act of punishment for sinful conduct.

5.11.2 Does religion have any impact on HIV/AIDS-infected persons?

Figure 5.44: Impact of religion on HIV-infected persons

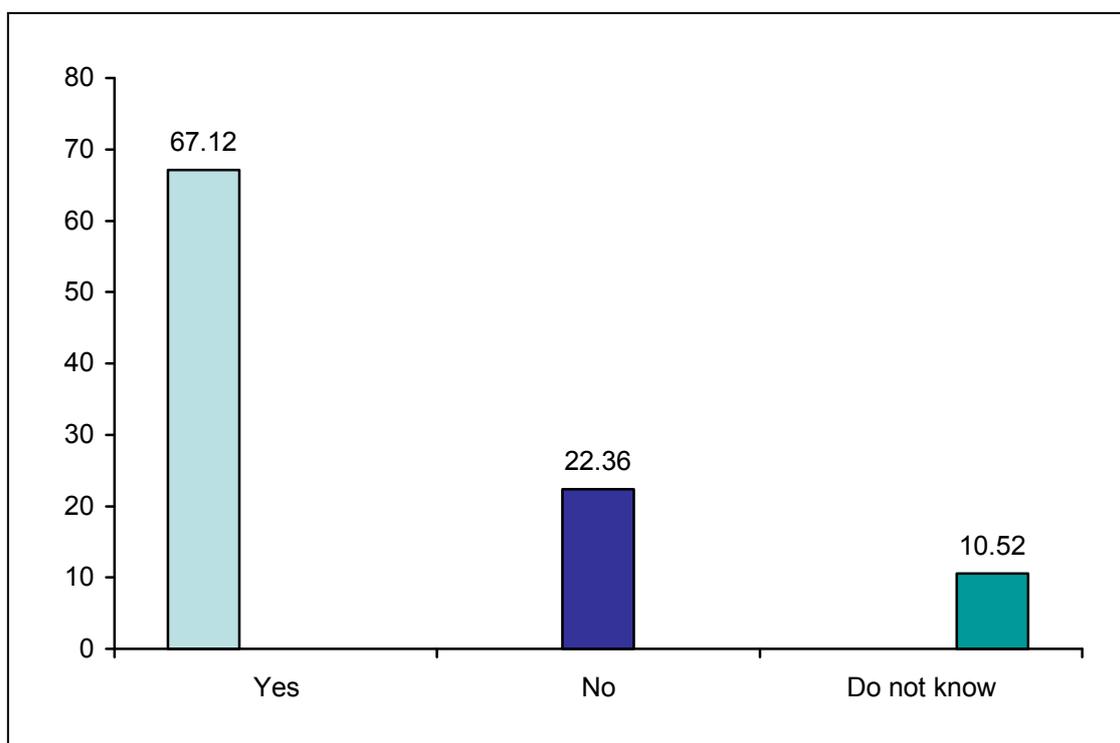


Table 5.44: Impact of religion on HIV-infected

Response	Number of respondents	% of respondents
Yes	153	67.12%
No	51	22.36%
Do not know	24	10.52%
Total	228	100%

In tandem with the majority's response of 65.78% in Table 5.43 above, the 67.12% majority response in this case (in support of religion as a source of inspiration and hope for HIV-infected persons) also corroborates their view of spirituality as providing answers to all problems. In the light of the current paucity of scientific research to provide permanent solutions (cure) for HIV, answers are then viewed as being provided in the spiritual realm of faith. Depending on the degree of a convert's faith, religion is then viewed as the realm of healing the soul and the body *via* the forgiveness of having committed "sin" through indulgence in "immoral" sexual intercourse. Nonetheless, the farm communities have to be urged (e.g. by social workers and other health workers) to actively and continuously complement their

religious beliefs with known medical interventions, such as the intake of prescribed HIV medication. The following narrative statements by the farm workers indicate that there is belief in the efficacy of religion in bringing hope to HIV-infected persons.

In Sepedi:

- *“Re ka bo fetša ka go rapela”* – We can conquer [HIV] by praying.
- *“Ba Krete ba ka thusa ka baka la gore moKreste o swanetše ke molekani o tee le thobanano ka morago ga lenyalo”* – Christianity could help because a Christian must have one partner.
- *“Ee di ka thuša ka gore ge e le gore re sware thapelo Modimo o tla ba le rena a re kwela bohloko”* – Prayer can help us because through prayer God will forgive us.

In Tshi-Vhenda:

- *“Nga u funza vhathu uri vhatuwele u ita zwa vhudzekani vhu songo tsireledzeaho nauri muthu u fanela u vha na musadzi muthihi”* – By teaching people to abstain from unprotected sex and that a person must have one wife.

Anglicised statements (derived from their original Sepedi and Tshi-Vhenda sources :

- “It will help the congregation not to sleep around with girlfriends, and encourage people to love the affected one. It must guide towards proper ways of praying for help from God”.
- “I think religion can play a role in the management of HIV and AIDS because if you are healed or born again you cannot have sex with everybody, you can have sex with your wife or husband only. I think religion can play a big role in managing HIV and AIDS in this way”.
- “By preaching about HIV/AIDS during church sermons, and giving us some pamphlets concerning HIV and AIDS. Inform people to abstain from sexual intercourse prior to marriage”.
- “Religion can play a role by supporting people with HIV and AIDS. HIV-infected members should be accorded the same respect and dignity as those who are not infected. This would prevent discrimination of people with HIV by

those who are believed to be negative. The farming community would benefit from these kinds of church services”.

- “My religion plays an important role by telling people to abstain or use condoms. Those who are affected should be encouraged to take their treatment as required”.
- “The most important approach to HIV prevention is for partners to be faithful to each other and to have protected sex. Churches should encourage HIV sufferers to declare their status and not suffer in silence. They have to work with the rest of the community structures to implement effective HIV and AIDS management And finally, in my opinion, I think The Almighty God can solve this problem of HIV and AIDS”.

It seems that a number of religious denominations lack a formal HIV-related programme in their churches. There is a belief that HIV/AIDS is the consequence and punishment for immoral and sinful behaviour. This approach is problematic, as it might have the opposite effect of driving sufferers in particular, away from the church. Members would still continue to die while belonging to churches that demonise HIV and AIDS. Following are some of the religion-steeped responses by respondents:

5.12 EFFICACY AND IMPLICATIONS OF COLLECTED DATA ON THE STUDY

As presented in Chapter 1, the Background of the study outlines the context of “the hidden cohort” aspect of the study. The notions of “cohort” and “the hidden cohort” *per se* are explicated respectively in pages x-xi and xii of this study. The purpose of linking the Background of the study to the collected data’s efficacy and implications is meant primarily to locate the findings of the study to the quantitative (questionnaire-based) and qualitative (interview-based) methods employed to collect the data (Morse & Richards, 2002: 167-168). In that regard (of this linkage), the notion of “the hidden cohort” is the perennial common denominator in this regard.

In the course of the investigation, cognisance was taken of the indispensable need for validity, reliability, credibility, and transferability of the findings accruing from available data; so as to confirm the trustworthiness of the research findings (Talbot, 1995: 198). Given the range of milieus characterising both the research environment

(e.g. infrastructural and logistical challenges) and the research participants (e.g. socio-economic and healthcare disadvantages), the study on HIV/AIDS among “the hidden cohort” of the designated farming communities needed to be conducted in a predominantly semi-structured way, in order to obtain views relevant to the topic from a broadly representative stakeholder constituency. Among other characteristic factors influencing the semi-structuredness of the investigation was the inclusion criteria of the study participants, which had to ‘navigate’ issues of concern such as respondents’ nationality (South Africans and migrant non-South Africans on the farms). By utilising the services of SAFM personnel (who knew *all* their employees well), the researcher was able to be acquainted with the cultural implications of various questionnaire items. In quantitative data analytic mode, a statistical interpretation of responses was developed; while the qualitative data analytic mode was facilitated by descriptive means (Henning, 2005: 38; Flick, 2007: x-xi). The efficacy and implications of the collected data was ‘measured’ essentially on the basis of the validity, reliability, and transferability of the findings/results.

5.12.1 Validity

The validity of the study is determined by the extent to which it accurately achieves what it had originally intended to achieve (Morse & Gibbs, 2002: 167-168; Gibbs, 2007: 93-94). Generalisability of the study’s findings is also a factor (determinant) of the validity of the findings. In a thematically- focused sense, the study’s purpose contextualises the extent of HIV/AIDS management in the designated farming communities. According to the Ministry of Health, HIV/AIDS among the designated communities is *not* only health care factor; it is also human a rights issue. In line with constitutional provisions, the human rights perspective also observes the extent to which farm workers are accorded their full labour rights as free citizens and the basic health care in a democracy (RSA Constitution, 1996). The validity of the study then, is to be determined by the extent to which it accurately *blended* healthcare and other socio-economic dynamics as component factors of the investigation on “the hidden cohort” of the farms in the Vhembe and Mopani districts.

To the extent of actualising ‘the blending effect’, the validity of the study’s findings was aligned to the facilitation of *content* validity (investigating a core area of

knowledge). Content validity was concerned with the sampling adequacy of the content area being measured. As an instrument based on judgement, it was relevant to individuals designing a test to measure knowledge in a specific content area. It was statistically more significant and focuses on a representative selection of participants. Other than the management sector of the designated farms, rank-and-file employees also participated in the investigation. The purpose of such a broadened inclusion criteria was to provide “a higher degree of balance and representativeness” (Talbot, 1995: 281). Additionally, content validity “... rested upon the careful consideration and specification of the behaviour or attributes that the researcher was interested in an evaluation of the ways in which the trail might be measured” (Talbot, 1995: 281).

Due to the complexity of the field of HIV and AIDS in the context of the human rights culture, the pilot study was instituted in order to determine the efficacy of a content area. Consequently, the pilot study had an influence on the validity and reliability of the study’s findings by enhancing the refining of questions prior to the questionnaire’s full implementation (Sarantakos, 2000:167). The HIV/AIDS and human rights affinity meant that the content area could not be located within a single field of knowledge (Delpont, 2002: 166). To that extent, the healthcare component was premised on the levels of HIV/AIDS awareness by farm workers in particular (as derived from both their narrative and written responses). On the other hand, the core of the human rights perspective was premised largely on the oral presentations by both the SAFM representative and the Tshakuma Clinic healthcare worker regarding healthcare policy/programme for the designated farms. The SAFM representative conceded that there was no HIV/AIDS policy for their farm employees which is an affront to the applicable labour and healthcare regulations. On the contrary, the Tshakuma Clinic healthcare worker indicated the challenges that had to be overcome at district level prior to the successful implementation of national and provincial HIV/AIDS stipulations concerning farm workers. The analysis and efficacy of the study’s findings are therefore valid, based on the following factors:

- HIV/AIDS prevalence on the farms was integrated by the researcher into the human rights argument;

- The absence of a comprehensive HIV/AIDS policy was viewed by all stakeholders in the designated research areas as an impediment to the fight against the disease;
- Inadequate service delivery threatened to further submerge “the hidden cohort” into an invisible socio-economic category.

5.12.1.1 Internal consistency

An instrument becomes internally consistent or homogenous insofar as there is an element of the same variables being measured. The internal consistency approach to estimating an instrument’s reliability is regarded as the most widely used method among researchers today (Polit & Hungler, 1983: 389). In this specific instance, the refined pilot questions were not divergent from the initial purposes of the questionnaire. In that manner, the final version of the questions was not totally different from the original version. As was the case in the application of content validity, the main purpose for the facilitation of internal consistency was to ensure that the extent of HIV/AIDS awareness (understanding) by farm workers was elicited throughout the administration of both the semi-structured focus group interviews and questionnaires.

5.12.2 Reliability/Dependability

Reliability refers to the consistency or repeatability of the research findings, usually expressed in terms of a numerical index (Polit & Hungler, 1983: 385; Morse & Richards, 2002:168). It means the degree of consistency or accuracy with which an instrument measures. It also means the research instrument(s) can be repeated elsewhere under the same circumstances as those that prevailed at the original research sites (Morse & Richards, 2002:168; Gibbs, 2007: 100). Furthermore, the reliability of the research instrument relates to the degree of consistency or accuracy with which an instrument (such as the questionnaire) measures the respective variables relating to the research topic.

The historical context of farm work in South Africa has some common antecedents that define this form of work that tend to compound the HIV/AIDS problem.

The fact that:

- Farm work was the primordial mode of socio-economic activity of black South Africans, that was conformed to a form of subjugation;
- Farm workers produced significant agriculture-based economic sustenance, but are themselves not a significant socio-economic category;
- The post-1994 democratic dispensation is yet to make significant gains in the total emancipation of farm workers from general socio-economic depravity;
- The labour union movement seems the most viable institution for the improvement of the farm workers' rights to health to date.

In the light of the above three factors (which are meant to highlight the broader condition and genesis of “the hidden cohort” throughout the country, the research instruments and methods of data collection used in this study have ensured that this kind of study could be undertaken anywhere in the country; the most important factor being that the inclusion criteria applied for Vhembe and Mopani districts be applied also at any research site. While purposive sampling and the inclusion criteria are valuable factors in determining the generalizability or transferability of the study's findings, Gibbs (2007: 100) cautions against using “untypical” contexts; that is, situations that are outside the scope of the study focus. The contention of this study's transferability is therefore premised on the following factors:

- The levels of healthcare service delivery in rural areas does not correspond to HIV/AIDS prevalence rates in those areas;
- The slow post-1994 land redistribution process has not effectively contributed to the elimination of the master-servant relationship characterising the ownership of land on which all South African farms are established;
- Farm work, grouped as services rendered by domestic workers, has yet to be recognised as an important economic activity. Consequently, pecuniary benefits should be aligned to normal inflation-related levels.

The purposive sampling of the farm workers in the Mopani and Vhembe districts has both application and implication to the Limpopo province and South Africa. The crucial factor of consistency and dependability in this instance would gravitate on:

- The lives, experiences, and attitudes of farm workers as contributing to their understanding of basic HIV and AIDS issues. The feasibility and transferability of the findings and results of “A Hidden Cohort: HIV and AIDS Amongst the Farming Community” to other similar environments seem to rest on this factor. That is, the common denominators of ‘lived experiences’ as determinants of HIV and AIDS understanding within rural communities anchored in agricultural and farming practices;
- The availability or non-availability of an HIV/IDS policy for the farm workers. In instances where such a policy does exist, does it incorporate both the labour and human rights dynamics?

5.13 SUMMARY

The collection, presentation, and analysis of data was a continuous and interconnected process. It is for this reason that the pilot phase of the study facilitated the refinement of questions according to their significance and relevance to the research topic. Their contribution to the better understanding of the various phenomena under investigation is given prominence. In the process of analysing both the statistically- and narratively-derived data, the complementarity of qualitative and quantitative approaches was beneficial. It is on the basis of this complementarity that the efficacy of the research instrumentation and findings were achieved. The collection, presentation, and analysis of data would have been an inadequate activity if their implications and efficacy on the study as a whole were not established. The three factors upon which efficacy/implications was established, invariably became a quality assurance framework within which the socio-economic worthiness of the investigation is located.

CHAPTER 6

EVALUATION AND MONITORING, LIMITATIONS OF THE STUDY, RECOMMENDATIONS, AND CONCLUSION

6.1 INTRODUCTION

This chapter provides concluding remarks and recommendation on the research project on “A Hidden Cohort: HIV and AIDS Amongst the Farming Community”. The presentation will include recommendation for the development of HIV and AIDS policy, education and training strategies to reinforce existing structures, preventive and promotive measures for the control of the spread of HIV and AIDS within the farming community as well as comprehensive management of HIV and AIDS programmes include some of the urgent measures to be put in place.

First, the investigation tabulated the objectives of this investigation influenced the formulation of the following research questions:

- What are the farm workers’ views and experiences regarding the prevalence of HIV and AIDS on the farms?
- Do local/district healthcare authorities significantly contribute towards the development, implementation, and monitoring of HIV and AIDS awareness and education programmes for farm workers?
- What measures are employed by SAFM to educate its employees and thwart the spread of HIV and AIDS in the Vhembe and Mopani farms?

Subsequently, the objectives of this research project focused on the need:

- To determine the farm workers’ basic understanding and awareness of HIV and AIDS as a disease that threatens their own survival;
- To investigate the extent of primary healthcare provision (service delivery) by local healthcare authorities in both the Vhembe and Mopani farming communities;

- To assess the capacity of SAFM to develop and implement work-based HIV and AIDS policy and act as a change agent in addressing the concern that this population has been overlooked or inaccessible.

To address the problem we also have to review the third chapter, Polit & Hungler (1995: 433) highlight similarities between conceptual and theoretical framework. This view provided an HIV and AIDS frame of reference. The frame served as premise to:

- define related concepts;
- guide the research designs;
- determine interpretations; AND TO
- address potential generalizations.

Figure 3.1 in Chapter 3 demonstrates a link between perception and HIV and AIDS. The link was also highlighted between the workplace (South African Farm Management Environment) and HIV and AIDS. Issues pertaining to HIV and AIDS included confidentiality, privacy, discipline, fidelity, separation, ignorance, religion, illiteracy and the presence of risk factors like alcohol, dagga smoking, drugs and unsafe sex practices. These were some of the emerging themes, that have a bearing on the farming community as the individual frame of reference; South African Farm Management as an environment, HIV and AIDS as a health problem; and Limpopo Health Service delivery for the farming community.

A case in point, most respondents (67.54%) affirm that high-protein diet is conducive to prolonging the lives of AIDS sufferers, especially when supplemented by ARV treatment. High protein diet provides strength to HIV and AIDS persons. As an agricultural sector, SAFM and farm owners are challenged to donate some of high-protein produce to support HIV and AIDS patients. Such donation would help in raising their social responsibility profile. After the execution of the research project, the analysis yielded the outcomes that were discussed to draw some conclusions. The themes that emerged from these conclusions were illustrated in conjunction with the following main sections.

6.2 DEMOGRAPHIC INFORMATION

6.2.1 Marital status

About 53.07% were married couples compared to 27.63% who were single and 6.58% were divorced while 12.72% were widowed.

▪ Effect of marital status on HIV/AIDS

If the farm workers were to be protected from the scourge of HIV and AIDS, a programme should be designed to address the specific management of HIV and AIDS in the farming context, determine whether fidelity is guaranteed in marriage and address the need for gender equality and loyalty.

6.2.1.1 Recommendations

Influence of marital status in relation to HIV and AIDS should focus on the following strategies:

- Education and training on HIV and AIDS must be provided to the farming community where women and men deal decisively with fidelity concerns.
- The promotion of abstinence and review on the issues including marital rape fidelity.
- An enabling environment for those who were willing to declare their status should be created, so that they could serve as agents of change in the fight against HIV and AIDS in the farming community.
- Programmes that promote safe sex should be strengthened in the farming environment.
- More emphasis should be placed on targeted messages in terms of age, gender and marital status.
- Voluntary testing should be encouraged in order to manage this pandemic effectively.

6.2.2 Family type

Fifty percent (50.00%) belong to nuclear family while 37.28% fall under extended family and 12.72% fall on other category not mentioned. There is likelihood that those farming personnel infected and affected by HIV and AIDS might receive more support from the extended family type of situation should the concept of the caring grandmother be institutionalized.

- **The farm worker and the effects of HIV and AIDS in relation to family type**
The farm worker has to be protected as a vulnerable category due to the prevailing HIV and AIDS in the farms. A strategy might also necessitate a concerted and specific partnership in HIV and AIDS management programme. Such a programme start is also an observation with debriefing sessions for all the parties involved.

6.2.2.1 Recommendations

The farm workers would need services directed at alleviating the problems that indirectly exacerbate their vulnerability to HIV/AIDS:

- The partnerships for farming community should improve the working together between the family structures to eventually promote the support of people infected and affected by HIV and AIDS in the immediate vicinity.
- HIV-infected and affected persons should be supported by all in order to prevent additional stress and unnecessary physical exertion which might compound poor quality of life.
- When the families face the challenge of HIV and AIDS, they must avoid discriminating against one of their own, family members infected or affected with HIV and AIDS need each other to deal with this challenge.
- They must seek professional help from health professional dealing with HIV and AIDS in the rural or farming clinics.
- It is the responsibility for South African Farm Management and farm owners to take part in resolving problems of HIV and AIDS affecting their farming personnel hence the need for a programme.

6.2.3 Number of children

About 62.28% have one to three children and 25.88% have got more than four children, whereas 11.84% had none. This finding warrants that further research be conducted to determine the need for a programme related to child-headed household.

- **Risk of HIV and AIDS linked to dependents**
If the farm workers were to be protected from further HIV transmission, a programme designed to specific comprehensive management of the children of the affected is quite urgent: schools, protection, and welfare issues.

6.2.3.1 Recommendations

A comprehensive farming management and care strategy should focus on:

PREVENTIVE STRATEGIES

- Education and training regarding the dynamics of HIV and AIDS should be provided to these farming communities in order to reduce the rate of new HIV infections.
- South African Farm Management and farm owners have to co-ordinate with service providers and subsidize accordingly.
- The use condoms is another source of prevention of HIV.

6.2.4 Any knowledge of an HIV-positive member in the nucleus family

63.15% indicated that they have no one close to them who was HIV positive, and 16.23% agreed with the statement, whereas 20.62% were not aware. This implies that the farming community seems to be an isolated area where there is no general community involvement with HIV and AIDS issues.

6.2.4.1 Recommendations

A comprehensive farming management and care strategy should focus on the existing infrastructure:

- The need for active awareness campaigns on HIV and AIDS through videos, printed media, television and role-plays is essential. The South African Farm Management and farm owners have to provide this type of resources so that their employees will be able to watch videos on HIV and AIDS during their off-duty time.

6.2.5 Any knowledge of an HIV-positive relative

About 79.82% had no HIV-positive person in their family, and 11.84% had someone who was; whereas 8.33% were not aware. Seventy-nine percent is quite high, however, disclosure is currently not a common phenomenon.

6.2.5.1 Recommendations

PARTNERSHIPS AND NETWORKS

- Church leaders should be encouraged to support families with HIV positive persons. Church leaders were regarded as people who can bring the message of hope from God that can heal the spirit of an HIV positive person.
- Collaboration of all stake holders with South African Farm Management and farm owners in the support of HIV positive persons in the farming community would be essential.
- Farming personnel and families had to be trained on coping mechanisms on how to deal with the HIV positive person due to historic neglect and the apparent high rates of illiteracy.

6.2.6 Any knowledge of an HIV-positive community member

About 78.07% indicated that they did not know anybody who was HIV positive, and 13.16% did; while 8.77% were not aware.

- **Knowledge of any HIV positive person**
If the farming community were to be protected from possible HIV transmission, the comprehensive knowledge of HIV and management care would be essential.

6.2.6.1 Recommendations

A comprehensive farming management and care strategy should focus on:

- The farming community needs to be trained by an expert with regard to the issue of HIV.
- They have to be encouraged to go for voluntary testing so that the HIV issue could be explored to them.
- They must be encouraged to accept HIV-positive persons they knew. This is done to prevent psychological stress to the HIV positive persons.

6.2.7 Any knowledge of an HIV-related death in the farming community

Only 18.86% the statement and 72.37% did not agree whereas 8.77% did not know. Those respondents who knew people who have died due to HIV and AIDS, have their own interpretation about this disease. These are some of the narrative statements namely:

- *“Huna vhathu vhanzhi vho lovhaho nga HIV and AIDS. Vhathu vha hone vha tshi lovha vha humela vhutukuni. Zwi pfisa vhutungu. Vha do wana muthu a tshi renwa ngo thoho na u tshuluwa lu sa fheli”* – There were many people who died due to HIV and AIDS. When they die they behave like small children. It is painful. Those people you will find them having headaches and continuous diarrhoea.
- *“O vha o onda na hone o bva zwilonda muvhili wothe”* – They suffer from loss of weight and have sores all over the body
- *“A ri munhu wo lala swinene”* – They sleep a lot.
- *“They are thin, having sores all over the body and coughing”.*

The narrative statement cited above is indicative of basic knowledge among some farm workers.

Therefore, for the farming community to be protected, all existing knowledge gaps need to be addressed, they deserve to be empowered with additional knowledge regarding HIV and AIDS.

6.2.7.1 Recommendations

- Adult Basic Education and Training (ABET) has to be organized by the Human Resources and Public Relations Officer of the South African Farm Management within.
- Department of Education to be drawn in order to give these employees free training. The Department of Education and South African Farm Management must share the budget for the training of these employees.
- After they have received this basic training, the HIV and AIDS education could commence. This has to be done by an expert in HIV and AIDS.

6.3 HIV/AIDS AWARENESS IN THE FARMING COMMUNITY

6.3.1 HIV/AIDS transmission through unprotected sex

If the farming community failed to utilize condoms during sexual intercourse, therefore this may lead to new HIV infection.

6.3.1.1 Recommendation 1

Management of HIV and AIDS should be addressed. Local clinic and resources should make sure there was enough condom distribution for the farming community.

- South African Farm Management nurses should organize enough condoms and distribute them to their respective farms at Levubu and Tzaneen.
- Condom dispensers should always be filled with condoms by the Occupational Safety representatives.
- South African Farm Management nurses should provide adequate training regarding the use of both male and female condoms.
- Condoms should be used once and discarded to prevent cross infections.

Currently there is anecdotal data that still has to be confirmed regarding the condom re-use.

6.3.2 Belief in treatability of HIV/AIDS

About 57.46% indicated that HIV and AIDS could not be treated whereas 21.49% agreed with the statement and 21.05% were unsure about the treatment of HIV and AIDS. The following narrative statements of respondents indicate they do not agree that HIV and AIDS can be treated:

- “*Ga bo alafege ba okobala*”. – It is not curable, but the treatment makes people feel better.
- “There is no cure or treatment”.
- “There is no treatment, but there are medications that are taken by HIV positive people in order for them to live a longer life”.
- “No, there is no treatment for AIDS. The only thing is to take care of you and accept the way you are, but have ARV’s which help people with HIV and AIDS but not cure HIV and AIDS”.

The above narrative statements indicate that there is no cure but ARV’s only prolong life. The following narrative statements deal with the total management of HIV and AIDS.

6.3.3 HIV/AIDS as serious threat in the farming community

About 75.88% agreed that HIV and AIDS affect the farming community, 10.09% strongly disagree, 10.96% disagree and 3.07% were unsure.

- **Effect of the HIV/AIDS threat on farm workers**
Most farm workers seem unaware that infection may recur. If the farm workers are to be protected from further infection, a comprehensive programme designed to address their specific HIV and AIDS prevention, care and management in a the farming context was necessary.

6.3.3.1 Recommendation 1

Farming context on HIV and AIDS prevention, care and management strategy should focus on:

- Information on HIV and AIDS through booklets, charts, pamphlets and by printed or audio visual media contextualized for the agricultural sector:
- Education regarding HIV and AIDS on:
 - * Agricultural setting has common accidental injuries - basic knowledge on possible injuries is crucial.
 - * Management of HIV and AIDS through adequate nutrition given the abundance of nutritious products; diet might improve quality of life.
- Use of Clinics - The distance between Levubu clinic and the relevant farms is about 20-25 kilometres. Tshakhuma Clinic was very far at about 45 kilometres. A mobile health service under the control of South African Farm Management should operate from that farmhouse. These clinics should have personnel.

6.3.3.2 Recommendation 2

Partnership is needed with the entire agricultural sector. This could help in establishing a farm clinic that also dispenses condoms. Establishment of an Occupational Health Programme should be the focus of such a partnership. Staff establishment on health matters should also focus on the following:

- Liaise with the district health services at Vhembe and Mopani district in order to establish condom dispenser at the various farms.
- Liaise with Department of Labour in order to provide effective Occupational Health Programmes for farm workers and activate HIV and AIDS policy.
- An Occupational Health Nurse must train safety representatives with regard to the management care of HIV and AIDS in the farming community and the farm owners must give permission for that training.

6.3.3.3 Recommendation 3

An occupational health programme should be developed for the particular needs of the farm workers, focusing especially on:

- prevention of HIV and AIDS
- promotion of health which include good life styles and eating a well balanced diet which boosts the immune system of an HIV and AIDS patient.
- HIV and AIDS awareness should be done during all relevant occupational health medical examinations.

6.3.4 Extent of farm managers' interest in HIV and AIDS

The farm managers' interest on HIV and AIDS will promote effective management care and support.

6.3.4.1 Recommendation

If the farm managers play a positive role in the management of HIV and AIDS, benefits of good management strategy will be acquired. The strategy should focus on:

- Educating the farm managers regarding the use of their influence in the management of HIV and AIDS in their workplaces.
- Avoid discrimination against farm employees who are either HIV positive or have AIDS.
- They must encourage their members to attend all training for HIV and AIDS.
- They must provide videos on HIV and AIDS for their personnel.
- They must involve other stakeholders in the fight against HIV and AIDS.

6.3.5 Availability/Non-availability of an HIV/AIDS policy on the farms

A total of 87.72% indicated there was no policy regarding HIV and AIDS. This was confirmed during unstructured interview, focus group and participant observation.

- **Effect of the existence of an HIV/AIDS policy on the farms**

The existence of the policy will guide compliance and possibly reduce new transmission. If the farm worker has to have proper prevention and limit further infection therefore HIV and AIDS policy can serve as a tool for management of HIV and AIDS.

6.3.5.1 Recommendations

The policy may include the following in order to manage HIV and AIDS in the work place:

- Promotion of healthy life styles on the farms is necessary
- The policy may include:

6.3.6 Farm workers and treatment of HIV and AIDS

If the farm workers had to be protected from further HIV transmission, the misconceptions for example regarding the treatment of HIV and AIDS need to be addressed.

6.3.6.1 Recommendations

In relation to the farm worker context, a comprehensive HIV and AIDS prevention, management and care strategy should focus on:

- Education and training programmes at the farming community on HIV and AIDS prevention should focus on the fact that there is no cure for HIV and AIDS through targeted messages and using various channels of communication.
- Farming community to be encouraged on good sexual behaviour such as faithfulness, the use of condoms or abstaining as the best weapons against the scourge of HIV and AIDS.

- South African Farm Management and farm owners to consult the health experts who would come and empower their farming personnel regarding the comprehensive management of HIV and AIDS.

6.4 VARIOUS HEALING OPTIONS OF HIV/AIDS

6.4.1 Traditional healers

About 46.93% strongly disagree, 34.65% disagree and 7.46% agree; while 10,96% were unsure whether traditional healers could treat HIV and AIDS.

6.4.1.1 Traditional healers and HIV and AIDS treatment

If the farm workers had to be protected from further HIV transmission, the myth that traditional healers could cure HIV and AIDS had to be addressed.

6.4.1.2 Recommendations

The farm worker context on HIV and AIDS treatment strategy should focus on:

- Traditional medicines have to be tested scientifically in order to determine their efficacy in managing HIV and AIDS. Perhaps we could find the solution of this problem for HIV and AIDS.
- The traditional healers have to be encouraged to disclose their medicinal approaches, and their intellectual property rights should be protected. There is a need for cooperation between the two cultures, in order to resolve this challenge of HIV and AIDS affecting our country and the farming community in particular.

6.4.2 Spiritual healers

About 45.17% of the respondents strongly disagreed, 27.63% disagreed, and 18.85% agreed; while 8.35% were unsure about the spiritual healers' ability to treat HIV and AIDS.

6.4.2.1 Spiritual healers and HIV and AIDS treatment

If the farm workers have to be protected from possible emotional distress related to HIV and AIDS, comprehensive approach in management care had to be taken into consideration.

6.4.2.2 Recommendation

Regarding the spiritual healer's intervention, further research is required to determine the existence of any relationship between emotional distress and this kind of intervention.

6.4.3 Health practitioners

Fourty one comma sixty six percent (41.66%) of the respondents strongly disagree, 31.14% disagree, 20.62% agreed and 6.58% were unsure about whether the health practitioners could manage HIV and AIDS effectively. The health practitioners seem to be the largest group managing HIV and AIDS patients in the entire society.

6.4.3.1 Health practitioners and treatment of HIV and AIDS

If the farming community were to be protected from further HIV infection therefore, HIV and AIDS prevention, management care and comprehensive approach would be necessary.

6.4.3.2 Recommendation

Farming context with comprehensive management strategy should focus on:

- No one has treatment to cure HIV and AIDS but they can manage HIV and AIDS with ARV's, which need special care from health practitioners when being administered.

6.5 SHARING OF FACILITIES WITH HIV POSITIVE PERSONS

Sixty seven comma eleven percent (67.11%) agreed to eat or sit next to someone suspected to be HIV positive, or had AIDS.

6.5.1 Farm workers and HIV and AIDS issues

If the farm worker has HIV infection or AIDS, potential discrimination has to be prevented.

6.5.1.1 Recommendation 1

Farming personnel's contact and discrimination in relation to HIV and AIDS has to be addressed:

- SAFM and Farm owners to treat all farming employees equally.
- South African Farm Management, other farm owners and colleagues have to be told that discriminating against someone due to HIV and AIDS is unconstitutional. Law prohibits it. The employers have to make sure that they implement the policy that protects all workers regardless of their circumstances.

6.5.1.2 Recommendation 2

Among other suggestions its necessary for:

- Establishing a clear system of all NGOs dealing with HIV and AIDS at the Vhembe and Mopani districts.
- These NGOs should liaise by South African Farm Management and Farm Owners to address their employees about HIV and AIDS.
- The NGOs with less expertise regarding HIV and AIDS have to first receive training from the experts on HIV and AIDS before they could conduct any training in the farming community on their own.

6.6 HIV TRAINING

Seventy five comma eighty eight percent (75.88%) indicated that they have never received training about HIV and AIDS.

6.6.1 Farming community and HIV and AIDS training

If the farming community has to be protected from new HIV infection, comprehensive training on HIV and AIDS has to be done.

6.6.1.1 Recommendations

The farming context of HIV and AIDS prevention and promotion should focus on:

- Train-the- trainer courses on HIV and AIDS should target the management aspect thereof. In this case, farm supervisor and foreman. This training will include basic facts on HIV and AIDS, historical perspective of HIV and AIDS, different teaching techniques like role-play and demonstration. The researcher would prepare the manual and organize other facilitators to cater for this project. The South African Farm Management and farm owners have to cater for the budget for this training.
- Peer group training has to be done to the lower category of the farming personnel. The manual will be prepared as indicated in the above statements.
- Continuous in-service training on HIV and AIDS has to be done by the South African Farm Management nurses employed to render the services.
- Budget for training has to be set aside by South African Farm Management and Farm Owners.
- Training could help in the management of HIV and AIDS in the farming community.
- Training should be conducted in one of the following official languages namely Venda, Sepedi, Tsonga etc, with English being the main medium of instruction.

6.6.2 Policy and Training for HIV and AIDS

If the farm worker has to be protected from further infection and trauma due to HIV and AIDS, the HIV and AIDS policy itself should be aimed at addressing the effectiveness of training.

6.6.2.1 Recommendation 2

If the farming personnel have to succeed in the fight against HIV and AIDS then the training should focus on prevention, care and management.

6.7 FARM MANAGERS' ATTITUDES TOWARDS HIV/AIDS TRAINING

6.7.1 Recommendation

The farm employees needed some form of accessible VCT program with regard to HIV and AIDS in order to prevent further new infection. The strategy would also focus on the following:

- South African Farm Management and Farm Owners have to have schedule time once per week for HIV and AIDS testing besides training.
- The health component of South African Farm Management has the responsibility of providing this type of training to the farming employees.
- Policy on training for HIV and AIDS has to be followed by farm managers and supervisors so that this pandemic can be defeated.

6.8 NEED FOR A FULL-TIME HIV AND AIDS TRAINER ON THE FARMS

Seventy one comma zero comma five percent (71.05%) of the respondents indicated that it is necessary to have a full-time trainer for HIV and AIDS on the farms.

6.8.1 Farming community and continuous training

If the farming community has to be protected from further infection of HIV and AIDS, the preventive and promotive strategies have to focus on:

6.8.1.1 Recommendations

- A built-in assessment and continuous monitoring of HIV and AIDS should be done in order to detect any problems and address them in advance.
- The researcher, Human Resources and Public Relations Officer and South African Farm Management nurses have to make sure that continuous training was taking place at Vhembe and Mopani district farming community respectively.
- The health officials from Vhembe and Mopani district have to be given permission by farm owners and South African Farm Management to come and give training on HIV and AIDS in their farms.

6.9 HIV TESTING STATUS

Sixty- seven comma eleven percent (67.11%) have never tested for HIV and 14,04% have tested for HIV.

6.9.1 Farm worker and HIV testing

If the farming community has to win the battle against HIV and AIDS pandemic HIV testing must receive the prominence it deserves.

6.9.1.1 Recommendation

The farming community and HIV testing could promote effective management of HIV and AIDS. The following strategies could be followed:

- The whole farming community falling under South African Farm Management and other farm owners need extensive pre-counselling before the HIV test.
- The researcher and other stakeholders would arrange for this event.
- South African Farm Management, donors and Farm Owners have to fund this project.

6.10 ACCEPT POSITIVE RESULTS FOR HIV TEST

Only 31.14% agreed that they would accept the HIV-positive test results.

6.10.1 Post counselling and HIV results

If the farm employees have to be protected from lack of proper HIV positive management, extensive post-counselling has to be done to help enhance good quality of life.

6.10.1.1 Recommendation

The farming personnel might not be adequately empowered if post counselling is not done before the announcement of the results.

The strategy should focus on:

- The preparation by the practitioner before the results are released.
- South African Farm Management, Farm Owners, Department of Health, Department of Agriculture and other donors to provide the necessary support for this project.
- South African Farm Management must not dismiss employees who are HIV positive, but find constructive measure to promote good quality of life and alternative non-exerting tasks.
- Encourage members to divulge their status when they are ready to do so.

6.11 EXCOMMUNICATION OF HIV POSITIVE PERSONS FROM THE FARMS

About 41,66% strongly disagree, 36,40% disagree, while 10,09% agreed and 11,84% were unsure of whether HIV and AIDS should be taken out from the farms.

6.11.1 Farm workers and unfair labour practice

If the HIV and AIDS-positive personnel has to be protected from possible discrimination or unfair labour practices, positive intervention is essential.

6.11.1.1 Recommendation:

HIV and AIDS-positive farm employees have to be protected from unfair labour practice from their employers by focusing on:

- Educating farm owners with regard to HIV and AIDS and they must not expel their employees due to HIV and AIDS status
- To take HIV and AIDS-positive person from the farm is prohibited by Employment Equity Act of 1998 as amended and Labour Relations Act
- The South African Farm Management and Farm Owners need to ensure that their employees are treated equally whether being HIV positive or not.

6.12 FARM MANAGERS' SUPPORT OF HIV/AIDS INFECTED EMPLOYEES AND THEIR AFFECTED FAMILIES

About 67.98% agreed to the statement and 18.86% said no, while 5.79% did not know whereas, 7.37% were unsure.

6.12.1 Farm workers with HIV and AIDS and support from the farm managers

It would be essential for farm managers to support HIV and AIDS-positive farm employees in order to provide comprehensive management care.

6.12.1.1 Recommendation

The HIV and AIDS-positive farm employee needs to be protected from infection, the vulnerable need support from farm managers. This support should focus on:

- Needs of family members of HIV and AIDS infected person so that the particular individual should be accepted at home as well.
- The South African Farm Management to organize debriefing in order to strengthen them.
- The South African Farm Management to provide support in terms of vegetables in order to boost their immune system.

- Farm managers should prevent discrimination on the basis of illness, in order to prevent possible psychological stress.

6.13 HIV-POSITIVE FARM EMPLOYEES' ON HIV ANTIRETROVIRAL TREATMENT

Only 15.39% agreed, 59.34% did not agree while 25.27% were unsure whether anti-retroviral therapy was effective.

6.13.1 Farm workers and ARVs

If the farm worker has to be prevented from further infection also the management of HIV and AIDS may consider ARVs.

6.13.1.1 Recommendation

ARV management should emphasise on:

- Making ARV programmes available for farming community seems crucial.
- South African Farm Management may have to inspect sites for ARVs which may be approved by the Department of Health for the employee convenience and care.
- South African Farm Management nurses to be trained on the ARV treatment and monitoring thereof.

6.14 ANTI-RETROVIRAL TREATMENT AS HIV AND AIDS CURE

At least 18.35% agreed the ARVs could cure HIV and AIDS, and 66.29% did not agree while 15.36% did not know.

6.14.1 Farm employees and cure for HIV and AIDS

If the farm workers were to be protected from secondary infections, a programme designed to address their specific HIV and AIDS management and care in the farming context is necessary.

6.14.1.1 Recommendation

Farming context HIV and AIDS management strategy should focus on:

- Information on how ARVs function in the body should be given. ARVs do not cure HIV, but it suppresses the virus and seems to prolong lives.
- Educate the farming personnel on the side effects of ARVs and they must report severe side effects to the doctor
- HIV-infected people need knowledge that taking ARVs is not the only solution. They should use all other measures at their disposal.

6.15 INVESTIGATION OF TRADITIONAL MEDICINES AS POTENTIAL HIV AND AIDS TREATMENT OPTION

63.16% agreed that investigated traditional medicines could provide a solution to HIV and AIDS, while 25.00% did not agree; and 18.84% did not know.

6.15.1 HIV and AIDS and traditional medicine

If HIV and AIDS have to be combated effectively, there would be a need to investigate the traditional herbs as a source for management and care for HIV and AIDS sufferers in the farming community.

6.15.1.1 Recommendations

- Effective collaboration between conventional and traditional practitioners is advisable. The two paradigms should complement each other. The western approach should not usurp traditional' intellectual property rights as indicated in the indigenous knowledge system strategy.

6.16 EFFECT OF HIGH-PROTEIN DIET ON HIV/AIDS-INFECTED PERSONS

Sixty seven comma fifty four percent (67.54%) agreed that high protein diet seem to prolong the life among HIV-infected person, and 19.74% did not agree; while 9.65%

did not know and 3.07% were unsure. Research need to be replicated to prove their effectiveness.

6.16.1 High-protein diet and HIV and AIDS for farmers

If the HIV-infected farm worker has to be protected from becoming weak, a high protein diet may be used in the management care.

6.16.1.1 Recommendation

HIV and AIDS person might need management care through high protein diet in order to boost their immune system by focusing on:

- Educating the HIV-infected farm workers to access food that is rich in high protein, in order to boost their immune systems.
- Advise them to eat mopani worms, which are rich in protein. The mopani worms should be crushed so that it must be soft for human consumption especially for a person with HIV and AIDS.
- Encourage them to eat variety of vegetables, which were rich in proteins and vitamins.
- South African Farm Management and Farm Owners may consider allowing a generous ration subsidized through the Department of Health, SDD or Agriculture their employees to eat oranges as much as they could during harvest time, e.g. oranges were rich in vitamin C.

6.17 TRADITIONAL FOODS PLAY A VITAL ROLE IN TREATING AND MANAGING HIV AND AIDS

A total of 68.42% agreed that traditional foods might play a vital role in managing HIV and AIDS, while 16.24% did not agree; and 7.45% did not know, whereas 7.89% were unsure.

6.17.1 Traditional foods and management of HIV and AIDS

If the farming community needs to be protected from further complications of HIV and AIDS, the tested and proven traditional foods may be encouraged. These nutritional supplements include those high in iron, carbohydrates among others.

6.17.1.1 Recommendations:

The complications of HIV and AIDS in the farming community need intervention by utilizing traditional food, which might be free, or less expensive. Such intervention should focus on:

- The Vhembe and Mopani district farming community have to be encouraged to utilize free or cheap traditional food in order to boost their immune systems.
- A research funding to explore nutrition has to be secured from various stakeholders including donors, Department of Agriculture, Department of Health, South African Farm Management and Farm Owners.

6.18 CULTURAL BARRIERS ON THE MANAGEMENT OF HIV AND AIDS ON THE FARMS

Sixty six comma twenty three percent (66.23%) did not believe that there were cultural barriers in the management of HIV and AIDS in the farms, while 20.61% agreed, and 13.16% did not know.

6.18.1.1 Recommendation:

In order for the farming community to succeed in the fight against HIV and AIDS, the following has to be taken into consideration by focusing on:

- Educating the farming community to disregard cultural influences that exacerbate vulnerability to HIV infection.
- Those who are in culturally induced polygamous relationships have to be encouraged to use condoms whenever they have sex with one of their wives/spouses.

- Research on cultural influence in the management of HIV and AIDS may also be conducted as a matter of urgency.

6.19 CULTURAL BELIEFS PLAY A ROLE IN PROMOTING UNSAFE SEX

About 61.40% agreed that cultural beliefs play a vital role in promoting unsafe sex.

6.19.1 Culture and unsafe sex

If the farm workers had to be protected from the further transmission of HIV infection, the management and care of their influence of culture have to be taken into consideration.

The farming personnel might be exposed to further transmission of HIV due negative influence of culture, therefore, prevention strategies

6.19.1.1 Recommendation: should focus on:

- Education and training of all farmers, workers, and community health practitioners with regard to the influence of culture in relation to HIV and AIDS.
- All stakeholders should perform condom distribution, namely: Farm Owners, Farm Managers, South African Farm Management Personnel, Supervisors and Foremen.

6.20 POLYGAMOUS RELATIONSHIPS AMONG THE FARMS FARM EMPLOYEES

The total of 64.05% of the respondents have one partner, 15.35% have two partners; while 7.89% have three partners and 6.14% have more than five partners

6.20.1 Polygamy and link on safe sexual practice

If the farming community has to be protected from this pandemic, cultural influences such as multiple sexual partners should be reviewed.

6.20.1.1 Recommendation:

The farming personnel like all other are just as susceptible to HIV and AIDS due to multiple partners promoted by culture; the management strategy should focus on:

- Education and training of farmers and farm workers regarding the dangers of HIV and AIDS.
- Members have to use condoms as major prevention techniques.
- In order to prevent this pandemic, those who are in monogamous relationships have to be encouraged not to have many partners

6.21 AVAILABILITY OF CONDOMS AT THE WORKING AREA

Seventy three comma twenty four percent (73.24%) responded that there was no condom distribution in the farming area compared to 15.35% who did agree.

6.21.1 Availability of condoms

If all farm employees are to be protected from HIV infection, the non- availability of condoms needs to be addressed.

6.21.1.1 Recommendation

If the farming personnel have to be protected from HIV infection, the management and care strategies should focus on:

- Condoms distribution to all farms falling under South African Farm Management and to farm owners.
- Educate farmers and farm workers to use those during sexual intercourse.
- Nursing personnel employed by South African Farm Management have to organize condoms with Department of Health at Vhembe and Mopani districts.

6.22 NEED FOR A DEMONSTRATION ON HOW TO USE BOTH MALE AND FEMALE CONDOMS DURING SEXUAL INTERCOURSE

Seventy two comma thirty six percent (72.36%) needed a demonstration on how to use both male and female condoms, while 15.36% did not need it; whereas 12.28% were unsure.

6.22.1 Use of condoms during sexual intercourse

The farming community might need to be protected from further HIV infection by providing a management and care strategy that can prevent the spread of HIV and AIDS.

6.22.1.1 Recommendation

If the farming personnel has problems on the use of condoms, special attention need to focus on:

- The trainer who needs to demonstrate the correct use of both condoms as a method of preventing HIV and AIDS need to be encouraged.
- This training should be conducted in any official language that the farmers and farming personnel could understand.

6.23 RISK OF UNPROTECTED SEX WITH HIV INFECTED PERSON

Sixty five comma ten percent (65.10%) indicated that it is not safe to have unprotected sex with an HIV- infected person and 18.85% said there was no problem.

6.23.1 Sex with infected HIV person

If the farming community have to be protected from further infections, the eradication of myths about AIDS must also be considered.

6.23.1.1 Recommendations

Farming individuals need to be protected from repeated infection of HIV infection by concentrating on:

- Charts displaying the mode of transmission of HIV should be placed at all places falling under South African Farm Management and other farm owners so that their employees could visualize the danger of this disease.

6.24 TRANSMISSION OF HIV BY KISSING

Thirty eight comma fifty five percent (38.55%) of the respondents believed that HIV can be transmitted by kissing, while 41.66% did not agree; and 11.84% did not know, whereas 7.95% were unsure.

6.24.1 HIV and AIDS transmission by kissing

If the farming community are to be protected from further HIV transmission through kissing, prevention and management strategies are to be explored.

6.24.1.1 Recommendation:

Farm workers have to be protected from the oral transmission of HIV and AIDS by implementing preventive and promotive care focusing on:

- A comprehensive education and training programme for farmers, farm workers and the community with regard to the modes of HIV and AIDS spread. Also to be explored was the issue of kissing suspected HIV-positive people whose mouths are infested with sores. South African Farm Management and Farm Owners should make time available for this type of training.
- A comprehensive HIV awareness campaign should be embarked on. Free information charts obtained from the Department of Health at Vhembe and Mopani districts should be pasted on all offices of South African Farm Management and Farm Owners. South African Farm Management health

structures have to make sure that this function was coordinated well with the department.

6.25 IMPORTANT FOR HIV PREGNANT MOTHER TO RECEIVE ARV'S

Seventy four percent (74.14%) agreed with the statement and 10.96% disagreed; while 13.59% did not know, and 1.51% were unsure.

6.25.1 ARVs and HIV-positive farm workers

In order that HIV-positive mothers be protected from mother-to-child transmission of HIV, a preventive care and management strategy should be implemented.

6.25.1.1 Recommendations

The comprehensive HIV prevention and management strategy should focus on:

- Encouraging all pregnant mothers to have screening of HIV test during antenatal clinics.
- The established clinic in the South African Farm Management has to provide this type of service with proper pre-counselling before the test and post-counselling before the announcement of the results.
- The Department of Health is to licence testing sites at the South African Farm Management clinics so that the South African Farm Management employees should have this type of free services at ease.
- ARVs were believed to help pregnant women in the prevention of infection from mother to unborn child. An ARV programme has to be made available to all pregnant mothers who were HIV-positive by the Department of Health including private donors.

6.26 PREGNANT HIV MOTHERS MUST BE SUPPORTED BY THEIR FAMILIES

Eighty one comma fourteen percent (81.14%) of the respondents believed that these mothers needed support in order to prevent unnecessary stress.

6.26.1 Support for HIV-pregnant mothers

If pregnant HIV-positive mothers are to be protected from psychological trauma, they need preventive and promotive care through support from their families.

6.26.1.1 Recommendations:

Pregnant and HIV-positive mothers have to be protected from psychological stress. A comprehensive management strategy should focus on:

- Motivating family members to give moral support to HIV pregnant mothers.
- The farming personnel should also give support to the pregnant mothers at their workplace.
- The family members must encourage these mothers to take their treatment for ARVs and educate them to eat healthy food before taking their treatment.

6.27 SUBSTANCE ABUSE AND UNPROTECTED SEX

A total of 63.59% respondents indicated that it was possible for an inebriated person to have unprotected sex.

6.27.1 Substance abuse and unsafe sex

If the farm workers have to be protected from the HIV transmission, total management care should be provided.

6.27.1.1 Recommendations

Indulgence in substance should be curbed by:

- Education and training programmes should be provided, with a major focus on the hazards of excessive intake of alcohol, and its detrimental effects on the practice of unsafe sex. Other authors have established correlation in this regard (Makhubela-Nkondo 2001).

6.28 IMPACT OF RELIGION ON HIV/AIDS-INFECTED PERSONS

Sixty seven comma twelve percent (67.12%) of the respondents agreed that religion could bring a message of hope to HIV and AIDS-infected and affected persons.

6.28.1 Farm workers and effects of religion on HIV and AIDS

If the farm workers are to be protected psychologically, emotionally and spiritually, a management care strategy of HIV and AIDS should focus on the influence of religion on HIV and AIDS.

6.28.1.1 Recommendations

The total management of HIV and Aids in the farming community could be achieved through the development of a strategy that explores the influence of religion on HIV and AIDS. The strategy should focus on:

- South African Farm Management and Farm Owners have to allow their premises to be used for religious purposes, especially those farms that had more family units in their areas. There must be co-ordination between South African Farm Management, other farm owners and the local religious communities to come and give a message of hope to the farming community who were HIV-positive and have AIDS .

6.29 DESCRIPTION OF HIV AND AIDS

Few respondents tried to describe "HIV and AIDS". Other respondents indicated that HIV meant "Human Immune Virus", while other respondents gave different narrative statements such as: "HIV ke bolwetsi bja thobalano – HIV is a sexually transmitted disease". Few respondents tried to describe the meaning of AIDS. These are some of the narrative statements they ascribed to their description:

- "Immune Acquired Syndrome Disease – AIDS is caused by unprotected sex".
- "AIDS is a combination of virus diseases".
- "*Ndi vhwadze vhu sa fholi*" – It is an incurable disease".

6.29.1 Farm workers and HIV and AIDS

If the farm worker needs to be protected from further transmission of HIV and AIDS, the preventive, promotive and management care for HIV and AIDS has to be implemented.

6.29.1.1 Recommendation

If the farm workers were to be prevented from further infection of HIV, the management strategy should focus on:

- Extensive HIV and AIDS health education and training programmes have to be fully implemented to the farm workers and farm owners.
- This training should be provided continuously by NGO's responsible for HIV and AIDS, the health officials at Vhembe and Mopani districts dealing with HIV and AIDS; as well as the South African Farm Management health officials

6.30 DESCRIPTION OF THE SIGNS AND SYMPTOMS OF HIV AND AIDS

The majority of respondents indicated that HIV and AIDS will have the following signs and symptoms:

- "Diarrhoea, losing weight, coughing, general body weakness, tuberculosis, sores on the body, sweating, continuous diarrhoea, vomiting and headaches."

6.30.1 Knowledge of signs and symptoms of HIV and AIDS

If the farming individual has to be protected from the scourge of HIV and AIDS, the management care should be based on empowerment through knowledge.

6.30.1.1 Recommendation

The farming personnel have to be protected from this pandemic by implementing strategies that focus on:

- Information display about the signs and symptoms of HIV and AIDS in the workplace.
- Farming personnel to be shown a video on the signs and symptoms of HIV and AIDS. The South African Farm Management should make time available for this type of exercise.
- The researcher has slides for peer group training in HIV and AIDS. These can be shown to the farming personnel through the approval of South African Farm Management and Farm Owners. The budget of this type of training should be catered for by the South African Farm Management, donors, farm owners, and the Department of Agriculture.

6.31 POSSIBLE SOLUTIONS TO HIV AND AIDS PROBLEMS IN THE FARMING COMMUNITY

The respondents suggested possible ideas on how to manage HIV and AIDS in the farming community. These solutions were either written in English, Sepedi, Xi-Tsonga and Tshivenda.

6.31.1 Farming community and HIV and AIDS

If the farming community were to be protected from further transmissions, a programme designed to address their specific HIV and AIDS prevention care and management in a farming context, was necessary.

6.31.1.1 Recommendations:

HIV and AIDS prevention, care, promotion and management strategies in the farming context should focus on:

- The use of condoms as described by a variety of respondents.
- Provision of HIV and AIDS education and training in the farming community'
- Collaboration for HIV and AIDS handling by various state departments, the private sector, farming community, South African Farm Management and farm owners.

The following narrative statements will serve as recommendations for the fight against HIV and AIDS pandemic. The findings have to be implemented by the SAFM and other farm owners in order to limit the spread of HIV. The following variety of narrative statements will be displayed:

“Re ka hwetša baoki ba go re thuša go alafa HIV and AIDS” – We can find nurses and they will help us cure HIV and AIDS.

“Gore bo sebe gona re tshwanetše gore re šomiše condom” – For its prevention we must condomise.

“Re ka thuša ka gore re šomiše condom” – We can help by using condoms.

“Khotso rena re kgopela thuso” – In peace, we are asking for help”

“Go tshwanetše go ntšhiwa batho ba go dula ba ruta batho ka theesi yeo. Ba tshwanetše go re ruta nako le nako gore re kgone go tseba” – There must be trained personnel to teach people about the virus. They must teach us on a regular basis so that we know.

“Re kgopela dithuto tsa go thibela bolwetsi bjo bja AIDS le go ruta batho gore ba itshware bjang” – We need to be educated so that we know how to prevent the spread of AIDS and how people should conduct themselves”.

“Re ka gwetša di ngwabe le merogo e metala ke tsona tse dika re fepago le tšhireletšo” – We can use green vegetables and they will protect us.

“Ku tirhisa ticondom e ka timhaka ta masangu” – By using a condom every time.

“Re kgopela management wa rona gore re dule fase ka baka la gore ga re tsebe HIV and AIDS – We ask that the management help us because we do not know much about HIV and AIDS.

“Bring a trainer“.

“Put a notice board written: “Don’t sleep around”.

“One wife one life policy”.

“Loko munhu are maride may be swinga” – Perhaps a miracle could happen.

“A re tsebe gore re ka dira eng ka baka la gore e alafege” –We do not know what to do because it is incurable.

“Ke be ke re ba re thuše ka di condom” – We need to be helped by being provided with condoms.

“Ke go re ruta yona” – We need to be taught about it.

“Re swanetse go bokela le bašumi ka rena gore re phela bjang mo thobalano ya rena” – We must share knowledge with our colleagues on good sexual practices .

“Re kgopela di condom” – We are asking for condoms.

“Farm workers must not keep their girlfriends at the workplace”

“My solution is like a slogan: “One man, one wife”. If you fail to do that, you can condomise or abstain. But of utmost importance is to have one man or one wife and believe that God will help us. Thank you”.

“Hi nga tirhisa ti condom kumbe hi dondisiwa” – We can use condoms, but we must be taught how to use them.

“Vhathu vha shumishe kondomu iri zwithu zwi tshimbile zwavhudi” – People must use condoms everyday so that the process of managing HIV and AIDS should run smoothly.

“Vhathu vha fanela u shumisa condom uri HIV and AIDS i songo vha kwama” – People are supposed to use condoms in order to prevent HIV infection.

“Vhathu vha tea u da vha gudiswa nga vha HIV and AIDS” – People must come together and be trained about HIV and AIDS.

“I ku tshunguriwa marabji kurima hela madokodela mafanela ku ta a mapurasini” – For us to be cured, doctors must come to the farms.

“Vhathu vhane vha vha na tshitshili tsha HIV and AIDS vha fanela u tangenedza na hone vha songo la mbilu. Vho dovhe vha ye kiliniki u wana pfanelo dzothe dza mishonga, vha dovhe vha tevhedze milayo ya madokotela” – People infected and affected by HIV and AIDS have to accept the condition. They must visit the clinic in order to get the medication and they must follow doctor’s instructions.

“Vhathu vha fanele u funziwa nga vhudzekani ho kunaho na uri vhafanela u shumisa khondomu – People must be taught about safe sex and they must use condoms.

“In my opinion, I think every month our manager should ask someone to come and teach people about HIV and AIDS, because most of the people in the farming community are not aware of this disease and are coming from disadvantaged areas. Health and welfare officials must visit people to give them condoms”.

“The people on the farm must be treated equally. People on the farm must get education on HIV and AIDS. People must be given pamphlets on HIV and AIDS. People in the farming community must be given an introduction about HIV and AIDS. Those who are affected by HIV and AIDS must be taught to follow treatment as prescribed, and must use condoms during sex. The community must try to accept those who are infected by HIV and AIDS.

“Muvhuso nga u dise condom, nahone muthu ane a divha uri u na AIDS, a tangana na munwe tshihulwane, nga a farelwe. Vha bviswa mushumoni ngauri vha do shela vhanwe. Muvhuso ndi khwine u tshi linga uri wanela mushonga” – The government must bring condoms. An HIV-infected person who indulges in sexual intercourse should be forgiven. They are removed from the workplace due to fear that, they will infect others, and therefore government must try to get medicine for HIV.

In order that the HIV and AIDS challenge could be resolved, there is a need for co-operation between the farming community and other stakeholders.

Figure 6.1: HIV and AIDS macro environment

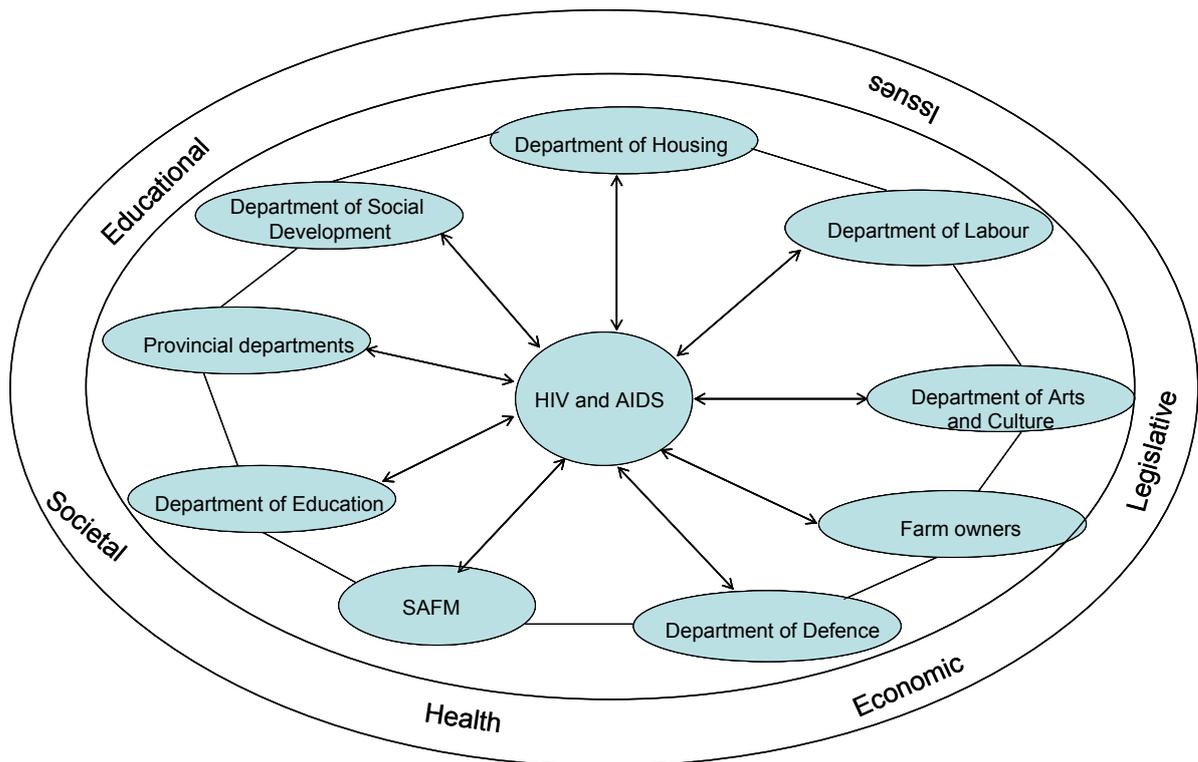


Figure 6.1 indicates the collaborative chain in the management of HIV and AIDS has to happen with the inter-ministerial committee. The reduction of the spread of HIV and AIDS is a social responsibility; a comprehensive management strategy is therefore necessary by each department. The private sector, South African Farm Management and Farm Owners have to join hands with the state department and foreign donors in order to solve these HIV and AIDS-related issues. The different government departments are crucial to help curb the pandemic.

6.32 HIV AND AIDS PREVENTION FOR FARMERS

The following statement is part of the literature review, and has been arrived at on the basis of the literature review's key conceptual underpinning:

South Africa has been greatly affected by the HIV and AIDS pandemic. The agricultural sector has not been left unscathed. Formed in 2004, AGRI-AIDS has been the agricultural sector's response to concerns over the impact of HIV and AIDS in South Africa, which was currently home to the highest number of people living with

HIV and AIDS in the world. A multi-sectoral and multidisciplinary approach is needed to address the devastating consequences this pandemic has on society as a whole.

6.32.1 Farmers and HIV and AIDS

If the farmers, farming personnel, and farm workers had to be protected from further transmission of HIV infection, multidisciplinary and multi-sectoral approaches have to be undertaken.

6.32.1.1 Recommendation 1

In order to prevent further HIV infections in the farming community, Agri Aids's strategies have to focus on:

- Initiatives aimed at continuing to raise awareness of HIV and AIDS in the farming community and facilitate prevention and treatment campaigns;
- Provision of HIV and AIDS care at clinics;
- Provision of ARV therapy to reduce possible death related to HIV and AIDS;
- Access funds so that HIV and AIDS programmes should continue;
- Provision of nutritional support to HIV and AIDS clients from Agri AIDS profits.

6.32.1.2 Recommendation 2

In order to manage HIV and AIDS effectively in Limpopo province, South African Farm Management and Farm Owners should focus on:

- Partnership with others in order to strengthen the HIV and AID prevention programmes.
- The initiative of the launching of HIV and AIDS awareness programmes for the farming community should be encouraged and supported by all stakeholders.
- The project will should all farmers and farming communities in the whole of Limpopo. It is believed that after this launch all farmers in Limpopo province would take HIV and AIDS seriously
- The electronic and print mass media would be used to market this project

- The district municipalities at Vhembe and Mopani will be involved, as well as all NGO's dealing with HIV and AIDS
- The Strategic Committee - of which the researcher was part - would be used to monitor the preparation of the event and the way forward after the launch.
- The support of South African Farm Management directors' support of the fight against HIV and AIDS was highly appreciated.
- The South African Farm Management was encouraged to open a trust fund that would be used in the management of HIV and AIDS on the farms and the neighbouring communities.
- The researcher has to identify training needs and prepare an HIV and AIDS manual which would involve train-the-trainer and peer group training.
- The researcher has to link South African Farm Management with the health facilities so that distribution of condoms and attainment of HIV and AIDS information could be achieved.
- The researcher, in collaboration with other stakeholders, has to organize training for HIV and AIDS as a matter of urgency.
- A South African Farm Management HIV and AIDS policy should be shared with other farmers so that the comprehensive management of HIV and AIDS could be achieved.
- The South African Farm Management is encouraged to take the lead in the fight against HIV and AIDS in Limpopo; as this would be for the general farming community in South Africa as a whole.

6.33 MONITORING AND EVALUATION OF IMPLEMENTATION PROCESS

The recommendations elaborated in the research report have to be monitored and evaluated on a continuous basis. This will be done in order to see the success of the variety of programmes aimed at combating HIV and AIDS in the farming community. SAFM and Farm owners have to monitor programmes regarding HIV and AIDS on continuous basis.

The following strategies would be followed in order to assess and evaluate programmes for HIV and AIDS in the farms:

6.34 SURVEY RESEARCH

A survey to determine distribution of the resources within the population for the purpose of this project.

Survey of various data collection methods, namely: personal interviews or face-to-face interviews, telephone interviews and self-administered questionnaires (Polit & Beck 2004:235), sometimes called (SAQ).

Knowledge, attitude, practices (KAP) survey which can monitor behavioural change in relation to HIV and AIDS have to be conducted once in every two years ON SAFM and the farming community. The purpose of this survey would be to monitor all instituted programmes of HIV and AIDS and behavioural change in a more scientific manner. Qualified researchers who understand the dynamics of HIV and AIDS has to be utilized. The survey report must be given to SAFM, farm owners, Agricultural Research Council and the Department of Agriculture in Limpopo Province. The funding for this programme may be provided by donors, SAFM, farm owners, Agricultural Research Council, Department of Agriculture and the private sectors.

6.35 ROLE OF HEALTH AND WELFARE SECTOR FOR EDUCATION AND TRAINING (HWSETA)

HWSETA to monitor all training on HIV and AIDS among the farming community and check their conformity to South African Qualification Standards (SAQA) requirements. This is to make sure that the farm workers were receiving credible training on HIV and AIDS by well accredited organisations and persons.

6.36 FARMING AREA

The support programmes from the two municipalities would promote the HIV and AIDS programmes in the farming community so that it may function more effectively.

The mobile health services of the two municipalities should provide primary health care to all the farms. These programmes would assist the farming community in monitoring the programmes for HIV and AIDS.

6.37 THE ROLE OF THE DEPARTMENT OF LABOUR

Department of Labour has to monitor the implementation of policies of HIV and AIDS in the farming community. This would assist the SAFM and farm owners to manage HIV and AIDS more effectively in the workplace.

6.38 SAFM AND FARM OWNERS

SAFM and farm owners has to set a committee that would evaluate the programmes for HIV and AIDS. The employees of SAFM and farming employees should take a lead in evaluating the HIV and AIDS programmes. This should be done on a continuous basis.

6.39 LIMITATION OF THE STUDY

The research project deals specifically with **“A hidden Cohort: HIV and AIDS amongst the farming community”**: There were time constraints, because the data at Levubu farms were collected during active harvest time. The researcher administered the questionnaires personally in order to clarify any bias or misunderstanding. South African Farm Management had to give authority in terms of publishing the research project and its results to the rest of the population; hence the results of the project will be utilized in handling issues of HIV and AIDS in the farming community. A pilot study was conducted in order to refine the questionnaire items.

6.40 SUMMARY

The research project yielded significant data relating to HIV/AIDS and general conditions of the farm workers. The results and the ultimate recommendations should serve to illuminate related information in the development of a direly-needed comprehensive HIV/AIDS programme on the farms. Of particular significance are the recommendations relating to health education and training in the management of HIV and AIDS. Such (education and training) interventions have to be protracted, frequent, and be directed to prevent new infections and the spread of HIV and AIDS, while also promoting the practice of healthier lifestyles.

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APPENDIX A: Questionnaire on “A Hidden Cohort: HIV and AIDS Among The Farming Community”

PLEASE NOTE:

- There are no wrong or right answers;
- Do not indicate your name or surname in this questionnaire form;
- Your right to confidentiality and privacy is protected;
- Cross with X next to the applicable response.

DEMOGRAPHIC INFORMATION

1. Marital status

- 1.1 Single
- 1.2 Married
- 1.3 Divorced
- 1.4 Widowed

2. Family type

- 2.1 Nuclear family
- 2.2 Extended family
- 2.3 Other
- 2.4 If “Other”, please specify the nature of the family type.....
.....

3. Number of dependants/children

- 3.1 None
- 3.2 1–3
- 3.3 more than 3

4. Are there any HIV-positive members in your nucleus family?

- 4.1 Yes
- 4.2 No
- 4.3 Not aware

5. Do you have an HIV positive relative?

- 5.1 Yes
- 5.2 No
- 5.3 Not aware

6. Do you know of any HIV positive member(s) in the farming community?

- 6.1 Yes
- 6.2 No
- 6.3 Not aware

7. Do you know of any HIV/AIDS-related death(s) in the farming community?

- 7.1 Yes
- 7.2 No
- 7.3 Do not know

HIV/AIDS AWARENESS IN THE FARMING COMMUNITY
--

8. Unprotected sex increases the transmission of HIV

- 8.1 Yes
- 8.2 No
- 8.3 Do not know

9. Do you think HIV/AIDS can be treated?

- 9.1 Yes
- 9.2 No
- 9.3 Not sure

10 HIV/AIDS is a serious threat in the farming community

- 10.1 Strongly disagree
- 10.2 Disagree
- 10.3 Agree
- 10.4 Strongly agree
- 10.5 Not sure

11. Do farm managers have an interest in HIV & AIDS issues?

- 11.1 Yes
- 11.2 No
- 11.3 Do not know
- 11.4 Unsure

12. Do the farm employers have an HIV & AIDS policy?

- 12.1 Yes
- 12.2 No
- 12.3 Do not know
- 12.4 Unsure

13. HIV/AIDS-infected workers should be removed from the farms

- 13.1 Strongly disagree
- 13.2 Disagree
- 13.3 Agree
- 13.4 Not sure

14. Would you sit next to, or eat from the same plate with someone you suspected of being HIV positive?

- 14.1 Yes
- 14.2 No
- 14.3 Do not know

15. Do the farm managers support HIV & AIDS infected employees and their affected families?

- 15.1 Yes
- 15.2 No
- 15.3 Do not know
- 15.4 Not sure

16. Is it important for HIV pregnant mothers to receive Anti-retroviral treatment?

- 16.1 Yes
- 16.2 No
- 16.3 Do not know
- 16.4 Not sure

17. Do HIV-infected farming employees receive Anti-retroviral treatment?

- 17.1 Yes
- 17.2 No
- 17.3 Do not know

18. Families must give support to HIV-positive pregnant mothers

- 18.1 Yes
- 18.2 No
- 18.3 Do not know

HIV/AIDS EDUCATION AND TRAINING

19. Is it necessary to have a full time HIV & AIDS trainer in the farms?

- 19.1 Yes
19.2 No
19.3 Do not know
19.4 Unsure

20. Have you received HIV & AIDS training?

- 20.1 Yes
20.2 No
20.3 Not sure

21. Would you like to become an HIV & AIDS trainer?

- 21.1 Yes
21.2 No
21.3 Do not know
21.4 Unsure

22. Does farm management grant permission for HIV/AIDS training?

- 22.1 Yes
22.2 No
22.3 Do not know
22.4 Unsure

USE OF CONDOMS

23. Are condoms distributed in your working area?

- 23.1 Yes
23.2 No
23.3 Do not know

24. Do you know how to use a male or a female condom?

- 24.1 Yes
24.2 No
24.3 Unsure

25. Would you like a demonstration of how a female or male condom is used?

- 25.1 Yes
25.2 No
25.3 Not sure

26. Is it safe to have unprotected sex with an HIV-infected person?

- 26.1 Yes
26.2 No
26.3 Do not know
26.4 Unsure

27. Is substance abuse a likely cause of unprotected sex in the farms?

- 27.1 Yes
27.2 No
27.3 Do not know

28. Is kissing a likely means of HIV transmission?

- 28.1 Yes
28.2 No
28.3 Do not know
28.4 Unsure

VOLUNTARY COUNSELLING AND TESTING

29. Have you been tested for HIV & AIDS?

- 29.1 Yes
29.2 No
29.3 Do not know

30. If "Yes" above, were you pre-counselled prior to the HIV & AIDS test?

- 30.1 Yes
30.2 No
30.3 Do not know

31. If the results of an HIV test are positive, would you accept them?

- 31.1 Yes
31.2 No
31.3 Do not know

32. Would you undergo post-counselling after HIV-positive test results?

- 32.1 Yes
32.2 No
32.3 Do not know

RESPONDENTS' VIEWS ON POSSIBLE TREATMENT OPTIONS

33. A high protein dietary regime prolongs the lives of HIV/AIDS persons

- 33.1 Yes
33.2 No
33.3 Do not know
33.4 Unsure

34. Do ARVs cure HIV/AIDS?

- 34.1 Yes
34.2 No
34.3 Do not know

35. Is there an ARV programme for farm employees?

- 35.1 Yes
35.2 No
35.3 Do not know
35.4 Unsure

36. In your view, which of the following is/are (un)likely to cure HIV/AIDS?

Category	Most likely	Likely	Unlikely	Most unlikely
36.1 Traditional healers				
36.2 Spiritual healers				
36.3 Medical practitioners				
36.4 None of the above				

TRADITION-BASED APPROACHES TO POSSIBLE HIV TREATMENT

37. Are there any cultural factors which are in conflict with the medical means of HIV/AIDS treatment and prevention in the farms?

- 37.1 Yes
- 37.2 No
- 37.3 Do not know

38. Traditional medicines should be investigated as potential and alternative HIV/AIDS treatment options

- 38.1 Yes
- 38.2 No
- 38.3 Do not know
- 38.4 Unsure

39. Traditional medicines can treat HIV & AIDS-infected persons

- 39.1 Yes
- 39.2 No
- 39.3 Do not know

40. Do traditional foodstuffs play a vital role in treating and managing HIV & AIDS?

- 40.1 Yes
- 40.2 No
- 40.3 Do not know
- 40.4 Unsure

41. Do any cultural beliefs play a role in promoting unsafe sex on the farms?

- 41.1 Yes
- 41.2 No
- 41.3 Not sure

42. There are polygamous relationships in the farming community

- 42.1 Strongly disagree
- 42.2 Disagree
- 42.3 Agree
- 42.4 Disagree
- 42.5 Strongly disagree

HIV/AIDS AND RELIGION

43. Are you a member of any organised or faith-based community/religion?

43.1 Yes

43.2 No

44. Does religion have an impact on HIV/AIDS-infected persons?

45.1 Yes

45.2 No

45.3 Not sure

APPENDIX B: Request to conduct a research on "A Hidden Cohort: HIV/AIDS among the Farming Community"

P.O. BOX 2456
SHAYANDINA
0945

11 SEPTEMBER 2006

Teli 074 236 7155

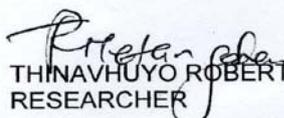
THE MANAGER

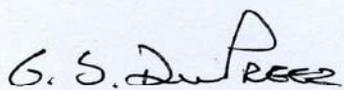
SAFM (PTY) LTD
Box 522
Lowman
0929

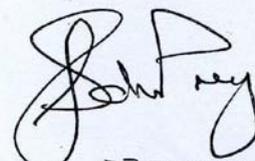
RE: REQUEST TO CONDUCT A RESEARCH ON "A HIDDEN COHORT: HIV/AIDS AMONG THE FARMING COMMUNITY"

1. I student no 762 – 146 – 9 kindly request to conduct a research at your industry.
2. The results and recommendations will assist the farming community to resolve the problems associated with HIV and AIDS.
3. See attached approval letters from UNISA.
4. I will be glad if my application will be taken into consideration.

Yours faithfully


THINAVHUYO ROBERT NETANGAHENI
RESEARCHER

APPROVED: 
GENERAL MANAGER


0835666935

11/9/2006

APPENDIX C: University of South Africa Health Studies Research and Ethics Committee Clearance Certificate



**UNIVERSITY OF SOUTH AFRICA
Health Studies Research & Ethics Committee
(HSREC)
Faculty of Humanities and Social Sciences
CLEARANCE CERTIFICATE**

Student No: 762-146-9

Project Title: *A Hidden Cohort: HIV/AIDS Among The Farming Community*
Researcher: Mr. T.R. Netangaheni
Supervisor/Promoter: Prof. O.N. Makhubela-Nkondo
Joint Supervisor/Joint Promoter:
Department: Health Studies
Degree:

DECISION OF COMMITTEE

Approved YES

Date: 9th March 2006

A handwritten signature in black ink, appearing to read 'Mavundla'.

**Prof TR Mavundla
RESEARCH COORDINATOR**

A handwritten signature in black ink, appearing to read 'Mogotlane'.

**Prof SM Mogotlane
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE STUDENT NUMBER IN ALL ENQUIRES

APPENDIX D: Informed Consent Clearance Certificate

**INFORMED CONSENT
Clearance Certificate**

HIV/AIDS in the farming community has been either ignored or overlooked for quite sometime. Mr. T.R.Netangaheni, student number 762-1469 is a doctoral student at the University of South Africa whose title: A Hidden Cohort: HIV/AIDS and the Farming Community has been approved by the Research Ethics Committee in the Health Studies. Please allow him an opportunity to undertake research at your institution or organization. Your assistance in responding to the questions asked will be appreciated. Be assured that this investigation will be conducted ethically until the study is concluded. Anonymity, privacy and confidentiality, among other ethical considerations will be fulfilled. Please remember that you may withdraw whenever you feel uncomfortable during the course of the investigation.

I.....undertake to participate in this research project and assure the researcher of my cooperation. This is also meant to confirm that I have been informed of all my rights as a research respondent. I willingly participate in this investigation.

Signature.....

Name.....

Date.....

Time.....

APPENDIX E: Minutes of Stakeholders (HIV and AIDS Awareness held at SAFM Head Office on 12 May 2007)



**SOUTH AFRICAN
FARM MANAGEMENT**

**MINUTES OF THE STAKEHOLDERS (HIV/AIDS AWARENESS)
MEETING HELD AT SAFM, HEAD OFFICE ON 12 MAY 2007 AT
10:00 AM**

1. ATTENDANCE REGISTER

- Abiott Senoamadi-SAFM
- Noel Hlongwane-SAFM
- Robert Netangaheni-Research Council, HIV/AIDS Co-ordinator
- Joice Nyalungu-Haswikota, NGO
- Thulani Maphanga-Haswikota, NGO
- Abel Seweya-Greater Tzaneen Municipality
- Mirriam Shai-Ba-Phalaborwa Municipality

2. OPENING AND WELCOME

Abiott Senoamadi opened the meeting and welcomed everyone who was present.

3. APOLOGIES

Many possible stakeholders phoned Abiott and apologised that they were unable to make it to the meeting because during weekends they are not working and they suggested that next meetings be held mid-week because they will be available.

4. PURPOSE OF THE MEETING

Abiott started by giving a brief background and profile of the Company, SAFM and said that the Company is going to host HIV/AIDS Awareness campaign on the 6th of October 2007 and various stakeholders have shown interest and are willing to take part in the event to make it a success. He also pleaded with people who were present to jointly come up with action plans and inputs in preparation for this huge event. He briefed the stakeholders present about the purpose of the event and the positive impact it will have on the Farming Community. He also said that chief speakers to be invited include inter alia the following public figures: Deputy President of SA, Pumzile Mlambo Nquka, Minister of Agriculture, Lulu Xingwana, Limpopo Premier, Sello Moloto, MEC of Health, Seaparo Sikgwate to mention but few.

South African Farm Management (Pty) Ltd •

Registration no. 2002/028922/07

20 Pompagalana Street, Tzaneen

Tel: 015 307 6600 / 015 307 6519 / Fax: 015 307 6559 / 6553

www.safarmers.com

Directors: Mr. N. Matlala, Mr. L. Thembe, Mr. M. L. Moseni, Mr. C. A. Boyes, Mr. S. Lediga, Mr. J. Boyes, Rev. D. E. Gondwe, Miss M. Mhlongo, and Dr. A. Nevhutanda.



**SOUTH AFRICAN
FARM MANAGEMENT**

5. NEW BUSINESSES

- 5.1. Robert said he is very much interested in making the event a success because when he was busy conducting research in farms, he has realised that farm workers have difficulties accessing Health Services, eg no Ambulances, no condoms available for them to utilise, therefore this campaign may urge the department of Health and Social Development to intervene.
- 5.2. Abiott also said he has all the necessary facilities to lobby and engage different Companies/Organisations to sponsor this project and that we should open our own Trust Fund whereby Companies can donate funds.
- 5.3. Robert said European Union can fund us but will expect our Trust Fund to be an on-going one.

6. TRANSPORTATION

- 6.1 Abiott promised that he will request Bus Companies like Netshituni Bus Services, Enos Bus Services and ZZ2 to collect people from their homes and farms to the event.
- 6.2 Abel Seweya proposed that these Buses should collect more of farm workers as this event is aimed at them.
- 6.3 Mirriam Shai suggested that we should establish a team that will deal with the project and not to over-work a single person-motion discussed and taken.

7. PUBLICITY

Joice Nyalungu proposed that we should also focus on publicity, thus communicating with farming communities, marketing the event by using various Community Radio Stations-proposal taken.

8. WAY FORWARD

- 8.1 There should be an on-going communication with stakeholders.
- 8.2 SAFM should give stakeholders permission letters that will enable them to gain entrance at the Radio Stations when marketing the event.
- 8.3 On the next meeting, the following will be discussed:
- Logistical arrangements
 - Budget issues
 - Specifications
 - Finalising planning of event

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**SOUTH AFRICAN
FARM MANAGEMENT**

9. DATE OF THE NEXT MEETING
13 July 2007

10. CLOSING
The meeting was closed at 12:15

[Handwritten Signature]

Signature of Secretary

08 June 07

Date

[Handwritten Signature]

Signature of Chairperson

05 June 07

Date

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APPENDIX F: Invitation to Stakeholders' meeting (HIV/AIDS Awareness)



**SOUTH AFRICAN
FARM MANAGEMENT**

TO: Robert Netangaheni

FROM: Abiott Senoamadi

DATE: 26 April 2007

**SUBJECT: INVITATION TO STAKEHOLDERS MEETING
(HIV/AIDS AWARENESS)**

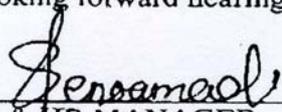
SAFM will be hosting a huge HIV & AIDS Awareness Campaign on 06 October 2007 at Tzaneen Show Grounds. We therefore propose that your Organisation becomes one of the Stakeholders. We request one representative from your Organisation.

"HIV & AIDS is challenge to all of us in the Country, more especially Agricultural Sector. Therefore let us unite to combat this pandemic".

The meeting will be held as follows:

Venue: SAFM (Boardroom)
Date: 12 May 2007
Time: 10:00am

Looking forward hearing from you


PR & HR MANAGER
Cell: 083 566 6002

South African Farm Management (Pty) Ltd •

Registration no. 2002/028922/07
20 Pompagalana Street, Tzaneen
Tel: 015 307 6600 / 015 307 6519 / Fax: 015 307 6559 / 6553
www.safarmers.com

Directors: Mr. N. Mallala, Mr. L. Thembe, Mr. M. L. Mosena, Mr. C. A. Boyes, Mr. S. Lodiga, Mr. J. Boyes, Rev. D. Gondwe, Miss M. Mhlongo, and Dr. A. Nevhutanda.

Aids prevention for farmers

FEATURE

SA has been hard hit by the HIV/Aids pandemic, with the agricultural sector being no exception. Agri Aids, an awareness, prevention and treatment programme, has been launched to empower farming communities on causes and treatments. Fidelis Zvomuya reports.



ABOVE: Counsellors at Ndlovu Medical Clinic educate farm communities through dramas and one-on-one sessions. photo: Ndlovu Medical Clinic

AGRICULTURE was formed last year due to the agricultural sector's concern over the impact of the Aids in SA, which is currently home to the highest number of people living with HIV/Aids in the world.

Steered by Netherlands agricultural counsellor Gretha Kostwinder; convenor Marianne van der Laarse of SA Veg, a non-profit organisation to promote the local vegetable industry; and Dr Hugo Tempelman of Ndlovu Medical Clinic in Groblersdal, Mpumalanga, this initiative aims to raise awareness of HIV/Aids in farming communities and facilitate prevention and treatment campaigns.

Agri Aids was set up last year with start-up funding from the Dutch organisation Stop Aids Now, registered as a non-profit organisation and run by volunteers. It's seeking funding to become a permanent national organisation.

Despite Agri Aids' humble beginnings, Kostwinder says the response of the farming community has been phenomenal. "We're now drafting a proposal to form partnerships with certain farmers to start the process. Agri Aids will also disseminate information applicable to the farming sector on interventions to combat the epidemic," Kostwinder says.

She adds that high infection rates will devastate the sector in the next few years if no holistic and vigorous educational campaigns are adopted.

According to the World Health Organisation (WHO), over seven million farmers and farmworkers in Africa have died of HIV/Aids since 1985. A further 16 million rural people will die of the disease in Southern Africa by 2010. WHO estimates between 30% and 40% of Southern African farmworkers are infected.

The Ndlovu Medical Centre, a partner in Agri Aids, is running a pilot anti-retroviral (ARV) treatment programme on two farms in Gauteng and Mpumalanga.

Tempelman started the centre 10 years ago to provide a general medical service to surrounding communities. The Ndlovu Centre qualifies as an Autonomous Treatment Centre (ATC), specialising in HIV/Aids treatment and prevention programmes. An ATC consists of an out-patient

department, a mini hospital for in-patient care, delivery services and a lab for HIV monitoring.

Today, the centre provides services such as a free TB clinic, subsidised maternity care, a free ARV service and counselling for Aids patients. The centre's ARV programme was funded by a Dutch donor in 2003 and now receives funding from the EU and the US.

Tempelman says the centre treats 450 HIV/Aids patients, and enrolls 30 new patients on ARV-treatment per month in the Groblersdal region. A mobile HIV/Aids clinic visits farms and provides treatment.

An HIV/Aids-awareness campaign is also being run alongside all treatment interven-

'It's envisaged this project will develop a model for the farming sector on managing HIV/Aids on farms where resources are scarce.'

tions to emphasise the need for prevention.

"So far, the clinic has provided voluntary counselling services to about 300 people. Over 100 HIV-positive farmworkers on the two farms enrolled in the pilot programme are being assisted, and about 30 of these farmworkers are receiving ARVs. The demand for this type of occupational HIV clinic is high and other farmers are now calling for similar centres to be established on their farms," Tempelman says. "It's envisaged this project will develop a model for the farming sector on managing HIV/Aids on farms where resources are generally scarce."

Funding for three years has already been secured to expand the pilot to include more farms through Right to Care and USAid.

One of the farms targeted by the mobile HIV/Aids clinic is Green's Greens, a top vegetable farm - with a labour force of 500 - situated near Meyerton, south of Johannesburg. Green's Greens started its own Aids programme five years ago after farmer Jill Green and her manager Antoinette Erasmus noticed the rapid rate at which the farm was losing workers due to Aids-related illnesses.

"Workers were increasingly absent

because they were sick, or looking after family members who were ill. So we started an awareness campaign where we held meetings to discuss Aids, and encouraged people to test themselves. Initially, it was difficult to get people to attend the meetings, but now people on the farm talk openly about Aids," Erasmus says.

Green says the farm also devoted a portion of its profits to fund a programme to supply its HIV-positive staff with supplementary nutrition.

Green then came into contact with Kostwinder at last year's annual fresh produce conference, where Kostwinder raised the issue of HIV/Aids in the farming community during her opening speech. Green's Greens was selected for the pilot project.

The mobile HIV/Aids clinic provides Green's staff with medical assistance and counselling every Wednesday morning. The clinic has a truck with driver on standby to transport patients to and from hospital and provides training in Aids awareness and counselling for workers.

Green's Green HIV/Aids counsellor and packhouse supervisor Patricia Kwatshebe says the major obstacle in the fight against Aids is the stigma attached to the disease. Most of the farmworkers are illiterate, hence the need for aggressive educational campaigns.

Kostwinder says there's a need for information on treatment models and options to be disseminated in the farming sector. "This will provide farm management with prevention and management strategies, especially for farms that are far from health centres," she says.

The Agri Aids pilot project will spread information on the progress of the projects. "This will demonstrate that cost-effective, community-based HIV/Aids solutions are possible on farms in SA and can help reduce the negative impact of HIV/Aids on the sector," van der Laarse says. **FW**

July 2005

APPENDIX H: SANDF in Court over HIV/AIDS 'bias'

Army union says policy is unfair and discriminatory

RUSSEL MOLFEE

SOUTH African National Defence Force (SANDF) soldiers may be required to work under harsh conditions and must always be physically and mentally fit.

This has informed the health policy of the SANDF which gives powers to the Surgeon-General (SG) to assess the physical and mental well-being of each member.

The policy says the SG "must, from time to time, determine the standard of physical and mental fitness required in peace or wartime for the efficient work performance of a member in each branch, corps, unit and in each mustering, appointment, post or job classification".

However, Cosatu affiliate, the South African Security Forces Union (Sasfu), has brought legal action against the SANDF regarding the HIV/AIDS aspect of the policy.

Sasfu and the Wits University's Aids Law Project (ALP) has exchanged correspondence with the SANDF over the matter without any tangible solution.

The matter reached boiling point when two letters from Sasfu requesting clarification of the policy and voicing concerns over its "unconstitutionality" went unanswered early this year.

This week, Sasfu, assisted by the ALP, filed papers with the Pretoria High Court applying for an order declaring the policy unreasonable and unconstitutional.

It contends that the policy violates the right to fair labour practice by restricting the work category of soldiers living with HIV/AIDS, particularly by denying them deployment and promotion opportunities.

The union referred to Sipho Mkhachwa who is also an applicant in the matter. He has allegedly been denied the opportunity to be deployed outside the country because of his HIV-positive status.

Another potential recruit, known only as TCM, was also allegedly denied employment in the SANDF because he has HIV/AIDS.

Like ZSM, who was allegedly denied promotion because of his HIV-positive status, TCM's real identity has been revealed to the SANDF and the court but he wants to remain anonymous.

In his founding affidavit filed with the court, Sasfu deputy general secretary John Hlatwayo gave the history and background of the policy.



FIT AND HEALTH . . . The SA National Defence Force allegedly will not sign up HIV-positive people on the basis that they are unable to perform physically demanding tasks

Picture: Craig Muiswende

cy. A member of the ANC's former armed wing, Umkhonto we Sizwe (MK) from 1986, Hlatwayo joined the SANDF during the integration process in 1994 and is an operational emergency care orderly with the rank of sergeant.

He says the integrating members of the non-statutory forces were required to undergo health assessments. These included HIV/AIDS tests.

However, MK members refused to undertake the HIV/AIDS tests because "they deeply mistrusted the motives of the top structure of the defence force".

As a result, the requirement of testing was abandoned for the remainder of the integration process. This meant that the non-statutory

forces members who joined later were not tested for HIV/AIDS.

Hlatwayo went on: "This flexibility in requiring HIV testing as part of a health assessment continued throughout the period of integration into the SANDF.

"It was also the beginning of a confusing and contradictory approach to HIV testing in the military. Written policy was not consistent with practice.

"Inconsistent public statements by the Cabinet and government spokespersons were a reflection of the confusion and indecision as to the relevance and consequences of testing for HIV/AIDS.

Revealing that 25% of the SANDF's 70 000 members were living with HIV/AIDS in 2005, Defence

Minister Mosisone Lekota reportedly stated that all members who were sent on missions had to be tested for a wide range of ailments including HIV/AIDS.

"In this business, you are likely to bleed. And if you are a haemophiliac, you will be asked to leave," he reportedly said.

He explained that it was not only about HIV/AIDS.

He also said: "Anybody with the condition cannot be recruited. There is no point.

"You can't take ill people into the army. It's not useful. We need people who will be sent into difficult missions and be able to withstand the pressures."

This is also the point which Sasfu is to contest in court on the grounds

that there are individual SANDF members who have been denied deployment and promotion opportunities on the basis of their HIV-positive status.

Sasfu will contend that when it comes to HIV/AIDS, the policy does not require an assessment of whether a particular person can perform his or her functions efficiently given the type of post, mustering, appointment or job classification.

ALP - which will also provide expert evidence in the case - believes that denying employment, deployment and promotion of people living with HIV/AIDS is not supported by scientific and medical evidence.

It gave the example of Evelyn Tshabalala, an athlete living with HIV/AIDS, who has participated

and completed the Comrades Marathon in the past two years.

She also climbed Mount Aconcagua in Argentina in March this year.

ALP director Mark Heywood said: "The preparation involved in training and running the Comrades Marathon is clearly far more stressful than the exercise regime imposed by the SANDF.

"Moreover, mountain climbing at alpine heights is a particularly strenuous form of exercise. We can attest that SANDF justifications are not based on research and are not supported by any kind of evidence, but represent generalisation and stereotypes instead."

This is also the view of Hlatwayo who pointed to the mining sector

where a harsh working environment challenges workers physically and mentally.

He is supported by Dr Susan Bryant, senior 124-president in charge of health at Anglo American South Africa.

His affidavit in support of the application in court shows that an HIV-positive status is not a barrier to extreme physical activity.

Bryant also shows that with appropriate management and policies, a workforce with a high prevalence of HIV/AIDS can be productive and economically efficient.

The matter is set to be heard in the Pretoria High Court on June 11 unless the respondents, who also include President Thabo Mbeki, file opposing papers.

240 000 ON HIV DRUGS!

BY THE end of December last year, 239 244 people were on anti-retrovirals.

That's the number who receive anti-retroviral therapy from public health sector outlets, Minister of Social Services Zola Skweyiya said this week.

This is almost double the number of people who were receiving the HIV-suppressing drugs from the government by the end of March last year.

In March 2006, government reported that 134 473 HIV-positive people were receiving these drugs in the public sector.

This was on top of another about 80 000 people receiving these drugs in the private sector.

In September 2006, government indicated that South Africa's treatment programme was already "probably the largest in the world".

The minister also said in the 2006/07 financial year, 425 million condoms were distributed.

At the same time, 4 189 voluntary counselling sites had been set up for people infected with the virus by the end of March this year.

By the end of February this year, 493 000 patients were receiving nutritional support to strengthen their immune systems against the onset of Aids, while, by the end of March this year, 320 facilities had been accredited as government treatment centres.

This figure includes nine centres in prisons and seven at centres run by the South African National Defence Force.

By the end of December last year, 14 269 health care workers were trained in the government's comprehensive HIV and Aids care, management and treatment programme. Dr Skweyiya said the newly-reconstituted South African National Aids Council, now chaired by Deputy President Phumzile Mlambo-Ngcuka, would be playing a central role in the fight against HIV and Aids.

The target is to achieve a 50% reduction of new infections by 2011.

- BUANEWS

South African sangomas helping to fight Aids

MTTUBATUBA - Tryphina Ngwenya slides a pink condom over the magic-wooden stick normally used to conjure up ancestral spirits, unleashing a ripple of laughter among her audience of traditional South African healers.

"You see it's easy - there's nothing poisonous or dangerous about condoms," she told the group of some 80 sangomas draped in brightly coloured wraps, animal hides and beads.

Ngwenya has recruited the sangomas as foot soldiers in the fight against HIV, which has infected about one in three adults in this deeply traditional rural area.

She is teaching them basic Aids awareness and prevention.

Many of the healers once believed HIV was a curse from the

spirit world and patients had been bewitched. Some claimed they could cure Aids - and many who have not been trained continue to claim this.

But while they still prescribe roots and herbs for ailments and mutter incantations to dispel evil spirits, these sangomas now also issue condoms, refer patients to clinics for HIV tests, and urge them to take life-prolonging anti-retroviral (ARV) drugs.

"Before, I didn't even know what this HIV animal was, but the training has brought sophistication to my work," said Miriam Tembe, who has been consulting the spirits for tips on treating patients for 25 years.

The training helped her with the practice of scarring a patient

then rubbing herbs or powder into the wound. "I used to use one razor for five people - I used to kill people," she added. "Now I teach them how to protect themselves."

The project linking traditional doctors with modern health systems is being run by African Medical and Research Foundation (Amref), which says more than two-thirds of people in rural Africa consult sangomas before attending a clinic.

Amref wants sangomas to keep providing spiritual succour and basic healthcare, and also to use their influence and authority to promote HIV testing and modern medicine, in areas where many people are distrustful of hospitals and ARV drugs.

"Traditional healers are so

important in these communities. People trust them more than they trust us nurses," said Ivy Mditshi, a nurse who works in Amref's HIV testing centre.

Zandile Bukhosini has benefited from the system. When her feet swelled up and she developed a hacking cough she assumed she had been bewitched and went straight to see Tembe - her local sangoma.

Fortunately, Tembe knew how to spot the symptoms of tuberculosis, which often accompanies HIV infection. She consulted the spirit world as usual, then sent Bukhosini for an HIV test. The results were positive.

"When Miriam sent me for a test I was sceptical, but her medicine had helped me before, so I

decided to trust her," said the 25-year-old, hunched inside a mud and straw hut, the bitter aroma of burning incense wafting from the corner.

Now with Tembe's support, Bukhosini is taking ARVs and looks happy and healthy.

"Miriam encouraged me to take the medicine the doctors gave me," she said. "But she also gives me her own treatment and tells me if I need to slaughter a chicken to appease the ancestors."

The Amref project has particular resonance in SA, where Health Minister Manto Tshabalala-Msimang has angered Aids activists by appearing to question accented science, and emphasising treatments such as lemon, garlic and the African potato.

By Robert Ross

Blood transfusion risk found to be tiny

LYSE COMINS

South Africans have a 1.8-in-a-million chance of contracting HIV/Aids after a blood transfusion, new research by the South African National Blood Service has shown.

Dr Sam Gulube, national medical director for the SANBS, speaking at the SA Aids Conference in Durban yesterday, said the service was also monitoring donors whose blood had tested positive under a new laboratory test, but whose bodies had developed antibodies to abort the virus.

The SANBS haemovigilance programme, which studied the number of HIV transmissions in South Africa, had received seven reported cases for the period 2001

to 2005. During this period, HIV antibody and HIV p24 antigen tests were used to screen all 4.3 million blood donations collected.

"All the involved donors were traced and found to be repeat donors who were in the window period of their infection.

"Five to 10% of HIV infections are transmitted through blood transfusions in developing countries," Gulube said.

Between 2001 and 2003, two cases a year were reported and in 2004, one case was reported, while a possible HIV transmission was also reported in 2005.

"When someone becomes HIV-positive because of a blood transfusion, the pathologist checks whether it came from the donor.

"We have to go back and check every person who received

blood from that donor because it could have been donated during the window period," Gulube said.

Gulube said that the reported rate of contracting HIV via a blood transfusion in South Africa was 1.8:1 million, compared to Europe's 1.5:1 million risk.

Gulube said that to further reduce the risk, the SANBS had introduced the more costly Nucleic acid amplification test (NAT) in October 2005, which reduces the window period from three months to 10 to 14 days.

"No HIV transfusion-related infections were reported in 2006, touch wood," Gulube said.

He said blood received by regular donors was the "safest" and less likely to be HIV-positive than that of new donors.

APPENDIX L: Partnership request



SOUTH AFRICAN
FARM MANAGEMENT

PARTNERSHIP REQUEST

TO: SABC: Phalaphala FM

FAX NO: 015 290 0170

FROM: Abiott Senoamadi

E-MAIL: munyaia@sabc.co.za

DATE: 22 June 2007

TEL: 015 290 0260

SAFM (Pty) Ltd will be hosting HIV/AIDS Awareness campaign and would like to cordially request **Phalaphala FM** to be part of the project, thus broadcasting, sponsoring and marketing the event. Guest speakers include: The Deputy President, Phumzile Mlambo-Ngcuka, Minister of Agriculture, Limpopo MEC of Agriculture. Suggestions, inputs, etc are warmly welcome. This huge event will take place as follows:

Date: 06 October 2007

Venue: Limpopo, Lenyenye Stadium

Time: 07:30AM until late

NB: Queries and or correspondence can be done with MR Netangaheni (see particulars below). Please find attached, Presentation for Farmers

Hoping for positive respond and on-going communication with you

Abiott Senoamadi

PR & HR MANAGER

EVENT ORGANISER

Tel:015 307 6600 Cell: 083 566 6002

E-mail: abiott@bigday.co.za

MR T.R Netangaheni

Researcher

Cell: 082 301 4930

E-mail: rnetangaheni@yahoo.com

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APPENDIX M: Notice and Agenda of the HIV/AIDS Awareness Stakeholders meeting to be held at SAFM Head Office on 13 July 2007

25-JUL-2007 12:20 FROM:

10:012 320587

P.171

ATT: Robert Metangaheni



SOUTH AFRICAN
FARM MANAGEMENT

NOTICE AND AGENDA

Please take note that the progress meeting of HIV/AIDS Awareness Stakeholders will be held at SAFM Head Office on 13 July 2007 at 10:00am

AGENDA

1. Opening and Roll-Call
2. Apologies
3. Progress report
4. New businesses
 - 4.1 Responses of guest speakers
 - 4.2 Responses of possible donors/sponsors
 - 4.3 Marketing of event
5. General/Discussion
6. Way forward
7. Closure

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APPENDIX N: HIV Prevention for Farmers (HIV/AIDS awareness)



SOUTH AFRICAN
FARM MANAGEMENT

HIV PREVENTION FOR FARMERS (HIV/AIDS AWARENESS)

South Africa has been hit by the HIV/AIDS pandemic, with the agricultural sector being no exception. Agricultural sector is currently home to the highest number of people living with HIV and die of AIDS related diseases due to lack of resources to fight the disease.

According to the World Health Organisation (WHO), over seven million farmers and farm workers in Africa have died of AIDS related diseases since 1985, a further 16 million rural people will die of disease by 2010, WHO estimates between 30% and 40% of South African Farmer Workers are infected.

The major obstacle in the fight against AIDS is the stigma attached to the disease and most of the farm workers are illiterate, hence there is a need for aggressive educational campaigns.

South African Farm Management took the initiative to organise awareness campaign on HIV and AIDS to the farming employees who belong to this organisation including other farm organisation at different district at Limpopo province.

Project Co-ordinators:

Mr Abiott Senoamadi – PR & HR: SAFM

Tel: 015 307 6600

Fax: 015 307 6224

Cell: 083 566 6002

E-mail: www.abiott@bigday.co.za

Mr T.R Netangaheni – Researcher

Cell: 082 301 4930

E-mail: rnetangaheni@yahoo.com

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APPENDIX O: FORMAL INVITATION



SOUTH AFRICAN
FARM MANAGEMENT

FORMAL INVITATION

TO: Noluthando Matungwa

FAX NO: 012 321 8558

FROM: Abiott Senoamadi

E-MAIL:

DATE: 04 June 2007

TEL: 012 319 7319

SAFM (Pty) Ltd will be hosting HIV/AIDS Awareness campaign and would like to cordially invite the Hon Minister of Agriculture, Lulu Xingwana to be a Chief speaker. The negative impact of HIV & AIDS in the World, South Africa and particularly South African farming communities should form part of her speech and the speech should last for approximately 20-30 minutes. Suggestions, inputs, etc are warmly welcome. This huge event will take place as follows:

Date: 06 October 2007

Venue: Limpopo, Tzaneen Show Grounds

Time: 07:30AM

Attached, please find "PRESENTATION FOR FARMERS"

NB: RSVP on August 2007

Hoping for positive respond and on-going communication with you

PR & HR MANAGER

EVENT ORGANISER

Tel: 015 307 6600 Cell: 083 566 6002

E-mail: abiott@bigday.co.za

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APPENDIX P: DRAFT PROGRAMME



SOUTH AFRICAN
FARM MANAGEMENT

HIV/AIDS AWARENESS CAMPAIGN

PROGRAMME DIRECTOR: Jane Thupane

VENUE	:	LENYENYE STADIUM
DATE	:	06 OCTOBER 2007
TIME	:	10:00 to 15H00
Introduction of guests	:	
Words of welcome	:	Hon Mayor O.J Mushwana
The impact of HIV/AIDS in the Farming Community	:	MR Netangaheni Robert
Poem	:	Agricultural Sector will fight HIV/AIDS
Word by NAFU	:	General Secretary
Guest Speaker	:	MEC of Agriculture Me D.P Magadzi
Candle lighting Ceremony	:	MEC (Moment of silence)
Poem	:	
Cutting of Red Ribbon	:	MEC
Entertainment	:	Teargas Group

Guests leave for Lunch at Coach House -14Hoo

South African Farm Management (Pty) Ltd •

Registration no. 2002/028922/07
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