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**HIV Infection/AIDS-Related Knowledge, Attitudes and Practices:  
Alcohol/Drug Users (Including Intravenous Drug Users) Receiving  
Treatment in Selected Centres in the RSA, 1993**

**Lee Rocha-Silva**

**SADA 0091**

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**Principal Investigator**

**Lee Rocha-Silva**

**1996**

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## **STUDY DESCRIPTION**

SADA 0091 HIV Infection/AIDS-Related Knowledge, Attitudes and Practices: Alcohol/Drug Users (Including Intravenous Drug Users)Receiving Treatment in Selected Centres in the RSA, 1993

**PRINCIPAL INVESTIGATOR:** Lee Rocha-Silva

**DEPOSITOR:** Human Sciences Research Council (HSRC)

**ABSTRACT:** The study focused on gathering baseline data on the HIV infection/AIDS related knowledge, attitudes, beliefs and practices of alcohol and other drug users and in particular IVDUs (intravenous drug users) receiving treatment at selected centres in the RSA. The emphasis was on generally covering major areas of concern rather than doing an in-depth study of the relevant areas.

**GEOGRAPHIC LOCATION:** South Africa

**IMPORTANT VARIABLES:** Sexual practices of respondents; prevalence of HIV infection/AIDS among respondents, respondents' friends and acquaintances; the nature and level of alcohol/drug intake of respondents; HIV infection/AIDS related knowledge of respondents; and HIV infection/AIDS-related attitudes of respondents.

**DEMOGRAPHIC VARIABLES:** Gender, age, ethnicity, educational status, home language, marital status, residential characteristics.

**UNIVERSE:** Part 1 Data: Alcohol/drug users including IVDUs receiving treatment at all South African Council on Alcoholism and Drug Dependence (SANCA) alcohol/drug-treatment centres/clinics and other alcohol/drug-treatment centres/clinics situated in the same communities at the time of the research.

Part 2 Data: Therapists at these centres/clinics.

**METHOD OF DATA COLLECTION:** In-depth interviews with a structured questionnaire.

**TYPE OF DATA:** Survey

**UNITS OF OBSERVATION:** Individuals

**LANGUAGE OF WRITTEN MATERIAL:**

Questionnaire: Open-ended codes contains responses in Afrikaans

**EXTENT OF COLLECTION:** 2 data files in SPSS and hardcopy documentation and questionnaire.

Name of File: Part 1 Patient Data

Number of Cases: 145

Number of Records: 435

Records per Case: 3

Logical Record Length: 80

Number of Variables: 134

Number of kilobytes: 151 KB

Name of File: Part 2 Therapist Data

Number of Cases: 48

Number of Records: 48

Records per Case: 1

Logical Record Length: 46

Number of Variables: 42

Number of kilobytes: 5 KB

**Publications:**

Rocha-Silva, Lee. "HIV infection/AIDS-related knowledge, attitudes and practices: Alcohol/drug users (including intravenous drug users) receiving treatment in selected centres in the RSA". Pretoria: Human Sciences Research Council. 1933.

## 1. PERSONAL INTERVIEW SCHEDULE:

### PATIENT: HISTORY OF IVDU/POTENTIAL IVDU

|           |  |  |  |  |     |
|-----------|--|--|--|--|-----|
| Card no   |  |  |  |  | 1-2 |
| Record no |  |  |  |  | 3-5 |

Note:

Broad definition of potential IVDU: Anyone who is in treatment for alcohol and other drug-related problems and has not injected a drug as yet.

### A. IDENTIFICATION/BIOGRAPHICAL DATA

1 Centre/clinic/office – address

|       |
|-------|
| ..... |
| ..... |
| ..... |
| ..... |

6-7

2 IVDU

(a) Probe:

| IVDU | Potential IVDU |   |
|------|----------------|---|
| 1    | 2              | 8 |

(b) Probe:

| Ever injected a drug |    |       |    |      |
|----------------------|----|-------|----|------|
| Muscles              |    | Veins |    |      |
| Yes                  | No | Yes   | No |      |
| 1                    | 2  | 1     | 2  | 9-10 |

| Ever shared a needle |    |    |
|----------------------|----|----|
| Yes                  | No |    |
| 1                    | 2  | 11 |

3. Gender

| Male | Female |    |
|------|--------|----|
| 1    | 2      | 12 |

4.

| 14 years and younger | 15-17 years | 18-24 years | 25-34 years | 35 years and older |    |
|----------------------|-------------|-------------|-------------|--------------------|----|
| 1                    | 2           | 3           | 4           | 5                  | 13 |

5. Ethnicity

| Black | Coloured | Indian | White |    |
|-------|----------|--------|-------|----|
| 1     | 2        | 3      | 4     | 14 |

6. Educational status

| None | G 1/Sub –<br>Std 5 | Std 6/Form1 – Std<br>10/Form5/NTC III | Higher than<br>Std 10 |    |
|------|--------------------|---------------------------------------|-----------------------|----|
| 1    | 2                  | 3                                     | 4                     | 15 |

7. Home language

| Sotho | Nguni (Zulu/<br>Swazi<br>Ndebele | Shangaan<br>/Tsonga | Venda<br>/Lemba | Afrikaans | English | Oriental | Other |    |
|-------|----------------------------------|---------------------|-----------------|-----------|---------|----------|-------|----|
| 1     | 2                                | 3                   | 4               | 5         | 6       | 7        | 8     | 16 |

8. Marital status

| Married | Widow<br>/Widower | Divorced | Live<br>together | Never<br>married |    |
|---------|-------------------|----------|------------------|------------------|----|
| 1       | 2                 | 3        | 4                | 5                | 17 |

9. Residential characteristics:

Community "controlled" by residents or "depressed"

Definition: "Controlled"

Basic health/educational/transport facilities; fairly adequate personal-safety measures in community; community members generally not cut-off from or marginal to basic economic well-being

Definition: "Depressed": Opposite of above definition

| Controlled | Depressed |    |
|------------|-----------|----|
| 1          | 2         | 18 |

10. Out/in-patient

| Out-patient | In-patient |    |
|-------------|------------|----|
| 1           | 2          | 19 |

11. Length of time in treatment

..... 20

12 (a) Total number of friends/acquaintances (who use alcohol/drugs) with AIDS

.....  21

(b) Respondent an AIDS patient (Interviewer: Obtain this information from the clinic, if possible.)

| Yes | No |                         |
|-----|----|-------------------------|
| 1   | 2  | <input type="text"/> 22 |

13. Outlook on life, particularly with regard to sexual activity

| Present-orientated<br>(Prepared to postpone sexual activity for e.g.<br>economic/social reasons) | Future-orientated<br>(Not prepared to postpone sexual<br>activity) |                         |
|--|--|-------------------------|
| 1  | 2  | <input type="text"/> 23 |

14. Usual sexual practices

|                                 | Yes | No |                         |
|---------------------------------|-----|----|-------------------------|
| Homosexual                      | 1   | 2  | <input type="text"/> 24 |
| Heterosexual                    | 1   | 2  | <input type="text"/> 25 |
| Prostitution For money          | 1   | 2  | <input type="text"/> 26 |
| For drugs                       | 1   | 2  | <input type="text"/> 27 |
| Single sex partner An IVDU      | 1   |    | <input type="text"/> 28 |
| Not an IVDU                     | 1   | 2  | <input type="text"/> 29 |
| Multiple sex partners All IVDUs | 1   | 2  | <input type="text"/> 30 |
| Some IVDUs                      | 1   | 2  | <input type="text"/> 31 |
| No IVDUs                        | 1   | 2  | <input type="text"/> 32 |
| Insistence on condom use        | 1   | 2  | <input type="text"/> 33 |

15 Drug practices in the 12 months prior to treatment

(i) (COMPLETE SECTION C)

(ii) Main reason for drug use

.....  34

(iii) Main place where drug use took place

.....  35

(iv) Drug use mostly in company/alone?

| Company | Alone |                         |
|---------|-------|-------------------------|
| 1       | 2     | <input type="text"/> 36 |



(v) If drug use was mostly in company, who were these people mostly (e.g. relatives, friends, business associates, acquaintances, strangers)

.....  37

## B. AIDS-RELATED KNOWLEDGE/ATTITUDES/PRACTICES

1 (a) Definition: What is AIDS?

.....  
.....  
..... 38

1 (b) Source(s) of information regarding the above definition

.....  39

1 (c) Regarding the accessibility of information on the nature of AIDS. Is such information generally:

| Highly accessible? | Fairly accessible? | Not accessible? |    |
|--------------------|--------------------|-----------------|----|
| 1                  | 2                  | 3               | 40 |

1 (d) Do you, or don't YOU feel you should know what AIDS is?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 41 |

IF YES: Why?

.....  42

IF NO: Why?

.....  43

1 (e) Do you, or don't you feel THE PEOPLE IN YOUR NEIGHBOURHOOD should know what AIDS is?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 44 |

IF YES: Why?

.....  45

IF NO: Why?

.....  46

1 (f) Any additional comments regarding the matter of the nature of AIDS?

.....  47

2 (a) What causes AIDS?

.....  48

2 (b) Source(s) of information regarding the above causes

.....  49

2 (c) Regarding the accessibility of information on the causes of AIDS. Is such information generally:

| Highly<br>accessible? | Fairly<br>accessible? | Not<br>accessible? |    |
|-----------------------|-----------------------|--------------------|----|
| 1                     | 2                     | 3                  | 50 |

2 (d) Do you, or don't YOU feel you should know what causes AIDS?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 51 |

IF YES: Why?

.....  52

IF NO: Why?

.....  53

2 (e) Do you, or don't you feel THE PEOPLE IN YOUR NEIGHBOURHOOD should know what causes AIDS?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 54 |

IF YES: Why?

.....  55

IF NO: Why?

.....  56

2 (f) Any additional comments regarding the matter of the causes of AIDS?

.....  57

3 (a) How is AIDS transmitted from one person to another?

.....  58

3(b) Source(s) of information regarding the above matter

.....  59

3 (c) Regarding the accessibility of information on the transmission of AIDS. Is such information generally:

| Highly<br>accessible? | Fairly<br>accessible? | Not<br>accessible? |    |
|-----------------------|-----------------------|--------------------|----|
| 1                     | 2                     | 3                  | 60 |

3 (d) Do you, or don't YOU feel you should know how AIDS is transmitted?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 61 |

IF YES: Why?

.....  62

IF NO: Why?

.....  63

3 (e) Do you, or don't you feel THE PEOPLE IN YOUR NEIGHBOURHOOD should know how AIDS is transmitted?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 64 |

IF YES: Why?

.....  65

IF NO: Why?

.....  66

3 (f) Any additional comments regarding the matter of the transmission of AIDS?

.....  67

4 (a) Can or can't people who are being treated for alcohol/drug-related problems (or who are candidates for such treatment) protect themselves against AIDS?

|     |    |    |
|-----|----|----|
| Yes | No |    |
| 1   | 2  | 68 |

A. (i) How

.....  69

(ii) How did you get to know about this?

.....  70

B. (i) Why not?

.....  71

(ii) How did you get to know about this?

.....  72

4 (b) Can people who inject drugs protect themselves against AIDS?

|     |    |    |
|-----|----|----|
| Yes | No |    |
| 1   | 2  | 73 |

A. (i) How

.....  74

(ii) How did you get to know about this?

.....  75

B. (i) Why not?

.....  76

(ii) How did you get to know about this?

.....  77

4 (c) Can YOU protect yourself against AIDS?

|     |    |    |
|-----|----|----|
| Yes | No |    |
| 1   | 2  | 78 |

How?

.....  79

Why not?

.....  80

1-2  
3-5

4 (d) Regarding the accessibility of information on how people (i) with alcohol/drug-related problems, (ii) who inject drugs can protect themselves against AIDS  
Is such information generally:

| Highly<br>accessible? | Fairly<br>accessible? | Not<br>accessible? |   |
|-----------------------|-----------------------|--------------------|---|
| 1                     | 2                     | 3                  | 6 |

| Highly<br>accessible? | Fairly<br>accessible? | Not<br>accessible? |   |
|-----------------------|-----------------------|--------------------|---|
| 1                     | 2                     | 3                  | 7 |

4 (e) Should or shouldn't a special effort be made in this country to assist people with alcohol/drug-related problems/IVDUs in protecting themselves against AIDS?

| Yes | No |   |
|-----|----|---|
| 1   | 2  | 8 |

If yes:

(i) Who should take responsibility for such assistance?

.....  9

(ii) What should the relevant assistance entail?

.....  10

5 (a) Can or can't AIDS be cured?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 11 |

(b) Name the source(s) of information

If yes:

.....  12

If no:

.....  13

5 (c) Regarding the accessibility of information on the curability of AIDS. Is such information generally:

| Highly<br>accessible? | Fairly<br>accessible? | Not<br>accessible? |    |
|-----------------------|-----------------------|--------------------|----|
| 1                     | 2                     | 3                  | 14 |

5 (d) Do you, or don't YOU feel you should know whether AIDS can be cured?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 15 |

If yes: Why?

.....  16

If no: Why?

.....  17

5 (e) Do you, or don't you feel THE PEOPLE IN YOUR NEIGHBOURHOOD should know whether AIDS can be cured?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 18 |

If yes: Why?

.....  19

If no: Why?

.....  20

5 (f) Any additional comments regarding the matter of the curability of AIDS?

.....  21

## C. ALCOHOL/DRUG PRACTICES (12 MONTHS PRIOR TO PRESENT TREATMENT)

1. Have you ever drunk wine?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 22 |

2. Have you drunk wine during the 12 months prior to treatment?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 23 |

3. How often did you usually drink wine during the 12 months prior to treatment?

|   |                           |       |
|---|---------------------------|-------|
| Daily, five or six times a week                   | 13                        |       |
| Three or four times a week                        | 12                        |       |
| Twice a week                                      | Weekend (Saturday/Sunday) | 11    |
|   | Week (Monday – Friday)    | 10    |
|   | Week and weekend          | 09    |
| Once a week                                       | Weekend (Saturday/Sunday) | 08    |
|   | Week and weekend          | 07    |
| Three or four times a month                       | 06                        |       |
| Twice a month                                     | 05                        |       |
| Once a month                                      | 05                        |       |
| Three or four times (every third or fourth month) | 03                        |       |
| Twice   | 02                        |       |
| Once  | 01                        | 24-25 |

4 How many GLASSES of wine did you USUALLY drink on an occasion during the 12 months prior to treatment?

|                      |       |       |      |     |     |     |    |
|----------------------|-------|-------|------|-----|-----|-----|----|
| More than 20 glasses | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |    |
| 7                    | 6     | 5     | 4    | 3   | 2   | 1   | 26 |

5 What is the LARGEST QUANTITY (glasses) of wine that you drank on an occasion during the 12 months prior to treatment?

|                      |       |       |      |     |     |     |    |
|----------------------|-------|-------|------|-----|-----|-----|----|
| More than 20 glasses | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |    |
| 7                    | 6     | 5     | 4    | 3   | 2   | 1   | 27 |

6 How OFTEN would you say did you drink the above LARGEST QUANTITY of wine (that you have drunk on an occasion) during the 12 months prior to treatment?

|   |                           |       |
|---|---------------------------|-------|
| Daily, five or six times a week                   | 13                        |       |
| Three or four times a week                        | 12                        |       |
| Twice a week                                      | Weekend (Saturday/Sunday) | 11    |
|   | Week (Monday – Friday)    | 10    |
|   | Week and weekend          | 09    |
| Once a week                                       | Weekend (Saturday/Sunday) | 08    |
|   | Week and weekend          | 07    |
| Three or four times a month                       |                           | 06    |
| Twice a month                                     |                           | 05    |
| Once a month                                      |                           | 05    |
| Three or four times (every third or fourth month) |                           | 03    |
| Twice   |                           | 02    |
| Once  | 01                        | 28-29 |

7 Have you ever drunk EUROPEAN BEER?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 30 |

8 Have you drunk EUROPEAN BEER during 12 MONTHS PRIOR TO TREATMENT?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 31 |

9 How OFTEN did you usually drink EUROPEAN beer during the 12 months prior to treatment?

|   |                           |       |
|---|---------------------------|-------|
| Daily, five or six times a week                   | 13                        |       |
| Three or four times a week                        | 12                        |       |
| Twice a week                                      | Weekend (Saturday/Sunday) | 11    |
|   | Week (Monday – Friday)    | 10    |
|   | Week and weekend          | 09    |
| Once a week                                       | Weekend (Saturday/Sunday) | 08    |
|   | Week and weekend          | 07    |
| Three or four times a month                       |                           | 06    |
| Twice a month                                     |                           | 05    |
| Once a month                                      |                           | 05    |
| Three or four times (every third or fourth month) |                           | 03    |
| Twice   |                           | 02    |
| Once  | 01                        | 32-33 |

10 How many small (340ml) cans/bottles of European beer did you usually drink on an occasion during the 12 months prior to treatment?

|                               |       |       |      |     |     |     |
|-------------------------------|-------|-------|------|-----|-----|-----|
| More than 20<br>cans/ bottles | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |
|-------------------------------|-------|-------|------|-----|-----|-----|



|   |   |   |   |   |   |   |  |    |
|---|---|---|---|---|---|---|--|----|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 34 |
|---|---|---|---|---|---|---|--|----|

11 What is the LARGEST QUANTITY (number of small cans/bottles) of European beer that you drank on an occasion during the 12 months prior

| More than 20 cans/ bottles | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |  |    |
|----------------------------|-------|-------|------|-----|-----|-----|--|----|
| 7                          | 6     | 5     | 4    | 3   | 2   | 1   |  | 35 |

12 How OFTEN would you say did you drink the above LARGEST QUANTITY of European beer (that you have drunk on an occasion) during the 12 months prior to treatment?

|   |                           |       |
|---|---------------------------|-------|
| Daily, five or six times a week                   | 13                        |       |
| Three or four times a week                        | 12                        |       |
| Twice a week                                      | Weekend (Saturday/Sunday) | 11    |
|   | Week (Monday – Friday)    | 10    |
|   | Week and weekend          | 09    |
| Once a week                                       | Weekend (Saturday/Sunday) | 08    |
|   | Week and weekend          | 07    |
| Three or four times a month                       | 06                        |       |
| Twice a month                                     | 05                        |       |
| Once a month                                      | 05                        |       |
| Three or four times (every third or fourth month) | 03                        |       |
| Twice   | 02                        |       |
| Once  | 01                        | 36-37 |

13 Have you ever drunk SORGHUM BEER (COMMERCIALY BREWED AND SOLD OVER THE COUNTER)?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 38 |

14 Have you drunk SORGHUM BEER during the 12 MONTHS PRIOR TO TREATMENT?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 39 |

15 How OFTEN did you USUALLY drink SORGHUM BEER during the 12 months prior to treatment?

|                                 |    |
|---------------------------------|----|
| Daily, five or six times a week | 13 |
| Three or four times a week      | 12 |
| Weekend (Saturday/Sunday)       | 11 |

|   |                           |    |       |
|---|---------------------------|----|-------|
| Twice a week                                      | Week (Monday – Friday)    | 10 | 40-41 |
|   | Week and weekend          | 09 |       |
| Once a week                                       | Weekend (Saturday/Sunday) | 08 |       |
|   | Week and weekend          | 07 |       |
| Three or four times a month                       |                           | 06 |       |
| Twice a month                                     |                           | 05 |       |
| Once a month                                      |                           | 05 |       |
| Three or four times (every third or fourth month) |                           | 03 |       |
| Twice   |                           | 02 |       |
| Once  |                           | 01 |       |

16 How many CARTONS (LITRE) of sorghum beer did you USUALLY drink on an occasion during the 12 months prior to treatment?

| More than 20 litres | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |    |
|---------------------|-------|-------|------|-----|-----|-----|----|
| 7                   | 6     | 5     | 4    | 3   | 2   | 1   | 42 |

17 What is the LARGEST QUANTITY (cartons (litre)) of sorghum beer that you drank on an occasion during the 12 months prior to treatment?

| More than 20 litres | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |    |
|---------------------|-------|-------|------|-----|-----|-----|----|
| 7                   | 6     | 5     | 4    | 3   | 2   | 1   | 43 |

18 How often would you say did you drink the above LARGEST QUANTITY (cartons (litre)) of sorghum beer (that you have drunk on an occasion) during the 12 months prior to treatment?

|   |                           |    |       |
|---|---------------------------|----|-------|
| Daily, five or six times a week                   |                           | 13 | 44-45 |
| Three or four times a week                        |                           | 12 |       |
| Twice a week                                      | Weekend (Saturday/Sunday) | 11 |       |
|   | Week (Monday – Friday)    | 10 |       |
|   | Week and weekend          | 09 |       |
| Once a week                                       | Weekend (Saturday/Sunday) | 08 |       |
|   | Week and weekend          | 07 |       |
| Three or four times a month                       |                           | 06 |       |
| Twice a month                                     |                           | 05 |       |
| Once a month                                      |                           | 05 |       |
| Three or four times (every third or fourth month) |                           | 03 |       |
| Twice   |                           | 02 |       |
| Once  |                           | 01 |       |

19 Have you ever drunk SPIRITS (E.G. BRANDY/WHISKY/VODKA)?

|     |   |    |
|-----|---|----|
| Yes | 1 | 46 |
| No  | 2 |    |

20 Have you drunk SPIRITS during the 12 MONTHS PRIOR TO TREATMENT?

|     |   |    |
|-----|---|----|
| Yes | 1 |    |
| No  | 2 | 47 |

21 How often did you USUALLY drink SPIRITS during the 12 months prior to treatment?

|   |                           |       |
|---|---------------------------|-------|
| Daily, five or six times a week                   | 13                        |       |
| Three or four times a week                        | 12                        |       |
| Twice a week                                      | Weekend (Saturday/Sunday) | 11    |
|   | Week (Monday – Friday)    | 10    |
|   | Week and weekend          | 09    |
| Once a week                                       | Weekend (Saturday/Sunday) | 08    |
|   | Week and weekend          | 07    |
| Three or four times a month                       | 06                        |       |
| Twice a month                                     | 05                        |       |
| Once a month                                      | 05                        |       |
| Three or four times (every third or fourth month) | 03                        |       |
| Twice   | 02                        |       |
| Once  | 01                        | 48-49 |

22 How many TOTS of spirits did you USUALLY drink on occasion during the 12 months prior to treatment?

|                      |       |       |      |     |     |     |    |
|----------------------|-------|-------|------|-----|-----|-----|----|
| More than<br>20 tots | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |    |
| 7                    | 6     | 5     | 4    | 3   | 2   | 1   | 50 |

23 What is the LARGEST QUANTITY (tots of spirits that you drank on an occasion during the 12 months prior to treatment?

|                      |       |       |      |     |     |     |    |
|----------------------|-------|-------|------|-----|-----|-----|----|
| More than<br>20 tots | 17-20 | 13-16 | 9-12 | 5-8 | 3-4 | 1-2 |    |
| 7                    | 6     | 5     | 4    | 3   | 2   | 1   | 51 |

24 How OFTEN would you say did you drink the above LARGEST QUANTITY of spirits (that you have drunk on an occasion) during the 12 months prior to treatment?

|                                 |                           |    |
|---------------------------------|---------------------------|----|
| Daily, five or six times a week | 13                        |    |
| Three or four times a week      | 12                        |    |
| Twice a week                    | Weekend (Saturday/Sunday) | 11 |
|                                 | Week (Monday – Friday)    | 10 |

|   |                           |    |  |
|---|---------------------------|----|--|
|   | Week and weekend          | 09 |  |
|   | Weekend (Saturday/Sunday) | 08 |  |
| Once a week                                       | Week and weekend          | 07 |  |
| Three or four times a month                       |                           | 06 |  |
| Twice a month                                     |                           | 05 |  |
| Once a month                                      |                           | 05 |  |
| Three or four times (every third or fourth month) |                           | 03 |  |
| Twice   |                           | 02 |  |
| Once  |                           | 01 |  |

25. If you have used any of the substances listed below during the last 12 months:

How OFTEN would you say did you, WITHOUT A DOCTOR TELLING YOU TO DO SO, use the respective substances during the LAST 12 MONTHS?

|  | Never | Once | 2 times | 3-4 times | Once a month | 2 times a month | 3-4 times a month | Once a week | 2 times a week | 3-4 times a week | Daily |       |
|--|-------|------|---------|-----------|--------------|-----------------|-------------------|-------------|----------------|------------------|-------|-------|
| Substances that one can buy over the counter to relieve pain (e.g. grandpa/syndols/ disprin)                                   | 1     | 2    | 3       | 4         | 5            | 6               | 7                 | 8           | 9              | 10               | 11    | 54-55 |
| Substances that help people to sleep/rest (e.g. amytal/nembutal)   | 1     | 2    | 3       | 4         | 5            | 6               | 7                 | 8           | 9              | 10               | 11    | 56-57 |
| Substances that help people to relax/calm their nerves (e.g. ativan/valium/ librium)   | 1     | 2    | 3       | 4         | 5            | 6               | 7                 | 8           | 9              | 10               | 11    | 58-59 |
| Substances that help people to stay awake/give more energy (e.g. black bombs purple hearts/ uppers/ amphetatamine /diet pills) | 1     | 2    | 3       | 4         | 5            | 6               | 7                 | 8           | 9              | 10               | 11    | 60-   |
| Mandrax  | 1     | 2    | 3       | 4         | 5            | 6               | 7                 | 8           | 9              | 10               | 11    |       |
| LSD  | 1     | 2    | 3       | 4         | 5            | 6               | 7                 | 8           | 9              | 10               | 11    | 65    |

[illegible]

## **AIDS PROJECT: ACCUMULATED DATA - OPEN QUESTIONS**

### **I. INFORMATION GATHERED FROM PATIENTS**

COLUMN 6-7 (CARD 1): Centre

#### **CODE**

1. SANCA (SANPARK) - Klerksdorp
2. SANCA (HORIZON CLINIC) - Boksburg (East Rand)
3. SANCA - Vanderbijlpark
4. SANCA (Out-patient service) - Pietersburg
5. SANCA (Out-patient service) - Nelspruit
6. SANCA (Out-patient service) - Witbank
7. SANCA (Out/in-patient service) - Roodepoort (West Rand)
8. PHOENIX HOUSE (Centre for Alcohol and Drug Studies) - Johannesburg
9. SANCA (Centre for Alcohol and Drug Studies) - Johannesburg
10. THE HOUSE - Johannesburg
11. SANCA - Soweto
12. MAGALIES OORD (Dept. of Health and Welfare, House of Delegates) - Cullinan
13. CASTLE CAREY (SANCA) - Pretoria
14. STAANVAS (Dutch Reformed Church) - Pretoria
15. TOEVLUG CENTRE - Worcester
16. MULDERVLEI - Stellenbosch
17. DRUG COUNCELLING CENTRE (Hottentots-Holland Drug Action Committee - Somerset West)
18. LENTEGEUR HOSPITAL - Mitchell's Plein (Cape Town)
19. RAMOT (Dutch Reformed Church) - Parow
20. SANCA (Northern Areas Drug Action Group) – Goodwood
21. SANCA (out-patient) - Cape Town
22. SANCA - Port Elizabeth
23. SANCA (LULAMA CENTRE) - Durban
24. NEWLANDS PARK CENTRE (Dept. of Health and Welfare, House of Delegates) - Durban
25. SANCA (Out-patient) - Durban
26. THE ARK - CHRISTIAN MINISTRIES (In-patient) - Durban
27. SANCA (AURORA CLINIC) - Bloemfontein
28. THEMBA CENTRE - Dirkiesdorp

COLUMN 20 (CARD 1): Length of treatment

#### **CODE**

- 1 1 week or less
- 2 2 weeks - 1 month
- 3 2-3 months
- 4 4-6 months
- 5 7-12 months
- 6 longer than 1 year

COLUMN 21 (CARD 1): Number of AIDS victims known

## CODE

|   |            |
|---|------------|
| 1 | 1          |
| 2 | 2          |
| 3 | 3          |
| 4 | 4          |
| 5 | 5          |
| 6 | 6          |
| 7 | 7          |
| 8 | 8          |
| 9 | 9 and more |

COLUMN 34 (CARD 1): Main reason for drug use

## CODE

- Don't know
- Emotional crisis /to overcome stress, tension, depression, nervousness /ontspanning(spanningshoofpyne)
- Group pressure: Friends/relatives introduced me to drugs - experimented /father was an alcoholic
- /Oningelig
- No one worried about me; I am a loner - there was nobody for me/to overcome loneliness
- To cope with life
- To forget troubles
- To get "high" - to feel in control
- I needed it to satisfy myself /dependent on alcohol/drugs / habit
- To socialize /to feel at ease in company/to overcome shyness/to overcome low self-esteem/to entertain others
- To escape: I could not face reality (my parents became divorced - I ran away from the issues)
- /huweliksprobleme het ontstaan /family problems /verminder jaloesie
- To overcome boredom
- Enjoy it
- As a way of rebelling /rebelsheid - ruimte vir myself gesoek
- Involvement in satanist-groups

COLUMN 35 (CARD 1): Main place of drug use

CODES

1. Everywhere
2. Secluded places: Staircase of flats /(public) toilets /agterplaas van huis/garden at home/geisoleerde lapa /room at home, school - hidden /street /in die veld /dark corners where nobody can see me /park/rugby field/car
3. Home:own, friends
4. Home + clubs, disco's,bars,hotels,shebeens
5. Home + workplace
6. Workplace + club,bar,pub,hotel
7. Bar,hotel,club,disco
8. Shebeen /smokkelhuis /rooms in boardinghouse in slum areas / huis van die voorsiener van dwelms

COLUMN 37 (CARD 1): Drinking/drugging company

CODES

1. Acquaintances /business associates /kollegas
2. Strangers
3. Friends
4. Relatives
5. Acquaintances + Strangers
6. Acquaintances + Strangers + Friends
7. Friends + Relatives /Friends + Relatives + Colleagues/Acquaintances, colleagues + Friends



## COLUMN 38 (CARD 1): Definition - What is AIDS

### CODES

- Don't know
- 'n Siekte
- 'n Siekte wat 'n straf is van die Here vir ongebondendheid en eintlik 'n doodsvonnisspel
- A virus that you can get
- 'n Virus wat aansteeklik is en liggaam se senustelsel verswak/'n kiem wat oorgedra word deur die gemeenskap
- A man-made disease that is directed at natural population decrease
- A disease/sickness
- A disease that you could have prevented
- A disease eating a man up from the inside so that your body diminishes
- Ernstige siekte - jou lewe word vergroot en jy gaan dood
- A killer/deadly/terminal/fatal disease /'n tipe kanker - dodelik
- 'n Dodelike siekte wat oordraagbaar /aansteeklik is
- A deadly disease that is sexually transmitted/dodelike siekte wat deur rondslapery opgedoen word
- A deadly disease that queers get
- 'n Geslagsiekte wat ontstaan a.g.v. meer as een seksmaat /aansteeklike geslagsiekte /'n vuil, geslagsiekte
- 'n Siekte wat jou lewe verkort, sal net nog 10 jaar leef
- 'n Siekte wat veroorsaak word deur 'n virus wat jy kry deur bloedoortappings, te veel bedmaats en nie gebruik van kondome
- A blood disease
- A sexual disease
- 'n Ander naam vir syphilis, net erger en oorgedra deur seks
- 'n Seksueel oordraagbare siekte wat ook deur bloedoortappings oorgedra kan word en die immuniteit van die liggaam afbreek en dodelik is soos kanker, bv. Leukemia
- A disease that attacks the immune system and which is contracted through sex and blood/the white blood cells are destroyed by a virus
- 'n Siekte waardeur jy doodgaan a.g.v. ander infeksies as die HIV infeksie /a.g.v. die siekte kan jou sisteem nie siektes hanteer nie en jy word nie gesond as jy siek word nie
- 'n Siekte wat jou bloedselle affekteer
- Some germ kills you and particularly your blood cells
- A sexually transmitted disease caused by the HIV virus
- A sexually transmitted disease that is also transmitted through use of dirty needles by drug addicts and through blood
- 'n Ongeneeslike siekte wat oorgedra word deur speeksel en ander liggaamsvloeistowwe /a fatal disease that is transmitted sexually and through body-fluids
- Acquired Immune Deficiency Syndrome

## COLUMN 39 (CARD 1): Sources of information regarding definition

- Can't remember or say/don't know/hear + read
- Everywhere/alledaagse waarskuwing
- Media: TV (news/M-Net)/radio/newspapers (Sunday Times, Citizen, Rapport)/magazines (Time)/brochures/pamphlets/videos/advertisements
- TV
- Radio
- Newspapers
- Brochures/pamphlets/videos
- Advertisements (Girl writing on mirror: I have AIDS)
- Day-to-day discussions among people (peer group/relatives/acquaintances)
- Homosexual club/friend/acquaintance/newspapers
- AIDS victims/relatives or acquaintances of such victims
- Rehabilitasie sentrum: films, lesings, persoonlike besprekings met mediese en ander personeel
- Overseas (London): Gay newspapers, media, AIDS victims, "Terence Higgins Trust"
- Hospitals/medical clinics/medical journals/medical doctors/waiting room of medical doctors/medical training
- Staff at work: lectures
- Prison authorities

COLUMN 42 (CARD 1): Should personally know what AIDS is

- It will be interesting
- I have limited information/knowledge in this respect
- It is a topical subject
- Need to know what happens in my community
- As an individual I am part of society and therefore has a right to be informed about this illness as well
- Knowledge promotes the ability to take precautions anybody can get
- AIDS/promotes the ability to be in control of one's life/help me not to be caught unawares/If I don't know I might get this disease and die/"The whole spectrum of AIDS is such a horrific and widespread one that it is essential that I know exactly what it's potentials are"/I am scared I might get it and the information will help me to be careful
- Knowledge will not only enable me to take precautions but will enable me to warn others
- Knowledge will enable me to identify whether or not I have AIDS
- Knowledge will enable me to protect myself and prevent me from spreading the disease if have it/I will be prevented from endangering my own and others lives/ the individual has and should take responsibility in terms of prevention

COLUMN 43 (CARD 1): Need not personally know what AIDS is

- Can't give a reason
- Not interested in the subject - avoid the subject/"Iets onaagenaams waaraan ek nie wil dink nie"
- Not interested as everybody has a fixed time that he/she will die; one cannot truly control your life
- Don't care whether I get AIDS: "My lewe is in elk geval nie goed nie. Ek het emfeseem en my ligaam is vervuil van dwelms; wag vir my laaste "golden shot"
- There is no reason why I should get it
- I am not in the high risk group in terms of HIV infection - too old and loyal to my wife
- Has sufficient knowledge

COLUMN 45 (CARD 1): Neighbourhood should know what AIDS is

- Can't give a reason
- Information should be available but only given if wanted, asked for
- There is a general lack of knowledge: "They know it is deadly but do not understand the detailed impact"
- Such information is essential if communities want to survive socio-economically
- The disease is spreading at a terrible rate and should be curbed/by not informing
- Information will promote prevention of the disease through more responsible/control led living/it will prevent people from unknowingly committing suicide/it will enable them to take the necessary precautions
- By motivating the general community to take precautions through knowledge dissemination, every individual (including myself) will have a greater chance of being protected against infection/everyone can contract the disease - therefore a community matter, not only an exclusively individual matter/"fellow citizens should all be informed as only by educating everyone can this disease be overcome, particularly in Africa which has a reputation regarding AIDS"
- Information will education communities to accept AIDS patients instead of rejecting/trying to avoid them
- Particular communities, such as (a) in Johannesburg and particularly in Hillbrow, are at high risk of being infested with AIDS because of the prevalence of prostitution in these communities, and a special attempt should be made to spread information among them/ (b) areas within which drug use is very prevalent - they are mostly addicts and are only concerned about drugs/ (c) young people who are very inexperienced in everything should be particularly educated/ (d) pregnant women should also be specially educated because of the danger of infecting their unborn
- Everybody has a right to be informed about the dangerous/fatal nature of the disease/the whole spectre of AIDS is such a horrific and widespread one, it is essential that ALL (including me) should know what it is EXACTLY - and what it's potentials are

COLUMN 46 (CARD 1): Neighbourhood should not be informed about what AIDS is

- Can't explain
- The neighbourhood is rife with life styles of alcohol/drug abuse and other forms of anti-social behaviour that involve playing with their lives; they would therefore not be receptive to information on AIDS because death and risky behaviour are not very unusual to them
- The people in my neighbourhood are not at risk of getting AIDS - live an acceptable, healthy lifestyle
- Most of the people in my neighbourhood are black and one should not concern yourself with them ("let them carry on")

COLUMN 47 (CARD 1): Additional information regarding the matter of the nature of AIDS

- Can't say
- I don't know whether people will listen to information as the word AIDS drives people away
- Young people and particularly your adolescent or high school pupil should be particularly targeted in terms of education on the nature of AIDS - the matter of disseminating free or low price condoms at high density places such as night clubs should also be considered in this respect
- Information dissemination should be accompanied with accessibility to precautionary aids such as condoms and syringes/needles
- Information dissemination should be more widespread and more intense, particularly at the places and areas where there are high risk groups (e.g. drug addicts, women, prostitutes, homosexuals): Posters along roadsides, popular public personalities should be asked to write books and give talks, TV documentaries should be increased, show the reality in adverts/documentaries, use AIDS patients to disseminate information - they will have credibility
- Information about the nature of AIDS should be supplemented with compulsory tests for AIDS, with increased funds and staff to enable adequate information dissemination, and with increased research on not only medical but the psychological and social impact of AIDS on victims and the people among whom they live
- Information dissemination about the nature of AIDS should be preceded with motivating the general public to discuss matters such as drug use and sex openly, only then will they be prepared to listen openly to talks about the nature of AIDS

COLUMN 48 (CARD 1): What causes AIDS

- Don't know/can't say/not sure/can't remember
- People are born with AIDS
- A germ
- A virus
- The HIV virus
- Contact with area/things that HIV infected people were in contact with
- Sex/sexual intercourse (do not know more details except that it has something to do with sex)
- Sleeping around and kissing (French way/wet way) indiscriminately (e.g. with strangers whom might have AIDS)
- "Dirty/filthy/perverse" sex/homosexual sexual activity (particularly between men/prostitution/sex with animals)
- Sleeping around, the sharing of needles by drug addicts
- Contact with HIV infected blood/fluids through sex with HIV infected person, the use of HIV infected needles by drug addicts, and during blood transfusions
- Unsafe, unprotected (no condoms) sexual intercourse and the sharing of needles by drug addicts
- Lack of hygiene and low moral standards
- Sexual contact between white and black people

COLUMN 49 (CARD 1): Sources of information regarding the causes of AIDS

- Can't remember/say, don't know
- Personal opinion/knowledge
- Media: TV (documentary, explanation by a professor, advertisements), radio, newspapers, magazines (gay journals, magazines read by youngsters, Time), posters ("beware of AIDS"), advertisements ("George and Andy.", advertisements that you find on taxis), pamphlets, videos)
- Medical training/journals/pamphlets/doctors
- Lectures, media
- Rehabilitation centres/clinics for the treatment/prevention of alcohol/drug-related: problems: Films, videos, discussions
- Family planning clinic
- Employers: Lectures, pamphlets
- Friends/acquaintances/relatives: Discussions
- Media and friends/acquaintances/relatives Prison authorities (Polsmoor)

COLUMN 52 (CARD 1): Should personally know what causes AIDS

- Can't really give a reason
- Information is always interesting/ intellectually stimulating
- The horror of this disease demands that everybody is informed in detail about all aspects of the disease, including the causes
- I lack the necessary information/ people know the disease is fatal but do not know why it is fatal
- I have a right to information/ I should be informed about everything in life/nobody should be side- stepped in educational programmes
- Will enable me to take precautions (e.g. enable me to identify and avoid people with AIDS)/ to be in control of my life
- Such information will prevent the disease from spreading

COLUMN 53 (CARD 1): Need not personally know what causes AIDS

- Can't really give a reason
- I don't need the information because I know enough and behave responsibly ("I am very fussy about my girlfriends - I won't get it"/ "Ek val nie in die hoë risiko groep nie want ek slaap nie rond nie en is nie 'n binne-aarse gebruiker van dwelms nie")
- I don't need detailed information because I am already too old to be at risk of getting AIDS
- I do not bother about information because if I should get, I will get it

COLUMN 55 (CARD 1): Neighbourhood should know what causes AIDS

- Can't really give a reason
- Everybody has a right to information
- One has to care about your fellow man; has to be considerate/ such information is in the interest of myself and my neighbourhood
- AIDS is a community problem, not a problem that relates to individuals only
- As everybody is at risk of getting AIDS, everybody needs to be informed/ as AIDS is not choosy, everybody needs to be informed
- The information will enable everybody in the community to take the necessary precautions
- Everybody needs to do his/her part in terms of prevention/ everybody needs to be actively involved in terms of prevention
- By informing everybody about the causes, the spreading of the disease may be halted/prevented
- Purposeful information dissemination will clear up myths/misunderstanding and break down discrimination against AIDS victims
- Everyone needs to be informed about the causes so that they can be held responsible for their actions, i.e. "legally prosecuted" if they act irresponsibly.

COLUMN 56 (CARD 1): Neighbourhood need not be informed about the causes of AIDS

- Can't really give a reason
- Nature should be allowed to take its course, to sort things out
- The people in my neighbourhood are not a high risk group in terms of infection
- Everyone must try and get the necessary information
- The people in my neighbourhood are informed
- Those in my neighbourhood will not be interested in the information because involved in various risk-orientated behaviour such as crime and drug use

COLUMN 57 (CARD 1): Additional information regarding the matter of the causes of AIDS

- The amount and scale of information distribution in this respect should be increased because there is a general lack of information
- Myths and distortions on the causes of AIDS should be cleared up
- Educational information on the causes of AIDS should be consistent, detailed and clear to avoid confusion
- The point should be made that AIDS is the result of God's wrath on evils such as prostitution and homosexuality
- The point that children can develop AIDS as a result of breast feeding should be emphasized in educational campaigns
- The point that AIDS can be an outflow of not sticking to one sex partner should be emphasized in educational campaigns
- Parents should be particularly targeted in educational campaigns on inter alia the causes of AIDS
- Lectures at schools on the causes of AIDS are very much needed
- Educational campaigns should use housewives to spread information on the causes of AIDS to the ladies working for them

COLUMN 58 (CARD 1): How AIDS is transmitted from one person to another

- Can't say/not sure/don't know
- Through blood transfusions
- Through kissing and the use of HIV infected needles by drug addicts
- Through "unprotected/unsafe" sex, i.e. having sexual intercourse without using condoms
- Through sexual intercourse and the use of infected toilet seats
- Through sexual intercourse and the sharing of HIV infected needles by drug addicts
- Through hetero- and homosexual activity
- Homosexual or/and heterosexual activity amongst HIV infected people, and HIV infected blood transfusions
- Through body fluids, e.g. semen, vaginal fluid, blood, saliva
- Through sexual activity (particularly when having a number of sexual partners, i.e. sleeping around indiscriminately the sharing of needles by drug addicts, blood transfusions in which the blood is infected by HIV, breast feeding

COLUMN 59 (CARD 1): Sources of information regarding the transmission of AIDS

- Can't say/remember
- Media: TV, radio, newspapers (Sunday Times), magazines (You, Personality ("AIDS, The Killer"), Huisgenoot, Time, Gay magazines), posters, advertisements, pamphlets, videos)
- Media and discussions with friends/acquaintances (some of them were HIV positive)
- Discussions with friends
- Medical journals
- Clinics/centres treating/preventing alcohol/drug- related problems
- Lectures (e.g. at school, at centres treating alcohol/drug related problems)
- Media (magazines particularly), centres treating alcohol/drug-related problems
- Media (magazines particularly), centres treating alcohol/drug-related problems, employers
- Employers (pamphlets, videos, lectures)
- Prison staff
- Health centres (clinics and particularly family planning clinics, hospitals, medical practitioners' consulting rooms)
- S.A. Defence Force (lectures)
- The Blood Bank (talk)

COLUMN 62 (CARD 1): Should personally know how AIDS is transmitted

- I have a right to know
- Should be interesting
- The general lack of information in this respect needs to be overcome
- Information will enable one to take the necessary precautions and one wants to take precautions because of fatal nature of the disease ("prevention is better than cure"; "information regarding the manner in which AIDS is transmitted is essential in terms of prevention")
- One's responsibility towards your dependents demands that you be as informed as possible
- Such information will enable me to educate and warn those I mix with

COLUMN 63 (CARD 1): Need not personally know how AIDS is transmitted

- Not particularly interested
- Do not fall in the high risk groups/do not inject drugs intravenously and am not homosexual
- I know enough



COLUMN 65 (CARD 1): Neighbourhood should know how AIDS is transmitted

- They have a right to know
- People want to know
- If you educate everybody in a community there will be a larger number of people who will continue informally with spreading information
- This will correct and clarify the distorted and vague details that are at present floating around in many communities
- Communities in which drug addiction, prostitution and sexual promiscuity are rife should be particularly targeted in educational campaigns
- Everybody is at risk of becoming infected and should therefore know how AIDS is transmitted
- Everybody should be enabled to take the necessary precautions
- Everybody needs to be informed to ensure adequate preventive measures being taken/such widespread information will prevent each and everyone from contracting and spreading the disease

COLUMN 66 (CARD 1): Neighbourhood need not be informed about how AIDS is transmitted

- The particular neighbourhood does not fall within the high risk groups in terms of infection
- Some communities would not be interested in the information, often because they do not know much about AIDS or/and because their lives revolve mostly around for example drinking and drugging/ Indeed, it is not worth one's while to try and educate some communities (e.g. some black or inner-city communities because of their deep set unhealthy lifestyles)
- People should themselves try to get the necessary information instead of waiting to be educated

COLUMN 67 (CARD 1): Additional information regarding the matter of the transmission of AIDS

- Information dissemination should be in more depth/more detailed, more wide spread to clear up confusion and distortions (e.g. the belief that AIDS may be spread through sharing eating- and drinking utensils, yawning and spitting, and be of a long-term and repetitive nature)
- When spreading information: Do not highlight only certain transmission-related areas (e.g. sexual activity); concentrate on visual communication; be simple and short but accurate; reach the young by working through the media that are popular amongst them, e.g. car books/body-building books/popstar books/comics
- Areas of particular risk in terms of transmission, such as the sharing of needles by drug addicts and "unprotected/unsafe" sexual activity should receive special attention
- The point that AIDS could (potentially) be transmitted to anyone needs to be emphasized
- The importance of spiritual "equipment" to halt the transmission of AIDS should be taken cognizance of when designing informational campaigns (e.g. "Jesus Christ needs to be accepted in order to have true protection")
- Parents and black communities should be particularly targeted in information distribution campaigns

COLUMN 69 (CARD 1): Manner in which people with alcohol/drug-related problems can protect themselves against AIDS

- Not sure/can't say
- People with alcohol/drug-related problems are no different from other people in terms of ability and willingness to take the necessary precautions
- By taking care to be informed about risk factors and avoiding risks/ live in a responsible or self-controlled manner
- By taking the necessary precautions before imbibing alcohol/drugs and before injecting drugs, such as avoiding sexual encounters and particularly with strangers, having clean/new syringes available
- By not sharing eating/drinking utensils with other people
- Through general "clean" living (i.e. being drug free and practicing safe sex)
- By intravenous drug users ensuring that they always use new or sterilized syringes
- In the case of intravenous drug users it becomes possible if they have free and easy access to new syringes
- By always having condoms on one's person and insisting on its use as well as always having immediate access to clean/new syringes
- By taking care not to have sexual intercourse with a person who administers drugs intravenously
- By taking care not to have sexual intercourse with someone who has AIDS; can do so by having detailed information about your partner's habits and asking him/her whether he/she has AIDS
- By avoiding alcohol/drug use altogether
- By sticking to a single sex partner
- By sticking to a single sex partner and using condoms
- By avoiding alcohol/drug use altogether, sticking to a single sex partner and using condoms

COLUMN 70 (CARD 1): Sources of information as to the manner in which people with alcohol/drug-related problems can protect themselves against AIDS

- Personal/experience/opinion
- Media (TV, radio, magazines ("YOU"), pamphlets, brochures)
- Personal experience and the media
- Lectures/discussions/films at rehabilitation centres
- Lectures/discussions at medical centres/clinics/medical doctors' surgery
- Lectures/discussions/pamphlets in jail (Polsmoor)
- Discussions with friends/relatives

COLUMN 71 (CARD 1): Reasons why people with alcohol/drug-related problems cannot protect themselves against AIDS)

- Not sure/can't say
- The lives of people with alcohol/drug-related problems with a regular intake of alcohol/drugs revolves around maintaining their drinking/drug habits; they are unconcerned about taking risks, and, most important, become emotionally and intellectually incapacitated in terms of willingness and ability to take precautions against HIV infection; they may also reach a stage where they most of the time under the influence of alcohol/drugs and thus physically/emotionally and intellectually incapacitated
- A person who is addicted to alcohol/drugs is controlled by an overriding craving for these substances and is thus totally unconcerned about anything else
- As a person's general resistance against infections becomes quite low after having taken alcohol/drugs for some time such people are particularly at risk of contracting diseases, including AIDS

COLUMN 72 (CARD 1): Sources of information as to the reasons why people with alcohol/drug-related problems cannot protect themselves against AIDS

- Can't say/remember
- Media (TV, radio, magazines ("YOU"), pamphlets, brochures)
- Personal experience
- Discussions with friends, acquaintances, relatives

COLUMN 74 (CARD 1): Manner in which people who inject drugs can protect themselves against AIDS

- Can't say really
- By becoming drug free
- By changing their drug taking habits and specifically stay away from injecting drugs
- By seeking information as to the manner in which they could protect themselves and behaving accordingly
- By not sharing needles/using new or sterilized syringes every time when injecting (part of the drug taking is going through the ritual of getting and placing needles close at hand as well as sterilizing old needles)
- By not sharing needles/using new or sterilized syringes every time when injecting; and always having condoms with them and insisting on its use
- By having easy and free access to new syringes
- By always having condoms with them and insisting on its use

COLUMN 75 (CARD 1): Sources of information as to the manner in which people who inject drugs can protect themselves against AIDS

- Can't say/remember
- Media (TV, radio, magazines ("YOU"), pamphlets, brochures)
- Personal experience
- Discussion with friends, acquaintances, relatives
- Health seminars/lectures by medical authorities
- Employing agencies
- Pollsmoor Prison staff
- Medical people (clinic staff, doctors)

COLUMN 76 (CARD 1): Reasons why people who inject drugs cannot protect themselves against AIDS

- Can't say/remember
- Such people are usually heavily addicted and thus do not have any ability to take control of their life - the drug injection and effects of the drug taking dictates their life/when they experience a craving for a drug their first and only concern is to get hold of and inject a drug/an intravenous drug user frequently do not care about anything except getting the drugs they use (Wellconal) and injecting it/the heavily addicted female intravenous drug user usually prostitute indiscriminately in order to get money or drugs
- People who inject drugs are usually heavily addicted to it and, indeed, are most of the time under the influence of it and thus fairly incapacitated in terms of responsible decision-making and behaviour
- Addicts who inject drugs frequently make use of used needles because of not always having the money to buy new syringes and not always being near a place where they can buy new syringes or get them free of charge; when their friends and particularly boy/girlfriends are also injecting drugs they often share recently used needles; recently used needles are also frequently shared among intravenous drug users at disco's and nightclubs; addicts, however, frequently do not use drugs in company with the effect that they re-use their own needles, pick-up syringes that have been used some time ago or even try to device a home-made syringe themselves

COLUMN 77 (CARD 1): Sources of information as to the reasons why people who inject drugs cannot protect themselves against AIDS

- Can't say/remember
- Personal experience
- Discussions with people who inject drugs
- Media (TV, radio, newspapers, magazines, pamphlets, video)
- Lectures/discussions at rehabilitation centres
- Lecture on sexually transmitted diseases

COLUMN 79 (CARD 1): Respondent's opinion as to how he/she can protect him/herself against AIDS

- Can't really say
- Know everything about AIDS and will thus not be caught unawares
- By being informed in detail about the causes of AIDS and the manner in which it is spread
- By putting into practice what I know about protection methods
- By maintaining a hygienic type of life (e.g. washing regularly)
- By maintaining a hygienic type of life (e.g. washing regularly), and making sure you know everything about the sex life of your partner
- By being regularly tested for HIV infection
- By leading a drug free life/ staying sober
- By staying sober/leading a drug free life and not sleeping around
- By staying sober/leading a drug free life, and insisting on condom use
- By staying sober/leading a drug free life, and not having sex with someone whose sex life is obscure
- By staying sober (leading a drug free life) and "following the Word of God"
- By staying sober and being well-informed about AIDS-protection and putting into practice this information
- By sticking to "safe" sex, i.e. only sleeping with a partner whom one knows has not slept with anyone else, by sticking to one partner, by insisting on condoms
- By sticking to "safe" sex (one sex partner/using condoms) and not sharing needles when injecting drugs or only using sterilized needles
- By insisting on the use of condoms
- By not becoming involved in homosexual activity, and not sharing needles when injecting some drug or other
- By not sharing needles when injecting drugs or sterilizing them before use
- By refusing to have a blood transfusion or an organic transplant, as well as taking care not to sleep around
- By refusing to have a blood transfusion, and having a single sex partner
- By refusing to have a blood transfusion, avoiding contact with someone else's blood, and using condoms
- By avoiding prostitutes and not sharing needles when injecting drugs

COLUMN 79 (CARD 1): Respondents' reasons why they cannot protect themselves against AIDS

- Can't say
- A lack of detailed knowledge about AIDS
- Prostitute - do not always have an option in terms of taking precautions
- Am addicted to drugs/ not sure whether I can stay drug free and drugging puts one necessarily at risk of becoming infected
- Injecting drugs are part of my life and "I know that if I cannot find a clean syringe
- I will use someone else's even though I know that is risky in terms of HIV infection because when the craving for a fix starts I do not think of anything else)
- What will happen in life will happen, no one or nothing will prevent it

COLUMN 9 (CARD 2): Body/people that need to assist people with alcohol/drug-related problems, including those who inject drugs, in protecting themselves against AIDS)

- Those who really want to assist; who are committed to rendering AIDS-related assistance
- Clinics/agencies that are placed in high density areas and focus on advice-giving as well as concrete assistance with regard to AIDS while also attending to other aspects of a person's life - these agencies have or make a point of earning credibility in the community
- Employer-agencies
- Medical agencies
- Employer- and medical agencies
- Religious bodies
- Medical agencies/clinics and religious bodies
- People who have rehabilitated from alcohol/drug-related problems and their friends/relatives
- The government as a whole; "AIDS-related assistance should be on the agenda of the government to the same extent as is the matter of taxes"
- The government as well as every citizen in this country/the government in conjunction with the private sector
- The government as a whole, but in particular national and community-based health authorities and other health caring organizations liaising with them
- The government as a whole but in particular those focussing on the treatment/prevention of alcohol/drug-related problems
- AIDS victims
- AIDS victims and medical bodies Every individual in this country
- People with alcohol/drug-related problems themselves
- Bodies/agencies treating/preventing alcohol/drug-related problems
- Bodies/agencies treating/preventing alcohol/drug-related problems, as well as the South African Police who are frequently in contact with drug addicts
- Bodies/agencies treating/preventing alcohol/drug-related problems, medical agencies and religious bodies
- Educational bodies (schools, universities, technical colleges, etc.) in close liaison with research centres so that they operate in terms of up to date information
- Medical agencies in co-operation with research centres to make sure that they operate in terms of up to date information
- The media

COLUMN 10 (CARD 2): Type of assistance that is needed so that people with alcohol/drug-related problems (including those who inject drugs) may be protected against AIDS

- Can't say/don't know
- The emphasis should be on educating the general public on precautionary methods with special emphasis on the young and using the schools as a major context within which the education should take place
- People/bodies who reach a lot of people such as employers and parents should be involved in educational campaigns
- Educational material should be designed in conjunction with the man-in-the-street/those living on grass root level in the community
- Syringes should be quite accessible everywhere and either provided free of charge or at a relatively low cost

- Mobile clinics should be started where drug addicts who inject drugs can receive free of charge/at a low cost sterile drug injections, can be motivated to go for treatment and can be tested for HIV infection/ the possibility of having drug parks where addicts can live relatively safely and get free syringes should also be considered.
- Syringes should be quite accessible everywhere and either provided free of charge or at a relatively low cost, and supplemented with provision of condoms
- Syringes should be quite accessible everywhere and either provided free of charge or at a relatively low cost, and supplemented with information on precautionary methods (in brochures/pamphlets and notes on syringes)
- A special effort should be made to rehabilitate people with alcohol/drug-related problems, and the SAP should increase their efforts at identifying and arresting drug dealers
- Accurate and detailed information on AIDS protection precautions should be spread
- Accurate and detailed information on AIDS protection precautions should be spread, and a special effort should be made to prevent alcohol/drug-related problems
- Information-brochures/posters/adverts regarding ways in which people with alcohol/drug-related problems can protect themselves against AIDS should be available at places that these people frequent, for example nightclubs, discos, bars, hotels, bottle stores, chemists, hospitals/clinics, rehabilitation centres, halfway houses for people with alcohol/drug-related problems, supermarkets, railway stations, public toilets.
- Information-dissemination should be increased through face to face lectures/discussions, videos, films, TV documentaries, newspaper articles and advertisements
- HIV tests should be enforced on every individual in this country/rehabilitation centres should also see to it that their patients are tested

COLUMN 12 (CARD 1): Source of information that AIDS can be cured

- "Jesus can cure anything"
- In die Scope gelees dat die bloed kan uitgepomp, gepasteuriseer word en dan teruggepomp word; die oorverhitting sal die virus vernietig
- Personal opinion
- Friends
- Through Zen-healing and specifically mind-powering psychology

COLUMN 13 (CARD 1): Source of information that AIDS cannot be cured

- Personal opinion
- Media: TV, radio, newspapers, magazines
- Discussions with HIV positive people
- Discussions with HIV positive people, and information in the media
- Seen that HIV infected people die
- Lectures, pamphlets, discussions at rehabilitation centres
- Employers
- Prison authorities at Pollsmoor Prison
- Acquaintances/friends/relatives
- Medical lectures
- Research bodies

COLUMN 16 (CARD 1): Should personally know whether AIDS can be cured

- Would like to be informed
- Might come in handy/one needs to know whether or not there are remedies so that if there is one can try and get hold of it
- I have a right to know whether AIDS victims have a chance of recovery/ I have a right to know the truth
- The horror of the disease is such that everyone should be informed about every detail concerning AIDS
- Such information will enable one to decide whether or not one should to take precautions against infection
- I should like to know whether AIDS can be cured as the disease may have socio-economic implications that will have to be faced

COLUMN 17 (CARD 1): Need not personally know whether AIDS can be cured

- Not an important/relevant matter
- Not interested/not prepared to take the matter of AIDS seriously
- Such knowledge will not be of use to me; my life is preplanned and what will happen will happen
- I already know AIDS cannot be cured
- Do not fall in the high risk group/will not get it

COLUMN 19 (CARD 1): Neighbourhood should know whether AIDS can be cured

- There is a general lack of knowledge in this respect
- Everyone has a right to be informed about the truth
- There is a panic among people because of not being sure what the truth is
- Such information will enable each and everyone to decide whether or not they should take precautions against infection
- If others are not motivated to take precautions, they
- Might come in handy/they will know whether or not there are remedies so that if there are they can try and get hold of it
- The horror of the disease is such that everyone should be informed about every detail concerning AIDS
- I should like to know whether AIDS can be cured as the disease may have socio-economic implications that will have to be faced

COLUMN 20 (CARD 1): Neighbourhood need not be informed about whether AIDS can be cured

- The matter of curability is not important.
- My neighbourhood is already quite informed in this respect
- Neighbourhood do not fall within the high risk category in terms of HIV infection
- One should not interfere with the people in my neighbourhood; they should be left to do as they please



COLUMN 67 (CARD 1): Additional information regarding the matter of the curability of AIDS

- The general public should be kept up to date with research results in this respect; they should immediately be informed if a cure is found
- Research looking for a cure must be intensified; the necessary funds in this respect should be provided by the government
- An intensive awareness campaign regarding the incurability of AIDS needs to be launched by the government, but in this respect it is important to avoid a fatalistic attitude developing in the community in the cause of the campaign, i.e. the point that infection may be prevented needs to be stressed. (Some people who do not care much about their own lives argue: "AIDS is a good thing because unlike most diseases you only get it once"). It should also be constructive to focus particularly on the youth who are the adults of tomorrow
- The fact that Almighty God can cure should be accepted

## II. INTERVIEW SCHEDULE:

SENIOR THERAPIST WITH EXPERIENCE IN TREATING (POTENTIAL) IVDUs  
(COULD BE COMPLETED BY THERAPIST HIM/HERSELF)

|  |     |
|--|-----|
|  | 1-2 |
|  | 3-5 |

Note:

Broad definition of potential IVDU: Anyone who is in treatment for alcohol and other drug-related problems and has not injected a drug as yet.

### A. IDENTIFICATION/BIOGRAPHICAL DATA

#### 1. Centre/clinic/office - address

|       |  |
|-------|--|
| ..... |  |
| ..... |  |
| ..... |  |
| ..... |  |

 6-7

#### 3 Gender

| Male | Female |   |
|------|--------|---|
| 1    | 2      | 8 |

#### 4 Ethnicity

| Black | Coloured | Indian | White |   |
|-------|----------|--------|-------|---|
| 1     | 2        | 3      | 4     | 9 |

#### 5 Home language

| Sotho | Nguni<br>(Zulu/<br>Swazi/<br>Ndebele) | Shangaan<br>/Tsonga | Venda/<br>Lemba | Afr | Eng | Oriental | Other |    |
|-------|---------------------------------------|---------------------|-----------------|-----|-----|----------|-------|----|
| 1     | 2                                     | 3                   | 4               | 5   | 6   | 7        | 8     | 10 |

#### 6 Number of years in practice (particularly with regard to the treatment of IVDUs/potential IVDUs)

..... 

|  |
|--|
|  |
|--|

 11

**B. AIDS-RELATED KNOWLEDGE/ATTITUDES/PRACTICES OF IVDUs GENERALLY  
(IN TERMS WHAT THERAPIST HAS EXPERIENCED OR EXPECTS TO BE THE CASE)**

1 (a) Definition: What is AIDS (according to (potential) IVDUs in general)?

.....  12

.....

.....

1 (b) Name (potential) IVDUs main source(s) of information in this respect

.....  13

1 (c) Regarding the ACCESSIBILITY (to (potential) IVDUs) of INFORMATION ON THE NATURE of AIDS. Is such information (according to the therapist) generally:

| Highly<br>accessible<br>? | Fairly<br>accessible<br>? | Not<br>accessible<br>? |    |
|---------------------------|---------------------------|------------------------|----|
| 1                         | 2                         | 3                      | 14 |

1 (d) Do or don't (POTENTIAL) IVDUs IN GENERAL feel they need to know what AIDS is?

| Yes | No |    |
|-----|----|----|
| 1   | 2  | 15 |

IF YES: Why?

.....  16

IF NO: Why?

.....  17

1 (e) Any additional comments regarding (potential) IVDUs knowledge of the nature of AIDS?

.....  18

2 (a) What causes AIDS (according to (potential) IVDUs generally)?

.....  19

2 (b) Name (potential) IVDUs main source(s) of information in this respect.

.....  20

2 (c) Regarding the ACCESSIBILITY (to (potential) IVDUs) OF INFORMATION ON THE CAUSES OF AIDS. Is such information (according to the therapist) generally:

|                           |                           |                        |    |
|---------------------------|---------------------------|------------------------|----|
| Highly<br>accessible<br>? | Fairly<br>accessible<br>? | Not<br>accessible<br>? |    |
| 1                         | 2                         | 3                      | 21 |

2 (d) Do, or don't (POTENTIAL) IVDUs IN GENERAL feel they need to know what causes AIDS?

|     |    |    |
|-----|----|----|
| Yes | No |    |
| 1   | 2  | 22 |

IF YES: Why?

.....  23

IF NO: Why?

.....  24

2 (e) Any additional comments regarding (potential) IVDUs knowledge of the cause(s) of AIDS?

.....  25

3 (a) How is AIDS transmitted from one person to another (according to (potential) IVDUs generally)?

.....  26

3 (b) Name (potential) IVDUs main source(s) of information in this respect.

.....  27

3 (c) Regarding the ACCESSIBILITY (to(potential) IVDUs) OF INFORMATION ON THE TRANSMISSION of AIDS. Is such information (according to therapist) generally:

|                           |                           |                        |    |
|---------------------------|---------------------------|------------------------|----|
| Highly<br>accessible<br>? | Fairly<br>accessible<br>? | Not<br>accessible<br>? |    |
| 1                         | 2                         | 3                      | 28 |

3 (d) Do, or don't (POTENTIAL) IVDUs IN GENERAL feel they need to know how AIDS is transmitted?

|     |    |    |
|-----|----|----|
| Yes | No |    |
| 1   | 2  | 29 |

IF YES: Why?

.....  30

IF NO: Why?

.....  31

3 (e) Any additional comments regarding (potential) IVDUs knowledge of the transmission of AIDS?

.....  32

4 (a) Generally, do, or don't people who are being treated for alcohol/drug-related problems (or who are candidates for such treatment) protect themselves against AIDS?

| Yes | No |                         |
|-----|----|-------------------------|
| 1   | 2  | <input type="text"/> 33 |

IF YES: Why?

.....  34

IF NO: Why?

.....  35

4 (b) Regarding the ACCESSIBILITY (to (potential) IVDUs) OF INFORMATION ON PRECAUTIONS against AIDS.

Is such information (according to therapist) generally:

| Highly<br>accessible<br>? | Fairly<br>accessible<br>? | Not<br>accessible<br>? |                         |
|---------------------------|---------------------------|------------------------|-------------------------|
| 1                         | 2                         | 3                      | <input type="text"/> 36 |

4 (c) Do, or don't (POTENTIAL) IVDUS IN GENERAL feel they need to know how to protect themselves against AIDS?

| Yes | No |                         |
|-----|----|-------------------------|
| 1   | 2  | <input type="text"/> 37 |

IF YES: Why?

.....  38

IF NO: Why?

.....  39

4 (e) Should or shouldn't a special effort be made in this country to assist people with alcohol/drug-related problems/IVDUs to protect themselves against AIDS?(According to therapist)

| Yes | No |  |
|-----|----|--|
| 1   | 2  |  |

 40

IF YES:

(i) Who should take responsibility for such assistance?

.....  41

(ii) What should the relevant assistance entail?

.....  42

5 (a) Can or can't AIDS be cured (according to (potential) IVDUs generally)?

| Yes | No |  |
|-----|----|--|
| 1   | 2  |  |

 43

5 (b) Name (potential) IVDUs main source(s) of information in this respect

.....  44

5 (c) Regarding the ACCESSIBILITY (to (potential) IVDUs) OF INFORMATION ON THE CURABILITY OF AIDS.

Is such information (according to therapist) generally:

| Highly<br>accessible<br>? | Fairly<br>accessible<br>? | Not<br>accessible<br>? |  |
|---------------------------|---------------------------|------------------------|--|
| 1                         | 2                         | 3                      |  |

 45

5 (d) Any additional comments regarding (potential) IVDUs knowledge of the curability of AIDS?

.....  46

## **AIDS PROJECT: ACCUMULATED DATA - OPEN QUESTIONS**

### **II. INFORMATION GATHERED FROM THERAPISTS**

COLUMN 6-7 (CARD 1): Centre

#### **CODE**

- 01 SANCA (SANPARK) - Klerksdorp
- 02 SANCA (HORIZON CLINIC) - Boksburg (East Rand)
- 03 SANCA - Vanderbijlpark
- 04 SANCA (Out-patient service) - Pietersburg
- 05 SANCA (Out-patient service) - Nelspruit
- 06 SANCA (Out-patient service) - Witbank
- 07 SANCA (Out/in-patient service) - Roodepoort (West Rand)
- 08 PHOENIX HOUSE (Centre for Alcohol and Drug Studies) - Johannesburg
- 09 SANCA (Centre for Alcohol and Drug Studies) - Johannesburg
- 10 THE HOUSE - Johannesburg
- 11 SANCA - Soweto
- 12 MAGALIES OORD (Dept. of Health and Welfare, House of Delegates) - Cullinan
- 13 CASTLE CAREY (SANCA) - Pretoria
- 14 STAANVAS (Dutch Reformed Church) - Pretoria
- 15 TOEVLUG CENTRE - Worcester
- 16 MULDERVLEI - Stellenbosch
- 17 DRUG COUNCELLING CENTRE (Hottentots-Holland Drug Action Committee -  
Somerset West
- 18 LENTEGEUR HOSPITAL - Mitchell's Plein (Cape Town)
- 19 RAMOT (Dutch Reformed Church) - Parow
- 20 SANCA (Northern Areas Drug Action Group) - Goodwood
- 21 SANCA (out-patient) - Cape Town
- 22 SANCA - Port Elizabeth
- 23 SANCA (LULAMA CENTRE) - Durban
- 24 NEWLANDS PARK CENTRE (Dept. of Health and Welfare, House of Delegates) -  
Durban
- 25 SANCA (Out-patient) - Durban
- 26 THE ARK - CHRISTIAN MINISTRIES (In-patient) - Durban
- 27 SANCA (AURORA CLINIC) - Bloemfontein
- 28 THEMBA CENTRE - Dirkiesdorp

COLUMN 11 (CARD 1): Number of years in practice (particularly with regard to the treatment of IVDUs/potential IVDUs

- 1 year
- months
- years
- 6½ years
- 7 years
- years
- 2½ years
- 3 months
- 8 months
- years
- 10 years
- months
- 10 years
- months
- 7½ years
- years
- 45 years
- 13 years
- 1½ years
- (5)?
- 3 years
- years
- years
- 5 years
- 19 jaar - alg. 11 jr. - Alkohol & Dwelmmiddels
- 10 jaar - gesinsorgwerker
- Werk nie direk daarmee nie
- 7 jaar ervaring - geen ervaring met behandeling van IVDU kliënte nie.



COLUMN 12 (CARD 1): Definition: What is AIDS (according to (potential IVDUs in general)

- Unsure/Uncertain, Area not explored
- It is a disease that has not been able to be clearly identified by doctors.
- A disease that enters the body and breaks down the body's normal ways of protecting itself.
- Immune Defencing Syndrome/Acquired Immune Defining Syndrome
- An illness that attacks immune system: Definition Acquired Immune Deficiency Syndrome
- Auto Immune Deficiency Syndrome
- Auto Immune Deficiency Syndrome
- Aids is a disease that renders the immune system ineffective
- A disease that affects "others" - basic denial of the reality of the problem
- A disease that kills, but we need the drugs and it can't happen to us.
- Aids is spread by sexual intercourse, but mainly by homosexuals. It is also a way of scaring people.
- An illness acquired because of sexual contact with an infected person
- A disease transmitted through sex/A sexually transmitted disease.
- An HIV infection which could be acquired by intravenous use or promiscuity
- 'n Oordraagbare geslagsiekte
- 'n Geslagsiekte/sexual disease
- a serious disease
- Incurable disease spread by virus
- A terminally ill-disease
- Ongeneeslike virus wat veral deur geslagsgemeenskap (of heteroseksueel/homoseksueel oorgedra word)
- A disease associated with homosexuals or "wrong sex" that results in death
- 'n Seksueel-oordraagbare siekte waarvoor daar nie geneesmiddel bestaan nie
- An unavoidable disease contracted through blood which is either transmitted sexually or by transfusion
- Illness - Acquired immunity deficiency syndrome
- Some see it as a STD - some relate back to their IV drugging
- Sommiges beskou dit as deel van hul dwelm probleem (IVDUs)
- Ander beskou dit as 'n S.O.S.
- 'n Feit wat 'n dwelmafhanklike een of ander tyd in die gesig moet staar
- 'n Geslagsiekte wat ook oordraagbaar is d.m.v. vuil naalde en onveilige seks
- 'n Siekte wat ongeneeslik is en oorgedra word deur deel van spuitnaalde of seksuele verhoudings
- An infectious sexual disease
- Acquired immune deficiency syndrome: Exposure to virus with or without symptoms
- Siekte wat immuniteitsstelsel vernietig
- Aids is 'n seksueel oordraagbare siekte wat die immuunsisteem aanval
- Nie geneesbare, seksueel oordraagbare siekte, wat tot die dood lei
- Verworwe immuniteitsgebrek-sindroom
- Fatal disease - No cure at the moment
- I have never asked this question in particular - but I think they tend to view it as a progressive and fatal disease
- A killer germ in the blood cells
- They see it as a sickness but can not really describe it

COLUMN 13 (CARD 1): Name (potential) IVDUs main source(s) of information in this regard

- Media/Media e.g. Newspapers/TV<Newspapers, Literature/TV and Radio/Radio/Literature, TV/TV and Newspapers/TV/TV-videos/Literature
- TV
- Literature
- Grapevine literature eg. articles in newspapers and magazines
- Media, Journals, Lectures
- The press and peer relationship
- The media, fellow users and the public in general
- Friends, reading, educational programmes
- Clinics
- SANCA clinic, employer, doctor
- TV and pamphlets
- Spoken information
- Onder gesprekke
- Die pasiënte is bewus dat dit 'n geslagsiekte is
- Die media, vriende en Vigs-voorligtingsessie tydens assessering
- Media an therapists at rehabilitation centres
- Algemene kennis, TV-media, tydskrifte, personeelopleiding
- Public, other IVDUs, Media
- Before admission from co-drug users - after admissions from the medical staff/Voor opname kry inligting by mede-dwelmafhanklikes; Terapeutiese inligting vanaf mediese personeel met opname
- Ander dwelmafhanklikes
- Gesprekke tussen afhanklikes en die media
- Drug counselling centres, Day hospitals, Factory clinics, employee assistance programmes
- NB - Many clients +- 4 % are unemployed
- Attic, general media
- Gesinsbeplanningsklinieke
- Klinieke en hospitale
- Klinieke, hospitale, mediese dokter, apteker
- Video-discussions while they are in treatment

COLUMN 16 (CARD 1): Why (potential) IVDUs generally feel they need to know what AIDS is

- To protect themselves/for prevention/om te voorkom/so that they can take the necessary precautions/om geskikte voorsorg te tref/prevention
- They could be at risk
- It is a concern for them and they require clarity and knowledge
- Because it is a disease of concern
- Because they are not convinced about its existence yet
- Drug use is mentioned as one of the ways of contracting the AIDS virus
- They do feel they need to know about Aids, but are very "back" in attitude, also to protect themselves.
- The ones who do care and understand will want to know ones who have reached the "couldn't care less"-stage - couldn't care less
- How may it kill them
- Vanweë die gesondheidsrisiko
- To be informed to make new decisions because they are afraid of dying
- Baie is bang vir hierdie toestand en die gevolge van sy verkeerde keuses (dwelmmisbruik)
- They know the risk
- Part of educative role of therapists when working with people who are likely to behave irresponsibly
- Sodat hulle weet hoe om op te tree teen die siekte (to safeguard themselves)
- Hul is 'n hoë risiko groep
- Oor die algemeen weet hulle dat die siekte gevaarlik is
- Once in treatment many questions are asked once a video discussion starts
- Due to nature of their dependency, inhibitions are lowered, more sexual encounters and use dirty needles
- Because it is dangerous
- Knowledge is good

COLUMN 17 (CARD 1): Why (potential) IVDUs generally feel they need not to know what AIDS is

- It won't happen to them/Think it won't happen to them/they will not be affected/mense dink altyd dit sal nie met hulle gebeur
- Don't care attitude - it won't happen to them
- I don't think they really care enough about themselves to want to know about things around them – these I am referring to IVDUs in general - prior to act mission to this centre - their lifestyle and their need to fulfill the craving for drugs overwhelms them.
- Voel hulle het voorkennis of dit is nie op hulle van toepassing nie
- Dit is maar deel van die risiko wat saamgaan met die neem van dwelms
- Still not fully aware of extent of prevalence, or the nature of Aids.

COLUMN 18 (CARD 1): Any additional commands regarding (potential) IVDUs knowledge of the nature of Aids?

- Geen
- Myths, e.g. catching it from kissing
- Scanty/Baie swak
- They are curious and will try to gain knowledge
- They have a vague knowledge and probably an incorrect one too on admission to this center they are exposed to an hour's lecture/video on Aids every fortnight
- They believe that it is a way of discouraging involvement with many woman
- They don't and cannot take responsibility of their own lives
- A disease more clever than the medical profession
- I mainly thought to be socially transmitted
- Vigs word aanvaar as addisionele risiko tot die reeds hoë risiko van dwelmmisbruikers
- They don't think about it much - too preoccupied with drugging
- People who use IV drugs, usually know the nature of Aids
- Baie weet al wat Aids is en waarom dit gaan, maar wil dit nie deel van hulle lewensstyl maak nie
- Baie kliënte, veral prostitute redeneer dat dit iets is wat jou sal tref as dit moet - soos 'n motorongeluk
- Generally aware of Aids but not of specifics of transmission
- Those who are employed is formal sector more likely to have knowledge than the unemployed/employed informally
- Our information is at times their first sober contact with information regarding Aids
- They have not realistic knowledge about the nature of Aids

COLUMN 19 (CARD 1): What causes Aids (according to [potential] IVDUs generally?)

- “Sleeping around”
- The act of having sex/sexual intercourse/seksuele omgang
- Sex abuse
- Sexual intercourse with an HIV or Aids infected person/Sex with infected person
- Sexual contact, use of heroin, injections
- Sexual intercourse using the same needles/Seksuele omgang en vuil spuitnaalde
- Sex, syringes (shared) sexual encounters, dirty needles
- Sharing of needles
- Close physical contact – sex, kissing
- Homosexual intercourse
- Homosexual lifestyle/Homoseksualisme
- A strong poisonous germ that has not yet been identified
- A germ or virus/virus
- Begrip maar nie insig
- This was never explored with DV
- Blood transfusions
- Geslagsgemeenskap en dieselfde spuitnaald wat herhaaldelik gebruik word
- A “bug” (virus) that attack the immune system of the body
- Deel van spuitnaalde en seksuele losbandigheid/vuil spuitnaalde, los seksuele verhoudings
- Seksuele verhoudings met Aids lyers en binne-aarse inspuitings
- Unknown in general – otherwise sexual intercourse
- Virus/unsafe sex, blood transfusions
- HI virus
- Seks met meer as een maat
- They tend to see sex as a cause
- “Casual sex” en gedeelde spuitnaalde
- Sex and blood exchange
- Permissive sexual behaviour
- Sexual practices

COLUMN 20 (CARD 1): Main (potential) IVDUs main source(s) of information in this respect

- Hulle besef dit
- Media/Newspapers, media, radio/pamphlets/TV and radio/TV, tydskrifte/ Newspapers, TV
- Media
- Friends & radios
- Media. Friends/Vriende en media
- Books
- Articles and grapevine, maybe new radio
- TV
- The media and fellow drug users and the public in general
- TV, pamphlets, magazines
- Work, TV, press and posters in the community
- Friends, books, their subculture
- Other drug addicts, media
- Lectures, videos presented at the centre
- Family doctor
- Media, vriende en voorligtingssessies
- Medici en voorligting deur klinieke
- Hear-say
- Public, othr IVDUs, media
- Mede-dwelmafhanklikes se ervaring
- Drug counseling centres, day hospitals, factory clinics, employee assistance programmes
- NB Many clients  $\pm$  40% are unemployed
- Attic
- TV and lectures
- Hospitaal en klinieke
- TV – discussions among themselves

COLUMN 20 (CARD 1): Why (potential) IVDUs generally feel they need to know what causes AIDS

- Drug use is mentioned as one of the ways of contracting the Aids virus
- It can affect them because of their addiction
- Because of their particular lifestyle
- Because they want to know exactly what causes it
- For prevention/to avoid falling victim/to avoid being infected/ om the voorkom/so that they can take safety/precautioning measures/so as to protect themselves/om hulself te beskerm/to prevent contamination/for safety reasons
- Because they now know that it kills, and that they should take the necessary precautions
- Knowledge is good – to be prepared
- Creates awareness
- It can affect anybody
- Social problem, everyone needs information
- Vanweë gesondheidsrisiko
- They do need to know – but do not take responsibility
- Concerned ones do. Those who are not responsible people and/or who are “far gone” their dependence would not care
- So that they can use a form of protection
- Knowledge will assist in prevention of spread of Aids
- Om die oorsake te vermy
- We are appreciated when person is in treatment and asked for more information in order to take precautions
- Hul is hoë risikogroep
- Awareness need to be heightened so that they would not get it

COLUMN 24 (CARD 1): Why (potential) IVDUs generally do not feel they need to know what causes AIDS

- Negative attitude
- As gevolg van inhibisie pla dit hulle nie
- Could be related to security of not knowing fear
- Ignorant of all the real causes therefore lacks the need to know
- Think it would not happen to them
- The ones I have worked with know the causes of AIDS. They just divert their own responsibility
- Kennis is reeds beskikbaar – hulle verdedig net hulle eie verantwoordelikheid
- Emosionele ontkenning van die risiko
- Ongeag oorsake gaan hulle in elk geval voort met hul gedrag
- They only need to know how to protect themselves not the cause of it
- Limited personal experience of AIDS at this stage
- Ek dink hulle het die idee dat dit nie met hulle sal gebeur nie, veral die alkoholis wie se potensie afneem a.g.v. misbruik
- It is threatening to know causes, thus feeling anxious of various symptoms that they may have (Soweto blacks)

COLUMN 25 (CARD 1): Any additional comments regarding (potential) IVDUs knowledge of the cause(s) of AIDS?

- Geen
- Kennis is te swak
- Do not have scientific knowledge – Having read pamphlets, newspapers – has helped them
- Knowledge might be inadequate – but that may perhaps prevent the careful ones, e.g. that kissing gives AIDS
- Biased towards homosexuality as being the main cause
- Clinic, literature
- Al dra hul kennis van die oorsake van VIGS glo mense steeds dat dit nie met hulle sal gebeur nie
- Hier kom soms onverskilligheid voor by dwelmgewoontes – hulle weet bv. sigarette kan lei tot longkanker, maar is bereid om die kans te vat
- It may be increasing as AIDS awareness increases generally
- There is a lack of knowledge and unwillingness to accept AIDS as a disease that affects our racial group. To an extent our beliefs (cultural) and traditional healers affect perceptions of disease – feel they can be treated by traditional healers (Soweto blacks)
- Their knowledge is not realistic



COLUMN 26 (CARD 1): How is AIDS transmitted from one person to another (according to potential) IVDUs generally?

- Through sexual contact/sexually/sexually transmitted/sexual intercourse/sexual contact/seksuele omgang
- Sex, kissing
- Sexually, intravenous
- Sexual intercourse, needles/sexual intercourse, using a needle with a HIV infected person/sex, sharing syringes/sex and sharing needles
- Sex abuse and equipment sharing
- Seksuele losbandigheid en deel van spuitnaalde
- Sexual intercourse with an AIDS or HIV infected person, use of needles which have been used by AIDS or HIV infected persons, immersing of blood, semen, saliva – with an AIDS or HIV infected person
- Sexually and blood infected
- By being in contact with body fluids – mostly sexual contact, but also blood
- Seks, bloed of enige manier waar die vloeistof van een persoon met 'n ander persoon meng
- Bloedoortappings, fisieke kontak
- Sexual promiscuity amongst homosexuals
- Homosexual contact
- Geslagsgemeenskap, spuitnaalde en bloedoortappings
- Sexually – fewer recognize through blood
- Seksuele omgang, kontaminasie van bloed
- Blood transfusion, and to a lesser degree sex
- Vuil spuitnaalde
- Gebruik van ou spuitnaalde en losse seksuele verhoudings
- Unsafe sex
- Seksueel
- Bloedkontak
- Plasmataal
- Seem to see it as being sexually transmitted and through sharing of needles/sexual relationships and injections
- “Casual sex” en spuitnaalde
- Through sex, blood, needles
- Through sex and blood exchange
- Exchanging injections
- Sex
- Different to understand as they believe that it is sexually transmitted only )Blacks, Soweto)
- Drugs and sex

COLUMN 27 (CARD 1): Name (potential) IVDUs source(s) of information in this respect

- Not clear
- Media/media exposure/media, literature/pamphlets, media/TV and radio/articles, radio/booklets/TV advertisements, articles
- Mass media )Blacks – Soweto)
- The media, fellow drug users and the general public/other drug addicts, media
- Media, friends, friends advertising
- Friends
- TV, press, work and posters
- Radios, hospitals, clinics, doctors, nurses
- Good scientific lectures, books, pamphlets
- Hulle besef die manier van oordra
- TV, pamphlets, magazines
- Media, plakkate en klinieke se voorligtingsdiens
- Public, other IVDUs, media
- Media, vriende, voorligtingsessies
- Hearsay and to a lesser degree media
- Media and personal experience/media en persoonlike ondervinding
- Mede-dwelmmaats
- TV, newspapers, word of mouth
- Attic, media
- TV en lesings
- TV
- Klinieke en hospitale
- Media, klinieke, vriende
- Group discussions (education)

COLUMN 30 (CARD 1): Why (potential) IVDUs generally feel they need to know how AIDS is transmitted

- Drug use is mentioned as one of the ways AIDS is contracted
- Their addiction can be a source of transmission
- At risk because of the lifestyle
- For prevention/purpose of prevention/om te voorkom/to improve protection against disease/om hulleself te beskerm/voorkom oordra van siekte/to protect themselves/for their own safety
- For security reasons – health reasons
- Knowledge is good – to be prepared
- Not to be infected
- So that they can take the necessary precautions, as they are aware it kills
- It is after everybody
- For educational purposes
- Careful ones yes – those are not responsible people and/or who are “far gone” in their dependence would not care
- Vanweë gesondheidsrisiko’s
- They want to know every possible way of transmission of AIDS to ease their own minds/Hulle wil elke moontlike manier van oordrag weet om hulself gerus te stel
- Yes – has become more aware of extent on nature of problem
- Educate clients
- Persone het partykeer baie wanopvattinge van hoe AIDS oorgedra word. Is bevrees dat hulle die siekte op verskillende maniere sal kry.
- Hoë risikogroep
- Awareness need to be heightened
- They do not really understand how it happens; they have vague ideas about its transmission

COLUMN 31 (CARD 1): Why (potential) IVDUs generally do not feel they need to know how AIDS is transmitted

- It cannot happen to me/do not believe it will happen to them/think it would not happen to them
- As gevolg van inhibisie volg pla dit nie
- Careless attitude – their mood changing substances to which they are addicted cause them to be negative
- Not so aware of ways other than sexually
- Emosionele ontkenning
- Inligting is nie vir hulle belangrik nie
- Hulle staan onverskillig daarteen. Net die dwels maak saak – die onmiddellike “kick”
- May affect marriage life (Soweto – blacks)

COLUMN 32 (CARD 1): Any additional comments regarding (potential) IDVUs knowledge of the transmission of AIDS

- Geen
- Meer insig ontwikkel
- More exposure and knowledge advertises
- Knowledge might be inadequate but that may perhaps prevent the careful ones e.g. that kissing gives AIDS
- Many misconceptions e.g. touching, swimming etc.
- People who are IDVUs do realize they need to know about AIDS, but at this particular time the drugs and pleasure experienced is more important
- They realize that rehabilitation will be useless if they contract AIDS – they will die.
- Distribution of information on a wider basis – as my concern is about people out there who are never admitted to a rehabilitation centre
- Feel threatened by the stigma and feel this most shows particular lifestyle
- Tendency not to want to know about needles etc. This would interfere with future drugging option
- 'n Redelike kennisvlak bestaan, maar dit is nie genoeg alvorens dit gedragsverandering meebring nie, daar lê ons probleem
- Only certain “types” of people will be infected
- Generally more aware of this than other issues about AIDS but myths still exist
- AIDS is oordraagbaar d.m.v. seksuele kontak en a.g.v. gesamentlike gebruik van spuitnaalde
- The imparting of knowledge should be done on a grass root level for it to be understood and on a one-to-one basis
- There is minimal knowledge, if any, thus need for educational talks to create awareness (blacks – Soweto)
- Their knowledge is very unrealistic

COLUMN 34 (CARD 1): People who are treated or are candidates for treatment with regard to alcohol/drug-related problems, do try to protect themselves against AIDS in various ways

- Through the use of condoms/condoms/use condoms
- Use form of protection
- (Not always) but more selective e.g. one sexual partner
- Condoms – believing “it would not happen to them” or do not care about life (suicidal)
- People do try to protect themselves to a small degree, but people also have an attitude of “It will never happen to me”
- Whilst in treatment, they are sober or dry and are able to think clearly and are more responsible – they begin to pay attention to what is being said to them. They begin to value their lives. They take pride in their self care and are careful in sharing things and themselves
- Anybody can get it
- Nie ander se naalde te gebruik nie
- Hulle beweer hulle gebruik kondome tydens seksuele verhoudings
- Avoiding people who have AIDS

COLUMN 35 (CARD 1): People who are treated or are candidates for treatment with regard to alcohol/drug-related problems, do not protect themselves against AIDS in various ways

- Once under the influence “who cares”?
- They are too “high” and desperate to care
- They are not fully convinced of its existence
- Geen insig
- Do not feel vulnerable to it
- Ignorance – do not think it can happen to them
- It only happens to others, attitude
- Huule glo dat dit nie met hulle sal gebeur nie
- Do not consider themselves at risk
- While under the influence of a mood changing chemical do not take conscience of the need for such protection
- Morele agteruitgang
- As hulle onder die invloed van dwels is – gee hulle nie om nie
- Neem die risiko sonder verantwoordelikheid
- Too occupied with dependency, too impulsive, live for now – no future
- The illness is not reality to them, they have other problems
- The addiction is too high which causes lowered inhibitions, values and norms
- Afhanklikheid is te hoog – veroorsaak laer morele waardes en norms, ook swak inhibisies
- Ongeërgde houding
- Too out of it – drugged to take the precautions that are necessary. When “straight” they are more careful
- When intoxicated are less likely to protect themselves
- Hulle staan onverskillig daarteen. Net die dwels maak saak – die onmiddellike “kick”
- They are not able because of their use of mood-altering substances
- Poor acceptance of safe sex practices. (Blacks – Soweto)
- Do not know whether it is possible
- They cannot imagine themselves as potential AIDS sufferer

COLUMN 38 (CARD 1): (Potential) IVDUs generally feel they need to know how to protect themselves against AIDS

- So as to avoid contracting AIDS/to prevent contracting the disease/for prevention/om te voorkom/not to be infected/to avoid being infected/om hulself te beskerm/for own safety
- Knowledge again is good
- To stay healthy
- To enjoy and preserve their lives
- They are scared of getting the virus
- They are at risk of contracting it
- Because they are aware that it leads to death
- Education campaigns do emphasize this area
- Some because they know it's a killer disease. Some believe it would not happen to them – or are just willing to take chances
- There seem to be an apathy towards the illness
- They are afraid of dying and being left alone/Innerlike behoefte om te bly leef – bang vir die dood
- Net tydens behandeling
- They are starting to realise that anyone can get AIDS
- Anyone can develop AIDS if have one or more sexual relationship with infected person
- Stop verspreiding
- Mense vrees dat hulle die siekte sal kry
- Hoë risiko groep

COLUMN 39 (CARD 1): (Potential) IVDUs generally feel they need to know how to protect themselves against AIDS

- But, they are aware that condoms help
- Don't think it can happen to them
- They are confident it would not happen to them
- Geleidelike agteruitgang
- Wearing a condom is sufficient, and it would not happen to them. IVDUs is high "avoider" or fatalism
- Hulle is traag om van gevestigde gedragspatrone te wysig
- Not interested in normal living
- Nie belangrik vir hulle nie
- Hulle meen meestal hulle weet reeds
- Hulle staan onverskillig daarteenoor, net die dwelms maak saak – die onmiddellike "kick"
- Because they feel, if they have constant/stable relationships they are not likely to contract AIDS (Soweto – blacks)

COLUMN 41 (CARD 1): The following bodies should take responsibility with regard to assistance to people with alcohol/drug-related problems/IVDUs regarding protection against AIDS

- State/the government
- State clinics
- State and treatment centres
- The community and state
- Sisters at health clinic
- The community, government, family affected by this problem, and the person involved
- The state and community in general – be alert and pro-active
- I think that much responsibility is already taken by Department of National Health and local government. Therapists should also be trained
- Department of Health and Population Development
- Regional and local Department of Health, schools, local municipalities, private clinics, specialized clinics, church groups and the individuals
- Kerkleiers (onderwysers, predikante, sielkundiges)
- Helping professions (Health and welfare organizations)
- Alle instansies wat met mense werk, moet 'n opgeleide persoon he, wat die groep kan hanteer
- Both the health and welfare sectors
- Professionals concerned
- The entire helping profession
- Therapists, media
- Sex therapists, social workers – the helping profession
- Therapists, nursing staff, information officers
- The Christian community as well as the professional. Medical personnel
- State and health organizations
- Local AIDS information centre
- A.g.v. konsentrasie van persone moet die rehabilitasiesentrum so ver moontlik voorsorg tref
- The whole community (state assisted) employers generally – invite teams to facilities, staff meetings etc. IVDUs would seem a high risk area. “Talks” at disco’s, clubs, educate managers – can counselors get into clubs?
- Medici en gedragwetenskaplikes
- Government and treatment centres such as SANCA
- Professions dealing with drugs and alcohol problems
- Teachers, social workers, medical profession, working environment and churches/skole, mediese personeel, ,maatskaplike werkers, werksomstandighede, kerke – almal.

- Almal betrokke by dwelmafhanglikheid/Almal wat in die veld van afhanglikheid werk
- Terapeut wat met alkohol/dwelmsverwante probleme help wat diens lewer
- AIDS information centres and health workers educated in the field
- AIDS advisory clinics in conjunction with the rehabilitation
- Drug/alcohol treatment centre, employers, clinics, day hospitals, political organisations, community organisations, schools
- The state, welfare organisations, private sector, hospitals, all community leaders interested (blacks – Soweto)
- Everyone
- Raadgewers
- Mediese personeel van rehabilitasiesentrums. Maatskaplike werkers van inligtingsentrums
- Government and private groups
- Government and professionals such as doctors
- The person-family-state



COLUMN 42 (CARD 1): Type of assistance to be rendered to people with alcohol/drug-related problems regarding protection against AIDS

- Accurate information on the likely causes, transmission and prevention of AIDS
- Establishment of more resources throughout the different cities
- Education
- Education-counseling
- Counseling
- Understandable knowledge
- Counseling, accommodation, rehabilitation, aftercare assistance education, assistance to the family, etc.
- Informing by way of actually talking about it with clients – literature on levels for those who are literate and who are illiterate
- Education, prevention (condoms, syringes)
- Education at an early age, pre-school, school level about healthy living – acceptable behaviour, good values and norms, rigorous preventative programmes at schools and the education institution or centres, hostels, wherever people gather for long periods of time
- Education, testing and counseling
- Education, availability of family planning aids e.g. condoms
- Rehabilitation centres and hospitals, improving emphasis of subject
- Medical lectures. Social and national repercussions
- Information, training
- Basic and easily understood information, easily available clinics with relevant counseling and treatment skills
- Die manier van oordra en voorkoming om die virus te kry
- Lesings (opvoedkundig)
- Information, literature, videos, group discussions
- Voorligting
- Details on the causes and prevention measures
- Causing IDVU to recognize AIDS as a problem (not to avoid) even if pamphlets are available – not necessary read. Lecture, videos of AIDS victims – especially using needles/drugs etc. use other “enlightened” IDVUs in streets
- Gedragsverandering en nie bloot kennisvermeerdering nie
- Financial, literature, counseling
- Inligting en ondersteuning tot gesonde lewenstyl en die instandhouding daarvan
- Voorligting – visueel en geskrewe, aanmoedig om skoon naalde te gebruik en kondome
- Deurgee van volledige inligting waar onkunde bestaan
- Videos, lectures, practical demonstrations, life stories from AIDS patients
- Education in the institutions around our communities and campaigns
- Education by media, health therapeutic staff from treatment centres
- Meer as een opsig onverskillige optrede tot gevolg kan he, wat tot die dood kan lei.
- More information regarding protection, more availability of condoms and needles etc. – family counseling and others in life of person
- Free condoms and needles
- Information, counseling, medical/social/security (Soweto – blacks)
- Informing and testing for HIV
- Information through videos, lectures, pamphlets, adverts

COLUMN 44 (CARD 1): Name (potential) IVDUs main source(s) of information in this respect

- Media/literature, pamphlets, newspapers, radio, TV/tydskrifte/literature and TV/TV, newspapers
- TV, newspapers
- Media and booklets – released by state
- Media word and peer information
- Media
- The media, fellow drug users and the public in general
- Friends
- Doctors, health clinics
- Media en voorligtingskliniek
- Public, media
- Media, vriende en inligtingsessies
- Literature, media
- Media, personal experience
- Mede-dwelmafhanklikes en media
- Drug/alcohol treatment centres, employers, clinics, day hospitals, political organisations, community organisations, schools and mass media
- TV
- TV en lesings
- Klinieke en hospitale
- Literature and videos
- Dokter, apteker, klinieke
- Ads, articles, discussions
- Traditional healers (Soweto – blacks)
- TV/Sangoma (Soweto – blacks)

COLUMN 46 (CARD 1): Any additional comment regarding (potential) IVDUs knowledge of the curability of AIDS

- None
- They believe if the African Medical Staff – herbalists – can be actively involved it can be cured/Sangoma/traditional healers can cure the disease (blacks – Soweto)
- I really believe that to many of them ignorance is bliss. Some know that they are going to die anyway, so what does it matter if it is AIDS that causes death?
- Concerned people will know and refrain, others may know but not allow the knowledge to deter their behaviour
- They are aware that it is incurable and that death is inevitable
- It seems that one message of no cure is prevalent
- A cure will be found eventually, will just take time
- Let the experts get on with the research while we druggies enjoy ourselves
- Die belangrikste genesing van VIGS is inligting soos bv. aan die gemeenskap oor te dra dat om rond te slaap die grootste gevaar van VIGS kan wees en selfs ook met dieselfde geslag. Dat dit 'n sonde is en 'n voorskrif aan ons gestel deur God ons Vader. Hy is die grootste geneser, want as jy reg en rein lewe is die gevaar totaal minder
- Lack of knowledge as prevention. If get it, probably leave too late or not know, in preference to continue drugging
- VIGS word juis genees vanweë die onbehandelbaarheid daarvan, maar selfs ten spyte van hierdie feit sit persone steeds hoë risiko gedrag voort vanweë die positiewe waarde wat dit vir hulle inhou.
- It is difficult to accept that their health is in their own hands/dit is vir die afhanklike moeilik om te aanvaar dat hy moet begin verantwoordelikheid aanvaar vir sy eie gesondheid
- Those who live in very deprived communities do not have as much accessibility to media
- Vermy voorhuwelikse seks asook seksuele kontak met meer as een maat
- Knowledge is not always correct/their knowledge is unrealistic.