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THE EFECT OF PERSONAL AND SOCIO ECONOMIC VARIABLES ON THE KNOWLEDGE, ATTITUDE AND BELIEF OF FARM WORKERS ABOUT HIV/AIDS, TWO CASE STUDIES – A LESSON FOR EXTENSION!

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ABSTRACT

The seriousness of HIV/AIDS and the effect of the epidemic on the Agricultural sector cannot be ignored anymore. Farm worker communities have been identified as one of the most vulnerable groups in South Africa. The Primary Agriculture and Training Authority (PAETA) invited the organisation People Management to develop and present a HIV/AIDS Intervention Program with the slogan, "If I know my status I can manage it" to two farming communities. Respondents knowledge, attitude and belief before and after the intervention program were determined and according to the results the farm workers knowledge increased from 42%before to 76% after the Intervention Program. Their attitude changed positively from 72% to 85% and their belief about HIV/AIDS changed positively from 48% to 76%. The influence of the socio-economic variables before the Intervention Program indicated that females had a better knowledge and a more positive attitude towards HIV/AIDS than the male respondents. Married respondents also indicated a more realistic belief about HIV/AIDS than the unmarried respondents. After the Intervention Program the most important difference that occurred was between married and unmarried respondents and in favour of the married respondents. Most important however is the fact that every member of the two communities came forward and were tested for HIV/AIDS. Now they know their status and can manage it. For extension services and therefore

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for Extensionists several lessons have been learned. The program focused on the adoption behaviour of the farm workers. The vision was clear: Participation by all community members and stakeholders ensured; and community members were trained as peer educators. The Intervention Program was intensive and well designed and presented program. A networking system and linkages was in place to support the workers.

1. INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is a name given to the condition that results from being long-term infected with the Human Immune Virus (HIV).

HIV progressively damages the body's immune system, preventing the body from protecting itself against infection that would otherwise be rendered harmless.

According to Motsoko (2001:2), HIV/AIDS is here to infect, destroy and kill. The epidemic knows no limits, it does not have respect for families, neither for school, any institution or organisation, big or small, it penetrates and it does not discriminate between the rich and the poor.

Since the discovery of AIDS in 1981, more than 60 million people have been infected and in 2003 it claimed about 3 million lives (Brouard, Maritz, van Wyk & Zuberi, 2004:2).

Sub-Saharan Africa has the worst rates of HIV/AIDS infection in the world as well as among the worst rates of poverty and malnutrition (Loevinsohn & Gillespie, 2003:4 and UNAIDS, 2003:4).

According to UNAIDS (2004:9) it is expected that the life expectation in South Africa will decline from 68,5 (before 1981) to 36,5 in 2010 and according to Dorrington, Bradshaw and Budlender (2002:3) it is estimated that 6,5 million people in South Africa are presently living with HIV/AIDS.

In a study done by the International Organisation for Migration (IOM) in 2004 together with Care International, as cited by Japan International Cooperation Agency (JICA, 2004:6) it was found that farm workers on commercial farms are as vulnerable to HIV/AIDS in much the same way as migrant workers in the mine industry and construction sector.

The study done by JICA (2004:3) also found that female farm workers have a poorer knowledge of HIV/AIDS than male workers. In most cases they are ill informed about the means of transmission of the disease. Secondly they display attitudes towards HIV/AIDS which make them more vulnerable. Many female workers, even more than male workers, believe that there is nothing they can do to protect themselves from HIV/AIDS and thirdly female workers reported higher levels of unsafe sexual practices.

It is against this background that the Primary Agricultural Education and Training Authority (PAETA) have taken the initiative to develop a Strategic Framework of HIV/AIDS Intervention within the primary agriculture sector. This has lead to the slogan PAETA has adopted namely, "If I know my status I can manage it".

2. DEFINING THE PROBLEM

Today the majority of organisations involved with the problem of HIV/AIDS are shifting the emphasis of HIV/AIDS programmes from awareness to intervention programmes.

Very little information is available on the results where an intervention program has been implemented. Answers to the following need to be obtained:

- Did peoples knowledge and therefore their behaviour, attitudes and beliefs change after the Intervention Program?

- Did they adopt the Program and if yes, to what extent were they prepared to be tested?

- What is the effect of the independent variables (gender, age, level of education, marital status and job status) on peoples knowledge, attitude and belief?

In view of the above, a case study of two groups of farm workers in South Africa was analysed.

The objectives of the study were:

- To asses the extent of knowledge, attitudes and beliefs of farm workers on HIV/AIDS before the Intervention Program.

- To asses the extent of knowledge, attitudes and beliefs of farm workers after the Intervention Program on HIV/AIDS.

- To determine the effect of the independent variables, namely gender; age; education; marital status and job status on the knowledge, attitudes and beliefs of farm workers from the two farming communities about HIV/AIDS.

- To identify possible lessons to be learned for Extension.

3. METHODOLOGY

PAETA invited its clients (commercial farmers) to participate in the HIV/AIDS Intervention Program with the slogan: "If you know your status you can manage it"

Consequently a pilot project involving three commercial farming communities was launched. People Management (an NGO operating and specialising in HIV/AIDS matters) was appointed to implement the pilot project.

The three farming communities are situated in the Northern Cape, Western Cape and Northwest provinces respectively. Unfortunately the data from the Western Cape could not be used.

The Intervention Program developed and presented by People Management to the farming communities was essentially to create a general awareness about HIV/AIDS and to change the face of the epidemic. The aim is to get people to want to know their HIV status and take responsibility for their own live and sexual safety. They also want to empower those who are HIV positive, to manage their health and to live a long and productive life. Also to empower those who are HIV negative to stay that way. The Program presented by People Management consisted of six weeks of intensive training. The Program started with the completion of a questionnaire by respondents on their knowledge, attitudes and beliefs about HIV/AIDS, called the Pre-intervention Knowledge Attitudes and Perception (beliefs) (KAP)

study. The same questionnaire was completed at the end of the six weeks of training, and is called the Post-intervention KAP study. Because of the confidentiality and sensitive nature of HIV/AIDS, participants stayed anonymous.

4. FINDINGS

The two farming communities who participated in the Program are Community A and Community B. The results of the KAP study are presented in two divisions, namely the pre-intervention and post intervention divisions. The two communities consist of 344 members of which 36% of the members completed the Pre-Intervention KAP-study questionnaire and 42% the Post-Intervention KAP-study questionnaire. More important however is the fact that all 344 community members participated in the 6 weeks Intervention Program presented by People Management. Nobody was forced to complete the questionnaire but every individual was obliged to participate in the Program.

4.1 The pre- and post KAP – study results

Before the Intervention Program started all members of the Communities were invited to complete the Pre-intervention KAP-study questionnaire.

At the end of the Intervention Program (six weeks later), respondents completed the same questionnaire. Because of a confidentiality agreement it was not allowed to identify members who had completed the questionnaire. In Table 1 the results are presented as an indication of respondents knowledge, attitude and belief about HIV/AIDS before and after they were exposed to an intensive Intervention Program on HIV/AIDS.

According to the above table the two communities before the Intervention Program:

- Differed not much on average with regard to their knowledge, both displaying knowledge of below 50% about HIV/AIDS.

- With regard to their attitudes towards HIV/AIDS, community A discloses a 10 % higher average than respondents from community

B. Combined the results show an average of 72% correctly answered questions about their attitude towards HIV/AIDS, an indication of a more positive and realistic attitude towards the problem.

Table 1: Respondents answers to questions in the pre-and post intervention KAP-study

KAP-study questions on:	Results community A				Results community B				Results combination A & B			
	Pre		Post		Pre		Post		Pre		Post	
	% answers				% answers				% answers			
	+	-	+	-	+	-	+	-	+	-	+	-
1. Knowledge	**41**	59	**66**	34	**44**	56	**87**	13	**42**	58	**76**	24
2. Attitude	**76**	24	**81**	19	**66**	34	**90**	10	**72**	28	**85**	15
3. Belief	**37**	63	**56**	44	**60**	40	**96**	4	**48**	52	**76**	24

- With regard to their beliefs about HIV/AIDS the difference on average is quite substantial where the average correct answers from community B is 60% as against 37% from community A. Combined the respondents indicate a belief (48% correct answers) that could be described as somewhat disappointing.

After the Intervention program both communities show:

- A clear increase in knowledge and a combination of the results indicates that respondents knowledge about HIV/AIDS has increased on average from 42% to 76%.

- A more positive attitude towards HIV/AIDS and specifically community B where there was an increase of 24% in the answers with regard to attitude that were correctly answered. The combination of the results (85%) indicated a definitive positive and realistic attitude towards HIV/AIDS.

- A more realistic belief about HIV/AIDS than before the Intervention Program. Again community B disclosing a huge positive change. The two communities differ quite substantial from one another with regard to their beliefs about HIV/AIDS and aspects such as the independent variables and cultural and other factors might have played a role.

4.2 The effect of the independent variables on the knowledge, attitude and beliefs of farm workers about HIV/AIDS before and after the Intervention Program

The role that the personal and socio-economic factors namely, gender; age; educational level; marital status and job status played in farm workers knowledge, attitudes and beliefs about HIV/AIDS before and after the Intervention Program are as follows:

4.2.1 Gender

The differences between male and female respondents with regard to their knowledge, attitudes and beliefs about HIV/AIDS are presented in Table 2.

Table 2: A comparison of the mean responses of male and female respondents from the two communities with regard to their knowledge, attitudes and beliefs about HIV/AIDS before and after the Intervention Program

KAP-study responses on:	Farming community	Gender	Pre-interv mean	Post-interv mean
1. Knowledge	A	Male	**4.57**	8.04
	A	Female	**5.25***	7.94
Knowledge	B	Male	5.07	11.19
	B	Female	5.36	11.48
Knowledge	A & B	Male	**4.69**	9.87
	A & B	Female	**5.29***	9.07
2. Attitude	A	Male	**3.43**	3.92
	A	Female	**4.20***	4.09
Attitude	B	Male	3.27	4.53
	B	Female	3.28	4.48
Attitude	A& B	Male	**3.39**	4.27
	A& B	Female	**3.85***	4.21
3. Belief	A	Male	1.18	1.81
	A	Female	1.05	1.57
Belief	B	Male	1.73	2.81
	B	Female	1.84	2.96
Belief	A&B	Male	1.32	**2.39***
	A&B	Female	1.35	**2.01**

** Significantly where $p \leq 0.05$*

According to the above table the following significant differences occur between males and females:

► Before the Intervention Program on:

i) Knowledge:

- Females (X=5.25) from community A showing a significant (p=0.02) better knowledge than the males of community A (X=4.57).

- The combination of female (X=5.29) and male (X=4.69) respondents of the two communities once again indicated a significant (p=0.02) difference, in favour of the female respondents, clearly indicating a better knowledge.

- Although the difference between male and females of community B with regard to knowledge is not significant, females (5.36) once again shows a better knowledge than the males (5.07).

This finding is in contrary of what previous research indicated namely that female farm workers are ill informed about HIV/AIDS.

ii) Attitude:

- A highly significant difference (p=0.002) occurs between the females ($\bar{X}$ =4.20) and males (X=3.43) of community A. Females indicating a more positive attitude than the males towards HIV/AIDS.

- Females ($\bar{X}$ = 3.85) from both communities also indicated a more positive attitude (p=0. 02) towards HIV/AIDS than the males ($\bar{X}$ = 3.39) from both communities.

This finding is also in contrary with previous findings about females attitude towards HIV/AIDS.

iii) Belief

No significant differences occurred between male and females with regard to their belief about HIV/AIDS, before the Intervention Program.

► After the Intervention Program:

No differences occur between male and female respondents from both communities with regard to their knowledge and attitude towards HIV/AIDS after the Intervention Program.

The only significant difference is between the males (2.39) and the females (2.01) from both communities where the males clearly indicate a more realistic belief towards HIV/AIDS than the females. This finding is in support of previous research where it was found that females believed there is nothing they can do to protect themselves against the disease.

4.2.2 Age

Respondents were divided into four age categories namely:

- less than 20 years of age
- between 20 and 34
- between 35 and 49 and
- 50 years of age or older

♥ The influence of age on respondents knowledge, attitude and belief before the Intervention Program revealed the following:

- Knowledge – no differences occurred between the age categories within and even between the two farming communities, an indication that age as an independent variable did not effect respondents knowledge before the Intervention Program.

- Attitude - The only significant difference (p=0.02) that occurred was found between community A ($\bar{X}$ =4.07) indicating a better or more positive attitudes towards HIV/AIDS than the respondents ($\bar{X}$ =3.43) of community B in the age category 20 – 34 years.

- Belief - No differences occurred with regard to farm workers beliefs about HIV/AIDS within and between the four age categories and within the two farming communities individually.

When respondents from the two communities were grouped into two age categories namely 34 years of age and younger and 35 years and older and compared to one another, no differences occurred with regard to their knowledge, attitudes and beliefs about HIV/AIDS before the Intervention Program.

► The influence of age on respondents knowledge, attitudes and beliefs after the Intervention Program revealed the following:

Respondents of the two communities were grouped into two age categories namely those 34 years of age and younger and those older than 34. The differences between the two age groups with regard to their knowledge, attitude and belief about HIV/AIDS after the Intervention Program are presented in Table 3 below.

Table 3: Respondents knowledge, attitude and belief about HIV/AIDS after the Intervention Program within two age categories

Responses on questions	Age categories	No of respondents	Mean	Std Dev	p-value
Knowledge	**≤ 34**	76	**9.72***	2.03	0.05
	> 34	71	9.07	1.86	
Attitude	≤ 34	76	4.21	0.73	0.62
	>34	71	4.26	0.67	
Belief	**≤ 34**	76	**2.31***	0.80	0.03
	> 34	71	2.01	0.87	

** Significant where p≤ 0.05*
According to the above table, the younger age group (≤ 34) differ significantly from the older group (> 34), showing a better knowledge and a more realistic belief about HIV/AIDS.

4.2.3 Educational background

The respondents of the two communities were divided into four educational categories namely no education; primary level; secondary

level and tertiary level. In both communities the majority of respondents either had a primary or secondary education.

► The influence of education level (primary versus secondary) on respondents knowledge, attitudes and beliefs about HIV/AIDS before the Intervention Program within the two communities revealed the following:

- Knowledge – no differences occur
- Attitudes - the only significant difference that occur was within community B where respondents with a secondary level of education clearly indicated a more positive and realistic attitude towards HIV/AIDS than respondents with a primary level of education.
- Beliefs – no differences occur.

► The influence of level of education on respondents knowledge, attitude and beliefs about HIV/AIDS after the Intervention Program revealed the following:

- Knowledge, attitudes and beliefs – community A and B no differences occurred between primary and secondary level of education.
- These findings indicated that the level of education did not really effect the peoples knowledge, attitudes and beliefs about HIV/AIDS before and after the Intervention Program. If an adult is eager to learn they will learn.

4.2.4 Marital status

Two categories of marital status were compared with one another namely married versus unmarried respondents.

► The influence of marital status on respondents knowledge, attitudes and beliefs about HIV/AIDS before the Intervention Program are presented in Table 4.

Table 4: The influence of marital status on respondents from both communities knowledge, attitude and belief about HIV/AIDS before the Intervention Program

Respondents answers on:	Marital status	No of respondents	Mean	Std dev	p-value
Knowledge	Married	38	5.31	1.61	0.144
	unmarried	86	4.87	1.37	
Attitude	Married	38	3.44	1.14	0.226
	Unmarried	68	3.71	0.86	
Belief	Married	38	**1.73***	0.86	0.0006
	Unmarried	68	1.16	0.72	

** Significant where p≤ 0.05*

According to the above Table 4 the following:

- No differences occur between married and unmarried respondents with regard to their knowledge and attitudes about and towards HIV/AIDS before the Intervention Program.

- A significant difference (p=0.0006) occurred between the married and unmarried respondents with regard to their beliefs about HIV/AIDS in favour of the married respondents showing a more positive and realistic beliefs.

► The influence of marital status on peoples knowledge, attitudes and beliefs about HIV/AIDS after the Intervention Program are presented in Table 5.

According to Table 5, the following:

- Significant differences occur between married and unmarried respondents with regard to their knowledge, attitude and belief about HIV/AIDS after the Intervention Program in favour of the married respondents. They clearly reveals a better knowledge, a more positive attitude and a more realistic belief about and towards HIV/AIDS than the unmarried respondents.

Table 5: The effect of the marital status of respondents from the two farming communities on their knowledge, attitudes and beliefs about HIV/AIDS after the Intervention Program

Respondents answers on:	Independent variable: Marital status	No of respondents	Mean	Std dev	p-value
Knowledge	Married Unmarried	63 84	**11.17*** 8.08	1.17 1.30	p=0.0000
Attitude	Married Unmarried	63 84	**4.49*** 4.05	0.64 0.69	p=0.0001
Belief	Married Unmarried	63 84	**2.86*** 1.65	0.47 0.68	p=0.0000

** Significant where p≤ 0.05*

4.2.5 Job status

Respondents of the two communities were divided into two categories of employment namely employed or unemployed.

► The influence of job status on respondents knowledge, attitudes and beliefs about HIV/AIDS before the Intervention Program are presented in Table 6.

Table 6: The influence of the job status of respondents from the two farming communities on their knowledge, attitude and belief about HIV/AIDS, before the Intervention Program

Respondents answers on questions:	Independent variable: Job status	Number of respondents	Mean	Std dev.	p-value
Knowledge	Unemployed Employed	23 101	5.35 4.93	1.33 1.47	 0.1937
Attitude	Unemployed Employed	23 101	3.22 **3.72***	1.04 1.13	 **0.0465**
Belief	Unemployed Employed	23 101	1.26 1.36	0.86 0.79	 0.6307

** Significant where p≤0.05*

Because of the vulnerability of unemployed people to poverty it is expected that they will have less knowledge, a more negative attitude and a more unrealistic belief about and towards HIV/AIDS than employed people (JICA, 2004).

According to Table 6 the only significant difference that occurred between the employed and unemployed respondents is with regard to their attitudes about HIV/AIDS, where the employed workers clearly indicated a more positive and realistic attitude towards HIV/AIDS than the unemployed respondents. This finding is therefore to some extent in contrast with previous findings but in line with regard to unemployed people.

► After the Intervention Program no differences occur between the employed and unemployed respondents with regard to their knowledge, attitudes and beliefs about HIV/AIDS.

5. WAS THE INTERVENTION PROGRAM SUCCESSFUL?

In the discussion above there was enough evidence that the Intervention Program was successful in that:

- knowledge about HIV/AIDS increased
- attitudes changed to be more positive and realistic and
- beliefs about HIV/AIDS were more positive and realistic

The one outstanding question is to what extent did the community members adopted the slogan "If you know your status you can manage it!"?

In Table 7 below are the results of the HIV tests for the two farming communities.

The success of the Intervention Program can clearly be seen in the number of farm workers and community members who came forward to be tested. The total number of 344 was tested. All farming community members, including the farm owner's family and management were tested. The real success can be summarized in the words of some of the community members:

Table 7: HIV tests results of the two farming communities

Farming community	Total no tested	No tested positive		Gender		Job status		Age categories	
				♂	♀	Employed	Unempl	≤ 39	≥40
	N	n	%	n	n	n	n	n	n
Community A	244	33	13.5	12	21	24	9	22	11
Community B	100	5	5	3	2	2	3	3	2
Total	**344**	**38**	**11**	**15**	**23**	**26**	**12**	**25**	**13**

- " If you know your status you can drive your life" (Keeton, 2005)

- "At our farm, high quality products are produced by meticulously and painstakingly giving attention to each and every aspect of the production process. This was also the secret of the recent HIV/AIDS interventions runaway success." (People Management Report, 2004)

- "Employees are now equipped with the know-how and life skills to make informed choices – enabling them to take personal responsibility for their sexual safety" (People Management Report, 2004).

6. LESSONS TO BE LEARNT FOR EXTENSION

One tends to come to the conclusion that the Intervention Program played a predominant role in the success of the strategy developed and implemented by PAETA (today known as AgriSETA).

What then make this Intervention Program unique?

Is it the controversial topic of HIV/AIDS? It could have played a role but there could be something else. A closer look at the implementation of the Intervention Program revealed the following:

6.1 The focus of the Program

This Intervention Program focused as any extension intervention on the adoption behaviour regarding recommended farming practices. The findings of the study are meaningful in several aspects and clear evidence was found of the key role of the mediating (intervening)

variables in adoption behaviour. This once again support Düvels (1991) model of behaviour analyses and intervention.

6.2 The vision of (People Management) the service provider

The vision of People Management is to change the face of the problem - the HIV/AIDS pandemic. The Organisation is driven to get people to want to know and own the problem (their HIV/AIDS status) and take responsibility for their own life (and sexual safety). In addition to this they want to empower those who experience the problem (are HIV positive), to manage it (their health, to live a long and productive live) and to secure their business/organisation from economic decline due to the unmanaged effect of the problem (this disease).They also empowered those who are not effected by the problem (who are HIV negative) to avoid the problem (to stay negative). The Intervention Program presented by People Management (an extension service) to the farming community is to create an awareness about HIV/AIDS (an agricultural problem/needs) amongst the community and to pursuade them to adopt and change.

6.3 The action steps taken by people management in dealing with the intervention program

► **STEP 1**

- Basic human and physical infrastructures were created and put in place to facilitate the intervention process in the community:

- Volunteers within the community who can assist in the awareness program were identified and equipped as peer group educators. Characteristics of a peer group educator are the following:

- Community members existing knowledge, attitude and perception or belief about the problem/topic (HIV/AIDS) were determined. This cabled the organisation (People Management) to identify problem areas, limitations and/or weaknesses in their Intervention Program and they could addressed it immediately.

► **STEP 2**

- Peer educators received intensive training with the main purpose and aim that they in turn should train their fellow community members (farm workers) with close supervision from the organisations instructor (extension officer).

The only training and extension program where small-scale farmers received intensive training and then they are responsible to train and mentor their fellow farmers is the cotton training program supervised by Cotton SA (Smit, 2002:1).

The question is: why don't we make more use of trained fellow farmers to support the extension program/project?

- Peer educators were encouraged to present what they have learned and their understanding about the program was further tested.

- Peer educators were then encouraged to present the training program to their fellow farm workers and when they implemented the training program successfully they received certificates for successfully completing the course.
  Very important here is the principle that a trainer or peer educator only received the certificate after demonstrating the ability to present the program.

► **STEP 3**

- A mop up training session was organised for those community members who could not attend the awareness training sessions, making sure that every community member participated in the program

- A day workshop for traditional healers, religious leaders and teachers was presented, while peer educators were given further training in lay counselling.

► **STEP 4**

Within the last two weeks, voluntary testing and counselling were organised.

A second round of the KAP- study questionnaire was done to determine the impact of the Intervention Program.

- Pre-test counselling structures were put in place and the Department of Health assisted with the counselling process.

- During the last session of the Intervention Program, support structures were formed to combat the problem (HIV/AIDS) within the farming community. The structures include members of the Department of Health (National), Health services from the municipality and the Provincial government, NGO's, the farm owner and management of the workers.

  The importance of a well structured support service has been recognised and put in place to ensure that implementation by the community members will take place.

7. CONCLUSION AND RECOMMENDATION

HIV and AIDS are here to infect, destroy and kill. The pandemic knows no limit, it does not have respect for families, neither school, any institution or organisation, big or small, it penetrates and it does not discriminate between the rich and the poor (Motsoko, 2001:2).

Farm workers on commercial farms has been identified as one of the more vulnerable communities to be effected by the disease (JICA, 2004:6). Against this background PAETA took the initiative to develop a Strategic Framework for a HIV/AIDS intervention within the primary agriculture sector, and adopted the slogan: "If you know your status you can manage it"!

Members from two farmer communities completed a KAP – study questionnaire to determine their knowledge, attitude and belief about HIV/AIDS before the Intervention Program started. The same questionnaire was again completed after the Intervention Program.

The KAP – study revealed the following:

- Respondents knowledge about HIV increased from 42% (before the Intervention Program) to 76% after the Program.

- Their attitudes changed from 72% (an already positive attitude), to 85%. A clear indication of a very positive and realistic attitude towards HIV/AIDS.

- Respondents beliefs about HIV changed drastically from 48% to 76%, showing a realistic belief about the problem.

The influence of the personal and socio economic variables on peoples knowledge, attitudes and beliefs about and towards HIV/AIDS before and after the Intervention Program displayed the following:

► Before the Intervention Program

- Gender: Females showing a better knowledge and a more positive attitude than males.

- Age as an independent variable did not clearly show significant differences.

- Educational background did not show significant differences.

- Marital status: the only difference that occurred was with regard to beliefs where married respondents clearly indicated more realistic beliefs than those who were unmarried.

- Job status: employed respondents indicated more positive attitude than the unemployed community members.

► After the Intervention Program

- Gender: no differences occurred between male and female respondents with regard to knowledge and attitudes, but it was significant with regard to beliefs in favour of the males.

- Age: younger respondents showed a better knowledge and more realistic beliefs than the older respondents.

- Educational background: no differences were noted.

- Marital status: married respondents differed significantly from the unmarried respondents, showing better knowledge, a more positive attitude and a more realistic belief.

- Job status: no differences occurred.

► The outcome of the slogan - "If I know my status I can manage it".

A total of 344 members from the two communities were involved in the Intervention Program. Every one of them adopted the challenge to know their status and be able to manage it. The 11% who tested HIV positive were counselled and they know now how to manage the problem and they are supported. Those tested negative were also counselled and they now know how to stay negative.

The following points can be regarded as being vital for the success of a project of this nature:

- The program focused on the adoption behaviour regarding the recommended practices and once again the mediating variables played a key role.

- The Program vision was clear namely to change the face of the problem, to make people aware of the problem and to pursue them to adopt the recommendations. People were empowered to manage the problem.

- Participation by all community members and all stakeholders were ensured.

- Identifying and training of community members as peer educators to strengthen the team and to built trust and honesty.

- Determine people's knowledge, attitudes and beliefs about the problem – start were the people are and take indigenous knowledge into consideration.

- The intervention program consisted of an intensive and well designed training program.

- A networking system and clear linkages that included all stakeholders were put in place including support structures for service delivery.

- Special attention was given to community members who were not able to attend the training sessions.

- Qualified and specialised officials managed the whole program.

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