

THE MANAGEMENT OF HIV AND AIDS AND TB IN THE WORKPLACE: A STUDY
OF THE NORTH WEST DEPARTMENT OF EDUCATION HIV/AIDS POLICY IN
NGAKA-MODIRI-MOLEMA DISTRICT.

BY

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North-West University
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DISTRICT OF NGAKA-MODIRI MOLEMA.

FACULTY OF HUMAN AND SOCIAL SCIENCES

Institution : The University of North West
(Mmabatho Campus)

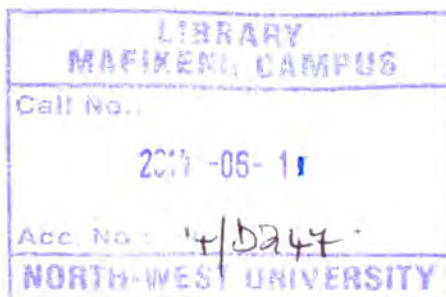
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ABSTRACT

South Africa is increasingly being affected by HIV & AIDS and TB. Therefore, government departments are expected to develop workplace policies that create a helping environment for employees. In this context the North West Department of Education developed the "HIV & AIDS and TB management policy".

The purpose of this study was to determine the effectiveness of the different structural elements through which the policy is implemented to find the kind of support the Department is giving to HIV & AIDS and TB infected and affected employees (educators and officials) through the policy.

The study used a combination of qualitative and quantitative methods. Interviews and questionnaires were the main methods used to collect data. Others were observations and documents analysis. Educators and officials of the Department formed the population of the study. The Ngaka-modiri-molema District municipality was the focus area.

The main finding of the study was that generally, the administrative structure used to implement the policy was effective. The major problem identified was the shortage of financial and human resources.

DECLARATION

I, Kalayamotho France Mabilo declare that the dissertation "*The Management of HIV & AIDS and TB in the workplace: A study of the North West Department of Education HIV & AIDS and TB Policy in Ngaka-Modiri-Molema District*" for the degree of masters of Land Reform and Rural Development (LND) at the University of North West hereby submitted, has not previously been submitted by me for a degree at this University or any other University. This is my own work in design and execution and that all materials contained herein have been dully acknowledged.

Student No 16690680

Signature 

Kalayamotho France Mabilo

Date 23/01/2014

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The HIV & AIDS pandemic is felt in the country as a whole, and the work place is no exception. This pandemic continues to affect the lives of millions of people world wide. According to Van Dyk, (2005:11) twenty years after the first clinical evidence of acquired immunodeficiency syndrome was reported, Aids has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV & AIDS is now the leading cause of death in Sub-Saharan Africa. Worldwide, it is the fourth biggest killer. At the end of 2003 an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occur in young adults, with young women especially vulnerable.

The African countries south of the Sahara have some of the best HIV surveillance systems in the World. They provide solid evidence of people affected by HIV and AIDS pandemic. The HIV infection rate has stabilized at a relatively low level in Senegal and the extremely high rates in Uganda have been reduced. However, in most sub-Saharan countries, adults and children are contracting HIV infection at a higher rate than ever before. As early as the 1990s about 71 percent of the world HIV infections occurred in sub-Saharan Africa (Cresswell: 2004).

According to Mitchell, (2010: 256) many people have died from AIDS related diseases. A newspaper report just under two years ago (Sowetan, 25 October 2011:6) indicated that in Gauteng the number of funerals had doubled over the last few years. The Chris Hani Baragwanath hospital reported that AIDS related deaths in the hospital had increased from 200 in 2009 to 435 in 2010. In 2010 +/- 1300 people were buried in Johannesburg while in 2011 +/- 9600 people died from AIDS related diseases.

According to Mouton, (2008:61) there are 16 countries in sub-Saharan Africa in which more than one –tenth of the adult population aged between 15 and 49 is infected with HIV. In seven of these countries, at least one adult in five is living with the virus. In Botswana, 35, 8% of adults are infected with HIV while in South Africa, 19, 9% of adults are infected.

According to Bandura, (2009:97-98) South Africa has the largest number of people living with HIV & AIDS in the World. 10% of all the estimated HIV-infected individuals in the World are in South Africa, but South Africa constitutes only 0, 68% of the World population. It has social and economic consequences which are felt widely not only in health but in education, industry, agriculture, transport human resources and the economy in general. Indeed there is a serious concern among the African countries about the disgrace caused by HIV & AIDS pandemic to the African Society. The disease is busy sweeping up the African countries and this situation is heart – breaking.

According to Grant (2002:17) large numbers of people are dependent on public servants, and as result the fate of the society as a whole is closely intertwined with the health and well-being of public servants. HIV & AIDS is one of the major challenges facing South Africa today. South Africa is one of the 22 high burden countries that contribute approximately 80% of the total global burden of all HIV & AIDS and related TB cases. The serious nature of HIV & AIDS and its impact on South Africa, initiated the impact and action project in January 2000 which was aimed at ensuring that the public service is able to sustain a quality service in spite of the progression of the AIDS pandemic.

According to the Public Service Act, 1994 (Act No103 of 1994) section 14 (1) and the Employment of Educators Act, 1998 (Act No76 of 1998) section 3 (4), HIV & AIDS and TB should be effectively controlled in the workplace. These diseases also affect productivity in the Department of Education. As a result, the Department of Education in the North West Province came up with a strategic plan that would help it towards achieving its goal and objective in relation to HIV & AIDS and TB in the workplace. The Policy of HIV & AIDS and TB in the workplace was developed by the North West Department of Education and officially signed in 2001 by the MEC for Education.

1.2 STATEMENT OF THE PROBLEM

In South Africa, in the Department of Education particularly in schools there is a serious problem of HIV & AIDS and TB epidemic that affect productivity.

According to Bandura, (2011: 103) HIV & AIDS and TB statistics of 2009 indicated that in the North West in 2006 there was 29.0%, in 2007 there was 30.6% and in 2008 there was 31.0% of HIV Prevalence in the Department of Education.

The Department of Education, in the North West Province is already indicating that many employees are starting to die from HIV & AIDS related diseases. Research conducted by the North West Department of Education in April 2010 revealed that the prevalence of HIV & AIDS has increased in the North West Province.

These figures raise the question of whether the Department can effectively deal with the problem of HIV & AIDS affecting its employees. This study, therefore, seeks to determine the effectiveness of the implementation of the policy used by the North West Provincial Department of Education to manage HIV & AIDS and TB in the workplace.

1.3 RESEARCH QUESTION

The study is guided by the following research question:

How effective is the management structures through which the Department of Education in the North-West Province is implementing the HIV & AIDS and TB Policy?

1.4 HYPOTHESIS

The hypothesis on which the study is based is that the resources allocated towards the implementations of the policy and structures through which it is implemented are inadequate. Therefore, the implementation of the strategies and programmes contained in the policy is not effective.

1.5 OBJECTIVES OF THE STUDY

To address the research problem stated above, the specific research objectives of the study are as follows:

- To identify the programmes through which the Department is giving support to infected and affected employees (educators and officials).
- To determine the effectiveness of the different structural elements through which the policy is implemented.
- To evaluate the adequacy of the resources available for the implementation of the policy.
- To identify the problems encountered in the implementation of the policy.

1.6 DELIMITATION OF THE STUDY

The study focuses on the awareness of the management structures only in terms of whether they perform the functions that they are intended to perform. It does not look at the impact of the programmes themselves. This focus is intended to keep the study within manageable limits.

In terms of the area covered, the study was based on the Department of Education in Ngaka-modiri-molema District, North-West Province, South Africa. The District has about 23750 educators and about 1075 officials employed by the Department of Education. The District of Ngaka-modiri-molema consists of 396 schools.

There are five (5) Area offices in the District of Ngaka-modiri-molema. Those Area offices are Mahikeng, Lichtenburg, Kgetleng, Zeerust and Rekopantswe. In each Area office, there are Clusters of schools. The Mahikeng Area Project Office has 3 clusters with 98 schools, Lichtenburg has 4 clusters with 101 schools, Kgetleng has 3 clusters with 73 schools, Rekopantswee has 3 clusters with 71 schools and Zeerust has 2 clusters with 52 schools.

1.7 METHOD OF RESEARCH

There are two main approaches to research, namely qualitative and quantitative (Steady, 2001:139). According to Creswell,(2003:22) “A mixed methods of research design is useful to capture the best of both qualitative and quantitative approach”. In this study, the researcher used both quantitative and qualitative procedures.

1.7.1 The qualitative method

Qualitative research is the one in which the researcher plans to observe, discover, describe, compare and analyze the characteristic attributes of theme and underlying dimension of a particular unit (Seaman,2005:10).

According to Babbie, (2007; 285) qualitative research enables the researcher to observe social life in its natural habitat to go where the action is and watch. Babbie further states six core assumptions pertaining to qualitative procedure as follows:

- Qualitative researchers are concerned primarily with processes, rather than outcomes or products.
- Qualitative researchers are interested in the meaning of how people make sense of their lives, experiences and their structures of the world.
- The qualitative researcher is the primary instrument for data collection and analysis. Data are mediated through this human instrument, rather than inventories, questionnaires or machines.

- Qualitative research involves fieldwork. The researcher physically goes to the people, setting, site or institution to observe or record behavior in its setting.
- Qualitative research is descriptive and exploratory in that the researcher is interested in process, meaning and understanding the words and pictures of the study.
- The process of qualitative research is inductive in that the researcher builds abstractions, concepts, hypothesis and theories from details.

1.7.2 The quantitative method

According to Brink, (2006:10) the quantitative approach has its roots in logical positivism and focuses on measurable aspects of human behavior. Quantitative research puts emphasis on the quantification of constructs and the only way of measuring the properties of phenomenon is through quantitative measurement (Mouton, 2008:646). The qualitative method includes the following:

- The researcher quantifies data and generalizes results from a sample to the population of interest.
- It measures the incidence of various views and opinions in a chosen sample.
- It usually refers to a large number of cases representing the population of interests.
- Quantitative researcher is concerned primarily with numbers that are to be used.

1.7.3 Study Population

A study population is defined as the number of people in a given class or a set of events (Theyer, 2003:95). The population of interest for this research was composed of the employees of the Mahikeng Area office (educators and officials). There are 1372 educators in different schools and 18 officials in the three clusters of Mafikeng Area office. The Area office consists of 51 primary, 28 middle and 19 high schools. People in the policy management structures also constituted part of the study population.

1.7.4 Sampling

A sample is a group of subjects selected or sampled to represent a larger population of individuals. Sampling is a system of systematically selecting cases for inclusion in a study (Neuman, 2007: 48).

Random sampling was used only for educators of Mafikeng Area office. 10% of schools were randomly selected from 98 schools of Mafikeng to participate in the study. This means out of 98 schools, 10 schools were randomly selected. In each of the 3 Clusters a primary, middle and high school was selected for the study. The random selections were made from the primaries, middles and high schools.

The clusters under the Mahikeng Area offices are Botshabelo with 30 schools, Mmabatho with 31 schools and Tshwaraganang with 37 schools. The ten schools were selected in the following manner:

- One (1) high school from each of the Clusters (3 high schools in all)
- One (1) middle school from each of the Clusters (3 middle schools in total)
- One (1) primary school from Botshabelo and Mmabatho and two (2) from Tswaraganang which has the highest number of schools (4 primary schools in total).

100 questionnaires were distributed to the selected schools in each of the three Clusters of the Area office. In each cluster, 40 were given to primaries, 30 to middles and 30 to high schools. The aim was to draw a sample of at least 5% of the 1372 teachers in the three Clusters.

Out of the 300 questionnaires sent out to the three Clusters, two hundred and fifty three questionnaires were returned. Seventy five (75) of these were used in the study. 25 questionnaires from each cluster were randomly selected for the study. The target numbers were 50% male and 50% female educators to participate in the study. Because there were only 18 officials in the Mahikeng Area office, all of them formed part of the study and were given questionnaires to complete.

The researcher used non-probability sampling for officials managing the policy of the Department. According to the Policy, the Designated Senior Manager is based at Head office. He or she is responsible for the work performed by the Health and Wellness Coordinators, the Peer educators and the Health and Safety Committees at all levels of clusters. The Designated Senior Manager was interviewed. In each of the three Clusters of the Mahikeng Area office, three (3) Health and Wellness Coordinators, three (3) Peer Educators and three (3) members of Health and Safety Committees were purposively selected to be interviewed.

1.7.5 Methods of data collection

Methods of data collection are the tools or the instruments that the researcher applies to collect data from the field. According to Creswell (2004; 206) data collection steps involve:

- setting the boundaries for the study,
- collecting information through observation, interviews, documents, focus groups and visual materials and
- establishing the protocol for recording information.

The data collection was cross sectional, meaning that, the researcher collected data at one point in time. It is usually the least costly data collection procedure. Data was collected by using four types of approaches.

- **Documents:**

The following documents were consulted:

- (a) The National Education policy of 1996 on HIV & AIDS.
- (b) Budget speech of 2009 where the MEC for Education explained the impact of HIV & AIDS in the workplace.

(c) The first minutes of the Employee Wellness Directorate meeting dated 28 November 2003 on HIV & AIDS that was attended by the MEC and all Senior Managers of the Department of Education, as well as minutes from other relevant meetings.

(d) HIV & AIDS related information and education material.

(e) The HIV & AIDS and TB management policy document for the Department of Education in the North West Province.

- **Observation:**

(a) The researcher determined how HIV & AIDS and TB policy was implemented by observing posters, pamphlets and whether condom dispensers were provided in the workplace.

- **Questionnaire:**

The questionnaires were also used for data collection. A questionnaire was developed and administered to collect data from employees (educators and officials) of Mafikeng Area Project Office. The reason for using the questionnaire was that it allowed the researcher to collect information from many people quickly.

- **Interviews:**

Interviews were used to collect information from officials who managed the policy. An interview guide or schedule consisting of semi-structured and non- directive questions was used.

1.7.6 Literature review

Literature review is a way of building on the research of others. It helps to identify and strengthen the hypothesis or research questions. It taps into the opinions and insight of people that are familiar with the area that the researcher intends to study and is a basis for comparing with results to be found in the study (Creswell, 2004).

If conducted carefully and well presented, it adds much to an understanding of the problem selection and helps place the results of a study into a theoretical perspective. Literature review builds a body of accepted knowledge on an educational topic (Schumacher, 2009). According to Kangethe, (2006; 134) literature review is used to accomplish the following purposes:

- It shares with the researcher result of other studies that are closely related to the study being done (Fraenkel & Wallen, 1997).
- It relates a study to the larger, ongoing dialogue in the literature about a topic, filling in gaps and extending prior studies (Rossman, 1998).
- It provides a framework for establishing the importance of the study with other findings (Creswell, 2004).

The literature review performs a vital role in the research and this is supported by Welman, Kruger and Mitchell, (2005:38) who explain that prospective researchers should acquaint themselves with a particular topic before they start planning their own study.

According to Brink (2006:67) literature refers to the sources that are effective in giving the in-depth knowledge of the topic, an update on the latest developments in the field of study, on specific challenges in the field of study as well as with regards to the research methodology. In conducting the literature review the researcher used mainly the library of the Mahikeng Campus of North West University. The main areas covered in the literature review include the origin and statistical background of HIV & AIDS and TB, the politics of HIV & AIDS, the socio economic impact of HIV & AIDS, the fight against HIV & AIDS, challenges relating to HIV & AIDS in South Africa and South Africa's Government policy responses.

1.8 THE RATIONALE AND SIGNIFICANCE OF THE STUDY

The importance of this study is to contribute towards overcoming problems that are encountered in the management of HIV & AIDS and TB in the workplace. Hopefully it would contribute towards helping the role players to implement the policy more effectively to help the employees in dealing with HIV & AIDS and TB in the workplace. It may be of a great help to the Department and its employees if employers together with officials managing the policy cooperate in a positive manner in the implementation of the policy.

1.9 ETHICAL CONSIDERATIONS

As indicated by Babbie, (2007:309) "ethics is concerned with the question of right and wrong". Ethical guidelines "serves as the basis on which each researcher ought to evaluate his own conduct" (Strydom, 2002:406). Different writers categorize a complete range of ethical issues that researchers should take into consideration such as harm to respondents, violation of privacy, anonymity and confidentiality.

According to Babbie,(2007:319) “any one involved in research needs to be aware of the general agreement about what is proper and improper in scientific research”. Therefore, it is essential that throughout the research process the research follows and abides by ethical guidelines.

Seeing that HIV & AIDS is a sensitive issue, the researcher considered the following principles during the research process:

- Confidentiality - the researcher would send out questionnaire to the employees and that should be confidential and treated as anonymous. The surname and name of the respondents was not required on the questionnaire (Mouton, 2008:342).
- Respect – the researcher would respect the views of the employees and treated them as unique. The researcher would not undermine any views of the employee indicated (Borg, 2009:246).
- Non judgmental attitude – the researcher would not be judgmental to any information of the employees (Mouton, 2008:341).
- Acceptance – the researcher intended to accept any comments of employee as an individual (Borg, 2009:245).
- Protect from harm - the researcher would ensure that the participants were not exposed to any physical or psychological harm (Leedy, 2001:273). During the study, the researcher strived to be honest and sympathetic towards all participants.
- Privacy and Anonymity – According to Burns, (2000:143) both the researcher and participants must have clear understanding regarding the privacy and anonymity of the results of the study.

1.10 STRUCTURE OF THE DISSERTATION

The structure of the study is as follows:

Chapter 1 This chapter contains an introduction, statement of the problem, hypothesis, objectives of the study, method of research, the rationale and significance of the study, and explains the structure of the study. The chapter also highlights the ethical issues that were taken into consideration when conducting the study.

Chapter 2 Literature review – provides the theoretical basis for the study in terms of already known international and local trends and findings in the study field.

Chapter 3 This chapter outlines the socio-economic background of the study area.

Chapter 4 Presentation and discussion of data – presents and discusses the findings of the study.

Chapter 5 provides the summary, conclusion and recommendations of the study.

CHAPTER 2

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

The main objective of this chapter is to highlight the views of different authors on HIV & AIDS and its challenges. The chapter also highlights what the Department of Education policy on HIV & AIDS and TB intends to achieve for the general welfare of the employees (educators and officials) in the North West Province. It further indicates how the pandemic continues to affect the lives of people worldwide. In this regard, the researcher presents the historical and statistical background of the pandemic in a global context, the South African context, the Provincial context and the relationship between HIV & AIDS and TB. It also presents the problems and challenges relating to HIV & AIDS politically, socially and economically.

2.2 HISTORICAL AND STATISTICAL BACKGROUND

2.2.1 Origins of HIV and AIDS

According to Moore, (2007:145) the origin of HIV & AIDS has puzzled scientists ever since the illness first came to light in the early 1980s. For over twenty years, the pandemic has been the subject of fierce debate and the cause of countless arguments.

According to Schoub, (1999: 14) AIDS is not a new disease, but has been present for centuries in central Africa. He further indicated that HIV & AIDS remained undetected only because of the lack of diagnostic facilities. The clinical symptoms of AIDS (such as fever and pneumonia) were ascribed to Malaria and TB. In the African countries, vaccine programmes were being blamed. So what is the truth? Just where did HIV & AIDS come from? According to Berry, (2001:126) the first recognized cases of HIV & AIDS occurred in the United States of America in the early 1980s.

A number of gay men in New York and California suddenly began to develop rare opportunistic disease infections and cancers that seemed stubbornly resistant to any treatment.

According to Cater,(2006:249) during that time, HIV & AIDS did not yet have a name, but it quickly became obvious that all the men were suffering from a common syndrome. Cater further indicated that the discovery of Human Immunodeficiency Virus (HIV), was made soon after and there is now clear evidence to prove that HIV causes AIDS. Hooper, (2008:103) differs with Moore, (2007:147) by saying that HIV & AIDS started in the early 1980s through the butchering and consumption of monkey meat from Asia and South America. Hooper further indicated that HIV & AIDS is a lentivirus disease that had been found in a number of different animals including cats, sheep, horses and cattle.

As indicated by Hooper, (2008:109) that was paralleled soon thereafter by the reports of a wasting disease in Central Africa. The disease has spread rapidly in Africa but less so in South and North America. Over 70% of HIV infection occurs in Sub Saharan Africa. In Europe and the USA HIV & AIDS remains a disease which occurs amongst homosexuals but in the rest of the world it is a disease which impacts mainly on the heterosexual population (Fish, 2009:357). According to Devos, (2009:207) the earliest sample shown to be positive for HIV antibodies was taken in 1979 in Kinshasa in the then Belgian Congo. He further indicated that doctors with many years of clinical experience in Africa deny that before the 1980s they ever saw diseases resembling the very obvious characteristics of AIDS.

2.2.2 World wide HIV & AIDS and TB Statistics

Table 2.1 shows the statistics of the people living with HIV & AIDS and TB that were published by United Nation AIDS (UNAIDS) Worldwide in November 2010, and refers to the end of 2009. World wide, HIV & AIDS and TB are the fourth biggest killer diseases and many millions of people know nothing or too little to protect themselves against the diseases. TB is one of the killer diseases that are related to HIV & AIDS worldwide.

Table 2.1 World wide HIV & AIDS and TB Statistics 2010

	Estimation	Range
People living with HIV&AIDS and TB in 2009	33.3 million	31. 4-35.3 million
Adult living with HIV&AIDS and TB in 2009	30.8 million	29.2-32.6 million
Women living with HIV&AIDS and TB in 2009	15.9 million	14.8-17.2 million
Children living with HIV&AIDS and TB in 2009	2.5 million	1.6-3.4 million
People newly living with HIV&AIDS and TB in 2009	2.6 million	2.3-2.8 million
Adults newly infected with HIV&AIDS and TB in 2009	2.2 million	2.0-2.4 million
Aids deaths and TB in 2009	1.8 million	1.6-2.1 million
Orphans (0-17) due to AIDS and TB in 2009	16.6 million	14.4-18.8 million

UNAIDS: (2010)

The United Nation AIDS (UNAIDS), 2010 report on AIDS indicated that at the end of 2009, women accounted for just over half of all adults living with HIV and AIDS worldwide.

2.2.3 The South African context

Table 2.2 shows the HIV & AIDS statistics of South Africa between 2001 and 2009. In different years, different Provinces recorded varying rates of infection. In 2009 the Northern Cape and Western Cape recorded the lowest prevalence at 17.2%

and 16.9% respectively. Kwa-Zulu Natal and Mpumalanga recorded the highest figure with 39.5% and 34.7% respectively.

Table 2.2 Country wide HIV&AIDS and TB statistics 2001 to 2009

Province	2001	2002	2003	2004	2005	2006	2007	2008	2009
Kwa-Zulu Natal	33.5%	36.5%	37.5%	40.7%	39.1%	39.1%	38.7%	38.7%	39.5%
Mpumalanga	29.2%	28.6%	32.7%	30.8%	34.8%	32.1%	34.6%	35.5%	34.7%
Free State	30.1%	28.8%	30.1%	29.5%	30.3%	31.1%	31.5%	32.9%	30.1%
Gauteng	29.8%	31.6%	29.6%	33.1%	32.4%	30.8%	30.5%	29.9%	29.8%
North West	25.2%	26.2%	29.9%	26.7%	31.8%	29.0%	30.6%	31.0%	30.0%
Eastern Cape	21.7%	23.6%	27.1%	28.0%	29.5%	28.6%	28.8%	27.6%	28.1%
Limpopo	40.5%	15.6%	17.5%	19.3%	21.5%	20.6%	20.4%	20.7%	21.4%
Northern Cape	15.9%	15.1%	16.7%	17.6%	18.5%	15.6%	16.5%	16.2%	17.2%
Western Cape	8.6%	12.4%	13.1%	15.4%	15.7%	15.1%	15.3%	16.1%	16.9%
National	24.8%	26.5%	27.9%	29.5%	30.2%	29.1%	29.4%	29.3%	29.4%

National Department of Health (2010)

The table indicates the fluctuating levels of HIV & AIDS and TB in different Provinces from 2001 to 2009. The statistics further indicate that between 2001 and 2009 Kwa-Sulu Natal recorded the highest figure among the Provinces. Western Cape is the Province that recorded the lowest figure of HIV & AIDS and TB.

2.2.4 The Provincial context

Table 2.3 shows the HIV & AIDS statistics of the North West Province. The North West Province consists of four Districts, namely, Ngaka-Modiri-Molema, Dr Ruth Segomotsi Mompoti, Bojanala and Dr Kenneth Kaunda. The incidence of HIV & AIDS in these four Districts shows the fluctuations of the disease from 2001 to 2009. The statistics of the Districts in the North West Province show that the highest recorded HIV & AIDS prevalence over the period were in Bojanala, followed by Dr Kenneth Kaunda and Dr Ruth Segomotsi Mompoti. Generally, the incidence of HIV&AIDS and TB in the Ngaka-Modiri -Molema has been the lowest in the province.

Table 2.3 North West Provincial HIV & AIDS and TB 2001-2009

District	2001	2002	2003	2004	2005	2006	2007	2008	2009
Ngaka Modiri Molema	2.2%	9.6%	8.1%	10.6%	3.3%	7.5%	5.0%	5.5%	3.2%
Bojanala	10.2%	19.1%	12.2%	15.0%	11.0%	10.2%	14.0%	9.1%	4.6%
Dr Ruth Segomotsi Mompoti	3.0%	15.2%	10.0%	8.2%	9.0%	6.9%	11.8%	5.4%	4.6%
Dr Kenneth Kaunda	9.8%	6.0%	9.7%	12.6%	14.9%	12.7%	10.8%	7.5%	5.8%

North West Provincial Department of Health (2010)

2.3 THE POLITICS OF HIV & AIDS

According to Bonnie, (2007:215) from the beginning HIV & AIDS has been a disease which generated great emotion. As such, fighting the epidemic is burdened with disputes and controversy.

In part this is due to the nature of the disease as issues of sexuality always arouse moral disputes. This is seen by the early history of the disease in the USA. As already indicated, the disease in the USA initially occurred mainly in the homosexual community and was ignored by the United States government for a number of years. As an attempt to get the United States government to give attention to the disease, gay activist groups became very radical and confrontational in their approach.

Bonnie further indicates that this split the nation along political lines with one group indicating that the disease should be addressed because it was occurring amongst part of the population while the other group indicated that the disease was due to the sexual immorality of homosexuals and therefore a punishment from God.

This politicized the disease and caused people and political parties to take positions around the disease. Shopper (1995:126-127) has similarly noted that HIV & AIDS presents all South Africans with choices. As indicated by Anderson, (2007:142) at the individual level we can choose to protect ourselves from the disease or to pretend that it can't happen to us. We also have the choice to support people with HIV & AIDS or to reject them. As a nation we can choose to collapse into squabbles or to unite in fighting the epidemic. As communities we can choose to reject and stigmatize people with HIV & AIDS or we can develop the interpersonal fabric which will provide a caring and supportive environment.

Anderson further indicated that organizations can choose to make the investment now to protect the organization and our nation from the ravages of the disease or they can spend much more money later when the impact of the epidemic takes them unawares and unprepared. For the government there is the choice of showing political will and commitment to fighting the epidemic or of making purely token efforts.

2.4 THE SOCIO- ECONOMIC IMPACT OF HIV & AIDS

According to Skidmore, (2004: 134) since the start of the epidemic, 20 million children and adults have fallen sick and have died. Almost twice that number is now living with HIV, with some five million newly infected people joining their ranks in 2003 alone (Gitterman, 2007:251). Gitterman further indicated that as a result, the epidemic's impact on the health sector in the next decade ending in 2014 could be predictably greater than in the past two decades combined. The increased demand for health care from people with HIV related illnesses is already heavily taxing the overstretched public health services of many developing countries.

In the mid 1990s, for example, it was estimated that treatment for people with HIV consumed 66% of public health spending in Rwanda and over a quarter of health expenditure in Zimbabwe. HIV positive patients have occupied 30% of the beds in Kenyatta National Hospital in Nairobi, Kenya and 70% of the beds in the Prince Regent Hospital in Bujumbura, Burundi (Skidmore: 2004: 133).

Skidmore, (2004: 134) further said that the exploding tuberculosis epidemic in the countries most heavily affected by HIV posed a further growing demand on the health care systems. Tuberculosis became the leading cause of death among people with HIV infection and hospital data from Africa showed that 40% to 50% of HIV infected patients had active tuberculosis. The HIV & AIDS epidemic has a profound impact on growth, income and poverty. It is difficult to measure the precise impact of HIV at a national level in most hard-hit countries; a great deal of information does not exist about how the epidemic is affecting everything from household to the public and private sector of the economy (Skidmore, 2004:136).

Calculations show that heavily affected countries could lose more than 20% of GDP by 2020. Companies of all types face higher costs in training, insurance, benefits, absenteeism and illness. A survey of 15 firms in Ethiopia has shown that, over a five year period, 53% of all illness among staff was AIDS-related (Gills, 2008:214).

Morgan (2009:104) state that as an index of existing social and economic injustices, the epidemic is driving a ruthless cycle of impoverishment. People at all income levels are vulnerable to the economic impact of HIV and AIDS, but the poor suffer most acutely. One quarter of households in Botswana where adult HIV prevalence is over 35%, can expect to lose an income earner within the next ten years. Morgan further indicated that a rapid increase in the number of very poor and destitute families is anticipated. Per capita household income for the poorest quarter of households is expected to fall by 13%, while every income earner in this category can expect to take on four more dependents as a result of HIV & AIDS.

According to Schopper, (2009:302) organizations will be impacted on three levels:

- Many organizations would face a problem of a shortage of skills and experience.
- This shortage was likely to increase as skilled employees become ill and die.
- Productivity could be lowered for any of the following reasons:

Absenteeism

- Absenteeism would occur due to illness but also due to psychological factors.
- Employees could also need to take time off to care for family members who have become ill.
- Employees taking time off to attend a funeral could also become a major problem in countries to the north of South Africa. In South Africa, if someone died people are taking leave to attend the funeral or a memorial service.

Illness

- The ability of employees who fall ill from HIV & AIDS related illnesses to work efficiently would be compromised. Less demanding work would have to be found for them. The illness could result in greater mistakes being made resulting in increased accidents and greater supervisor intervention.

Psychological distress

- A diagnosis of HIV has a major psychological impact on the employee and impacts the ability to operate efficiently.

According to Hodges, (2000:74) the social issues associated with HIV & AIDS can be understood in two ways. Firstly, they may refer to the social determinants of the pandemic. Secondly, they relate to the social impact of the pandemic. The premature death of a large part of the adult population, typically at the ages when they have already started to form their own families and have become economically productive, can be expected to have a radical effect on virtually every aspect of social and economic life.

According to Turner, (1998:41-43) HIV & AIDS play a role that contributes a lot to poverty. This means that poor people are more susceptible to contracting the disease and once they have contracted it, the progress of the disease to death is much quicker.

On the other hand in some societies it requires a certain degree of wealth to be able to attract sexual partners or to afford the services of sex workers which lays these people open to a higher risk of infection. Diet; access to health care, sanitation and clean water all impact on the ability of the immune system to combat disease.

According to Nel, (2006:108) agriculture is one of the most important sectors in many developing countries, particularly when measured by the percentage of people dependent on it for their living.

In Zimbabwe, the output of communal agriculture has fallen by 50% over five years, largely due to the AIDS epidemic. Maize production has shown a decline of 54% in harvested quality and a further drop of 61% in marketed output. The number of hectares of cotton plantation has decreased by about 34% and marketed output by a further 47% while the production of groundnuts and sunflowers had fallen by 40% (Nel, 2006:112).

2.5 THE FIGHT AGAINST HIV & AIDS

According to Arthur, (1999:150) HIV & AIDS is both a public health issue as well as a human rights concern. People suffering from the disease have been shunned, discriminated against, assaulted and degraded by individuals and communities. People with this infection find it really difficult to come out in the open, in the face of such discrimination and stigmatization. As a result they hide, suffer and die in silence. Without people coming out in the open it is difficult for public health authorities to conduct investigations on the spread of the disease and to assist both those who are infected and everyone else who has the potential to be affected by the disease. Without acceptance of people with HIV & AIDS by the society, there will always be non-disclosure and it will be difficult for Government institutions and individuals to plan and manage the disease.

Arthur, (1999:152) further indicated that Public health policies for the prevention, education and treatment of HIV & AIDS should therefore take into account respect for human rights as the core of the challenge of HIV & AIDS. The South African constitution respects the human rights of all people. It is important that the reaction to HIV & AIDS in this country should not result in the infringement of fundamental freedoms and human rights.

According to Mosher, (2006:198) much of the fight against the epidemic takes place in the form of attempting to change individual and societal behavior patterns. Mosher, further indicated that this is an area in which we do not yet have much understanding or the necessary methodologies to be successful. The issue of sexuality increases the difficulty because all societies are hesitant regarding issues around sexuality and it generates many deeply felt emotions.

According to Swanepoel, (2006:67) attempts to change behaviour are often seen as an assault on dearly held culture, and resistance is generated. A different view is that culture is a set of values and norms which have developed in a particular time to deal with particular circumstances. So there are helpful and unhelpful behaviours and these can enhance or inhibit efforts to combat the pandemic in South Africa as discussing sexual issues is a taboo among many cultural groups.

Gagon, (2001: 63-64) indicated that migrancy is also a contributing factor. As HIV is spread mainly through sexual contact, it is spread more quickly geographically if the population is mobile. The progress of the disease has, for example, been charted through the trade routes used by truckers in Africa.

South Africa is also vulnerable to the spread of the disease due to the system of migrant workers. These workers, being away from their wives, may use the services of sex workers which will increase their risk of infection. This infection is then spread to their community when they return home (Gagon, 2001:64).

2.6 CHALLENGES RELATING TO HIV & AIDS IN SOUTH AFRICA

According to the policy for the Department of Public Service and Administration (DPSA: 2002) HIV & AIDS is one of the major challenges facing South Africa today. South Africa is one of the 22 high burden countries that contribute approximately 80% of the total global burden of all TB cases. It has the seventh highest TB incidence in the World. During the past ten years the incidence of tuberculosis has increased in parallel to the increase in the estimated prevalence of HIV in the adult population.

According to the DPSA, the greatest challenge is to prevent new infections (primary and secondary), accelerate access to treatment, to reduce stigma and discrimination in the workplace.

The Department of Public Service and Administration Policy (DPSA; 2002:65) indicates that there are a number of problems relating to the way in which managers currently approach issues relating to HIV and AIDS in the public service.

Some of them are as follows:

- Inadequate budgeting for the direct costs of HIV and AIDS
- Making provision for HIV and AIDS programmes
- Creating posts for wellness management coordinators
- Budgeting for internal HIV and AIDS programmes (for staff), whilst budgeting for external HIV and AIDS programmes for clients and beneficiaries and
- Sustaining or increasing funds given to HIV and AIDS activities

Challenges to the Public Service related to the costs of HIV and AIDS are as follows:

- Overly generous sick leave granted in some departments
- Costly and time consuming recruitment and appointment procedures in some departments like South African National Defense Force and Correctional Services.
- The need for flexible ways to cover intermittent and extended periods of absenteeism in a variety of work settings. (DPSA, 2002: 65) This leads to poor performance that affects the productivity of the Department.

According to Miller, (2008: 106) HIV & AIDS is not selective. Since the start of the epidemic, mine workers became sick and died of HIV-related illness. In 2009 alone, an estimated 860 mine workers lost their jobs due to HIV & AIDS in Rustenburg. The highest percentage of death as projected would occur in the mining sector peaking at 3% of the workforce dying each year.

Miller further indicated that taking an average of 2.5% of workers in the mining sector over a 10 year period 25% of the workforce would die due the HIV & AIDS and other related disease. The projections are that almost 14% of the mine workers would die due to HIV & AIDS in the period 2015 to 2020.

According to Dyk, (2009:84) the mining sector is responsible for more illnesses than all other industries with 90% of reported occupational lung diseases arising from the mining industry. It found that the TB incidence in miners has been increasing exponentially with HIV & AIDS every year. Dyk further indicated that currently the South African Gold Mining Industry probably has the highest incidence of TB in the world.

2.6.1 HIV & AIDS in the Education Sector

According to Wenneburg, (2008:423) since the early 1990s, it has been clear that HIV & AIDS would undermine development in African countries badly affected by the virus. In 1998, about 200 000 educators in African countries died of HIV & AIDS. HIV & AIDS and TB are mostly a social and economic consequence that is widely serious problem in the Department of Education. An estimated 12 million children in Africa have been orphaned as a result of HIV & AIDS and TB.

South Africa has a generalized epidemic of HIV & AIDS driven largely by sexual transmission. South Africa has the third highest level of HIV & AIDS and TB after Uganda and China. New infections have increased by 400% over the past 12 years, reaching 970 new infections per 100 000 educators in 2009. About 1% of the South African educators develop TB every year. In addition, more than 65% of infected educators are co-infected with both HIV and TB (Claopadra, 2007:98).

According to Fourie, (2007:345) the North-West Province is experiencing a high rate of death of educators and learners due to TB and other diseases related to HIV & AIDS. In 2006 the Province considered a more impactful approach to support the education sector in their response to HIV & Wellness. According to Hunter, (2007:69) there is a great potential in the education sector to slow down and even stop the spread of the epidemic. The challenge for African Countries at all levels is to make HIV & AIDS issues part of their day to day thinking, planning and action. Valuable work has already been done in this regard, but it needs to be strengthened and extended.

The outcome would be a society with less AIDS, less poverty, greater female empowerment, and a human resource base from which the skills lost to HIV and AIDS could be replaced.

According to Skidmore, (2004:93) the implementation of life skills education in South African schools has been a step towards creating school communities conducive to supporting those who are infected and to addressing the crisis. However, it is not easy to challenge the ignorance and myths about the transmission of the disease, and the discrimination that children and families experience within the school and community setting.

Skidmore further indicated that learners need to be able to recognize what HIV & AIDS can do to themselves, to the community, and to the development of the country. They need to discuss how it will affect the kind of society they will grow up in. They need to plan how they can take steps to protect themselves and fight discrimination and prejudice. They need to recognize their role in the care and support of people with HIV & AIDS.

According to Venter, (2005:46) since learners and educators in South African schools are affected by HIV & AIDS both directly and indirectly, the school environment must become a place that is aware and informed about HIV & AIDS as well as a place that is safe and nurturing for individuals living with the disease.

The principals, educators, parents, learners and the community should work together to ensure that information about the disease is made available to all and that discrimination is not tolerated. Love, understanding and maintaining a nurturing environment should be encouraged (Venter, 2005:47).

According to Wenneburg, (2005:83) educators and learners with HIV & AIDS in the school environment should be protected. The Department must ensure that their right to dignity, equality and privacy are protected. They should not be denied admission or attendance at school because of their HIV status (Wenneburg, 2005:91).

An educator or a learner should not be made to have an HIV test for admission or attendance at a school to be considered. All educators and learners should be treated justly and humanely regardless of their HIV status (Wenneburg, 2005:92).

An educator should not be required to disclose his or her HIV & AIDS status to any school authority. He or she has to keep his or her HIV & AIDS status confidential, and to be protected from stigma, abuse and discrimination.

2.7. SOUTH AFRICA GOVERNMENT POLICY RESPONSES

The Human Resource (HR) policies of the Department of Public Service and Administration (DPSA) have been examined and amended to minimize vulnerability to AIDS (e.g. policies that permit the deployment of educators away from their families). In addition, they have been examined and amended to proactively address educator attrition (e.g. by amendments that allow educators to continue teaching beyond normal retirement age). Succession planning is in place, based upon a review of demand and supply, and with special emphasis on specialist educators (DPSA: 2002).

Human Resource data and Educational Management Information System (EMIS) data have been analyzed and used to establish an HR preparedness system and orientation sessions have been held for the staff responsible for the HR preparedness system. AIDS education guidelines for education sector managers and educators have been developed, field tested, and distributed (DPSA: 2002).

A code of conduct has been adopted and signed by all educators committing them to zero tolerance of violence, sexual abuse and other harassment of learners. The code is displayed in every school and information on disciplinary procedures has been disseminated to all staff (University of Pretoria: 2006).

According to the Policy of the Department of Public Service and Administration, the Public Service Co-coordinating Bargaining Council (PSCBC) acknowledges that it is cost effective to establish HIV health management programmes in a work environment. HIV care and treatment should be made a priority (DPSA: 2002).

Treatment means better access to HIV testing and counseling, providing medicines for opportunistic infections caused by HIV, encouraging openness and treating HIV & AIDS as a Human rights issue.

Wellness management is a useful concept to use in relation to HIV & AIDS and STD, as it clearly highlights the need and importance of keeping a person with HIV healthy. Therefore, in terms of the policy (DPSA: 2002) PSCBC would encourage the establishment of HIV & AIDS wellness management programmes to provide the following:

- Care

- Ongoing HIV & AIDS training and information sharing by trained professional personnel on sexuality, sexually transmitted diseases, information on treatment and their relation to HIV infection.
- Prevention awareness on an ongoing process that includes a condom distribution programme.
- Counseling at three levels; psychological, spiritual and emotional counseling for employer/employees who are infected or affected.
- Group therapy counseling.
- Provision of resources/information on anti-retroviral medicines, opportunistic infections and prophylaxis for post-occupational exposure or rape.
- Unlinked voluntary testing and counseling.
- Encouragement to test and disclose with protected confidentiality.

- Support

A successful and effective HIV & AIDS programme depends on a collaborative action that involves partnership. The partnership must include non-governmental (NGOs) and community-based organizations (CBOs).

Support should include:

- Bereavement counseling extended to family where possible.
- Active role-playing in HIV & AIDS education for the infected/affected.
- Support for those who want to live openly with HIV (disclosure).
 - Employee benefits

The principle of non-discrimination in relation to all employee benefits including:

- Disability benefits
- Health benefits (chronic and health management group) medical aid
- Pension and provident funds
- Occupational and injury compensation

2.8 HIV & AIDS AND TB POLICY IN THE NORTH WEST PROVINCE

The HIV & AIDS and TB Management policy for the North West Department of Education “serves as broad guide for government public service organizations in responding to disease management. It provides guidelines to the department on how to implement an HIV & AIDS and TB management programmes in the world of work as part of the overall employee health and wellness initiatives”.

2.8.1 Key principles underpinning the policy

According to the policy, the HIV & AIDS and TB Management Programme should be underpinned by the following Principles:

- Recognition that HIV & AIDS and TB co-infection is a workplace issue and should be treated like any other serious condition in the workplace
- Recognition of gender dimensions of HIV & AIDS and TB
- Respect for the human rights and dignity of employees infected and affected by HIV&AIDS and TB

- Health and safe work environment in order to prevent transmission of HIV & AIDS and TB
- Cooperation and trust between department, employees and their representatives where applicable, with active involvement of employees infected and affected by HIV&AIDS and TB.
- Continuity of care through linkages with other health centers and well established referral mechanisms
- All treatment interventions aligned to relevant approved national and provincial protocols for treatment, care and support.
- Change of attitudes and behavior through provision of information, and education, addressing socio-economic factors.
- Regard for confidentiality and protection of employees and personal data.
- Prevention of all means of transmission through variety of strategies, which are appropriate and culture sensitive.
- Access to affordable health service for employees and their dependants to receive benefits for health, statutory social security programmes and occupational schemes.

2.8.2 Objectives of the Policy

The objectives of the HIV & AIDS and TB policy of the North West Education Department are as follows:

- **Provision of Prevention Programmes and Strategies**

The aim of this component is to reduce new HIV infections by 50% in the North West Education Department (NWED) in line with the objectives of the National Strategy Plan (NSP) of 2007 -2011.

The policy measures indicated are to reduce vulnerability to HIV and TB infection and their impacts on service delivery, reducing sexual transmission of HIV, reduce mother to child transmission of HIV, minimize the risk of HIV transmission through blood and blood products, prevention of HIV and AIDS through behavior change communication, increase advocacy, lobbying, health promotion and health education.

- **Provision of Treatment, Care and Support**

The intention was to provide an appropriate package of HIV & AIDS and TB treatment, care and support services to 80 % of people with HIV & AIDS and TB and their families by 2011, in order to reduce morbidity and mortality as well as other impacts of HIV & AIDS and TB.

This is in line with national policy for the Department of Public Service and Administration (DPSA: 2002). Public Service and broader employment policies clearly state a commitment to HIV/AIDS treatment, care and support programmes. The PSCBC acknowledges that it is cost effective to establish HIV health management programmes in a work environment. HIV & AIDS care and treatment should be a priority (DPSA: 2002).

- **Managing Human and Legal Rights, and Access to Justice**

The aim is to improve access to justice so that people can challenge human rights violations immediately and directly.

According to the Peer Educator Manual 2009-2014 (PEM) compiled by the Employee Health and Wellness Programme (EHWP) the South African Constitution has a Bill of Rights that protects all people. This means that people living with HIV & AIDS have the same rights as any other person.

The Peer Educator Manual further indicates that any person with HIV & AIDS has the right to confidentiality. No one can give out information about a persons HIV status without his or her permission. People with HIV have the right to live their lives with respect, dignity and freedom from discrimination and blame.

The policy for North West Education Department aims to improve access to justice so that people can challenge human rights violations immediately and directly. The policy measures include the following:

- Adherence to Legislation and policy
- Adherence to incapacity management
- Focus on TB stigma and discrimination
- Promote visible political leadership on human rights
- Minimize practices that create barriers to human rights

- **Monitoring, Research and Evaluation**

Monitoring and evaluation is recognized as an important part of the policy, and a management tool. Consequently the policy seeks to promote the use of departmental level indicators to monitor inputs, process, outputs, outcomes and impact to assess collective effort.

In this regard, policy measures support the development of prevention technologies, development of M & E indicators and development of a research agenda that includes surveillance, policy research and behavior change research.

2.8.3 Policy management structure

The Policy management structure of the North West Department of Education includes the following:

- (a) The Head of Department
- (b) The Designated Senior Manager
- (c) The Health and Wellness Coordinators
- (d) The Peer Educators
- (e) The Health and Safety Committees

The Superintendent General is the Head of Department. According to the policy he or she should take cognisance of the reality that HIV & AIDS and TB are the main challenges facing South Africa to day. He or She should therefore encourage a policy with a mainstreamed response to the challenge of HIV infection, and the wide ranging impact of AIDS and other diseases on the workforce. In this regard mainstreaming means inclusion of HIV & AIDS and TB into functions relevant to the core mandate of the Department.

The policy further indicates that the Head of Department should take cognisance of the fact that TB together with HIV and AIDS cause health-related problems for the employee and lower productivity for the Department as well as contributing to the high attrition rate in the province. Therefore he or she should ensure effective implementation of prevention, treatment, care and support interventions. The Head of Department should take overall responsibility for the management of the policy. The specific roles of the other components of the management structure are to be discussed in detail in Chapter 4.

2.9 CONCLUSION

The review of related literature outlined the views of various authors in relation to how HIV & AIDS and TB affect the lives of the individuals and societies. The historical and statistical background of the disease was presented. Moreover, the socio economic impact of HIV & AIDS and TB was highlighted. In addition, South Africa's national guidelines that need to be taken into account when dealing with issues relating to HIV & AIDS and TB were noted. Furthermore, the policy for the North West Department of Education was discussed, and its underlying principles and objectives were presented. Finally, the management structure for implementing the policy was indicated.

CHAPTER 3

THE SOCIO-ECONOMIC BACKGROUND OF THE STUDY AREA

3.1 INTRODUCTION

The Ngaka-modiri-molema district is one of the districts in the North West, also known as the Platinum Province. As the name suggests, the North West Province is situated in the north-western part of South Africa on the border with Botswana. It is known as the platinum Province for the wealth of the metal it has underground. North West is a predominantly rural Province that consists of four Districts. The Districts are Bojanala, Doctor Ruth Segomotsi Mompoti, Doctor Kenneth Kaunda and Ngaka- Modiri-Molema.

This chapter outlines the socio economic background of the study area, of the District of Ngaka-Modiri-Molema. This District covers Mahikeng, Zeerust and Lichtenburg. 65% of the populations in the District of Ngaka Modiri Molema live in rural areas. The communities of the District are mostly Batswana. Setswana is spoken by the majority, with Sesotho and English being the other main languages. The Batswana people are mostly dependent on farming and livestock. The District of Ngaka-Modiri-Molema is also more agricultural than industrial.

3.2 SOCIAL CONDITIONS

The most significant socio-economic issues facing the Ngaka-Modiri-Molema District are as follows:

- Poverty
- HIV & AIDS
- Substance abuse
- Crime
- Migration
- Low level of education
- Unemployment

3.2.1 Poverty

There is a high level of poverty in the District of Ngaka-modiri-molema with an average of 62% of the population receiving the social grants. The grants are targeted at, among others, pensioners, poor families with children, families taking care of children after death of parents as a result of any disease related to HIV & AIDS, people living with HIV & AIDS and to people who are physically challenged (Ngaka-Modiri-Molema District Municipality: 2011).

Between 1994 and June 2010, the District of Ngaka-modiri –molema built 4720 RDP houses for the poor people in order to alleviate poverty. The District was guided by the policy for Reconstruction and Development Programme (RDP) to uplift the living standard of the poor. Due to financial constrains of the District, not all RDP houses were provided with electricity and water. Around Mahikeng area, particularly extension 39, the District also supplies the RDP houses with water and electricity to improve lives of the poor people (Ngaka-Modiri-Molema District Municipality: 2011).

The table below shows the number of RDP houses built between 1994 and 2010 in the District of Ngaka-Modiri-Molema. It indicates names of towns that form part of the District as well as the number of RDP houses built as per town.

Table 3.1 Number of RDP houses Ngaka-Modiri-Molema District-1994 to 2010

TOWNS	RDP HOUSES	RDP HOUSES PER DISTRICT OF NMM
Mahikeng	1545	
Zeerust	1352	
Lichtenburg	1373	TOTAL=4270

Ngaka-Modiri-Molema District Municipality: (2011)

The total number of RDP houses targeted to be built to alleviate poverty in the District of Ngaka-Modiri-Molema was 6500 for 2011 to 2013.

According to Bailey, (1994:137) the issue of the relevance of poverty has been raised with regard to the HIV and AIDS disease and it is clear as with all diseases, poverty does play a very important role. The immune system for everybody is strengthened through a healthy diet, access to health care, access to clean water and hygienic conditions. The poor people are more susceptible to contracting the HIV and AIDS disease and once they have contracted it, the progress of the disease to death is much quicker. Widespread poverty in North West Province makes people in this District more likely to be infected than in wealthier parts of the Country.

3.2.2 HIV & AIDS

According to the North West AIDS Council, (2009) The Ngaka-modiri-molema District is experiencing a high level of people infected by HIV and AIDS. The district on the North West Province with the highest prevalence of HIV & AIDS pandemic is the Klerksdorp district with the prevalence of 9%, an increase of more than 15% from 2007. In the Ngaka-modiri- molema district the prevalence of HIV & AIDS is 3.2 percent.

43% of the people infected by HIV & AIDS in the district are from the villages. Because of the high level of HIV & AIDS, the District has developed a social development framework for an intergraded and coordinated response to HIV & AIDS. The framework of the district includes sourcing reliable information and providing social protection to those infected and affected.

The district also came up with a special programme such as the home and community based care programme. With the help of the Department of Social Development, the District established the HIV & AIDS youth programme awareness in order to reduce and prevent the spread of HIV & AIDS among young people.

The North West AIDS Council, (2009) further indicates that Ngaka- modiri-molema district is also vulnerable to the spread of the HIV and AIDS disease due to the system of sex workers.

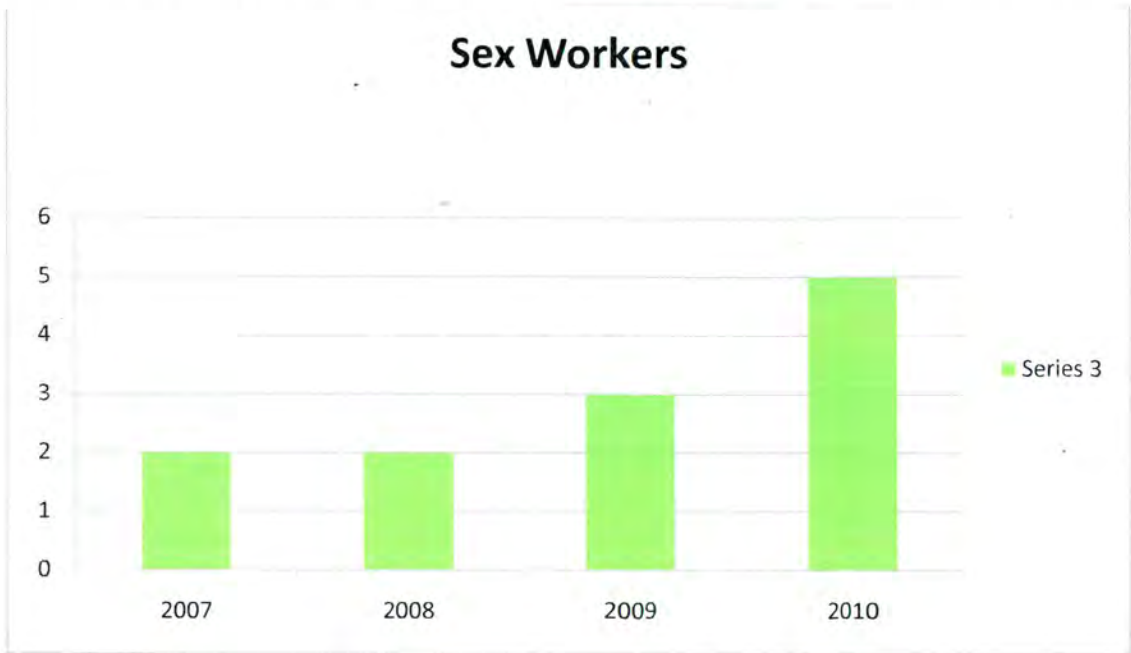
Because sex workers sometimes operate away from their homes there is also the possibility that they can infect their spouses (if they are married) or spread the infection in their community when they go back home.

According to Hendricks, (2009:281) the fight against the HIV and AIDS epidemic takes the form of attempting to change individual and societal behaviors' patterns. The problem of sexuality increases the difficulty because all the communities are hesitant regarding issues around sexuality and it generates many deeply felt emotions.

Hendricks further indicated that attempts to change behaviour are often seen as assault on dearly held culture and resistance is generated. In short, there are helpful and unhelpful behaviors' and these can enhance or inhibit efforts to combat the HIV and AIDS or TB or any other disease related to the pandemic. Hendricks explains that prostitution is increasing at a high rate due to unemployment and this causes the spread of HIV and AIDS.

The table below shows that there was a 20% increase in the number of sex workers in 2007 and 2008. It also indicates that the number of sex workers increased by 30% in 2009. In 2010, the number sex workers increased by 50% in the District of Ngaka-Modiri-Molema.

Table 3.2 Sex workers that increase HIV & AIDS in Ngaka-modiri-molema District



North West AIDS Council: (2011)

This graph indicates that from 2007 to 2008 the percent of HIV and AIDS was the same. It also indicates the increase of diseases related to HIV & AIDS in the district of Ngaka-modiri-molema from 2009 to 2010.

3.2.3 Substance Abuse

The District of Ngaka-modiri-molema is facing a serious challenge of substance abusers. According to the North West Department of Policy (2011) substance abusers are mostly people between the 16 to 38 years of age. The North West Department of Police report further indicates that alcohol remains the commonly abused substance, followed by dagga (cannabis) and the dagga / mandrax (white pipe) combination.

According to the North West Department of Social Development (2010), substance abuse particularly alcohol plays a complex and controversial role in Ngaka-modiri-molema. Substance abuse has been associated with social problems and adverse health risks and behaviour of people in the District.

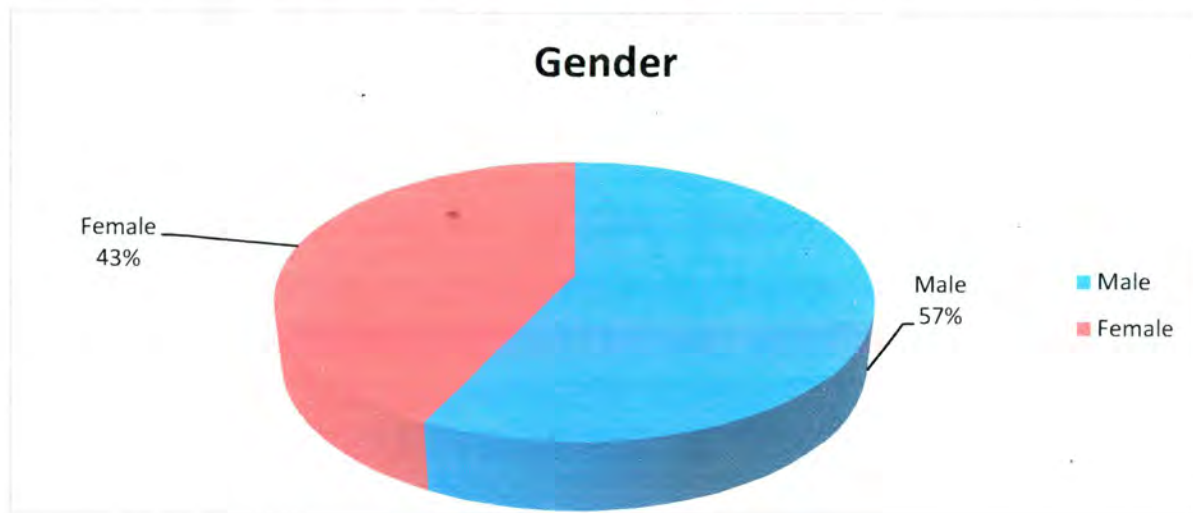
These includes, among others, alcohol addiction, risky sexual behaviours, rape, murder and death.

The North West Department of Social Development indicates that alcohol use increased the risk of infection of HIV & AIDS and other sexually transmitted diseases. The report also indicates that in most cases substance abusers do not care about their health and engaged in unprotected sex in order for them to fulfil their sexual desire. In Ngaka-Modiri-Molema the drinking venues have problems, such as shared toilets, sexual harassment of women by owners and sellers. This has resulted in the District to come up with initiatives on preventing substance abuse among young persons. Therefore, the District bought into the North West provincial Department of Education initiative "I am addicted to life". Anti drug posters were produced and distributed to every school in the District.

According to the North West Department of Social Development (2009) it is estimated that 10198 (3.8%) of the District population over the age of 15 is dependent on alcohol. High risk groups include women, youth, children especially street children, and people living in the town-ships, informal settlements and rural areas. The impact of drug abuse in terms of social disruptions such as crime, family breakdown, child abuse, unemployment, illiteracy and poverty is threatening the very fabric of social structure of our community.

The table below shows the number of people that abuse substances in the District. It indicates the number of people in terms of gender. This table indicates that 57% of substance abusers are men and that 43% are female. According to Mitchell (2008:96) people under the influence of substances might not use condoms and they could be easily infected with HIV and AIDS.

Table 3.3 Substance Abusers all to gender in the Ngaka-Modiri-Molema District



Source: Mitchell (2010)

3.2.4 Crime

According to Streydom, (2010:385) crime refers to those activities that break the laws of the land and are subject to punishment. Crime in South Africa is one of the increasing sexual abuses of children, rape and violence against women. South Africa has one of the highest incidence of rape in the world. About 21 380 cases of rape were reported from January 2008 until July 2009, while approximately 32 160 cases of rape had been reported country wide to 2010 (National Department of Health 2011).

As indicated by the North West Provincial Department of Police (2010) there is a high rate of crime in Ngaka-modiri-molema district. Crime in the District includes house-breaking, violence and rape. Crime, especially rape contributes to the high rate of HIV & AIDS in the District (Provincial Department of Health: 2010). This is because in most cases, the rapists do not use any sex protection. As a result the disease is easily spread among the communities. As a response to the high level of crime, the District is playing an important role in preventing crime.

In this regard, the Department of Education employees in the District are being trained on HIV & AIDS and TB in victim empowerment and trauma support. As indicated by to the North West Provincial Department of Health (2011) the health care professionals are also receiving advanced training in managing complicated cases of crime in both rural and urban communities. The crime, violence and injury lead programme, coordinated by the Mahikeng campus of the University of North West province for social and health science aims to improve the population's health status, safety and quality of life in the District.

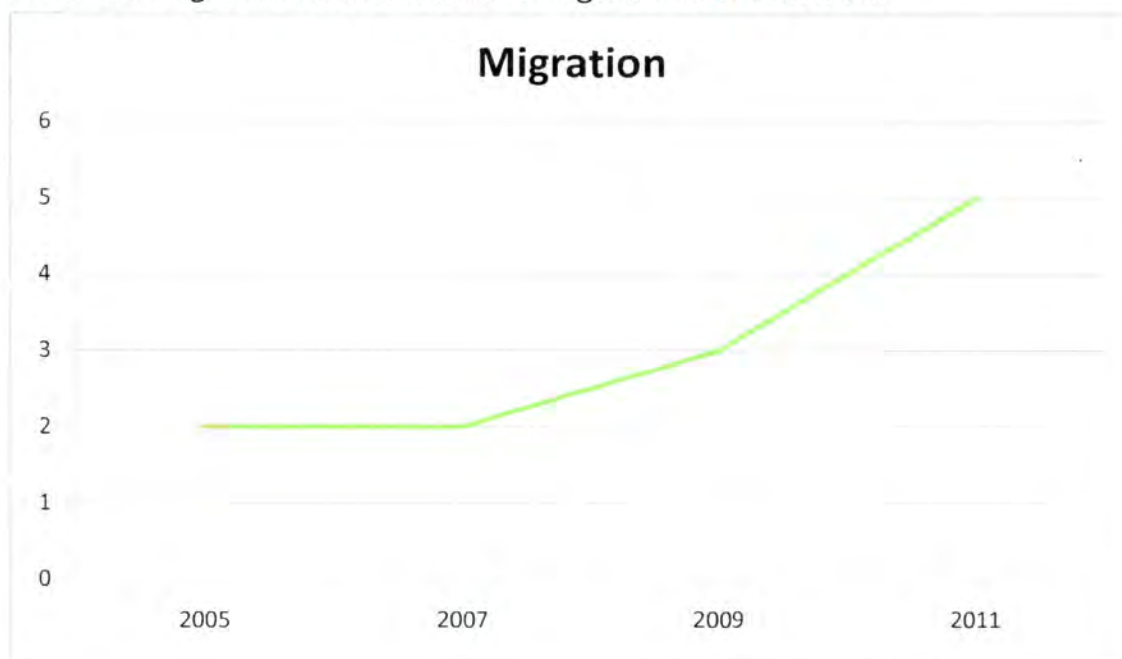
3.2.5 Migration

Migration from the rural areas contributes to rapid urbanization around economic hubs of the Ngaka-Modiri-Molema District. More rural people move from villages to urban areas like Lichtenburg, Mahikeng and Zeerust. Provision of and access to secure tenure is proving to be one of the major challenges (Ngaka-Modiri-Molema District Municipality: 2009). The District has the highest number of informal settlement than any other District in the province, as almost one quarter (25%) of the households are regarded to be informal. However, this is a testament to the large backlog of housing which still needs to be addressed (Ngaka-Modiri-Molema District Municipality: 2009).

According to Schenhentter, (2000:204) migration is a serious socio-economic issue in South Africa. There are many immigrants from the neighboring Countries like Lesotho, Botswana and Zimbabwe. According to Statistics South Africa, (2010) 3% of the Zimbabweans have applied for a permanent citizenship in South Africa. Many of the Zimbabweans are employed by the mining industries, particularly in the North West Province of South Africa. 35% of male people employed in various mines of the North West Province. According to the Department of Health (2010) as a result of the distance from their places, they end up sleeping around and being easily infected with HIV & AIDS.

The table below shows the high increase of people in the North West province due to the immigration of people from the neighboring countries who came to South Africa to look for employment. It shows the huge increase of immigrants in the District of Ngaka-Modiri-Molema from 2005 and upwards. From 2005 to 2007, there is a level of 20% of migration increase in the District. From the end of 2007, to 2011, the rate of migration gradually increased by 30% in the District.

Table 3.4 Migration to the District of Ngaka-Modiri-Molema



Source: Statistics Department of Home Affairs in the North West: (2011)

Migration contributed to a high rate of HIV & AIDS. According to the North West Provincial Department of Health (2010) the North West Province is experiencing high death rate of mine workers due to HIV & AIDS and other related disease. Almost every year, about 4% of miners die because of the HIV & AIDS pandemic.

In the North West Province, Bojanala District is the highest District with 4% followed by Dr Kenneth Kaunda with 2%. Migrants from the neighboring countries and other provinces contribute approximately 9% of HIV & AIDS cases and other related diseases (Provincial Department of Health: 2009).

3.2.6 Low level of education

The low level of education is a serious issue in the District of Ngaka-Modiri-Molema. This is influenced by issues like poverty and high level of unemployment. According to the North West Department of Education (2010) 12% of youth in the District were not attending school. Because of poverty, most of them left school at primary and middle school level.

According to the North West Department of Health (2011) youth leaving school at an early age are vulnerable to HIV & AIDS infection. In most cases, they end up working in farms and some become sex workers because of high rate of unemployment.

According to the South African Local Government Association: (2011) the Ngaka-Modiri-Molema District has a total population of 764,351. Most of the people in the District do not have a tertiary education.

The table below shows the education statistics of the District as provided by the North West Department of Education. The table indicates the level of education from primary to tertiary level in the District of Ngaka-Modiri-Molema (Department of Education statistics in the North West: 2010).

Table 3.6 Scholars in the District of Ngaka-Modiri-Molema

RACE	GENDER	No schooling	Primary School	Middle School	High School	Tertiary Colleges	Tertiary universities
Black	Male	3978	1398	1210	382	242	155
	Female	2456	2576	1114	654	275	220
White	Male	397	1965	1337	460	250	169
	Female	445	2009	987	567	301	206
Indians	Male	854	1862	879	535	263	188
	Female	699	2115	1430	496	254	187
Coloureds	Male	1271	1758	1226	490	238	164
	Female	1123	2216	1098	541	286	211
	TOTAL	11,223	15,899	9,299	4,125	2,109	1,503

North West Department of Education: (2010)

3.2.7 Unemployment

According to the (North West Provincial Department of Social Development: 2008) the District of Ngaka-modiri-molema has the highest rate of unemployment in the province. The report further indicates that there are 24% of people ranging from eighteen years (18) to forty two (42) years old being unemployed. Unemployment in the district can cause unacceptable things like divorce, rape, teenage pregnancy and substance abuse. These can influence the high risk of HIV & AIDS and TB. Unemployment can cause people to go into prostitution as a way of earning money to make a living. This could also be another way of spreading diseases related to HIV & AIDS.

Unemployment in the North West Province is a serious issue that led to living together of unmarried couples. Due to a high rate of unemployment, many people not formalize their marriage (North West Department of Home Affairs: 2009). The North West Province has the third highest unemployment rate in South Africa, behind the Eastern Cape and Limpopo Province. Many people who migrate to the urban areas are low-skilled, farm labourers, and can not find formal work in industrial cities. Many people in this predicament often resort to informal sector work i.e. prostitution, and dealing/selling drugs.

These activities are seen as high risk in terms of HIV & AIDS contraction (North West Department of Health: 2009). According to the North West Department of Labour (2007) the rate of unemployment in the North West forced people to be sex workers that could cause the increase of HIV & AIDS.

The table below shows the number of unemployed people in the District. It indicates that in the District there is high number of females who are not employed as compared to males. This is very serious because they end up abusing drugs and sleeping around thereby running the risk of being infected with HIV & AIDS. It also indicates that unemployed black people in the District are more than their white counterparts.

Table 3.7 unemployed people in Ngaka-Modiri-Molema District

District	Race	Gender	Number of unemployed people
Ngaka Modiri Molema	Black	Female	7689
		Male	6785
	White	Female	3641
		Male	2984
			Total=21,099

Department of Labour in the North West: (2011)

3.3 Economic Background

In spite of the social problems discussed in section 3.2 above, there is still some economic potential in the province, particularly the Ngaka-modiri-molema District. Exploitation of this potential should go some way in addressing the social problems, many of which have a negative impact on HIV & AIDS and TB, as already indicated. The City of Mahikeng serves as the provincial capital of the North West Province. Other significant towns are Rustenburg, Brits, Klerksdorp, Lichtenburg, Zeerust, Vryburg and Potchefstroom.

The significant towns of the North West Province were originally agricultural centers, which later evolved into Mining centers. As reported by the Business Day, dated (24 April : 2009) five years ago, the city of Rustenburg was the potential and the fastest growing urban area in Africa due to mining activities along the Western rim of the Bushveld Igneous Complex (North West Province: 2009).

3.3.1 Mining

According to the Department of Mineral and Energy: (2008) preliminary figures for 2005 indicate that South Africa's mining contributed R94, 3 billion or 6, 9% gross value added, which is an increase of R6, 83 billion from the previous year. South Africa produces 14% of the world's gold, and has 41% of the world's known reserves. The mining industry remains the most dynamic sector of the North West Province's economy with a production value of over R545 million rand a year. The mining sector in the North West Province provides many employment opportunities especially to unskilled people (North West Province: 2009).

Mining contributes 23.3% to the North West Economy, and makes up 22.5% of the South African mining industry as a whole. Ninety-four percent of the country's platinum is found in the Rustenburg and Brits districts, which produce more platinum than any other single area in the world. North West also produces a quarter of South Africa's gold, as well as granite, marble, fluorspar and diamonds. Employment along the Platinum Corridor, from Pretoria to eastern Botswana, accounts for over a third of total employment in North West (North West Province: 2009).

However, in terms of health conditions, every year there are more cases of mine worker's death caused by sexual diseases related to HIV & AIDS reported as compared to employees in the Public sector (North West Province : 2009). The District of Ngaka-Modiri-Molema, has a gold mine situated between Setlagole and Kraaipan. Setlagole and Kraaipan are some of the poorest rural areas. Mining plays an important role to the local communities.

According to the North West Province (2011) since 2009, 13% of people from the neighboring villages were employed by the gold mine in the District. Indeed this is good because the mining alleviates poverty but on the other hands contributes to the spread of HIV & AIDS in the District due to prostitution of people around the mines.

3.3.2 Industries

Manufacturing contributes 5.6% of the province's GDP and 7.5% of its employment opportunities. It provides 1.6% of the South African manufacturing sector's contribution to GDP. Manufacturing is almost exclusively dependant on the performance of a few sectors in which the province enjoys a competitive advantage. These are fabricated metals (51%), the food sector (18%) and non-metallic metals (21%). North West's manufacturing sector is largely centred around the larger municipalities of Brits, Rustenburg, Tlokwe (Potchefstroom), Matlosana(Klerksdorp) and Mafikeng, which account for more than 50 percent of total manufacturing production in the province (North West Province:2009).

The industries in Brits concentrate mostly on manufacturing and construction, while those at Klerksdorp are geared towards the mining industry and those at Vryburg and Brits towards agriculture. Beneficiation of mineral resources is a natural progression from the strong mining sector, and beneficiation of animal and mineral products and agro-processing are poised for growth (Department of Agriculture: 2009).

In the high-tech manufacturing area, automotive parts, electrical machinery, electronic, audio- and medical equipment are already being manufactured in the province using local materials (North West Province:2009). The North West province has been identified as a promising source of bio fuels. There are renewable liquid fuels that are manufactured from sustainable agricultural resources. They are carbon dioxide neutral as the CO₂ emitted during production and utilization is absorbed by the plant material. The two most important bio-fuels are bio-diesel and bio-ethanol, which can be blended with diesel and petrol respectively which helps the economy by means of job creation (Department of Mineral Energy: 2007).

The Bio-diesel project investment amounts to around R800 million and has the potential to create 13 000 jobs in the rural community surrounding Mafikeng. Feasibility studies are also being conducted into the processing of maize and sunflowers into bio-fuel and sweet sorghum into bio-ethanol (North West Province: 2009).

As indicated by the North West Development Corporation (2010) buses play an important role in the District. Plus minus 963 people were employed as bus drives, cleaners and administrators by the company. Atamelang bus services are transporting people from rural areas to towns of the District like Mahikeng, Lichtenberg and Zeerust to their various type of employment. About 9000 people are transported by the Atamelang bus service daily. These include educators, officials of the public sector, nurses, unemployed people and learners.

In addition, the Taxi industry plays a crucial role to improve lives of the communities of the District. Taxis are the most common form of transport used by the population. Almost 127000 people every day travel by taxis from villages to towns like Mahikeng, Zeerust and Lichtenburg (North West Development Corporation: 2010).

3.3.3 Tourism

Tourism is one of the fastest growing sectors of South Africa's economy, its contribution to the country's gross domestic product (GDP) increasing from 4.6% back in 1993 to 8.8% in 2007. The District of Ngaka-modiri-molema has a few tourist attractions like Manyane game reserve, Cooks Lake, Lotlamoreng dam, Modimola dam and Disaneng dam. The tourism Industry in Ngaka-modiri-molema makes up 14% of the total Gross Domestic Product (GDP) of the District and is the most important growth force in the Province (North West Department of Arts and Tourism: 2008).

The North West Department of Arts and Tourism (2009) explains that South Africa is a tourist paradise, offering scenic beauty, diverse wildlife, a kaleidoscope of cultures and traditions. All areas in South Africa have benefited from this strong, steady growth in tourism including the North West Province.

Malaria-free, the Province has a diverse range of attractions and an already well-established tourism infrastructure to support and sustain its share of the tourism market. The Sun City/ Lost City complex offers the tourist all the luxury of five-star hotel accommodation, internationally-famous casinos, water sports and two of the finest golf courses in the country.

The District of Ngaka-Modiri-Molema has a number of tourist attractions that play a critical role in the life of the communities. Mahikeng has the historic route of the Anglo Boer war siege site. It also has the Molema House where Sol Plaatjie lived while writing his Mahikeng Diary, and the Mahikeng museum.

The Lichtenburg Game-breeding Centre and the Botsalano Game Reserve are well worth a visit. The Groot Marico is known as mampoer area where there is a great dam with a guest lodge and more visitors are embarking on a mampoer route which is called Bakwena road (North West Department of Arts and Tourism: 2009).

There are other Tourist attractions in the North West Province like Taung skull fossil site and the blue pools that are found in the Buxton quarries, but these are in the Bojanala District.

The Bojanala District has the Pilanesburg National Park and the Madikwe Game Reserve that create employment to the communities. Sun City and the Palace of the Lost City are very popular tourist attractions offering gambling, golf, extravaganza shows, water sport and artificial sea. In the Southern District, the tourist attraction include the Potchefstroom Lakeside Resort, the Faan Meintjies Nature Reserve in Klerksdorp, mine tours at Orkney, the Diggers Route at Wolmaranstad and the Bloemhof Dam Nature Reserve (North West Department of Arts and Tourism: 2009).

The tourist attractions in the Ngaka-Modiri-Molema District can be marketed together with the attractions in the other Districts. This package can benefit all the Districts and help to create more jobs. This can in turn help to overcome some of the problems which contribute to HIV & AIDS infections in the District and the Province as a whole.

3.3.4 Agriculture

Agriculture is of extreme importance to the North West. It contributes about 3% of the total gross domestic product (GDP) and 19% of formal employment. The North West Province is an important food basket in South Africa. Maize and sunflowers are the most important crops, and the North West is the major producer of white maize in the Country. Some of the largest cattle herds in the World are found at Stella near Vryburg, which explains why this area is often referred to as the Texas of South Africa. Groot-Marico in the Province is also a cattle area. The area around Rustenburg and Brits is fertile mixed crop farming land that makes the Province proud of (Agricultural Research Council: 2010).

The District of Ngaka-Modiri-Molema has a farming economy with a well developed commercial sector. About 12% of District surface area can be used for crop production. Some hectares in the District are under irrigation. Almost 50% of the District water is used for agricultural purposes. Some parts of the District are prone to drought. The largest export crops in the District are maize, dairy products, sorghum and sun flower (Agricultural Research Council: 2010).

3.4 CONCLUSION

This chapter outlined the economic background of the North West Province. It also discussed the social conditions that have negative impact on HIV & AIDS and TB in Ngaka-modiri-molema District of the North West Province. Details of the data analysis and interpretation of data are to be presented in chapter four.

Chapter 4

PRESENTATION AND ANALYSIS OF DATA

4.1 INTRODUCTION

The present chapter reports on the empirical investigation conducted to determine the kind of support which the North West Department of Education is giving to employees (educators and officials) in relation to HIV & AIDS and TB in the workplace. Qualitative and quantitative data collected through the investigation is summarized and discussed in this chapter.

Tables showing the frequency distribution of the responses are used to illustrate the findings. The analyses of the data informed the researcher to determine how the employees experience the implementation of the policy on the management of HIV & AIDS and TB in the workplace.

4.2 PRESENTATION OF DATA

Data were collected through interviews with the Designated Senior Manager, three Peer Educators, three representatives of Health and Safety Committees and three Health and Wellness Coordinators. Other information was collected from educators and officials of Ngaka-Modiri-Molema District in the Department of Education under North West Province by using questionnaires.

4.2.1 Interviews with Programme Managers

The people who were interviewed are responsible for key management, coordinating and facilitating functions in relation to the policy. The same questions were asked to each and every respondent. The researcher conducted face to face, one to one, interviews with the respondents. The key questions that were asked to the Designated Senior Manager, three Health and Wellness Coordinators, three Peer educators and three representatives of Health and Safety Committees were as follows:

- What are your functions in the implementation of the policy?
- Explain how these functions are carried out.
- What notable successes have been achieved in meeting the policy objectives?
- What problems have you encountered in performing your functions?
 - Problems relating to availability of financial and human resources
 - Any other problems
- Have you had any specific training to enable you to perform your functions effectively?

The table below shows the number and the position of the programme managers interviewed. In this regard ten programme managers were selected for collecting the data through the interview across the hierarchical level of the Department of Education in Mahikeng in collaboration with the Head Office of the Department. The profiles of the respondents appear in Table 4 below.

Table 4.1: Profile of the management structures interviewed

Position of the programme managers	Mahikeng Clusters	Head Office	TOTAL
The Designated Senior Manager		=1	
The Health and Wellness Coordinators	Botshabelo =3		
The Peer educators	Tshwaraganang=3		
The Health and Safety Committees	Mmabatho =2	=1	
			=10

The information from the interviews assisted the researcher in establishing whether the programme managers perform their functions as indicated by the HIV & AIDS and TB management policy of the North West Department of Education.

4.2.1.1 The role of the Designated Senior Manager

According to the policy the Designated Senior Manager is based at Head Office. She is responsible for the overall management of the policy. The main functions of the Designated Senior Manager are as follows:

- To establish employee-health and HIV & AIDS and TB information system.
- To structure, strategize, plan and develop holistic HIV & AIDS and TB programmes.
- To manage HIV & AIDS and TB strategies and policies, e.g. Prevention, Treatment care, Support and Human Rights.
- To establish a Peer Education Programme.
- To promote capacity development initiatives.
- To assist with HIV & AIDS and TB prevention at departmental level.
- To establish departmental support initiatives.
- To ensure Human Resource Planning and Management.
- To establish an appropriate HIV & AIDS and TB management programme.
- To ensure financial planning and budgeting.
- To provide physical resources.

The Designated Senior Manager indicated that her main responsibility is to oversee the work performed by the Health and Wellness Coordinators, Peer educators, and the representative Health and Safety Committees.

With regard to the implementation of the policy, she responded that her main business was to market the programme. To market the programme, she explained among others the functions that include the following:

- To establish an appropriate HIV & AIDS and TB management programme.
- To establish a Peer educator programme.
- To ensure financial planning and budgeting.
- To establish departmental support initiatives.

As she reported, she managed to establish the Wellness Directorate. She said the main purpose of the Directorate is to ensure that employees affected by HIV & AIDS and TB remain healthy and fit to work. She explained that the Wellness Directorate is divided into three sections. Each section is responsible for its programme as indicated below.

- The Health and wellness Coordinators are running the Employee Assistance Programme (EAP) responsible for counseling.
- The representatives Health and Safety Committees are in charge of Health and Safety Programme (HSP) to provide effective support on employees affected by HIV & AIDS and TB.
- The Peer Educator programme (PEP) is responsible to communicate HIV & AIDS and TB information at the workplace.

On the issue of preventing HIV & AIDS and TB, she indicated that she managed to promote awareness campaigns and behaviour change intervention. She also indicated the STI education and condom distribution. The Designated Senior Manager explained that she encourages openness, care and support for HIV positive employees.

The Designated Senior Manager said she carried out her function through delegation. She said she monitors the work delegated to employees under her control. As indicated by the Designated Senior Manager it is her duty to ensure the availability of the funds for the programme activities. She said during the financial years of 2009, 2010 and 2011 the budget for HIV & and TB programme was as follows:

- Six hundred and eighty eight thousand, two hundred and sixty seven rand (R688 267-00) for 2009.
- Seven hundred and forty six thousand, four hundred and thirty seven rand (R746 437-00) for 2010.
- Nine hundred and fifty five thousand, seven hundred and forty six rand (R955 746-00) for 2011.

The Designated Senior Manager indicated that she requested the Health and Wellness Coordinators to work closely with the Department of Health by requesting nurses to assist in conducting tests for HIV & AIDS and TB from the employees. The Designated Senior Manager noted that six hundred and forty seven (647) employees in the District were voluntarily tested for HIV & AIDS and TB in 2012. She said from six hundred and forty seven (647) tested employees, six hundred and eighteen (618) were HIV negative and twenty nine (29) were HIV positive. This means that about 4.5% tested positive.

She said some of employees tested positive were stigmatized, victimized, discriminated and rejected by other employees in the workplace. As indicated by the Designated Senior Manager, to deal with stigma, victimization, rejection and discrimination ethical matters were considered. This means it is important to think carefully about confidentiality, being non-judgmental and being considerate when dealing with employees on matters relating to their HIV status.

She responded that in 2003, South African Management Development Institute (SAMDI) organized the training in managing HIV & AIDS in the workplace that was attended by all Provincial Departments and that she attended that training. She said the training was very important to her to know more how to handle employees affected by HIV & AIDS and TB in the workplace. According to her the training helped her to understand the need to accept the employees affected by HIV & AIDS and TB in the workplace. From the training, she understands how to treat employees affected by HIV & AIDS equally with those who are HIV negative.

4.2.1.1.1 Challenges experienced by the Designated Senior Manager

The Designated Senior Manager indicated that she encountered the problem of insufficient physical resources. Employees under the Wellness Directorate were not provided with subsidized cars as their benefits to perform their work effectively. They are not even provided with laptops and cell phones to communicate with their clients. With regard to the other issue relating to availability of financial and human resources, she noted that R 688 267 for 2009 allocated to her directorate was not enough to run the programme.

She said the budget from the Department is a serious issue. The budget for internal HIV & AIDS programmes led to the slow running of the programme. Based on the issue of human resource, she responded that she is running short of eight qualified staff. She explained that sometimes qualified employees retired and others are promoted from one Department to another and that causes a serious problem of shortage of staff.

She indicated that the Department is experiencing problems in employing qualified psychologists and social workers because they are very scarce. She explained that it is very difficult for her to recruit more Social workers because the Department is not prepared to pay them enough. The salary scale for social workers starts from salary level six and there are no benefits like subsidized cars from the Department of Education. She indicated that social workers prefer to work at the Department of Social Development because even if the salary is low, there are benefits like subsidy cars and cell phones. She further indicated that for the programme to run smoothly it needs addition of eight qualified social workers or psychologists to provide counseling. She responded that the Department of Education is big and spread throughout the whole District of Ngaka-Modiri-Molema. With the small staff complement of twelve Health and Wellness Coordinators, down from twenty, it is difficult to adequately deliver counseling and support services related to HIV & AIDS and TB to all employees.

4.2.1.2 The role of Health and Wellness Coordinators

In terms of the policy the Health and Wellness Coordinators are based at Head Office and Area offices. They are tasked with the responsibility to coordinate the implementation of HIV & AIDS and TB programmes. The Health and Wellness Coordinators are professionally trained to perform therapeutic interventions by providing counseling to the employees encountering problems. The policy functions of the Health and Wellness Coordinators of the Department include the following:

- To coordinate the implementation of HIV & AIDS and TB management programmes, projects and interventions.

- To make provision for counseling to individual employees and to their immediate family members.
- To support employees on TB and / or ARV treatment to adhere to treatment (act as DOTS supporter / ARV Buddy).
- To promote work-life balance for employees.
- To coordinate activities of the Peer educators.
- To identify personal development needs for the individual employees.

The Health and Wellness Coordinators said that their core function is to provide counseling to affected or infected individual employees and to their immediate family members. The Health and Wellness Coordinators have indicated that counseling is a process. They said the process of counseling required the minimum of six to a maximum of eight sessions.

As indicated by the Health and Wellness Coordinators, counseling on HIV & AIDS and TB is very important because it gives hope, improves morale and increases productivity in the work place. On the issue of support, the Health and Wellness Coordinators said that employees affected by HIV & AIDS must be consistent in taking ARVS. The employees must know that ARVS are for life. The Health and Wellness Coordinators employees should balance the time of work and their families. They must always have time to spend with their families.

With regard to the issue of coordination of HIV & AIDS and TB programme , the Health and Wellness Coordinators indicated the following:

- That every year they run the Departmental AIDS day.
- They organize the peer educator training.
- Awareness campaign on HIV & AIDS and TB as well as STI to encourage disclosure and destigmatization as well as prevention from mother to child transmission.

The Health and Wellness Coordinators said they carried out their functions by ensuring that employees affected by HIV & AIDS are supported. They encouraged employees tested negative not to victimize, reject and discriminate employees affected by HIV & AIDS and TB.

They indicated that they regularly attended counseling on HIV & AIDS training organized by the Department of Education. They further explained that the training help them not to be judgmental to any employee affected by HIV & AIDS and TB or diseases that may be related to HIV & AIDS and TB. The training helps them to be effectively support employees affected by any diseases related to HIV & AIDS.

4.2.1.2.1 Challenges experienced by the Health and Wellness Coordinators

As indicated by the Health and Wellness Coordinators, they encountered the problem of lack of cooperation from the employees. They said there are some employees affected by HIV & AIDS and TB who abuse alcohol. The Health and Wellness Coordinators also indicated that employees affected by HIV & AIDS and TB are sometimes victimized, discriminated and rejected by other employees or supervisors. They said the rejection of employees affected by HIV & AIDS lead to stigmatization.

The Health and Wellness Coordinators said that they encountered the problem of work load, shortage of resources and being under staffed. They said one car is allocated for their Directorate and they are not subsidized by the Department to perform their duties. They said shortage of resources like cars is a serious problem and it is a challenge for them to visit the immediate family members of employees affected by HIV & AIDS as regularly as their job requires. They said their visits are intended to provide the following support to the immediate family members of the employees affected by HIV & AIDS and TB:

- counseling.
- support to immediate family members of the employees.
- ARV treatment to employees affected by HIV & AIDS.

4.2.1.3 The role of Peer Educators

According to the policy peer educators are based at Head Office, Area Offices and schools. They are responsible to work with their peers, sharing information and guiding discussions pertaining HIV & AIDS and TB. In terms of the policy, the key functions of the Peer educator include the following:

- To take initiative to implement awareness activities, or to communicate HIV & AIDS and TB information at the workplace.
- To initiate and arrange staff training with regard to HIV & AIDS and TB including their relationship.
- To act as a referral agent of employees to relevant internal or external health support programmes.
- To obtain and make condoms and femidoms available at the workplace and provide usage education thereof.
- To act as HIV & AIDS and TB peer educator.
- To submit monthly report of activities to the Wellness coordinator.

The peer educators responded that they take initiative to implement awareness activities and to communicate HIV & AIDS and TB information at the workplace. They said that they always ensure that all members of the workplace are aware of the policy and programme. They indicated that they also communicated HIV & AIDS and TB by displaying HIV & AIDS and TB posters at the school notice board. They share information with educators and other employees of the Department of Education about HIV & AIDS and TB at schools and offices.

The Peer educators indicated that they are responsible to distribute condoms and femidoms at schools. They said if condoms and femidoms are not distributed to the workplace it is easy for the learners, educators and officials to engage in unprotected sex. The Peer educators said they normally count the number of condoms and femidoms distributed in the condom dispensers in order to understand the number of condoms and femidoms used. They said every quarter they report to the Health and Wellness Coordinators about numbers of condoms utilized and number of employees referred for counseling.

The peer educators said they also referred employees affected by HIV & AIDS to the private sector for assistance. They also report on all other matters related to HIV& AIDS and TB to the Health and Wellness Coordinators. They further explained that they arrange training with regard to HIV & AIDS and TB for employees in the work place. They look for venues and nominate employees who have to attend the training on HIV & AIDS and TB.

The Peer Educators responded that every year they attend the HIV and AIDS training organized by the Department and facilitated by the life-line institution for them to be more knowledgeable about the disease as peer educators. They said the training helped them a lot to enhance their understanding of professional ethics that need to be applied when dealing with HIV & AIDS cases.

The peer educators indicated that the training help them to take care and respect employees affected by HIV & AIDS. They said the training contributed a lot to them to act with confidentiality when dealing with employees affected by HIV & AIDS and TB.

4.2.1.3.1 Challenges experienced by the peer educators

The respondents said sometimes they encountered problems with regard to making condoms and femidoms available at the workplace. This is because sometimes there are shortages of condoms to be distributed to the offices and schools from the Employee and Wellness Directorate. Sometimes there is insufficient money to buy condoms. The Peer educators said sometimes there is no money for training of employees on HIV & AIDS and TB. As indicated by the Peer educators in the year 2009, there was no money to buy posters and pamphlets which are means of communicating messages about HIV & AIDS and TB.

4.2.1.4 The role of the Health and Safety Committees

According to the Policy, the Health and Safety Committees are based at Head Office, Area Offices and schools. The Health and Safety Committees are established by the Head of Department to initiate, develop, promote, maintain

and review measures to ensure the health and safety of employees at the workplace.

Such Committees should be constituted by the Employer, Health and Safety Representatives and labour movements. The Health and Safety Committees should be responsible to make recommendations relating to employees affected by HIV & AIDS to the employer. The functions of the Health and Safety Committees are as follows:

- To oversee the implementation of the HIV & AIDS and TB policy and programmes in the workplace.
- To make recommendations to the employer regarding any matter affecting the wellness of employees.
- To report any incident in writing to a Health and Safety inspector regarding injury, illness or death of an employee.
- To ensure adherence to standards as set by legislation, regulations, SANS 1661, ILO and DOH.
- To support effective HIV and TB prevention and people living with HIV and AIDS to lead healthy and productive lives.
- To keep record of each recommendation made to an employer from employees about HIV& AIDS and TB.
- To contribute to the mitigation of the impact of HIV & AIDS and TB.
- To contribute to the enabling of a social environment for care, treatment and support.

As indicated by the Health and Safety Committees, they make recommendations to the employer in relation to employees affected by HIV & AIDS and TB as well as other related disease. The recommendations may be necessary to ensure that the reason for incapacity is carefully determined. It also ensures that the correct procedure for employees should be applied in a non-discriminatory fashion. They did not indicate the names of the employees but indicated the numbers of such employees who are affected by HIV & AIDS and or TB.

According to the Health and Safety Committees, all injuries, illness and death of employees affected by HIV & AIDS are reported in writing. They also keep records of the employees affected by HIV & AIDS and TB for treatment purposes. As said by the Health and Safety Committees the minimum standards on HIV & AIDS and TB are indicated by the Public Service Regulation of 2001.

They said they were appointed in terms of the Health and Safety Act of 1993. The Health and Safety Committees explained that the Act of 1993 clearly indicated their appointment for period of three years. They responded that they carried out their functions by making recommendations to the employer regarding any matter affecting the wellness of employees such as injuries, illness or death due to HIV & AIDS and TB in the workplace.

The Health and Safety Committees responded that they attended the HIV & AIDS training and Safety Health and Environment (SHE) training. They indicated that the HIV & AIDS training helped them to keep records and report on employees affected by HIV or any diseases related to HIV and AIDS. The Health and Safety Committees indicated that other training involves the procedures of reporting cases to inspectors representing the Department of Education as required in terms of the Health and Safety Act of 1993 (Act No 86 of 1993). They said it is very important for them to report such cases because they involve the productivity of the Department.

4.2.1.4.1 Challenges experienced by the Health and Safety Committees

Members of the Health and Safety Committees said that they sometimes encountered the problem relating to availability of funds. If there were adequate funds in 2009, the Health and Safety Committees could be effectively supported HIV & AIDS and TB prevention and people living with HIV and AIDS to lead healthy and productive live. The situation of funds in 2009 was worse than the subsequent years of 2010 and 2011.

4.2.2 Responses from questionnaires

The questionnaire was another tool for collecting data. It was divided into two sections (see appendix A). The first section was intended to gather information about biographical and demographical data of respondent. The second section stating from question eleven to twenty six was meant to collect data about the respondent's understanding of the roles of different people in the management of the policy.

The table below shows the number of respondents who returned their completed questionnaires. It also indicates how the respondents responded in terms of their ages, gender, current educational status, experience and location in the area covered by the Mahikeng Area office (AO).

Seventy five (75) randomly selected questionnaires completed by educators and twelve (12) questionnaires from departmental officials were analyzed.

Table 4.1: DISTRIBUTION OF RESPONDENTS BY AGE DEMOGRAPHIC AND OTHER FACTORS

1	AGE GROUP	No	%
	18-22	19	22.0
	23-27	21	24.1
	28-32	14	16.0
	33-38	17	19.6
	39 and up	16	18.3
	TOTAL	87	100
2	GENDER		
	Male	38	43.7
	Female	49	56.3
	TOTAL	87	100
3	CURRENT EDUCATIONAL STATUS		
	Grade 6-10	19	22.1
	Grade 11-12	16	18.3
	Diploma	23	26.4
	Degree	15	17.2

	Post graduate	14	16.0
	TOTAL	87	100
4	EXPERIENCE (IN YEARS)		
	1-4	14	16.0
	5-8	19	21.9
	9-12	31	35.7
	13 and more	23	26.4
	TOTAL	87	100
5	LOCATION OF THE MAFIKENG (APO)		
	Rural	38	43.7
	Urban	49	56.3
	TOTAL	87	100

4.2.2.2. Responses relating to management, coordinating and facilitating roles

The presentation of data in this section covers the questions that are more directly related to HIV & AIDS in the workplace. Therefore, responses to questions eleven to twenty six were analyzed as a basis for determining the effectiveness of the processes and structures used in implementing HIV & AIDS and TB Policy. As indicated in chapter one (1) the effectiveness of the structures relates to whether they are performing the tasks they are intended to perform, not whether their actions have an impact or not.

QUESTION 11: ARE YOU AWARE OF THE EMPLOYEE-HEALTH AND HIV & AIDS AND TB INFORMATION SYSTEM ESTABLISHED BY THE DESIGNATED SENIOR MANAGER, AND ITS OBJECTIVES?

Table 4.2: Responses to question 11

Responses	Numbers
No	19
To some extent	27
To a great extent	31
Not sure	10
Total Number	87

The majority of the respondents responded positively to the question. Twenty seven of the respondents indicated to some extent and thirty one of the respondents indicated to a great extent. Nineteen of the respondents responded no to the question.

Ten of the respondent indicated that they are not sure about the question. Since fifty eight of the respondents responded positively to the question, one can conclude that the existence of the employees –health and HIV & AIDS and TB information system was generally well known among the respondents. As indicated in sub-section 4.2.1.1, the establishment of the employee-health and HIV & AIDS and TB information system is the responsibility of the Designated Senior Manager. This was achieved by means of establishing the Peer educator programme and to establishing an appropriate HIV & AIDS and TB management programme.

QUESTION 12: ARE YOU AWARE OF THE EXISTANCE OF A PEER EDUCATOR PROGRAMME ESTABLISHED BY THE DESIGNATED SENIOR MANAGER?

Table 4.3: Responses to question 12

Responses	Numbers
No	17
To some extent	28
To a great extent	27
Not sure	11
Total Number	83

Fifty five of the respondents responded positively to the question. Twenty eight of the respondents indicated to some extent and twenty seven of the respondents indicated to a great extent. Seventeen of the respondents indicated No to the question. Eleven of the respondents responded that they were not sure about the question. Four of the respondents did not answer the question.

Since the majority of the respondents responded positively to the question, one can conclude that educators and officials in the Department of Education were aware of the existence of the peer educator programme established by the Designated Senior Manager. As indicated in sub-section 4.2.1.3 the Peer educator programme was based on the appointment of the peer educators. They were also aware of the roles and functions of the peer educators. As noted in sub-section 4.2.1.3, the functions of the peer educator included: HIV & AIDS awareness campaign, distribution of condoms and femidoms at the workplace and referring employees to relevant health support programmes for counseling.

QUESTION 13: ARE YOU AWARE OF THE EXISTENCE OF A HOLISTIC HIV & AIDS AND TB PROGRAMME ESTABLISHED BY THE DESIGNATED SENIOR MANAGER, AND ITS OBJECTIVES?

Table 4.4: Responses to question 13

Responses	Numbers
No	17
To some extent	26
To a great extent	25
Not sure	14
Total Number	82

Seventeen of the respondents indicated that they are not aware of the programmes established by the Designated Senior Manager. Fifty one of the respondents responded positively to the question. Twenty six respondents indicated to some extent and twenty five of the respondents indicated to a great extent. Fourteen of the respondents indicated that they were not sure of the question. Five of the respondents did not answer the question.

Since the majority of the respondents responded positively to the question, the researcher concluded that most employees are aware of the existence of a holistic HIV & AIDS and TB programmes established by the Designated Senior Manager to help the employees. It was explained in sub-section 4.2.1.1, that the HIV & AIDS and TB programme structure were established by the Designated

Senior Manager and planned to be reviewed. It entails the establishment of the Wellness Directorate with in the Department of Education.

QUESTION 14: ARE YOU AWARE OF THE EXISTENCE OF HIV& AIDS AND TB STRATEGIES AND POLICIES (e.g PREVENTION, TREATMENT CARE, SUPPORT AND HUMAN RIGHTS) UNDER THE MANAGEMENT OF THE DESIGNATED SENIOR MANAGER?

Table 4.5: Responses to question 14

Responses	Numbers
No	14
To some extent	24
To a great extent	31
Not sure	9
Total Number	78

In this question, majority of the respondents indicated that they are aware of the existence of HIV& AIDS and TB strategies and policy, like prevention, treatment care, support and human rights under the management of the Designated Senior Manager. Twenty four of the respondents indicated to some extent and thirty one of the respondents indicated to a great extent. Nine of the respondents indicated that they are not sure about the question. Fourteen of the respondents indicated No to the question. Nine of the respondents did not respond to the question.

Since fifty five of the respondents responded positively to the question, the researcher concluded that the employees are aware of the existence of HIV & AIDS and TB strategies and policy. (e. g prevention, treatment care, support and human rights). In sub-section 4.2.1.1, it was indicated that prevention strategies were involved at departmental level to contribute to the implementation of the strategic plan year by year. The strategies entail the national strategic plan on HIV & AIDS 2007-2011 and tuberculosis strategic plan for South Africa, 2007-2011.

QUESTION 15: ARE YOU AWARE OF THE ROLE OF THE HEALTH AND WELLNESS COORDINATORS IN COORDINATING AND IMPLEMENTING HIV & AIDS AND TB MANAGEMENT PROGRAMMES, PROJECTS AND INTERVENTIONS?

Table 4.6: Responses to question 15

Responses	Numbers
No	13
To some extent	24
To a great extent	29
Not sure	12
Total Number	78

Fifty three of the respondents indicated that they are aware of the role of the Health and Wellness Coordinators. Twenty four of the respondents indicated to some extent and twenty nine of the responded indicated to a great extent. Thirteen of the respondents responded No to the question. Twelve of the respondents indicated not sure whether they are aware of the role of the Health and Wellness Coordinators. Nine of the respondents did not respond to the question.

From the responses provided by the respondents, it could be concluded that most employees are aware of the role of the Health and Wellness Coordinator in the implementation of HIV & AIDS and TB management programmes. In sub-section 4.2.1.2 it was noted that the role of the Health and Wellness Coordinators was to Coordinate and implement HIV & AIDS and TB programmes. Among others the Health and Wellness Coordinators organized the Departmental AIDS day to encourage employees to talk about HIV & AIDS.

QUESTIN 16: DOES THE HEALTH AND WELLNESS COORDINATOR MAKE PROVISION FOR COUNSELING TO AFFECTED OR INFECTED INDIVIDUAL EMPLOYEES AND TO THEIR IMMEDIATE FAMILY MEMBERS?

Table 4.7: Responses to question 16

Responses	Numbers
No	15
To some extent	32
To a great extent	27
Not sure	13
Total Number	87

Fifteen of the respondents responded negatively to the question. Fifty nine of the respondents responded positively to the question. Thirty two of the respondents indicated to some extent and twenty seven of the respondents indicated to a great extent. Thirteen of the respondents indicated that they were not sure about the question. In this regard, one could conclude that there is provision for counseling to affected or infected individual employees and to their immediate family members.

The majority of those who responded positively to the question also explained that the Health and Wellness Coordinators have provided counseling to help employees affected or infected by HIV & AIDS and TB and their immediate family members.

QUESTION 17: DOES THE HEALTH AND WELLNESS COORDINATOR SUPPORT EMPLOYEES ON TB AND ON ARV TREATMENT TO ADHERE TO TREATMENT (ACT AS DOTS SUPPORTERS/ ARV BUDDY)?

Table 4.8: Responses to question 17

Responses	Numbers
No	9
To some extent	27
To a great extent	31
Not sure	12
Total Number	79

The majority of the respondents responded positively to the question. Twenty seven of the respondents indicated to some extent and thirty one of the respondents indicated to a great extent. Twelve of the respondents were not sure whether the Health and Wellness Coordinator supported employees on TB/ or ARV treatment. Nine of the respondents indicated No to the question. Eight of the respondents did not answer the question.

Since more of the respondents answered the question in the affirmative, the researcher conclude the Health and Wellness Coordinator gives the necessary moral support to employees on TB and/or ARV treatment.

As indicated in sub-section 4.2.1.2 the Health and Wellness Coordinator supported employees on TB and on ARV treatment to be consistent in taking the medication. They were encouraged to be careful about engaging in unprotected sex.

QUESTION 18: DOES THE HEALTH AND WELLNESS COORDINATOR ENCOURAGE EMPLOYEES TO MAINTAIN PROPER BALANCE BETWEEN THEIR FAMILY AND WORK LIFE?

Table 4.9: Responses to question 18

Responses	Numbers
No	18
To some extent	23
To a great extent	25
Not sure	21
Total Number	87

Forty eight of the respondents responded positively to the question. Twenty three of the respondents indicated to some extent and Twenty five of the respondents indicated to a great extent. Eighteen of the respondents indicated No to the question. Twenty one of the respondents indicated that they are not sure whether the Health and Wellness Coordinator encourages employees to maintain proper balance between their family and work life.

Since the majority of the respondent responded positively to the question, the researcher concluded that the Health and Wellness Coordinators encourage employees to maintain proper balance between their family and work life.

As explained by the Health and Wellness Coordinators family is very important and always needs to be considered. This is clearly noted in sub-section 4.1.3 that the Health and Wellness Coordinators encourage employees to maintain proper balance between their families and work life. The employees must have a chance to relax with their families. The families are very important to them to discuss issues related to HIV & AIDS.

QUESTION 19: DOES THE PEER EDUCATOR TAKE INITIATIVE TO IMPLEMENT AWARENESS ACTIVITIES AND COMMUNICATE HIV & AIDS AND TB INFORMATION AT THE WORKPLACE?

Table 4.10: Responses to question 19

Responses	Numbers
No	15
To some extent	28
To a great extent	30
Not sure	14
Total Number	87

The majority of the respondents responded positively to the question. Twenty eight of the respondents indicated to some extent and thirty of the respondents indicated to a great extent. Fifteen of the respondents responded negatively to the question. Fourteen of the respondents indicated that they are not sure whether the peer educator takes initiative to implement awareness activities and communicate HIV & AIDS and TB information at the work place.

Since the majority of the respondents agreed with the question, the researcher concluded that the peer educators take initiative to implement awareness activities and communicate HIV& AIDS and TB information at the workplace.

The majority of the respondents, who responded positively to the question, explained that the danger of HIV & AIDS and TB is communicated through pamphlets, posters and Emails. It was noted in sub-section 4.2.1.3 that the Peer educators take initiative to implement and communicate HIV & AIDS and information at the workplace. This is done through pamphlets and posters in the notice board. Condom dispensers in the toilets of the school also play an important role of communicating about HIV & AIDS. It sensitizes employees (educators and officials) to be always consider the use of condom and fermidom.

QUESTION 20: DOES THE PEER EDUCATOR INITIATE AND ARRANGE STAFF TRAINING WITH REGARD TO HIV / AIDS AND TB?

Table 4.11: Responses to question 20

Responses	Numbers
No	16
To some extent	21
To a great extent	23
Not sure	19
Total Number	79

The majority of the respondents responded positively to the question. Twenty one of the respondents indicated to some extent and twenty three of the respondents indicated to a great extent. Sixteen of the respondents indicated No to the question. Nineteen of the respondents indicated not sure about the question. Eight of the respondents did not answer the question.

Since the majority of the respondents responded positively to the question, the researcher concluded that the peer educators initiate and arrange staff training with regard to HIV & AIDS and TB in the workplace. As indicated in sub-section 4.2.1.3 the peer educator initiates and arranges staff training with regard to HIV & AIDS and TB. The training is held in various schools and offices to teach educators

and officials about the use of condoms and femidoms. It also teaches employees to accept the other employees affected by HIV & AIDS and TB.

QUESTION 21: DOES THE PEER EDUCATOR ACT AS A REFERRAL AGENT OF EMPLOYEES TO RELEVANT INTERNAL OR EXTERNAL HEALTH SUPPORT PROGRAMMES?

Table 4.12: Responses to question 21

Responses	Numbers
No	12
To some extent	24
To a great extent	27
Not sure	14
Total Number	77

Twelve of the respondents responded negatively to the question while the majority of the respondents responded positively. Twenty four of the respondents indicated to some extent and twenty seven of the respondents indicated to a great extent. Fourteen of the respondents indicated that they are not sure about the question.

The respondents indicated that the peer educators interact with them about their problems and eventually refer them to the relevant internal and external health support programmes. The respondents further indicated that the Peer educator clearly explained to them that referral is confidential. They mentioned three types of referral like self referral, supervisor referral and family referral.

Self referral is when the employee refers himself or she for assistance, supervisor referral is where the referral of the employee is done by the supervisor and family referral is where one of the family members refers an employee who needs help from Employee Assistance Programme (EAP) of the Department that deals with counseling.

QUESTION 22: DOES THE PEER EDUCATOR OBTAIN AND MAKE CONDOMS AND FEMIDOM AVAILABLE AT WORKPLACE AND PROVIDE USAGE EDUCATION THERE-OF?

Table 4.13: Responses to question 22

Responses	Numbers
No	13
To some extent	24
To a great extent	39
Not sure	11
Total Number	87

Thirteen of the respondents indicated no to the question. Sixty three of the respondents agreed with the question. Twenty four of the respondents indicated to some extent and thirty nine of the respondents indicated to a great extent. Eleven of the responded indicated not sure about the question. The majority of the respondents who responded positively to the statement explained that condoms and femidoms were distributed in schools.

The condoms and femidoms were distributed to be available and easily utilized by the employees. This is intended to reduce the spread of HIV & AIDS in the workplace. From the responses provided by the respondents, it could be concluded that respondents have acknowledged the distributions of condoms and femidoms by the peer educator at the workplace.

QUESTION 23: DOES THE HEALTH AND SAFETY COMMITTEE OVERSEE THE IMPLEMENTATION OF HIV/AIDS AND TB POLICY AND PROGRAMMES IN THE WORKPLACE?

Table 4.14: Responses to question 23

Responses	Numbers
No	19
To some extent	22
To a great extent	27
Not sure	16
Total Number	84

Nineteen of the respondents responded negatively to the question. Forty nine of the respondents responded positively. Twenty two of the respondents indicated to some extent and twenty seven of the respondents indicated to a great extent. Sixteen of the respondents responded by saying they are not sure about the question. Three of the respondents did not answer the question.

Since the majority of the respondents responded positively to the question, the researcher concluded that they are aware of the existence and role of the health and safety committee in the workplace.

In relation to sub-section 4.2.1.4 that the Health and Safety Committees make recommendation to the employer about the implementation of HIV & AIDS and TB programmes that happened in the workplace.

QUESTION 24: ARE YOU AWARE OF ANY RECOMMENDATION MADE BY THE HEALTH AND SAFETY COMMITTEE TO THE EMPLOYER REGARDING ANY MATTER AFFECTING THE WELLNESS OF EMPLOYEES?

Table 4.15: Responses to question 24

Responses	Numbers
No	29
Yes	53
Total Number	82

Twenty nine of the respondents responded negatively to the question. Fifty three of the respondents respond positively to the question. Five respondents did not

answer the question. Since the majority of the respondents responded positively to the question the researcher concluded that respondents are generally aware of recommendations made by the Health and Safety Committee to the employer regarding matters affecting the wellness of employees.

More generally these could be recommendations about incidents in the workplace regarding employees who were injured, ill or dead.

In sub-section 4.2.1.4 it was indicated that the Health and Safety Committee makes recommendation to the employer regarding any matter affecting the wellness of employees. They make recommendations of employees on the bases of their injuries, illness or death in the workplace.

QUESTION 25: ARE YOU AWARE OF ANY INCIDENT WHERE THE HEALTH AND SAFETY COMMITTEE REPORTED IN WRITING TO AN INSPECTOR REGARDING INJURY, ILLNESS OR DEATH OF AN EMPLOYEE?

Table 4.15: Responses to question 25

Responses	Numbers
No	27
Yes	54
Total Number	81

Fifty four of the respondents responded positively to the question. Twenty seven of the respondents responded negatively to the question. Six of the respondents did not answer the question. Since the majority of the respondents responded positively to the question, the researcher concluded that the respondents were aware of incidents where the health and safety committees reported in writing to the inspectors regarding injuries, illness or death of an employee.

It is very important to report in writing any incident especially in relation to HIV & AIDS for record purposes. This suggests that the Health and Safety Committees are performing these functions allocated to them.

QUESTION 26: DOES THE HEALTH AND SAFETY COMMITTEE TAKE THE NECESSARY STEPS TO ENSURE ADHERENCE TO HEALTH AND SAFETY STANDARDS AS SET BY LEGISLATION AND REGULATIONS FOR THE WORKPLACE?

Table 4.16: Responses to question 26

Responses	Numbers
No	18
To some extent	26
To a great extent	24
Not sure	19
Total Number	87

The majority of the respondents responded positively to the question. Twenty six indicated to some extent and twenty four indicated to a great extent. Eighteen of the respondents respond negatively to the question.

Nineteen of the respondents indicated that they are not sure about the question. From the responses provided by the respondents, it could be concluded that the health and safety committees take the necessary steps to ensure adherence to health and safety standards as set by legislation and regulations for the workplace. The employee should obey universal precautions as laid down by his or her employer or any authorized person in the interest of prevention of HIV & AIDS and TB. It is also very important to ensure whether there are condom containers and information posters on HIV & AIDS and TB at schools and in the offices.

4.3 DISCUSSION OF THE FINDINGS

This section presents an analysis of the data collected through interviews and questionnaires. The aim is to integrate the data collected from the various sources, particularly in relation to the different management roles.

4.3.1 Programme Managers' Roles

4.3.1.1 Findings on the role of the Designated Senior Manager

The findings revealed that more of the respondents were generally aware of the employee-Health and HIV & AIDS and TB information system established by the Designated Senior Manager. From the evidence collected, she established the Peer Educator Programme and the HIV & AIDS and TB management programme. She appointed the Peer educators at schools and offices.

In response to the question of a holistic HIV & AIDS and TB programme, it revealed that the Designated Senior Manager encourages voluntary counseling and testing. About six hundred and forty seven employees have voluntarily tested for HIV & AIDS and TB in 2012.

She encourages the spirit of togetherness among employees. It revealed that employees tested positive are not be stigmatized, victimized, discriminated and rejected by other employees. Based on the question of prevention, treatment care and support on HIV & AIDS and TB, she promoted the awareness campaigns that include STI education and condom distributions.

4.3.1.2 Findings on the role of Health and Wellness Coordinators

The findings revealed that the Health and Wellness Coordinators have coordinated HIV & AIDS and TB programmes. They have managed to run awareness campaigns on HIV & AIDS and TB as well as STI'S. Every year, they organize the Departmental AIDS day to sensitize employees about HIV & AIDS and encourage the employees to stand up and talk openly about their HIV status.

The findings revealed that counseling was provided to the employees by the Health and Wellness Coordinators. They have provided the counseling sessions to the employees. It revealed that the Health and Wellness Coordinators supported employees affected by HIV & AIDS and TB to be consistent in taking ARV treatment. The employees affected by HIV & AIDS have to know that ARVS are not a cure for HIV & AIDS, but prolong their lives.

The findings revealed that the Health and Wellness Coordinators encourage employees to maintain proper balance between their families and work life. The employees were asked to have a chance to relax with their families. It is very

important for employees to learn to bond together with their families especially after working hours.

4.3.1.3 Findings on the role of Peer Educators

The findings revealed that the Peer educator initiated the implementation of HIV & AIDS and TB awareness activities at the workplace. The HIV & AIDS and TB awareness activities were communicated by distributing pamphlets and putting up posters.

It revealed that the Peer educators have initiated and arranged staff training with regard to HIV & AIDS and TB. They always organized the venues for the staff meeting, nominated employees to attend and cascade the message to other employees about HIV & AIDS and TB in the workplace.

The findings revealed that the Peer educators acted as a referral agents of employees to internal and external health support programmes. They have managed to identify employees affected by HIV & AIDS and TB. From there, they referred them to the relevant professionals within the Department of Education. They also interacted with the private sector to refer their employees for counseling.

The findings revealed that the peer educators achieve the objective of the policy by means of distributing condoms and femidoms to the various schools and offices. The condoms and fermidoms were distributed in toilets through condom dispensers.

4.3.1.4 Findings on the role of Health and Safety Committees

The findings revealed that the Health and Safety Committees managed to oversee the implementation of the HIV & AIDS and TB policy and programmes in the workplace. They revealed that the Health and Safety Committees have reported in writing incidents regarding injury, illness and death of employees.

They also revealed that recommendations were made by the Health and Safety Committees to the employer regarding any matter affecting the wellness of the employees. They recommended employees affected by HIV & AIDS and TB for necessary treatment like ARV's to be given.

The findings revealed that adherence to standards as set by legislation, regulations, South African National Services (SANS) and Department of Health (DOH) for the workplace. It revealed that the Health and Safety Committees benefited a lot from the training on Health and Safety Environment (SHE) that help them to report of accident happened in the workplace.

4.4 CONCLUSION

This chapter presented evidence to help the researcher in making findings and reach conclusions about the effectiveness of the implementation of the policy.

CHAPTER 5

5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter contains a summary of the study. It also summarises the key research findings in line with the objectives and presents the recommendations drawn from these findings and conclusions.

5.2 SUMMARY OF THE STUDY

- To achieve the objectives of the study, the researcher proceeded as follows: In chapter one the researcher provided some introduction and background information of HIV & AIDS and TB. This first chapter also contains the statement of the problem, research question, hypothesis, objectives of the study, delimitation of the study, method of research, the rationale and significance of the study, ethical considerations and structure of the dissertation.
- In chapter two, the literature review discussed the main factors relevant to the contributing to HIV & AIDS and TB. These includes the historical and background of HIV & AIDS, the politics of HIV & AIDS, the socio – economic impact of HIV& AIDS, the fight against HIV & AIDS, challenges relating to HIV and AIDS in South Africa, South Africa's Government policy responses and HIV & AIDS and TB policy in the North West Province. The literature review revealed different authors' views in relation to the origins of HIV & AIDS disease.
- Chapter three addressed the socio-economic background of the study area. The most significant social conditions of socio-economic issues facing the District were discussed. These include poverty, HIV & AIDS, substance abuse, crime, migration, low level of education and unemployment. The economic background in the District of Ngaka-Modiri-Molema such as mining, industries, tourism and agriculture were also discussed.
- Chapter four presented the analysis and interpretation of data. The responses from the programme managers (the Designated Senior Manager, the Health and Wellness Coordinators, the Peer Educators and the Health and Safety

Committees) and the employees of the Department of Education (educators and officials) in the District of Ngaka-Modiri-Molema. The challenges experienced by the programme managers in relation to the implementation of the HIV & AIDS and TB policy. Responses from questionnaires relating to management, coordinating and facilitating roles were discussed.

The respondents also tell how they understand the duties performed by the programme managers in relation to HIV & AIDS and TB Policy in the workplace. The study revealed how the Policy was implemented. The findings from the programme managers were also discussed.

- Chapter five provides a summary, conclusions and recommendations.

5.3 CONCLUSIONS AS A SUMMARY OF KEY FINDINGS

5.3.1 Findings on the first objective

The first objective was to identify the programmes through which the Department is giving support to infected and affected employees (educator and officials). In this regard the HIV & AIDS and TB programmes identified include the following:

- Awareness campaign on HIV & AIDS and TB that encourages openness and acceptance for HIV positive employees.
- HIV voluntary counseling and testing of employees.
- Employees affected by HIV & AIDS to be referred to both public and private professionals.
- The Department came up with the roll out programme by means of issuing the Anti-retro virus (ARV'S) to the educators and officials affected by HIV & AIDS and TB.
- Promotion of condom distribution to be used by the employees.

5.3.2 Findings on the second objective

The second objective was to determine the effectiveness of the different structural elements through which the policy is implemented. It was clearly indicated that the Wellness Directorate was established with in the North West Department of Education. The main aim of the structures was to ensure the effectiveness the HIV & AIDS and TB in the workplace so that employees remain healthy and fit to work. The Wellness Directorate was structured into the following three elements or sections:

- The Employee Assistant Programme (EAP) responsible for counseling by the Health and Wellness Coordinators.
- The Health and Safety Programme (HSP) in charge of providing effective support to employees affected by HIV & AIDS by the Health and Safety Committees.
- The Peer Educator Programme (PEP) created to communicate HIV & AIDS and TB information at the workplace.

In this regard, the Designated Senior Manager, the Health and Wellness Coordinator, the Peer educator and the Health and Safety Committee have been established. These four role players have their own different functions to perform for the implementation of the policy. As indicated by the evidence, the four role players were effectively performing their functions on HIV & AIDS and TB.

5.3.3 Findings on the third objective

The third objective was to evaluate the adequacy of resources available for the implementation of the policy. The policy stated that one of the functions of the Designated Senior Manager was to provide physical resources.

To some extent the budget allocated for the Directorate especially in 2009 was six hundred and eighty eight thousand, two hundred and sixty seven rand and was not enough for HIV & AIDS and TB programmes. It was worse as compared to the financial years of 2010 and 2011. At least double amount of funds allocated in 2009 could be better to manage the programmes.

Resources required for this programme include materials for HIV & AIDS and TB like books, pamphlets, posters, condom containers, anti-retroviral virus (ARV's), T shirts, condom dispensers, condoms and fermidoms.

5.3.4 Conclusions on the fourth objective

In terms of the fourth objective to determine the problem encountered in the implementation of the policy, the shortage of funds were the main concern. There are other problems like shortage of staff that increases the work load of some of the programme managers. Some employees affected by HIV & AIDS and TB are frustrated by being stigmatized, victimized, discriminated and rejected by other employees. Some employees tested HIV positive abuse alcohol and that lead absenteeism that affect productivity of the Department.

The Health and Wellness Coordinators also indicated that they sometimes encountered the problem of employees not attending counseling sessions on regular basis. Some of the resources like laptops, subsidized cars and cell phones were not provided to the programme managers. These led to the ineffectiveness and demoralized the Health and Wellness Coordinators.

5.4 RECOMMENDATIONS

On the basis of the above-mentioned conclusions, the following recommendations are made:

- Based on the evidence given in Chapter four, it is recommended that all employees including other senior managers of the Department of Education should be voluntarily tested for HIV & AIDS and TB to know their status. If more of the senior managers voluntarily test for HIV & AIDS and TB, many employees would be motivated and volunteer to test for any diseases related to HIV & AIDS.
- The employees affected by HIV & AIDS and TB should not be stigmatized, victimised, discriminated and rejected. They should be respected and treated equally like other employees who are HIV negative. These should be addressed through information sessions or training.
- Employees who have tested HIV positive and willing to disclose their HIV status openly, should be given a chance and invited to participate on HIV & AIDS and TB programmes activities to talk about their HIV status. This could encourage more other employees to go for testing of HIV & AIDS and TB.
- However, it is recommended that the North West Department of Education should consider increasing the budget of the Wellness Directorate. If the budget is insufficient like the one allocated in 2009, the Wellness Directorate could not manage to run their programmes activities properly.
- It is therefore, recommended that posts, particularly for the Health and Wellness Coordinators should be filled according to the requirements of the structure of the Directorate. This means the

shortage of eight posts for the Health and Wellness Coordinators should be externally advertised. All posts for the Health and Wellness Coordinators should be upgraded to attract more suitable applicants.

- The North West Department of Education should always work hand in hand with the North West Department of Health in handling the HIV & AIDS and TB issues like Anti-retrovirus (ARV'S) treatment as well as condom and fermidoms distributions. This is because the Department of Health has employed professionally qualified nurses who are more knowledgeable on the reaction of the medication given to the employees.
- The Progamme managers (the Designated Senior Manager, Health and Wellness Coordinators, Peer educators and Health and Safety Committees) should be trained to train to train all other employees on HIV & AIDS and TB in the workplace. This is because the training will allow other employees to discuss their issues experienced in relation to HIV & AIDS and TB in the workplace.

5.5 SUGGESTION FOR FURTHER STUDIES

More studies on HIV & AIDS and TB in the workplace should be conducted. It is very important for the issues in relation to HIV & AIDS and TB to be kept investigated from time to time to know more about the findings of the recent authors. After a given period of time, more research need to be conducted to determine if the HIV & AIDS prevalence in the workplace has actually been addressed or not. The researcher's scope was to investigate whether or not the structure was performing its functions.

5.6 CONCLUSION

The need to address the problem associated with HIV & AIDS and TB in the workplace cannot be over-emphasized. Programmes initiated to support affected and infected employees and their families play a critical role in this regard. Such programmes should therefore, be properly managed if they are to be effective.

ANNEXURES

APPENDIX **A:** QUASTIONNAIRE SCHEDULE

APPENDIX **B:** INTERVIEW SCHEDULE

APPENDIX A

THE QUESTIONNAIRE OR INTERVIEW SCHEDULE

GENERAL INFORMATION ONLY FOR EMPLOYEES OF THE DEPARTMENT OF EDUCATION

INSTRUCTIONS: Please respond to the following items by making an X in the block which is the most appropriate to you and explain where there is a need.

1. Your age (years)

- (a) 18-22 ☐
- (b) 23-27 ☐
- (c) 28-32 ☐
- (d) 33-38 ☐
- (e) 39- up ☐

2. Your gender

- (a) Male ☐
- (b) Female ☐

3. Your educational status

- (a) Grade 6-10 ☐
- (b) Grade 11-12 ☐
- (c) Diploma ☐
- (d) Degree ☐
- (e) Post graduate ☐

4. Your marital status

- (a) Legally married ☐
- (b) Traditional married ☐
- (c) Living together ☐

- (d) Widowed
- (e) Separated
- (f) Divorced
- (g) Never married

5. Your religious affiliation

- (a) Methodist
- (b) Roman Catholic
- (c) Lutheran
- (d) Pentecostal
- (e) Zion Christian
- (f) Others

6. Number of years of your experience

- (a) 1 to 4 years
- (b) 5 to 8 years
- (c) 9 to 12 Years
- (d) 13 years and more

7. Your dependants

- (a) None
- (b) Less than three
- (c) More than three

8. Your race

- (a) African
- (b) Colored

(c) White

(d) Others

9. Your Clusters of the Area project office (APO)

(a) Botshabelo

(b) Mmabatho

(c) Tshwaraganang

10. Do you know of the existence of HIV & AIDS and TB management in the Department?

Yes

No

11. Are you aware of the employee-health and HIV & AIDS and TB information system established by the Designated Senior Manager?

No

To some extent

To a great extent

Not sure

12. Are you aware of the existence of a Peer Educator programme established by the Designated Senior Manager?

No

To some extent

To a great extent

Not sure

13. Are you aware of the existence of a holistic HIV & AIDS and TB programmes established by the Designated Senior Manager?

No	
To some extent	
To a great extent	
Not sure	

14. Are you aware of the existence of HIV & AIDS and TB strategies and Policy (e.g prevention, Treatment care, support and Human Rights) under the management of the Designated Senior Manager?

No	
To some extent	
To a great extent	
Not sure	

15. Are you aware of the role of the Health and Wellness Coordinator in coordinating and implementing HIV & AIDS and TB management programmes, projects and interventions?

No	
To some extent	
To a great extent	
Not sure	

16. Does the Health and Wellness Coordinator make provision for counseling to affected or infected individual employees and to their immediate family members?

No	
To some extent	
To a great extent	
Not sure	

If you agree, explain how provision for counseling happen?-----

17. Does the Health and Wellness Coordinator support employees on TB and /or ARV treatment to adhere to treatment (act as DOTS supporter/ ARV Buddy)?

No	
To some extent	
To a great extent	
Not sure	

18. Does the Health and Wellness Coordinator encourage employees to maintain proper balance between their family and work life?

No	
To some extent	
To a great extent	
Not sure	

If you agree, explain how encouragement of employees is done?-----

19. Does the peer educator take initiative to implement awareness activities, communicate HIV&AIDS and TB information at the workplace?

No	
To some extent	
To a great extent	
Not sure	

If you agree, give examples-----

20. Does the peer educator initiate and arrange staff training with regard to HIV/AIDS andTB?

No	
To some extent	
To a great extent	
Not sure	

21. Does the peer educators act as a referral agent of employees to relevant internal or external health support programmes?

No	
To some extent	
To a great extent	
Not sure	

If you agree, how does he/she play this role-----

22. Does the peer educator obtain and make condoms and femidom available at the workplace and provide usage education thereof?

No	
To some extent	
To a great extent	
Not sure	

23. Does the Health and Safety Committee oversee the implementation of the HIV & AIDS and TB policy and programmes in the workplace?

No	
To some extent	
To a great extent	
Not sure	

If you agree, explain how he/she oversees the implementation?-----

24. Are you aware of any recommendation made by the Health and Safety Committee to the employer regarding any matter affecting the wellness of employees?

No	
Yes	

25. Are you aware of any incident where the Health and Safety Committee reported in writing to an inspector regarding injured, ill or death of an employee?

Yes	
No	

26. Does the Health and Safety Committee take the necessary steps to ensure adherence to Health and Safety standard as set by legislation and regulations for the workplace?

No	
To some extent	
To a great extent	
Not sure	

If you agree, give examples-----

APPENDIX B

QUESTIONS FOR INTERVIEWS

Questions relating to: the Designated Senior Manager, the Health and Wellness Coordinator, the Peer educator and the Health and Safety Committee.

1. What are your functions in the implementation of the policy?
2. Explain how these functions are carried out
3. What notable successes have been achieved in meeting the policy objectives?
4. What problems have you encountered in performing your functions?
 - Problems relating to availability of financial and human resources
 - Any other problems
5. Have you had any specific training to enable you to perform your functions effectively?

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