

The knowledge, attitude and practices of west rand health district stakeholders  
towards HIV and AIDS policy procedures at workplace

by  
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## **DECLARATION**

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## ABSTRACT

HIV and AIDS is one of the major threats to the world of work. The knowledge of the epidemic and modes of transmission are important to inform all interventions in a mainstreamed fashion to address both internal and external responses to HIV and AIDS (Human Science Research Council, 2005). According to PricewaterhouseCoopers (2007), Organization and companies has conducted studies on knowledge, attitudes and practices or behaviour within its workplace and have found it to be very useful practices for the development, as well for the monitoring and evaluation of HIV and AIDS programs. This study used quantitative methods through quota sampling in selecting 50 employees in west rand health district stakeholders where 40% managers, 50% nurses and 10% union stewards. The researcher used self administered questionnaire to establish the knowledge, attitude and practices of WRHD Stakeholders towards HIV and AIDS Policy procedures at workplace to improve service delivery. The results findings of the total respondents shows that employees have received training and have acquired HIV and AIDS knowledge, that's showed positive attitudes towards people living HIV and AIDS at workplace but they were not satisfied with practices of the HIV and AIDS policy procedures at workplace. Majority of the respondents showed that the HIV and AIDS policy procedure not user friendly, not comfortable to disclosure their HIV status, and Safety , care and support protocols not enforced on all concerned staff. Recommendation are provided to that the employer should work together within different and relevant program by ensuring that training team is fully involved together with human resource and employees wellness program and other relevant NGOs.

## OPSOMMING

Volgens PricewaterhouseCoopers (2007) het verskeie onderneming studies gedoen oor die kennis van en houding en persepsies oor MIV/Vigs in die werksplek en is hierdie soort studies uiters noodsaaklik gevind ten einde die nodige agtergrond te hê om behoorlike intervensieprogramme in te werksplek van stapel te stuur.

Hierdie studie is by die West Rand Health District Stakeholders (WRHD) gedoen en het 'n kwantitatiewe studie van bestuurders, verpleegsters en vakbondamptenare behels.

Bevinding dui daarop dat respondente wel behoorlike opleiding in MIV/Vigs gekry het en dat hulle kennisvlakke ten opsigte van die pandemie besonder goed was, maar dat julle nie tevrede was met die gebruikersvriendelikheid van werksplekprogramme in MIV/Vigs nie.

Voorstelle word in die studie gemaak vir die daarstelling van meer effektiewe en meer gebruikersvriendelike MIV/Vigs-programme binne die werksplek ten einde te verseker dat dit inpas binne ander menslike hulpbron- en welwees programme van ondernemings.

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## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DOH	Department of Health
ECOP	Employers' Confederation of the Philippines
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
KAP	Knowledge, Attitudes and Practices
ILO	International Labour Office/Organization
IOE	International Organization of Employers
MOU	Maternity Obstetric Unit
STIs	Sexual transmitted infections
TB	Tuberculosis
TBCA	Thailand business Coalition on AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WRHD	West Rand Health District

## OPERATION DEFINITION

Stakeholders- Referring to Managers, Nurses, and Unions Stewards

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## **CHAPTER 1: INTRODUCTION**

### 1.1 Background

Human immunodeficiency Virus (HIV) and Acquired immunodeficiency syndrome (AIDS) is one of the major challenges facing South Africa today. Of the 48% million South African estimated in the last census, 5,700 000 estimated to be HIV infected (UNAIDS/WHO, 2008) with a prevalence rate (15-49 years) of 18, 1%. South African HIV epidemic is both generalized and concentrated. The knowledge of the epidemic and modes of transmission are important to inform all interventions in a mainstreamed fashion to address both internal and external responses to HIV and AIDS (Human Science Research Council, 2005).

According to MassMart (2007), HIV and AIDS epidemic poses one of the greatest challenges to business development in South Africa. The epidemic claims some of the best business leaders, managers and a great number of workers at all levels. HIV related absenteeism, loss of productivity and the cost of replacing staff lost to AIDS threatens the survival of a number of business and industrial sectors in the increasingly competitive world market. The workplace provides an excellent environment to implement a comprehensive HIV and AIDS program and policy reform.

HIV and AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV and AIDS (International Labour Organization(ILO), 2001). “AIDS continues to be the major medical and social issue of the decade. Given the steady rise in numbers of people afflicted with HIV and AIDS, it’s critical for everyone to understand the facts about this serious disease. As employers, we have a choice. As we can deal with AIDS in a crisis situation or we can prepare ourselves, and, more importantly, our employees, by communicating company policy and providing appropriate educational information to our employees” (www.brta-Irta.org, 1996).

## 1.2 Research problem

The studies indicate that over the past 10 years there have been a plethora of HIV policies and frameworks designed within organizations in an effort to contribute to combating the HIV and AIDS epidemic in South Africa. It also indicates that the little focus has been given to the integration of HIV and AIDS workplace policies within government sector in health and non-governmental organization to address and mitigate viable threats to survival given their often limited financial resources (Davis, 2011, p.1).

Implementation of HIV and AIDS policy procedures at workplace is a serious challenge. Furthermore HIV and AIDS is still a disease surrounded by ignorance, prejudice, discrimination and stigma. In the workplace unfair discrimination against people living with HIV and AIDS has been perpetuated through practices such as pre-employment HIV testing, dismissals for being HIV positive and the denial of employee benefits (Department of Labour, 2000).

## 1.3 Research question

The research question for this study project was: what is the knowledge, attitude and practices of west rand health district stakeholders towards the HIV and AIDS Policy procedures at workplace?

## 1.4 Aim and objective of the study

The aim of the research project was to establish the knowledge, attitude and practices of west rand health district stakeholders towards HIV and AIDS Policy procedures at workplace to improve service delivery.

Objectives:

Objectives of the research project were as follows:

- To identify the knowledge of WRHD stakeholders about HIV and AIDS Policy procedures at workplace

- To identify the attitudes of WRHD stakeholders about HIV and AIDS Policy procedures at workplace
- To identify the practices of WRHD stakeholders about HIV and AIDS Policy procedures at workplace
- To make recommendation for training that will improve the KAP with regard to HIV and AIDS Policy procedures at workplace

### 1.5 Significance of the study

Significance of the research project was as follows:

- To provide the key data to inform West Rand Health District about HIV and AIDS strategy.
- Help in targeting HIV and AIDS- related interventions that will impact at workplace.
- To create an understanding of current employee knowledge, attitudes and practices.
- Track trends in employee's knowledge and behavior overtime.
- To inform future HIV and AIDS prevention activities.
- To inform health promotion interventions specific to the needs of the group(employees)
- To introduce a training tool as part of orientation of all employees for first 6 months of employment.
- To use holistic approach that will help implement HIV and AIDS policy procedures at workplace.
- Help to establish more practical, feasible HIV and AIDS interventions programs at workplace.
- To build the spirit of team work and involvement of all stakeholders and to improve service delivery.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

The studies indicates that in the beginning HIV and AIDS was only seen as a health issue because of the impact it has on a person's health, as well as on the health sector, but there is a clear indication that it affects enterprises and the economy as whole. Companies have lost top managers; workers have lost colleagues and huge amounts of time, energy and emotions have been spent on issues of illness and loss. Families have collapsed, while companies that are struggling against a background of chronic poverty have taken on a burden of dependency (Loewenson (1998) as cited in International Finance Corporation (IFC), 2004).

According to the Survey on knowledge, attitudes and practices regarding HIV and AIDS among people involved in labour relations in the Republic of Moldova, developed in 2008 (ILO, 2008) the knowledge coefficient of employees is evaluated as high, being evaluated to 49%. Then concerning attitudes and practices is an existent problem in our society in general. HIV and AIDS topic discussed at home not approached at workplace and subjects of this type are avoided in society. 96% of those interviewed, the sample representing 1217 employees, mentioned during the past 6 months they did not receive any HIV and AIDS education at their workplace. Therefore, lack of training and education leads to adoption of a discriminatory behavior towards people living with HIV and AIDS. Based on survey findings every second respondent considers it is a shame to be HIV positive and 2/3 of those interviewed mentioned they would keep in secret if someone from their family were HIV positive (ILO, 2008).The level of attitudes and practices needs consolidation and improvement.

In 2000, Federation of Kenya Employers drafted its own Code of Conduct on HIV and AIDS in the workplace (revised in 2001), with the input that from CEOs, human resource managers and other stakeholders such as unions. The Code of Conduct is a right-based and union-friendly document that gives guidance to employers and other interested organization on how to handle HIV and AIDS issues in the workplace

(IEO/UNAIDS, 2002). “The workplace can be a central point for prevention and care within its existing human resource development and training programmes, health and safety structures and it is also the place where standards are set for working conditions, labour relations and the protection of workers’ rights” (Sithole, 2007). According to Lisk (2002), further advises that ‘the workplace is the ideal location for information and education programmes designed to limit the spread of HIV and AIDS, and to encourage proper and informed behaviour towards those infected with HIV’.

## 2.2 Voluntary counselling and testing

Research shows that voluntary counselling and testing (VCT) is the most effective intervention in reducing the risk of HIV to the organization and the individual. Employees who know their status can enter treatment if infected and remain healthy for longer, or if HIV negative can change their life style to avoid getting infected (Thomas et al, 2005). Several studies have shown that the effectiveness of HIV and AIDS counselling and prevention work on hospital wards depends on the health workers’ knowledge and attitudes regarding HIV infection (Mungherera et al, 1997). Voluntary counselling and testing leads to behavior change, this was demonstrated in a study conducted by researchers from the University of California-San Francisco demonstrates the superiority of VCT techniques over generalized health interventions. This study was conducted in Kenya, Tanzania and Trinidad. And this very study outlined that VCT is more effective means of emphasizing the risks of HIV and AIDS. (<http://www.caps.ucsf.edu/publications/VCTS2C.pdf>. 2002). ‘HIV Counselling and testing (HCT) program within a legal and human rights framework is key intervention towards the realization of the goals of the National strategic plan for HIV and AIDS and STIs, 2007-2011(NSP). According to national strategic plan (2007-2010) as cited in National Department of Health, 2010), Its two primary goals is to reduce the number of new infections by 50% by 2011, and to reduce the impact of HIV and AIDS on individual, families, communities and society by expanding access to an appropriate package of treatment, care and support to 80% of all people diagnosed with HIV. Then the knowledge of HIV status is critical to these prevention and treatment goal. The national HCT program also seek to ensure that

people who test HIV negative are encouraged and motivated to maintain their negative status, and those who are test HIV positive are supported in living long healthy lives through positive health-seeking behavior and the provision of appropriate integrated services.

### 2.3 Confidentiality and disclosure

According to MacDonald, (2002), it is imperative that HIV and AIDS related information of workers should be kept strictly confidential and only in medical files, where access to information complies with national laws and ethical practices. The challenge comes when identifying of HIV and AIDS affected employees while maintaining confidentiality. In addition, there is a major point of conflict between the employees' right to confidentiality enshrined in both basic rights and labour law; and the organization's need to know the levels of HIV infection on its workforce. The disclosure of a person's HIV positive status in the workplace is at present mostly a risky and potentially damaging act for the employee. At present, the majority of employees avoid disclosing their status, as they fear discrimination, stigma or another form of victimization. The Employment Equity Act deals with HIV and AIDS, specifically in relation to unfair discrimination. It does not, however, deal with disclosure (Open Society Foundation for South Africa, 2009).

Breaches of confidentiality in the workplace have serious consequences for employees. Union's representatives report a lack confidentiality regarding HIV and AIDS in workplace. Examples they give of resulting problems for employees who have disclosed their status in the workplace include: Dismissals; limited or no assistance in claiming compensation for occupationally acquired diseases; Occupational doctors misleading HIV positive workers about treatment in order to make them leave the workplace instead of continuing to work after accessing treatment and doctors disclosing the HIV status of employees to managers without their consent (Open Society Foundation For South Africa, 2009).

### 2.4 Stigma and discrimination

Stigma and discrimination are still the much talked issues (Subedi, 2007). HIV related stigma significantly impacts on uptake of HIV testing, negative attitudes of

service providers, and adherence to HIV treatment and follow up (O'Brien, 2009). According to the ILO Code of Practice on HIV/AIDS (2001) effective education provides workers with the capacity to protect themselves against HIV infection. Education can also help to reduce HIV-related anxiety and stigmatization and significantly contribute towards attitudinal and behavioural changes (IOE/UNAIDS, 2002). The fundamental right of living with HIV and AIDS is compromised with respect to the pervasive discrimination and stigmatization that such workers face (National Tripartite committee, 2004).

## 2.5 Occupation health and safety

Work-based programs(e.g. to improve safety standards) can mitigate the stress associated with caring for HIV and AIDS patients, improve morale, and increased productivity (Tawfik and Kinoti, 2003).Occupational health is a concerned with the health and safety of employees at work. The aim of the occupational health service is to promote a healthy, safe and satisfactory work environment, and a healthy, active and productive worker. However, there are workplaces that are unsafe and affect the health of the workers (Western Cape Government, 2004). According to O'Donnell (2002), lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices. Studies indicates the workplace environment should be healthy and safe for all concerned parties in accordance with ILO convections on occupational safety and health, for which one of the component of this is to provide HIV and AIDS education for workers (ILO and ECP 2008). According to South Africa Local Government association (2005)'s occupation health and safety Act, no.29 of 1996 'state that "employers are required to provide safety equipment such as latex gloves to prevent the transmission of HIV during accidents involving a blood spill in the workplace"

## 2.6 The role of trade unions

A study by Deloitte and Touche (2002), show that trade unions played a more marginal role in drawing up company policy, compared with employees other than trade unions, with the directors and Human resource/consultants dominating the

process. According to Bowler (2004), there is a confirmation of the marginal role of trade unions in managing HIV and AIDS in the workplace.

According to Vaas (2008), the role of HIV/AIDS committees in effective workplace governance of HIV/AIDS in South Africa small and medium-sized enterprises (SMEs) shows that none of the trade unions had been involved in the initial development of the HIV and AIDS policy or its implementation. None had negotiated formally on behalf of their respective trade unions, nor presented change to the proposed HIV and AIDS policy based on union guidelines. Thus, all the policies concluded in the case studies were done outside formal collective bargaining arrangements and without official support from the trade union offices concerned. And this study found that in two companies, internal labour disputes on non-HIV and AIDS issues had resulted in poor cooperation with regard to HIV and AIDS; the same company indicated the inability to resolve a retirement benefits dispute that had negatively affected the participation of one of the unions and its membership in the HIV and AIDS program, especially the voluntary counselling and testing (VCT) service. The other company's union had withdrawn from the employee committee, in response to dispute on a range of human resource issues, thus affecting negatively their participation in HIV and AIDS management as well (Vaas, 2008).

Studies indicates that the pledge was made by the representatives of organized labour in South Africa, comprising the congress of South Africa Trade unions (COSATU), federation of Unions of South Africa (FEDUSA), the National Council of Trade unions (NACTU), as well as independent trade unions. These trade unions did acknowledge that 'HIV and AIDS epidemic affects the economically active people in South Africa; the proportions of which the disease is spreading and the serious challenges it poses to the country's development and future; and the poor conditions and low wages are factors that make it difficult to many people to change behavior that puts them at risk of HIV infection. The trade unions also acknowledge that awareness-raising and condom distribution, though important, are not enough, and it requires new approach and strategy, that labour will have to confront the HIV

and AIDS epidemic with the same tools of the struggle: tenacity, vigour and military (COSATU, 2000).

According COSATO (2000), the trade unions 's pledge was to campaign for adoption and implementation at every workplace the union-developed HIV and AIDS policy by the year 2000; workplace to HIV and AIDS prevention program; step up HIV and AIDS training within trade unions structures; promote non-discrimination employment practices, especially in access to employment; create a supportive work environment for workers with HIV and AIDS; campaign for access to facilities, materials, information, funding; continue to support efforts in search of cure for HIV and AIDS; and push for favourable policy and legislation, specifically: to uphold and enforce Employment Equity Act; press for adoption of legal enforceable Code of good practice on AIDS and employment and to join and support campaigns for accessible and affordable treatment for people with HIV and AIDS.' The trade unions recommitted themselves to a partnership with the government and other organs of civil society to ensure that the spread of HIV and AIDS is stopped: that the impact of AIDS on infected and affected people is minimized; and that the dignity of all South Africans living with HIV and AIDS is respected (COSATU, 2000).

According to ILO (2000), trade unions in several countries have already lost key staff and activist at national and branch level. Most of these unions in developing countries have limited resources.

## 2.7 Employee Human rights and HIV and AIDS

Human rights are vital for HIV and AIDS prevention. Protection of human rights, and particularly protection against discrimination, as the core principle in the prevention of HIV and AIDS, was first stressed by the World Health Assembly in May 1998 in the resolution entitled "Avoidance of discrimination in relation to HIV-infected people and people with AIDS". From an ILO perspective, discrimination-

especially discrimination in the world of work—is one of the most significant human rights abuses in the area of HIV and AIDS (ILO, 2000).

The studies indicates that during early period of AIDS pandemic in 1986-1988, there was a general recourse to legislation particularly in the developed countries, as a measure to protect the public against the disease. This happened because of absence of successful behavior change or scientific intervention at that time, and there was also an increasing pressure on public health officials to introduce legislation, which did impose coercive restrictions on the liberty, autonomy and privacy of persons vulnerable to HIV infection. This lead the developing country Ghana, to have the 1992 constitution guarantees fundamental human rights and freedom for all persons in the country. And it found in Chapter 5 article 17 on equality and freedom from discrimination states “All persons shall be equal before the law; A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed, and social or economic status” (National Tripartite committee, 2004).

## 2.8 HIV and AIDS workplace training

HIV and AIDS training at workplace is an ideal location for raising awareness because professional training of various sorts exists in one way or another in the operations of companies or institutions. The safety or technical briefings and new employee induction programs present a good opportunity to provide AIDS education for the employees (Environmental and Social Development Department, 2002). There is a synopsis that in South Africa alone, HIV and AIDS has been identified as one of the three factors that cause the failure of nearly 80% of start-up small medium enterprises (SMEs) every year (Eeden et al.2004); Business Day, 2001).The smaller the company, the less likely it is to report any program against HIV and AIDS for its workplace. Lack of awareness and of capacity to deal with HIV and AIDS are critical problems for SMEs (Deloitte and Touche, 2002).

## 2.9 Employees wellness program

The studies indicates that putting an effective wellness program in place is a challenge, and making the policy a reality with a structured wellness program

empowers organizations to begin measuring success over time as HIV and TB infections as well as AIDS-related deaths and illnesses decline, translating into reduced death and disability claims and increasing productivity (The skills portal, 2010). According to Gauteng department of Health (GDOH) (2008), the foundation work on employee wellness from 2000 to 2003 focuses on HIV and AIDS in the workplace, and the development of an integrated approach to employee wellbeing. This process gave birth to GDOH HIV and AIDS workplace policy, which aimed to achieve the following key outcomes by 2010: Reduction in new infections; reduction in absenteeism, morbidity and mortality; reduction in attrition rates of health personnel; improvement in health seeking behaviour, attitude and commitment to productivity and improved performance of the health care system; high morale and motivation and Gauteng department of health as an employer of choice (Gauteng Department of health, 2008). And this employee wellbeing in the Gauteng Department of health has been recognized as a critical strategic intervention for wellness since 1997 (GDOH, 2008).

This guide indicates that the GDOH employee wellness program aims to enhance employee well being, safety and health and is aligned with two particular Gauteng Public Governance (GPG) and GDOH strategic goals, namely: Becoming a leader in human resource development and management for health and effective implementation of the comprehensive HIV and AIDS strategy. It implemented the integrated GDOH employee wellness program which states that wellness program must provide informative, preventative, curative, development, confidential and rehabilitative services to all GDOH employees and their beneficiaries (immediate dependents). “This services can be provided internally, by trained staff where available, or externally, by an external service provider contracted by the department to provide a specific Employee wellness program(EWP) support service, such as training or counselling” (GDOH, 2008). And this integrated GDOH employee wellness program has three components namely: Employee assistant program (EAP); the HIV and AIDS workplace program and the occupational health

and safety program. This component has specific activities and requirements at workplace to improve service delivery (GDOH, 2008).

#### 2.10 Prevention and education of HIV and AIDS

The studies showed that in the absence of cure for AIDS, prevention through education is the only way to stop the viral transmission. Then prevention and education thus serve as the central strategy or activity of the workplace program (ILO and ECOP, 2008). According to TBCA et al (2003), indicates that without correct knowledge, favourable attitudes, and appropriate behavior or practices, employees may feel that HIV and AIDS is not something that concerns them, thus unknowingly placing themselves at risk. Prevention and education, ILO (2002) indicates that it is vital to: constantly reinforce the simple facts about HIV infection, how it is spread and not spread, and how to prevent it, contradict the persisting myths about HIV and AIDS, combat the superstitious and taboos related to sexual behavior, and promote and support behavior change. According to National Tripartite committee (2004), HIV infection is preventable, and prevention can be achieved through changes in attitudes and behavior. “It can also be furthered through provision of information and education, and in addressing socio-economic factors”.

## CHAPTER 3: RESEARCH METHODOLOGY

### 3.1 Introduction

This chapter describes the research methodology used to collect data and to analyze variables that were considered to establish the knowledge, attitude and practices of west rand health district stakeholders including managers, nurses and union stewards towards HIV and AIDS policy procedures at workplace. The chapter provides a brief description of the area of study, sources of information used, the determination of the population, sampling technique, and data collection method. The way the survey data were analyzed is also presented in this chapter.

### 3.2 Study area

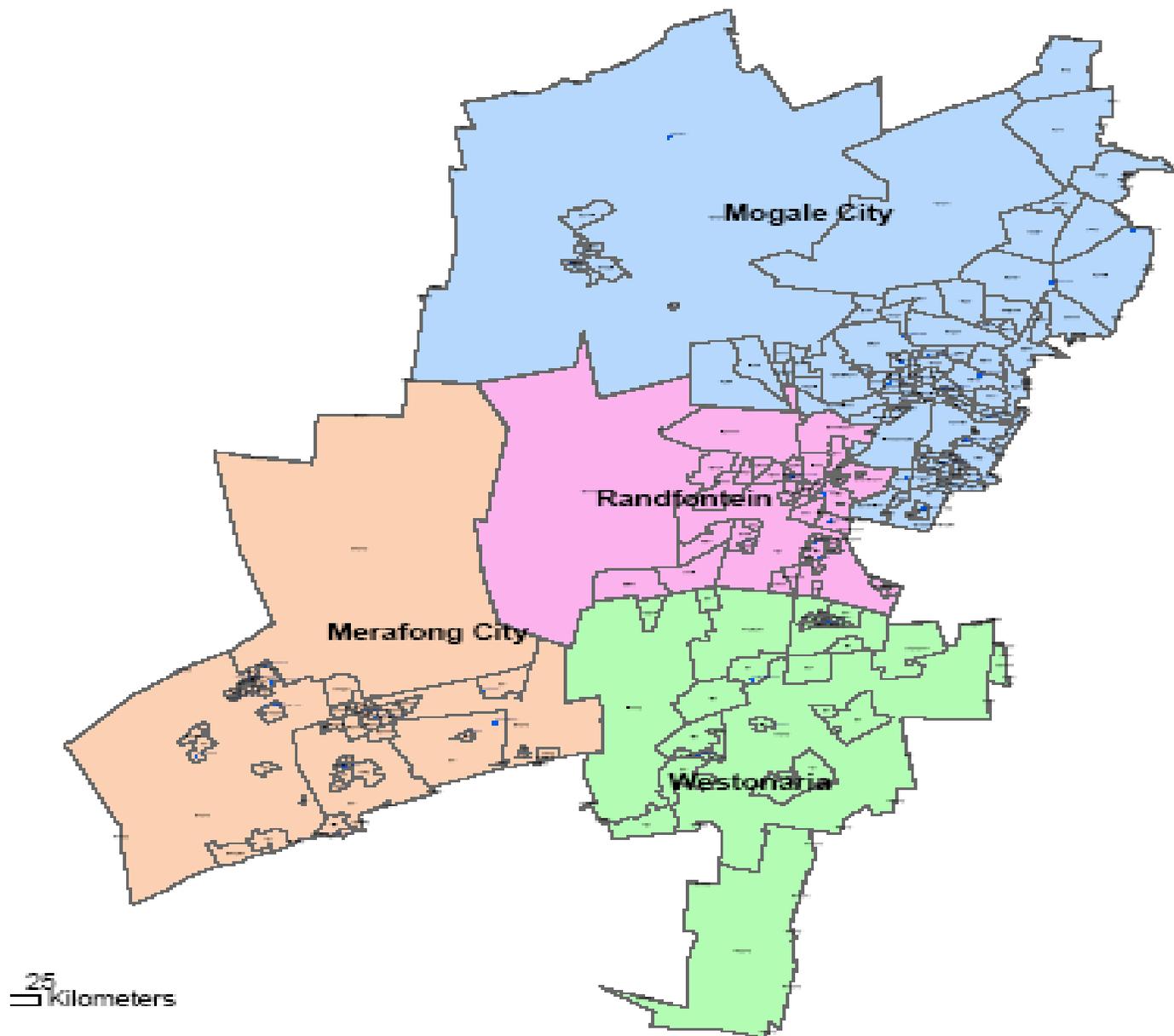
West Rand Health district, Region A, is situated in Johannesburg, in west rand area, Gauteng province. It consists of four sub-districts which are Mogale city, Randfontein, Westonaria and Merafong. The west rand health district offices are based in Krugersdorp. The population is as follows: Mogale has 371681; Randfontein 166199; Westonaria 135266 and Merafong 248557 in total the WRHD has 921603(Health Information System, 2011/2012). The west rand health district has three hospitals, three MOU, forty-two Primary health care, ten Mobile clinics and five satellite clinics.

West rand health district has different health programs as follows:

- Nutrition, health promotion, school health and youth program and maternal health.
- HIV/AIDS, STI and TB(HAST), employee wellness program, mental health, rehabilitation, environmental Health officers, dental and pharmacy program
- Human resource, training program, labour relation, Procument, finance,
- Logistic, health information, infection control and information technology.

The four sub-districts have Facility managers and other relevant stakeholders. *Merafong city local Municipality is experiencing the highest rate of poverty at 48% followed by Westonaria at forty-one percent.* The high level of poverty could be the results of mines closing in Merafong City and Westonaria. Mogale City including municipality area has 31.9% of people living in poverty and Randfontein has 27.7%. Fifty-three percent of the population in the community in west rand health district

area resides in bricks houses and thirty-two percent are residing in informal dwellings (backyards and single dwellings). With regard to sanitation, three to four household share one ablution facility. *Transport for rural areas is a major problem and impacts negatively on the referral system.* Fifty one percent of the total populations in west rand are employed and the not economically active represents 26% of the total population (Health Information System, 2011/2012).



**Figure 3.1: West Rand Health District MAP in Gauteng Province**

### 3.3 Method used in data collection

The main method used in the collection of the data was personal interviews. A structured questionnaire was developed based on stakeholders' knowledge, attitude and practices towards HIV and AIDS policy procedure at their workplace. The information was collected through a structured questionnaire administered on individuals. The developed questionnaire comprises of

several parts, amongst others, demographic, knowledge, and attitudes of stakeholders towards HIV and AIDS policies procedures at their workplace.

### 3.4 Sampling method

A sample of 50 west rand health district stakeholders was randomly selected using a quota sampling method and 40% managers, 50% nurses and 10% union stewards. The number of stakeholders interviewed is listed in Table 1.

**Table 3.1: Percentage of different stakeholders (%) used in the study**

	<b>Frequency</b>	<b>Percent</b>
<b>Managers</b>	20	40.0%
<b>Nurses</b>	25	50.0%
<b>Union stewards</b>	5	10.0%
<b>Total</b>	50	100.0%

### 3.5 Methods used in data analysis

The Statistical Package for Social Sciences (SPSS) for Windows was used to analyze data. Descriptive statistics using frequencies and crosstabs were used to analyze the data in this study.

### 3.6 Ethical considerations

Ethical considerations were significant in undertaking this study. Permission for conducting this research and data collection was acquired from the Provincial Research Department of Health in Gauteng Province, followed by permission from the director of health programs in west rand health district. An informed consent form was given to the participants with an accurate reflection of the purpose of the study.

The Ethic code of conduct was applied during the research or data collection, and taking into consideration the following ethical rules: Obtain the respondent's approval to participate in the research; explain the benefits of taking part in the research; ensuring confidentiality of the information and anonymity of respondents (ILO, 2009).

## CHAPTER 4: RESULTS

### 4.1 Introduction

This chapter aims to provide some insight into the characteristics of the stakeholders in west rand health district of Gauteng Province. The information given below is derived from the descriptive analysis of the data collected as described in Chapter 3. In this chapter, demographic characteristics, the knowledge, attitude and practices of west rand health district stakeholders including managers, nurses and union stewards towards HIV and AIDS policy procedures at workplace were discussed. Results were in tabular form and charts and each of them is interpreted. The total sample size was 50 respondents.

### 4.2 Demographic characteristics

**Table 4.1: Gender of the respondent by stakeholder (%)**

Gender	Manager	Nurse	Union steward	Total
Male	10.0%	20.0%	40.0%	18.0%
Female	90.0%	80.0%	60.0%	82.0%
Total	100.0%	100.0%	100.0%	100.0%

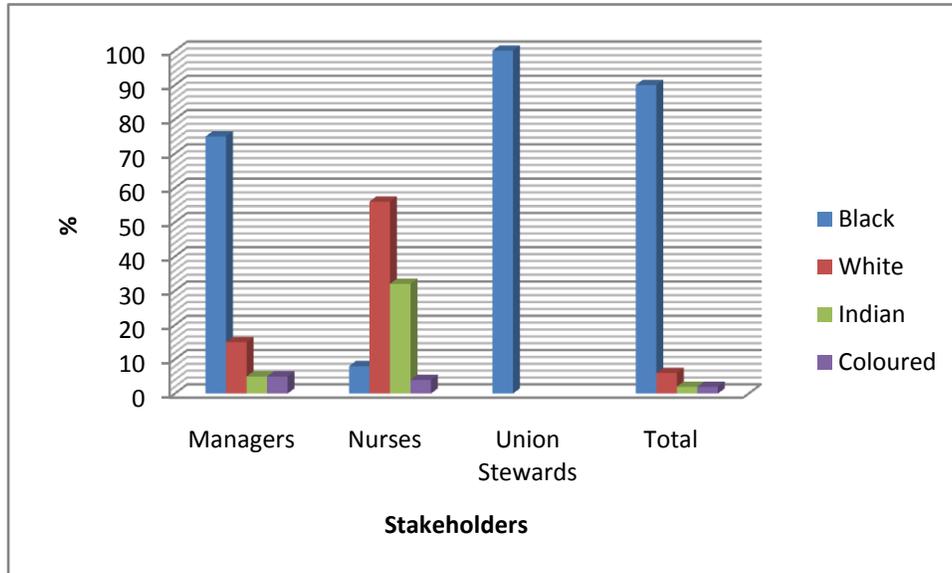
Table shows the gender of the respondent by stakeholder. The result shows that most of the stakeholders were females. Males represented 18.0% of the total respondents as compared to 82.0% of female's total respondents.

**Table 4.2: Age of the respondents by stakeholder (%)**

Age	Managers	Nurses	Union stewards	Total
18-29		8.0%	40.0%	8.0%
30- 49	65.0%	56.0%	60.0%	60.0%
50-64	35.0%	32.0%		30.0%
65 and older		4.0%		2.0%

Total	100.0%	100.0%	100.0%	100.0%
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Table 4.2 shows the age of the respondents by stakeholder. The results show that most of the managers and nurses are middle aged group (30 to 64 years old), while 60% and 40 % of the union stewards are 30 to 49 years and 18 to 29 years respectively.



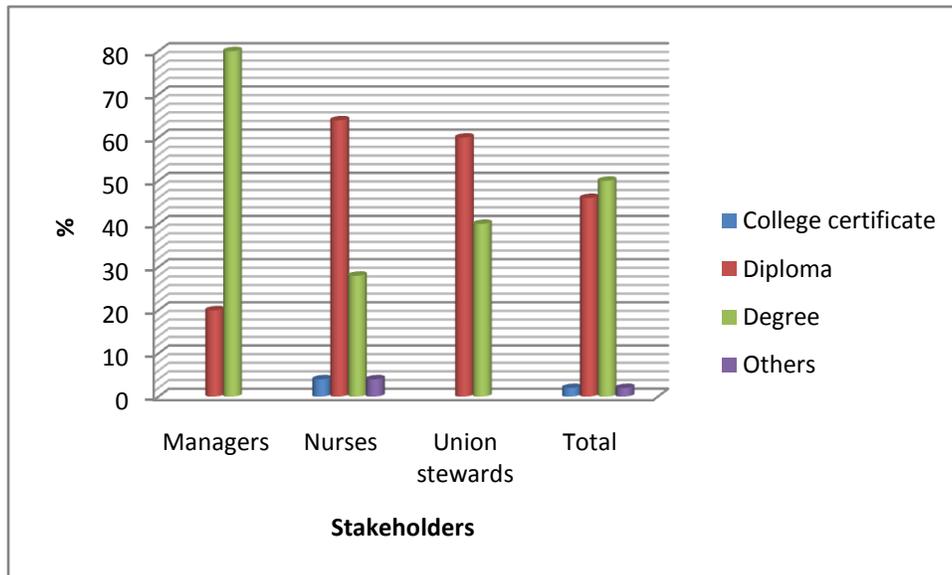
**Figure 4.1: Race of the respondents by stakeholders (%)**

Figure 4.1 shows the race of the respondents by stakeholders. The results show all union stewards are Blacks. Seventy-five percent of managers are Blacks, while 56% of nurses were white. In total, both Indians and Coloured consist of two percent each, while six percent of the respondents were whites and 90.0% were blacks respectively.

**Table 4.3: Marital status of the respondents by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Married	55.0%	44.0%	40.0%	48.0%
Single	25.0%	40.0%	60.0%	36.0%
Divorced	10.0%	8.0%		8.0%
Widowed	10.0%	8.0%		8.0%
Total	100.0%	100.0%	100.0%	100.0%

According Table 4.3 above the marital status showed that out of total sample of 50 respondents, 48.0% were married, 36.0% single, eight percent divorced and eight percent widowed respectively. The respondents showed that 55.0% of managers, 44.0% nurse and 40.0% union stewards are married. Sixty percent of union stewards, 40.0% nurses and 25.0% managers are single. Ten percent of managers and eight percent of nurses divorced. Ten percent of managers and eight percent of nurses are widowed.



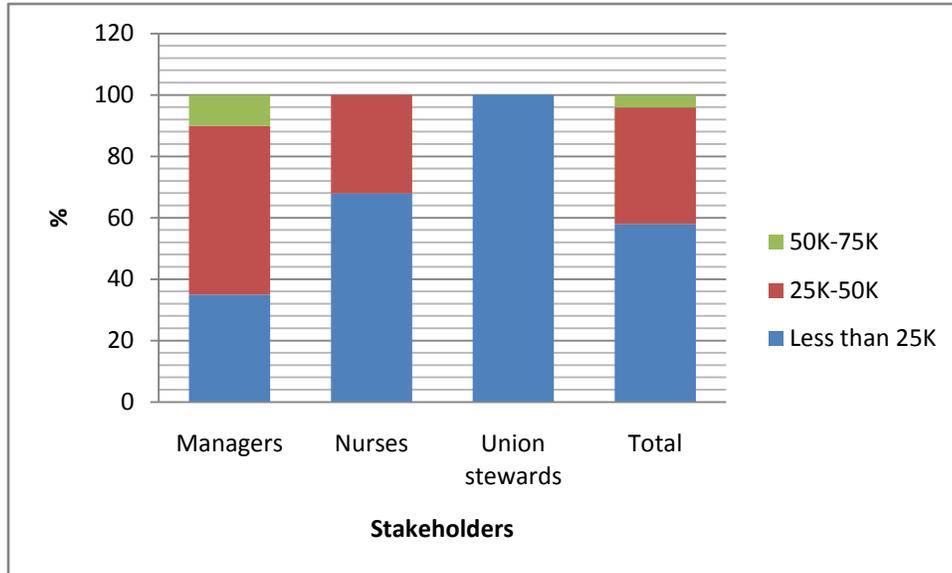
**Figure 4.2: Highest education Qualification of the respondents by stakeholders (%)**

The analysis of the sample by highest education qualification in Figure 4.2 above it showed that out of total sample of 50 respondents, two percent had college certificates, 46.0% had Diploma, 50.0% had Degree and two percent had Masters (other specified). This also showed that 80% of managers, 40.0% unions and 28.0% nurses acquired degree qualifications. Sixty percent union stewards, 64.0% nurses and 20.0% managers have diploma education. These Figure shows that only four percent of nurses have college certificate qualification. This result also indicates that their educational level is high whether their position is a manager, nurse or union steward respectively.

**Table 4.4: Rank of the respondents by Stakeholders (%)**

	<b>Managers</b>	<b>Nurses</b>	<b>Union stewards</b>	<b>Total</b>
Professional Nurse	80.0%	96.0%		80.0%
Dietician			20.0%	2.0%
Doctor	5.0%			2.0%
Other	15.0%	4.0%	80.0%	16.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.4 showed that out of n=20 respondents which are managers, 80% respondents are Professional nurse, five percent of respondents are doctors and 15% respondents falls under others. It further indicates that out of n=25 respondents which are nurses, 96% are professional nurses; four percent of respondents are others. It also showed that out of n=5 respondents which are union stewards, 20% respondents are dieticians and 80% respondents is others.



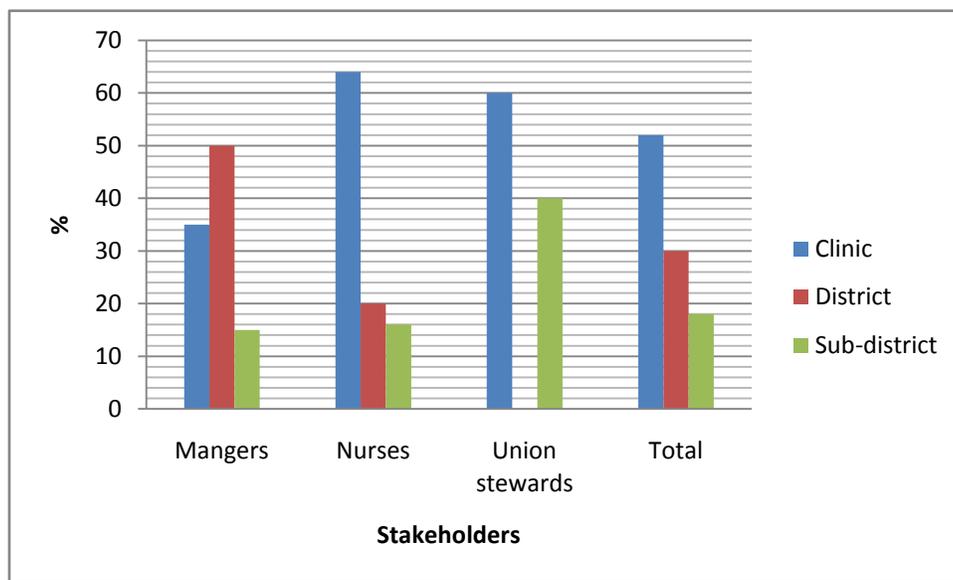
**Figure 4.3: Salary level per month of the respondents by Stakeholders (%)**

Figure 4.3 showed that out of n=20 respondents managers 35% are earning less than R25 000.00 per month, 55% respondents earn between R25 000.00 to R50 000.00, 10% respondents earn between R50 000.00 to R75 000.00. It further indicates that out n=25 respondents nurse then 68% respondents earn less than R25 000.00 per month, 32% respondents earn between R25 000.00 to R50 000.00, while all (100%) union stewards earn less than R25 000.00 per month.

**Table 4.5: Work experience of the respondents by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
1-5 years	5.0%	16.0%	60.0%	16.0%
6- 10 years	25.0%	24.0%	20.0%	24.0%
More than 10years	70.0%	60.0%	20.0%	60.0%
Total	100.0%	100.0%	100.0%	100.0%

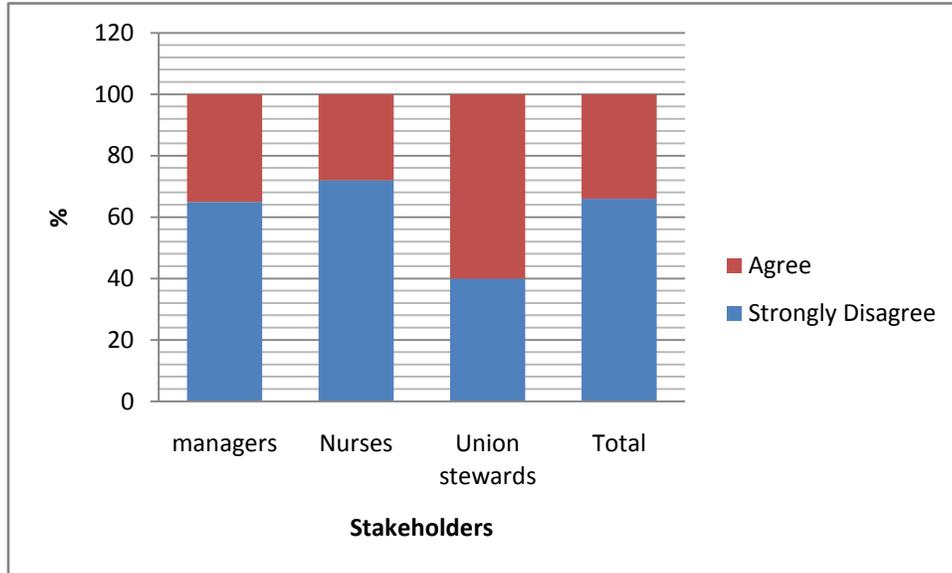
Looking at this Table 4.5 above, it showed that majority (70% respondents) managers have more than 10 years experience, 25% of them have between 6-10 years experience and five percent of these managers has between 1-5 years experience. Sixty percent of nurses have more than 10 years experience, 24% has 6-10 years experience, and 16% has 1-5 years experience. Twenty percent respondents of union stewards has more than 10 years experience, 20% of union stewards has 6-10 years experience and Majority of respondents (60%) has 1-5 years experience at workplace.



**Figure 4.4: Place of work of the respondents by stakeholders (%)**

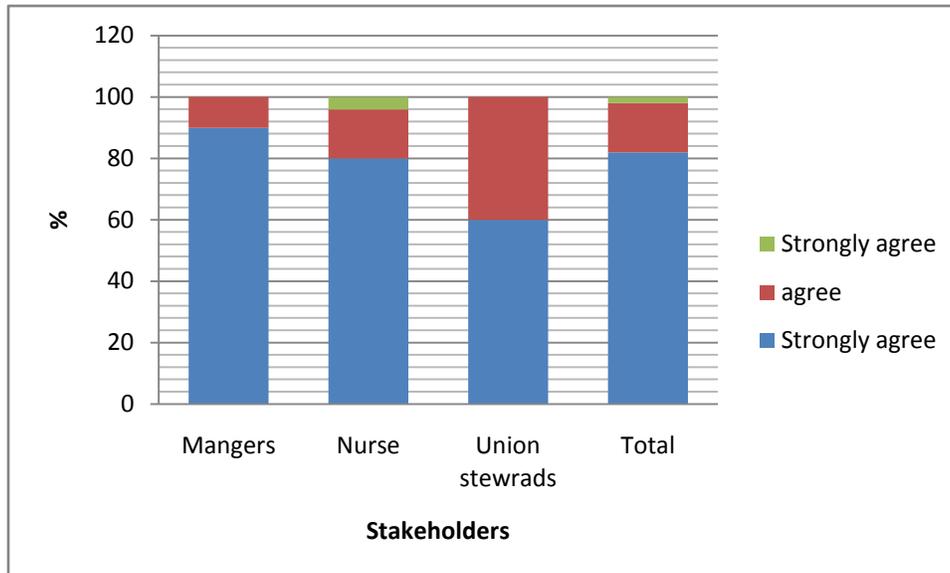
Figure 4.4 above showed that 50.0% of managers are based at the district, 35.0% at the clinics and 15.0% at the sub-district. Sixty four percent of nurses are placed at the clinics, 20.0% nurses are at the district and 16.0% nurses are at the Sub-district. Sixty percent of union stewards are based at the clinic; while 40% of them are based at the sub- district and none of the respondents (union stewards) were based at west rand health district.

4.3 Practices of stakeholders towards HIV and AIDS policy procedures at workplace



**Figure 4.5: Did you receive any training related to HIV by stakeholders (%)**

Figure 4.5 above illustrate that Majority of respondents (72.0% Nurses, 65.0% managers and 40.0% union stewards) strongly agreed that they received the training at workplace. Sixty percent of union stewards, 35.0% of managers and 28.0% of nurses also agreed receiving the training at workplace.



**Figure 4.6: It is important to have HIV and AIDS policy at workplace by stakeholder (%)**

Figure 4.6 indicates that Majority of the respondents (90.0% managers, 80.0% nurse and 60.0% union stewards) strongly agree that it is important to have HIV and AIDS policy at workplace, with total respondents of 82.0%. Fourty percent respondents of union steward, 16.0% of nurse and 10% of managers also agreed. It also showed that only four percent of nurses out of n=25 nurses strongly disagreed.

**Table 4.6: Employer should involves stakeholder to implement HIV and AIDS at workplace by Stakeholders (%)**

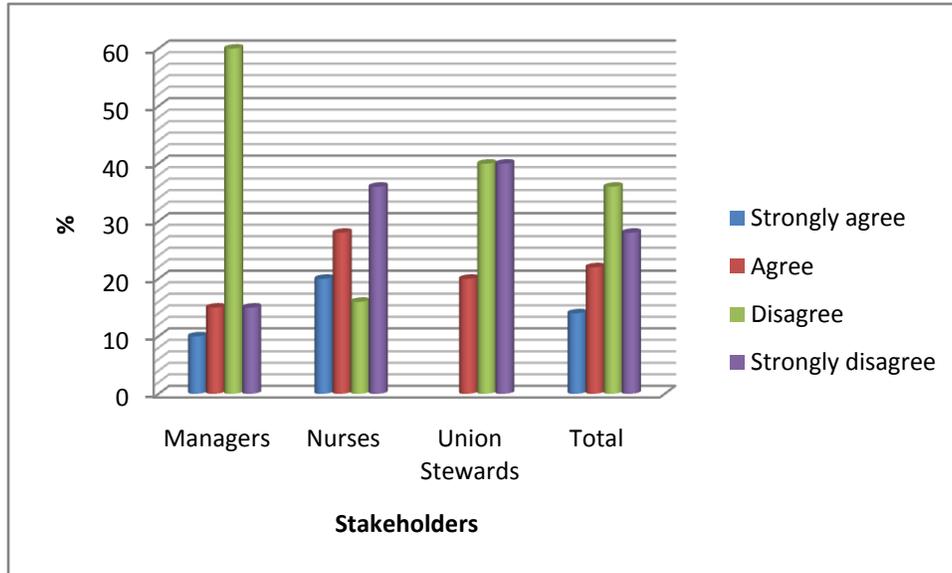
	Managers	Nurses	Union stewards	Total
Strongly agree	80.0%	76.0%	60.0%	76.0%
Agree	20.0%	20.0%	40.0%	22.0%
Strongly disagree		4.0%		2.0%
Total	100.0%	100.0%	100.0%	100.0%

According to Table 4.6 it showed that majority of respondents (80.0% managers, 76.0% nurse and 60.0% union stewards) strongly agreed on involving stakeholders to implement HIV and AIDS policy at workplace. The managers (20.0%), nurses (20.0%) and union stewards (40.0%) agreed. The table also showed that out of n=25 nurses, four percent of nurses strongly disagree on involvement of stakeholders.

**Table 4.7: It is easy to disclose HIV status to your manager by stakeholders (%)**

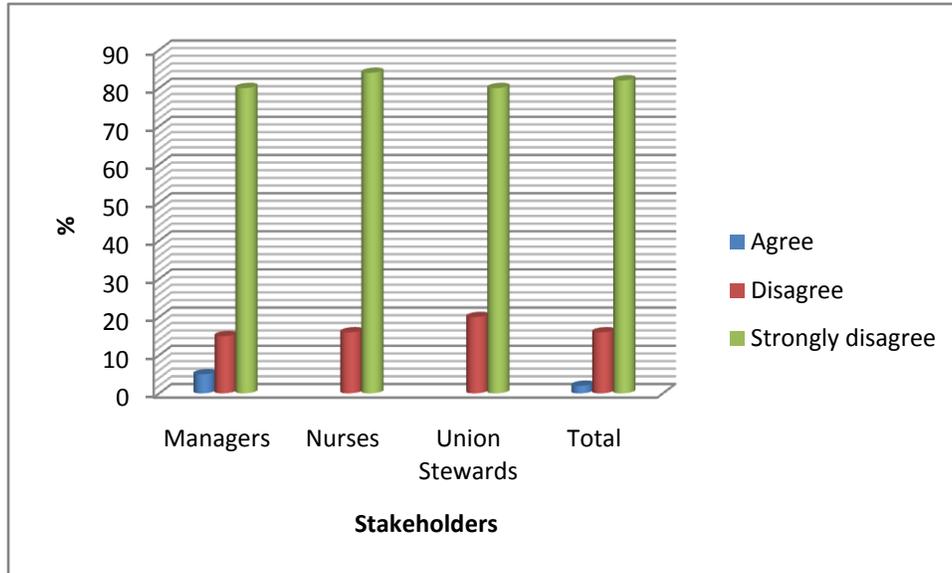
	<b>Managers</b>	<b>Nurses</b>	<b>Union stewards</b>	<b>Total</b>
Strongly agree	5.0%	4.0%		8.0%
Agree	10.0%	8.0%	60.0%	4.0%
Disagree	60.0%	44.0%	40.0%	52.0%
Strongly disagree	25.0%	44.0%		36.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.7 above showed that majority of respondents (60.0% managers, 60.0% union stewards and 44.0% nurses) disagree with the statement that it is easy disclose HIV status to the manager. Fourty four percent of nurses, 40.0% union stewards and 25.0% managers strongly disagreed. Ten percent of managers, eight percent of nurses agreed that it easy to disclose their HIV status to their managers. Five percent of managers out of n=20 and four percent of nurses out of n=25 strongly agreed with the statement.



**Figure 4.7: Safety, care and support protocols are clear and enforced for all concerned staff by stakeholders (%)**

Figure 4.7 showed some mixed feeling but still majority of respondent (60.0% managers, 40.0% union stewards and 16.0% nurse) disagreed, with the total respondents of 36.0% in all stakeholders. Forty percent of union stewards, 36.0% nurses and 15.0% managers strongly disagree. They are concerned about the safety, care and support protocols at workplace. Twenty eight percent of nurses, 20.0% union stewards and 15.0% managers agreed that safety, care and support protocol are clear and enforced to all concerned staff. Few respondents which are 20.0% nurses and 10.0% managers strongly agreed with statement.



**Figure 4.8: An employer may force its employees or prospective employees to test for HIV by stakeholders (%)**

Looking at Figure 4.8 illustrates that Majority of respondents (84.0% nurse, 80.0% managers and 80.0% union stewards) strongly disagree with the total respondents is 82.0% .They believed that voluntary counselling and testing (VCT) is well practiced at workplace. Twenty percent of union stewards, 16.0% nurse and 15.0% managers also disagreed, while only five percent of managers out of n=20 agreed that an employer does force employees to test for HIV at workplace.

**Table 4.8: An employer may terminate an employee’s contract if they find out he or she is HIV positive by stakeholders (%)**

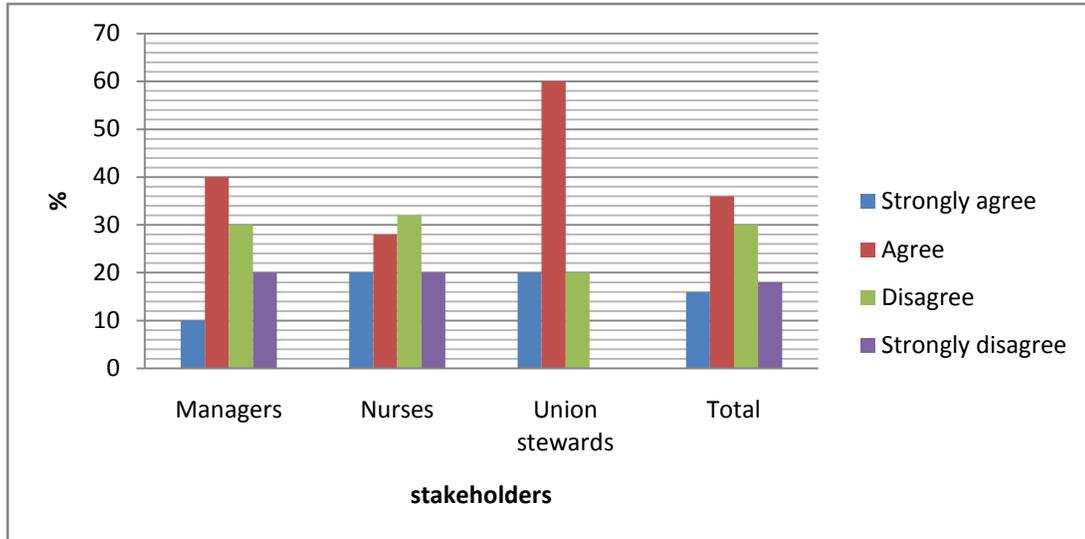
	Managers	Nurses	Union stewards	Total
Strongly agree		4.0%		2.0%
Disagree	15.0%	4.0%		8.0%
Strongly disagree	85.0%	92.0%	100.0%	90.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.8 above tells us that all union steward strongly disagree (100.0%). They stand by that no one will be terminated by the employer based on their HIV status. 92.0% of nurse and 85.0% managers strongly disagreed. Fifteen percent of managers and four percent of nurses also disagreed. The tables also indicate that out of n=25 nurses, four percent respondents strongly agreed that employer may terminate an employee based on HIV status.

**Table 4.9: It is advisable for all employees to go for HCT by stakeholders (%)**

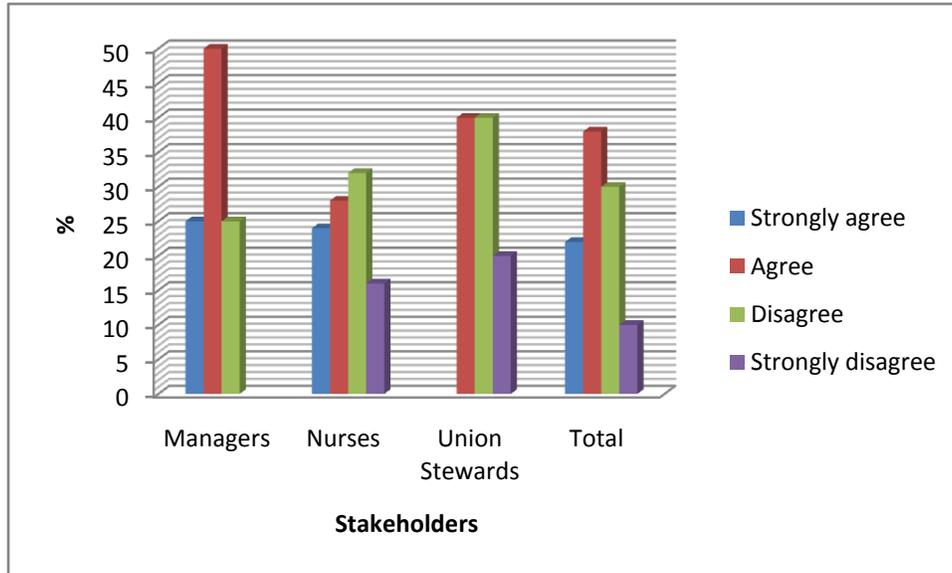
	Managers	Nurses	Union stewards	Total
Strongly agree	50.0%	48.0%	80.0%	52.0%
Agree	45.0%	48.0%	20.0%	44.0%
Disagree	5.0%			2.0%
Strongly disagree		4.0%		2.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.9 above showed that HCT is advisable, Majority of respondents strongly agreed (80.0% union stewards, 50.0 % managers and 48.0% nurses). 48.0% nurses, 45.0 % managers and 20.0% union stewards agreed on the importance of HCT at workplace. These table also illustrate that out of n=20 managers five percent of managers disagreed with HIV counselling and testing (HCT) at workplace. It supported by Four percent of nurses that strongly disagree with the statement.



**Figure 4.9: HIV status should remain a secret by Stakeholders (%)**

Figure 4.9 showed that the respondents have mixed feeling about keeping HIV status a secret or not. Majority of respondent (60.0% union stewards, 40.0% managers and 28.0% nurses) agreed that HIV status should remain a secret. Twenty percent of union stewards, 20.0% nurses and 10.0% strongly agreed with the statement. On contrary 32.0% of nurse and 30.0% managers’ disagreed. It also indicates that 20.0% of manager and 20.0% nurses strongly disagreed with the statement.



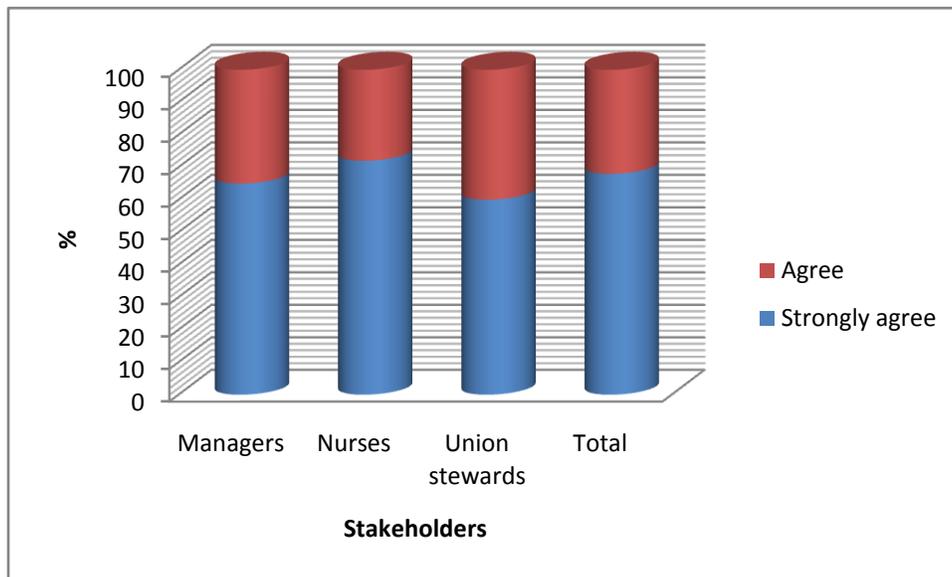
**Figure 4.10: Confidentiality is well practiced at workplace by stakeholders**

Figure 4.10 above showed that the respondents experiencing some uncomfortability about confidentiality practices at workplace. Fifty percent of managers, 40.0% of union stewards and 28.0% of nurses agreed that confidentiality is practiced at workplace. Twenty five percent of managers and 24.0% of nurse respondents strongly agreed. On the contrary 40.0% of union stewards, 32.0% of nurses and 25.0% of managers disagreed. It is supported by 20.0% of union stewards and 16.0% of nurses strongly disagreed with statement.

**Table 4.10: HIV and AIDS policy procedures at workplace are user friendly by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	10.0%	28.0%		18.0%
Agree	20.0%	16.0%	40.0%	20.0%
Disagree	70.0%	40.0%	40.0%	52.0%
Strongly disagree		16.0%	20.0%	10.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.10 showed that the majority of respondents (70.0% managers, 40.0% nurse and 40.0% union steward) disagreed. 40.0% union stewards, 20.0% managers and 16.0% nurses agreed that HIV and AIDS policy procedures at workplace are user friendly. These respondents are supported by 28.0 % nurses and 10.0% managers that strongly agreed with the statement. Twenty percent respondents of union stewards and 16.0% nurses strongly disagreed.



**Figure 4.11: Have you ever lost someone due to AIDS by Stakeholder (%)**

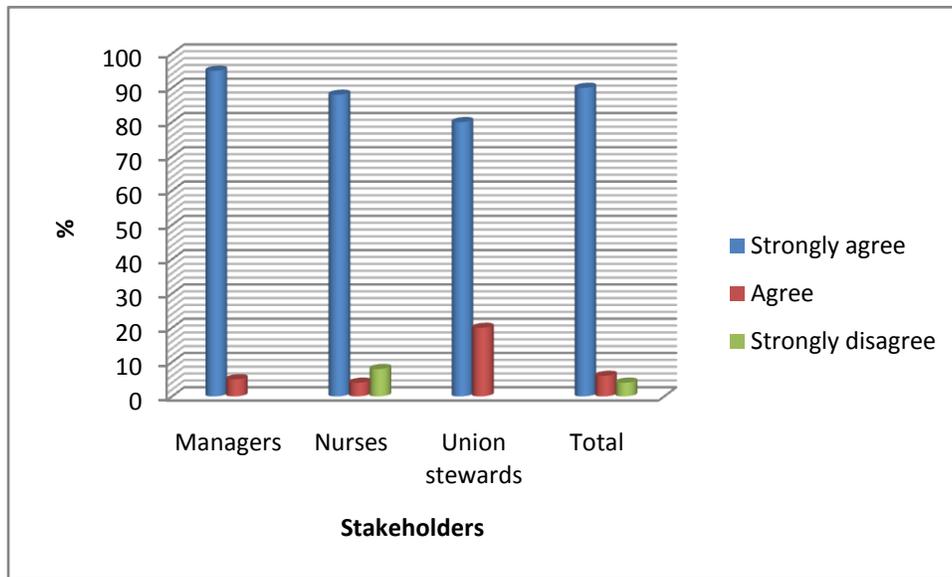
Figure 4.11 above showed that the majority of the respondents with the total of 68.0% strongly agreed that they have lost someone due to AIDS. The total respondents of 32.0% also agreed with the statement.

4.4 Knowledge and Attitudes of stakeholders towards HIV and AIDS policy procedures at workplace

**Table 4.11: Are you comfortable to work with someone who is HIV positive by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	80.0%	88.0%	80.0%	84.0%
Agree	20.0%	12.0%	20.0%	16.0%
Total	100.0%	100.0%	100.0%	100.0%

Looking at the Table 4.11 above it showed that the majority respondents for total of 84.0% strongly agree for being comfortable working with someone who is HIV positive. The total respondents of 16.0% also agreed with the statement.



**Figure 4.12: Drug users who share needle and syringe are at high risk of HIV infection by stakeholders (%)**

Figure 4.12 above showed that the majority of respondents (95.0% managers, 88.0% nurses and 80.0% union stewards) strongly agreed that it is a high risk of HIV

infection. Twenty percent respondents of union stewards, five percent of managers and four percent of nurse also agreed. These results showed that out of n=25 nurse, only eight percent of respondents of nurses strongly disagree.

**Table 4.12: HIV is transmitted through sexual intercourse only by stakeholders (%)**

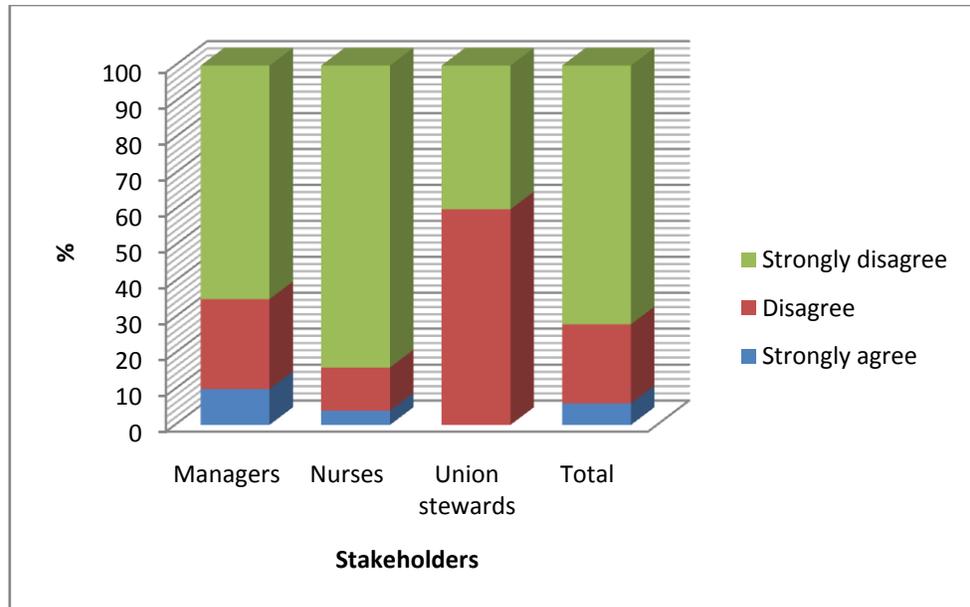
	Managers	Nurses	Union stewards	Total
Strongly agree	5.0%	4.0%		4.0%
Agree	5.0%			2.0%
Disagree	30.0%	12.0%	60.0%	24.0%
Strongly disagree	60.0%	84.0%	40.0%	70.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.12 above showed that the majority of respondents (84.0% nurses, 60.0% managers and 40.0% union stewards) strongly disagreed. Sixty percent of union steward, 30.0% managers and 12.0% nurse disagreed. Five percent of managers and four percent of nurses strongly agree that HIV is transmitted through sexual intercourse only. Table 4.12 further indicates that only five percent of managers also agreed with the statement.

**Table 4.13: Blood transfusion cannot transmit HIV infection by stakeholders (%)**

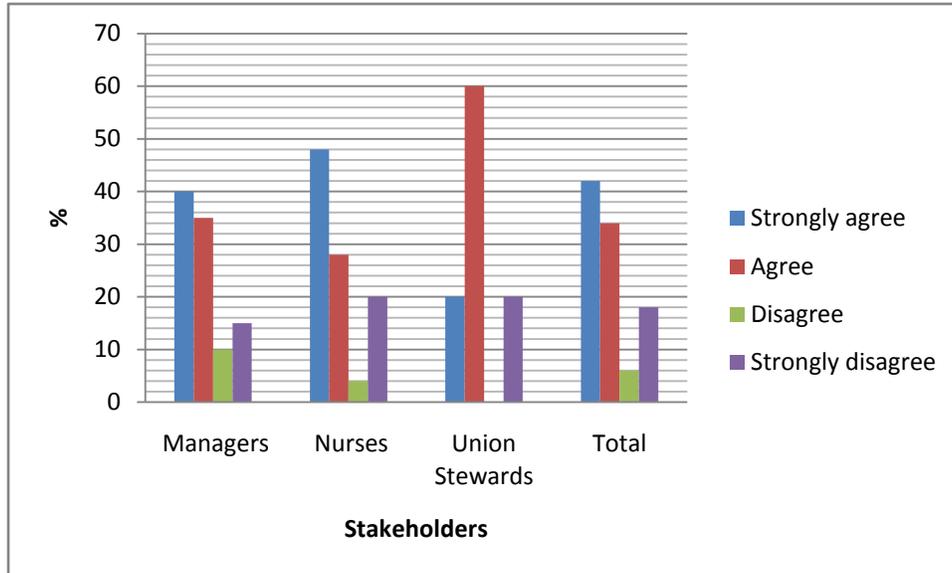
	<b>Managers</b>	<b>Nurses</b>	<b>Union stewards</b>	<b>Total</b>
Strongly agree		4.0%	20.0%	4.0%
Agree	10.0%	12.0%		10.0%
Disagree	40.0%	16.0%	40.0%	28.0%
Strongly disagree	50.0%	68.0%	40.0%	58.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.13 above showed that majority of respondents (68.0% nurses, 50.0% managers and 40.0% union steward) strongly disagreed. Forty percent of managers, 40.0% union stewards and 16.0% nurse also disagreed. Twelve percent of nurse and 10.0% managers agreed that blood transfusion cannot transmit HIV infection. Twenty percent of union stewards and four percent of nurse strongly agreed on that statement.



**Figure 4.13: HIV infection cannot be transmitted through mother child during pregnancy and delivery by stakeholders (%)**

Figure 4.13 above showed that majority of respondents (84.0% nurses, 65.0% managers and 40.0% union stewards) strongly disagreed. Sixty percent of union stewards, 25.0% managers and 12.0% nurse disagreed. Few respondents (10.0% managers and four percent nurse) strongly agreed with the statement.



**Figure 4.14: HIV infected people are most infectious soon after becoming infected with the virus (e.g. sero conversion) and during AIDS by stakeholders (%)**

Figure 4.14 above showed that 48.0% nurses, 40.0% managers, and 20.0% union stewards strongly agreed. Sixty percent of union stewards, 35.0% managers and 28.0% nurse agreed with the statement. Twenty percent of nurses, 20.0% union stewards and 15.0% managers strongly disagree. Ten percent of managers and four percent of nurse disagreed on sero- conversion period of HIV infection.

**Table 4.14: There is low risk of HIV infection during mouth to mouth ventilation by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	10.0%	28.0%	20.0%	20.0%
Agree	70.0%	40.0%	80.0%	56.0%
Disagree	15.0%	16.0%		14.0%
Strongly disagree	5.0%	16.0%		10.0%
Total	100.0%	100.0%	100.0%	100.0%

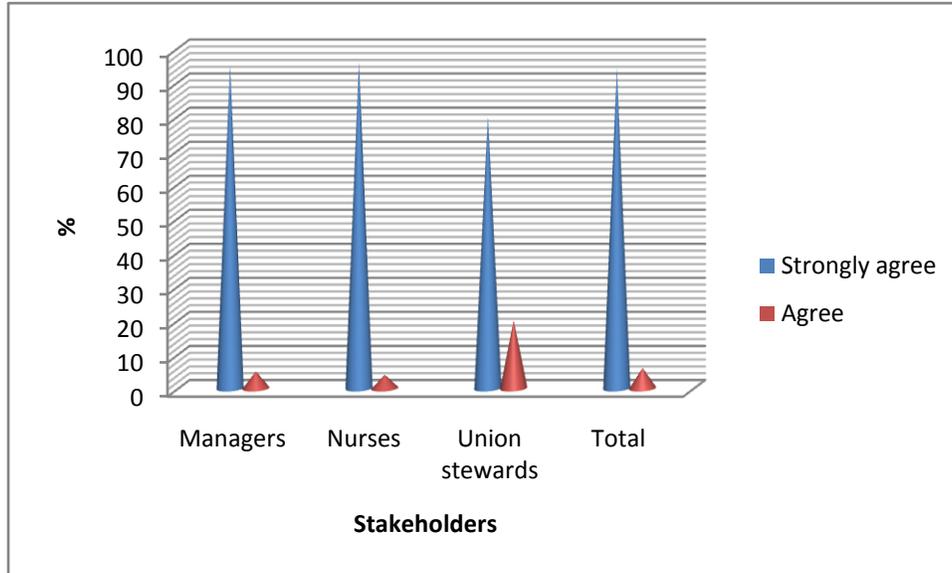
Table 4.14 above showed that majority of respondents (70.0% managers, 80.0% union stewards and 40.0% nurse) agreed on low risk HIV infection on oral transmission. Twenty eight percent of nurse, 20.0% union stewards and 10.0% managers strongly agree. Sixteen percent nurse and 15.0% managers disagree. Sixteen percent of nurses and five percent of managers strongly disagreed.

**Table 4.15: People living with HIV and AIDS (PLWHA) should have different waiting rooms before admission to the ward by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	10.0%	4.0%		4.0%
Disagree	15.0%	4.0%		8.0%
Strongly disagree	75.0%	96.0%	100.0%	88.0%
Total	100.0%	100.0%	100.0%	100.0%

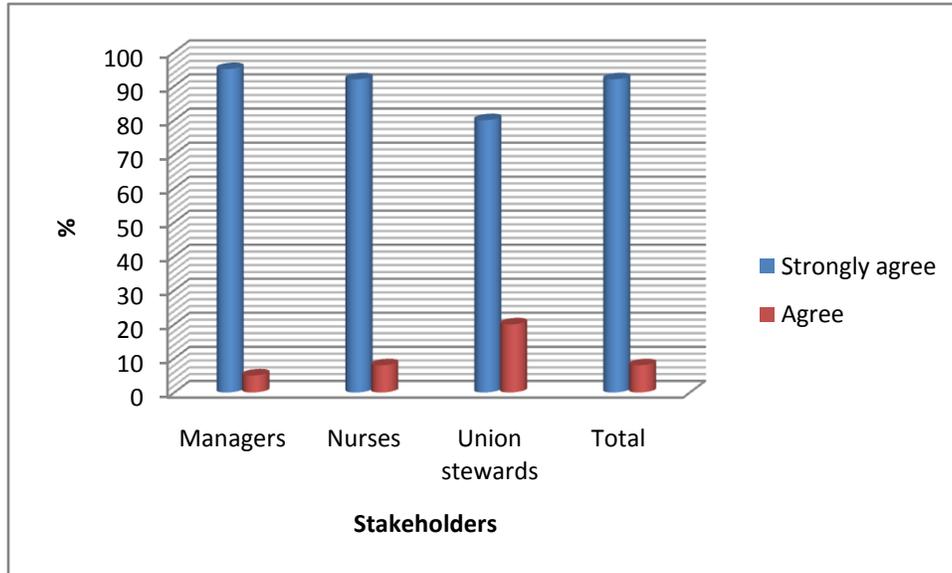
Looking at Table 4.15 above it showed that majority of respondents (100.0% union stewards, 96.0% nurses and 75.0% managers) strongly disagreed. Fifteen percent of

managers and four percent of nurse disagreed. This table also indicates that only 10.0% of managers and four percent of nurses strongly agreed that People living with HIV and AIDS should have different waiting rooms before admission to the ward. These indicate negative attitude towards people living with HIV and AIDS in few managers at workplace.



**Figure 4.15: Needle and sharp instruments should be disposed properly in a container to prevent needle stick injury by Stakeholders (%)**

Figure 4.15 above clearly showed that majority of respondents with the total of 94.0% strongly agreed on properly disposal of needle and sharp instruments. Six percent of total respondents agreed with the statement.



**Figure 4.16: All donated blood must be screened for HIV, Hepatitis B and Syphilis by stakeholders (%)**

Figure 4.16 above clearly showed that the majority of respondents with the total of 92.0% strongly agreed on screening of all donated blood for HIV, Hepatitis B and Syphilis. The total respondents of eight percent also agreed on same screening.

**Table 4.16: People living with HIV and AIDS should have separate bathrooms and toilets facilities by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	10.0%			4.0%
Disagree	5.0%	4.0%		4.0%
Strongly disagree	85.0%	96.0%	100.0%	92.0%
Total	100.0%	100.0%	100.0%	100.0%

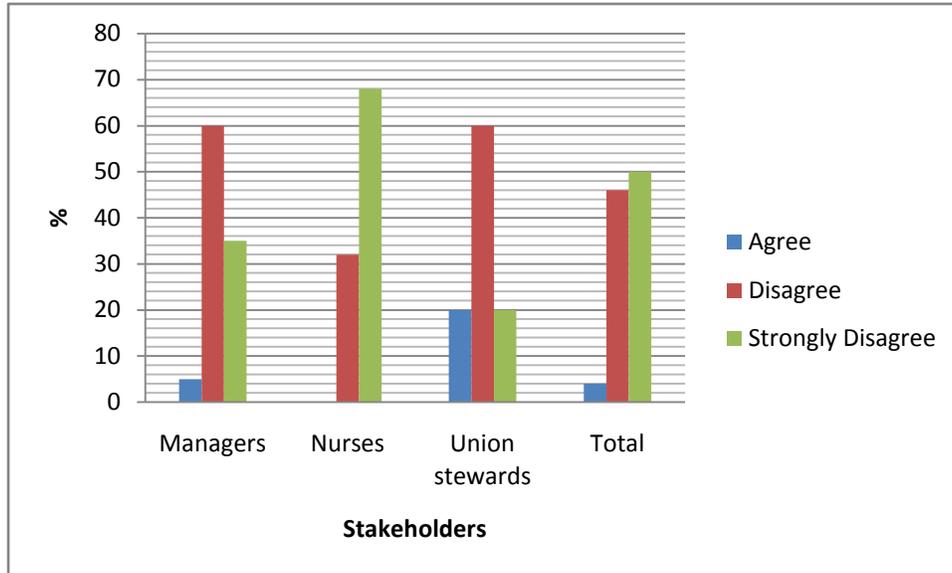
Table 4.16 above showed that majority of respondents (100.0% union stewards, 96.0% nurses and 85.0% managers) strongly disagreed. Five percent of managers

and Four percent of nurse disagreed. This table it further illustrate that only 10.0% of managers strongly agree that people with HIV and AIDS should have separate bathrooms and toilet facilities. These 10.0% managers showed a room of negative attitude towards people living with HIV and AIDS at workplace.

**Table 4.17: Gloves are not necessary when handling specimen of a patient with HIV and AIDS by stakeholders (%)**

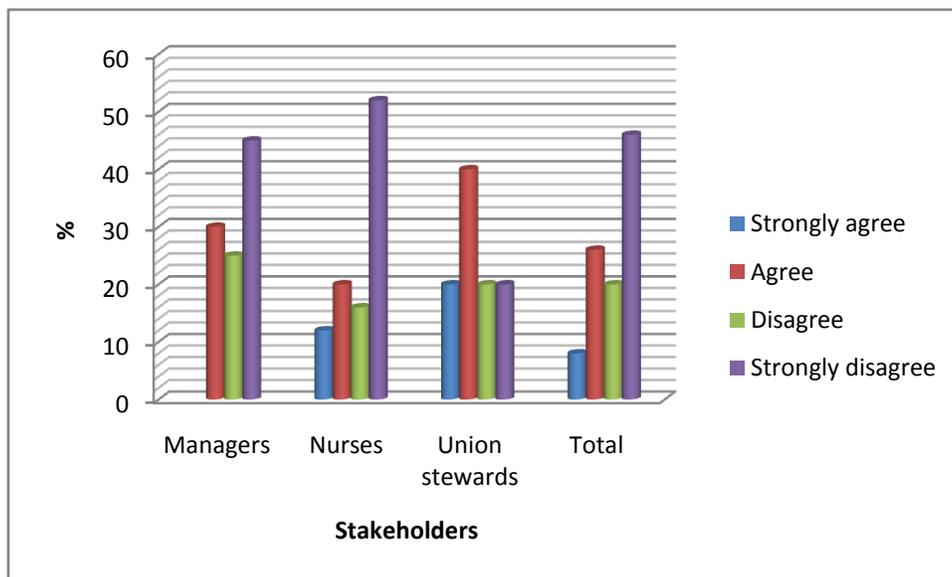
	Managers	Nurses	Union stewards	Total
Strongly agree	10.0%	4.0%		6.0%
Agree	5.0%			2.0%
Disagree	15.0%	4.0%	20.0%	10.0%
Strongly disagree	70.0%	92.0%	80.0%	82.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.17 above showed that majority of respondents (92.0% nurses, 80.0% union stewards and 70.0% managers) strongly disagreed. Twenty percent of union stewards, 15.0% managers and four percent of nurses disagreed. Ten percent of managers and four percent of nurses strongly agreed that gloves are not necessary when handling specimen of patient with HIV and AIDS. It also showed that only five percent of managers agreed with the statement.



**Figure 4.17: Men are likely to get HIV than women by stakeholders (%)**

Figure 4.17 above showed that 68.0% nurses, 35.0% managers and 20.0% union stewards strongly disagreed. Sixty percent of managers, 60.0% of union stewards and 32.0% of nurse disagreed. Twenty percent of union stewards and five percent of managers agreed that men are more likely to get HIV than women.



**Figure 4.18: HIV can be eradicated by the use ARV drugs by Stakeholders (%)**

Figure 4.18 above showed that 52.0% nurses, 45.0% managers and 20.0% union stewards strongly disagreed that antiretroviral drugs can eradicate HIV. Forty

percent of union stewards, 30.0% managers and 20.0% nurses agreed that ARV drugs eradicated HIV. Twenty five percent of managers, 20.0% union stewards and 16.0% nurse disagreed. Twenty percent of union stewards and 12.0% nurses strongly agreed that ARV drugs eradicate HIV.

**Table 4.18: A Condom should be used when you are uncertain about your partner’s HIV status by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	60.0%	56.0%	60.0%	58.0%
Agree	20.0%	8.0%	20.0%	14.0%
Disagree	10.0%	12.0%		10.0%
Strongly disagree	10.0%	24.0%	20.0%	18.0%
Total	100.0%	100.0%	100.0%	100.0%

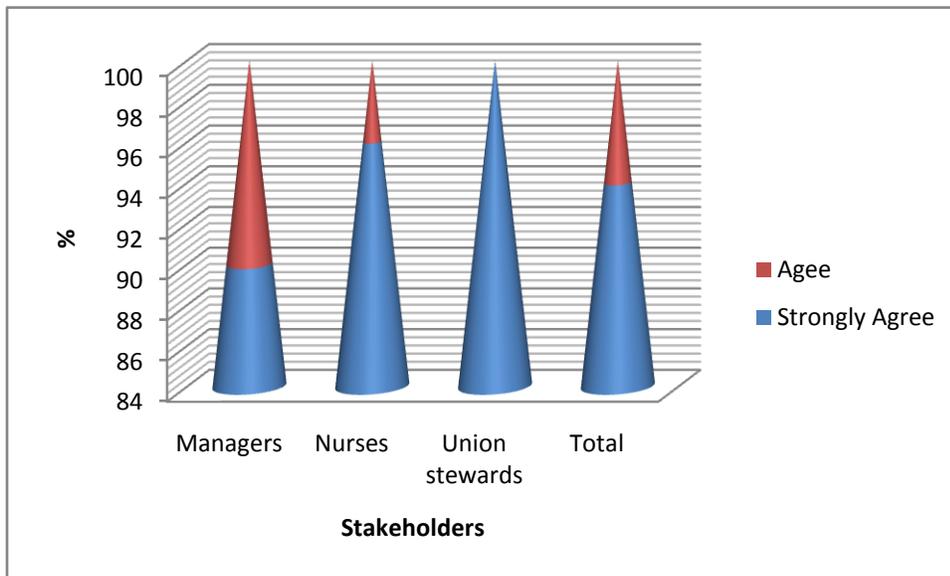
Looking at Table 4.18 showed that majority of respondents (60.0% managers, 60.0% union stewards and 56.0% nurses) strongly agreed. Twenty four percent of nurses, 20.0% union stewards and 10.0% managers strongly disagreed. Twenty percent of managers, 20.0% union stewards and eight percent of nurse agreed. Twelve percent of nurses and 10.0% managers disagreed.

**Table 4.19: You and your partner should be tested for HIV before practicing unprotected sex by stakeholders (%)**

	Managers	Nurses	Union stewards	Total
Strongly agree	95.0%	76.0%	80.0%	84.0%

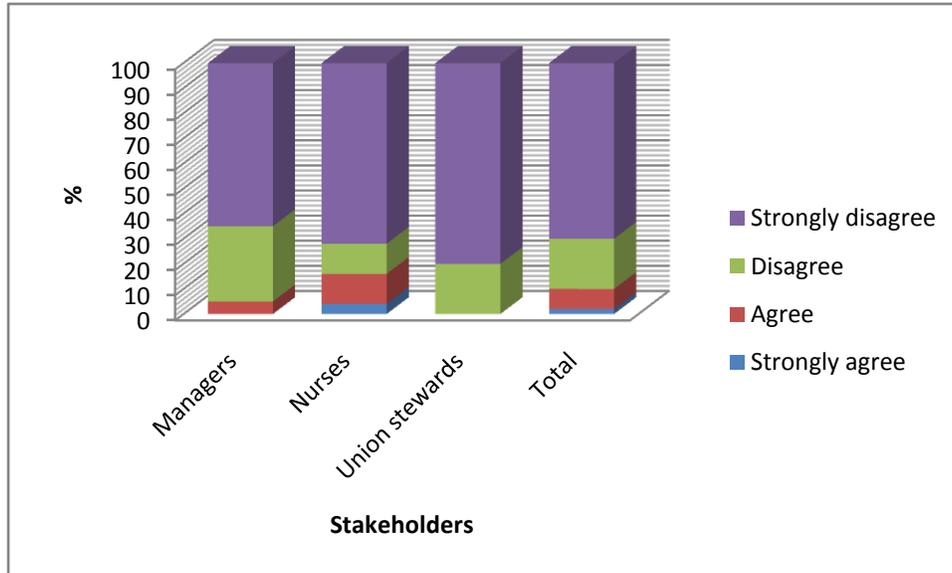
Agree	5.0%	16.0%	20.0%	12.0%
Disagree		4.0%		2.0%
Strongly disagree		4.0%		2.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 4.19 above showed that majority of respondents (95.0% managers, 80.0% union stewards and 76.0% nurses) strongly agreed. Twenty percent of union stewards, 16.0% nurse and five percent of managers agreed with the statement. It further showed that only four percent of nurses, out of n=25 strongly disagreed and supported by four percent of nurses that disagreed.



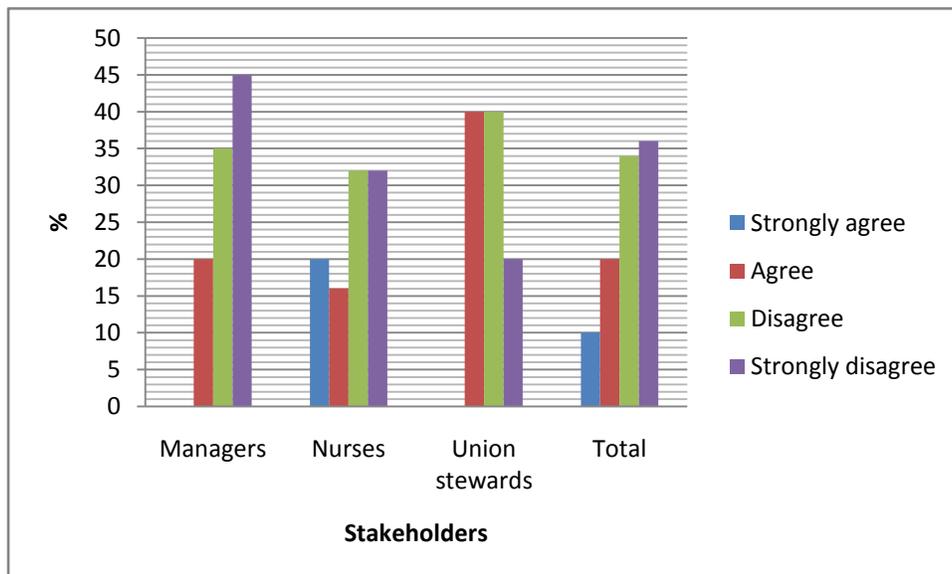
**Figure 4.19: Before a HIV test is done one should go for counselling by Stakeholders (%)**

Looking at Figure 4.19 clearly showed that majority of respondents (100.0% of union stewards, 96.0% nurse and 90.0% managers) strongly agreed on counselling prior HIV test. The statement is supported by 10.0% of managers and four percent of nurses that also agreed.



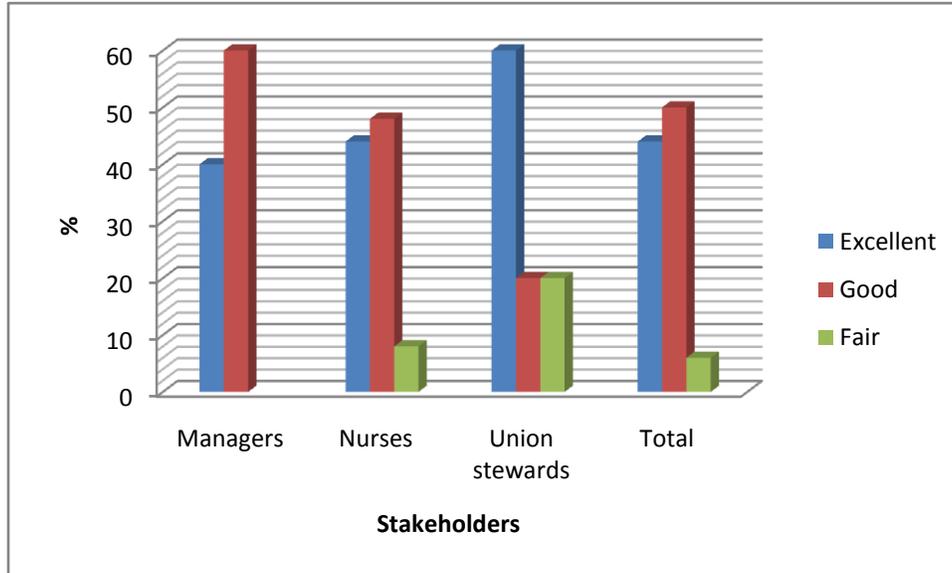
**Figure 4.20: HIV does not lead to AIDS by stakeholders (%)**

Figure 4.20 above showed that the majority of respondents (80.0% union stewards, 72.0% nurses and 65.0% managers) strongly disagreed. Thirty percent managers, 20.0% union stewards and 12.0% nurses disagreed. Twelve percent of nurses and five percent of managers agreed. It also showed that only four percent of nurses strongly agreed that HIV does not lead to AIDS.



**Figure 4.21: Poverty is the main reason for the spread of HIV by stakeholders (%)**

Looking at Figure 4.21 it showed that 45.0% managers, 32.0% nurse and 20.0% union stewards strongly disagreed. Forty percent of union stewards, 35.0% managers and 32.0% nurses disagreed. Forty percent of union stewards, 20.0% managers and 16.0% nurses agreed. The Figure also indicates that only 20.0% of nurses strongly agreed that poverty is the main reason for the spread of HIV.



**Figure 4.22: How can you rate you HIV and AIDS knowledge by Stakeholders (%)**

Figure 4.22 showed that 60.0% managers, 48.0% nurses and 20.0% union stewards rated good on HIV and AIDS knowledge. Sixty percent of union stewards, 44.0% nurses and 40.0% managers rated excellent. Then 20.0% union stewards and eight percent of nurses rated fair.

## **CHAPTER 5: FINDINGS AND RECOMMENDATIONS**

### 5.1 Introduction

This chapter reviews the main findings of the study and discusses the conclusions to be derived from the empirical results. Specifically the chapter discusses the extent to which research question and objectives posed at the beginning of the study have been addressed by the analysis. The chapter makes practical recommendations on the best ways to improve the knowledge, attitudes and the practices of the stakeholders towards HIV and AIDS policy procedures at workplace.

This chapter is presented in two sections. The findings of the study are discussed in section 5.2 and section 5.3 presents recommendation for the study.

### 5.2 Findings of the study

#### 5.2.1 Demographic findings

In this study, the overall view is that, the sample groups consisted of female and male respondents found in the west rand health district facilities that was targeted. The study was represented all races while black community was dominating for obvious reasons. The sample was characterized by young adults between the of 18-29 years of age making eight percent of respondents and majority were at the aged between 30-49 years making 60,0% and 50-64 years making 30.0%. It is graced by older participants of more than 65 years old at two percent. Majority of respondents in the study 48.0% of them were married and 36.0% single, eight percent divorced and eight percent widowed.

Majority of the respondents in this study among the managers, nurses and union stewards, 50.0% acquired degree qualification, 48.0% diploma and two percent college certificate. These indicate that the respondents had higher educational level. Most managers and nurses have more 10 years experience, while most of the union stewards are between 1-5 years experience. This also dictates their income which is mostly less than R25 000.00 which consisted of nurses and union stewards.

Practices findings of stakeholders towards HIV and AIDS policy procedures at workplace

In this study majority of these respondents in Figure 4.5 showed that they did receive the training related to HIV and AIDS policy at workplace and they strongly agreed that it is important to have HIV and AIDS policy at workplace in Figure 4.6. The involvement of stakeholder by employer to implement HIV and AIDS policy is well understood. It is vital to note that two percent of nurse respondents disagreed with involvement of relevant stakeholders at workplace. Irrespective of the respondents receiving the training on HIV and AIDS policy at workplace, HIV and AIDS is still a disease that people do not feel comfortable disclosing their status to their managers. Based on the working environment, the respondent disagreed with the statement that says that safety, care and support protocols are clear and enforced to all concerned staff in Figure 4.7. These raised concern on safety issues at workplace which is a challenge. In table 4.7 the total respondents of 52% are not comfortable to disclose their HIV status to their managers. There was also a concern from total respondents in table 4.10 which showed that HIV and AIDS policy procedures are not user friendly for employees. According to ILO (2008) as cited in Elena et al. (2009), indicates that the issues of attitudes and practices is an existent problem in our society in general. "HIV and AIDS topic is not discussed at home, not approached at workplace and subjects of this type are avoided in society". This also showed that the level of attitude and practices needs consolidation and improvement.

In Figure 4.9 showed that majority of respondents agreed to keep their HIV status a secret. It looks like HIV status is still a private matter among employees, even though Figure 4.10 indicated majority of the respondent agreed that confidentiality is well practiced at workplace. The total respondents (52.0%) in table 4.10 disagreed with the statement that says HIV and AIDS policy procedures at workplace are user friendly. This statement alone might affect disclosure of HIV status, safety, care and support at workplace due to unfriendly environment. According to Table 4.11 the sample indicates that total respondents strongly agreed and agreed of being comfortable working with someone who is HIV positive, which is the true reflection

based on Figure 4.5 that showed all respondents received relevant HIV and AIDS training and did acquire some knowledge in that regard. According to Figure 4.11 showed some disturbing news that all of the respondents did lose someone due to AIDS in their life time. It is important that a workplace environment should be friendly and sensitive in addressing issues of HIV and AIDS towards employees.

### 5.2.2 Knowledge and attitudes findings of stakeholders towards HIV and AIDS policy procedures at workplace

In this study majority of total respondent from Figure 4.11 to Figure 4.22 and table 4.11 to 4.19 showed that they are knowledgeable and they have good attitude towards People living with HIV and AIDS at workplace. Knowledge is vital first step in changing a person's behavior. According to Hyde and Associates(2001) as cited on Zelda Rukambe study) accurate knowledge assists individual in making appropriate choice, while cautioning that knowledge alone is not enough to change behavior. To be specific based on the study the results showed that nurses are the most knowledgeable, followed by manager, the union stewards in terms of Basic HIV and AIDS knowledge and attitudes towards HIV and AIDS policy procedures at workplace . Majority of the respondents they did received HIV and AIDS training at workplace, their knowledge has improved. Majority of the respondents they feel comfortable working with people living with HIV and AIDS at workplace. The attitude towards people living with HIV and AIDS is positive based on the total respondents on table 4.11, table 4.15 and table 4.16 respectively. Figure 4.22 indicates that 50.0% of the total respondents rated as good on HIV and AIDS knowledge, and 44.0% total respondents rated excellent on their HIV and AIDS knowledge. Only the six percent of total respondents rated fair. Therefore there is still room of improvement required among stakeholders on basic HIV and AIDS knowledge.

### 5.3 Recommendations

Training should be continuous on updated information on HIV and AIDS at workplace; this should go together with proper orientation program which does currently not exist. Training team to be responsible working together human

resource and employee wellness program team for the success of HIV and AIDS policy procedures at workplace to ensure and improve quality care among employees to improve service delivery. Monitoring and evaluation of the HIV and AIDS policy procedure at workplace is very important and research study on these is also recommended within two years to assess the progress. Internal KAP surveys within two to three years will be relevant to assess the satisfactory of HIV and AIDS policy procedure at workplace. These studies will contribute and help department health to implement better, user friendly and feasible HIV and AIDS policy procedures at workplace based on employees feedback for better life for all and to improve service delivery meeting the department of health 's vision, goals and objectives.

## CHAPTER 6: CONCLUSION

All too often, employees spend time writing policies that end up in three-ring binders sitting on shelves. The policy is in place, but nobody knows about. For an HIV and AIDS policy to work, it must be communicated through the organization or health facilities. Manager, supervisors, and unions stewards need to be well conversed and also understand the policy and the role in administering it. It is vital that employees also need to understand the policy procedures so they will know what is expected of them ([www.brta-irta.org](http://www.brta-irta.org).1996). One of the most effective ways of reducing and managing the impact of HIV and AIDS in the workplace is through the implementation of an HIV and AIDS policy and program. Addressing aspects of HIV and AIDS in the workplace will enable employers, trade unions and government to actively contribute towards local, national and international efforts to prevent and control HIV and AIDS. (Department of Labour, 2000).

It is essential to establish the knowledge, attitudes and practices of WRHD stakeholders towards HIV and AIDS policy procedures at workplace. And the conclusions drawn from the KAP research process will help this district to understand the following about the workforce: The vulnerable of employees to HIV and AIDS; the existing HIV and AIDS-related knowledge levels; the prevailing myth and misconceptions about HIV and AIDS; the current attitudes towards the HIV and AIDS epidemic, towards colleagues living with HIV and AIDS, towards the company/institution/facility program and policies; the perceptions in terms own risk of HIV-infection; and the incidence of high-risk practices among employees. (<http://www.skillsportal.co.za>.2010).

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## ADDENDUM A: QUESTIONNAIRE

Sir/Madam

This is a questionnaire for the research work “THE KNOWLEDGE, ATTITUDE AND PRACTICES OF WEST RAND HEALTH DISTRICT STAKEHOLDERS (MANAGERS, NURSES AND UNION STEWARDS) TOWARDS HIV AND AIDS POLICY PROCEDURES AT WORKPLACE”

INSTRUCTION: Kindly tick (X) for any option chosen or write in the space provided for additional answers. Your feedback is highly appreciated and valued in this research

1. Gender

Male  Female

2. Age

18 – 29                       30 – 49                       50 – 64                       65 and older

3. What is your Race?

Black     White  Indian  Coloured

4. Marital status

Married     Not Married     Separated     Divorced     Widowed

5. What is your highest educational qualification?

Matriculation     College certificate     Diploma                       Degree     others

Specify.....

6. What is your Rank?

Professional Nurse     Dietician     Doctor     Others Specify.....

7. What is your position at work?

Manager  Nurse  Union steward?.....

8. Are you a union steward?

Yes     No

9. What is your salary level per month?

Less than R25000.00     R25000.00 to R50 000.00     R50 000.00 to R75 000.00     More than R75000.00

10. What is your work experience?

Less than 1 year     1- 5years     6 -10 years     More than 10 years

11. Place of work?

Clinic  Hospital  District  Sub district  Other Specify.....

12. What is your Home Province?

- Western Cape       Northern Cape       Eastern Cape       Free State  
 Kwazulu-Natal       Gauteng       Limpopo       North West Province  
 Mpumalanga

13. Did you ever receive any training related to HIV and AIDS policy at workplace?

- Yes     No

14. It is important to have HIV and AIDS policy at workplace

- Strongly agree  Agree  Disagree  strongly disagree

15. Employer should involve stakeholders to implement HIV and AIDS policy at workplace

- strongly agree       agree  disagree    strongly disagree

16. It is easy to disclose HIV status to your Manager

- strongly agree       agree               disagree    strongly disagree

17. Safety, care and support protocols are clear and enforced for all concerned staff

- strongly agree       agree  disagree    strongly disagree

18. An employer may force its employees or prospective employees to test for HIV

- strongly agree       agree  disagree    strongly disagree

19. An employer may terminate an employee's contract if they find out he or she is HIV Positive

- strongly agree       agree  disagree    strongly disagree

20. It is advisable for all employees to go for HIV Counselling and Testing (HCT)

- strongly agree       agree  disagree    strongly disagree

21. HIV status should remain a secret

- strongly agree       agree  disagree    strongly disagree

22. Confidentiality is well practiced at workplace

- strongly agree       agree     disagree    strongly disagree

23. HIV and AIDS Policy procedures at workplace are user friendly

strongly agree       agree  disagree    strongly disagree

24. Are you comfortable to work with someone who is HIV positive?

strongly agree       agree  disagree    strongly disagree

25. Have you ever lost someone due to AIDS?

Yes    No

### **Knowledge based questions**

26. Drug users who share needles and syringe are at high risk of HIV infection

strongly agree       agree  disagree    strongly disagree

27. HIV is transmitted through sexual intercourse only

strongly agree       agree  disagree    strongly disagree

28. Blood transfusion cannot transmit HIV infection

strongly agree       agree  disagree    strongly disagree

29. HIV infection cannot be transmitted from mother to child during pregnancy and delivery

strongly agree       agree  disagree    strongly disagree

30. HIV infected people are most infectious soon after becoming infected with the virus (i.e. the first 4-8 weeks during sero-conversion) and during AIDS phase.

strongly agree       agree  disagree    strongly disagree

31. There is low risk of HIV infection during mouth to mouth ventilation

strongly agree       agree  disagree    strongly disagree

32. People with HIV and AIDS should have different waiting rooms before admission to the ward

strongly agree       agree  disagree    strongly disagree

33. Needles and sharp instruments should be disposed properly in a container to prevent needle stick injury

strongly agree       agree  disagree    strongly disagree

34. All donated blood must be screened for HIV, Hepatitis B and Syphilis

strongly agree       agree  disagree    strongly disagree

35. People with HIV and AIDS should have separate bathrooms and toilet facilities

strongly agree       agree  disagree    strongly disagree

36. Gloves are not necessary when handling specimen of a patient with HIV and AIDS

strongly agree       agree    disagree    strongly disagree

37. Men are likely to get HIV than women

strongly agree       agree    disagree    strongly disagree

38. HIV can be eradicated by the use of antiretroviral drugs

strongly agree       agree    disagree    strongly disagree

39. A condom should be used when you are uncertain about your partners HIV status

strongly agree       agree    disagree    strongly disagree

40. You and your partner should be tested for HIV before practicing unprotected sex

strongly agree       agree    disagree    strongly disagree

41. Before an HIV test is done one should go for counselling

strongly agree       agree    disagree    strongly disagree

42. HIV does not lead to AIDS

strongly agree       agree    disagree    strongly disagree

43. Poverty is the main reason for the spread of HIV

strongly agree       agree    disagree    strongly disagree

44. How can you rate you HIV and AIDS knowledge

Excellent    Good    Fair    Poor

**THANK YOU**