

PERCEPTION OF AIDS BY
ESIKHAWINI COMMUNITY

BY

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SUPERVISOR : PROFESSOR T.G. MASHABA

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(i)
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4. The typist who gave her time to typing the manuscript.

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DEDICATION

This work is dedicated to:

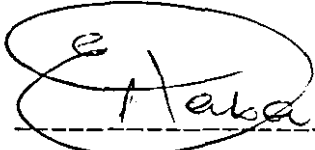
- My husband Danny Matsane and my son Tshwanelo for their unconditional love, support and encouragement.

- My dear parents Elca and Peter Xaba, who nurtured in me the love and will to learn.

(iii)

DECLARATION

I hereby declare that this dissertation is my own work, all sources referred to in this text have been fully acknowledged.



T.E. XABA

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CHAPTER ONETHE PROBLEM1.1 INTRODUCTION

According to Jayasuriya (1988, 1) 'we stand nakedly in front of a pandemic as mortal as any pandemic there has ever been. The eradication of smallpox gave a wrong impression that medical technology and public health could cope with any major communicable disease; of course this was an unjustified expectation because more than 50,000 patients in more than 100 countries are suffering from AIDS without any immediate hope of cure. The group at risk becomes progressively larger with every passing day and is beyond quantification.

There has ever been such a dreaded disease in the history of medical technology and public health. Researchers and Scientists have attempted intensively to develop a vaccine or drug for this infection or AIDS in vain. The potential victims include homosexual and bisexual men and their partners and infants, hemophiliacs, intravenous drug users and recipients of blood transfusion.

According to Juengst and Koenig (1989, xvii) AIDS is multistigmatized; its lethality, its sexual mode of transmission, its association with socially deviant and its physical stigmata can all serve to alienate and disenfranchise those who suffer from it.

Some people feel AIDS is for a certain unfortunate group of people (especially low socio-economic) whilst others believe that it does not exist. Looking at AIDS from the religious perspective, it is the way in which GOD is controlling the abuse of sexual relations. Christians feel that time has come for people to stick to their partners.

When looking at how diverse ideas may be one has to ascertain the real perception of AIDS by the community of where he/she lives, so as to eradicate misconceptions should there be any.

1.2 AIMS OF THE STUDY

1.2.1 To ascertain how much knowledge, members of the community possess with regard to:

1.2.1.1 Causes of AIDS

1.2.1.2 Modes of transmission of AIDS

- 1.2.1.3 Precautionary measures to be taken to prevent AIDS.
- 1.2.1.4 To explore community members recommendations regarding AIDS education.

1.3 HYPOTHESIS

The researcher assumes that if health education given to the community is effective, people will be more knowledgeable about AIDS.

Members of the community are knowledgeable about:

- 1.3.1 Causes of AIDS
- 1.3.2 Modes of transmission of AIDS.
- 1.3.3 Precautionary measures to be taken to prevent AIDS.
- 1.3.4 Recommendations will assume ordinal strength.

1.4 DEFINITION OF TERMS

1.4.1 H.I.V.

Means Human - Immuno - Deficiency virus - the virus causing AIDS (Leroux et al, 1987: 5).

1.4.2 H.I.V. POSITIVE

A person who has the virus in his blood.

1.4.3 H.I.V. CARRIER

A person who has caught the H.I.V. He/she has the virus in his blood, may not feel ill and will not know

unless a blood test is done.

1.4.4 AIDS

ACQUIRED - refers to the disease that a person can only catch from another person who has the disease already.

IMMUNO-DEFICIENCY

means a breakdown in the body's defence system that fights off infections.

SYNDROME

Collection of complaints or illnesses that occur together, hence the acronym AIDS. (Lachman, 1989: 45).

1.4.5 HOMOSEXUAL

A person whose sexual drive is towards members of the same sex (Thompson et al, 1986:1659).

1.4.6 HETEROSEXUAL

A person who is sexually attracted to the opposite sex (Pratt, 1987: 8).

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

AIDS is the most talked about disease of the century. It has been compared with the influenza epidemic of 1918 - 1919, polio epidemic of the early 1950's and the great plague in the 14th century. As early as the spring of 1983 search for, its cause, treatment and prevention was declared by the nations "number one health priority". Never before has so much been uncovered so quickly about such a complex disease process. It has been labelled AFRAIDS because even the health professionals express more concern and anxiety about AIDS (Gee and Moran, 1988: 3).

2.3 HISTORICAL PERSPECTIVE

As early as mid 1981 AIDS moved to the forefront of public attention with the publication of reports of unusual opportunistic infections and cancers affecting homosexual even living in New York and California in

U.S.A. Review of medical records revealed that it could be traced as far back as the mid-1970's. The significant feature was a profound and unexplained loss of cellular immunity, characterized by a marked deficiency in the number and function of T-helper lymphocytes. By the end of 1982 355 people had been reported in U.S.A. (Petricciani, Gust, Hoppe and Krinjnen 1987: 33).

In summer 1982 AIDS took a new trend as 34 cases were reported in people from Haiti living in the United States. Most of these people were hemophiliacs. The clinical and immunologic features of these cases were similar to those of the classic AIDS patients. The most profound symptom was pneumocystic carinii (Petricciani et al 1987: 34).

In early 1983 AIDS included for the first time reports of cases in children. Another major development was a 20-month-old child who had been transfused and was reported to have developed unexplained cellular infections. One of the 19 donors of blood components given to the infant was discovered to be having AIDS 10 months later. This added strongly to the belief that the time between initial exposure to the agent and onset of illness could be prolonged. The mode of

transmission appeared to be similar to those of Hepatitis B virus; i.e. sexual contact, blood transfusion or blood products and infected mother to her unborn fetus or unborn infant. In 1984 Cytopathic Human retroviruses from people with AIDS was isolated (Petricciani et al 1987: 35).

According to Pratt (1987: 17) AIDS is believed to have originated from Africa as it was firstly isolated from African species - green monkeys. It then infiltrated the whole of USA and spread even to United Kingdom through British tourists returning from American holidays.

Worldwide over 250,000 people have AIDS and 5 million people may be infected with HIV. In the United States there have been 66,464 AIDS cases reported to the centers of Disease control in 1988 in the stigmatized groups, like Gaymen, intravenous drug users, Blacks and Hispanics. (ILLINGWORTH 1990: 1 - 2).

According to Wells (1987: 7 - 9) at least 4,000 people are likely to have died in United Kingdom by the end of 1990. Whilst 500 would be showing symptoms and 5000 would be carriers in Africa.

Approximately 7% of adult AIDS cases in the United States involve women, 49% of these women were intravenous drug users, 29% heterosexuals, 12% received infected blood or blood products and 11% are classified by Centers for Disease Control as "undetermined". About half of the women with AIDS in United States are aged 30 - 39. About 90% are aged 20 - 50 years. About 60% of all AIDS cases nationwide are whites, but black women seem to be the majority 51% and Hispanics 20%. In the African countries at Ruanda and Zaire, the sex distribution of AIDS is nearly equal. (Gee et al 1988: 25 - 26).

At the beginning of 1990 there were about 100 000 South African infected with AIDS. By the end of 1991 this figure will be at least 200 000. By the end of 1993, about 1,6 million South Africans and by the end of 1995 the figure will increase to 12,8 million (SAPA 1991: 3). Dr Newsbury as quoted by SAPA (1991: 3) maintains that the time taken for the number of infected people to double in South Africa is now about eight months. This could depopulate South Africa and cause economic and social chaos (The Population Research Institute, An American based international monitor of global population trends as quoted by SAPA 1991: 3).

2.4 THEORETICAL FRAMEWORK

UNDERSTANDING OF PERSON

Roy sees a person as a biopsychosocial being and a living adaptive system. As a system, a person has input, internal and feedback processes and output. A person continuously interacts with the environment, so he receives input from the environment and from the self. The output is either adaptive or ineffective responses. Through feedback these responses provide further input to the person as a person.

The person is an open system thus he is subject to internal and external stress. In order to adapt to the environment to which he is exposed he should have competent immune system. If the immunity is destroyed the body is susceptible to diseases. In AIDS there is immune system breakdown and the body is susceptible to a number of diseases, hence the disease is called Acquired Immune Deficiency Syndrome.

As a living system, the person has six subsystems which have two major internal processor mechanics - the regulator and the cognator and four adaptive modes, these are physiologic needs, self concept, role

function and interdependence.

The regulator and cognator subsystems help the individual to cope or adapt to the changing environment. Coping mechanisms are both acquired and innate. The four adaptive modes are secondary or effector subsystems. Behind these modes of adaptation is a basic need for integrity which includes physiologic, psychic and social integrity.

The regulator and cognator link together the four adaptive modes. The regulator is related to the physiologic needs mode. The cognator is related to each adaptive mode in 3 ways:-

1. Each mode provides specific relevant input for the cognator, e.g. self concept.
2. The adaptive mode specifies the relevant pathways and apparatus, e.g. role function mode.
3. With each mode it is possible to view specific cognator processes e.g. a cognator process that is active in relation to interdependence is the process of interacting with the environment.

Perception links together the cognator and the regulator because responses following perception are feedback into both subsystems.

For example, the body is invaded by microbes it receives the neural input regarding the release of white blood cells to the area of infection. This is transformed into a conscious perception of being cured. This perception is a function of both the regulator and the cognator. In AIDS there is a complete impairment of the cognator. The body receives the neural input regulator regarding the release of leucocytes but there is no transformation into a conscious perception of being cured (cognator).

Internal and external changes may affect more than one adaptive modes simultaneously, e.g. Total impairment of the immune system would affect physiologic needs, self concept and role function, because the body is susceptible to diseases, AIDS is a multistigmatized disease and finally once a person presents with signs and symptoms of AIDS he becomes bedridden and non-productive initially because of anxiety and later because of the intensity of the disease.

CHAPTER THREE
THE RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter three attempts to discuss research design and method of investigation.

3.2 THE RESEARCH DESIGN

A descriptive cross sectional survey design was used.

3.3 THE RESEARCH METHOD

Questioning method was used as it seemed more appropriate for this study.

3.4 THE RESEARCH INSTRUMENT

A questionnaire divided into 3 sections was used. It had both close ended and open ended questions.

3.4.1 Section A concerns itself with demographic data relating to age, sex, marital status, educational standard and occupation.

3.4.2 Section 1.0 concerns itself with the knowledge and symptoms of AIDS.

3.4.3 Section 2.0 deals with mode of transmission and precautionary measures.

3.4.4 Section 3.0 deals with recommendations.

3.5 PILOT STUDY

10 people were given questionnaires. Some questions had to be changed as they had some elements of ambiguity and complexity.

3.6 SAMPLING

100 subjects were selected by simple random sampling approach. Esikhawini Township is divided into 4 Sections. 25 subjects from each section were chosen. Every 2nd house in a street was chosen until the required number was obtained.

CHAPTER FOUR
PRESENTATION AND ANALYSIS OF DATA

TABLE 4.1 SAMPLE COMPOSITION

	M	F				
SEX	60	40				
	16-25	26-35	36-45	46-55	56 and over	
AGE	40	38	16	4	-	
MARITAL STATUS	SINGLE	MARRIED	DIVORCED	WIDOWED	ON SEPARATION	
	42	26	16	8	8	
EDUC. STAN.	UNIV./COLL.	HIGH SCH.	SEC. SCH.	PRIM SCH.	NO EDUC.	
	42	32	36	-	-	
OCCUPATION	TEACHER	CLERK	STUDENT	LABOURER	OTHER	
	38	15	35	5	7	

The following data show how the aim number 1.2.1 of the study was achieved. This aim was formulated thus: To ascertain how much knowledge members of the community possess.

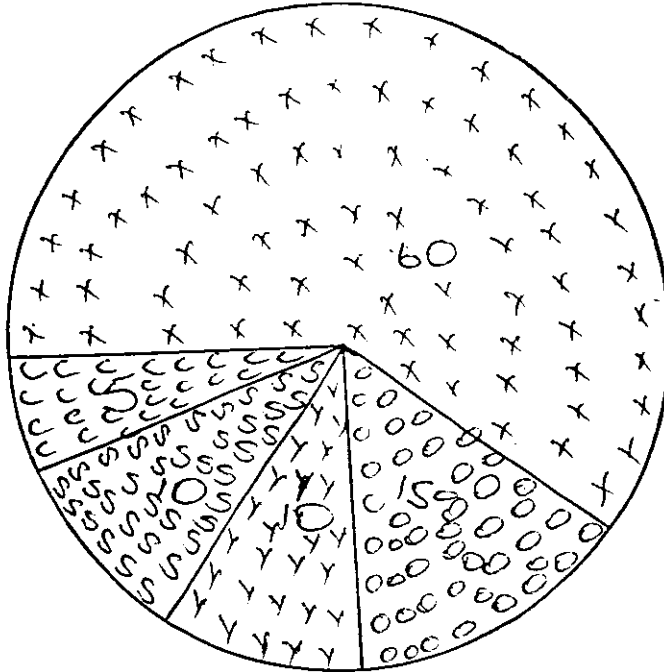
TABLE 4.2 SOURCES CONTRIBUTED TO THE KNOWLEDGE OF AIDS (N = 100)*

SOURCE	N	%
NEWSPAPER	37	15
MAGAZINE	26	11
BOOKS	14	6
RADIO	47	19
TV	50	20
FRIENDS	12	5
FAMILY	16	7
TALK BY HEALTH UNIT	34	14
TALK BY NETWORK	9	4
TOTAL	245*	100%

* One respondent could endorse more than one source.

Table 4.2 presupposes that the most effective source is TV which is endorsed by 20%, followed by radio 19%, newspaper 15%, talk by health unit 14%, magazine 11%, family 7%, books 6%, friends 5% and finally AIDS network 4%. This means that TV and radio are the most effective strategies for health education to reach the majority of the community. The least effective source is AIDS network.

TABLE 4.3 SIGNS AND SYMPTOMS



Correct Percentage
 Answers Frequency

9	60	<pre> ----- xxxxxx xxxxxx ----- </pre>	respondents who identified 9 correct symptoms.
8	15	<pre> ----- oooooo oooooo ----- </pre>	respondents who identified 8 correct symptoms.
7	10	<pre> ----- yyyyyy yyyyyy ----- </pre>	respondents who identified 7 correct symptoms.
6	10	<pre> ----- ssssss ssssss ----- </pre>	respondents who identified 6 correct symptoms.
5	5	<pre> ----- ccccc ccccc ----- </pre>	respondents who identified 5 correct symptoms.

The pie graph illustrates that 60% of the respondents were able to identify correct signs and symptoms of AIDS (i.e. respondents got 100%), 15 respondents got

8/9, 10 respondents got 7/9, 10 respondents got 6/7 and 5 respondents got 5/9. This means that the community is well informed about signs and symptoms of AIDS.

The following data shows how aim number 1.2.1.1 of the study was attained. The aim was formulated thus: To ascertain how much knowledge members of the community possess with regard to the causes of AIDS.

TABLE 4.4. HIGH RISKS GROUP

		NUMBER OF HIGH RISK GROUP				
		THREE	TWO	ONE	ZERO	
FREQUENCY		62	34	4	0	N = 100
PERCENTAGE		62%	34%	4%	-	

Table 4.4 reveals that 62% obtained 3/3 i.e. were able to identify three out of three high risk groups, 34 respondents got 2/3, 4 respondents got 1/3.

TABLE 4.5 AIDS IS A WHITE MAN'S DISEASE

		YES	NO	
N		50	50	N = 100
%		50	50	= 100%

Only 50% knew that AIDS can affect anyone who is sexually active and the other 50% believed that it is the white man's disease. This is indicative of the need for intense health education regarding AIDS.

TABLE 4.6 SHARING OF INJECTION NEEDLES

	YES	NO	
N	30	70	N = 100
%	30	70	= 100%

Table 4.6 indicates that 70% gave a correct answer, i.e. injection needles should not be shared.

Above tables indicate that:-

Hypotheses 1.3.1 has been confirmed. i.e. members of the community are knowledgeable about causes of AIDS.

AIM 1.2.1.2. To ascertain how much knowledge members of the community possess with regard to: mode of transmission of AIDS.

TABLE 4.7 MODES OF TRANSMISSION

		NUMBERED OF MODES OF TRANSMISSION				
		THREE	TWO	ONE	ZERO	
FREQUENCY		63	37	-	-	N = 100
%		63%	37%	-	-	

Table 4.7 reveals that 63% of the respondents were able to identify three out of three modes of transmission, 37 respondents got 2/3.

The above table indicates that :-

Hypotheses 1.3.2 is confirmed i.e. that members of the community are knowledgeable about modes of transmission of AIDS.

AIM 1.2.1.3 To ascertain how much knowledge members of the community possess with regard to: Precautionary measures to be taken to prevent AIDS.

TABLE 4.8 PRECAUTIONS TO BE TAKEN TO PREVENT AIDS

		NUMBER OF PRECAUTIONARY MEASURES					
		FIVE	FOUR	THREE	TWO	ONE	
FREQUENCY		78	-	-	20	2	N = 100
%		78%	37%	-	20%	2%	

Table 4.8 shows that 78% were able to identify 5/5 precautionary measures, 20 respondents got 2/5 and 2 respondents got 1/5.

TABLE 4.9 PREVENTION OF AIDS FROM SPREADING

		YES	NO	
N		56	44	N = 100
%		56%	44%	= 100%

Only 56% knew that AIDS can be prevented and 44% gave incorrect answers. This is indicative of a need for thorough health education.

Above tables indicate that:-

Hypotheses 1.3.3 has been confirmed, i.e. members of the community are knowledgeable about precautionary measures.

4.10 RECOMMENDATIONS BY THE COMMUNITY

- People should be morally disciplined. Stick to one partner at all times.
- Intensify AIDS awareness campaigns.
- Compulsory blood testing for all citizens of South Africa should be implemented. We are aware of the financial and logistic problems here involved, but the seriousness of the AIDS threat far outweighs these.
- Harsher penalties for drug traffickers and users should be imposed. Here we have in mind drugs communally taken with infected instruments and vectors. A decrease in these is likely to be followed by a dive in the incidence of AIDS transmitted through communal drug consumption. Furthermore chances of infection whilst under the spell of these drugs may diminish. Very often intoxication reduces sex inhibitions.
- More research on AIDS should be conducted. More money and other resources should be channelled into this area.
- Once you are discovered to be having AIDS, you should be eliminated from the society.
- There should be a well known AIDS sufferers Centre so that even nurses and Doctors are protected from AIDS. Those who work with AIDS patients should receive an allowance though we fully understand that money cannot buy their lives.

TABLE 4.10 RECOMMENDATIONS BY SUBJECTS

RECOMMENDATION	FREQUENCY	RANK	ORDER
- Stick to one partner	80		1
- Intensify AIDS awareness	0		4
- Compulsory blood testing	30		5
- Harsher penalties	26		6
- More research on AIDS	75		2
- If you are a carrier, you should be eliminated from the society	7		7
- There should be a well known centre for AIDS	60		3

4.11 DISCUSSION OF FINDINGS

Results reveal that TV and radio are the most effective strategies for health education to reach the majority of the community.

The community is aware of the causes of AIDS though about 30% still needs enlightenment.

Signs and symptoms of AIDS are well known to the community as 60% were able to identify correct signs and none of them got below 50% of the total (9/9).

About 63% respondents were able to identify 3/3 modes of transmission and 37% still need health education.

Precautionary measures to prevent AIDS were known by 78% of the members of the community. This means that the community is aware of the precautionary measures.

Recommendations by subjects reveal that the community is prepared to fight against AIDS and about 80% of the subjects endorsed "stick to one partner for life." However some recommendations are impossible as they have legal implications e.g. "Compulsory blood testing".

On the basis of the research studies reviewed, and on the basis of the findings of this study, a deduction can be made that:-

Members of the Esikhawini Community are knowledgeable about:-

Causes of AIDS, Modes of transmission of AIDS, and Precautionary measures to be taken to prevent AIDS. Thus, the Hypotheses was confirmed and recommendations assumed ordinal strength.

CHAPTER FIVESUMMARY, CONCLUSION AND RECOMMENDATIONS5.1 SUMMARY

The research study was undertaken to assess the perception of AIDS by Esikhawini Community. The assumption was that the more health education is given to the community, the more knowledgeable the community become.

The pilot study was done and some questions had to be restructured whilst others had to be deleted as they were somehow ambiguous and complex. Others seemed irrelevant to the study. The questionnaire had a letter asking for consent from individual subject and purpose of the study. Confidentiality was also guaranteed.

Literature search was done on journals, books, newspapers and media relevant to AIDS. Historical background described the origin and spread of AIDS and recent research discoveries.

The questionnaire had 4 sections:-

- Section A. Causes of AIDS
- B. MODES of transmission of AIDS.
- C. Precautionary measures to be taken to prevent AIDS.
- D. Recommendations regarding AIDS education.

It had both closed-ended and open-ended questions which yielded the following information:

The community is completely informed about causes of AIDS and its modes of transmission.

Precautionary measures to be taken to prevent AIDS are also well known, though some of the intricate modes of transmission need to be further clarified e.g. sharing of tooth brushes, in order to elicit some appropriate precautionary measures.

Some recommendations given by the subjects were quite practical whilst others were unrealistic e.g. elimination of HIV carrier from the society.

5.2 CONCLUSION

The study revealed that the community is aware of AIDS. Sufferers poses a challenge to health workers as talk by health unit ranked number 3 in the sources contributing to the knowledge about AIDS.

Though the sample was representative findings cannot be generalized because the sample was far less than 10% of the population of Esikhawini.

5.3 RECOMMENDATIONS

Though there is higher percentage of people who know about AIDS there is a need for more health education until everyone knows everything about AIDS.

It is the duty of the Nurse Administrator to liaise with the Nursing Officer for School Health Services to ensure that Health Education regarding AIDS is given to Secondary Schools.

The researcher propose the inclusion of AIDS package to Secondary School syllabus.

The community is completely informed about AIDS, but the escalating number of AIDS sufferers necessitates a further research.

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ANNEXURE APERCEPTION OF AIDS BY ESIKHAWINI
COMMUNITY

Respondents are assured that all responses will be treated confidentially as possible. There will be no victimization. This being guaranteed by anonymity. The information will be used for research purpose only.

Please remember not to write your name.

RESPONDENT'S PARTICULARS

Tick the appropriate column ().

1. AGE

16 - 25	1
26 - 35	2
36 - 45	3
46 - 55	4
56 and over	5

2. SEX

MALE	1
FEMALE	2

3. MARITAL STATUS

SINGLE	1
MARRIED	2
DIVORCED	3
WIDOWED	4
ON SEPARATION	5

4. EDUCATIONAL STANDARD

UNIVERSITY/COLLEGE	1
HIGH SCHOOL	2
SECONDARY SCHOOL	3
PRIMARY SCHOOL	4
NO EDUCATION	5

5. OCCUPATION

TEACHER	1
CLERK	2
STUDENT	3
LABOURER	4
OTHER	5

1.0 COMMUNITY'S KNOWLEDGE AND SYMPTOMS OF AIDS.1.1 TICK THE APPROPRIATE COLUMN

Which of the following sources contributed to your knowledge of AIDS?

1.1.1	NEWSPAPER	<input type="checkbox"/>
1.1.2	MAGAZINE	<input type="checkbox"/>
1.1.3	BOOKS	<input type="checkbox"/>
1.1.4	RADIO	<input type="checkbox"/>
1.1.5	TELEVISION	<input type="checkbox"/>
1.1.6	FRIENDS	<input type="checkbox"/>
1.1.7	FAMILY	<input type="checkbox"/>
1.1.8	TALK BY HEALTH UNIT	<input type="checkbox"/>
1.1.8	TALK BY AIDS NETWORK	<input type="checkbox"/>
1.1.10	OTHER (SPECIFY)	<input type="checkbox"/>

1.2 Which of the following are symptoms of AIDS?

1.2.1	WEAKNESS	<input type="checkbox"/>
1.2.2	PROFOUND WEIGHT LOSS	<input type="checkbox"/>
1.2.3	FEVER	<input type="checkbox"/>
1.2.4	DIARRHOEA	<input type="checkbox"/>
1.2.5	PRURITIS	<input type="checkbox"/>
1.2.6	COUGH	<input type="checkbox"/>
1.2.7	IMMUNE SYSTEM BREAKDOWN	<input type="checkbox"/>
1.2.8	DYSPHAGIA	<input type="checkbox"/>
1.2.9	FULL BLOWN AIDS - KAPOSI'S SARCOMA PNEUMOCYSTIC CARINNI PNEUMONIA	<input type="checkbox"/>

2.6 Do you think AIDS can be prevented from spreading?

2.6.1 YES

2.6.2 NO

3.0 RECOMMENDATIONS

Additional recommendations, comments/suggestions on any aspect of the disease AIDS generally:

.....

.....

.....

.....
