

An Overview of the Implementation of the SAPS Policy & Five Year (2000 -2005) Strategic Plan On HIV & AIDS

THE CASE OF JOHANNESBURG POLICING AREA



CSV

The Centre for the Study of
Violence and Reconciliation

An Overview of the Implementation of the SAPS Policy & Five Year (2000 -2005) Strategic Plan On HIV & AIDS: THE CASE OF JOHANNESBURG POLICING AREA

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State institutions across Southern Africa risk losing capacity due to a loss of mid-career staff to HIV/AIDS. The South African Police Services (SAPS) is no exception: the nature of the epidemic and the demographic structure of SAPS suggest a potential vulnerability. However, a general lack of solid data and systematic research allows only for anecdotally-based views ranging from denial to doomsday. This research report is an attempt to start building a solid knowledge base from which to debate these issues more constructively.

This study has found that police organisations are generally difficult places to address the issue of HIV/AIDS, due primarily to the police culture of silence and lack of openness. This culture of silence is compounded by the fact that there is a predominantly male culture within the police services and disclosure and acknowledgement of HIV/AIDS is viewed as weakness. People who acknowledge or disclose HIV positive status in such environments are likely to face stigmatisation and discrimination due to a lack of adequate knowledge about the disease.

SAPS personnel are at risk of contracting the HIV virus in three respects. Firstly, as sexually active adults they are as much at risk as the general population. The HSRC Household Surveys, among other sources, provides some of the main determinates of infection. This risk can be reduced through general prevention efforts. However, there is also a perception that the nature of police work, in response to the high level of violent crime in South Africa, places officers at a higher risk of HIV infection. When resources are stretched and there is pressure to 'get the job done', officers sometimes operate without considering their safety in terms of HIV/AIDS.

Thirdly, and more controversially, this report finds that the lifestyle and behaviour pattern amongst some members of the police places them at particular risk of infection. There is a link between work-related stress and abuse of alcohol and drugs, and a reduction in safer sex practices. In addition, it is reported that some police officials engage in sexual exploitation of sex workers and other women/ men, especially refugees and illegal immigrants. Further, there is a culture of acceptance and practice of having multiple sexual partners in the police – believed to be indicative of virility and masculinity. Since many police members are deployed in areas distant from their homes, they often stay in communal environments such as hostels. These often lack recreational facilities, and other stress-relieving structures, resulting in police members opting to engage in sexual relationships outside of their marriages or steady relationships.

The SAPS have responded to the HIV/AIDS epidemic by developing an HIV/AIDS policy and strategy. They have also created a directorate at national police headquarters to implement HIV/AIDS programmes and to reduce the impact of the disease. Further, social workers have been appointed to coordinate and implement HIV/AIDS programmes at national, provincial and area levels. A recruitment drive for volunteers regularly takes place in the SAPS to strengthen the work of peer educators. However, peer educators are critical about the uptake and efficacy of the HIV/AIDS programmes. Some of the tasks performed by peer educators have involved assisting in the Voluntary Counselling and Testing (VCT) programme and HIV/AIDS related events. Furthermore, a number of HIV/AIDS awareness programmes and other initiatives have been conducted within the SAPS in an attempt to reduce new infections. Despite the successes of the HIV/AIDS policy, this study shows that there is still considerable work to be done in implementing the policy and strategy.

Overall, this study found that there is still much stigma and denial in the police organisation and that the biggest challenge for the SAPS is to address its organisational culture. Should HIV/AIDS not be addressed it may have serious consequences that go beyond policing. High attrition of personnel could pose a security risk, particularly in light of this country's high crime levels.

The problem of HIV/AIDS requires a short, medium and long-term approach. The report identifies four main areas that need attention, and it sets out recommendations in relation to each area.

Firstly, the SAPS has developed awareness raising activities and material to address this problem. However, this study has also found that not all police officials have attended HIV/AIDS awareness raising activities; few uniformed peer educators have emerged from the ranks of functional members; and that not all managers have bought into the need for HIV/AIDS

awareness raising activities. The lack of buy-in to these programmes is partly due to resource constraints, but more problematically, there appears to be a considerable lack of understanding of the need for, and purpose of, the prevention efforts. The study found only a few weak indications of the awareness raising activities having contributed to individual behaviour change and improved organisational culture.

Other challenges that need to be addressed include, for example, the fact that the SAPS HIV/AIDS policy is not widely known especially amongst station commanders and members on the ground. Hence, more work needs to be done to achieve buy-in to the policy, particularly from police unions and station commanders. In order to function more effectively the SAPS HIV/AIDS directorate, which is responsible for mobilising and coordinating HIV/AIDS programs, needs to be better resourced and capacitated. While the SAPS has been able to establish networks and AIDS activists have been mobilised, few activists have emerged from within.

While the study does suggest that there is a strong perception that HIV/AIDS poses an enormous problem to the integrity of the SAPS, the response to this perceived crisis could be improved. This report therefore recommends that the police address the aspects of its organisational culture that are stumbling blocks to addressing the issue of HIV/AIDS. These include, in particular, those aspects which contribute to a culture of denial, stigmatisation and discrimination.

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

Thirdly, there is a need to improve data collection in order to improve knowledge of how HIV/AIDS is impacting on the police. Addressing the problem will require accurate information to improve interventions, budget and human resource planning.

The lack of quality HIV/AIDS statistics was explained as a consequence of confidentiality requirements within the police organisation. While the Constitution and labour legislation protects confidentiality, it does not appear to restrict an organisation in determining its HIV/AIDS prevalence – if done so anonymously. Nevertheless, because the issues surrounding HIV/AIDS are so sensitive, any internal research would need to be handled responsibly and with great care.

The fourth issue that needs to be addressed includes building capacity within the HIV/AIDS directorate in order to ensure that there are enough people to collect data, provide awareness raising activities and provide support. There is also a need to evaluate whether SAPS has budgeted adequately to deal with HIV/AIDS. Furthermore, there is a need to ensure that accountability and monitoring systems are developed to ensure that budgets are spent effectively to mitigate the impact.

In short, the research findings demonstrate that there remains a great deal to still be done in order to understand how HIV/AIDS impacts on the police in Johannesburg Area. By so doing, the Area police management will be enabled to improve its intervention strategies, and do better budgetary and human resource planning. It is hoped that this research can strengthen the implementation of the follow up strategy in the SAPS for the years 2006 – 2011.

It is now 25 years ago since HIV/AIDS was first identified in South Africa, and its devastating impact is increasingly felt in families, communities and organisations. Much social science research is being conducted in order to attempt to understand this impact in more general terms. The academic backdrop for this research report includes literature that explores the impact of HIV/AIDS on various state institutions and how states respond to the challenge. The police force is a vital institution that, most essentially, protects social peace in communities by controlling crime. A loss of capacity in the police to perform this function, for whatever reason, will therefore contribute to social unrest and, ultimately, state collapse. There are several doomsday scenarios painted in the early contributions to this literature (Chow, 1996). In relation to such alarming arguments it is of course problematic that there is little, if any, research to assess whether there is a loss of capacity due to HIV/AIDS within the state generally and the military and police particularly.

The SAPS has a constitutional mandate to 'prevent, combat, and secure the inhabitants of the Republic and their property, and to uphold and enforce the law' (The Constitution of the Republic of South Africa, 1996). The SAPS is therefore critical to ensuring that the rights and privileges of its citizens are protected and enforcing the law. Although, since 2001, the SAPS have been assisted in the major metropolitan areas by the metropolitan police services (MPDs)¹, the bulk of policing work remains the function of the SAPS.

Demographic studies have indicated that the extent of HIV infection in the police force often mirrors the rate of infection in the general population (Natrass, 2002). In South Africa, such patterns invariably take on a racial dimension since, as a result of structural inequalities inherited from apartheid, the highest prevalence rates are amongst African people. This is corroborated by the South African National HIV Prevalence Incidence Behaviour and Communication Survey which showed that African people were worst affected and their infection rate is increasing (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay, 2005).

Table 1: HIV/AIDS prevalence rate according to race in South Africa

HIV Prevalence By Race In South Africa (2 Years & Older)	2002	2005 ²
Total	11.4%	10.8%
African	12.9%	13.3%
White	6.2%	0.6%
Coloured	6.1%	1.9%
Indian	1.6%	1.6%

Source: (Shisana, O., Simbayi, L., 2002, p.46; Shisana et al 2005, p.35).

Because of this, Garrett (2005) has warned that HIV/AIDS may affect the demographic transformation of the SAPS if measures are not taken to reduce the impact especially amongst previously marginalised groups.

In 2000 the SAPS conducted an impact study of HIV/AIDS that indicated that anywhere between 8% (8 520) and 10% (10 649) of police officials were HIV positive³. This study predicted that, unless measures are put in place to mitigate the impact, by 2015 the infection rate would increase to 14% nationally (one in seven police members). Already it had been pointed out that the number of police officials leaving the SAPS due to death or ill health has increased dramatically. For example, between 1998-2001 police officials leaving the SAPS increased by 18%, from 1 848 employees per 100 000 to

¹ The following municipalities have introduced metropolitan police departments (MPDs); Tshwane, Johannesburg, Ekurhuleni, Durban, Cape Town and Swartland.

² A significantly lower prevalence rate was recorded for Whites and Coloureds in the 2005 survey and is related to a drop in prevalence in the Western Cape where these two groups are highly represented. However, the survey recommends that the data for this province be interpreted with caution (Shisana et al (2005, p.46).

³ The South African Police Service's five-year strategic plan to combat HIV/AIDS: 2000-2005, Annexure A, SAPS Health Management, South African Police Service, Pretoria, 2000, p.1.

2 179 per 100 000 (one out of every 46 employees) (Schönteich, 2003). While it is obvious that not all of these cases are HIV/AIDS-related, it has been argued that the dramatic increase probably is a result of the disease (ibid).

In 2000 the SAPS responded to the disease by launching a five-year (2000–2005) HIV/AIDS strategic plan. The strategy was concerned with raising awareness, preventing new infections, building capacity to implement HIV/AIDS programmes, and reducing its impact in the police services. The strategy focuses on putting in place structures and systems, and developing an HIV/AIDS policy.

With this in mind, the Centre for the Study of Violence and Reconciliation (CSVR) embarked on a study in the Johannesburg Policing area in 2005 that has resulted in this report. The primary aim of the research was to explore in what ways, if at all, police work in this area had been affected by AIDS and to describe and analyse SAPS policy and strategy in responding to the challenge. Given the time delay in releasing this report, it is possible that things may have changed since the research was done in 2005.

This report is based on a research process that used a wide range of methodologies and included interviews, review of documentary sources, focus groups and a survey. It begins with an introduction to the problem of HIV/AIDS in the SAPS in Area Johannesburg, followed by an outline of the methodologies used in the study. The main body of the report is presented in four different sections.

Section One begins by giving a broad overview of the impact of HIV/AIDS on the SAPS and police organisations internationally.

Section Two discusses risk factors associated with police work. These include factors such as occupational exposure, as well as other factors associated with lifestyle and attitudes of police officials.

In Section Three the SAPS policy on people living with HIV/AIDS is discussed.

Section Four evaluates the SAPS 2000- 2005 five-year HIV and AIDS strategy and its implementation.

The conclusion and recommendations are discussed in **Section 5** of the report.

The exploratory nature of this study is the most relevant level of research ambition since so little is known about the topic and since the available data was limited (Rubin & Babbie, 1993, p.107). This modest ambition, however, does not imply a lack of methodological rigour.

Given the nature of the research, the time frame for the study, and the fact that the SAPS is a large national organisation consisting of about 122 000 uniformed police officials, it was beyond the capacity of CSVR to undertake a national study. Consequently, the research was conducted in the Johannesburg Policing Area, which was one of the seven policing areas in Gauteng province. In August 2006, after the conclusion of the field-work, these policing areas were dissolved and all personnel are now managed at stations and report to accounting stations⁴ who then report at provincial levels.

The choice of this policing area was based mainly on pragmatic considerations since, with the CSVR being based in Johannesburg, we would have easy access to the field-work. The relatively small resources available for this research allowed for no other main selection criteria. Had we followed the logic of selecting an area that was a 'critical case' in a national context we would have opted for an area where HIV/AIDS is most severe, most likely a policing area in KwaZulu-Natal. However, the area chosen is a high prevalence area within the Gauteng province.

There is therefore, no reason to believe that our results are biased against finding indications of impact due to the area being considerably less affected by the epidemic generally. The field research for this report was conducted between October 16 and November 28, 2005. (During this period the SAPS was in the process of phasing out policing areas and sending its personnel members either to police stations or provincial offices). At the time there were 6 600 SAPS personnel based in 21 police stations and area offices in the Johannesburg Policing Area. Of these, 3 800 were police officials and 2 800 were civilian members employed in the SAPS⁵.

Although police officials and civilian members work in the same environment, police officials are employed in terms of the South African Police Act (Act No. 68 of 1995), while civilian members are employed in terms of the Public Service Administrative Act (No. 86 of 1998) and perform administrative duties. As police officials perform law enforcement duties, increasing their contact with civilians, their level of exposure to the risk of contracting HIV while at work is different to the civilians in the SAPS. For example, during the course of their work, police officials are at times exposed to blood and other bodily fluids that increase the level of risk of HIV infection. Also, as discussed in the literature review, police work is particularly stressful – a factor which increases their chances of engaging in high-risk behaviour. It is for these reasons that this research focused only on police officials to understand the impact of HIV/AIDS in the Johannesburg Policing Area.

A critical initial element of our research strategy was to secure the participation of Johannesburg Area management – without which we would have got nowhere. We are therefore extremely grateful to it for its permission and continuous support, as well as the assistance from the police unions, the South African Police Union (SAPU) and the Police Prisons and Civil Rights Union (POPCRU). It was critical to bring all role players in the Johannesburg Policing Area together for support and rapport amongst key role players. Since one purpose of this study is to assist the Johannesburg Area Commissioner and the social workers that are responsible for the implementation of the SAPS HIV/AIDS programmes, it has been important to ensure that all stakeholders have been involved at different stages of the research process.

⁴ Accounting stations are big police stations that are headed by a police assistant commissioner. The accounting station is then responsible for a few smaller police stations around it. In Johannesburg where the study was conducted, six accounting police stations were created. Each is responsible for between two and three police stations.

⁵ Johannesburg Policing Area is one of the seven policing areas in the Gauteng province. At the time of the research, the SAPS had about 3 660 sworn in uniformed personnel. Johannesburg Policing Area is the largest policing area in the country in terms of population size and resources. The Area is home to about 3.2 million people in an area of 671.26 square kilometres (Newham, Masuku and Dlamini, 2006)

A series of meetings were organised by the Area Commissioner’s office to get all key role players on board. Other role players who participated throughout the research included the Johannesburg Area Head of Human Resources, Area HIV/ AIDS Coordinator in the Social Work Services, police unions and the Labour Relations Officer. All role players were given opportunities to make inputs on every aspect of the research including research questions, methodology and process. Once an agreement was reached among the role players, appropriate methodologies were developed and time frames agreed upon. The following section deals with methodological approaches used in this study.

Dataset on Perceptions and Experiences

We conducted a survey in order to generate a more general understanding of perceptions and experiences relating to HIV/AIDS among the 3 660 police personnel. The questionnaire consisted of 60 questions, most of which were close-ended. All key role players were given an opportunity to comment on and suggest improvements to a draft questionnaire, and a pilot study was then conducted with 30 participants to check the reliability and validity of the survey instrument. Feedback from the piloting process was used to improve the final questionnaire and the research process.

Since union representatives initially voiced some concerns over the process with regard to confidentiality issues, they were given several opportunities to observe the process and to give feedback. They were also assured that CSVr researchers observed an ethical research protocol to protect the confidentiality of respondents. Once they were certain of the integrity of the process, the union representatives responded positively enabling other police respondents to participate freely and without prejudice. Once the pilot study was done and improvements had been made, 500 questionnaires were printed and given to police officials to complete. A total of 361 questionnaires were returned (a response rate of 72%). The sample was drawn from 12 of the 21 police stations that were selected from three different geographic clusters. Given that this was a case study of Johannesburg, all 21 police stations were stratified into three categories; inner city, suburban or township. This was to ensure that police officials were drawn from diverse environments and working conditions.

Despite this selection strategy, the exploratory nature of this research is also reflected in the creation of this data set in the sense that the 500 officers who were asked to fill in the questionnaire were not selected through a rigorous process to ensure random selection. Instead, a method of ‘convenience sampling’ was used: the field worker would interview any police official who was willing to be interviewed at the selected police stations. Although an attempt was made to ensure that respondents were drawn from different gender, rank and race profiles it was not always possible since uniformed police work shifts and were often busy or out on patrol duties. This implies that the data set is not a ‘sample’ in the statistical sense thus disallowing us from make inferences to a statistical ‘population’ (i.e. the 3 800 officers). We were also not in a position to analyse which 139 officers did not return their questionnaires in order to assess whether the loss of that particular data creates a particular bias in the material.

Despite these shortcomings in the sampling process, the 361 respondents do broadly reflect the overall demographic profiles of the Johannesburg Policing Area, which, at the time of the study was 81% African, 14% White, 3% Indian and 2% Coloured. The gender ratios also reflected the gender ratios of the SAPS at that time (76% male).

Table 2 below shows the demographic profile of the survey respondents.

Table 2: Survey sample size by race and gender

Race	Gender		Total	% of Sample
	Male	Female		
African	219	66	285	79%
White	28	8	36	10%
Indian	13	2	15	4%
Coloured	9	4	13	4%
No data	6	6	12	3%
Total	275	86	361	100%
Percentage of sample	76%	24%	100%	

The statistical analysis of the data set will be presented in two forms in the relevant sections of the report. We will report descriptive statistics in terms of frequencies (percentages) and analytical statistics in terms of correlations (Pearsons). It should be noted, however, that because we are not working with a statistical sample we do not consider statistical confidence levels for the correlations. For the same reason, we do not claim to generate statistically solid knowledge from which to draw far-reaching conclusions. However, while we are careful to note the limitations to our data we also wish to emphasise its strengths. As the only data set of its kind it represents an important step forward in this research agenda and it will allow for statistical explorative research that is central in order to generate hypotheses for subsequent research on a larger scale.

In-depth Interviews

In addition to the survey we conducted 24 interviews with officers in management positions as well as with those working on the coalface with the SAPS HIV/AIDS policy. These included five senior area managers; 12 station commissioners; two Employee Assistance (EAS) employees; two union representatives and three station level heads of departments and social workers responsible for implementing HIV/AIDS programmes. The interviews lasted between one-and-a-half hours to two hours and were guided by an interview schedule focusing on seven broad thematic areas containing 40 semi-structured questions.

Further, in order to understand the perception of ordinary police officials, three focus groups were conducted separately involving police officials, peer educators and union officials. Although the majority of peer educators who participated in these discussions were civilian members, the information was invaluable in understanding what challenges the Johannesburg police faces in dealing with HIV/AIDS. The focus groups lasted for approximately an hour.

Since this is a study of HIV/AIDS and police officials in Johannesburg, it was critical to include HIV positive police officials in the study. In order to ensure the confidentiality of those interested in participating in the research, they were requested to phone the researcher directly. Only two police officials responded and interviews were held outside police premises to ensure confidentiality. Interviews with HIV positive police officials lasted for about three hours. The interviews with the two respondents were developed into case studies showing how police officials living with the virus were coping and what challenges they faced. While the major portion of these cases studies has not been included in this report, some of the key findings and comments of the two respondents are included.

Interviews were mostly conducted in English. In a few cases Zulu was the language of preference for respondents. Permission to record the interviews was obtained in 22 cases, and where it was refused detailed notes were taken. The material generated by the interviews and focus group discussions were analysed using Atlas TI, a computer software programme. The analysis consisted of identifying common answers from the transcripts and grouping them into different themes. This report therefore, presents issues that came out repeatedly in the interviews and from an analysis of SAPS official documents.

Ethical Considerations

The CSVR has a code of ethics that requires researchers to ensure that all research participants are informed of the purpose of the research and are aware that participation is voluntarily. It is further the responsibility of researchers to ensure that no harm will come to the respondent while participating in, or as a consequence of participating in the research.

Once this research was approved, and the Johannesburg Area Commissioner approved and 12 police stations were identified, letters were sent to relevant station commissioners explaining the aims and objectives of the study. Appointments to interview were made telephonically with all station commissioners. At the commencement of each interview we reiterated the purpose of the research and participants were given an opportunity to clarify questions. All interviews were voluntarily given and the anonymity of participants was guaranteed.

Limitations of the Study

This was a small, localised study that was based on the experiences of police officials in Johannesburg Area. The research findings are therefore applicable to this Area in particular and do not necessarily reflect the entire SAPS, although there is no doubt that some valuable lessons may be drawn from these findings.

Further, this study was conducted at a time when the SAPS was structured in a particular way at the Johannesburg Area. It was subsequently restructured and new structures and policies were put in place. However, some changes may have been introduced by the SAPS' national office after the conclusion of the study.

An Overview of the Impact of HIV/AIDS in Police Organisations

The HIV/AIDS epidemic in South Africa is likely to undermine the institutional capacity of state institutions such as the SAPS due to an increased attrition and mortality of mid-career personnel. The SAPS is a critical institution in our young democracy as it is tasked with maintaining law and order; the protection of internal security; and the protection of people living in South Africa. Given the high levels of crime in South Africa, a strong police organisation is crucial in arresting suspects, investigating cases and bringing alleged perpetrators of crime into the criminal justice system for prosecution. The capacity of the police service to fulfil these tasks effectively is critical if it is to engender public confidence. Hence, any cause that may undermine its capacity should be fully investigated and understood in order to ensure that this institution remains strong and capable of discharging its duties. Any consequence which may deplete the capacity of the police to discharge its mandate will, over time, have serious security implications, particularly related to organised crime syndicates, serious criminal activities, terrorism and preserving peace.

According to a United Nations report South Africa has the highest incidence and prevalence rates of HIV/AIDS in the world (UNAIDS Report, 2004). The report estimates that, out of a population of 46 million people, there are about 5.6 million people in South Africa living with the HI virus (ibid). Other estimates are higher. The Actuarial Society of South Africa (ASSA) model estimates that about 6.5 million people may be HIV positive in South Africa (Dorrington, Bradshaw, Johnson, & Bundlender, 2004).

The HIV/AIDS epidemic is impacting on most aspects of society. Prolonged illness and death has contributed to many social problems, such as increased unemployment, the loss of household support and orphaning of millions of children, placing increased pressure on an already overburdened welfare system.

The UNAIDS report (2004) estimates that 13 million people have already died from AIDS on the African continent and that 2.2 million died in 2002 alone. Also, there are between 35 and 40 million people across the world who are HIV positive, of which 71% are in sub-Saharan Africa (UNAIDS Report, 2004). This has implications for the security and stability of the Sub-Saharan region as it affects economically active people and creates a drain on human and financial resources. Tragically, AIDS-related deaths are likely to increase unless effective measures are put into place to reduce infection rates and provide medication to those already infected by the disease.

In countries such as South Africa, where there are large numbers of people living with the virus, AIDS-related deaths are also likely to increase unless people receive medication and therapy **Table 3** below shows the progression of HIV/AIDS amongst South Africans living with the virus. The table indicates that slightly more than half a million people in 2004 had reached the AIDS stage, suggesting that if there is no intervention in the form of medication and therapy, these people will die within a relatively short period of time.

The table also reflects that slightly more than half (54%) of HIV positive adults in South Africa did not at that time have any AIDS symptoms as the first two stages of the progression to AIDS are largely asymptomatic. The Human Sciences Research Council has shown that as many as 75% of infected people in these two stages are unaware of being infected (HSRC, 2002). It is in this phase that people unwittingly and unknowingly will spread the disease to other people. This is particularly problematic in the first stage of acute infection when their viral load are several times higher and they are much more likely to infect partners when engaging in unsafe sex.

Table 3: AIDS progression amongst HIV positive adults (14+) in South Africa

Stage	AIDS Stage	Estimated people infected	Percent
1	Acute HIV infection	1 476 000	31%
2	Asymptomatic stage	1 098 000	23%
3	Symptomatic stage	1 671 000	35%
4	AIDS	538 000	11%

Source: *Dorrington, et al, 2004, p.14*

The table also shows that 35% of HIV positive adults were in the symptomatic stage and had developed AIDS⁶ symptoms, and that 11% of the infected population, or more than half a million people, had reached the AIDS stage at the time of the research, and were in need of urgent treatment and therapy⁷. The Medical Research Council estimates that if 20% of AIDS patients receive antiretroviral treatment (ART) the estimated number of AIDS-related deaths in 2010 will be 450 000. However, if the proportion of people receiving ARVs increases by about 90% the number of AIDS deaths will be reduced to 290 000 per annum (Dorrington et al, 2004).

One of the ways HIV/AIDS can 'enter' SAPS is by the recruitment of HIV-infected young adults into the corps. The 18 to 29 year age cohort has a relatively high prevalence rate nationally. Depending on demographic and socio-economic criteria, the prevalence can be as high as 12 percent for men and a staggering 33 percent for young women. Although the SAPS does not provide ages of people recruited, thousands of new members are recruited into the SAPS each year. For example, in 2003/2004, 11 919 people were recruited and in 2004/2005, 12 682 people were recruited (SAPS Annual Reports).

Table 4: New recruits into the SAPS between 2002/2003 and 2004/2005

Year	Gender				Total New Recruits
	Male	Percent	Female	Percent	
2002/2003	7 738	53%	6 835	47%	14 594
2003/2004	7 485	63%	4 434	37%	11 919
2004/2005	8 398	66%	4 284	34%	12 682

Source: *SAPS Annual Report 2002/2003; 2003/2004; 2004/2005*

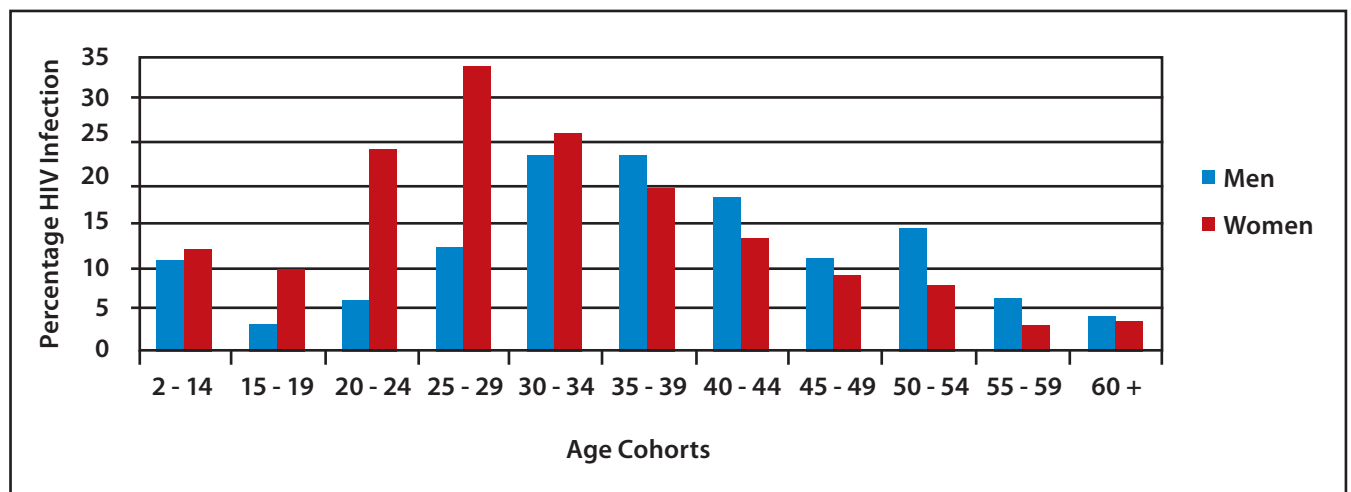
However, despite the high infection rate amongst young adults as demonstrated in **Figure 1** below, little is known about the actual infection rate of new recruits entering the SAPS. Mayhew (2001) states that it is important for police organisations to understand the prevalence rate and level of risk of infection amongst police officials both as a representative grouping of the general population, and as members of a particular culturally defined group. This is critical since certain aspects of police work exposes workers to risks of infection by HIV and other blood borne diseases. Compulsory surveillance testing on police officials will be critical for the SAPS to generate accurate HIV/AIDS statistics for human resources planning, budgeting and programme development.

Figure 1 also shows that the HIV prevalence rate was at its highest amongst men between the ages of 30-39 years and for women between the ages of 25- 29 years. This suggests the HIV prevalence rate is at its highest amongst the economically productive age groups. Although there is no HIV prevalence statistics in the police, the review of international literature indicates that the HIV prevalence rate in the police is likely to be similar or higher to that of the national average (Garrett, 2005).

⁶ According to Avert, during Stage 3 the immune system becomes severely damaged by HIV, as the body fails to keep up with replacing the helper cells and the immune systems fail, the symptoms develop. Initially, many of the symptoms are mild, but as the immune system deteriorates, the symptoms worsen, giving rise to opportunistic infections. Unless HIV itself is slowed down, the symptoms of immune suppression will continue to worsen. Opportunistic diseases include: pneumonia, tuberculosis, severe weight loss, diarrhea, etc. (www.avert.org/hivstages.htm).

⁷ Stage 4 of AIDS development is when the immune system is badly damaged and opportunistic diseases become severe. Some of the systems include HIV wasting syndrome, pneumonia, extra-pulmonary TB, Kaposi sarcoma, etc. (www.avert.org/hivstages.htm).

Figure 1: HIV prevalence rate in South Africa according to age



Although this research has not been able to access any HIV/AIDS prevalence estimates specific to SAPS, anecdotal evidence from authoritative sources in SAPS suggest that, if correct, SAPS is facing a considerable problem with regard to HIV/AIDS. In 2004 the Western Cape Provincial Commissioner – the highest- ranking police officer in that province – is quoted by SAPS’ own journal as saying that 15% of police officials in that province are HIV positive (De Beer, 2004). In 2004 there were approximately 13 500 sworn-in police officials in the Western Cape, which means that as many as 2 025 police officials in that province were infected by HIV. It is worth noting that if the percentage is as high as that in the province with the lowest national average of HIV/ AIDS infection, the percentages of HIV-infected police officials in the other eight provinces are likely to be even higher.

Research by Schönteich (2003) has suggested possible consequences of HIV/AIDS in the SAPS. These include the following:

- Substantial increases in the numbers of police officials who leave the SAPS as they fall ill or die as a result of the disease.
- Substantial increases in absence from work as police officers start to fall ill or need to take leave to care for sick or dying relatives.
- Decreasing productivity and personnel shortages as a result of the above factors leading to shortages of skills and experience in SAPS.
- Declining morale amongst officers as colleagues fall ill or die, or those in their families experience the effects of the disease.
- Higher recruitment, awareness raising activities and medical insurance costs can be expected (Schönteich, 2003, p.4).

The discussion that follows looks at some of these factors as a means of analysing how HIV/AIDS is impacting on the SAPS and police officials, as well as looking at its possible impact on the transformation of the police service.

1.1. Death Rate and Illness

AIDS inevitably leads to death. The epidemic in Southern Africa impacts on general life expectancy across the region and in some countries it has dropped by about 40 percent (UNAIDS report, 2004). The Medical Research Council (MRC) estimates that one in three deaths in South Africa is caused by AIDS, making it the leading killer disease (Bradshaw et al. 2006, p.9). The majority of deaths in South Africa occur amongst people between the ages 15-49 years (Dorrington, Bradshaw, Johnson, and Budlender, 2004). Since the majority of police officers are between the ages of 20-49 this AIDS-related mortality profile is also likely to be reflected within SAPS.

Table 6 provides an overview of deaths in South Africa and in the SAPS (national and Johannesburg Area), as well as the numbers of police officials who have left the police service during the 2002/2003 and 2004/2005 financial years. Death records are an important source for understanding the extent to which HIV/AIDS impacts the overall population, as well as specific groups or sectors of the society.

Mortality statistics can be seen as an indirect indicator of AIDS if one can establish an AIDS ‘mortality profile’, i.e. if aggregate data on mortality have at least three characteristics: (1) a distinct increase in mortality should correlate in time with the AIDS phase of the epidemic; (2) mortality should increase the most among the demographic cohorts of the population that have the highest prevalence, and; (3) there are no other known explanations for the abnormal mortality profile (Statistics South Africa Report, 2005, p. 2). Unfortunately, the SAPS mortality records that were available for this research were not detailed enough to determine whether they have a profile that suggests AIDS-related deaths.

Table 5: Statistics on deaths in South Africa as a proportion of deaths in the national population SAPS 2002 - 2005

Year	South Africa Deaths	Deaths in the SAPS	SAPS Deaths as a Proportion of SAPS Population	Police Deaths in Johannesburg Area
2002/2003	451,936	820	0.6%	43
2003/2004	499,203	1211	0.9%	44
2004/2005	454,603	1355	0.9%	42

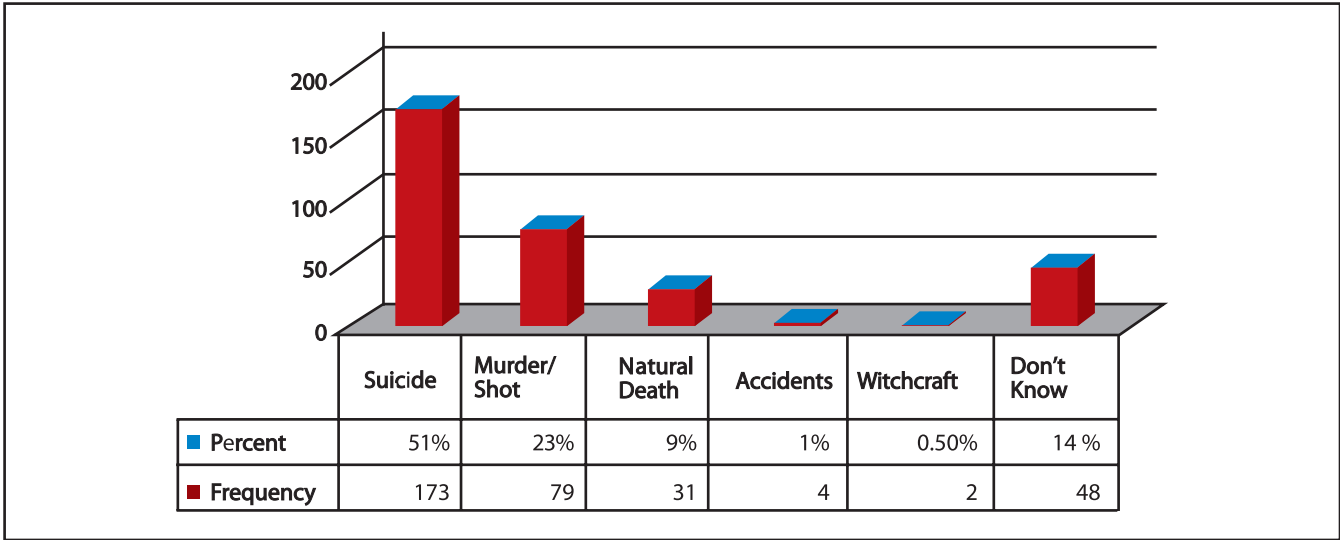
Sources:SAPS Annual Reports 2002 to 2005; Statistics South Africa (2002) Report

This aggregate data suggests that the increase in the mortality rate amongst police officers does not in itself suggest that HIV/AIDS is a factor. The data shows that the mortality rate in SAPS has increased by 0.3 percentages in the three financial years with the greatest number of deaths occurring in 2004/2005. The total number of deaths in the SAPS has increased by 40%, but this figure translates to 0.3% when the increase in the number of police officers is taken into account. Deaths in the Johannesburg Area have remained constant during the three years under discussion. Some of the reasons for police deaths include death as a result of ill health, accidents, shootings and suicide, with the majority being natural deaths⁸. No AIDS mortality profile can be established on the basis of the limited aggregate data that was made available for this report, but this is not a useful research conclusion; it will take more research on detailed mortality data before we can say with confidence whether or not there is an AIDS profile to deaths in SAPS.

A possible factor that has bearing on the relevance of mortality statistics as an indirect source of information, is that people who are terminally ill may be dismissed on medical grounds due to ill health and die while no longer in service of the SAPS.

The inconclusive information that we gain from the data above, however, is reflected in the survey of police officers. In order to establish how many respondents to the survey considered AIDS to be a factor in the death of police officials the question was asked: ‘What do you consider to be the main cause of death in the police?’

Figure 2: Main reason for death of police officials? (n = 337)



Half (51%) of the respondents indicated that suicide was the most common cause of death in the police. Less than a quarter (23%) of respondents thought that the main cause of death was shootings or murder-related while 9% gave the main reason as natural causes. HIV/AIDS was not included as a specific choice in the questionnaire so it is unclear how many respondents would have attributed the cause of death to HIV/AIDS.

In contrast, the most respondents in the in-depth interviews mentioned AIDS as the biggest cause of police deaths. The following quotations illustrate this perspective:

Some of our members are dying even while at college from AIDS-related illnesses. Some of our members who get discharged on medical grounds die soon after from AIDS-related illnesses.

(Male, Johannesburg Station Commissioner)

I have no doubt that AIDS has caught up with us in the police and if we do not do something history will judge us. Our members are dying of AIDS-related illnesses. We do not have evidence but when you see how sick our members become before they die one can not be far off the mark that the cause of most deaths is HIV-related.

(Male, Johannesburg Station Commissioner)

Since police officials come from, live and work in the same communities that are severely affected by HIV/AIDS, it is probable that the disease is impacting on SAPS the same way it is impacting on the general population. The following quotations illustrate this perspective:

The rate at which we are burying our members from natural causes suggests that there may be problems with AIDS. Most weekends these days we are burying our members and these are young guys that we are talking about. Obviously when guys in their 30s and 40s die of natural causes this suggests that we may have entered the AIDS stage in the police – (hence we may be seeing more of our members dying from natural causes.

(Female, Johannesburg Station Commissioner)

Our members are definitely succumbing to HIV/AIDS. Every weekend we are booking vehicles out for our members to use for funeral purposes. Although we cannot say if it is definitely HIV/AIDS that is killing our members, all indications are that our members are dying of AIDS. In the past week two of our members were found dead in their hostel rooms after being in and out of work. Although these members did not disclose their HIV status, all the signs indicated that it was most likely to be AIDS.

(Female, Johannesburg Area Manager)

Some senior police commanders indicated that a lot of work was required to reverse the impact of AIDS. The quote below illustrates some of the concerns by senior managers:

We are sitting on a time bomb because we don't talk about HIV/AIDS despite the impact it is having our members are dying of AIDS-related illnesses and it is something we need to acknowledge so that we can deal with. Members prefer to die in silence because of the stigma of HIV/AIDS in the police. Our members will continue to die and the police service will continue to pretend that members are dying like other people and in the process fail to prevent premature deaths.

(Male, Johannesburg Station Commissioner)

While there is some speculation among police officials as to the cause of death, the culture of silence within the SAPS may lead to uncertainty about the true cause of death and extent of HIV/AIDS-related deaths. This culture of silence also contributes to the continued stigmatisation of people who are sick and who are HIV positive – this issue will be discussed later in the report. An environment in which people can speak freely about HIV/AIDS is critical in order to de-stigmatise and break the silence around this disease, thereby helping to reduce unnecessary deaths and to support and assist those who are HIV positive.

⁸ Information supplied during an interview with Senior Superintendent Odendaal, Head of Human Resources Management.

Table 7 below shows the number of police officials discharged from the police on medical grounds between 2002/2003 and 2004/2005.

Table 6: Police officials discharged on medical reasons between 2002/2003 and 2004/2005

Year	No. of People Dismissed on Medical Grounds	No. of Police Officials In the Police Service	Percentage No. of Discharges as a Percentage of the Population
2002/2003	1 162	131 569	0.9%
2003/2004	739	139 023	0.5%
2004/2005	227	148 970	0.2%

Source: SAPS 2002/2003; 2003/2004; 2004/2005

The table illustrates show that the number of people dismissed on medical grounds has been declining between 2002/2004 and 2004/2005. Some of the interviewees suggested that the improvement in access to antiretroviral treatment (ART) had contributed to this decline. Other reasons included the role of Employer Assistance Service (EAS) in providing therapy, counselling and care to HIV positive police officials. The Medical Research Council (MRC) report also predicts that deaths can be reduced by more than 100 000 deaths every year if antiretroviral treatment is provided to HIV positive people (Dorrington, et al, 2004). People who receive treatment, therapy and live healthy lifestyles can continue to live productively for many years. The MRC report provides evidence that the government's introduction of free ARVs in the public health sector around early 2000 has had positive consequences, reducing the number of people dying prematurely because of AIDS (ibid). However, it is unlikely that the reduction of discharges for medical reasons can be attributed to this alone.

Statistics on the number of police officials on ARVs could not be obtained for this research, due to security and confidentiality concerns by the police. However, the SAPS medical scheme (Polmed)⁹ raised concerns about the low numbers of registered police officials who joined the Polmed HIV/AIDS programme in 2003. An official from Polmed stated, "We [Polmed] are not happy with the rate at which members (police officials) have registered on the HIV/AIDS programme. We know that there are more members that are infected, who have not registered...; we cannot look after you at Polmed, if you have not ensured that you are placed on the programme" (De Beer, 2003).

Internationally, police agencies that have put infected police officials on antiretroviral medicines recorded a decline in HIV/AIDS-related deaths (Garrett, 2005). In Brazil for example, the use of ARV drugs to treat the estimated one percent of its uniformed police personnel, has reduced the deaths of police officials. In the USA the death rate of security agents plummeted from 40% in 1985 to 1.4% in 2001 (ibid).

1.2. Absenteeism

Absenteeism in the SAPS is a problem that impacts on service delivery. Rothman's study (2005) indicates that approximately 10 000 police officials (8%) are absent from work every day due to a variety of reasons including stress, health or finance. **Table 8** below reflects absenteeism in the police related to sick leave.

⁹ Polmed Medical Scheme is a scheme for members employed under South African Police Services, 1995 (Act No. 68 of 1995). Police officials who choose not to register with Polmed are not subsidized by the state for use of another medical aid scheme. However, members are still required to register for the HIV/AIDS programme in order to receive antiretroviral drugs and related treatment.

Table 7: Sick leave in the SAPS between 2002/2003 and 2004/2005

Year	Population Of Police Officials	Percentage Days With Medic Certificate	No. Of Employees Using Sick Leave	Estimated Costs (R'000)	Average No. Of Days Taken Per Employee	Total No. Of Days On Sick Leave
2002-2003	131 569	28%	73 385	138 558	7	no data
2003-2004	132 024	85.7%	82 654	167 475	7	516 029
2004-2005	144 726	86.4%	104 505	265 425	9	784 455

Source: SAPS, 2002/2003, 2003/2004, 2004/2005

From this data we can conclude that the number of police officials taking sick leave in the SAPS over the period of three financial years increased by 32%¹⁰. The costs related to sick leave almost doubled, and the average number of days taken by police officials for sick leave also increased from seven to nine days. Although the reasons for the increase are not known, since police officials are not required to disclose the nature of their illness, some researchers suspect that the consistent increase is due to HIV/AIDS (Schönteich, 2003).

However, it must be noted that the increase in sick leave may also be as a result of better administration and management of sick leave in the police. According to police records, the level of compliance with producing medical certificates in the police improved from 28% in 2002/2003 to 86.4% in the 2004/2005 financial year (SAPS, 2005), and presumably the monitoring and recording of police absenteeism also improved.

Despite the increase, the analysis above indicates that not all sick leave was accompanied by a medical certificate suggesting that police officials either did not always seek conventional medical treatment, but may also have relied on non-medical remedies for their illnesses. In a study conducted in 2005 some black police officials complained of discrimination because of managers' reluctance to accept sick notes from traditional healers (Newham, Masuku & Dlamini, 2006). Others have speculated that the increase in sick leave may reflect an increase in fraudulent sick leave (Baloyi, 2004).

The perception that absenteeism was a problem in the police is confirmed in the results in **Table 9** below. A scale of between 1 and 10 was used in which 1-3 represented a 'small problem', 4-6 represented, 'somewhat of a problem' and 7-10 represented a 'big problem'.

Table 8: Perception of absenteeism in the SAPS (n = 361)

	Frequency	Percent
Big problem (7-10)	164	45%
Somewhat of a problem (4-6)	97	27%
Small problem (1-3)	32	9%
Don't know (0)	68	19%
Total	361	100%

Consistent with the literature review discussed, the above data shows that there was a perception amongst police officials that absenteeism was problematic. Forty-five percent of respondents indicated that absenteeism is a big problem while only 9% said it is a small problem. Absenteeism can result in those people on duty experiencing burnout and stress as a result of working under pressure and increased work-loads. If absenteeism is not properly managed it may impact on the quality of service delivery.

¹⁰ A nominal increase percentage of 42% considers the increase of sick leave without considering the increase in the population. However, the population of the SAPS increased from 131 569 in 2002/2003 to 144 726 in 2004/2005, an increase of 10%.

Hence, it is important for the SAPS to establish reasons why people are often absent from work in order to mitigate the impact. It also requires the organisation to cultivate a culture of openness in which people who are sick are free to speak about their reasons for being absent without fearing that they may be discriminated against, particularly if their absenteeism is HIV-related. Consistent with the survey results in Table 8 above, the analysis of qualitative data shows that the majority of respondents interviewed also believed that most absenteeism in the police was related to HIV/AIDS. For example, one respondent said that:

The trend in absenteeism at the Area over the past years has skyrocketed suggesting that we may be experiencing a problem with HIV/AIDS. I am saying so because despite the improvements in the working conditions of our members, absenteeism increases every year.

(Male, Johannesburg Station Manager)

Another respondent concurred:

I don't think that anyone can dispute that we have a problem of HIV/AIDS in the organisation. How else does one explain the reasons why absenteeism has increased so much over the years? It may well be that either our members are affected by AIDS hence are always away looking after their sick relatives, or that they are infected themselves.

(Male, Johannesburg Station Commissioner)

Contrary to the view held by most managers, focus groups involving lower level police officials suggested other reasons for absenteeism unrelated to HIV/AIDS. For example, some respondents believed that most police officials were often absent because of stress, financial problems or problems with transport. The quotation below illustrates this perspective:

We experience greater numbers of absenteeism particularly towards paydays or on Mondays, or days after public holidays. Some of it is stress-related while some of it is as a result of police officials failing to come to work because they do not have transport. I do not come to work if a police vehicle does not come to fetch me because it is too risky to use public transport when you are in uniform. I don't believe that HIV/AIDS has reached a stage in the police where members are absent in big numbers. What is a fact is that members are stressed out and that the money they earn is too little to sustain them for the whole month.

(Male, Inspector)

Police commanders shared their experiences in dealing with absenteeism. The responses demonstrated that there was no uniform way of dealing with the problem in the Johannesburg Area. Some commanders personally visited their members who were absent, while some sent representatives or ask social workers to visit on their behalf. Others admitted taking no action in order to try and understand circumstances behind the sick leave. The following quotation illustrates this last point:

Caring for members who are sick from AIDS is not my business. I don't get evaluated on how well I manage people who are sick from AIDS. Besides I am not a social worker – they (social workers) together with chaplain services are paid to look after our members who are dying from AIDS. When a member is sick from AIDS we normally notify our social workers who will visit these people.

(Male, Station Commissioner)

However, some commissioners exhibited a more understanding approach:

Johannesburg is a very difficult area to work in. The stress levels for members working in Johannesburg are much higher compared to other areas... It is unfair to have a policy for the whole SAPS without considering the different conditions that our members work under. At this station I give members off-days because you can't say a member must come to work even when the member is stressed and has exhausted his leave days. I will rather have few members who are fit and ready than have many members in a shift that are stressed-out because you will be putting members at risk.

(Female, Station Commissioner)

The problem of absenteeism needs to be addressed if the quality of service delivery is to improve. This will require police commanders to do two things; one relates to the application of the policy on absenteeism and the other deals with the stigma.

Firstly, there is a need for a uniform application of leave policy to ensure equity. The SAPS policy on absenteeism states that: 'Employees who become ill with AIDS should be treated like any other employee (SAPS, 2002). While it appears that station commanders are generous in approving sick leave, it is important that they understand the needs of those who are HIV positive or who are suffering from AIDS so that they understand the need for frequent or additional leave, and also so that they can better help people to manage their symptoms. It would be beneficial for station commanders to attend HIV/AIDS workshops so that they can learn the necessary skills and knowledge on the virus and the application of policies.

Secondly, there is a need to change the environment in order to break the culture of silence that makes it impossible for people to talk freely about the disease without fear of stigmatisation. Most station commanders are not clear as to what support they need to provide to people who are absent from work because of HIV/AIDS. The challenge of supporting HIV positive people should not be limited to social work services, but station commanders who interface with their members on a regular basis should play an active role in providing support to their members. As will be discussed further in Section 3, the SAPS HIV/AIDS policy requires that members are provided with care and support and, where medical boarding might be required, to make a fair and accurate assessment as to the fitness of the member.

1.2.1 Prolonged Sick Leave Due to AIDS

In order to understand the relationship between AIDS and sick leave we asked respondents whether they knew of a police official who was on prolonged sick leave due to AIDS. This question was aimed at understanding whether respondents had actual knowledge of police officials who were on prolonged sick leave due to AIDS as opposed to what was imagined.

Table 9: Knowledge of a police official on prolonged sick leave because of AIDS (n = 323)

Rank	No. of interviewees by rank	% of interviewees who said yes	Response	
			Yes	No
Constable	83	27%	22	61
Sergeant	36	47%	17	19
Inspector	141	45%	64	77
Captain	39	62%	24	15
Supt..	16	56%	9	7
Senior Supt.	1	100%	1	0
Others	7	71%	5	7
Totals	323		142	181
% Totals			44%	56%

Table 10 above shows that less than half (44%) of the respondents knew of a person who had been on prolonged sick leave in the SAPS due to HIV/AIDS. It must be noted that this figure does not necessarily reflect the prevalence rate in the police since it is possible that respondents were only referring to 'publicized' cases at police stations, and/or that many people were referring to the same individual. Also, that 56% of respondents did not have knowledge of police officials who were on prolonged sick leave due to AIDS, does not suggest that there were no lengthy absences as a result of AIDS-related sicknesses. Since police officials who are sick from AIDS cannot be forced to disclose the nature of their illnesses, it is often difficult to be certain why someone may be ill often or for prolonged periods unless that person discloses his/her HIV status.

As discussed earlier, it is clear that in South Africa there is no culture of disclosure and openness, making it difficult to collect data in order to understand how the disease is manifesting itself and to establish who is affected and how people are impacted.

The analysis of **Table 10** is not conclusive in ascertaining if there was a link between knowledge of reasons for prolonged sick leave and rank. However, these statistics do show that more commissioned officers than non-commissioned officers were aware of people who were on prolonged sick leave due to AIDS. For example, from the rank of constable to inspector (non commissioned officers) less than half had this knowledge while more than 50% of captains and superintendents knew someone on prolonged sick leave. This suggests that people in management and supervisory positions were more likely to be privy to this information than lower ranking officials.

The analysis of the qualitative data seems to corroborate this. Senior police officials had more knowledge and gave specific examples of police officials who were on prolonged sick leave. The quote below illustrates that police officials who are sick from AIDS-related illnesses were more likely to disclose to their superiors than to colleagues:

I had known that this guy was on and off from work so I asked him to come and see me and I invited him into my office. Without blinking he said: 'Director, I am dying. I am HIV positive.' It's very difficult when someone tells you like that because you don't know how to react to such news because you are tempted to say, 'Oh God, yes, you are going to die'. This guy has been sick for a long time so he wanted a transfer to his hometown. I still remember this guy saying, 'Please director, I don't want to die like a pauper. I want to die closer to my family and friends.'

(Male, Station Commander)

Another station commander said:

I had known that this guy was sick, so I sent my commander to visit him and give him support. While there, this guy asked my commander to call me because he thought he was going to die. The following day I drove to see this guy who has been bed-ridden for a long time. Although people had suspected this guy is HIV positive, it was difficult to know what his problem was because he would be very sick for a week or two and come back and work for three or four months and become sick again. This time he really looked like his time was over.

(Male, Station Commander)

Another respondent gave examples of two incidents of members who had succumbed to an AIDS-related disease:

This guy had been away from work for a long time and this Friday he came to work though he was looking weak. He worked his whole shift, but before he left he told me that he was HIV positive and what I should do when he died unexpectedly. That was on a Friday..., he did not open his door until his neighbours forced opened the door..., his body was beginning to decompose. He died crouching on his bed with his head down.

(Female, Station Commissioner)

Another incident also related to a member who had disclosed his HIV status and also died in his sleep. This member had confided in me that he was HIV positive, so I encouraged him to see our counsellors, but I remember his eyes which suggested that he had lost the will to live. The member died last year after a relatively short illness.

(Female, Station Commander)

The quotations above demonstrate that it is possible for police officials who are living with HIV/AIDS to disclose their positive status to their police commanders or privately to colleagues that they trust. People who are HIV positive are most likely to publicly disclose their HIV status in a supportive environment, where they can trust that they will receive emotional support and sympathy. It is possible that women may be more sympathetic and supportive of members who are sick. However, in a male-dominated culture police officials may be more cautious about disclosing their status for fear of being seen as weak or being stigmatised or discriminated against.

1.3. Police Transformation

Since early 1990, the South African Police Services (SAPS) has been going through a process of reform in order to create a police organisation that is representative of the demographics of South Africa. Garrett (2005) has warned that unless the epidemic is reversed or slowed down, particularly among the African population, the result may be slow demographic transformation of the SAPS due to deaths or people being medically boarded due to ill health.

The key indicators for demographic transformation in the SAPS are gender and race. Since national demographic trends in South Africa suggest that HIV/AIDS manifests differently along race and gender lines it may impact on the transformation of the SAPS. HIV/AIDS affects Africans more than other races and women more than men (Shisana, et al, 2005). As of April 2004, approximately 60% of the commissioned officers of the SAPS (the management tier which makes up 16% of the organisation) were Asian, Coloured and White. On the other hand, two thirds of the non-commissioned officers were African (who are largely operational) making up the remaining 85% of the organisation. Hence, if African people and women (who are mostly non-commissioned or operational) are disproportionately affected by AIDS, it could impact negatively on their upward mobility to management levels.

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1.4 Impact on Workload

As is illustrated above, the impact of HIV/AIDS on the capacity and human resources of the SAPS may affect its ability to deliver its mandate. In order to understand the impact of HIV/AIDS on service delivery we asked respondents, 'How often do you find yourself doing work for other people because of others being unable to work?' The question was asked with the knowledge that there will certainly be other factors besides HIV/AIDS causing absenteeism and forcing members to stand in. For example, in some departments there was a shortage of manpower, lack of adequate awareness raising activities and resources, as well as lack of adequate budget to recruit more people. The analysis was done according to rank to help understand which ranks are affected or taking more responsibilities than others.

Table 10: How often do you find yourself doing work for other people because they are unable to work? (n=305)

Rank	Don't Know	Very Often	Somewhat Often	Not Very Often	Never	Total	% Indicated Very Often
Constable	4	29	14	22	7	76	38%
Sergeant	4	18	7	6	1	36	50%
Inspector	8	74	20	35	2	139	53%
Captain	1	19	8	5	4	37	51%
Superintendent	1	7	6	2	16	16	44%
Senior Supt.	1	-	--	-	-	1	100%
Total	18	148	55	70	14	305	
Percent	6%	49%	18%	23%	5%	100%	

According to the results illustrated in **Table 11** above, half of the respondents (49%) thought that they were doing other people's work very often. This indicates a serious problem in terms of capacity. The analysis according to rank produced

inconclusive information on how it affects different ranks. The data shows that all police ranks were affected, though 38% of constables and 44% of superintendents appeared to be least affected.

An analysis of interviews reflected that there was a general view across different ranks that HIV/AIDS was not the main factor for having to take on other people's jobs. Police officials generally considered factors such as resources, shortage of manpower, awareness raising activities and the problem of corruption, as the main factors related to people not coming to work. Even when probed about the impact of sick leave, death and absenteeism, the majority of respondents did not think it was related to HIV/AIDS or that it was impacting on service delivery. However, a few respondents acknowledged that very often they were doing other people's jobs because of HIV/AIDS. The quotation below illustrates this view:

We have been experiencing workload [problems] in this department (detective services) because we have two of our members on extended sick leave. Therefore, we had to take over some of their cases because some of these cases are urgent cases that need to go to court. It is a problem because we take over these cases when we are ourselves already overwhelmed by many case dockets that we are investigating.

(Male, Station Commissioner)

Another detective added that:

I agree that we are now doing more work than before because of AIDS. I have no evidence to say exactly it is AIDS, but the fact is, increasingly we receive more dockets now to investigate when members are on sick leave. The load is too much in this department.

(Male, Captain)

Despite this, some police officials seemed able to work around this problem:

We work in teams. So if someone is absent, other team members carry on. I would say despite the problems that we have, including HIV/AIDS, its business as usual. We have not reached a crisis because we still respond to crime problems. Other people have even suggested that we will fail to deliver services during 2010, but I don't think so. We have policed during many major events including the rugby and cricket world [cup], so with the experience we have now we will be even more prepared for 2010.

(Male, Captain)

From this discussion, it is evident that although there was a perception that HIV/AIDS did impact on police capacity, it would appear that some police felt confident that they were still able to cope with the additional workload. Nevertheless, some of these perceptions do indicate that any additional workload could undermine the ability of the police to perform their duties. However, better indicators for performance and information about the prevalence of AIDS in the SAPS are needed to draw firmer conclusions about its impact on service delivery. This information would be important to develop appropriate interventions to deal with workload problems.

Understanding the Risk Factors

In view of the potential impact of HIV/AIDS on police effectiveness in its delivery of services and transformation, it is critical to understand the key factors that may increase the risk of HIV infection in the SAPS. This section discusses some of these factors by drawing on international literature, survey results and qualitative data to make some suggestions and draw some tentative conclusions. The literature is drawn mostly from studies in developed countries such as the USA, Scotland and the Netherlands.

In this section two related questions are dealt with: firstly, what are the factors in the police that increase the risk of police officials contracting HIV/AIDS? This question seeks to understand whether there is a relationship between police work and the risk of becoming infected with HIV. Secondly, this report discusses factors outside of police work that increase the risk of police officials becoming infected with HIV. In other words, this question explores the relationship between police officials as a sub-group and HIV infection. This section also considers the link between the highly masculine culture of policing and its personnel, and the risk of infection (Mayhew, 2001).

2.1. Occupational Exposure

Internationally, police work is regarded as a low risk occupation with regards to exposure to HIV infection. This is because police work generally does not often involve direct contact with blood or bodily fluids (Blumberg, 1997). More recent studies demonstrate that even where police work involves touching blood, particularly when dealing with victims of motor vehicle accidents, victims of violent crimes, removing dead bodies and while gathering or analysing forensic evidence, the risk of personnel becoming infected is low (Chambers, 2005). This means that when minimal precautions are taken, for example, by wearing plastic gloves when touching blood, the risk of becoming infected is significantly reduced.

Despite the low levels of risk, police organisations generally take the risk of their members becoming infected HIV very seriously. For instance, most police organisations have developed policies, guidelines, strategies and HIV/AIDS programmes in order to address the risk factors.

A study conducted in 2003/2004 amongst 13 000 Scottish police officials concluded that there was no evidence that police officials are at increased risk of becoming infected with HIV or other blood-borne disease despite exposure to blood (Report, 2005 quoted in Chambers, 2005). The study found that of the 229 reported incidents in which police officials were exposed to blood, there was only one reported incident of possible infection with Hepatitis B, and there was no single case of HIV reported (ibid). Despite this fact, police unions generally believe that their members face the risk of infection and some have petitioned their parliaments to seek special measures to be put in place to ensure the safety of police officials.

In 2002 for example, the Scottish Police Federation (SPF) petitioned the Scottish Parliament, claiming that its members 'are at special and increasing risk when dealing with the very large number of criminals and drug addicts who are infected with blood-borne infectious diseases such as HIV, Hepatitis B and C' (Chambers, 2005, p. 116). The SPF requested that parliament pass legislation to 'make it compulsory for assailants and suspected criminals arrested who have caused police officers to be exposed or potentially exposed to such risk to submit a blood test or tests, the results of which should be made available to the officer should he so wish' (ibid). This petition was forwarded to parliament there being no evidential material to substantiate this claim.

Another study in the USA, which investigated 42 cases of reported exposures to the HIV virus, found no evidence to establish a link between exposure to blood and HIV infection (Hoffman, Henderson, O'Keefe & Wood, 1994)¹¹. The exposure had occurred in circumstances where there was little or no time for the officer to put on protective gloves and

clothing, for example, stabbing with a sharp object or needle or during a fight (ibid). The study found that 9.5% of police officials tested HIV positive but failed to conclusively link the exposure to test results. This suggested that police officials who tested positive might have already been positive when they were exposed to blood.

This study concluded that the 'overall rate of exposure to HIV-infected blood for police officials working on medium and high risk assignments was 0.10 per 10,000 person-days. And that, although police officers rarely had 'percutaneous or mucocutaneous' exposures to blood, when they did, the risk of exposure to HIV-infected blood the risk of HIV transmission was quite low' (Hoffman, et al, p.1). This suggests, however that exposure to blood, even infected blood, does not necessarily result in HIV infection.

Another study, which was conducted in Amsterdam, analysed 112 exposures of police officials to blood between 2000 and 2003 and concluded that the risk of HIV infection amongst police officials was low (Sonder, Bovee, Coutinho, Baayen, Spaargaren & Van der Hoek, 2005). When 79% of these cases of exposures were tested it was found that only 4% were HIV positive. Once again, the study could not positively link the HIV status with the exposure, leading to the conclusion that police work is low risk (ibid).

Clearly, the above case studies demonstrate that the risk of police officers becoming infected while performing their work is low. However, further research is needed to establish the risk of police officials who are HIV positive passing on the virus to others while performing their duties. This kind of research could be conducted with victims of serious police assaults or incidents involving blood of police officials.

In order to understand the perception of police officials in Johannesburg in terms of the risk of HIV infection whilst doing police work, respondents were asked: 'How would you rate your own personal risk, or police officials in general, in contracting HIV/AIDS while undertaking police work?' When people believe that their risk of contracting the deadly disease is high, they may be more likely to take preventative measures to protect themselves. It may also raise levels of awareness particularly related to the disease.

Table 11: Perception of risk of police officials while doing police work (n =319)

Rank	Don't Know	Low Risk	Moderate Risk	High Risk	Total	Percent
Constable	18	14	15	36	83	26%
Sergeant	6	6	3	17	32	10%
Inspector	37	21	23	63	144	45%
Captain	6	4	9	18	37	12%
Superintendent	1	2	5	7	15	5%
Senior Supt.	-	-	1	-	1	0.3%
Other	2	1	1	3	7	2%
Total	70	48	57	144	319	100%
Percent	22%	15%	18%	45%	100%	

Table 12 above shows that close to two thirds (63%) of police officials who filled in the questionnaires, thought that there was a risk of contracting HIV while doing police work. The majority (45%) considered their work to be high risk or moderate risk (18%). A small proportion of respondents, 15% considered their work to be low risk.

There are no studies in South Africa to establish the link between exposure and HIV infection. According to the SAPS 2004/2005 annual report 15 491 police officials were injured while on duty, with 122 injuries requiring medical attention (SAPS, 2005). This translates to an injury rate of 108 individuals per 1 000 police officials every year. While this indicates

¹¹ The study was conducted in Denver in the USA. It found that police officials were exposed in the following ways – 24 due to exposure of blood to non-intact skin; six exposures of blood to mucous membranes; four needle stick injuries; and two involved lacerations by objects with blood on the surface of the object.

that a high rate of injury, it is not known whether this is likely to increase the risk of infection. These figures also do not reflect the extent to which police officials are exposed to the bodily fluids of others in the course of their duties where the police are not necessarily injured themselves, and further work is clearly needed to establish this link.

However, consistent with the results of this survey, most senior police officials interviewed considered police work to be high risk. The following quotation from one senior police official illustrates this perception:

I would say yes, the risk of police officials contracting the HIV virus is high. Especially if one considers the types of work our members are doing and areas that we are working in. Johannesburg is a rough area and exposes our members to violent criminals, violent crimes and blood through accident victims. The biggest exposure to our members is dealing with victims of serious crimes or accident victims because of the amount of exposure to blood. This is even worse if the victim is one of the members because the instant reaction from members is to help the member even if risking contracting the virus. Members will generally risk everything, including contracting, HIV to assist an injured colleague.

(Senior Johannesburg Area Manager)

Police are often subject to physical attacks by violent criminals exposing them to a possible exchange of fluids. They are also exposed through attending to injured members of the public, victims and suspects, as well as to their own colleagues.

South African police may well have an increased risk of infection compared with their international colleagues due to the high levels of violence in South Africa. In addition, because the HIV prevalence rate is so much higher in South Africa, the risk of being exposed to infected bodily fluids is higher than in the developed world.

Because of the risks associated with policing, it is critical that all SAPS members receive education and are exposed to awareness raising activities so that they can take measures to prevent infection and are able to deal with high-risk incidents with care and confidence.

Evidence from the qualitative data also reflects that police officials who attended HIV/AIDS awareness raising activities were more alert and aware when dealing with high risk incidents and were more likely to apply universal precautions. This means treating all blood as if it is infected with HIV and taking the necessary precautions. Trained members were also more likely to consider police work as low-risk in terms of contracting HIV despite the level of exposure to HIV.

This view was common particularly amongst peer educators. As illustrated in the response below, most peer educators believed that when the universal precautions are applied, the risk of HIV infection is minimised:

We are taught never to touch blood under any circumstances and if you do not have a surgical glove they advise that you even use plastic bags or any other rubber glove to protect yourself from getting into contact with blood. If all police officials were aware of effective methods of preventing touching blood such as these, they will consider the risk to be low.

(Female, Peer Educator)

Another respondent concurred and stated that:

If people remember to treat every blood as if it was HIV positive and take the necessary precautions then the risk [of contracting the virus] will be minimised."

(Female, Peer Educator)

However, it should be noted that since peer educators are mostly civilian members of SAPS, they themselves are not often exposed to high-risk situations.

2.1.1 Perception of Risk Now, Compared with Five Years Ago

Various studies indicate that HIV infections in South Africa continue to increase (UNAIDS Report, 2006). This section explores how this increase affects the perception of risk of HIV infection among police officials. This is relevant in two ways. Firstly, it aims to investigate whether the SAPS HIV/AIDS 2000-2005 policy and strategy has empowered ordinary police officials with the necessary knowledge. And secondly, it seeks to understand whether the perception of risk amongst police has changed over the past five years. This is an important question in terms of evaluating the HIV/AIDS programmes and interventions introduced in the police over the past five years.

Table 12: The risk of contracting the HIV virus amongst police officials is much greater now than it was five years ago? (n = 335)

Gender	Total	Agree	Disagree	Same	Don't know	Percentage of respondents who agree
Male	260	124	37	16	83	48%
Female	75	36	16	6	17	48%
Total	335	160	53	22	100	48%
Percent	-	48%	17%	7%	30%	-

The responses captured in **Table 13** suggest that close to half (48%) of the respondents believed that the risk of contracting HIV was much greater at the time of the research than it was five years prior. A significant percentage of 30% indicated that they don't know and 17% disagreed that the risk of infection had grown. Although this study illustrates that most police officials have good knowledge of HIV (see Theme 3 below), this table demonstrates that most respondents believed the risk was the same or had increased. Consistent with the analysis above, qualitative data provided further insight into the possible reasons for increased risk of infection.

One interviewee indicated that there was greater awareness of what activities put police officials at risk of infection. This awareness was also matched by knowledge of appropriate precautions:

In the 1990s we were not supplied with gloves, masks and these fancy respirators. It was not a shock that you touched some else's blood or that you gave a dying stranger mouth-to-mouth resuscitation. Over the past five years these activities are considered high risk. We are even required to put on gloves when searching suspects because of fear that we may get pricked by a needle or sharp object which may be contaminated with HIV blood. We have been trained to apply the universal precautions and treat every blood as if it was contaminated with the disease.

(Male, Superintendent)

Another common theme that emerged has to do with the increase of HIV/AIDS in the general population. Respondents were also concerned about the high levels of violent crime and road accidents, and the number and type of victims that police officials were required to interact with. The quote below illustrates this perception:

The risk of contacting HIV has increased because HIV has increased in the general population. Our members, particularly those who deal with sexual offences such as rape cases and violent crimes are more exposed because they are exposed to blood. These types of crimes have increased in South Africa over the years.

(Female, Station Commissioner)

Another respondent concurred and added that:

There is no day that passes by without our members responding to a serious road accident or attending to a victim of violent crime in Johannesburg. These incidents particularly increase on Fridays, weekends and month ends because during that time the consumption of alcohol is high... since most of the incidents take place at night and there is a chance that a member may get into contact with blood by mistake.

(Male, Johannesburg Area Manager)

Some respondents believed that the risk of infection was heightened by the slow roll-out of HIV/AIDS awareness raising activities and awareness programmes, and that these had not reached every police official in the SAPS. In addition, prophylactic or protective equipment were, at the time of the research, not fully available:

We experience shortages of gloves because at times we get told that there are no gloves. In fact, in most instances we go on crime prevention duties without adequate protective gear, such as gloves or masks. We can go now and stop a police car and ask members whether they are carrying gloves or not and I can assure you that there are big chances that they do not have such equipment. When members are faced with a high-risk situation they are forced to use their bare hands and in the process risk becoming infected with HIV.

(Male, Captain)

Some respondents held the view that education and awareness in the past five years had increased and that this has reduced the risk of police officials becoming infected while performing their duties. Others felt that despite this increased knowledge behaviour had not changed yet. One respondent summed up this perception by arguing that:

Five years on we are not dealing with ignorant people on HIV/AIDS. Rather, we are dealing with people who are resisting HIV/AIDS messages. Many people are in denial because they think 'it cannot happen to me'. While some are finding it difficult to change their risky habits... It does not matter whether you have attended HIV/AIDS awareness raising activities, I have never attended but I know risks associated with the disease. I am convinced that members who expose themselves to high-risk behaviour choose to do so with the full knowledge and understanding of the disease.

(Female, Station Commissioner)

Despite the strong perception that police work is high risk, international studies reveal that there is a low risk of transmission of infection in the course of carrying out policing duties. However, there has been no study looking at this in the South African context where the risks of infection may be different. There is no doubt that police work does expose personnel to diseases, such as HIV, transmitted through blood and other bodily fluids.

2.2. Lifestyle and Stress

While the primary focus of this research was to investigate factors that contribute to police officials becoming at risk or infected by HIV while at work, there are other risks, outside of police work, that are important to consider for this study.

Psychological studies propose that police officials derive most of their risk as a result of stress, which is associated with police work. Police work involves working shifts and working away from home, both of which can disrupt social and family life, domestic life, sleeping patterns and eating habits. These factors result in stress and other psychological complications (Bohle quoted in Mayhew, 2001). Exposure to traumatic situations can result in police officials suffering from Post Traumatic Stress Disorder (PTSD), sometimes referred to as cumulative stress reaction (ibid). Since exposure to accidents, death, victims of serious crime and violence, are inherently part of policing it may lead to PTSD if not properly handled.

Stress and PTSD can be treated using clinical psychological interventions. However, Vialonti (1999) argues that police officials are fearful of seeking psychological help from within the police organisation. Some of this fear is due to a culture of masculinity and that seeking help would be perceived as weak and/or cowardly, but also could be based on a fear of being placed on sick leave or boarded for medical reasons. Instead, some police officials resort to high-risk activities such as alcohol and drug abuse, and having sex with multiple sex partners to 'let off steam' (Pharaoh, 2005). This often takes place when police officials are off-duty and unsupervised.

A study in New South Wales found that 48% of male and 41% of female off-duty police officials consumed alcohol at levels harmful to their health, while others used cannabis, ecstasy, cocaine and steroids regularly (Chilvers, 1998 quoted in Mayhew, 2001). In communities with high HIV prevalence rates, such behaviour can have serious consequences.

The police in South Africa are not immune to these risks and further research is required to understand the extent to which this risk behaviour is a problem. The divorce rate amongst police officials in the USA is significantly high when compared to the national average (Vialonti, 1999). Some of the reasons for the high divorce rate amongst police officials include stress and the fact that police work lends itself to temptations and opportunities for infidelity, alcohol and drug abuse (ibid). Various studies confirm this risk behaviour of police officials.

Interviews with police officials in the Johannesburg Area confirmed a general tendency to engage in high risk sexual behaviour while off duty. The common key drivers identified were stress-related alcohol and drug abuse by police officials. Respondents indicated that the stressful nature of policing required them to unwind and that this often involved high-risk sexual and other behaviours such as drug and alcohol abuse. While stress can lead to high-risk behaviours, the powers and authority given to police officers may also be abused in such a way that the chances of risky sexual behaviour are exacerbated.

2.2.1 Exploitation of Sex Workers

While the issue of sexual abuse of sex workers by police officials is an international phenomenon (Jackman, 2006), studies in South Africa indicate that the sexual exploitation of sex workers by police officials is significantly high. A recent study by Sex Worker Education and Advocacy Taskforce (SWEAT) found that 30% of the sex workers interviewed indicated that police were the main sexual and physical abusers of sex workers (Fick, 2006). This study also revealed that often sex workers are forced to have sex with police officials to evade arrest, and that they knew of other sex workers who had been forced to have sex with a police official (Fick, 2006).

It is unlikely that when sex workers are being sexually exploited by the police that safe sexual practices are negotiated to reduce the spread of the disease. A study conducted in 2004, which tested 247 sex workers for HIV, found out that 45% of these women were HIV positive (HIVAN, 2004). Most alarming was that sex workers who had entered the trade for only three months displayed similar levels of infection to those who had been working for a year, suggesting either high infection rate or high prevalence rate amongst vulnerable young girls (ibid).

The following statement reflects the perception that, because of the sexual exploitation of sex workers and vulnerable groups such as illegal immigrants and refugees, police increase their risk of contracting HIV:

Police officials particularly exploit prostitutes, illegal immigrants and refugees for sexual favours. These people are often willing to pay bribes or consent to sexual favours to avoid being arrested. Members will meet these people while on or off duty and take bribes or exploit them sexually. I am sure you have seen some examples on TV when members have been shown abusing sex workers and illegal immigrants.

(Male, Station Commissioner)

Another senior police official concurred and pointed out that:

It is a fact that police work is stressful and working in Johannesburg is even more stressful because of the many challenges that we face. In recent years we have helped a number of our members who, because of stress, began to abuse drugs and alcohol. At the moment we have 97 members who are receiving counselling for alcohol/ drug abuse and gambling problems. My view is that the problem is much bigger here in Johannesburg because the environment is stressful and there are many opportunities to sexually exploit women.

(Male, Johannesburg Area manager)

2.2.2 Migration and Working Away from Home

Police officials who work away from their families, regular sex partners and friends, are removed from their social support structures for long periods of time. They may experience loneliness or even wish to experiment with the freedom that comes from being away from family responsibilities. As a result they may be more likely to engage in behaviours that put them at risk of HIV infection (Mitchell, 1999, quoted in Mayhew, 2001, p.3). This may involve having sex with sex workers,

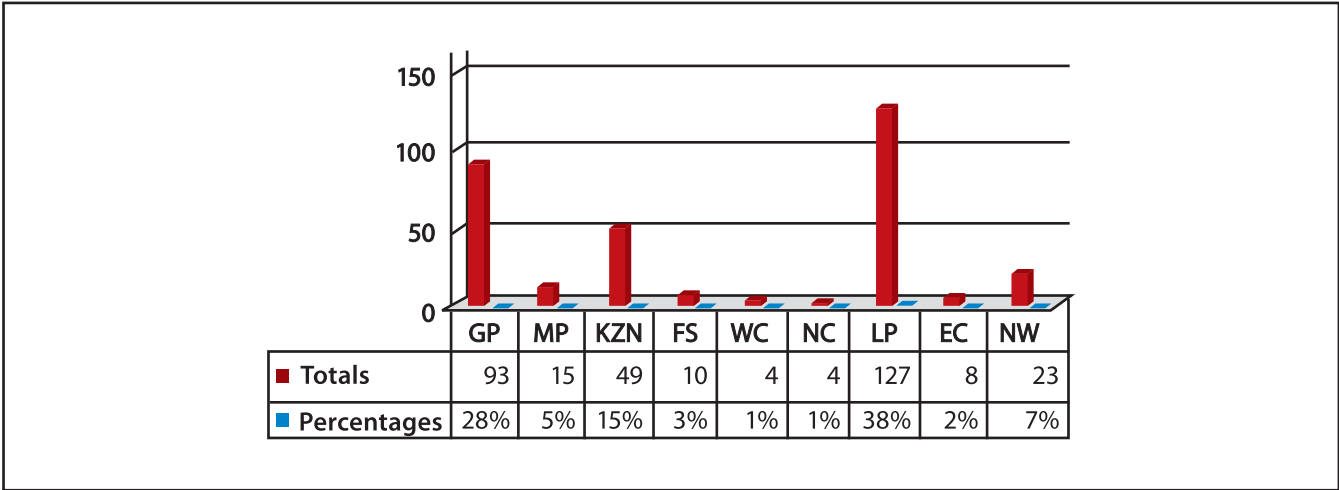
infidelity, or abuse of alcohol and drugs (Niederhoffer, quoted in Violanti & Aaron, 1995). In addition, long absences from home may result in police officials experiencing high divorce rates (ibid).

Demographic studies in South Africa also show that there is a high level of migration, mainly for economic reasons. A study by the Policy Co-ordination Advisory Services (PCAS), located in the office of the presidency, shows that South Africans often migrate to economically strong provinces, for example Western Cape and Gauteng (Netshitenzhe & Chikane, 2006). The PCAS study shows that most people do not migrate with their families when they move to cities, and that men leave women and young children behind to look after homesteads. It is likely that married police officials do not always bring their families to stay with them when they work in the city, again increasing the likelihood of engaging in extra-marital affairs whilst away from home.

In order to understand where the majority of police officials working in Johannesburg come from, we asked respondents, ‘Where do you originally come from?’

Table 14 below shows that the majority of police officials (72%) working in Johannesburg came from provinces other than Gauteng.

Table 13: Where do you originally come from? (n =332)



The analysis of qualitative data confirmed that the majority of police officials do not originally come from the Gauteng province:

The reality is that many Indians are coming from Durban because they know that it is becoming increasingly difficult for them to be employed or recruited in the police. There are a lot of Indians in Durban and in terms of meeting racial quotas very few opportunities are made available to Indians. They come over to Johannesburg because they know they will be promoted because there are few Indians in Johannesburg. For example, I could not be recruited in Durban when I applied that is why I came over to Johannesburg.

(Male, Captain)

Another respondent commented:

We still haven’t moved away from recruiting police officers in the area where they live. Most police officers that we recruit come from other provinces such as Limpopo. So we are going to continually have this need for people to live in single quarters because they are employed away from home. Generally speaking, because of the unemployment rate in other provinces and because people in Johannesburg are less inclined to join the police service, we recruit from the Area anyone who is interested and qualifies.

(Male, Station Commissioner)

Another respondent indicated the following:

My family, wife, and children are still based in Durban and I have no intention of bringing my family this side [Johannesburg]. My wife has a good job in Durban and she also does not like to live in Johannesburg because of fear of violent crime and stuff. I am happy with the arrangement though at times it is difficult to stay for a long time away from your family...

(Male, Inspector)

Conclusion

It can be concluded that, despite the fact that there is a general perception that police work is a high-risk job in terms of HIV, there is no real proof to support this. Although police officials deal with a number of incidents involving blood, there is no concrete evidence suggesting that this has resulted in HIV infection.

Importantly, police officials are exposed to opportunities to engage in high-risk behaviour and misconduct during the course of doing their work. It is likely that the majority of police officials who become infected with HIV become infected as a result their lifestyle or their attitude towards safer sex.

A distinction therefore has to be made between risk factors that emanate from the nature of the occupation and risks that emanate from misconduct and unsafe sexual practices. Hence, any intervention in police organisations which does not deal with lifestyle issues, stress and problems of misconduct will fail to effectively address the problem of HIV/AIDS in the police.

The SAPS HIV/AIDS Policy

The development of HIV/AIDS policies in the work place is a legislated requirement. The Labour Relations Act, 1995 (Act No. 66 of 1995) and the Employment Equity Act (Act No. of 1998) provide a framework for dealing with people who are HIV positive or have AIDS. Institutions are required to develop their own policies in line with the legislation. This section provides an analysis of the SAPS HIV/AIDS policy that was launched in 2000 in order to provide guidelines for the treatment of police officials who are living with HIV/AIDS.

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

As will be further discussed in **Section 4**, part of the SAPS strategy was aimed at creating a new culture in the police that is friendly and supportive to those living with the disease. This point is also stated in 1.4 of the preamble, 'The SAPS is committed to promoting equal opportunities and fair treatment in employment of all its employees, through the elimination of unfair discrimination in all policies and practices' (ibid). The policy further states in 1.5, '...employees living with HIV and AIDS should not be treated differently from employees inflicted with other life threatening conditions, it must be ensured that such employees or those with any other sexually transmitted diseases, carry no special burden' (ibid).

The policy states clearly that its main purpose is to provide employment practices and procedures that ensure that employees with HIV/AIDS are not unfairly discriminated against in the workplace by:

- 'Creating a safe working environment for all its employees;
- Promoting a supportive work environment in which employees living with HIV/AIDS are able to be open about their HIV status without fear of stigma or rejection;
- Develop procedures to manage occupational incidents and claims for compensation;
- Introduce measures to prevent the spread of HIV;
- Develop strategies to assess and reduce the impact of the epidemic on the workplace and service delivery; and
- Support those employees who are infected or affected by HIV/AIDS so that they may continue to work productively for as long as possible' (ibid).

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

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

Testing

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

However, the policy states that 'employees must be advised of the advantages of voluntary testing should they suspect that they have been exposed to infection...' (ibid)

There are three ways in which the SAPS can provide testing in terms of the SAPS policy:

1. As part of the health care service provided in the workplace.
2. In the event of an occupational accident carrying a risk of exposure to blood or other body fluids.
3. For the purposes of applying for compensation following an occupational accident involving a risk of exposure to blood or other body fluids.

The policy also allows for the SAPS to initiate HIV testing under the following stringent conditions:

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

The SAPS policy provides that surveillance testing can be conducted as long the testing is anonymous and cannot link an employee to test results. However, at the time of this research the SAPS management and police unions had reached a deadlock with regards to this.

Confidentiality

The SAPS HIV/AIDS policy provides for confidentiality with regards to the HIV status of SAPS members. The policy in section 5.2.1 states that 'employees ... cannot be compelled to disclose their HIV and AIDS status to SAPS or any other employee'. Further, the policy prohibits the SAPS from obtaining the HIV/AIDS status of their members from their service providers without the consent of the employees concerned.

Employment

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

- recruitment,
- appointment,
- job classification,
- remuneration and benefits,
- employee assistance services,
- job assignment,
- awareness raising activities and development,
- performance evaluation systems,
- promotions, transfer and demotion, and
- termination of services.'

As a result, the policy provides in 5.3.3, 'HIV and AIDS status... shall not be a basis for refusing to conclude or to continue or to renew an employment contract' (ibid, 3-18). In 5.3.5, the policy further states that, 'HIV and AIDS status shall not be used as a justification for the exclusion of an employee from performing any particular duty' (ibid).

When police officials have reached the AIDS stage of the disease and are unable to work, the policy provides that such employees 'be rotated to duties and working conditions that are more appropriate to the circumstances of the employee with minimal risk to their health condition' (ibid). And, in 5.3.7 the policy states that, 'all reasonable steps must be taken to accommodate an employee in a suitable post until it is necessary to convene a medical board' (ibid). Medical boarding therefore is the last resort to be used after all other options have been exhausted.

Leave, absenteeism and ill-health and termination of employment This aspect of the policy is discussed in Section 1 of this report.

Counselling and Support Programmes

The SAPS HIV/AIDS policy obliges the organisation '...to provide counselling and support services to employees living with HIV/AIDS and their dependents through the Employee Assistance Programme...' (ibid: 3-19).

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

The policy also requires that a 'National Forum for HIV and AIDS, comprising representatives of the helping professions and union representatives' be created to 'manage HIV/AIDS as a collective effort addressing policy issues, education and awareness campaigns' (ibid). The responsibility of developing information and providing condoms, posters and information concerning post exposure prophylactics and details of local services for people affected by or living with HIV/AIDS, is the responsibility of the Department of Health.

The EAS is also tasked with the awareness raising activities of peer educators to 'be utilised in education and prevention programmes' (ibid). The policy specifically provides for participation of more women as peer educators since HIV/AIDS impacts disproportionately on women.

Some of the responsibilities of peer educators are stipulated in 5.6.6 of the policy. These include:

- creating a new culture which 'encourages openness, acceptance and support for those employees who voluntarily disclose their hiv status in the workplace;
- encouraging employees openly living with hiv/aids to conduct or participate in education, prevention and awareness programmes;
- encouraging the development of support groups for employees living with hiv/aids;
- extending bereavement counselling to families and;
- ensuring that employees who are open about their hiv/aids status are not unfairly discriminated against or stigmatised.'

In relation to education and awareness, 5.6.7 of the HIV/AIDS policy states that 'compulsory education and prevention programmes for all employees (including management) shall be undertaken during paid working hours at all workplaces...' (ibid). It also states that '...specialised awareness raising activities courses where there is a possibility of accidental exposure...' are to be provided to prevent infections.

Further, the policy requires 'safe working conditions and appropriate protective equipment to be provided in all relevant workplaces such as client services centres, police vehicles and first aid kits.'

Grievances and Disciplinary Procedures

Consistent with other policy provisions, 5.9.1 of the policy provides that 'no person may be unfairly discriminated against on the basis of his or her HIV and AIDS status' (ibid, 3-21). Thus police officials living with HIV/AIDS are protected from any form of stigmatisation or discrimination. Section 5.9.2 of the HIV/AIDS policy states, 'any contravention of the provisions of this policy shall amount to unfair discrimination' (ibid). And, in 5.9.3 it is regarded as an act of misconduct which is sanctioned by disciplinary steps.

Implementation

With regards to implementation, the SAPS policy on employees living with HIV/AIDS provides in 6.2 and 6.3 that 'this policy must be reviewed annually in terms of operational needs and the development of codes of good practice on key aspects of HIV and AIDS and employment' and '...to ensure their continued relevance and effectiveness' (ibid). The policy further requires in 6.4 'a comprehensive communication and marketing strategy to be introduced to support these policy provisions and related programmes.'

Conclusion

The SAPS policy related to HIV/AIDS is important in that it provides a framework from which the strategies, programmes and structures related to HIV/AIDS were developed. **Section 4** will examine the extent to which this policy has been translated into practice.

An Evaluation of the Implementation of the SAPS HIV/AIDS Strategy

In 2000 the SAPS launched its 'Five-Year Strategic Plan to Combat HIV/AIDS: 2000-2005'. At the core of the strategy was the need to mitigate the impact of AIDS and reduce HIV infection, particularly amongst identified high-risk occupational groups. The strategy was in response to a situational analysis that had revealed concerning figures about the rate of HIV infection in the SAPS (SAPS, 2002). The study revealed that 8% of police officials were HIV positive in 2000 and predicted that if no interventions were made, the infection rate may increase to 14% by 2015 (ibid).

The SAPS five-year strategic plan aimed to:

- Combat HIV and AIDS;
- Synchronize goals, objectives and strategic framework;
- Create a total awareness on the procedure and desired outcomes of the plan to combat HIV/AIDS within the SAPS;
- Standardise best practice procedures, coordinate processes, programmes and budget;
- Create a platform for sharing best practices (SAPS, 2002: 4-17).

These aims were further divided into six goals. This section provides an analysis of the extent to which these goals were achieved. The analysis was done by using survey and interview data obtained in the Johannesburg policing Area.

Goal 1: Social Mobilisation and Strategic Awareness Communication of HIV/AIDS and the HIV/AIDS Policy of the SAPS

One of the strategic objectives of this SAPS goal was to use all communication systems available to communicate HIV/AIDS messages and the SAPS' policy.

In order to measure the extent to which police officials had been made aware of this policy, we asked respondents: 'Are you aware of the existence of the SAPS HIV and AIDS policy?' Table 15 below provides an analysis of responses according to rank.

Table 14: Are you aware of the existence of HIV/AIDS policy in the SAPS? (n = 316)

Rank	Are you aware of the existence of the HIV/AIDS policy in the SAPS?		Total	Percentage of people who did not know about the policy
	Yes	No		
Constable	25	55	80	69%
Sergeant	11	23	34	52%
Inspector	62	78	140	56%
Captain	22	16	38	42%
Superintendent	16	0	16	0%
Senior Supt.	1	0	1	0%
Other	2	5	7	71%
Total	139	177	316	
Percent	44%	56%		44%

Table 15 above shows that the majority of police officials were not aware of the existence of the policy on HIV/AIDS in the SAPS. This is surprising as the SAPS had a number of communication systems that had been identified in the strategic objectives of Goal 1. However, the lack of knowledge was mostly found among junior or non-commissioned ranks, though 42% of captains also did not know of the existence of the HIV/AIDS policy in the SAPS.

Of the 12 station commissioners who were asked whether they had read the policy, only 50% indicated that they had done so. This is significant as the attitude of station commissioners towards HIV/AIDS is critical in the fight against the virus.

It was found that in some cases station commanders were hesitant to deal with HIV issues as they did not see this as their core mandate, choosing instead to focus on reducing and dealing with crime:

HIV/AIDS is not our business; we are evaluated on our ability to reduce crime. I do not get promoted because I have read the policy or sent a lot of people on HIV and AIDS [awareness raising activities] but on whether I have managed to reduce crime. There is too much pressure on the police particularly from communities. We can't afford to send our members to non-policing workshops because we are short of manpower.

(Male, Station Commissioner)

Another respondent concurred:

I do not get evaluated on how well I understand the HIV/AIDS policy but on how well I reduce crime at this station by 7 to 10 percent. We have been instructed to reduce crime, and remember that stations are rated. There is competition to become the best police station...; that is how one gets recognised as a top cop in the police. The work of station commissioner should be concerned with crime otherwise we are forced to deal with issues which have nothing to do with our work. It is the responsibility of social workers to manage HIV and AIDS programmes.

(Male, Station Commissioner)

Commissioned officers also complained about the amount of documents they were required to read forcing them to be selective:

I know what the policy says although I have never read it. There are just too many things to read and reports to write. One has to be selective in what he/ she reads because of pressure. I have never dealt with an issue which requires me to read the HIV/AIDS policy. Maybe when I am confronted with such a situation I will read the policy.

(Male, Station Commissioner)

These responses indicate that station commanders often failed to draw a link between their duty to reduce crime, and their responsibility to maintain a healthy workforce that is able to carry out its obligations effectively.

The interviews, however, also revealed that it was those commanders who had been confronted with the issue of HIV/AIDS who were more likely to have read the HIV policy. These commanders had presided over disciplinary proceedings involving aspects of HIV or had to deal with a member who was HIV positive, either concerning transfers or sick leave.

Some station commanders recognised the importance of knowing the policy on HIV/AIDS as stated below:

As a manager it is for your own advantage to read the policy because you can take informed decisions. Because of confidentiality that our members are guaranteed with regards to disclosure you need to know how to deal with such occurrences. You are much better as a manager if you are aware of the policy than if you are not.

(Female, Station Commissioner)

Respondents who were aware of the SAPS policy on HIV/AIDS were further probed, 'How did you find out about the SAPS HIV and AIDS policy?' The results from this question are analysed in **Table 16** below,

Table 15: How did you find out about the SAPS HIV and AIDS policy? (n=138)

Rank	Awareness raising activities	Servamus	Station Lectures	Station Commander	Colleagues	Other	Total
Constable	11	7	3		4		25
Sergeant	2	4	3		1	1	11
Inspector	19	19	12	3	4	5	62
Captain	2	9	4	1	4	5	62
Superintendent	8	2	3	2	1	0	
Senior Supt.	1						
Total	44	42	25	6	14	7	138
Percent	32%	31%	18%	4%	9%	5%	100%

Table 16 shows that when it came to communicating HIV/AIDS policy, there were five preferred methods amongst respondents. Two methods appeared to be most efficacious – awareness raising activities and the police magazine, Servamus.

The SAPS uses a variety of communication systems to communicate with police officials throughout the country. In some instances it issues instructions to police officials on the ground to follow. In other cases it issues Standing Orders, especially when a decision has been made on a particular issue. These methods are often very effective as they are usually issued by senior police commissioners. With the variety of communication systems available, it is surprising that only a few methods have been used to reach every member of personnel regarding the HIV/AIDS policy.

Failure by the SAPS to reach out to all its members with regards to the policy is a serious problem that the SAPS needs to deal with in its next five year (2006-2011) strategic plan. The SAPS needs to identify which communication strategies are most effective and then to enhance and streamline them.

Goal 2: To Mobilise and Organise Response Networks

Establishing key response networks is critical in the mobilisation of support for police officials affected by HIV/AIDS. The two main strategic objectives of this goal are:

1. To work together with key role players, for example, with the helping professionals, the Department of Health, Police Medical Aid Scheme (Polmed) and HIV/AIDS activists.
2. Mobilising awareness raising activities and awareness responses by stimulating peer education programmes, train-the-trainer and self-testing awareness programmes.

The SAPS HIV/AIDS directorate has formed networks at different levels. Thus networks exist at national level, provincial and area level. At area level there is networking particularly with the Department of Health, which supplies the police with condoms, protective equipment and HIV/AIDS information.

There are also 'regular' meetings and workshops organised by the Department of Health for social workers that deal with the broader HIV/AIDS government strategy. One meeting, which the researcher attended, was organised to provide information around assisting victims of rape and the medication that should be administered to them.

There is also a lot of networking between the Police Medical Aid Scheme (Polmed) and the HIV/AIDS directorate. Whereas the HIV/AIDS directorate deals with the social and environmental aspects of the virus, Polmed is responsible for the medical aspects. Thus the directorate provides counselling to police officials who are HIV positive and assists them to register onto Polmed's HIV/AIDS programme in order to receive antiretroviral drugs.

However, it did not seem at the time of this research that there was any networking between the SAPS HIV/AIDS directorate and any other medical schemes. Social workers were therefore struggling to monitor employees who were

receiving treatment and who were registered with other medical aid schemes. Other important networks that have been developed around awareness campaigns, particularly in the Johannesburg Area, have involved using well known HIV/AIDS activists to give their testimonies and deliver talks. Some activists have been recruited to assist with developing support groups and networks for police personnel who are living with the virus. Others get invited to provide motivation and inspiration to volunteers, peer educators and people who are involved in HIV/AIDS work.

However, although the programme in Johannesburg has done well with regards to networking with AIDS activists, no activists had, at the time of this research, emerged within the SAPS. This is very important as uniformed HIV positive police officials coming out and revealing their HIV status could assist in creating a culture of acceptance and understanding of the disease. Further, it would assist in raising awareness of the disease in the police and of the struggles that police officials living with the virus face.

While peer educators in Johannesburg Area were initially trained in HIV/AIDS awareness and were expected to deliver awareness raising activities to their peers, this had not happened. Instead they were expected to pass on their knowledge through more informal peer interactions (Goal 3 below).

It also appeared that there was too little networking taking place around the issue of HIV/AIDS with the police unions at area levels. The networking seemed to be well developed at national level where police unions participate in a variety of bargaining chambers and in the national HIV/AIDS forum. The dispute with the unions around compulsory surveillance testing was problematic for the participation of the police unions in the development of the previous five-year (2000-2005) HIV/AIDS strategy and policy.

Goal 3: Prevent New Infections

The primary aim of the SAPS strategy was to prevent new infections. This included providing education and skill-based awareness raising activities to all employees in the SAPS. The strategic objectives of preventing new infections in the SAPS included:

Awareness Raising Activities of Employees at Special Risk Through Educational Videos

The SAPS developed an awareness raising activities manual and an awareness manual/ education tool kit on HIV/AIDS that formed the basis of peer educator awareness raising activities, as well as for station-based police officials. The manual set out the basics about HIV/AIDS, prevention and care issues and addressed the unique environmental and cultural issues of the police.

The SAPS also developed other HIV/AIDS awareness raising activities programmes for police officials working in high-risk environments such as in mortuaries, forensic laboratories, etc. These specialised awareness raising activities are provided by the Safety, Health and Environmental (SHE) management programme. However, there is no specific awareness raising activities targeted at the personnel that are living with HIV/AIDS. It is possible that such awareness raising activities are not provided because they may compromise the confidentiality of attendees. However, further research is required to determine what programmes there are, who qualifies to attend, and how effective these programmes are in mitigating the impact of the virus in the police.

This research did not explore whether any educational videos had been utilised or made.

Utilize the Unions to Participate in Awareness Campaigns

At the time of this research police unions had participated in awareness campaigns. Their involvement was often in the form of speeches. However, this study is of the view that since police unions have a support base among police officials, they could play a far more meaningful role in the fight against HIV/AIDS. Police unions are in the process of developing their own programmes to address the problem of HIV/AIDS amongst members. Since these programmes are still in their infancy stage, it is important to understand how they complement or contradict the SAPS programmes.

Set Up Programmes to Enhance HIV/AIDS Equity Awareness Raising Activities

Part of the strategic objective was to ensure that everyone in the SAPS was afforded an equal opportunity to attend awareness raising activities on HIV/AIDS. It was not clear why some police officials attended more than one HIV/AIDS-related awareness raising activity and why others had never attended. Ensuring that every person has an equal opportunity to attend is important to ensure equal rights and treatment of police officials.

Increase Awareness Around ARV Treatment

Police officials who are infected with HIV need to be aware of the treatment that is available to them. Antiretroviral medication is used to treat people infected with HIV when the infection has progressed to a certain point. For most AIDS-sick people such medication changes AIDS from a lethal disease to a chronic condition with which the person can function normally if the treatment regiment is followed carefully. Police officials who become infected with HIV while performing their duties are entitled to receive free AIDS treatment and compensation. However, this study was not made aware of any case that was reported in the Johannesburg Area requiring affected police officials to receive ARV treatment or compensation. Since most of the policy issues related to HIV/AIDS were communicated during awareness raising activities it is unlikely that the police officials who had not attended the awareness raising activities were aware of their right to free treatment and compensation in the event of work-related infections.

Provide AIDS Information and Life-Skills Awareness Raising Activities

Central to preventing new infections amongst police officials involves a commitment to raise awareness through HIV/AIDS awareness raising activities. The idea is that knowledge of prevention is likely to lead to more informed decisions.

In order to understand the extent to which awareness raising activities had been provided among police personnel we asked respondents whether they had ever attended awareness raising activities on HIV/AIDS in the SAPS. The table below records their responses.

Table 16: SAPS HIV/AIDS workshops attended (n = 331)

	Female	% Female	Male	% Male	% of total
Yes	30	41%	78	30%	33%
No	44	59%	179	70%	67%
Percent	22%		78%		100%
Total	74		257		331

Only one third (33%) of respondents indicated that they had attended HIV/AIDS awareness raising activities in the SAPS. About 41% of the female respondents had attended awareness raising activities, while only 30% of the males in the survey had attended. The low attendance was surprising; especially considering that part of the strategy was to provide awareness raising activities to all personnel in the SAPS.

Analysis of the interviews provides some of the reasons why only a third of police officials had attended HIV awareness raising activities in the past five years:

As a station commissioner I have to balance a lot of competing interests and decide which one is more important than others. Our primary role as police officials is to deal with crime and provide services to our communities. That is what we are tasked to do. It is difficult to send members to a number of workshops that have nothing to do with police work. I get very frustrated when I get requests to send members to workshops because we are handicapped by serious shortages of manpower and to send members to non-policing workshops is completely unreasonable.

(Male, Station Commissioner)

Another respondent concurred and stated:

Commanders don't send their uniformed members to these courses. They prefer to send civilian members, though some commanders send their uniformed guys, but their numbers are often small. The other problem is that they send the same people to these workshops because they do not see HIV/AIDS education as important.

(Peer Educator)

Whilst it is understandable that commanders are under pressure to decrease crime levels, their failure to send their members to attend HIV/AIDS awareness raising activities has far reaching and long-term consequences in the fight against the disease. It also does indicate that police management had not really bought into the SAPS' HIV/AIDS policy and strategy.

However, some commanders did recognize the importance and long-term benefits of sending their members to HIV awareness raising activities:

It is my duty as a manager to ensure that I allow my members to attend HIV/AIDS awareness raising activities. Our duty as managers goes beyond just dealing with crime because we have human beings to manage. It is stupid to prevent members from attending workshops and risk them becoming infected with the HIV virus because they will soon become a problem as a result of sickness. I have encouraged my members to attend these workshops. Hopefully they will look after themselves and avoid becoming infected with this disease.

(Female, Station Commissioner)

Another commander commented:

I have afforded my members an opportunity to attend HIV/AIDS workshops every time I have been asked to do so. I have a moral responsibility to ensure that my members are well informed about the dangers associated with HIV/AIDS and that they are able to take precautions and guard against becoming infected with the HIV virus.

(Male, Station Commissioner)

It seems contradictory for some commanders to argue that attending HIV/AIDS workshops was a waste of time, while conceding that HIV/AIDS was a problem in the police. However, the following quotation perhaps illustrates the thinking behind this:

With so much information available on HIV/AIDS every member knows what he/ she needs to do. We should not replicate what is already in the public domain because we need our members in the field preventing and investigating crime instead of attending workshops on HIV/AIDS.

(Male, Station Commissioner)

The above respondent does raise the issue of the quality and effectiveness of the awareness raising activities. Other respondents also considered the HIV/AIDS awareness raising activities provided by the SAPS as less than effective. These respondents indicated that attending HIV/AIDS awareness raising activities was a 'waste of time as nothing new was being taught year in, year out', and the fact that HIV/AIDS 'has become common and public knowledge'. This might reflect a level of 'AIDS fatigue' in which people have begun to accept the virus as part of life. It could also reflect a culture of denial and a refusal to take responsibility for providing leadership in the fight against HIV/AIDS. However, these comments also reflect a challenge to develop awareness raising interventions which are relevant and interesting, and which provide new information to the target audience.

On the other hand, some respondents agreed that HIV/AIDS education had been important in changing their attitudes to sex, their sexual habits; and empowered them to make choices. The quotation below illustrates this perspective:

I found the HIV/AIDS awareness raising activities very empowering; I don't know whether it was because of the woman who was conducting the awareness raising activities. She was so knowledgeable and made every one so comfortable to talk freely about sex. I definitely came out of the awareness raising activities a better person.

(Male, Inspector)

Another respondent stated that:

Often we think we know everything about HIV/AIDS because we hear about the disease on the radio and read about it in the newspaper. It is when you attend awareness raising activities that you realise how much you do not understand about the disease. In this awareness raising activity you don't learn about condoms you go into the policy and strategy and how the disease is affecting families and the organisation.

(Female, Peer Educator)

Knowledge and Awareness Around HIV/AIDS

In order to delve deeper into the effectiveness of the HIV/AIDS awareness raising activities and to ascertain where more might be needed, it became important to look at the levels of knowledge and awareness around HIV/AIDS. To do this we asked the following three questions:

- What causes AIDS?
- How is HIV transmitted?
- What prevention method are you likely to use?

Question 1: 'What causes AIDS?'

The knowledge of what causes AIDS is critical in the fight against HIV infection as it can help reduce stigmatisation, discrimination and risks associated with this disease. Understanding the diverse views of what causes AIDS can also help in developing HIV/AIDS programmes and messages.

The first question to ascertain the knowledge of police officials was: 'What causes AIDS?'

Table 17: What causes AIDS? (n=348)

Age of Respondents	Don't Know	Bacteria	Worms	Virus	Germs	Mosquito	Total %
20 or less					1		
21-25 yrs.	1		10				11
26-30 yrs.	5	1		43			49
31-35 yrs.	13	2		89	1	2	107
36-40 yrs.	9	1		73			83
41-45 yrs.	4	2	1	44	3		54
46-49 yrs.	2			20			22
50 or plus		8		12		1	21
Total	41	7	1	291	5	3	348
Percent	12%	2%	0.30%	84%	1%	0.90%	100%

Table 18 shows that 348 (96%) respondents answered this question and that the majority of respondents (84%) knew that a virus causes AIDS. Significantly, 4% of respondents answered incorrectly and 12% claimed not to know what causes AIDS.

An interesting finding was that 43% of respondents above the age of 50 years did not know what causes AIDS. Although the data does not show conclusively that age is a factor in the knowledge of what causes AIDS, it is important to recognise that many older people across different race groups find it difficult to publicly talk about sex or sexual practices. The ignorance might also be linked to the fact that HIV/AIDS messages in South Africa are communicated using sex (Abstain, Be faithful and Condomise) and that older people may often ignore such messages.

The qualitative data also showed that the majority of respondents knew what causes AIDS:

Who today doesn't know what causes AIDS? Even primary school children know what causes AIDS.

(Male, Station Commissioner)

Another respondent said:

With so much information publicly available in the media, newspaper supplements, and through government programmes such as Khomanani¹² who really doesn't know what causes HIV/AIDS? I will be very surprised if anyone in the police can claim ignorance of what causes HIV/AIDS. My 7-year-old son knows this kind of stuff because it is being taught in primary schools.

(Female, Station Commissioner)

However, given the complexity of South African society, AIDS has become highly politicised. Thus some government and community leaders and medical scientists have cast doubt on what causes AIDS – resulting in lobby groups on different poles spreading contradictory messages around the causes of HIV.

This complexity was also reflected in the interviews and focus group sessions where three points of views emerged – the religious, the philosophical and an African traditional view. Although few respondents expressed these views, they are worth discussing, particularly as they highlight some of the challenges South Africa faces in reducing the spread of the disease. Respondents who used religion to understand what causes AIDS held the view that this disease is an act of God. They believed that AIDS is as a result of divine intervention particularly to address immorality and other social problems such as prostitution, rape and infidelity, etc. This perspective is particularly condemnatory of certain sexual conduct as illustrated by the quote below from a focus group with non-commissioned police officials.

When God wants us to get his attention he does something big which no-one can miss. People have lost touch with God and he is trying to warn us that we must come back to him... Just as he destroyed Sodom and Gomorrah because of immorality, he is going to destroy all of us because we have lost sight of him (God). People are living worse than dogs because a dog cannot have sex with a puppy or with another dog of the same sex.

(Female, Inspector)

Another respondent concurred, and said:

The solution to AIDS does not lie in drugs, strategies or other remedies, but in the need for people to repent from their sins in order to be saved from this disease.

(Female Inspector)

Another view believes that economic motives are behind the publicity surrounding the disease. The quotation below illustrates this:

Drug manufacturers are perpetuating this problem in order to create panic so that people can buy AIDS drugs. There are debates in the medical world about what really causes AIDS. Other scientists have disputed the link between HIV/AIDS.

(Male, Inspector)

The African cultural argument views AIDS messages which challenge African cultural beliefs, for example, polygamy, as Eurocentric and a threat to their culture. Two views emerged from this perspective: one view was that AIDS was being used to undermine culture; while the other view was that African medicinal practices were able to 'cure' AIDS. This perspective holds the view that polygamy is an ancient traditional practice, which is under threat from Eurocentric value systems and beliefs. While this view does not necessarily dispute the existence of AIDS, it believes that polygamy poses no threat. The following quotation illustrates this perspective:

¹² Khomanani is a government information programme driven by the Department of Health. It produces a cross-section of HIV/AIDS information through a variety of media channels.

I do not believe anything about this disease. My father has three wives and he does not have AIDS. My forefathers had many wives and none of them died of AIDS. I have three wives and I am in the process of marrying a fourth one and I am not HIV positive. As you can see I have the bones of a teenager... There are people who want to destroy our culture by making people scared that if they have many wives they will die of HIV/AIDS.

(Male, inspector)

Another common theme that emerged is the belief that traditional medicine can cure AIDS. Some respondents believed that AIDS can be cured by using 'imbiza' (traditional medicine) to 'ukucatha' (induce diarrhoea), 'ukuphalaza' (induce vomiting) and, 'ukucaba' (make small cuts on the foreheads for protection against witchcraft and serious diseases). Although traditional medicine is widely used by African people, increasingly people from other race groups have been experimenting with African medicine to recover from the disease. The scientific community is currently investigating claims that for example, 'ubejane' (a type of traditional medicine), provides a cure for this disease.

Question 2: How is HIV transmitted?

Part of the SAPS HIV/AIDS awareness raising activities involved raising awareness about different methods of transmitting the HIV virus. In order to explore this theme, we asked: 'How is HIV transmitted?' Since there is no one way of transmitting the disease it was important to allow respondents to choose all the answers they considered correct. Respondents were therefore allowed to provide more than one answer.

Table 18: Knowledge of the transmission of HIV (A multiple response question - n=332)

Method of transmission	Respondents	% of Respondents
Sexual intercourse without a condom	307	93%
Sharing drug needles	206	62%
Through blood transfusion	205	62%
Exchange of semen/ vaginal fluid	147	44%
Through tattoos and body piercing	110	33%
Mother to child transmission	55	17%
Contact with HIV contaminated needles	22	7%
Physical contact with a HIV positive person	4	1%
Kissing an HIV positive person	3	1%

Table 19 shows that the majority of respondents (93%) recognised that the main method of transmission in South Africa has been through sexual intercourse. However, of concern is the fact that few respondents recognised the transmission modes that are directly related to police work. For example, only 7% of respondents recognised that contact with an HIV contaminated needle poses a risk. Yet this mode of transmission can take place when searching drug users or premises used by drug users. Also, only 33% recognised that HIV can be transmitted through tattoos or body piercing. This is significant since being stabbed and attacked with sharp objects is an occupational hazard, and can result in HIV transmission.

The conclusion that can be drawn from the above data is that, although the majority of respondents had good knowledge of how the virus is transmitted, their knowledge seemed limited to sexual intercourse. Since police officials considered their job to be high risk, it is important that they understand the variety of transmission modes that are also relevant to their work.

The analysis of qualitative data showed a similar pattern. Most respondents considered sexual intercourse as the main mode of transmission of HIV, suggesting that most of the risk takes place when police officials are off duty. The quotation below illustrates this perspective:

Members get infected through engaging in sexual relations with prostitutes and without using a condom. It is unprotected sex that is exposing our members to HIV. But then what can you do because these are adults, and

can choose who they have sex with, where they have sex, how they have it. It is sad when you see your members unnecessarily exposing themselves to high-risk incidents like having sex with prostitutes because it is unlikely that they do they use condoms, because often they will be under the influence of alcohol when they do that.

(Female, Station Commissioner)

Question 3: What prevention methods are you likely to use?

A good understanding of how the transmission of HIV can be prevented is important. The golden rule in the prevention literature stipulates that all blood must be treated as if it was HIV positive. Other prevention methods that are promoted encourage people to: Abstain, Be faithful to one sexual partner and wear Condoms (The ABC of prevention). However, the ABC message has not been unequivocally successful in reducing levels of HIV infections related to sex, and AIDS activists are looking at other effective strategies to reduce infection rates. These include vaginal microbicide gel or pre-exposure prophylaxis (PREP)¹³, and more recently through male circumcision (WHO, 2007). Significantly, the new prevention methods are targeted at empowering women as opposed to the ABC method which was targeted more at men taking responsibility for prevention.

For this survey we asked police officials: *'What prevention method are you likely to use during sex to prevent becoming infected with HIV?'*

Table 19: Methods of prevention (n=344)

Method	Male	Female	Total	% of total
Total	266	78	344	100%
Abstinence	46	7	53	15%
Be faithful	25	4	29	8%
Use condom	168	51	219	64%
Use birth control pills	3	1	4	1%
Traditional muti	3	7	10	2%
Don't know	21	8	29	8%

The table above shows that the majority of respondents (87%) had bought into the ABC message of prevention. This is not surprising as the ABC of prevention is the most common media strategy. Significantly, only 8% chose 'be faithful', 15% chose 'abstain' and 64% chose 'use condom'.

Also significant was that 10 (2%) respondents, all above the age of 40, chose traditional muti as their preferred method of prevention. Although the sample is too small to make firm conclusions, it is significant that there are people who rely on traditional medicine to prevent becoming infected with HIV.

The issue of the use of traditional medicine to prevent HIV also came through during focus group discussions. Respondents who used this method believed that certain traditional medicine made it difficult for diseases to stay in the body. They believed that traditional medicine could be used to destroy or get rid of any virus from the body. The following quotation illustrates this perspective:

When you are involved with many relationships you need to use the right muti to clean your system in order to get rid of any disease. I use it and it works. It is difficult to be involved in a long distance relationship and now and then you get tempted to have sex with other person; that is why I use this muti to protect myself and my regular partner.

(Female, inspector)

While the majority of police officials demonstrated knowledge of how to prevent contracting HIV, we further probed them why they would practice safe sex.

¹³ See 'Tshabalala- Msimang (2007) Health Minister launches an investigation into microbicide clinical trials' in <http://www.doh.gov.za/docs/pr/pr0206-f.html>

Table 20: Reasons for practicing safe sex (n =322)

	Reduce STDs	Reduce HIV/ AIDS	Reduce Pregnancy	Pressure from partner	Don't Know
Number (Total 322)	121	163	9	7	26
Percent	38%	51%	3%	3%	9%

The table shows that the majority (89%) indicated that they practiced safe sex to reduce sexual transmitted diseases (including HIV/AIDS), while 3% was related to avoiding pregnancy and was a result of pressure from a partner.

The discussions followed a similar vein, demonstrating that the majority of respondents practiced safe sex to reduce exposure to sexually transmitted diseases and specifically HIV infection. The following quotation illustrates this view:

In this day and age you will be foolish to engage in unprotected sex because you will contract the deadly HIV/AIDS virus. I think it is better to deprive yourself of sexual pleasures than contract HIV/AIDS, because there is no cure yet available... In fact, having unprotected sex these days it is the same as committing suicide.

(Male, Captain)

The Safety, Health and Environmental (SHE) Programme

In order to reach employees in the SAPS who are at risk of HIV infection, the Safety, Health and Environmental (SHE) programme was set up. It is situated at national police headquarters and is responsible for identifying occupational hazards that have a bearing on the health and safety of police officials. This includes identifying police officials who are most at risk and providing them with relevant safety awareness raising activities to avoid them becoming infected with HIV.

The SHE management programme has classified police work according to different levels of risk. For example, police officials working in the mortuaries, detectives, crime prevention, and forensic laboratories have been classified as high risk and guidelines have been provided to ensure that police officials understand how to prevent become infected.

Further, police officials who work in high-risk categories undergo awareness raising activities on the correct use of protective gear and equipment. They are also trained on the standard operational procedures in terms of occupational safety and health and are provided with protective clothing and equipment. Police officials who become exposed to high-risk incidents while performing their duties are provided with post exposure prophylactic drugs within 48 hours of the exposure. This service is provided around the clock to reduce the possibilities of police officials becoming infected with HIV. The SHE management programme is also responsible for processing all claims for compensation involving HIV infections that take place while police are doing their work. However, it is not known how many police officials have reported exposure to HIV infection to this programme or how much money has been paid out in compensation in the past five years. These statistics are critical to understanding the nature of the risk and the extent of the problem of HIV infection while performing police work.

Peer Education

The SAPS' main vehicle for preventing HIV/AIDS has been through its education awareness programme called Peer Educator Programme. The aim of the programme is to build capacity within the SAPS in terms of awareness raising activities for the trainers, who will in turn implement HIV/AIDS programmes at police stations. Some of the functions of the peer educators are to:

- Manage and disseminate accurate and relevant information on HIV/AIDS and other sexually transmitted diseases;
- Participate in activities and prevention campaigns on HIV/AIDS infection and sexually transmitted diseases;
- Be unconditionally available for assistance to those already infected by the virus and also those that need support;
- Manage the condom distribution and condom dispensers;
- Coordinate all SAPS HIV/AIDS programmes (SAPS, 2002, pp. 4-26).

Between 2003 and May 2005, more than 100 police personnel in the Johannesburg Area had received exposure to peer educator awareness raising activities. However, at the time of this study only 38 peer educators were active, which averages less than 2 peer educators per station in the 21 police stations in the area.

A number of problems were identified which need to be addressed to ensure that the peer educator program is strengthened. For instance, some peer educators feel that their work is not being recognised as important and at some police stations there is a total lack of support of peer educators by station commanders. The quote below sums up this perception:

He [the station commander] is very difficult to deal with and thinks we are wasting police resources. We struggle to get to meetings because he tells us that there are no vehicles available for transport. He does not request feedback or show any interest in HIV and AIDS issues. I wonder what he said to you because he knows nothing about HIV and AIDS at this station.

(Peer Educator)

However, some peer educators indicated that in their experience station commissioners were very supportive of the programme as illustrated in the quote below:

Everything that we do or require we consult the station commander directly. When we go for meetings or awareness raising activities we give him feedback and he will ask us what we need... We have never had a problem with transport or being refused to attend workshops as long as he is informed in advance.

(Peer Educator)

However, it seems that on the whole few peer educators find it difficult to attend meetings, workshops and other HIV and AIDS related activities because of a lack of transport. For example, in 2004, out of 10 meetings that were held, 199 peer educators attended out of a possible 300 trained peer educators. This averages 19 peer educators per meeting from 21 police stations.

Another problem that was highlighted was that there was very little participation by uniformed police officials. In fact, approximately 90% of peer educators in Johannesburg were, at the time of the research, civilian personnel. When uniformed police officials do not participate, it makes it difficult to create a new culture of openness around the disease. Further, it denies people who are more at risk opportunities to learn about the disease and to become part of the solution towards addressing this disease. It is unlikely that civilian members alone can turn the tide around dealing with HIV/AIDS if police officials do not participate.

Other challenges facing peer educators included transfers of police officials to other police stations. This impact on continuity in the programme as new peer educators need to be trained, a situation which disrupts the peer educator programme. The peer educator programme is a voluntary programme, which means that those who join are not compelled to continue if they choose not to.

Clearly peer educators are a critical component in the implementation of the SAPS HIV/AIDS strategy as they are at the coalface of the issues. Further research is important in order to understand how the work of peer educators can be made more effective in implementing the HIV/AIDS strategy and preventing new infections.

Use Special Occasions to Create Awareness Around HIV/AIDS

The SAPS has observed a number of special occasions such as World AIDS Day, Police day, Remembrance Day and the Candle Light Service, to remember police officials who have died whilst still in the employ of the SAPS.

During this research, the researcher was privileged to have been invited to three of these occasions. Observations made on World AIDS day in December 2005 included the fact that on this occasion very few HIV/AIDS messages specific to the police were made. Speeches by various police commissioners were general and not particularly targeted at addressing the problem of HIV/AIDS in the police.

The other invitation was to the Johannesburg Remembrance day, on which the lives of police officials who had died whilst still employed in the SAPS were remembered. On this occasion there was no mention of HIV/AIDS in any of the speeches made during that service. Use of such occasions to raise awareness on the risks faced by police officials is critical. This is particularly so since these events attract a lot of uniformed personnel. Occasions such as these could also provide commanders with an important opportunity to reach out and raise awareness.

Distribution of Condoms at Police Stations

The distribution of condoms at all police stations was one of the key SAPS strategies to prevent new infections. Given that police officials are a sexually active group it is critical that condoms be made easily accessible to them.

To ensure that condoms are available at police stations required condom dispensers to be installed at all police stations. The HIV/AIDS annual report for Johannesburg area shows that in 2004, 77 condom dispensers had been distributed to the 21 police stations in Johannesburg. This translates to about three condom dispensers per police station (SAPS, 2004). Statistics provided by the Employment Assistant Services (EAS) show that a total of 28 800 condoms were distributed in the 21 police stations in 2004. This translates to 1 370 condoms per police station and four condoms per person.

Respondents were asked about the availability of condoms at police stations. The results from this question are provided in **Table 22** below. The question posed was, '*How often do you have a supply of male and female condoms at your police station?*'

Table 21: Availability of condoms at police stations (n=327)

	All the time	More than Half the time	Less than half the time	Never	Don't know	Total
Male	17	7	13	208	4	249
Female	4	2	3	69	0	78
Total	21	9	16	277	4	327
Percent	6%	3%	5%	85%	1%	100%

Table 22 reflects that the majority of respondents, male and female, indicated that condoms were never available at police stations. Peer educators interviewed indicated that there was generally a poor supply chain of condoms from the Area office to police stations. As a result condom dispensers were often empty. Some peer educators had been creative in solving the problem of poor supply of condoms. They went to the health centres and organised for condoms to be supplied to police stations.

However, ultimately, the responsibility to use condoms lies with police officials themselves:

Police stations are not the only places where condoms should be available. Condoms are available at clinics and health centres in Johannesburg. These days, condoms are also distributed at traffic lights, so there can never be an excuse that there are no condoms. Members are not restricted to use condoms provided at police stations only; they can also buy them in shops.

(Female, Captain)

Condoms are essential in the fight against new infections hence consistent supplies are critical. The supply of condoms by SAPS requires proper coordination between the Area HIV/AIDS office with police stations. It may also be necessary for peer educators in all police stations to play a bigger role in accessing the supply of condoms from the Department of Health as opposed to relying on the Area HIV coordinator. The HIV coordinator can then concentrate on implementing and managing other aspects of the police HIV/AIDS strategy. Station commissioners can also play an important managerial role in ensuring that condoms are available at police stations all the time. There is no point in investing in condom dispensers that are mostly empty.

Testing for HIV and increasing accessibility to voluntary counselling and testing (VCT)

Testing for HIV is the only way in which someone can accurately know his/ her HIV status. To understand the extent to which police officials know their HIV status we asked them whether or not they had been tested for HIV in the past five years. The results are discussed below.

Table 22: Have you tested for HIV in the past five years? (n=322)

Rank	Yes	No	Total	% of those who said 'Yes' in terms of rank
Constable	53	32	85	62%
Sergeant	22	14	36	61%
Inspector	110	35	145	76%
Captain	32	7	39	82%
Superintendent	14	2	16	86%
Senior Supt.	1		1	
Total	232	90	322	
Percent	72%	28%		

The results above show that 72% of police officials in the sample indicated that they had tested for HIV/AIDS in the past five years. The knowledge of one's status is critical in the fight against HIV/AIDS. When people know their status they can take precautionary measures to avoid spreading the infection or contracting the virus. However, it is unlikely that this percentage is representative of the testing rate amongst police officials in Johannesburg since this was a random sample.

When analysing the results in terms of rank, a trend emerged which suggests that the number of police officials who undergo HIV/AIDS testing increases with rank. For example, during the past five years 62% of constables tested for HIV compared to 86% of superintendents. Possible reasons might include the fact that higher-ranking members were more likely to know their status as they had taken out life policies requiring them to test for HIV/AIDS. However, several station commanders displayed responsible leadership, undergoing a test themselves, and thereby demonstrating the need for voluntary testing.

Worrying reasons from senior police officials for not testing for HIV included comments like: 'what you don't know cannot hurt you'; 'why do you want to wake up a monster in its sleep'; 'please don't look for information that you can't handle'; 'it's like looking for a snake when you know that you are scared of snakes'; 'testing and knowing your HIV status will kill you young' or 'if people know their status it takes them little time before they die, but if they don't know they can live longer'.

These attitudes reflect serious ignorance and denial around the issue of HIV/AIDS even among high-ranking officials. Some of these attitudes also came through from focus groups with ordinary members.

I will not test for HIV because it will not help me to know my status...I am so scared that if I tested positive I may commit suicide, I don't want to die. It is difficult to live positively when you know that you are HIV positive. If I knew my status will it mean the end to a good life? I am still young I still want to enjoy my life. Maybe I will test when I am old and I have no life...

(Male, Inspector)

When the results were analysed according to the age of respondents it emerged that age is linked to levels of HIV testing.

Table 23: Have you ever tested for HIV/AIDS in the last five years? (n=322)

Age	Yes	No	Total	% who have tested
21-25	8	5	13	62%
26-30	31	11	42	73%
31-35	75	29	104	72%
36-40	61	22	83	73%
41-45	36	13	49	73%
46-49	13	3	16	81%
50 and above	11	7	17	65%
Total	232	90	322	
Percentage	72%	28%		100%

The table above shows that the percentage of police officials who had tested for HIV/AIDS is high in all age groups, but highest in the 46-49 year age group, and lowest in the youngest age group.

The SAPS conducts two types of tests: surveillance and voluntary testing.

Surveillance Testing:

This is an anonymous test that does not provide a link to a particular individual who was tested. Surveillance testing for HIV is an internationally acceptable method of generating data that enables a good understanding of the prevalence rate of HIV within a specific group or population.

In the course of this research we probed the perceptions of police officials about surveillance testing on new recruits for purposes of planning and good understanding of the HIV prevalence rate. We asked respondents, 'How important is it for new recruits into the SAPS to undergo compulsory surveillance testing, not to deny them employment but to manage and detect the virus early on?' The results are shown in **Table 25** below.

Table 24: Perceived importance of new recruits into the SAPS undergoing HIV testing, not to deny them employment, but to manage and detect the virus (n = 318)

Rank	Yes	No	Total	% of those who said 'No' in terms of rank
Constable	14	70	84	83%
Sergeant	5	29	34	85%
Inspector	20	124	144	86%
Captain	8	31	39	80%
Superintendent	4	12	16	75%
Senior Supt.	1	-	1	
Total	52	266	318	84%

The table shows that the majority of police officials (84%) did not agree with the testing of new recruits into the police. Participants indicated that it would be 'unfair', 'discriminatory', 'prejudicial', and 'unethical' to conduct compulsory HIV testing on new recruits, and not on all police members. Suspicion was expressed that when one is HIV positive it may be prejudicial to members infected, particularly with regards to promotion.

While there are no known cases where police officials were prejudiced from promotion due to HIV/AIDS, the majority of police officials believed that to be the case. This is illustrated in the quotation below:

I will not support such an initiative because you can't have a policy on new recruits and other members. If testing is to be compulsory then all police officials have to go through it.

(Male, Inspector)

Another respondent stated that:

You can't justify testing people for HIV because besides being unconstitutional there won't be a legal basis for that action. If we are to win the war against HIV we need to treat HIV positive people equally and with respect. Everyone gets sick at some point, but it becomes a major issue if someone HIV positive gets sick. We cannot support any action which seeks to discriminate against people based on their HIV positive status.

(Male, Superintendent)

Only a few respondents supported the idea of testing new recruits as illustrated in the quotation below:

I will support this initiative as long as it serves the interest of the organisation. For us to build a strong police service we need healthy bodies. Police work is very stressful and dangerous and it is unfair for HIV positive people to unknowingly join the police service because they will be putting themselves and others under risk. Those who join can be given help and support to ensure that they remain productive.

(Male, Station Commander)

HIV testing is a sensitive issue in the police and it is not surprising that at the time of this research there was a dispute in the negotiating chambers between the unions and police managers involving compulsory surveillance HIV testing of police officials. The unions' concern are that surveillance testing will prejudice their members as these results can be traced back using rank and where the test was conducted.

This raises the question as to whether police unions were consulted before this strategy was developed in 2000 and why this dispute is taking place now, five years after the strategy was launched. In principle, surveillance testing is critical in the fight against HIV/AIDS as it improves human resources planning and programmes. However, responses indicate that it is important to test all members rather than restrict it to new recruits. However, the environment needs to be conducive for surveillance testing to be done. Lack of trust in the system needs to be addressed and this will require, among other things, that the SAPS clarify how the system works and how the information is kept and used.

Voluntary Testing :

This requires that the employee consents to the test and stipulates certain standards of testing, including counselling before and after the test and ensuring that the results are kept confidential. The SAPS' Voluntary Counselling and Testing (VCT) also generate useful statistics which increase the understanding of the HIV prevalence rate amongst police officials.

The HIV/AIDS statistics appear to be treated confidentially in the police and this study suggests that even senior area managers had no knowledge of HIV/AIDS statistics. HIV/AIDS statistics generated in Johannesburg Area were reported directly to the provincial HIV coordinator who then reported to the national coordinator. This research could not establish exactly how many VCT programmes were conducted between 2000 and 2005 in the Johannesburg Area. There was no proper filing of past records and some were missing. Records for 2004 showed that four VCT programmes were conducted that were attended by 500 people. Only 121 people who attended tested for HIV (SAPS, 2004).

In order to understand how many people have attended the VCT programme we asked respondents, 'Have you ever attended the VCT programme in the SAPS?' **Table 26** below provides an analysis of the survey results.

Table 25: Attendance of the VCT programme in the SAPS (n=325)

Rank	Yes	No	Total	% of Those Who Said 'Yes' in Terms of Rank
Constable	14	70	84	17%
Sergeant	5	29	34	15%
Inspector	20	124	144	14%
Captain	8	31	39	21%
Superintendent	4	12	16	75%
Senior Supt.	1	-	1	
Other	2	5	7	29%
Total	54	271	325	
Percent	17%	83%		

Despite the fact that in our sample the majority of police had tested for HIV in the past five years, this survey shows that the majority (83%) of respondents had never attended a VCT programme in the SAPS. This indicates that police are more likely to be tested outside of the SAPS VCT system. The problem of attendance cuts across all ranks.

Clearly, there are a number of challenges facing the implementation of the VCT programme in the SAPS. To explore why people do not go for Voluntary Counselling respondents were asked, 'If you have never attended the Voluntary Counselling and Testing (VCT) what would be the main reason for not attending?' The results are provided in **Table 27** below.

Table 26: Reasons for not attending the VCT programme (n=297)

Rank	I don't want to know my HIV status	I don't think its important as I do not believe I have AIDS	My colleagues will think I have AIDS if I get tested	I do not trust the VCT to keep my status confidential	Other Reasons	Don't know	Total
Constable	9	7	4	8	18	31	77
Sergeant	3	6	1	4	7	13	33
Inspector	19	28	2	22	20	40	131
Captain	3	1	2	9	8	13	36
Supt.	4	2	1	2	3	2	14
Other		1	1	1		3	6
Total	39	45	10	46	56	101	297
Percent	13%	15%	3%	15%	19%	34%	100%

Table 27 illustrates some of the reasons why police officials would not attend VCT programmes in the police. These results could point to the lack of a culture of openness and support around the issue of HIV/AIDS in the SAPS. The following quote by an EAS official confirms this possibility:

Police officials do not trust that there is confidentiality in the system. That is why they are hesitant to attend the VCT programme. In the past we have been using outside service providers to run the VCT programme but it has not

been very successful because people do not attend. They believe that we work on behalf of management to gather information on who is HIV positive in the police. This is a problem and we will need to work hard to change that perception.

(Employee Assistance Services Official)

Other responses demonstrated that there was a fear of being stigmatised or discriminated against for attending the VCT programmes. The quotation below illustrates this perception:

I do not think I can attend the VCT programme in the police because what will people think? They will think that you have HIV and AIDS otherwise why attend the VCT programme?

(Male Inspector)

Another respondent indicated that it was difficult for police officials to access social workers for fear of discrimination – i.e. colleagues suspecting that they were HIV positive:

Our members are scared to visit our offices to receive counselling and would rather go somewhere else than come to our offices. There is fear of being associated with the virus and since I deal with HIV and AIDS in the police people who visit me are suspected of being HIV positive. Some members will even suggest to see me early in the morning or late in the afternoon to avoid being seen coming in or going out of this office.

(Employee Assistant Services Official)

However, there was some support for testing, especially among station commanders:

If you are a good manager you need to lead by example. I have tested for HIV during VCT programmes to demonstrate to members that they need not fear because it is the right thing.

(Female, Station Commissioner)

Another respondent concurred and stated that:

We have a problem here and I honestly believe that as commanders we have a big role to play in the fight against HIV/AIDS. Part of that is to provide leadership and lead your troops from the front. We need to be seen to be leading also on this issue of HIV/AIDS. I have tested and encouraged my members to test. Few have yielded the call but maybe things will change as more senior managers are seen at test centres testing for HIV.

(Male, Station Commissioner)

However, despite the fact that many managers had tested a few argued that it was inappropriate for station commanders to encourage their members to test without providing the necessary support to such members. The quotation below illustrates this perception:

I strongly believe that it is inappropriate for managers to encourage or discourage their members from testing for HIV particularly if they are not going to provide counselling. This is against policy because the policy requires pre and post counselling to be done. I would hate to find myself in a situation where a member has been encouraged to undergo a test and as a result of his or her test kills him/ herself. ...People need to make that decision for themselves so that they cannot blame others when they are failing to cope with their HIV status.

(Male, station commander)

However, some respondents recognised the importance of testing and knowing one's HIV status. Reasons for testing given by ordinary members included the following:

I also got tested for HIV when my wife got tested when she was pregnant. She is my wife and there is no way I could have a different status from hers, we are one flesh and blood. If she was diagnosed positive I will also be positive and if she was negative I will also be positive...I tested in that sense.

(Male, Captain)

Another respondent stated that:

I test for HIV at least every year. It is important for me to know my status because AIDS affects everyone. My work is dangerous and at times we encounter high-risk incidents.

(Male, Inspector)

So, whilst some testing was happening among members of the SAPS, it appears that, at the time of this research, most members were being tested outside of the SAPS VCT programme. It is evident that much more needs to be done to build trust around the importance and confidentiality of testing through the SAPS VCT programme as well as through external programmes.

Goal 4: Reduce the Impact of HIV/AIDS

The SAPS strategy recognises that HIV/AIDS leads to serious health problems that have socio-economic, employment, productivity and human rights implications. The policy recognises the need to ensure that police officials who are HIV positive are given the necessary care and support to ensure that they continue to be productive and ensure a better quality of life.

The key strategic objective of this goal is to:

Reduce stigma and discrimination against employees with AIDS through multiple strategies like equity training on the code of HIV and AIDS in the workplace, SAPS policy for HIV and AIDS, colleague sensitive programmes on ethical work issues, the continuum of care provided within the workplace (SAPS, 2002).

Stigmatisation and discrimination against people living with HIV within an organisation is problematic as it cultivates a culture of silence around the disease. This in turn, can lead to dangerous misconceptions and behaviour. The following two respondents show the dangerous and extreme effects of fear of disclosure in their personal lives:

I am in a good relationship and I am planning to have children of my own one day. I have not told my boyfriend yet because I do not think he is ready yet to know and deal with the fact that I am HIV positive. When the relationship becomes too serious I will tell him. Hopefully he will accept me as I am, but chances are he is also HIV positive because we have sex very often without a condom because if I insist on a condom he will become suspicious and demand to know the reasons. It is a lonely life because you know what you are doing is wrong but I know he can't trace the infection to me because he has other girlfriends and he was married before we met... (My boyfriend) will have to test to see whether he is HIV positive, I will not give him the satisfaction to know that I am carrying a deadly disease. Besides he may accuse me of infecting him with the virus.

(Female, Sergeant)

Another respondent stated:

When I was told my HIV results, I remember becoming numb with shock. A lot of thoughts clouded my mind, all bad and dangerous. I was angry and confused and I felt my whole body becoming paralyzed. I hated myself and everyone around me. I did not think I could be HIV positive. I hated every woman that I had slept with and thought of tracking them down and shooting them one by one because obviously one of them had infected me with a deadly virus... I have not disclosed my status to anyone including my fiancée. When I am at home I try behaving normal as if nothing is wrong with me. I have never used a condom and my girl friend has never insisted that I use one. I am afraid of coming home one day and to say, 'Today let's use a condom', because she will ask me what has changed. We have never used a condom before. She will think that maybe I slept with a prostitute and now I suspect that I may be HIV positive? I am not prepared to tell her now because I know that it will break her heart. Maybe when she gets pregnant she will discover that she is HIV positive. At that point it will be difficult for her to link her HIV status to me because she was not a virgin when I met her.

(Male, Inspector)

These two cases illustrate how fear of disclosure, and of the possible effect of disclosure, impacts on personal relationships and how individuals may consequently endanger their partners. It is possible that good counselling and a more supportive environment may have helped them to act differently.

In order to reduce the impact of HIV/AIDS adequate support and care to HIV positive police officials is required. However, during the interviews some police officials expressed feelings that highlighted the problem of stigma in the police:

Police work is difficult and dangerous. I think HIV positive people should not be allowed to join the police service, rather, be allowed to join the service as civilian members.

(Male, Captain)

The perception that police officials who have developed AIDS should be dismissed or punished, disciplined or forced to disclose the reasons for their illness, demonstrates the problem of stigma in the police service.

The survey results outlined in **Table 28** provide comment on how widespread the stigma is amongst members of the police service.

Table 27: How should SAPS respond to police officials who are unable to come to work because they have developed AIDS? (n=314)

Rank	Don't Know	Sympa-thise	Dismiss	Provide care and support	Force to disclose reasons	Re-deploy to other duties	Institute disciplinary action	Allow to work from home	Punish by with-drawing	Total
Constable	16	12	2	30		12	1	3		80
Sergeant	8	6	2	15	1	2		1		33
Inspector	20	32	6	64	1	14	2	2	1	140
Captain	3	7		20		5		2		37
Supt.	1	1		9		4		1		16
Snr. Supt.						1				1
Other		1		2		2		2		
Total	48	59	10	140	2	40	3	11	1	314
Percent	15%	19%	3%	45%		13%		4%		

Table 28 shows that 3% of police officials in the survey suggested that police officials who are unable to work because they have developed AIDS should either be dismissed, forced to disclose, be subjected to disciplinary action, or be punished by withdrawing salaries. Although the percentage of people who demonstrated serious discrimination is small, the statistics are significant since these views are also held by high-ranking police officials.

Stigmatisation of AIDS can also be deduced by the 13% of respondents who indicated that people who have developed AIDS should be redeployed to other duties and the 4% who said they must be allowed to work from home. These attitudes demonstrate fear and anxiety of working with people who have AIDS. Since neither HIV nor AIDS are contagious it is highly unlikely that people will be infected by the virus when they share the same space with people who are.

Another comment that highlighted the problem of stigma in the police includes:

From a budgeting and sustainability point of view, it is expensive to train police officials, maintain them and provide them with resources. It does not make sense as it is also uneconomical to invest in people who may die soon. We do not want trained corpses; we want trained cops.

(Male, Captain)

Importantly, the interviews also point to broader concerns around the organisational culture of the SAPS:

I am not suggesting that I support compulsory testing; I don't think it will work in the police. There is too much mistrust between members and management. People who are HIV positive will be discriminated against and that will be unfair.

(Male, Inspector)

The issue of stigma and discrimination is compounded by the fact that most senior police managers treated the HIV/AIDS programme as an 'outsider programme'. This attitude is reflected in this response by a station commander:

I can't send members every day to non-policing workshops because I am short of members. I have proposed that such courses be conducted during weekends or when members are on leave but members have refused. I will continue to send civilian members to these courses because we have serious shortages of uniformed members... We have an uphill task to reduce crime by 7% and we need all our members to be on duty.

Another aspect of organisational culture which any HIV/AIDS policy needs to address is gender relations. The sexual exploitation of sex workers and other vulnerable women by policemen points to much more work needing to be done around gender issues in the SAPS. The following statement by a male inspector shows a not un-typical attitude towards sexuality and women which leads to high-risk behaviour:

I do not believe there is HIV/AIDS. It is a ploy by the Westerners to distort our culture. I have had many relations and had sex with many women without a condom, yet here I am today, I do not have AIDS. Does it mean that the more than 100 women I have had sex with none of them had AIDS? I have a problem with the HIV/AIDS story because we are constantly being told that we should use condoms yet condoms are not 100% safe.

(Male, Inspector)

Another stated aim of the SAPS HIV/AIDS policy was to give employees who are HIV positive access to care and support. The following statement shows that some felt that this support was not forthcoming:

It is lonely to be HIV positive in the police because it is difficult for one to put his or her career on the line by disclosing. Right now I am happy to keep my HIV positive status to myself and to few of my best friends. I avoid stress and stressful situations. I am not on ARVs because I am not sick. I will not use them even if I am sick because they are poisonous...

(Female, Sergeant)

Further research is critical to investigate how police officials and their families living with HIV are supported, and the extent to which the support is reducing the impact of HIV/AIDS. The secrecy or security argument around HIV/AIDS in the police needs to be challenged and updated. There is a need to promote transparency and accountability with regards to dealing with the virus, as a failure to do so could have far reaching consequences beyond security concerns.

The SAPS has also developed a number of programmes dealing with more 'communicable' diseases such as tuberculosis, Hepatitis A and B and sexually transmitted diseases. Every year the police run awareness campaigns at police stations to highlight the importance of vaccination, particularly against Hepatitis B.

However, there was a sense from some social workers that prevention programmes had not been properly marketed to all departments in the police. The quote below illustrates this perception:

We have not marketed our work properly in the police. We run these important prevention programmes but at times they are not properly supported because people are not well informed about the benefits of attending. Considering that Hepatitis B is contagious and more deadly than AIDS, few people came to receive free vaccinations. In retrospect though, there is a danger of marketing your services and failing to deliver because you don't have capacity... As things stands it suits us because we are already overwhelmed with too much work.

(Employee Assistance Services Official)

The quote above demonstrates that it is critical to address the issue of lack of adequate capacity in the Employee Assistance Services.

Do SAPS HIV/AIDS Workshops Make a Difference in the Johannesburg Area?

Here we take the statistical analysis of the survey data one step beyond the descriptive reporting of frequencies and instead use correlation analysis. By a series of bivariate correlations we are able to see whether police officers that had attended SAPS HIV/AIDS workshops were more likely to hold certain views or have certain knowledge than those officers who had not attended a workshop. We must point out, however, that this is not causal analysis (the subtitle above is thus somewhat rhetorical). We cannot say whether it is workshop attendance that leads to certain views, or if officers with certain views are more likely to attend workshops or, indeed, if the statistical relationship is caused by a third variable that is not controlled for. The analysis, again, is exploratory with the ambition to provide some insights that may be worthwhile exploring further in future research. However, the information is still highly relevant as a basis for discussions about revisions in policy and practice with regard to the HIV/AIDS workshops.

Table 29 below details the correlation coefficients (Pearsons r) that are stronger than .100. We have done the correlations on the whole data set (all) but also identified subgroups according to gender, whether or not officers have a rank with managerial responsibility (from captain and up) and whether they identify themselves in racial terms as black or not (other). The last categorisation of respondents is perhaps more controversial. Our reasoning is that since the epidemic is considerably more serious amongst the black population, and since black South Africans make up the majority of officers in the police force, we were particularly interested in exploring the correlates among this group separately. As was mentioned above, the statistical significance of these coefficients (indicated by the asterisk) is essentially superfluous information since we do not claim that the data set is representative of a general population.

Table 28: Correlation with workshop attendance

Survey Questions	Q. 55. Have attended SAPS HIV/AIDS workshop						
	All	Men	Women	Non-managers	Managers	Black	Other
10. Know cause of AIDS							
12. AIDS problem for SAPS					.151		
15. Personal risk as SAPS			.325*		-.143		
18. Higher risk than before			.238				.115
27. Taken HIV test	.124*	.134*		.101	.126	.149*	
29. Test at SAPS VCT		.128	-.157		.135		
30. Not ID person with HIV							.270
33. Attend SAPS VCT	.361**	.406**	.234*	.412**	.270*	.337**	.500**
36. Know colleague with HIV	.218**	.214**	.211	.194**	.130	.213**	.265
43. HIV+ as managers							
44. HIV+ faces discrimination		.174					-.129
56. Aware of SAPS policy	.492**	.437**	.739**	.542**	.115	.543**	.129

The correlation analyses motivate the following more general reflections:

- **Knowledge about the cause of AIDS.** The vast majority of officers appeared to know the cause of AIDS, which is why workshop attendance made no difference in that regard.
- **AIDS a problem for SAPS.** Officers in managerial positions who had attended workshops were somewhat more likely to think that HIV/AIDS was a concern for SAPS.

- **Personal risk in SAPS.** Female officers who had attended workshops were considerably more likely to feel that they were at risk of HIV infection through the work they do as officers in SAPS. Managers, of whom a number were women, were more likely to think the opposite.
- **Higher risk than before.** The concern by female officers above is increased by the view that officers were at greater risk than before. Workshops may generate the same concern in White, Coloured and Indian officers.
- **Taken an HIV test.** A particularly interesting and potentially encouraging correlation suggests that officers who had attended workshops also tended to carry through with taking an HIV test. Causality in this instance may however run in the opposite direction in that officers who had sufficient awareness to take a test were considerably more likely to also attend a workshop. However, the importance of establishing the direction of causality is in some ways only 'academic', it is sufficient for our discussion at this juncture to establish a strong link between the two variables.
- **Take test at SAPS VCT.** Attending workshops seemed to make male officers and managers somewhat more likely to take an HIV test facilitated by SAPS. The opposite was the case for women.
- **Not ID a person with HIV.** The knowledge that one cannot visually identify HIV infection in a person (as opposed to AIDS illness) appeared to be widespread.
- **Attend SAPS VCT.** One of the strongest set of correlations across the board suggests that officers who had attended workshops were in some instances considerably more likely to also attend a SAPS VCT.
- **Know colleague with HIV.** A very interesting result suggests that officers who have attended workshops were more likely to know a colleague who was infected by HIV. Our interpretation of this correlation is that actual knowledge of HIV positive officers was no higher among officers who have attended workshops, but that they were more likely to acknowledge knowing someone in that position in a survey of this kind. If this is correct, workshops attendance seems to reduce HIV/AIDS stigma.
- **HIV+ colleagues as managers.** Officers who had attended workshops were no more likely to think that HIV positive colleagues could become managers. However, there is an indirect effect at play here. In a separate set of correlations (not reflected here) we found that officers who knew of an HIV positive colleague were considerably more likely to accept that HIV positive colleagues could also become managers (all: .133*; men: .101; women: .359**, and black: .172*). This finding confirms the interpretation above that workshop attendance reduces HIV/AIDS stigma.
- **HIV+ people suffer discrimination in SAPS.** The view on discrimination against HIV+ colleagues appeared somewhat affected by workshops attendance among women and non-black officers, albeit in opposite directions.
- **Knowledge of SAPS HIV/AIDS policy.** As would be expected, officers who had attended workshops were more aware of the SAPS having an HIV/AIDS policy.

These correlation analyses are exploratory and not representative of a larger population, but they do provide valid information on how attendance at SAPS HIV/AIDS workshops may change views and knowledge about HIV/AIDS in the police service – among over 300 officers in the Johannesburg policing Area. To the best of our knowledge, it is the first data set and analysis of its kind.

Goal 5: Capacity Building and Maintenance of an HIV/AIDS Budget Within the SAPS

Goal 5 of the SAPS HIV/AIDS strategy recognises the importance of building capacity and of ensuring that budgets are allocated to the real needs and priorities that reduce new infections and reduce the impact of the virus in the Johannesburg Area.

Very little information was available concerning the Johannesburg Area budget for HIV/AIDS. Not a single person, including the Area Commissioner for Johannesburg knew how much money was available for HIV/AIDS: The quote below illustrates this:

I don't know how much budget we have for HIV and AIDS because we don't control that budget. It is controlled at national level. I don't even know how it was allocated or how it is used. I would also like to know this.

(Senior Area police manager)

This is because the budget for HIV/AIDS is managed from the national HIV/ directorate. Policing areas are required to send their requests for funding through the provincial HIV/AIDS office who then submits the request on their behalf. However, in emergencies, area coordinators can directly approach the national office for funding, though this may be regarded as a violation of protocol. To get a sense of what police officials thought about the budget for HIV/AIDS in the past five years, we asked respondents, 'In your view, do you think the SAPS spent enough money in the past five years to address the problem of HIV and AIDS?' The results of this question are analysed in **Table 30** below.

Table 29: Was enough money spent by the SAPS in the past five years to address the problem of HIV and AIDS?

Rank	Don't Know	Yes	No	Total	% of those who said 'Yes' in terms of rank
Constable	32	16	31	79	20%
Sergeant	17	3	14	34	41%
Inspector	55	28	58	141	9%
Captain	14	7	16	37	19%
Superintendent	4	5	7	16	31%
Senior Supt.		1		1	
Other	1	1	5	7	14%
Total	123	61	131	315	
Percent	39%	19%	42%		100%

Table 30 shows that the majority of police officials who responded to this question felt that the SAPS had not spent enough money in the past five years to address the problem of HIV/AIDS. A significant number (39%) indicated that they did not know. This further illustrates the lack of transparency and accountability with regards to how the SAPS is addressing the disease within its ranks. To demonstrate that they are taking actual steps and to create a more open environment, it is critical for the police to report publicly.

Goal 6: Monitoring the Impact of HIV/AIDS on Human Resource and Institutionalisation of Losses

In this goal the primary focus of the strategy was to monitor the impact of HIV/AIDS on the human resources capacity in the SAPS. This included monitoring absenteeism, the attrition of police personnel, the effect of sickness on productivity and general policing activities.

Other strategic objectives included:

1. Analysing the impact of HIV/AIDS on the human resources demand and supply.
2. Integrate the HIV/AIDS strategy of SAPS into the human resources plan.
3. Implement the human resources strategies.
4. Monitor and evaluate the situation on a continuous basis.

There was little evidence, at the time of this research, that there was any meaningful collaboration taking place between the human resources department and the HIV/AIDS directorate at Area level. This lack of co-ordination seemed to be the result of different accountability systems for these two departments. While human resources was accountable to Area management, the HIV/AIDS programme was accountable to the provincial HIV/AIDS office.

Although quarterly reports are sent to Area management, the interviews suggest that senior management were not aware of the detail of the HIV/AIDS programme. The quote below illustrates this:

The relationship this office has with the Area management is ad hoc. We report to the Area management what they have requested from us. At times when there is a big event we report to the Area commissioner, though on an ad hoc basis... We also send to Area management our quarterly reports that we send to province but I do not know how this information is used and who uses it.

(Female, Employee Assistance Services)

It was also evident that senior area managers had no concrete understanding of how HIV/AIDS was impacting on the police. Most responses were speculative and lacked factual understanding of the problem of HIV/AIDS. The following quotation illustrates this:

I don't know whether HIV and AIDS is a problem. There is no information available at my disposal on HIV and AIDS. I will contact our HIV and AIDS coordinator to find out what is going on there.

(Male, Senior Johannesburg Area Manager)

There was also no evidence that the HIV/AIDS programme and human resources exchange key statistics that would enable better monitoring and evaluation. The quote below illustrates this:

I don't remember receiving statistics or a report from the HR. department which could assist in enabling a better understanding of HIV and AIDS issues. We do not analyse data in this programme to understand trends and patterns around the HIV and AIDS. Maybe this is done at provincial and national level.

(Female, Employee Assistance Services)

Also, there was no evidence of analysis of HIV/AIDS or other important related statistics, for example statistics on death, absenteeism, illness or occupational exposure of police officials, in order to help in understanding the level of risk and impact of HIV/AIDS in Johannesburg. Some of the reasons that could explain why this was the case include the fact that quarterly reporting involved completing a template which required specific statistics only. No narrative reports, which could provide an insight particularly around challenges these programmes were facing on the ground, were required.

Also, there is only one social worker employed to coordinate the HIV/AIDS programme in Johannesburg. As illustrated by the quotation below, this social worker has more urgent priorities than collecting data:

It is difficult for me to say we have been successful in reducing infection rate or not because frankly speaking I don't know. Maybe your research will provide us with useful insight of whether our efforts have had any impact on dealing with the problem of HIV and AIDS... We don't know the extent of the problem. We don't know whether we have deployed enough resources or we have been allocated enough budget to address the HIV and AIDS. We know very little about HIV and AIDS although we are responsible for mitigating its effects.

(Female, Employee Assistance Services)

Conclusion and Recommendations

This report has found that there is a general perception that HIV/AIDS does have an impact on the SAPS in Johannesburg Policing Area. However, there is a general lack of statistical evidence to confirm these perceptions. This issue needs to be addressed urgently, as a lack of knowledge around police attrition may pose a security risk, particularly in the light of high crime levels in South Africa.

This study has also found that internationally police organisations are generally difficult places to address the issue of HIV/AIDS. This is the result of the police culture of silence and a lack of openness. This culture of silence is compounded by the fact that the police still have a predominantly masculine culture where disclosure and acknowledgement is seen as weakness and a threat to the security of the country.

International findings also pertain to the SAPS in Johannesburg Area where there is much evidence of stigma and denial around the issues of HIV/AIDS. However, the South African situation is compounded by the fact that, firstly, the demographic profile of employees places them in a high risk category; and secondly, that police in South Africa operate in an environment in which the levels of violent crime are high. The latter leads to over-stretched resources and a focus on 'getting the job done' – often at the cost of creating a culture of care and support. Ironically, it is through creating this culture that the well being of personnel is more likely to be ensured, and this will in turn contribute towards an enhanced ability to fulfil the core obligations of the SAPS.

This report, which is based on a study in Johannesburg Area, has found clear evidence that while police work in itself does not seem to pose a high risk of contracting the HIV virus, it is life style issues and behaviour patterns among members of the police that put members most at risk. These include:

- Alcohol and drug abuse, which lower the ability to make safe sexual decisions.
- Sexual exploitation of sex workers and other women/ men, especially refugees and illegal immigrants.
- A culture where having multiple sexual partners is perceived as indicators of virility and masculinity.
- The migrant labour systems, staying away from home, sometimes in environments such as hostels, where there are no recreational facilities and other stress-relieving mechanisms.

The SAPS in Johannesburg Area has responded to the HIV/AIDS epidemic by implementing the HIV/AIDS policy and strategy. It has also created a directorate to implement the HIV/AIDS programmes and reduce the impact of the disease. Further, social workers have been appointed to coordinate and implement HIV/AIDS programmes at national, provincial and area levels. However, it is clear that the strategic plan for HIV/AIDS in the SAPS has not yet been fully implemented and needs serious attention. This report therefore recommends the following:

Recommendation

It is difficult to generalise the findings of the report based on a localised study, however, even though Johannesburg Area has been disbanded, there are some lessons which the South African Police Service can apply to its handling of HIV/AIDS at national, provincial and accounting station level.

1. Addressing Aspects of Organisational Culture

The issue of organisational culture in the Johannesburg Policing Area has emerged strongly as a stumbling block to addressing the issue of HIV/AIDS on a long-term and sustained basis. In order to effectively address these issues, aspects that contribute to a culture of denial, stigma and discrimination, need to be understood and challenged. Particular attention needs to be paid to:

- Understanding which police practices cause risk. Especially addressing the impact of stress and other lifestyle issues such as working away from home and dealing with violent crimes.

- Understanding and addressing the link between HIV/AIDS and gender equality.
- Conducting an ongoing evaluation of the HIV/AIDS policy and strategy. Especially with regards to the aim of creating an atmosphere of trust and openness and creating a supportive and caring environment for those affected by and infected with HIV/AIDS. This would also include clarifying and addressing the issues around confidentiality.
- Looking at how structures dealing with HIV issues can be better integrated into their work in order to be more effective.
- Ensuring effective use of networking and the media.
- Ensuring that unions and the management cooperate on the issue of HIV/AIDS and that their programmes are aligned.
- Integrating HIV/AIDS into the key performance indicators (KPI) of station commanders. They need to be evaluated particularly with regards to the number of their members that they have sent for HIV/AIDS awareness raising activities, the participation of uniformed members in the peer educator programme and general implementation of HIV/AIDS programmes at their police stations.

2. Deepening the Prevention and Awareness Raising Activities Strategy

There is a need to understand the effectiveness of the SAPS HIV/AIDS awareness raising activities to date. The SAPS management in Johannesburg police stations needs to look at how to improve management buy-in around awareness raising activities programmes and at the possibility of making such programmes compulsory.

The content of the awareness raising activities programmes needs to focus on:

- Basic knowledge such as what causes HIV/AIDS, how is it transmitted and how it can be prevented. It also needs to address mixed messages around HIV/AIDS due to cultural belief systems.
- Encouraging voluntary testing and counselling.
- Knowledge of universal precautions and about blood borne diseases such as hepatitis B.
- Issues around behaviour change – awareness of risky situations such as alcohol and drug abuse and the abuse of power. How to cope with stress.
- Understanding denial and stigma.

3. Improving Data Collection

The research revealed that although the SAPS has created a number of units to deal with HIV/AIDS, there is very little knowledge around how HIV/AIDS is impacting on the police services in Johannesburg. This is a serious shortcoming because HIV/AIDS have direct implications on the HIV/AIDS budget, programmes and human resource planning. Further research is particularly required to understand how HIV/AIDS is impacting on the police at various levels in terms of:

- The rates and impacts of absenteeism;
- The rates and impact on sick leave;
- The rates of early retirement for poor health reasons;
- Natural deaths

The poor quality of the HIV/AIDS statistics in Johannesburg was explained as a consequence of a lack of confidentiality within the police services environment. An issue that needs to be addressed is why there is so little trust in the mechanisms of confidentiality. It is also critical that the current dispute around compulsory surveillance testing between police management and police unions be resolved to ensure that surveillance testing is permitted. It is critical for any organisation tasked with so many responsibilities to fully understand how HIV/AIDS threatens its human resources and its capacity to provide quality services.

There is also a need to better manage and utilise the data currently generated in the police either through the VCT programmes, Qualsa or the Polmed HIV/AIDS programmes. Police at lower levels where there is the greatest impact need to be exposed to this data in order for them to understand the importance of supporting HIV/AIDS initiatives and programmes.

4. Building Capacity

The issue of lack of capacity in the HIV/AIDS programme in Johannesburg came out repeatedly in this research. Additional personnel is needed particularly to:

- Collect And Analyse Data;
- Provide Hiv/aids Awareness Raising Activities;
- Monitor The Implementation Of Hiv/aids Programmes;
- Conduct Research;
- Provide Peer Educators With Support;
- Provide Immediate Care And Support.

An audit needs to be done to understand present capacity levels in the different police stations and provincial levels, SAPS HIV/AIDS directorate and other units such as SHE and Polmed in order to strengthen the capacity where it is lacking. This would also enable the organisation to understand what skills exist and what skills are required.

Social workers may also require awareness raising activities in data management systems, recording, analysing and reporting.

Building capacity at local and accounting station¹⁴ level also means building the capacity of police officials to make informed decisions considering the degree of risk involved in policing situations.

5. Budgeting

In order to build capacity in at local and accounting level there is a need to evaluate the SAPS budget with regards to HIV/AIDS.

There is also a need for accountability and monitoring systems to be developed to ensure that HIV/AIDS budgets are spent effectively.

6. Further Research

Since police officials are critical in protecting our democracy, there is a need to understand the security implications of HIV/AIDS, particularly of a depleted police service. Further research is therefore critical to understand how HIV/AIDS does impact on policing and police officials in the SAPS and to develop recommendations and strategies to better ameliorate this problem.

This study, based in Johannesburg can be seen as a pilot study for conducting similar research in other station areas, as well as at SAPS national level. It could also be used as a baseline for further research to measure changes in perceptions, behaviours and policing policy and impacts over time.

¹⁴ Accounting police stations were created immediately after Policing Areas were disbanded. Accounting police station are generally bigger station tasked with the responsibility of overseeing and providing management supervision of nearby smaller police stations.

1. Achmat, Z.. (21 June 2006). HIV/AIDS is an Emergency. Mail and Guardian. Johannesburg.
2. Avert. (undated). Stages of HIV infection. [On-line]. Available Internet: <http://www.avert.org/hivstages.htm>, accessed on 29 September 2006.
3. Badshaw, D., Nannan, N., Laubscher, M., Groenewald, P., Joubert, J., Nojilana, B., Norman, R., Pieterse, D., & Schneider, M. (2006). South African National Burden of Disease Study 2000: Estimates of provincial mortality - Summary Report, 2006. Cape Town: Medical Research Council.
4. Baloyi, M. (19 June 2005). Employers worried about sick notes from traditional healers. Business Day.
5. Barnard, J.P. (2005). Condom Use, Power and HIV & AIDS Risk. A thesis written towards a PhD. Pretoria: University of Pretoria Press.
6. Barnett, T., & Whiteside, A. (2002). HIV/AIDS in the Twenty First Century: Disease and Globalization., Hampshire and New York: Palgrave Macmillan.
7. Blumberg, M. (1997). The AIDS Epidemic and the Police: An examination of the Issues. In Dunham, R.G., and Alpert, G.P. (Eds) Critical Issues in Policing, Contemporary Readings. (3rd Edition); Prospect Height, Illinois: Waveland Press, 214-223.
8. Centre for HIV/AIDS Networking (HIVAN). (2001). Mobile clinic provides sex workers with health care. IRIN PlusNews Service SA. [On-line]. Available Internet: (<http://www.hivan.org.za/printarttemp.asp?id=3821>). Accessed 23 June 2006.
9. Chambers, J. (2005). Mandatory HIV and Hepatitis Testing: The Flaws in the Executive's Proposals. SCOLAG Journal, June, 116-119.
10. Cheng, C. H. (2004). Married women under threat from HIV/AIDS in Cambodia. International Federation Red Cross and Red Crescent Societies. [On-line]. Available Internet: <http://www.ifrc.org/docs/news/04/04070801/>.
11. Chow, J. C. (1996). Health and International Security. The Washington Quarterly, 19(2). City of Johannesburg. (2002). HIV/AIDS Programme: Together we can make a difference. Masibumbane (Lets Join hands) and fight AIDS. Johannesburg: Johannesburg City Programme on HIV & AIDS.
12. De Beer, E. (2003). Voluntary Counselling and Testing Launch, World AIDS day. SAPS Homepage Journal. SAPS, Pretoria. [On-line] Available Internet: http://www.saps.gov.za/docs_publs/publications/journal/vol3iss01/aids.htm.
13. De Vos, A.S., Schurink E.M., and Strydom, H. (1998). The Nature of Research in the Caring Profession. In De Vos, A.S. (Ed). Research at Grass Roots: A Primer for Caring Profession. Pretoria: J.L. van Schaik Publishers.
14. Dorrington, R., Bradshaw, D., Johnson, L., and Budlender, D. (2004). The Demographic Impact of HIV/AIDS in South Africa: Indicators for 2004. Cape Town: Centre for Actuarial Research and Medical Research Council and Actuarial Society of South Africa.
15. Dorrington, R.E., Bradshaw, D., and Budlender, D. (2002). HIV/AIDS in the Provinces of South Africa: Indicators for 2002. Cape Town: Centre for Actuarial Research and Medical Research Council and Actuarial Society of South Africa.
16. EKOS Research Associates. (2003). HIV/AIDS: An Attitudinal Survey, Final report. Submitted to the Health Department Canada.
17. Erskine, S. (2005.). HIV/AIDS and Ezemvelo KZN Wildlife. Policy Brief. Health Economics and HIV/AIDS Research Division. KwaZulu Natal: University of KwaZulu Natal.
18. Fick, N. (2006). Sex Workers Speak Out: Policing and the Sex Industry. Institute of Security Studies SA. Crime Quarterly (15)..
19. Fraser, F.K., Grant, W.J., Mwanza, P. and Naidoo, V. (2003). The Impact of HIV/AIDS on Small and Medium Enterprises in South Africa. The Small Business Monitor (1).
20. Fredriksson, J., & Kanabus, A. (2005). HIV/AIDS Stigma and Discrimination. Avert Organisation. [On-line]. Available

Internet: www.avert.org/aidsstigma.htm Accessed 23 November, 2005.

21. Garrett, L. (2005). Lessons of HIV/AIDS. [On-line] Available Internet: <http://www.foreignaffairs.org/20050701faessay84404-p10/laurie-garrett/the-lessons-of-hiv-aids.html>. Accessed 4th December, 2005.
22. Govendor, P. (3 March 2005). AIDS Wiping out Teachers. Sunday Times.
23. Hoffman, R.E., Henderson, N., O'Keefe, K, and Wood. R.C. (1994). Occupational Exposure to Human Immunodeficiency Virus (HIV) Infected Blood in Denver, Colorado, Police officials. American Journal of Epidemiology Vol. 139 No. 9, 910 – 917.
24. Independent Complaints Directorate (ICD). (2005). Annual Report 2004/2005. Pretoria: ICD House.
25. Independent Projects Trust. (1999). Victim Empowerment: Can the police deliver? Insight @ ipt November. [On-Line]. Available Internet: www.ipt.co.za/ins_9911.htm. Accessed 4th December, 2005.
26. Institute for Security Studies (ISS) and the Malawi Institute of Management (MIM). (2003). HIV/AIDS and Attrition: Assessing the Impact on the Safety, Security and Access to Justice Sector in Malawi and Developing Appropriate Mitigation Strategies. Prepared for Malawi Safety, Security and Access to Justice Programme (MASSAJ).
27. International Organisation for Migration. (2002). IOM Position Paper on HIV/AIDS and Migration. Eighty Fourth Session, October 17, 2002.
28. International Organisation for Migration. (2003). Population Mobility and HIV/AIDS. Geneva, Switzerland, (Publisher unknown).
29. IRIN Plus News. (2005). Police bear the brunt of HIV/AIDS impact. In www.plusNews.org. Accessed 16 September 2005.
30. Jackman, T. (13 February 2006). Spotsylvania Deputies Receive Sex Services in Prostitution Cases. Washington Post Newspapers, Page B01.
31. Kahn, T. (23 June 2006). Stats SA 'buried' death report. Business Day.
32. Leedy, P.D. (1993). Practical Research, Planning and Design. (5th Edition). New York: Oxford University Press.
33. Marks, M. (1995). Stresses in the South African Police Services. Johannesburg: Centre for the Study of Violence and Reconciliation. [On-line]. Available Internet: <http://www.csvr.org.za/wits/papers/papstres.htm>.
34. Mayhew, C. (2001). Occupational Health and Safety Risks Faced by Police Officers. Trends and Issues in Crime and criminal Justice, No. 196. Australian Institute of Criminology.
- Medical Research Council News. (2001). HIV/AIDS News. Volume 32 (6) 1.
35. Mohau, B. M.N.M. (2003). Impact of HIV/AIDS in the Post Office of South Africa. A thesis written towards a Masters degree, University of Pretoria.
36. National Institute for Justice. (1991). On the Front Lines: Police Stress and Family Well- Being. Washington DC: (Publisher Unknown).
37. Natrass, N. (2002). AIDS, Growth and Distribution in South Africa. Centre for Social Science Research (CSSR), Working Paper 7. [On-line]. Available Internet: <http://www.popline.org/docs/1603/195703.html>.
38. Netshitenzhe, J., and Chikane, F. (2006). A Nation in the Making; A Discussion Document on Macro Social Trends in South Africa. Pretoria: Policy Co-ordination and Advisory Service (PCAS) Social Sector in the presidency.
39. Newham, G., Masuku T., & Dlamini, J. (2006). Diversity and Transformation in the South African Police Services: A study of police perspectives on race, gender and the community in Johannesburg policing area. Johannesburg: Criminal Justice Programme, Centre for the Study of Violence and Reconciliation.
40. Nortje, N. (2000). Managing HIV/AIDS in the Workplace. Durban: Labour Law Consultants and IR Awareness Raising Activities Specialists.
41. Nqakula, C. (2004). Budget Speech by the Minister of Safety and Security for the Safety and Security Department, Parliamentary Information Services Section, National Assembly Vote 23, Independence Complaints Directorate Budget Vote 25, Cape Town, SA. (Speech given on 22 June, 2004).

42. Parsons, J.R.L. (2004). Occupational Health and Safety Issues of Police Officers in Canada, the United States and Europe. A Review Essay. [On-line]. Available Internet: www.safetynet.mun.ca/pdfs/Occupational%20H&S.pdf . Accessed 12 September 2005.
43. Patterson, B. (1992). Job Experience and Perceived Job Stress among Police, Correctional, and Probation/ Parole Officers Journal of Criminal Justice and Behaviour. 260- 285.
44. Pharoah, R. (2005). Not Business As Usual: Public sector responses to HIV/AIDS in South Africa. Pretoria: Institute for Security Studies.
45. Pharoah, R. (2005). SARPCCO Awareness raising activities, Module 3: The Impact of HIV/AIDS on Human, National and Regional Security. [On-line]. Available Internet: http://www.iss.co.za/pubs/Other/SARPCCO_HIV_Read/Mod3.pdf. Accessed on 10 January 2006.
46. Rau, B. (2002). Workplace HIV/AIDS Programs: An Action Guide for Managers. Written for Family Health International (FHI).
47. Rothman, I. (2005). Security and Safety Review, November.
48. Rubin, A., and Babbie, E. (1993). Research Methods for Social Sciences. (2nd Edition). California. Pacific Grove Brooks/ Cole Publishing Company.
49. Schönteich, M. (2003). A Bleak Outlook: HIV/AIDS in the South African Police Service. SA Crime Quarterly, No 5.
50. Schönteich, M. (2003). HIV/AIDS, policing and crime in South Africa: Exploring the impact, draft working paper for the CSIS Task Force on HIV/AIDS. Washington: Centre for Strategic and International Studies.
51. Schurink, E.M. (1998). Deciding to use a qualitative research approach. In De Vos, A.S. (Ed). Research at Grass Roots: A primer for the Caring Profession. Pretoria: van Schaik Publishers.
52. Shisana, O., Simbayi, L. (2002). Nelson Mandela HSRC Study of HIV/AIDS: Full Report. South African national HIV prevalence, behavioural risks and mass media. Household survey 2002. Cape Town: Human Science Research Council Press.
53. Shisana, O., Rehle, T., Simbayi, L.C., Parker, W., Zuma, K., Bhana, A., Connolly, C., Jooste, S., Pillay, V. (2005). South African National HIV prevalence, HIV incidence, behaviour and communication survey, 2005. Cape Town: Human Science Research Council Press.
54. Sonder, G.J., Bovee, L.P., Coutinho, R.A., Baayen, D., Spaargaren, J. & van der Hoek, A. (2005). Trends in HIV Postexposure Prophylaxis Prescription and Compliance after sexual exposure in Amsterdam 2000 – 2002. PubMed Services, National library of Medicine and National Institute of Health. Department of Health and Human Services, USA.
55. South African Police Services. (2002) HIV/AIDS : Awareness raising activities and Awareness a Handbook. Police Social Work Services. SAPS.
56. South African Police Services. (2003). The SAPS Annual Report 2002/2003. Pretoria: National Strategic Management Component.
57. South African Police Services. (2003). Transformation and Restructuring of the public service, Resolution 7/2002. Pretoria: SAPS. [On-line]. Available Internet: www.is.org.za/hrnews/resolution/cr17may.htm Accessed 18 August 2005.
59. South African Police Services. (2004). The SAPS Annual Report 2003/2004. Pretoria: National Strategic Management Component.
60. South African Police Services. (2005). The SAPS Annual Report 2004/2005. Pretoria: National Strategic Management Component.
61. Statistics South Africa. (2005) Mid-Year population estimates: South Africa 2005. Statistical Release P0302. Pretoria: StatsSA. [On-line]. Available Internet: www.statssa.gov.za/Publications/P0302/p03022005.pdf Accessed 24 May 2006.
62. Statistics South Africa. (2005). Mortality and Causes of Death in South Africa, 1997 – 2003: Findings from Death Notification Statistics in South Africa. Pretoria, South Africa. <http://www.statssa.gov.za/Publication/P0309/p0309.32005.pdf> Accessed 26 November 2006.
63. Sunter, C. (2001). HIV/AIDS Support for Teachers. Independent Schools Association of Southern Africa, Policy

Guidelines on HIV/AIDS. Written for Shree Bharat Sharda Mandir School. [On-line]. Available Internet: <http://www.grantleycollege.co.za/docs/hiv.pdf>. Accessed 25 September, 2005.

64. UNAIDS. (2004). Report on the global AIDS epidemic. UNAIDS. New York. USA.
65. UNAIDS. (2005). Update on Global AIDS Epidemic. UNAIDS. New York. USA.
66. United Nations Development Programme (UNDP). (2001). Human Development Report. Published for the United Development Programme (UNDP) Oxford University Press. Cape Town. Southern Africa. Accessed 23 August, 2005 at <http://hdr.undp.org/en/reports/global/hdr2001/> and at <http://www.undp.org/hdr2001/>.
67. Violanti, J., and Aron, F. (1995). Police Stressors: Variations in Perceptions among Police Personnel. Journal of Criminal Justice, Vol 23. 280-91.
68. Wedderburn, Z., & Rankin, D. (2001). CRR 365: An intervention using a self help guide to improve the coping behaviour of night shift workers and its evaluation: School of Management Heriot – Watt University, Edinburg, UK at [on-line]. Available Internet: www.hse.gov.uk/research/crr_html/2001/crr01365.htm. Accessed on 25 June 2006.
69. Weyers, M.L. (2002). HIV/AIDS: Training and Awareness ; A Handbook. Potchefstroom. Social Work Services. South African Police Services.
70. Whiteside, A. (2002). Poverty and HIV/AIDS in Africa. In Women, Poverty and AIDS. Volume 23, Number 2 April 01, 2002 pages, 313 – 332; Routledge, part of the Taylor & Francis Group.
71. Whiteside, A. (2003). Painting the Picture: Impact of HIV/AIDS on development in South Africa. Durban: Health Economics and HIV/AIDS Research Division (HEARD), University of Natal.
72. Whiteside, A. (2006). HIV/AIDS and Development. A paper presented at the HIV/AIDS and Human Security in South Africa Policy Conference organised by the Centre for Conflict Resolution (CCR), 26 and 27 June, 2006 Cape Town, SA.
73. Whiteside, A., and Sunter, C. (2000). AIDS the Challenge for South Africa. Cape Town: Human and Rousseau.
74. World Health Organisation. (2007). WHO and UNAIDS announce recommendations from expert consultation on male circumcision for HIV prevention. Accessed on 12th April, 2007 at <http://www.who.int/hiv/mediacentre/news68/en/index.html>.

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