A PROFILE OF WORKERS WHO ARE HIV/AIDS POSITIVE AT PORTNET RICHARDS BAY DURING THE YEAR 1998/1999 AND IMPLICATIONS FOR HEALTH EDUCATION

By

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DEDICATION

This work is dedicated to the following:

(i) Richards Bay Portnet industry authorities and my colleagues in nursing profession who provided care to people with HIV/AIDS with the hope that it will help prevent further spread of the disease.

(ii) My beloved daughter Cynthia and my two sons Mholi and Siphelele.

(iii) My mother Keslina Xulu for instilling love in me of education and my late father Enias Xulu.

DECLARATION

I, *Bongekile Maureen (Molly) Xulu,* declare that "***A profile of workers who are HIV/AIDS positive at Portnet Richards Bay during the year 1998/1999 and implications for health education***" is my own work and all sources used or quoted have been acknowledged by means of complete references.

Signature: 

BM Xulu

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ABSTRACT

This is a cross-sectional descriptive study which aimed at:

- Determining individual's contributory factors to the spread of HIV/AIDS.
- Identifying areas to be covered when giving health education to the community.

The study was done at Portnet industry in Richards Bay. A structured interview schedule was designed to determine the contributory factors to the spread of HIV/AIDS and possible prevention strategies from workers with HIV/AIDS.

The major findings of the study confirmed the hypotheses made which are:

- Migrant labour contributes to the spread of HIV/AIDS as workers stay away from their homes and therefore tempted to be unfaithful to their marriage partners by having extra marital relations.
- A large number of workers in industry reside in rural areas where they receive less exposure to AIDS awareness campaigns.
- Workers in industry with less education and receiving low salaries are mostly affected by HIV/AIDS.
- HIV positive workers do not accept their HIV positive status and therefore resists disclosure to their partners.

Based on the findings of the study, it is recommended that more staff is needed to effectively implement the HIV/AIDS awareness programmes. Condoms should be readily available for all workers, employers should provide more family-friendly housing arrangements instead of single sex hostels, which promote an environment where less safe sexual behaviour is practised.

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Aids is spreading at a very rapid rate throughout South Africa. Recent statistics show that, in South Africa more than 4.2 million people are HIV positive (Ratau, 2000:11).

There are more than 34.3 million people living with HIV/AIDS around the world. South Africa is in the middle of an epidemic of HIV infection that has implications for all segments of Society. The impact of HIV/AIDS affects individuals in their productive middle years of life. It seems likely that industries that are labour intensive and involve migrant labour will be the hardest hit (Thebe, 2000:70).

Since the first cases of AIDS were diagnosed in 1981, the alarming growth of this epidemic has created a public health crisis. This has created a whole new set of challenges for all health workers with nurses at the fore front (Faugier and Hicken, 1996:115)

1.2 MOTIVATION FOR THE STUDY

The researcher identified that there was a high incidence of HIV/AIDS among Portnet industrial workers. Most of them were coming from rural and peri-urban areas. Their ages ranged between twenty seven (27) and thirty eight (38) years.

Some of them were single with multiple sex partners and others were married in polygamy marriage. This then aroused the interest of the researcher to investigate the profile of Portnet industrial workers.

According to Potgieter (2000:17), the HIV/AIDS in KwaZulu-Natal schools is frightening, and of particular concern is that the infection rate among people aged 16 to 25 years is increasing. She further explains that there is a clear need to provide teachers with health education skills so that they can teach HIV/AIDS awareness and prevention to pupils.

The Department of Education is running at a loss by subsidizing tertiary institutions, since young people are dying like flies with all the knowledge and skills accumulated at schools. On the other hand, in future, there may be fewer students since infants who are infected die before reaching school-going age (Mahlase, 2000:5; Whiteside, 2000:16).

Some industries also issue bursaries to University and Technikon students to ensure employment of skilled labourers in various employments. Unfortunately they lose money and prospective productive workforce due to this deadly disease HIV/AIDS (Schonteich, 1999:1)

Concerns are that:

HIV/AIDS is spreading fast and affecting young people aged 16 to 25 years who should be raising economy of the country (Potgieter, 2000:17).

People who are mostly affected are at childbearing age between 15 and 49 years, passing the virus to the unborn children. Data indicate that the vast

majority of infected children under 13 years have acquired the virus from their mothers who died from HIV/AIDS. These orphaned children become a burden on their relatives and they are also vulnerable to sexual violence. Government spends a lot of money to institutions for orphans. This growing pool of orphans will be at greater risk to engage in criminal activity. Welfare organizations will be overpopulated (Morgan, 2000:3; Thebe, 2000:70).

Women are vulnerable because they are being subordinated by men. That is why they must be taught sex education and say "NO" to sex. If women are able to earn a living, they will not be forced into risky sexual relations. young children are rape victims. People have untrue myths about HIV/AIDS. They believe that an HIV positive man will be cured of HIV/AIDS if he engages in sexual intercourse with a virgin. This is very dangerous since it contributes to increased sexual abuse of children (Mtalane, 1998:7).

Polygamy also increases the risk of contracting and spreading HIV/AIDS. Most sexual partners are not faithful to their partners. Surprisingly, this also happens in monogamous marriage. Some sexual partners work far from their families, they visit them after a month or so, thus ending up in multiple sexual relationship. On the other hand, there are females who are not faithful to their husbands especially if husbands are working far from home (Evian, 1995:18).

It is therefore important to identify the characteristics of people with HIV/AIDS so that health education can be channeled to them.

Researchers have undertaken studies on HIV/AIDS nationally and internationally as follows:

Nationally

Whiteside conducted a study during the year 2000 on "the impact of the Aids epidemic in organizations, business and the economy". His findings were that, sick workers are less productive at work and cannot carry on more demanding physical jobs. Employees who die or retire on medical grounds have to be replaced, and their replacement may be less skilled and experienced which may affect productivity and economy of the country. He also identified that there was increased absenteeism among workers with HIV infection, not only because of the ill health experienced by the employees, but because workers take time off to care for their families and for funeral attendance (Whiteside, 2000:1-3).

Another study was conducted by Amcoal, Eskom and Ingwe in Mpumalanga Province in 1997 on: **"The Private Sector and HIV/AIDS Management in South Africa"**. The aim was to establish a peer education project which sought to change sexual behaviour, including condom use. The findings revealed that: most companies are still in a state of denial about the epidemic, which could contribute to the fast spread of HIV/AIDS. He also identified that a few enlightened companies have recognized that the HIV/AIDS epidemic represent enormous cost to South African business over the next decade and that these companies recognise that managing HIV/AIDS at the workplace makes long-term economic sense (Michael,1999:6).

Internationally

The Ministry of Health and Social Welfare in Swaziland conducted a survey in 1998 on **"HIV/AIDS prevalence among in-patients"**. The aim was to

determine the prevalence of HIV/AIDS by age, sex and rural-urban residence. The findings revealed that: the rural hospitals reflected higher HIV/AIDS prevalence rates than the urban ones. The data also reflected that 2/3 of patients aged 20-39 were tested positive. This indicates that young people are mostly affected by HIV/AIDS(Swaziland National AIDS/STDs Programme, 1998:13).

In 1994 McHaffie conducted a survey in 1994 in the United Kingdom. The study was on **"Nurse Education on HIV/AIDS"**. The aim of study was to examine nursing's response to the identified problems of caring for people with HIV/AIDS. The findings were that: there are problems in providing education in the subject of HIV/AIDS since staff is perceived as inadequately trained to cope with this demanding area of teaching, there is lack of human resources and he further explained that because of the stresses experienced, those nurses who deal with patients with AIDS are affected by frequent deaths. He also identified that lack of managerial support, makes the task of preparing nurses to care safely and sensitively difficult. He identified the problem of failure of nurses to translate what they know into behavioural change by practicing safe sex in their personal lives or universal precautions for infection control in their professional lives. It is clear that this failure underlines a weakness in current provision of education (McHaffie, 1994:552-558).

In spite of these studies, there was a noticeable absence of research on the profile of workers who have contracted HIV/AIDS in industries. This study attempts to close this gap.

1.3 STATEMENT OF THE PROBLEM

The problem to be investigated was:

"What are the characteristics of Portnet workers who have HIV/AIDS and what are the implications of their characteristics to health education?"

1.4 PURPOSE OF THE STUDY

The purpose of the study was to obtain the individual worker's profile in order to identify factors contributing to the spread of HIV/AIDS and to determine relevant health education strategies.

Objectives

The study attempted to attain the following objectives:

- To determine individual's contributory factors to the spread of HIV/AIDS.
- To identify the areas to be covered when giving health education to the community.

1.5 ASSUMPTIONS FOR THE STUDY

It was assumed that:

- Migrant labour contributes to the spread of HIV/AIDS, as workers stay away from their homes and therefore are tempted to be unfaithful to their marriage partners by having extra marital relations.

- A large number of workers in industry reside in rural areas where they receive less exposure to AIDS awareness campaigns.

- Workers in industry with less education and receiving low salaries are mostly affected by HIV/AIDS.

- HIV positive workers do not accept their HIV positive status and therefore resist disclosure to their partners.

1.6 SIGNIFICANCE OF THE STUDY

The study will highlight the characteristics of workers in industry which might contribute to them spreading HIV infection. It will also assist health authorities to identify relevant approaches or strategies that will motivate public to accept AIDS as a killer disease and accept the methods of minimizing the spread of the disease.

1.7 DELIMITATION OF THE AREA OF STUDY

The study was conducted at Portnet Employee Care Centre at the Port of Richards Bay. Seeing that the Port of Richards Bay is where the researcher is based, it was convenient for the researcher and the target population was more accessible.

1.8 DEFINITION OF TERMS

Profile

A profile is a short biographical or character sketch (Kindersley, 1998:654). For the purpose of this study, a profile refers to characteristics of Portnet workers with HIV/AIDS.

Worker

A worker is a person who works, especially a manual or industrial employee (Kindersley, 1998:961). For the purpose of this study, a worker refers to Portnet industry employee who has HIV/AIDS.

HIV

Human Immuno deficiency virus is a retrovirus responsible for Aids (McFerran, 1994:214).

AIDS

Acquired Immune Deficiency syndrome is a syndrome caused by the human immuno deficiency virus which destroys a sub group of lymphocytes, resulting in suppression of the body's immune response (McFerran, 1994:11).

Implication

What is involved in or implied by something else (Kindersley, 1998:654). For the purpose of this study, implication means suggestion of the ways to be employed to combat HIV/AIDS at Portnet Richards Bay.

Health education

Health education means persuasive methods used to encourage people to adopt lifestyles that the educators believe will improve health and to reject habits

regarded as harmful to health (McFerran, 1994:205). For the purpose of this study, health education refers to health advices that will be given to the community with an aim of motivating them to adopt lifestyles that will prevent them from spreading HIV/AIDS.

OUTLINE OF THE RESEARCH REPORT

CHAPTER 1: ORIENTATION TO THE STUDY

This chapter presents the following:

1.1 Motivation for the study

1.2 Statement of the problem

1.3 Purpose of the study

1.4 Objectives of the study

1.5 Assumptions for the study

1.6 Significance of the study

1.7 Delimitation of the area of study

1.8 Definition of terms

1.9 Organization of the report

CHAPTER 2: LITERATURE REVIEW

This chapter contains the following:

2.1 Literature review

2.2 Theoretical framework

CHAPTER 3: RESEARCH METHODOLOGY

This chapter presents a description of the research methodology. It includes:

3.1 Research design

3.2 Preparation for the interview

3.3 Target population

3.4 Sampling and sample size

3.5 Method of data collection

3.6 Data collection

3.7 Pilot study

3.8 Ethical consideration

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the following:

4.1 Data analysis and interpretation

4.2 Discussion of findings

CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter presents the following:

5.1 Summary of the study

5.2 Summary of findings

5.3 Summary of profile of workers

5.4 Factors contributing to the spread of HIV/AIDS as identified from profile _

5.5 Conclusion

5.6 Implications for health education

5.7 Limitations

5.8 Recommendations

5.9 Recommendations for further research

1.9 **CONCLUSION**

The spread of HIV/AIDS has become one of the biggest global disease threat.

Millions of rands have been used to combat its spread, and care for the affected and orphans, unfortunately the incidence of HIV/AIDS infection continues to grow. Training and awareness campaigns seem to have little impact in combating the spread of HIV/AIDS. This situation requires close scrutiny to identify what the problems are (Adams, 1998:82).

CHAPTER TWO

2.1 LITERATURE REVIEW

2.1.1 Introduction

This chapter covers literature review on HIV/AIDS. It also includes previous research done on HIV/AIDS, articles from magazines, various professional journals and relevant books.

HIV/AIDS is an inhumane disease. Its virus fastens on humans already affected. It attacks the fetus, whose ability to defend itself is almost non existent. It attacks women in poverty, who are often the coerced sexual partners of infected drug users. It attacks women and children in the rural areas where poverty is concentrated. It mostly attacks Black Africans who do not have access to education, health, food, water, housing and other essential services. It invades the bodies of the drug addict, whose will to resist has already been captured by their habit. HIV/AIDS seems to seek for the weakest victims who are already victimized (Juengst, 1991:1).

2.1.2 Incidence

There are an estimated 33.6 million people living with HIV/AIDS, of whom 23.3 million are in Africa. In 1999 there were 5.6 million new infections, 3.8 million of them in Africa. Since the epidemic began, 16.3 million people have died of AIDS, 2.6 million of them during 1999. Life expectancy (which rose from 44 years during the 1950s to 59 years in the early 1990s) is said to drop to 45 years over the next five years (UNAIDS, 1999:2).

According to the Joint United Nations Programme on HIV/AIDS, the majority of the 5.6 million people worldwide who were infected with HIV/AIDS in 1999 were Africans and 13.7 million Africans have already died as a result of HIV/AIDS (UNAIDS, 2000:2).

Throughout the world, the number of women living with HIV/AIDS is growing at an alarming rate. Almost four-fifths (4/5) of all infected women live in Africa. In Sub-Saharan Africa there is a ratio of six women to five men infected. In the 15-24 year age group, the risk of HIV/AIDS infection for young women is even more disproportionate, that is, the ratio of young women to young men being 2:1. This indicates that more women are infected than men (Hayson, 1998:9).

According to Sex news, around the globe, eleven (11) people are infected with HIV/AIDS every minute. Statistics for the 22nd of May 2000, show that 36 346 825 people were infected with HIV/AIDS globally. In South Africa, 1600 new infections occur everyday (Sex news, 2000:1). HIV/AIDS is spreading rapidly, every single day 1 500 to 1 700 people in South Africa get infected. About 4.2 million people in South Africa had been infected with HIV/AIDS to date (Mboweni, 2000:3).

In South Africa the estimated number of people who are infected amongst adults at the end of 1997 was 12.91% or 2.8 million people. These figures do not include the number of children who are living with HIV/AIDS or the number of deaths in the child and adult population from HIV/AIDS. South Africa is the country with the highest number of people living with HIV/AIDS in Africa. The epidemic is unevenly spread in South Africa with over 26 % of pregnant women tested in anonymous antenatal government surveys infected in KwaZulu-Natal.

However, there are factors that help to provide an explanation for the high rate of HIV infection in South Africa. These factors are: the presence of other sexually transmitted diseases; gender of partner; unavailability of sexually transmitted diseases treatment and access to condoms; sexual behaviour which would include a number of sexual partners; rate of partner change; sexual practices; resistance to use condoms; behaviour change; migration and mobility; the status of women; level of violence; level of health care; national wealth and income distribution (Tallis, 1998:6).

Karim (1998:17) agrees that HIV epidemic is more advanced in some provinces such as KwaZulu-Natal, Mpumalanga and Gauteng. KwaZulu-Natal is the province hardest hit by the HIV/AIDS epidemic. He further explained that anonymous population-based surveys conducted in KwaZulu-Natal have demonstrated that HIV/AIDS is about four times more common among young women between the ages 15 and 25 years compared to men. He also identified that repeat antenatal surveys conducted in Hlabisa, a rural district in KwaZulu-Natal, demonstrated a rapidly rising incidence among women between the ages of 15 and 30, and that in 1997, more than one in ten women became infected with HIV.

Gupta (2000:18) maintains that more women are infected than men because of the following reasons:

Gender power inequalities

According to Gupta (2000:18-19), the imbalance of power in gender relations that favours men, results into an unequal power balance in heterosexual interactions. Men have greater control over women where male pleasure

supercedes female pleasure. This results in women being abused by men exposing them to HIV infection by not taking protective measures such as use of condoms during sexual intercourse. He further maintains that the vulnerability of women to HIV/AIDS is due to factors such as culture of silence that surrounds sex, where women are expected to have lack of knowledge about sex and passive in sexual interactions. This makes it difficult for women to be proactive in negotiating safer sex; the traditional norm of virginity for young unmarried girls which restricts them from asking for information about sex, thus having less knowledge as far as sexual issues are concerned. This increases risk to the spread of HIV infection since these young women will have no idea of practising safer sex.

Karim (1998:18) reveals that although the root of women's vulnerability lies in the imbalance of power between men and women, biological and sexual practices play an important role in the more efficient transmission of HIV infection in women compared to men. He highlights the following factors: the large exposed surface area of the vagina and labia compared to the penis; the more susceptible mucosal surfaces in the vagina as compared to keratinised penile skin and the presence of other STDs for example, syphyllis, gonorrhoea, discharges and ulcers. He also mentioned that the treatment of STDs can result in the reduction of HIV spread.

Gupta (1993:18) maintains that co-existing STDs increase the risk of HIV transmission. Wilkinson (1995:18) agrees that untreated STDs fuel the epidemic of HIV amongst women. He also maintains that stigma in seeking treatment for STDs may influence utilisation of health services by people infected with STDs resulting in an increased rise of people with HIV infection.

In 1993, Karim conducted a survey on "**women and HIV/AIDS**" at Nhlungwane in KwaZulu-Natal. His aim was to establish current safer sex practices such as use of condoms, non-penetrative sex and reduction in partner numbers. His findings were that women have little power in relationships and therefore are not in a position to negotiate safer sex practices with partners. He also identified that most married women and women in permanent relationships accept that their husbands or partners have other partners. He further identified that women have been forced to become and remain "sexual slaves" to their men because of lack of education and skills. Lastly, he established that condom use was rare and was perceived to be used with casual partners and not with regular partners (Karim, 1998:19).

Multiple sexual relations

People with multiple sexual partners are likely to spread HIV/AIDS. These people sometimes fail to employ protective measures, such as use of condoms to their sexual partners thus transmitting this deadly disease to their sexual partners (De Haan, 1991:129).

Some women are forced by some circumstances into polygamy such as death of a husband while a woman is still sexually active, that woman still needs a husband in her life, only to find that she can only get an offer from a married man. If she decides to have temporal sexual relationship with other men, which exposes her to HIV infection, she will be a social outcast. Polygamist have many women under them to control. Women are subordinated by men especially the unemployed women with low educational level. Wives compete with each other. Women even compromise their sexual rights because of economic dependence

to men, they fear desertion and violation to negotiate for safer sex thus exposing them to HIV infection (Ndivhuwo, 2000:4-5).

It is assumed that a married woman cannot refuse a husband's demand for sex whether with or without a condom. An empowered woman is viewed as a threat to her partner and by claiming her safety, such as use of condoms during sexual intercourse, she is perceived to be challenging male authority and thus deserving punishment. The majority of women are unemployed and feel that they cannot participate in decision making in the home. When a woman questions any decisions by her husband, such as failure to use a condom, she is seen to be questioning his authority which results in a beating. This further results in the fast spread of HIV infection. It is also highlighted that sexual abuse of children by their fathers, uncles and brothers make them vulnerable to contracting and spreading HIV infection to their prospective husbands. After exposure to such situations of rape, these young girls tend to ignore use of condoms during sexual intercourse (Dzivhani, 2000:15-16).

Gupta (2000:19) also agrees that individuals who have been sexually abused, are more likely to engage in unprotected sex, multiple partners and trade sex for money. He is also of an opinion that young school children are also kidnaped and raped by older men exposing them to HIV infection. He maintains that these young women fail to report such cases because of death threats from the rapists.

Mtalane (1998:7) maintains that some traditional healers tell HIV positive men that sex with a virgin can cleanse an infected man of HIV infection. Virginity therefore puts young girls at risk of rape exposing them to HIV infection. Gupta (2000:18-19) agrees that the economic vulnerability of women makes them

exchange sex for money or favours such as employment or promotion at the work area. This indicates fast spread of HIV/AIDS. Men go into an extent of physically abusing their wives for refusing to engage in sexual intercourse without a condom.

2.1.3 **Misconception about HIV/AIDS**

Potgieter (2000:2) maintains that some people have misconceptions about HIV/AIDS leading to people contracting and spreading the disease. She highlights the following misconceptions about HIV/AIDS: A belief that HIV/AIDS can only affect people who are promiscuous. She maintains that although having unprotected sex with many partners increases the chance of a person coming into contact with the virus, anybody can get infected with the HIV virus.

She also points out that people believe that only homosexual men get HIV/AIDS. She disagrees with that by saying that, most people throughout the world get infected through heterosexual contact. It is not only homosexual men who get infected with HIV virus.

She highlights that there is a belief that HIV/AIDS is either a Black or White man's disease but she disagrees with that, by stressing that anybody can become infected with HIV virus irrespective of colour race or gender. However Crookes et al (1992:16) maintains that the rate of transmission of HIV infection is higher amongst Blacks compared to the other race groups.

2.1.4 **Factors contributing to contracting HIV/AIDS**

Literature reveals that there are certain factors that expose the person to getting infected with HIV/AIDS such as:

Migrant labour

Due to lack of employment in rural areas, most men living in rural areas leave their women to go and work in cities like Johannesburg or Durban. These migrants often find themselves in lonely unfavourable environments. Most men cannot do household duties such as cooking, washing, ironing and others. They look for temporal female partners to help them with household duties. These men end up cohabitating, thus increasing the risk of the spread of HIV infection from girlfriends to the innocent wife (Evian, 1995:18).

Campbell (1997:51) highlights that since workers (migrants) come from impoverished rural areas where levels of unemployment are high, working on the mines despite its hardships and dangers, is one of the few options for economic survival. He further identified that these migrants are housed in single sex hostels, in an environment that offers restricted opportunities for social support since they live far from their families. He mentions that these migrants are tempted to have extra marital relations thus increasing the spread of HIV infection. He points out that these migrants become resistant to use condoms with their new sexual partners. They view regular "flesh to flesh" sex as necessary for a man's good health in order to maintain balanced levels of blood and sperms within the body. He explains that workers express concerns about mental and physical problems caused by build-up of sperms in a person. He

mentions that "flesh to flesh" is regarded as the only pleasurable way of meeting male sexual desires, with condoms being seen as cold and unpleasant.

Campbell (1997:53) maintains that when women fail to get employment in rural areas, they leave their homes, go to the cities in search for work. He highlights that if they cannot find work, they end up selling sex.

In 1999 Lurie conducted a study in Hlabisa on **"Migration"**. The aim of the study was to ascertain if migration does contribute to STDs and HIV. He identified that 80% of all households have more than one male who is a migrant, while 33% of households have a female migrant. This indicates fast spread of HIV infection by both men and women (Karim, 1998:20).

Formal sex work

Women's exclusion from the formal economy has forced them into exploring other options including sex work. There is formal sex work and an informal sex work. Formal sex work is found in a variety of settings such as escort agencies, where sex is sold for gain. At the informal level, sex is exchanged for gifts and other favours. A sex worker accepts any amount of money in exchange for sex in order to buy meals for her children. She could get HIV infection from the client who buys sex (Karim, 1998:190).

In 1998, Campbell conducted a survey on **"HIV prevention amongst commercial sex workers"** in a mining community in Carltonville near Johannesburg. His aim was to investigate on condom use. His findings were as follows: sex workers often agreed to unprotected sex with mineworkers despite fears of HIV infection because clients refused to pay for sex with condoms. He

also identified that most of the sex workers came from rural areas where they had left their families and children. He highlighted that most of them had lost contact with their families and assumed that these families thought that they had died. He further identified that these sex workers were subjected to insult and abuse from clients and also from other members of the squatter community where they lived (Campbell, 1998:54).

Poverty

South Africa's two biggest enemies are poverty and HIV/AIDS. Where there are higher levels of poverty, HIV/AIDS is even worse and vice versa. In South Africa, it is said that 19 million people are trapped in poverty, 72% of them live in rural areas where the poverty rate is 71%. The rural areas where most poor people live, still have least access to effective services such as clinics to convey the HIV/AIDS message to the public so as to combat the spread of HIV infection (Skweyiya, 2000:11; Harrison, 1998:3).

The rate of unemployment in South Africa is high. According to the report by UNAIDS in 1996, 52% of the 11 million people aged 16-30 years were unemployed. They ended up exchanging sex for paying school fees, some of them were exchanging sex for getting jobs and others needed shelter. Some of these young women ended up cohabitating for the sake of getting the favours they needed. This indicates that poverty spreads HIV infection when combined with low morals (UNAIDS, 1999:2). ATTIC (1997:14-15) is also of an opinion that poverty drives some women to selling sex. Many sex workers are young single mothers who are breadwinners.

Tshabalala-Msimang (2000:7) is of an opinion that poverty leads to malnutrition which contributes to infections such as HIV. When a person has lowered body resistance, the immune system is suppressed thus rendering him/her vulnerable to various infections. She further highlights that poor people cannot afford to buy drugs that boost the immune system such as Acyclovir which costs about R200.00.

UNAIDS (1992:2) maintains that in contrast to poverty, the rich people can also spread HIV infection while offering jobs or promotions at the work area. However HIV/AIDS affects everyone poor or rich.

Blood transfusion

HIV is most easily transmitted by direct introduction into the blood stream. Blood transfusion sometimes puts some people at risk of contracting HIV/AIDS, though blood is screened, but still there is a window period of three months that should be taken into consideration (De Haan, 1991:121). This is supported by WHO (1994:11), who maintains that the risk of contracting HIV/AIDS from a blood transfusion of a unit of infected blood is very high. WHO further highlights that HIV/AIDS is also transmitted through infected blood products such as blood plasma. Potgieter (2000:8) maintains that blood transfusions in South Africa are as safe as they can be made. She further highlights that since 1985, all blood donated is tested for HIV antibodies, and people who engage in high-risk activities are requested NOT to donate blood. Using intravenous drugs and sharing needles and syringes can result in infected blood being injected with the drug.

Drug and sexual abuse

Drugs which cause muscle relaxation and blood vessel dilatation, may enhance the absorption of the virus into the blood stream. People who engage in excessive use of alcohol and marijuana are at risk. Alcohol and marijuana lead to the suppression of the body's immune system leading to lowered body resistance and the persons are vulnerable in contracting diseases. In addition, these people use drugs and lose senses. When they engage in sexual intercourse, they forget about use of condoms, thus enhancing an individual's risk for developing HIV infection (Leukefeld, 1990:7).

Stevens (1999:1-2) reported an incidence on a "WOMEN'S HEALTH PROJECT NEWSLETTER" for November 1999 that a 14 year old girl had been raped by her two classmates after taking drugs. This indicates that even school teachers need to be involved in AIDS awareness campaigns so that they can teach pupils at school, emphasizing the dangers of drugs and alcohol and how drugs can facilitate spread of HIV infection. He further highlighted another incidence where a 54 year old father had raped his 14 years old daughter. The father was sentenced to jail for seven years instead of a life sentence, on the grounds that the rapist was not a threat to the society because the rape occurred in the family. This also indicates the importance of incorporating all the disciplines in the fight against HIV/AIDS to prevent spread of HIV infection.

According to Dzivhani (2000:14) women have been reported to have been sexually abused by their husbands following heavy drinking by the husbands. This indicates that HIV is contracted and spread within families. De Haan (1991:128) and Ngubane (1998:5) are also of an idea that since drug abusers

share needles in order to introduce a drug into the body, they are at risk of contracting and spreading HIV infection.

Sexually transmitted diseases

A sexually transmitted disease in either the HIV/AIDS negative or the HIV/AIDS positive partner, facilitates the transmission of HIV/AIDS. If a sexually transmitted disease such as syphyllis or herpes, causes an ulceration in the genital or perineal area of the uninfected partner, it becomes far easier for HIV/AIDS to pass into his/her tissues (WHO, 1994:11).

Leukefeld (1990:79) maintains that repeated exposures to the virus may increase the chances of developing HIV/AIDS. He further highlights that people who are seropositive should therefore not have unsafe sex or share needles with other seropositive individuals.

2.1.5 **Stages of HIV infection**

Aids is the end stage of HIV infection. A person who becomes infected with HIV virus will usually go through various clinical stages that occur over a long period of time (usually 5 to 12 years). HIV slowly damages the immune system (Potgieter, 2000:170).

Stages of HIV infection are as follows:

- **Early HIV infection**

  In the first 4 to 12 weeks after being infected with HIV, there may be a short "flu-like) illness which could cause the following: fever; sore throat;

tiredness; muscle and joint pains; some swelling of the lymph glands in the neck and under the arms (Potgieter, 2000:18).

- **Asymptomatic phase**

  The HIV test may be the only telling that a person is HIV positive. There may be no other signs for the first 1 to 5 years. During this phase, an employee would normally be able to continue with his/her work, even if it is a physically demanding job (Potgieter, 2000:18).

- **The minor symptomatic phase**

  According to Potgieter (2000:18) some individuals may develop minor signs and symptoms secondary to the HIV infection. These may include the following: weight loss; occasional fevers; chronic swelling of the lymph nodes; skin rashes; dry and itchy skin; fungal nail infections; recurrent mouth ulcers; shingles and recurrent infection of the throat.

- **The symptomatic phase**

  The immune system of an individual who is infected with the HIV virus continues to get deficient and the person becomes more likely to get infections from their environment. Signs of more severe HIV-related disease begin to appear, the most common signs being: oral or vaginal thrush; a hairy fungal growth on the tongue; herpes simplex or sores on the genitals; shingles/herpes zoster; severe pimples; persistent fevers; night sweats; skin rashes; persistent diarrhoea; weight loss and reactivation of tuberculosis (Potgieter, 2000:18).

- **Severe HIV-related disease/AIDS**

  Symptoms may vary from an individual person to another, depending on the bacteria which happen to invade that particular person's body. Some of them are as follows: persistent cough; chest pain and fever; pneumonia and other respiratory infections; persistent diarrhoea; nausea and vomiting; infection of the brain presenting with headaches and fits; cancer of the skin; severe tiredness and weakness; memory loss; mental problems and confusion; severe wasting of the body as well as difficulty in swallowing (Potgieter, 2000:10).

2.1.6 **People prone to contracting HIV/AIDS**

Commercial sex workers

A commercial sex worker is a person who sells sex for gain, therefore it is generally assumed that commercial sex workers contribute to the spread of HIV/AIDS since they normally obey the wishes of their clients, for example, when a client wants to have an unprotected sex, all depends on the size of his pocket. Unprotected sex being more expensive than protected sex. The status of sex workers make them vulnerable to acts of violence because of their behaviour which is unacceptable to most people (Karim, 1993,19).

Malepe (2000:2) agues that sex work contributes to HIV infection. She states that the efficiency of transmission from men to women is seven (7) times higher than from women to men.

Truck drivers

People working far from their families are prone to contracting and spreading HIV infection. These workers travel long distances with limited recreational facilities and restricted social contacts. They are then forced to buy sex along the way, to satisfy their sexual desires. They also experience problems in having their STDs treated while still away from their work environment, thus ending up having sexual intercourse while still infected which further leads to the spread of HIV infection (ATTIC, 1997:7).

Young people

Zulu (1998:1) maintains that more than half of the new HIV infections recorded worldwide occur in 10-24 years age group. He further highlights that parents need to ensure that they have all the necessary information to empower themselves against diseases such as HIV/AIDS, and that they need to educate and encourage their children to healthy lives by abstaining from sex, being faithful to their partners and use condoms.

Karim (1995:20) highlights that in South Africa the epidemiological data in 1995, revealed that the HIV prevalence is highest in young people between 15 and 30 years. He further maintains that the sexual behavior of young people such as being sexually active, failing to comply with abstinence, unfaithfulness to their partners and resistance to use condoms, exposes them to be at risk of contracting and spreading HIV infection.

Drug abusers

Leukefeld (1990:8) maintains that drug abusers are prone to contract HIV infection because they share needles. They also engage in casual sexual intercourse with multiple partners thus exposing themselves to HIV infection.

2.1.7 **Effects of HIV/AIDS in industry/country**

No country has been immune to HIV/AIDS and none will remain unaffected by HIV/AIDS. The behaviours through which HIV/AIDS is transmitted, occur in all societies. No sector will be able to isolate itself from the effects of HIV/AIDS. This epidemic will have a marked effect on business. The high cost of caring for the sick and dying will almost affect every business situation. Treatment of patients with weakened immune systems takes longer, requires more drugs and is very expensive. Since HIV/AIDS affects organizations in many ways, employers are motivated to educate employees for humanitarian, legal and economic reasons (Seligson *et al.* 1992:197).

According to World Aids Statistics, an estimated 3.5 million South Africans have HIV/AIDS, placing an enormous burden on the government which spends between R3 000 and R45 000 yearly for each patient (Potgieter, 2000:7).

HIV/AIDS has become a significant threat to South African business and companies. The workforce is functioning at a much reduced level of production (Bisseker, 1997:40-41).

The major concerns to business are reduced productivity and increased costs because of:

- Increased absenteeism among workers with HIV infection, not only because of ill health experienced by the employees, but because workers take time off to care for their families and for funerals especially for their wives. Therefore employers may increase the size of the workforce to provide for absenteeism. Loss of man hour in the case of sickness and loss of manpower through death especially of young productive worker has major implications on productivity. Sick workers are less productive at work and cannot carry out more demanding physical jobs.

- Loss of skills in an economy already critically short of skills, will create problems for the various industries and businesses. Employees who die or retire on medical grounds have to be replaced, and their replacements may be less skilled and experienced and require training (WOW Communications, 2000:40).

The South African Labour Relations Act (66 of 1995) protects employees with HIV/AIDS to a certain extent. When an employee fails to perform his/her duties to the required standard, he/she is dismissed from work on the grounds of ill health (Du Plessis, 1999:3).

Potgieter (2000:38) maintains that the direct costs of HIV/AIDS will be felt through escalating employee benefit and medical scheme costs since more people will die due to HIV/AIDS and more claims will be made.

Van der Walt (1997:31) states that should HIV/AIDS deplete the supply of highly skilled workers, employers will have to spend more on further training to accommodate and replace lost worker. He further highlights that companies are to look at the ways of reducing the impact of HIV/AIDS. He points out that

reducing the impact of HIV/AIDS by designing more effective health education programmes is expensive, but ignoring the epidemic will cost more. It would therefore be important for industries to keep the workforce healthy as long as possible. Infected employees will be productive for a longer period if they receive the medical, social and psychological support they need.

2.1.8 **Preventive measures**

While there is no cure for HIV/AIDS, preventive measures, form the major focus for health professionals to combat the disease (Rabbets, 1997:9).

Prevention is classified into three:

- Primary prevention
- Secondary prevention
- Tertiary prevention

- **Primary prevention**

According to Helvie (1991:230) the goal of primary prevention is to reduce the incidence and prevalence of diseases in the population. Therefore it is evident that primary prevention deals with the disease before it occurs. Francis (1997:17) states that the problem that needs to be addressed in HIV/AIDS, is to prevent it from those who have not yet contracted the disease. These people must be motivated not to contract the disease (HIV/AIDS), by abstaining from sex or be faithful to their partners or use condoms.

Weisfeld (1991:70) is of the opinion that to prevent HIV/AIDS people must acquire knowledge through health education. Health education programmes are

encouraged to modify sexual behaviour and to raise public awareness of the risks of HIV/AIDS infections. Without health education, the epidemic cannot be effected at its source.

Karim (1997:6) supports an idea of giving health education by emphasizing that in South Africa health education must be multisectoral, and that the government must not be seen as the only body involved in designing health education programmes to prevent HIV infection. He is also of an opinion that each and every citizen can contribute towards this struggle, since HIV infection affects everyone in one way or another.

Internationally, a number of organizations have committed themselves to fight HIV/AIDS. The Joint and Co-sponsored United Nations Programme on HIV/AIDS became fully operational in 1996. It aimed at coordinating United Nations' activities for the prevention and control of HIV/AIDS. Its focus was to strengthen United Nations' capacity to assist the government and civil society to respond to HIV/AIDS. Unfortunately the HIV/AIDS epidemic continued, with 8500 new infection a day. There was a continuing denial of the epidemic in some countries. Another challenge was the failure in many places to accept the evidence that HIV/AIDS prevention worked (Gordon, 1997:1252-1253).

In 1997 UNICEF continued to respond to the HIV/AIDS pandemic. UNICEF was involved in searching for effective and affordable ways to prevent HIV/AIDS transmission, the promotion of safe behaviour to reduce the risk of infection, especially among children and adolescents, and efforts to develop affordable community based strategies to help families especially women and children, cope with the impact of HIV/AIDS (Gordon, 1997:1218).

The Aids Training Information Counselling Centre (ATTIC) is one of the forerunners in the fight against HIV/AIDS virus. Attic has instituted a project aimed at increasing awareness of Aids issues and promoting safer sex practices (ATTIC, 1997:14).

In KwaZulu-Natal province (KZN), the youth Council is one of the forerunners in the fight against HIV/AIDS. It is empowered to become leaders in the struggle to prevent HIV infection through education and training (KwaZulu-Natal Youth Council, 1998:83). At the University of Zululand, an organisation named Dram Aide is also involved in the prevention of HIV infection. The purpose of Dram Aide is to create awareness of HIV/AIDS at schools with an aim of preventing the disease and also to foster emotional healing amongst people who have lost friends and relatives to HIV/AIDS related illness. The Dram Aide conducts quilt workshops in communities throughout KwaZulu-Natal (Sendah, 2000:10).

HIV/AIDS awareness programmes are also run at Portnet industry in the form of condom distribution to all departments, pamphlets distribution, video watching on HIV/AIDS, health education on HIV/AIDS, news flashes which are sent to all departments on a monthly basis with HIV/AIDS information.

Incorporation of family members in health education

Prevention of HIV infection can only be possible if the community and family members are involved. It is therefore of significance that family members be incorporated in the health education programme so that the infected person can feel free to disclose his/her HIV status without fear of rejection and discrimination. The spread of HIV infection will be controlled. Family members

will learn to care for their person infected with HIVAIDS, without them being infected (Mthembu, 1998:27; Zulu, 1998:3).

Traditional healers

It is generally accepted that the traditional healers can play an important role in preventing people from getting HIV infection. According to Sex News (1998:14), traditional healers are the first persons that Black people turn to in times of ill health. Traditional healers need to be involved in health education and form part of the multidisciplinary health team. Potgieter (2000:28) is also of an opinion that if traditional practices involving cutting of the skin and bleeding takes place, the blood must be properly disposed of and a new razor blade should be used for every person to avoid spread of HIV infection.

Prompt treatment of sexually transmitted diseases (STDs)

Potgieter (2000:14) maintains that the presence of some STDs such as genital lesions, facilitates the transmission of HIV infection, by promoting the entry of the virus into the body. Therefore treating the STDs is one of the most important methods for controlling the spread of HIV infection.

Commercial sex workers

Makhanya (1997:6) maintains that it is generally accepted that Commercial Sex Workers belong to the high risk group since HIV infection is mostly transmitted sexually. She also highlights that prevention of the spread of HIV/AIDS lies in educating those most at risk such as Commercial Sex Workers and their most

frequent clients, who are long distance truck drivers, through use of condoms.

Prevention of sexual abuse of women and young children

Dzivhani (2000:15-16) states that women are at risk of being sexually abused by their husbands for refusing to enter into sexual relations without use of condoms. He also highlights that children are being raped by their own fathers and relatives. This indicates why women have a high rate of HIV infection. Mtalane (1998:8) confirms that a number of young women have been sexually abused. These criminals introduce HIV infection due to misconceptions such as having sexual intercourse with a virgin cleanses an infected man of HIV infection. Stevens (1992:2) maintains that the Department of Justice has guidelines which make provision for life sentences for rapists, therefore these guidelines need to be adhered to in order to prevent spread of HIV infection by rapists.

Gender-power inequalities

Tallis (1998:13) maintains that women are the most oppressed sector of society due to inequalities of power relations between men and women. He further states that women are forced into risky sexual behaviour thus exposing them to HIV infection. He maintains that women who are HIV positive are subject to social ostracism and violence due to gender inequality. Therefore gender-power inequalities need to be addressed to reduce the spread of HIV infection amongst women. He further highlights the following preventative approaches to reduce the spread of HIV infection:

- Destigmatisation of condom usage and its association with illicit sex.

- Provision of forums for women to exchange experiences and ideas and build up a model of new behaviours.

- Improve STD services for women, since women find it difficult to go for STD treatment because of stigma.

- Improve women's economic status through access to education, training and employment.

- Strengthening existing community-based women's organisations to improve and expand services.

- Design programmes through participatory research that will mobilise community to question the unequal power in relationships.

Migrants to be allowed to reside with their families

Evian (1995:18) states that people in the rural areas live their families and work in cities. He highlights that they are then tempted to have extra marital relations. He maintains that some individuals are unfaithful to their partners, therefore they should be allowed to reside with their families probably they might be less tempted to enter into extra marital relations. Colvin (1995:20) maintains that a woman's risk of HIV is increased if her partner is a migrant worker. Health education on HIV/AIDS should therefore be given to workers to prevent spread of HIV infection by change of behaviour. He maintains that if they are tempted to sleep around, they must use condoms.

Protection of health professional

Some health professionals die from caring for HIV infected people, not from contracting it sexually. McHaffie (1994:552-553) maintains that high numbers of nurses and doctors have been found to be reluctant to care for patients with HIV virus. She further identified that those who are willing to care for these patients, report caring to be risky. She points out that lack of accurate information, negative attitudes and widespread misconceptions have led to changes in educational practice. Potgieter (2000:13) maintains that infection control at the workplace should be available and promoted, such as treating all blood and other body fluids as potentially HIV positive. She further states that there should be HIV/AIDS policies in place. She maintains that health professionals who are dealing with HIV infected people need to be protected by use of protective material such as latex gloves. She highlights that compensation should be available to workers who become infected after occupational exposure to HIV in their workplace.

Madikizela-Mandela (2000:13) states that if government can put more effort on AIDS awareness campaigns, millions of lives could be saved.

- **Secondary prevention**

Secondary prevention involves early diagnosis of the disease and prompt treatment and prevention of complications. It deals with the already present disease. This is the curative part. It involves treating the people who have the disease. In HIV/AIDS, early diagnosis is done through testing (Helvie, 1991:231). Van der Maas (2000:14) maintains that as there is no cure for HIV/AIDS as yet, health education programmes should run at every workplace.

Identification of people with HIV/AIDS

Potgieter (2000:31) maintains that every person has the right to privacy, dignity and body integrity, therefore with the HIV test, a person must know why the test is done and what the results will mean for him/her, before agreeing to the blood being taken for HIV testing. She further maintains that a person should receive pretest counselling followed by the post test counselling when the results of the test are given to the patient.

Heywood (1998:2) highlights that some people do not want to go for HIV testing because of discrimination and lack of care for patients with HIV/AIDS. He further maintains that there is no cure yet to eliminate the HIV virus from the body, probably that is why people do not want to come for HIV testing. He points out that treatments such as the antiretroviral drugs, have improved general health and reduced mortality in other countries but there are drastic side effects.

Faber (1992:157-158) maintains that HIV testing may be done on request by: the patient who becomes informed about HIV/AIDS; rape victims who may be concerned about HIV; a staff member who may be anxious about becoming infected after a needle prick injury and contacts of a known HIV positive patient.

Potgieter (2000:31) maintains that, children under 14 years of age and adults who are mentally ill cannot give consent to HIV testing, in such cases another person with legal capacity can give consent to it.

As stated by Mandela (1998:2), one of the most reliable ways to measure the spread of HIV/AIDS is through routine AIDS test on pregnant women attending government hospitals; some are identified on blood donation clinic and others

are identified when suffering from HIV related diseases such as enlarged lymph glands, tuberculosis, herpes zoster and others.

Potgieter (2000:32) maintains that Labour Relations Act (28 of 1956) prohibits unfair discrimination of employees with HIV/AIDS. She further maintains that HIV testing is done on voluntary basis, even on pre-employment it is not compulsory. She is also of an opinion that frequent counselling on HIV/AIDS by health workers and Aids counsellors is of significance to prevent further spread of HIV/AIDS. She states that people infected with HIV virus need to be motivated to accept their HIV status and learn to disclose their HIV status, this will help them live longer with their disease. She is also of an idea that counselling of family members and partners with the consent of the person with HIV infection is of significance so that the family members may learn to accept their family member with the disease thus giving him/her necessary support, sympathy and empathy. She further highlights that giving the person necessary support, reduces stress which is caused by psychosocial factors such as discrimination and rejection. She also points out some ideas that may help people with HIV infection live longer as follows:

Eating nutritious foods

Nutrition is good for health. The immune system of a person with HIV/AIDS becomes weak, therefore eating good nutrition helps boost the immune system thus fighting the infections.

Good hygiene

Cleanliness is essential for good health. It helps to prevent the spread of infections and diseases. Therefore, body hygiene needs to be maintained; clean cooking and eating utensils; clean bedding and clothes, clean and safe water as well as clean bedding and clothes.

Rest and relaxation

During the period of relaxation, the body builds up, therefore relaxation of a person with HIV/AIDS is of importance. Rest is important in preventing the immune system becoming even weaker.

Avoiding smoking and alcohol

Smoking is harmful to anyone. Smoking damages the lungs and other parts of the body and increases the risk of certain infections, diseases and cancers. A person with HIV/AIDS has a weakened immune system, smoking and alcohol increase the likelihood of infections and disease even further (Leukefeld, 2000:7).

Avoiding becoming reinfected with HIV

Potgieter (2000:26) maintains that a person who is already infected with HIV can become re-infected through unprotected sexual intercourse with another person who is infected. This increases the amount of virus in the person's blood and can result in symptoms of AIDS developing much sooner.

Avoiding pregnancy

Pregnancy is thought to speed up the progress of HIV infection. It is also possible for the virus to be transmitted from mother to unborn child during pregnancy, birth or lactation. A pregnant woman should be given option of undergoing antiretroviral therapy as a therapeutic intervention to reduce maternal transmission. After delivery they should be given access to milk formula and feeding bottles to avoid breast-feeding in order to reduce the risk of maternal transmission (Aalbers, 1998:14).

- **Tertiary prevention**

According to Potgieter (2000:27) people with HIV/AIDS experience rejection and discrimination by partners and family members. Rejection is not always the result of fears of contracting the disease. Often it occurs because family members, friends and neighbours do not know how to cope with a person who has a terminal disease. They feel embarrassed and withdraw from a person who most needs their love. Most people with a terminal illness such as HIV/AIDS find spiritual support a great source of comfort and strength, helping them cope with feelings of guilt, fear and emotional stress. As death approaches, spiritual support becomes even more important, not just for the dying person but for other family members as well. Most HIV sufferers are not admitted in hospitals, the relatives are left with the burden of caring for their sick people.

Potgieter (2000:20) further maintains that people with HIV/AIDS who are in advanced stages of HIV infection and have symptoms of AIDS need to be cared for by their family members at home than in hospital. She further points out that the family must be able to protect and promote their own and each other's

health when the home care team is not there. She indicates that the family will not have a health care team with them all the time, therefore the family must know how to provide the necessary care having been taught by the Home Based Care team or the Primary Health Care nurse. She maintains that the health care team will also teach the family of the HIV infected person to manage common symptoms of AIDS at home such as fever, diarrhoea, skin problems, pain, sore mouth, difficulty in breathing and mental confusion. The family will also be taught about the infection control at home such as safe disposal of blood and other body fluids.

At Richards Bay, there is Ethembeni centre for terminally ill patients which was established by a group of surrounding industries, Portnet industry being one of them.

2.1.9 **Conclusion**

Literature reveals that the threat of HIV/AIDS to our society is very real. Literature also highlights that it is not too late to stop further infection to those who may be infected by their sexual partners. It is not too late to prevent further perinatal transmission to children. More weapons are needed to fight HIV/AIDS and to avoid further casualties (Leukefeld, 1990:32).

2.2 **CONCEPTUAL FRAMEWORK**

2.2.1 **Introduction**

A study on profile of workers at Portnet industry, in Richards Bay, who were HIV positive was guided by a behavioural system model by Dorothy E. Johnson.

The purpose of the study was to identify the characteristics of workers at Portnet industry, who have contracted HIV/AIDS. The study was also aimed at determining factors that might be contributing to the spread of the disease.

Since it is assumed that HIV infection is commonly sexually transmitted, the suggested actions for prevention such as abstinence, faithfulness and condom use, require individual's change in behaviour. Dorothy E. Johnson's behavioural system model was therefore considered relevant to the study.

2.2.2 **Behavioural System Model**

Johnson defines behaviour as the output of the organism's internal structures, as they are coordinated and articulated by and responsive to changes in sensory stimuli (Mariner, 1986:285). Johnson maintains that behaviour is affected by the actual implied presence of other people which contributes to an individual's adaptation (Mariner, 1986:285). This implies that other social beings can influence another social being to change his/her behaviour positively resulting to adaptation to his/her internal or external environment.

Man is viewed by Johnson as a system, that is, a whole that functions holistically by virtue of its interdependent parts. Each of these interdependent parts affects the way in which an individual will interact with the environment. This implies that any change in one subsystem can directly or indirectly affect any other subsystem. Man as a behavioural system possesses patterned, repetitive and purposeful ways of behaving, which form an organised and integrated functional unit, that determines and limits the interaction between the human being and his environment. She further states that, this functional unit also establishes the relationship of the individual to the objects, events and situations within the

environment. Johnson maintains that man is a behavioural system that tries to achieve stability and balance by adjustments and adaptations that are successful to a certain degree for efficient and effective functioning. She further views man as a flexible behavioural system that is capable of accommodating the influences affecting it (Mariner, 1986:285).

Fitzpatrick & Whall (1996:91) maintains that, since man is determined by actions and behaviours, these actions and behaviours are regulated by biologic, psychological and sociological factors. Each person has a unique pattern of actions, distinguishing him/her from other behavioural systems, namely, other persons.

Johnson maintains that, since man is a behavioural system, he has several tasks to perform, and thus has subsystems with specialised tasks, she identifies seven subsystems, which are:

Attachment-Affiliative subsystem

Johnson maintains that the attachment-affiliative subsystem forms the basis for all social organizations and it provides survival and security (George, 1995:130). This subsystem is relevant to this study, since it is generally agreed that people with HIV/AIDS experience rejection and discrimination by the society and sometimes by their family members. In this study therefore, Portnet industry workers may be experiencing the same consequences, or they may have fear of being rejected or discriminated if disclosure is practiced. Some people even develop suicidal tendencies once diagnosed as HIV positive. They therefore require social inclusion, intimacy and strong social bond from the work situation,

the family, the society and more specifically the health profession. This will provide them with a sense of security.

The role of the nurse is to assess whether this subsystem (attachment-affiliative) is developed. The assessment should focus on the presence of the significant others in the society to which the individual is a member. The significant others are the family members such as the wife for the married man, and the husband for the married woman and any other member of the family. In the absence of this subsystem, the nurse will attempt to give health education to the family members with the aim of developing intimacy. That is why there are trained AIDS counsellors to develop this attachment-affiliative system.

The affected person accepts the disease and the family accept the affected person. The role of the nurse is to help family members to meet his needs. Once this subsystem is developed, the affected individual will feel accepted and secured and therefore his behaviour might change. He might be willing to use a condom to his wife or girlfriend.

The Dependency Subsystem

According to George (1995:130), the dependency subsystem promotes helping behaviour that calls for nurturing. She also points out that the result of the dependency behaviour is the approval, attention or recognition and physical assistance. She further states that it is difficult to separate the dependency subsystem from attachment-affiliative subsystem because without someone attached to the individual, to respond to the individual dependency behaviour, the dependency subsystem is not developed.

This is applicable to people who have been diagnosed as HIV positive since they now feel that this is a deadly disease, they may not live longer. They need someone close to them who is going to nurture and comfort them, who is going to have sympathy and empathy, who is going to tell them that they can still continue with their own jobs. That is why the South African Labour Relations Act (66 of 1995) says that they should not be discriminated since discrimination weakens dependency.

As in attachment-affiliative subsystem, the nurse can play the major role in encouraging intimacy and nurturing of the affected within the family. As these people with HIV/AIDS are employed, it is the role of the occupational health nurse working in industry to encourage intimacy, empathy and sympathy so that there is no discrimination.

Biological Subsystem

George (1995:130) refers to this subsystem as the ingestive subsystem. She maintains that it relates to the behaviour surrounding the intake of food. It has to do with conditions under which we eat and when, how and under which conditions we eliminate. It is also associated with social, psychological and biological considerative.

According to Fitzpatrick *et al.* (1996:94), sociological and psychological factors are viewed as not only influencing the biological aspect of these systems but also as being occasionally in conflict with or taking precedence over them.

George (1995:130) confirms that this subsystem is applicable to this study since the HIV positive people have an affected immune system, they have

lowered body resistance which makes them susceptible of developing other opportunistic diseases like Tuberculosis and other infections. They lose weight drastically. George (1995:30) states that the loss of weight is not only due to poor nutrition but it is also due to psycho-social factors because of lack of intimacy and being discriminated by the society. Sometimes HIV/AIDS sufferers are not willing to take food.

The role of the nurse working in industry or where there are people with HIV/AIDS, is to conduct health education and counselling, where they are educated about the nourishing food that they should take and avoidance of alcohol and drugs. The nurse should encourage the employers to place employees with HIV infection where there are no risks of getting other infections, for example, to work in dust-free zones. This will encourage the individual to change his/her behaviour if he/she sees that he/she is well catered for. He will be emotionally stable, adapt to the condition and can even be motivated to take nourishing food.

Sexual Subsystem

According to George (1995:131), the sexual subsystem is related to procreation (reproduction). Mariner (1986:286) states that the sexual subsystem has the dual functions of procreation and gratification. She further highlights that it involves courting and mating which are responses that begin with development of gender, role and identity.

George (1995:131) further highlights that the sexual subsystem behaviours are affected by both biological and social factors since these behaviours must be acceptable to the society at large. Therefore cultural norms and values influence

the consequences of this subsystem. Most people are resistant to change their sexual behaviours. Some people are promiscuous, they use sex for enjoyment and not to reproduce.

The sexual subsystem is applicable to this study since the HIV virus is mainly transmitted through sexual intercourse. Most people with HIV infection have more than one sexual partner which increases the rate of spread of HIV infection from one partner to another.

The role of the nurse is viewed as a person who can motivate people with HIV/AIDS to change their sexual behaviour by abstaining from sex or by being faithful to their partners, by avoiding to engage in extra marital relations or use condoms to prevent spread of HIV infection. Should they have abstained from sex, they must have pretest before deciding on having a baby. Health education and counselling should be given to the affected people so that they accept their HIV status and be willing to protect themselves and others through protected sexual intercourse. People with HIV/AIDS need to be advised to avoid reinfections since reinfections increase the amount of HIV virus in the blood (viral load) which can result in symptoms of AIDS developing much sooner.

Aggressive Subsystem

George (1995:131) uses the aggressive subsystem as the behaviour concerned with self protection and self preservation. She further explains that aggressive subsystem is the one that generates defensive responses from the individual whose life is threatened.

This is relevant to the study because people who are HIV positive, when first told that they are having the positive HIV status, they first display a denial defense mechanism. Most of them deny that they had unprotected sex, some even ask "where did I get this"? Some even blame the pathologist saying that they are giving them somebody else's results. Probably this might be a reason why most of them do not disclose that they are HIV positive, especially married men and women when they contract HIV infection from extra marital relations. Such behaviour needs to be changed through health education and counselling.

The nurse in this study is viewed as being able to motivate people with HIV/AIDS to change their behaviour (sexual behaviour) and also to shift their defensive to the acceptance and adaptive behaviour. The acceptance and adaptive behaviour may encourage disclosure and willingness to adhere to protected sex such as use of condoms resulting in less spread of HIV/AIDS infection.

Achievement Subsystem

Fitzpatrick *et al.* (1996:93) describes the achievement subsystem as mastery or control of some aspect of the self or environment as measured against some standard of excellence. The proposed consequences include physical, creative, mechanical and social skills. The achievement subsystem is applicable to this study because some HIV positive people develop stable emotional status after frequent counselling sessions.

The restorative subsystem

Fitzpatrick *et al.* (1996:94) describes the restorative subsystem as being responsible for relieving fatigue or to redistribute energy to achieve a state of

equilibrium. She further explains that equilibrium means a stabilized but more or less transitory resting state in which the individual is in harmony within himself and with his environment. She also highlights that this system strives for a balance with the external influences.

This subsystem is applicable to this study because people with HIV/AIDS are fatigued, have lost energy because some of them cannot take good nutrition. They have lowered body resistance due to diseases like diarrhoea and vomiting. They enter into a state of disequilibrium because there is no homeostasis. The disequilibrium is also caused by psychological factors such as being infected with a deadly disease (incurable disease) which means unavoidable death. Social factors such as discrimination and rejection of people with HIV/AIDS do cause disequilibrium.

The role of the nurse is viewed as the one that can best restore equilibrium to an optimum level, by providing psychological support through health education and counselling, encouraging the individual to accept his/her HIV positive status, advising the person with HIV infection of the healthy ways of living to prolong life by taking good nutrition, getting medical help, rest and relaxation, avoiding alcohol and smoking and avoiding reinfection with HIV virus. The role of the nurse is also viewed as the one that can give health education and counselling on HIV/AIDS to family members and the society at large, so that they learn to accept people with HIV infection thus restoring the equilibrium of the person with HIV/AIDS.

2.2.3 **Conclusion**

People who have accepted their HIV status, developed an attachment-affiliative subsystem by developing intimacy and strong social bond; the dependency subsystem by getting physical assistance where required; the biological subsystem by sticking to good nutrition; the sexual subsystem by being motivated to change their sexual behaviour; the aggressive subsystem by accepting and disclosing their HIV status; the achievement subsystem by reaching a stable emotional status and the restorative subsystem by achieving a state of equilibrium, live longer (Potgieter, 2000:23-27).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter covers the research design, preparation for the interview, target population, sampling and sample size, method of data collection, data collection, pilot study and ethical consideration.

3.2 RESEARCH DESIGN

The research design in this study was the cross-sectional descriptive study design. This method was chosen because data is collected from a representative segment of a population at one point in time (Grimm & Wozniak, 1990:233). The advantage of the descriptive design is that, it accurately describes characteristics of an individual, a situation or a group. The descriptive method was suitable for the study as it aimed at describing the profile of HIV positive workers in industry and its implication to health education.

3.3 PREPARATION FOR THE INTERVIEW

Preparation of the research instrument was done in consultation with the research specialists.

3.4 TARGET POPULATION

The target population for this study was all fifty (50) Portnet employees from Bulk Metal Terminal, Dry Bulk Terminal and Infrastructure Departments of Portnet industry who have contracted HIV/AIDS.

3.5 SAMPLING AND SAMPLE SIZE

All fifty (50) Portnet industry workers with HIV/AIDS were requested to participate in the study. The sample was composed of forty nine (49) males and one (1) female between the ages eighteen (18) and fifty nine (59) years with HIV/AIDS infection. The reason of having more males than female respondents was that, at the Port of Richards Bay, there are more males than females. The sample was therefore biased as it consisted mainly of male workers. The results obtained were also based on the information given mainly by male workers.

3.6 METHOD OF DATA COLLECTION

Data was collected by means of a structured interview schedule. The advantage of using the structured interview was that, it was appropriate because the aim was to ask specific questions which would reveal certain information as needed by the researcher. It also helped to ensure that questions were well understood and no questions were left unanswered.

3.7 DATA COLLECTION

Face to face structured interviews were held with all the respondents. Time spent with each interviewee ranged between 30-45 minutes. Each respondent was

interviewed separately in a special room to ensure privacy and confidentiality to the information given. This was done in order to ensure that all questions were directed on obtaining the information required by the researcher. Fifty (50) copies were used. On the copies of interview schedule, numbers instead of the respondents names were used to ensure confidentiality. The interview schedule was prepared in English and it had close and open-ended questions. The researcher did not encounter any problems since all questions were answered. Interviews were conducted in Zulu, therefore language did not present a barrier to the interviewees since they were all Zulu speaking, like the researcher. The results were later translated into English by the researcher. The researcher interviewed the respondents herself, so she was there to clarify or rephrase the questions. Every effort was made to create a situation in which both the respondents and the researcher would feel relaxed and where confidentiality could be guaranteed. Interviewees were free in answering questions since they were familiar with the interviewer. The interviewees (respondents) learnt a lot during the interview, since they were free to ask questions pertaining to HIV/AIDS during an interview. The interviewer was familiar with conducting interviews, based on the previous experience. The interviewer got more information on the respondents' lifestyles and health education was given at the same time. The researcher experienced that those respondents with no education together with those with primary education, took long to answer questions which gives a reason why other respondents took 45 minutes during the interview. The educated respondents took less time since they were brief and to the point.

3.8 **PILOT STUDY**

The interview schedule was pretested before being presented to respondents for the main study. The pilot study was conducted on five (5) workers with HIV/AIDS

at Portnet Richards Bay, to pretest the validity and reliability of the instrument. The pretest group did not form part of the main study. Improvements were made to some questions which were ambiguous such as those questions which tend to give one answer. This was done in consultation with the research specialists. Wilson (1993:15) maintains that a pilot study is necessary as it assesses the adequacy of the data collection plan. It enables the researcher to make improvements before the principal study is done.

3.9 **ETHICAL CONSIDERATION**

Research on human subjects requires ethical precautions to be taken (Mchunu, 1997:43).

Luthuli (1998:25) maintains that the subjects must be free to accept or decline participation in a research study. Permission to conduct research was therefore sought and obtained from Portnet industry authorities. Workers at Portnet with HIV/AIDS were requested to participate in the study. The purpose of the study was explained to each respondent. The respondents were reassured that the information was required for research purposes only, and that information would be strictly confidential. They agreed to participate after the explanation and their permission obtained prior to the participation, both verbally and in writing.

Respondents were interviewed separately. Numbers were used instead of correct names in order to ensure anonymity and confidentiality.

3.10 **CONCLUSION**

The methodology used for this study was explained in this chapter, which was the cross-sectional descriptive study design. Data was collected through interviews which were conducted by the researcher. Data collected was analysed and interpreted in the next chapter.

CHAPTER FOUR

4.1 DATA ANALYSIS AND INTERPRETATION

4.1.1 Introduction

This chapter presents the data that was collected and analysed. The analysis and interpretation of data is in the form of tables, bar graphs and pie diagrams.

SAMPLE REALISATION : DEMOGRAPHIC DATA

4.1.2 Age distribution

Age was investigated because research studies reveal that the incidence of HIV/AIDS is high among young people because they are sexually active, and are at childbearing age.

The age range was as follows:

TABLE 1: AGE DISTRIBUTION OF RESPONDENTS N=50

RESPONSES	FREQUENCY	PERCENT
18-24	4	8
25-31	12	24
32-38	16	32
39-45	9	18
46-52	8	16
53-59	1	2
TOTAL	**50**	**100**

Table 1 shows that out of fifty (50) respondents (100%), sixteen (16) (32%) were between 32 and 38 years of age. Twelve (12) (24%) were between 25

and 31 years of age. The large number which is sixteen (16) (32%) between 32 and 38 years and twelve (12) (24%) between 25 and 31 years of age, was due to the fact that at Portnet industry, people get permanent employment from the age of 25 years. Nine (9) (18%) were between 39 and 45 years of age. Eight (8) (16%)were between 46 and 52 years of age. Four (4) (8%) were between 18 and 24 years of age, probably this might have been due to the fact that this age group is employed at Portnet industry on temporary basis and therefore few in number as most people dislike temporary employment. Only one (1) respondent (2%) was between 53 and 59 years of age, this was due to the fact that workers at this age group are considered as being less productive and most of them get boarded because of ill health.

4.1.3 **Gender distribution**

The aim of investigating on gender was to identify the number of females and male employees in industry with HIV/AIDS, so that health education and counselling on HIV/AIDS can be properly planned.

FIGURE 1: PIE DIAGRAM OF GENDER DISTRIBUTION OFRESPONDENTS N=50

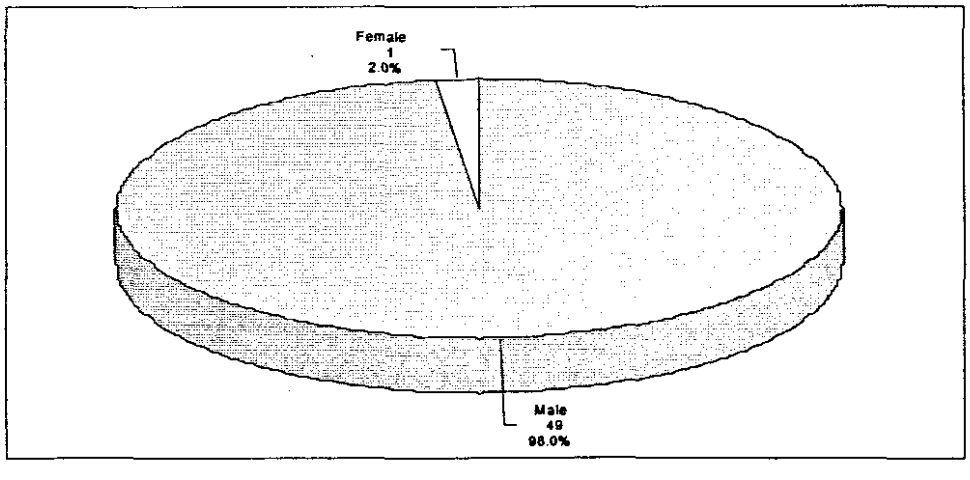


Figure 1 reflects that out of fifty (50) respondents (100%), forty nine (49) (98%) were males and one (1) (2%) was a female. This was attributed to the fact that Portnet industry employed more males than females.

4.1.4 **Class of worker**

The class of worker was investigated in order to determine the class of worker that is mostly affected by HIV/AIDS at Portnet industry.

The response was as follows:

TABLE 2: RESPONSES ON CLASS WORKER N=50

CLASS OF WORKER	FREQUENCY	PERCENT
Skilled labourer	11	22
Unskilled labourer	39	78
TOTAL	**50**	**100**

Table 2 shows that out of fifty (50) respondents (100%), thirty nine (39) (78%) were unskilled workers. Unskilled labour is generally associated with lack of education and poverty which may contribute to lack of awareness and understanding the HIV infection process. Out of eleven (11)skilled labourers (22%), one (1) (2%) was a female.

4.1.5 **Educational level of respondents**

It was important to request information on the educational level of respondents, so that health education would be planned according to the level of education of individuals, to facilitate better understanding.

The response can be seen in table 3 below:

TABLE 3: EDUCATIONAL LEVEL OF RESPONDENTS N=50

EDUCATIONAL LEVEL OF RESPONDENTS	FREQUENCY	PERCENT
Never been to school	6	12
Primary education	29	58
Secondary Education	9	18
Tertiary Education	6	12
TOTAL	**50**	**100**

Table 3 reveals that out of fifty (50) respondents (100%), twenty nine (29) (58%) had primary education and six (6) (12%) had never been to school. This has an implication on strategies implemented when giving health education on HIV/AIDS to this group of workers.

4.1.6 **Educational level of respondents' partners**

Respondents were further requested to state their partners' educational level, in order to assist in the facilitation of health education planning according to the educational level of the family.

The response was as follows:

TABLE 4: RESPONSES REGARDING EDUCATIONAL LEVEL OF RESPONDENTS' PARTNERS N=50

EDUCATIONAL LEVEL OF RESPONDENTS' PARTNERS	FREQUENCY	PERCENT
Never been to school	11	22
Primary education	30	60
Secondary education	5	10
Tertiary education	4	8
TOTAL	**50**	**100**

Table 4 shows that out of fifty (50) respondents (100%), thirty (30) partners (60%) had primary education and eleven (11) (22%) had never been to school. This implies that, health education needs to be planned at the level at which the family can best understand. Probably lack of understanding and ability to read expose them to the spread of HIV/AIDS as they might have not been aware of the prevention methods. Five (5) respondents (10%) had secondary education while four (4) (8%) had tertiary education. This indicates that even highly educated people do spread HIV infection.

4.1.7 **Methods used to give health education on HIV/AIDS**

Determining the methods of how HIV/AIDS information was presented, could assist in identifying if methods used could make the illiterate and those with primary education understand the information. It was therefore necessary to investigate how the information on HIV infection was presented from thirty five (35) respondents 70%, six (6) (12%)of whom had never been to school and twenty nine (29) (58%)of whom had primary education.

Responses were as follows:

TABLE 5: METHODS USED TO GIVE HEALTH EDUCATION ON HIV/AIDS

N=35

METHODS OF PRESENTATION	FREQUENCY	PERCENT
Health education in Zulu by Portnet Nurses	35	100
Zulu leaflets at Portnet Clinic	35	100
Zulu posters at Portnet Clinic	35	100
Zulu video cassettes at Portnet Clinic	35	100
Radio and Television (Zulu medium)	35	100
TOTAL	**35**	**100**

* Respondents were free to give more than one answer.

Table 5 indicates that out of thirty five (35) respondents (100%), twenty nine (29) (82.8%) who had primary education and six (6) (17.2%) who had never been to school stated the methods used in giving information on HIV/AIDS such as health education by Portnet industry nurses which was presented in Zulu; distribution of Zulu leaflets on HIV/AIDS; watching Zulu video cassettes on HIV/AIDS and listening to radio and television in Zulu medium. The six (6) respondents (17.2%) who had never been to school were asked to state how they would get the information from the Zulu leaflets that they requested, they stated that they would ask their children to read for them.

4.1.8 **Partners awareness of respondents' HIV Status N=50**

Respondents were asked if their partners were aware of their HIV status. The aim of requesting this information was to identify the problems respondents might have in revealing their HIV status to their partners. Health education would then be based on the disclosure of HIV status.

FIGURE 2: PIE DIAGRAM ON PARTNERS AWARENESS OF RESPONDENTS' HIV STATUS N=50

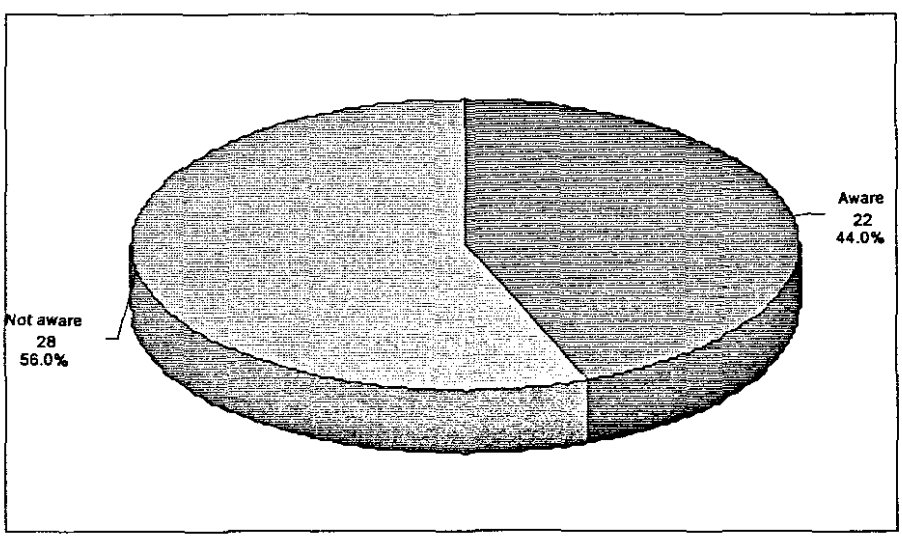


Figure 2 reveals that out of fifty (50) respondents (100%), twenty eight (28) (56%) did not reveal their HIV status to their partners, one of them was a female. Twenty two (22) (44%) revealed their HIV status to their partners, which indicates that health education had made them realise the importance of disclosure.

4.1.9 **Reasons for not revealing HIV status**

The twenty eight (28) (56%) respondents who did not reveal their HIV status to their partners were further requested to state the reasons for not revealing their HIV status. The response was as follows:

TABLE 6: REASONS FOR NOT REVEALING HIV STATUS N=28

REASONS FOR NOT REVEALING HIV STATUS	FREQUENCY	PERCENT
-My family would discriminate against me.	3	10.4
-I live in a rural area and those people have preconceived ideas about HIV/AIDS, thus preventing empathy with person who has HIV/AIDS.	4	14.3
-My family would react emotionally since they do not understand easily.	3	10.4
-I am scared that my partners might live me.	2	7.2
-My partners might tell other people forgetting that this is confidential.	3	10.4
-It is not easy to tell the other person of your HIV status because she/he would think that you are a prostitute.	1	3.6
-Once I tell my family, they will avoid sharing with me whatever I use because of ignorance.	2	7.2
-I am scared that my partners might tell my "boss" at work and the boss could fire me.	3	10.4
-Once other people know that I am HIV positive, they might joke about AIDS thus hurting me more.	3	10.4
-I do not want to cause distress to my partners.	4	14.3
TOTAL	**28**	**100**

Table 6 shows that out of twenty eight (28) respondents (100%), four (4) (14.3%) stated that people from rural areas where they stay, have preconceived

ideas about HIV/AIDS thus preventing empathy with the infected person. Four (4) (14.3%) stated that they did not want to cause distress to their partners; three (3) (10.4%) feared emotional reaction by family members since they do not understand easily; three (3) (10.4%) feared that their partners might tell other people forgetting that this is confidential; three (3) (10.4%) feared that their partners might tell the "boss"at work and the "boss" might fire them; three (3) (10.4%) feared that people might make a joke about it thus hurting them more; two (2) (7.2%) feared rejection by family members; two (2) (7.2%) thought that their partners might leave them once they are aware; three (3) (10.4%) feared that their families would discriminate them; one (1) female respondent (3.6%) had a feeling that telling other people is not wise since people have a belief that HIV/AIDS is for prostitutes. This indicates that health education should include misconceptions that people have about HIV/AIDS.

4.1.10 **HIV status of respondents' partners N=50**

Knowing the HIV status of partners of Portnet workers who were infected with HIV/AIDS, could assist in planning for the extension of health services to their families. The workers were then requested to indicate whether their partners were HIV positive or not.

Out of fifty (50) respondents (100%),twenty nine (29) (58%) stated that they were not sure of their partners' HIV status, one of them was a female. Twenty one (21) (42%) stated that their partners were also HIV positive. This suggests a need for health education and counselling.

4.1.11 Reasons for not encouraging partners to go for HIV testing

The twenty nine (29) respondents (58%) who were not sure of their partners' HIV status were further requested to indicate why they did not encourage their partners to go for HIV testing as this could cause further spread of HIV infection. The response was as follows:

TABLE 7: REASONS FOR NOT ENCOURAGING PARTNERS TO GO FOR HIV TESTING N=29

REASONS FOR NOT ENCOURAGING PARTNERS FOR HIV TESTING	FREQUENCY	PERCENT
-I was scared that I might lose them	4	13.7
-My partners do not want us to discuss about HIV/AIDS	3	14.3
-Why should they go for HIV testing because I am already infected, they should be positive as well.	3	13.3
-Knowing their HIV status will frustrate me more because they might leave me if they are HIV negative.	5	17.2
-Knowing their HIV status will depress me more because I am concerned about who will look after my children if we all die while they are still so young	4	13.7
-HIV/AIDS is a very sensitive issue, once I touch on it, we quarrel with my partners.	2	6.8
-All my partners are scared to go for HIV testing	3	13.3
-I prefer to keep quiet about this because of the stigma attached to HIV/AIDS.	3	13.3
-I do not want to hurt my partners' feelings because they will think that I want to leave them if they happen to be positive.	2	6.8
TOTAL	**29**	**100**

Table 7 shows that out of twenty nine (29) respondents who were not sure of their partners' HIV status (100%), five (5) (17.2%) stated that if their partners happen to test negative, they might leave them; four (4) (13.7%) stated that they were scared of losing their partners; another four (4) (13.7%) expressed concerns of who will look after their children should they all die and knowing their HIV status would depress them more; three (3) (14.3%) stated that they do not want to discuss about HIV/AIDS; the other three (3) (14.3%) did not see

the importance of encouraging their partners to go for HIV test, since it was obvious that they were also infected; three (3) (14.3%) stated that their partners were scared to go for HIV testing; the other three (3) (14.3%) one of whom was a female stated that they preferred to keep quiet about this disease because of the stigma attached; two (2) (6.8%) stated that touching on this subject makes them quarrel with their partners since this is a sensitive issue; two (2) (6.8%) felt that touching on this subject would hurt their partners' feelings since they would think that they want to leave them should they test positive.

4.1.12 **Reasons for not using condoms**

The twenty nine (29) respondents (58%) who were not sure of their partners' HIV status were further requested to indicate whether they were using condoms during sexual intercourse. The aim was to identify if they were aware that condom use limits the rate of HIV/AIDS spread and also to determine whether they were faithful enough to protect the partner who might have not contracted the HIV infection. Out of twenty nine (29) respondents (100%), ten (10) (34.5%) were using condoms which indicates that they were aware of the importance of preventing the spread of HIV infection to other partners. Nineteen (19) (65.5%) stated that they were not using condoms. They gave the following reasons for not using condoms:

TABLE 8: REASONS FOR NOT USING CONDOMS N=19

REASONS FOR NOT USING CONDOMS	FREQUENCY	PERCENT
-Using a condom is like washing your feet with socks on	3	15.8
-I am allergic to condoms	2	10.2
-Condom use is associated with illicit sex	3	15.8
-Condoms make lose the moment by breaking the flow	1	5.3
-I do not want to embarrass my partners	2	10.2
-Flesh to flesh is very nice	3	15.8
-Condom use is associated with unfaithfulness	1	5.3
-My girlfriends do not want me to use a condom, yet I do not want to lose them	1	5.3
-I am already infected, what is the point of using a condom now?	1	5.3
-I am too old to start something new like this to my wives	2	10.2
TOTAL	**19**	**100**

Table 8 reflects that out of nineteen (19) respondents (100%), three (3) (15.8%) stated that condom use is like washing feet with socks on; three (3) (15.8%) stated that condom use is associated with illicit sex; three (3) (15.8%) stated that flesh to flesh is very nice; two (2) (10.2%) stated that they are allergic to condoms; two (2) (10.2%) stated that they do not want to embarrass their partners; two (2) (10.2%) stated that they were too old to start something new like a condom; one (1) (5.3%) stated that there was no need for a condom since he was already infected; one (1) (5.3%) stated that his girlfriends do not want a condom; one (1) (5.3%) stated that condom use is associated with unfaithfulness; and the last one (1) (5.3%) stated that condoms break the flow thus interfering with their pleasure. This is of great concern since these workers might spread HIV/AIDS like wild fire.

4.1.13 Monthly family income

It was important to establish the income of workers who had HIV/AIDS so as to identify whether income may be a factor in the spread of HIV/AIDS. Each respondent was therefore requested to state his/her monthly family income.

The response was as follows:

TABLE 9: INCOME OF RESPONDENTS N=50

MONTHLY FAMILY INCOME	FREQUENCY	PERCENT
R1 000-R1 999	26	52
R2 000 and above	11	22
R3 000 and above	6	12
R4 000 and above	5	10
R5 000 and above	2	4
TOTAL	**50**	**100**

Table 9 indicates that out of fifty (50) respondents (100%), twenty six (26) (52%) (unskilled labourers) were earning less than R2 000.00 a month, probably due to the fact that they were employed as general workers. Eleven (11) (22%) were earning more than R2 000.00 a month. Six (6) (12%) were earning more than R3 000.00 a month, probably due to promotions and long service. Five (5) (10%) were earning more than R4 000.00 a month and two (2) (4%) were earning more than R5 000.00 a month, this suggests that salary might not be a factor in the spread of HIV/AIDS.

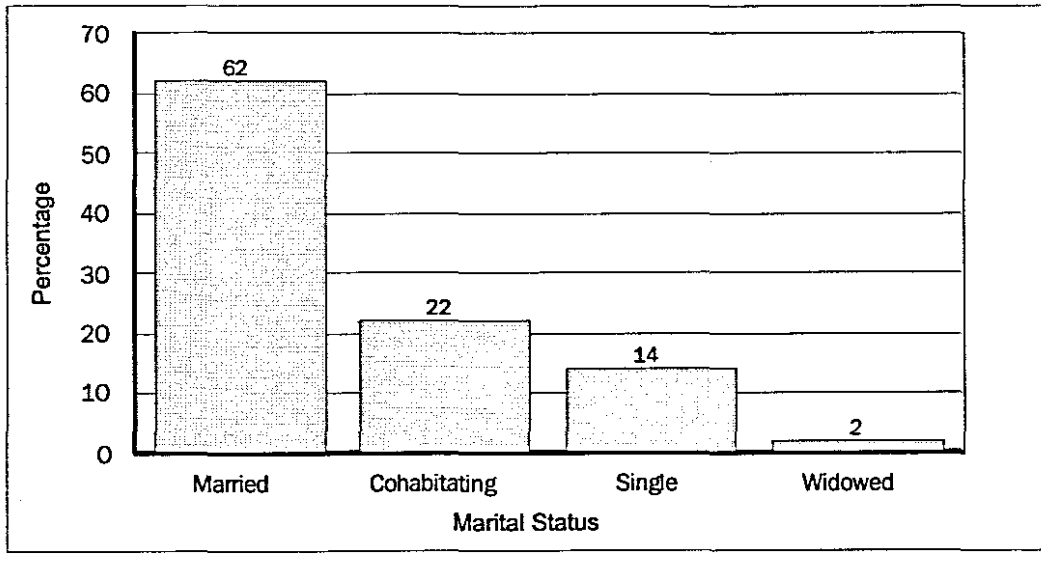
Twenty six (26) respondents (52%) who were earning less than R2 000.00 a month stated that they were married. They were further requested to state whether their wives were working or not. The aim was to determine the standard of living for the whole family whether it does expose them to low body resistance. They all stated that their wives were not working. This implies that poverty might be a factor in the spread of HIV/AIDS. Out of five (5) respondents (10%) who were earning between R4 000 and R4 999 a month, one (1) (2%) was a female respondent.

4.1.14 Marital status of respondents

The marital status of respondents was of significance because the disease is transmitted from one sexual partner to the other, both require health education and counselling for acceptance and disclosure in order to prevent the spread of HIV/AIDS.

The response was as follows:

FIGURE 3: BAR GRAPH OF MARITAL STATUS OF RESPONDENTS N=50



Graph 1 reflects that out of fifty (50) respondents (100%), thirty one (31) (62%) were married. This suggests that their wives were also infected. Eleven(11) (22%) were cohabitating which might be a factor in the fast spread of HIV/AIDS. Seven (7) (14%) were single and one (1) (2%)was widowed.

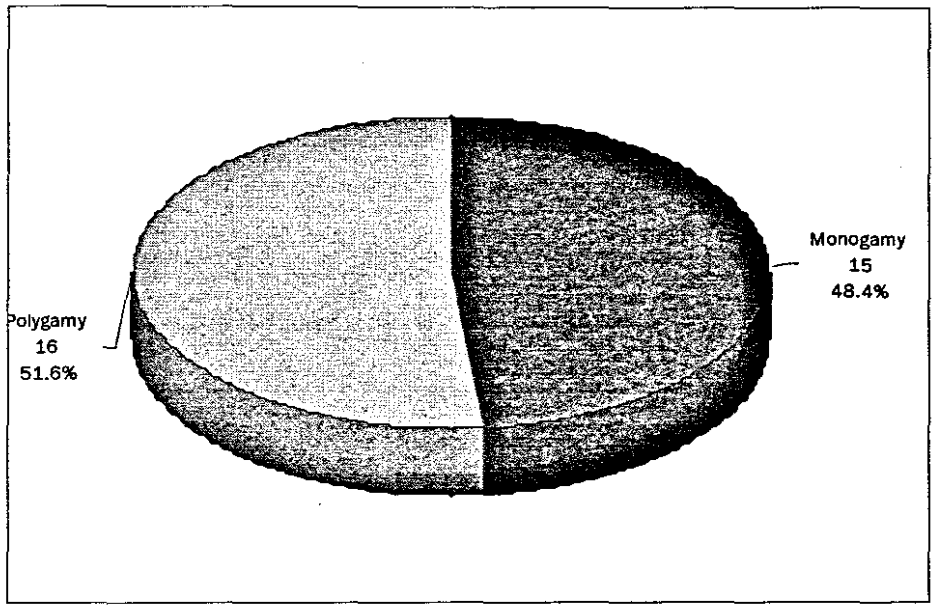
4.1.15 Type of marriage

Thirty one (31) married respondents (62%) were further requested to state the

type of marriage they entered into. This was requested in order to determine the number of respondents who entered into polygamy, since it is assumed that more women are infected than men.

The response was as follows:

FIGURE 4: PIE DIAGRAM: ON TYPE OF MARRIAGE N=31



According to the above pie diagram, out of thirty one (31) married respondents (100%), sixteen (16) (51.6%) were in polygamous type of marriage. This might be due to the fact that the culture for Blacks allow them to marry as many wives as possible which contributes to the spread of HIV infection from one male to more than one female. Fifteen (15) (48.4%) were in monogamous type of marriage.

4.1.16 Cohabitating married respondents

The thirty one (31) married respondents (100%) were further requested to state if they were cohabitating or not. Out of thirty one (31) married respondents (100%), sixteen (16) (51.6%) stated that they were not cohabitating and fifteen (15) (48.4%) stated that they were cohabitating.

4.1.17 Married men with extra marital relations

Thirty one (31) married respondents (100%) were further requested to state whether they had any extra marital relations. This could assist in determining the spread of HIV infection from one partner to other innocent partners thus increasing the number of HIV positive people.

Out of thirty one (31) married respondents (100%), twenty one (21) (68%) stated that they do have extra marital status, which indicates that there is a possibility of one male getting HIV/AIDS from one woman and transmitting it to other women. Ten (10) (32%) had no extra marital relations.

Out of twenty one (21) married men with extra marital relations (100%), fifteen (15) (71.4%) stated that they entered into monogamy, which suggests that even males with one wife may infect them through unfaithfulness, thus spreading the infection from a sexual partner to the wife or vise versa. Six (6) (28.6%) entered into polygamy, which indicates clearly why HIV/AIDS spreads so fast.

Out of sixteen (16) respondents (100%) married in polygamy, six (6) men (37.5%) stated that they have girlfriends since they are free to have extra marital relations because of customary marriage they entered into. Ten (10) (62.5%)

stated that they do not have girlfriends.

4.1.18 Use of condoms

The twenty one (21) respondents (100%) who stated that they have other partners apart from their wives, were further requested to indicate whether they use condoms for protecting their partners during sexual relations. The responses were as shown in Figure 4.

FIGURE 5: PIE DIAGRAM: ON THE USE OF CONDOMS N=21

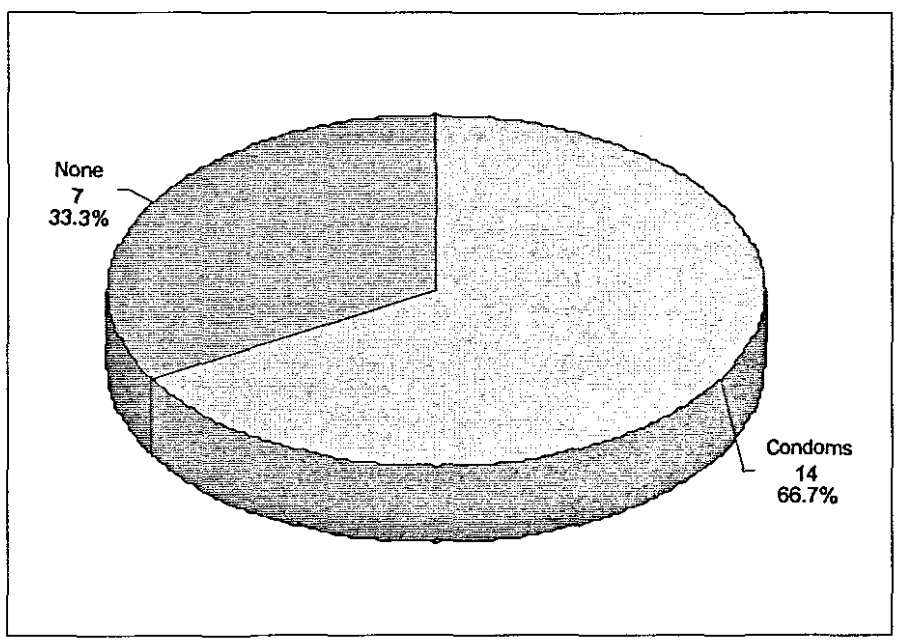


Figure 5 above reflects that out of twenty one (21) respondents (100%), fourteen (14) (66.7%) were using condoms as a prevention method. This implies awareness on protection and prevention of spread of HIV infection.

4.1.19 Reasons for not using condoms

Out of twenty one (21) respondents, seven (7) (30%) were not using condoms. This may be an indication of lack of knowledge or resistance to accept HIV positive status. The seven (7) respondents (30%) were further requested to give reasons as to why they were not using condoms.

The responses were as shown in table 7:

TABLE 10: REASONS FOR NOT USING CONDOMS N=7

REASONS FOR NOT USING CONDOMS	FREQUENCY	PERCENT
-Flesh to flesh is nice	2	28.6
-My partner will think that I am unfaithful to her	2	28.6
-My girlfriend does not want me to use a condom, yet I do not want to lose her	1	14.3
-I am already infected what is the point of using a condom now?	1	14.3
-I am too old to start something new like this to my wives	1	14.3
TOTAL	**7**	**100**

Table 10 reveals that out of seven (7) respondents (100%), two (2) (28.6%) stated that they did not use condoms commonly because they felt that "flesh to flesh is nice". The other two (2) (28.6%) stated that their partners would feel that they are not faithful to them. One (1) (14.3%) stated that his girlfriend does not want him to use a condom. One (1) (14.3%) stated that he does not think it is necessary to use a condom since he is already infected, this indicates lack of knowledge since an infected person does get reinfected which increases the viral load thus suppressing the immune system even more. One (1) (14.3%) stated that he does not want to start something new at his age, which indicates that some people are resistant to change their behaviours due to lack of awareness on the spread of the disease. This suggests that health education and counselling should aim at changing people's behaviour in order to reduce

the spread of HIV infection. The seven (7) respondents (100%) were further requested to state if they were aware that they must use condoms and why they should use them. All respondents (100%) stated that they were aware of condom use. They were further requested if they disclosed the information of being HIV/AIDS positive to their partners. They all stated that they did not disclose their HIV status to their partners. They were also requested to give reasons for not disclosing the information to their partners.

4.1.20 Reasons for not disclosing HIV status

The responses were as follows:

TABLE 11: REASONS FOR NOT DISCLOSING HIV STATUS N=7

REASONS FOR NOT DISCLOSING HIV STATUS	FREQUENCY	PERCENT
-I was scared of being rejected by my partners.	2	28.5
-My partners might tell other people forgetting that this disease has a stigma attached causing rejection by community.	3	43.0
-I do not want to cause stress to my partners.	2	28.5
TOTAL	**7**	**100**

Out of seven (7) respondents (100%). Three (3) (43%) felt that telling their partners will spread their HIV status whereas this disease has a stigma attached, this could lead to social rejection. Two (2) (28.5%) stated that they were scared of being rejected by their partners. The other two (2) (28.5%) stated that they do not want to cause stress to their partners. This implies that health education campaigns needs to be extended to all parts of the community.

4.1.21 Number of sexual partners for single respondents N=7

The seven (7) respondents (100%) were requested to state the number of sexual partners that they had. The aim was to consider the rate at which

HIV/AIDS is spread.

The response was as follows:

TABLE 12: RESPONSES TO THE NUMBER OF SEXUAL PARTNERS N=7

NUMBER OF SEXUAL PARTNERS	FREQUENCY	PERCENT
Two	2	28.5
Three	3	43.0
Four and above	2	28.5
TOTAL	**7**	**100**

Table 12 indicates that all seven (7) single respondents (100%) had more than one sexual partner. This indicates that health education and counselling is essential to minimize the spread of HIV/AIDS. More women are likely to be infected since most of them share one partner who has HIV/AIDS.

The seven (7) single respondents (100%) were further requested to indicate the reasons why they had more than one sexual partner.

4.1.22 Reasons for single respondents to have multiple sexual partners

The response was as follows:

TABLE 13: REASONS FOR SINGLE RESPONDENTS TO HAVE MULTIPLE SEXUAL PARTNERS N=7

REASONS FOR MULTIPLE SEXUAL PARTNERS	FREQUENCY	PERCENT
-It is not sexually satisfying to have one partner, it is like eating porridge everyday	2	28.6
-I want a variety of girlfriends so as to have a wide choice when choosing my life time partner	2	28.6
-The advantage of having too many girlfriends is that, they tend to compete for gaining love from you thus giving you the best care	1	14.3
-My real girlfriend is too far from me, so I decided to get myself a temporal one for physical sexual satisfaction	2	28.6
TOTAL	**7**	**100**

Table 13 shows that out of seven (7) single respondents (100%), two (2) stated that 'it is not sexually satisfying to have one sexual partner, it is like eating porridge everyday". Two (2) (28.6%) stated that they want a variety of girlfriends so as to have a wide choice when choosing their life partners. The other two (2) stated that they had temporal girlfriends simply because their real girlfriends were far from them therefore they wanted physical sexual satisfaction. This shows that people are more concerned about satisfying their sexual drives than the spread of the HIV virus. The remaining respondent (1) (14.3%) stated that to have too many girlfriends is advantageous since they give you best care due to competition. This really suggests that males need planned special approach in health education concerning the transmission of HIV/AIDS and sexual relations.

4.1.23 Widowed respondents' sexual relations N=1

The widowed respondent stated that his wife died in a car accident. He further explained that he was then staying with a girlfriend. He was further requested to state if his girlfriend's was HIV positive or not. He mentioned that he was not sure of his girlfriend HIV status. He was also requested to indicate whether he

informed his girlfriend of his HIV status. He indicated that he did not inform her, the reason being that he felt if he told her, he would be an outcast socially because of the stigma attached to HIV/AIDS.

When further asked if he was using a condom or not, he stated that he was not using a condom because the girlfriend would be suspicious that he was HIV positive as use of condoms is associated with HIV/AIDS. This suggests that innocent women may become infected by males who have fear in disclosing their HIV status.

4.1.24 Cohabitating respondents

The eleven (11) respondents (22%) who stated that they were cohabitating were requested to state why they were cohabitating instead of getting married.

The response was as follows:

TABLE 14: REASONS FOR COHABITATING N=11

REASONS FOR COHABITATING	FREQUENCY	PERCENT
-I don't think it is wise to get married because I am going to die soon	2	18.2
-What is the point of getting married because I am not allowed to have a baby because of my HIV status?	1	9.1
-I am going to marry my girlfriends so that it is only them who are infected	7	63.6
-My girlfriends are competing with each other for love from me. They give me good care. Should I marry one of them, I will not get this tender loving care anymore	1	9.1
TOTAL	**11**	**100**

Table 14 reflects that all eleven (11) cohabitating respondents (100%) stated different reasons. Out of eleven (11) respondents (100%), seven (7) (63.6%) stated that they were cohabitating because they had an intention of getting

married; two (2) (18.2%) stated that they were cohabitating because they do not think of getting married because they will be dying soon; one (1) (9.1%) stated that he was satisfied with the tender loving care that he was getting from his girlfriends as they are competing for love from him and one (1) (9.1%) who was a female stated that there is no need to get married because she will get an infected baby. The female respondent was further requested to indicate the number of boyfriends that she had. She stated that she had more than one boyfriend. When requested to state if she was using a female condom during sexual intercourse, she stated that she was not using a condom and her partners were not using condoms either. She was further requested to state the reasons for not using condoms, she stated that she was scared to introduce this topic to her partners being a female since they would feel that she is a prostitute. This indicates that some females are also unfaithful to their partners and do spread HIV/AIDS. This implies that more efforts need to be directed on giving health education and counselling to people with HIV.

The ten (10) cohabitating male respondents (90.9%) were further requested to indicate the number of girlfriends they had. They all mentioned that they had more than one girlfriend. This is an indication of how HIV/AIDS spread between sexual partners.

Out of ten (10) cohabitating male respondents (100%), seven (7) (70%) indicated that they were using condoms. This suggests that they accepted their HIV status and were aware of how to prevent the increase of viral load in the blood stream which may facilitate development of AIDS. This was coupled with faithfulness. The three (3) (30%) remaining respondents indicated that they were not using condoms during love making. They were further requested to state the reasons for not using condoms. Reasons are stated below:

4.1.25 Reasons for not using condoms N=3

One stated that his girlfriends do not want a plastic penis, they want flesh to flesh same as himself; one stated that he wants to enjoy sex to the fullest because these are his last days and the last one stated that he prefers to die with other people. This implies that some individuals still display a negative reaction as they still want to purposely spread the disease to others.

4.1.26 Area of permanent residence

The aim of seeking information on their residential areas, was to identify original homes of Portnet workers with HIV/AIDS. This could assist in making recommendations to the community health professionals to focus on those areas when giving health education.

The response was as follows:

FIGURE 6: PIE DIAGRAM: ON THE PERMANENT RESIDENTIAL AREAS OF RESPONDENTS N=50

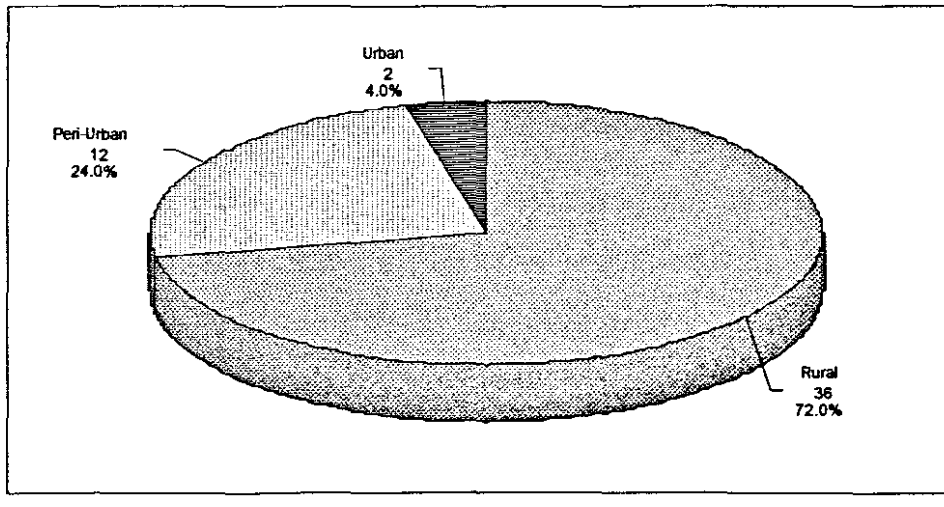


Figure 6 reflects that out of fifty (50) respondents (100%), thirty six (36) (72%) were living in rural areas. Probably their homes might be far from health services and they might not have had access to HIV/AIDS awareness campaigns. Twelve (12) (24%) were living in peri-urban areas and two (2) (4%) were living in urban areas, where health services are accessible.

4.1.27 Names of permanent residential areas

The fifty (50) respondents (100%) were further requested to name their actual residential areas. The response can be seen in table 13.

TABLE 15: NAMES OF PERMANENT RESIDENTIAL AREAS OF RESPONDENTS N=50

RESIDENTIAL AREAS OF RESPONDENTS	TYPE OF RESIDENTIAL AREA	FREQUENCY	PERCENT
Mtubatuba	Rural	21	42
Ntambanana	Rural	4	8
Nqutshini	Rural	4	8
Madlankala	Rural	3	6
Gobandlovu	Rural	2	4
Mandlanzini	Rural	2	4
Ngwelezane	Peri-urban	2	4
Nseleni	Peri-urban	4	8
Esikhawini	Peri-urban	6	12
Empangeni	Urban	2	4
TOTAL		**50**	**100**

Table 15 reflects that out of fifty (50) respondents (100%), twenty one (21) (42%) were living at Mtubatuba, a rural area in Kwa-Zulu Natal. This implies that most Portnet workers resided far away from their homes and was not possible to travel to and from work everyday. Probably that is why most of them are cohabitating. Four (4) (8%) were staying at Ntambanana; four (4) (8%) were staying at Nqutshini; three (3) (6%) were staying at Madlankala; two (2) (4%)

were staying at Gobandlovu; two (2) (4%) were staying at Mandlanzini, all these being rural areas at Empangeni district in KwaZulu Natal. Six (6) (12%) were staying at Esikhawini; four (4) (8%) were staying at Nseleni and two (2) (4%) were staying at Ngwelezane, these being peri-urban areas at Empangeni district in KwaZulu Natal. Two (2) (4%) were living at Empangeni urban area. This suggests that health education on HIV/AIDS must be directed to all these areas more especially the rural areas.

4.1.28 Temporal residential area whilst at work

The fifty (50) respondents (100%) were further requested to state their area of residence whilst at work. They were also required to state if they were staying in their own houses with their families or not. The findings can be seen in Table 14.

TABLE 16: TEMPORAL RESIDENTIAL AREA WHILST AT WORK N=50

RESIDENTIAL AREA WHILST AT WORK	FREQUENCY	PERCENT
Own house	20	40
Rented Rooms	19	38
Hostel	11	22
TOTAL	50	100

Table 16 shows that out of fifty (50) respondents (100%), twenty (20) (40%) were staying in their own houses, nineteen (19) (38%) were staying in rented rooms, one of whom was a female respondent, while eleven (11) (22%) were staying in hostels.

Out of twenty (20) respondents (40%) who were staying in their own houses, fourteen (14) (28%) were married and staying with their own families. This suggests that spread of HIV/AIDS might be controlled among that group, as they might not be tempted to engage in extra marital relations.

Out of nineteen (19) respondents (38%) who were staying in rented rooms, fifteen (15) (30%) were married but cohabitating, which suggests how HIV/AIDS is spread from partners to wives. Only two (2) married respondents (4%) out of eleven (11) (22%) were staying in hostels. This implies that health education, especially to workers who are not staying with their families, is essential.

The fifteen (15) married but cohabitating respondents (30%), who were staying in rented rooms were further requested to state the number of family visits per month.

Eleven (11) (73.3%) stated that they only visited their families once a month due to financial constraints and time factor since they get one weekend off a month. Four (4) (26.7%) stated that they visited their families twice a month. This encourages a spread of HIV/AIDS since the respondents might be tempted to have extra marital relations.

4.1.29 Beliefs about HIV/AIDS

It was important to ascertain what Portnet workers with HIV/AIDS believed on, as people have different beliefs and misconceptions about HIV/AIDS.

The response was as follows:

TABLE 17: BELIEFS ABOUT HIV/AIDS N=50

BELIEFS ABOUT HIV/AIDS	FREQUENCY	PERCENT
-HIV/AIDS is sexually transmitted	26	52
-HIV/AIDS is caused by other diseases like Tuberculosis	11	22
-HIV/AIDS is caused by Zulu poisoning "idliso"	9	18
-I think HIV/AIDS is caused by a very bad "influenza"	4	8
TOTAL	**50**	**100**

Table 17 indicates that out of fifty (50) respondents (100%), twenty six (26) (52%) stated that they knew that HIV/AIDS is sexually transmitted which indicates the awareness of the disease. Eleven (11) (22%) indicated that HIV/AIDS is caused by other diseases like tuberculosis, nine (9) (18%) believed that HIV/AIDS is caused by Zulu poisoning while four (4) believed that HIV/AIDS is caused by a very strong "flu".

Twenty four (24) respondents (48%) who stated that HIV/AIDS is caused by other diseases, insisted that the first person who gets AIDS does not get it sexually but gets it after suffering from other diseases like tuberculosis. He then infects the second and subsequent persons sexually.This shows lack of knowledge on HIV/AIDS.

The fifty (50) respondents (100%) were further requested to state how they prevent the spread of HIV/AIDS. Thirty one (31) respondents (62%) indicated that they use condoms, which implies that health education does make them aware of the prevention methods. Nineteen (19) respondents (38%) stated that they were not using condoms. This indicates lack of understanding on transmission of the disease, and probably resistance to the use of condoms.

Fifty (50) respondents (100%) were further requested if they had been exposed to HIV/AIDS awareness. They all stated that they did receive health education on HIV/AIDS.

4.1.30 **Methods used for giving health education on HIV/AIDS**

Respondents were further requested to state the methods used for health education on HIV at Portnet industry. The aim was to determine if all

respondents were catered for according to their level of education.

TABLE 18: THE METHODS USED FOR GIVING HEALTH EDUCATION ON HIV/AIDS N=50

METHODS FOR GIVING HEALTH EDUCATION	FREQUENCY	PERCENT
-English and Zulu posters at the care centre	50	100
-English and Zulu leaflets displayed at the care centre	50	100
-Workshops presented in Zulu and English	37	74
-Monthly themes on pay slips	50	100
-Monthly newsflashes with HIV/AIDS messages written in English and Zulu	39	78
-English and Zulu video cassettes on HIV/AIDS	50	100
-Industrial theater on HIV/AIDS presented in English and Zulu	38	76
-Health education by Portnet nurses presented in English and Zulu	50	100
-English and Zulu playing cards with HIV/AIDS message.	50	100

* Respondents were free to give more than one answer

Table 18 reveals the methods used for health education. All fifty (50) respondents (100%) mentioned English and Zulu posters, leaflets, video cassettes on HIV/AIDS, health education by Portnet industry nurses, playing cards with HIV/AIDS message and monthly themes on pay slips. Thirty nine (39) (78%) mentioned newsflashes with HIV/AIDS written in English and Zulu; thirty eight (38) (76%) mentioned the industrial theater on HIV/AIDS presented in English and Zulu, and thirty seven (37) (74%) mentioned workshops presented in English and Zulu on HIV/AIDS. Methods used might have not been suitable for all of them though they stated that they understood. It might be possible that the message was not carried across since twenty nine (29) respondents (58%) had primary education while six (6) (12%) had never been to school. Therefore it was necessary to further investigate if the methods used were well understood by all of them. The illiterate respondents together with the ones with primary education stated that they preferred Zulu presentations, while the respondents with tertiary education preferred English presentations.

4.1.31 Information on HIV/AIDS before awareness of being HIV/AIDS positive N=50

Respondents were requested to state if they did get health education before being identified as HIV/AIDS positive. The aim was to determine if health services are accessible to workers.

Out of fifty (50) respondents (100%), eleven (11) respondents (22%) stated that they got information on HIV/AIDS prior to contracting HIV/AIDS, one of them was a female respondent. Thirty nine (39) respondents (78%) stated that they got information after contracting the disease.

4.1.32 Sources of HIV/AIDS information

Eleven (11) respondents (22%) who stated that they got information on HIV/AIDS prior to contracting the disease, were further requested to state where they got information from.

TABLE 19: THE SOURCES OF HIV/AIDS INFORMATION N=11

SOURCES OF HIV/AIDS INFORMATION	FREQUENCY	PERCENT
-Hospital	1	9.1
-Portnet clinic	7	63.6
-Radio	1	9.1
-Television	1	9.1
-Newspaper	1	9.1
TOTAL	**11**	**100**

Out of eleven (11) respondents who stated that they got information on HIV/AIDS before contracting HIV/AIDS, seven (7) of them (63.6%) indicated that they got information from Portnet clinic; one (1) (9.1%) stated that he got

information from the hospital; one (1) (9.1%) stated that he got the information over the radio; one (1) female respondent (9.1%) stated that she got the information from reading newspapers; one (1) (9.1%) stated that he got the information from listening to television which shows that probably information is not accessible to some people in certain areas of the community. This indicates that sources of HIV/AIDS information are still scarce in the community, or it may mean that they are not being made use of.

The eleven (11) respondents were further requested to state their residential areas. Nine (9) stated that they were from rural areas and two (2) were from peri-urban areas. This implies that health education on HIV/AIDS needs to be directed primarily to rural and peri-urban areas.

4.1.33 Reasons for not getting HIV/AIDS information before identified as being infected

The thirty nine (39) respondents (78%) who stated that they got information after contracting HIV/AIDS, were further requested to give reasons why they think they did not get information on HIV/AIDS before contracting it.

The response was as follows:

TABLE 20: REASONS FOR NOT GETTING HIV/AIDS INFORMATION BEFORE IDENTIFIED AS BEING INFECTED N=39

REASONS FOR NOT GETTING INFORMATION ON HIV/AIDS	FREQUENCY	PERCENT
-I used to believe in traditional healers, so what the health workers had to say had no weight on me, until I was tested positive.	9	23.1
-My friends used to tell me that HIV/AIDS is like any other sexually transmitted disease, which means that it is curable, whereas it is not.	10	26.6
-When I first started getting the right information on HIV/AIDS, I was eager to know my HIV status, only to find that I was also HIV positive.	7	18
I used to feel uncomfortable when people talk about sexually transmitted diseases. I also had an idea that HIV/AIDS was for prostitutes.	13	33.3
TOTAL	**39**	**100**

Table 20 reveals that out of thirty nine (39) respondents (100%) who stated that they did not get information prior to contracting HIV/AIDS, the response was contradictory to what they indicated. Their responses indicated that they did get information on HIV/AIDS from various sources, for example: thirteen (13) (33.3%) stated that they felt uncomfortable when people talked about sexually transmitted diseases and they also had an idea that HIV/AIDS was for prostitutes; ten (10) (26.6%) stated that their friends used to tell them that HIV/AIDS is like other curable sexually transmitted diseases whereas it is not; nine (9) (23.1%) stated that they use to believe in traditional healers better than health workers so what health workers had to say had no weight on them until they were tested HIV positive. The remaining seven (7) (18%) stated that when they first started to get the right information on HIV/AIDS, they were eager to know their HIV status, only to find that they were HIV positive..

4.1.34 Sources of HIV/AIDS information

The thirty nine (39) respondents (78%) who stated that they got information

after contracting AIDS, were further requested to mention the areas where they got information on HIV/AIDS from.

The response was as follows:

Table 21: THE SOURCES OF HIV/AIDS INFORMATION N=39

SOURCES OF HIV/AIDS INFORMATION	FREQUENCY	PERCENT
Portnet clinic	35	89.6
Thokozani clinic	2	5.2
Nseleni	2	5.2
TOTAL	**39**	**100**

Table 21 indicates that out of thirty nine (39) respondents (100%), thirty five (35) (89.6%) got the information from Portnet clinic; this suggests that most workers get information on HIV/AIDS in the work situation. Two (2) (5.2%) got the information from Thokozani clinic; two (2) (5.2%) got the information from Nseleni clinic, which are located in the peri-urban areas of Empangeni district in KwaZulu Natal. This suggests that clinics at the rural areas are not easily accessible to some rural people to convey HIV/AIDS information.

4.1.35 The residential areas of respondents

The thirty nine (39) respondents (100%) were further requested to mention their residential areas in order to identify areas that lack health services so that proper planning for health education and counselling can be done.

The responses are depicted in table 22:

TABLE 22: RESPONSES ON THE RESIDENTIAL AREAS OF RESPONDENTS N=39

RESIDENTIAL AREAS OF RESPONDENTS	TYPE OF RESIDENTIAL AREA	FREQUENCY	PERCENT
Mtubatuba	Rural	15	38.4
Ntambanana	Rural	1	2.6
Nqutshini	Rural	4	10.2
Madlankala	Rural	3	7.6
Gobandlovu	Rural	2	5.2
Mandlanzini	Rural	2	5.2
Ngwelezane	Peri-urban	2	5.2
Nseleni	Peri-urban	4	10.2
Esikhawini	Peri-urban	4	10.2
Empangeni	Urban	2	5.2
TOTAL		**39**	**100**

Table 22 reflects that out of thirty nine (39) respondents (100%), fifteen (15) (38.4%) were staying at Mtubatuba which is a rural area in KwaZulu Natal at Empangeni district. Apart from fifteen (15) (38.4%) who were from Mtubatuba, twelve (12) were from other rural areas from Empangeni district, for example: four (4) (10.2%) from Nqutshini; three (3) (7.6%) were from Madlankala; two (2) (52%) were from Gobandlovu; two (2) (5.2%) from Mandlanzini and one (1) (2.6%) was from Ntambanana. The intensity of health education might not have been as frequent as it should be for rural respondents.

4.1.36 Strategies of preventing HIV/AIDS as suggested by respondents

Respondents were requested to give opinions on how they felt the spread of HIV could be prevented. The response was as follows:

TABLE 23: STRATEGIES ON THE PREVENTION OF SPREAD OF HIV/AIDS

N=50

STRATEGIES OF PREVENTING SPREAD OF HIV/AIDS	FREQUENCY	PERCENT
-Motivating people to change their sexual habits and practices.	5	10
-Influencing people to have as few sexual partners as possible.	6	12
-Talking to each other more openly and normally about sex and sexual issues.	4	8
-There should be more Aids awareness campaigns.	3	6
-Encourage use of condoms.	9	18
-Involvement of people with HIV/AIDS in prevention, intervention and care strategies.	2	4
-Syndromic management of sexually transmitted diseases.	6	12
-Involvement of family members or partners of people with HIV/AIDS in giving health education and counselling.	7	14
-Disclosure of HIV status to partners.	8	16
TOTAL	**50**	**100**

Table 23 reflects that out of fifty (50) respondents (100%), nine (9) (18%) suggested use of condoms; eight (8) (16%) suggested disclosure of HIV status; seven (7) (14%) stated that family members need to be involved in health education and counselling on HIV/AIDS; six (6) (12%) suggested syndromic management of sexually transmitted diseases; six (6) (12%), one of whom was a female suggested that sexual partners be reduced to one partner; five (5) (10%) stated that people should be motivated to change their sexual habits; four (4) of them (8%) suggested that sexual issues be discussed more openly; three (3) (6%) stated that there should be more Aids awareness campaigns and the last two (2) (4%) suggested involvement of people with HIV/AIDS in giving health education.

This suggests that although they are aware of the common prevention methods, no one suggested abstinence from sexual intercourse as well as faithfulness to sexual partners.

4.2 DISCUSSION OF FINDINGS

4.2.1 Introduction

The aim of study was to get a profile of Portnet industrial workers with HIV/AIDS so as to identify factors contributing to the spread of HIV/AIDS so that health education is properly channelled to the relevant factors.

Profile was undertaken to fifty (50) respondents who are workers at Portnet industry in Richards Bay. Results revealed that the respondents had the following characteristics:

4.2.2 Age distribution

The study reveals that the characteristics of Portnet industry workers showed that the largest number of employees which is sixteen (16) (32%) with HIV / AIDS, was between the age of 32 – 38 years, followed by twelve (12) 24% between the age of 25 – 31 years and nine (9) (18%) were between 39 – 45 years, all were still at childbearing age. At this age HIV / AIDS has detrimental effects both to the affected and the unborn child, if affecting the pregnant woman or if an affected woman falls pregnant. The findings indicate that at Portnet industry, the workers are employed permanently from the age of 25 years and above. The results also revealed that all age groups are affected by HIV/AIDS. The findings are supported by Seligson and Peterson (1992:197) who maintain that HIV/AIDS generally strikes people between the age of 25-44 years, the age at which workers are productive.

The study implies that the prevention of HIV / AIDS should primarily be directed to people at childbearing age to prevent transmission of HIV to the unborn fetus who may be born being HIV positive. This is supported by Lush (1999: 19) who indicates that if there is no control over the disease, it is estimated that by the year 2005, there will be nearly a million AIDS orphans in South Africa.

The study also showed that the sample consisted of four (4) (8%) workers who were between the age of 18 – 24 years. This age group formed the smaller number due to the fact that this group is still employed on temporary basis. The findings cannot be generalized, as the researcher only used the available workers at Portnet industry. However, Thebe (2000:70) maintains that HIV /AIDS mostly affects people between the ages 15-49 years. Schoenteich (1999:1) states that in South Africa, the majority of HIV infections occur between the age of 15-25 years for women and 20-30 years for men. The findings are supported by the study conducted by the Swaziland National Aids Programme in 1998 on **"The trends on HIV prevalence"**. The aim of the study was to: determine the prevalence by age, and to establish baseline for monitoring future trends. The findings revealed that 2/3 of the population with HIV infection were people between 20 and 39 years of age.

The study implies that health education should be directed to all age groups. Therefore there is a need to motivate people with HIV / AIDS to avoid deliberate spread of HIV infection. The study is supported by Potgieter (2000:3) who maintains that people of all age groups can become infected with HIV virus.

4.2.3 **Gender distribution**

Out of fifty (50) respondents (100%), forty nine (49) (98%) were males and one (1) (2%) was a female. This was attributed to the fact that more males than females are employed at Portnet industry. The findings are mostly revealing the characteristics of the male respondents. The study does not indicate that more males are infected than females.

The findings are in contrast with other research studies such as the one conducted by Karim at Nhlungwane in KwaZulu Natal in 1993 on "Women and HIV / AIDS". His aim was to establish current safer sex practices. The finding revealed that women are more vulnerable to HIV / AIDS because of the imbalance of power between women and men and that women have little power in relationship and therefore are not in a position to negotiate safer sex practices with their partners. He pointed out lack of education and skills which forces women to become and remain "sexual slaves" to their men. He further identified that women engage themselves in unprotected sex work on order to purchase meals for their children (Haysom, 1998: 18-19).

The results are supported by Dzivhani (2000:15-16) who maintains that health education need to be targeted to males more especially because of power imbalance in sexual relations, such as physical abuse of woman by a man when refusing to enter into sexual relations without a condom; abuse of young women by men because of the misconceptions that engaging in sexual intercourse with a virgin cures the man of HIV infection. However, health education should be directed to both sexes as the spread of HIV /AIDS will not be limited to males only.

4.2.4 **Class of worker**

The results reveal that out of fifty (50) respondents (100%), thirty nine (39) (78%) were unskilled workers whereas eleven (11) (22%) were skilled workers. The results do not necessarily indicate that HIV/AIDS can only be spread by unskilled workers, this is because there are more unskilled labourers employed in industry. Skilled labourers are employed at management positions, others being employed as machine operators and therefore they are few in number.

Literature reveals that HIV/AIDS affect both skilled and unskilled workers. McArthur (1999:6) maintains that highly skilled workers are less vulnerable to HIV /AIDS because they are knowledgeable and they understand the disease process. In contrast, Van der Walt (1999:11) states that more skilled workers are lost through HIV /AIDS because they sometimes abuse their position power at the work area by offering jobs to prospective workers in exchange for sex.

The study implies that health education should be directed to both skilled and unskilled workers, as both are affected by HIV/AIDS and may contribute to its spread.

4.2.5 **Educational level**

The results reveal that out of fifty (50) respondents (100%), twenty nine (29) (58%) had primary education, while six (6) (12%) were illiterate. This indicates that at Portnet industry, there are more workers with low education working as general workers, which gives a reason why they are employed as unskilled workers.

The results are supported by Evian (1995:18) who maintains that poor education and low literacy levels make people unaware of diseases such as HIV/AIDS because they may lack understanding as they are less educable. On the other hand Van der Walt (1999:11) disputes Evian when saying that more skilled workers are lost through HIV/AIDS because they offer jobs to young women in exchange for sex, thus spreading HIV infection.

The study implies that both skilled and unskilled labourers, educated and non-educated labourers should equally be exposed to health education as they can spread HIV/AIDS. The educated can spread HIV infection because of their power position at work and the non educated can spread HIV infection because they lack understanding of the disease process and they are less educable. From the above views, it is clear that the educational level does not determine the spread of HIV infection.

It was also evident from the study that the educational level of respondents' partners was similar to that of the respondents, as thirty (30) (60%) of their partners had primary education and eleven (11) 22% had no education. The findings of the study suggest that most Portnet industry workers as well as their partners (wives and/or girlfriends) lack education. These findings are supported by Bury (1992:13) who states that people with poor educational opportunities are the ones who are mostly affected by HIV/AIDS. These people are not aware and they do not understand easily. The study implies that health education should be targeted more especially to people with low literacy level to sensitize them all alleviating fears and anxiety about misconceptions surrounding this deadly disease, such as getting HIV infection from sharing eating utensils.

Seeing that the educational level of respondents and respondents' partners was investigated,it was therefore important to determine the methods used when giving health education on HIV/AIDS in order to identify the methods that will facilitate understanding. Methods mentioned were all presented in Zulu which were as follows: health education by Portnet industry nurses; posters at Portnet clinic; video cassettes at the clinic as well as radio and television. The respondents who had never been to school were asked to state how they would get information from the Zulu leaflets that they requested. They stated that they would ask their children to read for them. The findings of the study revealed that, methods of health education in industry should be planned according to the educational level of individuals, for workers to understand better.

The study suggests that health education and counseling need to be directed to everybody since both educated and non educated workers are affected. The findings are supported by De Haan (1997:17) who maintains that health education must be planned in such a way that people are divided into different groups, visual material being more appropriate for people with no education.

4.2.6 **Partners awareness of respondents' HIV status**

Results revealed that out of fifty (50) respondents (100%), twenty eight (28) respondent's partners (56%) were not aware of the respondents' HIV status. It was therefore necessary to ask the reason why they did not disclose their HIV status to their partners. Reasons given were as follows: fear of being discriminated by their family members; feared that people in rural area have preconceived ideas about HIV/ AIDS, thus preventing empathy with person who has HIV/AIDS; feared emotional reaction by family members since they do not understand easily; being scared of losing their partners; feared that their

partners might tell other people forgetting about confidentiality surrounding the disease; when one tells other people about her HIV status, people label that person as a prostitute; telling family members might result in them being scared of sharing with that individual; scared of their partners who might tell their "boss" at work which might result in them being fired from work; once other people become aware of an individual's HIV status, they tend to joke about it thus hurting him/her even more; fear of causing distress to their partners.

Seeing that the large number which was twenty eight (28) (56%) of respondents did not reveal their HIV status to their partners; it was then necessary to find out from the respondents if they were aware of their partners' HIV status. The results revealed that, twenty nine (29) respondents (58%) stated that they were not sure of their partners' HIV status. They gave various reasons for not encouraging their partners to go for HIV testing, which were as follows: feared that their partners might leave them should they happen to test negative; scared of losing their partners; expressed concerns of who will look after their children should they all die, and knowing their partners' HIV status would depress them more; did not want to discuss about HIV/AIDS; did not see the importance of encouraging their partners to go for HIV testing since it was obvious that they were also infected; stated that their partners are scared to go for HIV testing since this is a deadly disease; preferred to keep quiet about this disease because of the stigma attached; touching on this subject makes them and their partners quarrel; touching on the subject of HIV/AIDS will hurt their partners' feelings.

The twenty nine (29) respondents (58%) were further requested to state if they were using condoms during sexual relations. Nineteen (19) (65%)stated that they were not using condoms for the following reasons: use of condoms was

associated with illicit sex; stated that "flesh to flesh" is very nice; being allergic to condoms; did not want to embarrass their partners by using condoms during sexual intercourse; complained that their age does not allow them to use condoms; using condoms is disturbing since they make one lose the moment by breaking the flow; condom use being associated with unfaithfulness; stated that his girlfriends do not want him to use condoms and yet he does not want to lose them; there is no point in him using condoms since he is already infected with HIV infection.

The findings imply that these workers are resistant to change their sexual behaviour. Probably that is why HIV spreads so fast. The findings are supported by Bennet (1999:5-23) who maintains that though most people in the world are aware of HIV/AIDS, but still the majority of them have not changed their sexual behaviour to prevent the spread of HIV infection.

The study therefore suggests that health education needs to be stressed on encouraging people to motivate their partners to go for HIV testing. It must also be stressed that an HIV positive person can be reinfected thus increasing the viral load in the blood stream, resulting into suppressed immune system which leads to vulnerability of an individual to various other infections. People with HIV/AIDS must be encouraged to accept and disclose their HIV status in order to prevent spread of HIV infection. The study therefore suggests that emphasis should be on acceptance, disclosure and knowledge since a person who has knowledge can prevent spread of HIV infection. The findings are supported by Campbell (1998:52) who maintains that people regard "flesh to flesh" sex as the only pleasurable way of meeting male sexual desires since condoms are seen as cold and unpleasant.

4.2.7 **Monthly family income**

Out of fifty (50) respondents (100%), twenty six (26) (52%) were earning less than R2 000.00 a month. Monthly income appears not to be related to class of worker since there were thirty nine (39) (78%) unskilled labourers who should be in fact be earning less than R2 000.00 a month. The large number of workers with low salaries showed that workers in industry were not getting a lot of money, which suggests that they belonged to a low socio economic group which is accompanied by low body resistance. Low body resistance leads to the suppression of the immune system. The findings are supported by Tshabalala-Msimang (2000:7) who maintains that poor people cannot afford to buy drugs that boost the immune system such as the antiretroviral drugs.

In contrast to poverty, UNAIDS (1992:7) maintains that the wealthy people can also spread HIV infection while offering jobs or promotions at the work area hence health education needs to be given to everyone, poor or rich in order to combat the spread of HIV infection. The study therefore suggests that, to low socio economic group, health education should be aimed at preventing contracting and also spreading HIV/AIDS since once they develop AIDS, they will not have money to buy immune boosters such as the antiretroviral drugs. To high income group, health education should focus on preventing contracting AIDS since there is no cure for AIDS as yet. The findings are supported by Potgieter (2000:1) who maintains that anybody can be infected with HIV virus irrespective of income.

4.2.8 **Marital status**

It was important to investigate on the marital status of respondents since HIV/AIDS is mainly transmitted from one sexual partner to the other, both require health education and counselling for acceptance and disclosure in order to prevent spread of HIV/AIDS. The results revealed that out of fifty (50) respondents (100%), thirty one (31) (62%) were married. This large number of married respondents suggests that their wives were also infected. On the other hand as there are many married people, it would appear that spread of HIV infection would be minimized since married people have permanent partners. However, Karim (1998:19) maintains that women have little power in relationships and therefore are not in a position to negotiate safer sex practices with their partners. He further highlights that women have been forced to become and remain "sexual slaves" to their men because of lack of education and skills.

Seeing that a large number of respondents which was thirty one (31) (62%) were married people, it was then important to determine the number of respondents who entered into polygamy, since it is assumed that more women are infected than men. The results indicated that sixteen (16) respondents (51.6%) were married in polygamy, that is having more than one wife. The findings suggest that Black Africans still stick to their culture of having more than one wife in order to be respected by their community.

The findings are supported by Seligson and Peterson (1992:60), who maintains that the problem of HIV/AIDS can be solved by shifting towards monogamy, since one man can infect too many women in polygamy.

It was also important to investigate whether amongst the married respondents, there were any who were cohabitating. The aim was to determine the factors leading to the spread of HIV infection. The results revealed that out of thirty one (31) married respondents (100%), fifteen (15) (48.4%) stated that they were cohabitating. The findings suggest that even married men are not faithful to their wives especially when they work far from their families. They look for temporal sex partners to do household duties for them such as cooking, only to find that these secret partners have got their own permanent partners as well. These married men therefore contract HIV infection from their secret partners and go and infect their wives at home, which then facilitates fast spread of HIV infection. The findings are supported by Evian (1995:18) who maintains that most men living in rural areas, leave their women and go and work in cities far away from their families. He further explains that these migrants find themselves in lonely unfavourable environments and they end up cohabitating thus increasing the risk of the spread of HIV infection from girlfriends to the innocent wife.

The study therefore suggests that health education should emphasized on faithfulness and safer sex, such as the use of condoms to reduce the spread of HIV infection. The research study which was conducted by Karim (1991:19) at Nhlungwane in Kwa-Zulu Natal on **"Women and AIDS"** whose aim was to investigate on current safer sex practices, the findings revealed that women have little power in relationships and therefore are not in a position to negotiate safer sex practices with their partners and also it was discovered that condom use was rare, condoms were perceived to be used with casual partners and not with regular partners.

4.2.9 **Married men with extra marital status**

Thirty one (31) married respondents (100%) were further requested to state whether they had any extra marital relations. Twenty one (21) (68%) stated that they do have extra marital relations, the results reveal that sexual behaviour is a problem since even married men are not faithful to their wives as they still engage in extra marital relations. They may spread HIV/AIDS since some do not want to use condoms. The findings are supported by Campbell (1998:52) who maintains that people prefer "flesh to flesh" sex as it is necessary for a man's good health in order to maintain balanced levels of sperm within the body.

The study suggests that health education should be directed to all males especially married men, to change their sexual behaviour since they tend to be unfaithful to their wives and resist to use condoms thus transmitting HIV infection from the secret partner who may not even be known by wife to wife. The emphasis should be on faithfulness and use of condoms. The findings are supported by Dzivhani (2000:15-16) who maintains that a married woman cannot refuse a husband's demand for sex whether with or without a condom. This exposes the wife to contracting HIV/AIDS.

Since married men are unfaithful to their wives by entering into extra marital relations, it was therefore necessary for the researcher to further investigate if married respondents with extra marital relations were using condoms for protecting their wives during sexual relations. the results revealed that out of twenty one (21) respondents (100%), fourteen (14) (70%) indicated that they were using condoms. Only seven (7) (30%) stated that they were not using condoms. Although the small number indicated that they were not using condoms, the spread of HIV/AIDS is possible as they can have many extra

marital relations thus spreading HIV/AIDS to many women. The findings are supported by Attic (1997:7) who maintains that people such as truck drivers, travel long distances with limited recreational facilities and restricted social contacts, these people are then forced by circumstances to buy sex along the way to satisfy their sexual desires thus ending up having sexual relations with many women which further spread the HIV infection. It was also necessary to investigate why the seven (7) (30%) respondents did not use condoms. This was necessary in order to identify the reason that may need to be addressed through health education. The respondents gave the following reasons: they mentioned that "flesh to flesh" is nice; their partners would think that they are not faithful to them; they also pointed out that their girlfriends do not want to use condoms yet they do not want to lose them. One of them stated that he sees no point in using condoms because he is already infected and one expressed concern that he is too old to start something new to his wives.

The results reveal that these males show the characteristics of being unfaithful to their partners and resistant to use methods for controlling the spread of HIV/AIDS such as use of condoms. They then expose their wives to HIV infection because of gender power inequalities where the wife is expected to have no knowledge as far as sex is concerned. Literature reveals that men even go to an extent of beating their wives when being questioned of having a girlfriend or when requested to use condoms. It is therefore evident that the spread of HIV infection will be uncontrollable if such behaviour is not changed (Dzivhani, 2000:15-16).

The findings are supported by Dzivhani (2000:15-16) who maintains that the majority of women are unemployed and feel that they cannot participate in decision making in the home. When a woman questions her husband of failure

to use condoms, she is seen to be questioning his authority which results in a beating. This is supported by Marais (2000:55) who expressed concerns about the problem of unprotected sex, and stated that a male having unprotected sex with an infected female partner, runs a risk of becoming infected since condoms reduce the risk of HIV infection thus preventing the spread of HIV infection. The findings are also supported by Ndivhuwo (2000:4-5) who maintains that women are subordinated by men especially those with low educational level. He further highlights that women even compromise their sexual rights because of economic dependence to men. They fear desertion and violation to negotiate for safer sex thus exposing themselves to HIV infection.

It was also important for the researcher to investigate whether the respondents who were not using condoms disclosed their HIV status to their partners. They all stated that they did not disclose their HIV status to their partners for the following reasons: their partners might tell other people forgetting that there is a stigma attached to this disease which causes rejection by the community; expressed fear and rejection by their partners; feared that they might cause stress to their partners by disclosing their HIV status to them. The above reasons indicate that people with HIV/AIDS fear disclosure of their HIV status because of stigma attached to the disease which leads to social rejection and discrimination. The results are supported by an incident reported on the "Women's Health Project Newsletter" where a 36 year old woman by the name of Gugu living with HIV/AIDS decided to live openly about being HIV positive. She disclosed this information publically on a provincial radio programme for radio Ukhozi, on a world Aids Day and also on public television on an Aids awareness workshop in Kwa-Mashu in Kwa-Zulu Natal. Her aim was to motivate people with HIV/AIDS to live openly by disclosing their HIV status and also to sensitize everybody to the unfair discrimination of a person living with HIV/AIDS. She

received numerous threats of physical abuse from people who felt that she was an embarrassment to her community because of her efforts to live openly with HIV/AIDS. She was assaulted by a man who stated that she had "disgraced the community" and brought the area into disrepute. Another man confronted her and said to her she should stop spreading her sickness and began physically assaulting her together with other men who violently assaulted her with knives and guns and she eventually died. Since Gugu's murder, a number of death threats have been received by persons living with HIV/AIDS in the area (Raubenheimer, 1999:1-2). The findings are supported by Bury et al (1992:4) who maintains that people with HIV/AIDS fear disclosure of HIV status because of discrimination and rejection by the community.

The above incident implies that more efforts need to be put on Aids awareness campaigns to sensitize the community to realize the need of accepting people with HIV/AIDS thus encouraging disclosure which will lower the spread of HIV infection.

The results suggests that intensive post test counselling need to be done by the AIDS counsellors. The AIDS counsellors need to establish the problems that the person with HIV infection might have and solve them through frequent counselling. Should the counsellor fail to solve other problems, referral to other health team members is essential such as the psychologist, social worker and others. The findings are supported by Mthembu (1997:9) who emphasizes that the person with HIV infection must be told about the importance of acceptance and disclosure, which leads to the prevention of spread of HIV infection. Health education should be based on acceptance, disclosure and change of sexual behaviour.

4.2.10 **Number of sexual partners for single respondents**

The sample also consisted of seven (7) single respondents (14%) who were further requested to state the number of sexual partners. The aim was to consider the rate at which HIV is spread and to determine whether single respondents are faithful to their partners. They all stated that they had more than one sexual partner thus suggesting that transmission and spread of HIV infection is still a problem if people still have more than one sexual partner, especially if they resist to use condoms too.

The findings are supported by Evian (1995:38) who Maintains that having sexual intercourse with multiple partners imposes one to risky sexual activity. Hetherington (2000:5) also supports the findings by maintaining that if you do have sex, you must be faithful and be with only one HIV free partner for life, otherwise a condom is recommended.

Seeing that all respondents had more than one sexual partner, it was therefore necessary to request them to state the reasons for having multiple sexual relationship. Reasons given were as follows: it is not sexually satisfying to have one sexual partner, it is like eating porridge everyday; they emphasized that they wanted a variety of girlfriends so as to have a wide choice when choosing their life partners; they also stated that their girlfriends are too far, therefore they wanted physical sexual satisfaction by getting temporal girlfriends and also mentioned that when one has got too many girlfriends, they compete for love from you thus giving you best care. The above reasons suggests that more women are likely to be infected because the temporal sex partners may leave them and fall in love with other people thus spreading the HIV virus even faster. The results indicate that males have no true love. They may have one permanent

true lover and yet have other sexual partners for physical satisfaction such as satisfying sexual desires, somebody to cook for them and others, not that they love them. The implication is that those males get infection and spread it to their permanent innocent lovers.

The findings are supported by Hooper (2000:9) who maintains that young adults want to have as many girlfriends as possible. This suggests that health education must be based on abstinence, faithfulness and use of condoms as supported by Francis (1997 : 7) who maintains that AIDS counsellors must stress the importance of abstaining from sex, being faithful to your partner and use of condoms as methods of preventing spread of HIV infection.

4.2.11 **Widowed respondent's sexual relations**

The sample consisted of one (1) widowed respondent (2%) who was further requested to state the cause of death for his wife. The aim to ascertain if his wife died of AIDS related diseases or not which could mean that she was also infected. The widowed respondent stated that his wife died in a car accident, and he was staying with his girlfriend whom he never informed of his HIV status. He further explained that he did not inform his girlfriend of his HIV status for fear of being an outcast socially because of the stigma attached to the disease. He also stated that he was not using condoms during sexual intercourse because he feared that his girlfriend would be suspicious since use of condoms is associated with HIV/AIDS. The results suggest that the widowed respondent could spread the disease to many other sexual partners since he was not married to his girlfriend and he was not using condoms during sexual relations.

The study implies that health education must be based on acceptance, disclosure and use of condoms since this widowed respondent could spread HIV infection to many women since he was not married yet and yet he was not using condoms. The findings are supported by Rabbets (1997:28) who maintains that people with HIV/AIDS often fear rejection and consequently fail to reveal their HIV status.

4.2.12 **Cohabitating respondents**

The sample also consisted of eleven (11) unmarried cohabitating respondents (22%), who were further requested to state the reasons of cohabitating instead of getting married. The aim was to consider the rate at which HIV/AIDS is spread from one partner to the other, since literature reveals that cohabitating respondents tend to have multiple sexual partners, leading to the spread of HIV infection. They stated the following reasons for cohabitating: they felt that it is not wise to get married because they were going to die soon; they pointed out that it is no use getting married because they are not allowed to have babies; one of them stated that he was going to marry all his girlfriends so that it would be only them who are infected and they also stated that their girlfriends compete with each other for gaining love from the respondents thus giving them good care which they will not get once they marry the girlfriends. The results suggests that the spread of HIV infection will not be minimised if people still do not want to change their sexual behaviour.

The eleven (11) cohabitating respondents (100%) were further requested to state the number of sexual partners that they had. The aim was to determine if they were aware that they need to stick to their sexual partners in order to prevent spread of HIV infection. They all stated that they had more than one

sexual partner. One of the respondents was a female. The female cohabitating respondent stated that she was not using a female condom for fear of being labeled as a prostitute. This indicated that even female partners are not faithful to their male partners. The results also revealed that out of ten (10) male cohabitating respondents (100%), seven (7) (70%) stated that they were using condoms, while three (3) (30%) stated that they were not using condoms during love making for the following reasons: they mentioned that their girlfriends do not want a plastic penis, they want "flesh to flesh" just like themselves; one of them stated that he wants to enjoy sex to the fullest because he was going to die soon and also mentioned that it is better to die with others. The results suggests that the spread of HIV infection will not be minimised if people are still resistant to change their sexual behaviour and their bad attitudes. This suggests that health education be based on sexual behaviour change and change of bad attitudes such as preferring to die with others, as mentioned by one respondent. People need to be motivated not to play with their lives because a person lives once and there is no cure for AIDS yet. The findings are supported by De Haan (1991:129) who maintains that use of condoms reduces the rate of transmitting the HIV virus.

4.2.13 **Area of permanent residence**

It was important to investigate the area of permanent residence of respondents in order to determine if health services are available in those areas. That information could assist health professionals to concentrate more on those areas that lack health services when giving health education. The results revealed that thirty six (36) respondents (72%) were living in rural areas. The results also revealed that most people living in rural areas had low education which could make them fail to understand the disease process, thus facilitating

spread of HIV infection. This large number of respondents who were living in rural areas, coincides with the study conducted by the "Swaziland National Aids Programme" (SNAP) in 1998 in Swaziland on **"The Trends on HIV Prevalence"**. The aims of the survey were: to determine the prevalence of HIV/AIDS by age, sex and rural-urban residence and to establish baseline for monitoring future trends. The findings reflected higher prevalence rates in rural hospitals than the urban hospitals (SNAP, 1998:13).

This suggests that health education need to be targeted more on rural areas since health services might not be easily accessible to most workers. In rural areas, people have low educational standard and some are illiterate. Due to low education and illiteracy, most people are of low income group. In addition they are inaccessible to health services which might spread awareness of the disease process and in industry, these workers are employed as unskilled labourers. Most people who are migrant workers come from rural areas and again they are prone to cohabitating since they live far from their families. The findings are supported by Potgieter (2000:39) who maintains that since most workers stay in rural areas, the workplace is an important and appropriate setting for HIV/AIDS programmes to be implemented. This further suggests a need for all industrial nurses to be Aids counsellors so that those workers with insufficient or inaccessible health services can benefit whilst at work. Evian (1995:18) is also of an opinion that migrants leave their families and work in cities and therefore they need to be aware of prevention methods to avoid infecting their wives at home.

4.2.14 **Area of temporary residence whilst at work**

It was important to investigate on the area of temporary residence of Portnet workers since migrant workers leave their families and stay in cities. These migrants end up having multiple sexual partners which further leads to the spread of HIV infection from the girlfriends in the cities to the woman at home. The results revealed that twenty (20) respondents (40%) were staying in their own original houses, nineteen (19) (38%) were staying in rented rooms while eleven (11) (22%) were staying in hostels. The large number which was twenty (20) (40%) of respondents staying in their own original houses could suggest reduction in the spread of HIV infection since respondents were staying with their permanent partners.

Respondents who were not staying with their families were requested to state the number of family visits per month. The aim was to determine the length of stay whilst away from their families which might contribute to the spread of HIV infection where temporary sex partners are sought. The results revealed that, out of fifteen (15) respondents (100%) who were not staying with their families, eleven (11) (73.3%) stated that they only visited their families once a month due to financial constraints and time factor since they get one weekend off a month. The findings suggest that these workers might be tempted to engage in multiple sexual relations because of physical need for sex and somebody to act as a housewife therefore they are tempted to be promiscuous. They may therefore get tempted to have other sex partners in order to fulfill their sexual needs and this may result to further spread of HIV infection. The findings are supported by Giblin (1995:13-14) who maintains that, when men work far from their families, they are tempted to have sex with promiscuous women. This might

be the reason why workers tend to cohabitate which might be the cause for the fast spread of HIV infection.

The study suggests that health education be stressed to all workers on safer sex practices and more especially to those who stay in rented rooms and hostels. De Haan (1991:129) is also of an opinion that the best way of avoiding HIV infection is to avoid casual sexual contact with multiple anonymous partners.

4.2.15 **Beliefs about HIV/AIDS**

It was important to determine what Portnet industry workers with HIV/AIDS believed on, as people have different beliefs and misconceptions about HIV/AIDS. The results revealed that out of fifty (50) respondents (100%), twenty six (26) (52%) stated that HIV/AIDS is sexually transmitted. This shows that a large number of workers know how HIV infection is transmitted but they do not want to take steps to change their sexual behaviour. Twenty four (24) respondents (48%) who stated that HIV is caused by other diseases, mentioned the following: HIV/AIDS is caused by other diseases such as Tuberculosis; they further mentioned that HIV infection is caused by Zulu poisoning "idliso"; and they also mentioned that HIV/AIDS is caused by a very bad "influenza". This indicates lack of knowledge and understanding of the disease process. This is true, as most of HIV/AIDS infected people take long to report for medical advice as they continue to look for traditional healing. This is supported by Sex News (1998:14) who maintains that traditional healers are the first persons people to turn to in times of ill health, they only seek medical advice when the disease is far advanced. De Haan (1991:128) also maintains that HIV virus is found in the infected material which is mainly semen and blood.

The study therefore suggests that health education needs to be based on misconceptions regarding HIV/AIDS as stated by Potgieter (2000:1), who highlights that people believe that when an infected man has sexual intercourse with a virgin, he becomes cured of his HIV infection.

4.2.16 **Methods used for giving health education on HIV/AIDS**

It was of importance to investigate if respondents we exposed to HIV/AIDS awareness and also to state the methods used for health education at Portnet industry. The aim was to ascertain if all respondents were catered for, since some of them had primary education while others had no education. Methods mentioned for health education on HIV/AIDS were as follows: English and Zulu posters at the care centre; English and Zulu leaflets at the care centre; workshops presented in English and Zulu; monthly themes on pay slips; monthly newsflashes with HIV/AIDS messages written in English and Zulu; English and Zulu video cassettes on HIV/AIDS; industrial theatre on HIV/AIDS presented in English and Zulu; health education by Portnet industry nurses presented both in English and Zulu as well as English and Zulu playing cards with HIV/AIDS messages.

Respondents with secondary and tertiary education stated that they preferred English presentations whereas those with primary education together with those with no education stated that they preferred Zulu presentations. When the six (6) respondents (12%) with no education were requested how they would get information from the leaflets that they requested, they stated that they would ask their children to read for them although visual materials such as videos were best methods for them.

The study implies that all respondents were catered for according to their level of education. The study therefore suggests that all workers should be exposed to health education since most of them are migrant workers, who only visit their permanent areas of residence once a month, which means that they spend a lot of time at work. Health education programmes should be properly planned to meet the needs of all the workers especially the illiterate workers who are not educated?. Van der Walt (197:39) is of an opinion that health education is the best cure to prevent spread of HIV infection.

4.2.17 Information on HIV/AIDS before awareness of being HIV/AIDS positive

It was important to investigate if respondents did get information on HIV/AIDS before identified as being HIV positive and to name the sources of HIV/AIDS information. The results revealed that out of fifty (50) respondents (100%), thirty nine (39) (78%) stated that they got information after being identified as HIV positive, while eleven (11) (22%) stated that they got information before being identified as being HIV positive. Out of eleven (11) respondents (100%), who stated that they got information before being identified as HIV positive, seven (7) (63.6%) indicated that they got information from Portnet clinic. The study implies that sources of HIV/AIDS information are still scarce in the community or they are not being made use of.

The thirty nine (39) respondents (78%) who stated that they got information after being identified as HIV positive, mentioned the reasons for not getting the information before being identified as HIV positive as follows: "I used to believe in traditional healers, so what the health workers had to say had no weight on me, until I was tested positive"; "my friends used to tell me that HIV/AIDS is like

any other sexually transmitted disease, which means that it is curable, whereas it is not"; "when I first started getting the right information on HIV/AIDS, I was eager to know my HIV status, only to find that I was also HIV positive"; "I used to feel uncomfortable when people talk about sexually transmitted diseases, I also had an idea that HIV/AIDS was for prostitutes". Reasons stated above show lack of understanding and awareness. The results revealed that thirty five (35) respondents (70%) got information on HIV/AIDS from Portnet industry clinic and the results revealed that twenty seven (27) of the (35) respondents (54%) were staying in rural areas of Empangeni district.

The study implies that most Portnet HIV/AIDS positive workers who stay in rural areas got information from Portnet industry clinic which suggests that these workers were not exposed to AIDS awareness campaigns whilst at home. Health education should therefore be targeted more especially to workers who stay in rural areas. The findings suggests that the response from thirty nine (39) respondents (78%) who stated that they did not get information prior to contracting the disease, was contradictory to what they indicated, since the reasons stated showed that they did get information from various sources, but it was not well understood by them. For example , some of them had an idea that HIV/AIDS was for prostitutes. The findings are supported by Whiteside (2000:15) who maintains that lack of resources worsens the spread of HIV/AIDS, he further highlights that people staying in rural areas do not have access to essential services such as health services. Potgieter (2000:13) also maintains that people need to know how one can get HIV infection and how one cannot get HIV infection.

4.2.18 **Strategies of preventing spread of HIV/AIDS**

Requesting opinions from the respondents as the consumers of health care on the strategies of preventing spread of HIV/AIDS was of significance in this study. All fifty (50) respondents (100%) were requested to give their opinions on what they felt should be done to prevent the spread of this deadly disease. Different views were listed as follows: motivating people to change their sexual habits and practices; influencing people to have one sexual partner; talking to each other more openly and normally about sex and sexual issues; to have more AIDS awareness campaigns; encourage use of condoms; involvement of people with HIV/AIDS in prevention, intervention and care strategies; syndromic management of sexually transmitted diseases; involvement of family members or partners of people with HIV/AIDS in giving health education and counselling on disclosure of HIV status to partners.

The study implies that all respondents showed concerns about prevention of contracting and spreading HIV infection, which suggests that they know how to change their sexual behaviour as well as their bad attitudes. The study therefore suggests that health education need to be emphasized on the common prevention methods such as abstinence from sexual intercourse as well as faithfulness to sexual partners, since no one suggested them. Kunene (2000:70-71) is of an opinion that the only effective cure against HIV/AIDS is prevention. Therefore health education need to be based on the prevention methods. People with HIV/AIDS could be the best counsellors as they are the ones who have gone through all the stages of coping with this stressful situation of being HIV positive.

4.2.19 Factors contributing to the spread of HIV/AIDS as revealed by the characteristics

LACK OF EDUCATION

The profile of the sample revealed that out of fifty (50) respondents (100%, twenty nine (29) (58%) had primary education, whereas six (6) (12%) had no education. It was also identified that thirty (30) respondents' partners (60%) had primary education and eleven (11) (22%) had no education. This implies that health education needs to be planned according to the level at which they can best understand the disease process.

LOW INCOME

A large number of respondents which was twenty six (26) (52%) out of fifty (50) (100%), was earning less than R2000.00 a month. This suggests that most of them are poor and they can be tempted to sell sex in order to earn a living thus leading to the fast spread of HIV/AIDS.

EXTRA MARITAL RELATIONS

The profile of the sample revealed that out of thirty one (31) married respondents (100%), twenty one (21) (68%) stated that they do have extra marital relations ,which indicates that there is a possibility of one man transmitting HIV infection from one woman to other women. Health education should therefore be targeted to married men with extra marital relations in order to prevent the spread of HIV infection.,

POLYGAMY

The profile of the sample also revealed that out of thirty one (31) married respondents (100%), sixteen (16) (51.6%) were married in polygamy. The findings suggests that health education should be targeted to this group of workers as they are likely to spread HIV infection from one woman to the others.

COHABITATION

The profile of the sample revealed that out of fifty (50) respondents (100%), eleven (11) (22%) were unmarried cohabitating respondents with more than one sexual partner, one of them being a female. From the above findings it was noted that even females are not faithful to their sexual partners, although the findings cannot be generalised to all women since the sample only consisted of one (1) (2%) female, therefore it is still open to further investigation. It was also identified that out of thirty one (31) married respondents (100%), fifteen (15) (48.5%) were married cohabitating respondents. The profile of the sample shows that sexual behaviour is still a problem and the spread of HIV infection will not be controlled if people still continue with cohabitation.

FAILURE TO DISCLOSE HIV STATUS

The study also revealed that out of fifty (50) respondents (100%), twenty eight (28) (56%) failed to reveal their HIV status to their partners. It was also identified that out of fifty (50) respondents (100%), twenty nine (29) (58%) were not sure of their partners' HIV status. The findings imply that health education should be emphasizes on acceptance and disclosure in order to prevent spread of HIV infection.

RESISTANCE TO USE CONDOMS

The profile of the sample showed that males are resistant to use condoms when engaging in sexual relations with their partners or wives, whereas they tend to have extra marital relations or multiple sex partners. The characteristics revealed that most workers viewed "flesh to flesh" as the only pleasurable way to satisfy male sexual desires and also necessary for a man's good health in order to maintain balanced levels of blood and sperms within the body.

GENDER POWER IMBALANCE

The greatest obstacle of all to condom use is the result of male-dominated culture where women are socialised to "over respect" men and to relate to them in a submissive manner where men are not questioned on failure to use condoms even if the woman is aware that the husband has got extra marital relations. They also indicated that women are subordinated by men in sexual relations because of gender power imbalance.

AREA OF RESIDENCE

The profile of the sample revealed that thirty six (36) respondents (72%) were living in rural areas. these workers leave their families and go to cities to look for employment. These migrant workers find themselves in lonely unfavourable environments. They then decide to look for sexual partners to fulfill their household duties such as cooking, ironing and others. These migrant workers end up cohabitating, thus spreading HIV infection even faster from their secret

partners to their wives or vice versa at home especially where condom use is neglected.

MISCONCEPTIONS ABOUT HIV/AIDS

The characteristics of respondents revealed that out of fifty (50) respondents (100%), twenty six (26) (52%) knew that HIV is transmitted sexually, whereas twenty four (24) (48%) had other beliefs about HIV transmission such as HIV/AIDS being caused by other diseases such as Tuberculosis; HIV/AIDS being caused by "idliso" and others. This indicates that some people have misconceptions about transmission of HIV infection which lead to further spread of HIV infection.

4.2.20 **Conclusion**

Chapter four was concerned with data analysis, interpretation and discussion of findings. The results of analysis of data revealed that, migrant labour system accompanied by multiple sexual relationship increase the spread of HIV/AIDS. Lack of knowledge and awareness about HIV/AIDS was the cause of the spread of HIV infection. Most people with HIV/AIDS are not keen to change their sexual behaviours simply because they do not know that frequent reinfections lead to one developing AIDS much quicker than the one who does not get reinfections. Concerns regarding social isolation, rejection, discrimination and lack of moral support by family members and partners were expressed.

Chapter five to follow will include summary of findings, conclusions, implications, limitations and recommendations.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter a brief overview of the study will be presented with emphasis on areas of major findings, conclusions and recommendations.

5.2 SUMMARY OF THE STUDY

A brief overview of the problem statement, objectives of the study, related literature reviewed and methodology used is desirable before stating the findings of this study.

Statement of the problem

The problem in this study is that there is a high rate of HIV/AIDS increase in South Africa. The question addressed was "what are the individuals' contributory factors to the spread of HIV/AIDS and what are the areas to be covered by health professionals when giving health education to the community".

Objectives of the study

The objectives of the study were:.

- To determine the individual's contributory factors to the spread of HIV/AIDS.

- To identify the areas to be covered when giving health education to the community.

Assumptions of the study

The assumptions of the study were:

- Migrant labour contributes to the spread of HIV/AIDS as workers stay away from their homes and therefore tempted to be unfaithful to their marriage partners by having extra marital relations.

- A large number of workers in industry reside in rural areas where they receive less exposure to AIDS awareness campaigns.

- Workers in industry with less education and receiving low salaries are mostly affected by HIV/AIDS.

- HIV positive workers do not accept their HIV status and therefore resist disclosure to their partners.

Review of related literature

Literature reveals that around the globe, eleven (11) people are infected with HIV/AIDS every minute. Statistics for the 22nd of May 2000, show that 36 346 825 people were infected with HIV/AIDS globally. In South Africa, 1600 new

infections occur everyday (Sex News, 2000:1). HIV/AIDS is spreading rapidly, every single day 1 500 to 1 700 people in South Africa get infected. About 4.2 million people in South Africa had been infected with HIV/AIDS to date (Mboweni, 2000:3).

It is also pointed out by Gordon (1997:1252-1253) that a number of organizations have committed themselves to fight HIV/AIDS. The Joint and Co-sponsored United Programme on HIV/AIDS became fully operational in 1996. It aimed at coordinating United Nations' activities for the prevention and control of HIV/AIDS. Its focus was to strengthen United Nations' capacity to assist the government and civil society to respond to HIV/AIDS. Unfortunately the HIV/AIDS epidemic continued, with 8500 new infections a day. There was a continuing denial of the epidemic in some countries. Another challenge was the failure in many places to accept the evidence that HIV/AIDS prevention worked.

According to ATTIC (1997:14), the Aids Training Information Counselling Centre (Attic) is one of the forerunners in the fight against HIV/AIDS virus. Attic has instituted a project aimed at increasing awareness of AIDS issues and promoting safer sex practices.

In KwaZulu-Natal Province (KZN), the youth council is one of the forerunners in the fight against HIV/AIDS. The youth council is empowered to become leaders in the struggle to prevent HIV infection through education and training (KwaZulu-Natal Youth Council, 1998:83). At the University of Zululand, an organization named Dram Aide is also involved in the prevention of HIV infection. The purpose of Dram Aide is to create awareness of HIV/AIDS at schools with an aim of preventing the disease.

Despite various programmes, it is also pointed out by Karim (1997:6) that the government must not be seen as the only body involved in designing health education programmes to prevent HIV infection. He is of an opinion that each and every citizen can contribute towards this struggle, since HIV infection affects everyone in one way or another. In addition, Sane (1998:15) maintains that HIV infection must be controlled. He further highlights that there are antiretroviral drugs that are used aiming at boosting the immune system such as Acyclovir. He further points out that there are other dugs used to prevent transmission of the HIV virus from the pregnant woman to the unborn child such as AZT.

Mputha (1999:17) is of an idea that health professionals must work together with other organizations aiming at pro-actively trying to manage the spread of HIV/AIDS. Jemmott (1998:1529-1536) maintains that abstinence should be stressed to young adults as part of safer sex education, school teachers being involved in HIV/AIDS education as part of the school curriculum.

RESEARCH METHODOLOGY

Research design

The research approach used was a cross-sectional descriptive study. The descriptive method was suitable for the study as it aimed at describing the profile of HIV positive workers in industry in order to identify factors that might contribute to the spread of HIV/AIDS.

Research instrument

The means of obtaining the desired information, was through a structured interview schedule, which was prepared in English. Each respondent was interviewed separately in a special room to ensure privacy and confidentiality to the information given. Before administration, the interview schedule was pretested on five workers in order to test the validity and reliability of the instrument. These five workers were not included in the main study.

Sampling and sample size

All fifty (50) Portnet industry workers with HIV/AIDS were requested to participate in the study. The sample was composed of forty nine (49) males and one (1) female between the ages eighteen (18) and fifty nine (59) years with HIV/AIDS infection.

Permission for the study

Permission for the study was obtained from Portnet authorities. Before administering the instrument, the interview was explained to the respondents and they gave informed consent. The option not to participate was also explained. Respondents were assured of anonymity and confidentiality.

Process of data analysis

The information collected by means of an interview schedule was analysed manually and interpreted. The data was presented in the form of tables, pie diagrams and a bar graph, thereafter findings were discussed.

5.3 SUMMARY OF FINDINGS

The aim of study was to get a profile of workers who are HIV/AIDS positive at Portnet industry in Richards Bay. The findings of the study revealed the following characteristics of workers of Portnet industry:

Age distribution

The findings revealed that HIV positive workers who were sixteen (16) in number, with high percentage of 32% were at the age of 32-38 years followed by 25-31 years who were twelve (12) in number (24%). This was due to the fact that workers become permanently employed at the age of 25 years and above.

Gender distribution

The findings revealed that the sample consisted mainly of males who were forty nine (49) in number (98%) and only one (1) (2%) was a female. It was because Portnet industry employs more males than females and during the study one female was HIV/AIDS positive.

More unskilled workers than skilled workers

Workers at Portnet industry with HIV/AIDS consisted mainly of unskilled workers. Out of fifty (50) respondents (100%), thirty nine (39) (78%) were unskilled workers. This was due to the fact that Portnet industry employs more unskilled than skilled workers.

Workers had low to less educational status

The findings revealed that out of fifty (50) respondents (100%), twenty nine (29) (58%) had primary education and six (6) (12%) were illiterate. Low standard of education is associated with unskilled labour, that is why thirty nine (39) (78%) were unskilled labourers. This implies that health education be strategized to make workers with low education to understand the disease process.

Low income

Findings revealed that out fifty (50) respondents (100%), twenty six (26) (52%) earned less than R2 000.00 a month which is of great concern as poverty is assumed as being one of the factors that might contribute to the spread of HIV infection due to some people selling sex (ATTIC, 1997:14-15).

Marital status

The findings revealed that out of fifty (50) respondents (100%), thirty one (31) (62%) were married and one could think that the spread of HIV infection could be controlled since married people are expected to behave well since they have got permanent sex partners. However, it was identified that twenty one (21) (68%) had extra marital relations.

Married men with extra marital relations

The results revealed that out of thirty one (31) married respondents (100%), twenty one (21) (68%) had extra marital relations which proves unfaithfulness

and further contributes to the spread of HIV infection. This proves that behaviour is still a problem.

Married men in polygamy

The findings revealed that out of thirty one (31) married respondents (100%), sixteen (16) (51.6%) were married in polygamy. This indicates that more women were also infected with the HIV virus.

Cohabitating married respondents

The findings revealed that out of thirty one (31) married respondents (100%), fifteen (15) (48%) stated that they were cohabitating which further indicates how men spread HIV infection from one woman to the other.

Cohabitating unmarried respondents

The findings revealed that out of nineteen (19) unmarried respondents (100%), eleven (11) (58%) were cohabitating and they stated that they had more than one sexual partner one of them being a female. This proves that even females are not faithful to their sex partners which further leads to the spread of HIV infection.

Reasons for cohabitating

The cohabitating respondents named the following reasons for cohabitating: they stated that they were cohabitating because they had an intention of getting married; they pointed out that they do not think it is wise for them to get married

since they were going to die soon; they also stated that their girlfriends were competing with each other for love from them, they gave them good care and they also mentioned that should they decide to marry them, they will not get the tender loving care anymore; the female respondent stated that she does not think it is wise to get married when one is HIV positive since she is not allowed to have a baby.

Multiple sex partners for single respondents

Out of fifty (50) respondents (100%), seven (7) (14%) were single respondents who stated that they had more than one sex partner. This indicates that health education must be based on faithfulness.

Widowed respondent

The findings revealed that out of fifty (50) respondents (100%), one (1) (2%) was widowed who further stated that he did not disclose his HIV status to his partner and yet he does not use condoms. This indicated that people are still resistant to use condoms.

Rural residential area

Out of fifty (50) respondents (100%), thirty six (36) (72%) lived in rural areas where it is far from work and probably that is why some of them are cohabitating. This further leads to the spread of HIV infection.

Unawareness of HIV status

The findings revealed that out of fifty (50) respondents (100%), twenty nine (29) (58%) were not aware of their partners' HIV status. Twenty eight (28) (56%) did not reveal their HIV status to their partners. This shows that people still fail to disclose their HIV status which may contribute to the spread of HIV infection. When they were further asked to give reasons for not revealing their HIV status, they gave the following reasons: they thought that their families might discriminate them; feared preconceived ideas of people living in rural areas which prevent empathy with person with HIV/AIDS; feared that their families might react emotionally since they do not understand easily; scared that their partners might decide to live them; feared that their partners might tell other people forgetting that this is confidential; when telling other people about your HIV status, they label you as a prostitute; feared that their families might avoid sharing with them whatever they use because of lack of knowledge; scared that their partners might tell the "boss" at work which could result in him being fired from work; people tend to joke about HIV/AIDS, therefore telling them might cause stress and they also pointed out that they do not want to cause distress to their partners.

Resistance to use condoms

The cohabitating respondents, married respondents with extra marital relations and those who did not know their partners' HIV status, stated that they were not using condoms for the following reasons: using condoms is associated with washing your feet with socks on; condom use being associated with illicit sex; condoms make one lose the moment by breaking the flow; do not want to embarrass their partners; being allergic to condoms; girlfriends do not want them

to use condoms yet they do not want to lose them; could not see any point in using condoms since they were already infected and they also stated that it is not easy to start something new like use of condoms when one is old.

Failure to disclose HIV status

Unawareness of each partner's HIV status shows that there is still failure to disclose HIV status.

Strategies of preventing spread of HIV/AIDS

When the respondents were asked about the strategies of preventing the spread of HIV infection, they appeared to be knowledgeable with all the methods, but none of them mentioned abstinence and faithfulness. This implies that health education should be based on that.

5.4 SUMMARY OF PROFILE OF HIV/AIDS POSITIVE WORKERS

Findings revealed that Portnet industry workers had the following characteristics:

- Age distribution – 56% of them were between 25-38 years.
- Gender distribution – 98% workers with HIV/AIDS were males.
- Unskilled worker – 78% of them were unskilled workers who are of low educational status and earning less than R2 000.00 a month.

- Marital status – Out of fifty (50) respondents (100%), thirty one (31) respondents (62%) were married, eleven (11) (22%) cohabitating; seven (7) (14%) single and one (1) (2%) widowed.

- Failure to disclose HIV status – most of them, that is twenty eight (28) (56%) did not disclose their HIV status to their partners.

- Cohabitating – there were twenty six (26) (52%) cohabitating respondents (both married and unmarried).

- Extra marital relations – out of thirty one (31) married respondents (100%), twenty one (21) (68%) had extra marital relations.

- Married in polygamy – out of thirty one (31) married respondents (100%), sixteen (16) (51.6%) were married in polygamy.

- Rural residents causing inaccessibility to information – most workers were living in rural areas, that is, thirty six (36) (72%).

- Information on HIV/AIDS – thirty nine (39) respondents (78%) stated that they got information after contracting the disease.

- Zulu language preferred for health education – thirty five (35) respondents (70%) who had less education preferred Zulu presentations.

5.5 SUMMARY OF FACTORS CONTRIBUTING TO THE SPREAD OF HIV/AIDS AS IDENTIFIED FROM PROFILE WERE:

- Low income
- Lack of education
- Extra marital relations
- Resistance to condom use
- Multiple sex partners
- Polygamy
- Cohabitation due to migrant labour
- Failure to disclose HIV status
- Inaccessibility to HIV/AIDS awareness campaigns especially to rural people

5.6 CONCLUSION

A profile of Portnet workers with HIV/AIDS gives characteristics which allow for the spread of HIV/AIDS such as: multiple sexual relationship, polygamy, resistance to use condoms, low income, lack of education, extra marital relations, cohabitation due to migrant labour, failure to disclose HIV status and inaccessibility to HIV/AIDS awareness campaigns especially to rural people.

5.7 IMPLICATIONS FOR HEALTH EDUCATION

Based on the findings of the study which revealed characteristics of HIV/AIDS positive Portnet industry workers which determined the factors that might contribute to the spread of HIV/AIDS. The implications of the findings to health education are:

Prevention of the spread of HIV/AIDS must be everybody's concern and it must be multisectoral as cited by Karim (1997:6) who maintains that the government must not be seen as the only body involved in designing health education programmes to prevent HIV infection. Health education should therefore be started from schools, tertiary education institutions, industries and to the society at large.

The results of the study also imply that those involved in giving health education especially health professionals must target the rural population as those people are inaccessible to health services. Rural people also lack education and as a result are employed as unskilled labourers and are prone to poverty. The study also implies that the strategies for giving health education to rural people must be planned according to their level of education and the strategies to bring health services to them must be designed.

The results of the study implies that those responsible for giving health education for preventing HIV/AIDS must focus and emphasize on motivating people to change their sexual behaviour. This stems from the fact that the results revealed that most HIV/AIDS positive workers had characteristics that showed behaviour that contribute to the spread of HIV/AIDS such as extra marital relations, multiple sex partners, resistance to use condoms and polygamy.

The study implies that health education must be combined with counselling for the affected as well as his/her family so that the affected person feels accepted and therefore willing to disclose his/her HIV status. These will facilitate family members to care for the individual without discrimination and neglect whilst at the same time preventing themselves from contracting the disease.

5.8 LIMITATIONS OF THE STUDY

The study had the following limitations:

- It was conducted in one industry (Portnet industry)
- The sample was biased as it consisted of forty nine (49) male respondents (98%), with only one (1) female(2%). The findings therefore may not be generalised to all industries and also to all genders. However it does arouse interest for conducting future research studies on a wider scale.

5.9 RECOMMENDATIONS

Based on the findings of the study, it is recommended that:

- Prevention of the spread of HIV by workers from industry must be multisectoral as these people are also community members.

- Health education and counselling must be conducted in industries. The managers in industries should be motivated to train some employees to be AIDS counsellors and counselling must also be conducted in privacy. The counselling must be directed to the affected and his/her family in order to encourage acceptance and also disclosure of HIV status.

- It is also recommended that strong emphasis on health education must be placed on motivating people to change their sexual behaviour. Males to be motivated to accept use of condoms and to limit the number of sexual partners to one. The young and unmarried to be encouraged to abstain from sex and to have pretest before marriage.

- It is also recommended that people's educational standard to be considered when giving health education. For example, those with lack of education must be educated using their own mother language, such as Zulu.

- Education on HIV/AIDS to increase its direction to rural communities as this is still a problem as services are inaccessible to most rural people.

- Employers should be encouraged to establish family houses for people staying far from work so that these workers stay with their families thus avoiding cohabitation.

- It is recommended that further research on profile of workers with HIV/AIDS, be conducted on a larger scale of workplaces.

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Annexure A

Permission Letter

PORTNET

Miss B.M. Xulu
Industrial Sister
EMPLOYEE CARE CENTRE

Van / From

Sr B.N. Malo
EMPLOYEE CARE CENTRE

RESEARCH STUDY

3184 Faks / Fax 3363 Teleks / Telex Datum / Date 16/05/00

; serves to confirm that Miss B.M.Xulu has been granted permission to do a research on **PROFILE OF WORKERS WHO ARE HIV/AIDS POSITIVE AT PORTNET RICHARDS BAY RING THE YEAR 1998/1999 AND IMPLICATIONS FOR HEALTH EDUCATION"** on Portnet ployees.

completed study should be submitted to Portnet Employee Care Centre before it is published ommunicated to anybody else.

ards.

B.N. MALO
MANAGER: EMPLOYEE WELLBEING

HAWEBESTUURDER
PORT MANAGER
PORTNET
16 -5- 2000
Richardsbaai/Richards Bay
MEDIESE SENTRUM : MEDICAL CLINIC

Annexure B

INTERVIEW SCHEDULE

SAMPLE REALISATION

1. What is your age?

18-24	
25-31	
32-38	
39-45	
46-52	
53-59	

2. What is your gender?

Female	
Male	

3. What type of work are you doing?

Skilled labourer	
Unskilled labourer	

4. What is your educational status?

Never been to school	
Primary education	
Secondary education	
Tertiary education	

5. What is your partner's educational status?

Never been to school	
Primary education	
Secondary education	
Tertiary education	

6. If never been to school or with primary education, how was the information on HIV/AIDS presented to you?

.....

.....

7. Is your partner aware of your HIV status? If no, what are the reasons for that?

.....

.....

8. Is your partner HIV positive?

Yes	
Not sure	

9. If not sure, why didn't you encourage her/him to go for HIV testing?

.....

.....

.....

10. Are you using condoms during sexual intercourse? If not, why are you not using condoms?

.....

.....

11. What is your monthly family income?

R1000-R1999	
R2000 and above	
R3000 and above	
R4000 and above	
R5000 and above	

12. If earning less than R2000 a month, is your partner working or not?

Yes	
No	

13. What is your marital status?

Single	
Married	
Widowed	
Cohabitating	

14. If your answer was "married" in question eleven above, indicate the type of marriage.

Monogamy	
Polygamy	

15. If "married" are you cohabitating or not?

Yes	
No	

16. If "married" do you have any extra marital relations?

Yes	
No	

17. If you answered "yes" on the question of extra marital relations above, what prevention methods do you use?

Condoms	
None	

18. If none, what are the reasons?

.....

.....

19. Did you inform your partner of your HIV status? If not, what are the reasons for that?

.....

.....

20. If single, how many sexual partners do you have?

Two	
Three	
Four and above	

21. If more than one sexual partner, what are the reasons for that?

.....

.....

22. If widowed, what was the cause of death for your wife?

.....

.....

23. If widowed, with whom do you stay?

.....

.....

24. Do you know if your girlfriend is having HIV/AIDS or not?

Yes	
No	

25. Did you inform your girlfriend of your HIV status?

Yes	
No	

26. If no, why didn't you inform her?

.....

.....

27. Are you using condoms during sexual intercourse with your partner or not?

Yes	
No	

28. If not, why are you not using condoms?

.....

.....

29. If cohabitating, why are you not getting married?

.....

.....

30. How many girlfriends/boyfriends do you have?

Two	
Three and above	

31. Do you use condoms when visiting your girlfriends/boyfriend?

Yes	
No	

32. If not, why are you not using condoms?

.....

.....

33. What is your area of permanent residence?

Rural	
Urban	
Peri-urban	

34. Name your actual residential area.

.....

.....

35. What is your area of temporary residence?

Rented room	
Hostel	
Own house	

36. If not staying in your own house, how often do you visit your family?

Once a month	
Twice a month	

37. What is your belief about HIV/AIDS, is it sexually transmitted or not?

.....

.....

38. If sexually transmitted, do you use condoms when visiting your partners?

Yes	
No	

39. Are you exposed to HIV/AIDS education whilst at work?

Yes	
No	

40. If yes, in what form?

.....

.....

41. Which language do you prefer when given health education?

.....

.....

42. When did you get information on AIDS awareness, before or after contracting the disease?

Before contracting	
After contracting	

43. If you answered "Before contracting" name the source of HIV/AIDS information.

.....

.....

44. What do you think were the reasons for not getting HIV/AIDS information before contracting the disease?

.....

.....

45. If you answered "After contracting" what was your source of information?

.....

.....

46. Where do you stay?

.....

.....

47. What would be the best strategies of preventing HIV/AIDS?

.....

.....

Annexure C

PROPOSAL

1.1 INTRODUCTION

Since the first cases of Aids were diagnosed in 1981, the alarming growth of this epidemic has created a public health crisis. This has created a whole new set of challenges for all health workers with nurses at the fore front (Faugler & Hicken, 1996:115)

South Africa is in the middle of an epidemic of HIV infection that has implications for all segments of society. The impact of HIV/AIDS affects individuals in their productive middle year of life. It seems likely that industries that are labour intensive and involve migrant labour will be the hardest hit.

1.2 MOTIVATION FOR THE STUDY

The researcher identified that there was a high incidence of Portnet workers with HIV/AIDS. Most of them coming from rural and peri-urban areas. Their ages ranged between twenty seven and thirty eight years. Some of them were single with multiple sex partners and others were married in polygamy marriage. This then aroused the interest of the researcher to investigate the factors leading to high incidence of Portnet workers with HIV/AIDS through their profile.

The HIV/AIDS in KwaZulu schools is frightening of particular concern is that the infection rate among people aged 16 to 25 years is increased by 64% and there is a clear need to provide teachers with skills so that they can teach HIV/AIDS awareness and prevention (Potgieter, 2000:17).

The Department of Education is running at a loss by subsidizing tertiary institutions, since young people are dying with all the knowledge and skills accumulated at schools.

Some industries also issue bursaries to University and Technikon students, for those students to come and occupy higher positions in industries afterwards. Unfortunately they lose money and prospective productive workforce due to this deadly disease, HIV/AIDS.

Factors leading to Aids should be identified so that health education by health professions will focus on them.

In 1999, Stovar analyzed the Aids cost to companies. His findings were that, future production will be lost and that pension cost will be increased. He also identified that there was an increased incidence of absenteeism due to HIV related symptomatic illness and for funerals (Stovar, 1999:1).

In 1998, Ntsaluba conducted a survey on awareness of HIV/AIDS. His findings were that:

There was a high level of awareness of HIV/AIDS among teenage women. Most of them got information from the television, radio, friends and

health workers. Newspapers and pamphlets also played an important role in their knowledge of Aids. However, he discovered that more than half, did not know that a healthy looking person can have Aids (Ntsaluba, 1998:27).

Whiteside conducted a study in year 2000 on the impact of the Aids epidemic on organisations, business and the economy. His findings were that, sick workers are less productive at work and cannot carry on more demanding physical jobs. Employers who die or retire on medical grounds have to be replaced and their replacement may be less skilled and experienced (Whiteside, 2000:3).

Inspite of these studies, there is a noticeable absence of research on the profile of workers who have contracted HIV/AIDS in industries. The present study will attempt to close this gap.

1.3 STATEMENT OF THE PROBLEM

The problem to be investigated is that there is a high rate of HIV/AIDS increase in South Africa. The question to be addressed is: "What are the individual's contributory factors to the spread of HIV/AIDS and what are the areas to be covered by health professions when giving health education to the community"

1.4 PURPOSE OF THE STUDY

The purpose of the study is to obtain the individual worker's profile in order to identify factors contributing to the spread of HIV/AIDS.

1.5 OBJECTIVES

The study will attempt to attain the following objectives:

- To determine individual's contributory factors to the spread of HIV/AIDS.

- To identify the areas to be covered when giving health education to the community.

1.6 SIGNIFICANCE OF THE STUDY

The study will assist nursing personnel in industry to identify the areas to be covered when giving health education to the community. It will also highlight the background of workers in industry, which may have contributed to the spread of HIV/AIDS.

1.7 DELIMITATION OF THE AREA OF STUDY

The study will be conducted at Portnet Richards Bay.

Seeing that in the Port of Richards Bay is where the researcher is based, it will be more accessible.

1.8 DEFINITION OF TERMS

Profile

A profile is a short biographical or character sketch (Kindersley, 1998:654). For the purpose of this study, a profile refers to characteristics of Portnet workers with HIV/AIDS.

Worker

A worker is a person who works, especially a manual or industrial employee (Kindersley,1998:961). For the purpose of this study, a worker refers to Portnet employees who has HIV/AIDS.

HIV

Human Immuno Deficiency Virus is a retrovirus responsible for Aids (McFerran, 1994:214).

AIDS

Acquired Immune Deficiency Syndrome is a syndrome caused by the human immuno deficiency virus which destroys a subgroup of lymphocytes, resulting in suppression of the body's immune response (McFerran, 1994:11).

Implication

What is involved in or implied by something else (Kindersley, 1998:654). For the purpose of this study, implication means suggestion of the ways to be employed to combat HIV/AIDS at Portnet Richards Bay.

Incidence

Incidence is indicated by the number of new cases of a given condition occurring in a population over a period of time, and is usually represented as an annual incidence rate per thousand of the population at risk (Searle, 1993:69). For the purpose of this study, incidence refers to the number of Portnet workers who have contracted HIV/AIDS during the year 1998 and 1999.

Health education

Health education means persuasive methods used to encourage people to adopt lifestyles that the educators believe will improve health and to reject habits regarded as harmful to health (McFerran, 1994:205). For the purpose of this study, health education refers to health advices that will be given Portnet workers.

2. PRELIMINARY LITERATURE REVIEW

2.1 Introduction

The high cost of caring for the sick and dying will almost affect every business situation. Treatment of patients with weakened immune systems takes longer, requires more drugs and is very expensive. Since Aids affects organizations in many ways, employers are motivated to educate employees for humanitarian, legal and economic reasons. The illness generally strikes people between ages 25 and 44 years, a time when most workers are at their height of productivity (Seligson & Peterson, 1992:197).

Initial indicators were that, the wealthy who lived in urban areas and frequently traveled, were at a greater risk of infection. A lack of social cohesion has also been a contributing factor to the spread of infectious diseases like HIV/AIDS. Where there is poor social cohesion, people tend to blame others and to flee. People flee cities in order to avoid infection. At the same time, towns that have developed a strong sense of social cohesion have tended to be more effective at limiting the spread of infectious diseases. When men work in their home towns, they are with their families all the time, so that they are less likely to engage in occasional sex with unknown multiple partners. Whereas, if they work far from their families where they only visit their wives once a month, they are tempted to have sex with promiscuous women, sex being one of the natural needs of a human being. Even with other sexually transmitted diseases like syphilis, gonorrhea, etc., the same problem was encountered of men contracting these diseases at their work areas and

transfer them to their poor wives at home. The big problem today is that, this crippling disease called Aids is incurable whereas other sexually transmitted diseases are curable (Giblin, 1995:13-14).

2.2 Incidence

According to the Joint United Nations Programme on Aids, the majority of the 5.6 million people worldwide who were infected with HIV in 1999 were Africans and 13.7 million Africans have already died as a result of Aids (UNAIDS, 2000:2).

According to Sex news, around the globe, 11 people are infected with HIV every minute. Statistics for the 22nd of May 2000, show that 36 346 825 people were infected with HIV globally. In South Africa, 1 600 new infections occur every day (Sex News, 2000:1).

In the year 2000, Stover analyzed the Aids epidemic. His findings were that, there are an estimated 33.6 million people living with HIV/AIDS, of whom 23.3 million are in Africa. He identified that in 1999 there were 5.6 million new infections, 3.8 million of them in Africa. He also identified that since the epidemic began, 16.3 million people have died of Aids, 2.6 million of them during 1999. Life expectancy (which rose from 44 years during the 1950s to 59 years in the early 1990s) is said to drop to 45 years over the next five years (Stover, 2000:2).

2.3 Factors contributing to contracting Aids

Migrant labour

Migrant labour system has hastened the spread of HIV/AIDS to all communities in South Africa. These migrants often find themselves in lonely, unfavourable, hostile environments. They leave their wives behind and only visit them once or twice a month. There is a natural need for sex and intimacy. These migrants end up in multiple partner sexual relationships (Evian,1995:18).

Poverty

Poverty forces some women into risky sexual relations for the sake of earning precious money for basic needs and to help raise their children. Older men also exploit young women. These "sugar daddies" pay the school fees of young girls from poor families and have their way with them, exposing them to HIV infection (Hooper, 2000:11).

Blood transfusion

Blood transfusion sometimes put some people at risk of contracting HIV/AIDS, though blood is screened but there is a window period that should also be taken into consideration (De Haan, 1991:121).

Rape and sexual abuse

Men are involved in most cases of HIV transmission and in most cases of rape and sexual abuse. It is a fact that most guys who raped are also involved in other crimes. People have lost respect for each other. Men abuse their sexual power by having sex with anyone they want, whether it is a women walking in the street or even their daughters. For young men, sex is not about love, it is about game or a competition. Men want to have sex with as many girls as possible (Hooper, 2000:9).

Drug abuse

Drug abusers are at risk of contracting HIV/AIDS because they share needles and syringes (De Haan, 1991:128).

Multiple sexual relationship

People with multiple sexual partners are likely to expose themselves to contracting HIV/AIDS. These people sometimes fail to employ protective measures, for example, to use condoms to their sexual partners thus transmitting this deadly disease to their sexual partners (De Haan, 1991:129).

Looking at the above factors, are the industrial workers prone to Aids due to any of these contributing factors?

2.4 PREVENTIVE MEASURES

Preventive programmes are best for companies with low level of infection, while those with high prevalence will need to concentrate on helping the organization to survive by taking steps to extend the healthy life of an HIV positive employee. The life of an HIV positive employee can be extended by giving him/her necessary medical or psychological support. Since the treatment for boosting the immune system of an HIV positive person is expensive, the employer can subsidize this employee (Whiteford, 1999:15).

There is still no cure for HIV/AIDS, but new developments in prevention and treatment have raised expectations about prognosis and cure (Faugier, 1996:175).

In many countries, primary prevention is the only method of controlling HIV infection and Aids.

Health education programmes are encouraged to modify sexual behaviour and to raise public awareness of the risks of HIV infections and Aids. Without education, the epidemic cannot be affected at its source (Weisfeld, 1991:10).

Intensified detection and treatment of sexually transmitted diseases is very important since these conditions can facilitate the transmission of HIV infection.

Adoption of protective measures, for example, through the promotion and provision of condoms are encouraged.

Therefore, a vital role that the industry needs to play is that of education and awareness campaigns. The industry has an obligation to make people aware of the risk that HIV poses in their lives, regardless of their gender, financial status, racial grouping or sexual orientation.

The DramAide at the University of Zululand is an organisation working on HIV/AIDS awareness and education in KwaZulu-Natal schools, has become involved in the worldwide Aids Memorial Quilt Project.

The purpose of DramAide is to create awareness of Aids at schools with an aim of preventing the disease and also to foster emotional healing amongst people who have lost friends and relatives to Aids related illness. The DramAide conducts quilt workshops in communities throughout KwaZulu-Natal (Sendah, 2000:10).

Aids awareness programmes are also run at industries in the form of condom distribution to all departments, pamphlets distribution, video watching on HIV/AIDS, health education on HIV/AIDS, news flashes which are sent to all departments every month with HIV/AIDS information and also writing of few lines on HIV/AIDS on all workers' pay sheets.

The industry aims at improving access to information, counselling, HIV testing and treatment.

2.5 Effects of HIV/AIDS in industry (country)

No sector will be able to isolate from the effects of HIV/AIDS. This epidemic will have a marked effect on business.

According to World Aids statistics, an estimated 3.5 million South Africans have HIV/AIDS, placing an enormous burden on the government which spends between R3 000.00 and R45 000.00 yearly for each patient (Potgieter, 2000:7).

HIV/AIDS has become a significant threat to South African business and companies. The workforce is functioning at a much reduced level of production (Bisseker, 1997:40-41).

The major concerns to business are reduced productivity and increased costs because of:

Increased absenteeism, therefore employers may increase the size of the workforce to provide for absenteeism. Loss of man hour in the case of sickness and loss of manpower through death especially of young productive workers has major implications on productivity. Sick workers are less productive at work and cannot carry out more demanding physical jobs.

Loss of skills in an economy already critically short of skills will create problems for the various industries and business. Employees who die or retire on medical grounds have to be replaced, and their replacements

may be less skilled and experienced and require training (Whiteside, 2000:1-3; WOW Communications, 2000:4).

Should Aids deplete the supply of highly skilled workers, employers will have to spend more on further training to accommodate and replace lost workers.

Companies are to look at the ways to reduce the impact of the disease. It is expensive, but ignoring the epidemic will cost more (Van der Walt, 1997:31).

It would therefore be important for industries to keep work force healthy for as long as possible. Infected employees will be productive for a longer period if they receive the medical, social and psychological support they need.

2.6 **People prone to contracting HIV/AIDS**

Young people aged 16-25 years because they are sexually active; prostitutes who engage in sex for financial gain; drug abusers who share needles and syringes; migrant workers who end up having multiple sex partners; polygamy also leads to HIV/AIDS infection where precautionary measures are not taken into consideration and also people who are financially poor but not prostitutes. These people rely on "survival sex" to earn money for basic needs.

2.7 Conclusion

The industry's task now, is two fold, to take proactive action to limit or reduce susceptibility to the epidemic and to take actions effectively to manage the impact of the epidemic.

3. RESEARCH METHODOLOGY

3.1 Research design

3.1.1 Method of data collection

An exploratory study will be undertaken. This method will be selected to get the worker's views on the contributory factors to contracting HIV/AIDS infection.

3.2 Target population

The target population for this study will be Portnet employees from Bulk Metal Terminal, Combi Terminal, Dry Bulk Terminal and Infrastructure Departments who have contracted HIV/AIDS.

3.3 Sampling and sample size

All Portnet industry workers with HIV/AIDS will be requested to participate in the study.

3.4 Data collection

A structured interview will be used to collect data. A structured interview is chosen to channel workers to give relevant information. Close- and open-ended questions will be asked.

3.5 Pilot study

Pilot study will be conducted on five (5) workers with HIV/AIDS at Portnet Richards Bay, to pretest the instrument so as to ascertain strengths and weaknesses in the study design and weed out problems in advance. The pilot study will test the validity of the instrument. These workers will not form part of the main study (Wilson, 1993:15).

3.6 Ethical considerations

Permission to conduct a research will be obtained from Portnet authorities.

Workers at Portnet with HIV/AIDS will be requested to participate in the study. Their consent will be requested to participate in the study. Their consent will be requested both verbally and in writing. Confidentiality will be maintained. Particulars of workers with HIV/AIDS will not be exposed.

4. DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

Data analysis and interpretation will be done and findings will be discussed as well.

5. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This will be done at the end of the study.