Asian Journal of Agriculture and Rural Development

journal homepage: http://aessweb.com/journal-detail.php?id=5005

The Perceptions of a Farming Community in the Limpopo Province on HIV/AIDS

Ntombifikile Elizabeth Klaas
Lecturer; Department of Family Medicine, Faculty of Health Sciences, University of Pretoria, South Africa

Mmapheko Doriccah Peu
Senior Lecturer; Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, South Africa

Thinavhuyo Robert Netangaheni
Senior Lecturer; Department of Family Medicine, Faculty of Health Sciences, University of Pretoria, South Africa

Abstract

The HIV/AIDS pandemic has evoked a wide range of reactions from individuals, communities, and even nations. These reactions range from sympathy and caring to silence, denial, fear and anger. Little is known about the farming community's views in Africa, and South Africa in particular. It is therefore crucial to understand these views in order to mitigate the spread of HIV/AIDS. An explorative and descriptive research design was applied. Purposive and convenience sampling was used to select participants with whom one-on-one semi- structured interviews were conducted between October and November 2012 in the Levubu farming community in the Limpopo Province. Data was collected until data saturation was reached and no new information was obtained. Data saturation was reached after interviewing fifteen participants and the author interviewed five more participants after data saturation. Tesch's data analysis method was used. Four categories were identified during data analysis: emotions linked to HIV/AIDS, individual characteristics and experiences, behavior-specific cognition and affect and healthcare needs. Training on HIV/AIDS is crucial, as the study revealed that despite the ongoing HIV/AIDS awareness campaigns in South Africa, some segments of the population are not getting the message, specifically the farming community.

Keywords: AIDS, HIV, farms, farm employees, farming community, perceptions

Introduction

In the mid-1980s, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) were virtually unheard of in Southern Africa, now the worst affected region in the world. Of the 11 Southern African countries most affected, at least 6 are estimated to have an infection rate of over 20% (Joint United Nations Programme on HIV/AIDS, 2010).

Historic success in bringing HIV/AIDS programmes to scale has laid the foundation for the eventual end of AIDS. Although much of the news on HIV/AIDS is encouraging, challenges remain. The number of people newly infected globally is continuing to decline, but national epidemics continue to expand. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults living with HIV (Joint

Corresponding author's
Name: Ntombifikile Elizabeth Klaas
Email address: *Fikile.Klaas@up.ac.za*

United Nations Programme on HIV/AIDS, 2012).

HIV/AIDS programmes must be culturally appropriate and address social norms and values that negatively impact on vulnerable populations. In this way individuals will be able to more readily adopt safer sex behaviors (Joint United Nations Programme on HIV/AIDS, 2012).

In South Africa, the government's previous failure to respond to the AIDS crisis has led to an unprecedented number of people living with HIV (Department of Health, 2007). Several strategies exist to prevent HIV transmission and include the Millennium Development Goals (MDGs), National Strategic Plan (NSP), and Prevention of Mother to Child Transmission (PMTCT) (Geyer, 2010).

The farming community's perception, knowledge and understanding of HIV/AIDS are seen as crucial factors that can have an influence on engaging in high risk activities. Understanding the way the farming community perceives HIV/AIDS is crucial to understanding why it has been so difficult to mitigate the spread of HIV/AIDS in the farming community.

Background

South Africa has been seriously affected by the HIV/AIDS pandemic, with the farming communities being no exception (Zvomuya, 2005). The Department of Health identified that inadequate healthcare capacity in rural areas is one of the factors contributing to the disproportionate provision of good quality care and targeted development. Therefore, in South Africa, the farming community receives a disproportionate provision of healthcare in HIV/AIDS management. Among farming communities, awareness, treatment and prevention have been used as components of a strategy intended to empower the farm employers and farm workers (Zvomuya, 2005).

In fact, rural areas are the hardest hit by the HIV/AIDS pandemic. HIV/AIDS under-mines agricultural systems and affects the nutritional situation and food security of rural families (Lemke, 2005).

According to the Food and Agriculture Organization (FAO) cited in Chucks (2008) and Saliu & Adejoh (2010), it is estimated that in the 25 most affected Sub-Saharan African countries, HIV/AIDS killed 7 million agricultural workers between 1985 and 2001 and could kill an additional 16 million, or up to 26% of the agricultural labor force by 2020. Table 1 summarizes the estimated number of people newly infected with HIV and AIDS related deaths in Sub-Saharan countries between 1999, 2001 and 2009. This estimation includes the farming community.

Table 1: Estimated AIDS related deaths in Sub- Saharan Africa

Global total: 2 200 000	**Adults newly infected with HIV**	**Estimated AIDS-related Deaths**		
	2009	**2009**	**2001**	**1999**
Sub-Saharan Africa:1 500 000	Estimate	Estimate	Estimate	Estimate
Angola	17,000	10,000	10,000	15,000
Botswana	13,000	5,800	15,000	24,000
Burundi	…	15,000	14,000	39,000
Burkina Faso	5,000	7,100	15,000	43,000
Central African Republic	3 600	3,600	11,000	15,000
Cameroon	48,000	37,000	31,000	52,000
Chad	…	11,000	89,000	10,000
Côte d'Ivoire	11,000	36,000	51,000	72,000
Congo	5,100	5,100	58,000	8,600
Gabon	18,000	18,000	7,600	2,000
Ghana	18,000	18,000	120,000	180,000
Kenya	92,000	80,000	16,000	33,000

Lesotho	20,000	14,000	14,000	16,000
Madagascar	…	1,700	1,300	8,700
Malawi	56,000	51,000	68,000	70,000
Mozambique	110,000	74,000	43,000	98,000
Namibia	4,400	67,000	81,000	18,000
Nigeria	270,000	220,000	210,000	250,000
Rwanda	6,000	41,000	15,000	40,000
South Africa	340,000	310,000	220,00	250,000
Swaziland	12,000	7,000	68,000	7,100
Uganda	100,000	64,000	89,000	110,000
Tanzania	88,000	86,000	110,000	140,000
Uganda	100,000	64,000	89,000	110,000
Zambia	59,000	45,000	68,000	99,000
Zimbabwe	48,000	83,000	130,000	160,000

Source: UNAIDS, 2000, Report on the Global HIV/AIDS Epidemic, Geneva; UNAIDS, 2010, Report on the Global AIDS Epidemic, Geneva

According to the FAO, 20% of those between the ages of 15-49 are infected with HIV/AIDS in South Africa. The projected loss in the agricultural labor force through HIV/AIDS will be 20% by 2020 (Lemke, 2005).

For farming communities' poor access to healthcare and health-related information is partly due to their remote location. Poverty and poor education make these communities even more vulnerable to the impact of HIV/AIDS (Department of Agriculture, 2008). The author realized an urgent need to conduct an in-depth study by exploring the alarming statistics of HIV/AIDS among the farming community.

Methodology

Design

A qualitative, exploratory and descriptive design was used to explore and describe the perceptions of a farming community in the Limpopo Province on HIV/AIDS.

Participants and sampling

The farm owner, farm managers, supervisors and both male and female farm workers above the age of 18 in the Masakona, Ravele and Tshakhuma farming community were the study population. The farm owner and managers made the decision not to take part in the study.

Purposive and convenience sampling methods were used to sample the population for participation in the study. The author purposively and conveniently selected 5 participants from the Masakona, Ravele and Tshakhuma farming community in the Limpopo Province. Anyone who met the inclusion criteria and was willing to participate was selected.

The 15 participants were 7 males and 8 females between the ages of 28 and 49. Two of the 15 participants were supervisors and the rest were farm workers. The duration of the participants' employment ranged between 7 months and 10 years. Table 2 summarizes the profile of these participants.

Table 2: Participant characteristics

Characteristic	N
Gender	
Female	8
Male	7
Age (years)	
20–30	1
31–4	4
41–50	10
Job title	
Supervisor	2
Farm worker	13
Duration employed	
6-12 months	2
4-5 years	2
6-7 years	7
9-10 years	4

Data collection

In-depth, semi-structured one-on-one interviews were conducted during October and November 2012. Data was collected until data saturation was reached and no new information was obtained. There was no predetermination of the number of participants. Data saturation was reached after interviewing fifteen participants and the author interviewed five more participants after data saturation. Apart from being asked to give biographical details, they were also asked about: (a) their perceptions of HIV/AIDS; (b) challenges experienced by those infected and affected with HIV/AIDS; (c) strategies in place to support those infected with and affected by HIV/AIDS. Interviews were conducted in the language preferred by the participants.

Data analysis

The taped interviews were transcribed verbatim. Anonymity was ensured by not recording the names of the participants during the interviews.

Data analysis was conducted according to Tesch's analysis method (Burns & Grove, 2007).

An experienced research assistant assisted in transcribing and translating the data into English. Thoughts and ideas about the content of the interview were jotted down. A final decision on each category and assembling the data belonging to each category was carried out. Finally, a preliminary analysis was done by the researcher. Categories, sub-categories and themes were identified through clustering of descriptive phrases from the transcriptions. In order to avoid bias, the transcriptions together with field notes were sent to an independent coder for validation (Polit & Beck, 2008).

Results

The prevalence of HIV is very high among farm workers, with almost 4 people out of every 10 being HIV positive. This is stated to be the highest prevalence ever published in Southern Africa among a working population (Mushwana, 2011). The healthcare worker in charge of the mobile clinic at which the study was conducted affirmed that the number of new infections is declining but it is still a challenge.

Even though differences existed among participants with regard to their views, perceptions and experiences, four categories during data analysis were drawn up. A summary of categories, sub-categories, and themes is presented in Table 3.

Table 3: Summary of categories, sub-categories and themes

Categories	Sub-Categories	Themes
1. Emotions linked to HIV/AIDS	1.1. Pleasant and unpleasant (emotions)	1.1.1. Fear 1.1.2. Pain, pity and sympathy 1.1.3. Concern and neglect 1.1.4. Acceptance
2. Individual characteristics and experiences	2.1. Personal biological factors	2.1.1. Gender inequality and exploitation of women
	2.2. Personal socio-cultural factors	2.2.1. Poverty and low wages
	2.3. Personal psychological factors	2.3.1. Stigma and social isolation leading to non disclosure
3. Behavior specific cognition and affect	3.1. Perceived benefits of	3.1.1. Multiple partners and use of sexual protection
	3.2. Perceived barriers to	3.2.1. Low wages and long working hours 3.2.2. Alcohol intake increases the risk of contracting HIV 3.2.3. Insufficient knowledge about

		HIV/AIDS due to lack of training in HIV/AIDS
4. Healthcare needs	4.1. Mobile clinic and shortage of staff	4.1.1. Cessation of healthcare delivery and increased workload

Emotions linked to HIV/AIDS

The first category that emerged relates to emotions linked to HIV/AIDS. The participants expressed pleasant and unpleasant emotions when surveyed. However, mostly unpleasant emotions emerged when exploring the perceptions on HIV/AIDS.

Fear

Participants expressed fear explicitly, fear of being infected with HIV and fear of contracting HIV from their spouses as expressed by participant number 5 and 13. The majority of participants expressed fear to test, whereas participant number 11 feared to be retrenched if he missed work because of follow-up appointments to collect antiretroviral treatment. Stigma and prejudices associated with HIV/AIDS can, not only, undermine attempts to identify, treat and control the disease but also the opportunity to offer sufferers the care and compassion they deserve. This is evident from statements such as:

HIV is a killer disease. It is scary to see people dying like this. People are scared to test for HIV.

Pain, pity and sympathy

The emotion of pain, pity and sympathy was verbalized when someone is ill or dies due to HIV related illnesses. This is evident from statements such as:

It is painful to see people dying like this. This disease makes me feel pain, and I don't want to hear about it, I feel pity and pain for those who have this thing.

As much as most of the participants verbalized that they still do not talk about HIV/AIDS but there was a general feeling of pain and sympathizing with those (co-workers and family members) who had signs of HIV. Participant number 14 verbalized that AIDS is a hateful disease, but when her aunt contracted it, she pitied her; but she had to change her attitude and accept it. The majority of the participants felt that they could not just talk about AIDS freely:

We don't talk about HIV/AIDS at work or at home, but people must go to the clinic to be checked and know their status. I hate it, my aunt died because of it, I pitied her...

Concern and neglect

Most participants raised concern that people are still not using protection even if they know that they have HIV. Some spread it intentionally. Participant number 11 raised the concern that since he is infected he is concerned about who will support his family financially once he becomes sick. Participant number 14 emphasized that the government does not care about the farm workers otherwise they would come and see what is happening in the farms. In addition, all participants expressed that even the healthcare workers did not care about them because the mobile clinic has not been coming for the past four months. The narrative statements quoted below that the farming community is neglected and no one cares about it, including the government, confirmed concern and neglect:

It is tough in the farms; the government neglects us. We blame the government, they don't care about us. When it comes to HIV, it is difficult, people in the farms do not have knowledge about HIV and the mobile clinic has not been coming for the past four months.

In reference to these quotations from the transcripts, the participants emphasized that people in the farming community are still dying because of HIV because the government neglects them and their healthcare needs are not attended to. However, concern and neglect was not raised by the farm employees only, but also by the healthcare worker who was in charge of the mobile clinic. She raised a concern that as Voluntary Counselling and Testing (VCT) counsellors they were not focusing only on VCT but also on other routines of the institution, like attending to other primary

healthcare (PHC) services and school health programmes.

Acceptance

The pleasant emotion expressed was acceptance of one's status once infected and to be accepted and supported by their family members. Participant 11 expressed that he has accepted his status and that he gets support from his family: HIV kills but I take it like a cold. My family is supportive.

Individual characteristics and experiences

The second category that emerged is individual characteristics and experiences which is one of the components of Health Promotion Model (HPM) that supported the findings of this study. Within the study, gender inequality and exploitation of women, poverty and low wages, stigma and social isolation leading to non-disclosure and multiple partners and use of sexual protection were significant variables.

Gender inequality and exploitation of women

Gender equality is a fundamental human right, and a necessary condition for the achievement of internationally agreed on development objectives. Participant number 2, who is a supervisor, raised the issue of exploitation of women and gender inequality irrespective of qualifications and experience that the women have. The majority of participants expressed that women end up in a relationship with a manager or supervisor because they want to work less, have more money and secure their employment. Some females feel victimized and forced to be in such relationships. It was evident that even females in management positions did not support female employees: It is tough, if you are a woman and you are a supervisor a man in a similar position gets more money than you get. Women don't have a say, even the women in management positions don't support us. People want to have less work, by becoming the 'girlfriend' of a supervisor because it guarantees better working conditions.

Poverty and low wages

There are strong bi-directional linkages between HIV/AIDS and poverty in resource-poor settings. The issue of poverty was expressed by participant number 12, who remarked that its effects are carried over from generation to generation. The majority of participants verbalized that they were underpaid and linked low wages to transactional sex, which increased the risk for contracting HIV. Participant number 14 stated that her niece contracted HIV from her mother because she breastfed the child because she could not afford to buy formula milk:

If you have two boyfriends you are increasing your income. There is no money in the farms. My parents are poor, I am poor; the farming community is poor, it is from generation to generation. My sister was advised not to breastfeed, but she had to breastfeed because she couldn't afford formula milk.

Stigma and social isolation leading to non-disclosure

Stigma and social isolation leading to non-disclosure was identified as the only theme within personal psychological factors. Participants stated that those that have the virus do not disclose because of fear of social isolation. It was evident that despite the basic knowledge that the farming community had on transmission of HIV, the stigma and the social isolation are still prevalent: When people start getting ill they say it is TB of the bones. People don't disclose their status because most people will judge you if you tell them you have HIV.

Behavior-specific cognition and affect

Behavior-specific cognition and affect emerged as the third category. The assumption predicted by the HPM confirms that it is a common practice to have multiple partners for monetary purposes. Under behavior-specific cognition and affect, it is stated that the immediate competing demands, such as the pressure to buy food, have a direct impact on the participation in health-promoting behaviors.

Multiple partners and use of sexual protection

The theme emphasizes that multiple partners and not using sexual protection are still common in the farming community:

People have multiple partners here in the farms, they don't want to use the condoms, and they say it is not nice to have sex if you use a condom. There are people with HIV in Levubu farms, it's not a secret, I'm married but I have a girlfriend. HIV is not controlled because people don't use protection... One female has two or three boyfriends here in the farms.

The narrative statements indicate that there is some form of HIV/AIDS awareness among members of the farming community. The medical aspects of HIV/AIDS are not necessarily well articulated, though.

Low wages and long working hours

The farm employees are the lowest paid members of the workforce according to the literature and they are subjected to long working hours. Participant number 13, who disclosed his status, raised a concern that there is no time for visiting the clinic: There is no time to go to the clinic; we are working from 7am - 5pm and on Saturday its overtime.

Alcohol intake increases the risk of contracting HIV

Alcohol is the most commonly abused substance in Sub-Saharan Africa, and people with HIV are more likely to use alcohol than the general population (Pandrea *et al.*, 2010). Participants acknowledged that alcohol intake increases the risk of contracting HIV. The narrative statements affirm that: People overlook the issue of protection especially when they are not in their sober senses.

Insufficient knowledge about HIV/AIDS and lack of training in HIV/AIDS

The majority of participants raised the concern that they have insufficient knowledge about HIV/AIDS. This finding demonstrates that there is an urgent need for training the farming community about HIV/AIDS. Healthcare workers raised the issue of lack of support from farm managers and owners when they (healthcare workers) want to provide training to employees.

We need training on HIV. In order to use condoms correctly, we must be taught how to use them. Some of them still don't believe that HIV exists; they say you are bewitched.

Healthcare needs

Healthcare needs were identified as the fourth category. Healthcare needs are important to individuals and families and need to be fulfilled in order that individuals and families have optimum health.

Cessation of health care delivery and increased workload

All participants stated that the mobile clinic had no longer reached them since April 2012. When the healthcare worker in charge of the mobile clinic was interviewed, she mentioned that the healthcare workers have 2 mobile cars and 1 driver responsible for transporting staff. With these limited resources the 10 healthcare workers were expected to cover 7 local clinics, all farms in Levubu and all the local schools: The mobile clinic is no longer coming for the past 3 - 4 months. I have never seen the mobile clinic since April 2012. We blame the government; it does not care about us. For us to be cured, doctors must come to the farms.

Discussion

Analysis of the qualitative data revealed the emotions linked to HIV/AIDS as the first category. These emotions could be grouped into pleasant and unpleasant emotions. The most prominent unpleasant emotions expressed by the participants were fear, pain, pity and sympathy. In addition, most participants articulated concern and feeling neglected. The findings of this study were consistent with the findings of Van Empelen (2005) and Setswe (2010); it was evident that continuous counseling of infected patients is crucial especially when patients say they have accepted their status. Fear is related to images and notions of suffering, shame and death, being dependent on others to take care of you, being rejected and feeling alone. Stigmatization, social rejection and the

frightful nature of HIV/AIDS prevented some people from undergoing the HIV tests (Saliu & Adejoh, 2010).

As much as most of the participants verbalized that they rarely talk about HIV/AIDS, there was a general feeling of sympathy for those who had signs of HIV. According to the Joint United Nations Programme on HIV/AIDS (2011), millions of people around the world know people close to themselves who are living with HIV. They are likely to feel pain, pity and sympathy; be fearful and upset over how the disease could affect their loved ones or their relationship; worry about how they can best support that person.

Family members and friends in the current study shared these feelings, but they also struggled with accepting the changes their loved ones go through. This struggle was frequently translated into withdrawal. (Mudzisi *et al.*, 2007).

Concern and a feeling of being neglected were expressed by the participants in this study. They mentioned that the government does not care about farm workers. The majority of participants expressed that even the healthcare workers do not care about them.

The literature proves that farm owners are dismissing HIV/AIDS as "the government's problem", while others are extremely concerned but are hampered by a lack of information and assistance from the Department of Health and other governmental departments, and the impression that there are no tools in place to "fix the problem" (Department of Agriculture, 2008).

The second category that emerged during data analysis is individual characteristics and experiences. According to Pender (1996), individual characteristics and experiences are predictive of a given behavior and shaped by the nature of the target behavior being considered. The importance of an individual's unique personal factors or characteristics and experiences depends on the target behavior for health promotion. The researcher focused on biological, socio-cultural, and psychological factors as a basis for the study.

The literature consulted indicates that women are becoming infected at a faster rate than men. The reasons for the high infection rate among women stems from women's physiological vulnerability to HIV infection, as well as gender disparities.

Gender inequalities showed in women being less educated and poorer than men and having less decision-making power. Women are vulnerable to sexual violence and other harmful practices. These same gender disparities are also harmful for men in spite of the fact that they tend to favor men. Men are expected to have multiple sexual partners, which increases their risk of contracting and transmitting HIV. There is still little public awareness and discussion about men's conflicting roles (Brophy, 2010).

Farm workers in South Africa workers struggle with a childhood history of violence alcoholism and low self-esteem (United Nations Educational, Scientific and Cultural Organization, 2008). The researcher's findings are in line with the literature referred to above.

Poor labor conditions and non-compliance with labor legislation were reported by trade union representatives of farm workers in the Western

Cape to the South African Human Rights Commission's inquiry in 2003. It was found that the unequal treatment of women was prevalent as well as non-compliance regarding overtime, leave, and information regarding remuneration, illegal deductions and dismissals (South African Human Rights Commission, 2003).

Trade unions reported that housing and permanent employment for single women on farms is seldom ever a possibility. Parenzee and Smythe (2003) stated that these extreme dependence increases women's vulnerability

as they are reluctant to utilize the legal system because of the very real risk of losing their work and home.

Poverty and low wages were significant in this study. There are strong bi-directional linkages between HIV/AIDS and poverty in resource-poor settings. HIV/AIDS are both symptoms of the existent poverty conditions manifesting where livelihoods are unsustainable and show the unmitigated impact of the epidemic on social and economic conditions. HIV/AIDS is at the same time a cause and an outcome of poverty and poverty is both a cause and an outcome of HIV/AIDS.

The Department of Agriculture (2008) further emphasizes that environmental factors like poor living and working conditions, separation from families, physically demanding work and low wages, and limited recreational facilities exacerbate the spread of HIV on the farms.

Government has adopted a comprehensive approach to eradicating extreme poverty and hunger. This approach combines cash transfers with social wage packages including clinic-based free PHC for all, compulsory education for those aged 7 to 13 years, provision of subsidized housing, electricity, water, sanitation and refuse removal (Millennium Development Goal Country Report, 2010).

Stigma and social isolation leading non-disclosure of one's status were identified as a personal psychological factor. Participants stated that those who are infected with HIV do not disclose their status because they fear social isolation.

Counseling and testing for HIV combined with disclosure of HIV status to sexual partners can enable people living with HIV/AIDS (PLWHA) to seek appropriate care and treatment. Additionally, it can allow both PLWHA and uninfected persons to make informed choices about their sexual behavior.

Despite public health benefits of disclosure, there are a number of potential risks, including loss of economic support, blame, abandonment, physical and emotional abuse, discrimination and disruption of family relationships. These risks may lead PLWHA to choose not to disclose their HIV status to friends, family and sexual partners.

The racialization of HIV as a Black or African disease by mainstream cultural media and institutions has a detrimental impact on willingness to approach health services. HIV stigma intersects with other forms of stigma and discrimination, and its impact is heavy on gay men, women, and poor people (Lawson *et al.,* 2006).

The assumption predicted by the HPM, confirms that it is common practice to have multiple partners for monetary purposes. For the farming community, these demands include poverty and low income. Basic needs such as food and safety must be addressed before health promotion can become a focus (Burns & Grove, 2007).

According to Shisana, *et al.* (2008), concurrent sexual partnerships are noted to be a major contributing factor to the rapid spread of HIV. Although male and female condoms are readily available in South Africa, male condoms have been more widely available than female condoms. Low use, inconsistent use and non-use are also noted to occur among people with multiple partners (Shisana *et al.,* 2008).

Mudzusi, *et al.* (2007) discovered that intentional exposure to contracting HIV is still a common practice for the sake of receiving the disability grant. It was further stated that most clients who came for VCT wanted to be infected so that they are eligible for disability grants.

Lemke (2005) stated that South African farm workers are the most vulnerable members of the South African workforce, earning the lowest wages with women earning even less than men.

In this study participants acknowledged that alcohol intake increases the risk of

contracting HIV. Several studies in Sub-Saharan Africa suggested strong links between alcohol and risky sexual behavior such as having multiple sex partners, having unprotected sex and transactional sex (Shisana *et al.,* 2010).

Most participants in this study had basic knowledge about HIV/AIDS. Prevention programmes in Africa include HIV/AIDS education in schools, peer education for high-risk groups, widespread communication campaigns against risky behavior, HIV testing for pregnant women and free condom distribution. More programmes are tailored to women, especially those with low education levels and those from rural areas. However, these programmes also need to address socio-cultural influences on sexuality.

Findings by Netangaheni (2008) revealed that 75% of the participants indicated the need for a full-time HIV/AIDS trainer on the Levubu farms. The author recommended that a full time trainer should be appointed because such an appointment would especially alleviate the shortage of the healthcare workers who are expected to provide training on HIV/AIDS on the Levubu farms. This study was conducted in 2008 but to date there was no HIV/AIDS trainer.

Barriers to healthcare identified in this study were a long distance to the clinic, long working hours and unavailability of condoms. Cessation of healthcare delivery and the increased workload for the healthcare workers were raised by all the participants.

Health and human rights are interconnected and complementary approaches to sustainable development. Citizen's rights to healthcare in South Africa is safe- guarded by the national service delivery standards. According to the Batho Pele principles all the individuals have a right to access healthcare services they are entitled to and this includes the farming community (Andersson *et al.,* 2004).

According to the Health Act (2003) every metropolitan and district municipality must ensure that appropriate municipal healthcare services are effectively and equitably available in their respective areas. This is no exemption to the farming community.

Health services in most countries are affected by HIV/AIDS. If the capacities to meet the new demands are limited, decisions on who and what to treat will need to be made. The HIV/AIDS pandemic may, therefore, affect the health not only of those infected but also of others in the community (Joint United Nations Programme on HIV/AIDS, 2008).

Limitations

The study was conducted in the Levubu farming community in Limpopo Province. The study was conducted in the participant's indigenous languages. The transcribed interviews had to be translated to English. This was difficult and time consuming. Words and expressions of various emotions are easily available in English but unavailable in indigenous languages. This fact calls for further research regarding the use of indigenous languages in phenomenological interviews.

Conclusion and recommendations

Regular training on HIV/AIDS is crucial, given that the findings of this study showed that despite the ongoing HIV awareness campaigns in South Africa; some segments of the population do not get the message, specifically the farming community.

Universal access to healthcare services, which most of us take for granted, is not accessible to the farming community.

Farm workers are the most under-serviced workers in South Africa. According to the findings of this study, poor access to healthcare and health related information is partly due to their remote location of work. The high incidence of poverty makes the farm worker even more vulnerable to the impact of HIV/AIDS.

Multiple factors influencing the increased

HIV infection rate in farming communities warrant concern. It was revealed that factors that lead to HIV vulnerability include: poverty, a lack of access to appropriate information, education and communication materials on HIV, cultural attitudes and practices, beliefs in HIV myths, gender-based violence, very few interventions from government and non-governmental organizations targeting farm workers, lack of incentives or facilities to test for HIV and lack of access to condoms.

It is recommended that further research should be done in the farming community in order to explore the perceptions of the farming community in depth.

Implications of the study

The study highlighted that HIV is the fastest growing epidemic in South Africa. The following implications are therefore relevant.

Implications for the government and farm owners

A multidisciplinary approach between the government, Ministries of Health and the healthcare professionals in Limpopo Province should work hand in hand in order to control the spread of HIV especially in the farming communities. More healthcare professionals should be trained to meet the high demands of the farming communities.

More support and funding needs to be given, by the Government, the NGO sector and sponsors to those organizations that already exist to assist with awareness campaigns on the farms.

The farm owners must consider increasing the salary of the farm employees so that they can improve living conditions and avoid risky behavior like engaging in transactional sex.

The researcher generated recommendations, which can empower the farm owners and other healthcare workers to facilitate a better understanding of HIV/AIDS amongst the farming community. These recommendations could also be useful to programme planners and other stakeholders involved in designing interventions to assist the farming community in HIV/AIDS awareness.

References

Andersson, N., Matthis, J., Paredes, S., & Ngxowa, N. (2004). Social audit of provincial health services. *Journal of Interprofessional Care*, 18(4), 381-390.

Brophy, F. C. (2010). *Strengths based counselling programme for male farm workers*. A guide for lay practitioners, unpublished draft, Paarl.

Burns, N., & Grove, S. K. (2007). *Understanding nursing research building evidence based practice.* (4th edn.). St Louis: Saunders, Elsevier.

Chucks, A. P. (2008). The effects of HIV/AIDS pandemic on agricultural production as perceived by farmers in the central agricultural zone of Delta State, Nigeria, *Middle East Journal of Scientific Research*, 3(2), 90-95.

Department of Agriculture (2008). *HIV/AIDS in South African Agricultural Sector*. Pretoria: Government Printers.

Department of Health, (2007). *HIV/AIDS and STI Strategic Plan for South Africa 2007-2011*. Pretoria: Government Printers.

Geyer, N. (2010). South African HIV Clinicians Society. *Nursing Magazine*, 1(3), 41-52.

Lawson, E., Gardezi, T., Caizavara, L., Husband, W., Myers, T. & Tharoo, W. (2006). *HIV/AIDS, stigma, denial, fear and discrimination*, Report by The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), and The HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto.

Lemke, S. (2005). Nutrition security, livelihoods and HIV/AIDS: implications for research among farm worker households in South Africa. *Public Health Nutrition*, 8(7), 844-852.

Mudzusi, A. H. M., Netshandama, V. O., & Maselesele, M. (2007). Nurses' experiences of delivering VCT for people with HIV/AIDS in the Vhembe

District, Limpopo Province, South Africa. *Nursing and Health Sciences,* 9(3), 254-262.

Mushwana, S. S. (2011). *Investigating the impact and challenges of implementing the National Counseling Testing Campaign in the Ga-Motupa Community in Limpopo*, Unpublished Manuscript. University of Stellenbosch.

Netangaheni, T. R. (2008). *A hidden cohort: HIV/AIDS amongst the farming community*. Unpublished Manuscript, University of South Africa.

Pandrea, I., Happel, K. I., Amedee, M., Bagby, G. J., & Nelson, S. (2010). Alcohol's Role in HIV Transmission and Disease Progression. *Journal of Immunology*, 33(3), 203-218.

Parenzee, P., & Smythe, D. (2003). *Domestic Violence and Development: Looking at the Farming Context. South Africa:* Institute of Criminology. University of Cape Town.

Pender, N. J. (1996). *Health promotion in nursing practice* (3rd edn.). New York: Connecticut: Appleton & Lange Stanford.

Polit, D. F., & Beck, C. T., (2008). *Nursing research, generating and assessing evidence for nursin*g (8th edn.). Philadelphia: Lippincott Williams & Wilkins.

Republic of South Africa, (2003). National Health Act, No. 61 of 2003. *Government Gazette.* (Vol. 469, No. 26595). Cape Town: Government Printers.

Saliu, O. J., & Adejoh, S. A. (2010). HIV/AIDS spread among rural farmers in Nigeria: implication on village agricultural extension service delivery. *Global Journal of Health Science*, 2(2), 218–224.

Setswe, G. (2010). *Report on Impact Evaluation of the Total Control of the Epidemic (TCE)* Programme in South Africa, Human Sciences Research Council Press, Cape Town.

Shisana, O., Rehle, T., Simbayi, L. C., Parker, W., & Zuma, K. (2008). *South African National HIV prevalence, HIV incidence, behavior and communication survey*, Human Sciences Research Council Press, Cape Town.

South African Human Rights Commission (SAHRC), (2003). *Inquiry into Human Rights Violations in Farming Communities.* Available: http://www/sahrc.org.za

United Nations, (2010). *Millennium Developmental Goals Report* 2010 United Nations Department of Economic and Affairs, New York.

Joint United Nations Programme on HIV/AIDS (UNAIDS), (2008). *AIDS Epidemic Update*. New York: Geneva.

Joint United Nations Programme on HIV/AIDS (UNAIDS), (2010). *AIDS Epidemic Update*. New York: Geneva.

Joint United Nations Programme on HIV/AIDS (UNAIDS), (2011). *AIDS Epidemic Update*. New York: Geneva.

Joint United Nations Programme on HIV/AIDS (UNAIDS) (2012). *Gender Equality*. New York: Geneva.

United Nations Educational, Scientific and Cultural Organization (UNESCO), (2008). *Women Out Loud*. Paris: IIEP Publications.

United Nations (2010). *Millennium Developmental Goals Report* 2010 United Nations Department of Economic and Affairs, New York.

Van Empelen, P. (2005). *What is the impact of HIV on families*, WHO Regional Office for Europe, Health Evidence Network Report.

Zvomuya, A. (2005). *AIDS Prevention for Farmers*. Farmers weekly: Ubisi Mail.