HIV/AIDS awareness and attitudes of junior to middle management in the South African Police Service

by

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ABSTRACT

The study investigated the current awareness programs from national strategy down to different departments focusing mainly on junior and middle management (level 1 to 12). The researcher provided HIV/AIDS background; perceptions of police officers as well as personnel falling under public service. It was clear that the South African Police Service is forming part of all stake holders engaging in fighting and developing policies to be implemented at the ground level. The above statement is supported by various literatures. During the literature review it was discovered that even though the police is having one of the best HIV/AIDS support component, most members still ignore the rules and guidelines as stipulated on the HIV/AIDS awareness policy. The police organisations are generally difficult places to address the issue of HIV/AIDS, due primarily to the police culture of silence and lack of openness. Due to general lack of solid data and systematic research allows only for anecdotally-based views ranging from dispute to doomsday.

Self administered questionnaire was used as means of data collection. Findings advocate that employees based at Mounted Academy: Potchefstroom and North West provincial office have high level of knowledge on HIV/AIDS. However, the majority believe that there is also a perception that the nature of police work, in response to the high level of violent crime in South Africa, places officers at a higher risk of HIV infection. When resources are stretched and there is pressure to 'get the job done', officers sometimes operate without considering their safety in terms of HIV/AIDS. Lastly most members believe that due to deployments and other special duties it is essential for senior management to consider the immediate families as well as provisioning of proper housing.

Key words: AIDS, infection, SAPS awareness program, HIV/AIDS programme, police, risk.

DEDICATION

This work is dedicated to my beloved siblings, family, relatives, friends and colleagues.

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NATURE AND SCOPE OF THE STUDY

1.1 INTRODUCTION

In 2008 South Africa had the highest number of people infected globally, estimated at around 5.3 million, including 220 000 children under the age of 15 years, (UNAIDS, 2009). South Africa ranks in the top five highest HIV prevalence countries in the world, with 17.5% of the population estimated to be infected. The UNAIDS 2009 Global Report Epidemic Update estimated that in 2008, 310 000 people died from AIDS in South Africa. South Africa is regarded as having the most severe HIV epidemic in the world.

According to Whiteside and Sunter (2000), since the inception of the first case of the human immunodeficiency virus (HIV) in the late 1970s, Sub-Saharan Africa has experienced the highest infestation rate in the whole world. In a well designed experiment, Smit (2005), found that in 2003, 4.7 million people were HIV positive, an estimated 6.1 million in 2005 and 7.5 million by 2010.

Government institutions across Southern Africa risk losing capacity due to a loss of middle management staff to HIV/AIDS. The South African Police Services (SAPS) is no exception: the nature of the epidemic and the demographic structure of SAPS suggest a potential vulnerability. Themba Masuku (2007) suggested that due to ageneral lack of solid data and systematic research, data allows only for anecdotally-based views ranging from dispute to doomsday. The aim of this research report is to evaluate our current awareness programs, from national strategy down to the different departments and to attempt to start building a solid knowledge base from which to debate these issues more constructively, especially among the middle management or immediate commanders within the South African Police Service. The police organisations are generally difficult localities to address the issue of HIV/AIDS, primarily due to the police culture of silence and lack of openness (Themba Masuku, 2007). This culture of silence is

compounded by the fact that there is a predominantly male culture within the police services and disclosure and acknowledgement of HIV/AIDS are viewed as weaknesses.

Officers, who acknowledge or disclose HIV-positive status in these environments, are likely to face stigmatisation and discrimination due to a lack of adequate knowledge about the disease. SAPS commanding officers are at risk of contracting the HIV virus in three respects: Firstly, as sexually active adults they are as much at risk as the general population, and junior members find their positions to be more secured when having a sexual affair with their immediate commanders. The HSRC Household Surveys, among other sources, provides some of the main determinants of infection. This risk can be reduced through general prevention efforts. However, there is also a perception that the nature of police work, in response to the high level of violent crime in South Africa, places officers at a higher risk of HIV infection. Officers sometimes operate without considering their safety in terms of HIV/AIDS when resources are stretched and there is pressure to 'get the job done'. Thirdly, and more controversially, this report finds that the lifestyle and behavioural pattern amongst some members of the police places them at particular risk of infection, therefore most members die or become critically ill before being promoted to be officers.

There is a link between work-related stress, abuse of alcohol and drugs, and a decrease in safer sex practices. In addition, it is reported that some police officials engage in sexual exploitation of sex workers and other women/men, especially refugees and illegal immigrants. Furthermore, in a well designed experiment, Larsen, Casey Sartie, Tommy, Musa and Saldinger (2004) found that conflict settings often stimulate an increase in transactional sexual activity. Officers deployed elsewhere have more spendable income, especially those operating outside the South African borders, than do the surrounding populations, thus have the financial means to purchase sex (UNIAIDS 2002).

Furthermore, there is a culture of acceptance of the practice of having multiple sexual partners in the police – it is believed to be indicative of virility and masculinity (Themba Masuku, 2000). Since many police members are deployed in areas distant from their homes, they often stay in communal environments, such as hostels. These often lack recreational facilities and other stress-

relieving structures, resulting in police members opting to engage in sexual relationships outside their marriages or steady relationships.

Even with the excellent policy and strategy developed by the senior management, there is still high resistance with regard to training and implementation of the policy. Social workers have been appointed to coordinate and implement HIV/AIDS programmes at national, provincial and area levels. The experience is that only low level employees attend the workshops. Despite the development of the HIV/AIDS policy within the South African Police Services, there is still considerable work to be done in implementing the policy and strategy on all organisational levels, to address the prevalence on junior level to middle management level.

In a case study by Charles Ngwena (2001), it was found that there is a high proportion of discrimination in labour intensive industries, such as mining and military, for reasons ranging from sheer prejudice to containing business operational costs; in the response of significant job applicants and employees living with HIV/AIDS, from the workplace altogether or from certain positions. The reality is that in South Africa, as in other parts of Africa and the developing world in general, HIV/AIDS has extremely high morbidity and mortality rates. It has drastically cut life expectancy. In a thorough experiment Ngwena (2001) found that the deleterious effects of HIV/AIDS are not limited to health and the health care sector, other sectors, and in particular the workplace, have been affected adversely. The epidemic is concentrated in the economically active population. Chronic illness and premature death that are associated with AIDS and AIDS-related illnesses are resulting in increased absenteeism from work and low productivity. Employers must recruit or retrain employees to replace sick or deceased employees. Claims on employment-related benefits, such as medical and disability schemes, are accelerating. The South African Police Service has a mandate to address equality, whereby the minister of the police Mr Nathi Mthethwa during his address on 2011-01-28, emphasized recruiting more women in senior management posts. According to the report by the Women's International Network News (2001), the AIDS epidemic has had a unique impact on women, which has been worsened by their role within society and their biological vulnerability to HIV infection. Generally, women are at risk of heterosexual transmission of HIV. Biologically, women are

twice more likely to become infected with HIV through unprotected heterosexual intercourse, than men. The problem of HIV/AIDS requires a short-, medium- and long-term approach.

1.2 PROBLEM STATEMENT

HIV/AIDS is a huge problem for armed forces because of factors such as deployments, migration of officers from one province to the other, absenteeism, knowledge and police officers' attitudes towards the pandemic, exploitation of sex workers and ineffective awareness programs which are all severely affecting the armed forces of many countries.

Should HIV/AIDS not be addressed, it may have serious consequences that go beyond policing. High attrition of personnel due to high absenteeism by means of sick leave, special leave and mortality of middle managers, could pose a security risk, as they are regarded as the supervisors working on the ground, particularly in the light of this country's high crime levels.

The prevalence is of the following importance: Due to high mortality rate caused by HIV/AIDS, junior members do not graduate through the ranks up to the senior levels, which indeed raise concerns as most senior managers are recruited from other Government departments. Accurate data on the incidence of HIV among officers is difficult to obtain, because affected states either do not collect or do not want HIV prevalence data published. In 1998, UNAIDS estimated that sexually transmitted disease "rates among armed forces are generally 2 to 5 times higher than in civilian populations".

According to Harley Feldbaum, Kelley Lee and Preeti Patel (2006), recent estimates are more conservative and suggest that HIV occurrence among armed forces is equal to or slightly higher. While the study does suggest that there is a strong perception that HIV/AIDS poses an enormous problem to the integrity of the SAPS, the response to this perceived crisis could be improved. This study intends to identify and analyse those factors that play a role in the incidence of HIV/AIDS within the SAPS. Secondly, determining which programmes are likely to promote awareness. Thirdly, to examine why there is a correlation between poverty, HIV/AIDS and crime. Fourthly, to outline what measures should be taken to enhance the usage of information

technology and telecommunications in South Africa as the major drivers of raising awareness. In an in-depth experiment conducted by Merchant, Nettleton, Mayer, and Becker (2008), they determined that police and correctional service officers, unlike health workers, often operate in surroundings that lack measures for reducing blood and body fluid exposures - evidence collection, suspect apprehension, inmate processing or searches carry the risk of physical violence, which can entail exposures to blood and body fluids that can transmit HIV and other pathogens.

1.3 OBJECTIVES

Above all, this study's main objective was to address stigma and denial in the junior and middle management levels. The biggest challenge for the SAPS is to address its organisational culture. This report will address the aspects of organisational culture that are stumbling blocks in addressing the issue of HIV/AIDS. These include, in particular, those aspects which contribute to a culture of denial, stigmatisation and discrimination.

Secondly, there is a need to deepen the levels of the prevention and awareness raising activities. There is a need to particularly explore the possibility of making the HIV/AIDS awareness raising activities compulsory, as well as ensuring that all police officials have knowledge of universal precautions.

Thirdly, there is a necessity to improve data collection in order to improve knowledge of how HIV/AIDS is impacting on the police. Addressing the problem will require accurate information to improve participation, budget, and human resource planning. The lack of quality HIV/AIDS statistics has been explained as a consequence of confidentiality requirements within the police organisation.

While the Constitution and labour legislation protects confidentiality, it does not appear to restrict an organisation in determining its HIV/AIDS prevalence – if done anonymously. Nevertheless, because the issues surrounding HIV/AIDS are so sensitive, any internal research needs to be handled responsibly and with great care. The fourth issue that should be addressed,

includes building capacity within the HIV/AIDS directorate in order to ensure that there are enough people to collect data, provide awareness raising activities and provide support. There is also a requirement to evaluate whether SAPS has budgeted adequately to deal with HIV/AIDS.

Furthermore, there is a demand to ensure that accountability and monitoring systems are developed to guarantee that budgets are spent effectively to mitigate the impact. Again, reducing the burden of the epidemic among police women through analysing resources available to promote and protect women's rights, increased education and awareness among women are encouraging the development of new preventative technologies such as post-exposure prophylaxis and microbicides.

1.3.1 Methodology and data analysis

According to De Vos *et al.,* (2002:272) there are five strategies of inquiry or traditions that could be used to design qualitative research:

1. Biography;
2. Phenomenology;
3. Grounded theory;
4. Ethnography;
5. Case Study.

According to De Vos *et al.* (2002:275), a case study can be regarded as an exploration or in-depth analysis of a 'bounded system' (bounded by time and/or place) or a single or multiple case, over a period of time. The case being studied can refer to a process, activity, event, programme or individual or multiple individuals. The exploration and description of the case take place through detailed, in-depth data collection methods, involving multiple sources of information that are rich in context. These can include interviews, documents, observations or archival records. As such, the researcher needs access to, and the confidence of, participants. Therefore, for this research, it was proposed to use the case study-method.

The aim of this study is not to quantify responses, but to attempt to compile a mental picture of how police officers think and feel about HIV/AIDS. A qualitative method was chosen for this study, because it best explains what people experience, how they interpret their experiences and how they structure the world in which they live. Researchers therefore share in the understandings and perceptions of others and also explore the way in which people structure and give meaning to their daily lives. The survey in a form of questionnaires will be distributed in North-West Provincial Offices, Mounted Services and Pretoria Division Human Resource Development.

1.3.2 Target groups and target areas

The target group for this program is from student constables to colonels under the Police Act. Secondly personnel employed under Public Service Act, from level one to level twelve. North West Provincial Offices in Potchefstroom, Mounted Services and Head Office Division Human Resource Development are all the targeted areas.

1.4 LAYOUT OF THE STUDY

The study consists of four chapters. Chapter 1 pertains to the nature and scope of the study. In chapter 2 the literature review is presented, followed by chapter 3, the empirical research. The final chapter, chapter 4, draws conclusions and offers recommendations based on the study.

1.5 SUMMARY

This first chapter presented the background and nature of the study with regard to HIV/AIDS in the SAPS, presented the research objectives, target population, as well as the layout of the study. The next chapter deals with the literature study.

CHAPTER 2

HIV/AIDS IN MANAGEMENT

2.1 INTRODUCTION

The purpose of this chapter is to provide a review of literature on the perceptions of junior to middle management towards the Human Immuno Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) within the South African Police Services. It presents a theoretical and appropriate foundation of present study. Since this study is based on perceptions on HIV/AIDS, theoretical perspectives on perceptions towards HIV/AIDS will be explored in this chapter. The effect of HIV/AIDS on the productivity of Police Officials will also be examined as well as the effectiveness of the awareness programs in the SAPS. A literature review will also be conducted on topics related to the study.

2.2 THE HISTORY OF AIDS (OPERATIONALISATION OF THE MATTER-CONCEPTS)

A quotation from Clive (2002:3) relating to the history of Aids, compares the findings of the acquired immune deficiency syndrome (AIDS) which is a relatively unique disease. It was first discovered in America in 1981, after a number of men had developed a singular pneumonia caused by a parasite called Pneumocystis carinii. They were all previously healthy, between 20 and 45 years of age and homosexually-orientated. They had all developed severe immuno-deficiency which led to the development of this rare pneumonia.

According to Clive Evian (2002:3), in Central Africa, health care workers discovered a new disease, causing severe weight loss and diarrhoea, which they called 'Slims disease'. Apparently

this was also due to immune-deficiency; hence it was present in heterosexually-orientated people. Many people began developing this sickness and other conditions associated with immune-deficiency. AIDS was discovered by the scientists in September 1983, which was believed to be caused by the human immune-deficiency virus (HIV).

2.3 THE HIV VIRUS

It is however indistinct as to where the virus came from, or why it appeared. There are lots of myths surrounding HIV/AIDS as to where it originates from. Literature provides enough evidence that the virus has been around for more than 20 years, and it is possible that it was present even before this time. The movement and migration of people across large distances, socio-economic instability, intravenous drug use and multiple partner sexual activity has enabled the virus to spread rapidly worldwide. In South Africa, the behaviour and perceptions of police officers towards the pandemic remains disturbing, as they are regarded as the security forces of the country. According to the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996), it states that the South African Police Service has a responsibility to:

(I) Prevent, combat and investigate crime;

(II) Maintain public order;

(III) Protect and secure the inhabitants of the Republic and their property;

(IV) To uphold and enforce the law.

Many lives are lost within the security forces, including the military force, due to HIV/AIDS related illnesses which puts the security of the country at risk.

2.4 ESTIMATED HIV/AIDS PREVALENCE IN THE SAPS

Twenty-five years after the first person was diagnosed with AIDS, HIV and AIDS are an excruciating reality and one of the most significant challenges facing African leaders today, both in the public and the private sectors. According to USAID (2008) approximately 33.2 million people are living with HIV globally. In 2007, the estimated number of deaths worldwide due to AIDS was 2.1 million people, of which 76% occurred in Sub-Saharan Africa (USAID, 2007). It

is not known why HIV/AIDS is increasingly high in the Sub-Saharan Africa. Most literature is based on socio-economic factors such as poverty, polygamy, and others.

According to *SA Crime Quarterly* (2003), in 2000 the SAPS launched a five year strategic plan to combat HIV/AIDS. The plan was informed by an impact study, which was based on modelling, using HIV/AIDS and demographic data available at the time, "a maximum of 8% (8,520) to 10% (10,649) of functional police officers might be infected with HIV". (Functional officers are uniformed personnel and police investigators or detectives, not civilian personnel). Based on the impact study, the SAPS' strategic plan has released some alarming predictions about expected police HIV prevalence levels in 2015 (SAPS, 2005).

According to the abovementioned predictions, the overall percentage of POLMED (the in-house medical aid scheme for functional members of the SAPS), principal members infected with HIV will increase from 8% in 2000 to 14% by 2015 (one out of seven members will be infected). Age specific prevalence projections indicate that HIV occurrence amongst 25 to 29 year-olds, and 30 - 34 year-old is expected to increase from 15% to 17% in 2000, to approximately 35% and 45% respectively in 2015. The impact HIV/AIDS may have had on the SAPS thus far can be deducted from the significant increase in the proportion of employees who have left the Department of Police because of death or on account of ill health. SAPS employees make up the vast majority of the departments' personnel. In 1998/99, 1,848 employees per 100,000 left the department because of death or as a result of being discharged on account of ill health. By 2000/01 this had increased to 2,179 per 100,000 employees (or one out of every 46 employees) - an increase of 18% over three years.

SA Crime quarterly No. 05 September 2003, further indicated that while not all deaths and discharged due to ill health in the Police Department are related to HIV/AIDS, the significant increase over this period probably is. The report further indicated that there are significant differences in prevalence among different race groups in South Africa. It is expected that HIV prevalence will peak at 3.2% in 2011 for whites, at 4,8% (2010) for Asians, at 6% (2010) for coloureds and at 19,5% (2006) for blacks. It is consequently informative to break down the

functional police personnel and civilian personnel within the SAPS by race so as to permit a more accurate estimate of the possible prevalence rate within the organisation.

According to *SA Crime Quarterly* (2003), in January 2003 almost two-thirds (62%) of all functional police personnel excluding public service act personnel were black, a quarter (25%) white, 9% coloured and 4% Indian. Among commissioned officers the proportions were as follows: white (48%), blacks (38%), coloured (8%) and Indian (6%). Notwithstanding the racial composition of the SAPS, other factors unique to the police environment raise the risk of HIV infection among SAPS members. According to UNAIDS (2008), uniformed services (Police and Military), are a highly vulnerable group to sexually transmitted infections (STIs), mainly due to their working environment, mobility, age and other facilitating factors that expose them to higher risk of HIV infection. Among male population groups studied, military and police in many countries generally report higher levels of HIV/AIDS infection than the national average.

2.5 THE MANAGEMENT OF HIV/AIDS IN THE SAPS

In May 2006, the South African National AIDS Council (SANAC), under the leadership of its Chairperson, the Deputy President, Ms Phumzile Mlambo-Ngcuka, mandated the Health Department to lead a process of developing a new 5 year NSP, for the years 2007-2011.(HIV & AIDS and STI, National Strategic Plan 2007-2011). The NSP seeks to provide continued guidance to all Government Departments and sectors of civil society, building on work done in the past decade. It is informed by the nature, dynamics, characters of the epidemic, as well as developments in medical and scientific knowledge. An assessment of the implementation of the NSP 2000-2005 was useful in defining the challenges and the capacities of the various implementing agencies.

SAPS through the Division- Employee, Health and Wellness provide spiritual, psychological as well as social services to its employees under the guidelines of the National Strategic Plan 2007-2011. The objective of this section is to evaluate the effectiveness of the current HIV/AIDS strategy and its way forward.

Companies and Government Departments in South Africa are among the global leaders in addressing HIV/AIDS (The Economist, 2004). There is a wide range of reasons motivating employers to address HIV and AIDS - from costs to impacts and ethics and corporate compliance. A recent local study by Dickinson and Stevens (2005) cited by USAID Health Policy Initiative (2008), identified the following motivations:

- Legal requirements;
- Best practice codes and processes of regulatory reporting that may be necessary for some processes or seen as desirable in terms of public image and investor confidence;
- The business case for responding, in which the relative costs of responding or not responding can, with sufficient management capacity and information, be measured;
- Social pressures that are brought to bear on companies, involve the relationships between businesses and almost all other major social actors, as well as the pressures that are applied on businesses by the response or non-response of other businesses;
- Ethical and corporate social responsibility imperatives;
- Demands from investors and consumers for increased productivity, efficiency, and innovation;
- Impact on the quality of products and services; and
- Pressures from stakeholder-workforces, suppliers, communities, Governments and the general public, to be responsive.

2.6 IMPACT OF HIV/AIDS ON THE PRODUCTIVITY OF ARMED FORCES

HIV/AIDS is severely affecting the armed forces of many countries. Accurate data on prevalence of HIV among soldiers is difficult to obtain because affected states either do not collect or do not want HIV prevalence data to be published. According to Harley, Kelley Lee and Preetl Patel's article on policy forum (June 2006), HIV/AIDS poses a bigger threat on the national security of most countries especially the Sub-Saharan Africa. The pathways for the pandemic's impact in the Sub-Saharan Africa include the following:

- Food insecurity;
- Orphan crisis;
- Loss of public servants; and

- Possible state instability requiring military or humanitarian intervention.

The above statement is supported by Schonteich (2003), where he states that over the next decade political pressure on the South African Government to devote more resources to health and welfare services, is likely to increase. This, and the negative effect the HIV/AIDS epidemic will have on the economy generally, is likely to curtail the fairly generous budgets the treasury has allocated to the criminal justice system in the past. HIV/AIDS on an epidemic scale can detrimentally affect the capacity of government institutions. Aids can eliminate the ranks of skilled administrators, diminish the reach or responsiveness of government institutions, or reduce their resilience. HIV/AIDS is likely to have, among others, the following consequences for the SAPS:

- Increased absence from work and worker attrition as people fall ill and take sick leave, or require time off from work to care for sick relatives. Police services in remote areas and disadvantaged communities may be particularly vulnerable to absenteeism or death among staff, because of shortages of skilled staff and acute resource constraints;
- Productivity will decline because of time off and the deteriorating health of HIV-positive employees;
- Morale may decline as many employees are affected by HIV/AIDS either through illness and death among close family members and colleagues, or themselves being infected;
- The average age and experience level among police employees will fall, with negative
- Implications for institutional memory and coherence; and
- Higher recruitment and training costs can be expected.

According to Fourie and Whiteside (2006), HIV and AIDS already have a huge and detrimental impact on the economy of South- and Southern Africa. Both the production and the consumption levels of economies are affected, with dire implications for the willingness of foreign investors to make any long term investment in Sub-Saharan Africa. Economists have identified several major areas of macroeconomic vulnerability.

2.6.1 Mortality and illness

According to Fourie and Whiteside (2006), the global HIV and AIDS epidemic is far more extensive than anticipated. The number of people living with HIV and AIDS at the end of the twentieth century was more than 50 per cent higher than had been predicted in 1991 by the world health organisation. As the world watch institute points out, the HIV epidemic raging across Sub-Saharan Africa is a tragedy of epic proportions, one that is altering the region's demographic future. It is reducing life expectancy, raising mortality, lowering fertility, creating an excess of men over women and leaving millions of orphans in its wake.

In the military environment war becomes the instrument for rapid spread of HIV and AIDS. (Fourie and Whiteside,: 2006). Military conflicts brings economic and social dislocation, including the forced movement of refugees and internally displaced persons, and resulting in a loss of livelihoods, separation of families, collapse of health services, and dramatically increased instances of rape and prostitution. Economics are associated with HIV infection in a number of ways. Without economic opportunities, people are less likely to be concerned with the long term implications of HIV, such as illness and death (Buve, *et al.*, 2002). The decline of social services resulted in a reduction in the ability of persons to obtain medical treatment for other sexually transmitted infections, which increases the likelihood of an individual becoming infected with HIV (Kaplan, *et al.*, 1996). Limited access to healthcare may also cause a person's HIV infection to go undiagnosed and the untreated. Throughout Africa, like the rest of the world, people are flocking to urban areas for increased opportunities and the promise of a better life. Sub-Saharan Africa is experiencing a ample migration of young unmarried adults to urban areas, where there are more opportunities for sex (Buve, *et al.*, 2002).

Levels of HIV infection are generally higher in urban areas (UNAIDS, 2007). Increasing urbanization and modernization enhance opportunities for infection. Throughout the Sub-Saharan African region, internal and interstate conflicts have resulted in massive migrations of people away from conflict areas. Many of these refugee populations have not yet returned to these conflict areas for fear of their safety. There are some reports that HIV/AIDS has been used by infected soldiers as a means of infecting a rival population through rape (Singer, 2002), but

the danger comes largely from the exodus of non-combatants from conflict areas to refugee camps in neighbouring countries. Conflict and resulting migration leaves women and children at heightened risk of becoming infected due to victimization and economic disadvantage (Buve, *et al.* 2002). More generally, among these large refugee populations, poverty and disease contribute to the spread of HIV.

2.6.2 Absenteeism

Themba Masuku (2007) eloquently expresses absenteeism in the SAPS as a problem that impacts on service delivery. He further indicates that approximately 10,000 police officials (8%) are absent from work every day due to a variety of reasons including stress, health or finance. Table 1 reflects absenteeism in the police related to sick leave.

Table 2.1: Sick leave in the SAPS between 2002/2003 and 2004/2005

Year	Population of police officials	Percentage days with medic certificate	No. of employees using sick leave	Estimated costs (R'000)	Average No. of days taken per employee	Total No. of days on sick leave
2000-2003	131,569	28%	73,385	138,558	7	No data
2003-2004	132,024	85.7%	82,654	167,475	7	516,029
2004-2005	144,726	86.4%	104,505	265,425	9	784,455

Source: Masuku (2007) & SAPS (2005).

From this data we can conclude that the number of police officials taking sick leave in the SAPS over the period of three financial years increased by 32% (SAPS 2005). The costs related to sick leave almost doubled, and the average number of days taken by police officials for sick leave also increased from seven to nine days. Although the reasons for the increase are unknown, since police officials are not required to disclose the nature of their illness, some researchers suspect that the consistent increase is due to HIV/AIDS (Schönteich, 2003). However, it must be noted that the increase in sick leave may also be as a result of better administration and management of sick leave in the police department. According to police records, the level of

compliance with producing medical certificates in the police, improved from 28% in 2002/2003 to 86.4% in the 2004/2005 financial year (SAPS, 2005), and presumably the monitoring and recording of police absenteeism also improved. Despite the increase, the analysis above indicates that not all sick leaves was accompanied by a medical certificate suggesting that police officials either did not always seek conventional medical treatment, but may also have relied on non-medical remedies for their illnesses.

2.6.4 Impact on Workload

Due to the fact that most officers infected with HIV/AIDS are on light duties, the work load becomes excessive to a member who is physically fit. According to a well researched article by Nathan Meehan (2009), the police hold an important position in any society. They are one of the entities responsible for maintaining the rule of law. They seek to ensure equality before the law, to ensure the law is upheld and obeyed by the community, and to protect citizens from being negatively affected by others. They also hold a powerful and important role in maintaining social, economic, and political order. If one of the primary jobs of the police is to maintain order and enforce the law, it will be difficult for them to do so if a large number of the police are sick or dying. Currently, there is not a clear picture of how this disease will impact on police personnel, police organization, or police work. Only limited research within national police organizations in Sub-Saharan Africa exists on this problem.

Nathan Meehan (2009) further elaborated on independence of the impact of this disease in the police; HIV/AIDS contributes to social factors related to crime. Researchers predict that HIV/AIDS will increase crime through three mechanisms: (1) reduced life expectancy of those with AIDS, reducing the perceived costs (punishment) of committing crime (Naidoo, as cited by Nathan Meetan, 2009); (2) increase in the number of orphans and unmonitored juveniles (Pharoah, 2005; Fourie and Schonteich, 2002 as cited by Nathan Meetan, 2009); and (3) societal changes such as reduced education and broken families likely to increase poverty and subsequently increase crime.

Naidoo, ND hypothesized HIV will increase crime by changing an offender's cost-benefit calculation for committing crime. Some researchers believe that offenders weigh the costs and benefits of committing crime before they act (Naidoo, ND). If the rewards outweigh the perceived punishment an offender, he/she will commit a crime (Naidoo, ND). If an offender is infected with HIV and knows that he or she has only a limited lifespan, they will discount some of the perceived costs of committing crimes (Naidoo, ND). Naidoo indicates that the threat of incarceration means less to someone dying of HIV/AIDS than the same punishment to a person who is not HIV positive.

The costs of being punished are reduced, potentially increasing the likelihood of criminality (Naidoo, ND). By increasing the number of orphans throughout Africa, HIV/AIDS may also cause an increase in crime (Pharoah, 2005; Fourie and Schonteich, 2002). This increase in crime could be caused by (1) a decreased ability to monitor juveniles (Schonteich, 2003), (2) the poverty of orphanhood which would drive orphans into crime (Pharoah, 2005), (3) orphans being recruited by extremist groups (Pharoah, 2005), and (4) the psychological trauma of children and juveniles seeing their parents die, leading to violent behaviour (Schonteich, 2003). It is also possible that the large number of orphans will increase the demand for police to respond to abused and exploited children. HIV/AIDS is having a substantial impact on social conditions such as the economy, education, and poverty, which contribute to crime (Naidoo, in Meehan, 2009:20).

The disease reduces the size of the labour force, shifts economic investments out of Africa, and strains the national budgets of affected countries (ICG, 2001). Economic modelling indicates that when infection rates pass 5%, economic growth slows, at 10% economic growth stops, and over 20% the Gross Domestic Product decreases by 1% per year (Schneider & Moodie, 2002:6). This disease also causes the deaths of a significant number of teachers, reducing the ability to provide education.

The long-term benefits of getting an education will also decrease because people will die at a younger age (Vass, 2002). Children are also forced to leave school to care for ill family members and must work to support their families (De Waal, 2003). Fourie and Schonteich (2002) indicate

that HIV/AIDS is causing a shift from cash cropping to subsistence agriculture. As adult farmers sicken and die, the knowledge, skills, and energy to grow cash crops are lost. Families will also deplete assets, such as farming equipment or animals, to pay for medical care (De Waal, 2003 as cited by Meetan, 2009). A lack of food and a reduction in the growth of cash crops will cause an increase in poverty. HIV/AIDS is likely to reduce economic growth and investment, reduce the ability to provide and receive benefits from an education, reduce government expenditures on non-HIV related social services, and reduce the ability of a substantial percentage of the population to maintain economic stability. All of these worsening socio-economic conditions are related to increases in crime (Lochner & Morretti, 2004 as cited by Meetan, 2009).

Research studying the impact of HIV/AIDS on crime is limited. Naidoo (ND:2) conducted one of the few in-depth studies available, on the impact of HIV/AIDS prevalence rates upon crime in the nine provinces of South Africa over a ten-year period. Naidoo (in Meehan, 2009:22) identified the impact of HIV/AIDS prevalence on crime, while controlling for income, education, law enforcement expenditures, government expenditures on health, population density, urbanization, age structure of the population, and unemployment. HIV/AIDS caused an 18.67% increase in common robbery and a 66.4% increase in burglary between 1994 and 2003 (Naidoo in Meehan, 2009:23). Crime was actually decreasing during this time period in South Africa. The crime reduction experienced by South Africa would have been larger without the increase in crime caused by HIV/AIDS. In Botswana, anecdotal reports indicate an increase in demand for police services due to a large number of orphans (Kinghorn, *et al.*, 2002 as cited by Meetan, 2009). It has yet to be ascertained if the increase in the number of orphans is increasing the crime rate or demand for police services more generally.

2.6.5 Conclusion

One of the consequences of HIV/AIDS in South Africa is an increase in the proportion of adolescents and young adults to the general population. Adolescent and young adult males are disproportionately likely to commit a range of violent crimes such as murder, rape, assault and robbery. Consequently literature provides evidence of turmoil that may be experienced by the Governments of the world if precautionary measures are not followed to eradicate and prevent

the spread of HIV/AIDS. The pandemic wipes the Sub-Saharan African population more than the Second World War. Most departments are losing experienced workers due to HIV/AIDS. Not much has been done to a show sense of urgency in addressing the consequences of HIV/AIDS among the societies across the globe.

2.7 UNDERSTANDING THE RISK FACTORS

This chapter aims on addressing the overall sexual behaviour of police officers as well as public service act personnel and perceptions of SAPS members about HIV/AIDS and awareness programs.

2.7.1 The way of life and Stress

According to *SA Crime Quarterly* (2003), in South Africa police officers may spend lengthy periods away from home on special duties or attending courses - these could include border control duties, tactical deployment such as policing public events or responding to an emergency such as public strikes. As a result some police officers may be tempted to look for ways to relieve loneliness, boredom, stress and the build-up of sexual tension. The transmission of HIV via blood and blood products has been largely reduced on a global scale, though the risk is not completely eliminated (Hoffman and Rockstroh, 2010:6). In Germany blood and blood products are considered safe opposed to the high risk situations police officers are exposed to in their line of duty, while apprehending suspects or during normal search and seize operations.

Male SAPS officers are a high risk age group for HIV infection - the sexually active 25-35 year age group. Relatively low levels of maturity combined with high levels of testosterone among this age group, boost aggression and the willingness to take risks. These traits are further enhanced by the paramilitary culture that still pervades some sections of the SAPS - such as the public order units, dog units, crime prevention units and flying squad - which encourages aggression and risk-taking as important characteristics of effective 'crime fighters'. Away from work this can lead to risky sexual behaviour such as purchased and unprotected sex.

2.7.2 Exploitation of Sex Workers

Studies have shown that police officers have a higher probability of HIV infection than mobile workers such as long–distance truck drivers (Fourie and Whiteside, 2006). For instance in South Africa, migrant labourers during influx control and those migrating between urban and rural settings, are separated from their families for long periods of time, prone to visit prostitutes or have multiple partners, become HIV positive and then return to their primary sexual partners to spread the virus in those home communities. The above statement is supported by *SA Crime Quarterly* (2003), where according to the report, in South Africa this may be abetted by the fact that police officers, particularly those stationed in rural areas, often have more disposable income than most of the local population around them. This provides police officers with the financial means to purchase sex on an on-going basis, facilitated by the fact that police officers, due to the nature of their work, frequently interact with sex workers.

According to Hoffman and Rockstroh (2010:4), the most important transmission route for HIV is sexual contact. The prerequisite for sexual transmission is direct exchange of infectious body secretions/fluids. In a well designed experiment Rochstroh (Rochstroh, 1995 cited by Hoffman and Rockstroh, 2010:4), while investigating heterosexual transmission of HIV in female partners of HIV-positive hemophiliacs in Bonn, found a seroconversion rate of HIV of 10%. The risk for sexual transmission was significantly higher if the HIV-positive partner suffered from advanced immunodeficiency or an advanced clinical stage of HIV infection.

2.7.3 Stigmatization and Discrimination

According to Nathan Meehan (2007), stigma and a lack of understanding of HIV/AIDS are common throughout Sub-Saharan Africa. HIV/AIDS stigma results in loss of employment, loss of customers, divorce, denial of succession rights, infected children denied admission to school, death threats, isolation by community and family, and violence (Ehiri *et al.*, 2005). Overall, the stigma exacerbates the HIV/AIDS epidemic because it reduces the likelihood that a person will get tested, which results in reduced treatment options and a continued likelihood of passing the disease on to someone who is uninfected. In Zambia, researchers found that 66% of infected

women receiving treatment had not notified their husbands, for fear of divorce or abandonment (Zulu, 2005: 1). Treatment can reduce the risk of transmission by reducing the amount of HIV in a person's blood (WHO, 2005A), but this lack of notification described above, indicates serious stigma.

Misinformation about HIV is also common; in many countries, large percentages of the population cannot accurately identify methods of preventing HIV infection (UNAIDS, 2007). These factors combine to create high levels of infection among the general population in Sub-Saharan Africa. More persons in Sub-Saharan Africa are infected with HIV than anywhere else on the planet, creating levels of prevalence not seen in any countries outside this region. The support structure within the armed forces remains controversial. Due to command and control structures, central features of all formal organizations are especially visible and important in the armed forces, and incorporate both advantages and disadvantages for HIV/AIDS prevention and management.

According to Kingma and Yeager (2005), the military's well-developed span of control and chain of command hierarchies provide the means to induce change over a wide range of behaviours. And yet changes in sexual behaviour, difficult to bring about in the best of circumstances, may be especially difficult to achieve for off-duty soldiers and sailors and for troops who are deployed in operational areas. In these circumstances, it is naive to simply rely on written codes of conduct. More proactive approaches are needed to mobilise military discipline and behavioural regulation on behalf of HIV prevention.

2.7.4 Deployments

On their well researched article Kingma and Yeager (2005) determined that it stands to reason that length of deployment in HIV-endemic operational areas is independently and directly associated with risk of HIV infection. Although little empirical evidence is presently available to confirm this hypothesis, at least one case study from Africa may be sufficient to make length of deployment an important policy issue for national military and peacekeeping commanders to

consider and resolve. South African Police Service's officers are also deployed all over the world, which puts them at risk of HIV infection.

According to Kingma and Yeager (2005), during the 1990s, Nigerian ground forces were deployed as the major component of the sub-regional Economic Community of West African States Ceasefire Monitoring Group (ECOMOG) in Liberia and Sierra Leone. An epidemiological study of this campaign was conducted by Brigadier General A. Adefolalu, Commandant and Chief Consulting Surgeon at the Nigerian Army Medical Command School Headquarters in Lagos. Adefolalu (2011) concluded that HIV prevalence among Nigerian Army troops increased from less than 1 per cent in 1989/90 to 5 per cent in 1997, and by 1999 it was 10 per cent. The years 1998 and 1999 coincided with a return of troops from ECOMOG operational areas, and among them the HIV prevalence rate was 12 per cent. The Adefolalu study also included a comparative analysis of HIV incidence and the lengths of soldiers' duty tours in the turbulent Operation Sandstorm area of Sierra Leone. Incidence rates among these troops increased from 7 per cent after one year in the operational area to 10 per cent after two years, and to more than 15 per cent after three years of deployment, and a accumulative annual risk factor of about 2 per cent. An effective response to the length-of-deployment issue depends on whether militaries can acquire the necessary tools to lessen their soldiers' exposure to war zones made additionally dangerous by HIV, and to lower their risk of infection while serving in these places. This means shorter tours of duty in conflict and immediate post-conflict theatres of operation, together with constant reinforcement of pre-deployment HIV prevention education, including squad-level peer education, and proactive condom promotion and distribution extending well into the post-deployment period. These are not technically complicated or even necessarily expensive responses, but at present they are well beyond the means of most militaries in Africa, Asia, and other less-developed regions.

2.8 AWARENESS PROGRAMS (EFFICIENCY AND EFFECTIVENESS) SAPS HIV/AIDS Policy

According to Gifford, Lorig, Laurent and Gonzalez (2000), the first responsibility of any manager is to understand what is being managed. Initially, this may seem like an impossible

task. After all, HIV/AIDS is a very complicated and challenging disease that sometimes stumps the best of specialists. Gifford *et al.* (2000) also alluded on the fact that organisations are obliged to understand HIV/AIDS as it is not difficult, based on two reasons. Firstly, as a result of daily living with the consequences of the illness, you and your family will become familiar with the way HIV affects the body and what treatment is required. Emphasis should be on the job of self management. Secondly, most chronic illnesses go up and down in intensity, they do not folow steady path. Therefore, being able to identify the ups and downs can be essential for good management.

Nevertheless most Institutions as well as many Government Departments established their strategic plans extracted from the HIV and AIDS National Strategic Plan 2000-2005 and 2007-2011, with the possibility of being reviewed. The contents of the document seem very convincing; hence the challenge lies in the implementation phase. In his well researched article, Themba Masuku (2007) evaluated the current strategy of the South African Police Service and way the forward. The development of HIV/AIDS policies in the work place is a legislated requirement. The Labour Relations Act, 1995 (Act No. 66 of 1995) (SA, 1995) and the Employment Equity Act (Act No. 55 of 1998) (SA, 1998) provide a framework for dealing with people who are HIV positive or have AIDS. Institutions are required to develop their own policies in line with the legislation. This section provides an analysis of the SAPS HIV/AIDS policy that was launched in 2000 in order to provide guidelines for the treatment of police officials who are living with HIV/AIDS.

On their first HIV/AIDS policy between 2000 and 2005, the South African Police Service clearly stated that its main purpose was to provide employment practices and procedures that ensure that employees with HIV/AIDS are not unfairly discriminated against in the workplace by:

- 'Creating a safe working environment for all its employees;
- Promoting a supportive work environment in which employees living with HIV/AIDS are able to be open about their HIV status without fear of stigma or rejection;
- Develop procedures to manage occupational incidents and claims for compensation;
- Introduce measures to prevent the spread of HIV;

- Develop strategies to assess and reduce the impact of the epidemic on the workplace and service delivery; and
- Support those employees who are infected or affected by HIV/AIDS, so that they may continue to work productively for as long as possible'.

To further ensure that people living with HIV/AIDS are treated with dignity and provided with care and support, the SAPS policy has made ten key policy provisions.
These provisions are related to the following:

- Testing;
- Confidentiality;
- Employment;
- Leave, absenteeism and ill-health;
- Termination of employment;
- Counselling and support;
- Exposure in the work place;
- Assessing the impact on HIV/AIDS on the workplace;
- Grievance and disciplinary procedures; and
- Implementation of the policy.

2.8.1 Testing

In section 5.1.1 the policy clearly states that: 'no employee or prospective employee shall be required to undergo any medical examination to assess their immune HIV/AIDS status, unless the Labour Court has declared such testing to be justifiable. Any medical examination undertaken either before employment or thereafter shall be solely to determine the functional performance of an employee, and to offer a prognosis on the fitness for work of the employee. An indirect screening method such as inquiries regarding previous testing or an assessment of risk behaviour, is prohibited'. The policy also allowed for the SAPS to initiate HIV testing under the following conditions:

- that such a test be conducted by a suitable qualified professional;
- written consent by the employee must be given;

- that pre- and post-test counselling is given by a qualified professional;
- that results must be treated confidentially; and that
- results can only be given to the employee concerned.

2.8.2 Confidentiality

The SAPS HIV/AIDS policy provides for confidentiality with regards to the HIV status of SAPS members. The policy prohibits the SAPS from obtaining the HIV/AIDS status of their members from their service providers without the consent of the employees.

2.8.3 Employment

With regards to employment of people who are HIV positive - the policy states in 5.3.2 - 'no employee with HIV/AIDS shall be unfairly discriminated against within the employment relationship or any employment policies or practices with regards to the following:

- Recruitment;
- Appointment;
- Job classification;
- Remuneration and benefits;
- Employee assistance services;
- Job assignment;
- Awareness raising activities and development;
- Performance evaluation systems;
- Promotions, transfer and demotion; and
- Termination of services.

2.8.4 Counselling and Support Programs

The SAPS HIV/AIDS policy obliges the organisation to provide counselling and support services to employees living with HIV/AIDS and their dependants through the Employee Assistance Program (EAP), currently known as Employee Health and Wellness (EHW). The Employee

Assistance Services (EAS), in which the SAPS HIV/AIDS program is located, is tasked with providing social and psychological services to police officials affected by HIV as a result of their infections. It also deals with problems related to stress and trauma and other psychosocial interventions. This component employs qualified social workers that are experienced with managing and coordinating HIV program.

The policy also requires that a 'National Forum for HIV and AIDS, comprising representatives of the helping professions and union representatives' be created to 'manage HIV/AIDS, as a collective effort addressing policy issues, education and awareness campaigns'. The responsibility of developing information and providing condoms, posters and information concerning post exposure prophylactics and details of local services for people affected by or living with HIV/AIDS, is the responsibility of the Department of Health. The EAS is also tasked with the awareness raising activities of peer educators to be utilized in the education and prevention program. The policy specifically provides for participation of more women as peer educators, since HIV/AIDS impacts disproportionately on women. Some of the responsibilities of peer educators are stipulated in 5.6.6 of the policy. These include:

- Creating a new culture which 'encourages openness, acceptance and support for those employees who voluntarily disclose their HIV status in the workplace;
- Encouraging employees openly living with HIV/AIDS to conduct or participate in education, prevention and awareness program;
- Encouraging the development of support groups for employees living with HIV/AIDS;
- Extending bereavement counselling to families and;
- Ensuring that employees who are open about their HIV/AIDS status are not unfairly discriminated against or stigmatized.

In 2007 the National Strategic Plan (NSP) entailed interventions structured under four key priority areas which are:

- Prevention;
- Treatment, care and support;
- Research, monitoring, and surveillance;

- Human rights and access to justice.

The NSP seeks to provide continued guidance to all government departments and sectors of the civil society, building on work done in the past decade. It is informed by the nature, dynamics, character of the epidemic, as well as developments in medical and scientific knowledge. An assessment of the implementation of the NSP 2000-2005 was regarded as useful in defining the challenges and the capacities of the various implementing agencies.

Another worrying factor to South African National AIDS Council (SANAC) was the new trend on Tuberculosis (TB), which is said to interlink with HIV/AIDS. In South Africa between 50% to 80% of people infected with TB are HIV positive. The NSP is based upon a set of key guiding principles. A selection of the key principles includes:

- Supportive leadership;
- Effective Communication;
- Effective partnerships, including meaningful involvement of people living with HIV and AIDS;
- Promoting social change and cohesion;
- Sustainable programs and funding.

With the primary aims including:

- Reducing the rate of new HIV infection by 50% in 2011;
- Reducing the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV- positive people and their families by 2011.

The South African Police Service is no exception in complying with the guidelines of the NSP.

2.8.5 An Evaluation of the SAPS HIV/AIDS Strategy

Since the first inception of the first National Strategic Policy on HIV and AIDS, progress has been made on new infections and awareness programs in most Departments and the South

African society at large. The South African Police Service has since been a challenge due to the nature of service.

According to Temba Masutlhe (2007), the preamble of the SAPS HIV/AIDS policy highlights some of the challenges it seeks to deal with. For example, in paragraph 1.1 the policy recognizes that 'HIV and AIDS are serious health problems which have socio-economic, employment and human rights implications' (SAPS, 2002: 3-15). This recognizes the problem that police officials may have in trying to support their families if they are dismissed due to ill health or die of AIDS, and the burden of support that often falls on the social welfare system. The other challenge that the SAPS HIV/AIDS policy seeks to address, relates to problems of discrimination and stigmatization. These problems are acknowledged in 1.3 of the preamble which states, 'HIV/AIDS is still a disease surrounded by ignorance, prejudice, discrimination and stigma. In the workplace, unfair discrimination against people living with HIV/AIDS has been perpetuated through practices such as pre-employment HIV testing, dismissal for being HIV positive and the denial of employee benefits' .

2.9 CONCLUSION

With more intervention and monitoring and evaluation as stipulated by the NSP 2007-2011, the above strategy may succeed. The SAPS policy related to HIV/AIDS is important in that it provides a framework from which the strategies, programs and structures related to HIV/AIDS were developed. Nevertheless it is evident that most policies address the **WHAT** without taking much cognizance on the **HOW** (the implementation phase) which seldom remains hullabaloo.

CHAPTER 3

RESEARCH METHODOLOGY AND RESULTS

3.1 INTRODUCTION

In this chapter the research methodology applied during the study, is presented. The sampling method was convenient and questionnaires were not standardised. The focus of the study was on the assessment of the perceptions, attitudes and knowledge of SAPS employees on the HIV/AIDS pandemic and the effectiveness of the awareness programs available within the department. The aim is to gather knowledge that is viable enough to assist the senior management with their strategic planning and implementation of workplace awareness programmes. The North-West University: Potchefstroom campus's statistical consultation services assisted in analysing the data.

3.2 RESULTS

3.2.1 Demographic variables

The results from the study appear below. The demographic variables gender and race is presented in figures 3.1 and 3.2.

Figure 3.1: Gender of the respondents

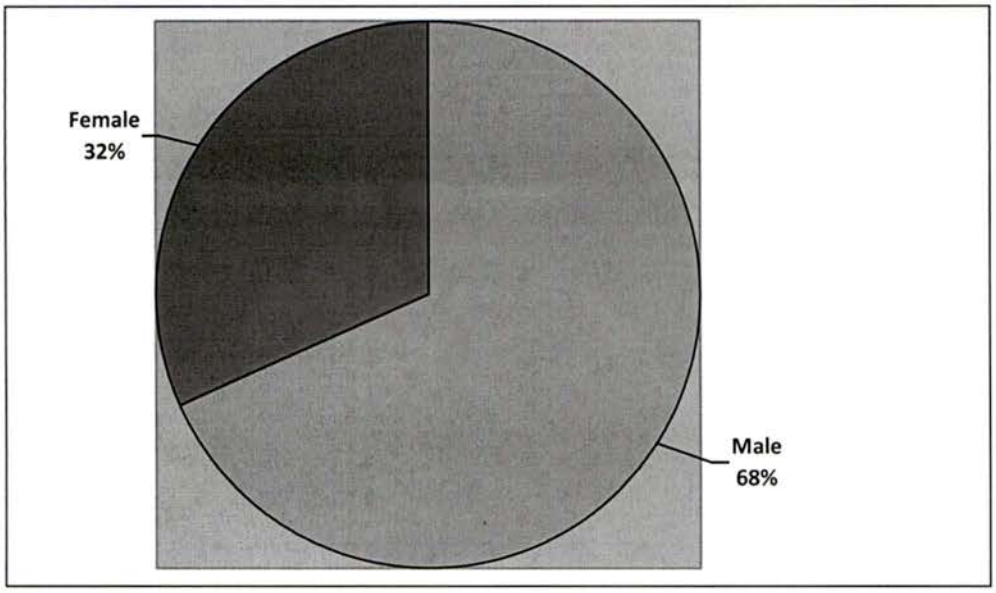
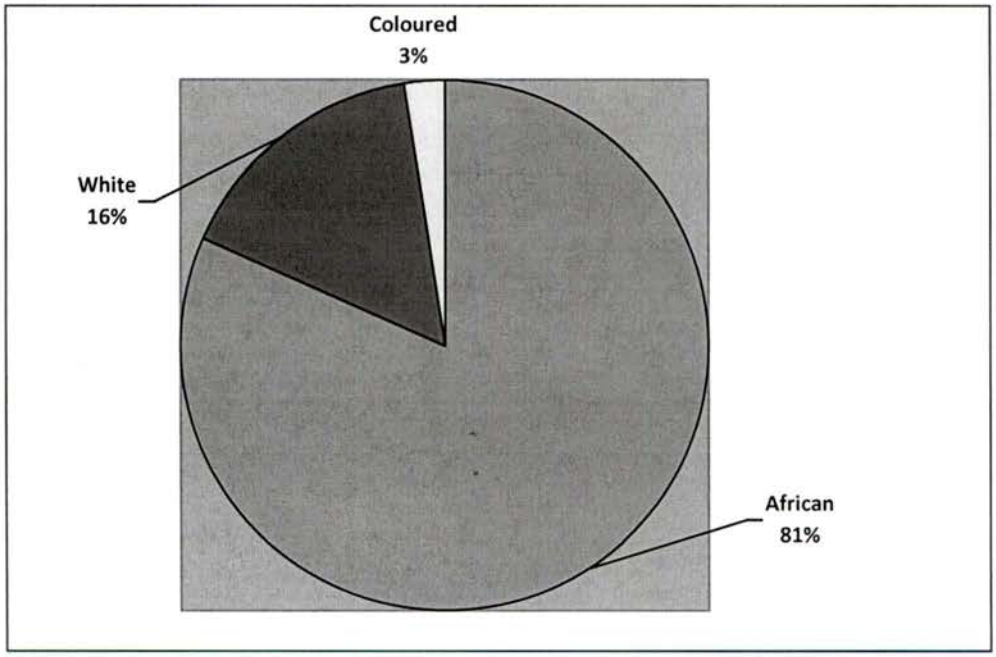


Figure 3.1 indicates that 26 (68.4%) of the respondents are males and 12 (31.6%) are females. From the data presented, it is clear that the policing environment is still male dominant. Race distribution appears in figure 3.2 below.

Figure 3.2: Race



A high contingency of the respondents were African (31), followed by whites (6) and Coloureds (1). Another controversial issue was the reasons why high levels of infestation have been found among Africans. The matter was discussed during the HIV/AIDS indaba held at the Mounted Academy around April 2011. Culture and overall behaviour of police women/men were all discussed. One constable mentioned that police officers' behaviour is determined by their working environment. It is believed that due to the danger they are exposed to, there is no need to look after their health.

Table 3.1: Rank of respondents

	ADMIN /ASO /AC	CONST	SGT	W/O	SPO/SPAC / CSE/PAC	CAPT	LT.COL	COL
Frequency	5	7	2	8	3	9	1	1
Percentage	13.1	18.4	5.3	21.1	13.1	23.7	2.6	2.6

Ranks are fairly normally distributed, with the higher ranks tapering off to 2.6% at colonel level.

Table 3.2: Applicable acts

	Police Act	Public Service Act
Frequency	29	9
Percentage	76.3	23.7

The majority of respondents fall under the Police Act in the SAPS.

Table 3.3: Years in service

	0-9 years	9 years and more
Frequency	17	11
Percentage	47.4	31.5

Missing = 8

The majority of respondents are employed less than 9 years while some 31.5% are employed longer than 9 years by the SAPS.

Table 3.4: Level of education

	Below grade 8	Grade 8-10	Grade10-12	1-2 year diploma	3 year degree/diploma	Post graduate degree
Frequency	1	2	21	5	6	3
Percentage	2.6	5.3	55.3	13.2	15.8	7.9

This question has been included to determine the highest qualifications that the police personnel had obtained. It is clear from the table that most of them fall into the category of "Grade 10 to 12" (55%), while 13% have post-school diplomas, and almost 16% of them have a first degree. Some 8% have post-graduate education.

Table 3.5: Marital status

	Single	Married	Others
Frequency	13	20	5
Percentage	34.2	52.6	13.2

The majority are married (52%), while 34% are single. There was no distinction between divorced and never married in the questionnaire. Others could also be interpreted as widow/widower, separated or divorced.

Regarding the home language, table 3.6 shows clearly that the sample consisted mainly of Setswane speaking police officers. (See table 3.6).

Table 3.6: Home language

Language	Frequency
Afrikaans	18.4
N Sotho	5.2
Setswana	52.6
S Sotho	2.6
Venda	2.6
Xhosa	5.3
Zulu	2.6
Tsonga	0
Swazi	0
Ndebele	0
English	0
Others	10.7

Interestingly, the second most popular home language is Afrikaans (18.4%) with none English speaking respondents. The fact that the study population is geographically in the North-West Province could offer an answer as Afrikaans is the dominant "white" language in the prince.

3.2.2 Section B: Knowledge of HIV/AIDS

Section B tested the knowledge of respondents on HIV/AIDS. The results are clear in their interpretation, showing that the respondents have a fair to good knowledge on the pandemic. The results are shown in table 3.7 below in percentage format.

Table 3.7: Knowledge on HIV/AIDS

QUESTION	Yes (%)	No (%)	Don't know (%)
B1 (Using the same needle)	97	2.6	0
B2 (HIV causing AIDS)	92.1	2.6	0
B3 (HIV positive people not looking sick)	92.1	5.3	0
B4 (No definite cure for aids)	94.7	5.3	15.8
B5 (Infected individual may remain healthy without showing any signs or symptoms of the infection	50.0	28.9	0
B6 (Willing to take care of HIV family member)	81.6	18.4	0
B7 (Regret sexual experience because no condom was used)	100	0	0
B8 (Condoms prevent HIV infection)	81.6	18.4	0
B9 (Doctor can use test to tell if you are infected)	68.4	28.9	2.6
B10 (Willing to take HIV test with doctor)	28.9	68.4	0

3.2.3 Section C: level of knowledge and understanding of HIV/AIDS

Section C tested the level of knowledge and understanding of HIV/AIDS amongst the respondents. The results appear in the table below in percentage format.

Table 3.8: Level of knowledge and understanding of HIV/AIDS

QUESTION	True (%)	False (%)	Don't know (%)
1. Condom (rubber) can reduce the risk of contracting HIV.	94.7	0	2.6
2. When a man uses a condom, he should enrol it before putting it on his penis.	10.5	78.9	7.9
3. A man can protect himself from getting an STI by washing his genitals (private parts) after sex.	10.5	73.7	10.5
4. Becoming infected with STI can increase a person's risk of becoming infected with HIV.	84.2	7.9	7.9
5. You can get HIV from oral sex.	63.2	21.1	13.2
6. Body fluids like blood, semen, saliva and tears have all been identified as important ways of transmitting HIV.	65.8	23.7	7.9
7. Anal sex is more risky than oral or vaginal sex.	47.4	36.8	15.8
8. Aids can be cured.	7.9	84.2	5.3

From the responses recorded, it is clear that the respondents have a fair to good level of knowledge and understanding of HIV/AIDS.

3.2.4 Section D: Effective measures to reduce risk of HIV and STD's

The results on the survey pertaining to reducing risk effectively, is shown in the table below in percentage format.

Table 3.9: Effective measures to reduce risk of HIV and STD's

QUESTION	Strongly agree	Agree	Disagree	Strongly Disagree
1. Women using spermicides (foams/jellies to kill the sperm).	0	28.9	31.6	28.9
2. Taking HIV test.	57.9	26.3	10.5	2.6
3. Having fewer partners	34.2	15.8	26.3	18.4
4. Washing the genital area (private parts) after sex.	2.6	21.1	34.2	34.2
5. Avoiding risky partners	55.3	28.9	7.9	5.3
6. Having sex with an HIV negative partner who only has sex with (you are also HIV negative)	57.9	18.4	7.9	10.5
7. Talking with partners about HIV/AIDS before having sex with them.	52.6	28.9	10.5	2.6
8. Women taking birth control pills.	13.2	18.4	34.2	31.6
9. Douching (women washing inside vagina).	7.9	13.2	26.3	44.7
10. Man pulling out before ejaculating.	5.3	10.5	39.5	42.1
11. Having sex only with people who have had an HIV test.	21.1	23.7	39.5	13.2
12. Outer course (non-sexual intercourse activities, such as fantasy, touching, mutual masturbating, massage, kissing)	18.4	55.3	13.2	5.3
13. Using condoms with some partners and not with others.	0	7.9	28.9	55.3
14. Woman using a diaphragm (rubber cap)	5.3	21.1	36.8	26.3

3.2.5 Section E: Level of exposure to the workplace awareness programme

This section deals with the exposure SAPS members have in the workplace with regards to HIV/AIDS. The results appear in the table below in percentage format.

Table 3.10: Level of exposure to the workplace awareness programme

QUESTION	Agree	Disagree	Strongly Disagree	Don't know
1.1. I know some of the details of the HIV/AIDS workplace programme, but would like to know more about it.	26.3	52.6	21.1	0
1.2. I am not familiar with the SAPS workplace programme and do not wish to know more about it.	0	7.9	60.5	31.6
1.2. SAPS is having the best support programme.	23.7	34.2	31.6	5.3
1.3. Peer educators in the SAPS are doing their job.	18.4	36.8	31.6	2.6
1.4. HIV/AIDS is regarded as the most thread when it comes to loosing experienced workforce.	21.1	44.7	23.7	2.6
1.5. Deployed members are given enough support.	18.4	39.5	28.9	7.9
1.6. Transferred members must be accompanied by their spouses to prevent the spread of HIV/AIDS.	42.1	34.2	15.8	5.3
2.1 Have you ever attended any of the SAPS HIV workshops or awareness campaigns in the last 12 months?	**Yes:** 39.5	**No:** 55.3		
2.2 AIDS education is the effective means of persuading individuals to modify their risky behaviour and minimize fear and prejudice based on ignorance.	**Yes:** 26.3	**No:** 13.2		

From the table is clear that the SAPS do expose their personnel to the HIV/AIDS campaign, and members feel that they do not want to be more exposed (See Question 1.1). In general, exposure is perceived to be sufficient, but there are divided opinions with regard to partners joining transferred SAPS members to reduce the risks of infection (see Question 1.6).

According to the open-ended questions, there are opinions that migration is one of the factors enhancing the spread of HIV/STD's. From the literature in chapter 2, it is clear that police officers are more vulnerable due to geographical deployments and other special duties. Statistics shows that most officers work away from their original home town. This seems lead to a bigger vulnerability to SAPS members to resorting to buying sex from the prostitutes.

3.3 SUMMARY

This chapter presented the results from the empirical study. The study analysed the demographic profile of the respondents before determining the Knowledge, Level of knowledge and understanding, and how to reduce risk of HIV/AIDS. The study also looked at the levels of exposure and awareness of HIV/AIDS at the SAPS. The next chapter is the final chapter of the study, drawing conclusions and recommendations of the study.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The primary objective of this chapter is to provide a summary of the main findings resulting from the data analysed. The data was collected on the basis of five variables, namely biological data, test knowledge questions, level of knowledge and understanding of HIV/AIDS, effect measures to reduce the risk of HIV/STI'S, and level of exposure to the workplace awareness programme. These findings are further compared to the findings of related studies discussed in chapter 2. The comparison is followed by a brief discussion and recommendations by the researcher. In this chapter the researcher reaffirms the objectives and the research question of the study for the purpose of reviewing the findings, drawing conclusions and making recommendations. The main goal was to investigate the awareness and perceptions of junior to middle management - level 1(one) to 12 (twelve) - under both police and public service act). Research has shown that HIV/AIDS is one of the biggest threads within the security sector.

4.2 RE-STATEMENT OF THE OBJECTIVES

The objectives of the study were:

- To address stigma and denial in the junior and middle management levels within SAPS;
- To assess whether police officers' attitudes towards HIV/AIDS has improved over the years; to formulate recommendations about the existing awareness programs to the management of Division Human Resource Development, especially the components of Employee Health and Wellness;
- To deepen the levels of the prevention and awareness raising activities. There is a particular need to explore the possibility of making the HIV/AIDS awareness raising

activities compulsory, as well as ensuring that all police officials have knowledge of universal precautions.

4.3 RE-STATEMENT OF THE RESEARCH QUESTION

The research question that underlined the study was due to the fact that HIV/AIDS is a huge problem for Armed forces because of various factors such as deployments, migration of officers from one province to the other, absenteeism, knowledge and police officers' attitudes towards the pandemic, exploitation of sex workers and ineffective awareness programs which are all severely affecting the armed forces of many countries: What is the current status with regard to the perceptions of most police officers pertaining to HIV/AIDS?

Should HIV/AIDS not be addressed, it may have serious consequences that go beyond policing. High attrition of personnel due to high absenteeism in a way of sick leave, special leave and mortality of middle managers, could pose a security risk as they are regarded as the supervisors working on the ground, particularly in light of this country's high crime levels.

4.4 RESEARCH METHODOLOGY

The researcher distributed over 80 questionnaires to personnel, visitors and course attendants at Mounted Academy: Potchefstroom. Secondly, peer educators from North West Province as well as Head office: Pretoria assisted in distributing other questionnaires. The respondents were heterogeneous. Probability random sampling was used. Only 38 respondents responded and were included in the study. A self-constructed questionnaire was used as a research tool for collecting data. The respondents were asked questions about their general insight about the pandemic, the awareness programs, spread, treatment and prevention.

The literature review in chapter 2 emphasised many aspects that the researcher wanted to investigate. The researcher's study focused on the awareness and perception of junior to middle management with SAPS.

4.5 INTERPRETATION OF MAJOR FINDINGS

4.5.1 Biographical data

From the data presented and analysed, the findings of section A, the biological data, revealed that the majority of the respondents, 19 (50%) were between the age of 25 and 40 years old, 19 (50%) were between the age of 40 and 53 years old, 26 (68.4%) were males as compared to females, 12 (31.6%). Among the respondents 20 (52.6%) were married, 20 (52.6%) were Setswana speaking, 21 (55.3%) had grade 10-12 as their highest level of education, 8 (21.1%) were Warrant officers, 9 (23.7%) were Captains and 17 (47.4%) had 0-9 years of experience in the field. The findings also show that most of the 19 (50%) of the respondents were between the age 25 & 40 while 19 (50%) were between the age of 40 & 53 years.

4.5.2 Test knowledge questions

From the data presented and analysed in section B of the questionnaire, the findings revealed that the majority of the respondents indicated that they have basic knowledge and insight on HIV/AIDS pandemic, namely: Using the same needle to transfuse blood from one patient to the other may spread Human Immuno Virus (HIV); Acquired Immunodeficiency Syndrome (AIDS) is caused by infection with the Human Immuno Virus (HIV); An HIV-positive person may not necessarily feel or look sick; There is no definite cure for HIV/AIDS infection; If one of your family members contracts HIV, would you be willing to take care of him or her on a daily basis?; Have you ever had a sexual experience that you regretted later because you did not use condom?

4.5.3 Level of knowledge and understanding of HIV/AIDS

From the data presented and analysed in section C of the questionnaire, the findings revealed that the majority of the respondents had an understanding of Body fluids like blood, semen, saliva and tears which have all been identified as important ways of transmitting HIV; anal sex is more risky than oral or vaginal sex, and their knowledge and understanding of the myth about the pandemic.

4.5.4 Measures to reduce the risk of HIV/STIS

From the data presented and analysed in section D of the questionnaire, the findings revealed that the majority of the respondents had a perception of women using spermicides (foams/jellies to kill the sperm); taking the HIV test; having fewer partners.

4.5.5 Level of exposure to the workplace awareness programme

From the data presented and analysed in section D of the questionnaire, the findings revealed that the majority of the respondents had an understanding of knowing some of the details of the HIV/AIDS workplace programme, but would like to know more about, it with 30 (78.9%) in agreement. A total of 23 (60.5%) disagreed, meaning that they are not familiar with the SAPS workplace programme and do not wish to know more about it, while 22 (57.9%) agreed that SAPS is having the best support programme, 21 (65.8%) agreed that Peer educators in the SAPS are doing their job very well, 25 (65.8) agreed that HIV/AIDS is regarded as the biggest thread when it comes to loosing experienced workforce, 22 (57.9%) agreed that deployed members are given enough support, 37 (94.8%) agreed that transferred members must be accompanied by their spouses to prevent the spread of HIV/AIDS and lastly 36 (94.8%) agreed that they have attended SAPS HIV workshops or awareness campaigns in the last 12 months.

4.6 CONCLUSIONS

With such high proportion of discrimination in labour intensive industries, such as mining and military, it is imperative to ensure that policies are implemented accordingly. Education will always play a key role in spreading information about the HIV/AIDS pandemic, and it helps to reduce fear and ignorance, change people's attitude and sexual behaviour, thus preventing the spread of HIV/AIDS. HIV and AIDS are serious health problems that have socio-economic, employment and human rights implications therefore employers have the responsibility to develop user friendly programmes on HIV/AIDS to educate their employees.

4.7 RECOMMENDATIONS

The following recommendations can be made in view of the above mentioned findings and conclusions. The SAPS's HIV/AIDS policy should oblige the organisation to provide counselling and support services to employees living with HIV/AIDS and their dependants through the Employee Assistance Program (EAP) currently known as Employee Health and Wellness (EHW). It is also recommended that the SAPS should example the department of health and other NGOs in partnership with all stakeholders,. The researcher proposes that education on HIV/AIDS should include the following:

- Prevention;
- Treatment, care and support;
- Research, monitoring, and surveillance; and
- Human rights and access to justice.

4.8 SUMMARY

This is the final chapter of the study. It drew conclusions and offered recommendations based on the research of the study. The study could be useful for managers in the SAPS to better understand the HIV/IDS in the SAPS, and assist them in addressing the pandemic with managerial interventions.

LIST OF REFERENCES

ADEFOLALU, J. 2011. Commandant and Chief Consulting Surgeon at the Nigerian Army. Lagos: Medical Command School Headquarters.

DE WAAL, A. 2003. How will HIV/AIDS transform African governance? *African Affairs*, 102:1-23.

EVIAN, C. 2002. A practical guide for primary health care personnel in the clinical and supportive care of people with HIV/AIDS. 3rd ed. Johannesburg: Russel Friedman.

FOURIE, P. & SCHÖNTEICH, M. 2002. Africa's new security threat. HIV?AIDS and human security in Southern Africa. *Africa security review*, 10(4):35-36.

FOURIE, P. & WHITESIDE, A. 2006. HIV/AIDS and uniformed services: analysis and evidence. Expert meeting: 6-7 December . Cape Town.

GIFFORD, A., LORIG K., LAURENT., D. & GONZALEZ. V. 2000. Living well with HIV & AIDS. 2nd ed. Los Angeles, CA: Bull Publishing Company.

HOFFMAN, C. & ROCKSTROH, J.K. 2010. HIV 2010. Medizin Fokus Verlag, Hamburg. [Web:] http://www.fz-borstel.de/cms/science/publications/scientific-publications/2010.html Date of access: 2 October 2011.

ICG ***See*** INTERNATIONAL CRISES GROUP.

INTERNATIONAL CRISES GROUP. 2001. Making NGO's accountable. [Web:] http://www.ngo-monitor.org/article/international_crisis_group Date of access: 10 November 2011.

KINGMA, S. & YEAGER, R. 2005. Military personnel: on the move and vulknerable to HIV/AIDS and other infectious diseases. [Web:] http://www.certi.org/cma/publications/000-Militar_Personnel-On_the_Move.pdf Date of access: 15 November 2011.

MASUKU, T. 2007. An overview of the implementation of the SAPS Policy & Five-year (2000-2005) Strategic Plan on HIV & AIDS. *The case of Johannesburg policing area*, 21:1-70.

MEEHAN, M. 2009. Infected justice: the impact of HIV/AIDS on the police in Anglo-phone Sub-Saharan Africa. Doctoral thesis. New York, NY: University of Albany.

PHAROA, P. 2005. AIDS, Orphans, cure and instability. Exploring linkages. Cape Town: Institute for security studies

SA ***See*** SOUTH AFRICA

SAPS. 2005. The South African Police Service's five-year strategic plan to combat HIV/AIDS: 2000-2005. SAPS Health Management. Pretoria: South African Police Service.

SCHNEIDER, M. & MOODIE, M. 2002. The Destabilizing Impacts of HIV/AIDS. Washington, DC: Center for Strategic and International Studies. [Web:] http://cloud1.gdnet.org/cms.php?id=research_paper_abstract&research_paper_id=4557 Date of access: 10 May 2011.

SCHÖNTEICH, M.A. 2003. Bleak outlook: HIV/AIDS and the South African Police. *SA Crime Quarterly*, 5:1-6.

SOUTH AFRICA. 1995. The Labour Relations Act, 1995 (Act No. 66 of 1995). Pretoria: Government printers.

SOUTH AFRICA. 1998. Employment Equity Act (Act no. 55 of 1998). Pretoria: Government printers.

STUART, J.K. & RODGER, D.Y. 2005. Military personnel: on the move and vulnerable to HIV/AIDS and other infectious diseases. New York, NY: Kluwer Academic/Plenum.

UNAIDS. 2008. The 2007 Sub-Saharan Africa: AIDS epidemic update Regional Summary. [Web:] UNAIDS and WHO. www.unaids.org Date of access: 17 May 2011.

UNAIDS. 2007. The 2007 AIDS epidemic. UNAIDS and World Health Organization. [Web:] www.unaids.com Date of access: 17 May 2011.

UNICEF. 2006. Preventing HIV/ AIDS in young people: A systematic review of the evidence from developing countries. [Web:] whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf Date of access: 10 August 2011.

VASS, J. 2005. The relationship between labour market dynamics and HIV/AIDS. Prevalence in South Africa - A Literature Review. *South African Journal of Economics*, 73. 564-577.

WHO ***See*** WORLD HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION. 2005. A. Interim WHO clinical staging of HIV/AIDS and HIV/AIDS case definitions for surveillance. [Web:] www.who.int Date of access: 5 July 2009.

ZULU, K.P. 2005. Fear of HIV serodisclosure and ART Success: The Agony of HIV positive married women in Zambia. *IAS Conference: HIV Pathog Treat.* 24-27 July.

APPENDIX A: RESEARCH QUESTIONNAIRE

SECTION A: Biographical Data of Respondents

Please tick in the relevant box

1. Gender

MALE	FEMALE
1	2

2. Age_____

3. Race

African	White	Coloured	Indian	Other
1	2	3	4	5

If other, please specify

_____

4. **Rank**_____

5. **Under which act are you appointed?**

Police Act	Public Service Act
1	2

6. How many years of service do you have in SAPS?_____

7. What is your highest Level of Education?

Below Grade 8	Grade 8-10	Grade 12	1-2 Year Diploma	3 year Degree/Diploma	Post Graduate Degree or Higher

8. Marital status.

SINGLE	MARRIED	WIDOW/WIDOWER	OTHER
1	2	3	4

If other, please specify_____

9. What is your place of origin? _____

10. Where do you work? _____

11. What is your nearest town of work? _____

12. Home language.

LANGUAGE	
English	1
Afrikaans	2
Xhosa	3
Zulu	4
Sesotho	5
Setswana	6
Swati	7
Tsonga	8
Venda	9
Ndebele	10
Sepedi	11
Other	12

If other specify_____

SECTION B: Test knowledge questions.

	YES	NO	DONT' KNOW
1. Using the same needle to transfuse blood from one patient to the other may spread Human Immuno Virus (HIV).	1	2	3
2. Acquired Immunodeficiency Syndrome (AIDS) is caused by infection with the Human Immuno Virus (HIV).	1	2	3
3. An HIV-positive person may not necessarily feel or look sick.	1	2	3
4. There is no definite cure for HIV/AIDS infection.	1	2	3
5. An individual infected with HIV remain well with no clear signs or symptoms of the infection	1	2	3
6. If one of your family members contracts HIV, would you be willing to take care of him or her on a daily basis?	1	2	3
7. Have you ever had a sexual experience that you regretted later because you did not use condom? If yes, please explain.....	1	2	3
8. Do condoms prevent HIV infection?	1	2	3
9. Doctors can tell if you have HIV/AIDS by carrying out a test on you. Would you be willing to take this test?	1	2	3
10. Are you willing to test for HIV/AIDS?	1	2	3

SECTION C: LEVEL OF KNOWLEDGE AND UNDERSTANDING OF HIV/AIDS

	True	False	Don't know
1. Condom (rubber) can reduce the risk of contracting HIV.	1	2	3
2. When a man uses a condom, he should enrol it before putting it on his penis.	1	2	3
3. A man can protect himself from getting an STI by washing his genitals (private parts) after sex.	1	2	3
4. Becoming infected with STI can increase a person's risk of becoming infected with HIV.	1	2	3
5. You can get HIV from oral sex.	1	2	3
6. Body fluids like blood, semen, saliva and tears have all been identified as important ways of transmitting HIV.	1	2	3
7. Anal sex is more risky than oral or vaginal sex.	1	2	3
8. Aids can be cured.	1	2	3

SECTION D: THE FOLLOWING ARE EFFECT MEASURES TO REDUCE THE RISK OF HIV/STI'S.

ACTIVITY	EFFECTIVENESS FOR REDUCING THE RISK FOR STI'S AND HIV			
	Strongly agree	**Agree**	**Disagree**	**Strongly Disagree**
1. Women using spermicides (foams/jellies to kill the sperm).	1	2	3	4
2. Taking HIV test.	1	2	3	4
3. Having fewer partners	1	2	3	4
4. Washing the genital area (private parts) after sex.	1	2	3	4
5. Avoiding risky partners	1	2	3	4
6. Having sex with an HIV negative partner who only has sex with (you are also HIV negative)	1	2	3	4
7. Talking with partners about HIV/AIDS before having sex with them.	1	2	3	4
8. Women taking birth control pills.	1	2	3	4
9. Douching (women washing inside vagina).	1	2	3	4
10. Man pulling out before ejaculating.	1	2	3	4
11. Having sex only with people who have had an HIV test.	1	2	3	4
12. Outer course (non-sexual intercourse activities, such as fantasy, touching, mutual masturbating, massage, kissing)	1	2	3	4
13. Using condoms with some partners and not with others.	1	2	3	4
14. Woman using a diaphragm (rubber cap)	1	2	3	4

SECTION E: LEVEL OF EXPOSURE TO THE WORKPLACE AWARENESS PROGRAMME.

PLEASE TICK THE BOX AT EACH STATEMENT THAT BEST DESCRIBES YOUR VIEW.

1. Think about your familiarity with the SAPS HIV/AIDS workplace programme, and then indicate whether you agree or disagree with the following statements:

	Strong agree	Agree	Disagree	Strongly Disagree	Don't know
1.1. I know some of the details of the HIV/AIDS workplace programme, but would like to know more about it.					
1.2. I am not familiar with the SAPS workplace programme and do not wish to know more about it.					
1.2. SAPS is having the best support programme.					
1.3. Peer educators in the SAPS are doing their job.					
1.4. HIV/AIDS is regarded as the most thread when it comes to loosing experienced workforce.					
1.5. Deployed members are given enough support.					
1.6. Transferred members must be accompanied by their spouses to prevent the spread of HIV/AIDS.					

1. **Have you ever attended any of the SAPS HIV workshops or awareness campaigns in the last 12 months?**

YES	NO	Don't Know
1	2	3

2.a. If "yes", how many of these awareness campaigns have you attended in the last 12 months?

_____

2.b. If "no", What is the MAIN reason why you have not attended any HIV/AIDS awareness campaign in the last 12 months.

_____

_____

_____

2. AIDS education is the effective means of persuading individuals to modify their risky behaviour and minimize fear and prejudice based on ignorance.

Yes	No	Don't Know
1	2	3

APPENDIX B: DESCRIPTIVE STATISTICS

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	37	25	53	37.70	6.467
Q9	30	1	32	11.57	9.153
D1	34	2	4	3.00	.816
D2	37	1	4	1.57	.801
D3	36	1	4	2.31	1.167
D4	35	1	4	3.09	.853
D5	37	1	4	1.62	.861
D6	36	1	4	1.69	1.037
D7	36	1	4	1.61	.803
D8	37	1	4	2.86	1.032
D9	35	1	4	3.17	.985
D10	37	1	4	3.22	.854
D11	37	1	4	2.46	.989
D12	35	1	4	2.06	.765
D13	35	2	4	3.51	.658
D14	34	1	4	2.94	.886
D15	36	1	4	2.00	.986
D16	37	1	2	1.46	.505
D17	37	1	2	1.30	.463
D18	37	1	4	3.43	.801
D19	37	1	4	1.57	.647
D20	37	1	4	3.16	.800
D21	37	1	4	1.59	.725
D22	37	1	3	1.59	.644
E1.1	38	1	3	1.95	.695
E1.2.a	38	2	4	3.24	.590
E1.2.b	36	1	4	2.19	.889
E1.3	34	1	4	2.21	.808
E1.4	35	1	4	2.09	.781
E1.5	36	1	4	2.28	.882
E1.6	37	1	4	1.84	.898
E2.a	15	1	2	1.33	.488
E3	37	1	3	1.73	.652
Valid N (listwise)	8				

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	37	25	53	37.70	6.467
Q9	30	1	32	11.57	9.153
D1	34	2	4	3.00	.816
D2	37	1	4	1.57	.801
D3	36	1	4	2.31	1.167
D4	35	1	4	3.09	.853
D5	37	1	4	1.62	.861
D6	36	1	4	1.69	1.037
D7	36	1	4	1.61	.803
D8	37	1	4	2.86	1.032
D9	35	1	4	3.17	.985
D10	37	1	4	3.22	.854
D11	37	1	4	2.46	.989
D12	35	1	4	2.06	.765
D13	35	2	4	3.51	.658
D14	34	1	4	2.94	.886
D15	36	1	4	2.00	.986
D16	37	1	2	1.46	.505
D17	37	1	2	1.30	.463
D18	37	1	4	3.43	.801
D19	37	1	4	1.57	.647
D20	37	1	4	3.16	.800
D21	37	1	4	1.59	.725
D22	37	1	3	1.59	.644
E1.1	38	1	3	1.95	.695
E1.2.a	38	2	4	3.24	.590
E1.2.b	36	1	4	2.19	.889
E1.3	34	1	4	2.21	.808
E1.4	35	1	4	2.09	.781
E1.5	36	1	4	2.28	.882
E1.6	37	1	4	1.84	.898
E2.a	15	1	2	1.33	.488
E3	37	1	3	1.73	.652
Valid N (listwise)	8				

	N	Minimum	Maximum	Mean	Std. Deviation
B1	38	0	1	.97	.162
B2	38	0	1	.92	.273
B3	38	0	1	.92	.273
B4	38	0	1	.95	.226
B5	38	0	1	.50	.507
B6	38	0	1	.82	.393
B8	38	0	1	.82	.393
B9	38	0	1	.68	.471
C1	38	0	1	.95	.226
C2	38	0	1	.11	.311
C3	38	0	1	.74	.446
C4	38	0	1	.84	.370
C5	38	0	1	.63	.489
C6	38	0	1	.24	.431
C7	38	0	1	.47	.506
C8	38	0	1	.84	.370
D1	38	0	1	.29	.460
D2	38	0	1	.84	.370
D3	38	0	1	.50	.507
D4	38	0	1	.24	.431
D5	38	0	1	.84	.370
D6	38	0	1	.76	.431
D7	38	0	1	.82	.393
D8	38	0	1	.32	.471
D9	38	0	1	.21	.413
D10	38	0	1	.16	.370
D11	38	0	1	.45	.504
D12	38	0	1	.74	.446
D13	38	0	1	.08	.273
D14	38	0	1	.26	.446
Valid N (listwise)	38				