AN EVALUATION OF THE "HIV and AIDS AWARENESS"CAPACITY BUILDING PROGRAMME OF THE SOUTH AFRICAN POLICE SERVICE

By
Motshegwa Montsi
BA (SW) (University of the Western Cape)

Manuscript presented for the degree

Magister Artium (Social Work)

In the

Faculty of Health Sciences

of the

Potchefstroom Campus of the North-West University

Study Leader: Prof P Rankin

Co-Study Leader: Prof M L Weyers

Potchefstroom
October 2007

ACKNOWLEDGEMENTS

SOLI DEO GLORIA

All glory and recognition to God my saviour who has granted me the opportunity to have been one of the chosen few to undertake an HIV and AIDS Awareness research and the completion thereof.

A word of gratitude to all the people who, in one way or another, contributed to the successful completion of this study.

Special acknowledgements to:

- My husband Willy, my in-laws Mum Lydia and Papa George my sisterin-law Tshepiso, brothers Kgotso and Victor Khumalo,children, Lesego, George and Rethabile, for their unequivocal love, understanding and support.
- Prof. Pedro Rankin for his dedication, support and passion which inspired me to complete the study.
- The 261 SAPS personnel who were willing to participate in the research by attending the programme, 51 members who completed the comparison group questionnaires as well as the 24 social workers from all the Provinces who presented the programme.
- All personnel of Statistical Consultation Services, North West University for their exceptional advice and assistance. The high level of statistical analysis that this research required would not have been possible without your professional input.
- The entire members of the EPCBP research team: Prof Mike Weyers, Prof.Pedro Rankin, Alice Blignaut, Arnel Huisamen, Crestelle Kleingeld, Marina du Plooy, Joye Nel, Cynthia Khumalo and Anna Janse van Vuuren.

The financial support of Focus Area 9.1: Preventive and Therapeutic Interventions of the North West University is acknowledged with appreciation. The opinions and conclusions reflected in this research report are those of the authors and not necessarily those of the Focus Area or the North West University.

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SUMMARY

AN EVALUATION OF THE" HIV and AIDS AWARENESS "PERSONNELCAPACITY BUILDING PROGRAMME OF THE SOUTH AFRICAN POLICE SERVICE.

Key terms: HIV and AIDS awareness, Personnel capacity building programmes, South African Police Service (SAPS), Social work.

Background: As a result of the restructuring of the South African Police Service (SAPS) in 1996 and various other factors, Police Social Work Services decided to broaden the scope of its services by developing and introducing proactive, personnel capacity building programmes. By 1999, 15 such programmes were developed. The need subsequently arose for a comprehensive impact assessment of these programmes and the Evaluation of Personnel Capacity Building Programmes (EPCBP) study was launched in 2001. The evaluation of the HIV and AIDS Awareness programme formed part of this research.

Objectives: The primary aim of the study was to determine the effect of the HIV and AIDS Awareness Programme on SAPS personnel's knowledge, attitude and behaviour.

Procedure: In the research, the comparison group pre-test and post- test design and triangulation were used. Six measurement scales and a presenter's evaluation questionnaire were developed and completed by 261 experimental group respondents, 51 comparison group members and 24 presenters.

Results: Through the triangulation of measurements it was determined that the HIV and AIDS Awareness programme had a practical significant effect on the respondents knowledge, attitude and behaviour. It was thus an effective tool in the hands of Police Social Work Service that not only empowered SAPS personnel to lead more healthy professional lives, but one that also enhanced their personal well-being.

OPSOMMING

'N EVALUASIE VAN DIE " HIV and AIDS AWARENESS " PERSONEELKAPASITEITSBOUPROGRAM VAN DIE SUID-AFRIKAANSE POLISIEDIENS

Sleutelterme: HIV and VIGS, Personeelkapasiteitsbouprogramme, Suid-Afrikaanse Polisiediens (SAPD), Maatskaplike werk.

Agtergrond: Die herstrukturering van die Suid-Afrikaanse Polisiediens (SAPD) in 1996, asook verskeie ander faktore, het die afdeling: Polisie Maatkaplikewerkdienste laat besluit om hul dienslewering met proaktiewe personeelkapasiteitsbouprogramme uit te brei. Teen 1999 was 15 sodanige programme reeds ontwikkel. Mettertyd het daar 'n behoefte ontstaan om die impak van hierdie programme te meet en dit het in 2001 tot die loodsing van die "Evaluation of Personnel Capacity Building Programmes (EPCBP)@navorsingsprojek aanleiding gegee. Die evaluering van HIV and AIDS Awareness personeelkapasiteitsbouprogram was deel van hierdie omvattende projek.

Doelstellings: Die primêre doel van die ondersoek was om die effek van die HIV and AIDS Awareness program op SAPD-personeellede se kennis, houding en gedrag te bepaal.

Prosedure: In die ondersoek is daar van 'n vergelykende groep, voortoets-natoets ontwerp en triangulering gebruik gemaak. Daar is altesaam ses metingskale en 'n aanbiedersevaluasie-vraelys ontwikkel wat deur onderskeidelik 261 respondente van die eksperimentele groep, 51 lede van die vergelykende groep en 24 programaanbieders voltooi is.

Resultate: Deur middel van die triangulering van die verskillende metings is bepaal dat die HIV and AIDS Awareness program 'n praktiese betekenisvolle effek op respondente se kennis, houding en gedrag uitoefen. Daar is gevolglik bevind dat die program aan Polisie Maatskaplikewerkdienste 'n effektiewe instrument bied om personeellede in beide hul beroeps- en persoonlike lewe sinvol met HIV en VIGS-hanteringsmeganismes te bemagtig.

THE PRESENTATION OF RESEARCH RESULTS

The presentation of the research results will be done in article format as specified in Rules A.11.5.3 and A.11.5.4 of the Yearbook of the Potchefstroom University for CHE (2002:17). In formulating the articles, the content and technical requirements of the South African journal Maatskaplike Werk and Social Work (see Appendix 7) were used as basis. The articles will, however, be shortened before submission in order to comply with the journal's length requirements.

INSTRUCTIONS TO AUTHORS: Social Work/Maatskaplike Werk

Die Suid-Afrikaanse tydskrif vir maatskaplike werk *"Social Work and Maatskaplike Werk"* (ISSN – 0037-8054) voorsien die volgende instruksies aan outeurs:

INSTRUCTIONS TO AUTHORS	VOORSKRIFTE AAN OUTEURS
The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of social work. Contributions relevant to social work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and addressees) of the author(s) and preferably not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "..." (Berger 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.	Die Tydskrif publiseer artikels, kort mededelings, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk asook relevante bydraes uit ander dissiplines. Bydraes mag in Afrikaans of Engels geskryf word. Artikels in Afrikaans moet vergesel wees van 'n Engelse opsomming van ongeveer 200 woorde. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypende hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Kommentaar op artikels wat in die Tydskrif gepubliseer is, moet van toepaslike titels, die naam(name) en adres(se) van die outeur(s) voorsien wees en verkieslik nie langer as 5 bladsye wees nie. 'n Disket met die hele teks, verkieslik in MS Windows of ASCII moet die hele manuskrip en een duidelike kopie daarvan vergesel. Manuskripte moet slegs op een kant van die bladsy in dubbelspasiëring getik word. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelikse sitate, feite of argumente uit ander bronne gesiteer word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "..." (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde.

TWO AUTHORS and TWEE OUTEURS: SHEAFOR, BW & JENKINS, LE 1982. **Quality field instruction in social work.** Program Development and Maintenance. New York: Longman.

COLLECTION and BUNDEL ARTIKELS: MIDDLEMAN, RR & RHODES, GB (eds) 1985. **Competent supervision, making imaginative judgements.** New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION and ARTIKEL IN BUNDEL: DURKHEIM, E 1977. On education and society. In: KARARABEL, J & HALSEY, AH (eds) **Power and ideology in education.** New York: Oxford University Press.)

JOURNAL ARTICLE and ARTIKEL IN TYDSKRIF: BERNSTEIN, A 1991. **Social work and a new** South Africa: Can social workers meet the challenge? **Social Work and Maatskaplike Werk, 27(3 and 4):222-231.**

THESIS and TESIS: EHLERS, DMM 1987. Die gebruik van statistiese tegnieke vir die ontleding van gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis).

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. **Government Gazette**, Vol. 368, No. 16943 (2 February). Pretoria: Government Printer.

NEWSPAPER REPORT and KOERANTBERIG: MBEKI, T 1998. Fiddling while the AIDS crisis gets out of control. **Sunday Times**, 8 March, 18.

SECTION: A
ORIENTATION AND METHODOLOGICAL OVERVIEW

1. RELEVANCE OF THE RESEARCH

The Police Social Work Services (PSWS) developed various personnel capacity building programmes in order to meet the needs of the approximately 132 000 members of the South African Police Service (SAPS).The whole idea started during the year 2000. At the beginning of the year 2001 it was decided to embark upon the comprehensive Evaluation of Personnel Capacity Building Programmes (EPCBP) research project in order to determine the impact and cost-efficiency of all the programmes. The HIV and AIDS awareness research documented here formed part of this project.

The development of the personnel capacity building programmes can be attributed to two main factors. The first was the policy documents and statements issued by SAPS management after April 1994 that emphasize the importance of empowering personnel to render proactive, client-centred service (Stevens & Yach, 1995:6).The second was the high incidence of social problems among personnel. These problems could no longer be attended to cost-effectively with the available number of social workers. Consequently, an alternative had to be found for the individual-centred and reactive therapeutic interventions that characterised the social work services (Stutterheim & Weyers, 2002:6)

Due to the policy changes and increasing needs, an external research consultant, Ask Africa, was assigned to carry out extensive research (a) to determine the needs of personnel for social work services, (b) to determine the social worker's perception of the personnel's needs and (c) to compare the two sets of perceptions. Ask Africa completed the research in 1997 (Ask Africa, 1997). The findings pointed to a strong need for both reactive (therapeutic) and proactive (capacity building) social work services. Five priority areas for proactive services were identified.

These were stress, substance dependencies, financial difficulties and personnel conflict and teamwork (Ask Africa, 1997: 28). The fact that these were areas of concern was further substantiated by Police Social Work Services statistics (PSWS, 2001). At a national conference in September 1999, all the social workers of the SAPS decided that the relevant areas should be dealt with by means of personnel capacity building programmes which included HIV and AIDS.

In March and April 2000, five working groups consisting of one social worker per province were established to develop the programmes. Each had to adhere to the requirements set by the South African Qualifications Authority (SAQA). Because the programme content and presentation required specialized

knowledge of social work, only social workers were involved in the development process.

The researcher was a member of the working group that developed the HIV and AIDS awareness Personnel Capacity Building Programme. The aim of the programme had to correspond with the overall aim of the personnel capacity building programmes, that is, to empower SAPS personnel with the knowledge, attitude and behaviour necessary to become well-functioning employees (PSWS, 2001:iii). It also had to address needs related to HIV and AIDS. These were priority issues that were identified through Ask Africa's research (1997:28). It was, therefore, envisaged that, by empowering SAPS personnel with appropriate HIV and AIDS-related knowledge and understanding, they would be better enabled to deal effectively with the potential threat of possible HIV infection.

A start was made with the presentation of the programmes during October 2000 and by the end of October 2001, some 3 500 personnel had already attended at least one workshop on HIV and AIDS awareness. Although basic evaluation instruments were an integrated part of some of the programme packages, they were not suitable to determine either the effect of the programmes on the participants or the cost-efficiency of the interventions scientifically. All these factors led to the launching of the PCBP project and the evaluation of "HIV and AIDS Awareness"(program) in November 2001

2. AIM AND OBJECTIVES

The overall aim of this study was to determine the effect of the" HIV and AIDS Awareness" Capacity Building Programme on the knowledge, attitude and behaviour of members within SAPS regarding HIV and AIDS.

In order to achieve the above mentioned aim, the following three objectives were formulated:

- to ascertain if the programme had a practical significant effect on SAPS personnel's HIV & AIDS knowledge, attitudes and behaviour (KAB)
- to determine the influence the quality of the presentation of the programme had on its effect
- to establish guidelines for the improvement of the programme.

3. HYPOTHESIS

The following hypothesis was formulated for the study:

The HIV and AIDS Capacity Building Programme will have a practical significant effect on the knowledge, attitude and behaviour of SAPS Personnel

4. LIMITATIONS OF THE RESEARCH

The EPCBP project proved to be an extremely difficult task to complete successfully because of the numbers of respondents (4175) from all 10 SAPS Provinces throughout South Africa that was involved, as well as the 146 social workers and 9 researchers. Some logistical problems resulted in a relatively high percentage (8.54%) of spoiled questionnaires and a weak response rate in terms of presenter's evaluation questionnaires.

To a large extent these types of problems were also experienced in the HIV and AIDS awareness study. A number of other problems were experienced of which one has been the statistical analysis of questionnaires which were not yet fully standardized.

This resulted in a low Cronbach alpha and or d-value for some of the scales and sub-scales being recorded. These problems, however, were limited by making use of triangulation.

It is standard practice in the SAPS that the same programmes must be presented to all personnel members. This implied that the programme had to be tested on groups of personnel from different positions and ranks. It had the effect that the various groups might have been impacted differently by the programme presented to them. The solution of this problem, however, was beyond the scope of this project.

5. THE RESEARCH DESIGN AND PROCEDURE

The following account will only be a broad overview of the research design and the research process. The articles that form the essential part of the research are included in Section 2 and will therefore explain the nature of the HIV and AIDS Awareness PCBP, the research groups, the measuring instruments and related issues in greater detail.

5.1 THE RESEARCH DESIGN

A comparison group pretest-posttest design was used as an equivalent of the classical experiment, but, without the "random assignment of subjects to the groups" (De Vos & Fouche, 1998:132). It was regarded as the most suitable design because it enables the researcher to determine the effect size of programmes statistically under circumstances where it is impossible to comply with all the prerequisites for a classic experiment (cf. Bailley, 1994:236-7; Cohen, 1977; Strydom, 1999:110).

5.2 THE RESEARCH PROCEDURE

The researcher's involvement with the original development and application of the HIV and AIDS Awareness Programme could, to a large degree, be regarded as the pre-study phase of the research.

It served as an orientation to the research field (Strydom, 1999:47) and also enabled demarcation (Technical Language Committee, 1995:67). It was thus possible to proceed to the empirical verification of the programmes almost immediately. This process involved the following steps:

5.2.1. Step 1: Literature study

In order to develop a theoretical background for the programme and to establish a basis for formulation of the measuring instruments, a comprehensive literature study was undertaken. This study included aspects such as the attributes of HIV and AIDS awareness programmes, the generic nature of capacity building programmes and the requirements for programme presentations and evaluation. Besides this, the policy documents concerning the development of capacity building and service delivery in the South African Police Service, as well as the nature of community policing and related matters were also examined. The sources that were consulted to conduct the study were local books as well as international journal articles. Other resources included the internet, video cassettes and literature from various other disciplines.

In identifying appropriate sources, the following databases were used:

- The NEXUS - RGN database for current and completed research in South Africa from 1969.
- RSAT - Index of South African magazine articles from 1987.
- Social Sciences Index
- Social Work Abstracts
- Psychlit - Psychology database from 1987
- ERIC - Educational Resources Information Centre
- Catalogue - Ferdinand Postma Library, PU for HCE

5.2.2. Step 2: Design and testing of measurement instruments

The second step involved the design and testing of the six measuring instruments that would be used in the study. Two of these, viz. the presentation evaluation and presenter's evaluation questionnaire were developed by the EPCBP research team. The other four were based on the content of the programme concerned and the results of the literature study. The questionnaires consisted of a total of six measurement scales, as well as several other questions (see Diagram 1).

The questionnaires were then tested, analysed and refined during a series of consecutive pilot studies (see articles for details). Once sufficient reliability and validity was established, the main study commenced.

5.2.3. Step 3: Measuring the effect of the HIV and AIDS AWARENESS PCBP

During the main study, the programme was presented to 261 SAPS personnel and its effects measured with the aid of six scales. At the same time, a comparison group of 51 members were subjected to a similar type of process.

5.2.4. Step 4: Completion of the research report

On completion of the research report a data had been captured, analysed and interpreted, two research reports in the form of two research article has been compiled.

5.3. THE RESEARCH PARTICIPANTS

In order to make both the experimental and the comparison groups as representative of the total SAPS population as possible, the criteria used were rank and position, race, gender and province. By using province as a criterion, it was possible to ensure that attributes such as language distribution, geographical location (deep rural, semi-rural, rural, urban, historical background) and different sections of the organisation would also be covered.

With regard to rank and post as criterion, it had to be taken in consideration that the total SAPS personnel corps are divided into two basic categories, viz. those appointed in terms of the Police Act (Act No 68 of 1995) and those appointed in terms of the Public Service Act (Act No 103 of 1994). The former group are divided among nine different ranks ranging from Constable to the National Commissioner. The SAPS administrative personnel which constitute the latter group are divided in post types such as secretary, registration clerk, data typist, administrative clerk, typist, cleaner, medico-legal official and personnel officer. For the purpose of the original total analysis, the Public Service Act personnel were dealt with as a unit. In terms of both race and gender, the personnel profile of the SAPS was used as a point of reference. An attempt was then made to match the study groups as closely as possible to this profile.

By using the provinces as criterion, a specific consideration was taken to ensure that a total number of members participated as the experimental samples and 51 members as comparison groups. The above mentioned groups were as representative as possible of South Africa's geographic diversity. By implication, it also provided for other variables such as the spreading of languages, geographic context (e.g. urban, semi-urban, rural and extremely rural), historical background and various divisions in the SAPS.

5.4 THE MEASURING INSTRUMENTS

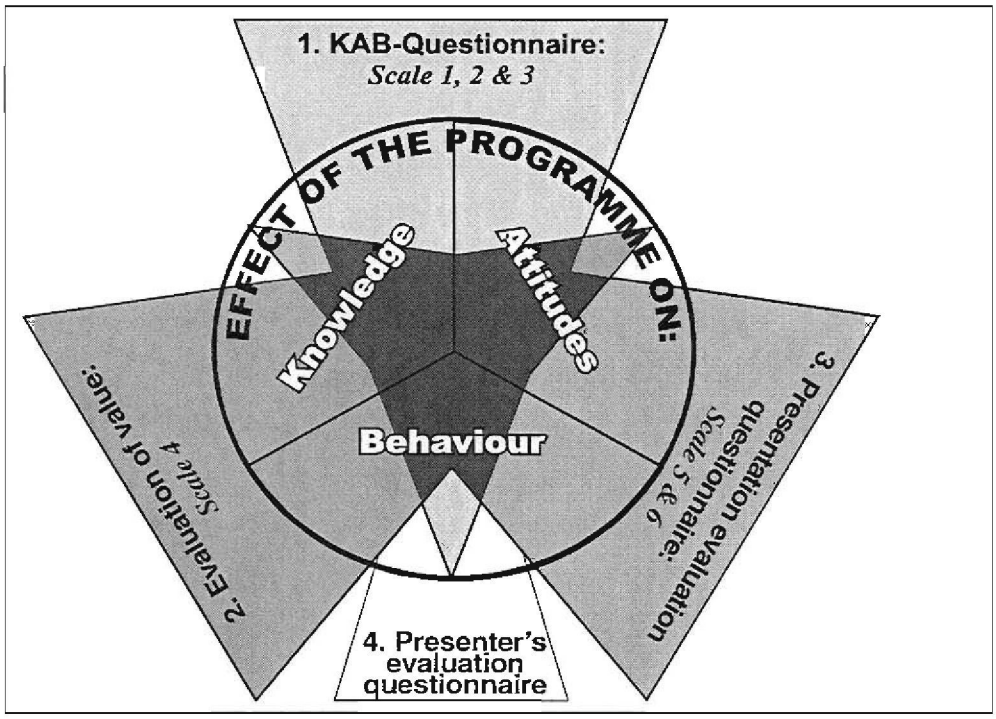
As a result of the unique nature of the identified programmes, standardised questionnaires and scales could not be used and totally new measuring instruments had to be developed. in order to bridge potential shortcomings in the individual instruments, triangulation was used.For the purposes of the study, triangulation can be viewed as " the combination of two or more theories, data sources, methods or investigators in one study of a single phenomenon to converge on a single construct" (Hilton, 2000). In this regard, the "within-method" (Bryman 2003) of triangulation was used because multiple instruments were employed to measure the same phenomenon, viz. the effect of the programme (cf. Mark, 1996:220; Patton, 2002:556, 559-560).

The following six scales were used in the study:

- The KAB questionnaire with its three basic scales (Scales 1 to 3 completed by both the experimental and comparison groups)
- The programme value scale (scale 4) formed part of the post-test KAB questionnaire that was completed by the experimental group only.
- The programme significance scale (scale 5) formed part of the presentation evaluation questionnaire that was only completed by the experimental group.
- The quality of the programme presentation scale (scale 6) formed part of the presentation evaluation questionnaire that was only completed by the experimental group.

The interface of the different questionnaires and scales are portrayed in Diagram 1.

DIAGRAM 1: THE MANNER IN WHICH TRIANGULATION WAS USED IN THE STUDY.



A more detailed description of the nature and content of the data-gathering instruments will now be given.

5.4.1 The KAB questionnaire

The so-called KAB or KAP (Knowledge, Attitudes and Behaviour or Practices) paradigm has for some considerable time formed part of educationally-based research on, among others, the health, education, economic, social marketing and social development fields (Berger et al., 1994; Mitchell & Kaufman, 2002; Donati et al., 2000; WPDCE, 1999; Weinreich, 1999). It is, however, still rare in social work research.

KAB analysis is based on the assumption that human functioning can be divided into three dimensions viz. the cognitive, affective and behavioural (Thompson, 2002: xvii). It is based on the premise that the three dimensions are connected but do not necessarily exhibit linear relationships. This implies that change in one dimension does not cause changes in the other dimensions and the effect of change in one dimension (e.g. attitudes) is not necessarily the result of change in another dimension (e.g. attitude) (Akade, 2001:248-251; McCann & Sharkey, 1998: 268-9; Elkind, 1993:171). It would therefore be possible to establish the effect of the programme on each of the three dimensions individually. A total number of four KAB questionnaires were developed for the programme. Two of these were completed on a pre-intervention and post-intervention basis by the experimental groups (see Appendixes 1 & 2) while the comparison groups also completed two similar questionnaires during the same

time period (see Appendixes 3 & 4). The questionnaires consisted of both closed questions (e.g. true and false) and Likert-type scales (e.g. strongly disagree and disagree and agree and strongly agree) (cf. Jackson, 2003:61).

5.4.2 The presentation evaluation questionnaire

One presentation evaluation questionnaire was developed for the whole EPCBP project (see Appendix 5). It also went through a process of pilot testing before being administered to the members of the experimental group directly after the presentation of each programme.

The questionnaire contained 31 questions which were divided into six sections. The aim of Sections 1 to 4 together with Section 6, where to determine the influence that the quality of the presentation had on the programme's effect. These five sections each formed a subscale within scale 6. The experimental group's view of the relevance of the programme was measured by means of questions derived from Section 5 which form part of Scale 5.

5.4.3 The presenter's evaluation questionnaire

The programme was presented by Social Workers and each one of them had to complete the presenter's evaluation questionnaire (see Appendix 6).This made it possible for them to evaluate their own presentation abilities or skills, as well as the relevance of the programme. It also allows them to evaluate their presentation skills and to make recommendations regarding the improvement of the programme.

5.5 DATA PROCESSING

All the data collected were analysed in conjunction with the Statistical Consultation Services of the North West University and with the aid of the SAS computer package (SAS Institute Inc., 1999). All statistical data received was firstly analysed in order to determine whether the measurement scales were reliable, secondly, whether the questions were valid and thirdly, if the scales were able to measure change. All procedures and formulas that were used for this purpose will be discussed briefly within the study.

5.5.1 Procedures and formulas for the calculation of reliability

In order to determine the reliability of the applicable measurement instruments, the Cronbach alpha coefficient (abbreviated as Cronbach alpha or simply α) of each scale and subscale was calculated (Gravetter & Forzano, 2003:455). A score of 0.50 or higher was accepted as an appropriate reliability coefficient (cf. Jackson, 2003:87-91). All the scales that were used in the research complied with this criterion.

5.5.2 Procedures for the calculation of validity

Pilot studies and peer-group evaluations were used initially to determine the validity of the individual questions. This procedure was necessary to enhance the face, content and criteria validity of the questions (cf. Jackson, 2003:44-5; Creswell, 2003:157-8; Elmes et al., 2003:55-59). The main study and its results, however, should be viewed as the most important step in this process.

5.5.3 Procedures and formulas for the calculation of change and effect

In order to measure practical significant change, Cohen's formula for the calculation of effect size was utilised. This type of effect size is also known as Cohen's d value (Cohen, 1998:20-7; Steyn, 2000:1-3). The reason for this choice was the following:

- A probability sample could not be drawn in the research. It was, therefore, only possible to view the respondents as a sub-population of the planned target population. Consequently, it was not possible to, by means of inferential statistics; generalize the results to the target population.
- To determine if the programme did change the knowledge, attitudes and behaviour of SAPS personnel in practice, the standardised difference was used as effect size (cf. Gravetter & Forzano, 2003:454). This entailed dividing the difference between two averages (or averages of a given mean) by the standard deviation. According to Steyn (2003:3), this is a natural criterion for drawing conclusions regarding **significance.**
- A four-step procedure was used in calculating the size of the effect that the programme had on the respondents. The first step entailed the calculation the d-values of the scales and questions that were administered to the experimental group alone.

The following formula was used for this purpose:

$$d = \frac{\mu 1 diff}{\mu 2\ diff}$$

Where:
d = effect size.
μ1diff = average difference of scores in the experimental group (abbreviated with μ1)
σdiff = standard deviation of difference score

The second step was to determine if there were any practical significant differences between the pre-tests and post-tests scores of the experimental and comparison groups. In order to do so, it was first necessary to determine if the experimental groups (group >e=) and comparison groups (group "c") were comparable before the start of the intervention programme. This was done by calculating and comparing the d values per scale of the two group's pre-test measurements. The difference had to be smaller than 0.5. In cases where there was a bigger difference, a co-variance analysis had to be performed. In the research, however, all the scales passed the test.

To compute the net difference per scale, Cohen's formula for calculating the effect size between two groups were used.

The formula is as follows (Cohen, 1988:20-7;Steyn, 2000:1-3):

$$d = \frac{\mu 1 - \mu 2}{\sigma}$$

Where:

d	=	effect size
μ1	=	average difference score in the experimental group (e)
μ2	=	average difference score in the comparison group (c)
μ1 - μ2	=	difference between average difference
σ	=	maximum standard deviation of difference scores.

The following guidelines can be used to judge all d values:

- d = 0.2: This indicates a small effect, implying that the research should be repeated in order to confirm if there is an effect
- d = 0.5: This indicates a medium effect, implying that the result can be viewed as significant, but also that better planned research could produce even more significant results
- d = 0.8: This indicates a large effect which is significant and of practical significance
- Because there are no absolute boundaries between the three d values, concepts such as "small to medium effect" and "large effect" can be used (Cohen, 1969:22-25; Spatz, 2001:74-5; Steyn, 1999:3).

The last step was to perform an effect size-analysis of the scales to determine the respondent's experience of the value and relevance of the programme, together with the influence of the quality of the presentation. The same formula that was used to determine the effect size within the group was used for this purpose.

Besides effect sizes (d value), use was also made in certain scales and questions of descriptive statistics such as totals, percentages, averages and standard deviations.

5.6 ETHICAL ASPECTS

The South African Police Service granted permission to carry out the research within the organization. The study however, focused on the programmes and not on the individual members of the organisation.

In order to protect the rights of participants, each potential respondent had the freedom of choice to participate in the study or not. Informed consent was obtained from the respondents and all participants remained anonymous. In order to ensure their anonymity, a coding system was used in the study (see questionnaires). In view of the fact that the study would cut across cultural

boundaries, care was taken to avoid value judgements in respect of cultural aspects (cf. DeVos, 1998:30).

6. DEFINITIONS

A number of concepts which are used continually throughout this research report require some further explanation.

6.1. EFFECT ANALYSIS

In the report, the concept "effect analysis" will refer to both the process and the results obtained through the use of Cohen's formula for the calculation of effect size. In this regard, "effect" will refer to the extent, if any, of the change that was brought about by the programme's independent variable with respect to the respondents' knowledge, attitudes and and or behaviour .

6.2. PERSONNEL CAPACITY BUILDING PROGRAMMES

The concept "personnel capacity building programme" or simply "programme" will refer to the structured intervention mechanism that was utilized by the social workers to empower the SAPS personnel with the knowledge, attitude and behaviour that they required to become even more resilient (cf. Rooth, 2000:34; Thompson, 2002:xvii; Stutterheim & Weyers 2002:10). In this research, the focus will be on the programme entitled "HIV and AIDS Awareness Programme".

6.3 PARTICIPANTS, RESPONDENTS AND PRESENTERS

It was necessary in the study to distinguish between the different groups of people who were involved to conduct the research study. The following three concepts were used for this purpose:

- The word 'participants' will refer to all the persons that participated in the study and who contributed to the data (Gravetter & Forzano, 2003:462). It will thus cover both the respondents and presenters of the programme
- The word 'respondent' refers only to the personnel that participated in the experimental group ("Group e") and the comparison group (Group c) (cf. Babbie, 2001:G3)
- In the report, the word 'presenters' will refer to the social workers of the SAPS that presented one or more of the programmes for the research study.

7. PRESENTATION OF THE RESEARCH RESULTS

The research report is divided into four sections: The first section provides an orientation to the subject matter, as well as an overview of the research methodology that was utilised.

- The second section contains two articles entitled "The Nature of HIV and AIDS Awareness Effectively Personnel Capacity Building Programme of the South African Police Service" and "The evaluation of the HIV and AIDS Personnel Capacity Building Programme of the South African Police Service"

- In Section 3, the main conclusions that was reached though the research, as well as the guidelines for the improvement of the programme and recommendations will be covered

- The appendixes form the concluding section. It will amongst others include the various questionnaires that were utilized, a list of presenters and a profile on the SAPS population.

In order to make each article a functional unit, each will be provided with its own bibliography. A comprehensive bibliography for the whole research report has been provided.

SECTION B
THE JOURNAL ARTICLES

ARTICLE 1

Montsi, MJ

South African Police Service

Rankin P.

School for Psychosocial Behavioural Sciences, Potchefstroom Campus of the North-West University

ABSTRACT

Background: *The work of police officials is generally regarded as an occupation characterised by high environmental risks. Because of this and other factors, the Social Work Service of the South African Police Service (SAPS) developed a proactive HIV and AIDS awareness programme as part its comprehensive capacity building programmes. The focus of this programme is on the improvement and development of a heightened awareness of HIV and AIDS related issues in order to empower police officials to deal with this threat more effectively in their personal and occupational lives.*

Objectives: *To ascertain the degree to which the content and presentation guidelines of HIV and AID awareness programme corresponds with existing principles of programmes of this nature.*

Method: *the outcomes, content and presentation of the programme were analysed and evaluated by making use of existing theory on the subject.*

Results: *It was established that the HIV and AIDS awareness programme adhered to existing principles on HIV and AIDS prevention programmes and that the programme content and presentation bore the same traits as other successful programmes in this field.*

1. INTRODUCTION

The evaluation of the HIV and AIDS Personnel Capacity Building Programme study formed part of a comprehensive research project whose aim was to determine the impact of 15 of these proactive intervention programmes on SAPS personnel. The purpose of this article is to explain the nature and implementation of the HIV and AIDS awareness PCBP, whilst the measurement of the programme's effect will be dealt with in a follow-up article.

The content of this article is largely bases on the HIV and AIDS manual of the SAPS (South African Police Service: 2002).

Before the content of the HIV and AIDS awareness programme is examined, the background of the programme will be discussed. That will be followed by an explanation of the principles on which the programme was based..

2. THE BACKGROUND AND DEVELOPMENT OF THE PROGRAMME.

The election of a new government for South Africa in 1994 heralded a new era in the history of the country with many changes taking shape in its wake. These changes were also felt in the SAPS with one of the effects and evaluation of social work services in the organisation. As a result of this, an external research consultant, Ask Africa, was requested to do extensive research on the rendering of social work services in the SAPS (Stutterheim & Moruane, 2002:172). The aim of this undertaking was to determine the need of police officials for social work services and what the perception among police social workers was regarding police officials' need for social work services. These two aspects were also compared as part of the research. The research was conducted in 1997 and the final report was presented to the SAPS a year later (Ask Africa, 1997:34).The research indicated that there was a need for both reactive (therapeutic) and proactive (capacity building) social work services within the SAPS. HIV and AIDS awareness was found to be one of the areas for which there was an urgent need for proactive intervention.

The need for HIV and AIDS awareness programme in the SAPS can generally be attributed to the fact that their work exposes them to high risk situations where the possibility of HIV and AIDS infection is higher than usual.

The course is therefore basically aimed at:

- Helping members to reduce the risk of becoming infected with HIV, the virus that causes AIDS.
- Helping them to learn how to protect themselves from HIV infection and making choices that may save their life.
- Helping them to set up a 'buddy system' to look out for and take care of their friends, so everyone works together to reduce the risk for HIV and STI's.
- Providing them with the information and skills needed to always make choices that will prevent them from ever placing themselves, their spouses or future sexual partners at risk for contracting an STD, including HIV infection.

The content and structure of the HIV and AIDS Awareness programme will be discussed in the next section.

3. THE OUTCOME AND STRUCTURE OF HIV AND AIDS AWARENESS PROGRAMME

This section will be used to discuss the nature, outcomes and structure of the HIV and AIDS awareness programme and is mainly based on the South African Police Service HIV and AIDS Awareness Manual.

3.1. THE OUTCOMES OF THE PROGRAMME

The overall outcome of the programme is as follows:

- An understanding of the overall purpose of HIV Awareness Programme
- An understanding of the content of the HIV Awareness programme
- To equip SAPS personnel with the knowledge, attitudes and skills that will empower them to protect them and others from infection with HIV and other Sexually Transmitted Infections as stipulated within the SAPS Awareness Manual.

The specific outcomes are to enable members to do the following:

- distinguish between facts and myths about HIV and AIDS
- identify personal risk factors for HIV infection
- identify personal values and positive reasons to stay healthy
- describe HIV prevention strategies
- demonstrate skills for preventing HIV infection
- accept personal responsibility for their own decisions and behaviour
- Demonstrate skills and accept personal responsibility to take care of self and others in order to promote good health

3.2. THE PROGRAMME CONTENT

The course and programme consists of six modules dealing with HIV prevention, plus a summary module. These seven modules are as follows:

TABLE 1: SEVEN MODULES OF THE HIV AND AIDS AWARENESS PROGRAMME

Modules	Methods
Module 1: Introduction ❖ The overall explanation of HIV Awareness training ❖ Description of the content of HIV Awareness.	❖ Providing course summary & rationale ❖ Providing participation guidelines ❖ Use ice-breakers
Module 2: Defining HIV and its impact ❖ Defining overview of HIV and AIDS ❖ HIV and AIDS and the immune system ❖ Sexual transmission ❖ Global picture ❖ The impact of aids ❖ Summary & homework	❖ The facilitator to read the manual ❖ Slides and transparencies ❖ True and false questions ❖ Additional Material: - Male condoms: 2 per participants - 2 wooden penises per participants - One female condom
Module 3: HIV prevention ❖ HIV infection transmission factors ❖ Communication with sexual partners ❖ Correct condom usage	❖ Feeling and opinion survey exercise ❖ Demonstration ❖ Facilitator to read the manual

Module 4: Substance abuse, HIV and STI's ❖ Sexual activity, HIV and STI's ❖ Effect of alcohol and other drugs on risk behaviour.	❖ Small group discussion
Module 5: HIV risk assessment and prevention strategies ❖ Risk assessment ❖ Strategies for HIV prevention and behavioural change ❖ Occupational safety	❖ Use of questionnaires ❖ Small groups ❖ Communication exercises
Module 6: Voluntary counselling and testing	❖ **Discussion groups**
Module 7: Review of HIV prevention and behaviour change issues	❖ **Use of transparencies Demonstration** ❖ **Small groups**

TABLE 2: THE MODULES AND METHODS OF THE HIV AWARENESS PROGRAMME

MODULE	MODULE OUTCOMES	PREPARATION BY FACILITATOR AND PARTICIPANTS
MODULE 1 ❖ Introduction to HIV Awareness Training	❖ Explain the overall purpose of HIV Awareness training ❖ Describe the content of the HIV Awareness Programme	❖ Facilitator study the entire manual ❖ Study the Handbook's section on Adult Learning ❖ Prepare the transparencies and slide show and slide posters ❖ Get the Workbooks ready ❖ Get other material ready
MODULE 2: ❖ Defining HIV and its impact	❖ Define what HIV and AIDS and STI's ❖ Explain how HIV is transmitted, how it affects the immune system and how it relates to AIDS ❖ Global picture and	❖ Study the Manual ❖ Read extra material to refresh your memory. ❖ Preparation by participants : None ❖ Material and

	Impact of HIV.	equipment required: two sheets of flip chart paper one entitled "True and 'False'. ❖ Presentation of slide and transparencies.
MODULE 3: ❖ HIV Prevention	❖ Risk factors for HIV transmission ❖ Importance of communicating with sexual partners ❖ Efficacy of using condoms ❖ Demonstrating more positive attitude towards the use of condoms.	❖ Facilitator read the manual ❖ Complete the 'Feeling and opinions Survey 'from the previous module (see Workbook). ❖ Participants: Complete 'Feeling and Opinion Survey' from the previous module(*see Workbook*)
MODULE 4: ❖ Substance abuse, HIV and STI'S	❖ Sexual Activity, HIV and STI's ❖ The effects of Alcohol and other Drugs and their relationship to behaviours that put you at risk for HIV and STI's	❖ Facilitator read the Manual ❖ Complete the "STI's, HIV and AIDS Attitude and Knowledge Questionnaire"(in Workbook) from the previous session ❖ Participants: Complete above mentioned Questionnaire ❖ Additional material and equipment: Make one copy of Appendix 4-1 (Answer Sheet to the "STI's, HIV and AIDS Attitude and knowledge Questionnaire") for every five participants.

MODULE 5: ❖ HIV Risk assessment and prevention strategies	❖ Risk factors for HIV and STD infection ❖ Identify your own personal risks for infection with HIV and other STI's. ❖ Describe forms of occupational exposure and procedure to reduce the risk of HIV transmission.	❖ Facilitator read the manual ❖ Complete the individual STD and HIV Risk Assessment Questionnaire in the Workbook. In the previous session, it was given as an assignment. ❖ Participants complete the questionnaire mentioned above.
MODULE 6: ❖ Voluntary counselling & testing	❖ Advantages and risks of having a voluntary test ❖ Rights regarding having an HIV test ❖ Procedures to follow when requesting an HIV test. ❖ Commitment to reduce the risk for HIV infection and other STD and I's.	❖ Facilitator read the manual
MODULE 7: ❖ Review of HIV-Prevention and behaviour change Issues.	❖ Describe basic facts about HIV and AIDS ❖ Explain risks factor for HIV transmission ❖ Explain the efficacy of using condoms ❖ Describe and demonstrate strategies to prevent the spread of HIV and other STI's. ❖ Describe the effective prevention of HIV ❖ Share effective HIV prevention with others	❖ Facilitator to read the manual

3.2.1. Module 1: Introduction to HIV awareness training

This module serves as an introduction to the programme and should enable participants to:

- Explain the overall purpose of the HIV Awareness training and
- Describe the content of the HIV Awareness programme.

The outcome of module 1 is achieved by providing a course summary and rationale; by establishing the participation guidelines and by getting the session going with the use of icebreakers. The course summary serves the purpose of providing the participants with the overall purpose of the course, as well as the specific outcomes.

The participation guidelines of the course are established to make sure that everyone will get an opportunity to participate in the programme and be treated with dignity. This is done by group participants in order to allow acceptance for ownership on the following guidelines:

- Confidentiality
- Honesty
- Accepting responsibility for your own statements
- Allowing others to speak without being interrupted
- The show of respect
- Taking care of yourself

Provision is made for two ice-breakers which are regarded as useful to help participants to feel more comfortable which empowers them to get more out of the training. Both icebreakers are contained in the South African Police Service HIV Workbook and handed out to the participants. It is also suggested that icebreakers can be used after tea or lunch, or whenever the group seems bored or tired.

3.2.2 Module 2: Defining HIV and its impact.

The outcomes of this module are that the participants will be able to:

- Define HIV, AIDS and STD
- Explain how HIV is transmitted, how its affects the immune system and how it relates to AIDS
- Describe the global picture of HIV and AIDS infection and its impact on institutions.

The above mentioned outcomes are covered by reviewing the following topics:

- An overview of HIV and AIDS.
- HIV and AIDS and the immune system.
- Sexual transmission
- The global picture of HIV and AIDS
- The impact upon the institution (SAPS)

In the overview of HIV and AIDS, a flipchart is used to do an exercise by which group members' separate true information about HIV and AIDS from false information. The session is concluded by summarising the facts about the spread of HIV and about what kind of body fluids of an

infected person can spread HIV. It also stressed that HIV is the virus that causes AIDS; that AIDS is the result of HIV infection; that HIV infection can be prevented and is not spread through casual social contact. AIDS is a disease triggered and sustained by a virus. The virus is the most researched and best understood in the history of humankind. Scientists know precisely how it is genetically constructed and how it is chemically made up. Aids had been the most scrutinised and studied and analysed disease in the history of medicine. Even so there is much that is unknown (Mbuya , 2000:34).

Module two starts off with a group exercise of True and False questions based on information on HIV and AIDS infection. This questions are been read out loud from the slide and transparency and volunteers are asked for answers. The right answers are been written down on a flipchart by volunteers and the presenter will reinforce with more information. The incorrect answers are been acknowledge by the presenter and he/she will therefore give the correct response.

Summary of the module

This Section is been concluded on a short summary with the following facts on HIV AND AIDS.

- Vaginal, anal or oral sex with an HIV positive person.
- Sharing needles or syringes with an HIV positive person.
- During pregnancy, birth or breastfeeding from an infected mother to her baby.

The four types of body fluids that spread HIV which are:

- Semen.
- Vaginal fluid.
- Blood.
- Breast milk.

The four important points to be always remembered by participants has been outlined as follows:

- HIV is the virus that causes AIDS.
- AIDS is the result of HIV infection.
- HIV infection can be prevented
- HIV is not spread through casual social contact.

In the discussion of the topic of HIV and AIDS and the immune system participants are educated about the meaning on the acronyms HIV and AIDS, the constitution of the body's immune system and how the latter is destroyed by the AIDS virus. The explanation of the AIDS acronym is used to provide a definition of AIDS. In the late 1990, South Africa was estimated to have the highest number of people living with HIV and AIDS in the world with between four and five million or ten percent of the entire population. A large proportion of those infected with HIV were already falling sick with AIDS and dying. In countries like Uganda the epidemic was very visible, its deadly reaping palpable in almost every family, work place, township, farm, suburbs, church and organisation (SAFAIDS News :1998) .

The section is presented by the use of a transparency, presenting HIV and STI's Butterfly, William's Scenario, Loaded Weapon Analogy and the Global picture. The HIV and AIDS Butterfly illustrates the method of transmission between people and further explanations that an individual only need one sexual contact to be infected with HIV and AIDS virus.

The AIDS dissident's dogma takes many forms. Some claim that HIV does not exist as a virus at all. Yet others assert that tests for HIV or its antibodies are wildly misleading and unreliable. They unite in claiming that, if it does exist at all, HIV has not been shown to be the cause of AIDS. Williams Scenario provides a case study that demonstrates the reality of the HIV and AIDS Butterfly.

The slide and transparency shows how one person on the butterfly ending up infected with HIV or an STI's. This method is used by showing how a group of people got infected. William's scenario consisted of two overheads and portrays an actual situation that happened in the United States where one person who was infected with the HIV virus infected another one and in the long run both were able to spread it to their sexual partners who also spread it further an so on, and the virus spread very fast within the continent.

The Loaded Weapon Analogy is a discussion that makes an analogy between safe weapons and safer sex. It addresses the misperception that one can 'tell' if someone is likely to have a STI's just by looking at him or her.

When a new epidemic occurs, it is inevitable that people will take time to recognize it . This is particularly true of the AIDS epidemic, because the virus is so slow to cause observable disease, people who are not personally confronted with evidence of the disease, can continue to be in denial.

The Global picture portrayed the focus on the local and global scope of HIV infection. Two slides/transparencies present statistics on the global and local impact of HIV and AIDS. A discussion is been facilitated at the end of the presentation focusing on the scope of the HIV epidemic to emphasise the lack of guarantee for one's safety if you engage in unprotected sex outside the limits of a mutually exclusive, long-term sexual relationship. It indicates that HIV virus is found within every area within the world.

In the section on HIV and the SAPS it is explained that the purpose of the discussion would be to determine if the participants think that SAPS personnel have (a) a higher or (b) a lower risk for HIV infection and (c) what the reasons for their views are. Some general research findings regarding HIV and uniformed forces are shared as follows:

- It is stressed that members of the uniformed forces tend to have higher rates of STD infection, and that this is also true regarding HIV rates.
- Members of the uniformed forces, including the police and military personnel are deployed away from their families and partners during war and civil strife or border duty. Research proved that they have higher rates of STD and HIV infection.

- Lack of the normal supports of family and peer pressure from other member's leads to risky HIV behaviours, such as casual sex and commercial sex (paying prostitutes) and not using condoms when having sex.
- The need to relieve stress, loneliness and boredom can lead to risky behaviour. The use of alcohol and other drugs to combat stress, loneliness and boredom can contribute to excessive risk taking.

The police usually employ large numbers of young men and women between the ages of 15 and 24 years. They are mostly sexually active, brave and think that they are indispensable or untouchable. Ross & Dick (2005:56) state as follows in this regard: "In the face of increasing rates of HIV infection around strategies around the World, there are those who doubt that HIV prevention strategies work, despite extensive evidence of the effectiveness of several interventions. HIV transmission takes place among those age of between15-24, and 5000-6000 young people become infected everyday."

- There is a culture of substance abuse within the Police Services, which can increase the risk of contracting HIV and AIDS.
- Social upheavals dislocate populations, increasing the number of persons who use sex as a means of survival. Since police members and soldiers are deployed in periods of distress like this, there can be increased opportunities for sexual encounters.

3.2.3 Module 3. HIV prevention

The module deals with HIV infection and the transmission factors and the topics are:

- Preventative method of correct condom usage
- Communication with one's sexual partner
- Risk factors to be avoided on contracting HIV and AIDS pandemic

3.2.3.1 Method of presentation

The module will review the following:

- Facts about HIV infection and AIDS. AIDS is defined as the Acquired Immune Deficiency Syndrome and is the late stage of the HIV virus. Which is based on transmission factors of the HIV infection.
  - -Communication with sexual partner is important to limit the risk of HIV infection by discussing safe sex
  - using drugs through injecting with the use of sharing needles contaminated with the blood of an infected person
  - Infection through breast feeding
  - Infection through blood transfusion
  - Infection from the blood of an infected woman to her baby during birth of during the delivery process.
- HIV is not spread through casual social contact .Which are non-sexual
- An HIV positive person is able to live and feel health for ten years of longer before the sings of AIDS became visible.

- An HIV positive person will develop AIDS, making the immune system to be weak and becoming unable to fight off new developing infections.
- AIDS is incurable
- The only way to avoid AIDS is to avoid to be infected.
- Men and women are vulnerable at been infected with HIV and different types of sexually transmitted infections. Women are more vulnerable to suffer from tubal pregnancy, been sterile ,pelvic inflammatory etc
- Sexual transmitted infection which is left untreated like syphilis or gonorrhoea facilitates HIV infection though opens sores.
- Alcohol intake and usage of illegal drugs can reduce one's judgement and ability not to be involved in risky behaviour.
- Body piercing or tattoos made with needles which are not unsterilised can lead to HIV and other STI's infection.
- Safer sex will prevent HIV and types of sexually infected illnesses and safer sex inclines:
  - not having sex
  - non penetrative sex
  - using latex condom every time you have sex
  - fidelity and faithfulness between uninfected partners
  - Activities such as kissing, hugging, masturbation or mutual masturbation are safer sex methods.

In general the whole population needs to be aware of HIV and Aids and to encourage support of people with HIV. Infected individuals may otherwise find that their, employers, work colleagues, friends and even family members are afraid of the person and isolate them. Hostility and rejection are severe psychological burdens to people facing HIV and AIDS, and may have economic and other practical costs (Hagan & Gormley, 1998:45).

The facilitator will read the manual for facilitation. Allows participants to complete the 'Feeling and opinions Survey 'from the previous module (see Workbook).

The exercise is designed to increase participant's awareness feelings and attitude the usage of condoms, communication with partner and taking HIV precautions at all times when necessary. Participants will be divided into small group dealing with statement and answering them in a third person rather than discussing their own personal response

The feeling and opinion survey is concluded with the facilitators emphasizing method of safer sex.

Condom skills are also dealt with within the module with information on the use of male and female condoms, and the use of condoms for oral sex.

3.2.3.2 Summary and homework/ assignment

The facilitator will stress the following information:

- AIDS is the last infection caused by HIV

- Unprotected sex cause 70-80% of infections
- HIV is not spread through casual contact
- Untreated sexually transmitted infection such as syphilis or gonorrhea increase the transmission of HIV.
- Alcohol intake and usage of drugs through needle injections affect one's judgement and ability to practice safe sex.
- It is important to communicate about safe sex to your sexual partner.
- Correct and consistent us of male condoms can lead to a decrease of sexually transmitted infections, HIV/AIDS and reduce pregnancy.

Homework will be completed at the end of the session and is based on the STI's, HIV and AIDS Attitudes Knowledge in participant's workbook. Participants will complete their homework privately and independently , they will be informed not to write their names in their workbook.

Homework assigned will lasts for 10-15 minutes and will not be collected from them but will be used for discussion.

3.2.4 Module 4: Substance abuse, HIV and STI's

The module focused on the following outcomes:

- The relationship between alcohol and other drugs, and the transmission of HIV and STI's.
- The relationship between sexual activity, STI'S and HIV infection.

The following exercises are used in this module:

Participants are requested to fill in "STI's, HIV, and AIDS Attitudes and Knowledge Questionnaire" within 10-15 minutes, independently and privately. The facilitator had to explain to participants not to write in their names and neither will the questionnaire be collected from them.

- The next exercise will be a group discussion of five people each who will choose a leader and a scribe.
- The group will discuss the "STI's, HIV, and AIDS Attitudes and Knowledge Questionnaire" within their Workbook and the copy of the Answer Sheet for the discussion.

The facilitator will summarise by emphasising the following points:

- Masturbation can be practised
- Abstinence
- Latex condoms should always be used every time you have vaginal, oral or anal sex.
- If injecting drugs, always use sterile needles and syringes.
- If getting tattooed or body pierced make sure the needles are sterile.

A summary is also given on alcohol intake behaviour and its consequences which are as follows:

- Inability to drive properly
- Becoming sexually stimulated,

- Inability to use condoms correctly,
- Impulsive decision making.

3.2.5. Module 5: HIV risk assessment and prevention strategies

The outcomes of this module should empower participants as follows:

- They will be able to describe the risk factors of HIV and STD risks
- Describe and demonstrate all ways and means of preventing HIV and a STI' infection.
- They will be able to identify their personal risks and how to prevent it
- Occupational exposure and the safe procedure to reduce the HIV transmission

The method of presentation

The facilitator read the manual, made use of questionnaires and small group communication exercise. The participants have to complete an assignment and homework which will be obtained from their workbook, based on individual HIV and STI's risk assessment questionnaire.

The following points are stressed as important for risk behaviour reduction:

- Sexual transmission of HIV can be prevented by practising safer sex.
- Limiting number of sexual partners.
- Members to look after the interest of their significance others by "buddy system" as an effective risk prevention measure.
- Prevention and correct treatment of STI's to protect yourself and others to prevent HIV and AIDS infection
- Alcohol and other drugs can impair judgement and increase the likelihood of risky behaviour.
- Refraining from using and sharing un-sterile needles for tattooing, body piercing and drug use.

3.2.6 Module 6: Voluntary counselling and testing

The establishment of voluntary counselling and testing has been a feature of national HIV prevention strategies in encouraging people to undergo HIV and AIDS testing so that they can know their status and protect their significant other's from being infected with HIV and AIDS. It is not all of them who have the courage to test for HIV and AIDS due to stigmatisation.

Stigmas manifest itself in hatred, discrimination, rejection, and/or exclusion. Workers are sacked, spouses abandoned and support refused. It is sometimes an irrational force that springs not only from the prejudiced, fearful reactions others have to AIDS. It lies in the self undermining and ultimately self - destroying inner sense of self blame that all too many people with AIDS or HIV experience (Cameroon,2005:124).

The external manifestations of stigma are horrific to people who have been infected. A practical and traumatic reflection of stigma took place in South Africa at Christmas time 1998 when a 36 year old South African old woman, Gugu Dlamini, was stoned and stabbed to death after disclosing her HIV and AIDS status at a rally held in Kwa Zulu Natal. The horror of her

death has never been fully investigated, because her murderers were never held to account. The prosecution brought charges, but dropped them for lack of evidence. Some infected people are chased away from their families, churches social clubs dismissed unfairly from their work and fair trial or treatment are never held for the benefit of the infected members (Cameroon E, 2005:34).

Method of presentation

The methods of presentation are the utilisation of transparencies and group discussions and address the following points:

- Advantage and disadvantages of HIV Voluntary testing based on the fact that having a voluntary HIV test was a very personal decision and that each individual will have to decide for him- or herself.
- The term "Informed Consent" and defines what the term means.
- In practice, a person who had a proper HIV pre-test counselling is considered to have been given enough information about the advantages and disadvantages of an HIV test to make an informed decision about having the test.

It is important that the counsellor aims to help the clients and patients to develop their own coping mechanisms, rather than trying to ease stress by taking responsibility away from them. The creation of dependency on the counsellor is a major risk with HIV and AIDS counselling, and it is problematic for all concerned. For the counsellor, over-involvement with client's problems, and taking on too much responsibility for them, will lead to strain.

The specific additional areas that relate to Aids are the need for accurate, up to date information on HIV and AIDS, and the ability to deal effectively with sexual issues, and with the blame, guilt, stigma around damaged relationships to which AIDS may give rise.

Counsellors need to be aware of their own moral outlook, and ensure that this does not hinder effective counselling. During pre-test counselling it is not advisable to give a detailed, scientific explanation of the virus or antibodies to someone who has no relevant background for this. It may be far more important to convey a basic understanding of the practical risks and responsibilities vested in them. It may be particularly difficult to achieve more than this basic information which has to be given through an interpreter.

An issue of central importance is that of informing a spouse of other sexual partner. At present doctors can only try to persuade someone to bring in their spouse for testing, or to inform the spouse of the test result. If a patient refuses, doctors do not have the right to break confidentiality (Mbuya, 2000 : 49).

In general the whole population needs to be aware of HIV and Aids and to encourage supporting people with HIV. Infected individuals may otherwise find that their employers, work colleagues, friends and even family members are afraid of the person and isolate them. Hostility and rejection are severe psychological burdens to people facing HIV and AIDS, and may have economic and other practical costs (Hagan & Gormley 1998:121).

Slides and transparencies provided within this module gives general information about the following:

- Rights of personnel regarding HIV testing.
- Making personal written pledge towards STI's and HIV and AIDS reduction.
- Care and support that is available to the infected.

The AIDS dissident's dogma takes many forms-some claim that HIV does not exist as a virus at all. Others assert that such a virus if it exist as an infection's condition. Yet others assert that tests for HIV or its antibodies are wildly misleading and unreliable. They unite in claiming that, if it does exist at all. HIV has not been shown to be the cause of AIDS (Cameroon, 2005)

3.2.7 Module 7: The outcomes of HIV prevention and behaviour change issues.

The last module of HIV and AIDS Awareness review the outcomes of HIV and behaviour change issues.

HIV is no respecter of gender, nationality, sexual orientation, occupation, skin colour, religion or age. The virus is about all forms of risky behaviour that people normally takes and cannot avoid being infected (Hagan & Gormley .1998).

The facilitator will among others use group work to present this module with the emphasis of this module on the following:

- All risks factors pertaining to HIV infections.
- Communicating with one's partner on negotiating for safe sex practices by practising the ABC (abstain, be faithful and condomise), a principle which has been difficult to practise. The challenge is based among others on the fact that many married and cohabitating women depend on their husbands economically. Unmarried women may also depend on their partners for gifts and cash to sustain themselves (Hagan & Gormley, 1998)
- Correct and regular condom usage when engaging in casual sex.
- HIV prevention and behaviour change strategies.
- Basic and latest information on HIV and AIDS.

At the end of the module the facilitator gives a word of gratitude and encouragement to participants.

The last module emphasizes behaviour change towards sexual risky behaviour. Linsel & Frank (2005) argue that everyone has a role to play, even the so-called 'man on the street' who if not infected might have a friend who is infected , a family member or neighbour of someone who already knows the effects of AIDS and now need at least emotional support . The above mentioned individual might refrain from sexual risky behaviour.

The South African Police Service HIV and AIDS Awareness programme aims to provide members with the skills that are necessary in the prevention of HIV infection (including the use of condoms), e.g the importance of communicating with one's sexual partner, modes of

transmission, sexual activity, HIV and STI's, the effects of Alcohol and other drugs and their relationship to behaviours that put you at risk for HIV and STI's, voluntary counselling and testing and behaviour change. This programme exhibits certain traits which aim to equip personnel with skills necessary to maintain sensitive interpersonal relationship, through encouraging members to practice a buddy system towards good behaviour change.

The HIV and AIDS Awareness programme of the SAPS exhibits the same traits that are found in other successful programmes of other organisations (institutions), although the sequence of issues that are covered might be different (South African Police Service:2002).

4. PRINCIPLES UNDERLYING THE PRESENTATION OF THE PROGRAMME

The effectiveness of a personnel capacity building programme does not only depend on the programme itself, but it also need presenters who are competent enough to present such a sensitive programme of HIV and AIDS Awareness . It especially requires a fair amount of updated knowledge regarding the subject matter, the programme contents, the learning process, and the relevance of the programme. The principles that form the basis of some of these requirements will be discussed briefly.

4.1. THE PRESENTER AND FACILITATOR

The primary role of the presenter is to guide each participant through the process of learning. A good presenter must especially understand what goes on during each phase and facilitate the learning process accordingly (Department of Defence, 2002:82). In the case of HIV and AIDS Awareness programmes where adults form the target group, presenters must be able to take into cognisance and apply at least the following principles of adult learning:

- People learn best when they can devote most of their energy to the learning
- People learn best when the learning is attended by positive satisfaction, that is, when it is successful and rewarding
- People learn best when they are actively involved in the learning process
- People learn best if the content is meaningfully presented .

4.2. THE LEARNING PROCESS

HIV and AIDS Awareness programme basically adheres to principles contained in the model of the four-stage learning cycle (Osland & Kolb, 2001:42). This process, also known as Kolb's learning cycle (Hardingham, 1998:148-149), consists of the following stages:

- concrete experience is followed by
- observation and reflection, which lead to
- the formation of abstract concepts and generalizations, which lead to
- Hypotheses to be tested in future actions, which in turn lead to new experiences.

In order to be effective, the process must enable participants to create, acquire and transfer knowledge, and to reflect on the new knowledge and insights they have gained (Osland et al.,

2001:43). They must understand how people generate the concepts, rules and principles that guide their behaviour in new situations and how they modify these concepts to improve their effectiveness.

4.3 THE LEARNING CONTENT

A third important determinant of the effectiveness of any personnel capacity building programme is the context within which it is presented. On the one hand it involves the 'concrete' context such as the quality of the learning material, the effectiveness of the teaching media and the suitability of the venue. On the other hand it has to do with the relevance of the issues that are addressed.

The mere fact that a programme has been developed and presented does not necessarily make it a relevant intervention instrument. It is, therefore, important to take cognisance of a recent review of research into interpersonal skills training conducted by an Oxford psychologist, Michael Argyle (Hardingham, 1998:135). He cited various pieces of research that showed that such training of managers, supervisors and other staff significantly increased productivity and sales for companies, raised job satisfaction and reduced absenteeism. It is, however, still an unanswered question whether HIV and AIDS Awareness Personnel Capacity Building Programme had the same effect on SAPS personnel. This issue will be addressed in the next article.

5. CONCLUSION

HIV and AIDS Awareness programme was developed just like other capacity building programmes to fulfil unmet needs in the SAPS and to correct certain deficiencies in its social work service section. Its ultimate goal was to improve the well-being of all SAPS personnel, ensuring that they are fully equipped to deal with and become resilient to many daily challenges. Stopping the spread of HIV and AIDS is therefore a societal business imperative. It follows that ensuring the successful implementation of HIV and AIDS intervention programmes for the South African Police Service employees is of strategic importance to produce healthy members who will fight crime.

From an analysis of its content and presentation guidelines, it became clear that the programme was well-conceived and that it complied with the principles contained in available theory. It ought, therefore, to contribute significantly to improved SAPS personnel's productivity and professional service rendering to the communities of South Africa.

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ARTICLE 2

THE EVALUATION OF THE "HIV and AIDS AWARENES" PERSONNEL CAPACITY BUILDING PROGRAMME OF THE SOUTH AFRICAN POLICE SERVICE

Montsi, MJ

Social Worker, South African Police Service

Rankin P.

Lecturer, Potchefstroom Campus of the North-West University

ABSTRACT

Background

As the result of developments and changes in the South African Police Service, especially since 1996, it was regarded as necessary by the Police Social Work Services to provide pro-active programmes that would enhance the personal capacity among members within the Police Service. This originally resulted in the development of 15 personnel capacity building programmes by 1999. It was subsequently decided to measure the impact of these programmes and the Evaluation of Personnel Capacity Building Programmes (EPCBP) study came into existence in 2001.The HIV and AIDS Awareness Programme was part of this undertaking. This programme focused on the improvement and development of personnel's practical HIV and AID Awareness strategies and techniques in order to enhance their resilience when faced with day-to-day challenges especially in the work context.

Aim: *The main aim of the study was to determine the effect of the HIV and AIDS Awareness Programme on the knowledge, attitude and behaviour of SAPS personnel and ascertain the degree to which the content and presentation guidelines of HIV and AID Awareness programme adhered to existing principles on health management and programme presentation.*

Method: *A comparison group, a pre-test and post-test design together with triangulation were used in the research to secure the data necessary to make some findings on the effect of the current programme. The research involved experimental, comparison group members and presenters. The outcomes, content and presentation of the programme were analysed and evaluated with the help of existing theory on the subject. In this regard, the focus was on each dimension of the HIV and AIDS management field addressed in its presentation.*

1. INTRODUCTION

The evaluation of the HIV and AIDS Personnel Capacity Building Programme study formed part of a larger research project whose aim it was to determine the impact of 15 of these proactive

interventions on SAPS personnel. Before the content of the HIV and AIDS awareness programme is examined, the background of the programme, that is, from where the programme derives and what it entails, will be discussed. That will be followed by an explanation of the principles on which the different parts of the programme s based.

2. THE BACKGROUND AND DEVELOPMENT OF THE PROGRAMME

The South African government entered a period of transition in terms of the new laws and policies after the year 1994. The SAPS also made an evaluation on policies of the organisation in terms of Social Work intervention. An external research consultant, Ask Africa, was requested to do extensive research on the rendering of social work services in the SAPS (Stutterheim & Moruane, 2002:172). The aim of the research was to determine the need of police officials for social work services and what the perception is among police social workers regarding police officials' need for social work services. A comparison was made between these two aspects. The research was conducted in 1997 and the final report reached the SAPS in 1998 (Ask Africa, 1997). The research clearly indicated that there was a need for both reactive (therapeutic) and proactive (capacity building) social work services within the organisation.

HIV and AIDS management measures in police agencies traditionally tend to be reactive rather than proactive in nature. The section Police Social Work Services (PSWS), however, decided to rather emphasize the role of proactive HIV and AIDS awareness by developing a needs-based HIV and AIDS awareness management programme. The relevance of these areas was established by statistics kept by Police Social Work Services (PSWS) (cf. PSWS, 2001). It was, therefore, decided at a PSWS national conference held in September 1999 that the priority areas should be addressed by the development and implementation of the personnel capacity building programmes. The programme was developed by firstly identifying project teams consisitng of one person from each province. These include other five programmes, namely: Substance Dependency, Be Money Wise, Managing Stress Effectively, Colleague Sensitivity and Life Skills. The above mentioned programmes where implemented with the immediate effect.

The social work department within the police service deemed it necessary to develop a proactive programme of HIV and AIDS awareness that can be presented to the members within the workplace.

The main aim of the evaluation of the HIV and AIDS Awareness programme was to determine its impact on personnel's' knowledge, attitudes and behaviour. The main focus was on behavioural change due to the fact that this type of change is the primary purpose of HIV and AIDS Awareness programme.

3. THE OUTCOME AND STRUCTURE OF THE HIV AND AIDS AWARENESS PROGRAMME

3.1 THE OUTCOME OF THE HIV AND AIDS PROGRAMME

The outcome of the programme was that the participants should be able to:

- Distinguish between facts and myths about HIV and AIDS.
- Identify personal risk factors for HIV infection.
- Identify personal values and positive reasons to stay healthy.
- Describe about HIV prevention strategies.
- Demonstrate skills for preventing HIV infection.
- Accept personal responsibility for their own decisions and behaviours.
- Demonstrate skills and accept personal responsibility to take care of self and other in order to promote good health.

3.2 HE NATURE OF THE HIV AND AIDS AWARENESS PROGRAMME

- The HIV and AIDS AWARENESS Personnel Capacity Building Programme was designed in a way that would empower the members to become aware, to prevent and behave appropriately towards exposing themselves and others to be infected with the HIV and AIDS virus. The programme give individuals some knowledge to change their particular behaviour by doing the following:
- To recognize the need to change their behaviour .The factors that often contribute to high risk sexual behaviour should change.
- To understand their self description of being at risk
- To perceive their own susceptibility or vulnerability to the HIV infection.
- The perception that the disease will have serious consequences and that it will affect the person's whole life .
- The belief that performing a specific behaviour will reduce susceptibility to curb the severity of the illness
- The nature of the programme educate individual on the personal contact with somebody who is HIV infected or has AIDS.

3.3 THE PROGRAMME CONTENT

The HIV and AIDS Awareness Programme is divided into the following six modules dealing with HIV prevention plus a summary module.

Module 1. Introduction.
Module 2. Defining HIV and its impact on the SAPS.
Module 3. HIV Prevention.
Module 4. Substance abuse, HIV and AIDS and STI's.
Module 5. HIV risk assessment and prevention strategies.
Module 6. Voluntary counselling and testing.
Module 7. Review of HIV Prevention and behaviour change issues.

The above mentioned modules will be summarized in Table 1 as well as lessons to be learned, the role of the facilitator, participants and material to be used.

TABLE 3: MODULES AND METHODS OF THE HIV and AIDS AWARENESS PROGRAMME

MODULE	LESSON TO BE LEARNED	PREPARATION BY FACILITATOR AND PARTICIPANTS
MODULE 1 Introduction to HIV Awareness Training	❖ Explain the overall purpose of HIV Awareness training ❖ Describe the content of the HIV Awareness Programme	❖ Facilitator study the entire manual ❖ Study the Handbook's section on Adult Learning ❖ Prepare the transparencies and slide show and slide posters ❖ Get the Workbooks ready ❖ Get other material ready
MODULE 2: Defining HIV and its impact	❖ Define what HIV and AIDS and STD is. ❖ Explain how HIV is transmitted, how it affects the immune system and how it relates to AIDS ❖ Global picture and Impact of HIV.	❖ Study the Manual ❖ Read up extra material to refresh your memory. ❖ Preparation by participants : None ❖ Material and equipment required: Two sheets of flip chart (newsprint) paper one entitled "True' and the other 'False'. ❖ Presentation of slide and Transparencies.
MODULE 3: HIV Prevention	❖ Risk factors for HIV transmission ❖ Importance of communicating with sexual partners ❖ Efficacy of using condoms ❖ Demonstrating more positive attitude towards the use of condoms.	❖ Facilitator read the manual ❖ Complete the 'Feeling and opinions Survey 'from the previous module Participants: Complete 'Feeling and Opinion Survey' from the previous module

MODULE 4: Substance abuse, HIV and STI'S	❖ Sexual Activity, HIV and STI's ❖ The effects of Alcohol and other Drugs and their relationship to behaviours that put you at risk for HIV and STI	❖ Facilitator read the Manual ❖ Complete the "STI's, HIV and AIDS Attitude and Knowledge Questionnaire" ❖ Participants: Complete above mentioned Questionnaire additional material and equipment: Make one copy of Appendix 4-1 (Answer Sheet to the "STI's, HIV and AIDS Attitude and knowledge Questionnaire") for every five participants.
MODULE 5: HIV Risk assessment and prevention strategies	❖ Risk factors for HIV and STD infection ❖ Identify your own personal risks for infection with HIV and other STI's. ❖ Describe forms of occupational exposure and procedure to reduce the risk of HIV transmission.	❖ Facilitator read the manual ❖ Complete the individual STD and HIV Risk Assessment Questionnaire in the Workbook. In the previous session, it was given as an assignment and homework. ❖ Participants complete the questionnaire mentioned above.
MODULE 6: Voluntary counselling & testing	❖ Advantages and risks of having a voluntary test ❖ Rights regarding having an HIV test ❖ Procedures to follow when requesting an HIV test. ❖ Commitment to reduce the risk for HIV infection and other STI's.	❖ Facilitator read the manual

MODULE 7: Review of HIV-Prevention and behaviour change issues.	❖ Describe basic facts about HIV and AIDS ❖ Explain risks factor for HIV transmission ❖ Explain the efficacy of using condoms ❖ Describe and demonstrate strategies to prevent the spread of HIV and other STI's. ❖ Describe the elements of an effective HIV prevention message ❖ Share effective HIV prevention with others	❖ Facilitator to read the manual

4. RESEARCH DESIGN AND PROCEDURE.

The HIV Awareness research study was conducted nationally. All provinces were covered, with the National Head Office handled as a separate province.

The study involved personnel from all ranks and posts, race and gender within the Police Service.

4.1 AIM AND OBJECTIVES

The primary aim of the study was to determine the effect of the HIV and AIDS awareness on the knowledge, attitudes and behaviour of SAPS personnel.

In order to achieve this aim, three objectives were pursued. They were:

- to measure the HIV and AIDS Awareness PCBP's effect on SAPS personnel's knowledge, attitudes and behaviour
- to determine the influence that the quality of the presentation of the programme had on its impact
- to formulate guidelines for improving the programme and its presentation.

4.2 RESEARCH DESIGN

In the empirical research, a comparison group pre-test/post-test design was used. This is an equivalent of a classical experiment, but according to Fouche & De Vos (1998:132), without the random assignment of subjects to the groups. It is deemed the most appropriate design because it makes it possible to statistically determine the effect of programmes in circumstances where it is not possible to comply with all the prerequisites of a classical experiment (Bailley, 1994:236-7; Cohen, 1977; Strydom, 1999:110).

4.3 PROCEDURE

The research procedure consisted of four basic steps. They were a literature study, the designing and testing of the measuring instrument, the measurement of the effect of the Programme and the analysing and interpreting the data.

4.3.1 Step 1: Literature study

The literature study was conducted into HIV and AIDS awareness programmes, personal risks, prevention, and the impact of attitude and behaviour change pertaining to the virus. The available policy documents of the South African Police Service regarding capacity development, community service rendering, as well as community policing were also covered. The resources utilized included uniformed force documentation, books and magazines of both South African and international origin. Other relevant resources such as the internet and literature research documents already completed, health care documents, criminology, social work, sociology and psychology.

4.3.2 Step 2: Design and testing of measurement instruments

Three types of questionnaires were used in the research. They were the knowledge, attitude and behaviour questionnaires, a presentation evaluation questionnaires and a presenter's evaluation questionnaire.

The four KAB questionnaires, which were designed by the researcher, were based on the unique contents of the programme, as well as relevant theory. They comprised a pre-test and a pos-test questionnaire for both the experimental and the comparison groups. Each consisted of 12 mostly closed and Likert-type questions that were specifically aimed at measuring the respondents' knowledge, attitudes and behaviour (KAB). In the case of the post-test questionnaire for the experimental group, four items were added to enable the respondents to evaluate the contents of the programme.

Before the start of the empirical research, the KAB-questionnaires were first tested during three consecutive pilot studies. These research studies were conducted at Ikageng, Rustenburg and Mafikeng. The structure of the questionnaire made provision for male and female respondents from different racial groups and rank and position levels and represented different urban and rural settings. The research questions were revised to ensure validity and reliability.

4.3.3 Step 3: Measurement of the effect of the HIV and AIDS Awareness programme.

The main empirical study proceeded once the results of the pilot-testing phase had been analysed and the questionnaires had been finally adjusted.

During the main study, the various experimental groups were identified and mobilized. The respondents completed a KAB questionnaires before (pre-test) and after (post-test) the intervention (the independent variable) took place. The respondents also completed the presentation evaluation questionnaire and the presenters also had the opportunity to complete the presenters' evaluation instrument.

4.3.4 Step 4: Analysing and interpreting

The fourth step entailed the analysing and interpreting of all the data.

4.4 THE RESEARCH GROUP

A total of 4 303 participants were involved in the overall EPCBP research project. It consisted of 3 437 respondents for the experimental groups, 720 respondents of the comparison groups, and the 146 social workers who had presented the programmes. The participants represented 3,25% of the workforce of the SAPS, which totalled 132 482 at the time. This is more than the required minimum sample size of 1% to 2% as recommended by Stoker (in Strydom & De Vos, 1998:102). All the SAPS personnel in South Africa who attended the programmes from 3 February 2003 to 28 May 2003 formed part of the experimental groups. The different provinces were also requested to simultaneously submit comparison groups to the equivalent of the pre-tests and post-tests. As the comparison groups were relatively small, basic guidelines were provided for the rank, gender and race composition of these groups. These guidelines were based on the personnel profile of the SAPS at the time. Because it was impossible to form the comparison groups randomly, they could only be viewed as the result of an availability sample.

In order to make the experimental and the comparison groups as representative of the total SAPS population as possible, four main criteria were used. They were rank and position, race, gender and province. By using province as a criterion, it was possible to ensure that attributes such as language distribution, geographical location (deep rural, semi-rural, rural, urban, historical background) and different sections of the organisation would also be covered.

In the evaluation of HIV and AIDS Awareness programme, the experimental and comparison group consisted of 260 and 51 respectively.

The composition of these groups in terms of rank and post is displayed in Table 2.

TABLE 4: A PROFILE OF THE EXPERIMENTAL AND COMPARISON GROUP IN TERMS OF RANK

Group	constable	Sergeant	Inspector	Officer	Public service Act	Not determined*	Total (n)
Experimental group	20 7,69%	36 13,84 %	79 30,38 %	21 8,07	104 40,0%	0	260
Comparison group	3 5,88%	3 5,88%	26 50,98%	11 21,56 %	6 11,76%	2 3,92 %	51
Total SAPS population	13936 10.52%	17478 13.19%	56671 42.78%	15008 11.33%	29304 22%	85 0.06%	132482

The composition of both groups was not always in line with that of the total number of the Police Service on a national level. From the analysis of the data it did not seem as though these deviations had any marked negative impact on the outcome of the research.

The race and gender distribution of the experimental and comparison groups including the total population of SAPS is contained in Table 5.

TABEL 5: A PROFILE OF THE EXPERIMENTAL AND COMPARISON GROUP IN TERMS OF RACE AND GENDER

groups	black male	black female	coloured male	coloured female	white male	White female	Indian male	Indian female	Total (n)
Experimental group	121 46,36%	64 24,52 %	14 5,36%	14 5,36%	18 6,89 %	25 9,57%	1 0,38%	4 1,53%	261
Comparison group	20 38,46%	3 5,76 %	7 13,46 %	3 5,76%	11 21,15%	8 15,38 %	-	-	52
Total Population	63466 47.91%	17150 12.95%	9006 6.80%	4392 3.32%	20429 15.42%	12753 9.63%	3516 2.65%	1343 1.01%	132482 100%

There were some deviations regarding the percentage staff members in each staff category in both the experimental and comparison groups compared with the national totals. This however was to be expected considering the particular way in which the former two croups were established.

The last and primary criterion that was used to determine representivity in terms of Provinces in the experimental and comparison group. The results in terms of provincial representation and the numbers of presenters are included in Table 4.

TABLE 6: A PROFILE OF THE EXPERIMENTAL AND COMPARISON GROUP AND NUMBER OF PRESENTERS IN TERMS OF PROVINCES

Province	Total personnel in experimental group	%	Total personnel in comparison groups	%	Total presenters	SAPS POPULATION	%
Gauteng	29	11,37	3	6,1	3	26575	18.75
Western Cape	25	9,8	5	10,2	2	11743	9.38
Eastern Cape	24	9,4	5	10,2	2	15747	6.25
Northern Cape	23	9,0	4	8,1	2	3257	3.13
Kwazulu-Natal	26	10,0	10	20,0	5	19288	21.88
Free state	16	6,2	5	10,2	2	9501	6.25
Northwest	25	9,8	3	6,1	2	9046	18.75
Limpopo	34	13,3	5	10,2	3	8937	6.25
Mpumalanga	19	7,4	3	6,1	2	6118	3.13
Head Office	34	13,3	6	12,2	1	7010	6.25
TOTAL	255	100	49	100	24	11722	100

The numbers of research participants were well distributed throughout the provinces and should give a representative picture. Once again, the variations in each province stem from the way in which both the experimental and comparison groups had to be selected.

4.5. DATA COLLECTION INSTRUMENTS.

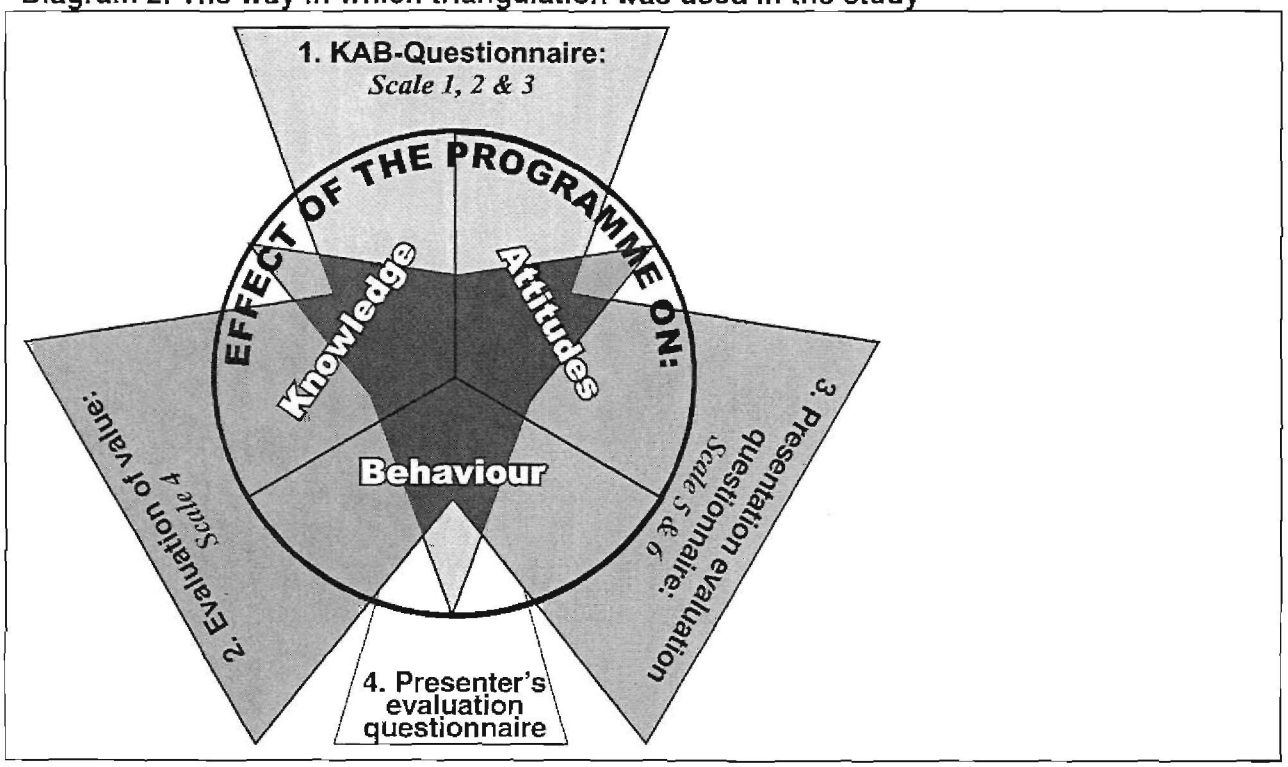
The instruments used to collect data during the study could not be standardized questionnaires and instruments due to the uniqueness of the programme. This resulted in the entirely new measurement instruments which had to be developed and standardised during the pilot studies and the main research. This process proved to be extremely difficult and was not successful in all respects. All the scales did not have a satisfactory reliability coefficient, and it was found during data analysis that some questions were formulated in such a way that they could not measure change effectively. In these cases it was not possible prove that change actually took place or not (Elmes et al. 2003:59-60, 144-5: Zechmeister & Posavec, 2003:194-7). Triangulation was utilised to ensure that deficiencies of this kind were dealt with.

This method was developed by Hilton (2003). This author states that triangulation in research is described as the combination of two or more theories, data sources, methods or investigators in one study of a single phenomenon to converge on a single construct. In this case, the so-called Aintra-method@ (Sarantakos, 1998:186) or within-method@ (Bryman, 2003) of triangulation was used. It entailed the use of multiple instruments to measure the same phenomenon, viz. the different types of changes that the programme brought about (Mark, 1996:220; Patton, 2002:556, 559-560). The purpose was to capture a more complete, holistic and contextual portrayal and reveal the varied dimensions of a given phenomenon (Hilton, 2003:378), and to test the constancy of measurement (Patton, 2002: 248).

The main instrument used during the research study was the KAB questionnaire (completed by both the experimental and comparison groups) consisting of several subscales.

The linkage of different measuring instrument and scales used has been shown in triangulation as outlined in Diagram 1.

Diagram 2: The way in which triangulation was used in the study



4.5.1 The KAB questionnaires

KAB or KAP (Knowledge, Attitudes and Behaviour or Practices) analyses are used quite widely in education-oriented research in fields such as health, educational, economics, social marketing and social development (Berger et al., 1994; Donati et al., 2000; Mitchell & Kaufman, 2002;; WPDCE, 1999; Weinreich, 1999). Their use is, however, still scarce in the field of social work. This type of research is based on the premise that human functioning can be divided into three interrelated but not necessarily linearly dependent dimensions. They are the cognitive (thinking), the affective (feeling) and connative (behaviour doing) dimensions (Thompson, 2002:xvii).

A number of studies have indicated that a change in one dimension does not necessarily bring about a change in another dimension (for example, an increase in knowledge does not necessarily change attitudes), or the accomplishment of change in one dimension (for example, attitudes) is not necessarily a prerequisite for change in another dimension (for example, behaviour) (Akade, 2001: 248-251; McCann & Sharkey, 1998: 268-9; Elkind, 1993:17). Some researchers also find it necessary to sub-divide behaviour into certain categories or types such as skills, role acceptance, customs and ,especially practices (Babbie, 2001:275-7).

In the research, the programme content and available literature were used to develop KAB questionnaires that consisted of two sections. The first section consisted of 12 questions that dealt with the participants' knowledge, attitudes, and existing and intended behaviour. Its structure and focus are summarised in Table 5.

TABLE 7: THE COMPOSITION OF THE KAB QUESTIONNAIRES

Dimension	Scale no.	Facets that were measured
Knowledge	Scale 1.1	Knowledge of HIV and AIDS
	Scale 1.2	Knowledge on condom
	Scale 1.3	Knowledge about sex.
Attitude	Scale 2.1	Attitudes in relation to HIV and AIDS infection
	Scale 2.2	Attitude towards condom usage
	Scale 2.3	Attitude towards sexual behaviour
Behaviour	Scale 3.1	Sexual behaviour
	Scale 3.2	Attitude in behaviour change
	Scale 3.3	HIV and AIDS and Personal Control Behaviour

The questionnaires were made up of closed questions (e.g. true or false) and Likert-type questions (e.g. strongly disagree, disagree, agree, strongly agree) (Jackson, 2003:61). They were formulated in such a way that they would determine the respondents' existing (in terms of the pre-test) and newly acquired (in terms of post-test) knowledge, attitudes and behaviour. The questionnaires were, in the case of the experimental groups, administered immediately before and directly after the presentation of the programme. Simultaneously, similar questionnaires were administered to the comparison groups. This made it possible to discount any environmental influences when determining the net effect of the programme (intervention independent variable) on the experimental groups.

A second section was added to the post-test questionnaire that was administered to the experimental groups. It consisted of five questions whereby the respondents could evaluate the overall value of the programme and the value of each of the six parts of the programme. In the text this data will be referred to as Scale 4.

4.5.2 The presentation evaluation questionnaire

A presentation evaluation questionnaire was developed by the EPCBP research team. The questionnaire was tested and standardised during the piloting phase of the research. It consists of 31 questions and was divided into six sections as shown on Table 6.

TABLE 8: COMPILATION OF PRESENTATION EVALUATIONQUESTIONNAIRE

Section	Facets that were covered	Questions
Section 1	Evaluation of the presenter	Question 1 to 5
Section 2	Evaluation of the presenter=s presentation skills	Question 6 to 10
Section 3	Evaluation of the learning process	Question 11 to 17
Section 4	Evaluation of the context within which the programme was presented	Question 18 to 21
Section 5	Evaluation of the relevance of the programme *(Scale 5)*	Question 22 to 27
Section 6	General *(Length of the programme, tempo of presentation, balance between presentation and group participation, language which was used the most in the presentation)*	Question 28 to 31

The respondents of the experimental groups completed this questionnaire immediately after HIV Awareness programme had been presented. The aim of sections 1 to 4 and 6 was to determine the extent to which the nature and quality of the presentation influenced the effect of the programme. Section 5, which formed part of the triangulation of measurements, determined the relevance of the programme.

4.5.3 The presenter's evaluation questionnaire

The programme was presented by social workers. On completion of the HIV Awareness programme they were requested to complete the presenter's evaluation questionnaire. This enabled them to evaluate their own presentation abilities or skills and the relevance of the programme. They could also make recommendations regarding the improvement of the programme (see Table 9). The questionnaire was based on the presentation evaluation questionnaire and comparisons could, therefore, be drawn between the two sets of data.

TABLE 9: COMPOSITION OF THE PRESENTER'S EVALUATION QUESTIONNAIRE

Sections	Facets that were covered	Questions
Section 1	Self-evaluation *(of knowledge, enthusiasm, capability to create participation by attendees, explain difficult material and to relate according to knowledge-base of attendees)*	Question 1 to 5
Section 2	Self-evaluation of presenter=s presentation skills	Question 6 to 10

section 3	Evaluation of the learning process	Question 11 to 17
Section 4	Evaluation of the context within which the programme was presented	Question 18 to 21
Section 5	Evaluation of the relevance of the programme	Question 22 to 27
Section 6	General *(Length of the programme, tempo of presentation, balance between presentation and group participation, language which was used the most during the presentation, subjects that need to be added or taken away, aspects that need more attention, elements of the programme that were the most and least of value and explanatory notes)*	Question 28 to 36

4.6 PROCEDURES AND FORMULAS USED IN DATA ANALYSIS

All the data collected by means of the triangulation of measurements were analysed in conjunction with the Statistical Consultation Service of the North West University situated at the Potchefstroom Campus and with the aid of the SASS computer package (SAS Institute Inc., 1999). Before the data as such could be analysed, it was firstly necessary to determine whether the measurement scales were reliable, secondly whether the questions were valid and thirdly, if the scales were able to measure change. The procedures and formulas that were used for this purpose will be discussed briefly.

4.6.1 Procedures and formulas for the calculation of reliability

In order to determine the reliability of the applicable measurement instruments, the Cronbach alpha coefficient (from now on abbreviated as 'Cronbach alpha' or simply "α") of every scale and subscale were calculated. (Gravetter & Forzano, 2003:455). A score of 0.50 or higher was accepted as an appropriate reliability coefficient (cf. Jackson, 2003:87-91)

4.6.2 Procedures for the calculation of validity

The validity of the individual questions was initially determined by means of the pilot studies . This procedure was necessary to increase the face, content and criteria validity of the questions (Jackson, 2003:44-5; Creswell, 2003:157-8; Elmes et al., 2003: 55-59). The main study and its results, however, should be viewed as the most important step in this process.

4.6.3 Procedures and formulas for the calculation of change effect

In order to measure practical significant change, use was made of Cohen's formula for the calculation of effect size. This type of effect size is also known as Cohen's d-value (Cohen, 1988:20-7; Steyn, 2000:1-3). The reason for this choice entailed the following:

- A probability sample could not be drawn in the research. It was, therefore, only possible to view the respondents as a sub-population of the planned target population. Consequently, it was not possible to, by means of inferential statistics; generalize the results to the target population.
- To determine if the programme did change the knowledge, attitudes and behaviour of SAPS personnel in practice, the standardized difference was used as effect size (cf. Gravetter & Forzano, 2003:454). This entailed dividing the difference between two averages (or averages of a given mean) by the standard deviation. According to Steyn (2003:3), this is a natural criterion for drawing conclusions regarding significance.

To compute the net difference per scale, Cohen's formula for calculating the effect size between two groups were used. The formula is as follows (Cohen, 1988:20-7; Steyn, 2000:1-3):

$$d = \frac{\mu 1 - \mu 2}{\sigma}$$

Where:

d	=	effect size
$\mu 1$	=	average difference score in the experimental group (e)
$\mu 2$	=	average difference score in the comparison group (c)
$\mu 1 - \mu 2$	=	difference between average difference
σ	=	maximum standard deviation of difference scores.

The following guidelines can be used to judge all d values:

- d = 0.2: This indicates a small effect, implying that the research should be repeated in order to confirm if there is an effect
- d = 0.5: This indicates a medium effect, implying that the result can be viewed as significant, but also that better planned research could produce even more significant results
- d = 0.8: This indicates a large effect which is significant and of practical significance
- Because there are no absolute boundaries between the three d values, concepts such as 'small to medium effect' and 'large effect' can be used (Cohen, 1969:22-25; Spatz, 2001:74-5; Steyn, 1999:3).

The last step was to perform an effect size-analysis of the scales to determine the respondents' experience of the value and relevance of the programme, together with the influence of the quality of the presentation. The same formula that was used to determine the effect size within the group was used for this purpose. It was:

$$d = \frac{\mu\text{-mean of scale}}{\sigma}$$

Besides effect sizes (d-value), use was also made in certain scales and questions of descriptive statistics such as totals, percentages and averages.

4.7 PROBLEMS ENCOUNTERED IN THE RESEARCH

Various smaller problems were encountered during the EPCBP research project as a whole. Most of these were also prevalent in the evaluation of the HIV and AIDS Awareness programme.

The EPCBP project was carried out in all nine provinces and at the SAPS Head Office (which structurally forms the tenth province). It involved a total of 4 157 respondents, 146 social workers and nine researchers. One result was a relatively high percentage of spoiled questionnaires (8.18%) and a reasonably poor response rate in respect of the presenters' evaluation questionnaires. The 1 039 spoiled questionnaires (out of a total of 11 658) were mostly caused by the respondents' faulty completion of secret codes. This made the matching of their pre-test and post-test questionnaires impossible. Consequently, the total of usable questionnaires from some provinces was somewhat low. If it is, however, taken into account that the total project produced 10 619 usable questionnaires involving 322 166 individual measurements and items, the relatively high percentage of spoiled questionnaires was not expected to have any significant influence on the outcome of the research.

The HIV and AIDS Awareness programme comprised of 260 respondents from the experimental group while the comparison groups were made up by 51 personnel members.

The other problem was caused by the fact that a high order of statistical analysis had to be used for questionnaires that were not yet fully standardized. Some of these hick-ups took place within the HIV and AIDS Awareness but because this problem was anticipated a scale called triangulation was used. This resolve the problem in few instances whereby Cronbach alpha coefficient and and or d values were below the set minimum.

The third challenge which created a general difficulty in most programmes was caused by the fact that existing practices required that the same programme should be presented to all SAPS personnel. The study included personnel from the lowest job levels such as cleaners up to senior staff such as directors. During data analysis some indicators were found that the HIV and AIDS programme had a different effect on respondents from different post or educational levels. The research results showed that the HIV and AIDS Awareness PCBP had a significant effect on the respondents even though some challenges were encountered. The reliability of the study will be discussed within the next heading.

5. THE RELIABILITY OF THE MEASUREMENT INSTRUMENTS

TABLE 10: CRONBACH ALPHA COEFFICIENT (α) FOR THE RELIABILITY OF THE MEASUREMENT INSTRUMENTS

Scales and questions	α
Scale 1: Knowledge of HIV and AIDS, condom, infection, sex workers, health and safety.	.64
Scale 2: Attitude on HIV and AIDS infection, condom, sexual behaviour, sexual transmitted infections, safe sex and sexual behaviour.	.23
Scale 3:Behaviour in terms of personal control behaviour, behaviour change, mechanism to relieve stress and boredom, payment or reward to have sex, unprotected sex to a new partner and sex with people of own gender	.62
Scale 4: The value of the programme	.69
Scale 5: The Relevance of the programme	.85
Scale 6: Quality of the programme presentation ❖ No measurement has been done	.85
Subscale 6.1: Evaluation of the *presenter*	0.84*
Subscale 6.2: Evaluation of the presenter's *presentations skills*	0.85*
Subscale 6.3: Evaluation of the *learning process*	0.90*
Subscale 6.4: Evaluation of the presentation context	0.79*

**Reliable measurement instrument*

Table 10 indicates that all scales had an acceptable CA (Cronbach Alpha) scores, except scale 2. This means that the results could not be used.

All the items related to the quality of the programme presentation had acceptable CA's.

6. THE EFFECT OF THE PROGRAM

The effect of the programme on the knowledge of the participants regarding HIV and AIDS are reflected in table 11.

6.1 THE EFFECT OF THE PROGRAMME ON RESPONDENTS' KNOWLEDGE OF HIV AND AIDS

The questions of 'Scale 1: Knowledge of HIV and AIDS Awareness' focused on determining the respondents' level of knowledge about HIV and AIDS. The purpose of this was to determine whether the change in the experimental group was larger than in the control group

TABLE 11: EFFECT SIZE OF SCALE 1: KNOWLEDGE OF HIV AND AIDS

Experimental group (e)		Comparison group (c)		σ	Effect size (d value)
n	μ1	n	μ2		
256	-0.326	47	.0063	.64	.4

The effect size of scale 1, measuring the increase in knowledge of the participants about HIV and AIDS was .4, placing it in the small to medium category. This means that change has been measured, but that further research will have to be done to establish more accurately the extent of the change. This implies a re-examination of the questions and a more accurate look at the knowledge of participants about HIV and AIDS.

6.2 THE EFFECT OF THE PROGRAMME ON RESPONDENTS' ATTITUDE OF HIV AND AIDS

TABLE 12: EFFECT SIZE OF SCALE 2: ATTITUDES REGARDING HIV AND AIDS

Experimental group (e)		Comparison group (c)		σ	Effect size (d)
n	μ1	n	μ2		
256	.0813	47	-0.112	.23	.4

The effect size of scale 2 which deals with the respondents' increased attitudes regarding HIV and AIDS is 4 which mean that it falls in the small to medium category. This means that change has been measured, but that further research will have to be done to establish more accurately the extent of the change. This implies that the questions measuring attitude should be reviewed. The low CA of this scale however, makes the results unusable.

6.3. THE EFFECT OF THE PROGRAMME ON RESPONDENTS' BEHAVIOUR.

TABLE 13: EFFECT SIZE OF SCALE 3: HIV AND AIDS RELATED BEHAVIOUR

Experimental group (e)		Comparison group (c)		σ	Effect size(d)
n	μ1	n	μ2		
256	.0266	47	.0488	.62	.08

Scale 3 produced an effect size of, 08 which implies that little change has been measured which will require a serious review of this scale. It implies that the questions this scale wil have to be used as individual questions.

7. THE VALUE OF THE PROGRAMME

The post-test questionnaire that was administered to the experimental group contained five additional Likert type questions. These were specifically aimed at determining the value that the programme had for the respondents. The data that was collected is summarised in Table 12.

TABLE 14: VALUE OF THE PROGRAMME

Questions	n	CHOICES AND RESPONSES				μ.	σ	EFFECT SIZES (d)
		It had no or little value	*It had below average value*	*It had above average value*	*It had a lot of value*			
33. What value did the following component have for you: : **Defining HIV and its impact on the SAPS**?	247	9 (3,64%)	2 (,81%)	57 (23,08%)	179 (72,47%)	3,64	0,68	1,67
34. What value did the following component have for you: **: HIV prevention?**	246	6 (2,44%)	9 (3,66%)	59 (23,98%)	172 (69,92%)	3,61	0,68	1,65
35. What value did the following component have for you: **Substance abuse, HIV & STD and I=s**	243	7 (2,88%)	13 (5,35%)	53 (21,81%)	170 (69,96%)	3,58	0,72	1,5
36. What value did the following component have for you: **Risk assessment and prevention strategies"**	242	4 (1,65%)	12 (4,96%)	60 (24,79%)	166 (68,60%)	3.60	0.66	1.66
37. What value did the following component have for you: **Voluntary counselling & testing**	241	9 (3,73)	14 (5,81%)	49 (20,33%)	169 (70,12%)	3.56	0.76	1.39
Average	244	6	10	56	141	3.60	0.69	1,57

The effect sizes of all the questions contained in the above table indicates that the programme was regarded by the respondents as of significant value. The figures in the above table reflect the subjective response of the participants, but will still have significance impact on the respondents' behaviour. This is reflected in the far above average d-value of 1.57. Such an

effect size is viewed by Cohen (1969:22-25) as indicative of a large effect that is of practical significance.

The same trend as above was also found as far as the other questions were concerned. The conclusions that could be drawn from them were as follows:

- Question 33 had the effect size of 1, 67 and a significant CA of .68 in respect of defining HIV and AIDSS and its impact on the SAPS.
- Question 34 had the effects size of 1.65 and response of HIV prevention had a CA value of 0, 68.
- Question 35: had the effects size of 1.5 and response value on HIV and AIDS & STI's had a CA value of 0,68
- Question 36 had the effects size of 1.66 and response of risk assessment and prevention strategies had a CA value of 0, 72.
- Question 37 had the effects size of 1.39 and response of Voluntary Counselling &testing had a CA value of 0, 76.

The results of Scale 4 conclusively proved that all the components of the HIV and AIDS Awareness programme were of great value to the respondents and did have a significant effect especially on their knowledge and behaviour.

8. THE INFLUENCE OF THE QUALITY OF THE PROGRAMME PRESENTATION

During the research study it was of vital importance to determine the influence that the qualityof the program presentation had on its impact. In this regard, it was assumed that possible differences in quality could have been caused by the fact that it was presented under varying circumstances in all 10 SAPS provinces by a total of 24 different social workers with diverse knowledge and skill on the subject of HIV and AIDS.

In order to determine the overall quality of the programme presentation, a specific scale was developed and included in the presentation evaluation questionnaire. This scale, titled "Scale 6: Quality of the programme presentation", consists of four subscales. Subscales 6.1 and 6.2 were used to assess the presenters and focused on both their expertise and presentation skills. Rooth (2000:89) confirmed that the qualities that are essential for effective programme presentation is Subscale 6.3 which deals with the quality of the learning process and Subscale 6.4 with the presentation of the context. The latter included the quality of the venue, learning material and teaching media.

The quality of the programme presentation is presented in the Table 13.

TABLE 15: EFFECT SIZE OF SCALE 6: QUALITY OF PROGRAMME PRESENTATION

HIV and AIDS Awareness						All the capacity building programmes together		
Subscale and questions	N	μ	σ	Effect size (d)	α	n	Effect size (d)	α
Subscale 6.1: Evaluation of the presenter	258	3.51	.47	2.14	.84	2354	2.06	0.85
1. The presenter is knowledgeable about the subject that he and she taught.	255	3.59	.55	1.98		2354	1.84	
2. The presenter could link the material to the participants' level of knowledge.	257	3.47	.61	1.59		2354	1.57	
3. The presenter was able to explain difficult and abstract concepts.	257	3.47	.60	1.61		2354	1.53	
4. The presenter succeeded in keeping me interested in the subject.	253	3.52	.56	1.82		2354	1.71	
5. The presenter was enthusiastic about the subject he and she taught.	253	3.50	.60	1.66		2354	1.62	
Subscale 6.2: Evaluation of the presenter's presentation skills	258	3.75	.47	2.65	.85	2354	2.27	.86
6. I could clearly hear what the presenter was saying (e.g. it was loud enough and in an accent that I could understand).	255	3.53	.59	1.74		2354	1.75	
7. The presenter was skilful in the use of the teaching media (e.g. transparencies and or writing on newsprint and the blackboard).	258	3.48	.63	1.55		2354	1.60	
8. The presenter encouraged participant involvement (e.g. by asking questions and or promoting discussions).	256	3.65	.53	2.16		2354	1.96	
9. The presenter prepared himself and herself thoroughly for the	255	3.58	.57	1.89		2354	1.74	

presentation.								
10. What is your overall rating of the presenter's presentation skills?	255	4.52	.66	3.06		2354	2.77	
Subscale 6.3: Evaluation of the learning process	258	3.51	.45	2.19	.85	2354	2.06	.91
11. In the beginning, the presenter gave a clear overview of what we could expect during the course and programme.	257	3.48	.55	1.78		2354	1.48	
12. The presenter made sure that participants understood a subject before continuing on to a next subject.	258	3.58	.56	1.92		2354	1.75	
13. At the end, the presenter gave a summary of the material that was covered.	256	3.48	.60	1.63		2354	1.54	
14. The presenter was able to communicate on my level.	257	3.53	.57	1.80		2354	1.76	
15. It was easy to understand the material that was presented.	255	3.53	.53	1.94		2354	1.72	
16. The material that was covered will be useful.	255	3.54	.57	1.82		2354	1.68	
17. The course stimulated my interest in the subject.	256	3.51	.61	1.65		2354	1.69	
Subscale 6.4: Evaluation of the presentation context	257	4.29	.57	3.14	.90	2354	2.49	.81
18. How would you rate the venue?	256	4.15	.73	2.26		2354	1.36	
19. How would you rate the quality of the learning material that was presented?	256	4.30	.69	2.6		2354	2.41	
20. How would you rate the quality of the teaching media (e.g. transparencies and or handouts)?	256	4.39	.71	2.53		2354	2.36	
21. How well were the course and programme organised?	256	4.31	.78	2.3		2354	2.34	

8.1 THE INFLUENCE OF THE QUALITY OF THE PRESENTER

The overall rating of the presenter's level of expertise was a very high 2.14 (see Table 15). There was no discernable difference between this rating and the effect size of 2.06 for the

capacity building programmes as a whole. It is, therefore, clear that the presenters' expertise regarding the subject matter was in line with that of other programmes.

8.2 THE INFLUENCE OF THE PRESENTER'S PRESENTATION SKILLS

The effect size of 2.65 for Subscale 6.2 (see Table 13) involves the extent to which presenters prepared themselves for the presentation (see Question 9, Table 13), and can be regarded as exceptiomally high.

8.3 THE INFLUENCE OF THE LEARNING CONTEXT

The overall effect size of 2.19 for Subscale 6.3 is exceptionally high and is basically in line with the effect size of 2.06 for the capacity building programmes as a whole. It would seem that the programme's strongest point rests with the usefulness of the material that is covered (see Question 16, Table 13).

8.4 THE INFLUENCE OF THE PRESENTATION CONTEXT

The presentation context received a very positive d-value of 3.14 and contributed significantly to the overall positive effect of the programm. This rating is markedly higher that the 2.49 of the combined PSCP's . The effect sizes of scale 6, reflected in table 13, paints a positive picture in the sense that the values are very near the effect sizes of the capacity building programmes as a whole. Some values are above and others are slightly below the effect sizes of the capacity building programme as a whole. The effect sizes of the majority of questions in this scale are higher than the effect sizes of the questions for the scale for the whole programme. The conclusion made in this regard is that the quality of the programme presentation context was good.

8.5 OTHER INFLUENCES

The presentation evaluation questionnaire also covered a number of other issues that could have had a positive or a negative influence on the programme's effect. It is based on the length (duration) of the programme, its pace, the balance between presentation and group involvement, personal sexual behaviour questions and the language in which the programme was conducted. Data interpretation of the entire research study was presented in a form descriptive statistics format .

The respondents rated the length of the programme by completing a five-point scale. The results of the rating are reflected in Table 14.

TABLE 16: THE LENGTH OF THE PROGRAMME PRESENTATION

Question 28	How will you rate the length of the course and programme?				
Response (n = 289)	*1. It was much too long*	*2. It was a little too long*	*3. The length was just right*	*4. It was a little too short*	*5. It was much too short*
Frequency	11	30	168	30	17
Percentage	4,30	11,72	65,63	11,72	6.64

The biggest percentage of the respondents (65,63%) experienced the duration of the programme as just right with smaller percentages choosing other options. From the table above it can be concluded that the presenters succeeded in keeping the duration of the programme in such a way that the majority of respondents were satisfied.

TABLE 17: THE PACE OF THE PRESENTATION

Question 29	How will you rate the pace of the presentation?				
Response (n = 297)	*1. The pace was much too slow*	*2. The pace was a little slow*	*3. The pace was just right*	*4. The pace a little too fast*	*5. The pace was much too fast*
Frequency	4	15	213	20	5
Percentage	1.56	5,84	82,88	7,78	1,95

The biggest percentage of the group (82%) was happy with the pace of the presentation and smaller minorities found it either too fast or to slow. This however, is a phenomenon that will be found in most groups and the solution is that the presenter should adjust his and her style to suit all needs. This however, is in itself a difficult task.

TABLE 18: THE BALANCE BETWEEN THE PRESENTATION OF INFORMATION AND GROUP PARTICIPATION

Question 30	How will you rate the balance between the time spent on the presentation and time spent on group involvement?			
	1. Too much time was spent on the presentation	*2. A good balance*	*3. Too much time was spent on group involvement*	*4. There was no group involvement*
Frequency	6	225	18	7
Percentage	2,34	87,89	7,03	2,73

The majority of respondents (87, 89%) rated the balance between the time spent on the presentation and the time spent on group involvement as good while 7, 03% felt that too much time was spent on group involvement. It must be assumed that there will be a smaller group in a group of people who feels uncomfortable with group involvement. Very small percentages of 2, 34% and 2, 73% felt that either too much time was spent on presentation or that there was no group involvement. The value obtained was very small and the conclusion can thus be made that the presenters knew how to maintain a balance between presenting and group involvement.

The final aspect that was covered in the particular questionnaire was the language in which the presentations took place. In accordance with the SAPS's Education, Training and Development Policy dated 2003-07-02, every personnel capacity building programme should be available in English only. It was, therefore, necessary to determine whether this state of affairs could have had either a positive or negative influence on the effect of the HIV and AIDS Awareness management programme. The language used in the group was mostly English and everybody seems to have understood it well enough to grasp the content of the programme.

The results that were obtained are reflected in Table 17.

TABLE 19: LANGUAGE THAT WAS USED DURING THE PRESENTATION OF THE PROGRAMME

Question 31	Which language was used the most in the presentation of the course and programme?					
	Afrikaans	*English*	*Sotho*	*Tswana*	*Zulu*	*Others*
Frequency	3	244	3	2	1	0
Percentage	1,19	96,44	1,19	0,79	0,40	0

Language used in the presentation was mostly English, which is in line with the language policy of the SAPS. It is assumed that most participants will understand enough English to make the

presrentation meannigful. It is reasonable however, that the presenter will switch over to some of the other languages to be helpful.

9. THE PRESENTER'S EVALUATION OF THE PROGRAMME.

All the presenters who presented the programme were given an opportunity to complete the presenter's evaluation questionnaire. The questionnaire enabled them to evaluate their own expertise and presentation skills, as well as the learning process, the learning context, and the relevance of the programme and designed similar to the presentation evaluation questionnaire. The type of questions asked are open-ended questions such as "what should be added to and dropped from the programme?" and "what was the most and least helpful?" also featured in the questionnaire. Presenters could write their comments on subjects that should be covered in greater detail and recommendations on improving the programme.

Although the required data could not be subjected to higher order statistical analysis, it was still possible to draw comparisons between these results and those of the presentation evaluations. The results that were obtained regarding the relevance of the programme are contained in Table 18.

TABLE 20: THE RELEVANCE OF THE PROGRAMME TO THE PARTICIPANTS

QUESTIONS	PRESENTERS N = 10					
	CHOICES AND RESPONSES					
	Strongly disagree (%)	**Disagree (%)**	**Agree (%)**	**Strongly agree (%)**	**Programme Average**	**Average of Capacity Building**
22. The programme stimulated the participants' creative thinking.	0	0	70%	30%	3.3	3.38
23. The participants will be able to apply the new knowledge and insights that they have gained in their jobs.	0	10%	70%	20%	3.3	3.43
24. I feel that the programme will help the participants do their jobs better.	0	20%	60%	20%	3.3	3.42
25. The participants will be able to apply the new knowledge and insights that they have gained in their daily lives.	0	10%	50%	40%	3.3	3.46

26. I feel that the programme will help participants to live their lives in a better way.	0	0	90%	10%	3.1	3.5
27. All SAPS personnel should receive this programme.	0	0	33,3%	66,66%	3.6	3.7

The presenters indicated that the programme is relevant for the SAPS and that all personnel should attend it. The presenters also supported the notion that personnel who attend the programme will be able to improve both their productivity and personal lives.

The next table (Table 19) refers to the results of the presenters' assessment of themselves in terms of knowledge, ability to link material to respondents' level of knowledge, ability to explain challenging and abstract concepts.

TABLE 21: HE SELF-ASSESSMENT OF THE PRESENTER

Questions	**presenters (n = 10)**					
	choices and responses				**Programme Average**	**Average of the whole programme**
	Strongly disagree (%)	**Disagree (%)**	**Agree (%)**	**Strongly agree (%)**		
1. I am knowledgeable about the subject that I taught.	0	0	70%	30%	3.3	3.55
2. I was able to link the material to the participants' level of knowledge.	0	0	70%	30%	3.3	3.43
3. I was able to explain difficult and abstract concepts.	0	10%	50%	40%	3.3	3.45
4. I succeeded in keeping participants interested in the subject.	0	10%	50%	40%	3.3	3.49
5. I was enthusiastic about the subject that I taught.	0	0	50%	50%	3.5	3.46

The presenters were of the opinion that they are knowledgeable on the subject and that they are able to link the material to the level of the respondents' knowledge and to keep them interested in the subject. Their ratings in respect of explaining difficult and abstract concepts and their enthusiasm are similar to the results from the respondents' evaluation. It can, therefore, be concluded that most of them were able to make an accurate self-assessment.

Table 20 contains the results of the presenters' evaluation of their presentation skills. It also includes their overall self-rating.

TABLE 22: THE PRESENTER'S ASSESSMENT OF THEIR PRESENTATION SKILLS

QUESTIONS		PRESENTERS (n = 10) choices and responses				Programme Average	Average of the capacity building programme as a whole
		Strongly disagree (%)	**Disagree (%)**	**Agree (%)**	**Strongly agree (%)**		
6. Participants could clearly hear what I was saying		0	0	60%	40%	3.4	3.52
7. I am skilful in the use of the teaching media.		0	0	50%	50%	3..5	3.45
8. I encouraged participant involvement.		0	0	60%	40%	3.4	3.58
9. I prepared myself thoroughly for the presentation.		0	0	60%	40%	3.4	3.54
QUESTION 10	Poor (%)	Fair (%)	Average (%)	Good (%)	Very good (%)	Programme average	Average of programme as a whole
10. What is your overall rating of your presentation skills?	0	0	0	70%	30%	4..3	4.18

The presenters gave themselves a lesser rating than the respondents when it came to the use of the teaching media, preparation and the overall presentation skills. The reason behind the rating could either be result of setting extremely high standards for themselves or a little lack of self-confidence.

The presenters were also requested to evaluate the learning process. The results are contained in Table 21.

TABLE 23: THE PRESENTERS' ASSESSMENT OF THE LEARNING PROCESS.

questions	presenters (N = 11)*					
	choices and responses				Programme Average	Average
	Strongly disagree (%)	*Disagree (%)*	*Agree (%)*	*Strongly agree (%)*		
11. In the beginning, I gave a clear overview of what participants could expect during the course and programme.	0	0	40%	60%	3.6	3.38
12. I made sure that participants understood a subject before continuing on to a next subject.	0	0	50%	50%	3..5	3.48
13. At the end, I gave a summary of the material that was covered.	0	0	60%	40%	3.4	3.42
14. I was able t communicate on the participants' level.	0	0	60%	40%	3.4	3.51
15. It was easy for participants to understand the material that was presented.	0	10%	40%	50%	3.4	3.48
16. The material that was covered will be useful. *	0	0	60%	40%	3.4	3.49
17. The course stimulated participants' interest in the subject.	0	0	70%	30%	3.3	3.5

The presenters' evaluations of most facets of the learning process were in line with those of the respondents. They succeeded in setting an overall goal at the start of the process and summarized the material covered at the end of the programmes. They also made sure that the respondents understood the information before moving on to the next topic.

There was, however, one facet where the views of the presenters and respondents differed markedly. It concerned the material's level of difficulty (see Question 15, Table 21). From an analysis of the data, it became apparent that the presenters tended to underestimate the respondents' ability to comprehend the material. There could be multiple possible causes for this trend. These include the language question, the quality of the learning material or simply the potentially complicated nature of the subject matter.

The presenters' and respondents' evaluation of the presentation context is contained in Table 22.

TABLE 24: THE PRESENTERS' ASSESSMENT OF THE PRESENTATION CONTEXT

questions	presenters (N = 11)*						
	choices and responses					Programme Average	Average
	Very bad (%)	*Bad (%)*	*Average (%)*	*Good (%)*	*Very good (%)*		
18. How would you rate the venue?	0	10%	40%	50%	0	3.4	3.92
19. How would you rate the quality of the learning material that you presented?	10%	10%	0%	80%	0	3.5	4.23
20. How would you rate the quality of the teaching media?	10%	10%	0	70%	10%	3.6	4.28
21. How well was the programme organized?	0	0	20%	40%	20%	3..2	4.30

The biggest discrepancy between the presenters' and respondents' evaluations concerns the venues where the programmes were presented. This could be due to the fact that deficiencies in teaching aids such the overhead projectors often inconvenience presenters more that they do recipients. Although not so markedly, the presenters rated the organisation of the programme at a lower level.

The presenters' questionnaire included a section of open-ended questions where they could make recommendations regarding subjects that should be added to be dropped from the programme, subjects that should be covered in greater detail and the most and least helpful elements ("things") of the programme. Suggestions were also requested on how the programme could be improved. The following exposition contains the main responses to these questions:

- **Question: The suitability of the venues utilised for the presentation of the programme**
  - Presenter encapsulated some of the problems that were experienced with the venues utilised during the entire research study .According to their analysis they believed that the venues were just average for the presentation of HIV and AIDS Awareness programme.

- **Question: Topics that need to be added to the programme**
  - Latest information on treatment
  - The usage of antiretroviral drugs
  - History and origin of HIV and AIDS
  - HIV and AIDS transmission
  - The signs and symptoms of AIDS related illness

- How members can be protected medically

× **Question : Topics that need to be covered in greater depth in the programme**
  - STI's
  - Signs and symptoms
  - AIDS related illness
  - The South African Police Service HIV and AIDS Policy
  - HIV and AIDS transmission
  - The History of HIV and AIDS
  - Home based Care
  - Care and Support
  - Voluntary Counselling and Testing
  - Resources of HIV and AIDS
  - HIV infection and culture

× **Question : Topics that need to be dropped from the programme**
  - None.

× **Question :The things that were most and least helpful in presenting the course**
  - Everything was important and there were times where some information was repeated with more emphasis than before.
  - Most- definition of HIV and AIDS & the immune system.

× **Question: The improvements that could be made to the course**

  - More literature related to the pandemic should be included because when questions are posed the presenters cannot discuss them confidently.

10. FINDINGS AND IMPLICATIONS

In discussing the findings and their implications, only the most prominent issues will be dealt with. These will include the research design and procedure, as well as the results that were achieved with the different measurement instruments and questionnaires.

The experimental and comparison groups that were used during the research correlated well with the profile of the total SAPS population. Where differences did occur, they were not of such a magnitude as to affect the outcome of the research in any fundamentally negative way. It could, therefore, be concluded that the findings of the research would be applicable to all SAPS personnel, irrespective of their rank and post, race, gender or province of origin.

During the research, a total of six measurement scales and a presenters' evaluation questionnaire were utilized. Due to the uniqueness of the programmes, the scales could not be constructed from standardised measurement instruments. Efforts were, therefore, made to create and standardise the scales by means of various pilot studies. In the case of the KAB scales, this process was not completely successful. They did, however, succeed in proving

that the programme had at least a medium effect on the respondents' knowledge and behaviour, the reason being faulty questions.

In the research design, provision was made for possible problems with the standardisation of some of measurement scales. It was, therefore, decided to augment the KAB scales with the development and use of three other scales. These covered issues of programme value, programme relevance and the effect of the programme presentation. Together, the six scales constituted the triangulation of measurements that was utilised in the research.

From all the measurements it could be concluded that HIV and AIDS Awareness personnel capacity building programme has a practical significant effect on participants' knowledge, attitudes and especially risk behaviour. If both the respondents' and presenters' recommendations are accepted, the organization should commit itself to ensuring that all SAPS personnel attend this programme.

The content and presentation of the HIV and AIDS Awareness programme is, however, not without its shortcomings. The research results were, therefore, also used as a basis to formulate guidelines for its further improvement.

11. GUIDELINES FOR IMPROVING THE PROGRAMME

The following guidelines will be divided into two components. The first will contain those that pertain to the contents of the programme and the second to its presentation.

Guidelines for improving the contents of the programme

Due to a number of smaller problems that the presenters experienced with the programme, as well as deficiencies that came to the fore through the measurement scales, the following four steps could be taken to improve its contents even more.

- The presenters' recommendations should be utilised in the next revision of the HIV and AIDS Awareness programme. In this regard, special attention should be given to the elements of the programme that they found least helpful and most cumbersome.
- It should, secondly, become standard practice to revise and to update the programme every 12 to 18 months. This will ensure that it stays at the cutting edge of new developments in the field of HIV and AIDS globally.
- Repetitions and over emphasis of information should be limited.
- The following information should be included in the programme:
  - Positive living
  - Utilising of anti-retroviral drugs
  - Immunology (function of the immune system)
  - HIV and AIDS and Virology (the impact of virus)
  - The Stages of HIV and AIDS infection.
  - Definition and functions of CD4 count.
  - Advantage and disadvantage of HIV and AIDS disclosure.
  - South African Police Service HIV and AIDS Policy.
  - More visual aids video material).

- Availability of HIV and AIDS presentation tools, such as artificial vaginas, K-Y jelly lubrication etc.

- The possibility of the modularisation of the programme should be further investigated. This could be done in such a way that it could be targeted at different types of groups (e.g. management vs. cleaners) without losing its core functionality.
- All the activities, exercises, checklists, questionnaires and examples should be re-evaluated and improved in order to make them even more relevant and effective.

Guidelines for improving the presentation of the programme

- The measures that could be taken to improve the presentation of the programme cover a wide variety of issues. They include the following.
- There is a need for setting firm guidelines concerning the requirements of a suitable venue, as this aspect definitely impacts negatively on the effect of the programme.
- The nature and presentation of HIV and AIDS Awareness programme makes it an imperative that only suitably qualified social workers from Police Social Work Services who have undergone training on HIV and AIDS should present the programme. The research data gave a strong indication that the programme would be a "dangerous weapon" in the hands of people who does not have passion on the subject of HIV and AIDS.
- In order to ensure a high presentation standard, the continuous and further training of presenters should receive a priority rating. All presenters should complete a train-the-trainer programme and an advanced facilitation and presentations skills course before being allowed to conduct a presentation.
- Presenters should attend a work session every 6 to 12 months and conferences that are organised by private sectors to assist with the evaluation and updating of the programme and to ensure that they are up to date with new developments.
- An effective marketing strategy should be put into operation to ensure that all SAPS personnel attend at least one presentation. The feasibility of presenting the programme on a more regular basis to extended to new employees during induction sessions and to all sections or areas that deals with high risk cases and work on daily basis. This includes picking up dead bodies by the personnel from South African Police Service.
- The KAB scales should be developed and standardised further and used on a continual basis to determine the effect of each programme presentations. This will help to ensure that all SAPS personnel receive the same high standard of service delivery.

12. CONCLUDING REMARKS

The Evaluation of Personnel Capacity Building Programmes (EPCBP) research project was the most comprehensive study ever undertaken by Police Social Work Services and, as such, important for the credibility of the social work profession, in particular in the SAPS . The evaluation of the HIV and AIDS Awareness programme formed an integral part of the project. It was, therefore, quite significant that the research proved that this programme is a highly effective intervention mechanism that not only enables SAPS personnel to lead more productive professional lives, but also one that improves their personal well-being.

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SECTION C: CONCLUSIONS, GUIDELINES AND RECOMMENDATIONS

1. INTRODUCTION

The HIV and AIDS research emanated from the changes which took place in the South African Police Services during the year 1996. The Police Social Work Services aligned itself with changes made and introduced an alternative approach towards service delivery, namely that of pro-active interventions. This was put into operation by the Social Work Services Section and the aim was to develop and present several personnel capacity building programmes, which included the HIV and AIDS Awareness Programme. In November 2001, an EPCBP research project was embarked on to determine the impact of these programmes.

The aims of the study were to establish the effect that the HIV and AIDS Awareness Programme would have on SAPS personnel's knowledge, attitudes and behaviour, as well as to ascertain what influence the quality of the presentation had on its effect. The results were to be used to formulate guidelines for the improvement of the programme and its presentation.

The nature of the programme and the results obtained via the empirical research has already been covered in two articles (cf.Section 2). Therefore, only the main conclusions and recommendations that have been reached will be discussed next.

2. CONCLUSIONS REGARDING THE RESEARCH DESIGN AND PROCEDURE

The research results proved that the utilization of the comparison group pretest and posttest design was an appropriate departure point in determining the effect of the HIV and AIDS Awareness programme within the South African Police Service . Its combination with triangulation ensured that the risks that are inherent in the use of non-standardized measurement instruments could be curbed. It is very much imperative to conclude that the procedure can be applied effectively in the measurements of the effect of this type of social work intervention programme.

3. CONCLUSIONS REGARDING THE EFFECT OF THE PROGRAMME

The effect of the programme mainly refers to the changes it brought about in respondents' knowledge, attitudes and behavior, as well as the participants' experience of the value and relevance of the intervention.

HIV and AIDS Awareness programme is very much for the members to maintain a good healthy knowlledge about HIV and AIDS. The programme was compiled with the assistance of Department of Defence to suit the distinct circumstances and needs of SAPS personnel, as well as the uniquely structured organization and service delivery system. It became clear that the programme had a significant effect on its target group. This hypothesis was empirically tested with the help of six scales and a presenter's evaluation questionnaire.

The results of the empirical research indicated that the presentations were generally of a very high standard.

Through the utilization of triangulation instrument it became apparent that data obtained through all the measurements HIV and AIDS Awareness programme had a practical significant effect on participants' knowledge, attitudes and behavior. It was also concluded that it did not only improved their job performance and functioning, but also benefited and encourage them to adopt a consrtructive attitude towarss their health.

4. CONCLUSIONS REGARDING THE QUALITY OF THE PRESENTATIONS

The results of the empirical research indicated that the presentations were generally of a very high standard. There were, however, some deficiencies.

Some of the venues where presentations took place were not up to standard. There were also indications that elements of the learning material and teaching aids needed some upgrading.

Presenters needed to pay more attention to explaining difficult and abstract concepts and be more fully conversant with the subject matter for the programme.

The nature and presentation of HIV and AIDS Awareness programme makes it an imperative that only suitably qualified social workers from Police Social Work Services who have undergone training on HIV and AIDS should present the programme

Presenters where enthusiastic in their presentations. Participants suggested that they should use teaching media more effectively. Some of them must be able to provide a clear overview of the programme in the beginning of the workshop.. The research data gave a strong indication that the programme would be a "dangerous weapon" in the hands of people who does not have passion on the subject of HIV and AIDS.

In order to ensure a high presentation standard, the continuous and further training of presenters should receive a priority rating. All presenters should complete a train-the-trainer programme, an advanced facilitation and presentations skills course before being allowed to conduct a presentation. More knowledge and skills can be received through awarding presenters to attend HIV and AIDS work sessions and conferences that are organized by private sectors to assist with the evaluation and updating of the programme.

Some of the venues where presentations took place were not up to standard and there were also indications that elements of the learning material and teaching media needed to be revised, such as an updated statistics and latest videos on HIV and AIDS information.

It was finally clear that the quality of the presentations did not have a negative effect on the programme impact, but rather enhanced it.

5. FINDINGS

The research data brought the following three findings to the fore:

- The first was that the HIV and AIDS Awareness Capacity Building Programme did have a practical significant effect regarding some aspects of SAPS's personnel (knowledge), (attitude) and (behavior) and that it enhanced their interpersonal relationships.
- The second finding was that the presentation of the programme was of such a high quality that it enhanced the programmer's effect.
- Both the content and its presentation contributed to the programme, accomplishing the aim it was originally designed for.

It can be concluded that the HIV and AIDS Awareness research study succeeded in achieving its main aim (see Section 1: 2) and that the stated hypothesis (see Section 1: 3) was correct.

6. GUIDELINES AND RECOMMENDATIONS

The content and presentation of HIV and AIDS Awareness programme was presented successfully even though there were some challenges during the process. The research results were, therefore, also used as a basis to formulate guidelines and recommendations for the programme's improvement as the new information on the HIV and AIDS pandemic is been discovered on daily basis. Proposed improvement has been indicated on the next summary.

6.1 PROPOSED IMPROVEMENTS TO THE PROGRAMME

6.1.1 The presenter's made the following proposals:

- Imperative new developments in the fields of the various themes could be considered with the revision of the content of the HIV and AIDS Awareness Programme. It should become standard practice to revise and to update the programme every 12 to 18 months. This will ensure that it stays at the cutting edge of new developments in the field of HIV and AIDS globally.
- The presenters' recommendations should be utilised in the next revision of the HIV and AIDS Awareness programme. In this regard, special attention should be given to the elements of the programme that they found least helpful and most cumbersome.
- Repetitions and over emphasis of information should be limited.
- The following information should be included in the programme :
  - Positive living
  - Utilising of anti-retroviral drugs
  - Immunology (function of the immune system)

- HIV and AIDS and Virology (the impact of virus)
- The Stages of HIV and AIDS infection.
- Definition and functions of CD4 count.
- Advantage and disadvantage of HIV and AIDS disclosure.
- South African Police Service HIV and AIDS Policy.
- More visual AIDS (video material).
- Availability of HIV and AIDS presentation tools, such as artificial vaginas, K-Y jelly lubrication etc.

- The possibility of the modularisation of the programme should be further investigated. This could be done in such a way that it could be targeted at different types of groups (e.g. management vs. cleaners) without losing its core functionality.
- All the activities, exercises, checklists, questionnaires and examples should be re-evaluated and improved in order to make them even more relevant and effective.
- The presenters guide should be augmented with more ice breakers, activities, role plays, case studies and energizers which would enable facilitators to choose activities that would address the need of the group
- It is suggested that a standard follow up programme be developed which would enhance the internalization of the programme content through in-depth discussion of the themes and additional exercises
- Since it is important to ensure that the revisions are effective in reaching their goals, it is recommended that they be subjected to refined KAB scales to measure their irnpact
- The programme should be provided with full references so that presenters could do further reading on certain subjects

6.2 IMPROVED EMPOWERMENT OF PRESENTERS

- The quality of the presentation of the programme needs to be monitored. This implies that the extent to which Social Workers internalize the content of the programme and their presentation skills as well as their facilitation skills need to be assessed
- In this regard, a distinction could then be made between those who function on a basic and on an advanced level, Further training packages could then be developed accordingly
- All presenters should be enabled to undergo advanced training in facilitation and presentation skills. This will ensure that all SAPS Social Workers meet the required presentation standards
- A monitoring guideline in terms of standard requirements for presenters should be developed
- Presenters should be assessed at least twice in a twelve-month period and the assessments should be linked with presenters' performance evaluation plan
- Presenters should participate in the revision of the module, learning material and teaching media in order for it to meet their requirements
- Social Workers presenting the programme need to be provided with opportunities to attend conferences and workshops outside the organization in order to receive recent information surrounding the HIV and AIDS pandemic. This could cover issues such as creating an atmosphere in which learning could take place, sharing new information on HIV and AIDS

research conducted and the results obtained ,updated theory simplistically. They also need to brainstorm ways of linking the themes to learners' knowledge levels and to assist personnel to associate the benefits of the programme not only to personal relations, but also to colleague and public relations

- There should be a central point where quality assurance is done and inputs are standardized and coordinated.

6.3 PROPOSED IMPROVEMENTS TO THE CONTEXTS OF PRESENTATIONS

- Groups larger than 15 – 20 personnel should be divided with management represented at each presentation. A co-facilitator would be advisable for groups larger than 15 employees.
- The language in which the programme is to be presented should be established beforehand. This should also be in line with the policy in the use of language for educational purposes in the SAPS.

6.4 MARKETING THE PROGRAMME

- A marketing strategy should be put in place to ensure that all sections attend the programme and the recommended follow-up session. This strategy should make provision for presentations to commence at the Sections of which the top management of the organization forms part in order for them to experience the value of the HIV and AIDS Awareness and support members and the major calendar events of the organization.
- It is imperative that the marketing be concluded in such a manner that personnel will be convinced about the benefits the programme will have when they take part.
- The Police Service personnel should be encouraged to go for Voluntary Counseling and testing which must be made available within their workplace for member's easy accessibility.
- Members must be encouraged to participate in Voluntary Counseling and Testing and join support groups.
- Those who are HIV and AIDS positive must receive continuous counseling and be encouraged to disclose to their family members, partners and colleagues within the workplace. Since Police Social Work Services offers a range of pro-active interventions, it is important for the marketing strategy to make personnel aware of these, as well as the re-active services rendered by PSWS on an ongoing basis.
- The results achieved by presenting and attending personnel capacity building programme should be reported regularly to personnel members. This could be done by means of official communication channels such a SAPS magazines, circulars, the media and be made available during management meetings.
- Attendance certificates must be awarded to members and Managers who has displayed their commitment to the HIV and AIDS Project.

7. CONCLUDING REMARKS

The undertaking of the ECBP study, of which the evaluation of the HIV and AIDS Awareness programme formed an integral part, proved to have been an enormous undertaking. However,

if the results that were achieved with this project are taken as a yardstick, they did show that such research should become part and parcel of a strategic service delivery improvement plan.

SECTION D:
APPENDIXES

APPENDIX 1 :
"HIV AND AIDS AWARENES"
PRETEST QUESTIONNAIRE:
EXPERIMENTAL GROUP

Code:KAP (BF) [1]
SAPS - HIV and AIDS questionnaire



Questionnaire: *HIV AWARENESS PROGRAMME*
This QUESTIONNAIRE MUST BE completed *BEFORE* THE@ HIV and AIDS@ course.

1. Introduction
You are to be presented with the *HIV and AIDS Awareness* Programme. This programme forms part of a large and expensive initiative; therefore we must know how effective it has been in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly **and** in full, **and please** don=t guess. **We need your personal views B it will help us to serve you better.**
2. Instructions for the completion of this Questionnaire
The following *HIV and AIDS Awareness* Questionnaire covers various issues regarding sex-related behaviour .
2.1 This questionnaire must be completed before the course has been presented.
2.2 Mark all answers on this questionnaire by making a cross [*x*] **in the appropriate blocks.**
2.3 Mark only one **answer per question and answer** all **questions.**
2.4 Please make your cross inside the block.
2.5 Complete the questionnaire quickly **and on** your own. ***Give your honest opinions.***

This questionnaire contains several personal questions. *Don=t write your name anywhere on the questionnaire.* However, for research purposes we need you to generate a secret identification (ID) code. **This code will be used to *match this questionnaire* to *others* that you will have completed.** It will not identify you as a person. **When you have completed the questionnaire, place it in the envelope that will be provided and return it to the presenter who gave it to you.**
3. How to start

Section I to Section VIII is designed to link you with a specific course, a Province, etc. In addition, these answers will be used to generate your secret identification (ID) code **that only *you* will know.**

PART I: Course Particulars

- **In the first row, write the initials and surname of the person and persons that presented the Programme.**
- **In die second row, write the date and dates on which the Programme was presented.**
- **In the third row, write the venue where the Programme was presented.**

			For office use	
Presenter and s				
Date(s)				
Venue				

PART II: Province & Secret code [a]

In the next row, indicate the Province in which the training course was presented. Each Province is allocated a number - ranging from 0 to 9. Make a cross X in the block of the appropriate Province.

0 Gau-teng	1 West-ern Cape	2 Eastern Cape	3 North-ern Cape	4 Kwa-zulu Natal	5 Free State	6 North West	7 Limpo -po	8 Mpuma-langa	9 Head Office

PART III: Part of secret code [b]

In the next two blocks, indicate the last two digits of your *Persal number,* that is the digit *before* and the digit *after* the *dash ("-").* For example, if your number is 319326-4, write 6 and 4.			

PART IV: Part of secret code [c]

In the last two rows, indicate the last two digits of the year of your birth. For example, if you were born in 1968, write 6 and 8.			

PART V: Gender and secret code [d]

Next, indicate your gender.		1. Male	2. Female

PART VI: Race

Information regarding your race is required for statistical purposes only. Please mark the appropriate block	1. Asian	2. Black	3. Coloured	4. White

PART VII: Rank and Position

Please write your rank in the block that is provided. In the case of Public Service Act personnel, please write your position.

			For office use
Rank and Position			

Next: Write your choice of answers to the following questions and statements by making a cross [x] in the appropriate blocks. *Give only one (1) answer per question. Please don't guess.*

Part VIII: Are the following statements true or false?

1	HIV and AIDS are the same thing	1 True	2 False	3 I am not sure
2	Women are more at risk than man to get HIV and AIDS	1 True	2 False	3 I am not sure
3	Once infected with HIV virus a person can look and feel healthy for up to ten years or more before signs of AIDS appear	1 True	2 False	3 I am not sure
4	If you kiss lot of people you can get AIDS	1 True	2 False	3 I am not sure
5	A person's HIV status cannot be disclosed to anyone else without the written consent of the infected person	1 True	2 False	3 I am not sure
6	SAPS personnel have a higher risk of contracting HIV infection than the general population	1 True	2 False	3 I am not sure

7	K-Y Jelly based lubricant can be used with a condom	1 True	2 False	3 I am not sure
8	A female condom has to be inserted eight hours before sexual intercourse	1 True	2 False	3 I am not sure
9	A vaccination against HIV and AIDS has been discovered	1 True	2 False	3 I am not sure
10	A changed sexual behaviour is a good way of preventing HIV and AIDS	1 True	2 False	3 I am not sure
11	Members within the Police Service who do not practice safer sex are running a high risk of contracting HIV and AIDS	1 True	2 False	3 I am not sure
12	Local sex industries grow in response to demand from Military and Police deployment	1 True	2 False	3 I am not sure
13	It is my right to say no to sex if I do not want it	1 True	2 False	3 I am not sure

14	A culture of drinking alcohol and shooting drugs can increase the risk of getting infected with HIV and AIDS	1 True	2 False	3 I am not sure
15	There are good preventative measures against the HIV Virus	1 True	2 False	3 I am not sure
16	I have to inform my Commander when infected with sexually transmitted infections	1 True	2 False	3 I am not sure
17	One should be comfortable to talk about HIV and AIDS within the workplace	1 True	2 False	3 I am not sure

Part IX: ALWAYS and NEVER STATEMENTS

18. Do you discuss sexual practice and safe sex with your partner	1 Never	2 Seldom	3 Often	4 Always
19 Do you prefer sex with people of your own gender	1 Never	2 Seldom	3 Often	4 Always
20 When you feel a need for intimacy would you have unprotected sex to your new partner	1 Never	2 Seldom	3 Often	4 Always
21 Do you have sex when you feel stressed and bored	1 Never	2 Seldom	3 Often	4 Always
22 Do you pay for sex by money or any other means	1 Never	2 Seldom	3 Often	4 Always

Part X: Do you agree and disagree with the following statements?

23	People who are infected with the HIV and AIDS should admit it openly to avoid further spreading	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
24	If I had the HIV virus, I would be prepared to tell my Commander at work	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
25	I have the responsibility of telling my partner if diagnosed HIV positive	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree

26	Do you challenge your peers and friends when they	Strongly disagree	Disagree	Agree	Strongly Agree	I am not

	are taking sexual risks					sure
27	The culture of risky sexual social behaviour within SAPS had to be changed	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure
28	People would not be afraid of the HIV and AIDS if they knew more about the disease	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure

29	Men and women are both responsible for the usage of condoms during sexual intercourse	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure

PART X: Low and High risk responses

30	At what level of risk would you rate yourself in terms of HIV infection	1 Low risk	2 High risk	3 Medium risk	4 No risk

PART X1: Unclassified response.

31	I don't like using a condom during sexual intercourse with my partner because	1 He and she will suspect that I am unfaithful	2 My culture and religion does not allow the use of condoms

3 Condoms inhibit sexual pleasure	4 I only have sex with people of my own gender

5 Condoms are not readily available	6 None of the above mentioned

32	Have you presented yourself for HIV and AIDS voluntary counselling and testing	1 Yes	2 No

Thank you for completing the questionnaire

APPENDIX 2:

"HIV AND AIDS AWARENESS"

POST TEST QUESTIONNAIRE:

EXPERIMENTAL GROUP

Code:KAP (AP) [2]
SAPS - HIV and AIDS questionnaire



QUESTIONNAIRE: *HIV AWARENESS PROGRAMME*

THIS QUESTIONNAIRE MUST BE COMPLETED *AFTER* THE@ HIV AND AIDS@ COURSE.

1. INTRODUCTION

You have just been presented with the *HIV and AIDS Awareness* Programme. This programme forms part of a large and expensive initiative; therefore we must know how effective it has been in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly **and** in full, **and please** dont guess. **We need your personal views B it will help us to serve you better.**

2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

The following *HIV and AIDS awareness*Questionnaire covers various issues relating to personal questions.

2.1 This questionnaire must be completed after the course has been presented.
2.2 Mark all answers on this questionnaire by making a cross [*x*] **in the appropriate blocks.**
2.3 Mark only one **answer per question and answer** all **questions.**
2.4 Please make your cross inside the block.
2.5 Complete the questionnaire quickly **and on** your own. ***Give your honest opinions.***

This questionnaire contains several personal questions. *Don=t write your name anywhere on the questionnaire.* However, for research purposes we need you to generate a secret identification (ID) code. **This code will be used to *match this questionnaire* to *others* that you will have completed.** It will not identify you as a person. **When you have completed the questionnaire, place it in the envelope that will be provided and return it to the Presenter who gave it to you.**

3. HOW TO START

Section I to Section VIII is designed to link you with a specific course, a Province, etc. In addition, these answers will be used to generate your secret identification (ID) code **that only** *you* **will know.**

PART I: Course Particulars

- **In the first row, write the initials and surname of the person and persons that presented the Programme.**
- **In die second row, write the date and dates on which the Programme was presented.**
- **In the third row, write the venue where the Programme was presented.**

		For office use
Presenter and s		
Date(s)		
Venue		

PART II: Province & Secret code [a]

In the next row, indicate the Province in which the training course was presented. Each Province is allocated a number - ranging from 0 to 9. Make a cross X in the block of the appropriate Province.

0 Gau-teng	1 West-ern Cape	2 Eastern Cape	3 North-ern Cape	4 Kwa-zulu Natal	5 Free State	6 North West	7 Limpo -po	8 Mpuma-langa	9 Head Office

PART III: Part of secret code [b]

In the next two blocks, indicate the last two digits of your *Persal number,* that is the digit *before* and the digit *after* the *dash ("-").* For example, if your number is 319326-4, write 6 and 4.

PART IV: Part of secret code [c]

In the last two rows, indicate the last two digits of the year of your birth. For example, if you were born in 1968, write 6 and 8.

PART V: Gender and secret code [d]

Next, indicate your gender.

1. Male	2. Female

PART VI: Race

Information regarding your race is required for statistical purposes only. Please mark the appropriate block

1. Asian	2. Black	3. Coloured	4. White

PART VII: Rank and Position

Please write your rank in the block that is provided. In the case of Public Service Act personnel, please write your position.

Rank and Position		For office use	

Next: Write your choice of answers to the following questions and statements by making a cross [x] in the appropriate blocks. *Give only one (1) answer per question. Please don't guess.*

PART VIII: Are the following statements true or false?

1	**HIV and AIDS are the same thing.**	**1 True**	**2 False**	**3 I am not sure**
2	**Women are more at risk than man to get HIV and AIDS**	**1 True**	**2 False**	**3 I am not sure**
3	**Once infected with HIV virus a person can look and feel healthy for up to ten years or more before signs of AIDS appear**	**1 True**	**2 False**	**3 I am not sure**
4	**If you kiss lot of people you can get AIDS**	**1 True**	**2 False**	**3 I am not sure**
5	**A person HIV status cannot be disclosed to anyone else without the written consent of the infected person**	**1 True**	**2 False**	**3 I am not sure**
6	**SAPS personnel have a higher risk of contracting HIV infection than the general population**	**1 True**	**2 False**	**3 I am not sure**
7	**K-Y Jelly based lubricant can be used with a condom**	**1 True**	**2 False**	**3 I am not sure**
8	**A female condom has to be inserted eight hours before sexual intercourse**	**1 True**	**2 False**	**3 I am not sure**
9	**A vaccination against HIV and AIDS has been discovered**	**1 True**	**2 False**	**3 I am not sure**
10	**A changed sexual behaviour is a good way of preventing HIV and AIDS**	**1 True**	**2 False**	**3 I am not sure**

11	Members within the Police Service who do not practice safer sex are running a high risk of contracting HIV and AIDS?	1 True	2 False	3 I am not sure
12	Local sex industries grow in response to demand from Military and Police deployment	1 True	2 False	3 I am not sure
13	It is my right to say no to sex if I do not want it	1 True	2 False	3 I am not sure
14	A culture of drinking alcohol and shooting drugs can increase the risk of been infected with HIV	1 True	2 False	3 I am not sure
15	There are good preventative measures against the HIV Virus	1 True	2 False	3 I am not sure
16	I would inform my Commander when infected with sexually transmitted infections	1 True	2 False	3 I am not sure
17	I would still be comfortable to talk about HIV and AIDS within the workplace	1 True	2 False	3 I am not sure

PART IX: ALWAYS and NEVER STATEMENTS

18	Would you still discuss sexual practice and safe sex with your partner?	1 Never	2 Seldom	3 Often	4 Always
19	Would you prefer sex with people of your own gender?	1 Never	2 Seldom	3 Often	4 Always
20	When you feel a need for intimacy, would you have unprotected sex to your new partner	1 Never	2 Seldom	3 Often	4 Always
21	Would you have sex when you feel stressed and bored	1 Never	2 Seldom	3 Often	4 Always
22	Would you pay for sex by money or any other means?	1 Never	2 Seldom	3 Often	4 Always

PART X: Do you agree and disagree with the following statements?

23	People who are infected with the HIV and AIDS should admit it openly to avoid further spreading	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
24	If I had the HIV virus, I would be prepared to tell my Commander	1	2	3	4

	at work	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**	
25	**I would be responsible to tell my partner if diagnosed HIV Positive**	**1 Strongly disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	
26	**Would you challenge and question your peers and friends when they are taking sexual risks**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**	**I am not sure**
27	**The culture of risky sexual social behaviour within SAPS had to be changed**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**	**I am not sure**
28	People would not be afraid of the HIV and AIDS if they knew more about the disease	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure
29	**Men and women are responsible for the usage of condoms during sexual intercourse**	***Strongly disagree***	***Disagree***	***Agree***	***Strongly Agree***	***I am not sure***

PART XI: Low and High risk responses

30	**At what level of risk would you rate yourself in terms of HIV infection**	**1 Low risk**	**2 High risk**	**3 Medium risk**	**4 No risk**

PART X11: Unclassified response.

31	**Would you dislike using a condom during sexual intercourse with you partner because**	**1 He and she will suspect that I am unfaithful**	**2 My culture and religion does not allow the use of condoms**
		3 Condoms inhibit sexual pleasure	**4 I only have sex with people of my own gender**
		5	**6**

			Condoms are not readily available	None of the above mentioned
32	Would you present yourself for HIV and AIDS voluntary counselling and testing?	1 Yes	2 No	3 Unsure

Thank you for completing the questionnaire

APPENDIX 3:

"HIV AND AIDS AWARENES"

PRETEST QUESTIONNAIRE:

COMPARISON GROUP

Code:KAP (HI) [1]
SAPS - HIV and AIDS questionnaire



QUESTIONNAIRE: *HIV AWARENESS PROGRAMME*

This QUESTIONNAIRE FOR THE COMPARISON GROUP MUST BE COMPLETED FIRST.

1. INTRODUCTION

YOU ARE TO COMPLETE THE *HIV AND AIDS AWARENESS* PROGRAMME. THIS PROGRAMME FORMS PART OF A LARGE AND EXPENSIVE INITIATIVE; THEREFORE WE MUST KNOW HOW EFFECTIVE IT HAS BEEN IN MEETING YOUR NEEDS AND INTERESTS. FOR THIS WE NEED YOUR INPUT. PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE HONESTLY **AND** IN FULL, **AND PLEASE** DON=T GUESS. **WE NEED YOUR PERSONAL VIEWS B IT WILL HELP US TO SERVE YOU BETTER.**

2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

THE FOLLOWING *HIV AND AIDS AWARENESS* QUESTIONNAIRE COVERS VARIOUS ISSUES RELATING TO PERSONAL QUESTIONS

2.1 THIS QUESTIONNAIRE MUST BE COMPLETED BEFORE THE COURSE HAS BEEN PRESENTED.

2.2 MARK ALL ANSWERS ON THIS QUESTIONNAIRE BY MAKING A CROSS [*X*] **IN THE APPROPRIATE BLOCKS.**

2.3 MARK ONLY ONE **ANSWER PER QUESTION AND ANSWER** ALL **QUESTIONS.**

2.4 PLEASE MAKE YOUR CROSS INSIDE THE BLOCK.

2.5 COMPLETE THE QUESTIONNAIRE QUICKLY **AND** ON YOUR OWN. ***GIVE YOUR HONEST OPINIONS.***

THIS QUESTIONNAIRE CONTAINS SEVERAL PERSONAL QUESTIONS. *DON=T WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE.* HOWEVER, FOR RESEARCH PURPOSES WE NEED YOU TO GENERATE A SECRET IDENTIFICATION (ID) CODE. **THIS CODE WILL BE USED TO *MATCH THIS QUESTIONNAIRE* TO *OTHERS* THAT YOU WILL HAVE COMPLETED.** IT WILL NOT IDENTIFY YOU AS A PERSON.

WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE, PLACE IT IN THE ENVELOPE THAT WILL BE PROVIDED AND RETURN IT TO THE PRESENTER WHO GAVE IT TO YOU.

3. HOW TO START

SECTION I TO SECTION VIII IS DESIGNED TO LINK YOU WITH A SPECIFIC COURSE, A PROVINCE, ETC. IN ADDITION, THESE ANSWERS WILL BE USED TO GENERATE YOUR SECRET IDENTIFICATION (ID) CODE **THAT ONLY *YOU* WILL KNOW.**

PART I: COURSE PARTICULARS

- **IN THE FIRST ROW, WRITE THE INITIALS AND SURNAME OF THE PERSON AND PERSONS THAT PRESENTED THE PROGRAMME.**
- **IN DIE SECOND ROW, WRITE THE DATE AND DATES ON WHICH THE PROGRAMME WAS PRESENTED.**
- **IN THE THIRD ROW, WRITE THE VENUE WHERE THE PROGRAMME WAS PRESENTED.**

		FOR OFFICE USE	
PRESENTER AND S			
DATE(S)			
VENUE			

PART II: PROVINCE & SECRET CODE [A]

IN THE NEXT ROW, INDICATE THE PROVINCE IN WHICH THE TRAINING COURSE WAS PRESENTED. EACH PROVINCE IS ALLOCATED A NUMBER - RANGING FROM 0 TO 9. MAKE A CROSS X IN THE BLOCK OF THE APPROPRIATE PROVINCE.

0 Gau-teng	1 West-ern Cape	2 Eastern Cape	3 North-ern Cape	4 Kwa-zulu Natal	5 Free State	6 North West	7 Limpo -po	8 Mpuma-langa	9 Head Office

PART III: PART OF SECRET CODE [B]

IN THE NEXT TWO BLOCKS, INDICATE THE LAST TWO DIGITS OF YOUR *PERSAL NUMBER,* THAT IS THE DIGIT *BEFORE* AND THE DIGIT *AFTER* THE *DASH ("-").* FOR EXAMPLE, IF YOUR NUMBER IS 319326-4, WRITE 6 AND 4.

PART IV: PART OF SECRET CODE [C]

IN THE LAST TWO ROWS, INDICATE THE LAST TWO DIGITS OF THE YEAR OF YOUR BIRTH. FOR EXAMPLE, IF YOU WERE BORN IN 1968, WRITE 6 AND 8.

PART V: GENDER AND SECRET CODE [D]

NEXT, INDICATE YOUR GENDER.

1. MALE	2. FEMALE

PART VI: RACE

INFORMATION REGARDING YOUR RACE IS REQUIRED FOR STATISTICAL PURPOSES ONLY. PLEASE MARK THE APPROPRIATE BLOCK

1. ASIAN	2. BLACK	3. COLOURED	4. WHITE

PART VII: RANK AND POSITION

PLEASE WRITE YOUR RANK IN THE BLOCK THAT IS PROVIDED. IN THE CASE OF PUBLIC SERVICE ACT PERSONNEL, PLEASE WRITE YOUR POSITION.

RANK AND POSITION		FOR OFFICE USE	

NEXT: WRITE YOUR CHOICE OF ANSWERS TO THE FOLLOWING QUESTIONS AND STATEMENTS BY MAKING A CROSS [X] IN THE APPROPRIATE BLOCKS. *GIVE ONLY ONE (1) ANSWER PER QUESTION. PLEASE DON'T GUESS.*

PART VIII: ARE THE FOLLOWING STATEMENTS TRUE OR FALSE

1	HIV AND AIDS ARE THE SAME THING	1 TRUE	2 FALSE	3 I AM NOT SURE
2	WOMEN ARE MORE AT RISK THAN MAN TO GET HIV AND AIDS	1 TRUE	2 FALSE	3 I AM NOT SURE
3	ONCE INFECTED WITH HIV VIRUS A PERSON CAN LOOK AND FEEL HEALTHY FOR UP TO TEN YEARS OR MORE BEFORE SIGNS OF AIDS APPEAR	1 TRUE	2 FALSE	3 I AM NOT SURE
4	IF YOU KISS LOT OF PEOPLE YOU CAN GET AIDS	1 TRUE	2 FALSE	3 I AM NOT SURE
5	A PERSON'S HIV STATUS CANNOT BE DISCLOSED TO ANYONE ELSE WITHOUT THE WRITTEN CONSENT OF THE INFECTED PERSON?	1 TRUE	2 FALSE	3 I AM NOT SURE
6	SAPS PERSONNEL HAVE A HIGHER RISK OF CONTRACTING HIV INFECTION THAN THE GENERAL POPULATION	1 TRUE	2 FALSE	3 I AM NOT SURE
7	K-Y JELLY BASED LUBRICANT CAN BE USED WITH A CONDOM	1 TRUE	2 FALSE	3 I AM NOT SURE
8	A FEMALE CONDOM HAS TO BE INSERTED EIGHT HOURS BEFORE SEXUAL INTERCOURSE	1 TRUE	2 FALSE	3 I AM NOT SURE
9	A VACCINATION AGAINST HIV AND AIDS HAS BEEN DISCOVERED	1 TRUE	2 FALSE	3 I AM NOT SURE
10	A CHANGED SEXUAL BEHAVIOUR IS A GOOD WAY OF PREVENTING HIV AND AIDS	1 TRUE	2 FALSE	3 I AM NOT SURE
11	MEMBERS WITHIN THE POLICE SERVICE WHO DO NOT PRACTICE SAFER SEX ARE RUNNING A HIGH RISK OF CONTRACTING HIV AND AIDS	1 TRUE	2 FALSE	3 I AM NOT SURE

12	Local sex industries grow in response to demand from Military and Police deployment	1 TRUE	2 FALSE	3 I AM NOT SURE
13	It is my right to say no to sex if I do not want it	1 TRUE	2 FALSE	3 I AM NOT SURE
14	A culture of drinking alcohol and shooting drugs can increase the risk of been infected with HIV	1 TRUE	2 FALSE	3 I AM NOT SURE
15	There are good preventative measures against the HIV Virus	1 TRUE	2 FALSE	3 I AM NOT SURE
16	I have to inform my Commander when infected with sexually transmitted infections	1 TRUE	2 FALSE	3 I AM NOT SURE
17	One should be comfortable to talk about HIV and AIDS within the workplace	1 TRUE	2 FALSE	3 I AM NOT SURE

PART IX: ALWAYS and NEVER STATEMENTS

18	Do you discuss sexual practice and safe sex with your partner	1 Never	2 Seldom	3 Often	4 Always
19	Do you prefer sex with people of your own gender	1 Never	2 Seldom	3 Often	4 Always
20	When you feel a need for intimacy would you have unprotected sex to your new partner	1 Never	2 Seldom	3 Often	4 Always
21	Do you have sex when you feel stressed and bored	1 Never	2 Seldom	3 Often	4 Always
22	Do you pay for sex by money or any other means	1 Never	2 Seldom	3 Often	4 Always

PART X: Do you agree and disagree with the following statements?

23	People who are infected with the HIV and AIDS should admit it openly to avoid further spreading	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
24	If I had the HIV virus, I would be prepared to tell my Commander at work	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
25	I have the responsibility of telling my partner if i can be diagnosed HIV positive	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree

26	Do you challenge and question your peers and friends when they are taking sexual risks	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure
27	The culture of risky sexual social behaviour within SAPS had to be changed	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure
28	People would not be afraid of the HIV and AIDS if they knew more about the disease	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure

29	Men and women are both responsible for the usage of condoms during sexual intercourse	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure

PART X: Low and High risk responses

30	**At what level of risk would you rate yourself in terms of HIV infection**	**1 Low risk**	**2 High risk**	**3 Medium risk**	**4 No risk**

PART X1: Unclassified response.

31	**I don't like using a condom during sexual intercourse with my partner because**	**1 He and she will suspect that I am unfaithful**	**2 My culture and religion does not allow the use of condoms**
		3 Condoms inhibit sexual pleasure	**4 I only have sex with people of my own gender**
		5 Condoms are not readily available	**6 None of the above mentioned**

32	**Have you presented yourself for HIV and AIDS voluntary counselling and testing?**	**1 Yes**	**2 No**	**3 Unsure**

Thank you for completing the questionnaire

APPENDIX 4:
"HIV AND AIDS AWARENESS"
POST TEST QUESTIONNAIRE:
COMPARISON GROUP

Code:KAP (HI) [2]
SAPS - HIV and AIDS
questionnaire(comparison Group)



QUESTIONNAIRE: *HIV AWARENESS PROGRAMME*

THIS QUESTIONNAIRE FOR THE COMPARISON GROUP MUST BE COMPLETED SECOND.

1. INTRODUCTION

You are part of a comparison group for the research on the *HIV and AIDS Awareness* **Programme. This programme forms part of a large and expensive initiative; therefore we must know how effective it has been in meeting your needs and interests. For this we need your input. Please complete the following questionnaire** honestly **and** in full, **and please** don't guess. **We need your personal views B it will help us to serve you better.**

2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

The following *HIV and AIDS awareness* Questionnaire covers various issues relating to personal questions.

2.1 This questionnaire will be completed before the course is been presented.
2.2 Mark all answers on this questionnaire by making a cross [*x*] **in the appropriate blocks.**
2.3 Mark only one **answer per question and answer** all **questions.**
2.4 Please make your cross inside the block.
2.5 Complete the questionnaire quickly **and on** your own. ***Give your honest opinions.***

This questionnaire contains several personal questions. *Don=t write your name anywhere on the questionnaire.* However, for research purposes we need you to generate a secret identification (ID) code. **This code will be used to *match this questionnaire* to *others* that you will have completed.** It will not identify you as a person. **When you have completed the questionnaire, place it in the envelope that will be provided and return it to the Presenter who gave it to you.**

3. HOW TO START

Section I to Section VIII is designed to link you with a specific course, a Province, etc. In addition, these answers will be used to generate your secret identification (ID) code **that only** *you* **will know.**

PART I: Course Particulars

- **In the first row, write the initials and surname of the person and persons that presented the Programme.**
- **In die second row, write the date and dates on which the Programme was presented.**
- **In the third row, write the venue where the Programme was presented.**

			For office use	
Presenter and s				
Date(s)				
Venue				

PART II: Province & Secret code [a]

In the next row, indicate the Province in which the training course was presented. Each Province is allocated a number - ranging from 0 to 9. Make a cross X in the block of the appropriate Province.

0 Gau-teng	1 West-ern Cape	2 Eastern Cape	3 North-ern Cape	4 Kwa-zulu Natal	5 Free State	6 North West	7 Limpo -po	8 Mpuma-langa	9 Head Office

PART III: Part of secret code [b]

In the next two blocks, indicate the last two digits of your *Persal number,* that is the digit *before* and the digit *after* the *dash ("-").* For example, if your number is 319326-4, write 6 and 4.			

PART IV: Part of secret code [c]

In the last two rows, indicate the last two digits of the year of your birth. For example, if you were born in 1968, write 6 and 8.			

PART V: Gender and secret code [d]

Next, indicate your gender.		**1. Male**	**2. Female**

PART VI: Race

Information regarding your race is required for statistical purposes only. Please mark the appropriate block		**1. Asian**	**2. Black**	**3. Coloured**	**4. White**

PART VII: Rank and Position

Please write your rank in the block that is provided. In the case of Public Service Act personnel, please write your position.

			For office use	
Rank and Position				

Next: Write your choice of answers to the following questions and statements by making a cross [x] in the appropriate blocks. *Give only one (1) answer per question. Please don't guess.*

PART VIII: Are the following statements true or false

1	**HIV and AIDS are the same thing**	**1 True**	**2 False**	**3 I am not sure**
2	**Women are more at risk than man to get HIV and AIDS**	**1 True**	**2 False**	**3 I am not sure**
3	**Once infected with HIV virus a person can look and feel healthy for up to ten years or more before signs of AIDS appear**	**1 True**	**2 False**	**3 I am not sure**
4	**If you kiss lot of people you can get AIDS**	**1 True**	**2 False**	**3 I am not sure**
5	**A person HIV status cannot be disclosed to anyone else without the written consent of the infected person**	**1 True**	**2 False**	**3 I am not sure**
6	**SAPS personnel have a higher risk of contracting HIV infection than the general population**	**1 True**	**2 False**	**3 I am not sure**
7	**K-Y Jelly based lubricant can be used with a condom**	**1 True**	**2 False**	**3 I am not sure**
8	**A female condom has to be inserted eight hours before sexual intercourse**	**1 True**	**2 False**	**3 I am not sure**
9	**A vaccination against HIV and AIDS has been discovered**	**1 True**	**2 False**	**3 I am not sure**
10	**A changed sexual behaviour is a good way of preventing HIV and AIDS**	**1 True**	**2 False**	**3 I am not sure**
11	**Members within the Police Service who do not practice safer sex are running a high risk of contracting HIV and AIDS**	**1 True**	**2 False**	**3 I am not sure**
12	**Local sex industries grow in response to demand from Military and Police deployment**	**1 True**	**2 False**	**3 I am not sure**
13	**It is my right to say no to sex if I do not want it**	**1 True**	**2 False**	**3 I am not sure**

14	A culture of drinking alcohol and shooting drugs can increase the risk of been infected with HIV	1 True	2 False	3 I am not sure
15	There are good preventative measures against the HIV Virus	1 True	2 False	3 I am not sure
16	I would inform my Commander when infected with sexually transmitted infections	1 True	2 False	3 I am not sure
17	I would still be comfortable to talk about HIV and AIDS within the workplace	1 True	2 False	3 I am not sure

PART IX: ALWAYS and NEVER STATEMENTS

18	Would you still discuss sexual practice and safe sex with your partner	1 Never	2 Seldom	3 Often	4 Always
19	Would you prefer sex with people of your own gender	1 Never	2 Seldom	3 Often	4 Always
20	When you feel a need for intimacy, would you have unprotected sex to your new partner	1 Never	2 Seldom	3 Often	4 Always
21	Would you have sex when you feel stressed and bored	1 Never	2 Seldom	3 Often	4 Always
22	Would you pay for sex by money or any other means	1 Never	2 Seldom	3 Often	4 Always

PART X: Do you agree and disagree with the following statements

23	People who are infected with the HIV and AIDS should admit it openly to avoid further spreading	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
24	If i had the HIV virus, I would be prepared to tell my Commander at work	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
25	I would be responsible to tell my partner if diagnosed HIV Positive	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree

26	Would you challenge and question your peers	Strongly	Disagree	Agree	Strong-ly	I am

	and friends when they are taking sexual risks?	**disagree**			**Agree**	**not sure**
27	**The culture of risky sexual social behaviour within SAPS had to be changed**	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**	**I am not sure**
28	**People would not be afraid of the HIV and AIDS if they knew more about the disease**	**Strongly disagree**	**Disagree**	**Agree**	**Strong-ly Agree**	**I am not sure**
29	**Men and women are responsible for the usage of condoms during sexual intercourse**	**Strongly disagree**	**Disagree**	**Agree**	**Strong-ly Agree**	**I am not sure**

PART XI: Low and High risk responses

30	**At what level of risk would you rate yourself in terms of HIV infection**	**1 Low risk**	**2 High risk**	**3 Medium risk**	**4 No risk**

PART X11: Unclassified response.

31	**Would you dislike using a condom during sexual intercourse with you partner because**	**1 He and she will suspect that I am unfaithful**	**2 My culture and religion does not allow the use of condoms**
		3 Condoms inhibit sexual pleasure	**4 I only have sex with people of my own gender**
		5 Condoms are not readily available	**6 None of the above mentioned**

32	**Would you avail yourself for HIV and AIDS voluntary counselling and testing**	**1 Yes**	**2 No**	**3 Unsure**

Thank you for completing the questionnaire

APPENDIX 5:
THE PRESENTATION EVALUATION QUESTIONNAIRE

Presentation Evaluation Questionnaire

All SAPS personnel that participated in one of the Capacity Building Programmes should complete this questionnaire ***directly after each programme.***

1. INTRODUCTION

You have just completed one of the Personnel Capacity Building Programmes. These *programmes are a large and expensive initiative; therefore we must know how effective* they are in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly and in full it will help us to serve you better.

2. GENERAL INSTRUCTIONS

This questionnaire contains various questions regarding the *presentation* and *contents* of the programme that you have just attended.

2.1 Mark *all answers* on this questionnaire by making a *cross* [*x*] in the appropriate blocks.
2.2 Mark only *one* answer per question and answer *all* questions.
2.3 Please make your cross *inside* the block.
2.4 Complete the questionnaire *quickly* and on *your own*. *Give your honest opinions.*

The questionnaire contains several personal questions. *Don't write your name anywhere on the questionnaire.* However, for research purposes we need you to generate a secret identification (ID) code. **This code will be used to *match this questionnaire* to *others* that you will or have completed.** It will not identify you as a person.

When you have completed the questionnaire, place it in the envelope that will be provided and return it to the Presenter who gave it to you.

3. HOW TO START

Section 1 to Section 8 of the questionnaire is designed to link you with a specific programme, a province, etc. In addition, some of the answers will generate your secret identification (ID) code **that only *you* will know.**

SECTION 1: COURSE PARTICULARS

- **In the first row below, write the initials and surname of the person or persons that presented the programme.**
- **In the second row, write the date and dates on which the programme was presented.**
- **In the third row, write the venue (place and town and city) where the programme was presented.**

		For office use
Presenter and s:		
Dates:		
Venue:		

SECTION 2: PROVINCE & SECRET CODE [a]

In the section below, indicate the *province* in which the training course *was presented* by making a cross ☒ in the block of the appropriate province.

0 *Gauteng*	1 *Western Cape*	2 *Eastern Cape*	3 *Northern Cape*	4 *Kwazulu Natal*	5 *Free State*	6 *North West*	7 *Limpopo (Northern Province)*	8 *Mpumalanga*	9 *Head Office*

SECTION 3: PART OF SECRET CODE [b]

In the next two blocks, indicate the *last two numbers* of your *Persal number:* that is the number *before* and the number *after* the dash ("-"). For example, if your number is 319326-4, write 6 and 4.

	-	

SECTION 4: PART OF SECRET CODE [c]

Next, indicate the last *two numbers* of the year of your birth. For example, if you were born in 1968, write 6 and 8.

SECTION 5: GENDER AND SECRET CODE [d]

Indicate your gender.

1. ***Male***	2. ***Female***

SECTION 6: RACE

Information regarding your race is required for statistical purposes only. Please make a cross ☒ in the appropriate block.

1. **Asian**	2. **Black**	3. **Coloured**	4. **White**

SECTION 7: RANK AND POSITION

Write your rank on the block below. In the case of Civil Act personnel, please write your position.

For office use	

Rank and Position

Mark only <u>one</u> answer for each of the questions by making a cross ☒ in the appropriate block.

SECTION 8: COURSE AND PROGRAMME BEING EVALUATED

Please make a cross ☒ in the block of the course and programme whose presentation you are evaluating.

1. **Assertiveness**	2. **Be Money Wise**	3. **Colleague Sensitivity**	4. **Conflict Management**	5. **Coping with Change**	6. **Anger Management**	7. **Healthy Life-Style**

8. **HIV and AIDS Aware-**	9. **HIV and AIDS: Peer**	10. **Plan-ning Your**	11. **Self Know-ledge**	12. **Managing Stress Effective-**	13. **Substance Dependency**	14. **Time Management**	15 **Problem-solving**

ness Program me	**Educa-tors Training**	**Goals**		**ly**			

SECTION 9: EVALUATION OF THE *PRESENTER*

1. **The presenter is** knowledgeable **about the subject that he and she taught.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
2. **The presenter could** link **the material to the participants' level of knowledge.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
3. **The presenter was** able to explain **difficult and abstract concepts.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
4. **The presenter succeeded in** keeping me interested **in the subject.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
5. **The presenter was** enthusiastic **about the subject that he and she taught.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***

SECTION 10: EVALUATION OF THE PRESENTER'S *PRESENTATION SKILLS*

6. **I could clearly** hear **what the presenter was saying *(e.g. it was loud enough and in an accent that I could understand).***	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
7. **The presenter was skilful in the** use of the teaching media ***(e.g. transparencies and or writing on newsprint and the blackboard).***	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
8. **The presenter encouraged** participant involvement ***(e.g. by asking questions and or promoting discussions).***	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
9. **The presenter** prepared **himself and herself thoroughly for the presentation.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***

10. **What is your** overall rating **of the presenter's presentation skills?**	1 **Poor**	2 **Fair**	3 **Average**	4 **Good**	5 **Very good and excellent**

SECTION 11: EVALUATION OF THE *LEARNING PROCESS*

11. **In the beginning, the presenter gave us a** clear overview **of what we could expect during the course and programme.**	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
12. **The presenter made sure that participants** understood **a subject before continuing on to the next subject.**	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
13. **At the end, the presenter gave a** summary **of the material that was covered.**	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
14. **The presenter was able to** communicate on my level.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
15. **It was** easy to understand **the** material **that was presented.**	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
16. **The material that was covered will be** useful.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
17. **The course stimulated** my interest **in the subject.**	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**

SECTION 12: EVALUATION OF THE *PRESENTATION CONTEXT*

18. **How would you rate the** venue**?**	1 **Very bad**	2 **Bad**	3 **Average**	4 **Good**	5 **Very good**
19. **How would you rate the** quality of the learning material **that was presented?**	1 **Very bad**	2 **Bad**	3 **Average**	4 **Good**	5 **Very good**
20. **How would you rate** quality **of the** teaching media ***(e.g. transparencies and or handouts)?***	1 **Very bad**	2 **Bad**	3 **Average**	4 **Good**	5 **Very good**
21. **How well was the course and programme** organised**?**	1 **Very bad**	2 **Bad**	3 **Average**	4 **Good**	5 **Very good**

SECTION 13: EVALUATION OF THE RELEVANCE OF THE COURSE AND PROGRAMME

22. **The course and programme *stimulated* my** creative thinking.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
23. **I will be able to *apply* the new knowledge and insights that I have gained** in my job.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
24. **I feel that the course and programme will help me** do my job better.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
25. **I will be able to *apply* the new knowledge and insights that I have gained** in my daily life.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
26. **I feel that the course and programme will help me** to live my life in a better way.	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**
27. All SAPS personnel **should** receive **this course and programme.**	1 **Strongly disagree**	2 **Disagree**	3 **Agree**	4 **Strongly agree**

SECTION 14: *GENERAL*

28. **How will you rate the** length **of the course and programme?**	1 **It was much too long**	2 **It was a little too long**	3 **The length was just right**	4 **It was a little to short**	5 **It was much too short**
29. **How will you rate the** pace **of the presentation?**	1 **The pace was much too slow**	2 **The pace was a little too slow**	3 **The pace was just right**	4 **The pace was a little too fast**	5 **The pace was much too fast**

30. **How will you rate the** balance **between the time spent on the *presentation* and time spent on *group involvement*?**	1 **Too much time was spent on the presentation**	2 **A good balance**	3 **Too much time was spent on group involvement**	4 **There was no group involvement**

31. **Which** language **was used *the most* in the presentation of the course and programme?**

1 **Afrikaans**	2 **English**	3 **Sotho**	4 **Tswana**	5 **Zulu**	6 **Others**

Thank you for completing this questionnaire.

APPENDIX 6:

THE PRESENTERS

EVALUATION

QUESTIONNAIRE

Questionnaire:
Presenter's Evaluation of Programme Presentation

Note: All presenters of Capacity Building Programmes must complete the following presentation evaluation questionnaire ***at the end*** of ***each*** programme. In cases where two presenters are involved with the presentation of one programme, each must complete a ***separate*** questionnaire.

1. INTRODUCTION

You have just *presented* one of the Personnel Capacity Building Programmes. These programmes are a large and expensive initiative. Therefore we must know your views on their effectiveness, as well as your perceptions on the quality and effectiveness of your presentation and the circumstances under which they were conducted. Only in this way can we improve the programmes and the overall quality of their presentation.

Please complete the questionnaire honestly. You will not be identified in person in any research or other report. **Your personal details are only required to link different presentations to each other.**

2. GENERAL INSTRUCTIONS

The Presenter's Evaluation of Programme Presentation questionnaire contains various questions regarding the presentation and contents of the programme, as well as the circumstances under which it was presented. Answer them on this questionnaire.

2.1 Mark the answers by making a cross ☒ in the appropriate block. **The cross mustn't touch the outline of the block.**

2.2 Mark only one **answer per question and answer** all **questions.**

2.3 Complete the questionnaire on your own **and** at the same time **that the participants complete their Presentation Evaluation Questionnaires.**

2.4 Under no circumstances may you look at the participants' Presentation Evaluation Questionnaires. Their, as well as your own questionnaires, are confidential.

2.5 In cases where two presenters are involved with the presentation of one programme, each must individually complete a separate questionnaire. Do not discuss the answers with each other. *We need your personal views.*

2.6 Attached you will also find the form titled "Written Comments re Presentation". Please complete it and staple it to the back of this questionnaire.

When you have completed the questionnaire and form, seal it in an envelope, write the title of the programme and the date and dates of the programme on the envelope and return it to Head Office.

3. TO START

SECTION 1: Programme Particulars

- In the first row, write your initials and surname.
- If there was a second presenter, write his or her initials and surname in the second row.
- **In the third row, write the date and dates on which the programme was presented.**
- In the fourth row, write the venue (place) where the programme was presented.

Presenter:	
Co-presenter and s:	
Dates:	
Venue:	

For office use	

SECTION 2: PROVINCE

In the section below, indicate the province in which the training course *was presented* by making a cross ☒ in the block of the appropriate province.

0 ***Gauteng***	1 ***Western Cape***	2 ***Eastern Cape***	3 ***Northern Cape***	4 ***Kwazulu Natal***	5 ***Free State***	6 ***North West***	7 ***Limpopo (Northern Province)***	8 ***Mpumalanga***	9 ***Head Office***

SECTION 3: COURSE AND PROGRAMME BEING EVALUATED

Please make a cross ☒ in the block of the course and programme whose presentation you are evaluating.

1. ***Assertiveness***	2. ***Be money wise***	3. ***Colleague sensitivity***	4. ***Conflict management***	5. ***Coping with change***	6. ***Handling anger***	7. ***Healthy life-style***

8. ***HIV and AIDS Awareness Programme***	9. ***HIV and AIDS: Peer Educators Training***	10. ***Planning your goals***	11. ***Self knowledge***	12. ***Managing Stress Effectively***	13. ***Substance Dependency***	14. ***Time management***

SECTION 4: SELF-ASSESSMENT

	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
1. **I am** knowledgeable **about the subject that I taught.**				
2. **I was** able to link **the material to the participants' level of knowledge.**				
3. **I was** able to explain **difficult and abstract concepts.**				
4. **I succeeded in** keeping participants interested **in the subject.**				

5. **I was** enthusiastic **about the subject that I taught.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***

SECTION 5: SELF-EVALUATION OF PRESENTATION SKILLS

6. **Participants could clearly** hear **what I was saying** ***(e.g. it was loud enough and in an accent that they could understand).***	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
7. **I am skilful in the** use of the teaching media ***(e.g. transparencies and or writing on newsprint and the blackboard).***	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
8. **I encouraged** participant involvement ***(e.g. by asking questions and or promoting discussions).***	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
9. **I** prepared **myself thoroughly for the presentation.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***

10. **What is your** overall rating **of your presentation skills?**	1 ***Poor***	2 ***Fair***	3 ***Average***	4 ***Good***	5 ***Very good and excellent***

SECTION 6: EVALUATION OF THE LEARNING PROCESS

11. **In the beginning, I gave a** clear overview **of what participants could expect during the course and programme.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
12. **I made sure that participants** understood **a subject before continuing on to a next subject.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
13. **At the end, I gave a** summary **of the material that was covered.**	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***
14. **I was able to** communicate on the participants' level.	1 ***Strongly disagree***	2 ***Disagree***	3 ***Agree***	4 ***Strongly agree***

15. It was easy for participants to understand the material that was presented.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*
16. The material that was covered will be useful.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*
17. The course stimulated participants' interest in the subject.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*

SECTION 7: EVALUATION OF THE CONTEXT

18. How would you rate the venue?	1 *Very bad*	2 *Bad*	3 *Average*	4 *Good*	5 *Very good*
19. How would you rate the quality of the learning material that you presented?	1 *Very bad*	2 *Bad*	3 *Average*	4 *Good*	5 *Very good*
20. How would you rate quality of the teaching media *(e.g. transparencies and or handouts)?*	1 *Very bad*	2 *Bad*	3 *Average*	4 *Good*	5 *Very good*
21. How well was the course and programme organised?	1 *Very bad*	2 *Bad*	3 *Average*	4 *Good*	5 *Very good*

SECTION 8: EVALUATION OF THE RELEVANCE OF THE COURSE AND PROGRAMME

22. The course and programme stimulated the participants' creative thinking.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*
23. The participants will be able to apply the new knowledge and insights that they have gained in their jobs.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*
24. I feel that the course and programme will help the participants do their jobs better.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*
25. The participants will be able to apply the new knowledge and insights that they have gained in their daily lives.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*

26. I feel that the course and programme will help participants to live their lives in a better way.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*
27. All SAPS personnel should receive this course and programme.	1 *Strongly disagree*	2 *Disagree*	3 *Agree*	4 *Strongly agree*

SECTION 9: GENERAL

28. How will you rate the length of the course and programme?	1 *It was much too long*	2 *It was a little too long*	3 *The length was just right*	4 *It was a little too short*	5 *I was much too short*
29. How will you rate the tempo of the presentation?	1 *The tempo was much too slow*	2 *The tempo was a little too slow*	3 *The tempo was just right*	4 *The tempo was a little too fast*	5 *The tempo was much too fast*

30. How will you rate the balance between the time spent on the presentation and time spent on group involvement?	1 *Too much time was spent on the presentation*	2 *A good balance*	3 *Too much time was spent on group involvement*	4 *There was no group involvement*

31. Which language did you use *the most* in the presentation of the course and programme?	1 *Afrikaans*	2 *English*	3 *Sotho*	4 *Tswana*	5 *Zulu*	6 *Others*

Form:
Written Comments re Presentation

Instructions: Please provide you written comments in the spaces provided below and staple this form to the "Presenter's Evaluation of Programme Presentation" questionnaire. If the space provided isn't sufficient, please write on the back of this form.

1. I WANT TO CLARIFY THE FOLLOWING RESPONSES TO THE "PRESENTER'S EVALUATION OF PROGRAMME PRESENTATION" QUESTIONNAIRE. **(Please specify the section number or question number to which your responses relate.)**

2. **TOPICS THAT NEED TO BE ADDED TO THE PROGRAMME:**

3. **TOPICS THAT NEED TO BE COVERED IN GREATER DEPTH IN THE PROGRAMME:**

4. **TOPICS THAT NEED TO BE DROPPED FROM THE PROGRAMME:**

5. THE THINGS THAT WERE MOST AND LEAST HELPFUL IN PRESENTING THE PROGRAMME:

6. THE IMPROVEMENTS THAT COULD BE MADE TO THE PROGRAMME *(Very important!):*

Thank you for completing this questionnaire and form

APPENDIX 7:

PROFILE OF THE SAPS PERSONEEL: APRIL 2003

APPENDIX 7A: SAPS: TOTAL POLICE ACT PERSONNEL IN TERMS OF RANK

DESCRIPTION	WHITE		INDIAN		COLOURED		AFRICAN		TOTAL		TOTAL
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M+F*
NONE and INVALID	**7**	**4**	**2**	**0**	**11**	**13**	**25**	**23**	**45**	**40**	**85**
CONST	**1 166**	**492**	**319**	**101**	**1 817**	**658**	**6 948**	**2 435**	**10 250**	**3 686**	**13 936**
SERGEANT	**1 572**	**365**	**454**	**90**	**1 467**	**168**	**12 183**	**1 179**	**15 676**	**1 802**	**17 478**
INSPECTOR	**11 801**	**3 045**	**1 697**	**233**	**3 844**	**604**	**32 494**	**2 953**	**49 836**	**6 835**	**56 671**
CAPTAIN	**3 013**	**1 255**	**516**	**135**	**680**	**191**	**3 296**	**935**	**7 505**	**2 516**	**10 021**
SUPERINTE-NDENT	**1 453**	**544**	**169**	**34**	**165**	**36**	**832**	**141**	**2 619**	**755**	**3 374**
SNR SUPT	**463**	**97**	**65**	**15**	**58**	**11**	**313**	**68**	**899**	**191**	**1 090**
DIRECTOR	**167**	**27**	**28**	**3**	**24**	**3**	**138**	**14**	**357**	**47**	**404**
ASSISTANT COMM	**37**	**5**	**6**	**0**	**5**	**0**	**40**	**2**	**88**	**7**	**95**
PROVINCIAL COMM	**0**	**0**	**0**	**0**	**1**	**0**	**6**	**0**	**7**	**0**	**7**
DIVISIONAL-COMM	**4**	**1**	**1**	**0**	**1**	**0**	**3**	**2**	**9**	**3**	**12**
DEPUTY COMM	**2**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**3**	**1**	**4**
NATIONAL-COMM	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**1**
TOTAL	***19 685***	***5 835***	***3 257***	***612***	***8 073***	***1 684***	***56 280***	***7 752***	***87 295***	***15 883***	***103 178***

APPENDIX 7B SAPS: TOTAL CIVIL ACT PERSONNEL IN TERMS OF OCCUPATIONAL CLUSTERS

DESCRIPTION	WHITE		INDIAN		COLOURED		AFRICAN		TOTAL		TOTAL
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M+F*
SECRETARY	**0**	**158**	**0**	**19**	**2**	**32**	**2**	**95**	**4**	**304**	**308**
REGISTRATION CLERK	**42**	**289**	**8**	**20**	**21**	**66**	**154**	**244**	**225**	**619**	**844**
DATA TYPIST	**70**	**454**	**39**	**63**	**75**	**367**	**513**	**1554**	**697**	**2438**	**3 135**
ADMIN CLERK	**297**	**3**	**125**	**3**	**369**	**1**	**1**	**3**	**236**	**807**	**10 440**

		268		89		031	576	385	7	3	
TYPIST	9	945	2	55	26	226	57	624	94	1850	1 944
PERSONNEL OFFICER	55	534	12	56	47	122	228	391	342	1103	1 445
ADMINOFFICER	360	480	44	24	56	54	444	234	904	792	1 696
CLEANER	13	11	12	2	264	285	1 537	1 581	1826	1879	3 705
CHAPLAIN	31	7	9	1	14	0	98	8	152	16	168
TELCOM OPER	30	84	3	11	12	79	59	165	104	339	443
MESSENGER	9	2	0	0	18	7	132	30	159	39	198
PROV ADMINCLERK	97	691	26	47	72	99	323	316	518	1153	1 671
AUXILLARY WORKER	13	18	2	2	64	13	211	14	290	47	337
LEGAL ADMIN OFFICER + MEDICO LEGAL ASSISTANT	54	19	2	8	4	6	46	15	106	48	154
FOREMAN	2	0	0	0	33	21	139	58	174	79	253
GENERAL STOREMAN and ASSIST.	6	2	2	0	26	7	166	25	200	34	234
ACCOUNTING CLERK	62	340	25	28	37	78	168	205	292	651	943
FOOD SERVICE AID	7	56	0	18	29	193	411	472	447	739	1 186
GARAGE ARTISAN	232	0	22	0	19	0	94	1	367	1	368
TOTAL	*1 389*	*7 358*	*333*	*743*	*1 188*	*2 686*	*6 358*	*9 417*	*9265*	*20204*	*29 472*

APPENDIX 7C:SAPS: TOTAL EMPLOYEES: POLICE ACT PERSONNEL AND CIVIL ACT PERSONNEL

DESCRIPTION	WHITE		INDIAN		COLOURED		AFRICAN		TOTAL		TOTAL
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M+F*
CIVIL ACT	744	6 918	259	731	933	2 708	7 186	9 398	9 122	19 755	29 304
POLICE ACT	19 685	5 835	3 257	612	8 073	1 684	56 280	7 752	87 295	15 883	103 178
TOTAL: CIVIL+POLICE	*20 429*	*12 753*	*3 516*	*1 343*	*9 006*	*4 392*	*63 466*	*17 150*	*96 417*	*35 638*	*132 482*

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