

**PERCEPTIONS OF EMPLOYEES ABOUT VOLUNTARY COUNSELLING
AND TESTING AT A MOTOR MANUFACTURING COMPANY**

By

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Submitted in partial fulfilment of the requirement for the degree of

MSD (EMPLOYEE ASSISTANCE PROGRAMME)

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UNIVERSITY OF PRETORIA**

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FEBRUARY 2006

Acknowledgements

I thank God Almighty for His Strength and Wisdom and I extend my heartfelt gratitude to the following people who contributed to the completion of this study:

- Employees at the company who voluntarily participated in the study and shared their perceptions with me without reservation.
- My parents, Johannes and Patricia Radebe, for always believing in me and urging me to reach for my dreams.
- My children, Nthabiseng and Kefentse, who are my inspiration. I thank them for their support and understanding and for being the best girls a mother could wish for.
- My supervisor, Nomadlozi Masango, for her endless support and professional guidance that led me to successfully complete the study.
- My sister, Nnana Radebe who is my best friend and a great source of support.
- And finally to my friends, Mokgadi, Modiegi and Olivia. Thank you for your support and your friendship

SUMMARY

Perceptions of employees about Voluntary Counselling and Testing (VCT) at a motor manufacturing company

Voluntary Counselling and Testing (VCT) is now recognised as an important element of any effective HIV prevention and care programme and many companies are introducing it as part of their primary health care package. Only a fraction of South Africans at risk for HIV have undergone VCT. Although most South Africans are aware that VCT services are available, only one in five people in South Africa who knows about VCT have been tested for HIV (Kalichman & Simbayi, 2003).

The motor manufacturing company where the study was conducted has freely offered VCT to their employees, since 2002. Until now, employees have been routinely offered a test because they were presented to the onsite clinic with medical conditions associated with HIV disease. The purpose of the study was to explore the perceptions of employees about the VCT at work. The researcher was inquisitive about the perceptions held by employees and whether those perceptions influenced their decisions to participate in the VCT services.

The objective of the study was to determine employees' perceptions about VCT and to make recommendations that would assist in the development of new strategies to increase the uptake of VCT.

A qualitative research approach was utilised to elicit the respondent's meaning of VCT in the workplace. This approach was utilised as it allowed the researcher to gain a first-hand, holistic understanding of employee's perceptions and attitudes towards VCT at work. The researcher utilised applied research because of concerns in solving the immediate problems that were experienced. The researcher's rationale for using applied research was based on the urgent need to understand perceptions that hamper

employees to participate in VCT. A phenomenological approach was used to describe the meaning of experiences from employee's own perspectives.

Systematic random sampling was utilised to select 13 respondents from a population of 254 shop floor employees at a motor manufacturing company's stamping plant. The age limit of the respondents ranged between 22 and 48 years. There were 4 females and 10 males. This was reflected on the demographic profile of the company. Unstructured interviews were conducted with 13 respondents, which allowed the researcher to elicit respondent's in-depth perceptions, opinions and potential solutions. A tape recorder was used to ensure that the respondents' account of their experiences and perceptions were well captured.

The research results revealed that while respondents were not opposed to VCT in principle, there were psychosocial and logistical barriers that prevented them from participating in VCT. Lack of confidentiality was identified as one of the major barriers to HIV testing at work. Respondents concerns about confidentiality were closely linked with the lack of trust in the medical personnel and the employer. Employees continued to have serious doubts and anxieties about the confidentiality of HIV test results.

Stigmatising beliefs about AIDS and their associated fears of discrimination appeared to influence decisions to seek HIV testing and HIV treatment services. It came out clearly that pre- and post-testing counselling was essential in the provision of a comprehensive VCT service.

KEY CONCEPTS

- Acquired Immuno Deficiency Syndrome (AIDS)
- Barriers
- Confidentiality
- Counselling
- Employees
- Human Immuno Deficiency Virus (HIV)
- Perceptions
- Prevention and Care
- Voluntary Counselling and Testing (VCT)

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CHAPTER 1

GENERAL INTRODUCTION AND RESEARCH METHODOLOGY

1.1. INTRODUCTION

The HIV and AIDS epidemic has spread rapidly and the number of infected persons appears to increase geometrically. Now more than 22 years after the disease was first discovered, millions of people have been infected worldwide and South Africa has the most severe epidemic in the whole world. It is estimated that about 10% of all South Africans are infected with HIV (about 4,7 million people) and that there is about 1,700 new infections daily (Centre for the study of AIDS, University of Pretoria, 2002).

Lumb & Botha (2002:19) report that unwarranted fear and ignorance of HIV/AIDS has caused discrimination and disruption at work affecting employee productivity at a time when the competitive global marketplace demands nothing less than total efficiency and outstanding performance. Effective preventative programmes require provision of HIV-prevention education, drug dependence treatment and VCT.

The need to intensify prevention programmes has been on the agenda for both the government and private sector. De Zoysa (2000: 31) mentions that there has been a sea change in the country about understanding the role of Voluntary Counselling and testing (VCT) in HIV/AIDS prevention. Voluntary Counselling and Testing (VCT) *“is the process where individuals voluntarily choose to find out their HIV status through testing for antibodies to the HI virus”* (Dickinson, 2003:63).

Van Dyk (2002:96) mentions that VCT has emerged as a major strategy for the prevention of HIV infection and AIDS in Africa. Apart from raising awareness about HIV/AIDS, many studies show that knowing one's HIV status is instrumental in effecting behavioural change and adoption of safer sex practices (Dickinson, 2003).

Voluntary Counselling and Testing (VCT) services are a vital prevention and treatment strategy. According to the Centre for Disease Control and Prevention (2001), the comprehensive approach to preventing HIV must include an opportunity for people to discover whether they are infected. Whatever the results of the test, there is an opportunity to learn how to reduce the risk of contracting or transmitting the infection.

This view is supported by Kenyon (2001:11) who suggests that “counselling and testing would not only allow individuals to re-affirm their HIV-status, but will permit them to review how they can reduce the risk of getting infected and transmitting infection to others”. The researcher consulted with the Director of Healthy Workplace Management (Enslin: 2004), a well-established service provider in the area of HIV/AIDS workplace programmes, who gained a lot of experience within the automotive industry in Gauteng. She pointed out that VCT in the workplace was essential because employees are normally hesitant to visit their public health facilities when they are still healthy, and therefore the availability of VCT onsite is convenient for most employees. VCT is usually free of charge and eligible for all employees, which benefits both the employer and employees (Enslin: 2004).

Knowing one’s HIV status is the first step in seeking intervention and gaining access to effective strategies to prevent the spread of HIV. George and Whiteside (2000:225) mention, “VCT must be provided and promoted either as an onsite service or in the community”. In South Africa VCT is becoming increasingly available in both the public and private sector. The Department of Health is offering free VCT services in most community-based clinics. According to the Business Day’s senior reporter (2003) there are 84 VCT sites in the Gauteng Province.

Several automotive industries (BMW, Ford, Nissan, & Daimler Chrysler) have introduced VCT as a vital step in changing employee’s attitudes towards preventing and managing the disease. According to Business Day (2003) a survey by the Bureau for Economic Research and the South African Business Coalition on HIV and AIDS show that only a quarter of the firms surveyed (1,000 firms), had a formal policy and less than a fifth

provided VCT. The survey clearly indicated that companies have been very slow in taking up the fight against HIV/AIDS. This slow response may be attributed to limited understanding on how the workplace can respond effectively to the epidemic.

Baggaley (2001:6) mentions that there are several approaches to the delivery of VCT that are currently used. The commonly used model is the classic VCT model of individual pre- and post-test counselling with follow-up counselling for those that require further support. This model is viewed as the “gold standard” allowing the person, attending VCT, to have individual counselling to help him/her to make an informed decision (Baggaley, 2001:7).

The researcher holds the view that VCT is an intervention that merits rapid scaling up, especially in higher prevalence settings. This would ensure that the efficacy and effectiveness of VCT as a prevention strategy would become clearly visible. This view is supported by De Zoysa (2000:30) who mentioned that there was a need to develop alternative models of VCT suitable for use in varied settings.

The benefits of VCT are often greatly emphasised in the promotion of VCT as an integral part of HIV education programmes. Kenyon (2001:11) mentions that less than 10% of the 5 million South Africans infected with HIV know their status. This implied that the majority of people infected did not know their status despite the availability of VCT services.

At motor manufacturing company was widely promoted through the use of written materials, training and sensitisation sessions as well as individual contact with employees who came for medical examination at the on site clinic. The utilisation of the VCT service was low despite this effort.

The rationale of the study was based on the need to develop innovative ways of providing VCT as an essential service in the workplace. Joubert (2001:26) mentioned that VCT is the one opportunity we have to engage with at-risk individuals to look at sexual practices” and we need to know how to use this opportunity to the maximum benefit. This research will contribute to an understanding of the perceptions of employees towards VCT.

Joubert (2001:26) mentions that this understanding can inform the process to allow VCT to be constructed carefully to be effective and achieve the desired results. The research findings can be utilised to develop new VCT strategies in order to ensure the efficacy and cost-effectiveness of VCT in reducing the transmission of HIV. The study will provide information that will guide companies in organising VCT services to meet the desire and right of clients to convenience, confidentiality and compassion.

In order for companies to take action with maximum benefits, there must be theories upon which action must be based. Aggleton (2000:34) mentions that the challenge for social research lie in developing sensible and useful explanations that will guide what must be done in the face of appealing global inequality and adversity.

The author also mentions that social scientific understanding triggers the asking of critical questions about what guides the development and evaluation of programmes, like understanding what really would work in HIV prevention and care. Thus the study would contribute toward answering questions relating to what would constitute an effective VCT workplace programme at motor manufacturing company

The study will be based at motor manufacturing company's stamping plant. The choice of this particular plant was based on the slow uptake of VCT at the stamping plant, as compared to other plants. The plant has 240 shop floor employees and since the introduction of VCT 60, employees participated in VCT during the one-week pilot project in March 2003. To date only 3 employees came for VCT. There is clearly a concern about this particular plant. The researcher believes that the findings will assist motor manufacturing company's management to have more of an understanding about employees' perceptions on VCT.

The next section of the proposal will discuss the research problem. The extent and impact of the research problem will be discussed in detail within the context of the available literature.

1. 2. PROBLEM FORMULATION

The South African business community is in a unique position to make a difference in facing the HIV and AIDS challenge. The workplace is a perfect platform for employers to disseminate information about the prevention and treatment of HIV and AIDS. The business sector is also in a position to get involved in communities where their employees reside as part of corporate social responsibility. Dickson (2003:63) mentions that the effective management of HIV and AIDS in the workplace requires an integrated strategy that includes an understanding and assessment of the impact of HIV and AIDS.

George & Whiteside (2000:225) mention that it is essential for employers to develop comprehensive workplace programmes, which relate to HIV and AIDS prevention, care and support. There is an agreement amongst writers in the field of HIV and AIDS that VCT is emerging as an essential strategy in the prevention of the spread of HIV, treatment and support (Compare Joubert, 2001; London, 2003 and Dickinson, 2003). The researcher agrees with the authors that VCT is a powerful strategy in the fight against the epidemic. VCT allows employees to know their status, protect others from HIV infection and to receive treatment as soon as possible, while assisting management to effectively manage the impact.

London (2003:60) mentions that VCT “is one of the most important public health strategies to control the spread of infection and has been recommended as one of the pillars of HIV control by the World Health Organisation, the South African government and the Labour Sector”. According to the UNAIDS Technical Update (2000:5), VCT is an important entry point to both prevention and HIV related care.

Dickinson (2003:63) notes that companies are introducing VCT at work because it is seen as an important part of any effective response to HIV/AIDS. The author identifies the following benefits of VCT at work:

- Assist in the prevention of new infections;
- People who know their status can take steps that will help them live longer and healthily; and
- Can be used to assist management to determine the HIV prevalence within the organisation.

Despite these benefits, research shows that companies have been slow to introduce VCT and where it is introduced it has been poorly implemented (Joubert, 2001:25). In those companies where VCT was introduced, there were a lot of challenges that threaten the efficacy and effectiveness of VCT. The researcher observed the uptake of the VCT service introduced during a pilot period of one week at motor manufacturing company during March 2003.

External service providers were appointed to conduct VCT at eight different sites in the plant. Education and awareness sessions aimed at raising employee's awareness about the advantages of knowing one's status were conducted. All this effort resulted in a 10% participation rate. The researcher observed that employees were hesitant to participate in VCT and when they decided to participate it was discovered that the HIV infection had progressed to an advanced stage. Employees might be concerned about confidentiality and job security, given that many receive health care directly from their employer.

Day, Charalambous, Grant and Churchyard (2000:5) mention that any successful VCT service must be able to generate perceptions among users that the benefits from knowing one's HIV status outweighs the detrimental effects. This statement indicates the importance of understanding perceptions held about VCT in order to provide an appropriate service.

The low participation rate is not a situation unique to this motor manufacturing company. Day *et al.* (2000:5) mention that "VCT has been freely available to mineworkers on demand since the early 1990's and that until now, mineworkers who have undergone VCT are those who have been routinely offered a test because they presented to health

services, either with a medical condition suggesting high risk of HIV acquisition (STD's) or a condition associated with HIV disease (most often TB)". The authors also mention that the uptake of VCT by symptomatic individuals were minimal.

Stigma, gender inequality and discrimination are identified as some of the challenges faced by companies in the provision of VCT at work (Joubert, 2001:26 and London, 2003:61). London (2003:62) mentions that these challenges must be effectively addressed to increase the utilisation of VCT. In the provision of VCT it is essential to understand the needs of the specific client groups. VCT services, which are acceptable to one group, may not be acceptable to another group (UNAIDS Technical Update, 2000:7). The researcher holds the opinion that in the development of VCT services, consideration must be given to the different needs of people attending and the communities for which VCT are designed.

The researcher discovered that the literature focuses on the provision of VCT, its effectiveness in preventing HIV infection and on its efficacy on preventing mother to child transmission. The literature reviewed pointed out that there seem to be a limited understanding of the factors associated with low VCT uptake.

This motor manufacturing company clearly embraces the importance of VCT in HIV and AIDS prevention and care. The problem at this company is the low uptake of VCT by employees, which threatens the efficacy and effectiveness of VCT as an entry point to HIV and AIDS prevention, treatment and care.

1.3. Purpose, goal and objectives of the study

1.3.1 Purpose of the study

The purposes of social research can be classified into three groups; exploration, description and explanation, based on what the researcher aims to accomplish. Babbie and Mouton (1998:270) explain that exploratory studies are most typically done to satisfy

the researcher's curiosity and desire for better understanding. Fouche (2002:109) mentions that exploratory research is conducted to gain insight into a situation, phenomenon, community or individual.

This study will be classified as exploratory research since the focus will be to gain more insight and comprehension of the employee's perceptions and knowledge about VCT. The researcher intended to answer the question of what the perceptions of employees were about VCT in order to be able to understand why the uptake of VCT was so low at this motor manufacturing company.

1.3.2 Goal of the study

Mouton and Marais (1990:42) mention that a research goal provides a broad indication of what researchers wish to attain in their research. The goal of this study was to explore employee's perceptions about (VCT) at a motor manufacturing company.

1.3.3 Objectives of the study

- To conceptualise VCT in the workplace from a theoretical perspective;
- To determine employee perceptions about VCT at motor manufacturing company by conducting an empirical study; and
- To make recommendations that will assist in the development of strategies to increase the uptake of VCT in the workplace.

1.4. RESEARCH QUESTION

Neuman (2000:149) mentions that researchers refine and narrow down a topic into a research question. Researchers generally select one or few general research questions for study prior to immersing themselves in the data. The research question provides focus for the researcher.

The research question for this study was: *“What are the perceptions of employees about VCT at a motor manufacturing company?”*

1.5. RESEARCH APPROACH

A qualitative research approach was used for this study. Fouche & Delpont (2002:79) mention that the qualitative research paradigm in its broadest sense refers to research that elicits participant accounts of meaning, experience or perception. This study was aimed at exploring perceptions and a qualitative approach enabled the researcher to gain insight and understanding of how the employees at motor manufacturing company perceived VCT. A qualitative approach for this study was relevant for the following reasons:

Firstly, in a qualitative study, the research questions often start with a “how” or “what”, allowing descriptions. This is in contrast to quantitative questions that ask “why” and look for a comparison of groups or relationship between variables.

Secondly, a qualitative approach emphasises the researcher’s role as an active learner who can tell the story from the participant’s view rather than as an expert who passes judgment on participants. The exploration of perceptions towards VCT will be done according to respondent’s point of view.

Thirdly, the primary aim of qualitative research, according to Babbie & Mouton (1998:28), is an in depth description and understanding of actions and events. The approach will afford the researcher an opportunity to provide an in depth description of employees perceptions.

Fourthly, with this approach the researcher will gain first hand experience of employee’s perceptions, which will yield a holistic understanding of the phenomenon studied. The approach allows for a flexible strategy of problem formulation and data collection.

1.6. TYPES OF RESEARCH

Research can be classified into basic or applied research. The type of research applicable for this study was applied research. Fouche (2002:108) explains that basic research provides a foundation for knowledge and understanding, while applied research is aimed at solving specific policy problems or at helping practitioners accomplish tasks. It is focused on solving problems in practice.

The applicability of applied research to this study was based on the experience of the researcher of the low uptake of VCT that reduces the efficacy and effectiveness of VCT as an intervention aimed at HIV/AIDS prevention. The choice of this study stems from problems experienced by companies with regard to workplace VCT services. Grinnell (1997: 20) mentions that applied research studies yield more practical results, while basic research studies yield more theoretical results. This study will thus yield practical results in terms of planning VCT campaigns.

1.7 RESEARCH DESIGN AND METHODOLOGY

1.7.1 Research strategy

Fouche (2002:270) mentions that various strategies of enquiry used by qualitative researchers will differ, depending on the purpose of the study and the nature of the research question. The research strategy applicable for this study is phenomenology. This strategy will allow the researcher to gain insight into the perceptions held by employees about VCT. Creswell (1998:236) explains that a phenomenological study describes the meaning of experiences of a phenomenon (topic or concern) for several individuals.

The researcher brackets his own preconceived ideas about the phenomenon to understand it through the voices of the informants. Fouche (2002:273) mentions that in

order to accomplish a description of the essence of the experience being studied, the researcher should be able to enter the subject's life world or life setting and place himself in the shoes of the subject. Respondents will be given an opportunity to share their perceptions with the researcher.

1.7.2 Data Collection

The most appropriate data collection method for this study was unstructured interviews. A qualitative interview is an interaction between an interviewer and a respondent in which the interviewer has a general plan of enquiry but not a specific set of questions that must be asked in particular words and in a particular order (Babbie & Mouton, 1998:289).

Greeff (2002:298) mentions that it is also referred to as in-depth interview and that it is utilised to determine individuals' perceptions, opinions, facts and forecasts, and their reactions to initial findings and potential solutions. Creswell (1998:122) mentions that for a phenomenological study, the process of collecting information involves primarily in-depth interviews. The author explains that the important point is to describe the meaning of a small number of individuals who have experienced the phenomenon.

Unstructured interviews were utilised because they are interactive and therefore they allowed the researcher to gain more insight from the respondents' perspective. The essential advantage of in depth interviews was that the interviewer established a general direction for the contact and then pursued specific topics raised by the respondents. In the preparation of unstructured interviews, the researcher:

- Defined the information required from the participants.
- Determined an appropriate setting to conduct the interview - a setting that was free from distractions.
- Ensured adequate recording procedures and equipment. The researcher made use of the company's recording equipment.

- Obtained the respondent's written consent. The consent to be given here related to the use of the tape recorder during the interview. At this stage the respondents would have detailed information about all the aspects of the study.

As a researcher, it was essential to take into consideration the limitations of the use of unstructured interviews. Greeff (2002:305) mentioned that participants would be unwilling to share, and the researcher could ask questions that would not evoke the desired responses from participants. The researcher established rapport with the respondents at the beginning of the interview to ensure that the respondents were comfortable.

1.7.3 Data Analysis

Analysing text and multiple forms of data presents a formidable task for qualitative researchers. According to Babbie & Mouton (2001:101) during analysis, the researcher interprets the collected data for the purpose of drawing conclusions that reflect on the interest, ideas and theories that initiated the inquiry.

The researcher used a data analysis process as recommended by Creswell (1998:147).

- Created and organised files for data;
- Read through manuscripts and made margin notes to conduct a general review of all information obtained;
- The researcher then found statements in the interviews about how employees perceived VCT, listed these statements and group statements into meaning units;
- Perceptions were formulated from the significant statements by reading, re-reading and reflecting upon the significant statements in the original transcriptions to get the meaning of the respondent's statement in the original text.
- The aggregate of formulated meanings were then be organised into clusters of themes. These clusters would represent themes that could emerge from and were common to all of the respondent's descriptions.

- A final description of the phenomenon was produced by the integration of the results of analysis.

1.8. PILOT STUDY

1.8.1 Feasibility of the study

The study is feasible in terms of workability, a concept described by Bless & Higson-Smith (1995:21). This concept relates to the accessibility of respondents, availability of time to conduct the research and the necessary resources. The researcher discussed the proposed study with the occupational health Doctor and the Senior Manager: Human Resources. The purpose of the discussion was to ensure that the necessary company protocol was followed, with regard to permission for the study as well as access to respondents.

The researcher had regular consultation with management as well as with employee representative structure to ensure that both parties were aware of the goal and the benefits of this research project. The researcher had further consultation with potential respondents to inform them about the research project.

Accessibility to the respondents was enhanced by the fact that the researcher had been in the setting where the research was proposed to take place. The researcher believed that there was a reasonable time frame within which the project would be conducted. The data collection method chosen was time consuming, but the researcher drafted a time schedule, which indicated time allocated to every phase of research from consultation to presentation of the final research report.

1.8.2 Pilot test of the unstructured interview

Greeff (2002:299) mentions that for unstructured interviews questions should be prepared and reviewed with experts in the field and with participants. The aim of the pilot test for

this study was twofold. Firstly, to ensure information supplied by the interview, related to the main question. Secondly, to allow the researcher to come to grips with some of the practical aspects of establishing access, making contact and conducting the interview, as well as become alert to their own level of interviewing skills. The researcher randomly selected 2 respondents from the list available for the pilot study. The employees selected were not eligible for inclusion in the actual study. The researcher then set up an appointment with those respondents to conduct the interview to pilot test the interview process.

1.9. RESEARCH POPULATION/BOUNDARY OF SAMPLE AND SAMPLING METHOD

Strydom & Venter (2002:198) mention that the term sample always implies the simultaneous existence of a population or universe, which the sample is a smaller section. Seaberg (quoted in Strydom 2002:198) defines a population as “the total set from which the individuals or units of the study are chosen”. Shop floor employees, between the ages of 24-45 at a motor manufacturing company, stamping plant, were the population used for this study. There were 254 shop floor employees at motor manufacturing company’s stamping plant. Employees at stamping plant were chosen as the unit of analysis because the uptake of VCT had been very minimal there.

A sample comprised the elements of the population considered for actual inclusion in the study. The sample was studied in an effort to understand the population from which it was drawn (Strydom & Venter, 2002:199). A sample for this study was essential to ensure that the study was feasible. Strydom & Venter (2002:199) mention that a complete coverage of the total population is seldom possible and all the members of a population cannot possibly be reached.

Probability sampling was applicable for this study. Strydom & Venter (2002:203) state that a probability sample is one in which each person or other sampling unit has the same known probability of being selected. The researcher will use systematic sampling

procedure to select 13 respondents from a list of shop floor employees between the ages of 22-45 at a motor manufacturing company's stamping plant. Doodely (1990:141) explains that systematic sampling draws every *n*th element from an existing list beginning at a randomly determined point. The researcher chose every nineteenth element from the list of shop floor employees at motor manufacturing company's stamping plant to reach 13 respondents.

The choice of this sample was based on the 2002 epidemiological fact sheets on HIV and AIDS and sexually transmitted infection in South Africa by the UNAIDS which states that adults within the age group of 15 to 49 are in their most sexually active years and that the vast majority of those who engage in substantial risk behaviour are likely to be infected by this age. Based on this, VCT campaigns should be available to all employees, but emphasis must be on employees within that age group.

1.10. ETHICAL ISSUES

Ethical issues arise out of our interaction with other people and the environment, especially where there is a potential for conflict of interest. Neuman (2000:91) mentions that when scientific research is done, there must be awareness and general agreements among researchers about what's proper and improper in the conduct of scientific inquiry. Strydom (2002:63) mentions that ethical inquiry serve as standards and as the basis on which each researcher ought to evaluate his own conduct.

The researcher identified the following ethical issues for this study: Harm to respondents, informed consent, deception of subjects, and violation of confidentiality and debriefing of respondents:

1.10.1 Harm to respondents

HIV and AIDS are associated with fear and shame and majority of people are not willing to share information freely and the discussion could evoke painful emotions. Babbie &

Mouton (2001:520) mention that social research should never injure people being studied regardless of whether they volunteer for the study or not. The author warns that because subjects can be harmed psychologically in the course of the study, the researcher must look for the subtlest dangers and guard against them.

With the study, the respondents were asked to reveal perceptions that may be unpopular and it could force participants to face aspects of themselves that they would do not normally consider, like going for an HIV test themselves. The researcher ensured that great sensitivity was applied during interviews and informed participants about the psychological harm that could be caused through participation. The researcher also endured that time was allocated for the debriefing of respondents. A debriefing session was conducted by the researcher.

1.10.2 Informed consent

Strydom (2002:65) mentions that obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, be rendered to potential subjects or their legal representative.

Neuman (2000:96) mentions that it is not enough to get permission from subjects they need to know what they are being asked to participate in, so that they can make an informed decision. Subjects can become aware of their rights and what they are getting involved in when they read and sign a statement giving informed consent.

The researcher provided respondents with written informed consent statements, which contained the following:

- A brief description of the purpose and procedure of the research;
- An identification of any risk or discomfort associated with participation;

- A guarantee of anonymity and confidentiality of records; and
- A statement that participation was completely voluntary and could be terminated at any time without penalty.

1.10.3 Deception of subjects

Strydom (2002:66) quotes Loewenberg and Dolgoff's definition of deception as "deliberately misinterpreting facts in order to make another person believe what is not true, violating the respect to which every person is entitled". Deception involves giving respondents erroneous information in order to ensure participation in the study. The researcher was aware that deception could lead to respondents feeling embarrassed and emotionally uncomfortable.

To minimise the negative impact of deception the researcher clearly explained the research process with particular emphasis on the goal of the study to all respondents. Respondents were then made aware of the experiences they could go through by participating in the study. Strydom (2002:67) warns that there might be other forms of deception that the researcher might not be aware of or "which may later have crept into the investigation unwittingly". The researcher dealt with this form of deception during the debriefing sessions with the respondents.

1.10.4 Confidentiality/Privacy/Anonymity

Babbie & Mouton (2001:523) mention that the clearest concern in the protection of the subject's interest and well-being is the protection of their identity. It was essential for the researcher to ensure that the respondent's privacy is not violated. Singleton, as quoted in Strydom (2002:67), explains that the right to privacy is the individual's right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. The researcher ensured that the privacy of respondents was maintained by ensuring that interviews occurred in a secluded environment.

Linked to privacy is anonymity and confidentiality. Anonymity means that subjects remain anonymous or nameless. The researcher assigned codes to the respondents soon after the interview and referred to respondents by a code number only, to protect anonymity. Neuman (2000:99) mentions that confidentiality means that information may have names attached to it, but the researcher holds it in confidence or keeps it secret from the public. The researcher ensured that records were kept safe at all times.

1.10.5 Debriefing of respondents

Neuman (2000:93) mentions that the risk of physical harm is rare, but researchers may place people in stressful, embarrassing, anxiety-provoking or unpleasant situations. The researcher was aware that a study relating to HIV and AIDS could be stressful and anxiety provoking for some respondents and therefore would require debriefing.

Strydom (2002:73) mentions that debriefing sessions during which subjects get the opportunity, after the study, to work through their experience and its aftermath, are possibly one way in which the researcher can assist subjects and minimize harm. Through debriefing, problems generated by the research experience can be corrected. The researcher arranged individual sessions to offer respondents an opportunity to discuss their feelings about the project as well as to rectify any misperceptions that may have arisen in the minds of respondents.

1.11 DEFINITION OF CONCEPTS

1.11.1 Voluntary Counselling and Testing

Voluntary Counselling and Testing (VCT) is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (UNAIDS: 1997).

Voluntary Counselling and Testing (VCT) “is the process where individuals voluntarily choose to find out their HIV status through testing for antibodies to the HI virus” (Dickinson, 2003:63).

The definitions mention four essential elements of any VCT service, viz. counselling, informed consent, confidentiality and voluntarism. Because of the implications of being HIV-positive it is important that individuals are counselled if they are going to undergo testing. (Van Dyk, 2003). The objectives of counselling are the prevention of HIV transmission and the emotional support for those who wish to consider HIV testing. Van Dyk (2003:406) mentions that informed consent means that the person has been made aware have, and understands the implications of the test. The process of informing people about all aspects of the test, leads them to making a free choice about whether to be tested or not. VCT services should always preserve individual’s needs to confidentiality.

The researcher provided the following definition of VCT:

“VCT is a confidential and voluntary service aimed at offering individuals an opportunity to know their HIV status in a caring and supportive environment.”

1.11.2 Perceptions

Perception is a process by which individuals organise and interpret their sensory impressions in order to give meaning to their environment (Robbins, 1990: 90).

Perception is the selection and organisation of environmental stimuli to provide meaningful experiences for the perceiver.

Perceptions involve searching for, obtaining and processing information in the mind (Hellriegel, Slocum & Woodman, 2001:68).

According to the researcher perceptions are interpretations and meaning that people assign to their experiences.

1.12 LIMITATIONS OF THE STUDY

There are several limitations that are relevant to the current study. These limitations will be discussed briefly as follows:

- Marshall and Rossman (1995) as quoted by De Vos *et al.* (2000) outline key questions that highlight limitations of a qualitative study as follows:
 - How transferable and applicable are the findings to another setting or group of people?
 - How can we be reasonably sure that the findings would be replicated if the study were conducted with the same participant in the same context?
 - How can we be sure that the findings are reflective of the subjects and the inquiry itself, rather than the creation of the researcher's biases or prejudices?
- The questions posed above clearly point out the limitations of the study. The researcher's presence at, and his contribution to the collection and analysis of data surely influenced the outcome of the findings.
- While a qualitative approach to describing perceptions held by employees permitted a wealth of data, it is unclear to what extent the findings of this study may be generalized to the population.
- The cycle of enquiry is never complete, thus a limited number of new perceptions could emerge.

1.13 CONTENTS OF A RESEARCH REPORT

Strydom (2002:248) mentions that the report can be viewed as the final product of the long research process that has now being completed. Smit (1983) quoted in Strydom (2002: 16) mentions that the overall goal of a research report is to convey the knowledge and findings of the research project in an “intelligible and scientific based” manner. The contents of the research report for academic research will include the following:

Chapter 1: General Introduction

The chapter describes the research methodology comprehensively to develop the reader’s confidence in the methods used. This part includes descriptions of the respondents, the research design, the sampling plan, and data collection procedures.

Chapter 2: Literature review

In this chapter the researcher presents VCT as a strategy in the prevention of the spread of HIV/AIDS. Information about the relevance and availability of VCT within the South African business community is given. The literature also outlines major issues around the provision and uptake of VCT in the private sector, with particular emphasis on MOTOR MANUFACTURING COMPANY. Areas that require further research in the field being studied are indicated within the context of the significance and purpose of the study.

Chapter 3: Empirical study

This constitutes the largest part of the report. The researcher discusses data analysis and the findings. The review of literature and the findings of the empirical methods were compared with each other. The findings will be reported in a qualitative manner.

Chapter 4: Conclusions and Recommendations

The report concludes with a statement of what has been discovered about the employee’s perceptions about VCT and where future research might be directed.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The number of people living with HIV continues to rise, despite the fact that effective prevention strategies exist. About 6 million South Africans were estimated to be living with HIV by the end of 2003, and 21.5% of adults between 15-49 are living with HIV in South Africa. (Report on the global AIDS epidemic, UNAIDS, 2004).

AIDS threatens economic security and development because it primarily strikes the working-age group. The epidemic erodes economic growth through its impact on labour supply and productivity, savings rates and the delivery of essential services. (Report on the global AIDS epidemic, UNAIDS, 2004).

Based on the above, it is imperative for countries to intensify prevention programmes in an effort to curb the impact of the epidemic. Voluntary Counselling and Testing (VCT) is regarded as an important strategy in the management of the HIV and AIDS pandemic worldwide. According to the UNAIDS, VCT has a vital role to play within a comprehensive range of measures for HIV and AIDS prevention and support and should be encouraged.

This chapter will examine the impact of HIV and AIDS in the South African Business sector. The business response to the epidemic will be highlighted. VCT will be presented as an essential strategy in the fight against the epidemic. The challenges and barriers associated with VCT will be pointed out.

2.2. BACKGROUND INFORMATION ON VOLUNTARY COUNSELLING AND TESTING

As access to antiretroviral treatment is scaled up in low and middle-income countries, there is a critical opportunity to simultaneously expand access to HIV prevention. According to UNAIDS/WHO policy statement on HIV testing (2004), without effective HIV prevention, there will be an ever-increasing number of people who will require HIV treatment. It is also emphasised in the UNAIDS/WHO policy statement that among the interventions, which play a pivotal role both in treatment and in prevention, HIV testing and counselling stands out as paramount.

Baggaley (2001:7) mentions that many approaches to HIV prevention and care require people to know their HIV status. This view is supported by the Centre for Disease Control and Prevention (2001) as they state that comprehensive approach to preventing HIV must indicate the opportunity for people to discover whether they are infected.

Kenyon (2001:11) mentions that counselling and testing would not only allow individuals to reaffirm their status, but will permit them to review how they can reduce the risk of getting infected and transmitting infection to others. Peltzer, Nzwani & Mohan (2004:96) mention that because pre- and post-testing counselling are offered to individuals who test either positive or negative, there is an opportunity for individualised intervention to discuss risky behaviour patterns.

2.3 THE IMPACT OF HIV and AIDS IN THE WORKPLACE

HIV and AIDS represent a crucial workplace issue. All over the world, the epidemic is undermining economic activity and social progress. It is threatening livelihood, reducing productivity, restricting the demand for products, discouraging foreign investment and negatively impacting economic growth (Business action against AIDS: 2003).

The statement is supported by George and Whiteside (2003) as they state that the epidemic poses a serious threat to global competitiveness for the South African private sector. They mention that the corporate sector's motive is to make profit, but HIV and AIDS is a factor that now needs to be considered as it increases the costs of production and affects the entire business environment.

According to a policy document of the Department of Health, 13% of South Africa's workforce in 2002 was HIV positive (Author unknown: 2003). According to the Department of Labour, an estimated 3% of the country's workforce (or roughly 500,000 workers) could be in the terminal stages of AIDS by 2010, a threefold increase over the 2001 estimate (Report on the global AIDS epidemic, 2004)

Hassim (2004:28) presents the following table to illustrate the impact of HIV and AIDS on business.

Table 1: Estimates on the progression of HIV/AIDS in South Africa

Current	If nothing is done		
	2001	2005	2010
Percentage of workforce between the ages of 16-59 that are HIV positive	18.02%	22-35%	24.08%
Percentage of workforce with full-blown AIDS	0.93%	1.98%	2.91%
Number of new AIDS cases reported per annum	235,000	329,000	541,000
Number of AIDS orphans per annum	197,000	1,000,000	2,000,000
Life expectancy of females	52 years	43 years	37 years
Life expectancy of males	49 years	43 years	38 years

Source: Hassim (2004:28)

It is apparent from the table that the life expectancy of both males and females are projected to decrease at an alarming rate from 2005 to 2010. This means that there is a further limitation imposed on the maximum employment of the labour force as well as the maximum life term of potential customer/client support base Hassim (2004:28) notes that

these reasons alone, together with the existing shortage of skilled labour in SA, make it imperative for employers, employees and trade unions to be involved in the reversal of the scourge of the HIV and AIDS pandemic.

Various writers in the field of HIV and AIDS have documented the impact of the epidemic in the workplace (Dickinson, 2003; Hassim, 2004 & George and Whiteside, 2001). The authors mention the following factors:

- Increased absenteeism with an estimated 55 days sick leave per annum in the final two years. The increase is not only because of ill health experienced by employees, but also because workers take time off to care for their families and for funerals;
- Lower productivity for sick workers. This results in higher production cost and lower workplace morale due to prolonged staff illnesses;
- Higher staff turnover due to early deaths. The loss of an employee requires an appropriate replacement to be selected and trained, which is often at great cost in terms of costs and money;
- Employers may increase the size of their workforce and hence payroll costs to cover for absenteeism;
- The costs of health care, medical aid and hospitalisation are rising steeply; and
- Possible change in markets and demands for products and services. The ability to provide services may be affected due to loss of key personnel. Demand could increase for health and welfare products and services while demand for other products and services decrease (telecommunications, luxurious goods).

It is clear from the discussion that there is an urgent need for South African businesses to address the impact of the epidemic. An overview of the efforts implemented by the corporate sector will be provided.

2.4 HIV /AIDS AND THE LEGAL FRAMEWORK

The way in which employees are treated in the workplace has various legal implications for both the employer and the employee. Legal issues surrounding the HIV disease have posed a number of challenges to employers and have resulted in myriad laws that affect how an employer must respond when an employee is HIV positive.

There are laws in the field of labour, health and safety, which will impinge on organisations and where they will have to check for compliance. The following Acts will be discussed in relation to HIV and AIDS:

2.4.1 The Labour Relations Act, No. 66 of 1995

The LRA regulates the relationship between employers and employees. It prohibits unfair discrimination and protects employees against arbitrary dismissals. In outlawing discrimination the LRA states that it is an unfair labour practice if an employer unfairly discriminates against an employee on a number of grounds, if they act unfairly in promoting, demoting, providing training opportunities or supplying benefits to the employee, if discipline is arbitrary or if they fail or refuse to reinstate or re-employ in terms of an agreement.

People with HIV or Aids are protected by the Constitution and the Labour Relations Act from arbitrary and unfair discrimination based on their HIV status. This Act therefore protects employees from being dismissed simply because they are HIV-positive and from being discriminated against with regard to employee benefits, staff training and other work-related opportunities.

Benjamin & Taylor (2002:93) mention that The Code of Good Practice on HIV/AIDS under this act outlines the following:

- There is no general legal duty on an employee to disclose his or her HIV status to his or her employer or to other employees.

- No employer may require an employee or an applicant for employment to undertake an HIV test in order to ascertain that employee's or applicants HIV status.
- Employees with HIV or AIDS may not be fairly discriminated against in the allocation of employee benefits. Employees who become ill with AIDS should be treated like any other employee with a comparable life threatening illness with regard to employee benefits.

2.4.2 The Occupational Health and Safety Act, No. 181 Of 1993

This Act requires employers, as far as it is reasonably practicable, to create a safe working environment. In an HIV/AIDS context, this can be interpreted to mean that employers must ensure that universal precautions are used when responding to an occupational accident. Furthermore, employers should ensure that proper equipment needed to protect staff against possible infection and appropriate training in the use of universal precautions is provided.

According to Section 8, subsection (1) of this Act "Every employer shall provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of his employees, subsection (e) "providing such information, instructions, training and supervision as may be necessary to ensure, as far as is reasonably practicable, the health and safety at work of his employees".

In relation to HIV and AIDS, it is the employer's duty to ensure that steps are taken to assess the risk of occupational HIV infection, that the risk of possible HIV infection, that the risk of possible HIV infection is minimised, that appropriate first aid equipment is readily available to deal with split blood and fluid, that staff training is undertaken on safety steps to be taken following an accident and that universally accepted infection control procedures are used in any situation where there is possible exposure to blood.

2.4.3 Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993

This Act provides compensation for employees who are injured in the 'course and scope' of their employment. Therefore, if there is a possibility that an employee has been exposed to HIV during an occupational accident then:

- an accident report should be completed and forwarded to the Workman's Compensation Commissioner within 12 months of the incident
- the employee should be tested within 72 hours for HIV to determine their baseline status
- any other person who has been involved in the accident should be tested with their informed consent
- the employee, if HIV-negative at the time of the accident, should be re-tested at three and six months after the accident. If they sero-convert during this period, an application for compensation may be made. If they sero-convert during this period, an application for compensation may be made.

2.4.4 Basic Conditions of Employment Act, No 75 of 1997

This Act sets out the minimum employment standards to which every employee is entitled. It therefore sets out, amongst others, maximum working hours and the minimum number of days of sick leave every employee is entitled to.

Van Dyk (2002:411) mentions that employees who are affected with HIV or who are manifesting the symptoms of AIDS must by law receive the same benefits (in all matters affecting sick leave, disability, medical aids, pension funds) that are applicable to employees not affected with HIV.

Employers are not allowed to dismiss, demote or transfer HIV- infected employees on the basis of their HIV status alone. The law requires employers to make reasonable

accommodation such as flexible working hours, rest periods, adapted duties or extended sick leave with pay to help employees who are incapacitated to keep their jobs.

2.4.5 The Employment Equity Act, No. 55 of 1998

The Act aims at ensuring equality and Non discrimination in the workplace through anti discrimination measures and affirmative action. The Code of Good Practice on key aspects of HIV/AIDS and employment is part of the regulation within this Act. The code is essentially a standard setting out the content and scope of an appropriate response to HIV/AIDS in the workplace. The Code aims to set out implementation guidelines for employers, employees and trade unions to ensure that individuals affected by HIV/AIDS are not unfairly discriminated against in the workplace. This includes provisions regarding:

Prohibition of unfair discrimination

No person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy or practice, on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth.

Medical testing

According to section 7, subsection (2) of the Act “testing of an employee to determine that employee’s HIV status is prohibited unless such testing is determined justifiable by the Labour Court in terms of section 50 (4) of this Act”. Van Dyk (2002:406) mention that no person may be tested for HIV infection without his or her free and informed consent. Informed consent, which includes a pre-HIV test counselling is compulsory before HIV testing may be carried out. Post-test counselling should take part of the process of informing an individual of an HIV-test result.

Breach of confidentiality

People with HIV infection and AIDS have the right to confidentiality and privacy about their health and HIV status. In the case where an employee chooses to voluntarily disclose his or her status to the employer, this information may not be disclosed to others without written consent.

2.4.6 Medical Aid Schemes Act, No. 131 of 1998

In Section 24(2) (e) the Act provides that a medical scheme may not unfairly discriminate, directly or indirectly against any person on the basis of his or her state of health including HIV/AIDS patients.

2.5. THE BUSINESS RESPONSE TO HIV AND AIDS

Research shows that companies have not only been slow to respond to HIV and AIDS but responses have been poorly implemented. The challenge is to find and replicate cost effective interventions that mitigate the epidemic's spread and impact.

There has been some resistance towards tackling AIDS as a business issue. In 2002, a De Loitte and Touche survey found that only half of South Africa's bigger firms had adopted a formal HIV and AIDS policy. Large multinational corporations in key economic sectors-mining, motor and steel industries, utilities, tourism and catering, transport, finance and banking, metal and plantations – have introduced some of the best-known responses. (Business Action Against Aids; 2003).

Hassim (2004:29) mentions a survey conducted by a leading life insurance company in 2003, which indicated that 78% of organisations agreed that they are exposed to the impact of HIV and AIDS. Of these, 60% had implemented an education and training program, but only 50% of these entities had drafted an official AIDS policy, 32% had instituted VCT and only 27% had implemented health care provisions.

This was supported by a baseline study conducted by the automotive Industry Development Centre in 2002. The study was done at the Gauteng Automotive Industry, where 19 Tier One automotive component manufacturing companies and 4 Gauteng automotive cluster-based (Original Equipment manufacturers) were part of the sample. Of the 23 companies only 11 companies offered VCT and Employee Assistance Programmes within the workplace.

George and Whiteside (2002) mention a study, which suggested that employer responses to the epidemic were strongly linked to the size of the workforce. Those companies who employed fewer than 100 employees were reporting very little in the way of substantive interventions. The study observed that employers with a workforce between 100 and 500 were doing well in terms of education and awareness programmes but fell short when it came to conducting risk assessments.

George and Whiteside (2002:223) concluded that at an individual organisational level, the responses lacked focus and as a result, would prove less effective. They identified the following areas as requiring attention.

- Surveillance data, which permits companies and society in general to develop effective responses to the disease are poorly developed in South Africa;
- Very limited use of KAP (Knowledge, Attitude & Practices) studies in South Africa; and
- Limited use of peer educators.

It was also clear that VCT was not a priority for most companies represented in the study. George and Whiteside (2002:224) noted that among companies, which have taken some initiative, most responses took the form of a simple awareness or prevention activity, for example, the distribution of condoms and educational material. It is unfortunate that for many companies, this is where the response ends.

The development of a comprehensive workplace programme would comprise a list of the following components, which relate to prevention, care and support activities.

- Raising awareness activities such as displays, distribution of pamphlets, industrial theatre, getting actively involved on Nationality recognised days set aside for AIDS awareness activities like World Aids Day;
- Peer education – this is regarded as a successful tool in changing behaviour amongst employees – employees will respond better to an HIV/AIDS policy and programme, as the peer counsellors will usually share a common cultural & communal background;
- Condom promotion and distribution – this is often the first response companies have taken in an attempt to prevent new infections;
- Voluntary counselling and testing must be promoted either as an on site service or in the community;
- Management of STI must be optimal as part of a workplace health;
- An infection control programme – especially focusing on health care providers and first aid personnel;
- A wellness programme for infected employees consisting of positive living elements and medical management.
- It has been mentioned earlier that VCT is emerging as a vital HIV/AIDS prevention strategy. Thus the focus of the discussion will shift to the role of VCT in HIV and AIDS prevention and care in the workplace

2.6. GENERAL PRINCIPLES FOR THE DELIVERY OF VCT

Oberzaucher and Baggaley (2002:4) state that there are general principles for the delivery of VCT services that are applicable to any context anywhere in the world. These include the following: -

2.6.1 Confidentiality

The services provided must be confidential, this means that the HIV test result is only revealed to the person tested and that everything that is discussed between counsellor and client during pre- and post-test as well as ongoing counselling is done in confidence. This principle is clearly entrenched in the UNAIDS/WHO policy statement on HIV testing,

where confidentiality forms part of the three 'C's of HIV testing for individuals (UNAIDS/WHO, 2004). The researcher believes that confidentiality is an important principle and therefore VCT services should always preserve individual's needs for confidentiality.

2.6.2 Voluntary Testing

HIV testing may have far-reaching implications and consequences for the person being tested. Although there are important benefits to knowing one's HIV status, HIV is in many communities, a stigmatising condition, and this can lead to negative outcomes for some people following testing.

The decision to have an HIV test must be entirely the choice of the individual. Informed consent is closely linked to voluntarism. Van Dyk (2003:46) mentions that informed consent means that the person has been made aware and understands the implications of the test. The minimum amount of information that patients require in order to be able to provide informed consent is the following:

- The clinical benefit and the prevention benefits of testing; and
- The right to refuse.

The follow-up services that will be offered:

- In the event of a positive result, the importance of anticipating the need to inform anyone at ongoing risk who would otherwise not suspect they were being exposed to HIV infection (UNAIDS/WHO, 2004).

2.6.3 Counselling

HIV counselling has been defined as a confidential dialogue between a person and a care provider aimed at enabling the person to cope with stress and make personal decisions related to HIV (UNAIDS 2001). All clients accessing these services should be offered both pre- and post-test counselling. Because of the implications of being HIV positive, it is important that individuals are counselled if they are going to undergo testing. The

objectives of counselling are the prevention of HIV transmission and the emotional support for those who wish to consider HIV testing.

Pre-test counselling should be provided to enable people to make an informed choice about whether to take the test, and post-test counselling should be provided to help those with HIV to cope and to live positively and to advise those whose result are negative about how to prevent future HIV infection (Attawell & Long: 1999).

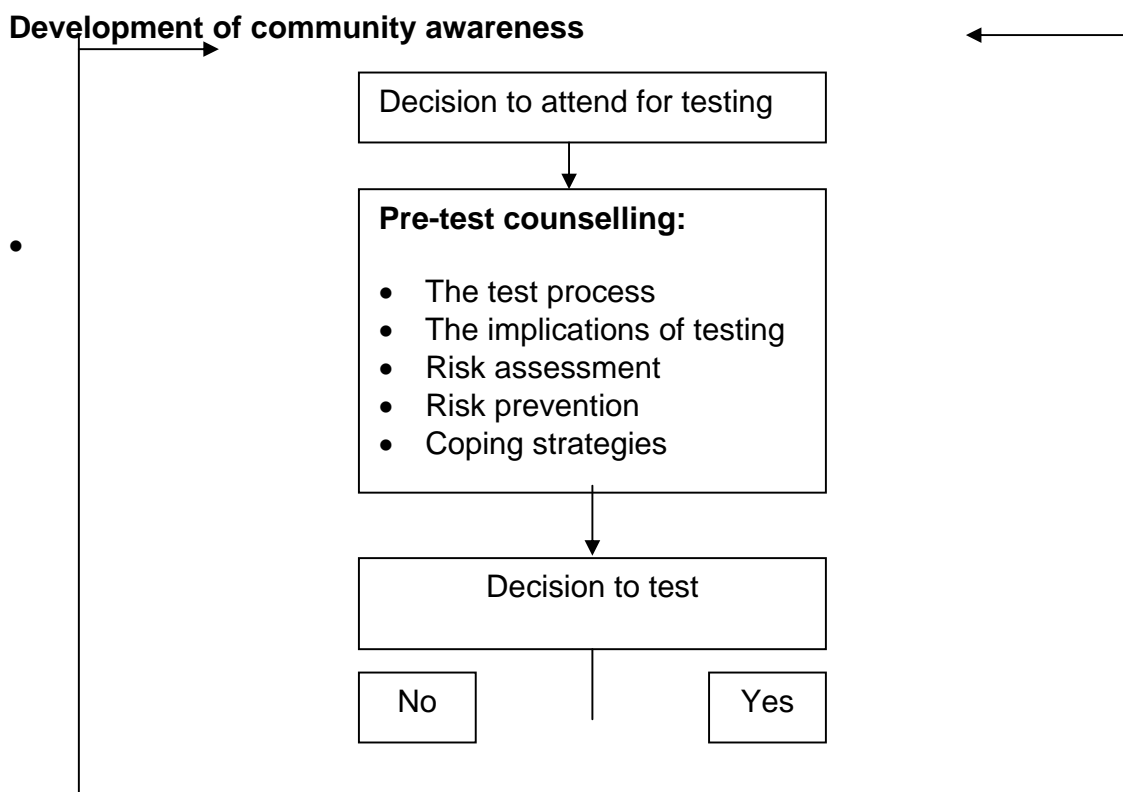
2.6.4 Continued care

Clients who test HIV positive should not be discriminated against and they should have access to ongoing prevention, care and supportive services. This principle is of critical importance because knowledge of services available could be a motivating factor for individuals who wish to test for HIV. Most VCT programmes should embrace the same principles, although they take a variety of approaches to VCT service delivery, depending on their particular focus on specific client groups and emphasis on VCT as entry point to specific interventions.

2.6.6 The HIV counselling process

The VCT process consists of pre-and post-testing, and follow-up counselling. HIV counselling can be adapted to the needs of the clients and to the capacities of the settings in which it is to be delivered. The figure below depicts the VCT process.

Figure1: THE VCT PROCESS



The figure clearly outlines the importance of pre-test counselling which contributes to the decision to have the test. Evian, (2000:51) mentions that the purpose of pre-test counselling is to provide individuals who are considering being tested with information on the technical aspects of testing and the possible personal medical, social, psychological, legal and ethical implications of being diagnosed HIV positive or negative.

Van Dyk (2000) mentions that counselling after testing will depend on the outcome of the test. Evian (2000:52) gives the following reasons for post-test counselling:

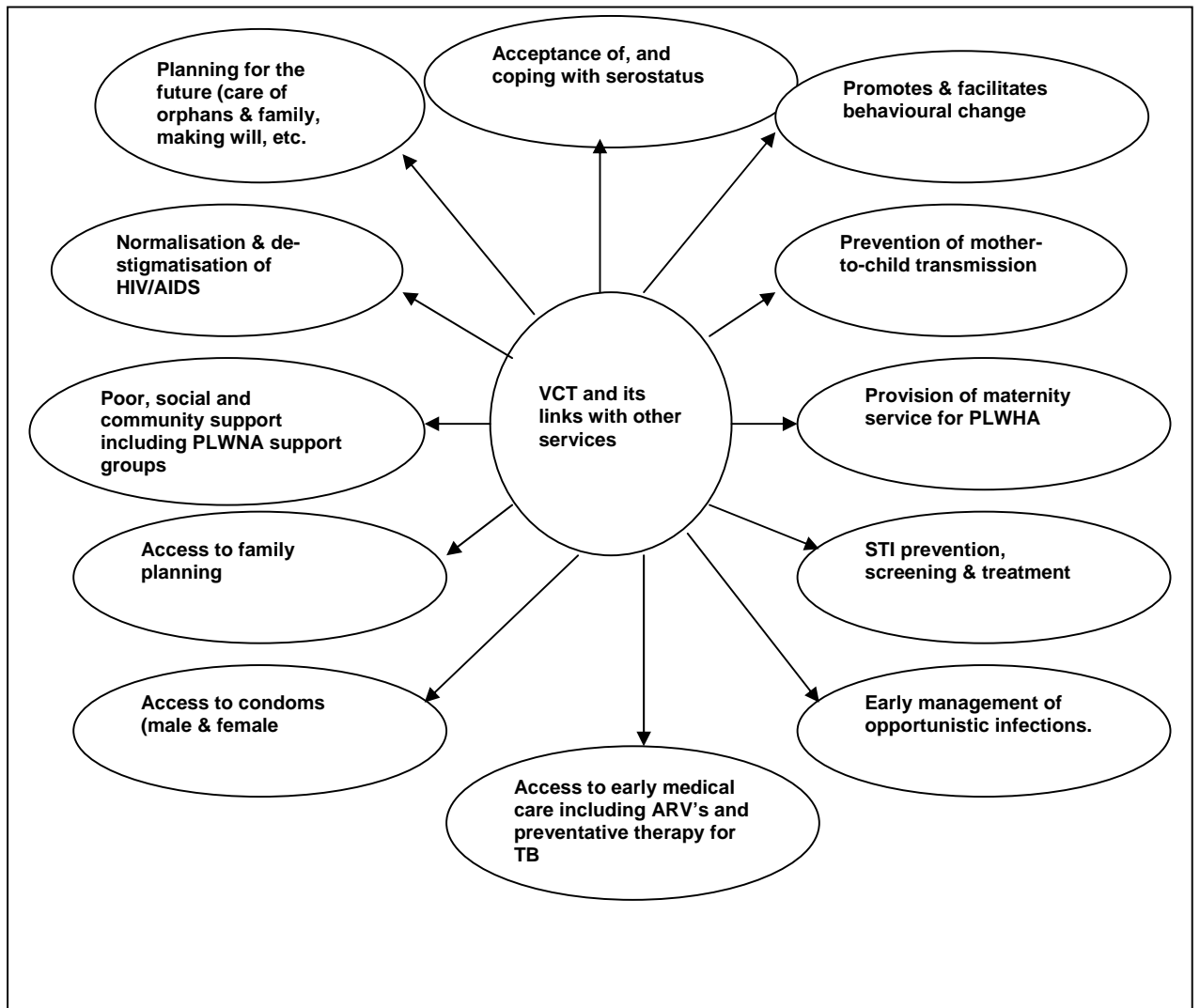
- Counselling is often needed to convince the patient about the reality of the situation;
- Ensuring the person understands the meaning of the result;
- Making a follow up plan for ongoing care; and

It can be concluded that follow up is critical in HIV counselling as it will ensure that those tested have access to continued emotional and medical care.

2.7 VCT AS AN ENTRY POINT FOR PREVENTION AND CARE

Van Dyk (2002:96) mentions that VCT has emerged as a major strategy for the prevention of HIV infection and AIDS in Africa. Apart from raising awareness about HIV and AIDS, many studies show that knowing one's HIV status is instrumental in effecting behaviour change and adoption of safe sex practices.

According to the Centre for Disease Control and Prevention (2001) a comprehensive approach to preventing HIV must include the opportunity for people to discover whether they are infected. Whatever the result of testing, there is an opportunity to learn how to reduce the risk of getting or transmitting the infection.

Figure 2: VCT as an entry point to prevention and care

Source: VCT: UNAIDS Technical Update, May 2000

VCT is an important entry point to both HIV prevention and HIV-related care. People who test HIV positive can have early access to a wide range of services, which include medical care, ongoing emotional and social support. People who test HIV negative can have counselling, guidance and support to help them remain negative. Some of these HIV prevention and care issues will be mentioned below.

2.7.1 Acceptance and coping with HIV status

Knowledge of HIV status can enable people to seek appropriate emotional support. Baggaley (2001:39) mentions that one of the main advantages of counselling associated with VCT is allowing people to accept and cope with their HIV status. Several studies have described enhanced coping following VCT, these includes

- Acceptance of being HIV positive;
- Alleviating anxiety and depressive reactions;
- Improving coping;
- Involving family and friends in HIV care and support;
- Bringing hope and relief;
- Sharing status with someone; and
- Challenging beliefs about the meaning of an HIV diagnosis to facilitate adjustment.

2.7.2 Entry point to medical care

The introduction of antiretroviral (ARV) in South Africa represented an opportunity to millions of South Africans infected to have access to medical care and this meant that there is a great benefit for people with HIV to be aware of their HIV positive status so that they can start treatment earlier, thus avoiding HIV-associated illnesses and prolong their life.

Health care services may refer people, particularly those with symptomatic diseases to VCT to aid with further management. Baggaley (2001:36) mentions that collaboration and cross referrals can ensure that people with HIV receive appropriate medical care, including home care and supportive and palliative care. VCT plays an important role in ensuring that people discover their status as soon as possible after infection and ongoing counselling has been shown to be an important factor for ensuring adherence. (Baggaley, 2004:36).

Pronyk *et al* (2002:859) mention that VCT is a necessary precursor to developing effective treatment, care and support services. Baggaley (2001:7) identifies the following services:

- Medical care (including ARV therapy, treatment of opportunistic infections, prevention of QP) and HIV-associated infections and screening for HIV-associated infections & tumours;
- Family planning (including counselling about reproductive choices);
- Emotional care (including individual, couple and family support);
- Counselling for positive living (nutrition, ongoing counselling, disclosure issues & identification of safety network);
- Improved coping and planning for the future; and
- Legal advice.

2.7.3 Counselling for adherence

The goal of VCT, with reference to counselling for adults, includes:

- Adherence to ARV's and preventive therapies
- Coping with adverse effects
- Counselling about adherence in mother-to-child transmission (MTCT) interventions.

The goals that have been cited above clearly indicate the importance of voluntary counselling and testing. Well-planned and developed VCT clearly can yield positive results in an effort to curb the spread of HIV and AIDS.

2.7.4 Planning for the future

If people with HIV are aware of their status they can make plans for their future and that of their dependants. This may include making wills and making decisions about care of

their dependants after they die. Baggaley (2004:45) mentions that in Zambia 37% of HIV positive men and 35% of HIV positive woman were worried about the future of their dependants following death and that 42% of the woman said that they were able to make changes to their dependant(s) future, following VCT.

Baggaley (2004:45) mentions that most clients are enabled to make changes in their working life following VCT, in order to have better financial options for the future. These changes included getting a second job, working overtime and saving.

2.7.5 Access to social support

An advantage of people knowing their HIV status is that it allows HIV positive individuals and their families to benefit from social support services at an earlier stage. This may help them to cope with their infection and to have a better quality of life.

Although the immediate needs of people following VCT may be met by the counselling service, some people will require longer term support and care. Counsellors must be aware of all services available for people following testing.

2.7.6 Entry point to HIV and STI prevention

Baggaley (2001:29) mentions that the most definite measure of VCT's effectiveness in reducing HIV and STI transmission is the rate of new infection in people following VCT. The author mentions a study from the US among STI attendees where VCT was associated with a moderate decrease in STI's among people who tested positive.

VCT is essentially aimed at preventing new infections. Pronyk, Kim, Makhubele, Hargreaves, Mohlala & Hausler (2002:859) mention that VCT may also reduce reported risk behaviour and prevent new infections, notably among those testing positive. Baggaley (2001:11) mentions that the most definite measure of VCT's effectiveness in reducing HIV transmission is the rate of new infection in people following VCT.

The primary aim of VCT is preventive, to help people change their sexual behaviour so as to avoid transmitting HIV to sexual partners if positive and to remain negative.

2.8. THE RELEVANCE OF VCT IN THE WORKPLACE

The previous section clearly outlined the impact of the epidemic on business and how the private sector attempted to respond to the epidemic. Companies are under pressure to respond to HIV and AIDS from a number of sources. These include pressures from employees, unions and from investors who want to know how the company is responding to the risks it face from HIV and AIDS. The focus of this section will be on VCT as one of the strategies in the fight against HIV and AIDS in the workplace.

Companies are encouraging VCT at work because it is seen as an important part of any effective response to HIV and AIDS. Dickinson (2003:63) mentions that VCT that is encouraged and driven by employers, is seen as a vital step in changing employees attitudes towards preventing and managing the disease. There are clear benefits that are derived from implementing VCT at work.

Dickinson (2003:64) identifies the following benefits of VCT in the workplace:

- Assist in the prevention of new infections;
- People who know their status can take steps that will help them live longer and healthy;
- Can be used to assist organisations to determine the HIV prevalence within their organisations.
- VCT allows employees to know their status, protect others from infections, and to receive treatment as soon as possible, while assisting management to effectively manage the impact;

Different writers have documented the benefits of HIV testing. Attawell and Long (1999:4) mention that HIV testing can have benefits for the person who takes a test, their sexual partners and the employer. It can lead to improved health and medical treatment, more informed decision-making, better practical and emotional support, increased motivation to prevent HIV transmission and more positive attitudes towards living with HIV.

Attawell and Long (1999:5) identified the following benefits of VCT at work: -

- **Improved health and medical treatment**

VCT was an important starting point for access to prevention and care in the workplace. Workplace programmes are expanded to ensure that employees receive prompt and effective treatment of opportunistic infections, hence helping people with HIV stay well. Wellness programmes at work can assist employees to obtain advice about good nutrition and how to look after themselves.

- **Informed decision making**

Attawell and Long (1999:50) mention that knowledge of the HIV status would assist employees and their families to make informed decisions about their sexual lives, whether to have children and how to feed their babies. Pregnant women could be referred to services where they would have access to antiretroviral therapy and alternatives to breast-feeding, which can reduce the risk of mother to child HIV-transmission.

- **Practical and emotional support**

The workplace can assist with access to well-trained counsellors, which can provide emotional and psychological support to help people cope and live positively with HIV. Employees can be referred to support groups and other forms of practical assistance, and they can help them to plan for the future.

- **Prevention of HIV transmission**

Employees who know that they have HIV can take steps to protect themselves and sexual partners who may be uninfected. Employees who test negative can be counselled about how to avoid HIV infection.

- **Living positively**

Where HIV testing is part of a comprehensive programme for counselling, education, support, care, employees with HIV can be helped to live positively. The positive living approach is instrumental in ensuring that employees remain productive as long as possible.

The benefits outlined by Attawell and Long (1993) emphasise the individual benefits of knowing one's HIV status, while Dickinson (2003) outlines benefits for the organisations

Dickinson (2003:64) identified key elements for VCT success at work:

- VCT programme must be part of the wider workplace HIV/AIDS programme;
- Unions must be fully involved in the design, governance and implementation of workplace programmes;
- Confidentiality for those who do not want to disclose their status must be guaranteed; and
- There must be access to advice and treatment for people who test HIV positive.

Despite highly publicised VCT benefits, the uptake of VCT remains a challenge. The researcher observed the uptake of the VCT service, introduced during a pilot period of one week at a motor manufacturing company, during March 2003.

External service providers were appointed to conduct VCT at 8 different sites in the plant. Education and awareness sessions aimed at raising employee's awareness about the advantages of knowing one's status were conducted. All this effort resulted in a 10% participation rate. The researcher observed that employees were hesitant to participate in VCT, and when they decided to participate, it was discovered that the HIV infection had progressed to an advanced stage. Keynon (2001:11) mentions that less than 10% of the 5 million South Africans infected know their status.

Day, Charalambous, Grant & Churchyard (2000:5) mention that VCT has been freely available to mineworkers on demand since the early 1990's and that until now, mineworkers who have undergone VCT are those who have been routinely offered a test because they presented to health services, either with a medical condition suggesting high risk of HIV acquisition.

Lake (2004:17) notes that many companies have already spent large sums on HIV/AIDS programmes. But despite this, very few South Africans know their status. It can be concluded that there are serious limitations and challenges to the provision of VCT at work.

Lake (2004:17) noted that one of the barriers to VCT effectiveness is largely because of ill defined programmes that simply focus on isolated aspects of interventions without incorporating the important steps of people learning their status. It is noted that years of massive awareness campaigns, daily press articles, talk-show programmes, T-shirts, caps and badges and similar campaigns seem to have had little influence on stemming the spread of infection. The next section will explore the challenges and barriers associated with VCT.

2.9 CHALLENGES IN THE PROVISION OF VCT

It has been shown in the previous section that VCT has a role in both HIV prevention and for people with HIV infection, as an entry point to care. Stigma, silence, discrimination

and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must be addressed. (United Nations General Assembly, Declaration of commitment on HIV/AIDS, June 2001.

The statement made by United Nations point out some of the challenges that undermine prevention strategies like VCT. It has been shown that in many companies where VCT is implemented, there is a great concern around the uptake of VCT services. This is the area that requires attention and the challenges around uptake will be discussed next.

It is a fact that in some places, demand for services is increasing and people seek counselling and testing for a range of reasons. However, in many places people are reluctant to come for counselling and testing. Many VCT services are monitored by examining data on demand and uptake of services, number of people being tested following counselling and rates for collecting HIV status.

Baggaley (2001:60) mentions that the uptake of VCT services varies greatly between settings. The author identifies several factors that may affect uptake rates or deter people from accessing the services.

2.9.1 Factors that affect the uptake of VCT

2.9.1.1. Methods of reporting/confidentiality

VCT services have different methods of reporting HIV results, and this may influence uptake of the service, especially where people are worried about confidentiality or belong to groups that are already unsupported or marginalised. There is a perceived threat of confidentiality with VCT services at work. Employees have concerns about their supervisors finding out about their HIV status. This is a reality in the workplace and therefore measures must be put in place to address these concerns. Attawell and Long

(1999:29) mention that employees are concerned about confidentiality or about being seen to visit a counselling & testing centre.

Many people are not against VCT in principle, but they have serious doubts and anxieties about the confidentiality of HIV test results. Van Dyk & Van Dyk (2003:118) mention that fear of the lack of confidentiality was a key barrier preventing clients from participating in VCT.

Ginwala, Grant, Day, Dlova, Macintyre, Baggaley & Churchyard (2002) mention that both clients and counsellors identified confidentiality as a major concern in a study of VCT for mine workers in South Africa. Peltzer *et al* (2004:96) mention that most individuals at risk for HIV are concerned about privacy and the issues of who has access to information about their HIV status.

2.9.1.2. Stigma/Societal factors/current events

Stigma and discrimination may be important factors in the uptake of VCT in different settings. Baggaley (2001:60) mentions that it has been postulated that political commitment to HIV prevention and care has led to less discrimination and hence, higher demand for VCT in Uganda when compared to neighbouring countries. It has been argued that the large number of people who have been tested is a major factor in promoting normalisation and reducing stigma and discrimination.

Van Dyk and Van Dyk (2003:118) mention that clients are also concerned about the possibility of prejudiced behaviour by health care personnel who are aware of their HIV status. Apart from clients who fear that health care personnel will breach confidentiality, they also fear disclosing their HIV-positive status to their sex partners.

Since women are often blamed for bringing AIDS into the family, they tend to cope silently with this burden, without protecting themselves or their sex partners from further infection.

The reluctance to disclose their HIV positive status is therefore a major barrier to the successful implementation of VCT programmes.

It can be concluded that management support must be visible at the workplace in order to erase employee's fear about stigma and discrimination. Baggaley (2001:60) mentions that it has been shown that a role model or valued member of the community, declaring that he or she has been tested, is important in reducing stigma and increasing the uptake of HIV testing. When properly carried out, VCT can help break the circle of fear, stigma and denial.

2.9.1.3 Availability of treatment and ARV's

Baggaley (2001:60) mentions that in countries where ARV's and other effective medical interventions are available for people with HIV, there are considerable advantages to people with HIV being diagnosed early. The author notes that this has changed attitudes of health workers as well as people who are at risk from HIV infection in industrialized countries to VCT, resulting in a greater uptake. This clearly indicates that VCT cannot operate in isolation. It must be part of an organisations comprehensive response to HIV and AIDS.

2.9.1.4 Simple-rapid (S/R) testing/same-day testing

Baggaley (2001: 61) mentions that many studies have shown that if people are able to obtain their HIV test result within a few hours using simple/rapid technologies they are much more likely to receive their test result than if they have to wait one to two weeks.

2.9.1.5 Poor quality services

Baggaley (2001:61) mentions that in some settings VCT services are underutilised because the services they offer are inadequate and do not meet the clients needs. The

author states that services should match the needs of the target group, including the medical and emotional needs to maximise client uptake, participation and involvement.

The author mentions a study from South Africa by (Viljoen *et al*: 1998) where 85% of people interviewed had given consent before being tested and only 48% had had adequate pre-test counselling. The researcher believes that it is important to identify the needs of the target population prior to the implementation of VCT services.

Attawell and Long (1999:29) mention the following reasons that contribute to the low uptake of VCT.

- The belief that nothing can be done for people with HIV and that knowing their status would not improve treatment;
- The fear that if they knew that they had HIV that they would get sick and die sooner because of worry and anxiety;
- The belief that there was no cause for concern, because they were not ill, or recently have had a healthy body;
- The worry about being told that they have HIV and having to face the implications of this; and
- Preference to cope with HIV-associated symptoms by believing that they were caused by illness(s) other than HIV infection.

Balanced against the advantages following VCT there are potential negative consequences of VCT for the individual and his or her family (Baggaley; 2001:50). These negative consequences may serve as a barrier to the uptake of VCT.

Baggaley (2001:50) mentions that the putative disadvantage of VCT is that those who test HIV positive may be discriminated against, suffer abuse or abandonment, or may have serious emotional reactions to a HIV positive result. This is supported by Attawell and Long (1999:6) as they mention that to find out one's HIV status may have problems with coping, stigma, rejection and discrimination, and human rights abuse. The researcher

believes that it is critical for employers to understand possible outcomes after VCT in order to address these issues through the company's wellness programme.

Baggaley (2001:50) and Attawell & Long (1999:6) identify the following negative outcomes following VCT:

- **Abandonment and abuse**

Baggaley (2001:50) mention that some studies from sub-Saharan Africa have reported high levels of abuse or HIV positive women following VCT. The researcher believes that these can be minimised through counselling about disclosure and ongoing support following VCT. Attawell and Long (1999:7) mention that HIV testing can result in human rights violations. The authors warn that testing should never be used to single out particular groups and that failing to observe confidentiality is an abuse of human rights and can result in other human rights violations.

- **Marital break-up**

Baggaley (2001:50) mentions that in some studies marital break-up following VCT is reported as being high, especially for women in patriarchal societies.

- **Discrimination**

Attawell and Long (1999:6) mention that HIV positive people have been rejected by their family or community and have experienced discrimination or violence. Baggaley (2001:50) mentions that there are many research reports of people facing discrimination following VCT in seeking employment, entry to religious orders, access to education and access to health care. These negative consequences of testing HIV positive should be challenged by advocacy and legislation. The researcher is of the opinion that a company's HIV and AIDS policy should be clear on how to address stigma and discrimination in the workplace. In South Africa, for example, the AIDS Law

Project acted on behalf of a job applicant, who, during 1997, was refused employment by SAA as a cabin assistant because he was diagnosed HIV positive.

- **Psychological distress, stress and depression**

Attawell & Long (1999:6) state that a positive test result can come as a great shock and be very difficult for a person to cope with. Dantzenberg *et al* (1992) as quoted in Baggaley (2001:53) mention that finding out that one is HIV positive, will at most inevitably cause shock and distress and have a major effect on the individual and his family. The aim of counselling is to help the person understand, accept and cope with the diagnosis and prevent serious reactions such as suicide and long-term depression.

The negative consequences mentioned above could be minimised with the provision of counselling before and after the test as well as with public education on HIV and AIDS. It can conclude that continued counselling and support after a positive result is of paramount importance in reducing the negative consequences.

It is essential for decision and policy makers to take into consideration the psychological barriers, which limits the successful implementation of VCT services at work.

The wide spread implementation of VCT is often limited by lack of funding, infrastructure, trained and designated staff, clear policies on staffing and service sustainability. The rationale of the study was based on the need to develop innovative ways of providing VCT as an essential service in the workplace.

2.10 Conclusion

In the midst of a growing epidemic, it has been emphasised that there is a need to find innovative ways of preventing further spread of the HIV virus.

It was indicated that HIV and AIDS has a profound impact on business growth and development in South Africa. It was clear that there has been reluctance from businesses to respond to the epidemic and the introduction of VCT at the workplace has been slow, despite documented benefits associated with VCT. The goals and principles of VCT clearly indicate that a well-planned and implemented VCT could yield positive results. There is a need to adhere to VCT principles, to increase the acceptability of VCT to the target populations.

CHAPTER 3

DATA ANALYSIS AND INTERPRETATION

3.1 INTRODUCTION

This chapter is aimed at the analysis and interpretation of data collected from the respondents. Analysing text and multiple forms of data represents a formidable task for qualitative researchers as the rich data collected has to be analysed and common themes extracted from the data. The researcher interpreted the collected data for the purpose of drawing conclusions, which reflected on the research problems initiated by the study.

In this chapter the research findings will be discussed based on the themes that emerged from, and are common to all of the respondents' description. A final description of the phenomenon will be produced by the integration of the results of the analysis. A total of 14 interviews were conducted with respondents who are employees at the stamping plant at a motor manufacturing company. The data was collected through the use of unstructured interviews and the use of a tape recorder.

Unstructured interviews were utilised because they are interactive and therefore allow the researcher to gain more insight from the respondent's perspective. During the interview, the researcher established a general direction for the contact and then pursued specific topics raised by the respondents.

The main question for the study was "What are your perceptions about VCT at work?" The researcher used probing and follow-up questions to ensure that relevant and adequate data was collected.

3.2 PROFILE OF THE RESPONDENTS

Respondent 1 is a 25-year-old single male. His highest qualification is matric. He works as a machine operator with 3 years experience with the company.

Respondent 2 is a 25-year-old single male. His highest qualification is a diploma in IT. He works as an assembler with 3 years, 6 months experience with the company.

Respondent 3 is a 48-year-old married male. His highest qualification is Std 8. He works as a quality inspector with 24 years experience with the company.

Respondent 4 is a 23-year-old married male. His highest qualification is Matric. He works as an assembler with 3 years experience with the company.

Respondent 5: Is a 48-year-old male. He is married and his highest qualification is Matric. He is a union leader with 24 years experience with the company.

Respondent 6: Is a 24-year-old single male. His highest qualification is Matric. He works as an assembler with 3 years experience with the company.

Respondent 7 is a 26-year-old single male. His highest qualification is Matric. He works as an assembler with 4 years experience with the company.

Respondent 8 is a 24-year-old single female. Her highest qualification is Matric. She works as a quality controller and has 3 years experience with the company.

Respondent 9 is a 24-year-old single female. Her highest qualification is Matric. She works as a quality controller and she has 3 years experience with the company.

Respondent 10 is a 23-year-old single female. Her highest qualification is Matric. She works as a quality inspector and has 3 years experience with the company.

Respondent 11 is a 45-year-old divorced male. His highest qualification is Std. 8. He works as an assembler and has 24 years experience with the company.

Respondent 12 is a 25-year-old single male. His highest qualification is a diploma. He works as an assembler and has 3 years experience with the company.

Respondent 13 is a 22-year-old single male. His highest qualification is Matric. He works as an assembler and has 3 years experience with the company.

Respondent 14 is a 28-year-old single female. Her highest qualification is a degree. She works as a training officer and has 4 years experience with the company.

Summary of the respondents

The age limit of the respondents ranged between 22 and 48 years. The age group of most respondents fall within the high-risk age group in terms of HIV infection, which is between 15-49. There were 4 females and 10 males. This reflects on the demographic profile of the company. The years of experience ranges between 2 and 25 years. The respondents carry rich experiences from the company.

3.3 Central Themes

In the following section, central themes were extracted from both the notes taken during the interviews and the transcripts. The quotations were presented according to the order of the respondent's chronological number. In cases where two or more respondents made the same comments, their numbers were specified next to the quotations. In addition, when one respondent mentioned more than one response, the number of the respondent was placed next to each of the responses.

3.3.1 Personal benefits for HIV testing

In analysing the data it came out that most respondents felt that it was beneficial to take an HIV test. The respondents identified the following personal benefits

3.3.1.1 Access to treatment, thus lengthened lifespan

The following excerpts from the interviews highlighted this:

“If positive, there are procedures to follow so that you may live longer” (Respondent 2)

“You cut your own life by not testing”. (Respondent 4)

“Finding out about your status, you can live longer” (Respondent 8)

“The doctor told me that if you know your status, you could get treatment to lengthen your life span” (Respondent 12)

3.3.1.2 Prevention of further infection

The respondents further identified the following:

“One can avoid risk of further infection” (Respondent 8)

“When you test negative you can remain negative” (Respondent 9)

“Its risky if people do not know their status, the virus will spread” (Respondents 10, 14)

3.3.1.3 Accessibility and convenience

About 8 respondents mentioned that in the workplace HIV testing is freely available and accessible to all (Respondents 1, 2, 6, 11, 12,). The following excerpts highlight this:

“It’s freely available, with a high standard of service” (Respondents 1, 2)

“The test is provided for free” (Respondent 6)

“Testing at work will lessen production problems” (Respondent 11)

“...it’s convenient, we are always at work” (Respondent 12)

3.3.1.4 Relief from negative test results

Respondents 3, 7, 9 and 11 indicated that taking the test relieves them from worrying about their health. The following excerpts indicated this:

“It’s good for health” (Respondent 3)

“You will be happy knowing the status of your health” (Respondent 7)

“Its great to know your status” (Respondent 9)

“A person will be free” (Respondent 11)

The responses outlined above clearly indicate that the respondents were aware of the benefits associated with HIV testing. It was outlined in the previous chapter that VCT has proved to be beneficial for those individuals who take the test. The benefits outlined here are consistent with a study conducted by Grinstead, Gregorich & Choi & Coates (2001)

who found that individuals who were assigned to HIV VCT at baseline were not significantly more likely to experience negative life events after testing.

Campbell, Marum, Alwano-Edyegu, Dillon, Moore & Gumisiriza (1997: 100) mention that it is important to educate HIV positive persons early regarding the importance of early medical care, good nutrition and emotional and social support and that such counselling and care cannot be provided without the availability of tests to determine the presence of infection, prior to symptom development.

3.4.2 Factors influencing a person's decision to seek HIV testing

3.4.2.1 Confidentiality

It clearly came out from the interviews that confidentiality was a huge concern for most of the respondents. Respondents 1, 2, 3, 5, 6, 8, 9, 12 and 14 emphasised the importance of confidentiality in the workplace. The following statements indicate this:

"People (shop floor employees) do not have confidence in the proposed confidentiality"
(Respondents 1, 6, 9)

"If I do not trust the personnel doing the test, why should I come for the test"
(Respondents 2, 3)

"Managers will ultimately have access to my medical records" (Respondent 5)

"I told one of the medical attendants that I was pregnant and before the end of the day everybody knew about it, how can I trust them with my HIV status" (Respondent 8)

"It depends who is doing the test, if its people from outside its fine, we feel more secure about confidentiality" (Respondents 9, 12, 14)

“You will disclose to one person and he will tell the whole world” (Respondent 12)

This concern is in congruence with a number of studies on HIV testing that showed that lack of confidentiality is a barrier to HIV testing. (Van Dyk & Van Dyk, 2003, Grinstead, Gregorich, Choi & Coates, 2001). Several studies to evaluate HIV voluntary counselling and testing for mineworkers in South Africa showed that confidentiality was identified as a major concern for both clients and counsellors (Ginwala *et al* 2002:715 & Day, Miyamura, Grant, Leeuw, Munsamy, Baggaley & Churchyard, 2003:670).

Van Dyk & Van Dyk (2003:118) mention that fear of the lack of confidentiality was a key barrier preventing clients from participating in VCT. Peltzer *et al* (2004:96) also confirms that most individuals at risk for HIV are concerned about privacy and the issues of who has access to information about their HIV status.

Fear about the lack of confidentiality was also a key service related barriers affecting participation in VCT services in Kenya. The following problems were identified: fear in case others learnt their results, unfamiliarity with the benefits of knowing one’s status, and fear and stigma both of being tested and of being HIV positive.

3.4.2.2 HIV testing facilities

About 5 respondents raised their concerns about the on site facilities where HIV testing was done. The following sentiments were shared with the researcher:

“People may not feel comfortable testing at work” (Respondent 1)

“It was suggested that all medical files of those infected with HIV, should be kept in the doctor’s office that will automatically show that you are ill” (Respondent 6)

“Most of us prefer to be tested outside, than at work” (Respondents 9, 14)

“If I do the test at work, if the person who gave me my results see me it could be awkward” (Respondent 12)

It is interesting to note that employees were not only concerned about their test results being shared with others, but also around issues of anonymity. This indicates that there is a lot of stigma still attached to HIV and AIDS. Thus employees were scared that if seen going to the clinic where testing was done, people might conclude that they were HIV positive. In addition, using the internal staff to do the VCT, could be the issue within this motor manufacturing company, as employees were scared that they would be easily identified, and to work within the same environment with someone who knew their status, would have a negative impact on them.

Testing facilities were identified as barriers to the uptake of VCT. In some testing facilities, like public health clinics, clients experience lack of confidentiality and some settings appeared to be inappropriate for clients due to of lack of privacy and inconvenient opening times. The on site facility available at this motor manufacturing company has always ensured that employees are seen at their convenience, but some employees reported experiences relating to breach of confidentiality.

3.4.2.3 Fear of a positive result

Many people found it dreadful to take an HIV test purely because they feared a positive result, especially individuals who are at high risk because of their sexual practices. Respondents 2, 3, 5, 6, 7, 9, 12 and 14 highlighted their fear of a positive result. The overarching statement was *“What if I am positive”* (respondent 2, 5, 6, 9 and 12). The fears mentioned were closely linked with the fear of family members and colleagues finding out about a positive result. Other additional responses were as follows:

“If I am positive, how am I going to present it to the family?” (Respondent 3)

“How will people respond to me” (Respondent 7)

“What if my colleagues know about it” (Respondent 14)

A positive result could have negative consequences for those that take the test. Attawell and Long (1999:6) mention that to find out one’s HIV status may have problems with coping, stigma, rejection, discrimination and human rights abuse. When there is a real or perceived belief that the general public is prejudiced against HIV-infected individuals, the result is a widespread fear of taking an HIV test. (Campbell et.al 1997). The researcher acknowledges that fear of a positive result is a reality for most people. This fear is a direct result of an environment that is infested with stigma and discrimination against people infected with HIV. In most instances the people who discriminate against people living with HIV are not even aware of their own status.

3.4.2.4 Fear of loosing employment

Most respondents mentioned that fear of losing one’s job is one of the reasons why employees shy way from seeking HIV testing at work. This fear was linked with the relationship between the employer and the employee.

The following statements were uttered during the interviews:

“My foreman will fire me if am positive” (Respondent 1)

“If people know, I might loose my job” (Respondent 4)

“... management is attempting to witch-hunt amongst employees what their status is; eventually those who are positive will loose their jobs” (Respondent 5)

“... some fear that they will loose their jobs” (Respondent 10)

“Supervisors are concerned about productivity and not with the individual’s incapacity” (Respondent 12).

Unfair discrimination has plagued South African workplaces for decades. In the past unfair discrimination, mainly manifested itself along racial and gender lines, but in more recent times, has emerged based on an individual's status. The authors mentioned that HIV testing at work might lead to stigmatisation and unfair discrimination of employees tested. Ngwena (2001:43) mentions that the response of a significant proportion of employers to the epidemic has been to exclude job applicants and employees living with HIV and AIDS from the workplace or from certain positions in the workplace.

The researcher was of the opinion that the respondent's fear of losing their jobs, when participating in VCT would be based on their own experiences relating to discrimination at work. These issues must be addressed with the current legislation like the Employment Equity Act (S6), which essentially requires that all persons and employers may not unfairly discriminate, directly or indirectly, against an employee in any employment policy or practice.

3.4.2.5 Lack of support following disclosure

Respondents 1, 2, 3, 7, 12 and 13 mentioned that lack of support from peers and family prevented them from taking an HIV test. The following excerpts highlighted this:

"What are my parents going to say" (Respondent 1)

"Will my family support me?" (Respondents 2 and 3)

"I will become a burden to other people" (Respondent 7)

"I wont have anyone to tell" (Respondent 12)

"I will not get the support I need" (Respondent 13)

Lack of support appeared to be a negative consequence for seeking HIV testing. Baggaley (2001:50) mentions that some studies from sub-Saharan Africa have reported high levels of abuse for HIV positive women following VCT. This is in line with a study conducted by Sethosa & Peltzer (2005) & Maman, Mbwambo, Hogan, Kilonzo & Sweat (2001) who found that fear of negative reactions from partners; family and friends influenced the participant's decision to disclose their HIV status.

A lack of social support was closely linked with the stigma that is associated with HIV. Respondents were unsure about disclosing their status to significant others out of fear of being stigmatised. Campbell *et al* (1997) mentions that a study in Kenya, examining the effects of maternal HIV infection, reported increased violence and loss of security for some women involved who shared information about their HIV positive status.

3.4.2.6 Discrimination and social isolation

Van Dyk and Van Dyk (2003:118) mention that clients are concerned about the possibility of prejudiced behaviour by health care personnel who are aware of their HIV status. Apart from clients fear that health care personnel will breach confidentiality, they also fear disclosing their HIV-positive status to their sex partners. Fear of discrimination and isolation came out strongly during the interviews. Respondents 2, 3, 7, 8, 9 and 12 mentioned this fear. The following excerpts from the interviews supported this:

"I will have to face rejection from co-workers" (respondent 2)

"Are they going to accept me" (Respondent 3)

"How will they respond to me" (Respondent 7)

"If people know that you are positive, they will give you this look" (Respondent 8)

Peltzer, Nzweni & Mohan (2004:96) mention that stigmatizing attitudes towards persons with AIDS may reduce people's willingness to have themselves tested for HIV and

socially isolate those with known HIV infections. This is supported by Kalichman & Simbayi (2003) who concluded that not seeking VCT is more a function of social barriers to getting tested, particularly AIDS stigma, than a lack of perceived value of getting tested.

The researcher believed that there was still a great deal of stigma attached, from friends and family, of those infected with HIV. Those individuals are blamed for contracting HIV and it is always concluded that promiscuity brought about the infection. It is amazing to note that employees are still concerned about discrimination despite the information disseminated about acceptance and tolerance. This clearly points out that education alone is not adequate for behaviour change; we need change in attitudes about HIV and AIDS.

3.4.2.7 Stress associated with knowledge of HIV status

Six respondents indicated that the knowledge that one is HIV positive could lead to stress and feelings of hopelessness and therefore they would rather not know. Most people fear that if they knew that they had HIV they would get sick and die sooner because of worry and anxiety. The following statements support this:

“If I am positive my life is done with it” (Respondent 2)

“If I am positive, I don’t think I will live the same life I was living, I will be stressed.”
(Respondent 5)

“I will always worry, not eat, start getting ill and eventually break down” (Respondents 4, 12)

“If I know I will be frustrated” (Respondent 13)

“A person will give up and worry all the time “(Respondent 11)

“You will end up alone” (Respondent 12)

This is in line with a study conducted by Van Dyk & Van Dyk (2003) who reported in their study of service-related barriers to VCT in South Africa, participants who believed that it is not advisable for every person to know their status believed that to know one’s status would cause depression and bring about an early death.

Attawell & Long (1999:6) mention that people diagnosed with HIV experience anxiety, depression, fear and suicidal feelings. This is supported by Baggaley (2001) who states that finding out that one is HIV positive will almost inevitably cause shock and distress and have a major effect on the individual and his or her family. The author reported, in a study of HIV positive women in Rwanda, that although the majority reported good morale, chronic difficulties with sleep, performing daily routine and feelings of depression were reported by a third of the women. In a study conducted in Kwazulu-Natal, amongst sex workers, it was found that they believed that the knowledge of a positive result would cause mental anguish and stress related illnesses. (Van Dyk & van Dyk, 2003)

The researcher held the opinion that feelings of anxiety, depression, fear and suicidal feelings were characteristic of a person dealing with terminal illness. Those feelings were just a natural reaction to dealing with loss. The researcher was almost certain that through professional support, love and understanding from significant others, a person can live positively with HIV. Health workers should acknowledge the reality of an emotional reaction and offer their support for those individuals who might test HIV positive.

3.4.2.8 Cultural beliefs and denial

Cultural beliefs tend to cloud peoples judgement when it comes to HIV testing. The preference to trust in and use traditional healers was mentioned as a barrier to HIV testing. The following statements supported the notion:

“Some believe that that this ‘thing’ was not there during their ancestor’s time and therefore it doesn’t exist” (Respondent 4)

“Nothing is wrong with me, why should I test” (Respondent 5)

“Refusal to accept kills a lot of people due to belief in traditional medicine” (Respondent 6)

“If people are sick they still consider witchcraft” (Respondents 7, 11)

Witchcraft is believed to be a causal agent in HIV transmission and AIDS in many African countries, especially among the rural or least educated people (Boahane, 1996). Van Dyk (2001) cites Bond (1993) and Yamba (1997) who found that witchcraft is often cited as the cause of death from HIV in Zambia. The author mentions that to blame external factors such as witches for AIDS has a protective function because it prevents feelings of guilt and alleviates anxiety. The researcher agreed with the authors that witchcraft was used to avoid the stigma and that it was associated with HIV infection.

These traditional beliefs are very common in the workplace. People who belong to certain cultural religious group hold the belief that traditional remedies are not to be mixed with western medicine. Traditional healers are said to be the best source for diagnosing the source of illnesses and therefore most people would rather use traditional healers for diagnosis, rather than taking an HIV test and that is an indication of lack of knowledge about HIV and AIDS.

3.4.2.9 Fear of the future

Some respondents were concerned about how HIV would affect their future. Respondents 2, 9 and 12 mentioned concerns for their future and this is how they phrased their concerns:

“Dreams and hopes will be shattered; short term and long term goals will be affected.”
(Respondent 2)

“All my future plans will be interrupted somehow.” (Respondent 9)

“How will I cope with my future?” (Respondent 12)

The fears outlined here are common amongst people whose level of knowledge about HIV is average. People are still sold on the idea that if one tests positive today, there is no longer hope for the future. Van Dyk & Van Dyk (2003) mention that hopelessness about the future was reported amongst clients who believed that there was nothing they could do about AIDS.

3.4.3 Pre- and Post-test counselling

3.4.3.1 Personal benefits of pre-test counselling

Pre-test counselling aimed at clarifying the test process discusses the implications of testing. The counsellor explores the level of risk and risk prevention as well as coping strategies if results are positive.

Through probes and follow-up questions, it was clear that the respondents felt that pre-test counselling was significant in the process of HIV testing. The overarching opinion was that pre-test counselling helped to calm fears associated with HIV/AIDS. The following excerpts support this:

“It relieves anxiety” (Respondent 1)

“Helps to put the person on the right track.” (Respondent 3)

“Helps to deal with fears.” (Respondents 4, 6, 7)

“Prevents people from committing suicide.” (Respondent 9, 13)

“It helps you understand a little bit more about HIV and AIDS.” (Respondents 2, 9, 10, 12 and 13)

“It helps you know what to expect” (Respondents 1, 2, 12)

From these excerpts, it became clear that pre-test counselling should become a prerequisite for HIV testing. It serves as an educational tool in itself as the counsellor has an opportunity to provide information and correct existing myths.

3.4.3.2 Post- test counselling

HIV test results should always be given with post-test counselling, whether the results are positive or negative. Post-test counselling aims to support the person who has been tested to reduce the spread of HIV, through sharing the results, sharing information and encouraging future safer sexual behaviour. The specific objectives of post-test counselling depend on whether the result is negative or positive. The respondents supported the theory by mentioning the following benefits:

“Encouraged to remain negative.” (Respondent 1, 6, 7, 8, 12, 13)

“Support and professional advice is provided.” (Respondents 2, 13, 14)

“Reassurance is provided during the session.” (Respondents 6, 9, 14)

The Respondents acknowledged that post-test counselling was vital to help them to understand and cope with an HIV test as well as to reinforce the basic principles of safe behaviour in reducing HIV transmission.

3.4.5 Overcoming the barriers to HIV testing

Barriers to HIV testing are complex but can be overcome by an understanding of the psychological and societal reasons associated with HIV testing. The respondents were asked to share their suggestions with the researcher for improving the uptake of VCT at work. The following points came out during the interviews:

“Educate the employers, let them see the importance.” (Respondents 1, 3, 14)

“Hold green area meetings to tell people about the available services.” (Respondents 4, 12)

“Intensify HIV/AIDS awareness campaigns.” (Respondents 5, 10, 12)

“Arrange for educational dramas on HIV and AIDS in the workplace.” (Respondents 6, 13)

“Expose people to other persons living with HIV and AIDS.” (Respondent 8)

“Give a guarantee about confidentiality.” (Respondent 14)

“Make more use of the CCTV communication.” (Respondent 6)

3.5 CONCLUSION

It came out clearly from the interviews that respondents perceived HIV testing to be beneficial but felt that there were many barriers, which prevented them from accessing HIV testing using their onsite facilities. The barriers identified included issues of

confidentiality and anonymity, fear of discrimination, lack of support, cultural beliefs, and fear of losing employment. Some of these barriers are based on negative personal experiences regarding HIV testing or even lack of correct information about HIV and AIDS. The above results helped answer the research question, which was posed about the perceptions of employees towards VCT. Their responses would help address the problem formulated of low VCT uptake within this division of the identified motor manufacturing company.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

The focus of this chapter will be on drawing conclusions based on the data that was presented in the previous chapter, as well as formulating recommendations to address the low uptake of VCT in the workplace.

4.1 Conclusions

The researcher arrived at the following conclusions, based on the interpretation of data collected from the respondents:

4.2 Benefits of HIV testing

Voluntary Counselling and Testing is now an integral part of many HIV care and control programmes in the workplace. It can be concluded that there were personal benefits that could be achieved through the implementation of VCT.

The respondents spelt out that VCT allowed early access to medical care, ongoing emotional and social support for those who tested positive, as well as guidance and support for those who were negative, to stay negative. It could be concluded that HIV testing would have benefits for the person who took the test, their sexual partners and the wider community, provided that it was part of a package of prevention, counselling, care and support.

This could lead to improved health and medical treatment, more informed decision-making, better practical and emotional support, increased motivation to prevent HIV transmission, and more positive attitudes towards living with HIV. Although the respondents in this study generally believed that it was a good idea to know their HIV status, it was also evident that a lack of trust in the employer and health care

professionals was a huge stumbling block in the provision of comprehensive VCT services at work

4.3 Perceptions and behaviour with regards to VCT

Most of the respondents believed that it was wise and advisable for every person to know their HIV status. Twelve of the respondents had already been tested for HIV and the 2 respondents were personally prepared to go for VCT, which is provided offsite. The respondents demonstrated a clear understanding of the benefits for taking an HIV test.

4.4 Confidentiality

It came out very clearly during the interviews that confidentiality was one of the biggest concerns amongst the respondents. The threat of confidentiality appeared to be directed at the medical personnel, management and colleagues. Many people were not against VCT in principle, but had serious doubts and anxieties about the confidentiality of HIV test results.

Most respondents feared that health professionals would not keep their results confidential. Some of the respondents mentioned that they would rather be tested in a clinic where nobody would know them. Respondents who experienced breach of confidentiality on other issues were more concerned about confidentiality with their HIV status and therefore preferred to be tested where no one else would have access to their results.

Most respondents mentioned that fear of losing their jobs was a major factor in their reluctance to use VCT services at work. Many employees were concerned that management had a hidden agenda for the introduction of HIV testing. The belief was that those who were found to be HIV positive would be earmarked for retrenchments and will be targeted for dismissals. These fears existed despite the existence of an HIV and AIDS workplace policy that clearly indicates the company stance on discrimination. Day *et al*

2002:670) mention that there are historical factors that have contributed to widespread fear of being targeted for redundancy as a consequence of testing positive for HIV.

The UNAIDS study mentioned earlier also found that the emphasis on confidentiality stemmed primarily from fears that a positive test would affect employment prospects. Respondents were concerned about discrimination and rejection they would have to face from their immediate supervisors and their co-workers. It was clear that, despite the intensity of HIV and AIDS awareness campaigns, stigma and discrimination will continue to undermine prevention efforts such as VCT.

It can be concluded that employees, in principle were not against VCT, but had serious doubts and anxieties about the confidentiality of their test results. Despite the fact that health workers are ethically and legally bound to keep patient information confidential, confidentiality is not always observed.

4.5 Fear, discrimination and rejection

Many of the respondents verbalised their fear of a positive result. It was clear that the possibility of positive result still evokes fear in people's minds. The respondent's fears were linked to their co-workers and family members finding out about their status. It appeared that little work has been done to address community fears and reactions, and to ensure that people, who disclose their positive HIV status, are accepted.

Balanced against the advantages following VCT, there were potential negative consequences for the individual and his or her family (Baggely *et.al*). Those who tested HIV positive could be discriminated against, and suffer abuse or may have serious emotional reactions to a HIV positive result.

The respondents mentioned their concerns about co-workers finding out about their HIV status as one of the reasons why they would not seek testing. This was also found by Day *et al* (2003) as they reported that respondents in their study of attitudes to HIV

counselling and testing reflected a strong sensitivity towards the marginalising effect of HIV in the workplace. Some sources of education in the workplace, which portrayed HIV and AIDS as a killer, had a counter productive effect, reinforcing the stigma associated with any aspect of HIV care.

Many people in the general population continued to harbour unfounded fears about their risk of infection through casual contact despite abundant research and public health guidelines on HIV and AIDS transmission. There is a need for more effective interventions in dealing with HIV and AIDS stigma. Unless the stigma is better understood, it will continue to be a serious barrier to the testing, treatment and care of people living with HIV and AIDS.

4.6 Disclosure, social support and depression

Respondents in the study pointed out their concerns for social support as a barrier to HIV testing. They were uncertain about the availability of support and acceptance from their peers and family members. It can be concluded that the availability of social support is an essential element in a person's decision to take an HIV test. Sethosa & Peltzer (2005:31) mention that social support is one of the coping strategies in people living with HIV and AIDS and therefore it's essential for individuals to have a social network.

It came out during the interviews that individuals felt that to know one's HIV positive status would cause depression, despair and death. Most respondents mentioned that if they know their HIV status, they would get sick and die sooner because of worry and anxiety. Learning that one is HIV positive can create a number of stressors. The person might be concerned about dying at an early age, the pain and suffering associated with debilitating and ultimately fatal illness, being stigmatised as an HIV or AIDS patient or disruption in relationships with friends and family.

The researcher was of the opinion that the concern about death and worry was related to the stigma and lack of information about the progression of the disease. Most people still

believe that being diagnosed with HIV is a death sentence. Counselling can help a person to accept their test result to cope with their concerns. This clearly points out that in both pre- and post-HIV testing emphasis should be placed on positive living after an HIV positive diagnosis, on self care and nutrition, as well as on prevention and treatment options. This will ensure that the advantages of going for VCT will become more visible for others who hesitate to take the test.

4.7 Cultural beliefs

Respondents in the study mentioned that their cultural beliefs contributed towards not seeking HIV testing. It was mentioned that witchcraft was usually blamed for ill health and therefore people used their traditional healers for help, in the belief that their symptoms were as a result of bewitching.

AIDS education in South Africa can only be successful if the deep-rooted beliefs of Africans are taken into account and integrated into AIDS prevention programmes (Van Dyk, 2001: 7). The researcher is of the opinion that AIDS education should be attempted to address attitudes that were rooted in traditional beliefs and traditions.

4.8 HIV COUNSELLING

The respondents in the study clearly outlined the benefits of HIV pre- and post-test counselling. Counselling has long been recognised as playing an important role both in the prevention of HIV infection and in the provision of care and emotional support for those infected and affected by the disease.

Brugha (1994:130) mention that HIV counselling should address informational, social, practical and emotional needs that clients may experience at different times and at different stages in the natural course of infection. The researcher concluded that the successful implementation of an HIV counselling programme was dependent on the cooperation of a multi-disciplinary team composed of motivated individuals.

4.9 RECOMMENDATIONS

From this study it became clear that social and psychological barriers and erroneous perceptions about VCT continue to hamper the usefulness of these programmes. The researcher puts forward the following recommendations in dealing with the barriers:

4.9.1 Psychosocial barriers

There should be an ongoing extensive educational programme that addresses what VCT entails, the benefits of VCT and where to access the service.

- Employees should be offered a choice to use external facilities, at the company's cost. The employer could contract with an external service provider to manage VCT and the wellness issues. This would make employees feel secure about confidentiality and anonymity since they will be dealing with external people.
- A comprehensive VCT service should further emphasise the positive incentives for HIV testing by making appropriate treatment options known and available to employees.
- A balanced approach is needed when warning employees about the dangers of HIV and AIDS so that those who are already infected are not discouraged from approaching care services.
- Companies need to ensure that measures to maintain confidentiality are effective and that clients are aware of these. These measures should include secure record keeping systems and clear company protocol for handling confidential information. These measures must be continually reviewed to make sure that they are being followed and improved when necessary.
- In order to prevent breaches of confidentiality, including the misuse of test results, training programs (for medical personnel), appropriate testing protocols and appropriate referral systems must be developed, implemented and ensured.
- Medical personnel at the onsite clinics should be properly trained in basic counselling and communication skills to build a strong relationship with the employees.

- Service providers must solicit feedback from clients on the quality of the services so that they can be tailored to company specific needs. These surveys can be conducted through client satisfaction surveys and focus group discussions.
- HIV and AIDS workplace policies should be promoted and communicated to employees to emphasise the employee's rights to confidentiality at work.
- The workplace community should be educated towards the elimination of prejudice and negative attitudes towards people living with HIV and AIDS.
- There should be anti-stigma campaigns in the workplace to create positive environments for enacting policies to protect human rights of people living with HIV.
- Education is not enough; legal measures and activism in the workplace and the community are necessary to challenge the power relationships that sustain stigma and discrimination. HIV and AIDS workplace policy and its continuous promotion could be useful in this regard.

4.9.2 Logistical barriers

- Employers should demonstrate more commitment to the fight against HIV and AIDS by actively participating in HIV and AIDS activities in the workplace. For instance, managers could publicly test for HIV as a way of encouraging employees to participate in VCT. There should be buy-ins from management specifically for VCT. HIV testing in the workplace is always surrounded by perceptions of discrimination and therefore management buy-in will ensure that those perceptions are eliminated.
- Simple same day rapid tests should be made available. This will ensure that employees have access to the results immediately and in the process minimise the stress related to waiting for one's results.
- The union should actively participate in the promotion of a comprehensive VCT service. Employees at this manufacturing company belong to a trade union and they have faith in their leadership and they are certain that they always look out for their interests as members. Their support for any HIV and AIDS workplace

programme therefore is crucial. The union leadership has a unique way to motivate their constituencies to participate in activities that are said to be for their benefit.

The researcher agreed with the UNAIDS recommendations on scaling up VCT. UNAIDS (2004) suggests the following:

- Ensuring an ethical process for conducting the testing, including defining the purpose of the test and benefits to the individuals being tested; and assurances of linkages between the site where the test is conducted and relevant treatment, care and other services, in an environment that guarantees confidentiality of all medical information;
- Addressing the implications of a positive test result, including non-discrimination and access to sustainable treatment and care for people who test positive;
- Reducing HIV and AIDS-related stigma and discrimination at all levels, notably within health care settings;
- Ensuring a supportive legal and policy framework within which the response is scaled up, including safeguarding the human rights of people seeking services; and
- Ensuring that the healthcare infrastructure is adequate to address the above issues and that there is sufficient trained staff in the face of increased demand for testing, treatment, and related services.

4.10 CONCLUSION

VCT is now recognised as an important element to any effective HIV prevention and care programme, with many companies introducing it as part of their primary health care package. The process of discovering one's HIV status, irrespective of the result, is an opportunity for education and motivation to modify behaviour aimed at reducing the risk of HIV transmission.

There are many barriers and concerns raised in the provision of VCT. These barriers can be overcome by understanding the perceptions and attitudes relating to HIV testing. Efforts to promote VCT in South Africa require education about the benefits of testing and

more important reductions in stigmatising attitudes towards people living with HIV. Structural and social marketing interventions that aim to reduce AIDS stigmas will decrease resistance to seeking VCT.

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ANNEXURES

Annexure A

CONSENT FORM

Participant's name ----- Date -----

Principal Investigator: Mannini Radebe, University of Pretoria 501 Selangi, 86 Vlok street Sunnyside

INFORMED CONSENT

1. Title of study: Perceptions of employees about Voluntary Counselling and Testing (VCT) at a Motor manufacturing company
2. Purpose of the study: The purpose of the study is to explore employee's perceptions about VCT.
3. Procedures: I will be asked to participate in a recorded interview, which will be conducted by the investigator. The interview will be scheduled at my convenience.
4. Benefits: I understand there are no direct benefits to me for participating in the study. However, the results of the study may help researchers gain more insight about VCT at work.
5. Participation rights: Participation in the study is completely voluntary and I may withdraw at any time without penalty.
6. Confidentiality: In order to record exactly what I say during the interview, a tape recorder will be used. The tape will be listened to only by the Principal Investigator and the authorized research team at the University of Pretoria. I understand that the results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed.

If I have any questions or concerns, I can call Mannini Radebe at 073 206 0053 at any time during the day.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Subject's signature

Date

Signature of investigator

Annexure B

**Department of Social Work
University of Pretoria
Pretoria**

01/06/2004

Subject: Approval of Research

This serves to confirm that Mannini Radebe, student number (23275032) has been given permission to conduct the research on Voluntary Counselling and Testing at motor manufacturing company ,stamping plant and that a research report will be made available to the company upon completion of the study.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Stephen Petersen', is written over a vertical red line.

**STEPHEN PETERSEN
SENIOR HR MANAGER: BEE UNIT**

Friday, 27 January 2006

To Whom It May Concern:

The attached document was proofread and corrected by the undersigned: *“Perceptions of Employees about Voluntary Counselling and Testing at Motor manufacturing company”* by Ms Mannini Aletha Radebe.

S.M. Grobler

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