

FACULTY OF ECONOMICS AND MANAGEMENT SCIENCE
DEPARTMENT OF POLITICAL AND ADMINISTRATIVE STUDIES

**AN INVESTIGATION INTO REASONS FOR PERSISTENT INCIDENCES OF HIV
INFECTIONS AMONGST THE 21 BRIGADE SOLDIERS**

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF

**MASTER OF ARTS IN SECURITY
AND STRATEGIC STUDIES (MA SSS)**

OF

THE UNIVERSITY OF NAMIBIA

BY

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2011

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Acknowledgements

First, I would like to thank Almighty the God who gave me courage and energy to pursue the study at this generation.

I am greatly indebted to the Ministry of Defence / Namibian Defence Force for granting me the opportunity to study and sponsoring this study programme.

My thanks go to Dr Scholastika Iiping, Dr L Blaauw of the University of Namibia, for their generous guidance, encouragement and supervised with commitments throughout my study and Mrs. Muteka of the University of Namibia, for her generously guidance and editing my thesis.

I thank all the staff of the Faculty of Economics and Management Science; especially lectures for their valuable technical assistance during my studies at the University of Namibia.

I thank the staff of the Ministry of Defence / Namibian Defence Force (MOD / NDF) - Defence Health Services for their support, encouragement and patience during my study at the University of Namibia.

I also would like to thank the commander of the 21 Brigade and his staffs for allowing this study take place in his unit.

Last but not least, my thanks go to all my colleagues and friends who contributed to my study directly or indirectly whose names do not appear here.

Dedications

My dedications go to my wife Lusia and children, for their inspiration, support and patience during my long stay at the Library. Equally, affections go to (parents, brothers and sisters) Albertina Kaluvi, Ndamona Kambode and Ndemuimba Shipena families for their courage that groomed me up throughout my upbringing. I am also grateful to the Edundja community in Oshikango Constituency, for their wisdom that embraced my parents to value the importance of education during my child-hood.

Declaration

I, Gabes N. Shipena, hereby declare that this study is a true reflection of my own work of investigation of this research undertaking. As a result, no part of this work has been submitted for a degree at any other institutions of high education.

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ABSTRACT

HIV / AIDS pandemic poses health a security threat to soldiers of any country in the world. In Namibia, soldiers of NDF at (Suiderhof) 21 Brigade are not spared to this pandemic. At Suiderhof military base where this study was conducted; HIV / AIDS workplace programme is being executed in various preventive activities. Despite HIV / AIDS workplace preventive activities in place, incidences of HIV / AIDS related illnesses are still afflicting health challenges in this unit.

It is against this background that an explorative and descriptive study of the reasons for persistent incidences of HIV infections among 21 Brigade members was undertaken, using both qualitative and quantitative approaches.

The purpose and objectives of the study is to explore and identify the reasons for continued incidences of HIV infections among 21 Brigade soldiers.

Specific objectives of the study are:

- To determine reasons for persistent incidences of HIV infections among soldiers of the 21 Brigade.
- To explore and identify the best approaches that will help soldiers of the 21 Brigade to protect themselves against HIV infections.
- To analyse the findings and make appropriate recommendations to the management.

It was reported the 21 Brigade commander that the unit has experienced increased negative effects on work performance. The study also revealed that medical boarding, resignations and deaths due to HIV / AIDS related illnesses was recorded. HIV / AIDS related sickness caused increased absenteeism and frequent sickness. Loss of skilled soldiers at all levels, increased

replacement, additional expenditure and health costs. It was further reported that the most common negative aspect of HIV / AIDS, include reduced personal savings and increased income costs. Negative effects have socio-economic effects on the livelihood of the entire unit.

In conclusion, the study provides suggestions and recommendations to enable the unit- HIV / AIDS workplace programme to comprehensively implement their plans.

List of abbreviations and acronyms

ABC	=	Abstinence, Behaviors changes, Condoms
ABCD	=	Abstinence, Behaviors changes, Condoms, Delay sex
AIDS	=	Acquired Immuno Deficiency Syndrome
ANC	=	Ante Natal Care
ART	=	Anti Retroviral Therapy
ARV	=	Anti Retroviral
AU	=	African Union
BCC	=	Behavioral Change Communication
BCI	=	Behavioral Change Intervention
Bde	=	Brigade (= military abbreviation)
BDF	=	Botswana Defence Force
CBO	=	Community Base Organisation
CMA	=	Civil - Military Alliance
C & T	=	Counseling and Testing
DHS	=	Defence Health Services
FGD	=	Focus Group Discussions
DoD	=	Department of Defense (of the United States America)
GIPA	=	Greater Involved of People living with Aids
GRN	=	Government of the Republic of Namibia
HAART	=	Highly Active Anti- Retroviral Treatment
HIV	=	Human Imuno Virus
HBC	=	Home Based Care

IAC	=	International Aids Conference
IAS	=	International Aids Society
IEC	=	Information, Education and Communication
I-TECH	=	International Training Education Centre on HIV
KAP	=	Knowledge Attitude and Practice
MAPP	=	Military Action Prevention Program
MDC	=	Military Disciplinary Code
M & E	=	Monitoring and Evaluation
MoHSS	=	Ministry of Health and Social Services
MTP	=	Medium Term Plan
MOD	=	Ministry of Defence
NAC	=	National Aids Committee
NAMACOC	=	National Multisectoral AIDS Coordination Committee
NDF	=	Namibian Defence Force
NDP	=	National Development Plan
NGO	=	Non-Governmental Organisation
OI	=	Opportunistic Infection
OVC	=	Orphans and Vulnerable Children
PEP	=	Post Exposure Prophylaxis
PLWHA	=	Person Living With HIV / AIDS
PMTCT	=	Prevention of Mother to Child Treatment
PSS	=	Psycho Social Support

PSO	=	Peace Support Operation
Pte	=	Post training entry rank of ordinary soldier (= military abbreviation)
SADC	=	Southern Africa Development Community
SANDF	=	South African National Defence Force
SFH	=	Society for Family Health
SMA	=	Social Marketing Association
SPSS	=	Statistical Package for Social Science
STI	=	Sexual Transmitted Infections
TB	=	Tuberculosis
UN	=	United Nations
UNAIDS	=	United Nations AIDS Programmes
UN SC	=	United Nations Security Council
VCT	=	Voluntary Counseling and Testing
WHO	=	World Health Organisation
WPP	=	Workplace Programme
ZDF	=	Zimbabwe Defence Force

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INRODUCTION

The Ministry of Defence has noted with great concerns that the threat of HIV / AIDS epidemic is one of the biggest health problematic diseases the security sectors are facing in Namibia. Therefore, the Ministry of Defence / Namibian Defence Force's (MOD / NDF) task is to step up comprehensive campaigns against the pandemic based on its sectoral goal and objectives to be met in a shortest period of time.

The goal and objectives of this study are aimed at securing and ensuring an effective, physical and mental health of the MOD / NDF members and to significantly manage HIV / AIDS and other related sexual transmitted infections, specifically in the 21 Brigade. One of the sectoral objectives of the Ministry of Defence / Namibian Defence Force (MOD / NDF) is to prevent HIV / AIDS and other sexually transmitted infections (STI) amongst NDF members. The MOD / NDF - Military Action and Prevention Programme (2004) states that through proper use of condoms and intensive information dissemination, education and communication provisions are crucial and important in this regard. This will prevent further spread of HIV infections among the NDF soldiers (MOD /NDF - MAPP, 2004 a, p. 1).

The above mentioned goal and objectives of the MOD can only be achieved, if specific policies and strategic guidelines are formulated and implemented. The MOD / NDF have

to interact effectively and comprehensively with other role players in the fight against HIV / AIDS.

1.2 BACKGROUND OF THE STUDY

The Government of the Republic of Namibia / Ministry of Health and Social Services states that the response to HIV / AIDS must be a priority in all our efforts to develop this country. The Namibian government has repeatedly declared its commitment to the fight against HIV / AIDS at all levels of our society. It has not only ratified and signed the international convention on HIV / AIDS with regard to the fight against HIV / AIDS, but has also made provisions for the fight in the National Policy on HIV / AIDS (MoHSS, 2007 a, p. 5).

The Namibian Defence Force (NDF) in this case, can address the most pressing developmental and health security threats in the form of HIV / AIDS, which our Nation can be facing in the coming decades. The MOD / NDF represent the government's commitment to tackle the HIV / AIDS epidemic among the soldiers. It is generally known that HIV is a threat to social and economic development as well as to national security. The impact of HIV is felt at all levels of our society, including the military. The HIV threatens NDF's operational capacity and capability, as well as developmental programmes of the Ministry as a whole.

The MoHSS (2007) National Policy on HIV / AIDS clearly stated that HIV / AIDS is one of the largest threats to the development of this country. Its impact is felt at every level of

our society and affects all sectors, individuals, families and communities who are the fundamental building blocks of our security, social and economic development.

The HIV / AIDS threaten the growth of the NDF in social and developmental aspects of our security institutions, as it continues to rob us of our knowledgeable and skilled soldiers and ultimately, the institutions' future for development and progress. The infected persons are unable to work and workplaces lose valuable human resources and expertise. At the same time, HIV infections increase sectors that remain unattended as those who must staff the section(s) are ravaged by the epidemic. This situation has unfavorable effect on the public and private institutions (including the MOD / NDF) to achieve vision 2030 (MoHSS, 2007 a, p. i).

The National Policy on HIV / AIDS stated that the HIV / AIDS strategy was given through Medium Term Plans (MTP) III for all the sectors and institutional HIV / AIDS related policies are developed or reviewed in conjunction with the National Policy to ensure an expanded multi-sectoral and human right approach. Furthermore, the policy promised the strategic HIV / AIDS vision for non discrimination and the promotion and protection of human rights of all our citizens (MoHSS, 2007/2008, p. 256). The researcher concurs with the statement that emphasises the need for strong multi-sectoral response across the whole country.

The National Policy on HIV / AIDS (MoHSS, 2007/2008) further stated that we should tackle the problems of the epidemic with commitment, compassion and vision. Strong

leadership from government, (including security sector institutions) civil society, the private sector and indeed all Namibians are required to participate. The openness, transparency and good governance must guide all our actions. Openness response towards HIV / AIDS shall be a priority for the Namibian Defence Force (NDF) as it strives to develop this country. In this regard, it will address the most pressing developmental challenges Namibia could be faced with in the future (MoHSS, 2007/2008, p. 256-257).

The researcher is convinced that, HIV / AIDS is one of the health threats that upsets military developments, socio-cultural, economic and geopolitical development of Namibia. The impact of HIV epidemic touches every aspect of our country's future developments. It therefore, demands active participation and response that is multifaceted, multisectoral, including security sector institutions to engage every effort of all soldiers in our military to fight against HIV infections in Namibia.

The researcher also supports, that all other sectors (including NDF) are duty-bound to take practical measures to enhance and encourage all their subordinates to spearheading the fight against the spread of HIV infections in their respective areas.

Furthermore, the Namibia National Policy on HIV / AIDS (2007 a) is geared towards guiding efforts related to the expanded national response to the epidemic. It encompasses policy statements related to the creation of an enabling environment, prevention, treatment, care, and support. A vigorous response of the HIV workplace programme's intervention and management will benefit the security sector comprehensively if

necessary strategies, such as financial and human resources as well as proper health care services are in place (MoHSS, 2007 a, p. 4).

The impact of the HIV / AIDS epidemic touches every aspect of NDF members. It is alleged that the tendency to discriminate and stigmatise HIV positive members at workplace still prevails among the 21 Brigade soldiers. Discrimination and stigmatisation acts are mostly committed by fellow individual members in their own personal capacity. This is one of the important aspects of concerns, which might impact the HIV workplace programme negatively.

1.3 STATEMENT OF THE PROBLEM

The Ministry of Defence / Namibian Defence Force (MOD / NDF) has put in place HIV / AIDS preventive and awareness programmes. The main aim of such programmes is to create an enabling environment and to help individuals protect themselves against HIV infection. The Namibian Defence Force (NDF) requires every soldier to be physically and mentally fit for any situation, condition and difficult environment. Every soldier is eligible to be sent on a foreign military mission, if he / she is physical and mentally fit.

As a pre-requisite for being sent to foreign missions, many soldiers are required to take an HIV test, as well as undergo pre-test and post-test counselling. However, it was observed that on many occasion soldiers have tested negative, and consequently received post-test counselling in order to maintain their HIV negative status. Despite the established HIV / AIDS awareness and preventive activities for soldiers, and despite

having tested negative on several occasions, some of these soldiers ended up testing HIV positive, when they take another HIV test some few years later.

The researcher would like to explore why these soldiers get infected, despite having all the necessary information on how to prevent HIV infections and have tested HIV negative on various occasions. What approach do soldiers suggest will enable them to maintain their HIV negative status, once they have tested negative? Based on the report of persistent incidences of HIV / AIDS related illnesses presented by the commander of the 21 Brigade, the researcher is seeking answers to the following questions:

- What are the reasons for the persistent incidences of HIV infections among the members of the 21 Brigade?
- What methods or approaches do members of the 21 Brigade suggest can be implemented in order to help them protect themselves from HIV infections?

1.4 PURPOSE AND OBJECTIVES

The purpose of the study is to explore and describe the reasons for persistent incidences of HIV infections among soldiers of the 21 Brigade.

1.4.1 Specific Objectives

The specific objectives of the study are:

- To determine reasons for persistent incidences of HIV infections among soldiers of the 21 Brigade.

- To describe and identify the best approaches in HIV / AIDS prevention as suggested by respondents to help soldiers of the 21 Brigade protect themselves against HIV infections.
- To analyse findings and make appropriate recommendations to the management.

1.5 SIGNIFICANCE OF THE STUDY

This study can contribute to understanding of behaviours which might put the members of the NDF at risk of contracting HIV infections and will be of great value to policymakers in formulating sector specific HIV / AIDS policy.

The findings could also assist MOD / NDF's management and the implementers of HIV / AIDS programmes in helping to improve policies, which they can use to mobilise more resources in order to mitigate HIV / AIDS in MOD / NDF.

Furthermore, the study could assist the above mentioned role players to educate and train health workers and counsellors, as well as other individual soldiers, to change their sexual behaviour and take any precaution measures. With the help of this study, the HIV / AIDS prevention programme role players will also be able to identify the need for reviewing the existing HIV / AIDS programme.

1.6 DEFINITIONS OF TERMS

- **Human Immunodeficiency Virus (HIV):** The virus that causes AIDS.

- **Infection:** The process of becoming ill through contact with viruses, bacteria, parasites or any other micro-organisms which spread or pass from person to person in many different ways.
- **Incidence:** Refers to new cases of a specific disease.
- **Reason:** Fact put forward as or serving as the cause of, motive for, or justification for something; or the power of mind to think, understand, form opinions; or what is right or practically possible; or common sense or judgement.
- **To reason:** To argue by considering various possible solutions, or to convince or persuade somebody.

1.7 LIMITATIONS OF THE STUDY

The researcher anticipates the following limitations in carrying out the study:

- The results might not be representative of all soldiers' reasons and points of view, thus results cannot be generalised.
- The results might be biased because respondents may only give reasons which are generally perceived as reasons for HIV infections among the uniformed communities, and not necessarily their own views and opinions.
- Results might also be affected by the fact that the study concentrates only on soldiers of the 21 Brigade, who were present at the time this study was conducted. In other words, the study could not report on members who were absent, because they are on leave, missions or courses.

1.8 SUMMARY

This chapter contained the overview and organisation of the subject under study. Even though there were limitations and constrains, there is still enough evidence to support this study. It was concluded in this chapter that the Ministry of Defence has noted with great concerns that the persistence of incidences of HIV infections among its members is one of the major health threats the security sector (NDF) is faced with.

The Ministry of Defence / Namibian Defence Force (MOD / NDF) can only fulfill these roles, if policies and strategic guidelines are organised and sustainably implemented in order to meet the MOD / NDF's developmental needs; therefore, guidelines should play a major role in mitigating occurrence of new cases of HIV infections in the military, leading to the achievement of Vision 2030.

CHAPTER 2: LITERATURE REIVEW

2.1. INTRODUCTION

The HIV prevalence among militaries of the world, Africa, SADC and Namibia has become a common talk of the day in all private and public domains. The message is clear that the world community has realised the effects HIV / AIDS have imposed on institutions, including the militaries. Incidences of HIV / AIDS in the Namibian Defence Force are regarded by the government as a health security threat and the development of the country and its people. This health security problem in the military can be found all over the world, in Africa, in SADC countries and the Namibian Defence Force (NDF) is no exception.

The literature review will focus on HIV / AIDS in the Armed Forces in Africa and SADC military personnel as a high risk group for HIV incidences in military, HIV / AIDS knowledge, skills and attitudes, awareness activities among the soldiers and reasons for military regarded as drivers of the HIV epidemic.

2.2 THE HIV / AIDS AND MILITARIES IN AFRICA

The HIV pandemic has already begun to diminish the operational performance of many African Armed Forces. Prevalence rate of sexually transmitted diseases among the military personnel usually exceeds those of the civilian population by factor of two to five. In many African militaries, this is also true with regard to HIV / AIDS (UNAIDS,

1998, p. 22). Within Sub – Saharan Africa, Southern Africa has the biggest proportion of people living with HIV / AIDS. South Africa alone is estimated to have around five millions infected citizens or roughly 20 % of adult population of the country. Namibia has an adult prevalence rate around 18 % living with the virus, while Botswana is put at 33 % HIV infection prevalence (UNAIDS, 2002, p. 22).

Recently, the Defence Ministries of several countries in Sub-Saharan Africa documented HIV prevalence rates among their armed forces that averaged between 10 - 20 percent. In some countries however, where the HIV / AIDS virus has been present for more than ten years, the prevalence rates have climbed to as high as 50 - 60 percent as listed. HIV prevalence in some African countries are as follows: Angola was estimated at 40 - 60%, Congo-Brazzaville at 10 – 25 %, Ivory Coast at 10 - 20%, DRC at 40 – 60 %, Nigeria at 10 – 20 % while Tanzania estimated at 15 – 30 % (UNAIDS, 2009, p. 9, Agency France Press, 2000, p. 18).

These figures are obtained from the US Defense Intelligence Agency, however, it is unclear how they were obtained and in light of their considerable margins, whether they are based on actual testing or anecdotal evidence, they should be treated with care (Elbe, UNAIDS, 2007, p. 22-23). Regardless, these figures are compatible with a recent South African Defense Intelligence assessment that arrived at the following figures: Angola 50 %, Botswana 33 %, DRC 50 %, Lesotho 40 %, Malawi 50 %, Namibia 16 %, RSA 15 – 20 %, Swaziland 48 %, Zambia 60 % and Zimbabwe 55 % (Heinecken, 2008, p. 11).

Further up in the north, public sources have reported HIV prevalence rates of 22 percent in the Armed Forces of the Central African Republic, and as high as 50 percent of the troops in Uganda and Sudan. In addition, the effects of HIV / AIDS have been disastrous for military budgets. At a time when many governments are cutting defence spending, the costs of replacing senior personnel and providing AIDS treatment for soldiers and sometimes their families can be crippling. Militaries rarely receive donor funding for AIDS programmes. The combined impact of losses, absences and financial constraints on military readiness has weighty implications, not only for national security, but also for peacekeeping operations all over the world and across the continent, which increasingly relies on African Forces (Kazcor, 2002, p.1).

2.3 HIV / AIDS AND MILITARIES IN SOUTHERN AFRICA

Media reports indicate that the situation in southern Africa is not different from the whole continent. The South African Defence Minister has stated that 17 percent of his country's soldiers are HIV positive although some reports put the figure closer to 50 - 60 percent. It is also reported that the Namibian Defence Minister has claimed that nearly one third of the Namibian 15 000 strong National Defence Force are living with the virus (Jean Le May, 2002, July 15; Pan African News Agency, 2001, February 16).

In South Africa, the National Defence Force (SANDF) presented a good educative statement that was discussed during the Conference proceedings on HIV / AIDS in the SANDF document, February 3rd 2009 by Brigadier Siwisa, in Cape Town. The statement expressed that, the impact of HIV / AIDS on military makes the military inability to

sustain the Defence Force design, inability to sustain external deployments and technologically Defence Force advancement. It has increased expenses in recruitments, training, and retraining; multi-skilling, health care delivery and employees' benefits are all affected. It also increased the loss of the productivity, loss in continuity of command, compromised moral and security of the Defence Forces.

The statement continued by explaining that the top levels of commitment by the SA Minister of Defence is that, he is a custodian of the comprehensive programmes and plans of HIV / AIDS, while the SA Deputy Minister is personally responsible and involved in the HIV / AIDS programme management. Health and HIV / AIDS have been registered as a strategic issue for the SA Department of Defence Human Resources capacity (Siwisa, SANDF, 2009, p.6).

The South African Department of Defence (DoD) - HIV / AIDS Policy Principles is that of education, prevention, care and support of patients in order to reduce the transmission of HIV infections in military. To provide appropriate treatment, care and support for those infected and affected through sound management, cooperation and coordination within the SA DoD. The military also collaborate with other government departments and non-government organisations in the fight against HIV / AIDS pandemic. To that end, monitoring, surveillance and research can be coordinated through inter - sectoral cooperation (Siwisa, SANDF, 2009, p.6).

The SA DoD has quoted Mr. Nelson Mandela as stated that the fight against HIV / AIDS is one of the greatest challenges the world faces at the start of the 21st Century. In the course of human history, there has never been a greater health threat than the HIV epidemic is. History will surely judge us harshly, if we do not respond with all energy and resources that we can bring to bear in fighting against HIV / AIDS (Siwisa, SANDF, 2009, p.6).

In Namibia, it is estimated that the Namibian Defence Force (NDF) has more than 10,000 soldiers, that is, the Army, Air Force and Navy personnel from the age of 18 – 60 years. The majority of soldiers in the NDF are male, with women in the Army representing 30 per cent and 2 per cent of the Air Force and the Navy, respectively (Ministry of Defence, Defence Act, 2002, p. 7).

Whiteside et al., (2006) states that prevalence rates of sexually transmitted diseases including HIV infections among the military personnel usually exceed those of the civilian population by a factor of two to five. Whiteside, A., De Waal, A., & Gebre-Tenae, T. (2006) found that there are general beliefs that Armed Forces are more susceptible to HIV and STIs due to their nature of work. It is assumed that the reasons why the preventive strategies against HIV / AIDS is not effective, is because of the nature of military culture they operate in. In most instances the military deployments and working environment demands and behavioural change towards contributing factors,

such alcohols, drugs and promiscuous friendships put members of the Armed Forces at high risk of contracting STIs including HIV infection (Whiteside et al., 2006, p. 1).

Whiteside et al., (2006) argue that HIV / AIDS is a powerful enemy facing Africa's Armed Forces, including the Namibian Defence Force (NDF). The author stated that military personnel belong to high-risk groups, due to its mobility, age group and opportunities for casual sex. The number of AIDS-related deaths reported in the Armed Forces seems to confirm this assumption in many countries. Such assumptions may be partly based on an international survey conducted in the early 1990s, which revealed an alarming HIV prevalence rates in some African militaries. However, such figures do not reflect the current reality of the epidemic after countries are doing so much to reduce the impact among the armed forces (Whiteside et al., 2006, p. 1 - 3).

It is believed that the military has the weapons to win the war against HIV / AIDS. Generally, Armed Forces have the advantage of highly structured, disciplined environments, in which personnel can be mobilised to participate in HIV preventive awareness and testing campaigns and can be closely monitored during treatment (Kazcor, 2002, p.1).

In Botswana Defence Force (BDF), the HIV infection rate is reported to be around one third, while in the Zimbabwean Defence Force (ZDF), the figures may have reached 75 - 80 percent as early as 1993 (Mills, 2001, Daily Mail and Guardian, 2001, p. 69, March 26). The Botswana Defence Force (BDF) Policy on administration of personnel infected

with HIV / AIDS has detailed procedures of testing, surveillance, administration and counseling measures required for the HIV infected personnel in their military (Botswana Defence Force Directorate of Human Resources BDF-DHR, 1994, p. 2).

The Director of Defence Personnel in Botswana Defence Force is responsible for all HIV policy in their military, by providing supervision and ensuring all preventive education and counseling programmes are effectively implemented and consistent with current medical knowledge as well as the Defence Force policy. This policy applies to all uniformed members of the Defence Force of Botswana (BDF) and a reserve component, if activated. These include Defence Force applicants and civilian employees directly employed by the Defence Force and not those on secondment courses in the force. The policy and procedures prescribed in the document should not be used as a means for discrimination against those infected, but be used with due regard to the history of the disease. Furthermore, the policy requires the Units' commanders to be knowledgeable on the rationale behind the HIV testing requirement and established policies. It requires compliance with the education and counseling requirements for each soldier (BDF-DHR, 1994, p. 3).

The commander is expected to protect soldiers identified as positive HIV from unwarranted intrusion of their privacy and requires all relevant authorities to maintain a high standard of confidentiality with regard to records of HIV positive soldiers. This should continue to maintain privacy of soldiers regardless of their re-assignments or

transfers. The policy requires the Defence Force Medical Officer to keep all HIV positive results in confidential individuals' medical file and only such Medical Officer shall have access to such a file. The Director of Personnel shall keep the notification from the Medical Officer in a confidential file and record containing the statistics of all HIV positive members of the Defence Force.

2.4 SADC MILITARIES REGIONAL MINIMUM STANDARD ON HIV / AIDS

Namibia as a SADC member country is also obliged to follow the regional body protocols that guide the countries' military deployments and operations in and out side the country. The militaries of Southern African countries have commitments to maintain a minimum standard of deployment of their troops in areas of their duty tours (SADC militaries protocols on HIV / AIDS, 2002).

The following are the HIV / AIDS minimum operational and deployment standard requirements for SADC militaries.

2.4.1 Pre-deployment HIV / AIDS prevention programme: such as,

- Education Awareness
- Information, Education Communication (IEC) materials, STI leaflets, playing cards reflecting HIV infection prevention information
- Condoms distribution
- Risk reduction plans
- Stress management

- Respect of host country's tradition and culture
- Finance management
- Families are included as part of the pre - deployment preparations (given two weeks to be with their loved ones)

2.4.2 Pre-deployment treatment, care and support

Pre-deployment treatment, care and supports include the following:

- Counseling and HIV Testing and those who are found to be HIV positive, pre - employment and pre - deployment are not taken; but referred for further clinical assessment and management (history, physical examination, CD4 cell count and viral load),
- Access to all HIV / AIDS services, treatment of opportunistic infection,
- Assessment and eligibility for ART and
- Continuum care and support including psycho - social support.

2.4.3 Deployment outside the borders

The HIV positive members are not deployed outside the country, as a result of no capacity to manage them outside, due to lack of financial, human resource and adequate infrastructures.

During deployment outside the borders, some areas of achievements have to be met such as:

- HIV testing as part of the medical examinations prerequisite for pre - employment and pre - deployment,

- Those that are found HIV positive are not discharged from duties, but are not deployed outside Namibia and are referred for HIV management,
- Pre - employment and pre – deployment HIV test is done to promote early diagnosis of HIV infection and facilitate early treatment.

However, the above mentioned undertakings are in many instances challenged by the following conditions:

- Lack of HIV / AIDS policy framework in SADC member states,
- Very difficult to find out the HIV window period,
- Human rights issues – perceived discrimination of those members who are HIV positive,
- The host country definitely does not want HIV positive soldiers,
- Infecting others during deployment (including re - infecting amongst them), which is possible.
- Involvement in military operation out side the country in different climate, may deteriorates conditions of the HIV positive soldiers,
- Lack of human and infrastructure resources during deployment to support the members,
- It is very costly to repatriate HIV positive sick soldiers back home and
- It affects trust for future country deployment reputation (SADC military protocol on HIV / AIDS, 2002, vol, 24, p.17).

2.5 HIV / AIDS WORKPLACE PROGRAMMES AMONG ARMED FORCES

According to Walia N., & Tak CS. (2004), in the study of sexual behaviour in male soldiers for HIV and STI prevention opportunities in the Indian Army revealed that sexual behaviours which are the most intimate of human interactions, is the key to the prevention of sexual transmitted diseases among soldiers (Walia et al., 2004, p. 1).

The study further revealed that despite health education lectures on HIV prevention, the awareness levels are still inadequate and the high risk behaviour is still always uncontrollable and inevitable among the soldiers (Walia et al., 2004, p. 1). The same trend could be found among the Namibian Defence Force (NDF) especially, the vulnerable groups.

In an effort to prevent and manage HIV / AIDS, the Office of Prime Minister (OPM) of Namibia has directed all Government Institutions, public sectors and other stakeholders, to put more efforts in the fight against HIV / AIDS pandemic in all areas of our society, including the military as stipulated in the Namibian Workplace Policy (OPM, 2009, p. 9 - 12).

The Ministry of Defence / Namibian Defence Force (2004) stated that they have recognised HIV / AIDS as a major public health problem with a wide ranging impact on the employment, economic growth, security and human rights. The Ministry recognises that HIV infection prevention programmes are important, because HIV poses a unique problem to management in the workplace (Ministry of Defence / Namibian Defence Force MOD / NDF Workplace Programme 2004, p. 1). It is not HIV / AIDS alone that

can hamper the national and international operations, but also other diseases such as malaria, TB and other communicable diseases. As a result, researchers need to strive harder as much as possible to work out effective strategies that can avert HIV / AIDS negative effects among the armed forces. This was also emphasised in the study that was conducted in preparation for the Strategic Plan of the Ministry in 2008 by the Minister of Defence (C. Namoloh MOD / NDF Strategic Plan, 2008/9-2012/13, p. 7-8).

In other militaries of Southern Africa Armies, (SADC) and others in the world have established well structures of HIV / AIDS workplace programmes to control and mitigate the impact of HIV in their armed forces. Namibia can learn very important lessons from these other militaries of other countries, in order to improve HIV / AIDS workplace programme in our military (MOD / NDF Journal, 2010, p. 7 vol. 8, no. 1).

To control and mitigate the impact of HIV / AIDS in military, it is important to maintain HIV confidentiality among soldiers and provide awareness education to all HIV positive and negative personnel in military. This is in line with the Namibian Third National Development Plan, in its thematic strategic area which stated that it is important to protect the rights of people living with HIV and AIDS (PLWHA) and to strengthen reproductive health and family planning programmes (NDP III, 2007/2008; 2011/2012, p. 173).

In Namibia, like any other country in Africa, actions are taken on HIV / AIDS. International HIV / AIDS Alliance, (2001) stated that many communities have developed

initiatives to reduce new incidences of HIV infections among themselves. They have also introduced care procedures for sick people and support for those affected by the impact of AIDS. In recognition of the need to mobilise, support and increase these responses, many community based organisations (CBOs) and Non Governmental Organisations (NGOs) were formed and have expanded their HIV awareness and preventive activities (International HIV / AIDS Alliance, 2001, p. 2).

2.6 ARMED FORCES VULNERABILITY TO HIV / AIDS

It is a known fact that the military personnel are vulnerable to the HIV infections due to various factors. Among others is the nature of their work. The military personnel are in most cases deployed away from their home and families for a long time. This trend allows them to come into contact with new people and develop new relationship which might end up having sexual relationship with casual partners. In order to relieve stress and loneliness, they can force themselves to indulge in sexual contact with prostitutes in the area of deployment.

Furthermore, military culture and training encourage machismo, courage and a willingness to take risks and values that may lead soldiers to participate in risky sexual practice. Alcohol and drugs taken to relieve boredom or tension further increase the likelihood of practicing unprotected sex. Money and status can also play a role in creating vulnerability among the soldiers. The fact that they have money, many women who live in poverty, especially in conflict areas, could easily give in to have sex in exchange of money, gift or food and in the process the HIV infections can be contracted. The status

conferred by the uniform might provide greater opportunities for casual sex (De Waal et al., 2006, p. 1).

In his statement, Whiteside, A., De Waal, A., & Gebre-Tenae, T. (2006) found that many researchers and leaders have complemented views that HIV / AIDS epidemic in Namibia is the largest threat to health, economic and social development sectors in the country, including MOD / NDF as a security sectors. The number of HIV related illness / deaths reported by the Armed Forces throughout the world and the continent seem to confirm this assumption. On the other hand, the military also has the weapon to win the war against HIV infection. Armed Forces have the advantage of highly structured, disciplined environments in which personnel can be mobilised to participate in HIV prevention and testing campaigns and be closely monitored for treatment. This is the same situation the Namibian Defence Force finds itself in (Whiteside et al., 2006, p. 1).

The HIV / AIDS is a powerful enemy facing Africa's militaries. This is so because, in most cases the Armed Forces are of the mobility and active age group and opportunities for casual sex by military personnel are believed to make soldiers a special high risk group. Due to vulnerability of soldiers, HIV / AIDS-related illness has killed mainly the senior, experienced members and they are difficult to replace as a result of high prevalence of HIV amongst older soldiers, Whiteside et al., 2006 explained. Large numbers of soldiers are on extended sick leave and unfit for active duty and this further weakens military capability (Whiteside et al., 2006, p. 1-2).

According to Matthew and Lim (2004) military populations are as much, or more at risk of HIV infection as the general population because of their mobility during deployment. Military with significant HIV infection rate cannot engage effectively in peace-keeping efforts and may not be able to maintain their own nation's security, which in turn may lead to regional instability and increased conflict (Matthew and Lim, 2004, p. 1).

It was also reported that the relationship between HIV and security, cripples with factors that increased or decreased vulnerability to infection during times of conflict. These factors are the increased interaction among military and civilians. These factors increase commercial sex, decrease availability and utilisation of health services, increase malnutrition, decreases access to knowledge and means to prevent HIV infections transmission. They have also included large internal or regional population movement and the emergence of norms of sexual predation and violence (Kaczor, 2002, p. 1).

2.7 ARMED FORCES HASTENING / DRIVERS OF HIV INFECTIONS

Soldiers are regarded by many as drivers of the HIV infection pandemic in their countries of origin and elsewhere in the world during their military operation; but they could also be part of the preventive solution (Lovgren, 2001). Although the armed forces are regarded as such, they could also be regarded as part of the solution to fight HIV infection. It is assumed that where soldiers go, they take along the infection while also taking HIV infection along to their wives and girlfriends when they return home. International relief agencies alleged that when these troops travel to other countries, they

sexually abuse local population in many forms; such as rape and or have sex exchange with goods or food (Lovgren, 2001, p. 1).

Even when soldiers are not deployed outside the borders of their country, they are generally posted away from their families and partners. Spending months away in the barracks; military personnel often seek out sexually partners locally. It is not unusual for these troops to have regular contact with prostitutes. In many cases, people in any given community, soldiers included, do not want to perceive and admit that the disease is spread by the humans' behaviour. The human behaviour inclined to refuse to accept the reality on the ground that HIV infection has spread from one person to the other through human activities (Lovgren, 2001, p. 1 - 2).

The US Agency for International Development (USAID, 2004) explained that soldiers tend to stigmatise and blame others for spreading HIV infections. The t HIV infection is spread from one person to the other through well known modes of transmission and possible controllable human activities. However, human beings are blaming one another for their weakness to control HIV infection from taking place amongst soldiers themselves (USAID, 2004, p. 25).

Adeniran, O., Adeoye, F. A., O., & Shabi, T. (1998) reported that the behavior or attitude and condom utilisation inconsistent with the knowledge at their sero-negative before they left for a mission was that the wide gap between health knowledge, attitudes, practice and use of condoms in HIV prevention indicates a strong need to provide an enabling

environment, such as effective condom promotion and supply either by free distribution or social marketing to enlisted officers and their subordinates (Adeniran et al., 1998, p. 1). It is commonly accepted that commercial sex between military men and women is one of the major drivers of the HIV epidemic in many countries in the world, including Namibia.

The Ministry of Health and Social Services (2006), as cited from Mufune (2003, p. 24) stated that “like in the rest of SADC region, multi and concurrent partnership are fundamentally linked to high levels of population mobility, together with traditions of polygamy also explain high levels of multiple partnerships among certain groups. The conduct of having multiple sexual partners are the behaviors today seen among young soldiers of the Namibian Defence Force (NDF) that could be a serious problem of transmitting HIV infections amongst the newly recruited soldiers (Ministry of Health and Social Services, 2006, p. 22).

2.8 VULNERABILITY OF SOLDIERS’ WIVES TO HIV INFECTIONS

The Namibian Defence Force (NDF)’s male members are not exception to the trend of husbands highly exposed to HIV infections at their operational or deployment places within Namibia and beyond the country’s borders. This situation makes male soldiers’ wives vulnerable to the HIV infections.

Katana, M. (2002) reported that male soldiers are highly exposed to HIV infections and are highly susceptible population to HIV infection. He pointed out that they are mostly young and sexually active, often away from their homes and are governed by peer

pressure. In most cases, they are surrounded by opportunities for casual sex and also deal with wounded comrades. In developing countries, economic situations put the wives / girlfriends of these soldiers in special positions. Since their husbands earn little money which cannot sustain their families and the wives / girlfriends are mostly unemployed, their female partners are sometimes forced into casual sex to earn a living while their partners are away. Furthermore, (Katana, 2002) argued that education programmes target soldiers alone, leaving the wives / girlfriends with a gap of information. This reduces the opportunity for women to discuss safer sex, rendering them vulnerable to HIV infections (Katana, 2002, p.1).

2.9 MALE INVOLVEMENT IN SEXUAL AND REPRODUCTIVE HEALTH

Namibian men like any other men in any other countries of the world, must be involved in sexual and reproductive health for the benefit of the military and entire Namibian society.

Akinyele, (2003) states that the male involvement project is a component of reproductive health sub programme. It was designed to encourage partnering and gender equity in areas of sexual and reproductive health, especial in HIV and AIDS prevention among men and women in the country. This statement is also applicable to the Namibian Defence Force (NDF). It is very important to engage all soldiers in sexual education and reproductive health which is necessary to reduce the persistence of incidences of HIV infections among soldiers. It provides soldiers with knowledge on HIV / AIDS as part of HIV / AIDS preventive activities. (Akinyele, 2003, p. 1).

2.10 Summary

This chapter gave an insight into the relevant literature, focusing on the framework of the study. The study would provide an overview of the research problem and determine the reasons for persistent incidences of HIV infections amongst soldiers of the 21 Brigade. The study seeks to identify best approaches the members suggested that and can be implemented in order to help soldiers protect themselves from HIV infections; especially HIV at the workplaces. The study is also in line with the Namibia National Policy on HIV / AIDS' sectoral guidelines, MOD / NDF Strategic Plan and other regional militaries' HIV / AIDS protocols.

CHAPTER 3: RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter describes the research design and methodology used in this study. It is also focusing on the study area and population, sampling and sampling size, sampling summary, data collection, as well as instruments. Furthermore, it describes the actual data analysis, validity and reliability, trustworthiness, as well as ethical consideration.

3.2 RESEARCH DESIGN

The research approaches used in this study combined qualitative and quantitative research designs using explorative and descriptive approaches strategies. Research design reflects the characteristics of the true experiments, that is; one or more hypothesis to develop the predict effects of the independent variables. It addresses research questions concerning causality, specifically explains to what extent variables, known as the independent variable influence others do (Struwig and Stead, 2007, p. 8-9).

3.2.1 Explorative strategy

The study is both qualitative and quantitative and uses explorative strategies into the reasons for persistent incidences of new HIV infections amongst soldiers of the 21 Brigade and descriptive to investigate incidences of HIV infections. Qualitative research strategy is suitable for this study, because it enables the researcher to explore and identify the reasons for the persistent incidence of HIV infections among soldiers, such as

information about knowledge and attitudes of soldiers towards HIV infection (Bernstein et al., 2007, p. 43). Explorative strategy is important in this study in order to look into the unknown area, such as the reasons why soldiers cannot keep their HIV negative status for life. The research seeks to uncover those factors that motivate soldiers to take risky behaviours that make them vulnerable to contract the HIV infections. It is not known what motivates such behaviours; hence the reasons for this study with the hope that soldiers would open up and enlighten the researcher of their problems.

3.2.2 Descriptive strategy

Quantitative study is suitable for this study because it reports the use of percentages of a sample population, such as 60% (n = 60) male and 40% (n = 40) female respondents and statistics in analysing the data and figures from respondents who participated in this study (Bernstein et al., 2007, p. 44). Descriptive strategy is generally used where the researcher intends to describe characteristics, opinions and behaviours of the respondents (Polit et al., 2001, p. 167). In this study, the researcher intends to describe and identify the reasons as given by the respondents with regard to why the incidences of HIV infections are still being observed among the soldiers? Both data from the qualitative and quantitative approaches are described in the presented results.

3.3 RESEARCH METHODOLOGY

The researcher applied two methods in collecting the data, namely the Focus Group Discussions (FGD) and face to face interviews. For the Focus Group Discussions, a Focus Group Discussions guide was used to facilitate the Group Discussions. The focus

group guide covered issues related to reasons for persistent incidences of HIV infections, opinions about the HIV / AIDS education among the soldiers, access to condoms and soldiers as drivers of the HIV / AIDS pandemic as well as HIV testing and any other related issues. The semi-structured questionnaire captured the demographic data of the respondents, individual reasons and views about the workplace programme and facilitated descriptive information from the respondents.

3.4 STUDY AREA AND POPULATION

The study was carried out in Windhoek among soldiers of the 21 Brigade who were available during the time the research was conducted. The study's target population was all employees and soldiers of all ranks working in the 21 Brigade at Suiderhof Military Base in July 2010.

3.5 SAMPLING AND SAMPLE SIZE

For qualitative data, purposive sampling was used making sure that respondents were selected from various ranks so that all levels' perceptions are represented. Purposive sampling is usually used when the researcher purposefully select participants to participate in the study because those respondents would provide classic information which the researcher has interests in (Struwig and Stead, 2007, p. 6-8). The researcher made it a point that views from each stratum of ranks are represented in the study. The data collection then only stopped when the same information started being repeated during each Focus Group Discussions.

Five Focus Group Discussions (FGD) were conducted according to ranks; namely, senior officers, junior officers, no-commissioned officers, ordinary soldiers and civilian workers. Each group contained 8 – 12 people. Their ages ranged between 31 – 50 years.

For quantitative approaches, the research adopted a stratified sampling method, whereby stratification is done by gender and ranks. Sampling is the procedure of selecting individuals for a study in such a way that the individuals represent their unit (SMA, 2007, p. 7). This is the process that was applied in the case of the 21 Brigade.

Sampling summary

The gender proportion in the sample is the same as the gender proportion in the population, which is as follows:

Table 3.1: N = Number of 21 Brigade population

Unit Population	500 Males	i.e 62.5 %	60%
N = 800 members	300 Females	i.e 37.5 %	40%

Table 3.2: n = number of sampling population

Sample Population	60 Males	60%
n = 100 members	40 Females	40%

There were about 800 NDF employees in the 21 Brigade at the time of this study. The study made use of multistage sampling consisting of stage (i) stratified sampling, where specific numbers of individuals based on gender were randomly selected and stage (ii) purposive sampling to identify individuals for focus group discussion and interviews. All age group in the 21 Brigade participated representing all sexes. The study targeted all age groups, gender and rank categories. One hundred respondents from different units of the 21 Brigade stationed at the Suiderhof military base have been earmarked and took part in the study as follows:

Table 3.3: Sample selected by gender at 21 Brigade

Battalions/companies/platoons/sections of the 21 Brigade units	Gender		Sub Total
	Male	Female	
• 21 Brigade Head Quarters	12	8	20
• 211 Battalion	12	8	20
• 21 Transport Company	12	8	20
• 21 Logistic Company	12	8	20
• 21 Sick Bay / Medical Company	12	8	20
Grand total	60	40	100

The sampling and calculations of the sample was done with the assistance of a statistician, hence the sample is regarded as representative of the main population.

3.6 DATA COLLECTION METHODS AND INSTRUMENTS

The researcher applied two sampling qualitative methods of data collection, namely the Focus Group Discussions and the semi-structured interviews. A semi-structured questionnaire was administered to individual soldiers to ensure that each soldier in the sample was asked questions in the same sequence without any deviation.

The questionnaires were piloted among soldiers of the Bastion 4, who were not part of the main study. This pilot study exercise was necessary as it helped to determine if the instrument could gather the required data, to assess if questions were clear and to ascertain the time required to complete one questionnaire. As a result, the pilot study increased the validity and reliability of the data gathered.

The Focus Group Discussions guide covered the following: the reasons for persistent HIV infection amongst members of the 21 Brigade after several negative tests, views on HIV testing and benefits of regular HIV testing; why the soldiers viewed as drivers of HIV infection in this country and what can be done to change such views.

Respondents were debriefed after each Focus Group Discussions to ensure that the data captured represents their views accurately.

3.7 PILOT STUDY

The pilot study was conducted at the MOD / NDF Bastion 4 to determine if the instruments and process of the research would produce the required data. Conducting a pilot study, the researcher familiarised himself with the study and recognised possible problems about the planned study (Struwig and Stead, 2007, p. 7). The interview structured method for pilot study was done with soldiers who are not taking part in this study. The pilot study enabled the researcher to find out that all respondents are comfortable to communicate in English language and to measure significance and accuracy of questionnaires.

In this study, reliability was ascertained through the use of this study at Bastion 4 soldiers. According to Robson (1993), there are three major reasons why it is important to conduct a pilot study before the actual research is carried out.

Robson (1993, p. 164-165) points out that a pilot study is administered as follow:

- To establish whether there are any ambiguities in the research item
- To confirm the reliability of the instruments of data collection and
- To determine the exact data required in relation to the research questions.

The results of the pilot study assisted the researcher to revise the research instruments and assessed the validity and reliability of the research instruments.

3.8 VALIDITY AND RELIABILITY

The pilot study was conducted in order to increase validity and reliability of the main study.

3.8.1 Validity

Validity refers to the degree to which the instrument is measuring what it is intended to measure. It is the trustworthiness of the findings in quantitative research. Validity in qualitative research is considered unnecessary by some, but failure to validate findings can result in anecdotal reports that are not adequately analysed and interpreted (Struwig and Stead, 2007, p. 18).

Validity can be further seen as the ability of the research instruments to measure trustworthiness and the accuracy of the information. The researcher analysed the data

with the help from the supervisor and a statistician. Furthermore, evidence from literature was added to the validity of the results. Validity is based on the integration of any evidence that bears on the interpretation or meaning of the research instruments – including content and criterion-related evidence (Struwig and Stead, 2007, p. 141).

3.8.2 Reliability

Reliability is the extent to which test the research instruments if they are accurate, consistent or stable. It is therefore important to determine information's reliability before examining its validity (Struwig and Stead, 2007, p. 130). Reliability was tested by means of the research instruments (questionnaires) to produce information on reasons for persistent incidences of HIV infections at the 21 Brigade.

In this study, reliability was determined through the use of the pilot study of 45 soldiers of the MOD - Bastion 4 in Windhoek who had the same input to the sample subject of the study that was conducted. The pilot study aimed at removing possible uncertainty and assessed the relevance, appropriateness and comprehensiveness of the research instruments.

The outcome of the pilot testing was that the questions were understood well and no major amendments were needed. However, the minor concerns were recognised and corrected. The most discovered issue that the researcher proposed was the time allocations of 15 minutes per questionnaire to be completed. It was realised that the time was not enough to complete the questionnaire. Due to the insufficient time allocation to

complete the questionnaire, it was felt that the time be increased to 25 minutes to complete the questionnaire.

3.9 TRUSTWORTHINESS OF THE DATA

Apart from the lecturers, supervisor, colleagues, reference books and internet, the concepts of the research were clearly discussed and understood by the respondents. Very importantly, the researcher used the same techniques and procedures to all the respondents to ensure reliability and trustworthiness of the findings. It is very significant to introduce the interviewees to the study in order to determine if respondents understand the questions and find them to be useful (Struwig and Stead, 2007). In addition, interviewees were given enough time to express themselves clearly and were asked, if they have something else to add at the end of each question (Struwig and Stead, 2007, p. 131 - 132).

In order to make sure that the information from respondents was correct, trustworthy and believable, the follow-up questions were asked to clear-up the misunderstanding, if any; as a result, clarifications have generated more clear information from respondents. Respondents were assured that their information would be treated anonymously and confidentially as much as possible. The data would only be used for the stated research purpose and no other person would be allowed access to this data (Le Beau, 1998, p. 33).

3.10 DATA ANALYSIS

The qualitative data are analysed using Tech's-method of qualitative data analysis.

The data analysis started as early as the data collection started. The researcher kept noting what were repeatedly mentioned as common issues in the field notes. The researcher read through the Focus Group Discussions notes over and over. While reading the scripts, the researcher thought of the underlying meaning and wrote in the margin of the transcripts and he noted issues that were mentioned frequently during the FGDs. When done with all three FGDs scripts, lists of topics were made. Related and similar topics were grouped together (De Vos, Strydom, Fouche & Poggenpoel, 1998; De Vos, Strydom, Fouche & Delpont, 2005, p. 217-218).

Emerging issues were grouped in themes and categories and narrative descriptions were done as presented in chapter four. Quantitative data were analysed and presented as a descriptive statistics and evaluated using quantitative computerised statistical techniques, and used Statistical Package for Social Science (SPSS) software. The researcher was assisted by a qualified statistician for the purpose of interpreting and evaluating the data. Graphic presentations of demographic information were prepared and presented in the thesis.

3.11 RESEARCH ETHICAL CONSIDERATIONS

In this study, the researcher took note of the ethics that govern any research where human beings are subjects. Below are the descriptions of what the researcher did to satisfy the requirements for ethical considerations.

3.11.1 Anonymity

The researcher took into consideration the respondents' right to anonymity and privacy in the process of data collection by ensuring that their identities are not needed at all (Oliver, 2004, p. 94).

3.11.2 Informed Consent

The researcher has explained the objectives, procedures and expected results of the study to the respondents before participating in the study (Struwig and Stead, 2007, p. 67).

3.11.3 Confidentiality and privacy

Information gathered during the course of the study was not divulged to any persons who were not part in this study and personal information of the respondents was not taken during the study with the aim of ensuring confidentiality and privacy. The researcher was expected to respect confidentiality and privacy of the respondents and others involved in the research project (Struwig and Stead, 2007, p. 69).

3.11.4 Permission to Conduct Research

Conducting research is an ethical activity, refers to a manner of moral and rules of behaviour. It provides the researcher with a code of moral guidelines on how to conduct research in a morally acceptable way (Struwig and Stead, 2007, p. 66). In this study, the following ethical considerations were achieved by the researcher. Acquiring permission to conduct research would observe to maintain privacy, confidentiality and anonymity of the study. The researcher also sort protection for respondents from any harms, discomforts, unfair treatment and obtain informed consent.

Prior to conduct field data collection, the study proposal was approved by the University of Namibia's Post Graduate Studies Committee (Annexure A) which ensures that the research ethical procedures are correctly followed as spelt out in its Postgraduate Student Guide. Furthermore, permission to conduct research was sought from the Chief of the Namibian Defence Force (NDF) who instructed the Commander of the 21 Brigade (Annexure B) and subsequently individual respondents of 21 Brigade. Permission was granted in time.

In addition, the researcher has explained in this study that there are no personal gains for specific individuals, but the information gathered will be used to improve the HIV education programme targeted for soldiers in general. Getting information from individuals will also assist in understanding the reasons for consistent increase of

incidences of HIV infections among the soldiers and will facilitate possibly interventions that could assist soldiers in prevention of new incidences of HIV infections.

3.12 SUMMARY

The research methodology for the study is explained in details in two methods of collecting the data, namely the Focus Group Discussions (FGD) and face to face interviews. For the Focus Group Discussions, a Focus Group Discussions guide was used to facilitate the Group Discussions. The focus group guide enclosed issues related to reasons for persistent incidences of HIV infections, opinions about the HIV / AIDS education among the soldiers, access to condoms and soldiers as drivers of the HIV / AIDS pandemic as well as HIV testing and any other related issues. While chapter four deals with the findings from the study.

CHAPTER 4: RESEARCH FINDINGS / RESULTS

4.1 INTRODUCTION

In this chapter, the results from the field work are discussed. The focus of the study was to investigate the reasons for persistent incidences of HIV infections amongst members of the 21 Brigade at Suiderhof Military Base. Namibia is one of the sub-Saharan Africa countries that were hard hit by the HIV / AIDS pandemic. The purpose of the study was to explore and describe the reasons for continuing incidences of HIV infections amongst soldiers of the 21 Brigade. The results are presented in two sections, namely: the qualitative data and quantitative data.

4.2 MAIN FINDINGS FROM THE FOCUS GROUP DISCUSSIONS

Five Focus Group Discussions were conducted according to ranks; that is, senior officers, junior officer, no-commissioned officers, ordinary soldiers and civilian workers. Each group contained 8 – 12 people. Their ages ranges between 31 – 50 years.

The data are grouped into five main headings, namely: reasons for persistent incidences of HIV infections, views on HIV / AIDS prevention and awareness activities provided in the 21 Brigade, views regarding HIV testing and its benefits, soldiers viewed as drivers of HIV infections in the country and views to change and improve the situation of HIV / AIDS in 21 Brigade.

4.2.1 Confidentiality of HIV status

Forty percent (n = 40) of respondents believed that HIV status confidentiality seems not to be well maintained among the 21 Brigade soldiers as required by the HIV / AIDS policy (MoHSS 2008, p. 12), while others (n = 60) 60 % are not sure if HIV status confidentiality is well respected or not. One respondent has explained that HIV status confidentiality is only authorised to be communicated officially with permission from the well informed clients and the 21 Brigade commanders. However, some respondents expressed concerns that, if the HIV status is not kept confidentially, it can lead to work disharmony, disunity among officers, ordinary soldiers and civilians across the 21 Brigade Military Base. They (respondents) have also stressed that HIV status be respected and treated with care for any soldier, hence the need for privacy and confidentially as deserved.

4.2.2 REASONS FOR PERSISTENT INCIDENCES OF HIV INFECTIONS AMONG 21 BRIGADE SOLDIERS

On the question that: *“It has been noted that most of the soldiers tested negative on several occasions, but, eventually they get HIV infections. What could be the reasons for persistent HIV infections in the 21 Brigade after several negative tests?”*

The respondents cited various reasons for persistent incidences of HIV infections among the soldiers such as, alcohol consumption, nature of work and lack of accommodation,

ignorance among the military members and family separation due to deployment as discussed below.

4.2.2.1 Alcohol

Some respondents reported that the behaviors of some members, who indulge in alcohol abuse to such an extent that they cannot think logically when sexual desire, that could put them at risk, arose. While respondents believed that as a result, they (soldiers) get with casual sexual partners, putting them at risk of HIV infection. This is common among human beings that when under the influence of alcohol, they react differently towards HIV infections, forgetting to use condoms every time they have sex.

The respondents unanimously expressed that persistent incidences of HIV infections is a matter of concern in the 21 Brigade as one said that “if the situation of alcohol abuse among the soldiers is not addressed as soon as possible, we are likely to lose all of them and put the country’s security at risk”. Some respondents claimed that when under alcohol and or drugs, one is likely to go and pick up a prostitute, just to ease one’s sexual desire for that day. Because of this type of life, when soldiers do not live with their regular sexual partners, the soldiers become vulnerable because of circumstances which they find themselves in.

The literature states that alcohol impairs the thinking process as the Social Marketing Association claimed in its Survival Handbook on alcohol and HIV / AIDS that “alcohol is not your friend but an enemy to progress”. It is a powerful substance which affects the

brain, ability to think and good judgment (SMA, 2008, p. 19-20). If one drinks alcohol and becomes drunk, one becomes affected, reckless, and careless, making decisions that one does not make while one is sober (Social Marketing Association, 2008, p. 20).

4.2.2.2 Ignorance and poor judgment.

Ignorance and poor judgment were cited by some respondents as other reasons to engage in unprotected and risk sexual practice. It was also reported that after a few weeks or months together in a relationship using condoms with their sexual partners:

- Members become trustful to one another and tend to engage in unprotected sexual practice.
- Some of them tend to become resistance to have sex with condom, like in the past before HIV infection become a reality.
- While others indulge themselves in unprotected sex, because they believe that a well build person's body cannot be HIV positive.

This poor judgment is the cause of some members to be resistant to the HIV awareness campaigns to use condoms (Social Marketing Associations, 2008, p. 20).

Furthermore, the respondents claimed that as human beings, they find it difficult to stay more than six months without sexual partners; be they male or female, married or unmarried soldiers. As a result, they (soldiers) tend to fall prey to prostitutions and engage in illegitimate, multiple and casual sexual partners at all these places of their deployments. Meanwhile, some practical behavior is the tendency of not using condoms, because demanding to use a condom the sexual partners are thought not to trust each

other. Therefore, the partners stop using condoms in the relationship to save the relationships.

4.2.2.3 Accommodation and mobility

Accommodation was reported as a main contributor to the problem. Lack of proper accommodation for all soldiers and deployments far from their families were mentioned too. During deployment, respondents pointed out that soldiers build their own controlled shacks, where they can bring different partners that placed them at risk of contracting HIV infections. Such situation of deployment may cause soldiers to engage in irresponsible sexual behaviour and become involved with strangers and unknown casual sexual partners. This situation is contrary to the military base barracks, which are closed.

Table 4.6: Reasons for persistent incidences of HIV infections in the 21 Brigade

Reasons	No. of respondents	Percentage
Alcohol abuse	15 out of 18	78.9 %
Drug (substances or dagga) abuse	5 out of 19	26.3 %
Accommodation and deployments	11 out of 18	61 %
Deployment	7 out of 18	38.8 %
Ignorant and poor judgment	31 out of 41	75.6 %

One respondent pointed out that some people are just irresponsible and careless claiming that “the use of condom makes sexual pleasure un-enjoyable”. She believed that with

such an attitude one cannot wonder why condom use among soldiers is said to be low. The other reason mentioned was that some people do not want their sexual partners to be suspicious of their external sexual relationships, hence they prefer to risk contracting the STIs like HIV.

Military deployment is mobile and one does not stay long enough in one place to allow the soldiers to develop long term relationships. Due to this situation, they can stay long time not involved in sexual practice, with the result that “they find it difficult to use condoms after such a long time when they wish to enjoy sex”. Soldiers are mostly deployed far away from their wives / partners, they become easy targets for illicit sexual activities and vulnerable to multiple and casual sexual partners at these places of their deployments.

4.2.3 VIEWS ON HIV / AIDS PREVENTION AND AWARENESS ACTIVITIES PROVIDED IN THE 21 BRIGADE

On the question of: *“Who is responsible to ensure that all soldiers are provided with HIV / AIDS preventive educational sessions in the 21 Brigade and what should be done to ensure that once a soldier tested HIV negative, he / she remain HIV negative?”*

All the respondents are aware that all of them in the 21 Brigade are responsible for ensuring that members are provided with preventive and educational materials against HIV infections in their unit. They (respondents) are also aware that the Ministry is responsible for the improvement of HIV preventive activities and to provide soldiers with necessary information. The officers of the 21 Brigade have to disseminate information on

HIV prevention to their subordinates every time they address their soldiers. It is important that all commanders should include HIV topic in all their daily deliberations with their subordinates.

Respondents have stressed that commanders should sensitise and inform all members of their platoons about the danger of indulging in alcohol abuse and drugs. Officers should encourage all members to stick faithfully to one sexual partner and to play a significant role in educating one another in the prevention of HIV pandemic in the unit. HIV unit focal person should make sure that all HIV materials are available such as, HIV information leaflets, HIV books at the unit health facility, library and accessibility of condoms at the well chosen places in the unit. The Ministry of Defence Sectoral Policy on HIV / AIDS (2008) stated that all staff members of MOD / NDF should be fully informed and educated about the imminent danger posed by this pandemic, its impact and how to live a positive life when HIV / AIDS positive.

The respondents stressed that the entire members of 21 Brigade should play a significant role especially during HIV prevention and awareness sessions. Every member is expected to contribute valuable information regarding HIV infections during their public gatherings (MOD / NDF-HIV / AIDS, 2008, p. vi). All respondents agreed that the HIV / AIDS prevention and awareness programme is well established in the 21 Brigade. However, few of them agreed, with strong comments and reservations, about the success of HIV prevention programme in the unit, because there are still challenges with regard to the execution of HIV preventive programme activities to realise effective results.

4.2.4 VIEWS REGARDING HIV TESTS AND BENEFITS OF REGULAR TESTING

On the question about knowing their HIV status: *“How often do they go for testing and what are the benefits?”*

Some respondents reported that they knew their HIV status, the importance of HIV testing and its benefits, while some did not reveal anything on their HIV status. Those who know they reported that test every six months and or annually.

Respondents stated that to know one’s HIV status by testing regularly is very important. They have explained that, one of the benefits of testing is to get necessary assistance early enough in the form of counseling, job placement and anti-retro-viral treatment. They (respondents) stressed that knowing ones’ HIV status improves behavior to be more responsible towards your health and others. It also clears someone’s mind from any doubts and enabling them to plan positively for the future.

Respondents have emphasized the need for the early ARV treatment for members who are HIV positive. They encourage members who do not know their HIV status to do so as soon as possible, so that they can be helped with pre and post HIV counseling and spiritual counseling. If one is found to be HIV positive, he / she can start ARV treatment as soon as possible. Most people with HIV positive status feel healthy. They (members) do not know that they have HIV. It is therefore important that if you are healthy, at that time the only way to know if you have HIV infection, is to have an HIV test.

According to literature, people are still having mixed feelings about HIV / AIDS, states that most people are frightened to HIV / AIDS. Due to different feelings HIV positive status such as, shock, denial, anger, bargaining and loneliness, fear as well as depression, members may decide not to go for HIV test, mostly when proper counseling is not done (Ministry of Health Social Services, 2004, p. 20-23).

Respondents were also asked: “*What are the benefits of knowing your HIV status?*”

All the respondents have expressed that it is necessary to know your HIV status. They (respondents) explained and emphasised the importance of knowing one’s HIV status that it will make you know and be aware of one’s health status and what health care services one needs. It could facilitate positive living with HIV / AIDS, especially the ARV treatment, care and support. It is important for one to discuss with family members (about family health) so that HIV / AIDS should not divide family unity when one member is HIV positive (Ministry of Health and Social Services, 2004, p. 5).

Respondents have also clarified that, knowing your HIV status will put you at ease, while some conceded that one will be able to strategize her / his short and long term future plans. First, it is very important to undergo pre and post counseling for all members of the military who need to be tested for HIV infections (Parkison, 2009, p. 3).

Testing and counselling is very important for both prevention and treatment services (Jackson, 2007, p. 34). It is not only important for the purpose of going on military mission, especially abroad, but also for members to care for their own health.

4.2.5 SOLDIERS VIEWED AS DRIVERS OF HIV INFECTIONS IN THE COUNTRY

On the question: “*Why are soldiers viewed as drivers of HIV infection in this country?*”

Respondents were divided on an equal basis debating who the drivers of HIV infections in the country are. Some of the officers responded with mixed feelings. Because they explained that, it may be true, for the reasons that soldiers are often with no permanent workplace of their jobs’ deployment, as a result they move around the country during their operations. It is during this time that they (soldiers) tend to engage in sexual relationships with unknown men and women who are multi sexual partners, wherever they find themselves. If soldiers are not using protective measures and infected with HIV infections, they could therefore spread HIV to other members of the community.

Concerns were also raised that there are un-conducive working environment in the military during the course of deployment / operation. Frustrations were recorded and soldiers indulge themselves in alcohol drinking sprees that makes them forget or ignore precautionary measures against HIV infections during sexual activities.

Meanwhile, other respondents have expressed the notion that, to abstain from sexual relationships is a very difficult practical experience for some soldiers.

The above findings confirm what the Ministry of Health and Social Services (2006) which states that HIV / AIDS epidemic in Namibia, are driven by behavioral and contextual factors, such as multiple and concurrent partnerships practiced across the Southern Africa region SADC (MoHSS, 2006 a, p. 19). This means that where the soldiers are deployed, they take along their HIV infections and / or if they contract the infections while on mission, they bring the infections along.

According to Mufune (2005), the high levels of concurrent multiple sexual relationships in Namibia and rapid turnover of partners among certain subgroups of the population have been documented and are the most likely significant contributors to the epidemic, and this applied among soldiers too. Furthermore, Mufune (2005, p. 27) argued that transactional sexual of relationships, to which sex is exchanged for food, money, gifts, drinks, transport or other favors are some of the contributory factors to unsafe sexual activities. According to Mufune, soldiers and truck drivers also exchanges sex with drinks, food, money, gifts and transport to local sexual partners in the areas of their deployment.

The Ministry of Defence / Namibian Defence Force (MOD / NDF) in its survival Handbook on alcohol and HIV / AIDS calls on senior officers and their junior officers to be role models for their subordinate members of the force, especially non commissioned officers and ordinary soldiers. They are urged to set good examples for others (MOD / NDF, 2008, p. 21).

On the question: “*How can an ordinary soldier play a significant role in HIV infections prevention?*”

The majority of respondents expressed that the campaign should be intensified and to continue with awareness education messages against the spread of HIV infection among the soldiers at all levels. Meanwhile, other respondents emphasised the need to encourage soldiers to be faithful to their wives, partners and to use condoms, as well as to desist from the abuse of alcohol and / or abstain from drugs and alcohol altogether.

The MOD / NDF Journal, (2009) quoted Retired Major General, Honorable Charles D.N.P. Namoloh, when he emphasized that “the hope to intensify and combat the spread of HIV infections among the military personnel has reached another crucial stage with the inauguration of the first military anti-retro-viral (ARV) clinic named Fountain of Hope with modern laboratory facilities at the Military Hospital in Grootfotein Military Base. The establishment of the clinic is very important as it will enable soldiers to access free HIV counseling and testing services within the military vicinity (MOD / NDF Journal, 2009, p. 7).

Respondents explained that every soldier at all levels in NDF is accountable to protect for him / her-self from contracting HIV infections and to educate the next person on HIV/ AIDS related issues. One person cannot reach every one, but it is every man and woman of the 21 Brigade to safe guard their own health. Most respondents strongly supported that every member of the NDF, including 21 Brigade should stick to one faithful partner

and use condoms consistently. Soldiers are also encouraged to go for HIV testing regularly as well as advise HIV positive members to seek anti-retro-viral treatment, support and care in the Namibian Defence Force (NDF) ART clinics. Respondents encouraged fellow soldiers to be honest and respect themselves, their wives / partners so that they can respect and be honest to them too.

4.2.6 VIEWS TO CHANGE AND IMPROVE THE SITUATION OF HIV / AIDS IN THE 21 BRIGADE

Respondents were asked: *“What suggestions can be given to improve the situation?”*

As per suggestions that were given for change to improve the situation for the better, respondents suggested that soldiers should be allowed to take a four times short annual leaves, then the situation might improve for the better. One respondent suggested that the MOD / NDF management and 21 Brigade authorities should introduce chaplaincy counseling services and sessions for married and unmarried soldiers, to educate them on responsible and respectful behaviour towards their families and partners. They (respondents) would also like to see the implementation and completion of daily duties of soldiers with the intention to keep them busy in the base. Keeping soldiers busy with military activities could limit them from leaving the base unnecessarily. While outside the base, they engage / indulge themselves in alcohol abuse as well as in promiscuous relationships. Everybody should play a role in order to advocate the fight against HIV infections among 21 Brigade members.

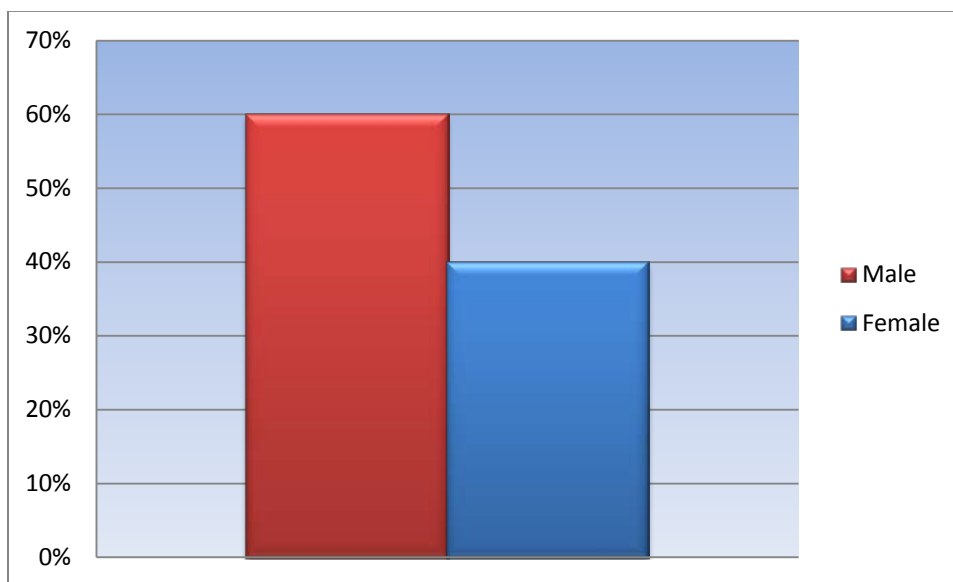
4.3 MAIN FINDINGS FROM INTERVIEWS

The quantitative data is derived from interviews conducted with different respondents, age ranged from 21 -49 years. In total; n = 40 (40 %) females and, n = 60 (60 %) males participated. This study presented seven research data sections of interviews namely: demographic characteristics, accessibility to condoms and practice, and HIV tests and benefits of regular testing. Furthermore, the study covers the benefits of knowing one's HIV status, HIV status confidentiality in the 21 Brigade, why is necessary to remain HIV negative after tested HIV negative and suggestions from the respondents.

4.3.1 DEMOGRAPHIC CHARACTERISTICS

A total of one hundred (100) respondents from different units of the 21 Brigade stationed at Suiderhof Military Base in Windhoek took part in the research exercise.

Figure 4.1: Gender group percentages of respondents who participated in the study at the 21 Brigade



As indicated in the figure 4.1, more men (no = 60) 60 % took part in the study compared to women who represented only (n = 40) 40 % of the respondents. Generally, as per Ministry of Defence / Namibian Defence Force (MOD / NDF) (2008/9 – 2012/13, p. 11 - 12) Strategic Plan; in its leadership and operational command structure, stipulated that like many other militaries in other countries of the world, military gender composition has more men than women. These trends of more men than women are seen in all other NDF military bases across the whole Namibia. The population of Suiderhof is about 500 male and 300 female soldiers.

4.3.1.1 Gender and status of respondents

The table below displays gender and employment status of respondents in this study

Table 4.1: Gender and status

Ranks / Positions	Sex		Total
	Female	Male	
❖ Senior officers	7 (38.8 %)	11 (61.1 %)	18
❖ Junior officers	7 (38.8 %)	12 (63.1 %)	19
❖ Noncommissioned officers	8 (40 %)	12 (60 %)	20
Ordinary soldiers (= pte)	8 (38.0 %)	13(61.9 %)	21
Civilians	10 (45.4 %)	12 (54.5 %)	22

❖ *Senior officers include: colonels, lieutenant colonels and majors*

- ❖ *Junior officers include: captains, lieutenants and second lieutenants*
- ❖ *Non commissioned officers include: warrant officers, sergeants and corporals.*

Table 4.1, indicates that female are few compared to male counterpart in NDF. Generally, women and children are the most vulnerable groups to the wars and harsh environments in our society. Therefore, due to the difficult and sometimes terrible nature of military work environments, the military preferred the small number of women compared to men in NDF.

4.3.1.2 Age group of respondents

The table below displays the age groups of all respondents in this study

Table 4.2: Age groups

Positions	31-40years	41-50years	51years-above	Total
Senior officers	7 (38.8 %)	7 (38.8 %)	4 (22.2 %)	18
Junior officers	9 (47.3%)	7 (36.8 %)6	3 (15.7 %)	19
Non commissioned officers	9 (4.5%)	6 (30%)	5 (2.5 %)	20
Ordinary soldiers	13 (61%)	7 (33.3%)	1 (4.7%)	21
Civilians	13 (59.0%)	8 (36.3%)	1 (4.5%)	22

The majority of respondents is in the age group of 31 – 40 years representing 51 % (n = 51), followed by 41 – 50 years representing 35 % (n = 35), while, those aged group of 51

and above are in the minority representing only fourteen percent ($n = 14$). What is also notable from the table is that only a small proportion of the respondents are above fifty (50) years implying quite relatively young adult members in the 21 Brigade. Such a group of young people are still in their active reproductive age and the involvement in sexual activities is expected as they might wish to have their own families. Furthermore, the whole age structure in this base corresponds to the population structure where the top represents just a small proportion of the total population (MOD / NDF - DHS, 2006/7, p. 7).

4.3.1.3 Marital status of respondents

The table below displays the marital status of all respondents in this study

Table 4.3: Marital status

Positions	Married	Unmarried	Total
Senior officers	12 (66.6%)	6 (33.3%)	18
Junior officers	14 (73.6%)	5 (26.3%)	19
Non commissioned officers	28 (68.3%)	13 (31.7%)	41
Ordinary soldiers	7 (58.3%)	5 (41.6%)	12
Civilians	6 (60%)	4 (40%)	10

Sixty seven percent ($n = 67$) of the respondents are married whilst thirty three percent ($n = 33$) are unmarried. It might be that most of the married soldiers are not living together

with their spouses in Windhoek, but left them in the regions of their origins. This state of affairs can create the chances for the members to have extra marital partners which would make them vulnerable to HIV infections, unless they and their spouses practice safe sex. According to the UNAIDS, (2007) the majority of new infections are in young people, with new infections in the younger age groups continue unabated". This case can be very dangerous for the force, because the youth are the backbone of the force's future development (UNAIDS, 2007, p. 8).

4.3.1.4 Educational levels of respondents

The table below displays the educational levels of all respondents in this study

Table 4.4: Educational levels

Positions	Secondary	Tertiary	Total
Senior officers	11 (61%)	7 (38.8%)	18
Junior officers	15 (78.9%)	5 (26.3%)	20
Non commissioned officers	31 (75.6%)	10 (24.3%)	41
Ordinary soldiers	9 (75%)	3 (25%)	12
Civilians	8 (80.4%)	1 (10.4%)	9

Only 0.26 % of the respondents have tertiary education. However, all the respondents (100 %) could read and write English as they reported to have secondary and tertiary education. These levels of education could imply that the respondents can read printed

HIV information leaflets and books, understand English language during HIV awareness session and other HIV education as well as they (soldiers) can ask HIV related questions.

4.3.2 ACCESSIBILITY TO CONDOMS

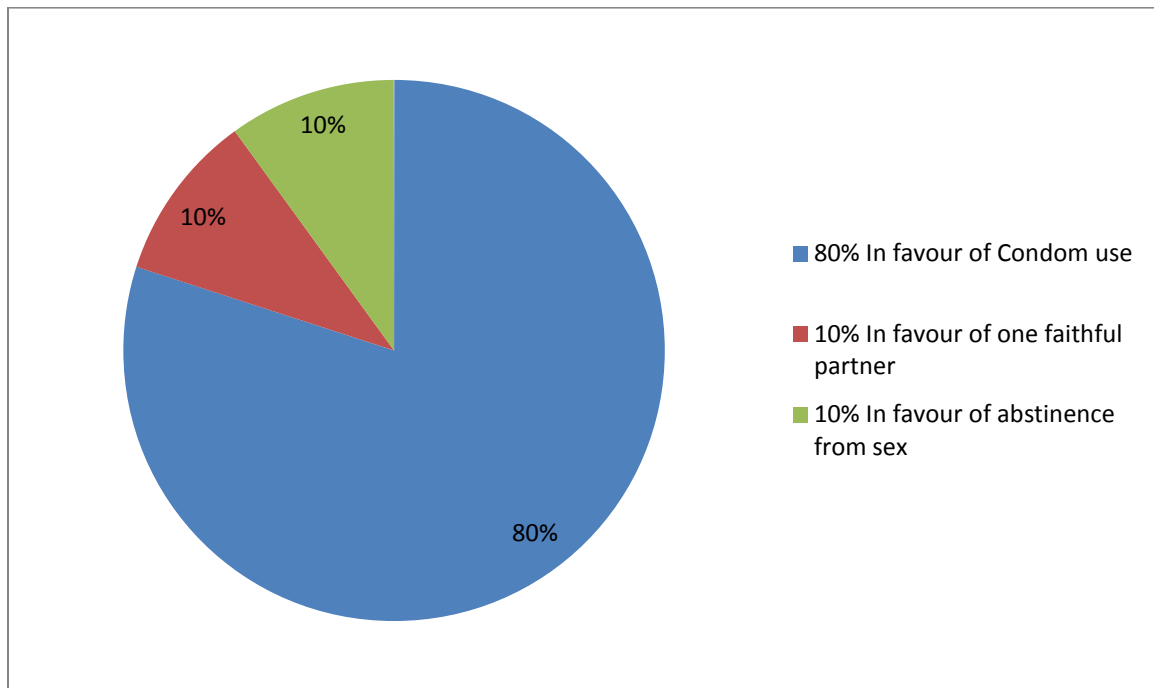
On the question on: *“Is there any access to condoms at the 21 Brigade?”* The majority (80%) of the respondents reported that they get condoms mostly from the base health facility, ablution facilities, canteen and base entrances / exits.

Only ten percent of respondents reported that they receive condoms from state health facilities and five percent of respondents’ gets condoms from shebeens. About five percent reported buying condoms from pharmacies and other places, such as mini markets restaurants, fuel filling stations and kiosks or they can get condoms from friends on request when the need arises.

Society for Family Health (2002) claimed that condoms can be accessed easily in Namibia. It confirms the fact that condoms are available at all institutions providing health care in Namibia, both state and private health institutions. Furthermore, protection from HIV infection is very important, especially when using condoms correctly every time one has sex. Condoms can protect from sexual transmitted infections, including HIV infections. Soldiers are advised to make sure that they know where to find condoms in the military base and in the community places and private settings, (SFH, 2002, p. 5, 22 - 23).

On the use of condoms, eighty percent of the respondents are in favor of condom use, ten percent of males support to be HIV free, faithful to one partner while ten percent (females) are supporting abstinence as well as favor of no unprotected sex.

Figure 4.2: The used methods of HIV prevention favoured by respondents at the 21 Brigade



Other literature stated that, even when men had access to information about HIV / AIDS through their workplaces, they were reluctant to share sexual information with their wives (Ipinge, S., Hofnie, K., & Friedman, S. 2004, p. 24). Men are in many instances reluctant to share HIV information with their wives or partners. It is a challenge for the 21 Brigade HIV programme to educate all sexual partners to share HIV / AIDS information at all aspects.

4.3.3 HIV TESTS AND BENEFITS OF REGULAR TESTING

On the question about knowing their HIV status: “*How often do they (soldiers) go for HIV / AIDS testing?*” Respondents have reported that they go for HIV testing and knew the benefits of knowing HIV status. Five (two males and three females) explained that they test every year, while other three (two females and one male) explained that they test for HIV infections every six months, if there are doubts about their HIV status. Two others (one male and one female) respondents informed the researcher that they tested for HIV infections every four months.

Fifty seven percent of (36 males and 21 females) of the respondents confirmed that they knew their HIV status some few years ago, when they went on a mission, while the rest thirty three percent do not know their HIV status at all.

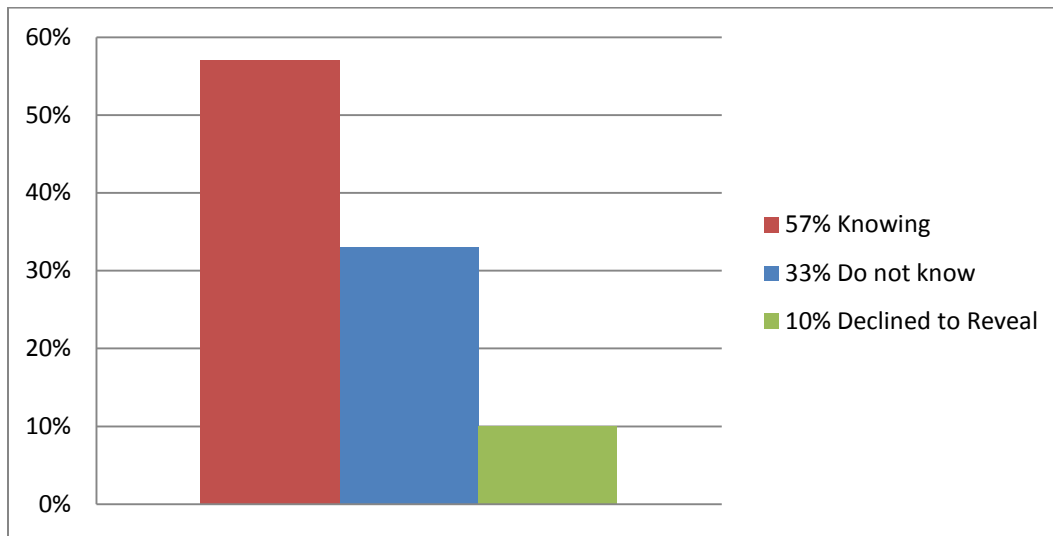
The table below indicates how often respondents go for HIV testing.

4.3.4 BENEFITS OF KNOWING ONE’S HIV STATUS

Respondents were also asked: “*What are the benefits of knowing your HIV status?*” The 57 % of respondents tested have stressed that it is necessary to know ones’ HIV status. They have explained to those (33 %) of respondents who did not know their status that the importance of knowing ones’ HIV status is that, it will make one know and be aware of his / her health status. He or she will be able to protect him/her self and others. Knowing your HIV status could facilitate positive living with HIV / AIDS, especially the ARV treatment. It is important for one to discuss with family members (about family

health) so that HIV / AIDS should not divide family unity when one member is HIV positive (Ministry of Health and Social Services, 2004, p. 5).

Figure 4.3: Respondents who knew benefits their HIV status, those who do not know and who declined to reveal their HIV status.



The HIV testing and counselling is a critical entry point for both prevention and treatment services (Jackson, 2007, p. 34). Respondents explained that it is not only important for the purpose of going on mission especially abroad, but also for them to care for themselves better. About 60 % (n = 60) of respondents explained that knowing ones' HIV status will place ones at ease and make one free to take more precaution measures. While 40 % (n = 40) respondents stressed that one will be able to make her / his future plans without any doubts. However, pre and post counseling should be done first to all members of the military who need to be tested for HIV infection (Parkison, 2009, p. 3).

The Social Marketing Association (SMA, 2002) emphasized that the only way to know your HIV status is to take an HIV test. When one has tested HIV positive, one can still be healthy for several years and healthy enough to work. In the early stages of HIV infection, there are no visible symptoms that can tell by looking who's HIV positive or not. It is for that reason that one should go for an HIV test early to facilitate early ARV treatment, care and support (SMA, 2002, p. 3).

4.3.5 HIV / AIDS CONFIDENTIALITY IN THE 21 BRIGADE

On the question: *“Do you think keeping HIV status confidential is a problem in the base?”*

Some 80% (n = 80) of respondents expressed and explained that they have experienced problems with regard to HIV confidentiality in the base. About 10 % (n = 10) of respondents maintained that HIV status confidentiality in the 21 Brigade is well maintained. While other 10 % (n = 10) of respondents do not know and expressed concern that if any, HIV status of any member is revealed without authorisation, this may show that HIV / AIDS prevention and awareness programme in the 21 Brigade is compromised. Unauthorized disclosure of somebody's HIV status may lead to more frustration, depression leading to many health problems, and eventually leading to home based care and subsequently death.

The Government of the Republic of Namibia, (2009) stated in the HIV / AIDS Workplace Policy that confidentiality of the employees' HIV status should be respected and maintained.

Furthermore, the policy directs all the accounting officers that there should be no justification for asking job applicants to disclose health related information such as, HIV status nor should co-employees be obliged to reveal such personal information about fellow employees' HIV status. It is expected that the policy on HIV / AIDS confidentiality must be followed by everybody in the public and private sectors.

However, some respondents expressed concerns that, if the HIV status is not kept confidentially, it can lead to work disharmony, disunity amongst the officers, ordinary soldiers and civilians across the whole 21 Brigade Military Base. The respondents have suggested that HIV status must be treated with respect for any human being. People deserve privacy and must be kept as much confidential as possible, so that only then during official communication between office to office's work information can be allowed, particularly by the commanding officer of the 21 Brigade (OPM, 2009, p. 10).

Respondents furthermore, explained that HIV status confidentiality in the 21 Brigade is not always maintained by health workers and officers, because "we 38.8 % (n =7) (officers) hear rumours here and there, that so and so soldier(s) is (are) HIV positive". By not maintaining confidentiality, it could make members vulnerable to stigmatization and discrimination by other soldiers, leading to unsuccessful implementation of HIV / AIDS awareness and prevention campaigns. They stressed that revealing someone's HIV status might undermine the efforts by the Namibian Defence Force (NDF) - HIV / AIDS preventive programmes to encourage members to come forward to get tested for HIV. It

was also pointed out that confidentiality of HIV status of members is not to be revealed / leaked into public as such, but it happened only in very isolated incidences, usually during official communication between office to office.

4.3.6 MAINTAINING THE HIV NEGATIVE STATUS

On the question: *“What should be done to ensure that once a soldier tested HIV negative, he / she remains HIV negative?”*

All members of the 21 Brigade are responsible for ensuring that preventive education against HIV infections in their unit is carried out. Adhering to HIV preventive measures will ensure that soldiers remain HIV negative. The order is clearly given by the commander to all members to ensure that all soldiers understand and adhere to preventive measures of HIV prevention strategies and remain negative. It is the responsibility of commanders, HIV / AIDS counselors, health workers and chaplains to provide soldiers with necessary information. The management of the unit is instructed during the 21 Brigade commander’s weekly meetings that:

- All commanders should include HIV topic in all their daily deliberations with their subordinates.
- To sensitise and inform all members of the unit on danger of indulging in alcohol abuse and drugs.
- To encourage all members to stick faithfully to one sexual partner.
- Every member of the 21 Brigade should play a significant role to educate one another on the matters concerning HIV / AIDS prevention in the unit.

- To make sure that all HIV materials are available such as, HIV books at the unit health clinic and library and HIV information leaflets and condoms at strategic chosen places in the unit.

As per Ministry of Defence Sectoral Policy on HIV / AIDS (2008) all staff members of the MOD / NDF should be fully informed and educated about the danger of HIV / AIDS pandemic, its transmission and impact as well as how to live a positive life when tested HIV / AIDS positive. The respondents have emphasised that all members of the unit should play a meaningful role during the units' HIV / AIDS prevention and awareness sessions. Every member is expected to contribute valuable information on HIV / AIDS prevention during these meetings (MOD / NDF-HIV / AIDS, 2008, p. vi).

Meanwhile, one of the respondents indicated that, soldiers are always waiting to be directed by their commanders to do whatever tasks to be done. If commanders are not committed to the implementation of the HIV / AIDS prevention programme as part of their daily command functions, their subordinates are likely not to do anything towards HIV preventive education to other fellow soldiers. It was thus proposed by the respondents that all members of the 21 Brigade should be involved in the fight against this pandemic. One way to fight HIV infections is to know your HIV status, so that you can easily plan better for the future.

4.3.7 SUGGESTIONS FROM RESPONDENTS

Most of the respondents in the study agreed and recommended that members should stick to one faithful uninfected sexual partner, and practice consistent use of condoms at all

times when having sex. Furthermore, respondents encouraged fellow soldiers to stop abusing alcohol, because drunkenness will lead to weak body and poor decision made during sexual activities.

Respondents have strongly recommended that the Ministry of Defence / Namibian Defence Force (MOD / NDF) management should consider deployment of members to long term duties at far place with family accommodations. Assist members with transport for those who are going on vacation leaves and who are from far places from their families. While other members have suggested that the Ministry of Defence / Namibian Defence Force (MOD / NDF) should build married couples' accommodation and other accommodation for visiting families.

Members have expressed the urgent need for chaplaincy to conduct religious / moral counseling and medical / health counseling to be encouraged and intensified in the unit, so that members can decide themselves what type of relationships they can engage in. The majority of interviewees are generally aware of the open secret reality of HIV infection incidences amongst civilians and soldiers of 21 Brigade.

On the question: *“Who is responsible to ensure that soldiers are provided with HIV preventive education?”*

Ten percent of respondents have stressed that it is a role of every member of the 21 Brigade to ensure that members are provided with all necessary resources. The MOD /

NDF management have to be involved at all levels, improve health education on HIV infections, improve access to condoms and provide good accommodation.

Suggestions were given to improve working environment and other uncondusive working conditions. Respondents feel that one of the most important things to be done is to improve and provide enough and proper accommodation for members who need accommodation in the units, especially married couples' houses for those members deployed from other places.

To reduce HIV infections, Le Beau (2009) suggested the following interventions.

- Reducing concurrent sexual partnering and partner turnover by taking control campaign, information, education and communication efforts to limit sexual network.
- Reducing alcohol consumption to reduce sexual risk behaviors while drinking by raising awareness about sexual risk behavior that occur after drinking alcohol.
- Changing alcohol consumption patterns given to respondents in order to encourage them to recognize the risk of drinking alcohol.
- Addressing the problem of exchanging sex for alcohol or gifts.
- Increasing availability and use of condoms at both individual and social festivities. Almost all respondents regardless of gender or position said positive things about the use of condoms (Le Beau, 2009, p. 63-67).

The above mentioned points that are urgently needed in the whole MOD / NDF and can help 21 Brigade members in the HIV / AIDS prevention and awareness programme, if correctly implemented.

Soldiers should support and encourage fellow members to take it as a tradition to go for HIV test on a regular basis and attend HIV / AIDS sessions conducted. Respondents are also calling for intensification for awareness education against the spread of HIV infection and its impact for the unit. Soldiers have an important role to play in the HIV preventive activities and advised not to take HIV infections lightly as the case may be. The commander of the 21 Brigade has encouraged all his subordinates to join hands with health workers, HIV / AIDS coordinators, spiritual counselors, and commanders, ordinary soldiers as well as civilian employees to participate in all HIV / AIDS activities.

Dube suggested that the church has not raised its prophetic voice in its advocacy work; consequently, the church has not become the alternative space where people living with HIV (PLWHA) can feel welcomed (Dube, 2004, p. 207). This requires full involvement of church in all HIV / AIDS prevention activities in 21 Brigade is crucially important, especial in spiritual and moral counseling. It is a well-known fact that unprotected sexual conducts, especially with many sexual partners may increase the risk of HIV infections and is the key mean of transmission of HIV infection amongst the 21 Brigade members.

4.4 DISCUSSIONS AND INTERPRETATIONS OF THE RESULTS

4.4.1 Reasons for persistence of HIV incidences

The respondents believe that their nature of work of not having permanent working stations and constant deployment makes them vulnerable to engage into promiscuity and multiple concurrent relationships as well as practicing transactional sex (MOHSS, 2009, p. 27). Furthermore, staying away from their sexual partners for a long time also makes them susceptible to engage in multiple sexual partners.

According to the Ministry of Gender Equality and Children Welfare (2009, p.iii) by Social Impact Assessment and Policy Analysis Corporation (SIAPAC) on the knowledge, is the attitude and practice factors based on traditional practice that may perpetuate or protect Namibians from Gender Based violence and discriminations in Namibia's regions. The socio-cultural diversities, such as race, religion, ethnicity, tradition, belief, norms, values, and practices vary from one community to another, which also play an important role in people's lives and their daily conducts, NDF is no exception.

The researcher concluded that through socialization process, some individuals assumed that certain cultural and traditional practice could make soldiers, especially women vulnerable to HIV / AIDS. In this case, women soldiers in the Namibian Defence Force (NDF) are part and parcel of this traditional, cultural, and ethnical practices consequently, they (NDF women) can as well fall victim to this practice.

As per the Government of the Republic of Namibia, on HIV / AIDS workplace policy guideline (MoHSS, 2009, p. 10), the NDF provides education, treatment, care and support to its members. However, this practice still needs to be strengthened in order to ensure that all soldiers take part in the campaigns. The VCT and ART are free of charge in NDF and 21 Brigade, but not all soldiers are making use of this service due to fear of stigmatisation and discrimination (MoHSS, p. 23).

As reported in SIAPAC report (2008, p.17), and Nawa life, (2007, p. 5) consistent and correct use of condom is a problem in Namibia, especially for those aged 25 years and above is not practiced. This sentiment is confirmed by this study as reported that men / women are forced physically or mentally by the situation or condition in which they find themselves practicing risky sexual behavior.

4.4.2 Views on HIV / AIDS

The level of awareness of respondents concerning HIV / AIDS appears to be higher amongst all the respondents, just as usually reported in literature by Iipinget al. (2004) that, despite high levels of knowledge, behavior did not change accordingly among the members when it comes to sexual practice. There are some respondents, who practice unsafe sex and who believe that one cannot go on using condoms in a long sexual relationship (Iipinget al., 2004, p.56-59).

There are still myths among the respondents believing that a well build, strong persons cannot be carrying the HIV virus. This is the notion respondents have expressed in.

Therefore, the researcher concurs with the idea to support members of the 21 Brigade to encourage one another in order to be responsible members. Encourage them not to re-infect themselves with new HIV infections, as well as not to infect their partner(s), leading to subsequent spread of the virus to other members.

4.4.4 Benefits of knowing HIV status

The benefits of knowing ones' HIV status are many as listed in the literature. Amongst the benefits is that, it helps one to know if one is infected or not. It is important to get help early enough, plan your future as well as that of your loved ones and help others to change their sexual practices and live more positively (MoHSS, 2008, p.6-7; SMA, 2008, p. 9).

4.4.5 Deployments

Some respondents believe that soldiers are the drivers of the HIV pandemic and some believes that because soldiers are vulnerable groups to HIV infection due to the nature of their work and deployment, this cannot always be the case. If soldiers are engaging in illicit sexual relationships with unknown partners, this can lead to the spread of HIV infections in the community. This behavior occurred mostly during the United Nations peacekeeping operations or missions outside the country and during deployment of members at far towns away from their homes and families / partners in the country.

This situation affects and put at risk every soldier across the whole 21 Brigade. All the categories are affected, be it married or not married, men or women of all age's groups

could fall prey to this promiscuity behaviour. It is a fact that alcohol affects a person's capacity in making decisions especially on sexual activities. Responsible drinking campaign among soldiers of the 21 Brigade should be strengthened. Under the influence of alcohol one can forget to use a condom or abstain from making sex without a condom MOD / NDF, HIV / AIDS Prevention programme (2009, p. 8).

4.6. SUMMARY

This chapter described reasons for persistent incidences of HIV infections, views on HIV / AIDS prevention and awareness activities provided in the 21 Brigade, views regarding HIV testing and its benefits. It also portrays soldiers viewed as drivers of HIV infections in the country and views to change and improve the situation of HIV / AIDS in 21 Brigade and discussed the findings of this study. The following chapter will present the conclusion, recommendations and limitations.

CHAPTER 5: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

The previous chapter, focused on the presentation of results from the field work and their discussions. This chapter focuses on the conclusion, limitations and recommendations regarding the reasons for persistent incidences of HIV infections amongst members of 21 Brigade at Suiderhof Military Base in Windhoek. The conclusions are drawn on the basis of the purpose and specific objectives of the study and recommendations are formulated and presented based on the aim and objectives of this study.

5.2 THE OBJECTIVES OF THE STUDY

The purpose of the study was to attain the following overall objectives:

- To determine reasons for persistent incidences of HIV infections among soldiers of the 21 Brigade.
- To explore and describe the best approaches that help soldiers of the 21 Brigade to protect themselves against HIV infections.
- To analyse the findings and make appropriate recommendations to the management.

5.3 CONCLUSIONS

The conclusions are drawn on the basis of the specific objectives of the study and recommendations are subsequently formulated.

5.3.1 Objective 1:

To determine reasons for persistent incidences of HIV infections among soldiers of the 21 Brigade.

Like in the Global Defence Forces, there are more men than women in this sector and Namibia is no exception. During the study process, it was concluded that all the respondents at the 21 Brigade could read and write as all have secondary education.

The researcher concluded that there are various contributory factors to the persistence of incidences of HIV infections among the soldiers of the 21 Brigade. Among others is accommodation is not conducive for the married soldiers and unmarried soldiers to be with their spouses and / or girl/boyfriends. It is also a concern with the constant movements during deployments or operations at different places. The fact that soldiers have no permanent place of their employment resulting in moving from place to place puts soldiers at risk and being vulnerable in the process of contracting Sexual Transmitted Infections (STI), including HIV infection. Alcohol remains the main culprit of this as it influences judgments of individuals in making safe choices of actions, especially when it comes to sexual behaviour.

Soldiers seem to be soft targets of alcohol as they also justify that when under pressure, they tend to turn to alcohol to ease their situations. Furthermore, despite the secondary levels of their education among the respondents, it appears that they cannot use their knowledge to identify risky situations that might put them in danger to contract HIV

infections. In general, all the respondents believed that HIV / AIDS is an enemy for the national security. However, they appear to be powerless in addressing this scourge.

There seems to be misconceptions and ignorance among soldiers when it comes to the realities of trust in relationships to HIV infections. Ignorance about trust among the soldiers is the common cause among partners where they believe that the longer one stays with the same partner, there is no need to use condoms and or going for an HIV test for both partners.

5.3.2 Objective 2:

To explore and identify the best approaches that help soldiers of the 21 Brigade to protect themselves against HIV infections.

The researcher notes that there is an HIV / AIDS prevention programme at the 21 Brigade which is accessible to all soldiers in the base and all the policies related to the HIV / AIDS are available. Although all respondents know where to access condoms, the study can conclude that inconsistent use of condom is common among the soldiers in the 21 Brigade. Voluntary counseling and testing service is also available at the 21 Brigade. Although there are some individuals who get tested regularly, routine HIV testing is not commonly practiced among individuals unless they are being sent on missions. Although respondents have mentioned the benefits of knowing one's HIV status, there seems to be fear of taking that bold steps to get tested for HIV infections.

There are some problems with keeping HIV confidentiality of those HIV infected soldiers in the base. Stigma and discrimination seems also to exist within the base which could compromise the health security of those who are infected. Furthermore, the researcher concludes that although everyone has a role to play in HIV infections prevention, the military commanders / officers can have greater influence among their subordinates, if they start educating them during meetings or any gathering. The line of discipline in military could have an impact with regard to HIV prevention and management among the soldiers as instructed by their commanders.

5.3.3 Objective 3

To make appropriate recommendations to the management.

One could conclude that suggestions given by the respondents are related to management and personal behavior. The respondents have issues with accommodations, deployments or operations, alcohol abuse and risky sexual behaviour among them.

5.4 RECOMMENDATIONS

The following recommendation to the management of the Ministry of Defence is put forward for considerations as derived from the data.

5.4.1 Accommodation and deployments

Build more accommodation and improve existing ones for both un-married and married soldiers and deployments to places away from members' home areas require flexible

annual leave, three to six months nearest home towns' base detached duties and rotations for all members in NDF. The HIV positive members could be allowed to be deployed at their nearest home towns' Military Bases upon their requests.

5.3.2 HIV / AIDS workplace programme

Intensify HIV awareness campaigns among the soldiers, create enabling environment for the soldiers and keep them busy with full of military activities in the base. The issues of HIV status confidentiality should be only revealed with client's consent during official communication between offices with the blessing from the commander of the unit.

Intensify HIV / AIDS peer groups' education programmes, targeting especially young soldiers, women, vulnerable groups and new recruits among others and,

Monitor and evaluate the HIV / AIDS workplace programme time to time and conduct further researches on the subject.

5.4.3 Behavioural change campaigns for soldiers

- Intensify behavioural change campaigns to get every member on board and contribute to the HIV / AIDS prevention programme,
- Encourage all members of 21 Brigade to desist from alcohol abuse and promote responsible drinking, by disseminate information on HIV infections and responsible drinking behavior.

- Discourage soldiers from indulging themselves in risky behaviour that placed them at risk of contracting HIV infections through HIV awareness campaigns in the 21 Brigade.

5.5 LIMITATIONS

There were numerous notable hindrances that were encountered during the study. The study was restricted to the stipulated time allocated per group session, which was not enough to complete all the required discussions and interviews.

The other identified constraint was the short time schedule to collect data and present a report of this study. The time factor might have influence on the outcome of the study, particularly clarifications and verifications of the accuracy of the data from different individual respondents.

Some respondents assumed to give whatever responses they think the researcher is looking for, therefore it was not their true responses.

The study also identified financial concerns as another contributing factor, namely: traveling costs, consultation fees, internet research and other expenses.

It was also realized that this was the first time for the researcher to conduct research of this nature and finds it difficult compile and write the acceptable academic writing from the military language and approaches.

5.6 SUMMARY

This chapter provides conclusions and recommendations that could possibly be useful by the 21 Brigade HIV / AIDS prevention programme focal person, HIV counselors, health workers, chaplains, commanders and other members of the unit as well as NDF as a whole. It is therefore vital to all commanders, health workers at the management levels and other members of the unit to recognise the reasons that overwhelmed the MOD / NDF from reaching its sectoral goals and objectives for HIV / AIDS prevention campaigns.

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Annexure A:

Some response drafted 28/05/08

200913
45

UNIVERSITY OF NAMIBIA

Private Bag 1330, 3rd Avenue, Windhoek

OFFICE OF THE PERMANENT SECRETARY OF DEFENCE
Private Bag 13307, Windhoek

To: The Permanent Secretary
Ministry of Defence
Sam Nujoma Ave. P/Bag 13307
Windhoek

Cc: Dr. B. Mutumba – Dean
Faculty of Economics and Management Science

From: Dr. Tapera O. Chirawu – HOD
Political and Administrative Studies

Date: 21/05/2008

Dear Sir

Subject: NDF's Facilitation of Field Research by the MA – SSS Degree Candidates

2008 -05- 23

OFFICE OF THE CHIEF CLERK
GEN ADMIN
MOD. CENTRAL REGISTRY
P/BAG 13307, WINDHOEK

800 - PP see PS for and draft response
8010 AS & G
23/05/08

This memorandum serves to inform you that the students listed below are candidates for a Master of Arts degree in security and strategic studies [MA – SSS degree]. To that end, they have to undertake field research during which they collect information needed for writing their theses as a partial fulfillment of the requirement for the degree. Hence, the Department of Political and Administrative Studies wishes to ask for your indulgence in facilitating that very important part of their studies.

- | | |
|-------------------|-------------------|
| 1. V. Simunja | 11. F.M. Maiba |
| 2. T. Uukunde | 12. K.N. Shikufa |
| 3. K.C. Ndjoba | 13. D. Amutenya |
| 4. T. Tjikua | 14. A.T. Amupala |
| 5. R.K. Namene | 15. T.J. Lambert |
| 6. H. Mootseng | 16. J.I. Robinson |
| 7. J.N. Mwangindi | 17. J. Amakutuwa |
| 8. M. Alueendo | 18. G.N. Shipena |
| 9. S.S. Hangula | 19. A.N. Haimbala |
| 10. T. Simon | 20. A. Angula |

Your expected cooperation in releasing them so that they can undertake the task would be greatly appreciated.

Thanks

Annexure..... B:

RESTRICTED

300/2/5/14

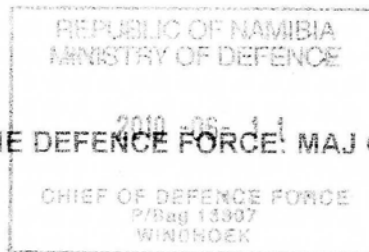
Telephone	: 249111	Defence Headquarters
Extension	: 2228	Private Bag 13307
Enquiries	: Brig Gen K.C Ndjoba	Windhoek

June 2010

PERMISSION TO CONDUCT RESEARCH BY 17168851 LT COL G.N SHIPENA

1. The above mentioned member from DHS is currently enrolled with Masters of Arts in Security and Strategic Studies (MASSS) at the University of Namibia.
2. In partial fulfillment of the University's' requirements for the award of the degree, the member is assigned to conduct a preliminary research to investigate reasons for continuing incidences of HIV infections among MOD/NDF members.
3. The member has opted to conduct the research at Units under 21 Bde.
4. The findings of the study will not only benefit the researcher, but also the entire Namibian Defence Force, for future references.
5. I therefore authorise the member to conduct the research at Units under 21 Bde.

BC
P. NAMBUNDUNGA
ACTING CHIEF OF THE DEFENCE FORCE: MAJ GEN



Distribution

External

For Action

AHQ

Internal

For Info

COS DHS

RESTRICTED

Annexure C:

UNIVERSITY OF NAMIBIA
FACULTY OF ECONOMICS AND MANAGEMENT SCIENCE
DEPARTMENT OF POLITICAL AND ADMINISTRATIVE STUDIES

MA SSS – Research Questionnaires
An investigation into reasons for persistent incidences of HIV infections
amongst the 21 Brigade soldiers

These questionnaires are divided into two parts

I Gabes N Shipena, am a Unam student no. 9421890 studying the reasons for persistent
incidences of HIV infections amongst the 21 Brigade soldiers.

Please, respond to these questions and note that these data to be provided will be used for
research purpose only. It will also be treated as confidential and anonymous.

Please do not put your name on the form.

Answer all questions by putting a cross (X) in the appropriate box

1 Part one (01): Status of the members

1.1 Unit Based:.....

1.2 Gender:.....Females.. ..Males....

1.3 Ranks:.....Generals. ..Seniors...

Juniors.. ...Ordinary..

2. Part two (02): Knowledge base on HIV / AIDS group focus discussions

These questions are about the reasons for persistent incidences of HIV infection in the 21 Brigade will be asked as follows:

.....

2.1 What are the reasons for persistent incidences of HIV infection among members of the 21 Brigade after several negative tests?

.....
.....

22. “Who is responsible to ensure that all soldiers are provided with HIV / AIDS preventive educational sessions in the 21 Brigade and what should be done to ensure that once a soldier tested HIV negative, he / she remain HIV negative?”

2.2 Testing: how do you view HIV Testing? What are the benefits of regular HIV testing?

.....
.....

2.3 Why are the soldiers viewed as drivers of HIV infection in this country?

.....
.....

2.4 How can we change these views? What suggestions can you give to improve the situation?

.....
.....

Any thing else?.....

Thanks

MA SSS – Research Questionnaires
An investigation into reasons for continuing incidences of HIV infections
amongst the 21 Brigade soldiers

Interviews for research questionnaires

These questionnaires are divided into two parts

I Gabes N Shipena, am a Unam student no. 9421890 studying the reasons for continuing incidences of HIV infections amongst the 21 Brigade soldiers.

Please, respond to these questions and note that the data provided will be used for research purpose only. It will also be treated as confidential and anonymous. Please do not put your name on the form.

Answer all questions by putting a cross (X) in the appropriate box

Part one (01): Status based on the members

1. Force Services: i.e,.....Army... ..Navy.. ..Air Force..

2. Unit Based:.....

3. Gender:.....Female.. Male..

4. Age group:.....20-30; ..31-40; 41-50 51-above

5 Marital Status:

- Single:.....
- Cohabit:.....
- Married:.....
- Never married:.....
- Divorced:.....
- Widowed:.....

6. Educational level: Primary: . Secondary . Tertiary

- Any other education:.....

7. Employment status: i.e. Rank

- Commissioned officer / commander.....
- Non-commissioned officers and ordinary soldiers.....
- Other employees of 21 Brigade (civilian workers).....

Part two (02): Views on HIV / AIDS from interviews

8. Where do you get condoms (accessibility)?.....

Apart from the base, where else do you get condoms?

- Pharmacies. ...clinics.others.

9. Do you know your HIV status?

- .If yes, ... explain your answer.....
- If no,explain your answer.....

10. How often do you go for HIV testing and why?

- Once a year. .every six months .every four months.
- When going on mission ..never tested.

11. What are the benefits of knowing your HIV status?.....

.....

12 Do you think keeping HIV status confidential is a problem in the base?

- Yes/no, explain your answer.....
-
- No idea

13 What should be done to ensure that once a soldier tested HIV negative, he/she remain HIV negative? Explain your

answer.....

No idea....

14 What suggestions do you have to prevent persistence of HIV incidences in the 21 Brigade?.....

15. Who is responsible to ensure that soldiers are provided with HIV preventive education?

Any thing else?.....

Thanks!

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